European Monitoring Centre
for Drugs and Drug Addiction

CYPRUS
MONITORING CENTER
for drugs & drug addiction

2011 NATIONAL REPORT (2010 data) TO THE EMCDDA

Reitox National Focal Point

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

REITOX

TABLE OF CONTENTS

SUMMARY

While 2010 was not a year for major legislative overhauls in the area of drugs, early 2010 saw the introduction of a reparative law, such that it is no longer a formal offence for treatment unit staff or pharmacists to supply syringes and needles to users, provided these are supplied in their initial packaging and for harm reduction purposes. Also, Mephedrone was placed on the national controlled substances list together with a number of new substances under the rubric of a "generic approach" to substance inclusion. As regards implementation of the law, increased measures of control and prevention of the introduction of illicit substances into the Central Prisons are reported in both chs.1 and 9. Meanwhile, although in 2010 the geographical expansion of substitution programmes with the aim of coverage across all Cypriot cities was pursued by the CAC, current financial restrictions in the global fiscal crisis have influenced other areas such as evaluation and monitoring of the NDS; nevertheless, appointment of the Chairperson of the CAC this year offers a new impetus to its organisational independence, status and efficiency.

Concerning drug use in the general population, no new survey took place in 2010, the next series being planned for 2012. However, as of 2011, the CAC and the Cyprus NFP are directly involved in the ESPAD project, and play a coordinating role in its implementation process. Chapter 2 also reports further on the research involving drug use in the Pontian Greek population.

Chapter 3 discusses how following the implementation and monitoring of the new 2009-2012 NDS, the CAC reports various new developments in the field of prevention based on each goal of the NDS, including f.e. the addition of a separate drug use and addiction topic in the school curriculum for the school year 2011-2012, and the expansion of the "Fred Goes Net" programme.

Overcoming of certain technical and methodological difficulties in the estimation of PDUs is reported in ch. 4, while in 2010, the number of PDUs has significantly dropped, which among other reasons seems to be attributable to the decrease of demand for treatment for heroin / cocaine use.

In terms of developments in the field of treatment, while no major changes to the system in 2010 are reported in ch. 5, one day-care centre currently provides daily assistance, counselling and needles to drug users, and as of 2011 a new rehabilitation programme is operating within the prison. Moreover, a self-help group programme and a programme providing support to user's relatives operate in Nicosia and Larnaca respectively. As to substitution treatment, this is provided by one private clinic and three public centres, one of which provides substitution for detoxification purposes only. In terms of client trends, a slight increase of EU nationals entering treatment could be observed. Although heroin remained the most commonly reported primary drug in 2010, what can be observed is a decrease in the proportion of clients entering treatment reporting heroin and other opiates, and a significant increase of cannabis clients, particularly among new treatments.

Although implementation of the DRID KI did not reveal any HIV/AIDS cases in 2010, ch. 6 suggests that methodological limitations should be taken into consideration, and according to the TDI KI, 1.26% of the sample of IDUs requesting treatment in 2010 self-reported positive for HIV/AIDS. Furthermore, during the reporting year, 12 drug-related deaths were recorded, 9 of which were directly attributed to drug poisoning. Nevertheless, it is probably significant that as reported in ch. 7, apart from the inclusion of harm reduction information during the course of treatment in drug services, and the newly implemented programme "Safer Nights", no other major prevention actions or interventions took place in 2010 as responses to health correlates or consequences, an area which requires further attention.

The main effects on social correlates in 2010 as discussed in ch.8, included a slight increase of users living in unstable accommodation (4.6%) which nonetheless remains low overall. Female heroin drug users in 2010, continue to show greater unemployment levels compared to their male counterparts. Also, a significant proportion of drug users over 35 appear to have difficulty leaving the parental home and have experienced a rise in unemployment levels in 2010, contrary to the tendency shown in other user age groups. Of drug users leaving school, 21.6% left before the age of 15 in 2010, and there appears to be vulnerability to school dropout for drug users between ages 15 and 16.

During the year 2010, the number of drug offences and the number of persons involved slightly increased, a phenomenon perhaps linked to the appearance of the new synthetic drugs which were involved in a significant number of offences, as explained ch. 9. Cannabis use and possession offences continued to involve the majority of persons, presenting a slight increase compared to 2009. A small increase in the number of 'neighbourhood policemen' also took place during 2010, now covering approximately one third of the country's population, leaving room for further expansion. As to drug use in prison, according to the data provided by the Ministry of Justice and Public Order, out of 600 inmates who had agreed to a drug screening test, 39 were found positive. Chapter 10 indicates that a significant increase in herbal cannabis transportation by air was observed in 2010 as compared to the previous year. In terms of seizures, in 2010 a significant decrease in the seized quantities of cannabis resin, cannabis plants and herbal cannabis was observed compared to the previous year, while on the other hand large quantities of synthetic cannabis and other chemical substances were seized.

In the selected issues section of this report, ch. 11 discusses the prison population, showing statistics that report the total number of prisoners in 2010 was 883, 510 of whom were held in prisons and 373 were pre-trial detainees held in the police stations. The Cyprus prison population rate per 100.000 inhabitants (110.8) is lower than the mean of other countries' penal institutions (143.8), and the single central prison in Nicosia does not hold detainees under the age of 16, most prisoners falling in the age categories of 25-30 years of age (147 detainees) and 30-40 years (207 detainees).

Chapter 12 reviews a single available source of information regarding cross-border travel, with a sample of 6502 young British and German holidaymakers aged 16 to 35 years who travelled in the summer of 2009 to five European countries (Cyprus, Greece, Italy, Portugal and Spain). Over 10% reported using illicit substances on their holiday (Hughes et.al, 2011). In addition, based on information provided by the DLEU, during the year 2010, 18 young tourists who travelled to Cyprus were arrested by the police for several drug offences. All were males between 21 and 35 years old, the majority being British and Russian nationals mostly involved in possession of cannabis offences. However, no other information is available as concerns the reason for visiting Cyprus, drug use patterns while at home and while travelling, or drug-related problems among drug-using tourists.

PART A: NEW DEVELOPMENTS AND TRENDS

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

1.1. *Introduction*

Local bibliography suggests that drug use and dependence, understood within the parameters of its modern setting and context, is a phenomenon which began in Cyprus relatively recently in historical terms. In particular with respect to a number of post-invasion social changes after 1974, illicit drug use probably became increasingly 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, itself based on prior legislation from 1967 (Stylianou 2000). It is also significant that Cyprus validated the 1961 UN Single Convention on Narcotic Drugs, the 1971 Convention on Psychotropic Substances, and the 1988 Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

There has been continuing growth and development in recent years across all aspects of the organisational and administrative framework for national responses to the emerging drugs phenomenon, but there is nonetheless a functional national mechanism in place for combating drugs, which is constantly being updated and refined. Definitions of key terms involved in the national mechanism may be found in previous National Reports as well as 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, 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)[1]. These three laws are described by Nikolaou (2009) as including all the basic national measures taken concerning behaviours and acts related to drugs and drug use. Other relevant legislation includes law L3(I)/95 on Crime Suppression (Controlled Delivery and Other Special Provisions), and law L.188(I)/2007 which prevents the legalization of income from illicit activities.

[1] A complete list of relevant national legislation in English is presented in Annex 1, NR 2010.

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 C), new developments concerning main policy documents - primarily and most importantly the National Strategy on Drugs - as provided by the key authorities and organisations such as the CAC, reports and studies from the Office of the Commissioner for Administration (Ombudsman's Office), and other sources. The structure and administrative framework of the national mechanism was described most recently in the NR 2008 (ch.1, section 2.3), and further recent developments are described below.

1.2. ***Legal Framework***

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

In the previous NR, Mavromoustaki (2009, 2010) reported no major developments concerning the introduction of new laws, regulations or their amendments during the years 2008 and 2009; in 2009 however, following certain court cases, a suggestion for the amendment of article 5A of law L29/77 was put forward by the Cyprus Legal Service, which was sent to the CAC for consideration, concerning the introduction of penalisation for the possession - and not just the supply or distribution - of precursor substances. As a result, a bill which penalises the possession of precursor substances was drafted, and later submitted to parliament, and Mavromoustaki (2011) reports that the passing of amendment law L99(I)2010 has since resulted in the penalisation of the possession of graded substances, incurring penalties of up to 2 years imprisonment or a €10,000 fine. This amendment is in accord with EC resolution 2004/757 (25 October 2001).

While 2010 was also not a year for major legislative overhauls, as previously reported (NR 2010) in early 2010 the reparative law L24(1)/2010 was passed, which basically modifies article 10A of L29/77, such that it is no longer a formal offence for treatment unit staff or pharmacists to supply syringes and needles to users, provided these are supplied in their initial packaging and for harm reduction purposes against the effects of

controlled substance use (Mavromoustaki 2010). Also, with respect to controlled substances, mephedrone was placed on the national controlled substances list in September 2010. Similarly in early 2010, regulations 149/2009 and 45/2010 resulted in the addition of a number of new substances to the Controlled Substances tables of law L29/77. In this context, Mavromoustaki (2011) reports that an amendment of the first Controlled Substances table of L29/77 was pursued in 2010, such that a "generic approach" to substance inclusion could be adopted. It is therefore of significance that more recently, in June 2011, the amendment 246/2011 has in fact resulted in the official adoption of the generic approach (Fotsiou, 2011). These developments may at least partly reflect successful ongoing monitoring of the drugs situation in both the demand and supply sectors, which respectively leads to some effective changes in the legal framework. The effective interdisciplinary work of the ad hoc CAC Committee for Law L29/77 may be worth mentioning here, a committee which formed in 2008 and includes members from the Legal Service, the DLEU, the State Laboratory, the Pharmaceutical Services, the Customs Department and the Cyprus NFP. Meetings take place regularly to discuss possible improvements and amendments to the drugs law, and much of the activity reported here has been the result of efforts initiated by this committee (Fotsiou, 2011).

It is worth noting that the bill proposing the introduction of the narcotest was finally submitted to parliament in 2010, but its adoption is currently still pending, with some MPs expressing reservations towards its implementation in the current format (Fotsiou, 2011). While drafting of the bill was complete, and legal checking of the bill was completed within early 2010 (Fotsiou, 2010), it is expected that the bill will be discussed further in parliament before being passed, though it is perhaps of interest that certain road accidents taking place in 2010 (which include licit substance use, road deaths, and non-lethal accidents; see also ch. 6 and Panteli (2010), unpublished) may have led to a more favourable political climate towards the introduction of the narcotest (Michaelides 2010). A more recent spate of road accidents in 2011 (see ch.6) continues this trend, and is likely to increase the efforts to introduce the narcotest.

Fotsiou (2010) has previously reported no new developments in 2009 regarding the policies or legislation concerning alternatives to imprisonment or community work, namely L57(I)/92. Savvidou (2011), reporting from the ombudsman's office, explains

that the bill amending this important legislation was approved by the Ministerial Council in October 2010; the Ministerial Council thus authorised the Minister of Health to put the proposed bill before parliament in November 2010, and study of the proposed amendments was then undertaken by the Parliamentary Law Committee. Symeonidou (2011) however, reports that since then this has resulted in further parliament-level discussion of the bill's proposals with the CAC, upon which a number of gaps, particularly pertaining to the care of minors, have been identified. Thus, in 2011 the CAC has undertaken to send the legislation again to concerned parties, collecting and integrating their responses via an expert ad hoc committee, with the intent of submitting before parliament an updated bill which will be more representative of the views of concerned parties within 2011.

Christodoulou (2010) has previously reported (NR 2010) that the bill on serving sentences of home restriction, which will provide the option for drug offenders who have served a prison sentence of 3 months and have attended the Guidance Centre for Extramural Employment and Rehabilitation, of wearing a locator tag and serving the remainder of their sentence through home restriction, is still at parliament under review. No changes to this appear to have taken place throughout 2010 and early 2011, as no further data on this population has been made available from the Prisons Department on such cases (Eleftheriou, 2011).

Regarding community work as an alternative to imprisonment, as previously reported (see Christodoulou (2010), ch.8, NR 2009) drug users are excluded from community work by the Social Services of the Ministry of Labour and Social Security, although the exclusion of drug users from such programmes is contraindicated in the international literature (Skiagrafisi 22, 2008, p.3). Last year attempts were made at identification of reasons given for their exclusion - the practical difficulties involving follow-up, and the high relapse risk; this has been followed up this year by an attempt to determine whether drug-using offenders who have occasionally had community work sentences imposed on them in court, have actually participated in community work programmes. It is confirmed that social services maintain no separate records regarding the number of drug users serving community work sentences, and furthermore social services do not refer drug users or persons with psychiatric diagnoses to these programmes (Koletta, 2011).

1.2.2. **Laws Implementation**

Although in 2009, no increases in court sentencing were observed, Mavromoustaki (2011) does nevertheless report a tendency to increasing sentences over the last 2-3 years.

Savvidou (2011) reports the implementation of increased measures of control and prevention of the introduction of illicit substances into the Central Prisons (but for further details, see ch. 9).

The CAC has in previous years pledged to continue to work closely with all responsible institutions towards achieving the implementation of law L57(I)/92 (Christodoulou 2010). Currently the only widely applied alternative to imprisonment is the practice of offering suspended sentences, usually applied at the discretion of judges for young individuals with no previous criminal record, who are arrested for possession of illegal substances for personal use (however, the programme 'FreD goes net' may be considered an alternative to going to trial; see ch.3, also NR 2009). Judges have the authority to suspend sentencing on condition that there is no repetition of the offence in a given time period; in case of violation of the condition this leads to sentencing for both offences (Christodoulou 2010). Bayada (2010) notes that the tardiness in promoting the necessary modification of L57(I)/92 has had consequences on persons who may have benefited from the option of alternatives to imprisonment.

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

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

The year 2010 was the second of four years from the the beginning of implementation of the new NDS 2009-2012. Consequently, many actions are currently still underway (Kyprianou, 2010).

The CAC Report to the Ministerial Council for 2010 (CAC, 2011a) states however, that the influence of the international fiscal crisis is reflected in recent developments as shown through the monitoring of the implementation of the NDS (p.3; please refer also to SQ32 for further details).

Parts of the new strategy mentioned in the report as worthy of notice, and which have been initiated or completed in 2010 include:

(1) The CAC's role as a catalyst has reinforced cooperation between organisations and structures, such that improved referral protocols for young users have been secured.
(2) Following reforms in the educational system, health promotion programs and substance abuse prevention has been strengthened in schools, particularly through the creation of Direct Response Groups.
(3) A "Safer Nights" programme for safer recreational practices has been operating in Nicosia in an effort to reduce the negative consequences of licit and illicit substance use among youth (see ch.3).
(4) Professional training and continuing education has led to the promotion of programs capable of handling the needs of migrants, women, cocaine users and gambling addictions.
(5) New programs for adult substance users have been created in the Limassol area.
(6) Harm reduction practices such as syringe provision have been enabled by amendments to law L29/77 (see also section 1.2.1 above).
(7) Best practices for prevention and treatment programs are promoted by the elaboration and distribution of the CAC Prevention and Treatment Guides.
(8) A new treatment programme has commenced operation in the Central Prisons (initiated, but still to be implemented in 2010; see ch.11).
(9) Amendment of law L128(I)/2000 has resulted in the appointment of a new CAC President directly via the President of the Republic (see also section 1.3.4 below)

The CAC report also mentions certain areas which need to be further pursued. These include:

(1) The introduction of a flexible time schedule for governmental therapeutic structures, offering improved service to users and their families.
(2) Employment of 6 more Drug Counsellors for governmental therapeutic structures including the Central Prisons treatment programme.
(3) Extension of the substitution coverage across Cyprus; currently substitution treatment is only available in Nicosia and Limassol (see also ch. 5)

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

Monitoring of the implementation of the NDS takes place via bi-annual general meetings of involved parties organised by the CAC (Bayada 2010). In 2009, there had been significant improvement with respect to the commitment of involved parties and coordination of the CAC with government ministries.

It was noted last year that state instructions for fiscal cutbacks would have an immediate impact on the implementation of the NDS, both with respect to the activity of the CAC, and also in terms of funding for programmes (Bayada 2010). It was also surmised that the foreseen lack of plans for evaluation of the new NDS (Kyprianou 2010), was connected to the aforementioned cutback situation. In 2010, these developments have materialised, with no programming in place for evaluation of the NDS due (1) to lack of resources, and (2) assumption of duties respective to the EU Presidency 2012 (Bayada, 2011).

With respect to drugs monitoring *per se*, plans for development of the integrated computerised monitoring system for treatment centres have also been stalled this year, due to 2011 budget cuts (Fotsiou, 2011b).

1.3.3. **Other drug policy developments**

The CAC is the main body where drug policy is elaborated and monitored. Regarding drug policy developments, Bayada (2011) notes the continued delay in ratification of the law L57(I)/92 despite increased interest on the matter in Parliament.

Also in 2010 the geographical expansion of substitution programmes – with the aim of coverage across all Cypriot cities - was pursued by the CAC (see also section 1.3.1).

Finally, in 2010 the CAC turned its attention to finding rubrics for coverage of persons who do not meet the criteria for a medical card - basically a document entitling them to free medical care.

In April 2011 the first meeting of the National Committee on Drugs was convened (Bayada, 2011).

It may be worth mentioning here that topics related to drug issues which were discussed in parliamentary committees in 2010 (Socratous, 2011) included:

(a) Coordination of government services and NGOs for protection of school pupils from smoking and drugs
(b) Briefing regarding licit substances, smoking and alcohol, in particular consumption of alcohol even in childhood
(c) Prevention and suppression of alcoholism, and the response to its consequences
(d) The Law Concerning Drugs and Psychotropic Substances (amendment) (no.2) of 2010
(e) The Law Concerning Treatment and Handling of Substance-Dependent persons (amendment) of 2010
(f) The Law Concerning Road Safety (amendment) of 2010 (driving under the influence of drugs)

It is apparent that there has been recent political interest in licit substance use and prevention, but also laws such as the law L57(I)/1992 concerning treatment and handling of substance users and L29/77 concerning narcotic drugs and their amendments, which

were studied by the parliamentary health committee in 2009 (Socratous 2010) continued to concern parliament in 2010.

Civil society initiatives do not play a very significant role in drug policy developments, mostly due to the relative absence of organised pressure groups. One such group is the NGO Cyprus Association of Friends and Relatives of Dependent Persons, which states on its charter among its aims the "making of every effort such that competent authorities are persuaded to take appropriate measures ensuring [drug] users are viewed as persons requiring special protection, and not as criminals" (Konstantinidou 2010). Thirty-five users' families were assisted by this NGO in 2009, which also promoted use of its programmes to professionals from government services. Also in 2009, this association began the operation of a parents' support group, offered free of charge to participants; a second, closed parents group began its operation later in the same year, and both these groups ran throughout 2010. The closed treatment group with a fixed number of 10 members operated in 2010, and the open treatment group received 21 members in the same year. The NGO reports, however, having difficulty in finding resources, resulting in operations being reliant on volunteer time; also, there is difficulty locating families of users and encouraging them to use these services, as well as prejudice from the general public, and families themselves reluctant to share their difficulties (Konstantinidou 2010). In 2010 These difficulties were reported again; although limited funds permitted the employment of a part-time secretarial assistant, there is still no provision of scientific staff for areas outside Nicosia (Konstandinidou, 2011).

It may be worth mentioning that local and regional government also has a role in the implementation of certain programmes and other initiatives regionally, for example through municipal youth committees, delinquency prevention boards, youth boards and the operation of municipal counselling centres. These activities include feedback from youth boards - in which young people from the general public participate - to municipal councils, such that some grass-roots monitoring and feedback activity does take place on a localised level (e.g. Lambrou 2010). In 2011, the NFP further attempted to monitor this contribution from local municipalities, and identified important prevention work being carried out in the following areas:

Table 1.1 Municipal drug-related activities

Municipality	Drugs-related activity	Employment of former drug users	2010 Drugs Budget (€)
Aglantzia (Nicosia)	Youth & Sports committee Delinquency Prevention committee Youth Council ECAD membership Municipal Counselling Centre	Occasional	50,310
Latsia (Nicosia)	Social welfare committee Youth & Sports committee Youth Council	None	5,000-10,000
Strovolos (Nicosia)	Social Welfare Committee Municipal Counselling Centre Parental education programme / Couples education / Adult workshops Participants, European Action on Drugs	None (but vulnerable populations employed)	18,500
Nicosia	Municipal Counselling Centre	Not stated	Not stated; 350 euros annually to support "Toxotis" counselling centre
Agia Napa	Agia Napa Drugs Prevention Association (participation) Children's anti-smoking forum	None	Approx. 2,000
Deryneia	"Achilleas" Prevention and Counselling Centre (participants) "Creativity" Youth Centre (with KENTHEA)	None	3,563
Athienou	Youth Committee	Vulnerable populations employed	Integrated into cultural activities budget
Aradippou	Larnaca Drugs Prevention Association (participation)	None	5,000

Source: Cyprus NFP, 2011

1.3.4. **Coordination arrangements**

In 2009 the law L128(I)/2000 which steers the operation of the CAC was modified (Bayada 2010), and following further amendment in December 2010, the appointment of a Chairperson of the CAC directly from the Office of the President of the Republic has taken place. The appointment of the Chairperson of the CAC offers a new impetus to the organisational independence status and efficiency of the CAC. Also in 2010, upon completion of their term, former CAC members have departed and new members have been appointed (Bayada, 2011).

Bayada (2011) reports that in 2010 the CAC continued its elaboration of the new strategy for alcohol. Also, the licensing and subsidization mechanism for treatment programmes continued its operation, granting 2-year license permits.

1.4. ***Economic Analysis***

1.4.1. **Public Expenditure**

Improved methodology for collecting information on public expenditure on drugs for 2010 was applied by the NFP. In particular, information asked from involved parties, was based on an economic calculation in order to obtain more accurate amounts and more importantly to ensure the accuracy of information. The calculation is used in economics and more specifically in social cost research, in order to calculate the amount of money actually spent in a certain field, during a specific period, for instance during a year. For the purposes of this chapter, information was requested regarding the cost of prevention, treatment, law enforcement and coordination. However, some of the respondents have no infrastructure to provide the information in the specific form, especially in the case of ministries in which there are no officers specialised to work solely in the drugs field. Despite the aforementioned limitations, available information collected will be analysed below.

Methodology regarding 2010 data:

In order to find the cost of drug related public expenditure, the following calculation was used based on the same methodology of the recent Social Cost research conducted by the CAC (for more details regarding the research see ch.9.5, NR 2008).

Cost of drug-related expenditure = (Number of persons working solely in the field of drugs x average salary) + cost of health contributions and cost of social insurance + functional expenses

For instance, in order to estimate the amount of money spent in the field of drugs by the Ministry of Finance (Customs Department) the calculation was as follows:

6 officers (scout dog handlers) x €4366.4 (average salary & other allowances) + €1503.3 + €1219.5 = €289 212 (please refer to table 1.2)

Table 1.2 Drug-related public expenditures in Euros

Year	*Ministry of Education & Culture*	*Ministry of Health*		*Ministry of Justice & Public Order*	*Ministry of Defence*	*Ministry of Labour and Social Insurance*	*Ministry of Interior*	*Ministry of Communications and Works*	*Ministry of Finance (Customs Dept)*	*Youth Board of Cyprus*
		MHS	CAC							
2004	93 255	1733486	481 085	67 876	520	54 611	-	-	-	246 009
2005	164 701	1905339	636 503	77 312	-	70 214	-	-	-	351 941
2006	511 303	2002687	629 899	49 956	-	-	-	-	-	364 913
2007	512 580	2392042	1175045	768 877	44 765	425 537	-	-	-	444 643
2008	5 870 000	3700000	1282063	144 211	90 038	26 833	-	-	-	446 250
2009	680 000	3153917	1465512	127740	16 760	85 430	61 000	1291.50	222 000	690896
2010	540000[2]	3163355[3]	1671097[4]	168 928[5]	9 600[6]	35 300[7]	53 940[8]	1611.60[9]	289 212	-[10]

Source: Cyprus NFP, 2011

[2]This figure includes the "Mentor Units" (€500,000) and Anti-drugs Student Seminars (€40,000).
[3] This amount covers the salaries of 76 persons (€2433.602) + cost of health contributions and cost of social insurance (€324,886) + functional expenses (€404,867).
[4] This amount includes the following expenditures: functional expenses (€929,113), staff salaries (€258,815), subsidies of prevention and treatment programmes (€483,169).
[5] This amount includes the budget of DLEU and the cost of 4 persons (3 persons working in the department of tracing illicit substances with dogs and one person working in the screening of illicit substances. Specifically: 4 persons x €1430 average salary + €552 social insurance and health contributions + €7000 functional expenses.
[6] This amount includes the organisation of seminars against drugs and the purchase of recreational material.
[7] This amount is not connected to medical treatment, but refers to the social reintegration of former drug users.
[8] This figure is by no means a total budget for the Ministry of Interior. It represents an amount provided to five communities in the framework of the implementation of the National Drug Strategy.
[9] This amount includes the cost of working on the editing of the law on driving under the influence of drugs. For the specific work, one officer of the Ministry worked 60 hours x €26.86 per hour.
[10] The work framework of the Youth Board of Cyprus no longer focuses exclusively on drugs, but on prevention of risk behaviour regarding several psycho-social issues. Thus, no information can be provided regarding drug related expenditure.

Since the methodology regarding the figures provided in the table1.1 for 2010 is being applied for the first time, this does not provide the chance for comparisons with previous years. Definite trends regarding fiscal data will be available through future NRs when the figures will be more comparable.

The following table presents analytically the allocation of public expenditure regarding drugs for the year 2010 by sector:

Table 1.3 Public expenditure for drugs by sector in 2010

Total public expenditure (€)	Total (€)	%
1. Cost of health care (Treatment)- Public sector -Detoxification Therapeutic Unit "ANOSI": €902 060[11] -Ministry of Labour and Social Insurance: €85 430	**€987 490**	15
2. Costs for prevention and research -Ministry of Education and Culture: €540 000 - Ministry of Defence: €9 600 - Police (DLEU): €84 302 -NFP: €400 357[12]	**€1 034 259**	16
3. Cost of implementing the law - Police (DLEU and Customs Department): €444 868 (€155 656 + €289 212) - Judicial Services (Courts): € 1 142 400[13] - Prison: €1 182 600[14]	**€2 769 866**	43
4. Cost of co-ordination (CAC)	**€1 671 097**	26
TOTAL	**€6 462 712**	**100%**

[11] 1702 (days of hospitalization) x €530 (per day).
[12] This figure includes functional expenses (€138,464) and staff salaries (€261,893) for the year 2010.
[13] During 2010, 2829 cases were recorded in court. 97 (3, 4%) of which were drug-related cases. Thus, in order to calculate the cost of judicial services: €33,6 millions (total budget) x3,4%= €1 142 400
[14] The cost of imprisonment for drug offences during the year 2010 was calculated as follows: 60 persons convicted x € 54 (cost of imprisonment per day) x 365 days.

Source: Cyprus NFP,2011.

1.4.1. **Budget**

The following budget information was made available for 2011:

Table 1.4 Budgets for 2011 in Euros

Year	*Ministry of Education & Culture*	*Ministry of Health*		*Ministry of Justice & Public Order*	*Ministry of Defence*	*Ministry of Labour and Social Insurance*	*Ministry of Interior*	*Ministry of Communications and Works*	*Ministry of Finance (Customs Dept)*	*Youth Board of Cyprus*
		MHS	CAC							
2010	-	3 920000	1465000	160000[15]	9 850	85 430	200 000	-	-	-
2011		3 690000	844 851	30 000[16]	8 800	85 430	-	-	13350	-

Source: Cyprus NFP, 2011

[15] It is important to note that this figure is by no means a total 2010 budget for the MJPO. It represents the only projected expense figure provided by a single MJPO service this year, namely drug tracing equipment for the central prison.
[16] The amount covers expenditures until 31/3/2011.

It is apparent from Table 1.2 that, of those budgets provided, planned budgets for 2011 show a slight decrease compared to 2010, with the only exception of Ministry of Labour and Social Insurances which presents a stable budget. Having in mind the limitations in the amounts described above, it would not be possible to draw any firm conclusions. However, it can be hypothesized that budget decrease may be connected to the financial crisis and respective economy measures introduced by the government (see also ch.1.1.2, NR 2010).

1.4.2. **Social Costs**

NNIA

As mentioned in previous NRs, despite the financial crisis, it remains a priority for both the NFP and the CAC to ensure that the second series of the Social Cost survey does go ahead, probably during the next year, although no definite council decision currently exists on this issue. Thus, no new information regarding the specific issue is available at the moment.

Chapter 2: Drug use in the general population and specific targeted groups

2.1. *Introduction*

As of today, four national general population surveys have been carried out in Cyprus: in 2001, 2003, 2006 and 2009. However, only the most two recent ones constitute a series (scheduled to be carried out every three years), and are compatible with the EMCDDA guidelines. The sample for both surveys consisted of Greek-speaking persons 15-64 years of age residing in the government-controlled area, (Cyprus NFP, 2010b; Stylianou 2010, unpublished). The mode of data collection in both cases was face-to-face (self- completed questionnaires).

According to the findings of the 2009 survey, cannabis is the most widely used illegal substance, followed by cocaine and ecstasy. Lifetime prevalence of cannabis, reported by 11.5% of the population, significantly exceeds the respective percentage of the population reporting use of other drugs. Drug use is more prevalent among men than among women; this gap is observable in both in lifetime and recent, as well as current prevalence. Additionally, drug use, and particularly cannabis use, is mainly reported by young people. The findings also suggest an increase in the lifetime use of cannabis, cocaine, ecstasy and LSD. However, only the increase in cannabis and cocaine use can be considered significant, both of which substances continue to show an increase with regards to recent and current use.

As to the school population, Cyprus has been participating in the ESPAD project since 1995. As of 2011, CAC and the Cyprus NFP are directly involved in the ESPAD project and play a coordinating role in its implementation process. The last school population surveys were conducted in 2007 (ISRD-2[17] study and the ESPAD project). Based on the ISRD-2 study the results pointed to the lowest levels of lifetime prevalence of alcohol consumption and cannabis 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

[17] The ISRD-2 is an international collaborative study in which 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' (Steketee *et al.*).

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.

With reference to targeted groups, in 2009 an online survey assessing drug use among Cypriot students attending tertiary institutions in Cyprus and in the United Kingdom was carried out. According to the results of the survey, a significant difference is apparent among students in both countries. In particular, the proportion of students reporting drug use across the total recall period is much higher among those studying in the U.K. In particular, while 3.1% of students studying in Cyprus reported last month use of cannabis, the respective proportion among those studying in the U.K. reached 18.8% (Kyrizi & Clark, 2009, unpublished).

Finally, in 2009/2010 a study on Pontian Greeks[18] living in the district of Paphos was carried out[19] (Spaneas and Neokleous, 2010). The study focused on identification of the social needs of ethnic Pontian Greeks as a vulnerable group, by evaluation of their current situation and formulation of proposals for implementation of prevention programmes and interventions in the areas of social policy and drug use. Drug use was assessed in the context of delinquent behaviour and the variables employed to assess drug use do not follow EMCDDA standards, and therefore are not comparable with the results of other surveys. Based on the results of the survey, 6.8% of the adult population reported lifetime use of any illicit drugs. As to concerns and acquaintance regarding drug use and drug users, it seems that the vast majority of the Pontian Greeks believe there is a drug problem in their community, but also a significant proportion faces drug use problems within their family (Spaneas and Neokleous, 2010).

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

NNIA.

During 2010, no new general population survey was carried out. The next series of the survey will be carried out in 2012. While the methodology will be the same as the two previous surveys, some changes will be introduced aiming at the distinction between various categories of missing values, as pointed out in the common database project carried out by the EMCDDA. As to the

[18] Greek indigenous population originating from the Black Sea region of the former Soviet Union.
[19] This study was previously reported on briefly in section 8.2.2 of 2010 NR to the EMCDDA.

Flash Euro barometer 330 - Youth Attitudes and Drugs 2011, its results were not made available to the Cyprus NFP at the time of writing and therefore these will be presented in the next Annual Report

2.3. ***Drug Use in the school and youth population***

NNIA.

During 2010, no new national school population surveys were carried out. There were some press reports about a local school survey in the district of Limassol, but despite the NFP's efforts to obtain its results, no information was provided (Cyprus NFP 2011?).
As to the 2011 ESPAD project, CAC and the Cyprus NFP have financed the field work through a research agency, and have played a coordinating role in the implementation process, including methodological preparation and supervision of all the methodological guidelines. Some preliminary results are expected to be available by the end of 2011.

2.4. ***Drug Use among targeted groups / settings at national and local level***

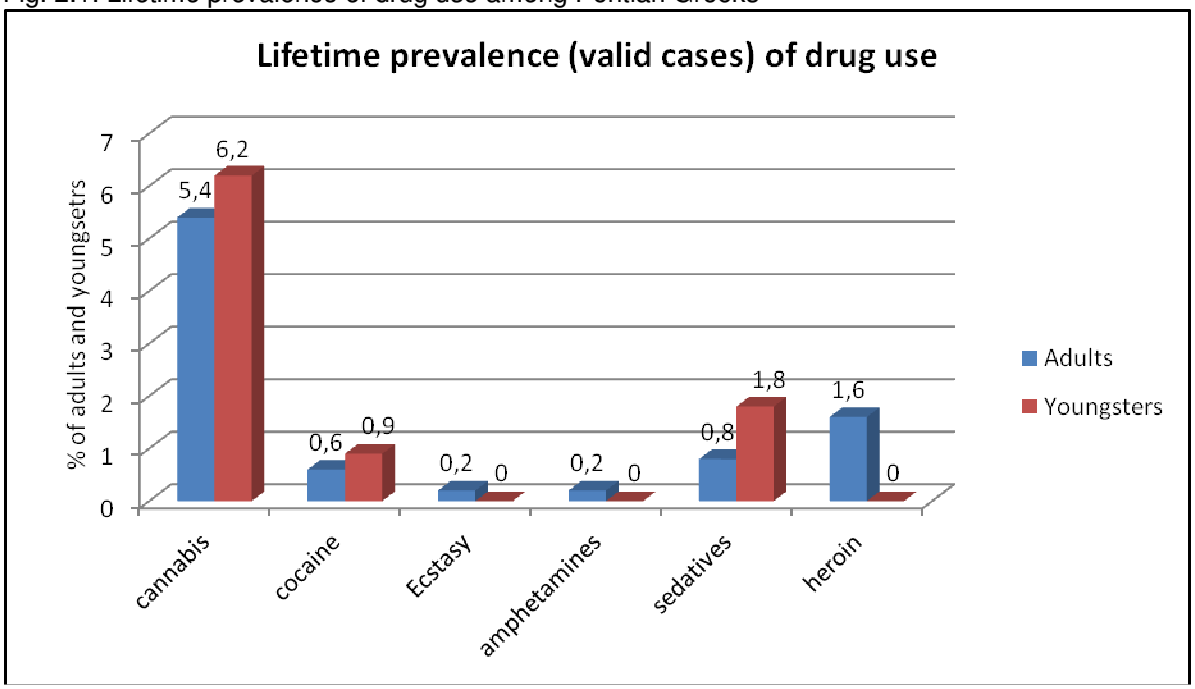
As previously mentioned, a study on Pontian Greeks living in the district of Paphos was carried out in 2009-2010 (Spaneas and Neokleous, 2010). The study focused on identification of the social needs of ethnic Pontian Greeks as a vulnerable group, by evaluation of their current situation and formulation of proposals for implementation of prevention programmes and interventions in the areas of social policy and drug use. The research involved a sample of 1065 persons (838 of adults 18-53+ years of age and 227 youngsters in the age range of 10-18 years), which is estimated to represent just over a tenth of the target population residing in the district at that time. Although the described sampling was a multistage proportionate stratified random sampling, no sampling frame is provided. The mode of data collection was face-to-face and involved the use of a structured questionnaire (Spaneas and Neokleous, 2010).

As already mentioned, drug use was assessed in the context of delinquent behaviour and the variables employed to assess drug use[20] do not follow EMCDDA's standards and therefore are not comparable with the results of other surveys. As can be noted in the available categories

[20] The answering categories for frequency of drug use were as follows: Never/ Tried once or twice/ Have tried in the past/ Less than once a month/ 1-3 times a month/ Once a week/ 2-4 times a week/ 5+ times a week.

provided for assessing specific drug use (see footnote 4), no time period is specified and the answering options are not mutually exclusive. Consequently, the variable was recoded in such a way as to distinguish between those who have ever tried a drug and those who have not. Although this procedure might result in the loss of some information, it was decided that it was the most practical way to proceed, given the very small numbers involved in more frequent use. Based on the results of the survey, 6.8% of the adult population reported lifetime use of any illicit drugs. Lifetime prevalence of particular drug use is presented in the graph below.

Fig. 2.1: Lifetime prevalence of drug use among Pontian Greeks



Source: Spaneas and Neokleous, 2010; Cyprus NFP 2011

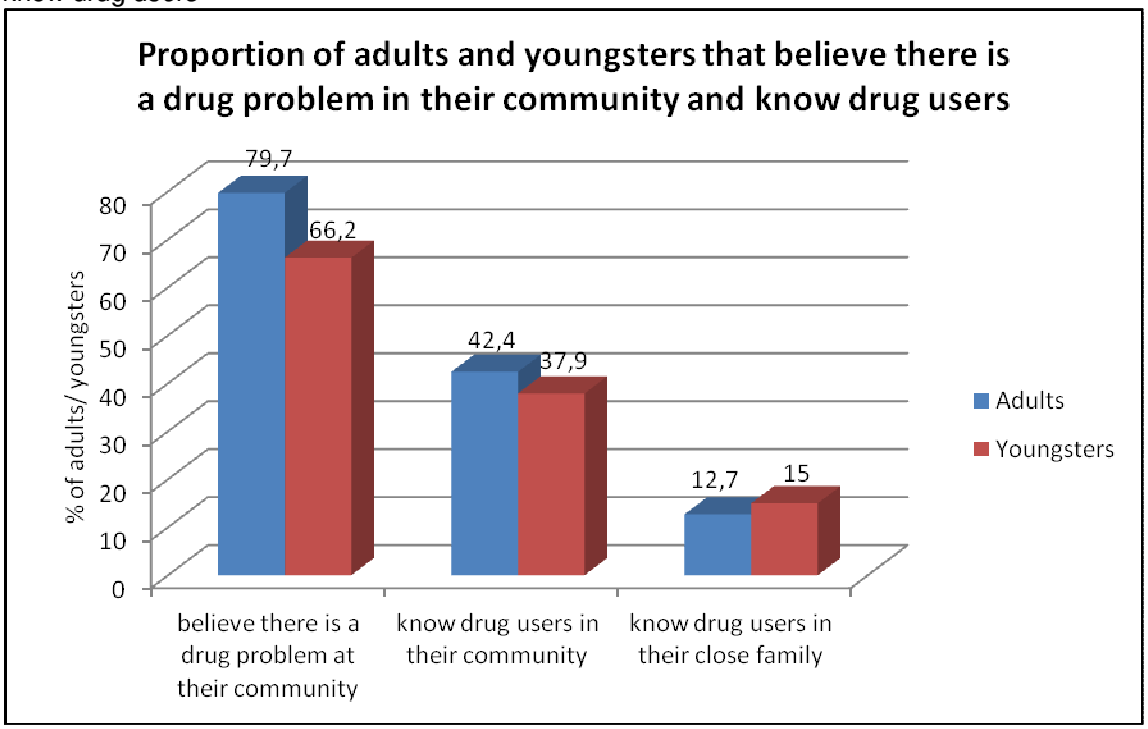
According to the official report of the survey, while men tend to prefer cannabis and heroin, women seem to experiment with more substances (Spaneas and Neokleous, 2010). However, due to the very small numbers involved, no breakdowns by gender or age groups will be attempted.

What seems of particular interest when looking at the survey's results, are the discrepancies and inconsistencies between some questions referring to drug use. In particular, while 56 respondents reported lifetime use of any illicit substances (of adult population), 131 responded to a question assessing whether they have ever sought help due to their drug use. This inconsistency could be attributed to the structure of the questionnaire and unclear skipping

patterns; however it could also be an indication of a compromised validity/ reliability of the provided answers. This question is also raised by the survey investigators, who explicitly question the sincerity with which illicit drug use questions were answered. Moreover, one of the general conclusions of the survey implied a lack of trust towards public services, resistance towards seeking help outside of their own community, suspiciousness and a significance of the family protection (Spaneas and Neokleous, 2010), all of which could result in greater stigmatization of drug use among the specific ethnic group, and hence its underreporting.

As to concerns and acquaintance regarding drug use and drug users, as illustrated below, it seems that the vast majority of the Pontian Greeks believe there is a drug problem in their community, but also a significant proportion faces drug use problems within their family.

Fig. 2.2 Proportion of adults and youngsters who believe there is a drug problem in their community and know drug users



Source: Spaneas and Neokleous, 2010; Cyprus NFP 2011

The fact that 13% of the adult population and 15% of the youngsters report that they have close family members with a drug problem is also of concern. Unfortunately, as interesting as it would be to compare these findings with the respective ones from the recent general population survey among the Greek-speaking population (see 2010 National Report to the EMCDDA), it would constitute a violation of best practice, as the wording of the questions in the two surveys

is quite different and therefore can not be compared. The rationale for such a comparison lies in the perception of the Greek-Cypriot community (also explicitly mentioned by Spaneas and Neokleous) that drug use, and specifically heroin use is quite prevalent among the Pontian Greek community, which is partly confirmed by the treatment demand and drug related deaths data (Cyprus NFP 2011; Cyprus NFP, 2010; Cyprus NFP 2009), where a significant proportion of cases refers to Pontian Greeks. Although such a conclusion cannot be drawn based on the results of this survey, not only due to the actual proportion of the sample reporting drug use, but mainly due to the fact that the results of the survey cannot be extrapolated to the whole population of Pontian Greeks living in Cyprus, since it is limited to the specific migrants living in one of the districts of Cyprus. Nonetheless, Spaneas and Neokleous (2010) in the interpretation of the survey's results do take into account a higher involvement of the members of the particular community in drug use.

Chapter 3: Prevention

3.1. *Introduction*

The CAC is the institution responsible for monitoring prevention programmes and interventions in Cyprus. The CAC developed its own monitoring tools by incorporating other EU country monitoring tools as well as the EMCDDA's manuals. Therefore, the Cyprus NFP has not collected information from individual programmes but data originated from the CAC's reports. Since the official 2010 drug programme monitoring prevention report has not been prepared at the time of writing, the information presented is based on various other reports, as well as the prevention unit forms. After the implementation and the monitoring of the new 2009-2012 NDS, the CAC reported various new developments in the field of prevention based on each goal of the NDS.

3.2. *Universal prevention*

Based on the information provided below and having in mind the budget spent on universal prevention in general as reported in chapter 1 (section 1.4), it is assumed that most activities categorized as prevention are sporadic, unstructured and untargeted - therefore they are not perceived as drug prevention interventions, and thus not included in this chapter.

3.2.1. **School**

Universal prevention actions in schools continued to be implemented by various institutions as previously reported. According to the CAC, the Ministry of Education was involved to a great extent in the implementation of the 2009-2012 NDS. Specifically, in an attempt to develop a national prevention policy system the MEC 1) began the training of 767 teachers that are involved in implementing health promotion programmes, 2) developed a coordinating body for prevention policy development, and promotion of health promotion actions, 3) added a separated drug use and addiction topic in the school curriculum for the school year 2011-2012 and 4) continued the monitoring, evaluation and funding of the health promotion programmes (201 schools were funded during 2011-2012). Furthermore, actions such as 1) the design and implementation of training programmes for teachers, school counsellors, social workers and psychologists 2) the development of a website presenting drug and other addiction information by the Ministry of Education and Culture, 3) the dissemination of a health promotion and

addiction book to all Gymnasiums are underway in the framework of promoting health promotion in schools.

According to the available Prevention Unit Forms (PUFs) provided by the CAC, during the school year 2010-2011, the existing prevention services implemented the programmes 1) "Standing on my own feet" in combination with "Adolescent Discussions", 2)"Smoke free schools" and 3) "Life Trip". All manuals were adjusted to the specific target group and focused on personal and social skill development, self awareness and drug information provision (NFP, 2011). Most commonly reported difficulties were the lack of time provided by the schools for the implementation of the programme and the enhancement and involvement of the parents. Some programmes also reported financial and understaffing difficulties. Regarding the programmes' evaluation status, most report the completion of process or outcome evaluation (also see SQ25).

Table 3.2 School manuals

School manuals			
Name of programme	Age range	Total number of schools covered (2009-2010 school year)	Total number of students participating (2009-2010 school year)
Standing on my own feet & Adolescent Discussions (combined)	13-18[21]	77	491
Smoke free schools	10-17[22]	9	145
Life trip	10-12	13	422
Various material or combination of two or more (5 programmes)	10-12[23]	236	12809

Source: NFP, 2011

[21] This age range consists of sets of smaller age groups.
[22] This age range consists of sets of smaller age groups.
[23] This age range consists of sets of smaller age groups.

3.2.2. **Family universal prevention**

According to the CAC (2011), the prevention programme "Family Council" was implemented during the academic 2009-2010 year. Specifically, nine groups with a total of 97 participants were covered. However, the information provided was incomplete since not all institutions provided details on the number of groups or participants. Consequently, the table on school prevention above as well as the information on family universal prevention on this section do not reveal the complete picture regarding the prevention interventions implemented, since a lot of other non evidence-based material interventions are designed and applied by the prevention services. However, an idea of the type of training programmes and interventions used, school and family prevention programme coverage as well as the number of students and families reached reported can provide a general picture of universal prevention in Cyprus.

3.2.3. **Community universal prevention**

It is noted that no universal prevention community evidence based programmes were reported by the CAC. However, some municipalities cooperate with prevention services and organize or implement programmes and/or activities related to drug prevention (Tsaggarides, 2011, Alampritis & 2011 Christodoulidou, 2011) (see also ch.1, table 1.1).

3.3. ***Selective prevention in at-risk groups and settings***

3.3.1. **At - risk groups**

According to TDI data, the proportion of users as well as the number of cannabis users entering treatment in 2010 noted an increase from 24.9% in 2009 to 38.6% in 2010 (also see ch.). The increased cannabis police seizures during the reporting period also suggest the substances' availability and demand. Although the MHS in cooperation with the DLEU are implementing the "Fred goes Net" programme (also see 2010 NR), the possibility of the implementation of prevention programmes, targeting other than delinquent users, should be considered.

According to the NDS 2009-2012, selective and indicated actions in high risk areas among high risk groups should be promoted. During the reporting year an intervention team handling urgent issues of juvenile delinquency was developed by the MEC aiming at motivating school units in implementing school drop out prevention programmes. At the same time the Ministry expanded the Priority Action Zones to more schools and began implementing a programme of financial assistance to students with financial difficulties, in an attempt to promote creative leisure activities.

In addition, the Social Welfare Services of the Ministry of Labour and Social Insurance placed social workers in some schools on a pilot basis, and organized a first meeting among involved parties aiming at developing cooperation protocols for mapping and assisting high risk families. Further, a parenting skills programme aiming at training parents in various issues, including drug use prevention is being designed.

Some other actions pertaining to selective prevention are provided below:

- The Ministry of Defence, in an attempt to develop evidence based prevention programmes in the army, cooperated with the Cyprus Youth Board in designing a drug use prevention strategy among soldiers.
- The Ministry of Interior in the framework of the NDS organized and implemented recreational activities targeting high risk youngsters.

Another development during the reporting year is related to the expansion of the programme "Fred Goes Net". The pilot phase of the programme "Fred Goes Net" (see to NR 2010) has ended and the programme was evaluated. According to the coordinating body, the CAC reported that during the year 2009-2010, the programme approached 120 first-time young drug related offenders of whom 11 persons were referred to a treatment programme, and 81 to enrol on the "Fred Goes Net" programme. Sixty nine youngsters successfully finished the programme and were not prosecuted. Importantly, 90% of the participants had never contacted any treatment services before. The programme improved the treatment service's accessibility by approaching the specific high-risk group that according to research studies will potentially present more problem drug use (CAC, 2011).

The evaluation results of the newly implemented programme “Fred Goes Net” assisted in expanding its implementation to various other vulnerable high risk youth groups in 2010. Specifically, the CAC in cooperation with the SBA Police, and the MOH reviewed the agreement protocol in order to add further treatment options for drug related young offenders.

3.3.2. **At-risk families**

As mentioned above (3.3.1), the Ministry of Labour and Social Insurance is examining the development of parenting schools, as suggested by the 2009-2012 NDS. According to the CAC, the Social Services are expected to design the programme during the year 2011 (CAC, 2011, unpublished).

3.3.3. **Recreational settings**

The “Safer Nights” project that began in 2009 continued to operate in 2010 with further actions being implemented, as summarized below:

1. Reinforcement of the recreational setting’s law such as the provision of free drinking water and ice.
2. Distribution of objective information material on drugs and alcohol, including related harm, legal and psychosocial issues, and counseling services information to clubbers.
3. Training of the recreational settings’ personnel to recognize alcohol and other substance use issues as well as other health related issues.
4. Preparation of information material.
5. Outreach work/ interventions by trained staff targeting recreational setting visitors that are identified as possible users of psychoactive substances through handing out harm reduction kits, offering voluntary alcohol test and free transportation if needed (also see SQ23/29).

3.4. ***Indicated prevention***

NNIA

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

According to the CAC, there were no National campaigns taking place during the reporting year, mostly due to the limited financial resources, but also in the light of the limited added value of such campaigns (Fotsiou, personal communication, 2011). No other media campaigns were reported.

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, since 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 therefore utilized each year, irrespectively of the availability of data from other sources. However, in 2011, most of the technical difficulties were overcome and Police data was made available to the NFP. Following EMCDDA's training on two source capture-recapture method, which will take place in late October 2011 (Cabral 2011, personal communication) the Cyprus NFP is expected to implement the particular method in 2011. In addition, further attempts are still being made by the Cyprus NFP to involve other potential sources of information in the network. In particular, following an establishment of cooperation with the Cyprus Medical Association, a feasibility study among private doctors was launched in 2011, which is expected to be completed by the end of the current year. The study aims at estimating the number of private doctors who treat drug users in their practice and to assess their willingness to collect some basic information, which would constitute another source of information for the estimation of PDUs in Cyprus.
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 definition. However, due to a very limited use of opiates other than heroin or other substances taking place, 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 in 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 aforementioned limitations of the employed method, and also the lack of long term data), a significant increase of the problem opiate users' estimate in 2007 can be observed, mainly attributable 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 follows, 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, a lack of prison data and a significant decrease of foreigners recorded in treatment. In 2009, some increase of problem drug users and injectors is noted, mainly attributable to the increase of treatment demands in general, and particularly of foreigners and substitution treatment clients. In 2010, the number of PDUs has significantly dropped, which among other reasons seems to be attributable to the decrease of demand for treatment for heroin/ cocaine use (also see ch 5).

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

As already mentioned, no capture – recapture (CR) method was employed in 2010. Although individual data was made available by the Police to the Cyprus NFP, it was decided that the use of a C-R method combining treatment and Police data will be employed following EMCDDA's training, which will take place in late October 2011 (Cabral 2011, personal communication).

Regarding the estimation of problem drug use, as in previous years, 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_2011_CY_01-06). The rate per 1000 inhabitants 15-64 years of age is based on the most recent population data (end of 2009) provided by the Statistical Services Office of the Ministry of Finance (Statistical Service, 2011).

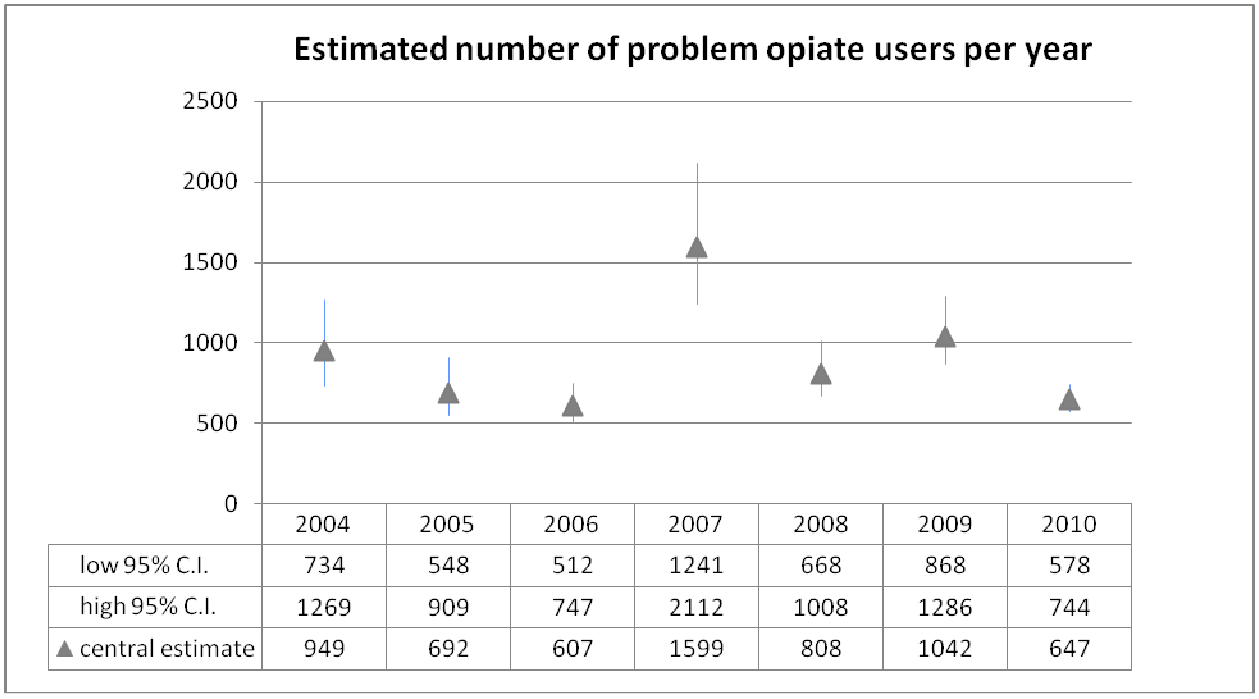
Table 4.1 Estimated numbers of problem drug users and injecting drug users for the year 2010.

		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
Opiate users (ST7_2011_CY_01)	total	647	578	744	1.1	1.0	1.3
	males	565	498	661	2.0	1.7	2.3
	females	86	72	120	0.3	0.2	0.4
Opiate/cocaine users (ST7_2011_CY_02)	total	867	774	993	1.5	1.3	1.7
	males	773	681	900	2.7	2.4	3.2
	females	99	81	138	0.3	0.2	0.4
Injectors (ever)	Opiate users (ST7_2011_CY_03)	456	408	529	0.8	0.7	0.9
	Opiate/cocaine users (ST7_2011_CY_04)	467	418	539	0.8	0.7	0.9
Current injectors	Opiate users (ST7_2011_CY_05)	269	234	329	0.5	0.4	0.6
	Opiate/cocaine users (ST7_2011_CY_06)	275	239	337	0.5	0.4	0.6

Source: Stylianou, 2011; Cyprus NFP, 2011

With reference to gender, as illustrated in the table above, males constitute the vast majority of problem drug users. In addition, estimation of PDUs by age groups show that the age group 25-34 consists of the largest number of PDUs (for details see ST7_2011_CY_01/02). As regards the estimated total number of problem drug users in previously reported years, a noteworthy decrease of opiate PDUs can be observed in 2010, illustrated in the figure below (also see ST7_2011_CY_01).

Fig. 4.1 Estimated number of problem opiate[24] users per year



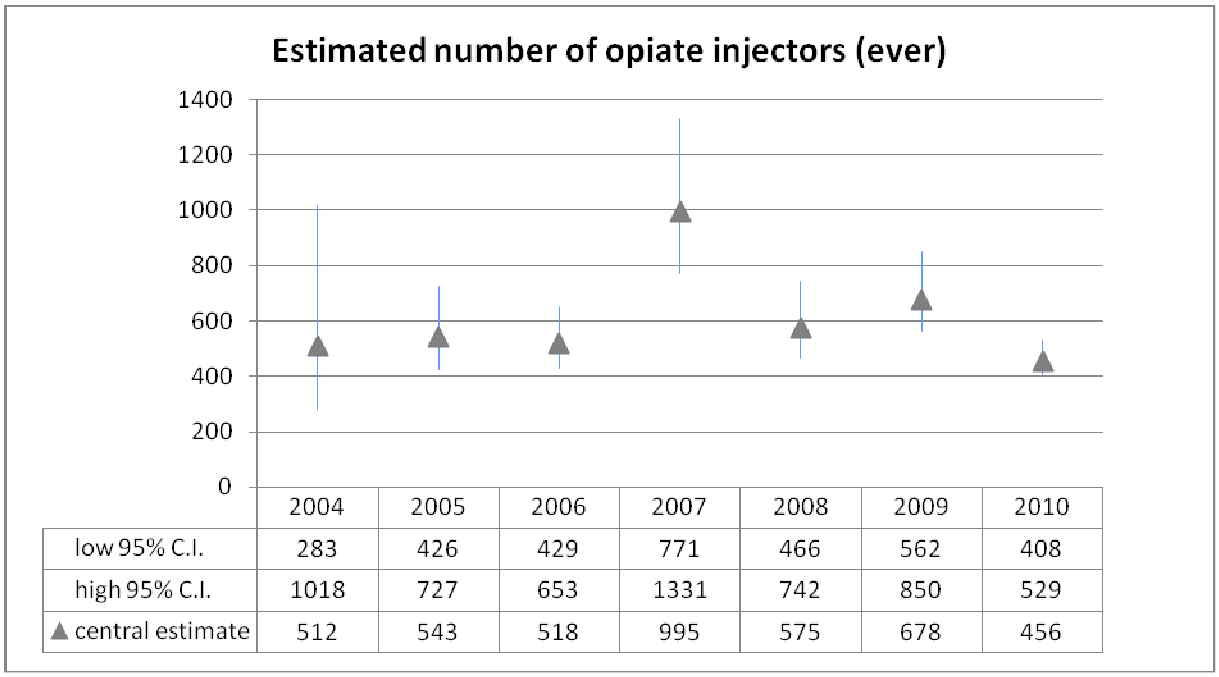
	2004	2005	2006	2007	2008	2009	2010
low 95% C.I.	734	548	512	1241	668	868	578
high 95% C.I.	1269	909	747	2112	1008	1286	744
▲ central estimate	949	692	607	1599	808	1042	647

Source: Stylianou, 2011; Cyprus NFP, 2011

Comparable tendencies are noted with respect to the decline of opiate / cocaine PDUs, as well as of injectors for both categories of drug users (see Fig. 4.2 below, specifically for opiate users ever injected).

[24] In the years 2004-2006 only heroin users were included

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

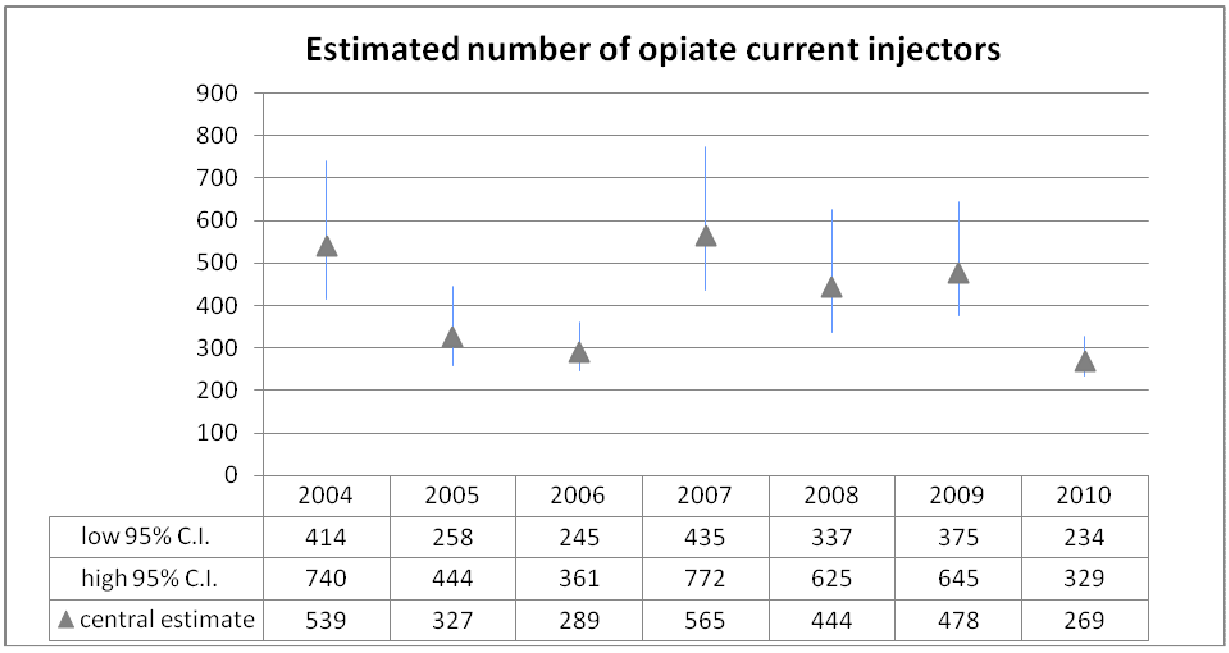


	2004	2005	2006	2007	2008	2009	2010
low 95% C.I.	283	426	429	771	466	562	408
high 95% C.I.	1018	727	653	1331	742	850	529
central estimate	512	543	518	995	575	678	456

Source: Stylianou, 2011; Cyprus NFP, 2011

As to current injectors among opiate users (see figure below), the drop in the estimate is analogous to the aforementioned ones (also see ST7_2011_CY_03/05).

Fig. 4.3 Estimated numbers of opiate current injectors by year



	2004	2005	2006	2007	2008	2009	2010
low 95% C.I.	414	258	245	435	337	375	234
high 95% C.I.	740	444	361	772	625	645	329
central estimate	539	327	289	565	444	478	269

Source: Stylianou, 2011; Cyprus NFP, 2011

Besides the limitation of the method applied (see NR 2008), as well as the large confidence intervals of most estimates in previous years, which should be considered when interpreting the results, some significant changes can be noted in the treatment demand data in 2010 that seem to have contributed to the aforementioned decrease. In particular, provided that no methodological changes have taken place in the recent years regarding the estimation of PDU, the following factors seem to contribute to the above decrease (for more details, see ch 5):

- Stabilization over the years and some decrease in the treatment demands due to opioid/ cocaine use in 2010, among first treatments in particular.
- Indications of lower availability of opioids (Sergides 2011, personal communication; Veresies, personal communication) and a shift to synthetic cannabinoids in 2010, clearly reflected in Police data (see also ch 10 and ST13_2011_CY_01).
- Lower prevalence of opioid use (based on TDI data) among Cypriot nationals compared to other nationals with an evident decrease among Cypriot nationals, particularly in 2010.
- The fact that estimates of PDUs depend largely on the number of foreign nationals in treatment, which seems to be validated by carrying out additional estimates of PDU by nationality, according to which foreign nationals account for the vast majority (around 60%) of problem drug users (Hay 2008; Cyprus NFP 2010; Stylianou 2011, unpublished). This issue, along with the fact that the number of foreign nationals registered in treatment depends on a range of factors (including a broader economic situation and immigration trends), resulting in our estimates increased vulnerability.

Furthermore, the decrease in the estimate can also be partially attributable to some increase of double counts on the one hand, and to the decrease of the (S) number of unique individuals (heroin and/ or cocaine users) and (f1) those recorded only once during 2010, on the other[25].

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

As in previous years, treatment demand data (for the years 2003-2010) was used to estimate the latency period and incidence of problem drug use. The analysis included cases in which

[25] Where, according to Chao's formula, T (central estimate) $\hat{T} = S + f_1^2 / (2 f_2)$.

opiates were the primary drug of abuse, whose age of onset of primary drug use was known, and had a known time of first demand for treatment (see NR 2008). As a result of filtering the data according to the inclusion criteria, a total of 1900 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 5.69, with a 95% confidence interval of 5.45 – 5.96 (Stylianou 2011, unpublished), remaining at similar levels to previous results (see 2010 NR). Exploring the latency time by route of administration, as in the previously reported years (Cyprus NFP, 2010), intravenous administration of heroin (current injecting) does not seem to significantly affect the mean survival time of current injectors and those who are not currently injecting, as the mean latency period for both groups (opioid users) was found to be 5.6 and 5.7 years respectively, with the 95% confidence intervals overlapping (5.3 – 5.9 and 5.3 – 6.1, respectively).

As to those opioid clients, who injected at least once in their lifetime, the mean latency was basically identical to the one found among opiate current injectors.

Further exploration of the data reveals[26] that the variables that are statistically significant in relation to latency time in case of opioid use are, as in previous years (Cyprus NFP, 2010) gender, age of onset of heroin / opioid use, and age of first demand for treatment (Stylianou 2011, unpublished). More specifically, 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 2011, 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 2011 was estimated at 80. 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, 2010), the problem with the underestimation is still largely due to the lack of data. The main limitation is due to the fact that the survival function is being imposed only on the population of opioid users that sought treatment in the last few

[26] Based on the significance level of the Wald statistics

years. As in previous years, a methodological conclusion is that as time passes and as the measurement process continues, more valid and useful estimates can be provided (Stylianou 2011, unpublished). In addition, based on the available data for 2003-2010, it seems that a significant number of cases were not recorded in the year that they first came to treatment (they are recorded later, so they appear in later datasets), which could be due to a vague definition of a start of treatment that was being implemented throughout the years, something that is being closely examined through the TDI revision process (Montanari 2011, unpublished), which in turn will make the definition more clear and comparable among countries. What is finally of significance when interpreting the results is the fact that the age of first treatment demand does not necessarily refer to treatment demand due to opioid use, which in turn biases our results. However, as previously stated, as data collection becomes more complete, our estimates will be improving (Stylianou 2011, unpublished).

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

NNIA

As previously mentioned, a feasibility study is under way, aiming at estimating the number of private doctors treating drug users, along with their willingness to collect some basic data, which would constitute an additional source of information. Furthermore, an agreement was reached with the Director of Medical Services of the Ministry of Health regarding the collection of some basic information on drug users seeking help in the Emergency Units of the Public Hospitals (meeting with the Director of Medical Services, July 22, 2011). A working group consisting of representatives of all these hospitals and the Cyprus NFP has been established and a first meeting is expected to be held within 2011.

In addition, although data was provided the Cyprus NFP by the general psychiatric hospital, all patients hospitalized in the institution reported using cannabis.

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

NNIA

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*

Information presented below is based on programme monitoring reports, completed TUF questionnaires provided by the CAC, as well as information collection letters from individual programmes and annual reports.

The treatment system did not present any major changes during the reporting year. The monitoring and licensing mechanism previously reported (see ch.5, NR 2010) did influence the professional perspective on the quality of the services offered and resulted in certain minor effects worthy of consideration. For example, it is observed that isolated programmes are becoming targeted as far as the services offered, and expand their programmes with various other specialized services (i.e Pharos).

Consequently, seven units are reported to provide drug treatment services, although some of them offer more than one treatment programme. Counselling centres provide motivational enhancement, counselling as well as psychosocial support whereas rehabilitation programmes including a TC, mainly offer psychosocial treatment and social reintegration. Detoxification is provided by two units, one of them (a private clinic) also offering substitution services. Substitution is provided in Nicosia, Larnaca and Limassol by two public programmes and the aforementioned clinic in Larnaca. One day care center provides daily assistance, counselling and needles to drug users and as of 2011 a new rehabilitation programme is operating within the prison. Moreover, a self help group programme and a programme providing support to user's relative are operating in Nicosia and Larnaca respectively.

As to substitution treatment, it is provided by one private clinic and three public centres, one of which provides substitution for detoxification purposes only. However, in the case of two public facilities, no information is available that would allow the differentiation of those clients that receive substitution for detoxification purpose from those that receive it for maintenance purposes. Such information was provided by the private clinic for the year 2010, and is expected to be available for all the centres providing substitution treatment for the year 2011,

following some changes introduced by the Cyprus NFP in the information collection tool package. The majority of substitution clients were prescribed DHC, followed by Suboxone, the main substance used in the public substitution programmes.

Regarding trends of clients in treatment, a slight increase of EU nationals entering treatment could be observed. The proportion of foreign nationals was significant particularly in substitution treatment, as they accounted for 45% of all substitution clients. As to the primary drug of abuse of those in treatment, although heroin remained the most commonly reported primary drug in 2010, what can be observed is a decrease in the proportion of clients entering treatment reporting heroin and other opiates as their primary drug of abuse, and a significant increase of cannabis clients, particularly among new treatments. Qualitative information provided by key informed experts, indicates a decreased availability of heroin on the market on the one hand, and an increase in the availability of cannabis and particularly of synthetic cannabis on the other, which could partially explain the above trends. In addition, with regards to primary drug, treatment for new substances was observed in 2010, as for the first time treatment was sought by 7 persons reporting methamphetamine as primary drug.

Regarding high-risk behaviour, the overall proportion of users who entered treatment in 2010 and reported having ever injected, remained at similar levels as in previous years. With regards to current risk behaviour, as in the case of heroin use, stabilization and a slight downward trend can be noted. Finally, significant differences occur in risk behaviour prevalence when stratified by nationality. As in the case of heroin as primary drug, sharing seems more prevalent among foreign nationals.

5.2. ***General description, availability and quality assurance***

5.2.1. **Strategy / policy**

Following the implementation of the treatment monitoring, licensing and funding mechanism, the CAC is now able to make strong suggestions and requests regarding the variety of services offered, as well as their quality. During 2011, most of the treatment units were licensed although they were asked to follow the recommendations given. Specifically, the weaknesses

and respective suggestions were related to 1) provision of monthly external supervision for the staff, 2) lack of the unit's posted rights and duties for the participant, 3) lack of development of an internal evaluation process and 4) potential replacement of the large number of nursing staff with a multidisciplinary team (Symeonidou, 2011, unpublished).

5.2.2. **Treatment systems**

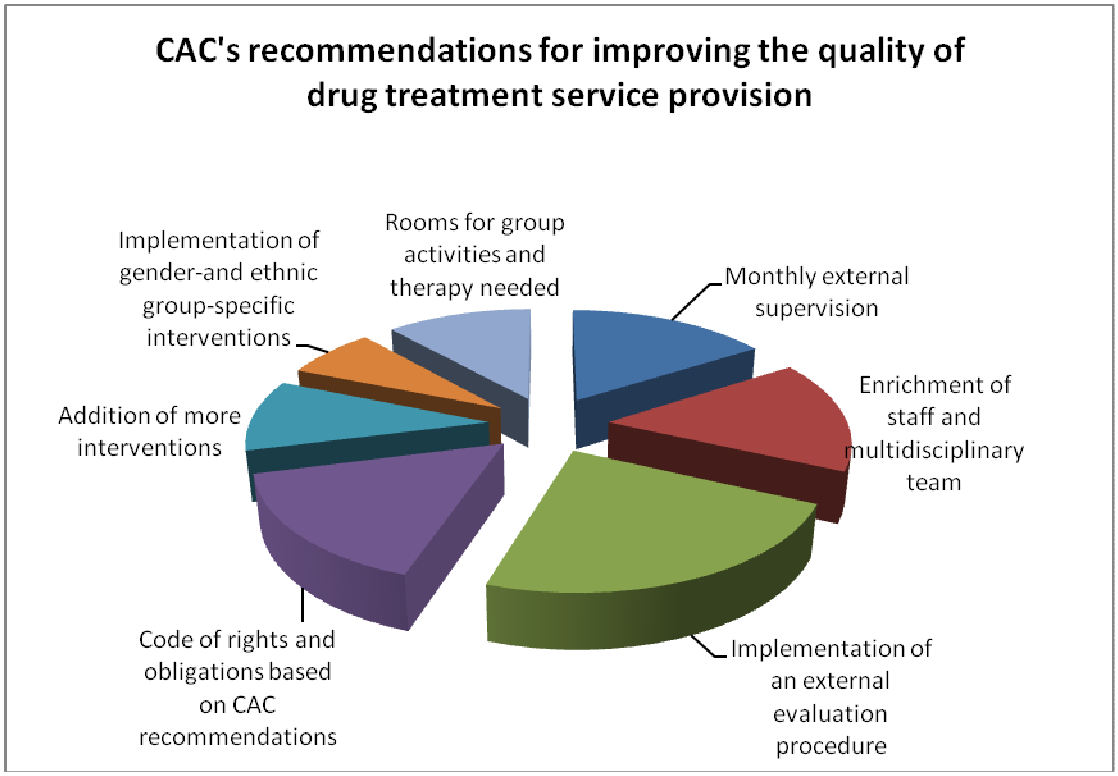
Psychosocial therapy is the main approach to drug treatment offered by drug services. It is mostly offered in short term treatment programmes although is also used in the TCs. Most units offer psychosocial interventions as their main tool of treatment and others, such as detoxification or substitution units, do include brief psychosocial treatment in the framework of their programme. Detoxification is provided by only two specialized drug treatment units although it is assumed that GPs are also assisting drug users during the withdrawal period. A feasibility study is underway aiming at collecting more reliable information regarding the GPs involvement in drug related treatment (for more information refer to ch. 4). Substitution treatment is offered by three programmes, two of them being governmental. However, as mentioned for detoxification, GPs may also be offering such services and therefore more information will be available when the aforementioned study is completed.

5.2.3. **Organization and quality assurance**

As mentioned above, after the mechanism for treatment programme monitoring and licensing was established, the CAC evaluated all programmes requesting operational license and provided recommendations. The main suggestions are presented in the graph below. According to the CAC's recommendations, establishing a mechanism for external evaluation for all programmes is very essential. The CAC's suggestion on the establishment of an external evaluation mechanism which is included in the licensing reports of most programmes, reveals the shift towards a more evidence based treatment. Further, quality of treatment provision is being reinforced trough the recommendation for the development of a multidisciplinary team, including specialized drug counsellors, music or occupational therapists, social workers, nurses and doctors. The recommendation regarding quality of services provision is also reinforced by some more specific recommendations such as the monthly staff external supervision, the

development of individualized treatment planning and the inclusion of psychosocial interventions in substitution or detoxification units.

Fig. 5.1 CAC's recommendations for improving the quality of drug treatment service provision



Source: CAC, 2011

Less frequent but equally important suggestions include the enrichment of the clinical team with specialized drug counsellors, the availability of premises that will provide for group therapy and leisure activities, as well as client safety.

In order to reinforce the development of targeted treatment in areas needed, the CAC also recommended the implementation of gender and ethnic group specific interventions (CAC, 2011, unpublished).

5.2.4. **Availability and diversification of treatment**

As previously mentioned, there were no major changes taking place during the reporting year. Psychosocial interventions remained to be the main intervention provided by most units. Detoxification and substitution units continue to offer the same services as the ones previously reported (see NR. 2010).

Most outpatient centres do not limit the provision of treatment to a specific group, but rather provide psychosocial interventions to all clients regardless of the primary drug of use. Problem drug use specialized treatment provision (meaning prior cocaine or heroin use is a criterion for admission) is limited to one inpatient therapeutic community. Two adolescent treatment units continue to offer services to experimental drug users and their families. At the same time, there are still no specific treatment programmes for cocaine, cannabis, amphetamine or benzodiazepine use or for female users. Targeted intervention exists with regards to ethnic groups. Psychosocial interventions are provided by one outpatient unit in Paphos for Russian speaking Pontian Greeks. For more information on the aforementioned ethnic group characteristics refer to NR2010 ch. 8 and to ch. 2 of the current report (also refer to SQ 27).

The drug using population in prison had no access to drug treatment; since the drug programme ceased implementation during the year 2010 (also see 5.5.1). In 2011 a new programme has been planned and licensed by the CAC; it has been offering services as of January 2011. More information regarding the programme will be presented in the next annual report.

Finally, as previously reported (see NR. 2010), the 2009-2012 NDS recommends the provision of specially designed programmes for specific target groups, such as marginalized groups or gender specific (CAC, 2010) (also see SQ 27).

5.3. ***Access to treatment***

5.3.1. **Characteristics of treated clients**

For the year 2010, individual data was provided to the Cyprus NFP by all counselling and treatment centres which were licenced by the Cyprus Anti-Drugs Council to provide treatment services[27] (two inpatient, 16 outpatient[28]). However, despite the Central Prison treatment programme's commitment and assurance of the full implementation of the indicator in 2009 (Kariolou 2009, personal communication; see 2010 NR), no data was provided for the particular year. As in 2009, the treatment programme offering its services to imprisoned drug users could

[27] Some of the counselling centres active in the field of treatment in previous years were licenced to provide mainly prevention services.
[28] One of the 16 centres classified as an outpatient unit, also provides some services on an inpatient basis (see also comments in TDI_2010_CY_01).

not operate in 2010, due to understaffing and the transfer to another treatment unit of the only full time drug rehabilitation personnel (Kariolou 2010, personal communication; Georgiadou 2011, personal communication).

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

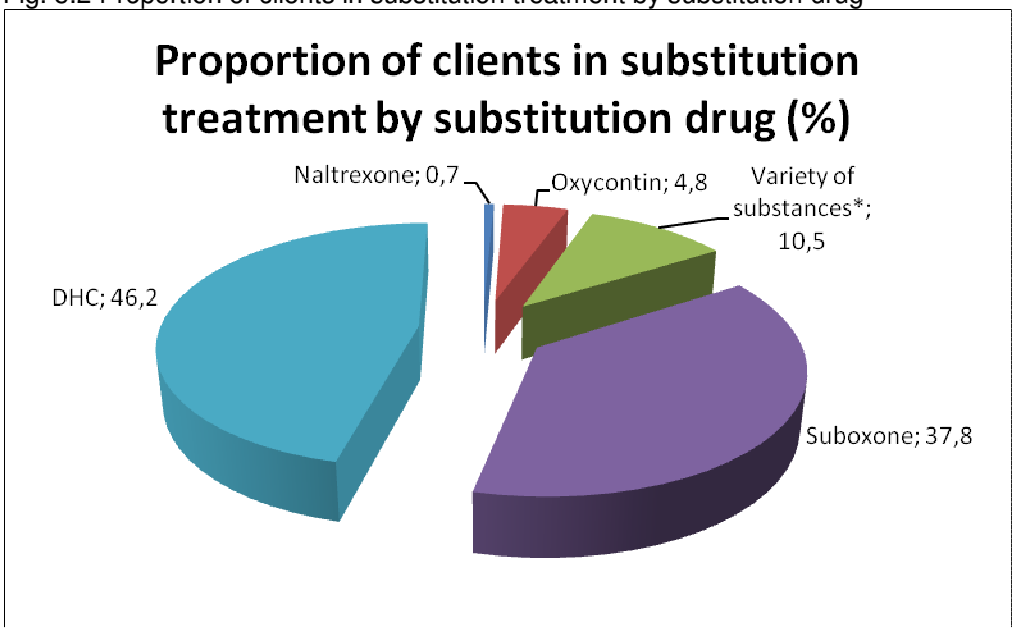
From the beginning of January until the end of December 2010, 884 individual clients were recorded in treatment (corresponding to 1381 treatment episodes), 767 of which started treatment in 2010. New treatments accounted for 44.3% of all clients starting treatment in 2010 (340 persons).

Of all who were recorded in treatment in 2010, 775 (87.7%) were men and 109 women. Eighty eight percent (88%) and 97.1% of all clients and first treatments respectively, were recorded in outpatient facilities (also see TDI_2011_CY_01-02). As to substitution treatment, as already mentioned, this is provided by one private clinic and three public centres, one of which provides substitution for detoxification purposes only (also see ST24_2011_CY_01). As to the other two public facilities, no information is available that would allow the differentiation of those clients that receive substitution for detoxification purpose from those that receive it for maintenance purposes. Such information was provided by the private clinic for the year 2010 and is expected to be available for all the centres providing substitution treatment for the year 2011, following some changes introduced by the Cyprus NFP in the information collection tool package.

Of all the clients registered in treatment in 2010, 294 were receiving substitution treatment (for both detoxification and maintenance purposes), corresponding to 71% of all opioid clients (as a primary drug of abuse). In addition, 62% of those receiving substitution treatments were recorded in NGOs and 38% in public centres (also see ST24_2011_CY_01 and SQ27P1_2011_CY_01).

As illustrated in the figure below, the majority of substitution clients were prescribed DHC, followed by Suboxone, the main substance used in the public substitution programmes.

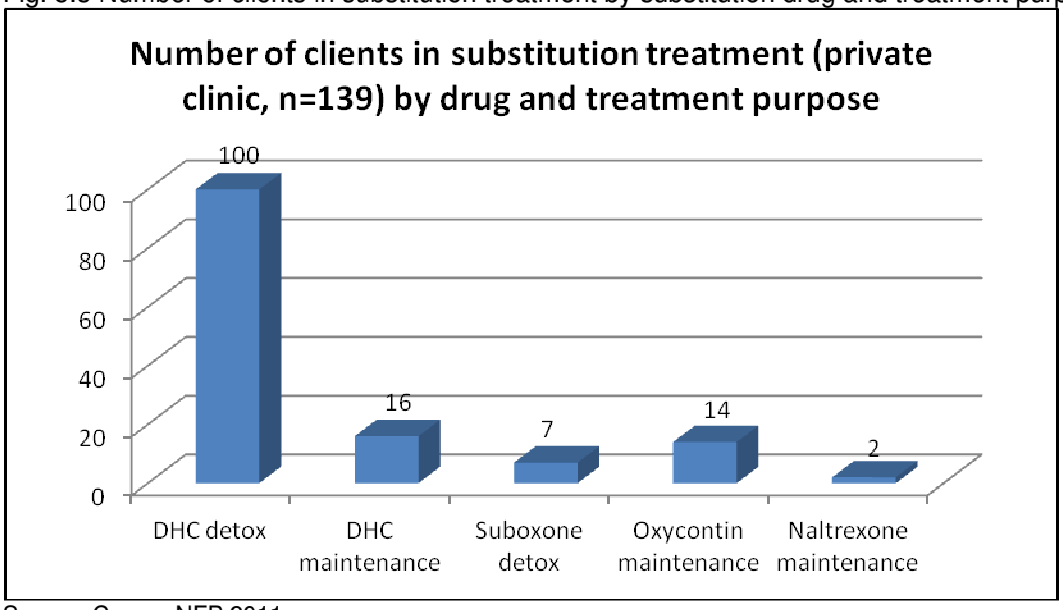
Fig. 5.2 Proportion of clients in substitution treatment by substitution drug



** Methadone/ buprenorphine/ naltrexone*
Source: Cyprus NFP 2011

Based on the information provided by the private clinic (referring to 139 substitution clients), 77% of the clients were prescribed substitution substances for detoxification purposes and the remaining 23% for maintenance. As can be observed below, the most widely used drug by the private clinic is DHC, which is prescribed predominantly for detoxification purposes.

Fig. 5.3 Number of clients in substitution treatment by substitution drug and treatment purpose



Source: Cyprus NFP 2011

As to other characteristics of clients registered in treatment in 2010, before any further results are presented, it should be stressed that any comparisons between the two genders as given below should be treated with caution, due to the significant difference in their numbers.

Socio-demographic characteristics of clients in treatment

While the mean age of all users in 2010 was 30.2 years, new treatments were on average 28.2 years of age. Mean age also varied across gender; in particular, males were on average 1.4 years older than women (also see TDI_2011_CY_01-02). Also, as expected (given their longer drug career), substitution clients were older than those not receiving any substitution treatment (32.3 and 29.5 years, respectively).

Regarding the nationality of clients who sought help in 2010, 621 out of 884 were Cypriot nationals. Nationals of other countries amounted to 259, the majority of whom were EU nationals (165). Whereas the majority of EU nationals were Greek nationals, ethnic Greeks[29] ('Rossopontioi' or Pontian Greeks) accounted for the majority of non-EU nationals (for further information regarding the specific group, see 2010 NR to the EMCDDA and ch 2 and 6). In addition, foreign nationals accounted for as high as 45% of substitution clients.
For information regarding labour, living status and educational level, see chapter 8.

Primary drug, route of administration and frequency of use

Of all the clients registered in treatment (including continuous treatment), 512 were classified as problem drug users (reporting opioids or cocaine as their primary drug of abuse), of whom 413 were opioid users (corresponding to 737 treatment episodes). For details see ST24_2011_CY_01. Cannabis was reported by 38.5% of those recorded in treatment during the year 2010. Also, seven persons reported methamphetamine as their primary drug of abuse. As expected (given the nature of the inpatient treatment centres, which are addressed to heroin users), opiates as a primary drug were much more prevalent among inpatient clients (84.3%, compared to 41.6% of out-patient clients). First treatments were also much more likely to seek treatment for cannabis use, as 63% of them reported it as their primary drug, compared to about 38% of all treatments and those starting treatment in 2010 (for further details see

[29] For details see ch 2, footnote 18.

TDI_2011_01/02). Opioid use on the other was mainly prevalent among foreign nationals. In particular, while opioids as a primary drug were reported by 32.1% of Cyprus nationals, the respective percentage among EU and non EU nationals reached 77% and 92.6%, respectively.
As to the usual route of primary drug administration, injecting was reported by heroin and cocaine users. This particular way of administration was reported by 70.4% of heroin users and by 1 cocaine user. In addition, as high as 46% of heroin users who reported intravenous use of the drug as the main route of administration, had been injecting for 10 or more years. As to other routes of administration, smoking and sniffing heroin was reported by 26.3% and 3.1% respectively. Sniffing and smoking cocaine were reported by a similar proportion of cocaine users (49% and 50%, respectively).

With regards to the frequency of primary drug use, daily use was reported by 41.2% of drug users recorded in treatment in 2010 (opiate users accounted for 58% of daily users). In addition, 31% of clients had not used the primary drug in the month preceding their admission to treatment, which seems to be attributable to referral procedures (abstinence is the criterion for admission in some centres), as well as to the significant number of continuous treatments, the majority of which involve users who have not used the primary drug recently.

Polydrug use and high risk behaviour

Regarding polydrug use, 52% of clients registered in treatment in 2010 reported use of at least one secondary drug. The most commonly used secondary drugs were cocaine and cannabis. Polydrug use (use of at least one secondary drug) was most prevalent among those reporting cocaine as their primary drug of abuse (77%), followed by heroin users (67%). Use of drugs other than the primary drug was also higher among substitution clients, 63% of whom reported the use of at least one secondary drug, in comparison to 58% of those not receiving any substitution.

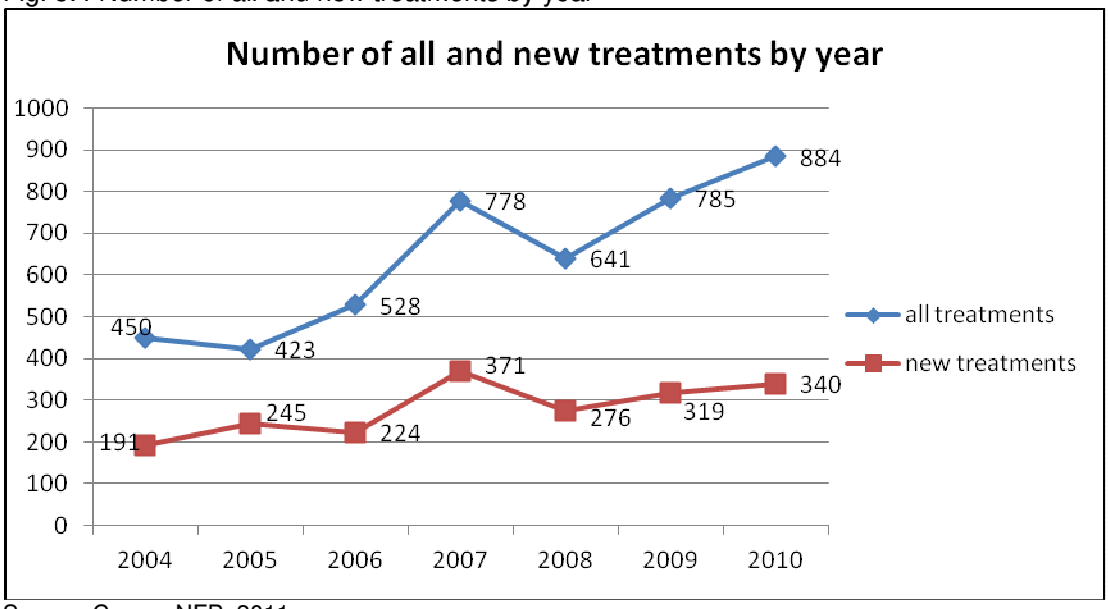
As to high risk behaviour, the overall proportion of users who reported ever injecting reached 39.5%. Also, 24.3% of all clients recorded in treatment in 2010 reported to have ever shared. Current injecting and sharing was reported by 21.8% and 8% of clients, respectively.

5.3.2. **Trends of clients in treatment**

Before any trends are presented, it should be noted that any trends with regards to substitution clients and continuous treatments should be treated with great caution, due to the significant differences in the numbers of the two groups across the years. Nevertheless, some of these results are presented as they seem of particular interest.

As already mentioned, 884 drug users were recorded in treatment in 2010, 117 of whom were continuous treatments. Trends in the number of all and new treatments are illustrated below.

Fig. 5.4 Number of all and new treatments by year



Source: Cyprus NFP, 2011

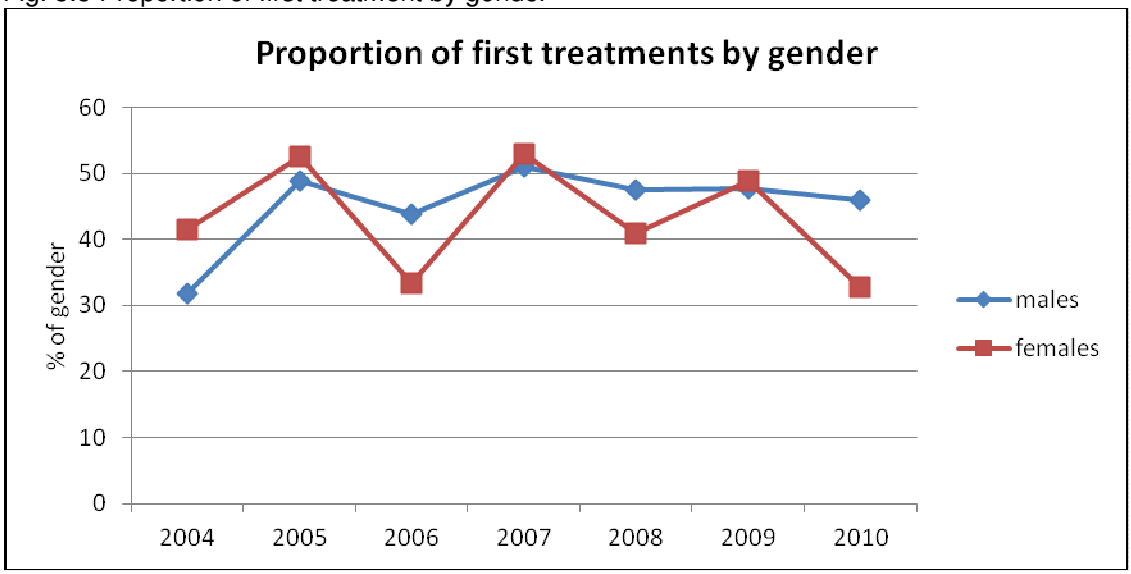
Although an upward trend is apparent in the numbers of drug users seeking treatment, what needs to be clarified is that the figures for all treatments for the years 2007-2010 also include continuous treatments (52 in 2007, 46 in 2007, 115 in 2009 and 117 in 2010), which were not recorded prior to that year. For details regarding changes in treatment availability throughout the years, see same subsection in 2010 NR to the EMCDDA. Nevertheless, even taking into consideration the above limitations and complexity of the data, a clear overall upward trend in the number of treatments is observed. Although the increase is also clear with regards to new treatments, it is of a somewhat less rapid rate. With regards to substitution clients, their number remained at similar levels to the previously reported year (50 in 2008, 286 in 2009 and 294 in 2010).

Whereas in 2009 the most significant increase in the number of treatments could be observed in substitution programmes (see 2010 NR to the EMCDDA), in 2010 the most noteworthy raise in the number of treatment demands occurred in the two public treatment programmes offering adolescent specialized treatment (up to 22 years of age). The particular treatment programmes are also participating in the "Fred goes Net" programme, offering its services to young first time offenders referred by the Police. Although no "Fred goes Net" cases are included in the total number of treatment demands, what is of particular importance in the explanation of the increase in treatment demands observed in these two facilities are the changes that occurred in 2010 in the procedures followed related to enrollment in the "Fred goes Net" programme. In particular, prior to 2010 all cases referred to the two centres by the Police (considered as eligible for the "Fred goes Net" programme) were considered as "Fred goes Net cases", and thus not included in the TDI registry. Subsequently, the evaluation of the persons referred by the Police and their eligibility as regards their participation in the "Fred goes Net" programme was carried out by the treatment programme. In cases where a person was assessed as not eligible for the "Fred goes Net" programme, he/ she was given an opportunity to participate in the other treatment programmes, therefore being counted as a treatment demand.

Socio-demographic characteristics

While the proportion of new treatments in 2010 seems to have slightly decreased compared to 2009 (44.3% and 47.6%, respectively), when absolute numbers are taken into account, a slight increase is observed. Looking at the proportion of first treatment by gender, a significant decrease in the proportion of women seeking treatment for the first time in 2010 is noted, as from 48.9% in 2009 it dropped to 32.7% (also see TDI_2011_CY_01-02). However, as illustrated in the graph below, as the number of women in treatment is very small compared to men (98 and 669 started treatment in 2010, respectively), the picture is characterised by many fluctuations, attributable to the susceptibility to even small changes.

Fig. 5.5 Proportion of first treatment by gender



Source: Cyprus NFP 2011

With regards to age, men on average were 1,4 years older than women (30.3 and 28.9 years, respectively). Although the mean age of women seems to have dropped by 1 year compared to the respective one in 2009, as pointed out above, this might be an artefact attributable to the small number of women in treatment.

In addition, substitution clients seemed to be the oldest, as their mean age reached 32.3 years, as compared to 29.5 of those not receiving any substitution. Finally, the number of ageing drug users (40+ years of age) which was constantly increasing in the period 2003-2009, remained at similar levels to the previous year (106 of those entering treatment in 2010, 110 in 2009, 64 in 2008, 50 in 2006 and 18 in 2003). As pointed out in the 2010 NR to the EMCDDA, this constitutes a positive development, which may be partly attributed to the increased availability of treatment - and of substitution treatment in particular - which is very important with regards to prolonging the lives and reducing mortality rates of drug users (also see Cyprus NFP 2009 and 2010).

With regards to the nationality, out of a total of 767 who entered treatment in 2010, 227 clients were foreign nationals (259 including continuous treatment), accounting for nearly 30% of valid cases. As previously mentioned, the proportion of foreign nationals was significant particularly in substitution treatment, as they accounted for 45% of all substitution clients. A slight increase of

EU nationals entering treatment could be observed, as their number reached 143, compared to 121 in 2009. Nationals of EU countries outnumbered nationals of other countries, whose number in 2010 reached 84 (95 in 2009). Greek nationals accounted for the vast majority of EU nationals and their number marked an increase compared to the previously reported year. This seems to reflect a more general trend observed in the country, where a significant inflow of Greek nationals is observed, partly attributable to the negative financial situation in Greece. Furthermore, given the significant number of Greek nationals in substitution treatment, along with the long waiting list for this type of treatment in Greece (Greek NFP, 2011, unpublished), it may be surmised that a noteworthy proportion of Greek nationals come to Cyprus due to an increase in the availability of substitution treatment and its easy access (Cyprus NFP 2011, unpublished).

As to non EU nationals, some decrease is noted with regard to the number of Pontian Greeks, which for years accounted for the majority of non EU nationals in treatment. This decrease can be attributable to a general decrease of the particular ethnic minority, a significant number of which seems to have left Cyprus due to an increasing rate of unemployment affecting specifically the district of Paphos, where the largest numbers of this community have been residing (Cyprus NFP 2011, unpublished). This is also pointed out in the 2011 ECRI Report on Cyprus, which pinpoints that "(…) the economic crisis has led to many Pontian Greeks, who lived predominantly in Paphos, leaving Cyprus(…)" (ECRI, 2011).

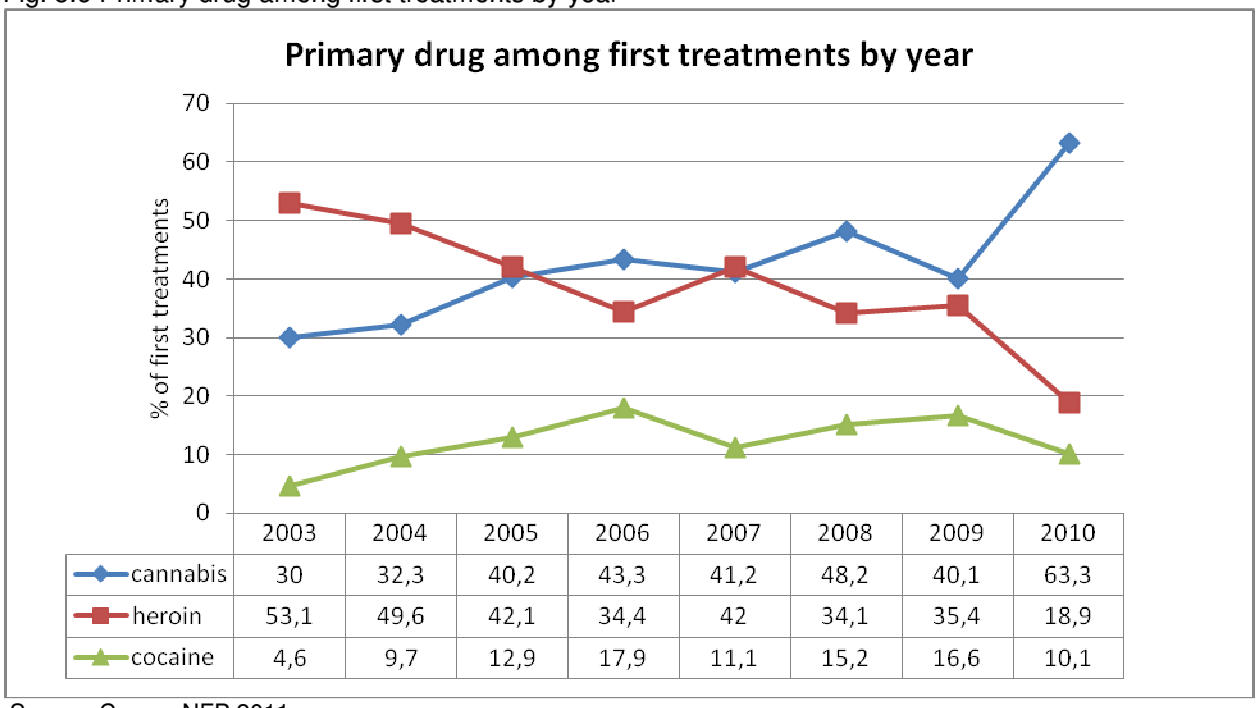
With regards to labour status, as well as living status and educational level, see chapter 8.

Primary drug

As to the primary drug of abuse of those in treatment, in 2010 a significant decrease is noted in the proportion of clients entering treatment reporting heroin and other opiates as their primary drug of abuse. In particular, while the percentage of heroin clients starting treatment in 2005 was 62.6%, 52% in 2007, 54% in 2009, in 2010 it dropped to 45%, the lowest since 2003. Despite the increased number of clients who started treatment in 2010 (compared to the previous year), the actual number of heroin users in 2010 is slightly lower. In addition, a slight decrease in the proportion and number of clients reporting cocaine as their primary drug of abuse can be observed in 2010 (93 in 2009, 77 in 2010, corresponding to 13.9% and 10%, respectively).

Furthermore, a significant increase both in the proportion and in the number of cannabis users entering treatment in 2010 is noted, as from 24.9% in 2009 (167 clients) it rose to 38.6% in 2010 (295 clients). The above mentioned trends are even more apparent among new treatments, as illustrated in the figure below.

Fig. 5.6 Primary drug among first treatments by year

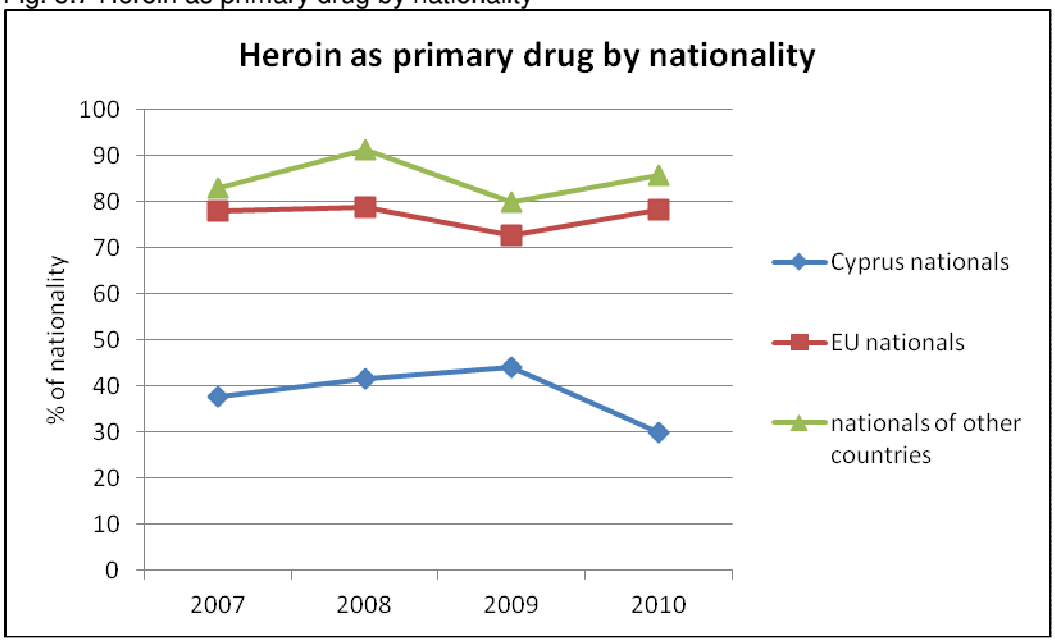


	2003	2004	2005	2006	2007	2008	2009	2010
cannabis	30	32,3	40,2	43,3	41,2	48,2	40,1	63,3
heroin	53,1	49,6	42,1	34,4	42	34,1	35,4	18,9
cocaine	4,6	9,7	12,9	17,9	11,1	15,2	16,6	10,1

Source: Cyprus NFP 2011

As suggested in the 2010 NR to the EMCDDA, it seems that opiate use could be stabilizing over the years, something that is also supported by the relative stability with regards to direct drug related deaths (also see ch 6) and Police data (see ch 9 and ch 10). Qualitative information supporting this assumption was also provided by key informed experts (from Drug Law Enforcement Unit and drug treatment field), indicating a decreased availability of heroin in the market on the one hand (Sergides 2011, personal communication) and some signs pointing to a decrease of heroin and opiate incidence on the other (Veresies 2011, personal communication). Furthermore, as already mentioned in the section on the characteristics of clients in treatment, the proportion of Cyprus nationals reporting opiate use is much lower than foreign nationals and seems to have decreased in 2010, as illustrated below (see also ch 4). The decrease of Cyprus nationals starting treatment for heroin use also refers to absolute numbers (160, compared to 197 in 2010) (also see ST_TDI_2011_CY_01/02).

Fig. 5.7 Heroin as primary drug by nationality



Source: Cyprus NFP 2011

On the contrary, cannabis and particularly synthetic cannabis availability has increased considerably, something which is reflected in the Police seizures (see subsection 4.1.4 in ST13_2011_CY_01 and ch 9), which in turn seems to have an impact on the significant increase of treatment demand due to cannabis use. The above increase could also be attributed to the referral procedures put into practice by the Drug Law Enforcement Unit of the Cyprus Police, and specifically by its prevention unit. Apart from their participation in the "Fred goes Net" programme, the DLEU through the involvment of social workers, in the last few years has placed a great deal of emphasis on referral of drug offenders to drug treatment units. According to the information provided (Leonidou 2011, personal communication), over 153 cannabis users have been referred by the DLEU alone to various treatment centres (the number of Police referrals seems much lower when we look at the source of referral, due to double count control procedures).

Finally, as mentioned in the previous section, treatment for new substances was observed in 2010, as for the first time treatment was sought by 7 persons reporting methamphetamine as primary drug. This development will be closely monitored by the Cyprus NFP irrespectively of its current statistically insignificant extent, as it might suggest the beginning of a shift towards the

use of new substances. Contrary to the previous year, no cases reporting GBL as their primary drug were recorded in 2010, possibly indicating that those were isolated cases.

Route of administration and frequency of use

As to the usual route of primary drug administration among those registered in treatment in 2010, intravenous use of heroin seems to have slightly increased compared to the previously reported year, reaching 72% (compared to 66.6% in 2009). However, when actual numbers are taken into account, no major differences can be observed. In addition, injecting among heroin users again seems to be linked with the nationality, as the increase seems to apply only to foreign nationals, something that was also pointed out in the Cyprus 2010 NR to the EMCDDA. The above, along with the fact that a significant proportion of substitution clients are foreign nationals, seems to partly explain the significant increase in 2010 with regards to injecting among substitution clients, which in 2010 reached 75% (compared to 63.7% in 2009).

With regards to the frequency of primary drug use, the increase in daily use of the primary drug that was observed in the previous year (Cyprus NFP, 2010) did not continue and was marked by a decrease, reaching 44% (55% in 2009 and 51% in 2008). Significant decrease was also observed among substitution clients, 62% of whom reported daily use of the primary drug, as compared to 74% in the previously reported year. When stratifying frequency of use by main primary drug, compared to 2009 a decrease in daily use of heroin (from 65.7% in 2008, 69.6% in 2009 to 58.4% in 2010) and an increase of daily cannabis use can be observed (which is only reflected when actual numbers are taken into account, due to the significant difference in the sample size of cannabis users between 2009 and 2010). Another important finding arising from the 2010 data is an increase in the proportion of heroin users who have not used the drug in the last month. Provided that no significant changes have taken place related to referral procedures of opiate users, this seems of importance with reference to retaining patients in treatment and contributing to harm reduction in this group of clients.

As to the overall mean duration of use of the primary drug among those who entered treatment in 2010, a further increase can be noted, from 7.8 years in 2008, 8.5 in 2009 to 9.2 years in 2010. The mean years of primary drug use among first treatments reached 7.8 years (7.1 in 2009). While the mean duration of cocaine and heroin use seems relatively stable, an increase in the mean years of cannabis use is noted (9.7 years in 2010, 8.1 among new treatments).

Although the above change is partly attributable to the large increase in the number of cannabis users seeking treatment in 2010, it could also reflect a broader shift in the perception of cannabis use, as problematic, which could in turn encourage more long term and frequent cannabis users to seek treatment. This assumption seems to be confirmed by qualitative information provided a key expert from the treatment field (Veresies 2011, personal communication). In particular, what was reported to the Cyprus NFP is that cannabis use is becoming problematic for more and more users, causing health and other difficulties, which has a reflection in the increasing numbers of treatment demands due to cannabis (Veresies 2011, personal communication).

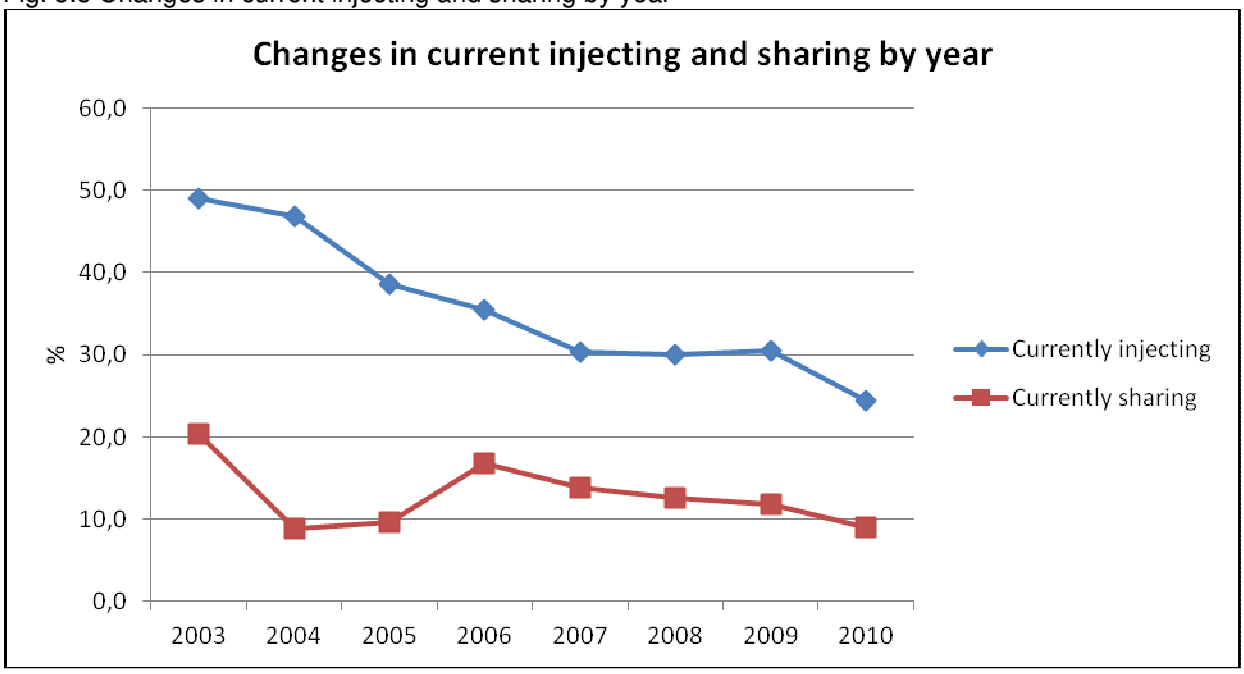
Polydrug use and high risk behaviour

Regarding polydrug use, a significant decrease in the proportion of persons who entered treatment agencies in 2010 and reported use of at least one secondary drug can be observed, as from 60% in 2008, to 64.1% in 2009, it then dropped in 2010 to 53.2%. This is explicable by the increase of cannabis users in treatment, who traditionally have the lowest rates of polydrug use, when compared to users of other substances. As we can see by stratifying use of secondary drugs by primary drug, only 30% of cannabis users (as primary drug) report the use of at least one secondary drug. In addition, the proportion of cannabis users reporting polydrug use seems to be decreasing, as in 2009 42.5% of them reported use of at least one more drug. Again, we can not draw any safe conclusions as to changes in the pattern of use, as the decrease could be due to the aforementioned increase of the number of cannabis users in treatment.

In addition, as previously mentioned, polydrug use was more prevalent among substitution clients. Although the proportion reporting use of at least one secondary drug seems to have dropped compared to the previous year, as pointed out in the 2010 NR to the EMCDDA and in the Selected Issue 2009 (EMCCDA, 2009), it can be particularly harmful within this group, as using other substances alongside the prescribed substitution medication can lead to severe and acute health complications, such as increased toxicity (EMCDDA, 2009). One of these health complications is, leading to overdose and death. This finding is also reflected in the results of post-mortem toxicology of the direct drug-induced deaths, as 3 out of 9 drug overdoses involved polydrug use (for details, see section 6.3).

As to high-risk behaviour, the overall proportion of users who entered treatment in 2010 and reported to have ever injected, remained at similar levels as in previous years (reaching 41%). With regards to current risk behaviour, as in the case of heroin use, stabilization and a slight downward trend can be noted, as illustrated below.

Fig. 5.8 Changes in current injecting and sharing by year



Source: Cyprus NFP 2011

However, current injecting seems to have slightly increased among substitution clients, as their proportion rose from 54% in 2009 to 58% in 2010. Finally, significant differences occur in risk behaviour prevalence when stratified by nationality. As in the case of heroin as primary drug, sharing seems more prevalent among foreign nationals (38% of Cyprus nationals with heroin as primary drug reported ever sharing, as compared to 62.5% of EU nationals). In addition, a bigger proportion of foreign nationals reported sharing practices (EU nationals in particular). As in other cases, this again seems to be related to the increase in current injecting among substitution clients.

The above differences with regard to nationality call our attention to the interventions targeted at the groups of foreign nationals facing a drug problem, a need that is also pointed out in the National Strategy on Drugs 2009-2012, where one of the main objectives for the Treatment and Social Integration Pillar is: “To shape the therapeutic continuum in such a way as to provide

targeted and specialised treatment programmes (e.g. for women, high-risk adolescents, cocaine users, immigrants, families)" (CAC 2009, p.47), with a specific action to design and operate programmes adjusted to immigrants' needs. Although one such programme targeted at Russian-speaking drug users was approved by the Anti-Drugs Council (also see ST27P1_2011_CY_01 and subsection 5.2.4), qualitative information provided to the Cyprus NFP suggests that it did not attract a large number of the specific subgroup and the reasons for this are being examined. Apart from the fact that in general a large number of foreign nationals, and EU nationals specifically are currently being treated at the various treatment centres available in the country, a question remains as to the reasons why they seem not to have benefited from harm reduction measures to the same extent as Cyprus nationals (based on the trends in heroin use, risk behaviour and prevalence of infectious diseases and deaths. For details on the latter see ch 6). Although this question can not be answered at the moment, it should be carefully examined, so that more appropriate measures addressing this subgroup of users can be designed and implemented.

Chapter 6: Health correlates and consequences

6.1. *Introduction*

The general population data presented, derives from limited information provided by the Department of Infectious Diseases and the National AIDS Programme of the MOH. The drug use related data presented below, is collected through the implementation of the DRID KI, and is based on diagnostic testing (HCV-Ab markers). Behavioural and infectious morbidity information was not available for the reporting year. It is believed that the repetition of the serobehavioral survey as well as the cooperation with the Mediterranean Research Institute of the Public Health and Quality Care for a survey based on saliva testing will provide more information for the year 2011.

The NFP continues cooperation with hospital emergency rooms for data on non-lethal overdoses and drug emergencies, but this is a gradual process with only some sporadic data emerging in 2010. During the reporting year, 12 drug related deaths were recorded, 9 of which were directly attributed to drug poisoning.

6.2. *Drug related infectious diseases*

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

During the reporting year an attempt was made to increase the reliability of the information collected through the KI. Also, towards the end of 2010 the DRID KI information collection tool was revised, in order to include the information appearing in the ST9. Therefore the revised questionnaire will now be completed for “ever” IV drug users. Further, the attempts for the implementation of the protocol within the prison were successful, since the nursing and medical staff agreed in receiving training and implementing the protocol. Consequently, prison data will be available in the next reporting year. Regarding the attempts at increasing the number of drug users undergoing testing, the CAC and the MOH sent out a directive reminding all drug treatment units the free testing policy for all drug users. In addition, after the recommendations of the EMCCDA, the NFP requested the assistance of the MOH’s Medical & Public Health

Services Department in collecting and analysing infectious diseases epidemiological data. For this reason, related correspondence was exchanged and meetings are scheduled.

Finally, a research study proposed by the University of Cyprus in cooperation with the CAC and the Cyprus NFP and funded by the Research Promotion Foundation will be conducted in 2011. This study will be a repetition of the 2008 study previously reported and will run for two consecutive years. At the same time, the Mediterranean Research Institute of the of Public Health and Quality Care with the cooperation of the CAC and the Cyprus NFP will carry out a study aiming at comparing the reliability of the OraQuick Advance Rapid HIV-1/2 test.

HIV/AIDS

According to the Medical & Public Health Services (MOH), during the year 2010, 98.552 HIV tests were carried out in the general population and 41 new positive cases have been diagnosed (Hadjilouka, 2011, unpublished). However, it is not known whether any of these positive cases refer to IDUs.

The implementation of the DRID KI did not reveal any HIV/AIDS positive cases. As mentioned in the 2009 and 2010 NR, this finding should not be taken for granted, since the number of valid tests is generally low. However, according to the TDI KI, 1.26% of the sample of IDU's requested treatment in 2010 self-reported positive for HIV/AIDS in 2010 (also see ST9P2_2011_CY_03).

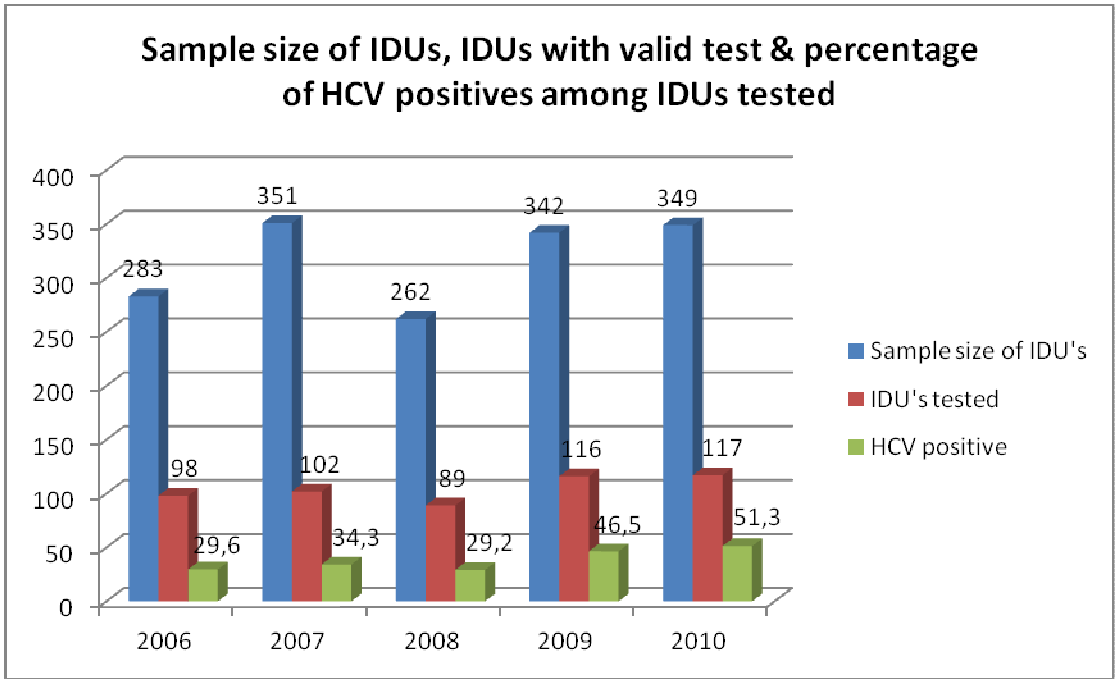
Viral hepatitis

According to the DRID KI data, the HCV infection prevalence remains stable in regards to most aspects monitored. The total sample size and the total number of valid tests for the reporting year is 349 and 117 respectively (see also ST9P2_2011_CY_01) (Cyprus NFP, 2011, unpublished).

The HCV prevalence among IDUs tested continued to rise from 46.5% in 2009 to 51.3% in 2010 (see figure below). The HCV prevalence increase is worrisome taking into consideration that, 1) during the reporting year the number of heroin and of IV drug users has decreased and 2) the HCV prevalence among the general population remained stable. However, the increase may be

explained by the increase in the high risk behaviours reported by the users. Specifically, the overall proportion of users who reported ever injecting reached 39.5% and 24.3% of all clients recorded in treatment during the year 2010 reported to have ever shared (also see ch.5). In addition, injecting was reported by 70.4% of cocaine and heroin users as the usual route of primary drug administration (also refer to ch. 5).

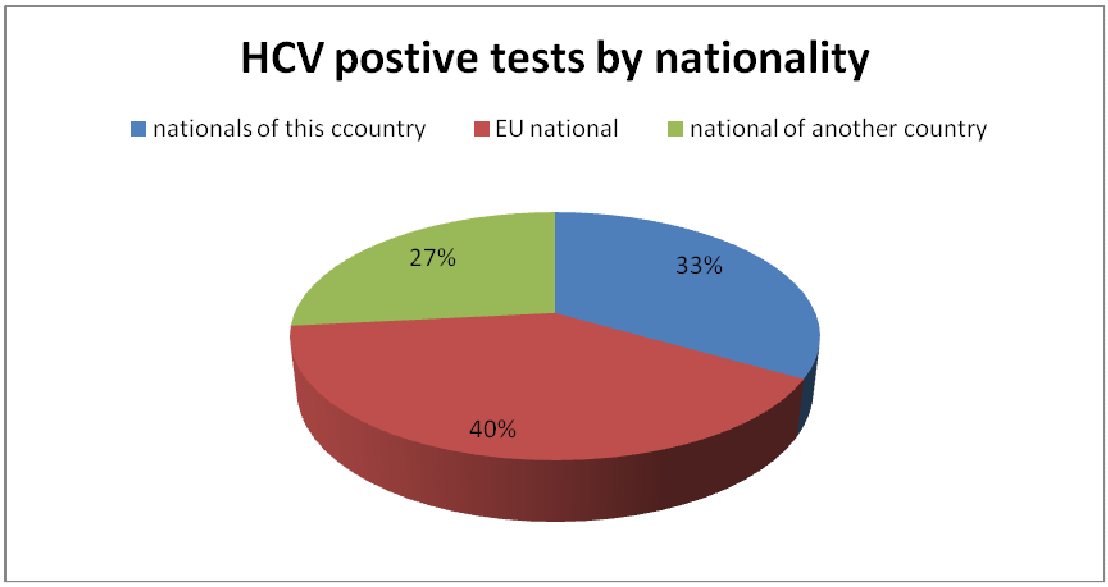
Fig. 6.1 Sample size of IDUs and percentage of HCV positives among IDUs tested



Source: Cyprus NFP, 2011

When looking at the HCV positive tests and nationality, a rather interesting distribution is observed. Although due to the small number of the valid tests no reliable conclusions can be made, it is hypothesized that the recent infectious diseases outbreak in Greece has been transferred to Cyprus (see fig. 6.2 below) (Paraskevis & Hatzakis, 2011). Specifically, a lot of HCV positive tests are observed among drug users with Greek nationality (22 out of 51 HCV positives).

Fig. 6.2 HCV positive tests by nationality

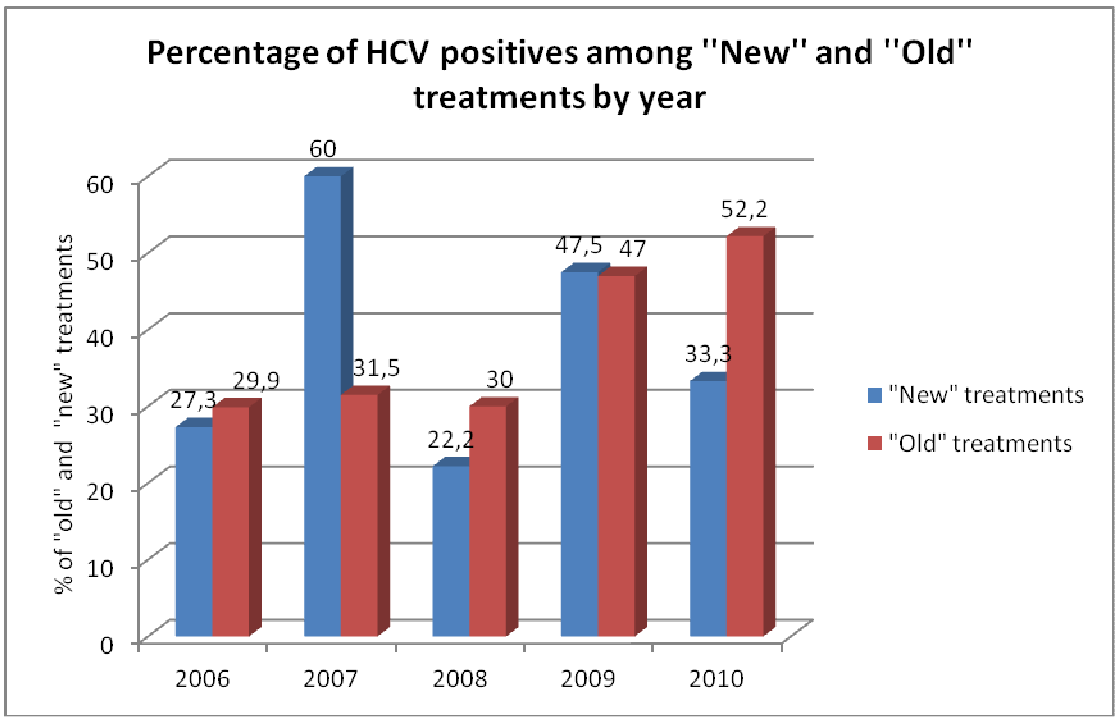


Source: Cyprus NFP, 2011

At the same time, as reported in ch. 5, a decrease of heroin use as a primary drug among Cyprus nationals is observed. On the contrary, an increase of heroin can only be noted among EU nationals and nationals of another country (for details see ch.4 & ch.5). As previously reported (see also NR2009), the general population figures may, or may not include new cases. Thus, due to weaknesses of the national infectious diseases notification system, the reported numbers only serve to reveal general trends.

As seen below, the decrease of the percentage of HCV positive ‘’new’’ treatments from 47.05% in 2009 to 33.3% in 2010 can also be explained by the decrease of heroin use as primary drug, particularly among first treatments (see also ST9P2_2011_CY_01). More information is presented in ch.5.

Fig. 6.3 Percentage of HCV positives among 'New' and 'Old' treatments, by year



Source: Cyprus NFP, 2011

6.2.2. **STIs and tuberculosis**

NNIA

6.2.3. **Other infectious morbidity**

NNIA

6.2.4. **Behavioral data**

As mentioned above, a study which will provide behavioral information on IV drug users is underway, and its results and conclusions will be reported in the next NR. Limited information is however collected through the DRID KI, and is presented below.

The sample size of IDUs was 349, with 46 being female. The mean age of the total sample is 31.5 years, and the mean age among new injectors is 28.2 years old. With regards to nationality, more than half of the IDUs with a valid test (53.86%) are foreign nationals.

According to the valid tests, sharing needles (as defined in the ST9P3_2010_CY_01) was reported by 39.44% of the injectors compared to 38.8% in 2009 (Cyprus NFP, 2011, unpublished) (see also ST9P3_2010_CY_01). Further, the median years of injecting increased from 8 in the year 2009 to 9 years in 2010.

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

6.3.1. Non-fatal overdoses and drug-related emergencies

In order to determine the profile of overdose patients presenting at hospital emergency departments in Cyprus, during 2009 as in previous years the representatives of the hospital emergency units who participate in the Special Registry's working group were given concise instructions on how to complete a questionnaire, so as to improve reporting of information on non-fatal emergencies. Although it was commented that it will be very difficult to collect the information, emergency unit representatives expressed a commitment to do their best for 2010. However, despite good will on behalf of hospital staff, it has proved difficult since then to collect this information, and the NFP has been making efforts to improve communications channels through the CAC (e.g. Gaist, 2011; Stingas, 2011). During 2010 some further basic information was collected from four out of five hospital emergency units (see Table 6.1 below).

Table 6.1: Non-fatal overdoses

EMERGENCY UNITS	*No of non-fatal overdoses* *2009*	*No of non-fatal overdoses* *2010*	*Treatment practices*	*Cases registration since:*
"Pafos" Hospital Emergency Unit	**6**	**3**	Narcan & Anexate (with coincidental therapy)	2009
"Nicosia" Hospital Emergency Unit	**3** (personal communication)	**0**	Narcan	n.a.
"Larnaca" Hospital Emergency Unit	**n.a.**	**1**	Antidote with coincidental therapy.	n.a.
"Famagusta" Hospital Emergency Unit	**0** cases were recorded due to *lack* of proper human resources	**0**	Antidote with coincidental therapy; psychiatric services are notified	2006

Source: Cyprus NFP, 2011

Stingas (2011) provides information explaining that no overdose cases are currently being recorded at Nicosia Emergency Unit (EU). At Larnaca EU overdoses are treated if drug use is declared, and police is then notified. Famagusta EU has had instructions for recording overdose cases since 2006, but reports no new incidents having been recorded since 2008, due to understaffing although it is commented that it is likely incidents have occurred. Paphos EU does record overdose cases on a daily basis.

It is worth mentioning that a large percentage of users are in fact treated for overdose at hospital emergency units; however, mostly due to *lack* of proper human resources and time, the recording of such information is scarce. Having in mind these problems, the CAC initially proposed a feasibility study for the collection of data from emergency departments but the financial situation is currently unfavourable to the implementation of this research.

6.3.2. **Other topics of interest**

There is no mechanism for collecting and analyzing psychiatric and somatic co-morbidity data in place. The collection and analysis of the EuopASI was not possible and therefore no relevant information is available for the reporting year.

Psychiatric co-morbidity and somatic co-morbidity

According to the annual treatment center reports of two centers, many of the opioid and heroin users do present with psychiatric and/ or somatic problems (MHS, 2011, unpublished). The NFP will remain alert to the possibility of obtaining more quantifiable results in this area.

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

6.4.1. **Drug-Induced Deaths (overdoses/poisonings)**

Until 2008, the prior interaction of deceased persons included in the SR with drug treatment services, was unknown. However, knowledge of treatment demand and / or treatment history of the deceased could form the basis for designing appropriate interventions for reducing DRD, and / or for treatment evaluation and mortality research. Therefore, at the end of 2008 there was

a collaborative attempt between the NFP and the DLEU to establish anonymous personal identifiers (as implemented in the TDI) for the latest data on drug related deaths. During the reporting year it was possible to extract data on treatment history for most of the cases. Further implementation of the anonymous personal identifiers on DRD would be a significant source for senior mortality data.

According to the EMCDDA "Selection D" standard definition, 110 drug related deaths in total (74 acute & 36 indirect deaths) were recorded in the Special Registry from the beginning of 2004 until the end of 2010. During the reporting year, 12 drug related deaths were recorded, 9 of which were directly attributed to drug poisoning (Cyprus NFP & Special Registry, 2010).

When focusing attention on direct DRDs rather than indirect deaths, the overall figure indicates that the number has remained relatively stable over the last seven years (Table 6.2).

Table 6.2: Number of Direct Drug Related Deaths: 2004-2010

Direct Drug Related Deaths	*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*
	14	9	7	12	11	12	9

Source: Cyprus NFP, 2011

As there has not been any decrease, but rather a stable trend during the last years, the participants of the Special Registry's working group[30], decided to sign a memo of understanding, urging the CAC to implement more effective and comprehensive *harm reduction* measures.

Concerning the demographic characteristics of the deceased, between 2006 and 2009 there was a steady increase in mean age (direct deaths) from 28.3 to 32.4 years (see also ST6_2010_CY_01). This increase may be attributed to the fact that the number of older drug users has been on the rise (see also chapter 5) [31], and it is expected that the mean age of the deceased will keep increasing over the years, a matter also raised in the previous report (see Cyprus NFP, 2009: ch.12). It may be worth noting that this year, mean age dropped from 33.3 to 32.4 years, but this change does not appear significant to the overall trend. However, due to

[30] Includes representatives from the Drug Law Enforcement Unit, the National Laboratory, the Statistical Services, the Hospital Emergency Units, the Forensic Pathology Services, the Health Monitoring Unit of the MOH, and the Treatment Services

[31] An increase was noted in the mean age of first treatments, and of persons who entered treatment during 2009

data limitations no safe conclusions can be drawn as to particular trends. In addition, in previous years (2004-2009) (see also ST6_2010_CY_01), all except one of the direct deaths involved men; whereas in 2010 two direct deaths involved women (one involved a suicide, with a suicide note). Analysis regarding the nationality of the deceased previously showed that between 2006 and 2009 the large majority were Cypriot nationals (n=36), corresponding to 55.4% of all the deceased. EU nationals accounted for 26.1%, and nationals of other countries to 18.5% (Cyprus NFP & Special Registry, 2009). It may be worth noting that in 2010 only 4 out of twelve deceased were Cypriot nationals, 5 were EU nationals and 3 were nationals of other countries, but again this change does not appear significant to the overall trend.

As for the causes of death (as confirmed by toxicological examinations), out of 9 cases of overdoses recorded in 2010, 8 cases involved opiates (only opiates: 6 cases; opiates with cocaine: 0 cases; opiates with cannabis: 1 case; opiates with benzodiazepines: 1 case) and 1 cases involved cannabis and butane. Using the "Selection D" definition, the distribution of direct deaths by cause during 2004-2009 is presented below (Table 6.3).

Table 6.3: Number of direct drug-related deaths by cause of death, 2004–2010

	Poisoning by opioids only (excluding methadone)	*Poisoning by poly-substances including opioids*	*Poisoning by (poly) substances excluding opioids*	*TOTAL*
2004	8	4	2	14
2005	7	1	1	9
2006	1	5	1	7
2007	6	5	1	12
2008	5	5	1	11
2009	7	1	4	12
2010	6	2	1	9
TOTAL	40	23	11	74

Source: Cyprus NFP, 2011

Most of the direct deaths are attributed to heroin overdose. This can be cross-related to treatment demand data (see also ch. 5), as heroin is the most commonly reported primary drug in treatment, followed by cannabis and cocaine.

Since heroin use and heroin-related deaths in Cyprus appear mostly stable, effective interventions such as the introduction of overdose reduction programmes could probably have made real progress in reducing drug-related overdoses among heroin drug users. However, there is a continuing lack of programmes aiming at overdose prevention. Nevertheless, during 2010, CAC will disseminate printed material concerning prevention of overdoses to active drug users, and to drug users who are in drug treatment programmes (see also ch. 7.2). In 2010 also, government Emergency Unit medical and Health Centre medical staff received overdose training, which is planned to continue (Stingas, 2011).

Finally, innovative interventions that prevent: a) overdose in risk-settings such as prisons. or especially b) overdose risk upon prison release, could also reduce drug related deaths. However, there are currently no interventions aiming at overdose prevention in prison settings, or upon prison release in Cyprus (see also ch. 9).

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

NNIA

Further implementation of ICD-10 criteria (see also 2008 & 2009 National Report) will improve information collection regarding mortality and causes of deaths among drug users.

The Health Monitoring Unit (HMU) of the Ministry of Health is responsible for accurately determining the causes of death, and assigning the proper ICD-10 codes. During 2009, a closer cooperation between the HMU and the Focal Point was established. Since then two representatives of the HMU have been attending the routine meetings of the Special Registry's working group. This type of cooperation will be very useful in meeting the needs of both the General Mortality Registry (GMR) and the Special Registry (SR). The GMR will improve the quality and reliability of causes of death statistics, and the SR will gain access to the specific cause of each case. In this way, data from the General Mortality Registry will also become comparable with the data from the Special Registry.

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

<u>Illicit drugs and accidents</u>

As in 2009, three indirect DRDs were recorded in 2010, road accidents accounting for all of them. Regarding the substances involved, in 2 cases substances excluding opioids (cannabis

and alcohol: 1 case; cocaine, alcohol, cannabis: 1 case) were found through toxicological examination, and in 1 case opioids and cocaine were involved (Cyprus NFP & Special Registry, 2009).

It was mentioned in the previous report (Cyprus NFP, 2010) that the data in recent years indicates a large decrease in the number of indirect deaths, and it was unclear what factors lay behind the apparent decrease, and whether there is underreporting of cases. More recent data for 2011[32], however, suggests this trend towards decrease has not followed through.

Table 6.4 Number of indirect drug-related deaths, 2004–2010

	2004	2005	2006	2007	2008	2009	2010
Number of deaths	3	5	10	10	2	3	3

Source: Cyprus NFP, 2011

Alcohol Related Traffic Deaths

Based on the statistical data from the Police Traffic Department, 26 alcohol related traffic fatalities occurred during 2009 (DLEU, 2011, unpublished). Of 19 cases tested in 2009, 16 were men and 7 were young adults, 25 years old or younger. In 2010, 25 of 26 cases were men, 4 of whom were young adults, 25 years old or younger. It may be worth mentioning that 15 cases were non-Cypriot nationals.

Table 6.5 Alcohol-related traffic casualties

	2008	2009	2010
Number of deaths	12	17	26

Source: Cyprus NFP, 2011

[32] To be reported in the next NR

Chapter 7: Responses to health correlates and consequences

7.1. *Introduction*

Responses to health correlates and consequences are relatively limited in Cyprus. It is apparent that interest in the implementation of specialized services tends to also be very low. Apart from the inclusion of harm reduction information during the course of treatment in drug services, and the newly implemented programme "Safer Nights", no other major prevention actions or interventions took place in 2010.

Information provided below is mainly collected through the CAC, which licenses and monitors all treatment services, as well as through the TUF questionnaire, also provided by the CAC.

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

NNIA

For relevant activities, see chapter 3 and section 7.3 below for more information on the "Safer Nights" programme. Also, section 7.3 below provides details on the available syringe exchange programmes. Although some data on non-fatal emergencies are already being collected as part of the work of the DRD indicator (see above, section 6.3.1), the NFP has made efforts in 2011 to further engage the hospital emergency rooms as part of the work of the Early Warning System and Problem Drug Use Indicator (see also ch. 4).

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

The Cyprus NFP requested information regarding the prevention of infectious diseases in general, as well as infectious diseases related to drug use, from all governmental services and NGOs known to have some kind of involvement with the topic of interest, but the responses were very limited. Perhaps the lack of interest in responding to the Cyprus NFP's request for information mirrors the general lack of interest in infectious disease-related responses. However, as stated earlier, the National Strategy on Drugs 2009-2012 does include harm

reduction actions related to infectious diseases prevention (for more information refer to SQ 23/29).

The MOH reported that there were no infectious diseases prevention interventions[33] targeting drug users in 2010 (MOH, 2011, unpublished). According to information provided by the CAC through the TUF questionnaires, drug treatment centers continued to include infectious diseases testing, prevention and harm reduction during the course of treatment (CAC, 2011, unpublished). According to the CAC, the accessibility of the programmes and the coverage of the aforementioned responses is high (see also SQ23/29).

Syringes are available in all pharmacies although not under an organized drug related infectious diseases programme. The only NSP programme available, operates in Nicosia and during the reporting period, provided 178 syringes to 12 drug users (see also ST10) (Pirea, 2011, personal communication).

In addition, "Safer Nights" programme which began its implementation in 2010, among other activities introduced also included outreach interventions by trained staff targeting recreational setting visitors who are identified as possible users of psychoactive substances, through handing out harm reduction kits, offering voluntary alcohol test and free transportation (see also NR2010 and SQ 23/29).

Other specialized interventions targeting for instance women, immigrants or older users are not existent in Cyprus.

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

Psychiatric and somatic co-morbidity

Until now, there have been no specialized drug treatment services targeting dual diagnosis patients. However, according to the CAC, the first step to the implementation of such specialized programmes is the special training of the staff of the drug treatment services aiming

[33] Intervention can be defined here, as activity aiming at intervening, or interfering with the intent of rectifying drug users' behaviour.

at a better coordination with the mental health services (CAC, 2011, unpublished). There are no developments regarding responses relating to somatic co-morbidity. (CAC, 2011, unpublished).

Chapter 8: Social Correlates and Social Reintegration

8.1. *Introduction*

This chapter attempts to outline the impact of the social correlates and consequences of substance abuse on the population of Cypriot drug users, and includes a description of those national responses to the phenomenon which aim at social reintegration. The key variables taken into consideration include those which relate to social exclusion, such as homelessness, unemployment, school dropout and marginalisation of vulnerable social groups in particular. Where necessary, definitions of the variables used will be discussed in the relevant chapter sections; using current data sources, however, it is difficult to provide very narrow definitions, or to offer a comprehensive picture of social exclusion which will include all relevant variables such as poverty, social discrimination, and exclusion from health services.

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 are made available each year; one such study completed by Spaneas & Neokleous (2010) was briefly described in last year's report, and is more fully described this year in chapter 2. One key data provider is the MLSI; other ministries, such as the MOH, MJPO and MEC also offer useful feedback. The bulk of the statistical data in 2010, however, as in former years is derived from analysis of the treatment demand indicator. Data on social reintegration programmes is also collected by the CAC using a Social Reintegration Programme questionnaire. It is worth mentioning that for the purposes of this chapter, the NFP for a third year running has interviewed members of social reintegration programmes as part of a focus group study which will also be briefly reported on below (Cyprus NFP, 2011).

The main effects on social correlates in 2010 included a slight increase of users living in unstable accommodation (4.6%) which nonetheless remains low overall; while women users do not appear to be at greater risk of living in unstable accommodation, caution is urged in drawing conclusions regarding this group, due to the small case numbers involved. Female heroin drug users in 2010 for example, continue to show greater unemployment levels compared to their male counterparts. Also, a significant proportion of drug users over 35 appear to have difficulty leaving the parental home and experienced a rise in unemployment levels in 2010, contrary to

the tendency shown in other user age groups. Of drug users leaving school, 21.6% left before the age of 15 in 2010; there appears to be vulnerability to school dropout for drug users between ages 15 and 16.

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

8.2.1. **Social exclusion among drug users**

Homelessness

Based on TDI data, homelessness in 2010 appears to remain of relatively minor importance as a factor of social exclusion for Cypriot drug users. However, a slight increase in the percentage of drug users living in a condition of homelessness or unstable accommodation, as these terms are internationally understood[34], appears to have taken place this year: 4% in 2006, 3.9% in 2007, 2.9% in 2008; in 2009 the percentage rose again to 3.3%, and in 2010 it was 4.6%. It may be hypothesized that a larger number of EU non-Cypriot nationals, particularly persons coming from Greece for treatment purposes and not finding immediate accommodation, has contributed to this picture (see also ch.4 and ch.12). This is supported by the facts that only 2.1% of Cypriot nationals were in unstable accommodation in 2010, as opposed to 8.5% of EU nationals, and that 65.9% of those in unstable accommodation were heroin users.

The little difference in homelessness percentages between male and female drug users observed in 2009 (m=3.3%; f=3.6%) diminished further, to no difference in 2010 (m=4.6%, f=4.6%). It is again, however, important to bear in mind that the numbers in each category (homelessness or unstable accommodation) cannot be separated out, and any further statistical characteristics or differences should be treated cautiously due to the very small number of persons reporting unstable accommodation (in 2009, N=26; in 2010, N=41). Separation of categories is expected for TDI data next year.

As in previous years, the majority of drug users reported living with their parental family (for exact figures, see Table 8.1).

[34] Using a definition which excludes, f.e. living in rented accommodation, but may include temporary stay in institutions such as monasteries or old people's homes.

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

Parental home	Male (%)	Female (%)	Total (M+F) (%)
2006	60.8	62.3	61
2007	54.7	48.6	54.1
2008	54.6	55.1	54.5
2009	50.3	46.8	49.7
2010	57.7	49.5	56.7
Alone	Male (%)	Female (%)	Total (M+F) (%)
2006	11.5	13.0	11.7
2007	13.4	10.0	13.1
2008	17.3	7.7	16.0
2009	16.8	16.2	16.7
2010	19.0	11.9	18.1

Source: Cyprus NFP, 2010

Although the above figures also do not disclose any statistically significant trends or differences, it may be interesting to note that the increase which appeared in the proportion of women living alone in 2009 (Table 8.1; see also NR 2010) has also diminished this year, going from 16.2% to 11.9%. The percentage of female drug users living alone with child(ren) also diminished, going from 7.2% in 2009 to 1.8% in 2010, as opposed to 0.4% of male drug users in the equivalent category in 2009, rising to 1% in 2010. A gender contrast was pointed out last year between the percentages of users living with their friends, since males belonging in this category in 2009 amounted to twice the percentage of females (1.8% as opposed to 0.9%); this percentage rose for both genders in 2010, but equalised out (2.8% for men, 2.8% for women). It is, however, inappropriate to reach any firm conclusions through this data, especially bearing in mind that due to the small numbers of women in treatment, these percentages are vulnerable to even slight changes. Continued observation would be necessary before considering the possibility of a trend towards increasingly differentiated residential arrangements between male and female drug users.

Moreover, the increase in the overall proportion of drug users living alone also continued to rise (Table 8.1). While 25.6% of all drug users over 35 years old lived in parental accommodation in 2009, the percentage of people in a similar age group (over 34) living in parental accommodation in 2010 was 32.1%, which may corroborate the hypothesis that significant difficulties in leaving home and adjusting to society take place for this group.

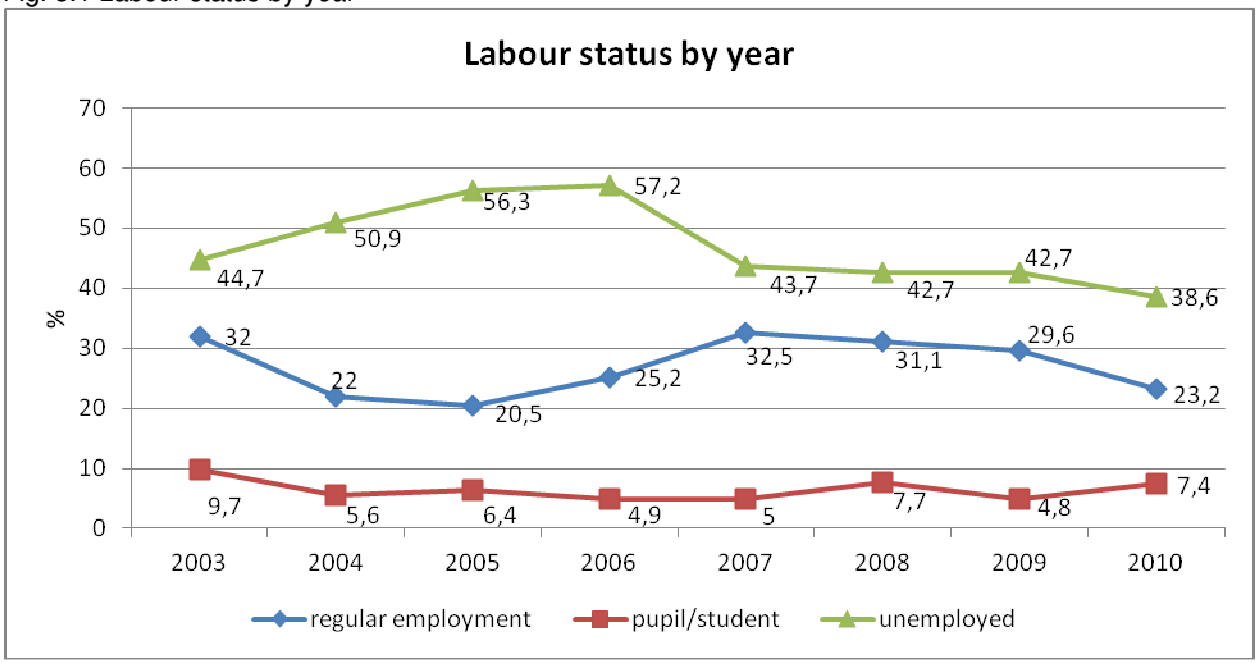
Another social variable linked to living status, which suggested some marginally interesting differences, is nationality. The percentage of Cypriot nationals living with partner and children was 13.9% in 2009 and 9.7% in 2010; the equivalent respective percentages among EU nationals were 10.8% in 2009, and 12.1% in 2010; and nationals of other countries were 31.1% in 2009 and 28.7% in 2010. Due to the small numbers, it is unsafe to draw conclusions, but this may be a variable worth watching.

Unemployment

Unemployment levels among drug users appears to have dropped from 42.7% in 2009 (see fig. 8.1) to 38.6% in 2010. A slight rise followed by a decrease had been observed in overall unemployment levels for drug users since 2003, which now appears to be dropping, together with a reverse pattern for the numbers of drug users who are in regular employment, who also have dropped this year to 23.2% (see fig. 8.1). This fall[35] in unemployment does not reflect the increase in overall unemployment for the general Cypriot population in 2010 - the mean number of registered unemployed persons in 2010 was 22,842; in 2009 the mean was 17,505 in contrast to 2008, when this figure was 11,451, and 12,017 in 2007; records from the MLSI suggest a 30.5% overall rise in unemployment benefit applications in 2010, compared to the 18% overall rise in unemployment benefit applications in 2009, something perhaps to be expected at a time of fiscal crisis (Statistical Services, 2011). 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 and 29.6% in 2009, to 23.2% in 2010. Some of the discrepancy in 2010 between the fall in unemployment and the fall in regular employment, may be attributable to the rise in numbers of drug users entering education / training, which went from 4.8% in 2009 to 7.4% in 2010. The fact that for the last few years, there has been more unemployment than regular employment among drug users is perhaps to be expected; but it remains to be seen whether there is any significance in the apparent stability these figures have shown since 2007, and the convergence they are showing in 2010.

[35] The above-mentioned fall may be an artefact, however – there appears to be some methodological confusion between the categories of "unemployment" and "economically inactive". In the latter category an increase is observed, which may cause an artificial decrease in unemployment (see also ch.4).

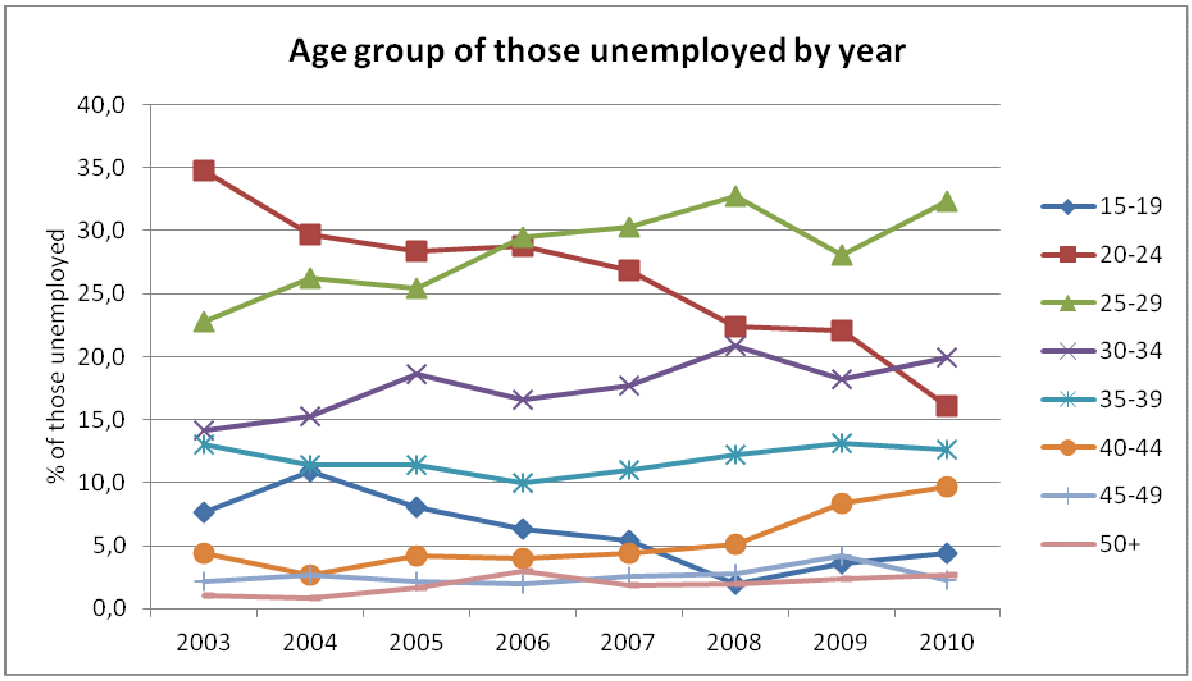
Fig. 8.1 Labour status by year



Source: Cyprus NFP, 2011

With respect to the ages of those unemployed, it can be seen (fig. 8.2) that older age groups show a rising tendency to unemployment. Although the 20-24 age group was initially (since measurements began in 2004) the highest in unemployment rates, it was overtaken by the 25-29 age group in 2006, which continued to be the age group with the highest unemployment in 2010, even though it dropped from 32.7% in 2008, to 28.1% in 2009, but then rose again to 32.3% in 2010. Similarly, the 30-34 age group also displays a tendency to rising unemployment, when by contrast the 20-24 age group shows a decreasing tendency to be unemployed, as does – interestingly – the 15-19 age group; all these groups continued their tendencies in 2010. In particular, the overtaking of unemployment rate for the 30-34 age range this year possibly lends further weight to the previously mentioned hypothesis that the home-leaving age presents particular difficulties for certain drug users, or perhaps that there is some qualitative change of users' employment needs at around the turning point of 25.

Fig. 8.2 Age group of those unemployed by year



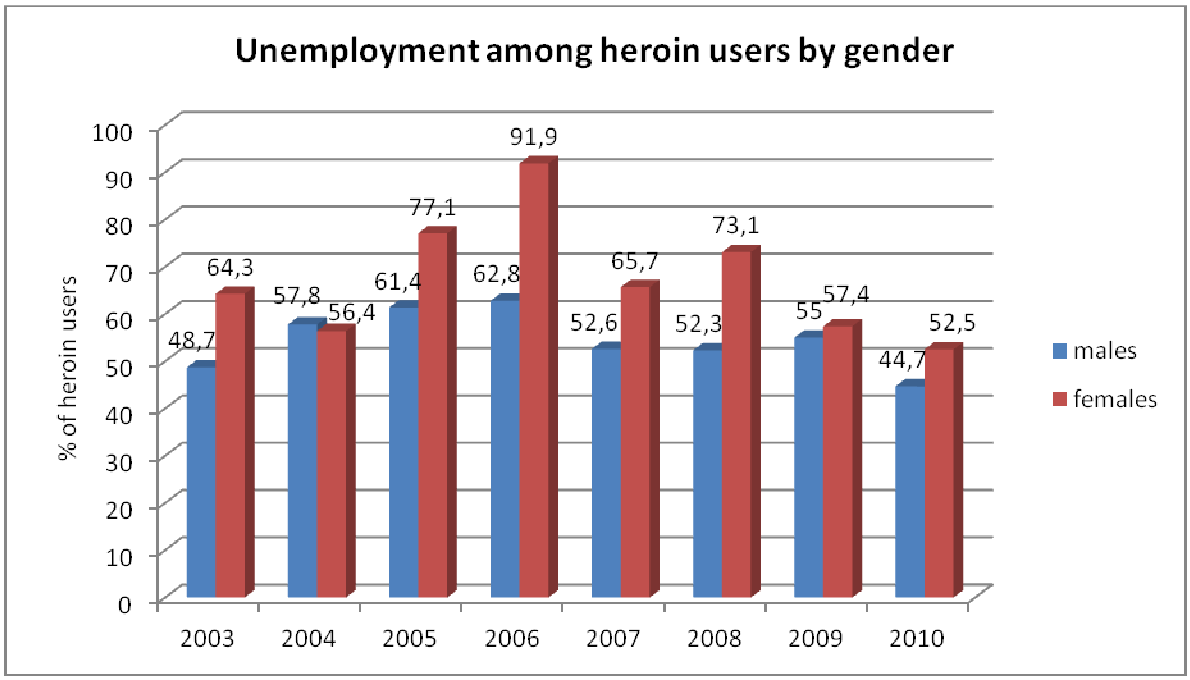
Source: Cyprus NFP, 2010

Women drug users' unemployment rate has apparently followed an overall decreasing tendency, going from 76.8% in 2006 to 45.7% in 2007, to 55.1% in 2008, to 39.6% in 2009, but then rising again to 45.9% in 2010 (see also ch.5), while for men drug users these figures were steadier at 54.2% in 2006, 43.4% in 2007, 41.0% in 2008; and 43.3% in 2009, but dropping to 37.5% in 2010 (see also ch.5). However, taking a closer look it appears that 31.3% of male drug users in 2009 were in regular employment, compared to 19.8% of female drug users; in 2010 again the respective figures were 24.3% for males and 15.6% for females. The apparent discrepancy in the considerably lower unemployment figure for women which may have been a result of one therapeutic centre changing its TDI recording process, so that many unemployed female users were recorded as being 'economically inactive' in 2009, appears to be diminishing therefore (see ch.5, NR 2010). It is worth noting also, that in the general population 52.7% of unemployment benefit seekers were women in 2009 (50.7% in 2010), a higher proportion than men (Social Insurance Services, 2011).

Also despite the continued drop in 2010 overall unemployment rate for drug users, the unemployment rate among female heroin users in particular, is still greater than the rate for

male heroin users for the same year – despite an overall decrease from 73.1% in 2008 to 57.4% in 2009, to 52.5% in 2010, unemployment for female heroin users is still higher than for their male counterparts, with a more marked difference in 2010 (see fig. 8.3). 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 section 8.2.1, NR 2010), the hypothesis of an increased vulnerability for this particular category of drug users, which was also mentioned in last year's report, appears to be borne out again this reporting year, and further research into female heroin users is therefore still recommended.

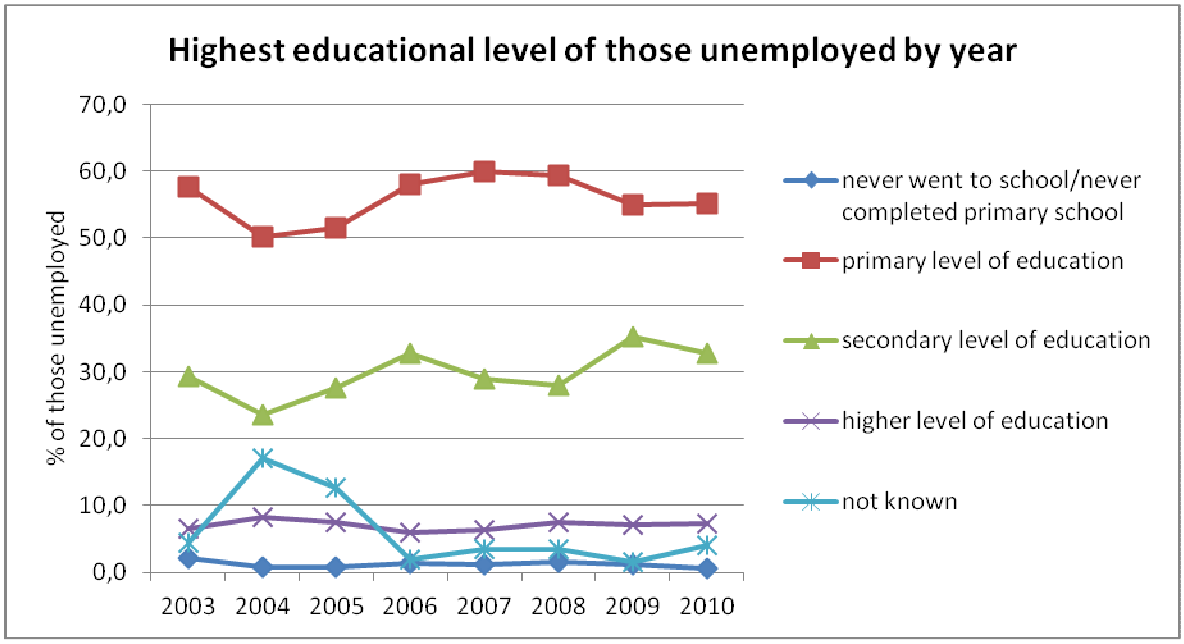
Fig. 8.3 Unemployment among heroin users by gender and year



Source: Cyprus NFP, 2010

Regarding educational attainment amongst unemployed drug users, as in previous years the majority of unemployed drug users had completed only the primary level of education (see Fig. 8.4 below). Indeed, last year's apparent rise in secondary level education appears to have been followed by a slight drop in 2010. Questions can be raised as to the possible resulting discrimination against drug users in the labour market, such problems being repeatedly experienced by drug users who are currently trying to re-enter the labour market (see focus group study in section 8.3.2 below). This is a matter also raised in previous reports, further investigation of which remains to be undertaken.

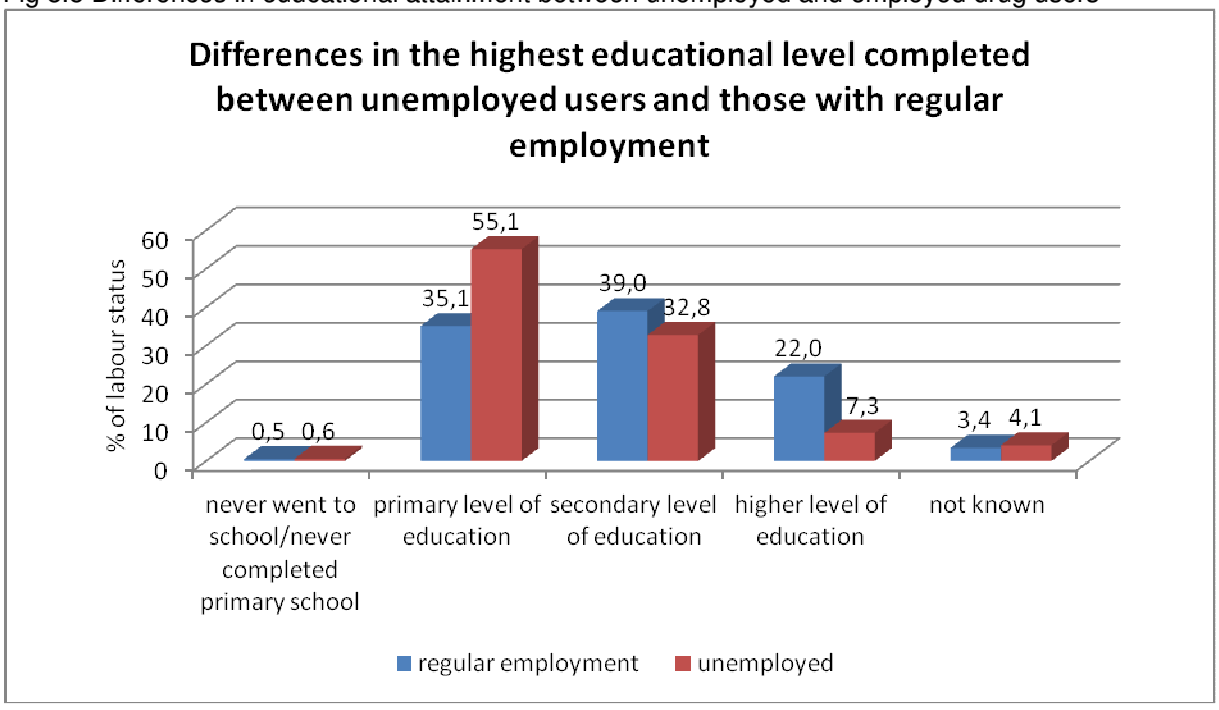
Fig. 8.4 Highest educational level of those unemployed by year



Source: Cyprus NFP, 2010

The differences in educational attainment between those users who were unemployed and employed drug users (reporting regular employment) in 2010 can be seen in fig. 8.5 below.

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



Source: Cyprus NFP, 2010

The table shows that, as suggested, the highest proportion of users who were unemployed had only completed primary education (59.4% in 2008, 54.9% in 2009, 55.1% in 2010). The highest discrepancy between those employment / unemployment figures being for those reporting a higher level of education, where in 2009, 19.8% of those having regular employment reported a higher level of education, compared to 7.2% of those who were unemployed; in 2010 the equivalent figures were 22.0% and 7.3% respectively. There does not seem to be anything in this data however, to suggest a definite discriminatory trend of any sort as yet, given that the discrepancy between employment and unemployment is also high for users completing the primary level of education, who are also in regular employment at a higher rate than those completing higher education (though this may be due more to differences in numbers). 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.

With respect to nationality and employment status, in 2009 29.6% of Cypriot nationals seeking treatment reported regular employment, and 26.4% were nationals of another country (non-European), while 33.1% were EU nationals. In 2010, the respective figures were 24.0% (Cypriot nationals), 25.5% (nationals of another country) and 19.4% (EU nationals). The prior hypothesis therefore that, given earlier observations about EU nationals in unstable accommodation, this group is employed more regularly because they are willing to accept lower wages, is not borne out this year. Further research into this population would be necessary to determine what causes any existing differences.

School drop out

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); see also www.eurydice.org). 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 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.

In 2010, 21.6% of persons seeking treatment (in 2009, 21.4%) had dropped out before completing lower secondary school (by age 15), and 22.7% (in 2009, 26.9%) before completing higher secondary. This again does not appear to confirm any hypothesis that, while the overall percentage of school dropouts decreased in 2008, the persons involved may have been leaving school earlier. Indeed, the above percentages suggest that a greater number of drug users drops out of school before completing higher secondary, and the ages of 15 to 16 appear most vulnerable.

School dropouts do consistently seem to have started drug use earlier than persons who did not drop out, and although the differences are non-significant, they may resonate with the hypothesis mentioned earlier, that those dropping out before completing higher secondary school may represent a vulnerable group (in 2010 the mean age of first drug use for school drop outs was 17.4 years, and for non-drop outs was 18.4 years). One significant difference emerging is that among school dropouts, in 2009 only 3.6% began drug use one year prior to leaving school, whereas 17.6% began drug use one year after leaving school, though the wide age range of the sample has to be taken into consideration in interpreting this statistic; in 2010 the respective percentages were 10.0% for those who began drug use one year prior to leaving school, compared to 11.3% for the other group. This suggests that there may be a need for early intervention to prevent school dropout.

Thus, the emerging picture may be reservedly described as suggesting that school dropout is a social correlate which may be associated to an extent with increased vulnerability to drug use, and consequent social difficulties such as unemployment, especially for male drug users between the ages of 15 and 16, but longer-term monitoring of the situation is required before reliable conclusions may be drawn.

8.2.2. **Drug use among socially excluded groups**

NNIA

Please see ch.2 for a fuller discussion of Pontian Greek population research in Paphos. It may be worth mentioning that several research institutions responding to the NFP's data requests, indicated that no research on socially excluded groups was done in 2010. Examples of current

research interests relating to addiction in general came from the University of Cyprus (Konstandinidou, 2011b) on alcohol use, gender and social anxiety, and from the Research Promotion Foundation (Gavriil, 2011) on the desire for and effects of smoking. It may also be worth mentioning that in a piece of research done by the Cyprus Pedagogical Institute in 2010, Tornaritis (2011), based on a series of prior surveys reports a rising frequency of obesity, and no improvement in dietary habits or self-esteem, perfectionism, maturational fears, and interpersonal difficulties among Cypriot adolescents, characteristics which the researchers link to potential higher risk for drug misuse.

8.3. ***Social Reintegration***

The NDS 2009-2012 places emphasis on social reintegration, which is grouped together with treatment as one of the four basic pillars of the strategy. The 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.

Some treatment centres also report incorporating social reintegration interventions in their programmes, although few have a separate and distinct reintegration programme. Beginning in 2007, 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”. Further descriptions of these programmes and their characteristics can be found below. Although detailed description lies outside the remit of this chapter, it may also be worth mentioning, that in 2010, a social reintegration programme for alcohol users also commenced operation at the “Themea” T.C.

8.3.1. **Housing**

Current and former drug users are entitled to apply for regular social insurance benefits, which include rent allowance. Although no targeted housing projects for drug users faced with homelessness are currently in operation (see also SQ28_2010_CY_01), 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 for one year to entitled applicants (ex-users who participate in social reintegration programmes), as well as an allowance for the purchase of furniture (see NR 2009). Twenty-three applicants in 2010 received a total of €35,300.00 (see also ch.1).

Table 8.2 Financial Assistance for the Rehabilitation of Former Substance-Dependent Persons

Year	No of applicants	Entitlement per applicant	Total (in Euros)	Budget for following year
2008	14	n/a	26,832.59	n/a
2009	20	5,130.00	52,861.59	85,430.00
2010	23	n/a	35,300.00	85,430.00

Source: NFP, 2011

Due to the identification of certain difficulties in implementation of the above plan, such as difficulties with receipts for direct payments to landlords and shop-owners, social welfare services are in discussion with therapeutic communities to make the implementation more efficient (Papamiltiadous, 2010, unpublished). Indeed, feedback from social reintegration programmes in 2009 suggested that a 2-3 month delay of payments to recovering drug users during the most vulnerable period upon release from their treatment programme, causes problems with the reintegration process (Veniamin, 2009, unpublished). This general picture has been corroborated both by feedback from the social reintegration programmes in 2010, and by the qualitative results of the third focus group study organised by the NFP (Cyprus NFP, 2011; see also section 8.3.2)

It is worth mentioning that according to the MLSI (Koletta, 2011) a total of 124 drug users, mostly in Nicosia, Limassol and Larnaca, were in receipt of social insurance benefits.

8.3.2. **Education, training**

The MLSI's extra measures against increasing unemployment which began last year as the "Temporary Plan for the Training of Unemployed Persons" in which former drug users may participate, continued in 2010 (Lyra, 2010, unpublished; Koletta 2011, unpublished). The training involved development in skills such as computer use, basic accounting, basic Greek language skills for unemployed foreigners, basic building and bricklaying skills, soldering skills, business and managerial skills for unemployed higher education graduates, nursing and care skills etc. The MLSI (Papamiltiadous 2010, unpublished; Koletta, 2011, unpublished) reports that, as part of a 2007-2013 planning period, social services have continued the operation of the programme which aims at increasing the employability of benefit applicants, and facilitates their entry into the job market. This plan is aimed at vulnerable social groups facing special difficulties in accessing the labour market; these groups include youths in legal care, members of families with psychosocial difficulties, and drug users.

Upon intake into the aforesaid programme, participants receive training in social skills via existing Social Training Institutes. Persons who successfully complete this training will be referred to the Department of Labour for assessment of their needs and skills, with an aim to full integration into the labour market, either via further job training, or through placement in actual jobs.

Another training programme, also aimed at unemployed people in general but including former drug users, is the "Improving Employability Amongst the Unemployed" programme, which is co-funded by the MLSI and the European Social Fund, together with the Human Resources Development Authority (Koletta 2011, unpublished; see also http://ec.europa.eu/esf/main.jsp?catId=373&langId=en). This programme also offers training in computer use, English language, Secretarial Skills and gaining work experience.

The Department of Work offers unemployed persons, including former drug users, individualised job counselling (Koletta, 2011, unpublished). This includes follow-up and monitoring of any difficulties experienced at work. According to estimates, a total of 14 former drug users engaged this service in 2010, half of whom were offered job placements.

At the same time, the Department of Labour has called employers to participate in a motivation scheme for employment of persons in vulnerable social groups (see section 8.3.3 below). The projected budget for the plan is €3,000,000.00.

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 provides for fee coverage at vocational training or educational programmes, or alternatively for payment of fees at higher education institutions in Cyprus.

For further information, see also SQ28_2010_CY_01.

Social Reintegration Programmes

Apart from government initiatives, currently there also exist four social reintegration programmes in Cyprus, which are operated by the private sector NGO therapeutic communities "Agia Skepi" and "Tolmi", and the public sector services "Pyxida" and "Ploigos" respectively. The CAC has requested the completion of a structured Programme Description Questionnaire for each of these programmes also in 2010, and the data from these is presented below (Tables 8.3 to 8.6[36]). Note, however, that no social reintegration data was made available from "Tolmi" in 2010, although some has been secured by the NFP from CAC reports.

[36] Data is presented on a separate table for each programme, due to certain non-comparable entries. Attempts are being made to increase the visual facility of comparison between programmes in a future report.

Table 8.3 Agia Skepi Social Reintegration Programme

	2007	2008	2009	2010
Programme duration (days)	365	365	180	240
Post-treatment follow-up (days)	365	365 / 2 review sessions	365 / 2 review sessions	365 / 2 review sessions
Capacity (no. of participants)	20	20	20	20
Number at beginning of year	14	3	7	9
Number entering during year	5	7	8	5
Number continuing at end of year	8	7	9	8
Dropped out	-	-	2	5
Residential (Y/N)	Y	Y	Y – food and shelter for 4 months, capacity 12; 15 participants	Y– food and shelter for 4 months, capacity 12; 15 participants
On-site education	N	N	N	N
On-site vocational training	Y – computing & vocational training, 10 participants	Y – computing & vocational training, 16 participants	Y – computing, 15 participants	Y computing, 8 participants
Legal support	Y	Y – 3 participants	Y – 5 participants	Y – 8 participants
Job counselling	Y	Y – 10 participants	Y – 15 participants	Y – 14 participants
Creative & Recreational Groups	Y	nnia	nnia	nnia
Psychotherapy	Y	nnia	nnia	Y if requested
Number of participants employed during year	14	7	8	5

Source: Cyprus NFP, 2011

Table 8.4 Ploigos Social Reintegration Programme

	2007	2008	2009	2010
Programme duration (days)	N/A	Long duration	4.9 years max.	4.9 years max
Post-treatment follow-up (days)	N/A	2 years post-treatment, individual & group reviews	1 year post-treatment, reviews every 3 months	1 year post-treatment, reviews every 3 months
Capacity (no. of participants)	N/A	20	20-25	25
Number at beginning of year	N/A	12	14	14
Number entering during year	N/A	12	6	6
Number continuing at end of year	N/A	nnia	13	13
Residential (Y/N)	N/A	N	N	N
Dropped out	N/A	-	3 (1 went to prison)	3 (granted premature leave)
On-site education	N/A	N	N	N
On-site vocational training	N/A	N – participants encouraged to enter adult ed.	Y – 3 in adult ed., 2 in cooperation with vocational u nit	Y – 3 in adult ed., 2 in cooperation with vocational un it
Legal support	N/A	N	N	N
Job counselling	N/A	Y – 12 participants	Y- 4 participants	Y- 4 participants
Creative & Recreational Groups	N/A	nnia	nnia	nnia
Psychotherapy	N/A	nnia	nnia	nnia
Number of participants employed during year	N/A	2	2	2

Source: Cyprus NFP, 2010

Table 8.5 Tolmi Social Reintegration Programme

	2007	2008	2009	2010
Programme duration (days)	N/A	180	180	5-6 months[37]
Post-treatment follow-up (days)	N/A	2 years post-treatment call-in for meetings & urine tests	1 year monthly contact, followed by less frequent contact over 2 years	N/A
Capacity (no. of participants)	N/A	30	30	30
Number at beginning of year	N/A	10	5	N/A
Number entering during year	N/A	11	4	N/A
Number continuing at end of year	N/A	7	3	N/A
Residential (Y/N)	N/A	N	N	N/A
Dropped out	N/A	nnia	1	N/A
On-site education	N/A	N	N	N/A
On-site vocational training	N/A	Y – assistance with CVs and jobseeking, interview training	nnia	Y
Legal support	N/A	Y – 8 participants	Y – 1 participant	Y
Job counselling	N/A	Y	Y – 3 participants	Y
Creative & Recreational Groups	N/A	nnia		N/A
Psychotherapy	N/A	nnia		Y – group therapy
Number of participants employed during year	N/A	8	1	N/A

Source: Cyprus NFP, 2010

[37] Certain data for this year has been made available by personal communication (Symeonidou, 2011)

Table 8.6 Pyxida Social Reintegration Programme

	2007	2008	2009[38]	2010
Programme duration (days)	365	365	365	365
Post-treatment follow-up (days)	365 / 2 review sessions	indefinite	Y – 24 months	Y – 365 days
Capacity (no. of participants)	15	indefinite	nnia	indefinite
Number at beginning of year	5	7	nnia	16
Number entering during year	3	8	nnia	10
Number continuing at end of year	6	14	nnia	14
Residential (Y/N)	N	N	nnia	N
Dropped out	nnia	nnia	nnia	4 (2 granted premature leave, 2 dropped out)
On-site education	N	N	nnia	N/A
On-site vocational training	N	N	nnia	N/A
Legal support	Y	Y	nnia	Y
Job counselling	Y	Y– 4 participants	nnia	N/A
Creative & Recreational Groups	Y	nnia	Y	N/A
Psychotherapy	Y	nnia	Y	Y
Number of participants employed during year	8	3 (+8 in previous employment)	nnia	7

Source: Cyprus NFP, 2010

[38] The SR questionnaire was not completed. It is worth noting that "Pyxida" underwent restructuring into an intensive day care programme, and relocation in 2010. The available information is obtained from a programme description booklet, and from Symeonidou (2010).

NFP Focus Group: Social Reintegration Programme Participants

In an effort to gain further qualitative insight into the experience of social reintegration for drug users, in 2008 the NFP staff organised a focus group (N=6, all males) with participants from the social reintegration programme of the therapeutic community, "Agia Skepi" (Cyprus NFP, 2009). In 2009, a second focus group (N=6, all males) ran with a similar aim, namely to gather information relating to the experience, the difficulties and the general process of social reintegration (Cyprus NFP, 2010). This year in an ongoing effort to monitor the situation of persons in the crucial stage of social reintegration, the NFP also ran a third focus group (N=9, 8 male, 1 female). Participants were from the "Pyxida" and "Agia Skepi" social reintegration programmes (Cyprus NFP, 2011).

The 2010 focus group participants were aged 26-48 years, and they discussed the following themes:

- the histories of their drug use,
- their perception of social attitudes to drug users,
- problems experienced in social reintegration
- education and vocational training
- the role of the state and their own role in social reintegration
- future prospects

The discussion also addressed social support networks, money problems, social services, work and training, treatment experiences, and the general health system. Although full report of the findings will be made elsewhere[39], as previously some emerging comments suggested that drug users at the stage of social reintegration feel they have to rely largely on their own resources (and partly on close family members), and that social stigma exists, so that in practice they are forced to actively hide their former drug use, especially from employers. Dissatisfaction with the process of government benefit payments, particularly with bureaucratic delays, also featured strongly again, and although there was confirmation of the utility of the MLSI Plan for Financial Assistance for the Rehabilitation of Former Substance-Dependent Persons, as well as the motivational scheme for employers, following the focus group concrete steps had to be taken by

[39] The findings (in Greek) will be published and posted on the NFP website.

the CAC in response to one former users' experiences, to ensure that their benefit was negotiated successfully and delivered on time. It was also mentioned that employers could exploit the motivational scheme by employing a former drug user while their pay was subsidized, and then letting them go when the subsidy stopped. The desire was expressed for employment training programs specifically aimed at recovering drug users.

All of the above findings resonated strongly with the results of the 2009 focus group (as reported in the Cyprus NR 2010), suggesting a uniformity of experience for drug users at the stage of social reintegration across both the variables of time and treatment programme.

8.3.3. **Employment**

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.

The policy of the Department of Labour of the MLSI with regard to helping former and current drug users in finding employment is to adopt an individualised approach, viewing each case separately through the Public Employment Services which are directed specifically at vulnerable social groups (Nikolaou 2009, unpublished; Lyra 2010, unpublished, see also NR 2009). 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; Lyra (2010, unpublished) adds that this service is offered across the Republic of Cyprus.

The MLSI (Lyra 2010, unpublished; Koletta, 2011, unpublished) explains that the Department of Labour takes the view that the motivation of employers is preferable to the adoption of legal measures in providing entry into the labour market for former drug users. This was the rationale adopted behind the promotion of the "Employment and Social Integration of Vulnerable Population Groups" plan, which aims to offer employers 65% of the salary costs for the first year of employment of a person belonging to one of the vulnerable groups categories. Although preparation work began in late 2008, this plan began to be implemented in March 2010. Lyra (2010, unpublished) also mentions that in 2009, rising unemployment intensified the difficulty of the job situation beyond the usual factors hindering the employment of former drug users, such

as employers' reservations, lack of qualifications and work experience. According to Koletta (2011, unpublished), this situation did not change through 2010.

The above plan sponsored the employment of 2 former drug users in 2010. Koletta (2011, unpublished) explains that the actual number of former drug users engaged was higher (3-5 persons), but a certain number of participants wished to take part on the basis of other criteria, such as their age and education, without directly mentioning their former drug use to employers. This ties in with the findings of the NFP focus group, in which the reluctance to communicate former drug use, especially to prospective employers, was expressed.

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

9.1. *Introduction*

Based on the data collection tool, which is the regular requested information received each year from the Drug Law Enforcement Unit (DLEU) as the main data provider, the NFP collected information regarding drug-related offences and number of persons involved in them. In particular, drug-related offences refer to the number of offences based on initial reports by the Police (Law Enforcement) and the number of persons refers to the number of persons charged with drug law offences. According to DLEU, during the year 2010 the number of drug offences and the number of persons involved in them slightly increased, something which could be linked to the appearance of new synthetic drugs in Cyprus, which involved a significant number of offences, as will be explained below in the chapter.

Cannabis use and possession offences continued to involve the majority of persons, presenting a slight increase compared to 2009 (see also ST11_2011_CY_01). This is understandable since cannabis is the most widely used illegal substance in Cyprus, as was shown from the findings of the recent General Population Survey.

Regarding Community Police, the number of 'neighbourhood policemen' during 2010 presented a small increase compared to the previous year. The Community Police now covers approximately one third of the country's population, which shows there is still room for expansion.

No information is available as concerns other interventions in the criminal justice system during 2010.

As to drug use in prison, according to the data provided by the Ministry of Justice and Public Order, out of 600 inmates who had agreed to a drug screening test, 39 were found positive. No information is available though regarding the type of drugs that these inmates were found positive for. No other information regarding drug use in prison in the year 2010 is available. Nevertheless, during 2011 a mechanism for collection of some basic data regarding drug use among incoming inmates was established, following NFP cooperation with the medical and

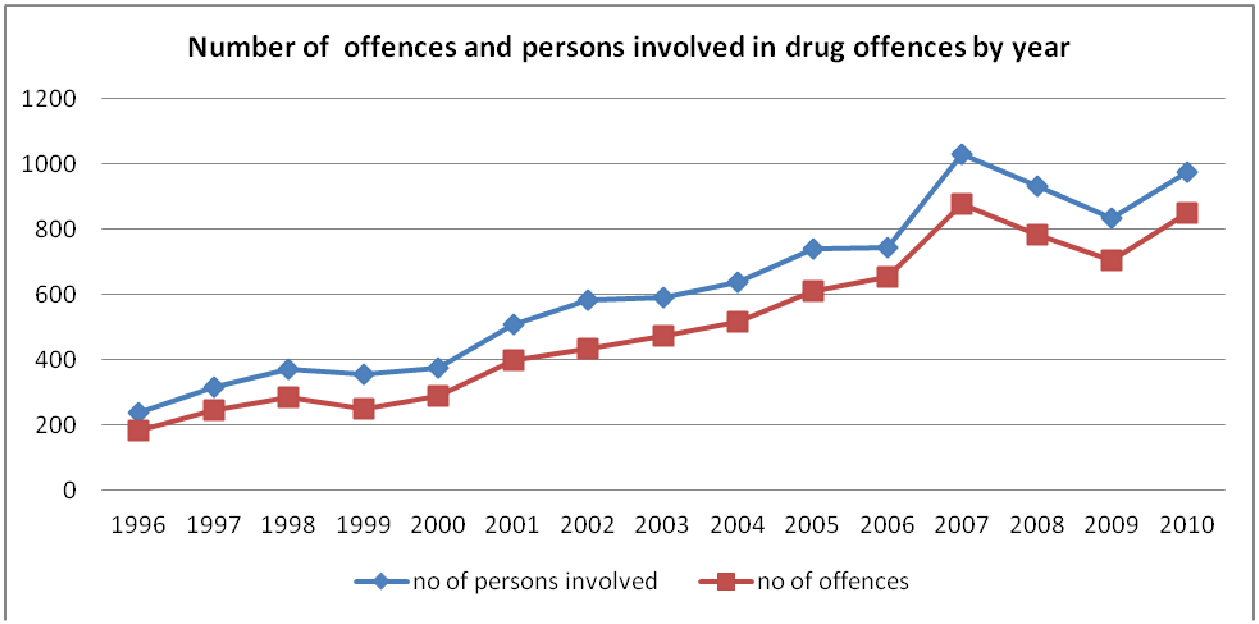
nursing staff of the Prison Department The results of the established mechanism and related problems will be assessed and, if necessary, revised before the end of 2011, with the aim of improving the procedures for the year 2012.

9.2. *Drug-related crime*

9.2.1. **Drug Law offences**

Based on information provided by the DLEU, the number of drug offences and the number of persons involved in them during 2010 showed a slight increase compared to 2009. Specifically, in 2010 the number of drug offences reached 851 compared to 705 in the previous reporting year. The number of persons involved in drug offences was 973 in comparison to 831 in 2009 (see also Ch. 9, NR 2010 and ST 11_2011_CY_01). During the reporting year, Cypriot nationals continued to represent the majority of persons involved in drug offences (720) as compared to 253 non-Cypriot nationals (Gavriil, 2011, unpublished). The increase in the number of both offences and persons involved in them, during the reporting year, could be due to the newly appeared synthetic substances, involving a significant number of offences and offenders, as will be discussed later in the chapter.

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



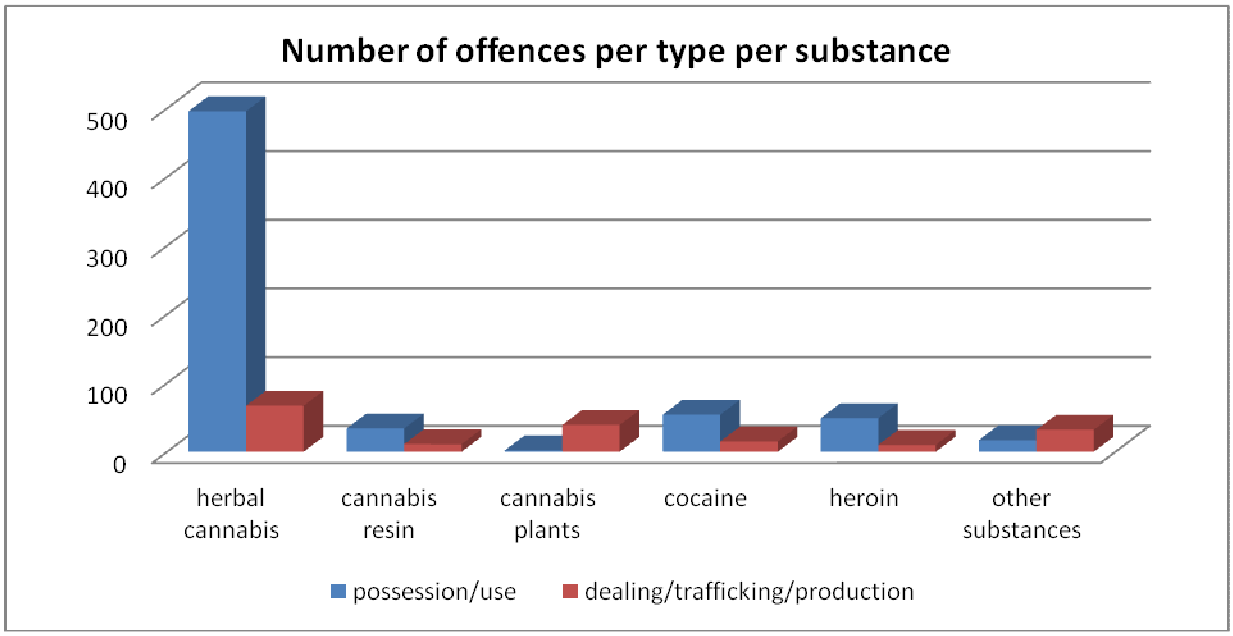
Source: DLEU, 2011.

As in previous years, the vast majority of persons involved in drug offences were linked to use / possession offences (see also ST 11_2011_CY_02), with a slight increase during the reporting year. Specifically, 703 persons were involved in drug offences, compared to 610 in 2009. In addition, a slight decrease was observed in 2010 regarding the number of persons involved in dealing / trafficking / production offences, compared to the previous year (176 and 221, respectively).

The same trend continues during the reporting year as regards the number of offences by substance. Fig. 9.2 below shows that the vast majority of offences involved possession and use of herbal cannabis, with a total number of 496 offences, followed by cocaine, heroin and cannabis resin (see also ST 11_2010_CY_01). Worth mentioning too, is the category "other substances"[40] as presented in fig. 9.2, which mainly includes psilocybin and synthetic cannabinoids (JWH-018 and CP-47,497). A significant number of offences involved these substances. Specifically, a total of 49 offences were recorded in 2010 involving 52 persons. In addition, as is presented in more detail in ch.10, the number of seizures of these substances in 2010 was significant, since no seizures were recorded for most of the substances over the last four years. The availability of these synthetic drugs is what determines the change regarding supply and demand seen in 2010. The increased demand of users for these substances probably had as a consequence the decrease in demand regarding other illicit substances, specifically regarding cannabis. This could be verified from the fact that the number of persons involved in dealing/trafficking/production of cannabis offences in 2010 was half the number recorded in the previous year (see also ST 11_2010_CY_02).

[40] This category includes additional substances not included in ST 11_2010_CY_01 and ST 11_2010_CY_02.

Fig. 9.2 Number of offences per type, per substance during 2010



Source: DLEU, 2011.

Characteristics of persons involved in drug offences:

Regarding the gender, nationality and age of persons involved in drug offences, as in previous years, the majority were males, Cypriot nationals, 19-24 years old, followed by the group aged 25-29 years and 30-34 years. As presented, young adults were still involved in the majority of offences, something that could be linked to the prevalence of certain drugs, which is higher in these particular age groups (see also ch.9.2.1, NR 2010). It is worth mentioning that for the first time during 2010, use of methamphetamines (as a primary drug of abuse) was reported, mainly by youngsters (see also ch.5). In addition, according to DLEU data, 12 seizures of methamphetamines were recorded, involving however a small quantity of 33grams (See also ST 13_2010_CY_01).

The country of origin of the vast majority of non-Cypriot nationals involved in drug offences, during the reporting year, was Greece, followed by Iran and Romania. Regarding their status, more than half (51%) of the non -Cypriots were permanent residents and 23% workers (Gavriil, 2011, unpublished). For more details regarding tourists involved in drug offences during their stay in Cyprus see Ch 12.

9.2.2. **Other drug-related crime**

Driving under the influence of drugs

According to information provided by the Traffic Department of the Cyprus Police, a small number of accidents was recorded during 2010 which involved illicit substance use. Specifically, from a total of 56 fatalities during 2010, 24 had as their main cause the use of alcohol, while in 2 of them the driver was found to be under the influence of illicit substances, too (for more details see ch.6). In these road accidents, 3 persons lost their life and 5 were injured (Demetriou, D., 2011, unpublished).

Other drug related crimes, such as property crimes, prostitution, violence under the influence of drugs etc., are not recorded by the Cyprus Police (Gavriil, 2011, unpublished). However, an initiative by the NFP is taking place to cooperate with the Police and specifically with the Department of Crime Tracing, in order to make the necessary steps in recording other drug related crimes. Since this effort is at the very early stages, more information will be provided in future national reports.

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

Urban security policies in the prevention of drug related crime

The number of 'neighbourhood policemen' was increased from 49, in the previous year, to 52 during 2010 (see also Ch. 9, NR 2010). Although the coverage of Community Police is still quite limited, the small increase in the number of policemen which is observed each year is positive. According to Police data, the total number of municipalities and communities patrolled during 2010, reached 56 compared to 54 in 2009 and 44 areas during 2008 (see also ch.9, NR 2010). The Community Police now covers 350 000 inhabitants which is approximately one third of the country's population, something that shows there is still room for expansion. As a new development, during the reporting year, the members of the community police were trained on issues regarding road safety and cyber crime. Additionally, an electronic system was applied in which the neighbourhood policemen can record their duties and also their activities. The system

gives the opportunity of query on several activities of the community police at any time, for each policeman/police station/district or for each activity category on a Pan-Cyprian level. In this way there is better control and directions are given proportionately for the quality improvement of the work produced by the policemen (Gavriil, 2011, unpublished). Since the system is at the early stages of operation, more information regarding its effectiveness will be provided in forthcoming national reports.

Finally, based on the NDS 2009-2012 and in the framework of promoting indicated actions which target specific attitudes, places or high risk groups, as well as promotion of the programme "Proseggisi" (Gr.: "approach")[41] (see also Ch.9, NR 2010), 13 prevention interventions took place in specific recreational places by the DLEU and the Community Police in which 900 persons were informed by the staff of the mobile unit, by distributing informative material regarding the two most prevalent illicit substances, cannabis and Ecstasy (Peglitsi, M., 2011, unpublished).

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

9.4.1. **Alternatives to prison**

As concerns the revision of law L.57 (I)/92, 'Care and Treatment of Drug Addicts', during 2010 the reparative draft of the law was submitted by the General Attorney's Office to the Parliament of Representatives. More details about the specific law are presented in ch.1.2.1.

Additionally, based on the final evaluation of the "FreD goes net" programme, in the spring of 2010, (see also Ch.3 and ch.9, NR 2010), the need for expanding the program to multiple vulnerable target-groups among the young population of the country was ascertained. Specifically, during the summer of 2010, the CAC in cooperation with the Cyprus Police, the Ministry of Health and the Police of the British Sovereign Base Areas in Cyprus (SBA Police), proceeded with the revision of the protocol in order to broaden the available treatment choices of the person identified for use or possession of illicit substances. According to the new protocol, the persons who attend and complete a treatment program in one of the country's government centres of the Mental Health services, and get a certificate of completion within a two year

[41] The programme provides information to youngsters regarding the use of illicit substances and addictive behavior in high risk recreational settings.

period from the date of entering the program, will get a DLEU recommendation to the General Attorney to assort their case as "otherwise disposed" (for more details regarding the specific program refer to Ch. 3).

9.5. ***Other interventions in the criminal justice system***

NNIA

9.6. ***Drug use and problem drug use in prisons***

According to the data provided by the Ministry of Justice and Public Order (Eleftheriou 2011, unpublished), out of 600 inmates who had agreed to a drug screening test (urine tests), 39 were found positive. No information is available though regarding the type of drugs involved.

No other information regarding drug use in prison is available for the year 2010. As pointed out in chapter 5, no data was provided to the Cyprus NFP from the prison's drug treatment programme, as its operation was suspended in 2010.

Nevertheless, numerous attempts at cooperation with the medical and nursing staff of the Prison Department were initiated by the Cyprus NFP (for details see ch. 6), which in May 2011 resulted in establishing a mechanism for collection of some basic data regarding drug use among incoming inmates. The mechanism, being implemented from May 2011 on a pilot basis, should help assessing the proportion of incoming inmates using drugs. However, as pointed out during the meetings with the nursing staff of the Prison Department that is responsible for the data collection, significant difficulties might arise in the case of non-English speaking foreign nationals, with whom communication (at least at such early stages of their imprisonment) is virtually impossible (Korfiotou 2011, personal communication). The results of the established mechanism and related problems will be assessed and, if necessary, revisited before the end of 2011, with the aim of improving the procedures for the year 2012.

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

As stated above, no new information from the prison treatment programme is available for 2010. Eleftheriou (2011, unpublished) does inform that some preparation of inmates for release takes place during reintegration group meetings; these have been sporadic however, and do not

consist exclusively of drug users. Also, continuance of care cannot be secured, although referrals are made to the relevant institutions in the community. The prison treatment programme, 360° STROFI (Gr. “360 degree turn”), will include a social reintegration component, but as this programme was not in operation during 2010, developments in this area will be reported next year.

Chapter 10: Drug Markets

10.1. *Introduction*

Based on information received from DLEU, the occupied area of Cyprus and the E.U (countries unspecified in data source), remained the main countries associated to drug trafficking into the government-controlled areas. Air transportation remains the most common transportation method of illicit drugs into Cyprus, especially in the case of ecstasy, herbal cannabis and cocaine. A significant increase in herbal cannabis transportation by air in 2010 was observed compared to the previous year (80% and 60% respectively).

As concerns seizures, in 2010 a significant decrease in the seized quantities of cannabis resin, cannabis plants and herbal cannabis was observed compared to the previous year. On the other hand, large quantities of synthetic cannabis and other chemical substances were seized.

The same methodology as in previous years was used by the DLEU for the collection of data regarding drug prices (per gram) at retail level; specifically, the estimation of prices was based on undercover police operations (purchases) and on users' reports on a quarterly basis. Based on the fact that a) the number of police operations varies each year, as well as the number of users, and b) different prices for several drugs are reported by users in each district of Cyprus, the range of prices is affected to a great extent, liable to vary and no explanations and firm conclusions regarding trends can be drawn.

10.2. *Availability and supply*

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

NNIA

As no new surveys were carried out in 2010, no new information is available at the moment.

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

Cyprus is not a drug-producing country (see also ch.10, NR 2010), and consequently most illicit substances are imported. In particular, the percentage breakdown of countries of origin[42] by seized drug category is presented in the following table.

Table 10.1 Percentage breakdown of countries of origin by seized drug category 2004-2010

Cannabis herb		*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*
	Greece	8	7	10	20	30		**15**
	United Kingdom	7	8	8	5	5		
	Holland		10	10	70	60	60	**70**
	Turkey				5	5	5	
	EU						35	**15**
	Unknown	**50**	**50**	**42**				

Cannabis resin		*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*
	United Kingdom	5	10	10				
	Egypt						40	
	Turkey				30	30	20	**30**
	Lebanon				30	30	40	**50**
	Unknown	**70**	**70**	**60**	**40**	**40**		**20**

Heroin		*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*
	Turkey	20	20	20	70		30	
	Afghanistan					70	70	**95**
	Unknown	**20**	**20**	**20**	**30**	**30**		**5**

[42] Countries of origin refer to countries where drugs were cultivated or manufactured.

Table 10.1 Percentage breakdown of countries of origin by seized drug category 2004-2009 (contd.)

Cocaine (base and hydrochloride)		*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*
	Greece		5	5				
	Holland				63			
	United Kingdom	5	10	5	17			
	South America			30				**80**
	Brazil	10						
	Ireland	5						
	Yugoslavia	5						
	LAC countries					70	80	
	Unknown	**60**	**80**	**50**	**20**	**30**	**20**	**20**

Ecstasy group		*2004*	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*
	Holland			20	55	50	50	**50**
	United Kingdom		10	20	22			
	Turkey					20		
	EU					20	40	**50**
	Unknown	**35**	**20**	**20**		**10**	**10**	

Source: DLEU, 2011

As regards the countries where drugs were transferred before entering Cyprus, the occupied area of Cyprus and the E.U (countries unspecified in data source), remained the main countries associated to drug trafficking into the government-controlled areas (DLEU, 2011).

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

Air transportation remains the most common transportation method of illicit drugs into Cyprus, especially in the case of ecstasy from Holland and other EU countries (unspecified in data source), herbal cannabis from Holland and cocaine from South America. A significant increase in herbal cannabis transportation by air (60% in 2009 to 80% in 2010), can be observed. No air transportation of heroin from Afghanistan was recorded during 2010, compared to 2009 (20% by air) since it was transported (100%) by land, specifically through the Cyprus occupied areas. Finally, no transportation by land or sea was recorded regarding Ecstasy since it was solely transported by air (see also Ch. 10, NR 2010). As regards synthetic cannabis seized during the reporting year, was imported from the E.U. via private courier companies (DLEU, 2011).

Despite the differences mentioned regarding transportation methods, no significant changes have been taking place which could be deemed to have an effect on the organization of the domestic drug market.

10.3. ***Seizures***

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

Regarding 2010 seizures, as recorded by the DLEU, a significant decrease in the seized quantities of cannabis resin, cannabis plants and herbal cannabis was observed compared to the previous year (see also ST13_2011_CY_01). On the other hand, large quantities of synthetic cannabis and other chemical substances were seized. Specifically, 26 seizures involved around 16 kilos of synthetic cannabis and additionally, 24 seizures involved almost 20 kilos of the substance JWH-018 and one seizure of 28gr of mephedrone. From these data it could be deduced that the new trend of "legal highs" imported by EU countries, was a prominent factor in the change in the drug market, specifically regarding supply and demand as mentioned in ch.9. Seizures of Ecstasy continued a decreasing trend, with the exception of 2008 seizures (see ch.10, NR 2010), for the last 4 years, but it seems they have been replaced by mCPP (3000 tables seized in the reporting year) , BZP and Amphetamine (see also ST13_2011_CY_01).

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

N.A

No precursor chemicals were seized during the reporting year (DLEU, 2011, unpublished).

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

NNIA

At the time of writing, the DLEU has confirmed that so far, no illicit laboratories producing drugs have been found in the government-controlled area of Cyprus.

10.4. ***Price/ purity***

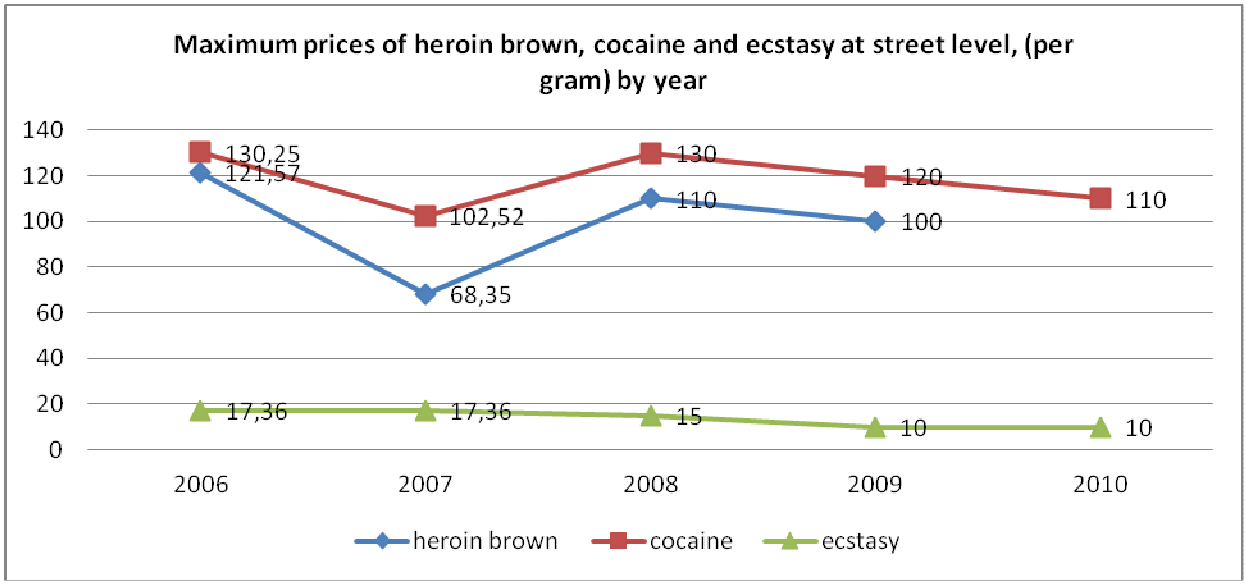
10.4.1. **Price of drugs at street level**

Prices of drugs at street level are collected quarterly and are determined based on real weight of purchases made by undercover police operations (no number of operations is provided for 2010) and also on users' reports. Based on DLEU information, the number of users who provide prices varies each year. During 2010, 56 persons provided prices for illicit substances, compared to 34 persons in 2009.

As can be observed in Fig. 10.2 below, maximum prices of cocaine (based on police purchases), slightly decreased during 2010 as compared to 2009, while ecstasy prices showed no change. The maximum prices of cocaine, based on users' reports, were found to be higher than the respective prices, based on undercover purchases (€130 and €110 respectively). As mentioned in the previous NR, this difference in prices is probably due to the different range of prices recorded in the regional districts of the island (see also ST 16_2011_CY_01/02). No prices for heroin brown (based on police undercover operations) were available during the reporting year (see also fig. 10.2, below). Thus, no comparisons with previous years would be possible. However, maximum heroin prices, based on users' reports, were found to be lower than the 2009 prices (€120 and €145 respectively).

As already mentioned in our previous National Report, the fact that retail prices based on users' reports and undercover police operations have been collected separately over the last three years, means that the provided data should be treated with great caution (see also Ch. 10, NR 2010). More reliable information and firm conclusions regarding the trends of retail prices based on this methodology will be reached in the following years.

Fig. 10.1 Maximum prices of heroin brown, cocaine and ecstasy at street level per gram, by year (based on undercover Police operations)



Source: DLEU, 2011.

Apart from the decrease in the maximum prices of cocaine, based on police purchases, the minimum prices of cocaine showed a decrease in the reporting year, as well (€60 and €90 respectively. On the other hand, it is also worth mentioning that the maximum prices of cannabis resin and herbal cannabis (based on undercover police purchases), showed a remarkable increase. Specifically, the maximum price of cannabis resin during 2010 was €40 per gram, compared to €18 in 2009. As regards herbal cannabis the maximum price per gram during 2010 reached €40, compared to €14 in the previous year (see also ST 16_2011_CY_01). However, there is no indication of significant change in the availability of these substances.

Regarding the range of prices of several illicit substances, this was very small during 2010, as in the previous reporting year, with the exception of cocaine prices (€60- €110) which showed the greatest variation (see also ST_16_2010_CY_01).

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

NNIA

The State General Laboratory is carrying out purity testing only in the case of Courts requesting it, for specific cases. Otherwise, does not take place since the specific testing is time consuming and costly (Afxendiou, 2011, unpublished).

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

As always, the State General Laboratory carries out routine monitoring analysis on all Police seized quantities in order to detect the composition of tablets sold. The composition of illicit tablets sold during the reporting year is illustrated in the following table (see also ST15_2011_CY_01).

Table 10.2 Composition of illicit drug tablets by year (%)

Substance/Year	*2006 (%)*	*2007 (%)*	*2008 (%)*	*2009 (%)*	*2010 (%)*
MDMA	95	44	11.9		7
Amphetamine/ methamphetamine	0.05	3.3	11.1		
DOB					
Other substances		42.4	1.2	93.6	48.3
Miscellaneous	4.95	10.3	71.7	6.45	43.4

Source: State General Laboratory, 2011

In the category “other substances”, 46% mCPP and 2,3% MDVP were detected, and in the “miscellaneous” category, 43% anabolic steroids were found (methandrostenolone, mestanolone and oxandrolone) (see also ST15_2011_CY_01).

PART B: SELECTED ISSUES

Chapter 11: Drug-related health policies and services in prison

11.1. *Prison systems and prison population: contextual information*

The prison system in Cyprus is comprised of one Central prison located in Nicosia, the capital of the country, and of jail cells located in the police stations around the country. The information presented below was mostly collected by correspondence with the Prison administration, the Ministry of Defence as well the CAC and the Ministry of Health. The Annual Penal Statistics SPACE I 2011 report of the Council of Europe was also used. Limited information was provided due to the lack of a monitoring and recording mechanism related to prison data.

The prison population figures do not include the areas that are not under the control of the government of the Republic of Cyprus, and in some cases the information provided excludes the individuals held in police station cells.

According to the SPACE I statistics report, the total number of prisoners was 883, 510 held in prisons and 373 were pre-trial detainees held in the police stations. According to the SPACE I 2009 statistics, the Cyprus prison population rate per 100.000 inhabitants (110.8) is lower than the mean of other countries' penal institutions (143.8). As seen below, the Cyprus prison does not hold detainees under the age of 16 and most prisoners fall in the age category of 30-40 years (207 detainees) and 25-30 age category (147 detainees). The figures presented below exclude detainees held in the police stations.

Table 11.1: Age structure of prison population

Age structure of prison population										
14-16	16-18	18-21	21-25	25-30	30-40	40-50	50-60	60-70	70-80	Age of criminal responsibility
0	3	27	137	147	207	102	35	12	0	14

Source: Council of Europe, 2011

Most of the prison population, including pre-trial detainees, are foreigners. Specifically, 61.9% (415) are foreigners, 26.3% of whom are pre-trial detainees. It is worth noting that these percentages are much higher than the corresponding percentages of other countries, and way above the mean number of the other penal institutions as reported by the SPACE I statistics. Approximately 28% of the foreign detainees are EU citizens. With regards to gender, 5.8% (39) of the detainees, including pre-trial detainees, are female. As seen below, most detainees in prison are serving time for theft and drug offences as the main sentence.

Table 11.2 Breakdown of sentenced prisoners

Breakdown of sentenced prisoners							
Homicide	Assault & Battery	Rape	Other types of sexual offences	Robbery	Other types of theft	Drug offences	Other
49	14	22	5	20	122	95	183

Source: Council of Europe, 2011

Further, the prison capacity, excluding the police station cells, is 314 based on 7m² per prisoner surface area. Thus, according to the figures above the prison is overcrowded, holding 196 inmates above its capacity. However, compared to other EU penitentiaries, in which the prison capacity is based on 4m² per prisoner or less, the prison space can be viewed as satisfactory, although lacking various other services and facilities. No information on detainees' health or social status was provided.

11.2. ***Organization of prison health policies and service delivery***

11.2.1. **Prison health**

The prison law, (Law96(I)) was amended in 2005, and it now includes sections pertaining to serving sentences at home, to the Guidance Centre for Extramural Employment and Rehabilitation (also see ch.1) as well as to the prison committee. Funding related information was not provided.

According to the health indicators by Eurostat, in most cases Cyprus falls above or close to the mean of other EU states regarding the health care levels. However, when applying the same indicators to the countries' penal institutions, some differences in equivalence of care are observed. Specifically, there is no availability of staff responsible for assessment, and psychologists employed by the prison apart from one full time psychologist employed by the Ministry of Health on a temporary basis. The same applies for staff responsible for education activities, social workers and teachers.

According to the Health and Hospital Statistics (2008), there is a correspondence of 358 persons per doctor, whereas in the penal system the respective rate is 294.3 inmates for a doctor. In addition, the prison system allows for routine monitoring and immediate medical assistance (as recommended by WHO) in cases needed. However, when comparing the medical and paramedical staff of the penal system of the country with other countries, a considerable difference is observed. The Cyprus Penal System rates well below the mean number of other penitentiaries when looking at the percentage of medical and paramedical staff.

11.2.2. **Drug related health policies targeting prisoners**

Among its principles of treatment and social reintegration, the 2009-2012 NDS mentions "the use of addictive substances should be tackled as a health problem and be treated, where possible, within the therapeutic continuum and not necessarily and inevitably end up in the criminal justice system. Alternatively, offences within the criminal justice system should be dealt with on the basis of penalties other than imprisonment, and provide suitable treatment both within the therapeutic continuum and in prison, as well as after release from prison, connecting the individual with the therapeutic continuum"(CAC, 2009). More specifically, one of the objectives of the NDS is the improvement in treatment of users/ addicted individuals in the criminal justice system. Thus, actions such as the operation of a comprehensive treatment facility (detoxification, rehabilitation, substitution) within the correction system, and the promotion of basic harm reduction practices in prison, are implicitly mentioned.

11.3. ***Provision of drug-related health services in prison***

Aside from the actions being mentioned and planned and apart from the pharmacological treatment provided by the prison psychiatrist for withdrawal symptoms, assistance or support for drug using inmates, no other type of treatment was available in 2010. During 2011 a drug treatment programme was developed and began offering services. The programme, called "360◦" is an abstinence-based three day per week programme aiming at rehabilitating and reintegrating the inmates to society (Symeonidou, 2011, unpublished). The programme was designed and is being implemented by the Ministry of Health Mental Health Service team temporarily employed in the penitentiary. No other drug use assessment upon entry into custody, no drug prevention (apart from repression measures such as drug screenings), information or education activities. It is worth noting again that more than half of the detainees are foreigners, making the accessibility to any prison service almost impossible since the element of the language is a huge barrier and no translation services are available. Moreover, general population drug treatment services such as detoxification, substitution, therapeutic community or needle and syringe exchange programmes are non- existent within the penitentiary. Thus, there is a considerable gap in the equivalence of care with regards to drug treatment.

With regards to preparation for release and reintegration into society there is no specific programme, other than the treatment phase provided by the drug treatment programme which provides for the transference of the detainee to the Guidance Centre for Extramural Employment and Rehabilitation towards the end of their sentence.

As mentioned in ch.9, drug screening tests are conducted in the penitentiary according to the 1996 Prison Law (N.62(I)/96) and its 2005 amendments. According to the prison security administrator, drug testing takes place either randomly, or when there is some information that an inmate may have used drugs. In addition, detainees with drug related sentences are tested more often than others. According to the same source, 50-60 drug screening tests are conducted monthly (Trifonides, 2011, unpublished). Specifically, during the year 2010, 615

inmates were screened and 39 were found positive. However, more information (eg. what substances were identified) is not available.

11.4. ***Service quality***

As mentioned above, the drug treatment programme was recently designed, approved by the CAC (January 2011) and implemented. Therefore, there is no indication of its efficacy or outcomes. It is reported, however, that the programme will be monitored and evaluated by a Mental Health Services' team, as well as by the CAC (CAC, 2011 programme report).
Drug-use related training for the staff, including risk assessment and reduction, other than focusing on drug use recognition is not taking place (Eleftheriou, 2011, unpublished).

11.5. ***Discussion***

Based on the information presented above and compared to the penal institutions of other countries, health care within the Cyprus Penal system is viewed as not being adequate, and definitely does not correspond to the health care available for the general population[43]. With regards to spacing and overcrowding, the penitentiary is not as crowded as other penitentiaries; however, there are no activity rooms or other leisure rooms available. As mentioned above, more than half of the detainees are non-Greek speaking, and require translators, a service not available in prison. Further, the quality of health care, especially drug related care, prevention, treatment and harm reduction is almost not existent. Detoxification or substitution / maintenance treatment is not available[44], forcing new convicts to go through the withdrawal symptoms without the proper care or even the individuals that were under substitution treatment to cease their treatment. In conclusion, the "whole-prison approach to health promotion" and some of the basic principles of prisons health care as stated by WHO, are not followed by the prison system (WHO, 2007). For instance, adequate specialist treatment and mental health needs with regards to the drug use is not provided. Similarly, education, internal specialist support (i.e. drug workers) and adequate external specialist support (i.e. public health specialists or voluntary organizations) are not available.

[43] Previous relevant comments from the Cyprus NFP may be found in the NR 2010, chapter 9, pp. 118-120. These were not discussed in this selected issue chapter, as a more current picture of the situation has been attempted.
[44] The prison psychiatrist does offer pharmaceutical withdrawal symptom management, but no systematic Detox treatment is available.

Chapter 12: Cross border travel, drug use and drug services

The NFP made several efforts to collect ad hoc information from all the possible agents (universities, educational centers) of the country, regarding relevant research on the topic. Unfortunately, the literature review on cross border travel and drug use is too limited, since no research on this topic was conducted in the country during past years. Despite this, a single available source of information regarding cross border travel, is a recently published survey titled: *"Substance use, violence and Unintentional Injury in young holidaymakers visiting Mediterranean destinations"*, with a sample of 6502 young British and German holidaymakers, aged 16 to 35 years who traveled in the summer of 2009 to five European countries (Cyprus, Greece, Italy, Portugal and Spain). The tourists were approached in the departure areas of airports in Larnaca (Cyprus), Crete (Greece), Venice (Italy), Faro (Portugal) and Mallorca (Spain). Over 10% of them reported using illicit substances on their holiday (Hughes et.al, 2011). More details about the results of the survey will be presented later in the chapter.

In addition, information was requested from the DLEU of the Cyprus Police, whether data have been kept on the basis of a yearly recording of tourists travelling to Cyprus and arrested for drug offences. Based on information provided by the DLEU, during the year 2010, 18 young tourists, who traveled to Cyprus, were arrested by the police for several drug offences. All of them were males between 21 and 35 years old with the majority being British and Russian nationals, mostly involved in possession of cannabis offences. However, no other information is available as concerns the reason for visiting Cyprus, drug use patterns while at home and while travelling, or drug related problems among drug using tourists (DLEU, 2011, unpublished).

Beside the aforementioned data, some information is available regarding inflows of non residents or travelers to access drug services in Cyprus. Detailed information will be presented later in the respective subchapter.

12.1. ***Cross border travel and drug use***

12.1.1. **Characteristics of inflows of tourists engaging in drug use**

Methods of collecting information:

As previously mentioned, a survey was carried out based on the use of an anonymous questionnaire. The questionnaire includes questions exploring the characteristics of travelers, the reasons for choosing their destination, substance use on holiday and at home, frequency of visiting bars and nightclubs on holiday and others (Hughes et.al, 2011). Travelers who were traveling without children or older relatives appeared to be aged 16-35 and who were waiting to check in for flights bound for the UK and Germany, were approached by experienced researchers who were trained to implement the survey. These two nationalities were chosen as the target group since they have the highest proportions of using each of these European airports (Hughes et al, 2011).

Apart from demographic characteristics of the participants, the questionnaire includes questions on reasons for choosing the specific destination for holidays, substance use on holiday and use at home, frequency of visiting bars and nightclubs during their holidays as well as questions whether they were involved in a physical fight and if they had been injured in an accident unintentionally.

Focusing attention on the characteristics of inflows of tourists engaging in drug use (in the five destinations), as Hughes, et.al, 2011 reported:

- The most common reasons for choosing the particular destination for holidays were weather and nightlife. However, reasons varied across locations and nationalities.
- The mean length of stay was about 9 days.
- 95% of all participants reported alcohol use during their holidays and over two thirds reported having been drunk on holiday.
- Almost a quarter of participants (24%) reported visiting nightclubs and bars every night on holiday

- Half of the participants smoked on holiday and over 10% reported using illicit substances.
- Use of any illicit substance on holiday was highest among visitors to Cyprus and German visitors to Portugal.

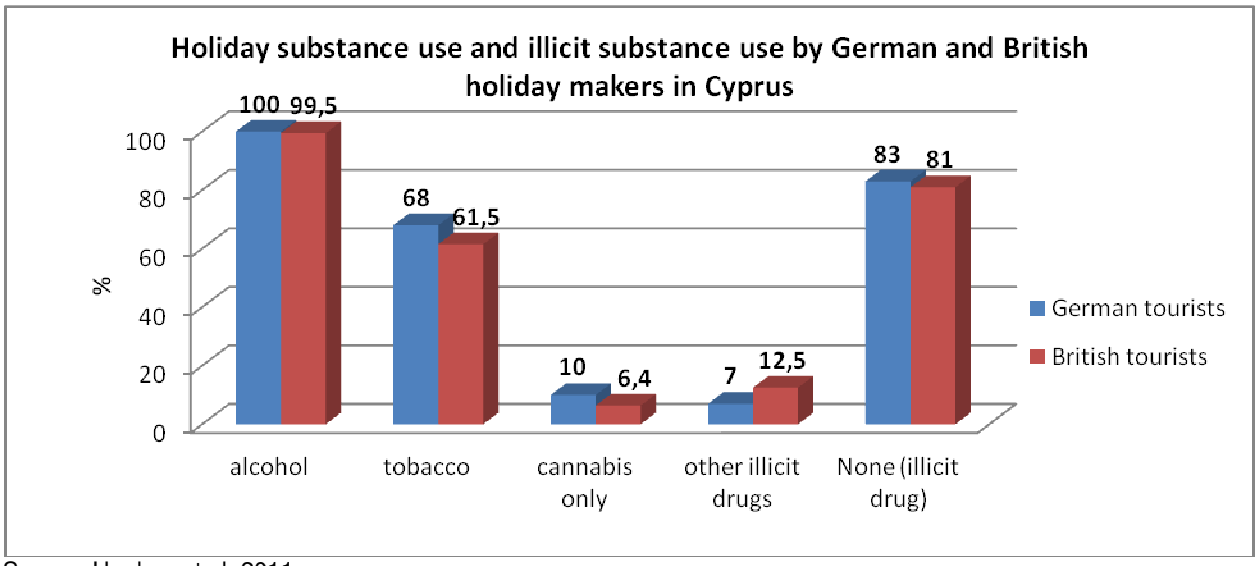
Violence and unintentional injury:

The use of alcohol and illicit substances was found to be associated with violence and unintentional injury. Specifically, almost 4% of the participants reported involvement in violence during their holidays and 6% reported unintentional injury. Of those reporting involvement in a fight, the vast majority (almost 92%) reported being under the influence of alcohol and 16% reported being under the influence of drugs at the moment of the fight. As concerns visitors to Cyprus (both nationalities), 4% reported being involved in a physical fight during their holiday. Almost 3% of British visitors reported unintentional injury and the corresponding percentage for German visitors was almost 1%. Despite the fact that these percentages are presented to be significantly lower compared to other European countries such as Mallorca or Crete (12% of British to Mallorca and 13% of British to Crete reported unintentional injury, while 6.5% of British to Mallorca and 6% of Germans to Mallorca reported involvement in a physical fight), apart from the drugs policy, the country must pay attention to the impact that the use of alcohol may have on the population, especially on youths, since binge drinking is increasing across Europe, with concerns that heavy drinking cultures are spreading (Hughes et.al, 2011).

The case of tourists in Cyprus:

As regards the case of Cyprus, nightlife is a major reason for young people visiting the specific destination. With regards to the frequency of visiting bars/nightclubs, approximately 60% of the respondents reported at least half of the nights, while 62% of British tourists and 65% of Germans reported drunkenness less than half of the days of stay. As figure 12.1 presents, almost all of the participants visiting Cyprus reported consumption of alcohol during their holidays on the island.

Fig. 12.1 Holiday substance use and illicit substance use (%) by German and British holidaymakers in Cyprus



Source: Hughes et al, 2011.

Despite the fact that visitors to Cyprus reported getting drunk frequently, (but less frequent compared to other destinations), more drug use is reported compared to other countries. Specifically, one in five tourists (of both nationalities) reported using illicit substances during their stay in Cyprus (Hughes et al, 2011).

Demographic characteristics and substance use at home, among German and British tourists travel to Cyprus:

Table 12.2 Demographic characteristics and substance use at home by tourists visiting Cyprus

Demographic characteristics and substance use at home		
	German tourists	**British tourists**
gender		
male	58%	52%
female	42%	48%
age		
16-19	12%	18.5%
20-25	46%	43.5%
26-35	42%	38%
Illicit drug use at home		
Cannabis only	17%	11%
other illicit drug[45]	16%	23%
None	67%	66%

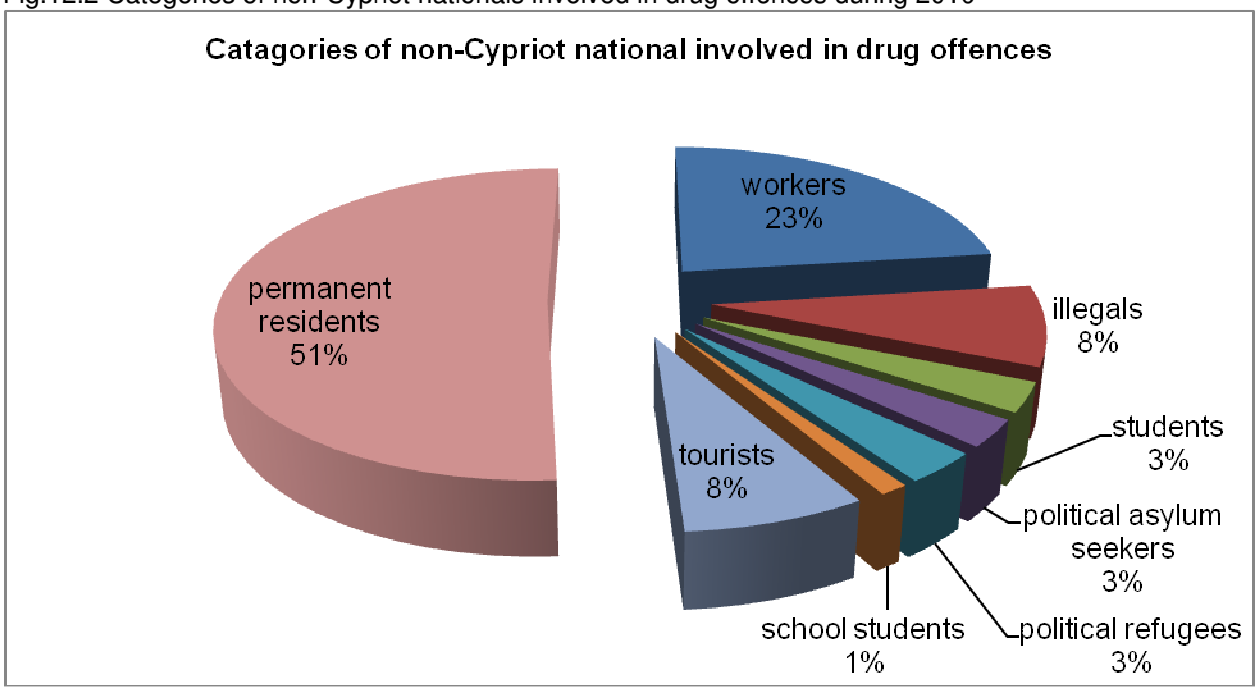
Source: Hughes et al, 2011.

From a total of 764 German holidaymakers visiting Cyprus, 1/3 reported having used cannabis or other illicit substances at least once in the last 12 months. Almost the same proportion is observed as regards the use of illicit substances at home by the British holidaymakers.

As mentioned at the beginning of this chapter, DLEU during the year 2010 recorded 18 young tourists, who traveled to Cyprus, who were arrested by the police for several drug offences. All of them were males between 21 and 35 years old with the majority being British and Russian nationals, mostly involved in possession of cannabis offences. As figure 12.3 below shows, tourists engaged in drug offences in Cyprus, represent a low percentage (8 %), compared to other categories of foreigners.

[45] This category includes ecstasy, cocaine, amphetamine, ketamine and GHB.

Fig.12.2 Categories of non-Cypriot nationals involved in drug offences during 2010



Source: DLEU, 2011.

Apart from the aforementioned data, no other information is available as concerns the reason for visiting Cyprus, drug use patterns while at home and while travelling, or drug related problems among drug using tourists (DLEU, 2011, unpublished).

The use of Internet as a source of information for choosing a holiday destination:

A web study regarding holiday destinations (Calafat et.al, 2010)[46], showed the way a destination is presented by the tourist industry (travel agents, tour operators), through internet sites in order to make it more attractive, especially to young people and in addition, how young people themselves present their holiday experience in each place. A series of key words was used ('holidays', 'nightlife', 'sex and holidays', 'violence and holidays', partly followed by the name of the destination, using 'Google' and 'You Tube').

[46] The tourist destinations in question where the research was carried out were: Algarve, Mallorca, Venice, Ayia Napa and Malta.

Focusing on the results for Ayia Napa, while the search under “holidays” showed positive results such as wide variety of activities and recreational activities for young people and families, a very different picture was presented when searching for “nightlife”, “violence” and “sex”. As Calafat et.al, 2010 reported, several videos were found with sexual content associated with the use of substances. In general, a picture of easy access to sexual opportunities, use of alcohol and use of substances, as well as no control in nightlife, was presented in the web. On the other hand, the case of Venice is worth mentioning since the city promotion was focus on cultural and historical aspects. Even when searching the terms “sex” or “violence”, references to scientific and medical studies came up. In contrast to the results for Ayia Napa, no negative image of Venice was found. Comparing all destinations analyzed, Venice presented the lowest levels of violence, drunkenness, sexual harassment, illegal substances etc (Calafat et.al, 2010). The examples of Ayia Napa and Venice are good examples that reflect the different way a destination can be promoted and how this kind of promotion could influence people’s decision (especially young people’s) for choosing a holiday destination. Thus, the internet is fairly characterized by Calafat et.al, 2010, as “a window for young tourists”

Policy-Responses

Alcohol

As concerns alcohol, no national strategy exists in Cyprus. Alcohol is mentioned within the health promotion framework, traffic safety etc. The ministries have individual policies based on the legislation involving their own activities. However, it is important to mention that the CAC since 2010, based on the law of its establishment and on the framework of the National Drug Strategy 2009-2012, is the responsible body for the formulation of a national alcohol strategy. Currently CAC represents Cyprus, regarding alcohol issues on the national, European and international level, including the Committee on National Alcohol Policy and Action, of the European Commission, and is in the process of drafting the first National Strategy on Alcohol. As a first step, the NFP will be responsible for collecting, monitoring and analyzing all the available information in the country regarding alcohol, in order to form a national report on which the CAC will direct its policy. However, no further information is available at the moment since this action is at the very early stages. More detailed information will be reported in a following National Report.

Illicit substances and youth

As mentioned in the previous NR 2010 (see Ch.3.3.3), several actions are provided in the framework of the National Drug Strategy 2009-2012 regarding prevention and harm reduction of licit and illicit substances. Specifically, the program "Safer nights"[47], ran during 2010 and continues its operation in 2011, in close co-operation with youth organizations and night club owners. Its main goal is to reduce the risks related with the use of alcohol and illicit drugs during visiting bars and night clubs, in order to ensure not only the safety of the night club staff, but also of the youths. In the framework of the pilot implementation of the program "Safer nights" for the year 2011, two-day training took place by a French expert for the staff of CAC and Cyprus Youth Board regarding the coordination of the program and the 'street intervention'. During the seminar, ways were detected for further promotion and diffusion of the actions, as well as more effective implementation of the specific program (NFP newsletter, No.43, 2011). For further information regarding the implementation of the program, see Ch. 3.3.3.

12.1.2. **Characteristics of outflows of nationals engaging in drug use abroad**

NIA

No data regarding the specific topic is recorded by the DLEU (Sergides S., 2011).

12.2. ***Cross border travel and use of drug services***

12.2.1. **Legal Framework**

Provision of drug services to tourists

Based on drugs legislation in Cyprus (please refer to chapter 1) there is no specific legal provision for drug services to tourists in the country. However, all EU nationals can apply for a medical card (therefore those who are drug users are also eligible), which gives access to treatment in the public sector. All foreigners who are not legally in the country have no legal right to a medical card. People who have no right for medical card, as a consequence often choose the private sector (Symeonidou, 2011a).

[47] The program is coordinated by the CAC and implemented by the Cyprus Youth Board.

According to information collected from all public treatment services, a significant number of persons who apply for treatment have no medical card (80 in 2009 and 98 in 2010). However, of these only 35 persons were not actually eligible for the card in 2009, and 36 in 2010 (Symeonidou, 2011b).

Treatment of Cypriot citizens abroad

In order for the government to send a person for treatment abroad and cover their medical expenses etc., several facts must be checked; for instance, whether the treatment is not already available in Cyprus. In the case of drug users, very rarely have any cases received government-sponsored treatment abroad. Most drug users who choose to travel abroad for treatment, cover their travel and medical expenses on their own.

Apart from the aforementioned, no further information regarding this issue is available at present.

12.2.2. **Characteristics of inflows of non-residents or travellers to access drug services**

Based on information provided by a private clinic in Cyprus[48], which provides detoxification and substitution programs mainly for heroin users, during 2010 14 persons travelled to Cyprus only for therapy in the specific clinic. Specifically:

- 13 men and 1 woman.
- 20-35 aged.
- 10 Greeks, 2 Norwegians, 1 Irish and I Lebanese.
- Heroin was the substance for which 12 persons asked treatment and cocaine for the other 2 persons.
- The majority were unemployed while four of them work occasionally.

According to the information provided (Veresies, K., 2011), the reason for seeking drug services in this clinic is the detoxification with the use of Suboxone and the implant of Naltrexone, something which is not available in Greece, when referred to the case of the Greek nationals.

[48] Veresies Private Clinic

For more information regarding nationality of clients and the reasons for choosing Cyprus for their treatment, see also ch. 5.5.2.

Another source of information was the Therapeutic Programme "Agia Skepi"[49], which included 30 mainland Greek nationals during the reporting year. The general characteristics of these persons in treatment were as follows:

- 30 years old (on average)
- Permanent residents of Cyprus
- Heroin was the substance for which they asked treatment

As Pavlou (2011) mentions, reasons these persons seek treatment in Cyprus mainly involve (a) travelling to another country is a way to 'escape' from old friends, (b) they have a relative in Cyprus and (c) many come from the same places in Greece, from which other persons who completed the specific programme also come.

12.2.3. **Characteristics of outflows of nationals travelling abroad to access drug services**

NIA

[49] Inpatient programme

Part C

Bibliography

References

Afxendiou, M. (2011) Information from the State General Laboratory regarding purity testing, 2011, personal communication.

Alampritis, M. (2011) Letter to Head of NFP concerning 'Information Collection for 2011 National Report', dated 18.04.11, unpublished.

Bayada, T. (2010) CAC National Report 2010 feedback to Cyprus NFP, unpublished.

Cabral S. (2011) Email received from the EMCDDA on August 22, 2011, unpublished

CAC (2009) 'The profile of third grade lyceum students who never used illicit substances: protective factors and students' opinions about them', qualitative research, unpublished.

CAC (2010) Treatment guidelines, unpublished.

CAC (2010a) 2008-2009 school prevention programme monitoring report, June 2010, unpublished.

CAC (2010b) National Drugs Strategy 2009-2012.

CAC (2010c) Prevention guidelines handbook, unpublished.

CAC (2010d) Prevention Unit Forms, unpublished.

CAC (2010e) Treatment guidelines, unpublished.

CAC (2010f) Treatment programme monitoring report, June 2010, unpublished.

CAC (2010g) Treatment Unit Forms, unpublished.
CAC (2010h) Interventions and Prevention Strategies for the reduction of Drug Related Deaths in high risk cases, unpublished.

CAC (2011) Prevention Unit Forms, unpublished.

CAC (2011) Treatment programme monitoring report, August 2011, unpublished.

Calafat A., Blay, N. Bellis, M., Hughes, K., Kokkevi, A., Mendes, F., Cibin, B., Lazarov, P. Bajcarova, L., Boyiadjis, G., Duch, M.A., Juan, M., Magalhàes, C.C., Mendes, R., Pavlakis, A., Siamou, I., Stamos, A., Tripodi, S. (2010). Tourism, nightlight and violence: a cross cultural analysis and preventive recommendations.

Christodoulidou, E. (2011) Letter to Head of NFP concerning 'Information Collection for 2011 National Report', dated 29.04.2011, unpublished.

Christodoulou, D. (2010) Email received from the Detoxification Unit "Anosi", 18th June 2010, unpublished.

Christodoulou, L. (2010) CAC National Report 2010 feedback to Cyprus NFP, unpublished.

Chrysanthou, V. (2010). Letter received from the Counseling Centre for teenagers and families "Perseas", April 13th, unpublished.

Clark, C. (2009) Drug use among Cypriot students attending tertiary institutions in Cyprus and in the United Kingdom [MA Thesis, unpublished]

Council of Europe (2011) Annual Penal Statistics SPACE I. Strasbourg.

Cyprus NFP (2009) Skiagrafisi no 27 [Online] www.ektepn.org.cy.

Cyprus NFP (2010a) Five years of monitoring the drug situation in Cyprus, published booklet.

Cyprus NFP (2010b) Second General Population survey on Tobacco, Alcohol and Other Psychoactive Substances, press conference February 19, 2010 [Power Point Presentation].

Cyprus NFP (2010c) Treatment Demand Indicator Analysis, unpublished.

Cyprus NFP (2010d) Drug related infectious diseases indicator analysis, unpublished.

Cyprus NFP (2010e) EuropASI analysis, unpublished.

Cyprus NFP (2010f) Drug use among foreigners [Power Point Presentation], conference presentation dated April 24, 2010.

Cyprus NFP (2011) Drug related infectious diseases indicator analysis, unpublished.

Cyprus NFP (2011b) Minutes of the meeting with the Director of the Medical Services of the Ministry of Health and representatives of the Emergency Units of the public hospitals held on 22.07.2011).

Cyprus NFP (2011c) Treatment Demand Indicator Analysis, unpublished.

Cyprus NFP (2011d). Newsletter "Skiagraphisi", No. 43. [Online] www.ektepn.org.cy.

Cyprus NFP (2011e) Drug use among foreigners (report upon the request of the President of the CAC), February 2011, unpublished.

Cyprus NFP (2011f) Letter sent to the City Council of Polemidia Municipality, dated May 20, 2011 (sent by email on May 20, 2011).

Demetriou, D. (2011) Letter received from the Traffic Department of the Cyprus Police, 7th of April, unpublished.

DLEU (2011) Cyprus Annual Report Questionnaire, Part 4, UNODC, 2011.

Eftychiou, A. M. (2010) 'Diefthyntes GeSY xoris GeSY', press article, Alitheia [online], at http://althia.com.cy, accessed 26/4/2010.

Eleftheriou A. (2011) Letter to Head of NFP concerning 'Information Collection for 2011 National Report', dated 17.05.11, unpublished.

EMCDDA (2002) Handbook for Surveys on Drug Use among the General Population

EMCDDA (2008) The Treatment Demand Indicator: Draft Guidelines for 2008 Pilot Data Collection on Treatment Prevalence.

EMCDDA (2009a) Report on the risk assessment of BZP in the framework of the Council decision on new phychoactive substances.

EMCDDA (2009b) Selected Issue 2009; Polydrug use: patterns and responses.

European Commission against Racism and Intolerance (ECRI) (2011) ECRI Report on Cyprus.

Eurostat (2009) Eurostat Yearbook, Publications.europa.eu.

FOGS (2010) Report: FreD goes net, documentation of user data, March, 2010, unpublished.

FOGS (2010b) Report: FreD goes net, survey of course participants, March, 2010, unpublished.

Fotsiou, N. (2010) CAC National Report 2010 feedback to Cyprus NFP, unpublished.

Fotsiou, N. (2011). Personal communication September 7, 2011.

Gavriil, G. (2011). Letter received from the Drug Law Enforcement Unit (DLEU), 6th of May, unpublished.

Georgiadou M. (2011) Personal communication, dated 31 January 2011, unpublished.

Greek NFP (2011) Report of the ad hoc Expert Group of the Greek Focal Point on the outbreak of HIV/ AIDS IN 2011, unpublished.

Hadjikyprianou, E. (2010) Personal communication, dated June 29, 2010, unpublished.

Hadjilouka A. (2010) Personal communication, dated September 8, 2010, unpublished.

Haralambides, T. G. (2010) Letter to Head of Cyprus NFP, 19th April 2010, unpublished.

Hay G. (2008) Capture-recapture analyses of PDU data in Cyprus, unpublished report.

Hughes, K., Bellis, M., Calafat, A., Blay, N., Kokkevi, A., Boyiadji, G., Mendes, M., Bajcarova, L. (2011). Substance use, violence and Unintentional Injury in young holidaymakers visiting Mediterranean destinations. International Society of Travel Medicine, 1195-1982. Journal of Travel Medicine 2011.

Ioannou, M. (2010) Letter to Head of Cyprus NFP, dated 22 June 2010, unpublished.

Kariolou L. (2010) Personal communication, dated April 4, 2010, unpublished.

Konstantinidou, D. (2010) Letter to Head of Cyprus NFP, dated 15 April 2010, unpublished.

Kopp, P. & Cyprus Focal Point (2008) "The social cost of illicit substances in Cyprus", published.

Kyprianou, E. (2010a) CAC National Report 2010 feedback to Cyprus NFP, unpublished.

Kyprianou, E. (2010b) E-mail message titled 'funding procedure', sent July 7, 2010.

Kyrizi, M. & Clark, C. (2009) Drug use among Cypriot students attending tertiary institutions in Cyprus and in the United Kingdom [MA Thesis, unpublished]

Kyrizi, M. & Pirea, M. (2011) Personal communication, dated September 11, 2011, unpublished.

Lambrou, A. (2010) Letter to Head of Cyprus NFP, dated 8 April 2010, unpublished.

Mavromoustaki, T. (2009) Letter to Head of Cyprus NFP, 30th October 2009, unpublished.

Mavromoustaki, T. (2010) Letter to Head of Cyprus NFP, 15th April 2010, unpublished.

MCW (2010) Ministry of Communications and Works bill submitted to the Ministerial Council (concerning Road Safety (amendment) law 2010), unpublished.

Michaelides, G. (2010) 'Narcotest "Made in Australia"', press article, Alitheia, Sunday 21st March 2010, p.20.

Ministry of Health (2010a). Medical Services and Public Health Services, letter to Head of the Cyprus NFP, "Information for the 2010 NR", dated 29 June, 2010, unpublished.

Ministry of Health (2010b). Medical Services and Public Health Services, letter to Head of the Cyprus NFP, "Information for the 2010 NR", dated 30 March, 2010, unpublished.

Ministry of Health (2011) Medical Services and Public Health Services, letter to Head of the Cyprus NFP, "Information for the 2011 NR", dated 19 May, 2011, unpublished.

Montanari L. (2011) Email received on September 5, 2011 regarding the Draft TDI Protocol v. 3.0, unpublished.

Morfakis, G. (2010) Letter to Head of Cyprus NFP, 1st June 2010, unpublished.

Nikolaou, I. (2009) Ombudsman's report on penal, correctional and post-correctional treatment of substance-dependent persons, and on the influx and availability of drugs in prison, Office of the Commissioner for Administration, Nicosia.

Paraskevi, D, & Hatzakis, A. (2011) An ongoing HIV outbreak among intravenous drug users in Greece: Preliminary summary of surveillance and molecular epidemiology data.

Pavlou, T. (2011) Therapeutic programme “Agia Skepi”. Email received on October 6, 2011.

Peglitsi, M. (2011) Information from the CAC regarding the programme “Proseggisi”, personal communication.

Sergides S. (2011) Personal communication dated July 29, 2011, unpublished.

Sergides, S. (2011) Information regarding the characteristics of outflows of nationals engaging in drug use abroad, 2011, personal communication.

Socratous, S. (2010) Letter to B. Gaist, dated 24 March 2010, unpublished.

Spaneas, S.; Neoleous, L. (2010) ‘Identification of the social needs of ethnic Pontian Greeks as a vulnerable group resident in Paphos Municipality. Evaluation of current situation and proposals for implementation of prevention programmes and interventions in the areas of social policy and use of addictive substances.’, Nicosia 2010, unpublished.

Statistical Services of the Republic of Cyprus (2009a) Demographic Report 2008.

Statistical Services of the Republic of Cyprus (2009b) Personal communication, dated July 7, 2010, unpublished.

Statistical Services of the Republic of Cyprus (2010) Personal communication, dated April 30, 2010, unpublished.

Statistical Services of the Republic of Cyprus (2010). Demographic Report 2009.

Steketee, M., Moll, M. & Kapardis, A. (eds.) (2008). Juvenile delinquency in six new EU member states: crime, risky behaviour and victimization in the capital cities of Cyprus, Czech Republic, Estonia, Lithuania, Poland, Slovenia.

Stocco P, Llopis Llacer J.J., DeFazio L., Calafat A., Mendes F.(2000) *“Women Drug Abuse in Europe: Gender Identity”* [Online]. Available from: URL: http://www.irefrea.org [Accessed on 20 August, 2010].

Stylianou S. (2010a) Problem Drug Use in Cyprus, Prevalence Estimation for 2009, unpublished report.

Stylianou S. (2010b) Treatment Demand Incidence Calculation in Cyprus, unpublished report.

Stylianou S. (2011) Problem Drug Use in Cyprus, Prevalence Estimation for 2010, unpublished report.

Stylianou, K. (2000) *Narkotika: meine makrya apo tin katastrofi*, Ekdoseis K. Epifaniou, Nicosia.

Symeonidou, E. (2010a) Personal interview: Treatment guidelines, June 4, 2010.

Symeonidou, E. (2010b) Letter to Head of NFP concerning 'Information Collection for 2010 National Report', dated 8.02.10, unpublished.

Symeonidou, E. (2010c) Personal communication, 8th October 2010, unpublished.

Symeonidou, E. (2011) Letter to Head of NFP concerning 'Information Collection for 2011 National Report', unpublished.

Symeonidou, E. (2011) Letters of treatment programmes approval to Head of NFP dated 11.03.11, unpublished.

Symeonidou, E. (2011a). Information regarding drug services for tourists in Cyprus, 2011, personal communication.

Symeonidou, E. (2011b). Letter regarding users who are not eligible for medical card, dated February 21st, 2011.

Theodosiou, A. (2010). Letter received from TOLMI Limassol and Larnaca, May 11th, unpublished.

Trifonides, G. (2011) Letter to Head of NFP concerning 'Information Collection for 2011 National Report', dated 07.09.11, unpublished.

Tsaggarides C. (2011) Letter to Head of NFP concerning 'Information Collection for 2011 National Report', dated 18.04.11, unpublished.

Veniamin, E. (2010). Letter received from the Therapeutic programme of social reintegration "Agia Skepi", April 13th, unpublished.

Veresies K. (2011) Personal communication dated July 29, 2011, unpublished.

Veresies, K. (2011). Letter received from the Veresies Clinic, 2nd of September, unpublished.

WHO (2007). Health in Prisons: A guide to the essentials in prison health. WHO regional office for Europe publications.

Xenofontos, T. (2010) Personal communication, dated February 17, 2010, unpublished.

Zarouna, E. (2010). Letter received from "Ithaki" Counseling Centre, April 14th, unpublished.

Databases and Internet Addresses

NAME	WEBSITE
House of Representatives, Parliament of the Republic of Cyprus	http://www.parliament.cy/parliamenteng/index.htm
Ministry of Economics	http://www.mof.gov.cy.
Ministry of Education and Culture	http://www.moec.gov.cy/
Ministry of Labour and Social Insurance, Social Welfare Services	http://www.mlsi.gov.cy
Ministry of Health	http://www.moh.gov.cy/
Ministry of Justice and Public Order	http://www.mjpo.gov.cy/
Statistical Services of the Republic of Cyprus	http://www.mof.gov.cy/mof/cystat/statistics.nsf/index_gr/index_gr?OpenDocument

Annexes

List of tables and graphs used in the text

List of abbreviations

CAC	Cyprus Anti-Drugs 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
EuropASI	European Adult Severity Index
FOGS	Gesellschaft fur Forschung und Beretung im Gesundheits und Sozialbereich
IDU	Intravenous Drug User
HMU	Health Monitoring Unit (Ministry of Health)
KI	Key Indicator
MOD	Ministry of Defence
MEC	Ministry of Education and Culture
MOH	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