



European Monitoring Centre
for Drugs and Drug Addiction



2012 NATIONAL REPORT (2011 data) TO THE EMCDDA

Reitox National Focal Point

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

REITOX

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SUMMARY

In this year's report, an extra introductory chapter presents a separate analysis of trends by individual drug. The NFP will repeat the analysis annually, as a way of corroborating standard NR data.

Chapter 1 discusses new proposed amendments to diverse legislation. In 2011, regulation 246/2011 resulted in the official adoption of the generic approach to the inclusion of new substances. Other noted activities discussed include staff training for appropriate handling of drug users taking place at AEU hospital departments, the implementation of a joint proposal with the Ministry of Health concerning the operation of three substitution units, and other priorities integrated into the new NDS including specialized treatment for women drug users, improved access to substitution programmes for immigrants, promotion of training and education for rehabilitation, and promotion of interventions aimed at new synthetic drugs.

The next series of the national general population survey is underway, and is expected to be completed by the end of 2012. As of 2011, CAC and the Cyprus NFP were directly involved in the ESPAD project and played a coordinating role in its implementation process, as reported on in chapter 2. Twenty-five prevention programmes, most of which are universal programmes implemented in schools, provided information presented in chapter 3.

On a positive note, in chapter 4 the slight increase is observed in 2011 in the estimated number of PDUs, remains nonetheless at the same levels as for the previous year, and is not considered significant. Chapter 5 discusses how during the reporting year, the CAC provided licences to 20 treatment units/programmes, but the treatment system did not present any major changes during the year. Regarding trends of clients in treatment, a significant increase of treatment demands was noted, and of first treatments in particular. Data for 2011 continues to point to an overall stabilization / decrease in the proportion of clients entering treatment reporting heroin and other opiates as their primary drug of abuse, while a further and noteworthy increase both in the numbers and proportion of clients seeking treatment due to cannabis use is also noted.

In terms of health correlates, chapter 6 provides further information on the repetition of the serobehavioral survey, as well as the cooperation with the Mediterranean

Research Institute of the Public Health and Quality Care for the survey, based on saliva testing for the year 2011. During the reporting year too, 19 drug-related deaths were recorded, 8 of which were directly attributed to drug poisoning. The NFP also continued cooperation with hospital emergency rooms for data on non-lethal overdoses and drug emergencies, some training of emergency room staff also taking place in 2011. Despite difficulties finding and collecting relevant information, chapter 7 reports on existing prevention responses to health correlates; for example, due to serious understaffing problems the implementation of Hepatitis or HIV prevention interventions was not possible; however, drug treatment centers do include infectious diseases testing, prevention and harm reduction during the course of treatment.

For chapter 8, TDI analysis for 2011 has refined some previous figures, since in contrast to prior years in 2011 it has been possible to isolate cases of homelessness from those living in unstable accommodation. It may be noted that while 4.1% of drug users lived in unstable accommodation in 2011, only 0.3% were in the 'homeless' category. Bearing in mind the caution with which small figures must be treated, unemployment among women heroin users remains slightly higher.

In chapter 9 figures showing that during the year 2011 the number of drug offences and the number of persons involved in them slightly increased are presented, which could be linked to the appearance of new synthetic drugs in Cyprus over the last two years, involving a significant number of offences. Chapter 10 then discusses how as concerns seizures in 2011, seized quantities of cannabis resin, cannabis plants and herbal cannabis continued a decreasing trend, while synthetic substances (including synthetic cannabinoids) and other chemical substances were seized, but in smaller quantities compared to the previous year.

Residential treatment for drug users is a historically recent phenomenon in Cyprus, dating back less than a quarter of a century. The selected issue chapter 11 offers a snapshot of the residential treatment available in 2011.

Finally, it has not been possible to collect detailed information on the effects of the economy crisis in the drugs field in Cyprus, but an attempt has been made to collect 1st level reporting information through the usual information collection procedures for selected issue chapter 12.

PART A: NEW DEVELOPMENTS AND TRENDS

Trends by individual drug

Beginning with this year's report, the Cyprus NFP will undertake a separate annual analysis of trends by individual drug, as a way of corroborating and amplifying the data presented in the standard NR chapters and annual selected issues.

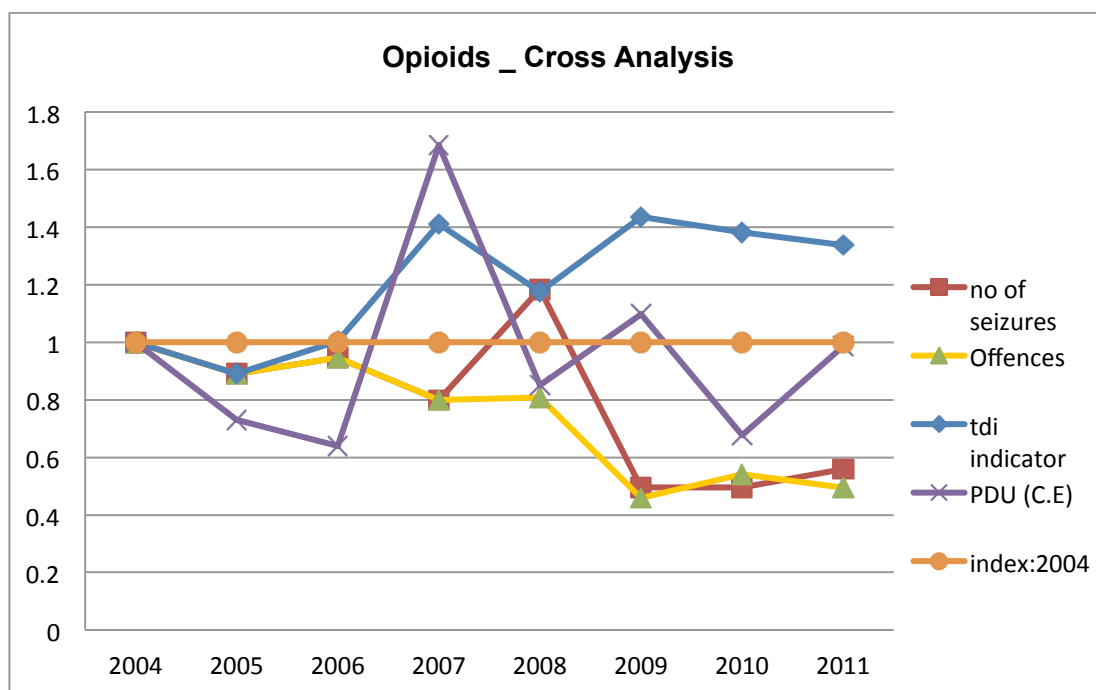
Methodology

Data presented in the figures below are drawn from the relevant standard tables and also from current and previous NFP reports. The aim of this chapter is to present the trends by individual drug, and also to provide possible correlations between different indicators.

As Cyprus has only had continuous treatment data since 2004, all indicators are indexed to 2004. Where mentioned, the correlation coefficient used is Pearson's r , computed using Excel.

Opioids

Figure T.1: Trends across OPIOIDS' indicators in CY, 2004 to 2011; indexed to 2004



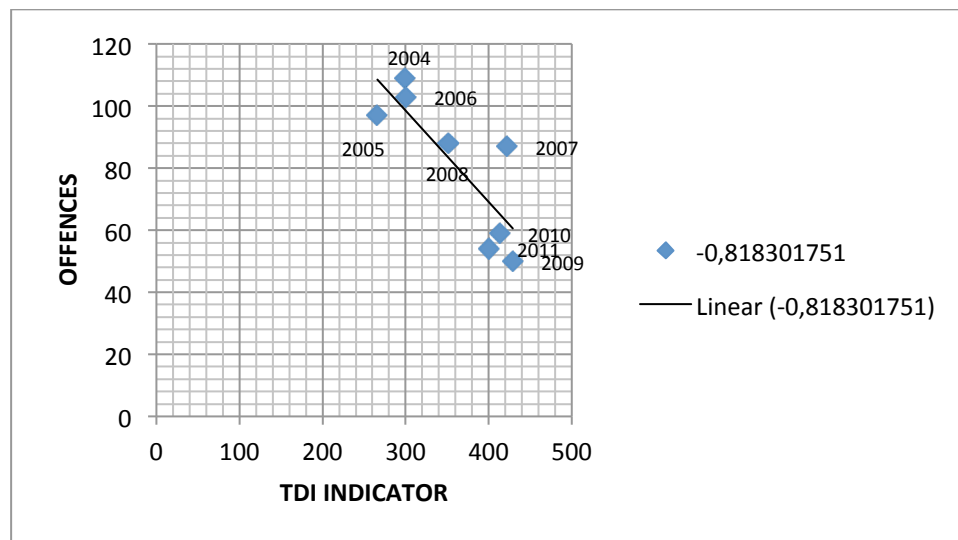
The only indicator that presents a clear trend and is above 2004 level is the treatment demand indicator. Specifically, data from the TDI indicate that the number of individuals presenting to treatment for primary opioid use remains higher compared to 2004. It is worth mentioning that all treatment demand correlates positively ($r=0.86$) with all opioid users in treatment, which might not be surprising at first sight, but does actually reflect the main orientation of most treatment centers in Cyprus.

The graph also shows a fall in both seizures and offences indicators, especially from 2008 onwards.

As regards PDU, there is no clear trend as the estimation has fluctuated over time. This is possibly due to increases and decreases in subgroups of opioid users (immigrants, opioid users in prison treatment programmes) which may significantly affect the PDU estimation.

Finally, using Pearson coefficient, a negative correlation was found between treatment demand for opioids and offences ($r=-0.81$).

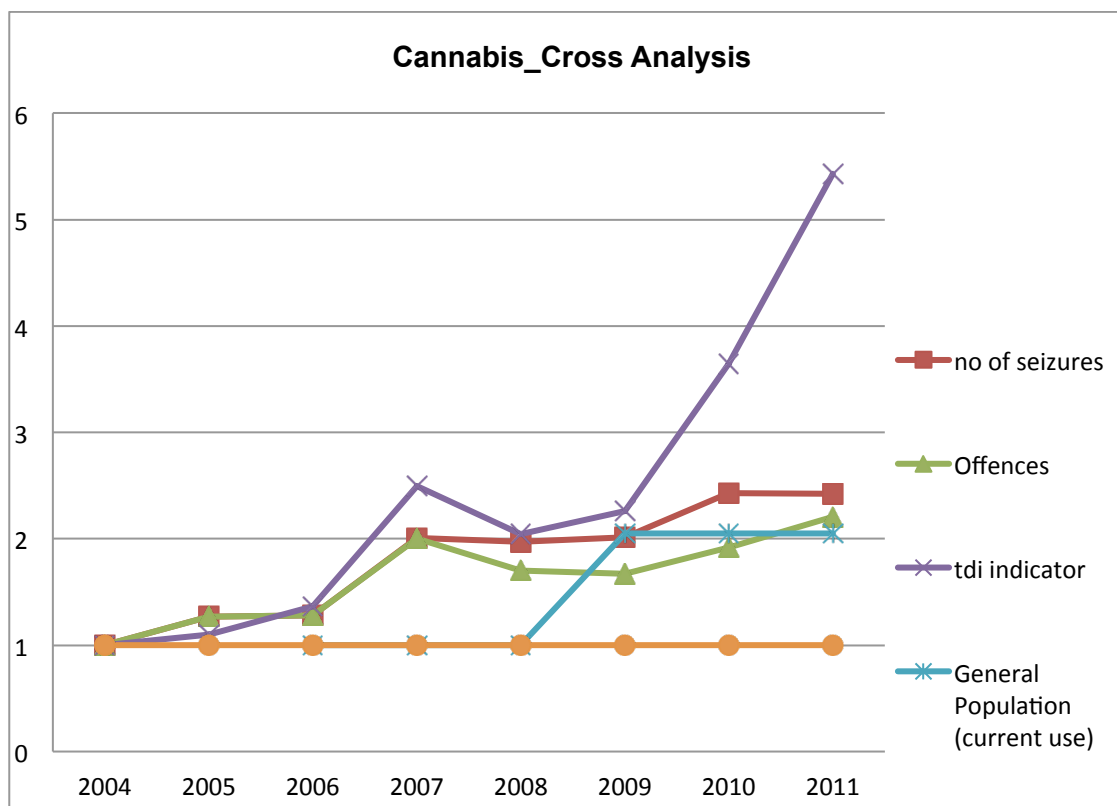
Figure T.2: Scatterplot: Negative Correlation between TDI Indicator & Offences for OPIOIDS



This negative correlation perhaps reflects an inability in the system in channelling opioid users into treatment. As mentioned frequently in our reports, the Care and Treatment of Drug Addicts Law of 1992 remains inactive. This means that issues such as alternatives to imprisonment, especially in the case of opioids, cannot be put into practice as there is no implementation of the relevant legal background.

Cannabis

Figure T.3: Trends across CANNABIS indicators in CY, 2004 to 2011; indexed to 2004



All indicators for cannabis are well above 2004 levels, while the most striking increase is in the number of treatment demands during the last two years, with an increase from 210 in 2009, to 339 in 2010 and 505 in 2011. This increase does not only concern absolute numbers, but also the proportion of primary cannabis users over the total population in treatment. This may be due to the changes that have been made in the referral process through the Fred goes Net program (broadening the target age range – see also chapter 3) resulting in more young drug offenders being referred to treatment.

In contrast to the case for opioids, with respect to cannabis there has been a **positive** correlation between TDI treatments and both seizures ($r=0.86$) and offences ($r=0.88$), perhaps reflecting the role of the criminal justice system in channelling cannabis users into treatment. Specifically, it reflects the significant role of the Fred goes Net program,

which despite being a selective prevention program, may also be considered an alternative to imprisonment for first-time young drug offenders.

Figure T.4: Scatterplot: Correlation between TDI Indicator & Seizure for CANNABIS

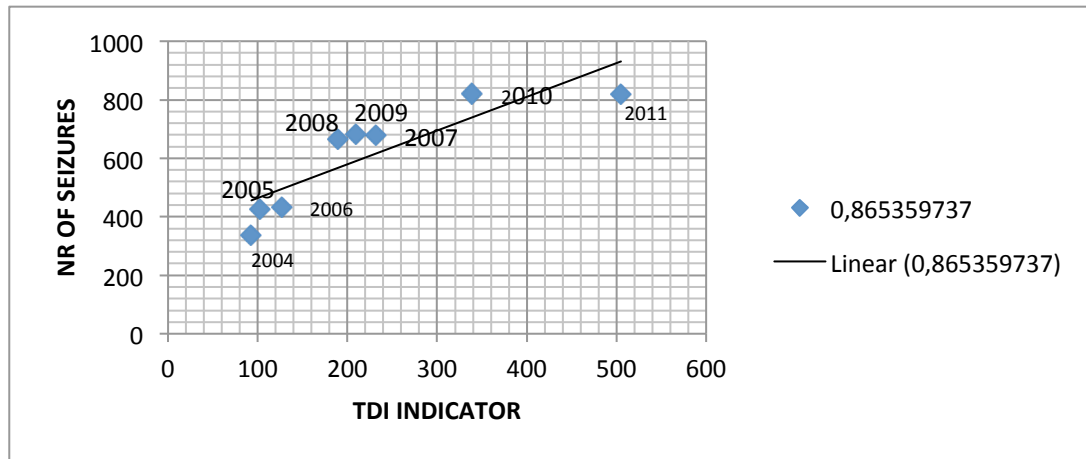
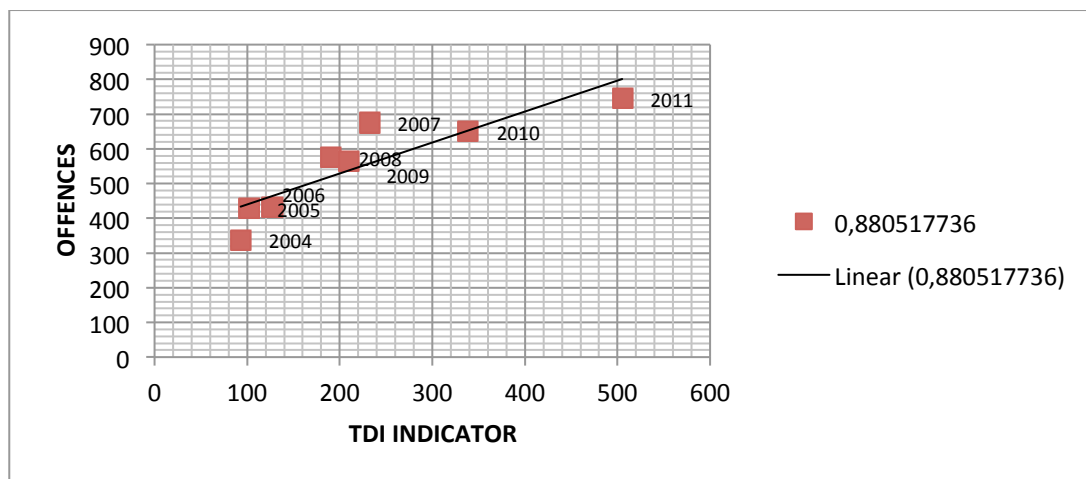


Figure T.5: Scatterplot: Correlation between TDI Indicator & Offences for CANNABIS



Cocaine & Stimulants

Regarding cocaine, almost all indicators are above 2004 levels, while for the case of stimulants, almost all indicators until 2009 are below the 2004 baseline; a small increase is observed during the last two years.

Figure T.6: Cocaine cross analysis

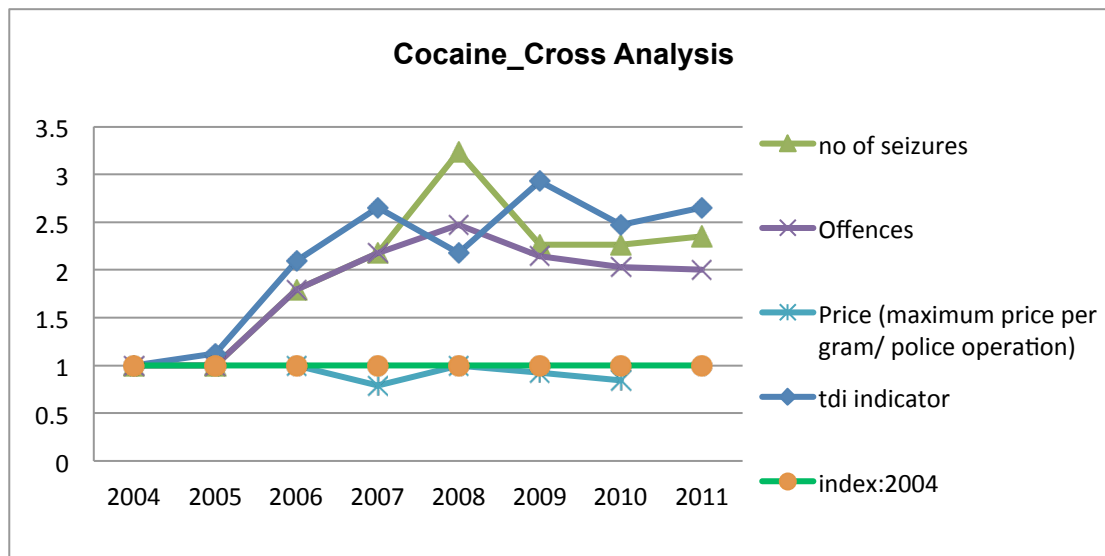
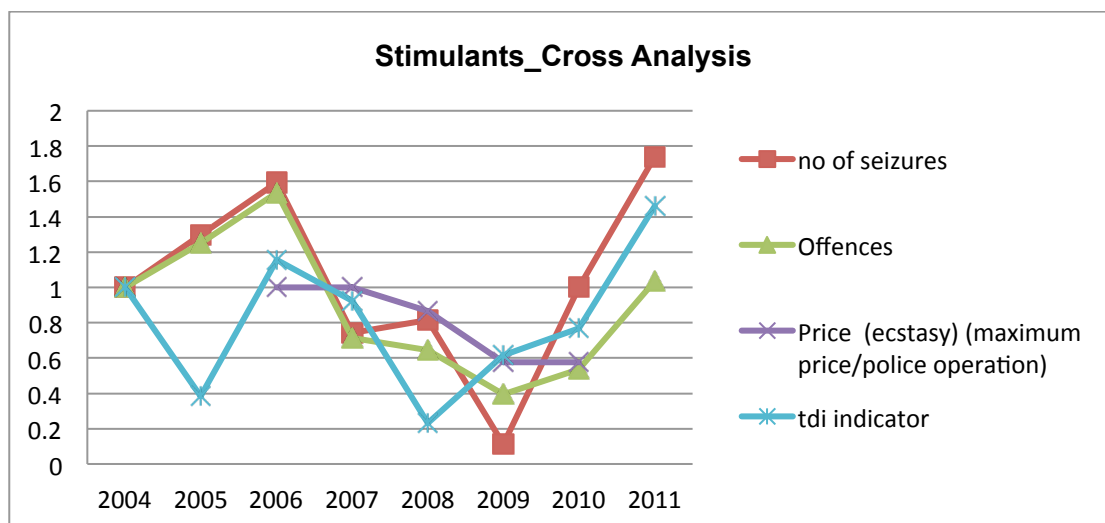


Figure T.7: Stimulants cross analysis



However, the graphs above are based on small numbers of cases, and should be interpreted with great caution. Thus, there is no clear trend for both cocaine and stimulants and we could not proceed to further analysis.

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, and there is 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, and reports and studies from 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)

According to the House of Representatives (2012) the operation of the Parliamentary Committee for Combating Drugs and Addictive Substances was terminated in 2011. Issues relating to drugs have since been addressed by the Committee on Health Affairs and the Committee on Legal Affairs, with certain issues addressed also by the Committee on Communications and Works. The Committee on Health Affairs approved amendment 246/2011 which has resulted, as mentioned in the previous NR, in the official adoption of the generic approach for classification of new substances; it also approved the CAC budget for 2011 and 2012. The Committee on Legal Affairs commenced its study of 2010 proposed amendments to L57(I)/92, and together with the Committee on Communications and Works commenced study of 2010 proposed amendments to L174/86 on road safety (narcotest) as well as L86/72 on road vehicles (license penalty points).

Alternatives to imprisonment L57(I)/92

Regarding the policies and legislation concerning alternatives to imprisonment², namely law L57(I)/92, following suggestions from Parliament, a committee examining the amendments to this legislation was reconvened by the CAC in 2011. The reconvened committee consists of experts from the fields of substance abuse and legal experts, whose aim is to render the legislation more functional and applicable. The views and suggestions of ministries, organisations, trade unions, professional associations etc. have therefore been collected and analysed. Final suggestions in the form of a revised bill have since been sent to the Ministry of Health, and will subsequently be checked by the Law Office of The Republic. At the time of writing (2012), the bill has been approved by the MOH and sent to Parliament.

It may be worth mentioning that the new amendments involve the replacement of outdated terminology, the formation of an Advisory Committee in a counselling role to local courts, and the provision of appropriate treatment centres for referred offenders. (CAC, 2012a)

Narcotest L174/86

As stated above, study of the 2010 proposed amendments to the road safety bill for the introduction of drug screening for drivers on Cyprus roads continued throughout 2011 in Parliament. As of May 2012, this parliamentary discussion is still ongoing. The Cyprus NFP has attended parliamentary committee meetings and submitted reports on various issues (e.g. penalty point practices, effects of cannabis use, road traffic deaths) to assist the work of the committee.

² It is worth noting perhaps, that under Law L 46(I)/96 on custodianship there is provision for small-time offenders to do community work instead of being convicted. However, drug users are generally excluded from the provisions of this law, and the social welfare office has expressed difficulty with their inclusion as described in previous NRs (e.g. NR 2009). Prevention programmes such as 'Fred goes net' cover much of this area in treatment of young drug offenders.

Narcotic drugs and psychotropic substances L29/77

As mentioned in last year's NR, 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, and in 2011, regulation 246/2011 resulted in the official adoption of the generic approach (CAC, 2012b). Thus, groups of substances based on a similar molecular structure may be controlled prior to their emergence on the market.

Mavromoustaki (2012) also informs us that through regulation 446/2011 the law's lists have included *Tapentadol* and through regulation 165/11 *Salvia Divinorum* and *Salvinorin A* have also been added to the first table of the same law.

1.2.2. Laws Implementation

Mavromoustaki (2012) reports no major changes in implementation of the legislature in 2011. It is worth mentioning (*ibid.*) that ongoing police practice has involved cooperation with the Attorney General so that young offenders who agree to join the "Fred goes net" programme are not prosecuted, but their progress is monitored so that their case can be reviewed or dismissed. A similar approach is frequently adopted for drug users who enter other therapeutic programmes, although this is not a rule.

1.3. National action plan, strategy, evaluation and coordination

1.3.1. National action plan and/or strategy

Developments at the CAC in 2011 have largely concerned preparation on an international level for responsibilities to be assumed during the Cyprus Presidency of the EU in 2012.

During the CY Presidency, the main priority will be the drafting of the new EU Drugs Strategy for 2013-2020 with the aim to be adopted by the JHA Council and the European Council in December 2012.

The CY Presidency will also promote the dialogue on drugs between the EU and Russia, USA, CELAC (Latin America and Caribbean countries) and CAN (Andean Community). Cyprus will initiate the dialogue on drugs with two Mediterranean countries, Morocco and Lebanon.

At a UN level, the CAC has participated at the 54th Session of the Commission on Narcotic Drugs, which took place in Vienna on 21- 25 March 2011, and has forwarded the adopted resolutions to all relevant parties. (CAC, 2012b)

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

In coordination with the Ministry of Health, staff training for appropriate handling of drug users has been taking place at A&E hospital departments (CAC, 2012a; see also chs. 5, 6). Also, during 2012 the CAC will coordinate the implementation of a joint proposal with the Ministry of Health concerning the operation of three substitution units in Famagusta, Larnaca and Paphos respectively (CAC, 2012a; see also ch. 5). Other priorities which will be integrated into the new NS include specialized treatment for women drug users, improved access to substitution programmes for immigrants, promotion of training and education for rehabilitation and promotion of interventions aimed at new synthetic drugs (CAC, 2012a).

Bayada (2012) mentions that the legislation relating to introduction of the narcotest and that relating to alternatives to imprisonment remain pending before parliament. In 2012 the legislation concerning operation of the CAC (enlargement of responsibilities), aiming also to update current laws such that concepts and actions are introduced which will be more in step with European practice, will be presented to parliament.

Also, memoranda of cooperation have been signed in 2011 between the CAC and government ministries, e.g. for the first time activities provided for in the NDS have been introduced in the army. This mechanism facilitates access and speeds up the implementation of actions. A similar memorandum has been signed with the Cyprus Youth Board.

Other NDS activities in 2011 have involved promotion of targeted prevention programmes focusing on vulnerable groups, and programmes in the broader field of health promotion. Also, for reasons of greater efficiency the CAC has assumed responsibility for the funds concerning persons at the stage of social reintegration (Bayada, 2012).

In 2011, the CAC participated in all HDG (Horizontal Working Party on drugs of the EU Council) meetings, the dialogues on drugs between the EU and third countries/regions and the Dublin Group meetings. The participation of Cyprus at the 68th and 69th meetings of the Pompidou Group also took place in 2011, under the CAC's coordination (Christodoulou, 2012). Additionally, in view of successfully chairing the Working Group in the second semester of 2012, the CAC has met on a regular basis with the representatives of the Trio (Poland and Denmark), General Secretariat, European Commission and other relevant EU Institutions.

As part of the preparations for the EU Presidency, a Cypriot delegation arranged a study visit to Portugal (at the Portuguese Institute of Drugs and Drug Addiction), in November 2011. The aim of the visit was to exchange information and knowledge on ways of successfully chairing HDG. Also, in November 2011 the Anti-Drugs Council arranged a meeting with two representatives of the General Secretariat of the Council of the EU in Cyprus.

Other CAC activities related to the CY Presidency include (CAC, 2012b):

- The National Drug Coordinator's Meeting on "Women and Drug Treatment: Issues and Challenges", which took place in September 2012 in Nicosia.
- In May 2012, a Lithuanian delegation came to Cyprus for a study visit at the Cyprus Anti-Drugs Council. The aim was to share views on preparing for the HDG Presidency.

- Also, a Russian delegation of experts was invited by the Anti-Drugs Council for a study visit to treatment centres in Cyprus, which will probably take place in summer 2012.

1.3.3. Other drug policy developments

As stated in previous NRs, civil society initiatives do not play a very significant role in drug policy developments, mostly due to the relative absence of organised pressure groups (it is to be noted that an NGO support organisation exists, www.ngo-sc.org, which describes civil society as “traditionally weak” in Cyprus). One example of a pro-cannabis civil society pressure group is ‘Prasini Aspida’ (www.prasini-aspida.org; Andreou, 2012) which advocates depenalization, but it does not appear to be very active.

In 2011, the Anti-Drugs Council continued the dissemination of objective information regarding drugs, promoting the European Action on Drugs through the dissemination of flyers.

The NGO “Cyprus Association of Friends and Relatives of Dependent Persons” continued to actively pursue the interests of drug users and their relatives in 2011, including discussion of law L57(I)/1992 in parliament. Also throughout 2011, the operation of a parents’ open support group and a second, closed parents group, both offered free of charge to participants, continued. The open group is primarily focused on giving information and assistance to drug users’ parents and other relatives who wish to attend, whereas the closed group is more psychotherapeutic in character. The closed treatment group with a fixed number of 10 members in 2010, had 8 fixed members in 2011, meeting 47 times in that year. The open treatment group received 21 members in 2010, and the same number in 2011, also meeting 47 times in that year. The NGO’s difficulties remained similar in 2011: difficulty in finding resources (resulting in operations being reliant on volunteer time); 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 (Andreou, 2012). There is also still no provision of scientific staff for areas outside Nicosia (Andreou, 2012).

Local 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 areas³:

³ It is noted that not all municipalities respond to requests for information each year. This is indicated on the table by a hyphen.

Table 1.1 Municipal drug-related activities 2011 and 2012

Municipality	Drugs-related activity	Employment of former drug users	2010 Drugs Budget (€)	2011 Drugs Budget (€)	2012 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	10,000 (also 10,800 for education programme not specific to drugs; also 15,000 for Municipal Counselling Centre not specific to drugs)	10,000 (also 9,600 for education programme not specific to drugs; also 9,000 for Municipal Counselling Centre not specific to drugs)

Engomi (Nicosia)	Health, Social Welfare and Cleanliness Committee	None	-	4,000 (for Drugs Prevention Group)	Under consideration
Nicosia	Municipal Counselling Centre	Not stated	Not stated; 350 euros annually to support "Toxotis" counselling centre	350	350
Agia Napa	Agia Napa Drugs Prevention Association (participation) Children's anti-smoking forum	None	Approx. 2,000	Approx. 4,000	-
Deryneia	"Achilleas" Prevention and Counselling Centre (participants) "Creativity" Youth Centre (with KENTHEA)	None	3,563	2,563	-
Athienou	Youth Committee	Vulnerable populations employed	Integrated into cultural activities budget	-	-
Aradippou	Larnaca Drugs Prevention Association (participation)	None	5,000	-	-

Limassol	"Odysseas" Prevention Counselling Centre	None	-	3,900	-
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Source: Cyprus NFP, 2012

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. Bayada (2012) suggests there has been an upgrade of status and flexibility in the manner of operation of the CAC, such that various actions e.g. the expansion of substitution treatment have been promoted more swiftly.

Bayada (2012) cites the following organisational developments in 2011:

- Reformulation of licensing and funding criteria for greater coherence with best practices (e.g. targeted programmes), and security checks on funding for transparency and full utilization of public funds.
- Elaboration of the unified Illicit substances and alcohol strategy for 2012-2020 is currently underway (see also previous NR)
- Elaboration of the evaluation of the current Strategy for 2009-2012 is currently underway

1.4. *Economic Analysis*

1.4.1. Public Expenditure

The improved methodology for collecting information on public expenditure on drugs which was applied for 2010 by the NFP has been maintained wherever possible in 2011. As explained in the previous NR, the information requested from involved parties was based on an economic calculation in order to ensure the accuracy of information. The

calculation 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, e.g. one year, uses information specifically requested for the purposes of this chapter regarding the cost of prevention, treatment, law enforcement and coordination. However, it remains the case that 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, such as the Ministry of the Exterior (Eliades, 2012). Despite the aforementioned limitations, the available information collected will be analysed below in Table 1.2.

Methodology

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 €43664 (average salary & other allowances) + €1503.3 + €1219.5 = €289 212 (please refer to table 1.2)

Please note that the NFP deems it more meaningful to provide the figures in table 1.2 below with significant explanatory comments wherever necessary.

Table 1.2 Drug-related public expenditures in Euros

Year	Ministry of Education & Culture	Ministry of Health MHS	Cyprus Antidrug Council	Youth Board of Cyprus	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)
2004	93 255	1 733 486	481 085	246 009	67 876	520	54 611	-	-	-
2005	164 701	1 905 339	636 503	351 941	77 312	-	70 214	-	-	-
2006	511 303	2 002 687	629 899	364 913	49 956	-	-	-	-	-
2007	512 580	2 392 042	1 175 045	444 643	768 877	44 765	425 537	-	-	-
2008	5 870 000 ⁴	3 700 000	1 282 063	446 250	144 211	90 038	26 833	-	-	-
2009	680 000	3 153 917	1 465 512	690 896	127 740	16 760	85 430	61 000	1291.50	222 000
2010	540 000 ⁵	3 163 355 ⁶	1 671 097 ⁷	- ⁸	168 928 ⁹	9 600 ¹⁰	35 300 ¹¹	53 940 ¹²	1611.60 ¹³	289 212
2011	540 000 ¹⁴	2 904 133 ¹⁵	1 606 708 ¹⁶	185 000	268 058 ¹⁷	6 180 ¹⁸	85 430 ¹⁹	94 400 ²⁰	653.52 ²¹	296 937

⁴ For 2008, this is the sum total of monies expended on health by the Ministry of Education and Culture. It has been previously explained (see NR 2009) that it is not possible to provide an exact figure for sums expended specifically on drugs issues, but some breakdown of expenditures was nonetheless provided in the NR 2009. As such, the sum total for 2008 may not be compared with previous years.

⁵ This figure includes the "Mentor Units" (€500,000) and Anti-drugs Student Seminars (€40,000).

⁶ 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).

⁷ This amount includes the following expenditures: functional expenses (€929,113), staff salaries (€258,815), subsidies of prevention and treatment programmes (€483,169).

⁸ 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.

⁹ 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.

¹⁰ This amount includes the organisation of seminars against drugs and the purchase of recreational material.

¹¹ This amount is not connected to medical treatment, but refers to the social reintegration of former drug users.

¹² 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.

¹³ 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.

¹⁴ This figure includes the "Mentor Units" (€500,000) and Anti-drugs Student Seminars (€40,000).

¹⁵ These are the true MHS expenses for 2011. It is worth noting that the foreseen budget for 2011 included salaries for 69 persons amounting to average salary €36542, medical and social contributions €296960 and functional expenses €382752; this would amount to a total of €3201110.

¹⁶ This amount includes the following expenditures: SAC functional expenses (€374,483), staff salaries (€2700,18), subsidies of prevention and treatment programmes (€483,169).

Source: Cyprus NFP, 2012

¹⁷ This amount corresponds to actual DLEU expenses, which may be compared to the approved sums for 2011 as follows: €74879 prevention (€80000 approved); €3070 local training (€3070 approved); €1990 scholarships and training abroad (€16400 approved); €10100 seminars and conferences abroad (€0 approved). There was also a sum of €100000 approved for mechanical parts purchases, but no information on whether any of this was actually expended. Other expenses made by the MJPO in 2011 included: €29109.27 on seminars and conferences abroad; employment of 5 persons specifically on drugs issues (5 x €2000 x 12)+ €15000 medical and social expenses + €14000 functional expenses = €149000.

¹⁸ It has been difficult to establish the accuracy of this information, but according to Kyprianou (2012) the sum does represent the salaries, health care and social insurance, and functional expenses for the employment of 4 persons specifically in the drug sector. This has been checked and confirmed by the NFP.

¹⁹ This is the 2011 budget for the Plan for Financial Assistance for the Rehabilitation of Former Substance-Dependent Persons (based on Law 52 (II)/2005). Koletta (2012) explains that no further drug budget information can be made available from the MLSI, because social workers do not work exclusively with drugs cases.

²⁰ This figure is not a total budget for the Ministry of Interior. It represents the annual salary of one person assigned to drugs issues (12 x €4700) plus an amount of €38 000 provided to five communities in the framework of the implementation of the National Drug Strategy. It is noteworthy that this amount is in fact lower than in 2010, and was approved in advance from the 2012 budget due to exhaustion of 2011 funds.

²¹ The MCW provides this sum based on a calculation of man-hours for the Head of Road Safety Unit (€26.86 x 17) + the Executive Mechanic of the Road Safety Unit (€17.9 x 11).

It cannot be overemphasized that comparison of this year's figures with previous years, especially 2010, is problematic due to the frequently different sums provided by respondents each year, as the accompanying explanatory notes suggest. It is hoped that definite trends regarding fiscal data will be established in future NRs, when the reporting of figures will become more comparable. Nevertheless, a first glance at the figures between 2010 and 2011 suggests drugs budget cuts may have taken place for the MOH, MOD and MCW. Where apparent budget growth is observed, as for the MJPO, MLSI and MOI, this can be explained by improvements in reporting.

The following table (Table 1.3) presents analytically the allocation of public expenditure regarding drugs for the years 2010 and 2011 by sector. It may be noticed that, in terms of overall costs as compared to the previous year, in 2011 there was a 5% decrease in public expenditure on prevention and research, and a 12% decrease in public expenditure on coordination costs, while the cost of implementing the law went up by 17%. It would not be scientifically valid, however, to interpret this data at this early stage (in terms of years monitored) in the reporting. Please note that this information is also available with COFOG codes as the STPE for 2011.

Table 1.3 Public expenditure for drugs by sector in 2010 and 2011

Total public expenditure (€)	2010 Total (€)	%	2011 Total (€)	%
1. Cost of health care (Treatment)- Public sector -Detoxification Therapeutic Unit "ANOSI": 2010: €902 060 ²² ; 2011: €1568196 ²³ -Ministry of Labour and Social Insurance: 2010: €85 430; 2011: €85 430	€987 490	15	€1 653 626	15
2. Costs for prevention and research -Ministry of Education and Culture: 2010: €540 000; 2011: €540 000 - Ministry of Defence: 2010: €9 600; 2011: €6 180 - Police (DLEU): 2010: €84 302; 2011: €89 939 -NFP: 2010: €400 357 ²⁴ ; 2011: €602833 ²⁵	€1 034 259	16	€1 238 952	11
3. Cost of implementing the law - Police (DLEU and Customs Department): 2010: €444 868 (€155 656 + €289 212) 2011: €565 035 (€268 058 + €296 937) - Judicial Services (Courts): 2010: €1 142 400 ²⁶ ; 2011: €1581834 ²⁷ - Prison: 2010: €1 182 600 ²⁸ ; 2011: €4726750 ²⁹	€2 769 866	43	€6 873 619	60
4. Cost of co-ordination (CAC)	€1 671 097	26	€1 606 708	14
TOTAL	€6 462 712	100	€11 372 905	100

Source: Cyprus NFP,2012.

²² 1702 (days of hospitalization) x €530 (per day).²³ 2520 (days of hospitalization) x €622.30 (per day).²⁴ This figure includes functional expenses (€138,464) and staff salaries (€261,893) for the year 2010.²⁵ This figure includes functional expenses (€331 280) and staff salaries (€271 543) for the year 2011²⁶ 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 400²⁷ During 2011, 1506 cases were recorded in court. 94 (6, 2%) of which were drug-related cases. Thus, in order to calculate the cost of judicial services: €25 513 449 millions (total budget) x6,2%= €1581834²⁸ 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.²⁹ The cost of imprisonment for drug offences during the year 2011 was calculated as follows: 185 persons convicted x € 70 (cost of imprisonment per day) x 365 days.

1.4.1. Budget

The following budget information was made available for 2012:

Table 1.4 Budgets for 2010 - 2012 in Euros

Year	Ministry of Education & Culture	Ministry of Health MHS	Cyprus Antidrug Council	Youth Board of Cyprus	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)
2010	-	3 920 000	1465000	-	160000 ³⁰	9 850	85 430	200 000	-	-
2011	-	3 690 000	844 851	-	30 000 ³¹	8 800	85 430	-	-	13350
2012	-	3 080 000	1496000 ³²	65000	-	1 850	40 000 ³³	150 000	-	-

Source: Cyprus NFP, 2012

³⁰ 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.

³¹ The amount covers expenditures until 31/3/2011.

³² This figure includes a budget for both the CAC (€1048200) and the CMDDA (€447791).

It is apparent from Table 1.4 that, of those budgets provided, planned budgets for 2011 showed a slight decrease compared to 2010. With the exception of the CAC, this tendency appears to continue in 2012, lending more credence to the hypothesis that budget decrease may be connected to the financial crisis and respective measures introduced by the government (see also ch.1.1.2, NR 2010). Having in mind the limitations in the amounts described above, it would not be possible to draw any firm conclusions.

1.4.2. Social Costs

NNIA

Although last year's NR mentioned 2011 as probably being the year that the second series of the Social Cost survey might have gone ahead, this did not take place and no definite council decision currently exists on this issue. As mentioned in previous NRs, despite the financial crisis, it remains a priority for both the NFP and the CAC to ensure this research does take place. 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. The next series of the survey is underway and is expected to be completed by the end of 2012. However, only the most three recent ones (including the one being carried out in 2012) 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 youth population, a Flash Eurobarometer was carried out in 2011, aiming at measuring perceptions and attitudes of young Europeans towards drug related issues. According to the surveys, as low as 2% of youngsters 15-24 years of age participating in the survey reported lifetime use of cannabis, which is significantly lower than the respective prevalence measured by the general population survey in the same age group (14%). Furthermore, perceived availability of cannabis was much lower among youngsters in the Eurobarometre survey when compared to the 2009 general population survey.

With respect to the school population, Cyprus has been participating in the ESPAD project since 1995. As of 2011, CAC and the Cyprus NFP were directly involved in the ESPAD project and played a coordinating role in its implementation process. The last school population surveys were conducted in 2007 and in 2011 (ISRD-2³⁴ 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, an increase was observed in alcohol consumption across all time periods, particularly with regards to more severe patterns of consumption in the last 30 days (e.g. having had five or more drinks on one occasion). Moreover, although an increase was noted in illicit drug use among the Cypriot pupils, the prevalence rates are still lower than the ESPAD average.

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 Greeks³⁵ living in the district of Paphos was carried out³⁶ (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

³⁴ 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.*).

³⁵ Greek indigenous population originating from the Black Sea region of the former Soviet Union.

³⁶ This study was previously reported on briefly in section 8.2.2 of 2010 NR to the EMCDDA.

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 2011, no new general population survey was carried out. The next series of the survey is underway and is expected to be completed by the end of 2012.

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

During 2011, a new series of the ESPAD project was carried out, with an active participation of the Cyprus NFP and the CAC.

Also, as no raw data is available regarding the 2011 Flash Eurobarometer on Youth Attitudes and Drugs, only basic results be presented, which are widely available.

2011 ESPAD project

Cyprus has been participating in the ESPAD project since 1995. While up until the 2007 series the questionnaire was administered in the classroom by the teachers, in 2011 research assistants were employed (without teachers' presence).

The fieldwork was carried out between April and May, which coincided with Easter holiday and exams period, which in turn is believed to have led to a number of methodological problems, as briefly described below.

The sampling frame consisted of 1st grades of public upper secondary schools³⁷ (no sample was used) and it covered only government controlled areas. The final, valid sample consisted of 4243 pupils, representing 85% of schools (ESPAD average: 85%) and 76% of classes (ESPAD average: 87%) (Hibbel *et al.*, 2012).

³⁷ Including Technical/ vocational schools.

The number of discarded questionnaires (mainly due to low quality of data) reached 5%, in comparison to 1.3% of ESPAD average. Also, a significant number of disturbances during the survey were observed, again exceeding the ESPAD average.

The above methodological setbacks can be attributed to a number of factors, including the time period of the survey and the lengthy questionnaire (399 items, compared to an ESPAD average of 268), which could have led to the relatively low student participation (also see 2011 ESPAD Report). Moreover, the change in the fieldwork procedure cannot be ignored, as it is believed to have contributed to the classroom situation. For more methodological situation see 2011 ESPAD Report.

The above methodological weakness of the study were of particular concern to the Cyprus NFP's Scientific Committee, which, among other solutions, had suggested an implementation of the questionnaire in the classroom by both research assistants and teachers, in order to examine the impact on the methodological procedures and the results (Cyprus NFP, 2012). These suggestions will be thoroughly discussed with the Principal Investigator, as well as the ESPAD coordinators in the upcoming meetings.

Results

With regards to licit substances, while 23% of pupils reported current smoking, the respective percentage of students consuming alcohol in the last month reached 70% (78% of boys and 62% of girls), significantly exceeding the ESPAD average (57%). In addition, 44% of pupils reported heavy episodic drinking in the last month (5+ drinks on one occasion). Despite the higher prevalence of alcohol consumption in the last month, when compared to the respective ESPAD average, the self estimated level of intoxication (during the last alcohol drinking day) was still lower than the average (Hibbel *et al.*, 2012).

What seems of particular interest is the wide availability of alcohol in Cyprus, especially when compared to other countries, both with regards to perceived, as well as actual availability. In particular, 87% of pupils in Cyprus believe that it is fairly easy/ easy to obtain alcohol (81% ESPAD average). Moreover, while off premise purchase of alcoholic drinks in the last month was reported by half of students (49%, compared to ESPAD average of 37%), on premise purchase in the same time period was reported by as high as 69% of pupils (compared to

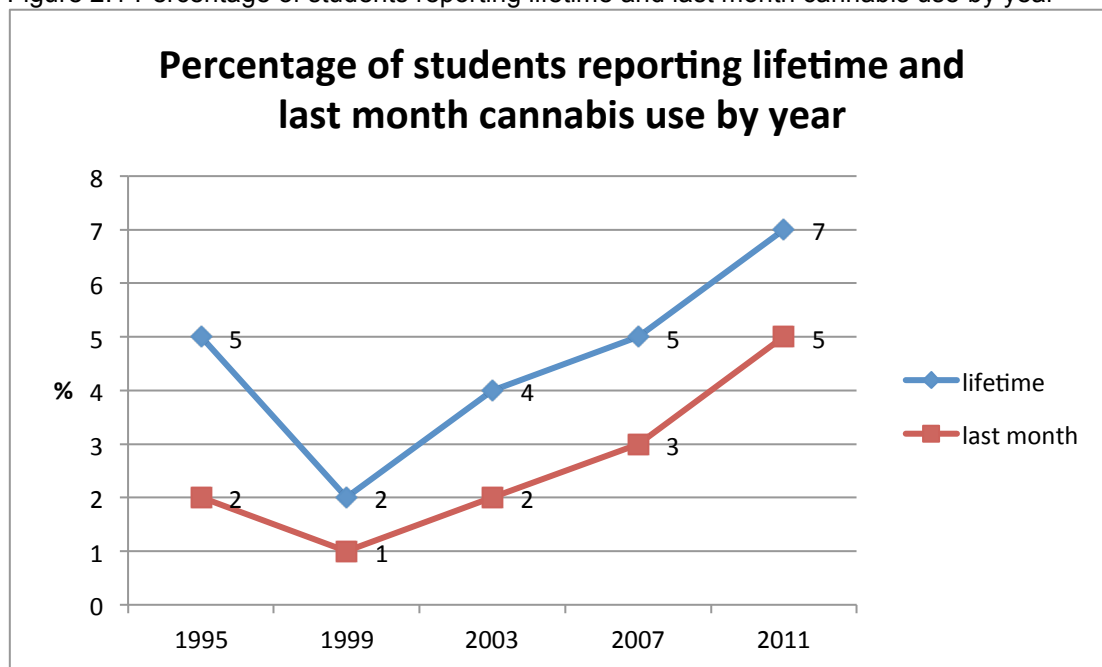
ESPAD average of 45%). The above results are of great significance with regards to the apparent limitations in the implementation of the respective laws, according to which the age limit for the purchase of alcoholic drinks is 17 years (Law on the Sale of Alcoholic Drinks (Sect. 144); as amended through Laws 33/1961, 87/1966, 26/1968, 4/1972, 69/1977, 20/1985, 83(I)/1998 and 7(I)/2005).

With regards to trends, while cigarette use remained stable, a noteworthy increase in alcohol consumption can be observed. In particular, the proportion of students reporting heavy episodic drinking in the last month from 38% in 1999, 33-34% in 2003/2007 it then increased to 44% in 2011. Analogous was also the raise of this particular drinking pattern three times or more in the last month. What could have contributed to the above increase is the preceding the data collection Easter holiday, where students have a two-week break of school.

Also, a significant increase could be noted with regards to lifetime tranquilizers/ sedatives use without doctor's prescription, which in 2011 was reported by 11% of pupils (compared to 7% in 2007, 6% in 2003 and 1999 and 8% in 1995). In 2011, the proportion of students reporting this particular behavior also exceeded significantly the ESPAD average (6%).

As to illicit drugs, an increase in cannabis use among Cypriot students could be observed, as illustrated below.

Figure 2.1 Percentage of students reporting lifetime and last month cannabis use by year



Source: Hibbel *et al.*, 2012; Cyprus NFP 2012

The use of other illicit drugs, their lifetime use was reported by a 3-4% of pupils (Ecstasy, cocaine/ amphetamines). However, these results are treated with some caution due to the small number of students reporting it, along with the methodological limitations previously described, but also due to some odd results (where last year prevalence was higher than lifetime). Finally, lifetime inhalant use seems to have dropped, as from 18% in 2003, 16% in 2007 it then dropped to 8% in 2011.

For more information regarding the 2011 results, see 2011 ESPAD Report.

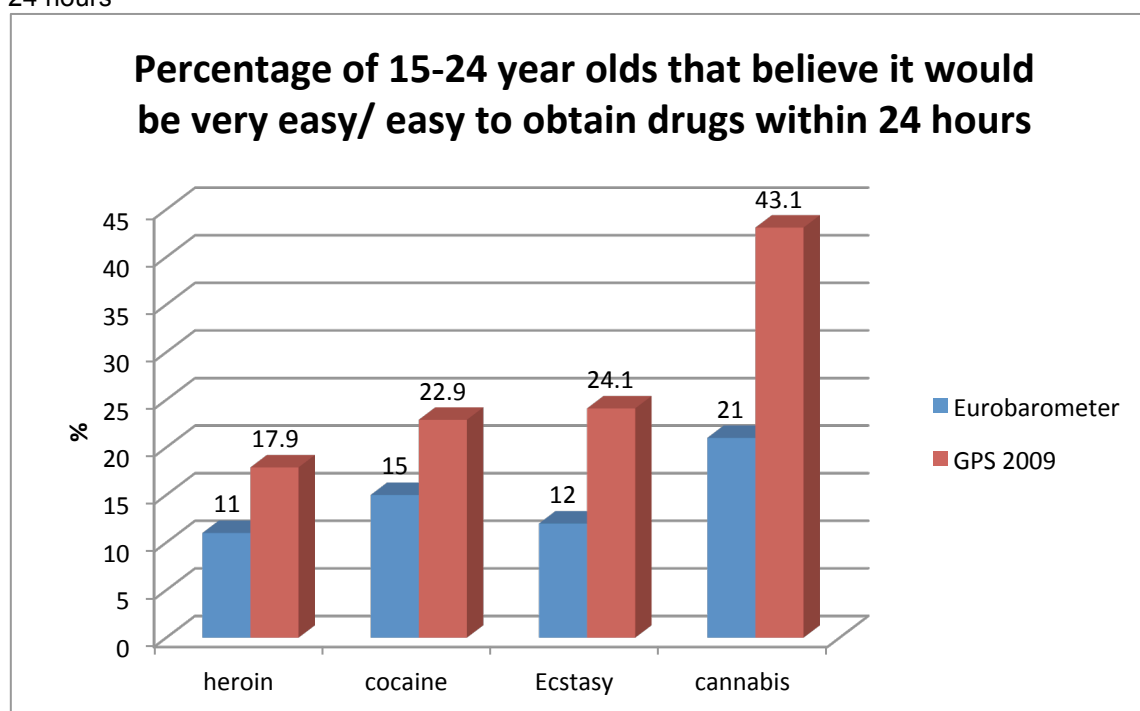
2011 Flash Eurobarometer on Youth Attitudes and Drugs

The 2011 Flash Eurobarometer's objective was to study young EU citizens' (15-24 years of age) attitudes to – and perceptions about – drugs and related issues (European Commission, 2011). The survey's fieldwork was carried out in May 2011. Over 12,000 randomly selected young people (aged 15-24) were interviewed across the 27 EU Member States and the samples were

nationally representative (for the specific age group.). The survey was carried out by telephone, with web-based computer assisted telephone interviewing (WebCATI). The final/ valid sample in Cyprus was 250 persons (European Commission, 2011).

As the results of the survey are widely available and were already presented in the 2011 Annual GPS expert meeting in Lisbon, what will be mainly attempted below is a comparison of some results with the respective ones from the most recent (2009) general population survey among the same age group. Looking at the perceived availability of drugs, significant differences between the two surveys can be noted, as illustrated below (fig. 2.2):

Figure 2.2 Percentage of 15-24 year olds that believe it would be very easy/ easy to obtain drugs within 24 hours

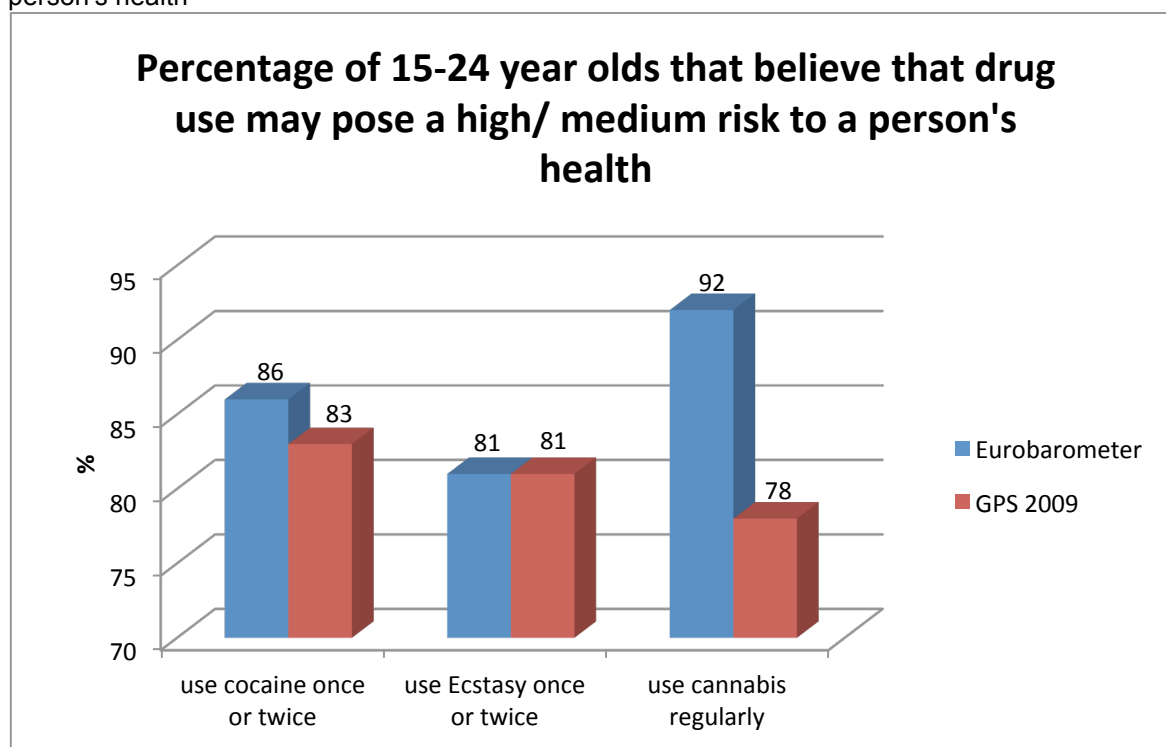


Source: Cyprus NFP 2012, European Commission 2011

As can be observed, youngsters participating in the 2011 Eurobarometer seem to consider finding drugs (as defined in the two surveys) much more difficult than those taking part in the 2009 general population survey. Moreover, noteworthy differences between the two surveys are observed with regards to lifetime prevalence of cannabis use. In particular, while 14.2% of young people 15-24 years of age reported cannabis use at least once in their life in the general population survey, the respective percentage in Eurobarometer was only 2%, which is significantly lower than among 15-16 year old pupils in the ESPAD survey (see above).

Significant differences also occur with reference to perceived harm from drug use, as illustrated in the figure below. As can be noted, apart from Ecstasy, a higher proportion of youngsters in the Eurobarometer perceive trying cocaine and regular use of cannabis as harmful, when compared to the respective percentages in the general population survey.

Figure 2.3 Percentage of 15-24 year olds that believe that drug use may pose a high/ medium risk to a person's health



Source: Cyprus NFP 2012, European Commission 2011

These differences pose serious questions regarding not only the comparability of the results, but also regarding more general methodological issues. While differences in the results between the two surveys can be partly attributed to methodological issues (household/ pen and paper vs telephone interview; sample size³⁸, wording in Greek language etc.), these discrepancies seem very large. However, as no further information regarding the Eurobarometer is available to the Cyprus NFP (apart from the analytical report of the results) no conclusions can be drawn regarding the reasons behind such significant differences.

³⁸ Sample size of the 15-24 age group in the 2009 general population survey N=728.

2.3 Drug Use among targeted groups / settings at national and local level

NNIA.

No surveys exploring drug use among targeted groups / settings were carried out in 2011. However, cooperation has been established between the CAC and the National Guard regarding the design and implementation of prevention measures in the military, which might include a survey among military conscripts exploring drug use issues, among other things (CAC 2012d).

Chapter 3: Prevention

3.1. *Introduction*

Information presented below was collected from the CAC, the institution responsible for monitoring prevention programmes and interventions in Cyprus. The main sources of the information are the Prevention Unit Forms provided by the CAC.

Twenty five programmes provided information, most of which are universal programmes implemented in schools.

Furthermore, the CAC noted some of the following issues regarding prevention in the context of the development of the next National Drug Strategy:

- Prevention is offered mainly in the form of universal prevention within the schools.
- The target group and the type of programme is chosen not on the basis of need, but by criteria such as accessibility.
- Prevention targeting students should be also implemented in other settings so that it involves the families and the community in general.
- Programmes that do not directly focus on drug prevention *per se* but do deal with social exclusion and school failure, should not be excluded from funding by the CAC.
- An effective mechanism as regards the monitoring of prevention programmes (those funded by the CAC) development needs to be implemented.
- Programme funding by the CAC should be allocated on the basis of actions mentioned in the NDS (CAC, 2012, unpublished).

3.2. *Universal prevention*

3.2.1. *School*

Universal prevention programmes within the school institutions is the main prevention provided in Cyprus. Information below is based on the PUFs provided by the CAC.

According to the CAC, during the reporting year 10 new programmes were licensed, six of which are universal school programmes. Specifically, 15 programmes were implemented in schools during the year 2011.

According to the PUFs' analysis, the manuals mainly used by prevention programmes are 1) "Standing on my own feet" in combination with "Adolescent Discussions, 2) "Smoke free schools" and 3) "Life Trip". Few interventions developed their own material tailored to their own needs. Furthermore, all manuals were adjusted to the specific target group and as previously reported (see ch.3 of NR2010), focused on personal and social skill development, self awareness and drug information provision (NFP, 2012). Regarding the difficulties reported, the lack of time provided by the schools for the implementation of the programme and the difficulty of organizing and involving the parents, and some financial difficulties were mostly stated. Regarding the programmes' evaluation status, most of them report the completion of process or outcome evaluation.

Table 3.1 School programmes implemented during the school years 2011-2012

School manuals			
Name of programme	Age range	Total number of schools covered	Total number of students participating
Folk stories and fairy stories against addiction	11-12	8	385
Smoke free schools	10-16 ³⁹	11	502
Life trip	10-14 ⁴⁰	29	1325

³⁹ This age range consists of sets of smaller groups.

⁴⁰ This age range consists of sets of smaller groups.

Adolescent workshops (includes standing on my own feet & adolescent debates)	14-18	8	42
Eu-Dap – 'I know what am asking for', Adolescent Debates & other manuals combined	16-25	3	120
Cyclops and Odysseus	10-14	6	174
All I have to know about drugs	14-17	3	300
Feeling safe in school	6-12	2	130
Mental Health: Reinforcing self esteem	6-12	3	80
From Me and You to Us	4-6	2	60

Source: NFP, 2012

3.2.2. Family

Prevention through family interventions is quite limited. It is reported that such programmes are difficult to be implemented due to the lack of interest on behalf of the parents. The implementation of the following programmes was reported by the CAC.

Table 3.2 Family intervention programmes

Family interventions		
Name of programme/ service	Total number of groups	Total number of participants
Family Council (3 programmes)	13	134
Local Programme (‘Avoiding use’)	2	34

Source: NFP, 2012

3.2.3. Community

Unlike last reporting period, in 2011 three universal community based programmes were reported. Interestingly, one of these includes psychologists as the intermediate target group, and it was reported that from March to December 2011, 15 professionals were trained.

As previously reported, some municipalities have established cooperation with prevention services and organize or implement programmes and/or activities related to drug prevention although further details were not reported (Tsokkos, 2012 & Christodoulou, 2012, unpublished). Further, the information reported may 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, the tables above do provide an idea of the type of training programmes and interventions used, the school and family coverage, as well as the number of students and families reached.

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

3.3.1. At - risk groups

Prevention for high risk groups is mentioned in the PUF reports from two programmes. One of these mainly addresses alcohol use, while the other one, “Fred goes Net”, addresses all substances and is implemented nationally. However, according to a letter from the Ministry of

Defence, two programmes were implemented during the reporting period. One was related to training army staff to deal with substance use issues, and the other focused on training conscripts that may act as sources of prevention information. Other information provision based activities were also reported (Kyprianou, 2012, unpublished).

It is noted that in 2012 the CAC and the Ministry of Defence signed a memorandum of cooperation which aims at implementing prevention interventions within the camps. The memorandum includes actions such as research within the camp and battalions, introduction of extracurricular activities and vocational training with the camps, counselling provision, etc (CAC, 2012, unpublished).

TDI data suggests that for the first time cannabis is the main substance users request treatment (48.8 % of the individuals demanding treatment in 2011). Further, according to the same source a considerable number of referrals to treatment in 2011 came through the “Fred Goes Net” programme from the DLEU (see more detail data in ch.5). Therefore, it is evident that need of high risk interventions is high, since more and more youth is approaching treatment services for cannabis use and since the limited high risk interventions already running are reaching the high risk groups and referring young people to treatment.

3.3.2. At risk families

As previously reported, the NDS 2009-2012 provided for the design and implementation of parenting schools targeting high risk families (see NR 2011, ch. 3). According to the CAC, such action was not possible in the framework of the 2009-2012 NDS. However, according to the 2013-2020 NDS, it is provided that parenting skills programmes which will aim at high risk families will be established. (CAC, 2012, unpublished).

3.3.3. Recreational settings

The Safer Nights programme (for more info refer to NR2011) of the Cyprus Youth Board continues to expand (more night life venues participate in the programme) and reach more youth (Papapetrou, 2012, unpublished).

3.4. ***Indicated prevention***

NNIA.

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

No media campaigns were reported for the reporting year.

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. Despite some temporary overcoming of the technical problems in the Police database, these again occurred in 2012, again making it impossible to implement another method for the PDU estimation. However, irrespectively of the data availability for the Police, the Cyprus NFP, with the support of the EMCDDA organised in 2012 training with Dr. Gordon Hay on capture-recapture method.

Furthermore, aiming at collecting information on drug users from other sources, a cooperation was established with the AEU's of the public hospitals, which are now collecting some basic information on emergency admissions due to drug use. The abovementioned mechanism of data collection will be assessed by the end of the year and reviewed, if necessary.

In addition, further attempts are made by the Cyprus NFP to involve other potential sources of information in the network. As mentioned in the previous NR, following an establishment of cooperation with the Cyprus Medical Association, a feasibility study among private doctors was carried out in 2011. The study aimed 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). Finally, in 2011 a slight increase is observed in the estimated number of PDUs, which however remains at the same levels to previous year and is not considered as significant.

4.2. *Prevalence and Incidence Estimates of PDU*

As already mentioned, no capture – recapture (CR) method was employed in 2011 due to technical problems of the Police's database to extract the required data (Xenofontos, 2012, 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_2012_CY_01-06). The rate per 1000 inhabitants 15-64 years of age is based on the recent population census (October 2011) provided by the Statistical Services Office of the Ministry of Finance (Statistical Service, 2012).

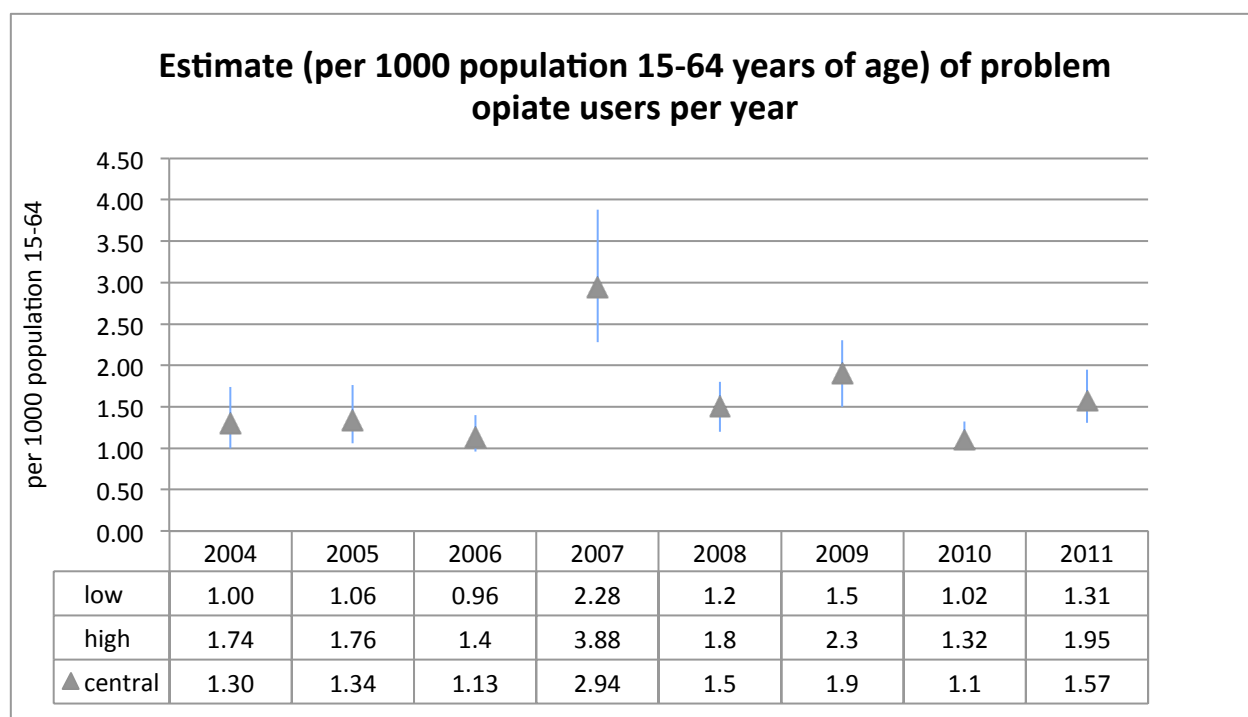
Table 4.1 Estimated numbers of problem drug users and injecting drug users for the year 2011.

		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_2012_CY_01)	total	936	780	1157	1.6	1.3	1.9
	males	793	657	988	2.7	2.3	3.4
	females	157	89	338	0.5	0.3	1.1
Opiate/cocaine users (ST7_2012_CY_02)	total	1240	1045	1506	2.1	1.8	2.5
	males	1053	885	1286	3.7	3.1	4.5
	females	218	119	473	0.7	0.4	1.5
Injectors (ever)	Opiate users (ST7_2012_CY_03)	551	455	697	0.9	0.8	1.2
	Opiate/cocaine users (ST7_2012_CY_04)	560	468	700	0.9	0.8	1.2
Current injectors	Opiate users (ST7_2012_CY_05)	223	186	290	0.4	0.3	0.5
	Opiate/cocaine users (ST7_2012_CY_06)	231	192	301	0.4	0.3	0.5

Source: Stylianou, 2012; Cyprus NFP, 2012

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 as in previous years, the age group 25-34 consists of the largest number of PDUs (for details see ST7_2012_CY_01/02). As regards the estimated total number of problem drug users in previously reported years, slight increase of opiate PDUs can be observed in 2011, illustrated in the figure below (also see ST7_2012_CY_01).

Fig. 4.1 Estimated number of problem opiate⁴¹ users per year



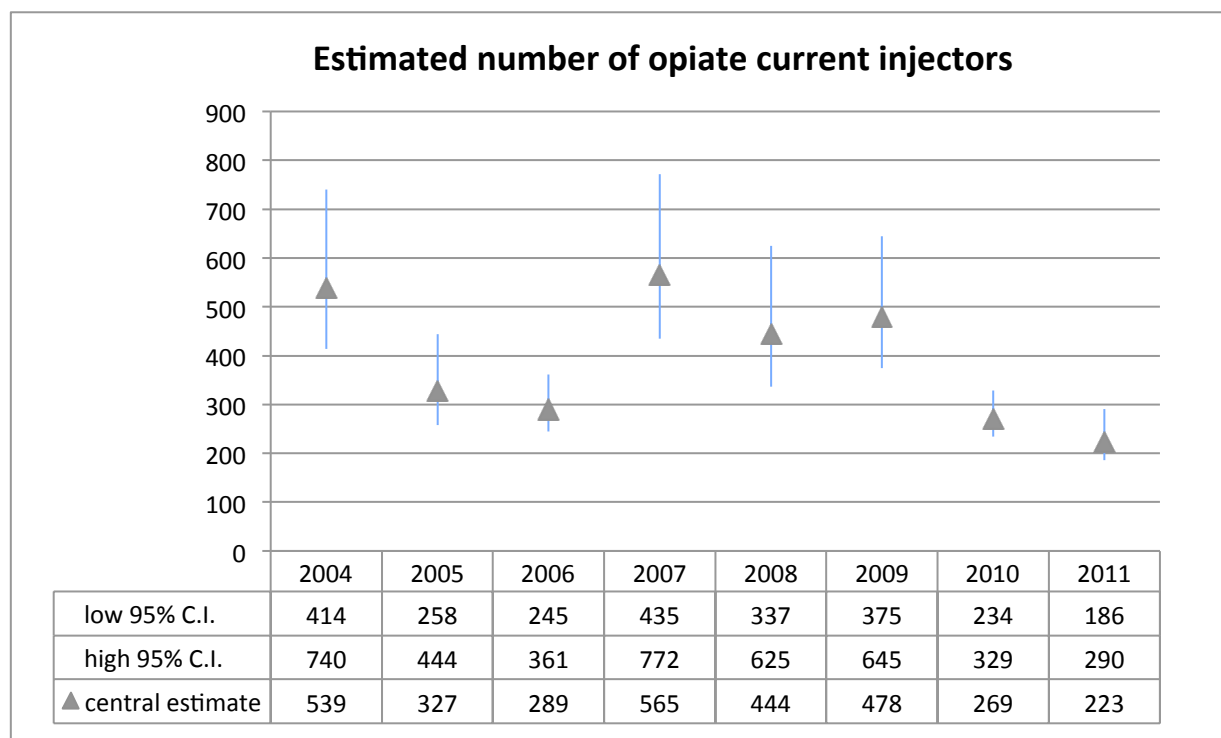
Source: Stylianou, 2012; Cyprus NFP, 2012

Comparable tendencies are noted with respect to opiate / cocaine PDUs, as well as of injectors (ever).

As to current injectors among opiate users (see figure below), a slight drop in the estimate is observed, as illustrated below (also see ST7_2011_CY_05).

⁴¹ In the years 2004-2006 only heroin users were included

Fig. 4.2 Estimated numbers of opiate current injectors by year



Source: Stylianou, 2012; Cyprus NFP, 2012

The slight changes that have occurred in the 2011 do not seem significant due to several reasons. Apart from the fact that the range (confidence intervals) of the 2010-2011 estimate seem to overlap, no significant changes have occurred in 2011 with regards to either the number or characteristics of opiate and/ or cocaine users in treatment. On the contrary, a further slight decrease in their number was observed (for details see ch 5). Provided that no changes occurred in the methodology of the estimate, what seems to explain the abovementioned slight changes is the decrease of double counts on the one hand (from 110 in 2010 to 68 in 2011) and an increase of those recorded only once (f1) in treatment (270, compared to 229 in 2010)⁴². Based on the above, it is assumed that the actual number of PDUs remained relatively stable, something that is also reflected in the treatment demand data (see ch 5). Moreover, data both from the TDI, as well as from the Police (ref. ST) suggests that the reasons contributing to the stabilization/ downward trend of PDUs, which were reported in the previous report, are still relevant. Furthermore, both Police data regarding offences and prices (see ST11_2012_CY_01/02 and ST16_2012_CY_01), along with expert opinion from the DLEU

⁴² Where, according to Chao's formula, T (central estimate) $\hat{T} = S + f_1^2 / (2f_2)$.

(Sergides 2012, personal communication) suggest a further decrease in heroin availability in Cyprus.

Finally, as pointed out in previous reports, the estimate depends largely on the number of foreign nationals in treatment, which traditionally comprise for the majority of opiate users (for details see ch 5 and 2011 NR). This finding is in line with the estimated number of problem opiate users, which broken down by nationality and taking into account the number of Cypriots and foreign nationals recorded in the latest population census (Statistical Services, 2012) reveal the significant differences. In particular, while the number of Cypriot problem opiate users was estimated at 1.07 cases per 1000 inhabitants 15-64 years of age (with 95% C.I.: 0.8 – 1.4), the respective estimate for foreign nationals was 3.2 (2.5 – 4.3).

4.2.2. Estimates of incidence of problem drug use

As in previous years, treatment demand data (for the years 2003-2011) was used to estimate the latency period and incidence of problem drug use. As in previous years, the analysis included cases in which 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 2244 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 5.85, with a 95% confidence interval of 5.62 – 6.08 (Stylianou 2012, unpublished), remaining at similar levels to previous results (see 2011 NR).

Further exploration of the data reveals⁴³ that the variables that are statistically significant in relation to latency time in case of opioid use are, as in previous years (Cyprus NFP, 2011) gender, age of onset of heroin / opioid use, age of first demand for treatment and current injecting (Stylianou 2012, unpublished). More specifically, according to Stylianou (2012, unpublished):

⁴³ Based on the significance level of the Wald statistics

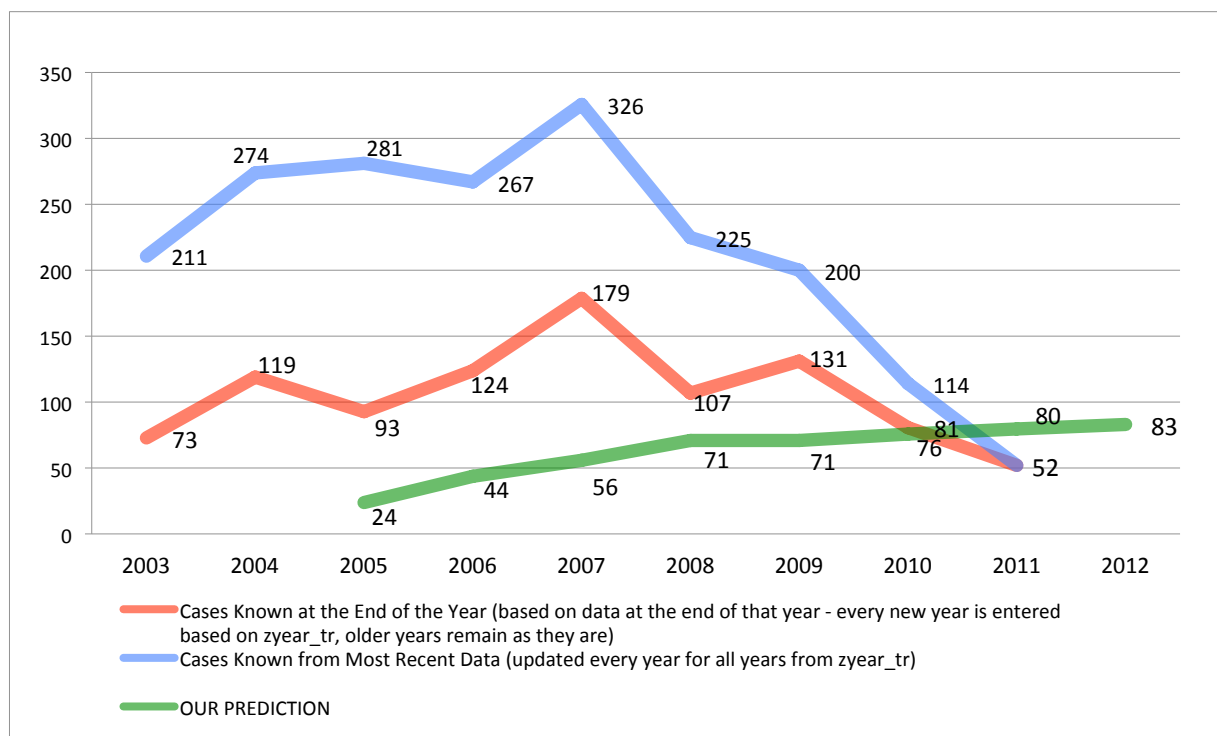
- Being male increases latency time.
- The later one has started to use opioids in one's life, the longer it takes until s/he seeks treatment.
- The later in history (calendar year) one has sought treatment, the shorter her/his latency period is
- Currently injecting increases latency time.

Finally, based on the back calculation/ FWD method on the available data, the number of opioid users who are expected to seek treatment in 2012 is about 83. Unlike previous years, when this number looked biased downward, and like 2011, it seems that our estimates have improved (Stylianou, 2012 unpublished).

The following graph represents our predictions and the actual number of cases that sought treatment over the last few years (our first estimation was for 2005). There are two sources for the number of actual cases known for each year. First, the number of cases is taken from the complete files in the dataset for that year (end of the year data). This source represents the number of users who came to treatment in that year and were recorded in the same year. The second source refers to the most recent updated data (2003-2011) in which more cases that came to treatment in previous years appear in the data for the first time. It seems that a significant number of first treatment cases is not being recorded the first time they go for treatment⁴⁴. Our prediction can be evaluated against both sources for different purposes.

⁴⁴ Another limitation is due to the fact that the age of first demand for treatment is not limited to opioid use but could include seeking treatment for any illicit drug use.

Figure 4.3 Predictions and the actual number of cases that sought treatment by year



Source: Stylianou, 2012

Since our prediction can be based only on the data available at the end of the previous year (red line), it seems that we are getting closer to the "best possible prediction," i.e., the prediction which is as close as possible to the actual number of recorded cases. In fact, for 2010, our prediction was very close to the number of cases that were finally recorded. Since many cases seem to escape being recorded in the year that they first come to treatment (and they are recorder later, so they appear in later datasets—the blue line goes higher and higher every year), it is not likely that we will be approaching the "best prediction," i.e., the prediction that is as close as possible to the actual number of cases coming to treatment. As data collection becomes more complete, our estimates will be improving, and, if, hypothetically no cases escape recording when they first come to treatment, our estimates will be optimal.

The problem with the lack of data which was the main reason for significant downward bias until 2009 should not be forgotten yet: the I(s) figures should have been empirically known and not computed from our limited files. The main limitation is that we are imposing the survival function only on the population of opioid users that sought treatment in the last few years. Knowing the

actual number of people that started using opiates in a given year (i.e., not only those who came to treatment in these last few years), then our calculations would yield better estimate. But, the picture above for 2010 and 2011 shows that we are overcoming this problem, especially since there is an actual drop in treatment demand for opioids (Stylianou, 2012 unpublished).

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

NNIA

As previously mentioned, a feasibility study was carried out in 2011, 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. As a result, out of about 2500 doctors (Cyprus Medical Association, personal communication) only 18 doctors responded to the survey, eight of which reported having substance abuse cases in their practice. Apart from one doctor (which reported to have about 200 cases on an annual basis), all of them reported seeing a very limited number of such patients in their practice annually (3-4 cases). However, willingness to cooperate with the Cyprus NFP and collect some basic information was reported by only five practitioners. However, despite the low response rate and motivation exhibited, the Cyprus NFP will further seek cooperation with the limited number of doctors.

In addition, as mentioned in the previous report (see 2011 NR), an agreement was reached between the Medical Services and the NFP regarding the collection of some basic information on drug users seeking help in the AEU of the Public Hospitals and first data are expected to be made available for 2012.

Moreover, although data was provided the Cyprus NFP by the general psychiatric hospital, nearly all patients (26 out of a total of 32) hospitalized in the institution reported using cannabis. Due to the small number of reported other drugs of use (which included 2 cases of heroin, 3 of cocaine and one amphetamine), no further information can be provided.

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*

The information presented in the following chapter is based on answers from a brief questionnaire and from the TUFs collected from the CAC. Information usually derived from the Annual CAC Monitoring Report is missing due to unavailability for the specific reporting year.

The licensing procedures established by the CAC (see ch. 5, of NR 2010 & NR 2011) allowed better monitoring of treatment service provision and presented an opportunity for specific recommendations according to the needs of the treatment system. During the reporting year, the CAC provided licence to 20 treatment units/programmes.

The treatment system did not present any major changes during the reporting year. A psychological support programme for friends and relatives for individuals with substance related issues, a rehabilitation programme for inmates in prison as well as an intensive day center were the new additions to the treatment system during the year 2011. The tendency for offering targeted services observed in 2010 (see ch.5, NR 2010), continued in 2011 since more counseling centers adapted a holistic approach to addiction and one of them developed a unit offering substance abuse and gambling counseling, treatment and drug rehabilitation i.e. (multiple intervention center).

As previously reported, the existing counselling centres provide motivational enhancement, counselling as well as psychosocial support whereas rehabilitation programmes including a TC, mainly offer psychosocial treatment and social reintegration.

As to substitution treatment, it is provided by one private clinic and three public centres, one of which provides substitution for detoxification purposes only. Of all the clients registered in treatment in 2011, 290 were receiving substitution treatment (for both detoxification and maintenance purposes), corresponding to 65% of all opioid clients. The majority of substitution clients were prescribed Suboxone, followed by DHC.

Regarding trends of clients in treatment, a significant increase of treatment demands was noted, and of first treatments in particular. The most significant increase in the number of clients was observed in the two public treatment programmes offering adolescent specialized treatment (also offering its services to young first time offenders), which have doubled when compared to the respective ones of 2010. Mainly attributable to the Police's practices, resulting in a noteworthy increase in the number of people in treatment referred by the Police.

As to the primary drug of abuse of those in treatment, the 2011 data continues to point to an overall stabilization/ decrease in the proportion of clients entering treatment reporting heroin and other opiates as their primary drug of abuse. At the same time, a further and noteworthy increase both in the numbers and proportion of clients seeking treatment due to cannabis use is noted, particularly apparent among new treatments. Prevalence of opioid use seems is much higher among foreign nationals, and seems to be decreasing among Cyprus nationals.

As to the usual route of primary drug administration among those starting treatment, a notable decrease of intravenous use of heroin can be observed in 2011 when compared to the previously reported year.

Regarding high-risk behaviour, a significant decrease is observed in the overall proportion of users who entered treatment in 2011 and reported to have ever injected. In addition, the observed drop refers not only to the overall proportion of users entering treatment in 2011, but also to their numbers. A comparable downward trend is also noted with regards to ever sharing.

5.2. *General description, availability and quality assurance*

5.2.1. *Strategy / policy*

The National Drug Strategy and Action Plans continued to serve as the guidelines for providing orientation for action. However, at the time of writing there are no results regarding their evaluation. Such results will be available next year. Further, the CAC Annual Treatment Monitoring Report is not available; therefore there is no information about the progress of action's implementation. According to the CAC, treatment priorities include 1) the increase of substitution service accessibility, by expanding substitution treatment in all districts, 2) the

development of gender specialized substance abuse services, 3) the improvement of availability and accessibility of harm reduction services for immigrant users, 4) the development of vocational rehabilitation interventions and 5) the development of specialized treatment interventions for synthetic drugs (Symeonidou, 2012).

5.2.2. Treatment systems

The following information is extracted from the TUFs of the licensed treatment programmes. It is noted that the information below refers to treatment interventions and not treatment units.

According to the TUFs, at the time of writing, there are 13 psychosocial outpatient interventions of which five are under the public sector, six are NGO's and two of them are offered by private parties. Two of the aforementioned interventions are offering adolescent counselling services and three of them mainly offer counselling and motivation enhancement to adults. There is one psychosocial in-patient intervention, a therapeutic community, run by an NGO, which as of 2012 offers gender specific services. Detoxification services are offered by one public unit as well as by a private clinic in an inpatient or an outpatient basis. Substitution is offered by the public sector by two units in two towns and by one private clinic. Moreover, two drug related organizations offer drug related services, one offering self help group support to drug users and another focusing on providing support, to friends and relatives of drug users.

As previously reported (see ch.5 NR2011), as of 2011, a treatment programme within the prison setting was developed. According to the programme description, the services include an intensive, five-day, multi-phased, abstinence-based programme on a voluntary basis. The intervention targets Greek-speaking illicit drug users over the age of 18 who were sentenced to more than two years in prison.

Most treatment units report abstinence as their main treatment goal (12 out of 15), followed by infectious diseases prevention, the development of self awareness, self esteem and confidence and life skills training. Four of the interventions report providing specialized services for immigrants and one unit although not reporting the provision of specialized treatment, reports that 65% of their patients being immigrants. Further, seven interventions report providing

specialize services for drug users with other morbidity, while another intervention reported that 75% of their clients were co morbid users.

Feasibility study

Other than the specialized drug treatment programmes reported above, private doctors can provide drug treatment. The Cyprus NFP is in the process of conducting a feasibility study aiming at identifying a) the number of the GPs, 2) the type of treatment provided and 3) establishing a cooperation aiming at the implementation of indicator protocols. For more information refer to ch.4.

5.2.3. Organization and quality assurance

As previously mentioned (see ch.5 NR2011), the CAC is responsible for monitoring and licensing all programmes pertaining to drug use. Although the treatment programme monitoring report for 2011 is not available, the CAC made specific recommendations to treatment programmes. The most common recommendations were related to the need for external supervision for the programme therapists, from supervisors whose services are hired for the assigned purpose; also, the need for each centre to have a clear code of ethics regarding the rights and obligations of clients, and the need to adequately inform the clients regarding this code and to explain it to them. Less frequent recommendations were related to the need for cooperation (specifically with respect to the referral mechanism) with other units and services of the newly-established programmes, and reinforcing the treatment programmes with more psychosocial and social reintegration for the user's family (Symeonidou, 2012).

According to the CAC, there no treatment programme evaluation procedures were reported. Although most programmes report continuous internal evaluation taking place, no evaluation reports or other related information was provided.

Concerning training targeting the drug professionals in the field, the CAC reported that the Mental Health Services (MHS) began a two year training programme for professionals working to drug agencies in the MHS (Symeonidou, 2012). Further, a MHS officer participated in an on-site training in developing and implementing new drug treatment programme. The nursing staff

of the Ministry of Health implemented training in medical aspects of addiction (handling withdrawal symptoms & overdoses) (also see ch.7).

5.2.4. Availability and diversification of treatment

The drug treatment system includes the basic intervention types available even though they may not be available in more than one unit. Psychosocial inpatient treatment is only available in a long term (18 month), TC approach and gender specific treatment was not introduced until the beginning of 2012. The same applies to drug treatment within the prison which was made available during the second half of 2011. Further, the lack of 1) a short term in patient programme, 2) methadone provision as a substitution substance and 3) programmes including social reintegration measures were reported by drug users in the framework of a focus group regarding the development of the next National Drug Strategy (CAC, 2012, unpublished).

5.3. Access to treatment

5.3.1. Characteristics of treated clients

For the year 2011, individual data was provided to the Cyprus NFP by all counselling and treatment centres which were licensed by the Cyprus Anti-Drugs Council to provide treatment services⁴⁵ (two inpatient, 17 outpatient⁴⁶ and the treatment programme in prison).

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 2011, 1057 individual clients were recorded in treatment (corresponding to 1498 treatment episodes), 995 of whom started treatment in 2011. Four hundred and forty four (444) persons sought treatment for the first time in their life in 2011, corresponding to 45% of all clients starting treatment in that particular year. Eighty three (81%) percent of all clients were recorded in out-patient facilities, 16.6% in inpatient and 2.4% in the treatment unit in prison. In addition, the vast majority of those continuing

⁴⁵ Some of the counselling centres active in the field of treatment in previous years were licensed to provide mainly prevention services.

⁴⁶ One of the treatment centres can be classified as either inpatient or outpatient, as it provides services both in a residential setting and an outpatient basis (see also comments in TDI_2012_CY_01/02).

treatment from previous year(s) were recorded in a residential treatment centre. Of all who were recorded in treatment in 2011, 947 (89.6%) were men and 110 women. Eighty eight percent (83.3%) of all clients and 90.3% of first treatments were recorded in outpatient facilities (also see TDI_2012_CY_01-02-03).

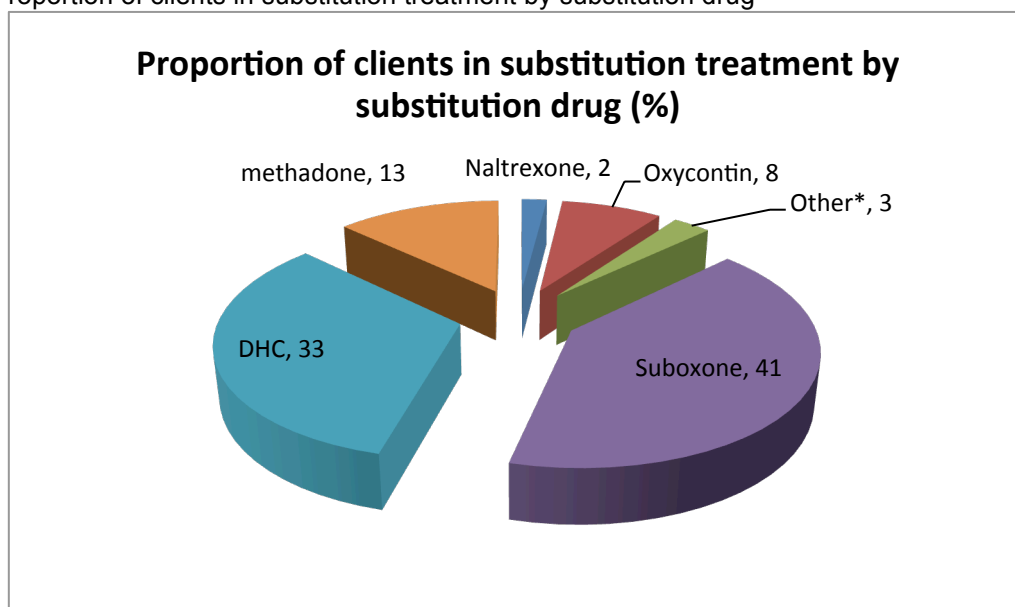
As to substitution treatment, as mentioned in the 2011 NR, following some changes introduced by the Cyprus NFP in the information collection tool, in 2012 it became possible to obtain some information allowing the differentiation of those clients that receive substitution for detoxification purposes from those that receive it for maintenance purposes from all agencies providing substitution treatment (one private clinic and three public centres, one of which provides substitution for detoxification purposes only) (also see ST24_2012_CY_01).

Of all the clients registered in treatment in 2011, 290 were receiving substitution treatment (for both detoxification and maintenance purposes), corresponding to 65% of all opioid clients (as a primary drug of abuse). Taking into account the estimated number of problem opiate users in 2011 (see ch 4), it seems that about one third of them were in substitution treatment.

Among those in any type of substitution treatment (referring to all treatments recorded in 2011), 87% were opioid users and the remaining 13% reported other primary drugs, which included cannabis, cocaine and stimulants. The above is due to the definition of TDI, according to which the last treatment episode during the year is counted. Therefore, not such a negligible number of clients by the end of the year appeared in treatment due to the use of substances other than opioids, while they were receiving substitution treatment. In addition, 56% of those receiving substitution treatments were recorded in NGOs and 43% in public programmes.

As illustrated in the figure below (fig. 5.1), the majority of substitution clients were prescribed Suboxone, followed by DHC (also see ST24_2011_CY_01).

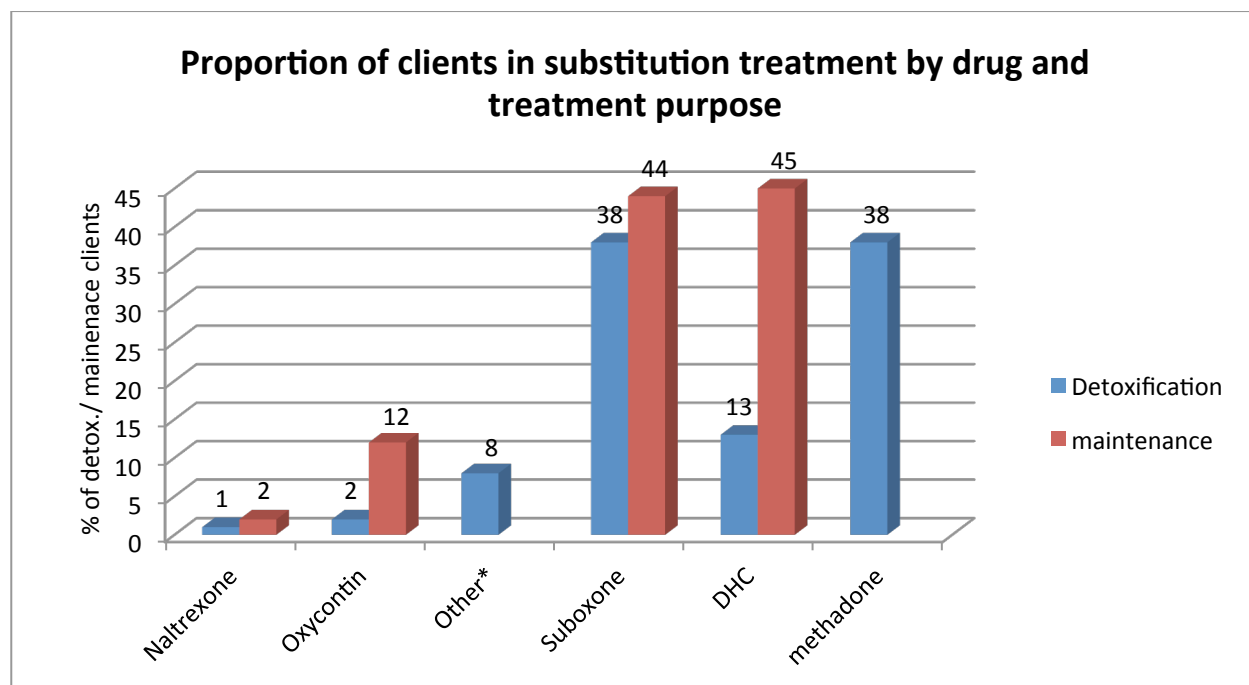
Fig. 5.1 Proportion of clients in substitution treatment by substitution drug



* Mainly benzodiazepines
Source: Cyprus NFP 2012

Based on the information provided, 35% of the clients were prescribed substitution substances for detoxification purposes and the remaining 65% for maintenance. As can be observed below, the most widely used drugs for detoxification purposes are Suboxone and methadone, while for maintenance DHC (prescribed by a private drug treatment clinic) and Suboxone (prescribed in both private and public sector). Methadone, used exclusively for detoxification purposes is prescribed in only one public programme.

Fig. 5.2 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 2011, 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 recorded in treatment in 2011 was 29.5 years, new treatments were on average 25.3 years of age. Mean age also varied across gender; in particular, males were on average 1.8 years older than women. Also, as expected (given their longer drug career), substitution clients were older than those not receiving any substitution treatment (34.2 and 27.8 years, respectively).

Regarding the nationality of clients recorded in treatment in 2011, 812 out of 1057 were Cypriot nationals. Nationals of other countries amounted to 224, the majority of whom were EU nationals (156), mainly Greek nationals. As in previous years, ethnic Greeks⁴⁷ ('Rossopontioi' or Pontian Greeks) accounted for the majority of non-EU nationals (for further information

⁴⁷ For details see 2011 NR, ch 2.

regarding the specific group, see 2010 NR to the EMCDDA). Further, foreign nationals accounted for nearly 40% of substitution clients.

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

Primary drug and route of administration

Of all the clients registered in treatment (including continuous treatment), 506 were classified as problem drug users (reporting opioids or cocaine as their primary drug of abuse), of whom 400 were opioid users (corresponding to 700 treatment episodes). For details see ST24_2012_CY_01. Cannabis was reported by 47.8% of those recorded in treatment during the year 2011. Also, fourteen (14) 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 (64%, compared to 33% of out-patient clients). Cannabis was the most common primary drug reported by those who sought help within prison setting, as it nearly reached 70% (also see TDI_2012_CY_01/02/03).

First treatments were much more likely to seek treatment for cannabis use, as 78% of them reported it as their primary drug, compared to about 48% of all treatments and those starting treatment in 2011 (for further details see TDI_2012_01/02/03). Opioid use on the other was mainly prevalent among foreign nationals.

As to the usual route of primary drug administration, while injecting is basically restricted to opioid users (which account for 98% of all who reported injecting as their main route of administration of the primary drug), it was also reported by a small number of cocaine (1 persons) and stimulants' users (3 cases).

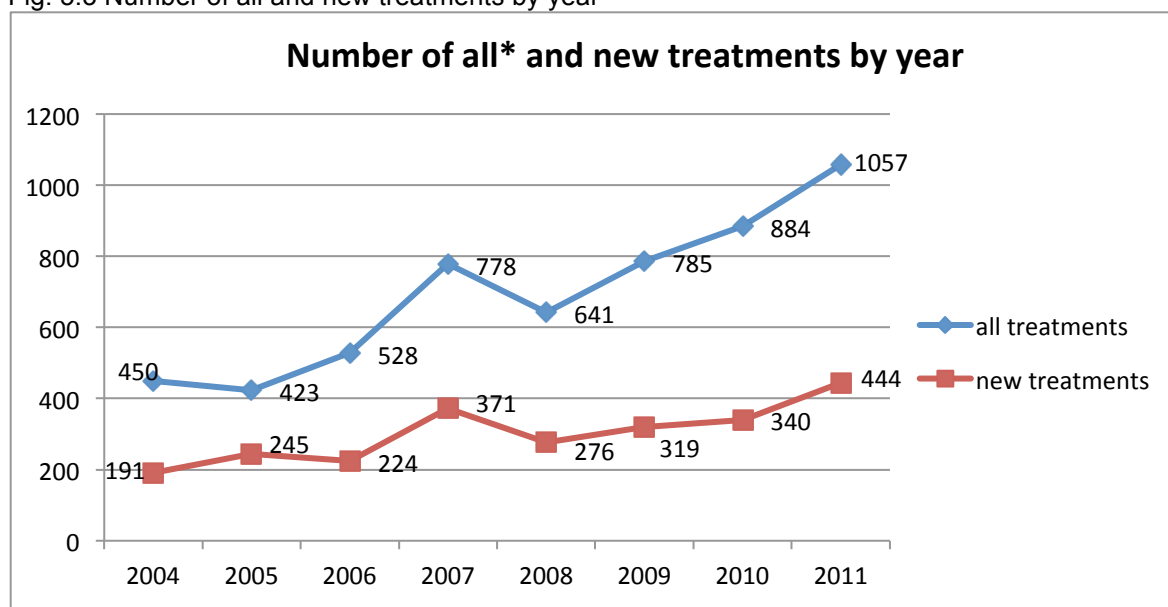
With regards to the frequency of primary drug use, daily use was reported by 41% of drug users recorded in treatment in 2011 (cannabis users accounting for 45% of daily users and opiate users for 41%). In addition, 36% of clients had not used the primary drug in the month preceding their admission to treatment, which seems to be attributable to referral procedures (abstinence is the criterion for admission in some centres).

5.3.2. Trends of clients in treatment

Before any results are presented, it should be noted that most trends refer to incidence data (those who start treatment in particular year), unless this is clearly stated otherwise.

As already mentioned, 1057 drug users were recorded in treatment in 2011, 62 of whom were continuous treatments. Trends in the number of all and new treatments are illustrated below.

Fig. 5.3 Number of all and new treatments by year



* Since 2007, all treatments also include continuous treatments.

Source: Cyprus NFP, 2012

As it can be observed above, there is an apparent upward trend in the number of drug users seeking treatment across the years. The reasons described in the previous report (such as the expansion of “Fred goes Net” programme, increased availability of synthetic cannabinoids, etc.) seem to also apply to the observed increase in 2011 (for details see 2011 NR to the EMCDDA). The most significant increase in the number of clients was observed in the two public treatment programmes offering adolescent specialized treatment (also offering its services to young first time offenders), which have doubled when compared to the respective ones of 2010. In addition, it is assumed that a further change in the Police’s practices is noted, validated by a noteworthy increase in the number of people in treatment referred by the Police (183 in 2011, compared to 69 in 2010 among those who started treatment in both years).

Socio-demographic characteristics

While the proportion of new treatments in 2011 seems to have remained at similar levels when compared to 2010 (44.5% and 44.3%, respectively), when absolute numbers are taken into account, an increase is observed, as illustrated in the graph 5.1., mainly explicable by the increase in Police referrals, mainly cannabis users, as mentioned above (also see TDI_2012_CY_01-02-03).

With regards to age, an increase in the number of young people 15-29 years of age is noted (with age groups 30-39 presenting a much smaller raise). While the mean age of all starting treatment in 2011 reached 29.4 years, marking a slight decrease compared to the previous year, a significant drop could be observed in the mean age of new treatments. In particular, while their mean age in 2010 was 28.2 years, in 2011 it dropped to 25.3 years, constituting them the youngest group of new treatments since 2004.

With regards to the nationality, out of a total of 995 who entered treatment in 2011, 216 clients were foreign nationals. As already mentioned in the subchapter on characteristics of clients, EU nationals outnumbered nationals of other countries (135 and 81, respectively). Looking at the recent (2011) population census, what is noted is that the composition of the population in treatment reflects the composition of the general population regarding the proportion of EU and other nationals living in the country (Statistical Services, 2012, accessed on 11.06.2012, also available at http://www.mof.gov.cy/mof/cystat/statistics.nsf/populationcondition_21main_gr/populationcondition_21main_gr?OpenForm&sub=1&sel=2).

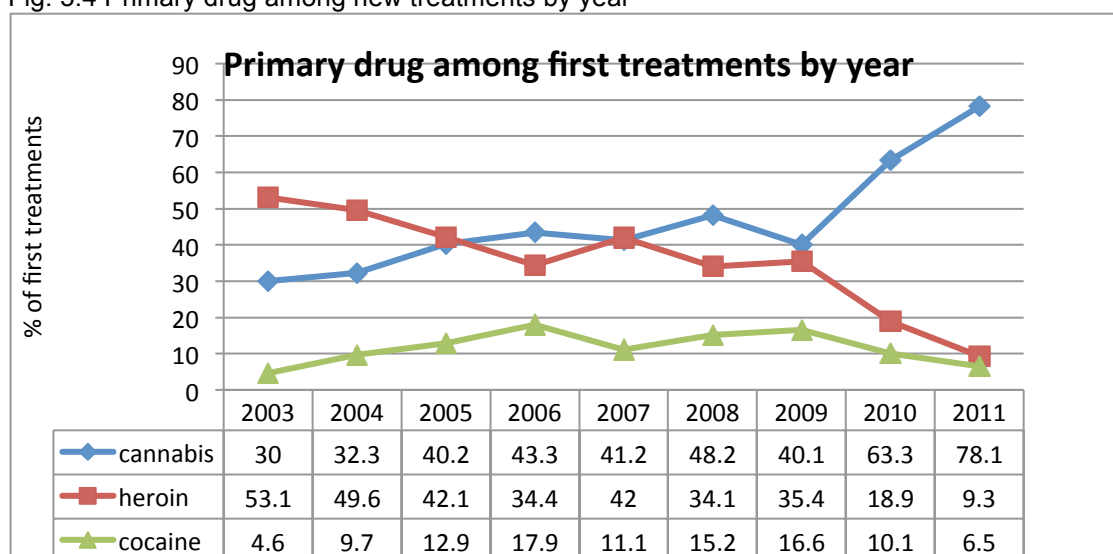
As in 2010, the proportion of foreign nationals was significant particularly in substitution treatment, as they accounted for nearly 40% of all substitution clients. As before, Greek nationals accounted for the vast majority of EU nationals. As in previous year, this seems to reflect a more general trend 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, as well as the common language (also see 2011 NR).

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, the 2011 data continues to point to an overall stabilization/ decrease in the proportion of clients entering treatment reporting heroin and other opiates as their primary drug of abuse. At the same time, a further and noteworthy increase both in the numbers and proportion of clients seeking treatment due to cannabis use is noted, even more apparent among new treatments, as illustrated below.

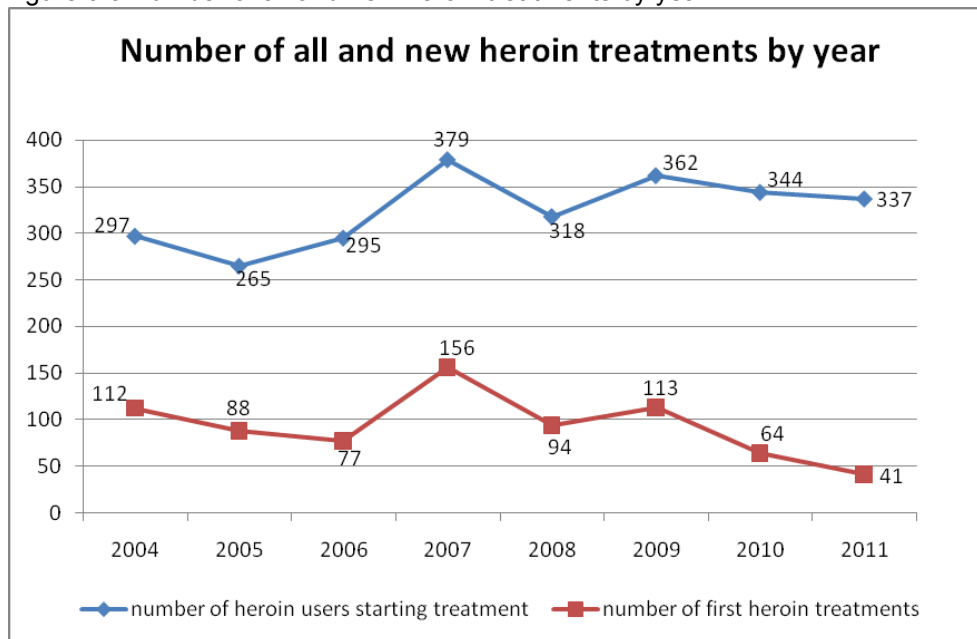
Fig. 5.4 Primary drug among new treatments by year



Source: Cyprus NFP, 2012

As already mentioned, the continuing increase in the proportion and numbers of clients reporting cannabis as their primary drug is mainly due to the expansion of the implementation of the “Fred goes Net” programme, along with a noteworthy efforts of the Drug Enforcement Unit to refer drug offenders to treatment. As regards heroin, on the one hand what seems to be a contributing factor is the lower availability of heroin (Sergides 2012, personal communication), which was also reported in the previously reported year. On the other hand, it seems that a lower number of users start using heroin (also reflected in the lower number of new treatments seeking help for heroin use), as illustrated below.

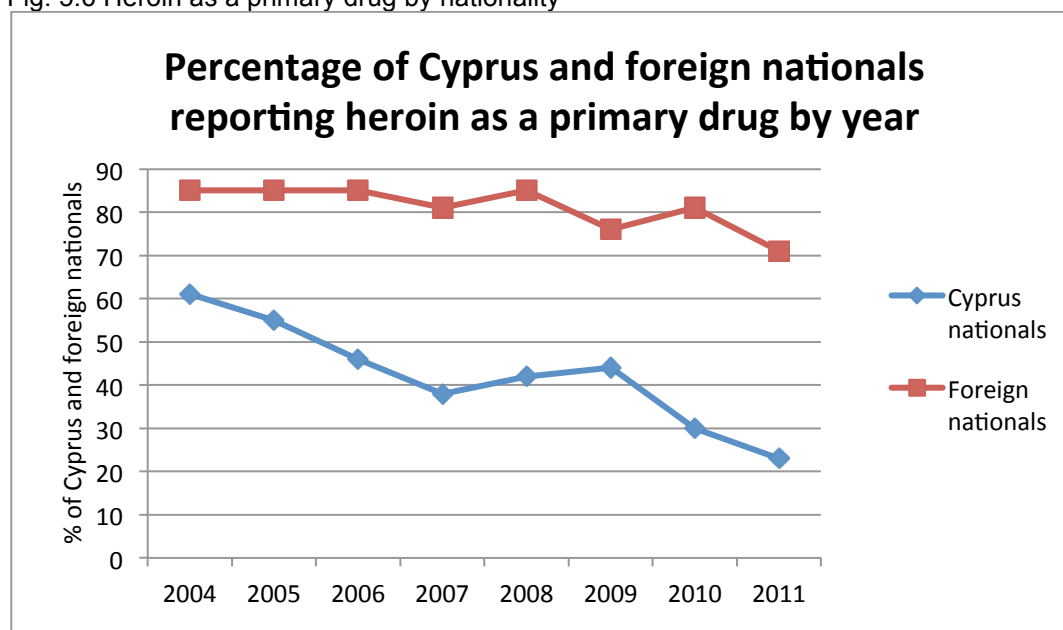
Figure 5.5 Number of all and new heroin treatments by year



Source: Cyprus NFP 2012

In addition, in line with the previously reported years, the prevalence of opioid use seems is much higher among foreign nationals, and seems to be decreasing among Cyprus nationals, as illustrated below, and the fluctuations of heroin users seeking treatment each year can be contributed to the number of foreign nationals recorded in treatment (also see ch. 4 and 2011 NR, ch.4-5).

Fig. 5.6 Heroin as a primary drug by nationality



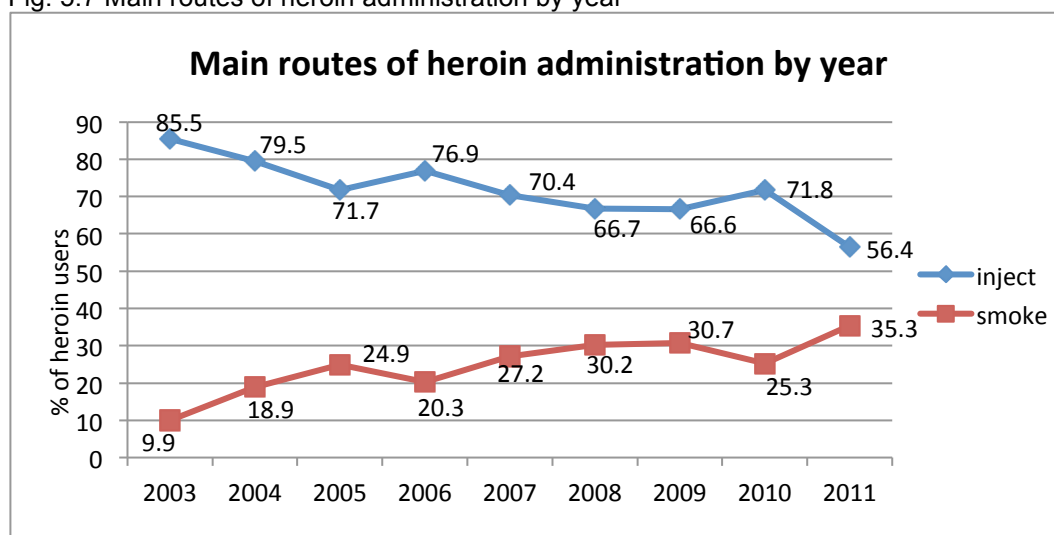
Source: Cyprus NFP, 2012

As reported in the previous year (see 2011 NR), 2010 was marked by an emergence of methamphetamine in Cyprus (as a primary drug among those seeking treatment). While still remaining at very low levels when compared to other main drugs (1.4%), it will be closely monitored by the Cyprus NFP. Finally, GBL has reappeared as a primary drug (which was reported for the first time in 2009, with no cases found in the previously reported year), as it was reported by 9 people starting treatment in 2011, seven of which were first treatments.

Route of administration and frequency of use

As to the usual route of primary drug administration among those starting treatment, a notable decrease of intravenous use of heroin can be observed in 2011 when compared to the previously reported year, as illustrated below. This drop refers both to the proportion to heroin users, as well their actual numbers (190 in 2011 reporting injecting as their usual route of heroin administration, compared to 247 in 2010 and 241 in 2009).

Fig. 5.7 Main routes of heroin administration by year



Source: Cyprus NFP, 2012

In addition, as in the previously reported years (see 2011 NR), injecting, as other high risk behaviours among heroin users again seems to be linked with the nationality, as it is more prevalent among foreign nationals (65% of which reported injecting, compared to 49% to Cyprus nationals), something that was also pointed out in the Cyprus 2011 NR to the EMCDDA. In addition, injecting of heroin as a usual route of administration continued to drop among Cyprus nationals (from 62% in 2008, 60% throughout 2009-2010 to 49% in 2011). Death from overdose, the most severe complication of risk behaviour among drug users is unfortunately confirmed by drug related deaths, as 7 out of 8 victims of direct DRDs in 2011 were foreign nationals (for details see ch 6).

With regards to the frequency of primary drug use, although the proportion of clients starting treatment in 2011 who reported daily use of the primary drug remained at similar levels to the previously reported year, due to the increased sample, the actual number was higher in 2011 (433, compared to 338 in 2010, 369 in 2009 and 306 in 2008). With regards to those who sought treatment within prison, as the frequency of use refers to the period before imprisonment, nearly all of those clients reported no use in the last 30 days prior to treatment (for details see TDI_2012_CY_03).

When stratifying frequency of use by main primary drug, compared to previous years a further decrease in daily use of heroin was observed (from 65.7% in 2008, 69.6% in 2009, 58.4% in

2010 to 45.5% in 2011) and a further increase of daily cannabis use. In addition, the proportion of heroin users who have not used the drug in the last month continued to rise in 2011. As pointed out in the previous report (Cyprus NFP 2011 Report to the EMCDDA), 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 2011, the increase that could be noted throughout the years (see 2011 NR) did not continue in 2011, as from 9.2 years in 2010 it dropped to 8.1 years. However, although this decrease could be partly attributed to the significant increase in cannabis users, and of first treatments in particular, no safe conclusions can be made regarding the above result before more data are available in the following years. At the same time, what seems to be of importance is a noteworthy drop in the mean duration of cannabis use (as a primary drug), as it has dropped from 8.4 years in 2006, 8.8 years in 2007, 9.7 years in 2010 to 7.3 years in 2011. This drop is even more apparent among cannabis users treated for the first time in 2011, as they had reported to be using cannabis on average for 5.7 years before seeking treatment, compared to 8.1 years in 2010 and 7.6 years in 2009. Looking at of newly treated cannabis users both among treatment demands in general and of treatment demands including those enrolled in the “Fred goes Net” programme, a clear decrease in the latency period over the years is observed, as from 8.5 years (median: 6) in 2006, 6 years (median: 6) in 2008, has then dropped to 5.7 years (median: 4) in 2011. The observed drop applies both to newly treated cannabis users, as well as those enrolled in the “Fred goes Net” programme. Moreover, the decreasing latency period is also shown in the total latency period, irrespectively of the primary drug of abuse, as from 9.6 years (median: 9) in 2006, 10.6 years (median: 10) in 2009 it has then dropped to 7.2 years (median: 5) in 2011. The above drop was also controlled for the presence of “Fred goes Net” cases in the sample. The above results suggest positive results of the CAC’s efforts regarding the promotion of early interventions among the youngsters, through cooperation with various Ministries and bodies who come in contact with the youngsters.

Polydrug use and high risk behaviour

Regarding polydrug use, although the proportion of persons who started treatment in 2011 and reported use of at least one secondary drug remained at same levels as in 2010 (53%), when

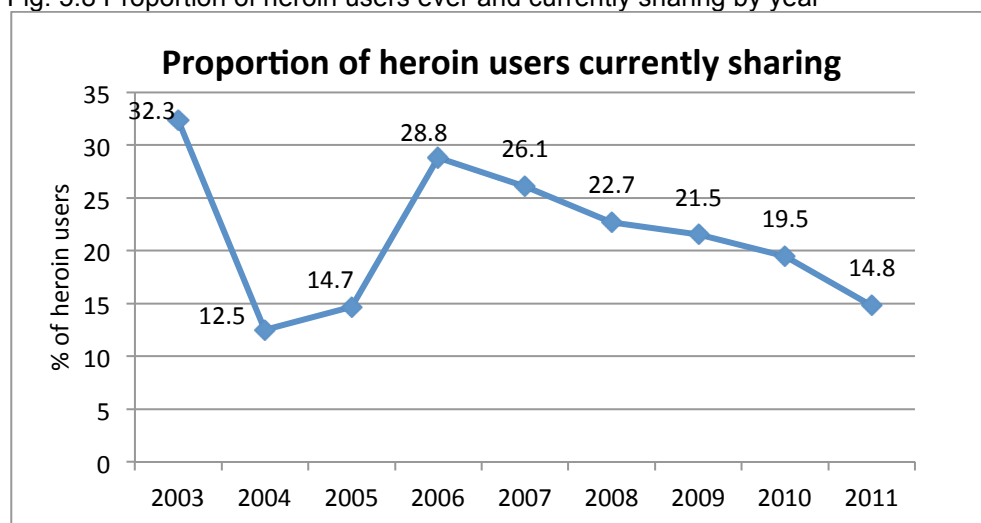
absolute numbers are taken into account, a further decrease can be observed (for details see 2011 NR), as 463 clients reported no use of any secondary substances (compared to 359 in 2010 and 239 in 2009). This is explicable by the increase of cannabis users in treatment, who traditionally have the lowest rates of polydrug use, when compared to users of other substances.

Further, as in previous years, polydrug use was more prevalent among substitution clients and no significant drop in polydrug use among this subgroup of users could be noted. As pointed out in the previous reports, (see 2011 and 2010 NR to the EMCDDA), 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 leading to overdose and death (EMCDDA, 2009). Looking at the proportion of substitution clients reporting use of at least one secondary drug, what seems of particular concern is that 12.3% of them reported the use of opiates, 7.5% benzodiazepines and 20% cocaine. This finding is also reflected in the results of post-mortem toxicology of the direct drug-induced deaths, as 6 out of 8 drug overdoses involved polydrug use (for details, see section 6.3).

As to high-risk behaviour, a significant decrease is observed in the overall proportion of users who entered treatment in 2011 and reported to have ever injected, as from 58% in 2005, 45% in 2007 and 2009, 41% in 2010 it then dropped to 28%. In addition, the observed drop refers not only to the overall proportion of users entering treatment in 2011, but also to their numbers. A comparable downward trend is also noted with regards to ever sharing. As to heroin users, a further downward trend regarding sharing can be noted, as illustrated below (fig. 5.8).

Finally, as in previous years, significant differences occur in risk behaviour prevalence when stratified by nationality. All high risk behaviours seem to be decreasing among Cyprus nationals, while the picture among foreign nationals is not as straight forward. As in the case of heroin as primary drug, both injecting and sharing practices are more prevalent among foreign nationals (58% of Cyprus nationals with heroin as primary drug reported ever injected, as compared to 84% of EU nationals). Comparable differences apply regarding sharing practices.

Fig. 5.8 Proportion of heroin users ever and currently sharing by year



Source: Cyprus NFP 2012

The above differences with regard to nationality are an indication of the need to target specifically the subgroup of immigrants facing a drug problem. The necessity of the treatment system to address their needs was also raised in previous reports (see 2011 NR), which along with other factors seems to have contributed to a series of planned measures addressed to this specific group of users. In particular, due to high prevalence of infectious diseases among foreign nationals (see ST9P3_2012_CY_01) and observed limitations regarding the accessibility of testing and treatment for this group of users, measures targeting drug using immigrants are envisaged in the new National Drugs Strategy 2013- 2020 and Action Plan (2013-2016), where three objectives are planned to be included tackling harm reduction measures for this group of users, general issues of treatment accessibility, along with the design and implementation of specific treatment programmes adjusted to immigrants' needs (Symeonidou 2012, unpublished).

Last but not least, non-EU nationals who are legally in Cyprus can apply on an individual basis directly to the Minister of health requesting the right to have their treatment covered by the governmental drug treatment services.

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. Further information is provided on the repetition of the serobehavioral survey, as well as the cooperation with the Mediterranean Research Institute of the Public Health and Quality Care for the survey based on saliva testing 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 again only some sporadic data emerging in 2011. Some training of emergency room staff also took place in 2011. During the reporting year, 19 drug related deaths were recorded, 8 of which were directly attributed to drug poisoning.

6.2. *Drug related infectious diseases*

6.2.1. HIV/AIDS and viral hepatitis

During 2011 the research study of the University of Cyprus conducted in cooperation with the CAC and funded by the Research Promotion Foundation (also see ch.6 NR2011) began and at the time of writing it is at the sample collection stage. Simultaneously, the research project by the Mediterranean Research Institute of the Public Health and Quality Care previously reported is still running. Preliminary results are not available at the time of writing.

The DRID KI implementation continues to present difficulties although a small increase of the valid tests for the reporting year is observed.

HIV/AIDS

According to the Medical Services (MOH), from 1986 to 2010, 681 positive cases have been diagnosed among the general population (Hadjilouka, 2011, unpublished). Specifically, during the reporting year 54 new cases were reported. According to the same source, from 1986 to 2010, 9 of the HIV positive cases reported being drug users.

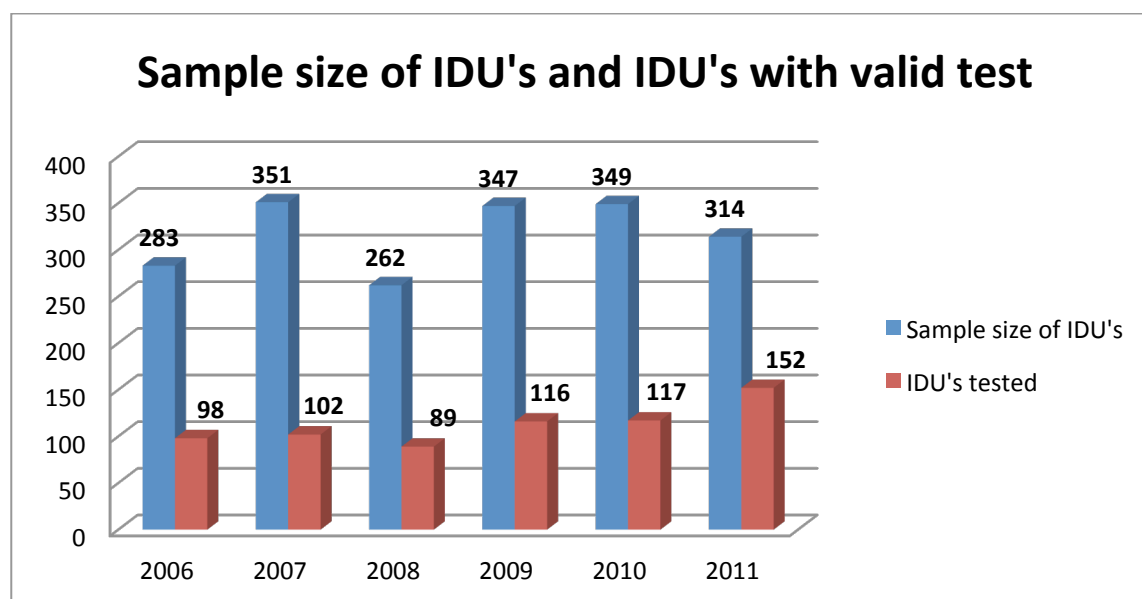
The implementation of the DRID KI revealed one HIV/AIDS positive case (see ST9P2_2012_CY_03). As mentioned in the 2009, 2010 and 2011NR, this finding should not be taken for granted since the number of valid tests is generally low. However, according to the TDI KI 1.35% of the sample, self-reported positive for HIV/AIDS in 2011 (also see ST9P2_2012_CY_04). It is noted that this percentage corresponds to three cases, all males in the age range of 25-34.

Viral hepatitis

According to the DRID KI data the HCV infection picture remains stable in regards to most aspects monitored. The total sample size (fig. 6.1) and the total number of valid tests for the reporting year is 314 and 122 respectively (see also ST9P2_2012_CY_01) (Cyprus NFP, 2012, unpublished).

At the same time, the HCV prevalence among IDU's tested noted a small increase (from 51.3% to 52.6%) (see figure 6.2 below) and when considering the decrease of the «new» IV users the prevalence remains relatively high (Also see NR2011).

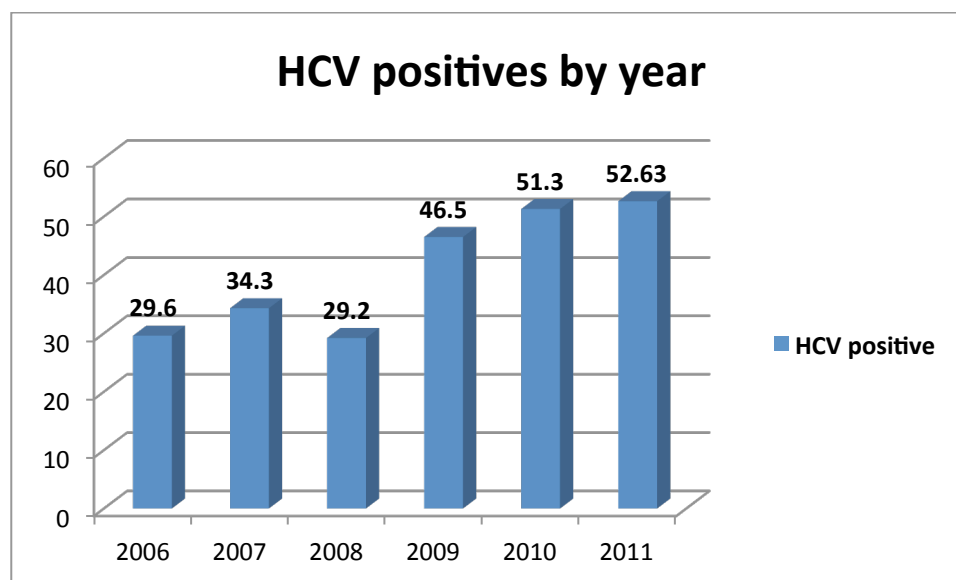
Fig. 6.1 Sample size of IDUs and IDUs with valid test



Source: Cyprus NFP, 2012

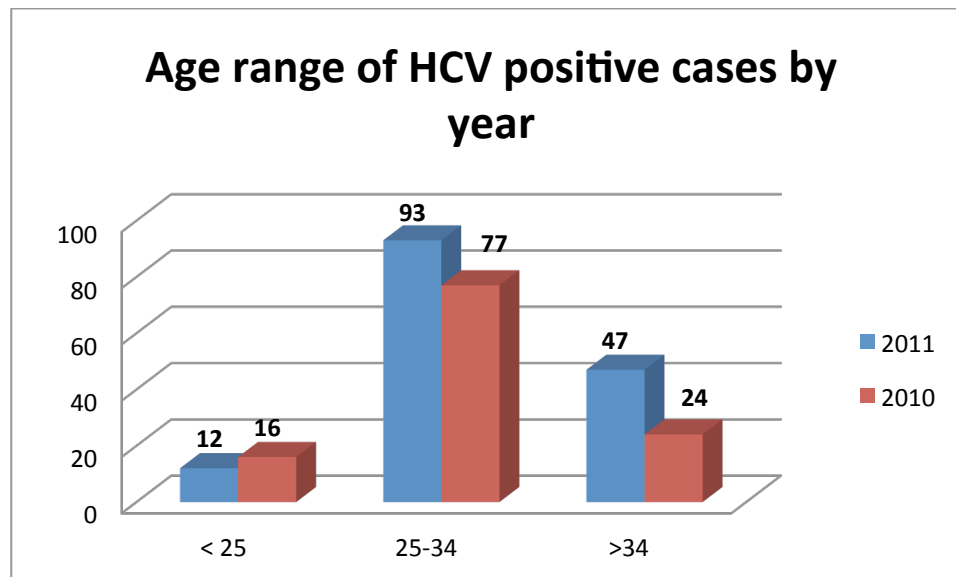
Further, as seen in the figure 6.3, the age range of the HCV positives is changing, with more HCV positives moving to the 25-34 and over the 34 age range, a development consistent with the years of first injection (64.17 % positives reported injecting for more than 10 years) as well as the observed decrease of IV use (also see ch.5).

Fig. 6.2 HCV positives by year



Source: Cyprus NFP, 2012

Fig. 6.3 Age range of HCV positive cases by year

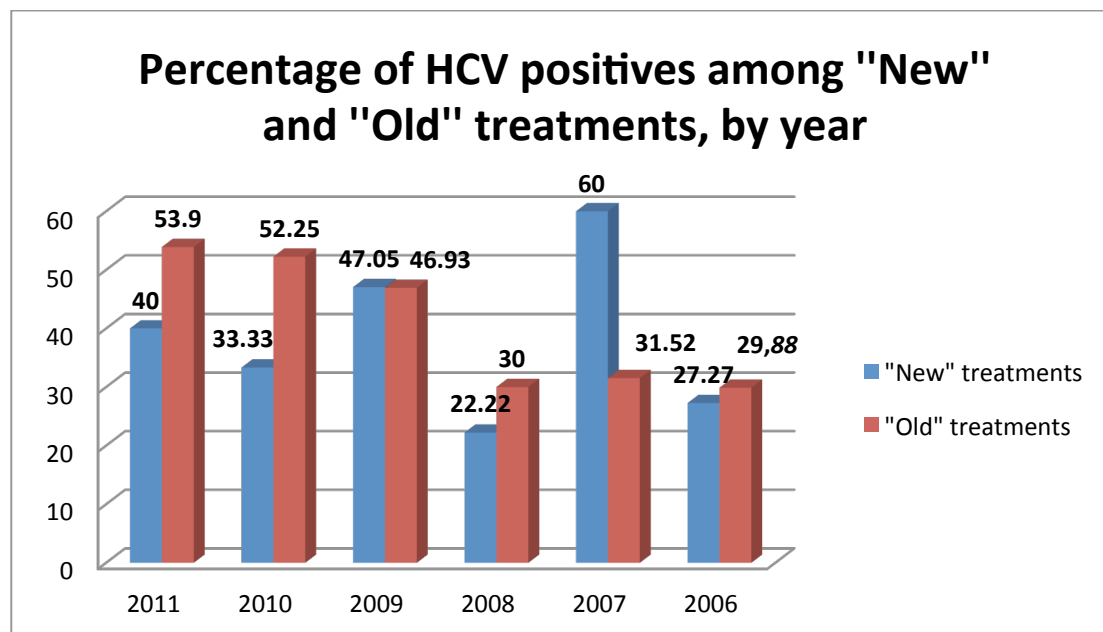


Source: Cyprus NFP, 2012

What was pointed out in the 2011 NR regarding the distribution of the nationality of HCV positives (62% of the cases being foreign nationals), continues to apply for the reporting year, with the corresponding percentages following and confirming the trend, and reinforcing the speculation of the effect of last year's infectious diseases outbreak in Greece. Specifically, in 2011 69% (55 out of 80 cases) of the HCV positives were EU or nationals of other countries. The increase of foreign nationals can also be observed in the demand for treatment as reported in ch.5 as well as in the drug related deaths reported below.

During the reporting year a small increase (from 54% in 2010 to 55% in 2011) in opioid use of IDUs as the primary drug was observed. Consequently, as seen in the graph fig. 6.4 below, this increase is also observed in the percentage of HCV positive "new" treatments (see also ST9P2_2012_CY_01). More information is presented in ch.5.

Fig. 6.4 Percentage of HCV positives among 'New' and 'Old' treatments, by year



Source: Cyprus NFP, 2012

6.3. *STIs and tuberculosis*

During the reporting year the implementation of the DRID protocol revealed rather interesting information on TB. Specifically, 35.5% of the sample tested was diagnosed positive on TB. Interestingly, as in the HCV case, 91% of the positive cases were foreign nationals. Again, the percentages reported should be viewed with caution due to the small number of the valid tests (Cyprus NFP, 2012, unpublished).

6.4. *Other infectious morbidity*

NNIA.

6.5. *Behavioral data*

NNIA

As mentioned above, there are no available findings from the study regarding the IDUs in treatment yet, and information analysis from the EuropASI was not possible for the reporting year.

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

6.6.1. *Non-fatal overdoses and drug-related emergencies*

Attempts to improve the reporting of information on non-fatal emergencies, in order to determine the profile of overdose patients presenting at hospital emergency departments in Cyprus have continued since 2009 (and earlier), although information collection remains partial. Although it has been commented by AEU that it will be very difficult to collect the information, AEU representatives continue to express commitment to doing so (see also ch. 4).

During 2011 some basic information was collected from all five hospital AEU, an improvement from previous years (see Table 6.1 below). The MOH also mentions the planning of training for AEU staff in handling drug users, in collaboration with the MHS in 2012. The CAC (CAC 2012a) reports that some training of AEU staff has already taken place at the time of writing, aimed at efficient handling of drug users. The training included topics such as information on substances, medical / pharmacological responses to drug abuse, and treatment of overdoses and withdrawal symptoms.

Table 6.1: Non-fatal overdoses

EMERGENCY UNITS	Treatment practices	Training	Cases registration since:	N° of non-fatal overdoses 2010	N° of non-fatal overdoses 2011
Paphos Hospital Emergency Unit	Narcan & Anexate (with coincidental therapy)	Requests training	2009 registration done by assigned medical staff	6	1
Nicosia Hospital Emergency Unit	Narcan		n.a.	3 (personal communication)	No information collection
Famagusta Hospital Emergency Unit	Antidote with coincidental therapy		never	0 cases were recorded due to noted lack of proper human resources	No information collection
Larnaca Hospital Emergency Unit	Reports difficulties detecting cases and securing necessary antidote	Sporadic training done in 2011	2011 registration done by AEU secretaries		Mentions 'many cases of known drug users'
Limassol Hospital Emergency Unit	n.a.		2011 registration done by AEU secretaries		3

Source: Cyprus NFP, 2010

It is worth mentioning that a large percentage of users is in fact treated for overdose at hospital AEU; however, due to lack of proper human resources and time, the recording of such information continues to be scarce. Having in mind these problems, the CAC has previously proposed a feasibility study for the collection of data from emergency departments; however, the current financial situation is likely to stall the implementation of this research.

6.6.2. Other topics of interest

Psychiatric co-morbidity

As reported above (see section 6.4) EuropASI analysis for 2011 was not possible thus no detail information can be presented. However, according to reports based on clinical observations from the treatment centers, the percentage of drug users requesting treatment who are also

diagnosed with a psychiatric illness ranges from 3% to 85%. It is noted that the high percentages are reported by a psychiatric clinic and the low ones from the adolescent drug services. (Cyprus NFP, 2012, unpublished).

Somatic co-morbidity

NNIA

See section 6.4 and ch. 7.4

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6.7. Drug related deaths and mortality of drug users

6.7.1. Drug-Induced Deaths (overdoses/poisonings)

According to the EMCDDA “Selection D” standard definition, 129 drug related deaths in total (79 acute & 50 indirect deaths) were recorded in the Special Registry from the beginning of 2004 until the end of 2011. During the reporting year, 19 drug related deaths were recorded, 8 of which were directly attributed to drug poisoning (Cyprus NFP & Special Registry, 2011).

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

Table 6.2: Number of Direct Drug Related Deaths: 2004-2011

<i>Direct Drug Related Deaths</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>
	12 ⁴⁸	8 ⁴⁹	7	12	11	12	9	8

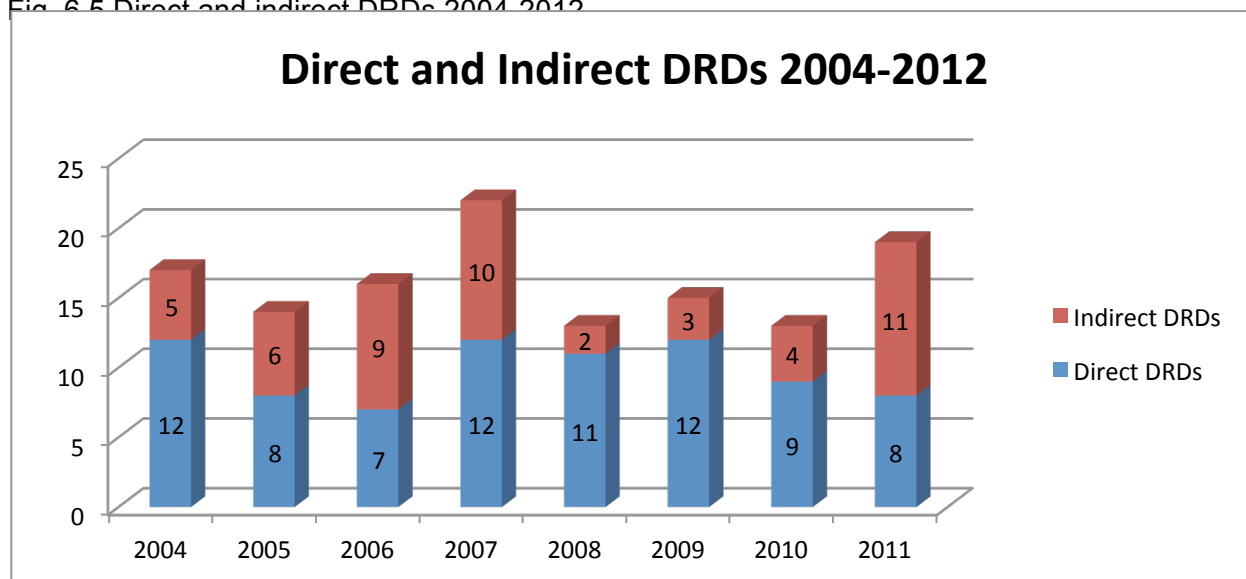
Source: Cyprus NFP, 2012

Graphically, direct and indirect DRDs can be presented thus, showing the relative stability of the tendency (fig. 6.5):

⁴⁸ Please note that a recent recount has caused the discrepancy from last year's NR 2011 figure, given as 14.

⁴⁹ Please note that a recent recount has caused the discrepancy from last year's NR 2011 figure, given as 9.

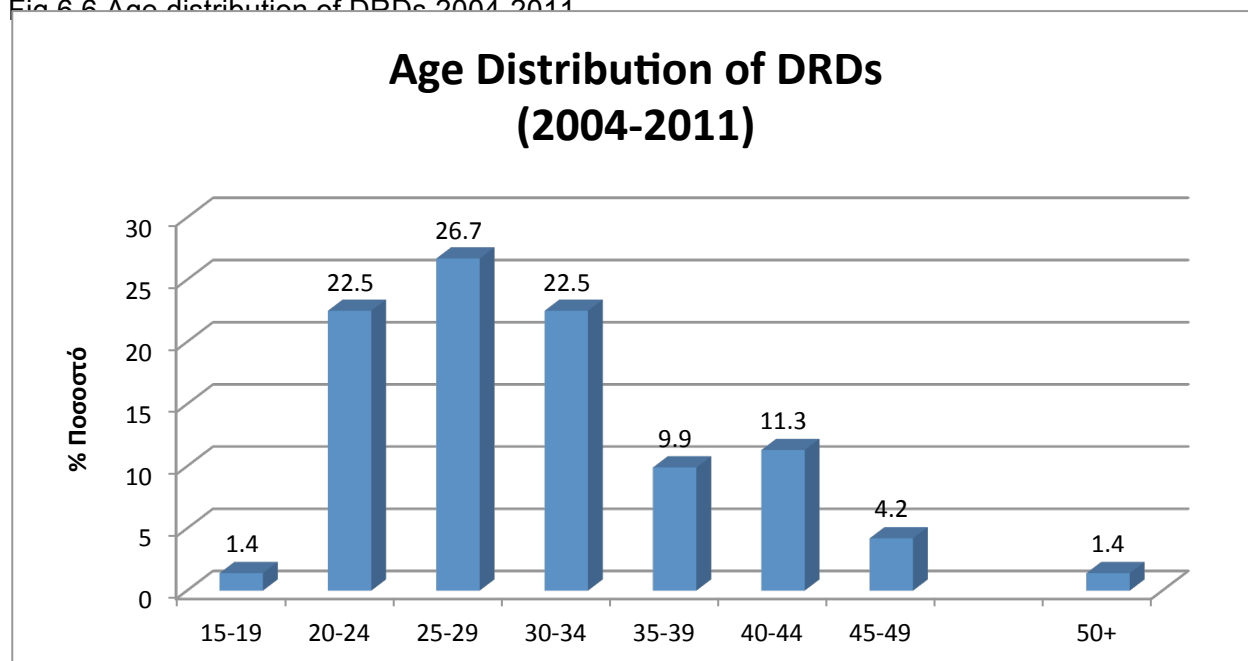
Fig. 6.5 Direct and indirect DRDs 2004-2012



Source: Cyprus NFP, 2012

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 33.4 years (see also [ST6_2012_CY_01](#)). This increase was attributed to the fact that the number of older drug users has been on the rise (see also chapter 5), and it was expected that the mean age of the deceased would keep increasing over the years, a matter also raised in the previous report (see Cyprus NFP, 2009: ch.12). However in 2010, mean age dropped from 33.3 to 32.4 years, and it fell again to 31.4 years in 2011; although this change does not appear significant to the overall trend, it may be a tendency which needs further monitoring. As can be seen in the age distribution of DRDs since 2004 (fig 6.6 below) however, ages 20-35 are still in the majority:

Fig 6.6 Age distribution of DRDs 2004-2011



Source: NFP, 2012

Due to data limitations, no safe conclusions can be drawn as to particular trends. In addition, in previous years (2004-2009) (see also ST6_2012_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), and in 2011 no women were among the deceased. 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; in 2011, 11 out of 19 deceased were Cypriot nationals, and again 5 were EU nationals and 3 were nationals of other countries; this change does not appear significant to the overall trend, especially as the treatment population is fairly well reflected in the figures (but see also discussion in ch. 5.3.1). However, the high incidence of EU and foreign nationals among DRDs does need to be noted.

As for the causes of death (as confirmed by toxicological examinations), out of 8 cases of overdoses recorded in 2011, 6 cases involved opiates (only opiates: 1 case; opiates with cocaine: 0 cases; opiates with cannabis: 1 case; opiates with benzodiazepines: 3 cases) and 1

cases involved inhalants. 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, 2004–2011

	<i>Poisoning by opioids only (excluding methadone)</i>	<i>Poisoning by poly-substances including opioids</i>	<i>Poisoning by (poly) substances excluding opioids</i>	<i>TOTAL</i>
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
2011	1	5	2	8
TOTAL	41	28	13	82

Source: Cyprus NFP, 2012

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 disseminated 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 AEU medical and Health Centre medical staff received overdose training, which continued in 2011 (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).

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

NNIA

Discussion continues among the members of the DRD indicator working group on the possibility of carrying out a mortality study (Cyprus NFP, 2012b). The possibility of data linkage between TDI data and DRDs is being investigated, and it is worth noting that the plans for development of the integrated computerised monitoring system for treatment centres - which would render the possibility of a mortality study much more viable - were initially stalled due to 2011 budget cuts (Fotsiou, 2011b), with no intention at the time to have applied this (expensive) measure in the near future (Cyprus NFP, 2012b; CAC, 2012b); recently however, and at the time of writing, these plans have nonetheless commenced implementation through the sponsorship of a private company (Golna, 2012; unpublished). This means that by the beginning of 2013, a pilot programme of the integrated computerised monitoring system for treatment centres will be in place, beginning with certain state-operated services.

6.7.3. Specific causes of mortality indirectly related to drug use

Illicit drugs and accidents

For the first time since 2008, indirect DRDs rose in 2011. Eleven indirect DRDs were recorded, road accidents accounting for 9 of them. Regarding the substances involved, all 9 cases involved substances excluding opioids (cannabis alone: 2 cases, cannabis and alcohol: 3 cases; cocaine, alcohol, cannabis: 2 cases; cannabis and cocaine: 2 cases) as found through toxicological examination (Cyprus NFP, 2012b).

As mentioned in previous reports (Cyprus NFP, 2010, 2011) data in recent years indicated a large decrease in the number of indirect deaths (table 6.4), and it was unclear what factors lay behind this, and whether there was underreporting of cases. The data for 2011, however, suggests this trend towards decrease has not followed through, and it may be worth noting that indirect deaths are likely to be high for 2012 also, as early figures indicate (Cyprus NFP, 2012b). It is probably important here to bear in mind improved communication between police and state

laboratory (Cyprus NFP, 2012b), but also to take note of cannabis, alcohol and cocaine as the main substances involved. This tendency will be monitored for future investigation.

Table 6.4 Number of indirect drug-related deaths, 2004–2011

	2004	2005	2006	2007	2008	2009	2010	2011
Number of deaths	3	5	10	10	2	3	4 ⁵⁰	11

Source: Cyprus NFP, 2012

Alcohol Related Traffic Deaths

Based on the statistical data from the Police Traffic Department, 25 alcohol related traffic fatalities occurred during 2011. 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) (DLEU, 2012, unpublished). In 2011, 20 out of 25 cases were male, only 1 of whom was younger than 25, most being 25 – 39 years old (10 cases) and 40-59 years old (7 cases) (Eleftheriou, 2012, unpublished).

Table 6.5 Alcohol-related traffic casualties

	2008	2009	2010	2011
Number of deaths	12	19 ⁵¹	26	25

Source: Cyprus NFP, 2012

⁵⁰ Please note that a recent update has caused the discrepancy from last year's NR 2011 figure, given as 3.

⁵¹ Please note that a recent update has caused the discrepancy from last year's NR 2011 figure, given as 17.

Chapter 7: Responses to health correlates and consequences

7.1. *Introduction*

Information collection regarding the responses to health correlates and consequences continues to present difficulties, since data are either not sent to the NFP, or the actual responses taking place are almost non-existent.

The information provided below is mainly collected through the CAC, which licenses and monitors all treatment services, or derives from responses to individual information collection letters sent to the relevant institutions, 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 all relevant information on prevention of drug-related overdoses, see ch. 6.6.1. No other prevention activities relating to emergencies and DRDs *per se* are currently taking place (see also ch. 3). It may be worth mentioning, however, that training of bar staff in delivering first aid and use of a defibrillator, took place in 2011 as part of the 'safer nights' prevention programme (Christodoulou, 2012, unpublished).

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

Since the establishment of the NFP and the first NR to the EMCDDA, information on the responses pertaining to drug related infectious diseases is scarce. 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 and NGOs known to engage with the topic of interest directly or indirectly. As previously mentioned (see NR 2010), it is assumed that this lack of information is mirroring the general lack of interest in infectious diseases related responses. The limited information is based on responses from the Ministry of Health as well as from the TUFs provided by the CAC.

According to the Ministry of Health, due to serious understaffing problems the implementation of Hepatitis or HIV prevention interventions was not possible (MOH, 2012, unpublished).

However, the drug treatment centers include infectious diseases testing, prevention and harm reduction during the course of treatment (TUF, 2012, unpublished, CAC, 2012, unpublished). Specifically, the CAC reported the following infectious diseases related interventions taking place:

- Hepatitis B vaccinations
- Infectious diseases testing - Another directive was sent to all treatment programmes, emphasizing the provision of free testing to drug users by the Medical Services.
- Safer use training and psycho education
- Hepatitis C referrals and treatment
- Infectious diseases counseling
- Syringe and other IV tools provision

In addition, the majority of the services report prevention of blood borne infectious diseases as one of the most important goals of the provided treatment (TUF, 2012, unpublished). According to the CAC, the accessibility of the programmes and the coverage of the aforementioned responses are high (SQ23/29). The only NSP programme available in Cyprus did not provide any information as of the time this report was written.

Furthermore, the Cyprus Youth Board continues to implement the «safer nights» programme, which includes safer sex training as one of the four thematic areas it covers (also see NR2010 and SQ 23/29) (letter to CAC, dated 19/4/12, unpublished). Other interventions targeting for instance women, immigrants or elder users are not implemented in Cyprus.

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

Psychiatric and somatic co-morbidity

At the time this report was written, no procedures and tools had been successfully implemented for collecting somatic and psychiatric co-morbidity information. However, according to information from the TUFs, some treatment programmes give priority for enrollment to pregnant

women and individuals with somatic or psychiatric morbidity. At the same time, half of the drug treatment programmes report focusing on dealing with the medical and psychiatric issues of users, while the majority of the programmes aim at improving the individuals' physical health and well-being. CAC (2012a) mentions that persons with dual diagnosis are enrolled into treatment programmes when psychopathology is inactive, and given individual psychotherapy. Similarly, referrals to medical treatment take place for somatic comorbidity (e.g. Hepatitis C).

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; no such studies were submitted in 2011, as key institutions did not focus on social correlate research (see section 8.2.2 below). One key data provider is the MLSI; while other ministries, such as the MOH, MJPO and MEC also offer useful feedback. The bulk of the statistical data in 2011, 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.

The TDI analysis for 2011 has refined some figures, since in contrast to prior years, in 2011 it has been possible to isolate cases of homelessness from those living in unstable accommodation. It may be noted that while 4.1% of drug users lived in unstable accommodation in 2011, only 0.3% were in the 'homeless' category. Bearing in mind the caution with which small figures must be treated, unemployment among women heroin users remains slightly higher.

8.2. Social Exclusion and Drug Use

8.2.1. Social exclusion among drug users

Homelessness

As previously reported, homelessness is of relatively minor importance as a factor of social exclusion for Cypriot drug users. In contrast to prior years, in 2011 it has been possible to isolate cases of homelessness from those living in unstable accommodation. While 4.1% of drug users lived in unstable accommodation in 2011, only 0.3% were in the 'homeless' category (but note N=3 cases, so no conclusions may be drawn about the differences). In terms of nationality, it is worth noticing that 100.0% (N=3) of those in the homeless category were foreign nationals (and male heroin users); and for those in unstable accommodation, 24.4% were Cypriot nationals (N=10), while 75.6% were foreign nationals (N=31). Again, this cannot count as a quantitative statistic due to the small sample size, but it does point in the general direction of the hypothesis suggested in last year's NR, namely that a larger number of non-Cypriot EU nationals, particularly persons coming from Greece for treatment purposes and not finding immediate accommodation, has probably contributed to this picture of unstable accommodation and/or homelessness. This is reflected too, in the statistics for those in stable accommodation, where Cypriot nationals measured 81.1%, over against 18.9% for the foreign nationals.

In terms of primary drug, it has already been pointed out that all three persons in the small homeless sample were heroin users. For those in unstable accommodation, 65.9% (N=27) were heroin users, while 24.4% (N=10) cite cannabis as their primary drug. While 58.9% (N=586) of users lived with their parents, 6.9% (N=69) lived with a partner and no children, and 12.7% (N=126) lived with a partner and children. It is worth noting that of those living with their parents, 28.9% (N=63) were over 35 years old. A very small percentage of drug users (0.7%, N=7) lived alone with a child, but this amounted to 4.7% of all female drug users (as opposed to 0.2% of male drug users). Also, while the majority of users did not live with other drug users, 21.7% of female users did, as compared to 6.6% of males. Since 22.0% (N=9) of users in unstable accommodation were women, while only 10% (N=94) of those in stable accommodation were women, this suggests possibly a vulnerability in the population of female heroin users again in 2011. This is borne out in noticing that the percentage of heroin users

living with other users was almost triple for women (29.8%) than for men (11%). It may also be noted that more than double the percentage (15.3%) of those living with other drug users were foreign nationals, as opposed to Cyprus nationals (6.3%).

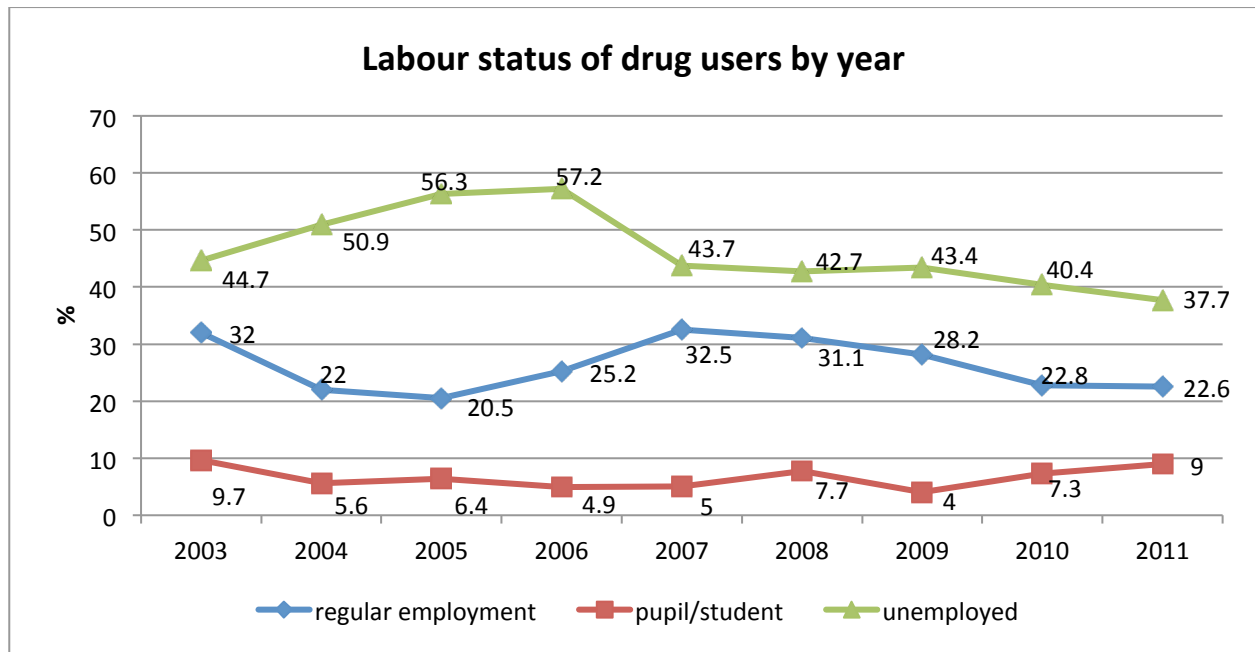
As for the age of first drug use, while bearing in mind the small samples involved it could be noted that those in stable accommodation had a mean age of 18 years, whereas those in unstable accommodation were 16.5 years (N=41) and the homeless 14 years old (N=3) on average when trying their first substance. There is also a difference in mean age of first use between those living with other users (16.7 years old; N=81) and those not living with users (18 years old; N=838).

Unemployment

In 2011, 37.7% of drug users applying for treatment were unemployed⁵², and 13.3% were economically inactive. Only 22.6% were in regular employment, and it may be noted, bearing in mind the small numbers involved, that of these 23.6% (N=210) were male and 14.2% (N=15) female. Unemployment was also somewhat higher among women (42.5%, N=45) than men users (37.1%, N=330). There were no striking differences in nationality for those in regular employment, although unemployment was higher for foreign nationals (EU nationals: 51.9%, N=70; nationals of other countries: 45.7%; N=37) than for drug users who were Cyprus nationals (34.4%; N=268). Despite the current economic crisis, which perhaps narrows down job opportunities for non-Greek speakers, the annual overall unemployment rate among drug users appears to be decreasing slightly (see fig. 8.1):

⁵² In contrast, Eurostat states an unemployment rate of 9.7% for the general Cyprus population in December 2011.

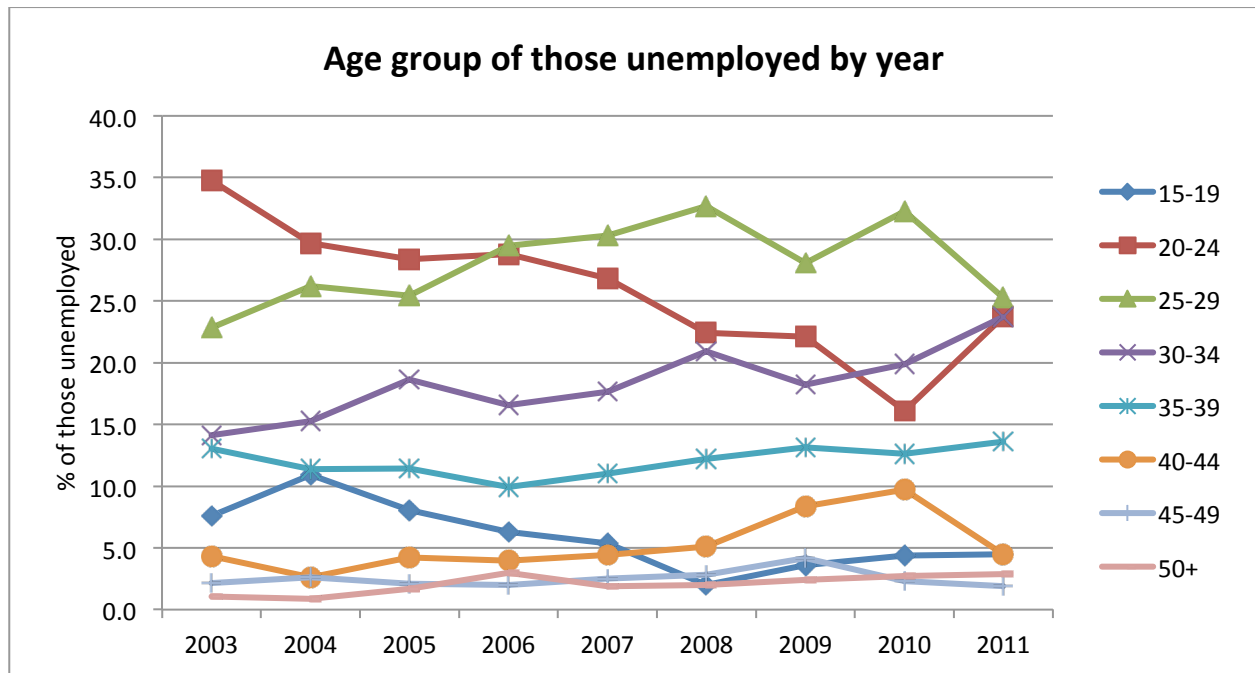
Fig 8.1 Labour status by year



Source: NFP, 2012

In 2011, the apparent differences in age between those in regular employment and the unemployed converged (see fig 8.2):

Fig 8.2 Age group of those unemployed by year

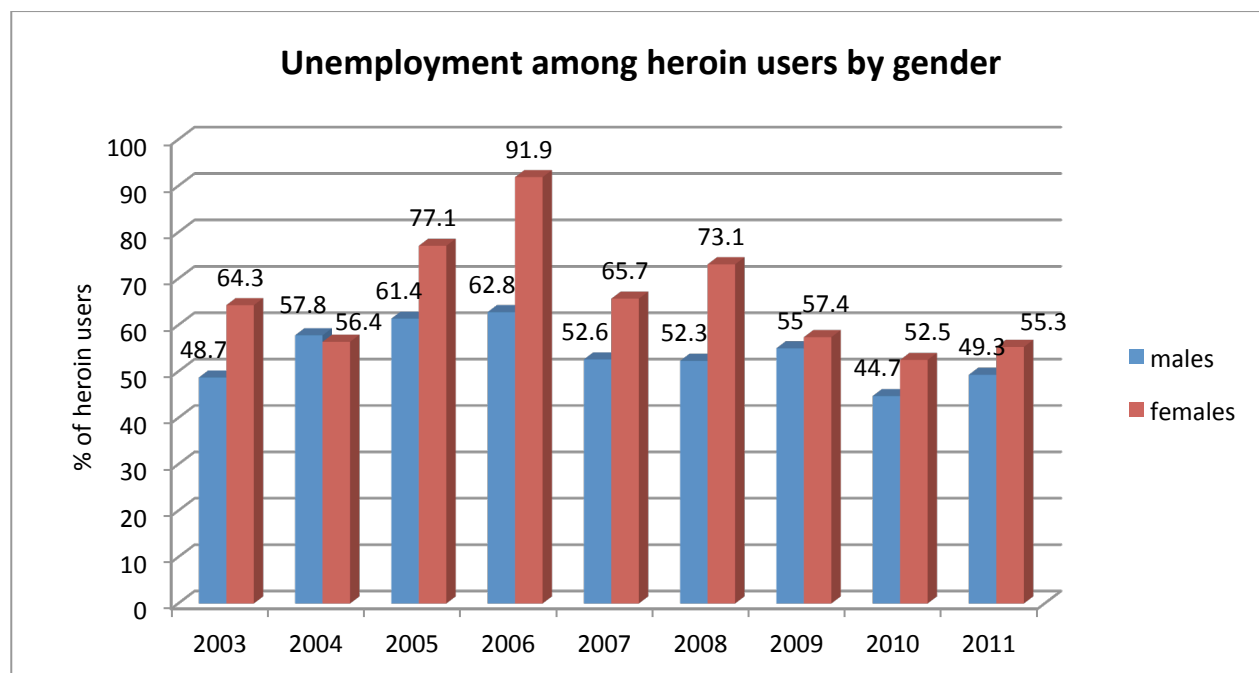


Source: NFP, 2012

Those belonging in the 'economically inactive' category had a slightly older mean age (35.7 yrs) as compared to the unemployed (29.7 yrs) or those in regular employment (30.6 yrs).

Unemployment among male and female heroin users specifically also appeared to be converging further in 2011 (fig. 8.3):

Fig 8.3 Unemployment among heroin users by gender

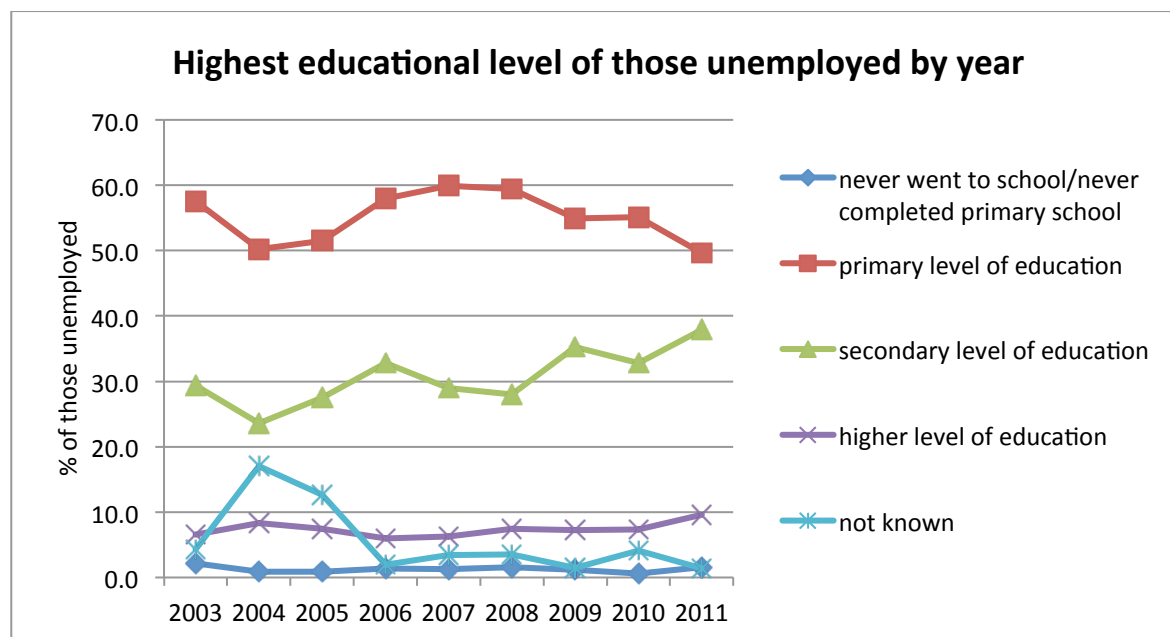


Source: NFP, 2012

Unemployment among women heroin users remains slightly higher. It is worth noting, however, that 16% of males and 17% of females were separately classified as 'economically inactive', so this may affect the comparability of unemployment figures with previous years.

In terms of educational attainment, 42.9% of those drug users who never went to school or completed high school were unemployed, and among the unemployed drug users 49.6% only completed the primary level of education (fig 8.4). Also, among unemployed drug users only 9.6% reached a higher level of education, whereas 19.1% of those drug users in regular employment reached higher education.

Fig 8.4 Highest educational level of those unemployed by year



Source: NFP, 2012

Heroin features again in 2011 as a prominent primary drug among the unemployed drug users, where 50.1% were heroin users as compared to 28.7% cannabis users; in contrast, among those in regular employment 24.3% were cannabis users, and 17.5% used heroin as their primary drug. Differences for other drugs were either less pronounced (e.g. 36.5% of unemployed used cocaine, whereas 32.3% of those in regular employment did so), or the numbers involved were too small to be significant.

School drop-out

As described in previous NRs, 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.

It should be noted that 42.9% of students seeking treatment dropped out of school in 2011, and 46.8% of these did so before completing lower secondary school. Among these, it may be of

interest to note that 5.1% and 4.1% dropped out aged 11 and 10 years respectively, while the greatest frequency of dropping out in lower secondary occurred at the ages of 12 (27.7%), 13 (24.6%) and 14 (25.6%) respectively. In terms of mean age, those dropping out before completing lower secondary were 12.9 years old on average, and those dropping out before completing upper secondary were 15.5 years old. It is unclear whether this may be linked to the fact stated earlier, that those in unstable accommodation were 16.5 years (N=41) and the homeless 14 years old (N=3) on average when trying their first substance. Girls dropped out less frequently than boys, with 35.4% of dropouts being female and 43.8% male. The primary drugs of choice among school dropouts were heroin (43.4%), cannabis (40.3%) and to a lesser extent cocaine (9.1%); there was also a very small difference in mean age of first drug use between dropouts (17.5 years old) and non-dropouts (18.3 years).

8.2.2. Drug use among socially excluded groups

NNIA

Several research institutions responding to the NFP's data requests indicated that no research on socially excluded groups was done in 2011, or indeed on social correlates of drug use in general (Kaffa, 2012; Gagatsis, 2012; Konstantinou, 2012; EUC, 2012; Chrysostomou, 2012). However, Kaffa (*ibid*) does mention that the Research Promotion Foundation (<http://www.research.org.cy/EN/index.html/>) is funding genetic studies by the University of Cyprus, which focus on HCV carriers (not a socially excluded group, but a patient population) who are intravenous drug users; these studies are being conducted in collaboration with the NFP and are currently still underway (see also ch.6 in NR 2011).

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.

In 2011 some changes to the social reintegration context have taken place. “Agia Skepi” remains a provider of social reintegration, as does “Tolmi” (Larnaca and Paphos), but “Pyxida” closed down in early 2012, changing its name into Nicosia Centre for Multiple Interventions of the MHS (see also ch.11). Under this new name, it still provides a social reintegration programme. Similarly, “Ploigos” closed down in 2012, now offering social reintegration under the name “Orizontas”. Moreover, two new social reintegration programmes were established, one by the NGO “Evimeros”, and another by “Ithaki”. All these programmes are reported on below in sec. 8.3.2.

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). Ten applicants in 2011 received a total of €26,390 (see also ch.1). It is worth mentioning that following observations with certain difficulties in last year’s NR 2011, the budget for the Plan for Financial Assistance is being managed by the CAC as of 2012.

Table 8.1 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
2011	10	n/a	26,390.00	40,000.00

Source: NFP, 2012

Koletta (2012) adds that the 10 persons receiving financial assistance under this plan, also received extra benefit within the framework of social cohesion measures for people in rehabilitation, the budget for which ran to €85,430.00 in 2011. Nevertheless, there has been a

noticeable diminution of the foreseen budget for housing in 2012, which may be related to the current fiscal crisis (see ch. 12).

8.3.2. Education, training

The MLSI's extra measures against increasing unemployment which began in 2009 as the "Temporary Plan for the Training of Unemployed Persons" in which former drug users may participate, continued in 2011 (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, 2012, 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.

The "Improving Employability Amongst the Unemployed" programme, also aimed at unemployed people in general but including former drug users, continued throughout 2011 and is foreseen to continue in 2012. As reported previously, it is co-funded by the MLSI and the European Social Fund, together with the Human Resources Development Authority (Koletta 2012, unpublished; see also <http://ec.europa.eu/esf/main.jsp?ca tid=373&langId=en>). This programme also offers training in computer use, English language, Secretarial Skills and gaining work experience.

Koletta (2012) also mentions that unemployed persons are informed on the availability of "Fast-track Initial Training" programmes held at the Cyprus Productivity Centre (http://www.mlsi.gov.cy/mlsi/kepa/kepa_new.nsf/index_en/index_en?OpenDocument). These programmes also offer vocational skills training with a view to entering the job market, for jobs

such as electricians, air-conditioning technicians, lift technicians, soldering, mobile phone technicians etc.

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

At the time of writing (2012) there exist six social reintegration programmes in Cyprus, an increase of two since last year. These are operated by the private sector NGO therapeutic communities “Agia Skepi” and “Tolmi”, as well as “Evimeros” and “Ithaki” (KENTHEA), and also the public sector services “Pyxida” and “Ploigos” respectively (which closed down in 2012, changing their names as described earlier; their data is presented here separately, since both these centres were operational in 2011). The CAC has requested the completion of a structured Programme Description Questionnaire for each of these programmes also in 2011, and the data from these is presented below (Tables 8.3 to 8.6⁵³). Social reintegration data was made available again from “Tolmi” in 2011. The tables for “Evimeros” and “Ithaki” are incomplete, as only partial data was received during the data collection phase.

⁵³ 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. It may be noted here that N=No, and N/A means data was not made available.

Table 8.2 Agia Skepi Social Reintegration Programme

	2007	2008	2009	2010	2011
Programme duration (days)	365	365	180	240	180
Post-treatment follow-up (days)	365	365 / 2 review sessions	365 / 2 review sessions	365 / 2 review sessions	365 / 2 review sessions
Capacity (no. of participants)	20	20	20	20	20
Number at beginning of year	14	3	7	9	5
Number entering during year	5	7	8	5	12
Number continuing at end of year	8	7	9	8	6
Dropped out	-	-	2	5	3
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	Y– food and shelter for 4 months, capacity 12; 17 participants
On-site education	N	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	N
Legal support	Y	Y – 3 participants	Y – 5 participants	Y – 8 participants	Y – 7 participants
Job counselling	Y	Y – 10 participants	Y – 15 participants	Y – 14 participants	Y – 17 participants
Creative & Recreational Groups	Y	nnia	nnia	nnia	nnia
Psychotherapy	Y	nnia	nnia	Y if requested	Y if requested
Number of participants employed during year	14	7	8	5	12

Source: Cyprus NFP, 2012

Table 8.3 Ploigos Social Reintegration Programme

	2007	2008	2009	2010	2011
Programme duration (days)	N/A	Long duration	4.9 years max.	4.9 years max	N/A
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	N ⁵⁴
Capacity (no. of participants)	N/A	20	20-25	25	N/A
Number at beginning of year	N/A	12	14	14	10
Number entering during year	N/A	12	6	6	15 (plus 10 family members)
Number continuing at end of year	N/A	nnia	13	13	23
Residential (Y/N)	N/A	N	N	N	N
Dropped out	N/A	-	3 (1 went to prison)	3 (granted premature leave)	2
On-site education	N/A	N	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 unit	Y – 3 in adult ed., 2 in cooperation with vocational unit	N
Legal support	N/A	N	N	N	N/A
Job counselling	N/A	Y – 12 participants	Y- 4 participants	Y- 4 participants	Y-17
Creative & Recreational Groups	N/A	nnia	nnia	nnia	25
Psychotherapy	N/A	nnia	nnia	nnia	nnia
Number of participants employed during year	N/A	2	2	2	3

Source: Cyprus NFP, 2012

⁵⁴ Although no post-treatment follow-up is reported in 2011, the organisers do nonetheless report provision of psychosocial support, careers counselling and creative / social skills training.

Table 8.4 Tolmi Social Reintegration Programme

	2007	2008	2009	2010	2011
Programme duration (days)	N/A	180	180	5-6 months ⁵⁵	180
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	2 years; monthly contact in first year, every 3 months in second year
Capacity (no. of participants)	N/A	30	30	30	15
Number at beginning of year	N/A	10	5	N/A	10
Number entering during year	N/A	11	4	N/A	6
Number continuing at end of year	N/A	7	3	N/A	11
Residential (Y/N)	N/A	N	N	N/A	N
Dropped out	N/A	nnia	1	N/A	N/A
On-site education	N/A	N	N	N/A	N
On-site vocational training	N/A	Y – assistance with CVs and jobseeking, interview training	nnia	Y	Y – 5 participants
Legal support	N/A	Y – 8 participants	Y – 1 participant	Y	N/A
Job counselling	N/A	Y	Y – 3 participants	Y	Y - 3 participants
Creative & Recreational Groups	N/A	nnia		N/A	N/A
Psychotherapy	N/A	nnia		Y – group therapy	N/A
Number of participants employed during year	N/A	8	1	N/A	12 persons employed already at beginning of treatment

Source: Cyprus NFP, 2012

⁵⁵ Certain data for this year has been made available by personal communication (Symeonidou, 2011)

Table 8.5 Pyxida Social Reintegration Programme

	2007	2008	2009 ⁵⁶	2010	2011
Programme duration (days)	365	365	365	365	365
Post-treatment follow-up (days)	365 / 2 review sessions	indefinite	Y – 24 months	Y – 365 days	Y – 365 days
Capacity (no. of participants)	15	indefinite	nnia	indefinite	N/A
Number at beginning of year	5	7	nnia	16	14
Number entering during year	3	8	nnia	10	5
Number continuing at end of year	6	14	nnia	14	11
Residential (Y/N)	N	N	nnia	N	N
Dropped out	nnia	nnia	nnia	4 (2 granted premature leave, 2 dropped out)	N
On-site education	N	N	nnia	N/A	N
On-site vocational training	N	N	nnia	N/A	N
Legal support	Y	Y	nnia	Y	Y – 3 participants
Job counselling	Y	Y– 4 participants	nnia	N/A	N/A
Creative & Recreational Groups	Y	nnia	Y	N/A	Y
Psychotherapy	Y	nnia	Y	Y	Y – reintegration group
Number of participants employed during year	8	3 (+8 in previous employment)	nnia	7	5

Source: Cyprus NFP, 2012

⁵⁶ 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).

Table 8.6 Orizontas Social Reintegration Programme⁵⁷

	2007	2008	2009	2010	2011
Programme duration (days)					N/A
Post-treatment follow-up (days)					N
Capacity (no. of participants)					20
Number at beginning of year					10
Number entering during year					46
Number continuing at end of year					15
Residential (Y/N)					N
Dropped out					2
On-site education					N
On-site vocational training					N/A
Legal support					N/A
Job counselling					N/A
Creative & Recreational Groups					N/A
Psychotherapy					N/A
Number of participants employed during year					N/A

Source: Cyprus NFP, 2012

Table 8.7 Evimeros Social Reintegration Programme

	2007	2008	2009	2010	2011
Programme duration (days)					N/A
Post-treatment follow-up (days)					N/A
Capacity (no. of participants)					N/A
Number at beginning of year					N/A
Number entering during year					N/A
Number continuing at end of year					N/A
Residential (Y/N)					N/A
Dropped out					N/A
On-site education					N/A
On-site vocational training					N/A
Legal support					N/A
Job counselling					N/A
Creative & Recreational Groups					Y ⁵⁸
Psychotherapy					Y ⁵⁸
Number of participants employed during year					N/A

Source: Cyprus NFP, 2012

⁵⁷ This programme has signed an agreement with DLEU for referrals from the 'Fred goes net' programme.

⁵⁸ The only information available on the SR groups is that these aim at "personal maturity, improvement of social skills, emotional stabilization and self-control, search for personal interests etc." (Evimeros, 2012)

Table 8.8 Ithaki Social Reintegration Programme

	2007	2008	2009	2010	2011
Programme duration (days)					N/A
Post-treatment follow-up (days)					N/A
Capacity (no. of participants)					N/A
Number at beginning of year					N/A
Number entering during year					25 ⁵⁹
Number continuing at end of year					N/A
Residential (Y/N)					N/A
Dropped out					N/A
On-site education					N/A
On-site vocational training					N/A
Legal support					N/A
Job counselling					N/A
Creative & Recreational Groups					N/A
Psychotherapy					Y
Number of participants employed during year					N/A

Source: Cyprus NFP, 2012

⁵⁹ Little information was made available regarding the nature of this programme for 2011. Namely, 25 users and 18 of their family members had received treatment, which consisted of motivational work and rehabilitation. It is unclear whether this number corresponds exactly to those also taking part in the SR programme.

8.3.3. Employment

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 Department of Labour offers unemployed persons, including former drug users, individualised job counselling at the Individualized Approach Service (Koletta, 2012, unpublished; see also http://www.mlsi.gov.cy/mlsi/dl/dl.nsf/dmldistrict_en/dmldistrict_en?OpenDocument). This includes follow-up and monitoring of any difficulties experienced at work. Estimates of former drug users participating in this service are given below (table 8.9):

Table 8.9 Individualized Job Placement

Year	Number of former drug users applying	Number of former drug users placed in jobs
2010	14	7
2011	42	13

Source: Cyprus NFP, 2012

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 at District Labour Offices across the Republic of Cyprus.

At the same time, the Department of Labour has continued its call to employers to participate in the “Motivation Scheme for Employment of Persons in Vulnerable Social Groups” (see NR 2011, where the same plan was referred to as “Employment and Social Integration of Vulnerable Population Groups”). As reported previously, the projected budget for the plan is €3,000,000.00. The MLSI (Lyra 2010, unpublished; Koletta, 2012, unpublished) explains that

the rationale adopted by the Department of Labour is that motivation of employers is preferable to the adoption of legal measures in providing entry into the labour market for former drug users. The plan thus 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. According to Koletta (2012, unpublished), no former drug users applied to the plan in 2011 (as compared to 2 in 2010), although 2-3 known former drug users did receive aid in 2011 by being included under other criteria; again, it may be significant that these persons chose to apply without referring to their drug use history. However, reports from social reintegration programmes (Veniamin, 2012) seem to confirm the observations of Lyra (2010, unpublished) that since 2009, that 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. Veniamin (2012) remarks that "Agia Skepi" SR programme participants have difficulties finding employment, and those working also experienced pay cuts in 2011.

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 the 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 the DLEU, during the year 2011 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, during the last two years 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 2010 (see also ST11_2012_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 2011 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.

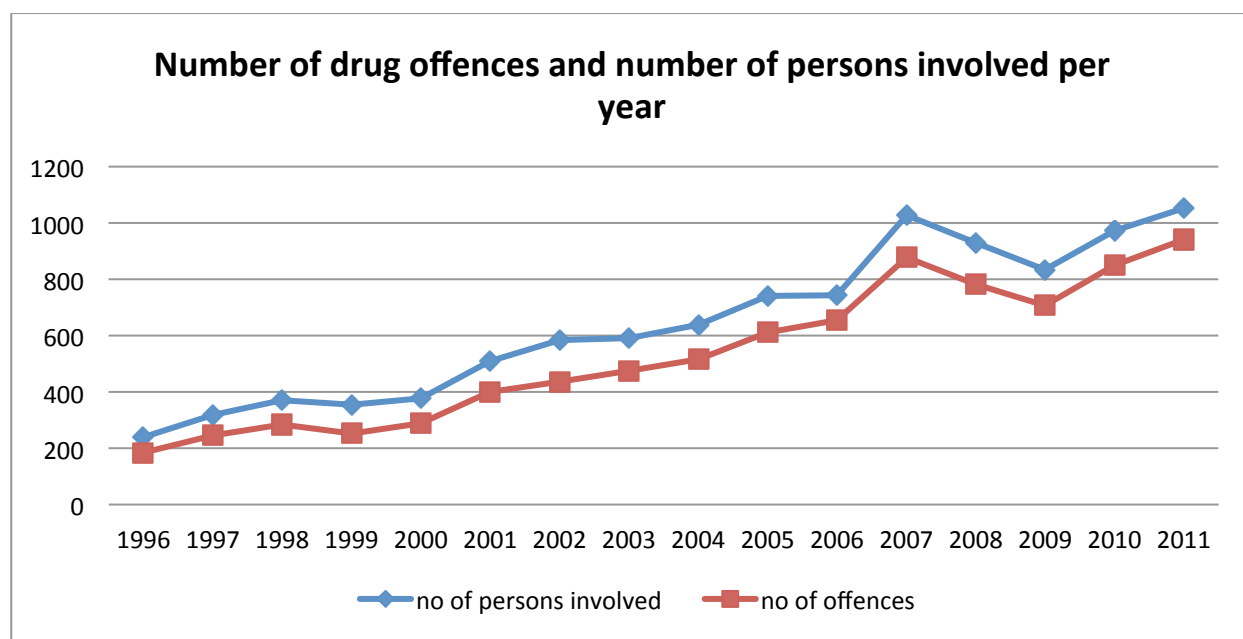
9.2. *Drug-related crime*

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 2011 showed a slight increase compared to 2010. Specifically,

in 2011 the number of drug offences reached 940⁶⁰ compared to 851 in the previous reporting year. The number of persons involved in drug offences was 1052⁶¹ in comparison to 973 in 2010 (see also Ch. 9, NR 2011 and ST 11_2012_CY_01). During the reporting year, Cypriot nationals continued to represent the majority of persons involved in drug offences (798 compared to 720 in 2010) as compared to 254 non-Cypriot nationals (Nicolau, 2012, 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, in 2010-2011 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, 2012.

As in previous years, the vast majority of persons involved in drug offences were linked to use / possession offences (see also ST 11_2012_CY_02), with a slight increase during the reporting year. Specifically, 861 persons were involved in use/possession offences, compared to 742 in 2010. In addition, a slight decrease was observed in 2011 regarding the number of persons

⁶⁰ The total number of drug offences in the ST 11_2012_CY_1 and ST11_2012_CY_2 is 936, since in four (4) offences no illicit substance was found after police investigation.

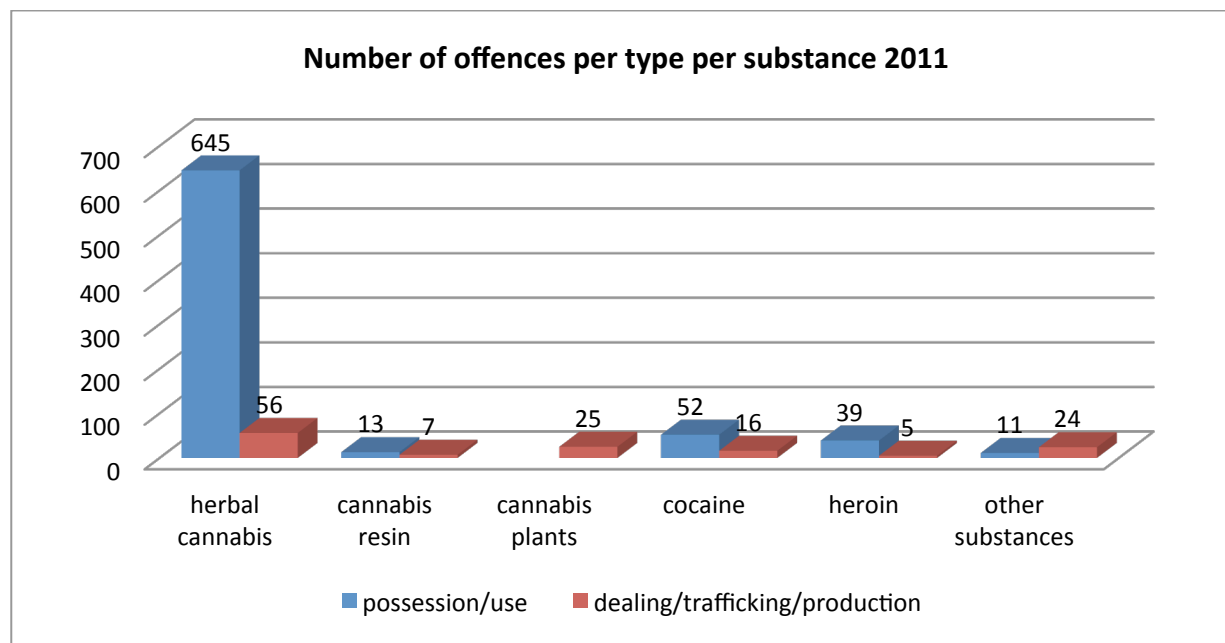
⁶¹ The total number of offenders in the ST 11_2012_CY_1 and ST11_2012_CY_2 is 1048, since (4) persons were involved in offences where no illicit substance was found.

involved in dealing / trafficking / production offences, compared to the previous year (187 and 231, 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 645 compared to 496 offences in the previous year, followed by cocaine, heroin and cannabis resin (see also ST 11_2012_CY_01).Worth mentioning too, is the category “other substances”⁶² as presented in fig. 9.2, mainly includes synthetic and doping substances. Specifically, a total of 36 offences were recorded in 2011,compared to 49, in the previous year involving 38 persons compared to 52 in 2010. Despite the fact that both number of offences and number of persons involved showed a decrease in the reporting year, the availability of these synthetic drugs is what determines the change regarding supply and demand seen from 2010. As was mentioned in the previous NR 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 since 2010 continued the decreasing trend(see also ST 11_2012_CY_02)(see also Ch.9.2.1, NR 2011).

⁶²This category includes only some of the substances included in ST 11_2012_CY_01 and ST 11_2012_CY_02 in the category “other substances”.

Fig. 9.2 Number of offences per type, per substance during 2011



Source: DLEU, 2012.

Characteristics of persons involved in drug offences:

The majority of persons involved in drug offences, as in previous years, 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 2011).

The country of origin of the vast majority of non-Cypriot nationals involved in drug offences, as in the previous year, was Greece, followed by Bulgaria and Britain. Regarding their status, almost 63% of the non -Cypriots were permanent residents while 13% workers (Nicolaou, 2012 unpublished). A small increase in the percentage of tourists involved in drug offences was recorded (10% in 2011 and 7.5% in the previous year). On the other hand, the percentage of illegal foreigners involved in drug offences remained almost the same.

9.2.2. Other drug-related crime

Concerning other drug related crimes, the NFP initiated cooperation with the Police and specifically with the Department of Crime Tracing, in order to make the necessary steps in recording other drug related crimes (see also ch.9.2.2, NR 2011). Thus, property crimes were recorded for the year 2011. Specifically, from the total of 1052 persons involved in drug offences, 123 persons (approximately 12%) were also involved in property crimes. The majority were males, Cypriot nationals, aged 30.3 years old on average.

Driving under the influence of drugs

According to information provided by the Traffic Department of the Cyprus Police, the use of alcohol was the main cause of accidents during the reporting year. However, a small number of fatal accidents involved illicit substance use. Specifically, 4 drivers were found to be under the influence of illicit substances, too (for more details see ch.6). (Nicolaou, 2012, unpublished).

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 52, in the previous year, to 56 during 2011 (see also Ch. 9, NR 2011). According to Police data, the total number of municipalities and communities patrolled during 2011, reached 69 compared to 56 in 2010 and 54 areas during 2009 (see also ch.9, NR 2011). The Community Police now covers 391 000 inhabitants compared to 350 000 in the previous year. Although the coverage of Community Police is still quite limited (approximately one third of the country's population is covered), the small increase in the number of policemen which is observed each year is positive.

During 2011 several measures took place regarding the improvement of efficiency and effectiveness of the community police:

- The use of bicycles was adopted by the policemen covering areas in the old city of Nicosia.
- During the reporting year, the members of the community police were trained on issues regarding: “Time organization and time management”, “Handling juveniles” and “Handling minorities”.
- Improvement of equipment (motor equipment, telecommunication means, reporting papers)
- Creation of email addresses for central points of the Community Police for better and on time information among the policemen.
- Workshop on reassessment of goals of the Community Police and ways to achieve them.
- Institution of targets of attribution and inclusion of them in the strategic planning (Nicolaou, N., 2012, unpublished).

9.4. Interventions in the criminal justice system

9.4.1. Alternatives to prison

Regarding legislation concerning alternatives to imprisonment (law L.57 (I)/92, ‘Care and Treatment of Drug Addicts’), during 2011 a committee examining the amendments to this legislation was reconvened by the CAC. More details are presented in ch.1.2.1.

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 MJPO (Trifonides 2012, unpublished), out of 759 inmates who were submitted to a drug screening test in 2011 (urine tests), 49 were found positive. No information is available however, regarding the type of drugs inmates were found positive for.

In addition, treatment demand data was provided to the Cyprus NFP from the prison’s drug treatment programme which, following numerous interventions on behalf of the CAC,

recommended operations in 2011. According to the data, 25 inmates sought treatment for drug use (23 of whom were Cyprus nationals). The vast majority reported cannabis as their primary drug of abuse (17 out of 25), five entered treatment due to cocaine / crack use, two due to heroin, and one for MDMA use (see also TDI2012_CY_03). As to the frequency of use of the primary drug, although according to the related instructions this refers to the period prior to imprisonment, 2 persons had used drugs within prison (cannabis in both cases), one of whom did so on a daily basis (for more information see ch 5).

As to other sources of information regarding drug use in prison, as previously reported (see NR 2011), in 2011 cooperation with the medical and nursing staff of the Prison Department was established, which resulted in the collection of some basic data regarding drug use among incoming inmates since May 2011. The pilot mechanism established, aimed at assessing the proportion of incoming inmates with a drug history. However, as pointed out by the nursing staff of the Prison Department responsible for the data collection, significant difficulties seem to have arisen in the case of non-English speaking foreign nationals, with whom communication (at least at such early stages of their imprisonment) is virtually impossible. The mechanism and related problems will be carefully assessed and revisited within 2012, with the aim of improving the procedures for the following years.

Based on the information provided by the Prison Department (derived from the above collection of data mechanism), from May until December 2011, 369 persons were imprisoned, 88 of whom were Cyprus nationals, 101 were EU nationals and 175 nationals of other countries (5 cases were of unknown nationality). As the Prison staff initially expected, significant difficulties arose regarding information collection in the case of foreign nationals, which is of particular concern, as they comprise the majority of the prison population (Tryfonides 2012, unpublished). According to the provided information, out of 276 foreign nationals that were imprisoned in the aforementioned period, data collection was possible only in 9 cases. Among Cyprus nationals (88), 39 responded to some of the drug-related questions. Due to this restriction, no reliable data could be provided through ST12. Based on the data, 33 out of 369 persons incarcerated between May and December 2011⁶³ reported having tried any illicit drug at some point of their lives; respectively the numbers were 26 in the last year and 15 having tried during the last month. Moreover, 22 persons reported being regular drug users (any drug, with no clarifications as to the term “regular”) at some point in their life, and 9 reported having injected drugs at least

⁶³ Forty eight (48) valid cases that responded to the respective drug question at their intake procedure.

once. As to specific drugs, the number of persons reporting having used them is presented in the table below (Table 9.1):

Table 9.1 Number of persons imprisoned during the period May-December 2011 reporting to have used specific drugs.

	Lifetime	Last year	Last month	Regular use (at any point, based on self appraisal)
Cannabis	29	24	13	20
Cocaine	10	5	3	3
Heroin	16	10	3	11
Amphetamines	1	0	0	0
Ecstasy	2	0	0	0

Source: Cyprus NFP 2012

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

Eleftheriou (2011, unpublished) has previously informed (ch. 9, NR 2011) 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”), has included a social reintegration component during 2011 as CAC (2012a) reports; current participants are still in the psychological purgation stage (Phase C, Trifonides 2012a). Former drug-using inmates who attend the ‘dry’ day-care treatment programme (see ch.5.2.2) are enrolled in the prison Centre for Guidance and Extramural Occupation and Rehabilitation (KKEAAK) one year prior to their release. During this stage they usually secure employment outside prison for a period of 3-6 months, and simply return to KKEAAK at night. There currently exists no rehabilitation programme *per se*, but this is being discussed by an assigned committee. It is worth mentioning also that CAC (2012a) reports one prison employee having attended a specialized monthly training course for prison treatment programmes in Greece in 2011; this training involved learning to design treatment programmes for prison.

Chapter 10: Drug Markets

10.1. *Introduction*

Based on information received from the DLEU, the occupied area of Cyprus and the E.U (countries unspecified in data source), remained the main regions 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: herbal cannabis, cannabis resin, ecstasy and cocaine. In addition, opium transportation was solely transported by air, compared to previous year (50% land transportation and 50% air transportation).

As concerns seizures in 2011, seized quantities of cannabis resin, cannabis plants and herbal cannabis continued the decreasing trend. On the other hand, synthetic substances (including synthetic cannabinoids) and other chemical substances were seized, but in smaller quantities compared to previous year.

During 2011 the collection of data regarding drug prices (per gram) at retail level, and specifically the estimation of prices, was based on users' reports on a quarterly basis. No information could be extracted by the DLEU regarding retail prices based on undercover police purchases. Thus, no firm conclusions regarding trends can be drawn and data provided must be treated with great caution.

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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 2011, 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 2011) and consequently most illicit substances are imported. In particular, the percentage breakdown of countries of origin⁶⁴ by seized drug category is presented in the following table.

Table 10.1 Percentage breakdown of countries of origin by seized drug category 2005-2011

<i>Cannabis herb</i>	2005	2006	2007	2008	2009	2010	2011
Greece	7	10	20	30		15	15
United Kingdom	8	8	5	5			
Holland	10	10	70	60	60	70	75
Turkey			5	5	5		
EU					35	15	10
Unknown	50	42					

<i>Cannabis resin</i>	2005	2006	2007	2008	2009	2010	2011
United Kingdom	10	10					
Egypt					40		
Turkey			30	30	20	30	20
Lebanon			30	30	40	50	60
Unknown	70	60	40	40		20	20

<i>Heroin</i>	2005	2006	2007	2008	2009	2010	2011
Turkey	20	20	70		30		
Afghanistan				70	70	95	95
Unknown	20	20	30	30		5	5

⁶⁴ 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 2005-2011 (contd.)

Cocaine (base and hydrochloride)		2005	2006	2007	2008	2009	2010	2011
	Greece	5	5					
	Holland			63				
	United Kingdom	10	5	17				
	South America		30				80	
	Brazil							
	Ireland							
	Yugoslavia							
	LAC countries				70	80		
	South America							85
	Unknown	80	50	20	30	20	20	15

Ecstasy group		2005	2006	2007	2008	2009	2010	2011
	Holland		20	55	50	50	50	80
	United Kingdom	10	20	22				
	Turkey				20			
	EU				20	40	50	20
	Unknown	20	20		10	10		

Source: DLEU, 2011

As it is shown in the above table, no remarkable changes have taken place, regarding countries of origin of seized drugs during the reporting year. 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, 2012).

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 bringing illicit drugs into Cyprus, especially in the case of herbal cannabis, cannabis resin, ecstasy, cocaine and opium. As regards opium transportation, this was solely transported by air, compared to the previous year (50% land transportation and 50% air transportation). No sea transportation of cocaine was recorded during 2011, compared to 2010 (30% by sea) since it was transported (100%) by

air. Finally, as regards synthetic cannabis seized during the reporting year, this was imported from E.U via private courier companies (50%) and by air (50%), (DLEU, 2012).

No significant changes have been taking place regarding trafficking patterns and international flows 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**

Based on information provided by the DLEU, during the reporting year, seized quantities of cannabis resin, cannabis plants and herbal cannabis continued the decreasing trend (see also ST13_2012_CY_01). On the other hand, synthetic substances (including synthetic cannabinoids) and other chemical substances were seized, but in smaller quantities compared to the previous year. Specifically, 16 seizures involved around 4 kilos of synthetic substances and 2 seizures involved almost 5 kilos of the substance JWH-018. As mentioned in the previous NR, from this information could be derived that the recent trend of synthetic substances was a prominent factor in the change in drug supply and demand areas.

Seizures of ecstasy had significantly decreased compared to 2010 (see ch.10, NR 2011 and ST13_2012_CY_01), but it seems they have been replaced by mCPP (557 tablets seized in 2011), MDPV (206 tablets) and Methamphetamine (see also ST13_2011_CY_01). In addition, 21 seizures of doping substances which involved 2251 tablets and 345 ampoules were recorded in 2011. Finally, seized quantities of heroin slightly increased compared to the previous year. However, the quantities seized remained low the last five years with the exception of 2008 quantities (See also ST13_2011_CY_01 and ST13_2010_CY_01). This could be linked with the lower availability of heroin in the country (see also 10.4.3).

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

NNIA. No precursor chemicals were seized during the reporting year (DLEU, 2012, unpublished).

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

NNIA.

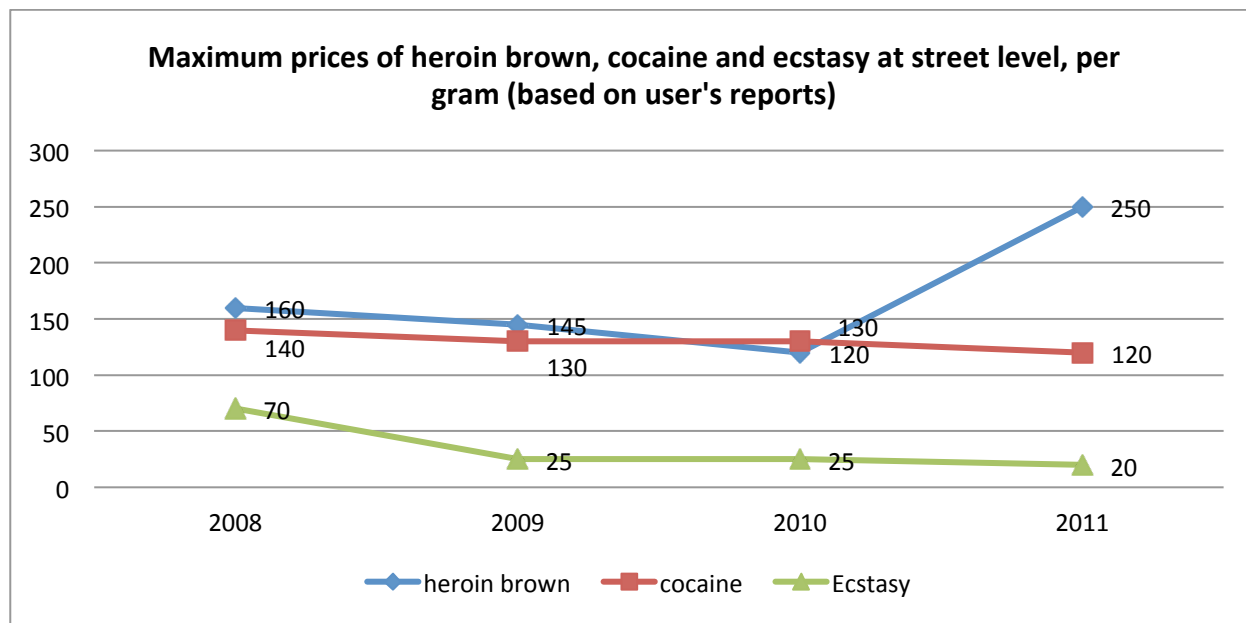
10.4. *Price/ purity*

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 and also on users' reports (no number of users is provided for 2011). As regards the prices based on undercover purchases, it was not possible to extract the information by the DLEU (DLEU, 2012, unpublished) thus the information regarding retail prices for 2011 is based only on users' reports.

However, maximum prices of cocaine and ecstasy based on users' reports had slightly decreased compared to the previous year. However, there is no indication of significant change in the availability of these substances. On the other hand, as presented in fig. 10.1 below, maximum prices of heroin showed a significant increase compared to 2011. This increase could be linked with the further decrease in heroin availability in Cyprus (see also ch.4) which is reflected in the lower number of new treatments seeking help for heroin use, as mentioned in ch.5.

Fig. 10.1 Maximum prices of heroin brown, cocaine and ecstasy at street level per gram, by year (based on user's reports)



Source: DLEU, 2012

Regarding the range of prices of several illicit substances, showed great variations, especially in the case of heroin prices (€70-€250) (see also ST_16_2012_CY_01). This could be due to the different prices appeared in several districts of the island. However, as previously mentioned, in the absence of prices based on undercover police operations, data provided must be treated with great caution and no correlations with previous years must take place.

10.4.2. Purity/potency of illicit drugs

NNIA

See also Ch. 10.4.4, NR 2011.

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_2012_CY_01).

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

<i>Substance/Year</i>	<i>2007 (%)</i>	<i>2008 (%)</i>	<i>2009 (%)</i>	<i>2010 (%)</i>	<i>2011 (%)</i>
MDMA	44	11.9		7	40.1
Amphetamine/ methamphetamine	3.3	11.1			14.6
DOB					
Other substances	42.4	1.2	93.6	48.3	45.3
Miscellaneous	10.3	71.7	6.45	43.4	

Source: State General Laboratory, 2012

As it is shown in the above table, there was significant increase of MDMA during 2011, compared to previous years. However, information must be treated with great caution due to the fact that in some cases toxicological analysis, by the State General Laboratory, may not have been completed by the time of writing. As regards the category “other substances”, 29.9% mCPP, 10.8% MDPV and 4.6% (BZP+TFMPP+DBZP) were detected (see also ST15_2012_CY_01).

PART B: SELECTED ISSUES

Chapter 11: Residential treatment for drug users in Europe

11.1. *History and policy frameworks*

11.1.1. History of residential treatment

Residential treatment for drug users is a historically recent phenomenon in Cyprus, dating back less than a quarter of a century. The law L57(I)/92 concerning alternatives to imprisonment or community work for example, which specifically provides for the referral of substance-dependent offenders to residential treatment centres, dates back to 1992; and it is probably also a sign of the relative novelty of residential treatment, that this law has still not been practically implemented for various practical but also substantial reasons.

Initial provision for both alcohol and drug users arose through both public need and the professional interest of certain psychiatrists and psychologists in the 1980s, and mostly involved admission to the Athalassa psychiatric hospital in Nicosia - a context which was characterized by the difficulties inherent in treating substance-dependent patients in a non-dedicated environment. It may be said, however, that the first formal residential treatment made available specifically for drug users in Cyprus was based at the treatment unit THEMEA, established in 1991 at a wing of the Nicosia General Hospital. THEMEA initially treated alcohol users and drug users, both on an outpatient and an inpatient basis; but in recent years it has operated exclusively as an inpatient and outpatient treatment centre for alcohol and benzodiazepine (medicines) users. It is worth mentioning that in the non-governmental sector, the outpatient drug treatment programme TOLMI, run by the NGO KENTHEA also commenced its operations in 1992, but it has never provided residential treatment per se (cf. www.veresies.com).

Towards the end of the decade, in 1998, AGIA SKEPI, the first therapeutic community for drug users offering specialized residential treatment was founded, commencing its operations a year later in 1999 (cf. www.agiaskepi.org). The initiative for this TC came from Metropolitan Athanasios of Limassol, who at the time was Abbot of Machairas Monastery, where a number of young drug users sought help. From its inception, the TC was run by scientifically-trained staff in a purpose-built structure located in an area separate from the monastery itself, and has since successfully branched out, operating a number of associated treatment, counselling and

rehabilitation programmes in Nicosia and Limassol. More data from this residential treatment context will be provided below.

An interesting case in point regarding the history of residential treatment in Cyprus has been the operation of PYXIDA. PYXIDA commenced its operation in 2003 as a long-term residential treatment programme for adult drug users run by the governmental MHS. It was found, however, that despite the known numbers of problem drug users in Cyprus, PYXIDA had a low turn-out in that treatment format. Three years later, in 2006 it attempted to increase its accessibility and client numbers by expanding to include programmes for drug users with less severe dependence issues, who did not require residential treatment. While undergoing more organisational and structural changes in 2007, it nevertheless experienced further decreases in turn-out, possibly due to the concurrent establishment of the governmental detoxification and substitution programme, GEFYRA, with which it nevertheless attempted to establish a working cooperation (Poulopoulos & Papanastassatos, 2009). As of late 2008, PYXIDA ceased operations as a residential treatment programme entirely, and by 2012 it has also ceased to function under that name; it is now known as the Nicosia Centre for Multiple Interventions of the MHS, and operates as a counselling station with an outpatient programme. It is probably significant therefore, that PYXIDA cites three main reasons for these changes (Kalakoutas, 2012):

- Reduced demand for closed treatment programmes
- The operation of GEFYRA drawing most of the problematic drug users
- Increased demand for outpatient programmes

The cessation of PYXIDA as a residential treatment programme essentially rendered AGIA SKEPI the only remaining option for long-term residential treatment in Cyprus. In the governmental sector the only residential treatment programme for illicit drug users available since 2009 has been ANOSI, based in Limassol, which is however essentially a detoxification programme; more data from this residential treatment context will also be provided below. Similarly, the privately-owned Veresies Clinic (cf. www.veresies.com) which provides paid substitution and detoxification treatment to adult drug and alcohol users, offers residential detoxification treatment, but no long-term residential treatment per se. The distinction made in ch.5 between substitution treatment for detoxification or for maintenance purposes may be

relevant to the operation and self-description of both ANOSI and the Veresies Clinic as residential treatment programmes.

This brief history of residential treatment in Cyprus may suggest that treatment provision has addressed a mixture of variable treatment needs emerging from the changing patterns of public drug use and its consequences, but also from a diversity of flexible and creative attempts on behalf of professional and voluntary bodies (both in the governmental sector and from NGOs) to respond to those needs. It may be surmised that the current picture is far from complete, and likely to be subject to future changes and developments.

11.1.2. Strategy and policy frameworks for residential treatment

The main legal framework for residential treatment in Cyprus is the 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). All persons or organisations aiming to offer residential or any other form of treatment to substance-addicted persons must be approved by the CAC as stipulated by this law and its amendments between 2000 and 2008.

Apart from fulfilling the criteria of the CAC as a scientific ‘umbrella’ authority, residential treatment programmes must also abide by legislation relevant to nursing homes and/or shelters, depending on whether the treatment they are offering has a predominantly medical or psychosocial character. Residential treatment such as that offered by AGIA SKEPI, which includes a long-term psychosocial component, must satisfy the requirements of law L65(I)/2011 concerning Shelters for the Aged and Disabled 1991 to 1994, as demanded by the MLSI; and residential treatment programmes with a predominantly brief, medical character such as those offered by ANOSI and the Veresies Clinic must satisfy the requirements of law L55(I)/2011 concerning Control and Supervision of the Foundation and Operation of Private Nursing Homes 2001 to 2011.

Beyond the legal framework, residential treatment programmes also need to be informed by the CAC policy guidelines, such as those published in the CAC Treatment Guide (see selected issue ch.11 in NR 2010). They must also share the overall aims set forth for the treatment and

social reintegration pillar of the NDS 2009-2012 (cf. NDS section B(2)). These aims, and their associated actions as laid out in the text of the NDS include the following areas⁶⁵:

- Availability and accessibility
- Assessment, diagnosis and treatment planning
- Evidence-based treatment
- Human rights and human dignity
- Targeting special sub-groups and conditions
- Treatment in the penal system
- Community involvement
- Clinical service management
- Treatment system

Financing models and main funders of residential treatment

As mentioned above, in 2011 and at the time of writing, there are 3 residential treatment programmes in Cyprus, two of which are however primarily detoxification programmes. Financing models and main funders for these programmes originate either from the government and/or from private sources. Interestingly, the three programmes represent a spectrum of funding:

AGIA SKEPI (NGO; non-profit) reports that its funds derive both from state and private sources. Its main source of funding is secured by an associated NGO, the “Association of Friends of AGIA SKEPI”, which is mandated to locate sources. Funds also come from: the CAC, MOH, MLSI, the Human Resource Development Authority (for vocational training), income from products of the community (e.g. organic bread baked by community members), and a number of private individual or NGO benefactors (Papadopoulos, 2012).

ANOSI (MHS) is entirely government-funded, being part of the state budget of the MOH. The daily cost of inpatient care per person is stated as €622.30 during 2011 (Kalakoutas, 2012)

VERESIES CLINIC (private) (www.veresies.com) is a privately-owned and run institution based in Larnaca, offering a range of therapeutic programmes addressing various issues ranging from

⁶⁵ It is beyond the scope of this SI to discuss these areas further; more detail can be found in the text of the NDS 2009-2012.

smoking and alcoholism to gambling and heroin addiction. For the latter, the clinic includes the possibility of a 7-day residential detoxification programme using buprenorphine followed by naltrexone implants for relapse prevention, combined with a long-term outpatient psychosocial programme.

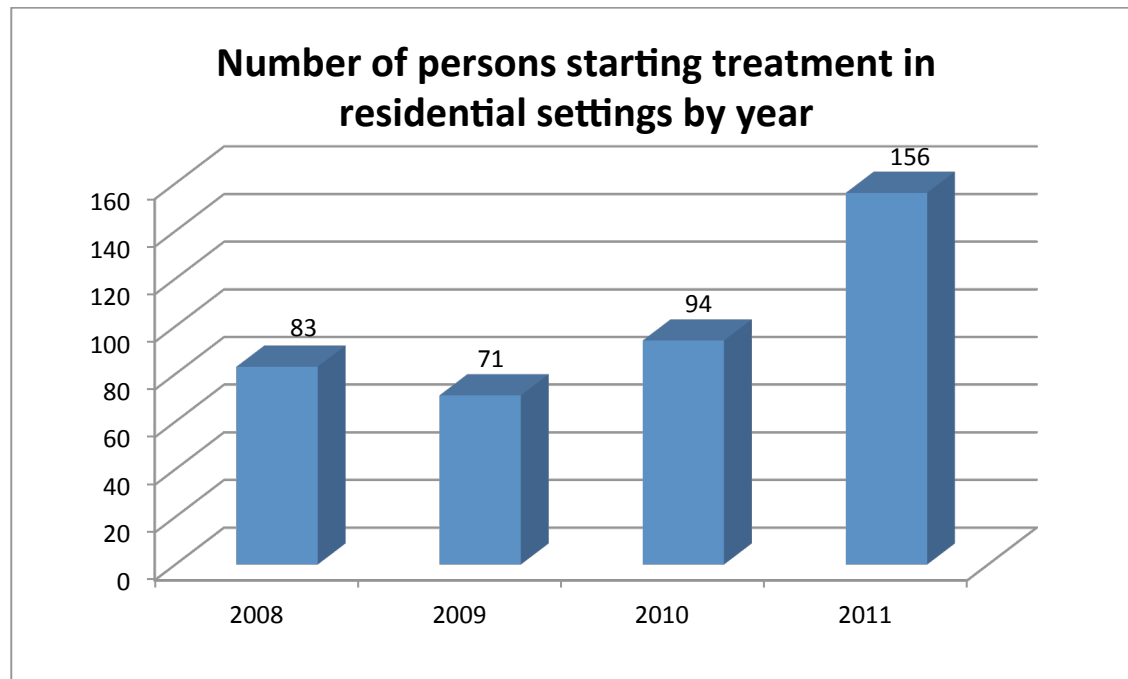
11.2. *Availability and characteristics*

11.2.1. National (overall) availability and accessibility

As explained above, there is currently only one long-term residential treatment programme in Cyprus, namely the therapeutic community AGIA SKEPI; the ANOSIS detoxification programme and Veresies Clinic detoxification programme do involve a residential treatment component, and because they self-identify as being such programmes, they are included in this chapter wherever data from them is available. These three programmes necessarily cover the residential treatment needs of the entire non-occupied area of Cyprus. Further details of the AGIA SKEPI programme, as well as of the programme offered by ANOSI, will be offered in section 11.2.2. This section will be used to provide such descriptive data on residential treatment in Cyprus as have been made available to the NFP.

Based on an NFP analysis of treatment demand data received as feedback from residential treatment programmes overall, the most interesting characteristics emerging from this analysis will be presented below. A graph of numbers of persons entering residential treatment in Cyprus between 2008 and 2011 can be seen in fig. 11.1:

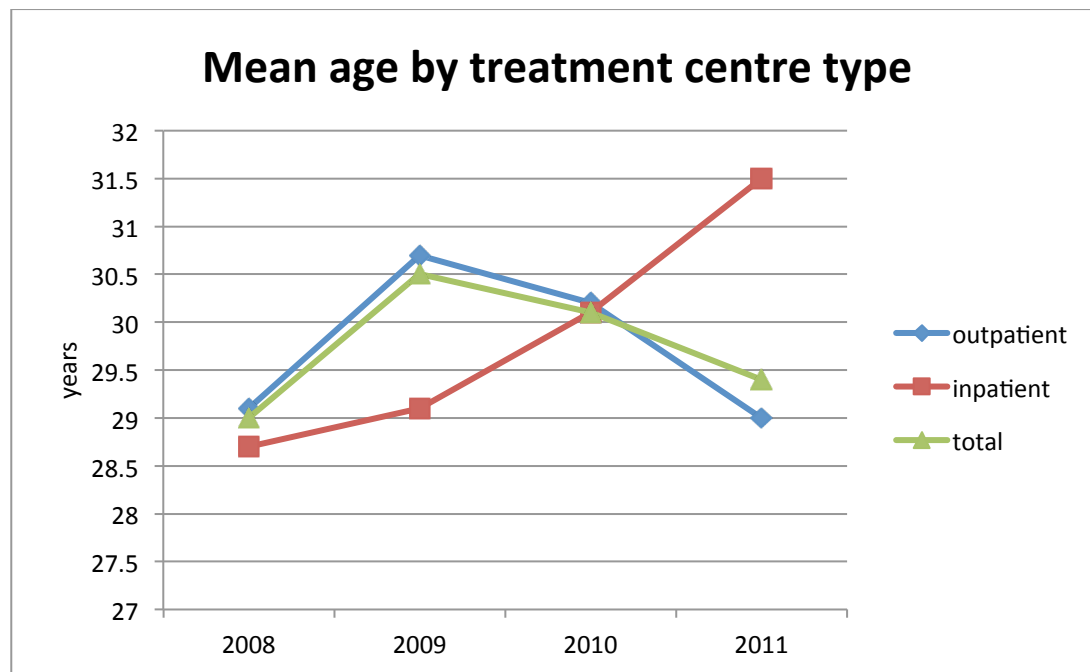
Fig. 11.1: Number of persons starting treatment in residential settings by year



Source: NFP, 2012

Although numbers appear to be rising, it is worth pointing out that in the majority of cases, these clients had been treated before (71.2%). Therefore, one interesting demographic characteristic of these persons is perhaps their age in relation to outpatient programme clients (fig. 11.2):

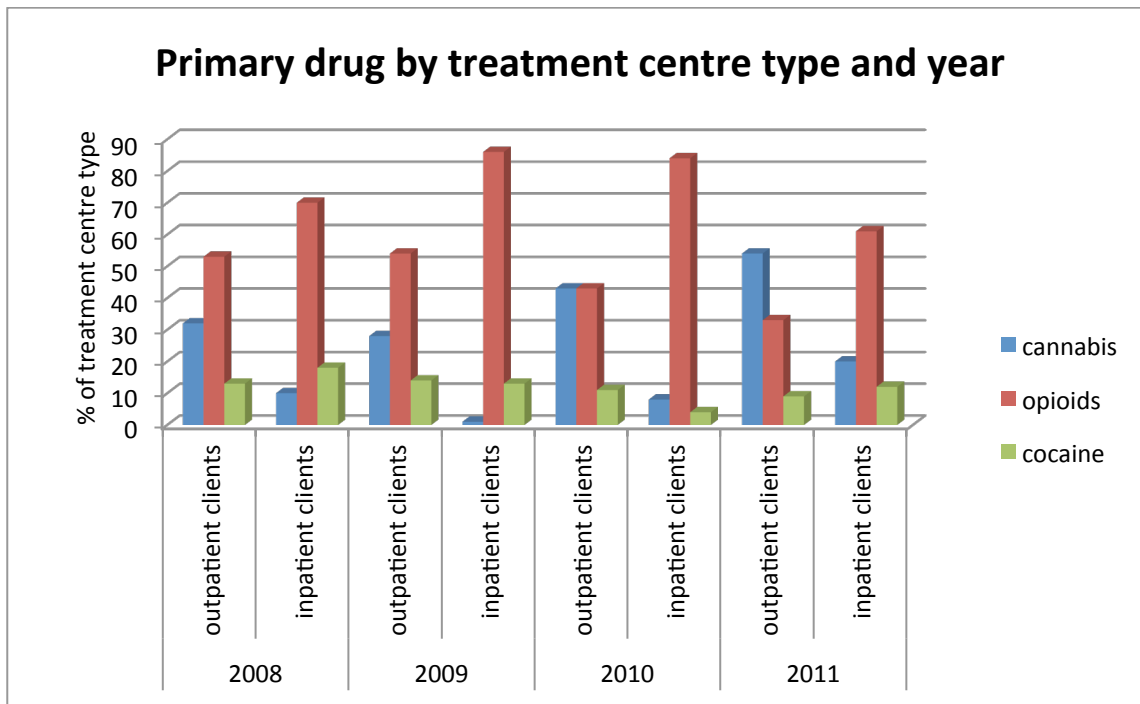
Fig. 11.2 Mean age by treatment centre type



Source: NFP, 2012

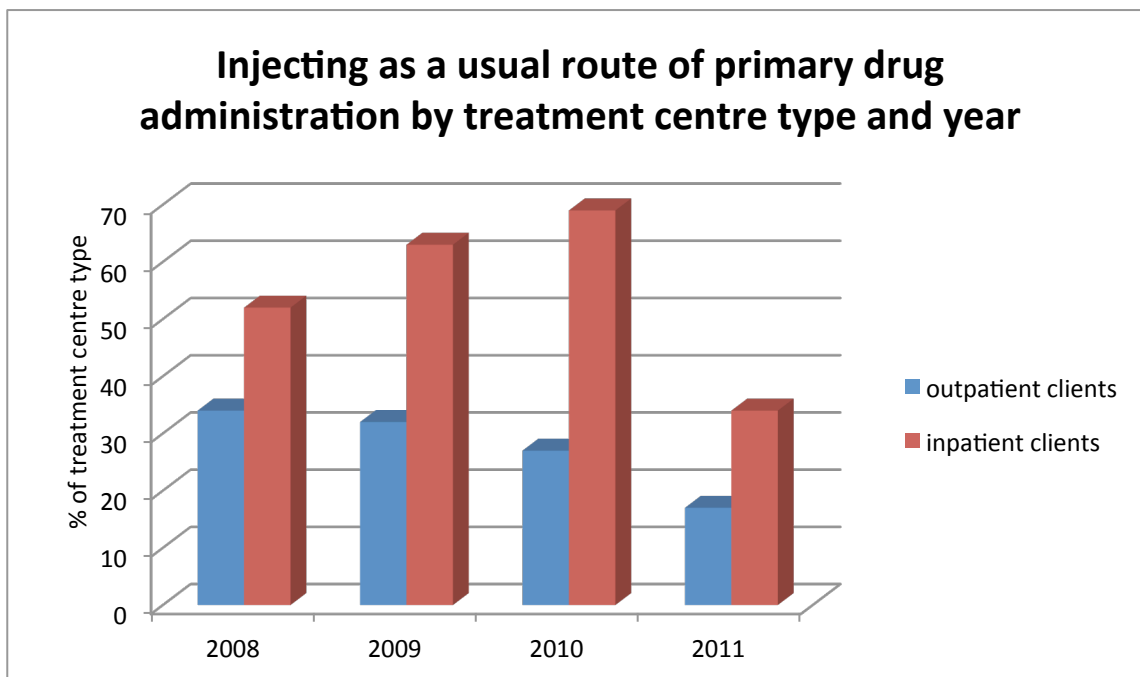
The range of years between 2008 and 2011 is probably too brief to draw any firm conclusions, but there does seem to be a tendency for residential treatment clients to be getting older, which resonates with recent observations made about users of heroin in general (see ch. 2 and previous NRs). As the graphs below suggest, most residential treatment patients are indeed users of injected opioids, as expected (figs. 11.3 and 11.4):

Fig. 11.3 Primary drug by treatment centre type and year



Source: NFP, 2012

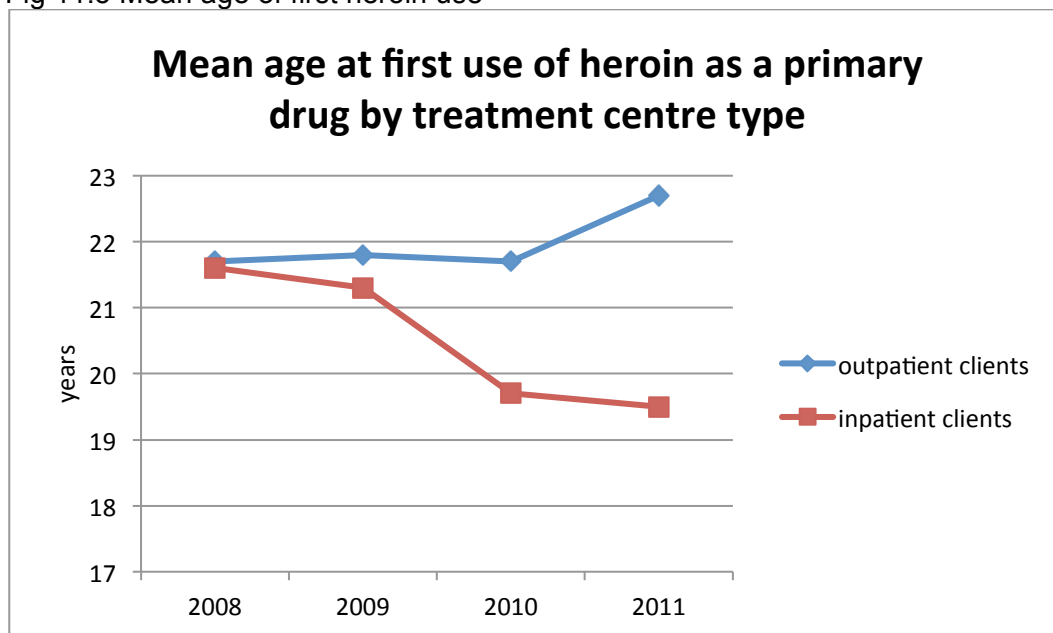
Fig. 11.4 Injecting by treatment centre type and year



Source: NFP, 2012

Interestingly, inpatient clients also appear to have started heroin use earlier than those in outpatient programmes, suggesting perhaps that their addiction tends to be more severe. Again however, this finding is not unexpected given the more intensive character of residential treatment (fig. 11.5):

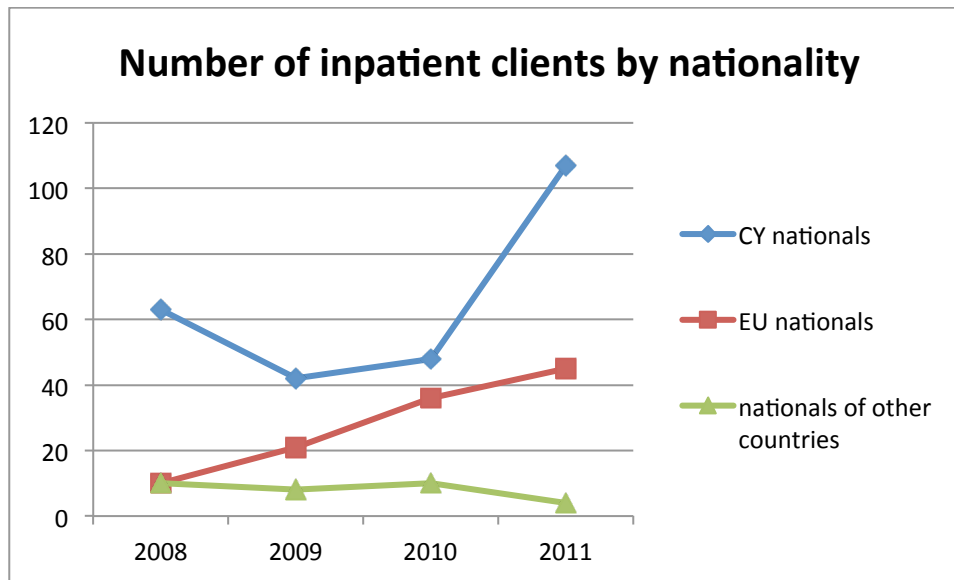
Fig 11.5 Mean age of first heroin use



Source: NFP, 2012

The majority of these residential treatment clients appear to be Greek-Cypriot nationals, with an increasing tendency for other EU nationals to also make use of services (fig. 11.6). Again, this is probably representative of drug users in Cyprus generally, rather than exclusive to those in residential treatment:

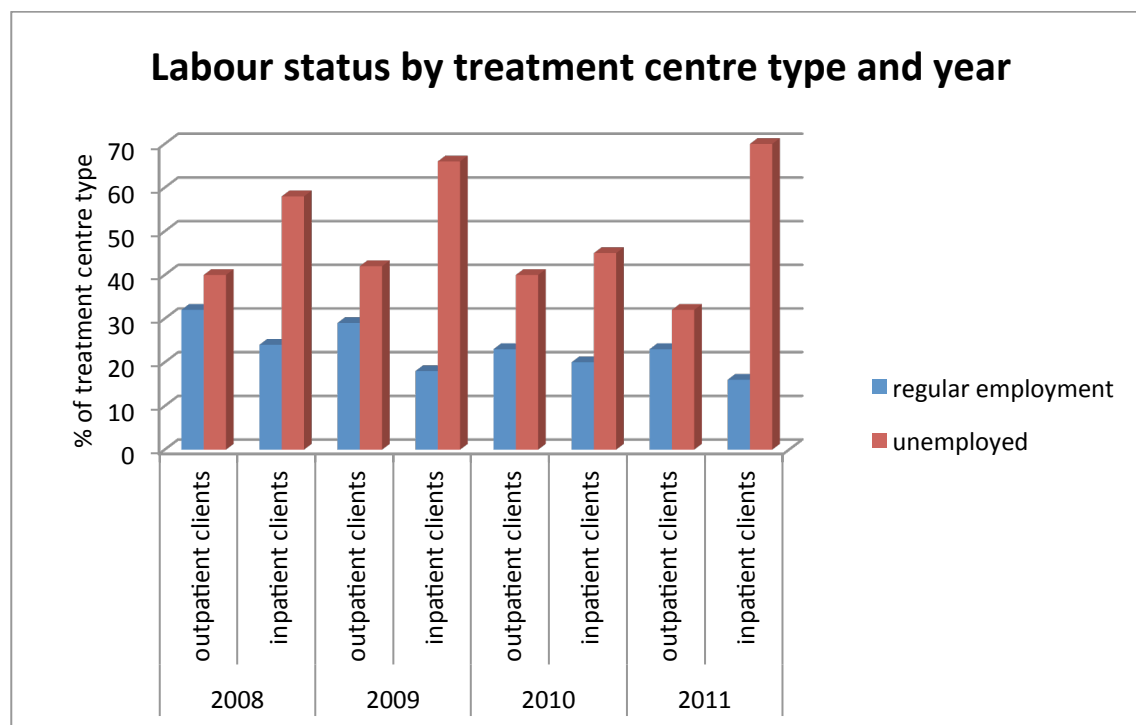
Fig. 11.6 Number of inpatient clients by nationality



Source: NFP, 2012

It is also perhaps to be expected, that residential treatment clients tend to be unemployed more frequently than those in outpatient programmes, and are less frequently in regular employment (fig. 11.7):

Fig. 11.7 Labour status by treatment centre type and year



Source: NFP, 2012

11.2.2. Types and characteristics of residential treatment units

The information given below will describe the residential treatment offered at the three units mentioned above. No information specific to 2011 has been collected for the privately-run Veresies Clinic, although the NFP will attempt to get specific feedback as of next year. Some of the following information will also be reported on the REITOX extranet as requested.

AGIA SKEPI

AGIA SKEPI (Papadopoulos, 2012) reports that it is based on the model of therapeutic communities (TCs), using a cognitive-behavioural treatment approach. During the middle stages of the programme (approx. 6 months) psychodynamic work takes place, while much is also applied from motivational interviewing and systemic theory throughout treatment.

The aspects of treatment which a community member may benefit from include case management, HCV/HIV screening, HCV therapy, careers counselling, entertainment, anger and

crisis management, legal counselling, financial management, housing (during residential treatment and social reintegration), relapse prevention training, family therapy and a treatment programme exclusively for women. When there is comorbidity, 2 psychiatrists are available for consultation and parallel treatment.

All therapeutic staff at AGIA SKEPI must possess a postgraduate degree.

The residential treatment programme lasts approximately one year, including a phase of social reintegration. However, there is also a year's follow-up after completion of the social reintegration phase.

Prior to admission to the programme, there is collaboration with the ANOSI Detox programme. In case of a drop out during the TC programme, the person is referred to PYXIDA or another suitable programme. The level of collaboration and networking (Baldachino et al, 2011) is self-rated by the TC as level 2, nominative referrals and meetings between agencies.

ANOSI

ANOSI is located in a specially renovated wing of the Old Hospital building in Limassol. It is a closed inpatient unit in operation since 2004, which offers brief residential treatment for drug users during the detoxification stage. The programme aims to cover "the medical, psychological and social needs of dependent persons" (cf. www.moh.gov.cy) in the first stage of treatment.

The unit is run by the government MHS under the direction of the MOH. In 2011, 126 intakes involving 59 patients were noted. The mean duration of a patients' stay is 20 days, and the therapeutic model used is stated as a combination of pharmacotherapy, counselling and occupational therapy (Kalakoutas, 2012). The aspects of treatment which a patient may benefit from include medically supervised detoxification, case management, relapse prevention, information and referrals for HIV/AIDS/HCV/STI, entertainment and creative activities.

ANOSI reports that good practice guidelines are applied, and its staff is university-educated. Moreover, the results of its activities are evaluated (though further details of the evaluation are not supplied with the 2011 feedback). Also, ANOSI reports having extensive cooperation with counselling centres, closed treatment centres and TCs, therefore the level of collaboration and

networking (Baldachino et al, 2011) is probably level 3, formal joint working (not self-rated). Since 2004, the programme also reports having observed a stabilization of treatment demand for opioids, and an increase in treatment demand for stimulants.

VERESIES CLINIC

The following information can be found on the website of the clinic, www.veresies.com. No quantitative data regarding the programme operation in 2011 have been collected.

Veresies Clinic offers a treatment of addiction-detoxification from heroin (and other opiates). As the clinic website explains, the programme is offered both on an inpatient and outpatient basis. It involves an intensive programme of personal psychological rehabilitation as well as the treatment of co-morbidity. Treatment involves either of two options:

1. A heroin antagonist - DHC (EXTERNAL program) Once the calculation of the dose is determined, the dose of substance DHC is set, which is administered orally in low doses. Medication is also administered for sleep, as well as antidepressants and several vitamins. The diet of the patient is rich in liquids, especially fresh juices.

2. A heroin agonist / antagonist – Buprenorphine brief residential programme. This lasts 7 days and involves treatment/detoxification with buprenorphine (SUBOXONE). In the Physical Detoxification Treatment Program implemented by VERESIES CLINIC, buprenorphine is administered in the form of a sublingual tablet, a type of pill that should not be swallowed or chewed, but left to dissolve in the mouth (it takes 15-30 minutes). The action begins after 30 minutes and lasts, depending on the dose, up to three days. The daily dosage is usually between 2 mg and 16 mg, phasing out for no more than 7 days.

A “Step by Step” structured individual rehabilitation program based on rational-emotional-behavioural therapy is applied, which according to the website can be applied at any stage of heroin usage. The “Step by Step” program is applied via very regular individual meetings lasting a half hour each (according to the needs of the patient) by a trained psychologist. After the successful assimilation of this step, the program is applied gradually to cover the following main aspects:

1. Recognition and acceptance of problem
2. The relation of the patient to substance dependence and dependent conduct [sic].
3. The psychological condition of the patient – administration of psychometric test.
4. Psychoeducation
5. The existence of motivation; searching for and enhancing motivation.
6. Changing attitudes and beliefs about the phenomenon of using heroin and other drugs.
7. Active participation / planning / changing behaviour associated with the use.
8. Demarcation of relations / place/ time.
9. Setting goals
10. The problem of use and the family of the patient / co-dependence / allies.
11. Preventing relapse

Involvement in treatment programmes at home as well as in group psychological rehabilitation programmes is also suggested to drug users and their families. Moreover, regular participation in self-help groups for 5-10 years after the therapeutic intervention is suggested as keeping the drug user from relapse.

11.3. *Quality Management*

11.3.1. Availability of guidelines and service standards for residential treatment

As mentioned in section 11.1.2, residential treatment programmes need to be informed by the CAC policy guidelines, such as those published in the CAC Treatment Guide, and they must also share the overall aims set forth for the treatment and social reintegration pillar of the NDS 2009-2012.

This is at least partially ensured by the fact that CAC funding for treatment programmes is made available on the basis of approval of a relevant application made annually. The treatment programme approval application includes sections on the level of networking with other services, the individual treatment costs, the programme capacity, intake criteria, staff qualifications etc. This applies to state-run programmes like ANOSI, as well as private institutions like AGIA SKEPI and VERESIES CLINIC.

State-run programmes like ANOSI also submit an annual report to the MHS, which is communicated to the NFP. Evaluations by independent scientific experts, such as those by the Centre for Interdisciplinary Addiction Research of Hamburg University reviewing the government MHS in 2007 (see NR 2008), and others conducted for privately-run institutions' own purposes also take place sporadically.

11.4. ***Discussion and outlook***

As mentioned above, the history of residential treatment in Cyprus, together with residential treatment client characteristics such as the observed tendency since 2008 for these clients to be getting older, but also the increased presence of both local nationals and other EU nationals on these programmes, suggests the residential treatment format will remain a viable form of drug treatment in the foreseeable future.

Nevertheless, residential treatment also needs to remain flexible and open to new developments, such as changes in patterns of drug use and emerging client needs. While service standards, staffing levels and minimum requirements for staffing qualifications are assured partly through the work of umbrella organizations such as the CAC and the existing national legal context, alternative non-professional residential treatment programmes such as those emerging from Narconon or RETO (<http://www.asociacionreto.org/en/inter/>) have at times posed a challenge to existing scientific practice, as well as to its legal context. Irrespectively of concerns about their scientific or legal propriety however, the existence of such programmes, as well as those discussed in this chapter which do adhere to internationally recognized standards of scientific practice, suggests that residential treatment for drug use is a genuine need emerging from specific drug user groups, which therefore deserves to remain an important option on the therapeutic treatment spectrum.

Chapter 12: Austerity Budgets and Drug Services

12.1. *Introduction*

Due to the lack of relevant available information, special collection tools and specific indicators, it has not been possible to collect detailed information on the effects of the economy crisis in the drugs field in Cyprus.

An attempt has been made to collect 1st level reporting information for this SI, through the usual information collection procedures, by adding questions relating to austerity measures in the information collection SQs to individual providers (hence some of the information in this chapter will also be found elsewhere in this report, e.g. ch.1). Unfortunately, relevant spaces were often left blank or answers were negative (e.g. MLSI, Koletta 2012, unpublished), despite widely circulating opinions that austerity measures have impacted work at both the level of policy and implementation (see sec. 12.2 below).

12.2. *Individual examples of cuts / reorganizations*

Some budget cuts are apparent in 2011(see also ch.1):

- Strovolos Municipality went from a drugs budget of €18,500 in 2010, to €10, 000 in 2011, with the same €10, 000 programmed for 2012. It is however, unclear whether the sum given for 2010 is clearly labeled exclusively for drugs activities.
- Deryneia Municipality went from a drugs budget of €3,563 in 2010, to €2, 563 in 2011.
- The MHS of the MOH went from a drugs budget of €3,163,355 in 2010, to €2,904,133 in 2011.
- The CAC went from a drugs budget of €1,671,097 in 2010, to €1,606,708 in 2011.
- The MOD went from a drugs budget of €9,600 in 2010, to €6,180 in 2011.
- The MCW went from a drugs budget of €1,611.60 in 2010, to €653.52 in 2011.

The above figures need to be considered in the context of actual increases in overall public expenditure on drugs (see ch.1, table 1.3) between 2010 and 2011, as well as the previously mentioned difficulties inherent in the calculation of the above sums in terms of clear labeled and

non-labeled figures. Despite the increases in actual expenditure, available drugs budget information between 2010 and 2012 does show some decreases (see ch.1, table 1.4) for the MOH, MOD and MCW. Where apparent budget growth is observed, as for the MJPO, MLSI and MOI, this can be explained by improvements in reporting.

Organisations which have offered direct feedback on the consequences of austerity measures included:

- CAC: certain plans, such as development of the integrated computerised monitoring system for treatment centres had been indefinitely postponed due to budget considerations (although more recently these plans commenced implementation through the sponsorship of a private company; see ch.6 for further information).
- CYB: the Youth Board observes a “general decrease in the [drugs] sector budget and available credits for the purchase of services, training, participation in activities abroad and services’ functional expenses in 2011 and 2012” (Vyras, 2012, unpublished).
- MOI: the Ministry of the Interior mentions making efforts to maintain its 2012 drugs budget at €150,000 (as compared to €200,000 in 2010), “despite the austerity measures which characterize government policy today” (Antoniou, 2012, unpublished).
- Veniamin (2012) remarks that “Agia Skepi” SR programme participants had difficulties finding employment, and those working also experienced pay cuts in 2011 (see also ch.8). This may be contrasted with reports from the state-run programme “Anosi” that austerity measures “have not affected [our] treatment programmes” (Kalakoutas, 2012, unpublished).
- MHS: the MHS of the MOH reports that in 2011 the following activities have experienced cuts as a result of austerity measures:
 - Participation in seminars / conferences abroad which are not considered of primary importance (excepting Pompidou Group and EU activities)
 - Addiction workers are no longer trained abroad (mainly Greece) as in previous years; their training now takes place in Cyprus. It is further noted that the training of an addictions worker abroad cost €10,000 for 2 years, whereas by bringing experts to Cyprus only €35,000 are spent for a 2 year programme reaching 25 addiction workers.
- Police: DLEU mentions that due to austerity measures, cost-benefit considerations have led to “prioritizations” (Nicolau, 2012, unpublished; no further details provided).

- Prison: the influence of austerity measures in 2011 impacted the capacity to perform necessary controls, leading to “inadequate security” (Trifonides, 2012, unpublished)

Clearly the above information does not constitute any complete picture of the impact of austerity measures on the drugs field. At the time of writing Cyprus is beginning to experience the fuller effects of the spread of the economic crisis, and it is likely that a more complete picture of the impact of austerity measures will emerge. Both the CAC and the NFP maintain a commitment to monitoring the situation and taking appropriate action.

Part C

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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

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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
AEU	Accident and Emergency Unit
EuropASI	European Addiction Severity Index
CYB	Cyprus Youth Board
FOGS	Gesellschaft für 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
PUF	Prevention Unit Forms

SGL	State General Laboratory
SQ	Structured Questionnaire
SR	Social reintegration
ST	Standard Table
STD	Sexually Transmitted Diseases
TC	Therapeutic Community
TDI	Treatment Demand Indicator
TUF	Treatment Unit Forms
UNO	United Nations Organization
WHO	World Health Organisation