European Monitoring Centre for Drugs and Drug Addiction

CYPRUS MONITORING CENTER for drugs & drug addiction

2013 NATIONAL REPORT (2012 data)

TO THE EMCDDA

by the 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, the analysis of trends by individual drug and also correlations between different indicators are repeated by the NFP and presented in an extra chapter in the beginning of the NR.

Chapter 1 discusses the structure and administrative framework of the national mechanism in place for combating drugs, which is constantly being updated and refined. The law L.29/77 concerning Narcotic Drugs and its amendments, 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) include all the basic national measures taken concerning behaviors and acts related to drugs and drug use.

Additionally, chapter 1 provides a brief summary on the CAC promoted activities related to the CY presidency of the Council of the European Union in the second semester of 2012.

As reported on, in chapter 2, the most recent General Population Survey (2012) covered 3500 Greek-speaking persons 15-64 years of age residing in the government-controlled area. The response and the participation rates were found to be well above those rates of the previous survey. The results indicate a decline in overall drug use compared to the previous survey, while the decline is slightly more marked among young people. As cannabis is the most commonly used drug, it is the decline in use of this drug that is driving the overall change.

As regards the school age population, during 2012, no new school population survey was carried out.

In the area of prevention, as reported in chapter 2, 26 prevention programs are currently running, five of which are new. Most of the approved by the CAC programs are universal programs implemented in schools, while there are some others which are addressed to parents and families. Moreover, the CAC recently updated the approval and funding process for the prevention programs which was implemented in

2013 and through which the prevention actions contained in the National Drug Strategy 2013-2020 are supported.
On a positive note, in chapter 4 the estimated number of PDUs, during 2012 remains at the same levels as in the previous year, and the figure is not considered as significant.

Chapter 5 discusses the process through which, the CAC provided licences to 19 treatment units/programs. However, the treatment system did not present any major changes during the reporting year. Regarding trends of clients in treatment, there is an apparent upward trend in the number of drug users seeking treatment across the years. Nevertheless, it seems that the rate of the increase in 2012 was somewhat lower than in previous years. As to the primary drug of abuse of those in treatment, the 2012 data continues to point to an overall 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.

In terms of health correlates, in chapter 6 it is reported that during 2012, the DRID KI implementation continues to present difficulties due to the small number of valid tests compared to the number of IDUs in treatment. Less than 1 out of 3 IDUs were tested for infectious diseases. According to the National Program on AIDS (MOH), during the reporting year 58 new cases were reported. According to the same source, from 1986 to 2012, 10 of the HIV positive cases reported were drug users.
As regards DRDs during 2012, 11 drug related deaths were recorded, 5 of which were directly attributed to drug poisoning.

Regarding chapter 7, information on the responses pertaining to drug related infectious diseases is scarce, however, based on the limited information provided by the CAC, during the reporting year some infectious diseases related interventions took place: Hepatitis B vaccinations, infectious diseases testing and counseling, safer use training and psycho education, Hepatitis C referrals and treatment, syringe and other IV tools provision. Furthermore, the Cyprus Youth Board continues to implement and coordinate the «safer nights» program. Additionally, it may also be worth mentioning that harm reduction training of state-run programs includes instruction on safer use. Also, the syringe provision program from STOCHOS continued throughout 2012. The same chapter includes some basic conclusions that emerged from the experts' opinions survey on how responses to women's drug

problems are planned and implemented in Europe; a survey that was conducted by the CAC and the NFP in the framework of the EU Cyprus Presidency.

For chapter 8, TDI analysis for 2012 showed that as in previous years, the majority of drug users in unstable accommodation were non-Cypriot EU nationals or nationals of another country. Only about a fifth of drug users seeking treatment were in regular employment, which appears to be a steady tendency since 2007; most unemployed users are heroin and cannabis users, whereas those in regular employment tend to have cannabis as their primary drug, followed by heroin. The majority of drug users have either primary education or secondary education, higher education being less common.

In chapter 9 figures showing that during the year 2012 the number of drug offences and the number of persons involved in them, continued the increasing trend, something which could be linked to the appearance of new synthetic drugs in Cyprus over the last three years, involving a significant number of offences.

Finally, chapter 10 discusses seizures in 2012; whereas noted seized quantities of cannabis plants were significantly increased compared to the previous year. As regards cannabis resin quantities seized were slightly decreased. In addition, seized quantities of cocaine were more than double in the reporting year. However, these changes do not seem to have an effect on the overall picture of the drug market. On the other hand, synthetic substances (including synthetic cannabinoids) and other chemical substances were seized, but in smaller quantities compared to previous year.

PART A: NEW DEVELOPMENTS AND TRENDS

Trends by individual drug

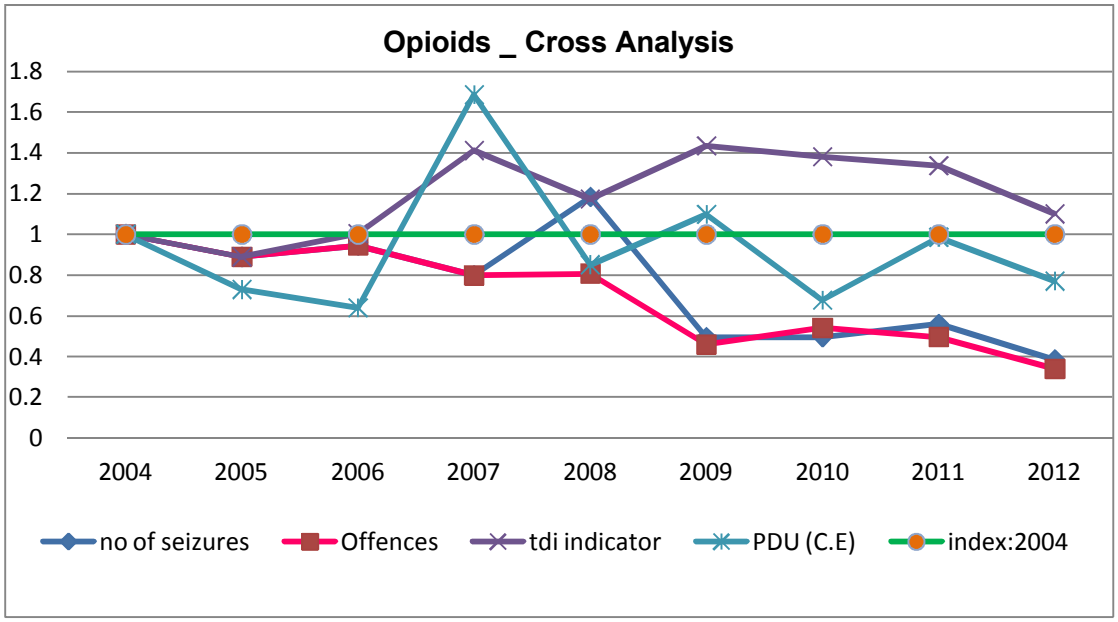
Methodology

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

Since Cyprus only has 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

Fig. T.1: Trends across OPIOIDS' indicators in CY, 2004 to 2012; indexed to 2004

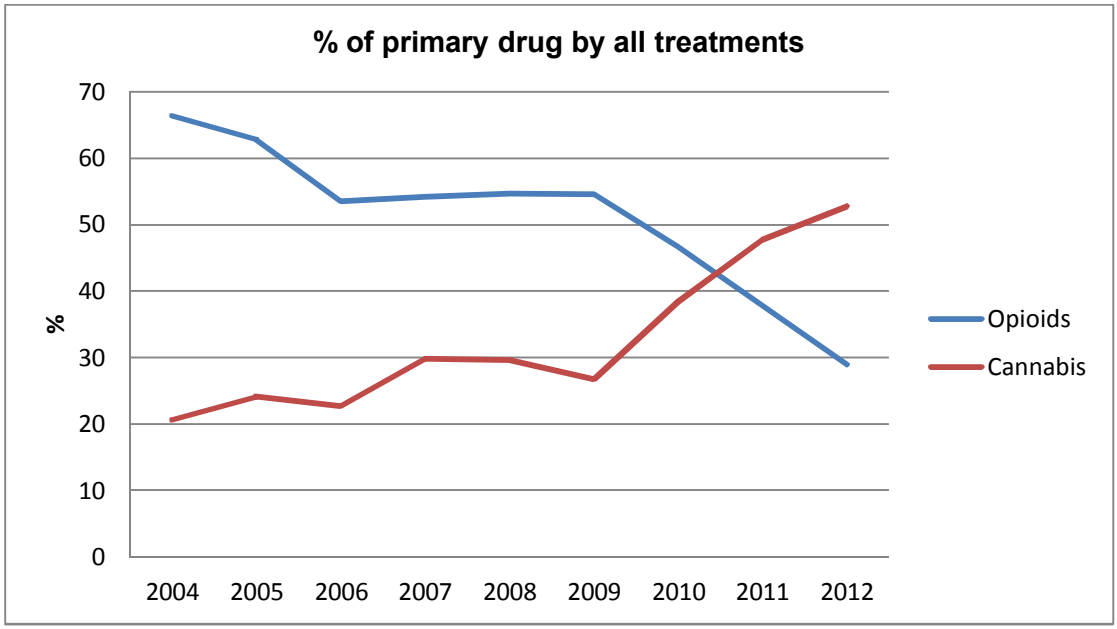


Source: NFP, 2013

In the previous report (NR, 2012), it was mentioned that there was a positive correlation (r=0.86) between all opioid users in treatment and all treatment demands, which actually reflected, until then, the main orientation of most treatment centers in Cyprus. However, with 2012 data, this correlation became weaker (r=0.6) mainly due to the fact that since very recently, cannabis has been replacing opioids as the most commonly reported primary drug in treatment (see also chapter 5).

It is worth mentioning that the proportion of all opioid treatments by all treatments in 2012 reached the lowest levels whilst at the same time, the percentage of all cannabis treatments by all treatments in 2012 reached the highest levels compared to all years.

Fig. T.2: Proportion of primary drug by all treatments



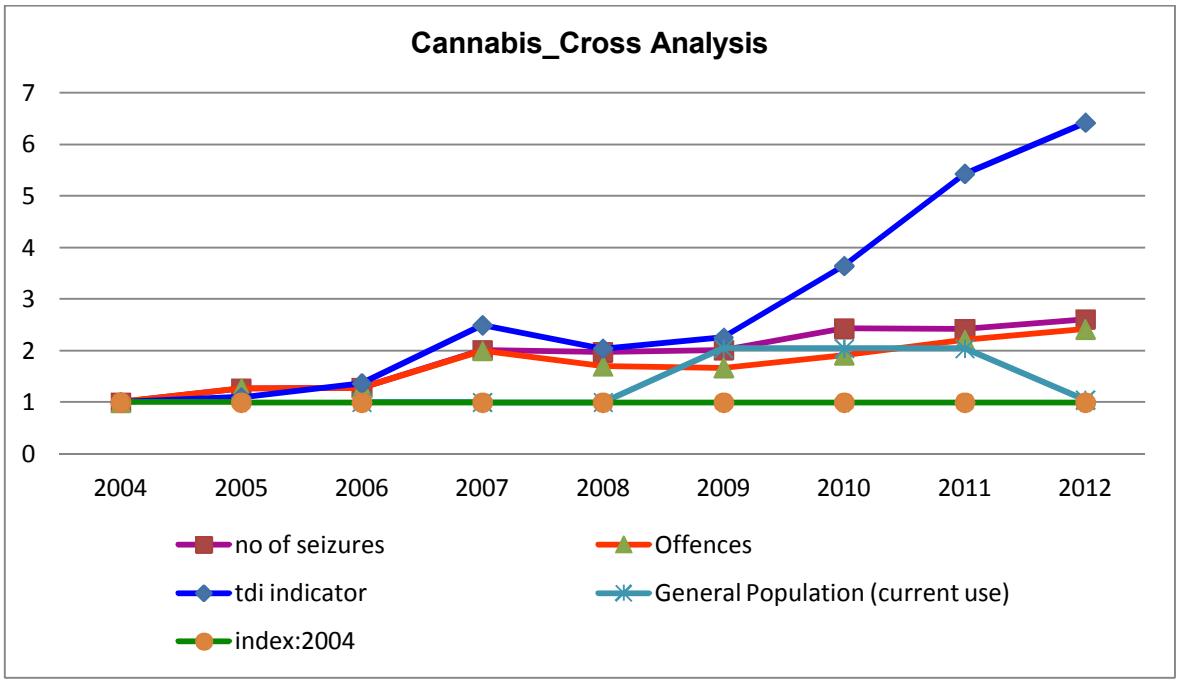
Source: NFP, 2013

Additional, data from the TDI indicate that the number of individuals presented to treatment in 2012 for primary opioids use, dropped significantly and almost reached 2004 levels (see also Fig. T.1).This downward trend in treatment demand for opioids is in-line with the overall decline for first treatment demands that has been observed in Europe since 2007 (EMCDDA, 2013).

As regards other indicators, the trends figure above (Fig. T.1) shows also 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.

Cannabis

Fig. T.3: Trends across CANNABIS indicators in CY, 2004 to 2012; indexed to 2004



Source: NFP, 2013

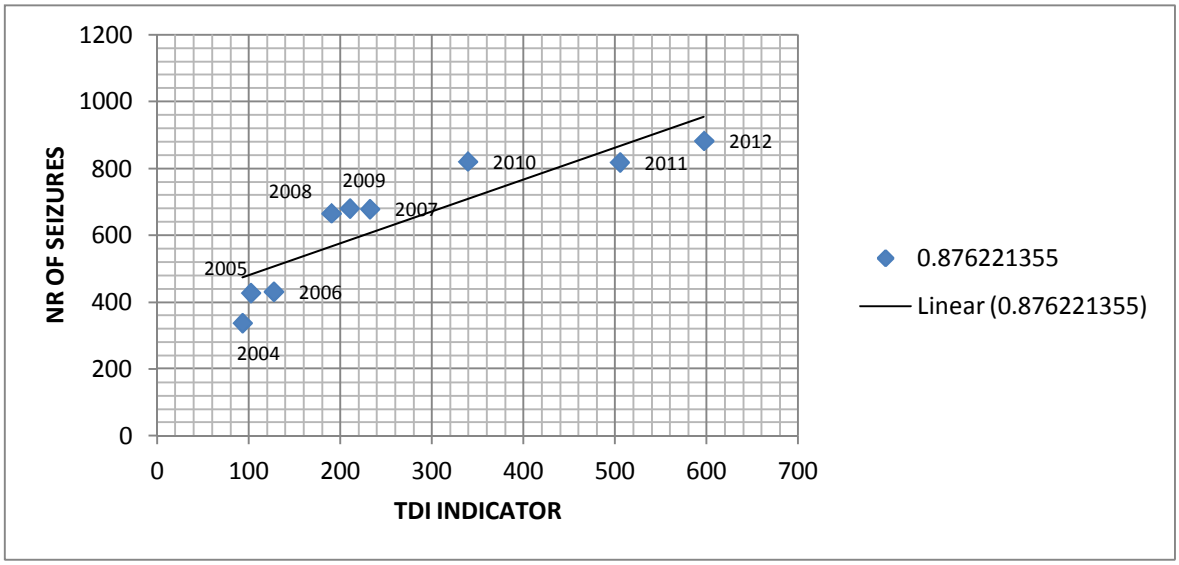
All indicators for cannabis are well above 2004 levels, while the most striking increase is in the number of treatment demands during the last four years, with an increase from 210 in 2009 to 339 in 2010, 505 in 2011 and 597 in 2012. This increase does not only concern absolute numbers but also the proportion of primary cannabis users over the total population in treatment (see also Fig. T.2).

The increase in the number of treatment demands for cannabis is reflecting the significant role of the official protocol cooperation between the police and the treatment services (previously “Fred goes Net” program), which it may also be considered as an alternative to imprisonment for first-time young drug offenders. Specifically, the protocol cooperation for the referral of youth drug related offenders covers youngsters up to 24 years of age.

Ii is worth noting that there has been a **positive** correlation between TDI treatments and both seizures (r=0.88) and offences (r=0.91); perhaps reflecting the role of the police in

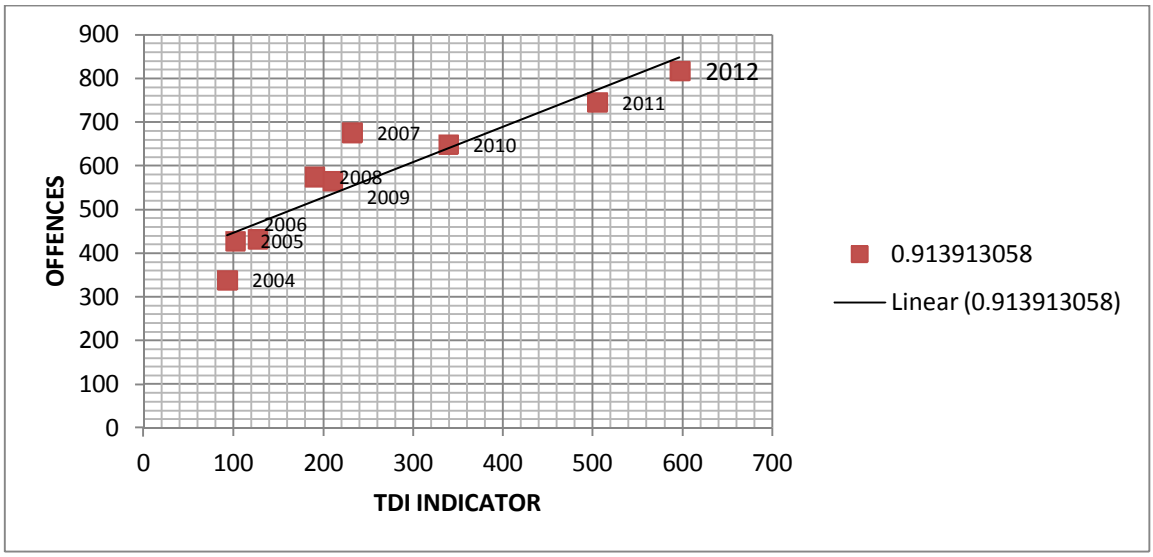
channeling cannabis users into treatment. Apart from the official protocol cooperation between the Police and treatment services, police interventions aiming at referral of drug users to treatment, irrespective of their age, are continuously reinforced, something which is also reflected by a noteworthy increase in the number of people in treatment referred by the Police (see also chapter 5).

Fig. T.4: Scatterplot: Correlation between TDI Indicator & Seizure for cannabis



Source: NFP, 2013

Fig. T.5: Scatterplot: Correlation between TDI Indicator & Offences for cannabis

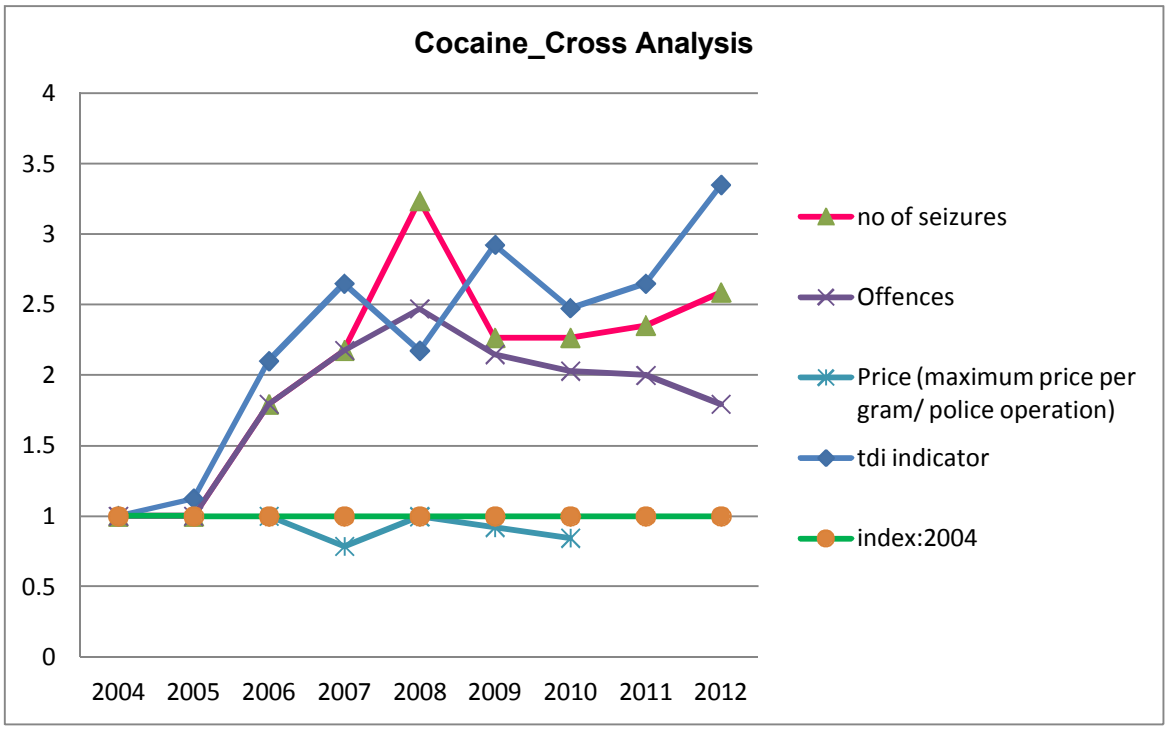


Source: NFP, 2013

Cocaine & Stimulants

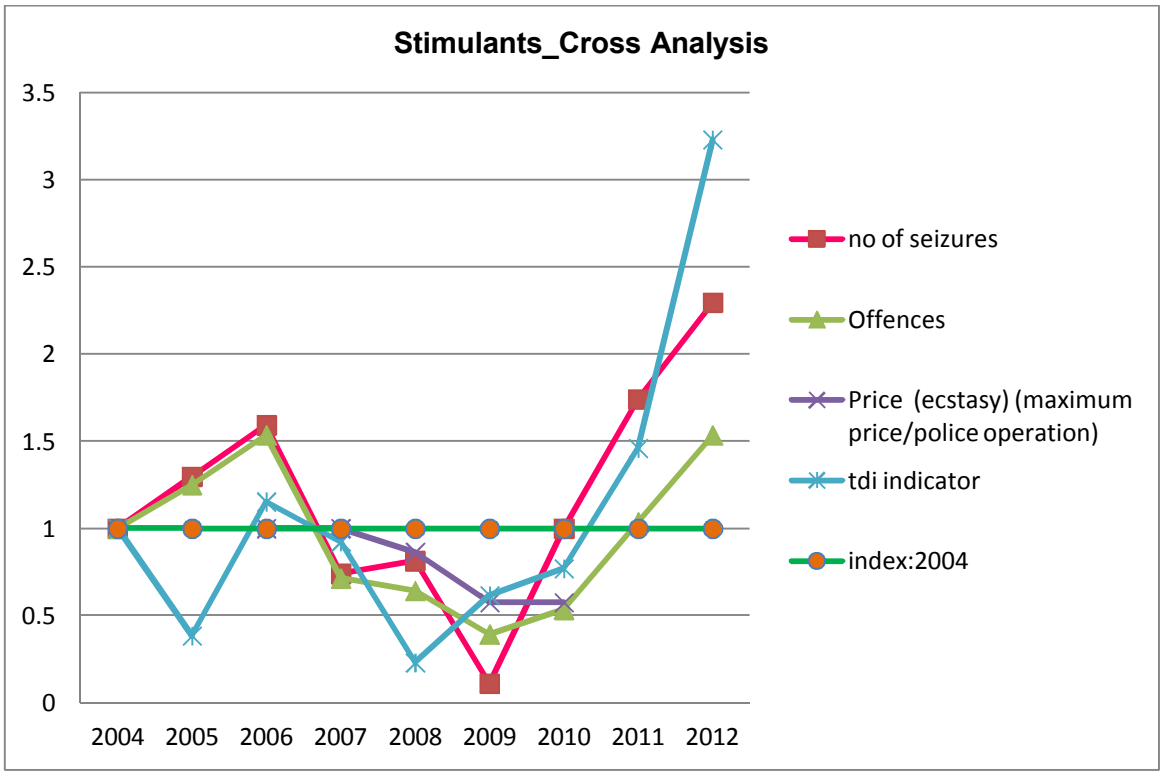
As regards cocaine, almost all indicators are above 2004 levels, while in the case of stimulants, almost all indicators until 2009 are below 2004 levels; an increase is observed during the last three years.

Fig. T.6: Trends across cocaine indicators in CY, 2004 to 2012; indexed to 2004



Source: NFP, 2013

Fig. T.7: Trends across stimulants' indicators in CY, 2004 to 2012; indexed to 2004



Source: NFP, 2013

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*

There is a functional national mechanism in place dealing with drugs, which is constantly being updated and refined. The law L.29/77 concerning Narcotic Drugs and its amendments, 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)[1] include all the basic national measures taken concerning behaviors and acts related to drugs and drug use. 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.

The reporting year marks the completion period of the National Drugs Strategy 2009-2012 and is also the time of preparation and drafting of the new National Strategy 2013-2020 and the new Action Plan covering the period 2013-2016 by the CAC. In the context below there will be an analysis of the information collected by the NFP concerning the approaches introduced to develop new goals and actions for the forthcoming period on a national level.

Additionally, this chapter provides a brief summary on the CAC promoted activities related to the CY presidency of the Council of European Union in the second semester of 2012.

1.2. *Legal Framework*

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

Issues relating to drugs are being addressed by the parliamentary Committee on Health Affairs and the Committee on Legal Affairs, with certain issues addressed also by the Committee on Communications and Works (see also NFP Report, 2012). The

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

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 psychoactive substances; it also approved the CAC budget for 2013. The Committee on Legal Affairs continued its work on L.57 (1)/92, a procedure which was further slowed down by the presidential elections. The Committee on Legal Affairs together with the Committee on Communications and Works continued the study of 2010 proposed amendments to L.174/86 on road safety (introduction of narcotest) as well as L.86/72 on road vehicles (introduction of license penalty points) (House of Representatives, 2013).

Alternatives to imprisonment L.57(I)/92

Regarding the policies and legislation concerning alternatives to imprisonment[2], namely Treatment of and Dealing with Drug Dependents Law L.57(I)/92, following suggestions from Parliament, a committee examining the amendments to this legislation was reconvened by the CAC in 2011. The views and suggestions of ministries, organizations, trade unions, professional associations etc. have also been collected and analyzed (NFP Report 2012a).

In the year 2012, the CAC was invited to make suggestions along with others in the Legal Affairs Committee of the House of Representatives regarding the Treatment of and Dealing with Drug Dependents Law L.57(I)/92 with a view to regulating the process for referral dependants accused or convicted persons in treatment programs (CAC, National Report 2012a). The law will soon be presented to the parliament foe approval.

Narcotest L.174/86

In 2012, the comprehensive bill for the introduction of the Narcotest was resubmitted before the joint session of the Parliamentary Committees on Legal Affairs and Communications and Works of the House of Representatives, where there still remain

[2] It is worth noting, 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).

some outstanding issues that will receive definitive operation in 2013. The NFP has attended parliamentary committee meetings and submitted reports on various issues (e.g. penalty point practices, effects of cannabis use, road traffic deaths) in order to assist the work of the committee (CAC, National Report 2012a).

Narcotic drugs and psychotropic substances L. 29/77

As previously reported (see NR 2012), there is an ad hoc Committee operating under the CAC, with the goal of continuous updates and modification of this law, with the participation of experts from different public services. The committee's work is mainly to amend the first table of the law, namely the addition of new psychoactive substances through the activation of a generic system, which puts under control- through a decree- the whole 'family' of substances based on the same molecular structure (CAC, National Report 2012a).

During 2012 there have not been any meetings of the ad hoc committee studying the L.29/77.

The Prevention and Suppression of Money Laundering Activities Law L. 188(I)/2007

The Prevention and Suppression of Money Laundering Activities Law came into force in 1996, and was amended in 1999 for full compliance with Directive 91/308/EEC concerning the threshold amount for customer identification in cases of “one-off transactions. In 2000 the law was amended again to extend the list of predicate offences in compliance with the Joint Action 98/699/JHA of 3.12.98. It is now applicable to all crimes punishable with imprisonment of more than one year as a result of which the offender derived financial advantages. Before the amendment, it applied only to certain offences specified in the law (drug offences included).

1.2.2. **Laws Implementation**

No major changes regarding the implementation of the drug laws have been observed over the last year.

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

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

As the year of 2012 was the concluding year for the implementation of the National Drug Strategy for the period 2009-2012, the CAC proceeded to the evaluation of the National Drug Strategy 2009-2012, by external evaluators, the results of which were used as a basis for the development of the new national strategy and action plan 2013-2020 (CAC, National Report 2012). Some of the outcomes of the external evaluation pointed out that the planned actions should reflect the available budget, the new challenges should lead to the encouragement of new approaches and practices, and the specification of comprehensible and measurable indicators is a requirement for the development of new actions (CAC, National Report 2012a).

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

During 2012 progress was made in a number of actions as regards prevention, treatment and social inclusion.

In treatment these actions concern the geographical coverage of substitution services all over Cyprus in an attempt to make them more accessible and more affordable to the drug users (see also chapter 5); the development of a treatment program exclusively designed for women drug users and the improvement of the scheme for financial assistance provided to users at the reintegration stage, the administration of which came under the CAC for the first time, a development that simplified the whole procedure.

In prevention, the actions concerned the development of a Memorandum of cooperation between the CAC and the Ministry of Defense in an attempt to monitor the use of drugs in the army and introduce targeted prevention actions. Additionally, a new protocol in collaboration with the Ministry of Education and Culture and the Ministry of Health, which aims at early intervention for young smokers in schools of Secondary Education was developed, while at the same time education regarding the prevention tool 'Voices' was

provided to counseling and guidance teachers. The tool is aimed at early intervention by the Teacher of Counseling and Vocational Education. Moreover, the CAC promoted targeted support of vulnerable groups, through the call for tenders for the development of targeted interventions (CAC, National Report 2012a).

To promote the objective "Ensure implementation of harm reduction practices within the health system" of the National Drug Strategy 2009-2012, the CAC held training meetings focused on the medical and nursing staff of the Accident and Emergency Department at state hospitals. The aim of the training was the effective handling of drug case incidents that approached the Accident and Emergency Department.

1.3.3 **Cyprus EU Presidency of the Council of the EU**

Cyprus' Presidency of the Council of the European Union in the second semester of 2012 was successfully completed as most of its goals were met. Specifically, during the Presidency of the Horizontal Working Group on Drugs, 'the Council adopted the new EU Drugs Strategy (2013-2020). Moreover, during its Presidency, Cyprus managed to cover the whole spectrum of drug issues through EU funding programs, to promote the EU dialogue on drugs with six different partner countries/regions and to initiate the EU dialogue with Morocco and Lebanon (Kyprianou, 2013).

The CAC participated in all HDG meetings, the dialogues on drugs between the EU and third countries/regions and the Dublin Group meetings. Additionally, in view of chairing the Working Group the CAC met on a regular basis with the representatives of the Trio (Poland and Denmark), the General Secretariat, the European Commission and other relevant EU Institutions during the first semester of 2012 (CAC, National Report 2012a).

The CAC promoted activities related to the CY Presidency including (CAC, 2013):

- The National Drug Coordinator's Meeting on "Women and Drug Treatment: Issues and Challenges", which took place in September 2012 in Nicosia (see also sub-chapter 7.4).
- 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 centers in Cyprus, which took place in December 2012.

1.3.3. **Other drug policy developments**

In general, as Bayada (2013) mentions, during 2012 there have been some general developments including:

- Completion of the National Drug Strategy and the harmful use of alcohol 2013-2020, which included legal substances for the first time.
- The CAC ensured a budget without any reductions, despite the general financial situation.
- Continuation and expansion of the Memoranda of Cooperation with Ministries and the state agencies as well as foreign organizations (Ministry of Defence, OKANA (Greece), Journalist's Association) in an effort to enhance the cooperation and accelerate actions and to save financial resources.
- The upgrading and the updating of the CAC website in order to make it more user-friendly and easier for navigation. At the same time, the CAC proceeded in 2012 to the creation of new electronic service "asknow" (www.asknow.org.cy) where visitors can be informed regarding treatment and its availability in Cyprus and communicate anonymously with a professional, who can answer their questions.
- The development and provision of the "Good Practice Guide for the media" published by the CAC, in an attempt to promote the use of scientific language and to reduce addiction/recovery-related stigma.
- E-ask: The Cyprus Anti-Drugs Council has developed a new computerized system for monitoring the treatment continuum of care. Until the time of writing, the system has been running through its pilot phase (see also ch.5).

1.3.4. **Coordination arrangements**

Concerning the coordination of the CAC, Bayada (2013) notes that there have not been any substantial changes in 2012; still by the end of 2013 an appointment of new members to the Board by the Council of Ministers is expected to be completed.

Bayada (2013) cites the following organizational developments in 2012:

- There has been an upgrade of the institution of the coordinating Officer in the Ministries, meaning that they will assume a greater role in relation to the implementation of the Strategy, which this year includes the harmful use of alcohol.
- The CAC adopted a new alternative mechanism to implement the National Strategy since it proceeded to the more flexible procedure of a call for proposals to fill gaps presented (vulnerable groups of children, disadvantaged geographical areas)

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 2012. As explained in the previous NR, the information requested from involved parties, was based on a specific formula (used in social cost studies) in order to ensure the accuracy of the information. However, the case remains that some of the respondents have no mechanisms to collect the information, especially in the case of ministries in which there are no officers specialized to work solely on the drugs issues. Despite the aforementioned limitations, the available information collected will be analyzed below in Table 1.2.

Methodology

The same methodology as in previous years was used during 2013, in order to find the cost of drug related public expenditure (for more details refer to ch.1.1.4, NR 2012). The calculation used was: 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 more details regarding the Social cost research (CAC, 2008) see ch.9.5, NR 2008).

Significant explanatory comments wherever necessary, are provided in the following table.

Table 1.2 Drug-related public expenditures in Euros

Year	Ministry of Education & Culture	Ministry of Health MHS	Cyprus Antidrugs 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)
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[3]	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	127740	16 760	85 430	61 000	1291.50	222 000
2010	540 000	3 163 355	1 671 097	-	168 928	9 600	35 300	53 940	1611.60	289 212
2011	540 000	2 904 133	1 606 708	-	268 058	6 180	85 430	94 400	653.52	296 937
2012	40 000[4]	2611040[5]	1619557[6]	-[7]	298 074[8]	1500[9]	-[10]	40 000[11]	-[12]	238329[13]

Source: Cyprus NFP, 2013

[3] 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.

[4] This figure refers only to the Anti-drugs Student Seminars.

[5] This amount covers the salaries of 64 persons (€2017.920) + cost of health contributions and cost of social insurance (€272.420) + functional expenses (€320.700).

[6] This amount includes the following expenditures: CAC functional expenses (€396 249), staff salaries (€278 141), subsidies of prevention and treatment programs (€320 839); CMCDDA functional expenses (€343 216) and staff salaries (€281 112).

[7] The work framework of the Youth Board of Cyprus no longer focuses exclusively on drugs, but on prevention of risk behavior regarding several psycho-social issues. Thus, no information can be provided regarding drug related expenditure.

[8] This amount includes the budget of DLEU (€ 127 828) and the cost of 5 persons (4 persons working in the department of tracing illicit substances with dogs and one person working in the screening of illicit substances. Specifically: 5 persons x €2000 average salary x 12 months + €16 000 yearly social insurance and health contributions + €14000 functional expenses. Additionally, an amount of € 20 246 is spent by the Ministry of Justice and Public Order regarding meetings abroad related to drug issues.

[9] This amount refers only to the organization of seminars against drugs by the Cyprus Army and functional expenses (Zisimou, E., 2013).

[10] No drug expenditure information can be made available from the MLSI, because social workers do not work exclusively with drugs cases.

[11] This figure is not a total budget for the Ministry of Interior. It represents only an amount of €40 000 provided to three communities in the framework of the implementation of the National Drug Strategy.

[12] During the reporting year, the specific Ministry did not spend any amount on drugs (Manoli E., 2013).

[13] This amount covers the salaries of 5 persons (€124 125) + cost of health contributions and cost of social insurance (€13032) + functional expenses (€101 172).

A first glance at the figures between 2011 and 2012 suggests a relatively stable drugs budget. Nevertheless, apparent budget growth is observed, as for the MJPO, which can be explained by improvements in reporting. In the cases where the budget is presented as having slightly decreased, compared to the previous year, this could be linked with the financial crisis (see also Ch.1.4.1, NR 2012). As regards the Ministry of Education and Culture, the significant decrease in the expenditure, compared to 2011, is due to the fact that the “Mentor program” (which costs €500 000) was not applied during the reporting year. However, definite trends regarding fiscal data will be established in future NRs, when the reporting of figures will become more comparable.

The following table (Table 1.3) presents analytically the allocation of public expenditure regarding drugs for the years 2010- 2013 by sector. It may be noticed that, in terms of overall costs as compared to the previous year, in 2012 there was a 8.5% decrease in public expenditure on prevention and research, which mainly is due to the a significant decrease of the Ministry of Education and Culture expenditure. A 15% increase was presented in public expenditure on implementing the law, while the coordination costs remained stable (14%).

However, it would not be scientifically valid, to draw any conclusions regarding these data at this early stage (in terms of years monitored). Please note that this information is also available with COFOG codes as the STPE for 2012.

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

Total public expenditure (€)	2010 Total (€)	%	2011 Total (€)	%	2012 Total (€)	%
1. Cost of health care (Treatment)- Public sector -Detoxification Therapeutic Unit "ANOSI": 2010: €902 060[14]; 2011: €1568196[15], 2012: €930 429[16] - CAC: 2012: €39 193[17]	**€987 490**	15	**€1 653 626**	15	**€969 622**	8.5
2. Costs for prevention and research -Ministry of Education and Culture: 2010: €540 000; 2011: €540 000, 2012: € 40 000 - Ministry of Defence: 2010: €9 600; 2011: €6 180 2012: €1500 - Police (DLEU): 2010: €84 302; 2011: €89 939, 2012: € 185 757[18] -NFP: 2010: €400 357[19]; 2011: €602833[20], 2012: € 54 323[21]	**€1 034 259**	16	**€1 238 952**	11	**€281 580**	2.5
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) 2012: €516 157 (€277 828 + €238 329) - Judicial Services:	**€2 769 866**	43	**€6 873 619**	60	**€8 591 624**	75

[14] 1702 (days of hospitalization) x €530 (per day).

[15] 2520 (days of hospitalization) x €622.30 (per day).

[16] 1543 (days of hospitalization) x €603 (per day).

[17] This figure refers to the amount spent by the CAC for the social reintegration of former drug users.

[18] This figure includes the cost of prevention of the "Prevention Office" (€ 46117) of the DLEU, staff salaries and functional expenses (€139 640).

[19] This figure includes functional expenses (€138,464) and staff salaries (€261,893) for the year 2010.

[20] This figure includes functional expenses (€331 280) and staff salaries (€271 543) for the year 2011

[21] This figure includes only amount spent on research during 2012.

2010: €1 142 400[22], 2011:€1 581 834[23], 2012: €2 632 587[24] - Prison: 2010: €1 182 600[25]; 2011: €4726750[26], 2012: 5 442 880[27]						
4. Cost of co-ordination (CAC)	**€1 671 097**	26	**€1 606 708**	14	**€1 619 557**	14
TOTAL	**€6 462 712**	**100**	**€11 372 905**	**100**	**€11 462 383**	**100**

Source: Cyprus NFP, 2013.

[22] During 2010, 2829 cases were recorded in court. 97 (3, 4%) of which were drug-related cases. Thus, in order to calculate the cost of judicial services: €33,6 millions (total budget) x3,4%= €1 142 400

[23] 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%= €1581834

[24] During 2012, 1684 cases were recorded in court. 145 (8, 6%) of which were drug-related cases. Thus, in order to calculate the cost of judicial services: €30.611.480 (total budget) x8,6%= €2 632 587

[25] 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.

[26] 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.

[27] The cost of imprisonment for drug offences during the year 2012 was calculated as follows: 233 persons convicted x € 64 (cost of imprisonment per day) x 365 days.

1.4.2 Budget

The following budget information was made available for 2010-2013:

Table 1.4 Budgets for 2010 - 2013 in Euros

Year	Ministry of Education & Culture	Ministry of Health MHS	Cyprus Antidrugs 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[28]	9 850	85 430	200 000	-	-
2011	-	3 690 000	844 851	-	30 000[29]	8 800	85 430	-	-	13350
2012	-	3 080 000	1496000[30]	65000	-	1 850	40 000	150 000	-	-
2013	40 000	1151200[31]	1426400[32]	-	-	800	40 000[33]	-[34]	-	-[35]

Source: Cyprus NFP, 2013

[28] 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.

[29] The amount covers expenditures until 31/3/2011.

[30] This figure includes a budget for both the CAC (€1048209) and the CMCDDA (€447791).

[31] This amount refers only to the subsidy of the Ministry of Health to the CAC.

[32] This figure includes a budget for both the CAC (€1 005 484) and the CMCDDA (€420 916).

[33] Responsibility for allocation of this sum was transferred to the CAC in 2012.

[34] During 2013, the specific Ministry focuses on the need to improve the legislative framework regarding the sale of alcohol, thus no drug related budget is available for this year (Antoniou, A., 2013).

[35] The budget of the Customs department for 2013 is expected to be approximately at the same levels (see table 1.2 above).

Having in mind the limitations in the amounts described above, it would not be possible to draw any firm conclusions (see also ch.1.1.2, NR 2012).

1.4.3 Social Costs

No new information regarding the specific issue is available at the moment (see also Ch.1.1.2, NR 2012).

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

2.1 Introduction

The most recent general population survey[36] (2012) consisted of 3500 Greek-speaking persons 15-64 years of age residing in the government-controlled area. The response and the participation rates of the 2012 General Population Survey were found to be well above those of the previous survey.

The results indicate a decline in overall drug use compared to the previous survey, while the decline is slightly more marked among young people. As cannabis is the most commonly used drug it is a decline in use of this drug that is driving the overall change.

Amongst the school age population, during 2012, no new school population survey was carried out. The results of the 2011 ESPAD project[37], revealed an increase in both alcohol consumption and illicit drug use among Cypriot pupils, however the prevalence rates are still lower than the ESPAD average.

2.2 Drug Use in the General Population

2.2.1 Methodology

A multistage proportionate stratified random sampling procedure was used, and the mode of data collection was face-to-face (self completed questionnaires). The valid sample consisted of 3500 persons residing in the government – controlled area, who could speak the Greek language and were in the age range 15-64 years. Also as in previous surveys, the 2012 survey oversampled the group of 15-34 years of age.

[36] As of today, three national general population surveys have been carried out in Cyprus (2006, 2009 and 2012) and are compatible with the EMCDDA guidelines.

[37] 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 sampling frame consisted of 1st grades of public upper secondary schools (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).

The questionnaire which is based on the European Model Questionnaire (EMQ) included some additional questions on tobacco and availability of illicit drugs. Additionally, the questionnaire included some items on alcohol, from the Smart Project[38] (Moskalewicz & Sieroslawski, 2010).

At the 2012 survey the "rim weighting" process was employed in order to distort each variable as little as possible while still trying to attain all of the desired proportions among the characteristics. The weighting parameters that were used were age, gender and area. In total, 90 weighing factors were used.

The response rate and the participation rate of the 2012 General Population Survey were found to be well above the previous survey (response rate: 36% in 2009 and 62% in 2012; participation rate: 55.3% in 2009 and 76% in 2012). The contributing factor of this improvement was the redesign of some basic aspects of the questionnaire such as the introduction and the appearance. Also, as regards the alcohol section, there was an incorrect ordering of questions (incorrect sequence) in previous questionnaires resulting in missing cases or incorrect answers. The restructuring of the alcohol section was based on the guidelines of the smart project (Moskalewicz & Sieroslawski, 2010).

Despite the above methodological improvements of the 2012 survey, its weaknesses cannot be ignored. A methodological limitation that appears in all three series of general population surveys is the exclusion from the target population of non Greek–speaking persons, a fact that have biased the survey results.

2.2.2 Trends in drug use

Prevalence of drug use throughout this chapter is measured using the following recall periods: lifetime (ever use); last year (recent use); last month (current use).

According to the last two series of survey (2009 & 2012), estimated lifetime use of any drug in Cyprus amongst 15 to 64 year olds, has decreased (from 13.2% in 2009 to 10.5% in 2012) (see also see ST1_2013_CY_01). Cannabis continued to be the most commonly used drug across all recall periods with prevalence rates close to those of any drug. Therefore, as cannabis is the most commonly used drug it is a decline in use of this drug that is driving the overall change.

In 2009, last year use of cannabis was reported at 4.3%, decreasing to 2.2% in 2012. A similar pattern was observed in last month use of cannabis which decreased from 2.5% in 2009 to 1.2% in the 2012.

[38] Standardized measurement of alcohol-related troubles, EAHC grant agreement 2007308.

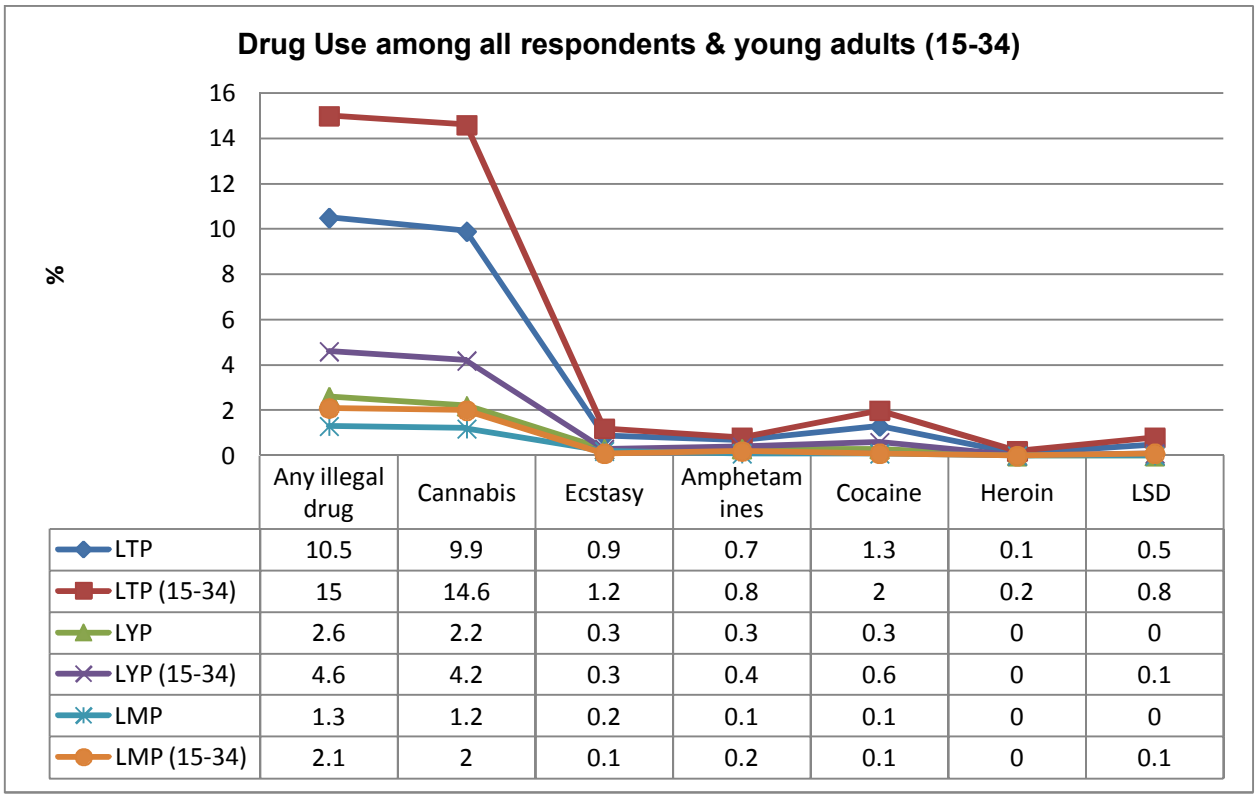
2.2.3 Drug Use & Gender

Males were much more likely to report drug use than females across all recall periods. Strong relation between gender and illicit drug use was also confirmed by the application of the correlation coefficient (γ), which was statistically significant (with $p<0.001$ in most cases) for the most prevalent drugs. However, it is interesting to note that as regards the use of alcohol and gender, there are increasing levels (in all recall periods) of use among women (especially among women 35-64 years old), compared to the 2009 results (also see ST1_2013_CY_01).

2.2.4 Drug Use & Age

According to the survey's results, drug use across all recall periods predominates among young adults aged 15-34 years, as the percentages reported by this particular age group exceed the respective ones among both all and young adults (also see ST1_2013_CY_01).

Fig. 2.1: Drug Use among all respondents & young adults (15-34)



	Any illegal drug	Cannabis	Ecstasy	Amphetamines	Cocaine	Heroin	LSD
LTP	10.5	9.9	0.9	0.7	1.3	0.1	0.5
LTP (15-34)	15	14.6	1.2	0.8	2	0.2	0.8
LYP	2.6	2.2	0.3	0.3	0.3	0	0
LYP (15-34)	4.6	4.2	0.3	0.4	0.6	0	0.1
LMP	1.3	1.2	0.2	0.1	0.1	0	0
LMP (15-34)	2.1	2	0.1	0.2	0.1	0	0.1

Source: NFP, 2013

2.2.5 Recent User's Profile of any illegal drug

Among all respondents who referred last year use of any illegal drug, it was found that:

1. Eight (8) out of 10 were male aged 15-34.
2. Almost half of them were in regular employment (46%), while a significant percentage had either occasional employment or were unemployed (28%).
3. Single adults had higher levels of recent use (60%) than married recent users (23%) or other marital groups of recent users (17%).
4. A significant percentage of recent users were living in urban areas of Cyprus (61.7%) and Famagusta (17%).
5. Seventy-two percent (72%) of recent users reported a monthly household income between *1.000* and *3.000 Euro.*

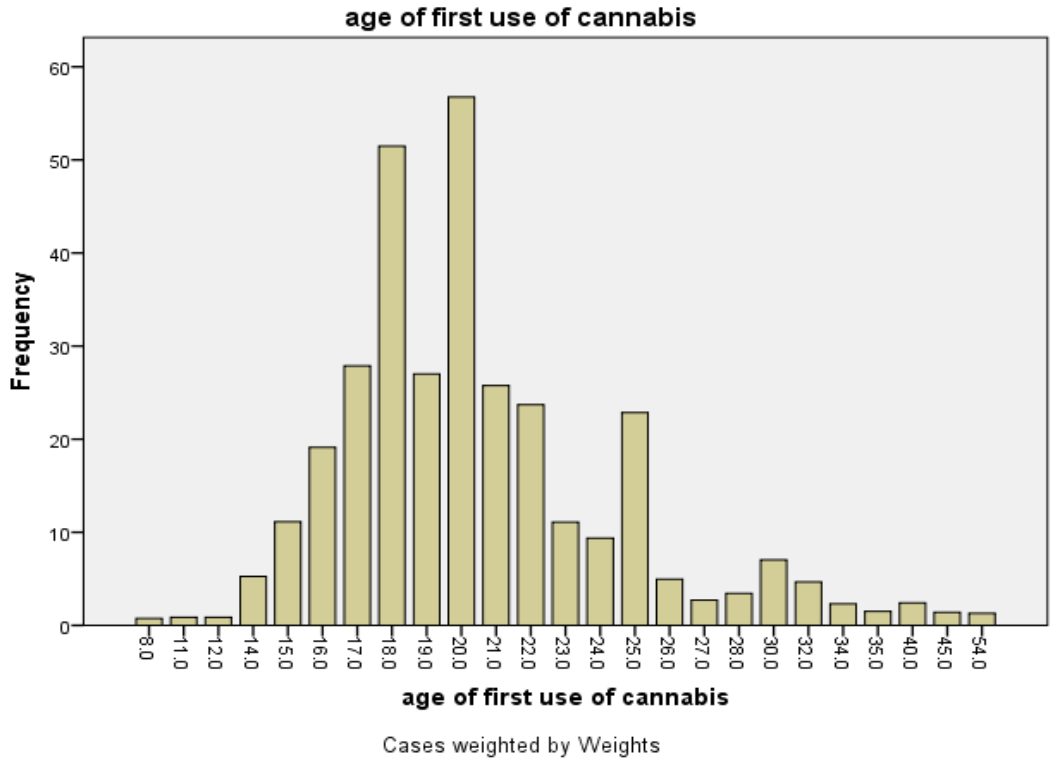
In an attempt to explore an interrelationship between last year use of any illegal drug and socio-demographic characteristics that would be reflected as predictors of drug use, a model of multiple regression[39] was applied. However, it was found that socio-demographic characteristics did not have any predictive power over the recent use of any illegal drug, or the current use of cannabis which is the most commonly used drug.

2.2.6 Onset of drug use

The median age at which cannabis users reported first using cannabis was 20 years old (min: 8, max: 54). As also in previous surveys, the tendency to experiment with cannabis seems to focus around the ages 18-20 years (see fig. 2.1) which coincide with the age of enrolment and release from the National Guard, a service which is obligatory in Cyprus for all men.

[39] This model can inform how well a set of demographics (or other variables) is able to predict a particular outcome (e.g. recent use of illegal drugs) and which variable in a set of variables is the best predictor of an outcome.

Fig.2.2: Age of first use of cannabis



Source: NFP, 2013

This recurring observation has been taken into consideration and cooperation has been established between the CAC and the National Guard. Additionally, under the prevention pillar of the NDS 2013-2020 there is an objective to include random urine drug testing for special forces in the army, and this is going to be first implemented by the next enlistment (July, 2013) to a total sample of 400 conscripts.

A survey among military conscripts exploring drug use issues is also under way (see also sub-chapter 2.4). Finally, the establishment of early identification and referral procedures to treatment facilities for soldiers has been in force for quite some time now.

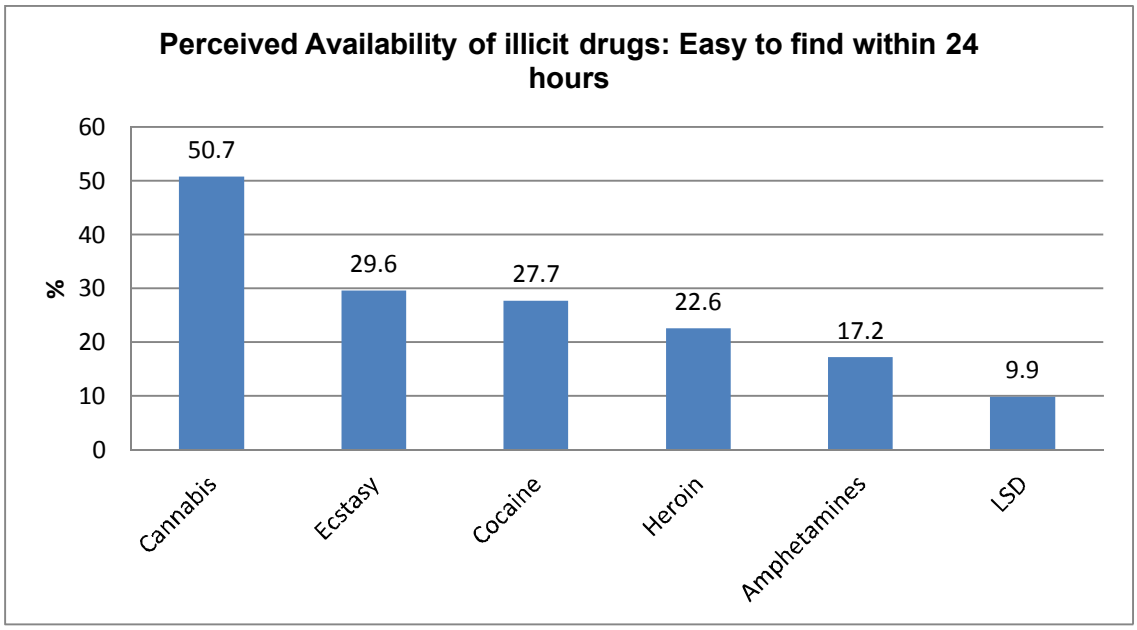
As regards the age of first use of other illicit drugs, although the numbers are smaller (and thus no reliable conclusions can be drawn) the tendency to experiment with drugs also seems to focus around the ages 18-20 years.

2.2.7 Availability of Drug Use and Risk Perceptions

As to the availability of drug use, around half of all respondents (50.7%) reported that it would be easy for them to find cannabis within 24 hours if they wanted to (see also chapter 10). As expected, among recent cannabis users the respective percentage was

higher (87%). As regards the perceived availability of other illicit drugs and demonstrated in the figure below, after cannabis, it is easier to find ecstasy and cocaine and is less easy to find LSD.

Fig. 2.3: Perceived Availability of illicit drugs: Easy to find within 24 hours



Source: NFP, 2013

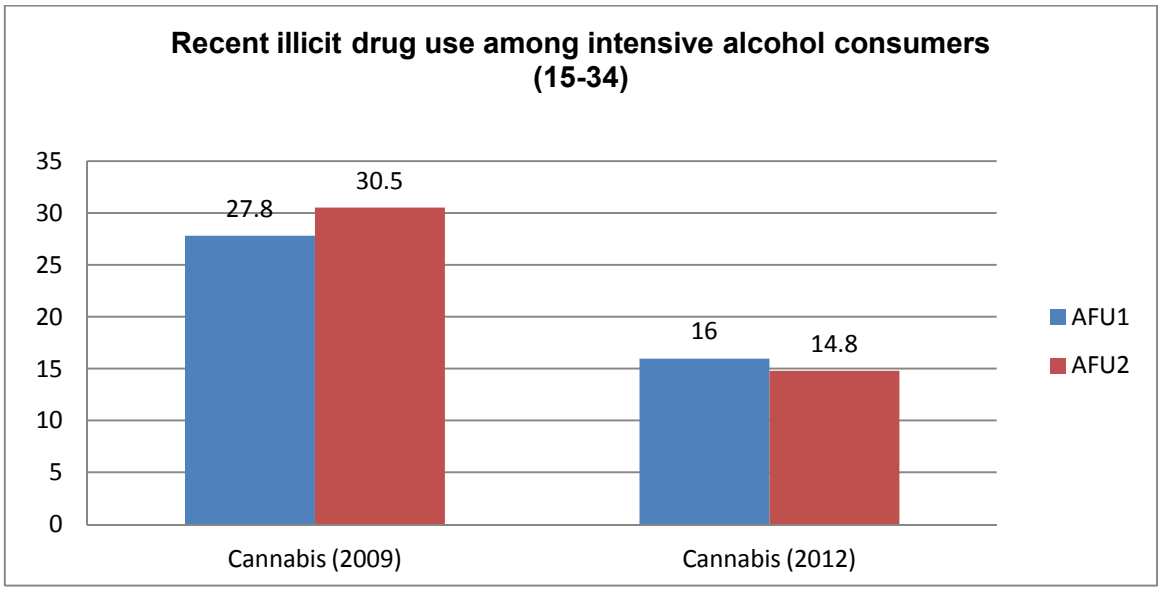
As regards risk perceptions, 75% of all the participants consider that there is a great risk for people who smoke cannabis on a regular basis, while only 20% of recent cannabis users believe that there is no risk. More than half of recent cannabis users believe either that there is slight or moderate risk (55.3%) or that there is great risk (22.6%). These results indicate that not only the general population but also the recent cannabis users are becoming aware of the dangers of using cannabis on a regular basis, and this is also reflected in the increasing demands to treatment of clients reporting cannabis as their primary drug (see also chapter 5).

As regards risk perceptions for trying ecstasy and cocaine once or twice, almost 8 out of 10 participants consider that there is great or moderate risk.

2.2.8 Polydrug Use

The results of the previous general population survey (2009) indicate that just one third of recent cannabis users (15-34) were also intensive alcohol consumers[40]. However, according to the results of the most recent survey the respective percentages have dropped by almost half (see fig. 2.4). The reduction is most probably due to the fact that recent cannabis users in 2012 almost halved (from 7.9% in 2009 to 4.2% in 2012) as no reduction is observed in intensive alcohol consumers.

Fig.2.4: Recent Illicit drug use among intensive alcohol consumers (15-34)



Source: NFP, 2013

Additionally, using for the first time the RAPS[41] screening it was found that 17.3% of recent cannabis users aged 15-34 are dependent to alcohol. The total percentage of dependence on alcohol among young adults is 4%.

2.3 Drug use in the school and youth population

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[40] AFU 1 = daily/ almost daily or weekly frequency of drinking 6 glasses of more of an alcoholic drink on the same occasion.

AFU 2 = daily/ almost daily frequency of alcohol consumption in the last month.

[41] Rapid Alcohol Problem Screen (Cherpitel, 2000).

As regards the school population, during 2012, no new school population survey was carried out. However, a summary of the main results of the ESPAD survey (Hibbel *et al*., 2012) for Cyprus are provided below:

- Alcohol: There is a wide availability of alcohol in Cyprus, especially when compared to other European countries, both with regards to perceived, as well as actual availability. Also, the proportion of students reporting heavy episodic drinking in the last month increased from 33-34% in 2003/2007 to 44%.
- Illicit Drugs: An increase in cannabis use among Cypriot students was observed.

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

2.4 Drug Use among targeted groups / setting at national and local level

As also stated in sub-chapter 2.2.6, in the framework of the agreement for cooperation signed between the CAC and the Ministry of Defence, a research study is under way. It is noted that a 24 - month military service in Cyprus is compulsory for all males, consequently, the study targeted male military conscripts aged 17-21 who served during the period the study was conducted.

Sampling was achieved by using the cluster sampling method, by which out of 41 military camp units of all districts, 11 were chosen to participate. All military conscripts of the 11 camps were prompted to participate. The conscripts were asked to anonymously complete a questionnaire (self-designed by the CAC) containing 38 items regarding alcohol and drug use as well as other behaviors during their service time or within the premises of the military camp.

The field research period was three weeks during May 2013 and approximately 600 conscripts participated. The data collected is currently being recorded and results will be available in October 2013. However, the CAC, which is in charge of implementing the survey, mentioned that, due to the nature of the National Guard environment and the need to safeguard data, the results will not be publicized but will only be used to assess the situation of alcohol and drug use among military conscripts and thereafter, for the design and application of necessary interventions (CAC, 2013c).

Chapter 3: Prevention

3.1. Introduction

Prevention and health promotion constitute some of the most important elements in the national policies introduced by the Cyprus Antidrugs Council, and more specifically in the National Strategy 2013-2020 (CAC, 2013c). The NDS gives emphasis on targeted prevention and proposes to support vulnerable groups, promoting universal, but more importantly, environmental actions (Mathaiou, 2013).

The main sources of the information presented in this chapter derived from the CAC, the ministries involved in the development of prevention programs, the NGOs and the EMCDDA's Structured Questionnaires.

There are twenty-six programs running in the area of prevention, five of which are new. Most of the CAC approved programs are universal programs implemented in schools, while there are some others which are addressed to parents and families.

Moreover, CAC updated the approval and funding process which was enforced in 2013 and which aims at supporting prevention programs of the National Drug Strategy 2013-2020 (Mathaiou, 2013).

3.2 Environmental Prevention

Environmental prevention aims at modifying the immediate cultural, social, physical and economic environments in which people make their choices regarding drug use. This perspective takes into account that individuals do not become involved with substances solely on the basis of personal characteristics. Rather, they are influenced by a complex set of factors in their environment, such as what is considered "normal", expected or accepted in the communities in which they live, the rules or regulations and taxes of their states, the climate and learning atmosphere of their schools, the publicity messages to which they are exposed, and the availability of alcohol, tobacco, and illicit drugs.[42]

[42] http://www.emcdda.europa.eu/topics/prevention

3.2.1 Alcohol and Tobacco Policies

Until now, legal addictive substances, such as alcohol and tobacco, were not explicitly mentioned in the previous national drug strategies. However, as mentioned above, the National Strategy 2013-2020, 'refers to the countering of dependence from licit and illicit substances as a priority in the national public health policy and provides for a holistic approach for the treatment of dependence'[43]. Despite this, it is worth mentioning that such policies existed and were implemented by different government sectors including price and taxation, advertisement restrictions, drink driving control measures, as well as prevention and treatment interventions for licit substances. Last but not least, their stance towards drugs is largely influenced by social and financial circumstances.

Other social and normative changes (nightlife licensing, neighbourhood policies)
There were no new developments during 2012. However, existing policies were under revisions and were promoted for approval to the Parliament.

3.3. Universal prevention

3.3.1. School

Universal prevention programs within the school institutions, is the main prevention provided in Cyprus. Information below is provided by the CAC and the Ministry of Education and Culture. Specifically, universal prevention initiatives are addressed at schools through the Ministry of Education and Culture, in collaboration with the Ministry of Health, the Ministry of Justice and Public Order and volunteers. These initiatives involve the development of «Students Seminars on Health Education» against substance misuse. The seminars are part of the Health Education program of the Ministry of Health.

Few interventions developed their own material tailored to their own needs. Instead, manuals were adjusted to the specific target group, focusing on personal and social skill development; self awareness and drug information provision (see also ch.3, NR2012).

[43] National Strategy for countering dependence from illicit substances and harmful use of alcohol 2013-2020, CAC

Lack of sufficient time in the school curriculum and financial difficulties were amongst the obstacles stated.

Fred Goes to School Program

Following the successful pilot implementation of "FRED Goes Net", a new developed project was carried out in school settings for the school year 2012-2013, targeting young smokers in the school environment, through the signing of a protocol by the Ministry of Education and Culture and the Ministry of Health.

The partnership protocol targets at early intervention for young smokers in schools of Secondary Education, targeting not only at preventing young people from starting to smoke, but also reducing the number of young smokers in schools at the same time. The program also gives participants information about alcohol. According to the protocol, young smokers who smoke on school premises or at school events will be referred by the Principle to the early intervention program "FRED Goes to School" instead of being subject to disciplinary measures, that would be taken otherwise, by the school (CAC, 2012a).

Table 3.1 School programs implemented during the school years 2012-2013

School Manuals				
	Name of Programme	**Age Range**	**Total number of schools covered**	**Total number of students participating**
1	***"From me and you to us"*** *(ST25M_2013_CY_06)*	4-6	3	88
2	***Mental Health: Reinforcing self esteem*** *(ST25M_2013_CY_04)*	6-12	3	169
3	***Feeling Safe in school***	6-12	8	582

	(ST25M_2013_CY_07)			
4	***"All I have to know about drugs"*** *(ST25M_2013_CY_05)*	13-18	8	1353
5	***Smoke free schools*** *(ST25M_2013_CY_02)*	11-17[44]	7	600
6	***"Life Trip"*** *(operated by 4 organizations) (ST25M_2013_CY_01)*	10-14[45]	15	1000
7	***Skills for teenagers*** *(ST25M_2013_CY_08)*	10-14	5	214
8	***Folk stories and fairy tales against addiction***	11-12	8	310
9	***"Cyclops and Odysseus"*** *(ST25M_2013_CY_03)*	10-14	3	169

Source: NFP, 2013

3.3.2. Family

Prevention through family interventions is still quite limited. It is reported that such programs are difficult to implement due to the lack of interest on behalf of parents. However, the new action plan 2013-2016 includes specific prevention actions directed at the parents. These actions stress the development of early intervention programs

[44] This age range consists of sets of smaller groups.

[45] This age range consists of sets of smaller groups.

through the improvement of parenting skills for families at risk. The family programs implemented during 2012 are presented in the following table 3.2.

Table 3.2 Family intervention programs

Family interventions			
	Name of Program/Service	**Total number of groups**	**Total number of participants**
1	Family Council (operated by 2 organizations)	12	127
2	Local Program (Parents preventing substance use) SYKANA Larnacas	2	32
3	Local Program (Open Parents Meetings) DOP	5	300
4	Local Program (Parent Groups) DOP	1	25

Source: NFP, 2013

3.3.3. Community

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No new information is available regarding the reporting year (see also ch.3, NR 2012).

3.4. Selective prevention in at-risk groups and settings

3.4.1. At – risk groups

Prevention for high risk groups is explicitly mentioned in the National Drug Strategy 2013-2020, while specific actions are included in the action plan 2013-2016. More

specifically, the actions include locating high risk students in the school environment, locating and referral to the appropriate centers for drop out children, children whose parents suffer from psychological problems and children whose parents use drugs and improvement of the accessibility of high risk groups to sports and leisure activities. In addition, some actions focus on alcohol awareness and use, on pregnant women who use alcohol and several interventions on young adults who visit the Accidents and Emergency Units (AEU) while under the influence of alcohol.

As mentioned previously (see ch. 1), a Memorandum of cooperation was signed between the CAC and the Ministry of Defence in an attempt to strengthen the protective factors and weaken the risk factors that lead to the use of drugs in the army settings. Many services are involved in the implementation of the protocol, which is under the supervision of the CAC. The protocol consists of many different actions, some of which were implemented in 2012. These actions involved a one-day workshop, training seminars by the Ministry of Education and Culture and the Police, ban of smoking in indoor areas of the camps, development of prevention interventions for the soldiers, such as renovation of infrastructure of the camps' premises and conducting research in 2013. More information concerning the results of the specific research will be available in the following NR.

3.4.2. At risk families

In an attempt to promote interventions in the form of awareness raising for parents, the Ministry of Education and Culture developed close cooperation with the Pancyprian Parents' Association by conducting seminars and experiential workshops in the area of health promotion education.

Also, in 2012 a brochure was disseminated by the Ministry of Education and Culture entitled "Parents and Prevention", which provides reliable information on various aspects relating to parenting in general and in relation to addictive substances, in particular. The brochure also provides information regarding risk and protective factors, while it emphasizes the need of activating the protective factors so that they can play a positive role in the healthy development of the child and the adolescent. In contrast, risk factors should be identified promptly in order to provide early intervention measures. Finally, the brochure lists prevention programs for parents which are available in the country (CAC Ministerial Report 2013a, unpublished).

3.4.3. Recreational settings (including reduction of drug and alcohol related harm)

Following the evaluation of the effectiveness of the 'Safer Nights program' (see also NR 2011) the Cyprus Youth Board proceeded to the redesigning of the 'street work program' in recreational settings. The expansion of the program involved further collaboration with nightclubs' owners. Specifically, during 2012, 16 night club venues in two districts participated in the program (12 new were added since 2011). In particular, visits to the clubs participating in the program were conducted once a week. As regards the dissemination of information concerning licit and illicit substances, this was achieved via "thematical evenings" which focused on four alternating themes: safe sex, safe driving, unwanted and violent behaviors and alcohol. Information was given through interactive methods and games to strengthen the dialogue and develop a more positive response by the young people approached (CAC Ministerial Report 2013a, unpublished).

3.5. Indicated prevention

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3.6. National and local Media campaigns

No media campaigns were reported regarding 2012.

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 had been available, up to the year 2006, the estimations were obtained by the Truncated Poisson method (Chao's formula). 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 with two sources by combining Police and treatment data. However, since 2008, significant technical difficulties emerged in the Police electronic recording system (DLEU 2009), making it impossible to extract data in a form that would allow the application of the 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 reoccurred in 2012, making it again impossible to implement another method for the PDU estimation. Irrespectively of the data availability from the Police, the Cyprus NFP, with the support of the EMCDDA, organized in 2012 a training session on the capture-recapture method.

In addition, further attempts are made by the Cyprus NFP to involve other potential sources of information in the network, such as the AEUs of public hospitals and private doctors who treat drug users in their practice.

Apart from the PDU estimation (which includes the estimation of IDU), Cyprus has been carrying out PDU incidence estimates since 2006.

Regarding 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 narcotics, only heroin users were used for the estimation of PDU 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 respect to trends (which should be treated with caution, due to aforementioned limitations of the method, and also due to the lack of long term data), a significant increase of the PDU estimate in 2007 can be observed, mainly attributable to the increase of foreign nationals seeking treatment during the reporting year, which accounted for 57% of PDU (see NR 2008). In 2008, a remarkable decrease of opiate PDUs occurred, partly attributable to some significant changes in the population used for the estimate, such as a lower number of demands for treatment, a lack of prison data and a significant decrease of foreign nationals recorded in treatment. In 2009, some increase of problem drug users and injectors was noted, mainly attributable to the increase of treatment demands in general, and particularly of foreign nationals and substitution treatment clients. In 2010, the number of PDUs dropped significantly, which among other reasons seems to be attributable to the decrease of demand for treatment for heroin/cocaine use. In 2011 and 2012 a slight increase is observed in the estimated number of PDUs, which however remains at the same levels as previous years and is not considered as significant.

4.2 Prevalence and Incidence Estimates of PDU

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_2013_CY_01-06). The rate per 1000 inhabitants 15-64 years of age is based on the most recent estimation provided by the Statistical Services Office of the Ministry of Finance (Statistical Service, 2013).

Table 4.1 Estimated numbers of problem drug users and injecting drug users for the year 2012.

		Central estimate	Lower bound	Upper bound	Central rate (per 1000 population 15-64*)	Lower bound of rate	Upper bound of rate
Opiate users (ST7_2013_CY_01)	total	731	603	918	1.20	0.99	1.51
	males	597	488	762	2.02	1.65	2.58
	females	138	86	266	0.44	0.27	0.85
Opiate/cocaine users (ST7_2013_CY_02)	total	1079	911	1311	1.77	1.49	2.15
	males	934	783	1146	3.16	2.65	3.88
	females	149	92	289	0.48	0.29	0.92
Injectors (ever)	Opiate users (ST7_2013_CY_03)	480	397	610	0.79	0.65	1.00
	Opiate/cocaine users (ST7_2013_CY_04)	513	425	647	0.84	0.70	1.06
Current injectors	Opiate users (ST7_2013_CY_05)	162	135	217	0.27	0.22	0.36
	Opiate/cocaine users (ST7_2013_CY_06)	167	139	222	0.27	0.23	0.36

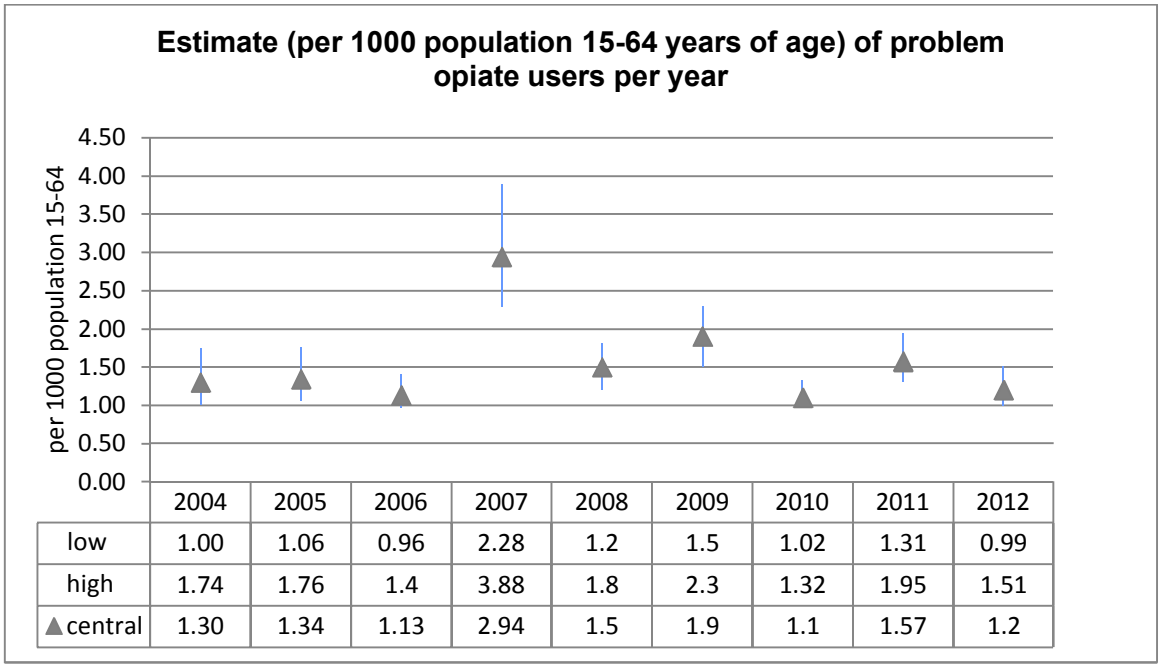
* Base: most recent estimate of the population 15-64 by the Cyprus Statistical Service (all: 609400, men: 295600, women: 313800)

Source: Stylianou, 2013; Cyprus NFP, 2013

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 shows that, as in previous years, the age group 25-34 hosts the largest number of PDUs (for details see ST7_2013_CY_01/02). Comparing the total estimate for 2012 to those of

previously reported years, a slight decrease is observed, following an increase of about the same magnitude in 2011, as illustrated in the figure below (also see ST7_2013_CY_01).

Fig. 4.1 Estimated rate of problem opiate users per year (per 1000 population 15-64 years of age)

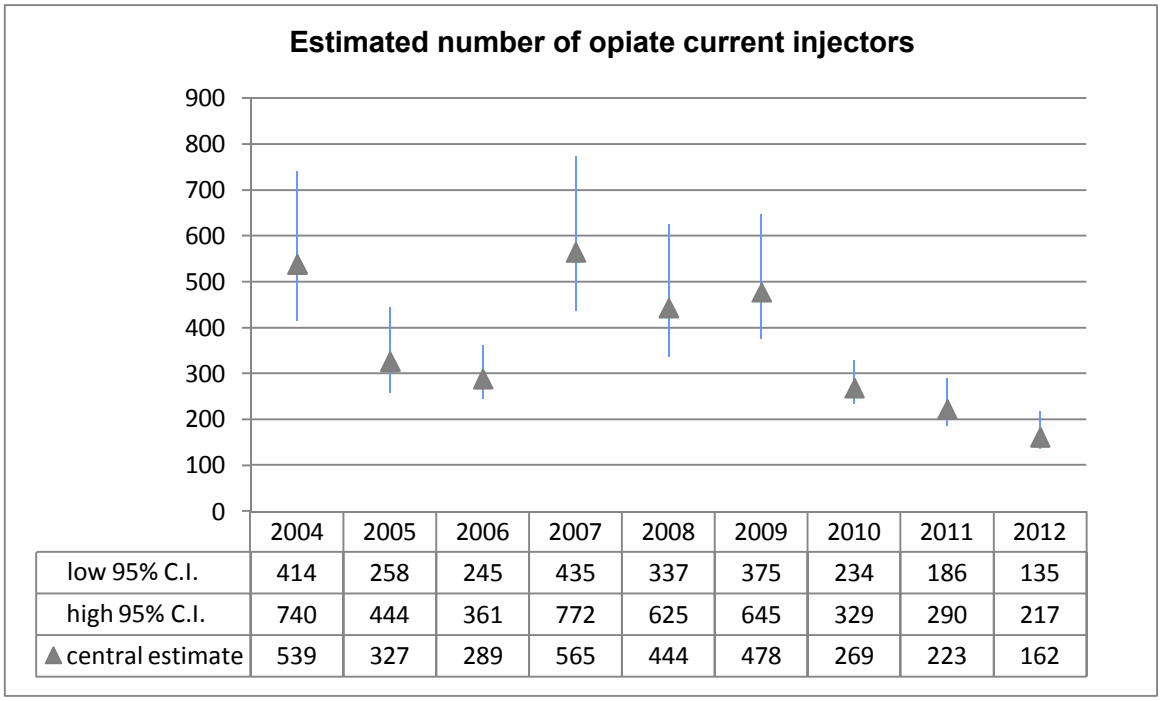


	2004	2005	2006	2007	2008	2009	2010	2011	2012
low	1.00	1.06	0.96	2.28	1.2	1.5	1.02	1.31	0.99
high	1.74	1.76	1.4	3.88	1.8	2.3	1.32	1.95	1.51
▲central	1.30	1.34	1.13	2.94	1.5	1.9	1.1	1.57	1.2

Source: Stylianou, 2013; Cyprus NFP, 2013

Comparable tendencies are noted with respect to opiate / cocaine PDUs, as well as of ever injectors. In 2012, a slight drop in the estimate of current injectors among opiate users is observed, following a drop of about the same magnitude in 2011, as illustrated below (also see ST7_2011_CY_05; ST7_2013_CY_05). This is to be expected, as the number of opiate users in treatment has decreased, while simultaneously the number of cannabis users increased as reflected in the TDI data (see also ch.5).

Fig. 4.2 Estimated numbers of opiate current injectors by year



	2004	2005	2006	2007	2008	2009	2010	2011	2012
low 95% C.I.	414	258	245	435	337	375	234	186	135
high 95% C.I.	740	444	361	772	625	645	329	290	217
▲central estimate	539	327	289	565	444	478	269	223	162

Source: Stylianou, 2013; Cyprus NFP, 2013

The slight changes that have occurred in 2012 are also reflected in the treatment demand data, where indicators of risk behavior (such as injecting and sharing) are indicating a declining trend. However, what cannot be overlooked is the overlapping of the range (confidence intervals) of the estimates in the recent years, which make it difficult to draw any safe conclusions whether an actual drop has occurred.

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 2012 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), explains the significant differences. In particular, as in previous years, foreign nationals accounted for the majority of problem opiate users (53% of all opiate PDUs in 2012).

4.2.2 Estimates of incidence of problem drug use

As in previous years, treatment demand data (for the years 2003-2012) was used to estimate the latency period and incidence of problem drug use. The analysis included cases with opiates as the primary drug of use; whose age of onset of primary drug use was known and who 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 2530 cases were used for the latency and incidence analysis.

The mean survival time was estimated at 5.96, with a 95% confidence interval ranging from 5.74 – 6.17 (Stylianou 2013), remaining at similar levels as in previous results (see 2012 NR).

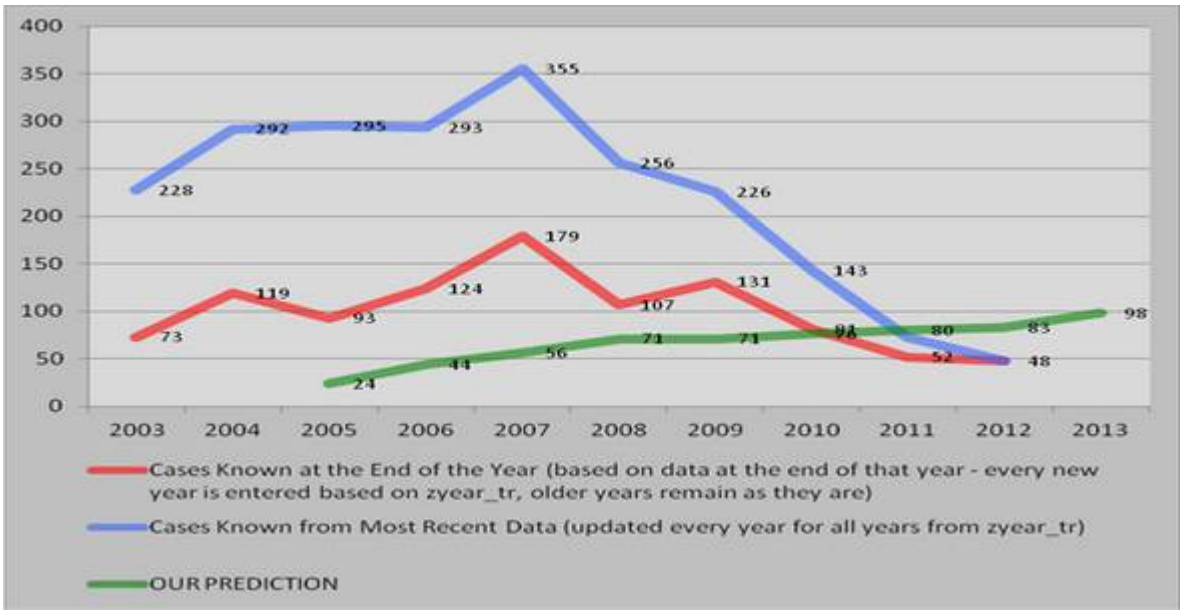
Further exploration of the data reveals that the variables that are statistically significant in relation to latency time are, as in previous years (see 2012 NR), gender, age of onset of heroin/opioid use, age of first demand for treatment and currently injecting (Stylianou, 2013). More specifically, 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 and currently injecting increases latency time.

Finally, based on the back calculation/forward estimation method on the available data, the number of opioid users who are expected to seek treatment in 2013 is 98.

To assess our estimate, the following graph shows our predictions and the actual number of cases that sought treatment over the last few years. There are two sources for obtaining the number of actual cases known for each year. The first source (see red line) is the complete dataset at the end of the year which includes all users who came to treatment for the first time in that year and were recorded in the same year. The second source (see blue line) is the most recently updated data file for all years (currently containing data from 2003-2012) in which more cases that came to treatment in previous years appear in the data for the first time. This can happen if a case who came to treatment for the first time in, say, 2005 was not recorded—by mistake or because the center was not participating—and then, when the same case came again in, say, 2007, it was recorded with year of first treatment demand (correctly) declared as 2005. As it is obvious in the graph, a significant number of first treatment cases are not recorded the

first time they go for treatment. Consequently, our predictions should be assessed against both sources.

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



Source: Stylianou, 2013

Comparing our predictions to the actual end-of-the-year data (green line vs red line), we see that after a remarkable convergence in 2010, our prediction continued to grow, but the actual number cases that sought treatment fell below it. 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, as explained above) our prediction will be optimal if no new cases escape recording for a number of years.

Comparing our predictions to the most recently updated data (green line vs blue line), we see that the two lines have been converging in the last five years, but, again, after 2010, our prediction continued to grow, while the actual number of cases that sought treatment fell below it. Unlike the end of the year data (red line) however, the blue line will continue to move upward with inclusion of the new cases. So, in general, and if the validity of the data is not affected by exogenous factors, it should be expected that a convergence will be achieved in the future. This anomalous situation occurred because we are experiencing a decline in the number of new cases after 2009. Until then, as we were applying the latency function obtained at the end of every year from the updated files, our prediction was improving (changing from year to year in the 'right' direction to

meet the actual numbers). From 2010 on, we are still applying the same latency function. It is of course updated, but not significantly different from the recent past because by its nature it is based on the data from all years. This is why our prediction continues to grow even though there has been a decline in actual cases since 2009. If this decline continues, our latency function will be capturing it but with significant delay. We will expect to see what will happen in the next couple of years and if we judge that the number of actual cases is very unstable from year to year, we may have to use a different method of estimation.

The decline in the number of opiate users who actually seek treatment in the last few years is, consistent with an observed general tendency of people to move away from opiates in the rest of Europe (EMCDDA, 2013). However, the drop in Cyprus since 2009 is quite dramatic and this is due to the fact that we have to deal with small numbers which inevitable bring on big changes. At the same time, looking at the distribution of treatment demand by substance, we note an equally dramatic *increase* in cannabis treatment demand mainly 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 Trends Chapter & chapter 5).*

4.3 Data on PDUs from non-treatment sources

NNIA

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 completed by the CAC, and from the TUFs collected from the CAC. Information derived from the Annual CAC Monitoring Report is missing due to its unavailability for the specific reporting year.

In 2012, the licensing procedures established by the CAC have again allowed better monitoring of treatment service provision, and presented an opportunity for making specific recommendations according to the needs of the treatment system. During the reporting year, the CAC provided licences to 19 treatment units/programs.

The treatment system did not present any major changes during the reporting year. A counseling centre for young individuals (18 - 30 yrs) with substance-related issues, a multiple intervention centre and an inpatient treatment program for women were the new additions to the treatment system during the year 2012. The tendency for offering targeted services continued in 2012 since more counseling centers adopted 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 counseling centers provide motivational enhancement, counseling as well as psychosocial support whereas rehabilitation programs including a TC, mainly offer psychosocial treatment and social reintegration.

As to substitution treatment 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 centers, one of which provides substitution for detoxification purposes only. Of all the clients registered in treatment in 2012, 240 were receiving substitution treatment (for both detoxification and maintenance purposes), 83% of which were opioid users (as a primary drug).

Regarding trends of clients in treatment, there is an apparent upward trend in the number of drug users seeking treatment across the years. Nevertheless, it seems that

the rate of the increase in 2012 was somewhat lower than in previous years. The reasons described in the previous reports, such as the implementation, along with the expansion of the protocol cooperation for the referral of youth drug related offenders (previously “Fred goes Net” program), the increased availability of synthetic cannabinoids, etc. seem to also apply to the observed increase in 2012.

As to the primary drug of abuse of those in treatment, the 2012 data continues to point to an overall 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.

As to high-risk behavior, a further decline is observed in the overall proportion of users who entered treatment in 2012 and reported to have ever or currently injected. A further downward trend both in injecting and sharing is also observed among heroin users

5.2 General description, availability and quality assurance

5.2.1 Strategy / policy

The National Drug Strategy and Action Plans 2009-2012 continued to serve as the guidelines providing orientation for action in 2012. The NDS was evaluated in 2012, and while reporting of detailed results of the evaluation lie outside the scope of this chapter, the following general comments may be made:

- The NDS Treatment & Social Reintegration pillar consisted of 29 actions grouped into 5 general objectives
- 11 actions were completed
- 10 were partially completed
- 8 were still incomplete at the time of the evaluation

The evaluation comments that one of the main difficulties for the Treatment & Social Reintegration pillar has been the provision of specialized programs for specific populations in the public sector. It is suggested that lack of available public funds may contribute to this difficulty and hence procedures to secure appropriate funds should be

included in future strategies. The evaluators also suggest that work time schedules for government employees, still suffering from structural changes which limit their flexibility and contribute to limiting treatment accessibility. This is further limited by the feeling of positions related to the further staffing of treatment positions.

According to the CAC, treatment priorities in 2012 included the extension of substitution services in an attempt to expand substitution services all over Cyprus and make them more accessible and more affordable to the drug users (see also ch.7). For the enforcement of the above extension there have been some actions implemented in 2012. These actions involve:

- The formation of three further substitution units, one based in Famagusta, one in Larnaca and one in Paphos, covering all districts of the island.
- The voluntary participation of doctors of the public hospitals in this service.
- The training of doctors and nurses participating in the program.
- Improving the infrastructure in the public hospitals offering this service.
- Strengthening cooperation channels of Mental Services with non - governmental structures with the aim of complementing the provision of the substance with the provision of psychological support, through a cooperation protocol (CAC National Report, 2012a).

Other treatment priorities in 2012 included (1) the creation of intensive day care outpatient treatment programs (noting the formation of the MHS Multiple Intervention Centre in 2013); (2) securing the effectiveness of treatment programs which can satisfy the requirements of the law L57(I)/1992; (3) further promotion of issues relating to social reintegration; (4) improvements in the quality of treatment services and post-treatment care in prison, (5) promotion of actions leading to the identification and approach of hidden populations with an aim to encouraging their entry into treatment and (6) in the framework of implementation of the National Strategy on Drugs and Harmful Use of Alcohol 2013 – 2020 and aiming at more efficient interface, better organization and functional integration of treatment services provided to individuals accessing treatment, CAC has developed a new computerized system for monitoring the treatment continuum

of care. Until the time of writing of the NR, the system is running on its pilot phase (Symeonidou, 2013a).

5.2.2 Treatment systems

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

According to Symeonidou (2013a), in 2012 there were 14 psychosocial outpatient interventions of which five are under the public sector, seven are NGOs and two are offered by private parties. Two of the aforementioned interventions offer adolescent counseling services and four of them mainly offer counseling 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 in the public sector by five units in all towns and by one private clinic (see also Ch. 7) 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.

Most treatment units report abstinence as their main treatment goal (6 out of 8 submitted in 2012), followed by infectious diseases prevention, the development of self awareness, self esteem and confidence and life skills training.

Feasibility study

Other than the specialized drug treatment programs reported above, private doctors can provide drug treatment. It has been previously reported (see NR 2012) that the Cyprus NFP has engaged the aim of conducting a feasibility study identifying a) the number of GPs, 2) the type of treatment provided and 3) establishing a cooperation aiming at the implementation of indicator protocols; however, no new developments concerning this study occurred in 2012. The new NDS 2013-2020 addresses the need for further cooperation with private doctors (sec. 2.2, Treatment Demand).

Organization and quality assurance

The CAC is responsible for monitoring and licensing all programs pertaining to drug use, and made specific recommendations to treatment programs in 2012. During 2012, three new programs were approved: a counseling center (APOFASIZO), the MHS Multiple Intervention Centre, and the women's treatment program of Agia Skepi. The most common recommendations were related to the need for external supervision for the staff, from commissioned supervisors - no external supervision took place in 2012, the last external supervision having taken place in 2007 in the public sector and 2008 for NGOs; 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 and networking (specifically with respect to the referral mechanism) with other units and services of the newly-established programs, and reinforcing the treatment programs with more psychosocial and social reintegration for the user's family (Symeonidou, 2013a).

Although most programs report continuous internal evaluation taking place, no specific evaluation reports were provided. While end-of-year reports were submitted by all government programs, these cannot fulfill the rate of evaluation reports.

Concerning training targeting the drug professionals in the field, the CAC reported that in 2012 the Mental Health Services (MHS) provided for the two-year training program ("Diploma in Addiction Counseling") for professionals working in drug agencies in the MHS (Symeonidou, 2013a). Twenty-five MHS drug services therapists participated in the program.

Availability and diversification of treatment

The drug treatment system includes the basic intervention types available even though these may not be available in more than one unit. Psychosocial inpatient treatment is only available in a long term (18 month) TC program, and gender specific treatment was not introduced until the beginning of 2012. It is worth mentioning that in 2013 a new inpatient treatment program (12-18 months duration) with a capacity of 25 was approved by the CAC (Symeonidou, 2013a)

5.3 Access to treatment

5.3.1 Characteristics of treated clients

For the year 2012, individual data was provided to the Cyprus NFP by all but one counseling and treatment centers which were licensed by the Cyprus Anti-Drugs Council to provide treatment services[46] (two inpatient, 16 outpatient[47] and the treatment program in prison).

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

From the beginning of January until the end of December 2012, 1132 individual clients were recorded in treatment (corresponding to 1593 treatment episodes), 999 of whom started treatment in 2012. Four hundred and eighty eight (488) persons sought treatment for the first time in their life in 2012, corresponding to 48.8% of all clients starting treatment in that particular year. Eighty five (85%) percent of all clients were recorded in out-patient facilities, 16 % in in-patient and 2% in the treatment unit in prison. Those continuing treatment from previous year(s) were recorded in all types of treatment, including substitution treatment, outpatient psychosocial and residential treatment. Of all who were recorded in treatment in 2012, 1009 (89%) were men and 122 women. Eighty three percent (83.3%) of all clients and 94% of first treatments were recorded in outpatient facilities (also see TDI_2013_CY_01-02-03).

As to substitution treatment, as mentioned in the 2012 NR, following some changes introduced by the Cyprus NFP in the information collection tool, in 2012 it became possible to obtain some information allowing for 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 centers, one of which provides substitution for detoxification purposes only) (also see ST24_2013_CY_01).

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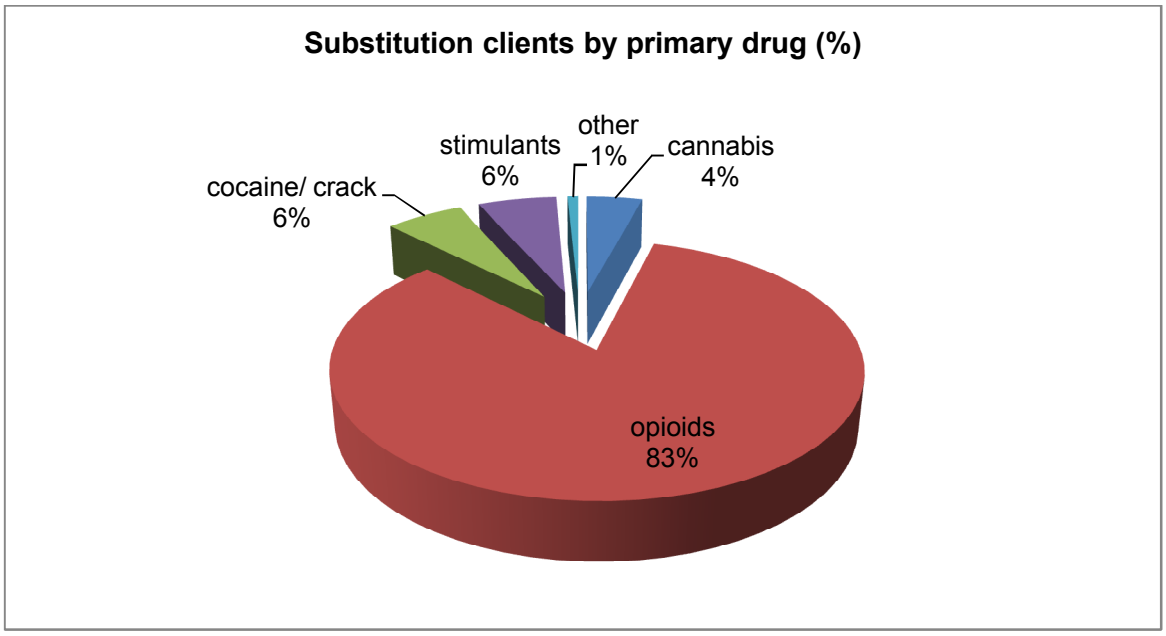
[46] Some of the counseling centers active in the field of treatment in previous years were licensed to provide mainly prevention services.

[47] One of the treatment centers 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_2013_CY_01/02).

Of all the clients registered in treatment in 2012, 240 were receiving substitution treatment (for both detoxification and maintenance purposes), 83% of whom were opioid users (as a primary drug). As can be observed below (fig.5.1), clients reporting other substances, including cannabis, were receiving substitution treatment.

Fig. 5.1 Substitution clients by primary drug



Source: Cyprus NFP 2013

This is due to the fact that the reported primary drug could change throughout the year in cases of multiple treatment episodes and, as stressed in the TDI protocol v.2 regarding case definition (EMCDDA, 2000), in case of multiple treatment episodes during the same year, only the last treatment episode of the year is taken into account. This results in a number of records of clients who are in substitution treatment from previous treatment episodes of that year, but seeking further treatment, despite no further use of opioids. In addition, what is also observed is a parallel use of opioids and stimulants, resulting in switches between the reported primary drug of abuse within the same period of time. In addition, the majority (58%) of those receiving substitution treatments were recorded in NGOs and 42% in public programs.

Taking into account the total number of opiate users recorded in treatment in 2012 (329), it seems that 60% of them were receiving substitution treatment. When the respective total estimated number of opiate users is considered (see Ch. 4), what can be noted is

that 45% of them are recorded in treatment but only about one third in substitution treatment.

The majority of substitution clients were prescribed Suboxone (35%), followed by DHC (30%) (also see ST24_2013_CY_01).

Based on the information provided, the vast majority of clients (68%) were prescribed substitution substances for maintenance purposes and the remaining 32% for detoxification purposes. The most widely used drugs for detoxification purposes was Methadone (49,4%) followed by Suboxone (23,4%). It is noted that Methadone is used exclusively for detoxification purposes and is prescribed in only one public program. On the other hand, for maintenance purposes Suboxone (prescribed in both private and public sector) and DHC (prescribed by a private drug treatment clinic) were prescribed equally (38%).

As to other characteristics of clients registered in treatment in 2012, as stressed in previous years, 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 2012 was 29.2 years, new treatments were on average 4.5 years younger than all clients. Also, as expected (given their longer drug career), substitution clients were older than those not receiving any substitution treatment (35.3 and 27.5 years, respectively).

While the majority (four out of ten) of clients registered in treatment were self referred, Police, and Drug Law Enforcement Unit in particular, was the second most prevalent source of referral, as it was reported by nearly 28% of all clients (due to the referral process that is implemented through the protocol for the referral of youth drug related offenders- previously “Fred goes Net” program), followed by family/ friends (14%) and other treatment centers (11%).

Regarding the nationality of clients recorded in treatment in 2012, 896 out of 1132 were Cypriot nationals. Nationals of other countries amounted to 233, the majority of whom

were EU nationals (171), mainly Greek nationals. As in previous years, ethnic Greeks[48] (Pontian Greeks) accounted for the majority of non-EU nationals (for further information regarding the specific group, see 2010 NR to the EMCDDA). Further, three out of ten clients receiving substitution treatment were foreign nationals.

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), 463 were classified as problem drug users (reporting opioids or cocaine as their primary drug of abuse), of whom 329 were opioid users (corresponding to 633 treatment episodes). For more details see ST24_2013_CY_01. Cannabis was reported by 53% of those recorded in treatment during the year 2012. Also, forty (40) persons reported methamphetamine as their primary drug of abuse and ten reported GBL. In addition, with regards to other opiates, what is noted in 2012, is a use of Oxycontin (prescribed by one treatment centre for substitution purposes, as previously mentioned), mainly by sniffing. This phenomenon is being closely monitored by the Cyprus Anti-Drugs Council, and measures aiming at the control of the problem are being examined.

As expected (given the nature of the inpatient treatment centers, which are addressed to heroin users), opiates as a primary drug were much more prevalent among inpatient clients (55%, compared to 24% of out-patient clients). Cannabis was the most common primary drug reported by those who sought help within prison setting reaching 55% (also see TDI_2013_CY_01/02/03).

First treatments were much more likely to seek treatment for cannabis use (82%), compared to about 53% of all treatments and those starting treatment in 2012 (for further details see TDI_2013_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 mainly restricted to opioid users (95% of all who reported injecting opioids), it was also reported by a small number of cocaine (5 persons) and stimulants' ("crystal meth") users (2 cases).

[48] For details see 2011 NR, Ch 2.

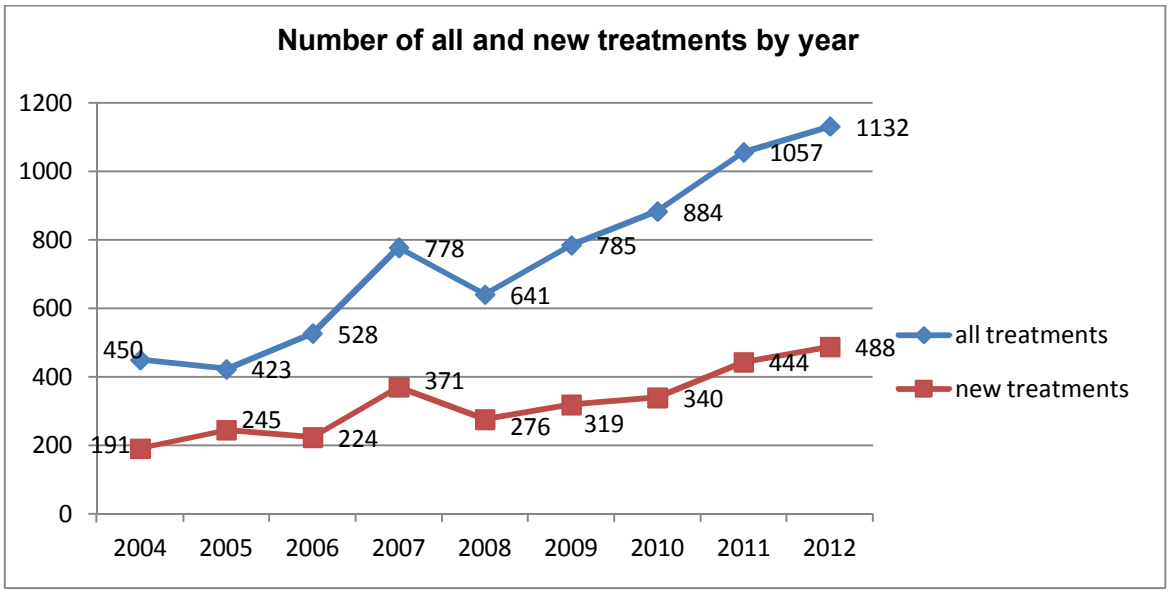
With regards to the frequency of primary drug use, daily use was reported by 35% of drug users recorded in treatment in 2012 (cannabis users accounting for 46% of daily users and opiate users for 33%). In addition, 39% of clients had not used the primary drug in the month preceding their admission to treatment, which seems to be attributable to referral procedures (abstinence is the criterion for admission in some centers).

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, 1132 drug users were recorded in treatment in 2012, 133 of whom were continuous treatments. Trends in the number of all and new treatments are illustrated below.

Fig. 5.2 Number of all and new treatments by year



** Since 2007, all treatments also include continuous treatments.*

Source: Cyprus NFP, 2013

As it can be observed above, there is an apparent upward trend in the number of drug users seeking treatment across the years. Nevertheless, it seems that the rate of the increase in 2012 was somewhat lower than in previous years. The reasons described in

the previous reports, such as the implementation, along with the expansion of the protocol of cooperation for the referral of youth drug related offenders, the increased availability of synthetic cannabinoids, etc. seem to also apply to the observed increase in 2012 (for details see 2012 NR to the EMCDDA). The most significant increase in the number of clients, as in 2011 was observed in the two public treatment programs offering adolescent specialized treatment (also offering their services to young first time offenders). In addition, apart from the official protocol cooperation between the Police and treatment services (which covers youngsters up to 24 years of age who fulfill very specific criteria), Police interventions aiming at the referral of drug users to treatment, irrespective of their age, are continuously reinforced, something which is also reflected by a noteworthy increase in the number of people in treatment referred by the Police (264 in 2012, 183 in 2011, compared to 69 in 2010).

Socio-demographic characteristics

Both the proportion and the number of new treatments in 2012 seem to have slightly increased when compared to 2011 (48.8% and 44.6%, respectively) and this increase is mainly explicable by the relative increase in Police referrals. However, as previously mentioned, the rate of increase of new treatments is lower than in previous years, as illustrated in figure 5.4 (also see TDI_2013_CY_01-02-03).

With regards to age, a slight increase in the number of young people 15-24 years of age is noted (with the only other age group presenting a raise being the 40-44 years of age, although of a much smaller extent). As regards the mean age in 2012, although it remained at similar levels to previously reported year among all users who started treatment (29.1 years), an increase could be observed in the mean age of women, as it reached 30.2 years (compared to 27.8 in 2011). However, as already emphasized, these fluctuations might not reflect reality, due to low number of women in treatment. Furthermore, a further drop in the mean age of first treatments is noted, particularly among first treated cannabis users (22.8 years, compared to 23.9 in 2011, 25.5 in 2010), constituting them the youngest group of new treatments since 2004.

With regards to nationality, out of a total of 999 who entered treatment in 2012, 194 clients were foreign nationals. As already mentioned in the subchapter on characteristics

of clients, EU nationals outnumbered nationals of other countries (139 and 55, 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).

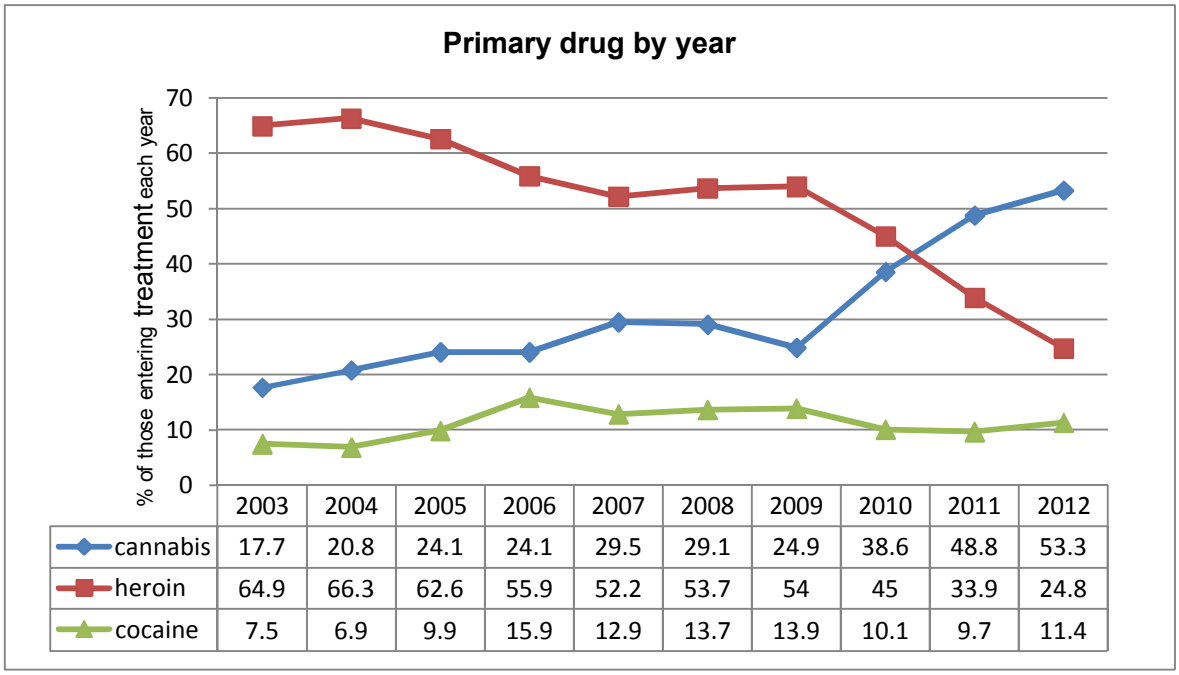
As in 2011, the proportion of foreign nationals was significant in substitution treatment, as they accounted for one third of all substitution clients. As before, Greek nationals accounted for the vast majority of EU nationals. As in previous year, this seems to reflect a more general trend observed 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 2012 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 2012 data continues to point to an overall 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, as illustrated below.

Fig. 5.3 Primary drug by year



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
cannabis	17.7	20.8	24.1	24.1	29.5	29.1	24.9	38.6	48.8	53.3
heroin	64.9	66.3	62.6	55.9	52.2	53.7	54	45	33.9	24.8
cocaine	7.5	6.9	9.9	15.9	12.9	13.7	13.9	10.1	9.7	11.4

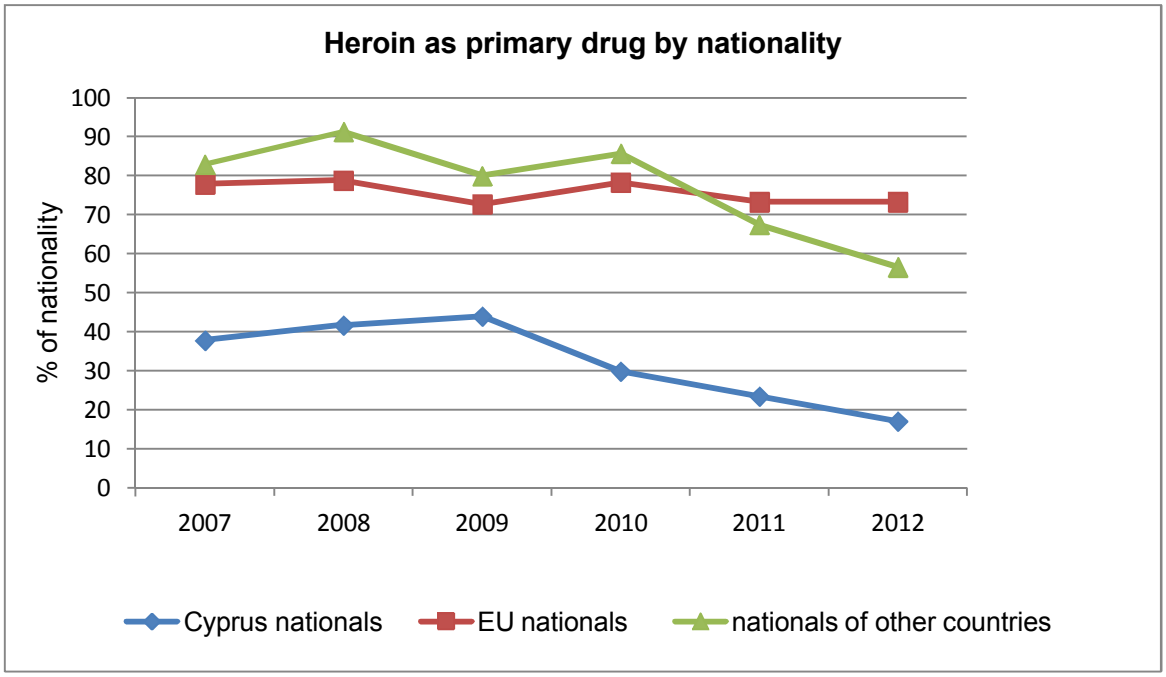
Source: Cyprus NFP, 2013

The above trends are even more apparent among first treatments (also see TDI_2013_CY_01-02-03).

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 Cooperation Protocol between the Police and treatment centers, along with a noteworthy efforts of the Drug Enforcement Unit to refer drug offenders to treatment. As regards heroin, the downward trend (also reflected in the lower number of new treatments seeking help for heroin use) is consistent with an observed general tendency of people to move away from opiates in Europe (EMCDDA, 2013).

In addition, in line with the previously reported years, the prevalence of opioid use seems much higher among foreign nationals, and seems to be decreasing among Cypriot 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. 5.4 Heroin as a primary drug by nationality



Source: Cyprus NFP, 2013

As reported in the previous year (see 2012 NR), 2010 was marked by an emergence of methamphetamine (namely, “crystal meth”) in Cyprus. While still remaining at very low levels when compared to other main drugs, a growing number of users are seeking treatment because of its use (39 in 2012, compared to 14 in 2011 and 7 in 2010). Also, it seems that our previous indications regarding methamphetamine use among opiate users are still valid, as what is observed is that throughout the year 2012, during different treatment episodes, a number of users were shifting between opiates and methamphetamines as their reported primary drug. Finally, GBL (appearing for the first time in 2009) was reported as a primary drug by 9 people starting treatment in 2012 (9 in 2011).

Route of administration and frequency of use

As to the usual route of primary drug administration among those starting treatment, the notable decrease of intravenous use of heroin that could be observed in 2011 continued. This drop, although ambiguous when looking at the proportion of heroin users, is apparent when actual numbers are taken into account (157 in 2012 reporting injecting as their usual route of heroin administration, compared to 190 in 2011 and to 247 in 2010 and 241 in 2009). The assumption of declining injecting among heroin users will further

be illustrated with regards to injecting and sharing prevalence among this particular group of users.

In addition, as in the previously reported years (see 2012 NR), injecting, as other high risk behaviors among heroin users again seems to be linked with the nationality, as it is more prevalent among foreign nationals, something that was also pointed out in the Cyprus 2012 NR to the EMCDDA.

With regards to the frequency of primary drug use, there was a significant drop in both the proportion and actual number of clients starting treatment in 2012 who reported daily use of the primary drug. Namely, while in 2012 daily use of primary drug was reported by 38,6% of users starting treatment (corresponding to 385 persons), the respective proportion in 2011 was 43,6% (433 users), in 2010 44,1% and in 2009 55,1%. Although this decline is partly attributable by growing numbers of cannabis users recorded in treatment, many of whom are occasional users, it is important to note that daily use among heroin users has also significantly decreased when compared to previously reported year, both in proportion, as well as in numbers (from 65.7% in 2008, 69.6% in 2009, 58.4% in 2010, 45.5% in 2011 to 40,7% in 2012) (for details see TDI_2013_CY_01/02/03). Contrary to previously reported year, this drop is also noticeable among cannabis users. With regards to those who sought treatment within prison, as pinpointed in previous reports, since the frequency of use refers to the period before imprisonment and no information is available regarding their incarceration period prior to treatment, no safe conclusions can be made.

As to the overall mean duration of use of the primary drug among those who entered treatment in 2012, the drop that was observed in 2011 continued in 2012, as from 9.2 years in 2010, 8.1 years in 2011, dropped to 7.5 years in 2012. 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 continuous 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, 7.3 years in 2011, to 6,4 years in 2012. This drop is even more apparent among cannabis users treated for the first time in 2012, as they had reported to be using cannabis on average for 4.8 years before seeking treatment.

Looking at the figures of newly treated cannabis users both among treatment demands in general and of treatment demands including those referred by the Police, as previously reported (2012 NR) 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, 5.7 years (median: 4) in 2011, has then dropped to. 5.1 years (median: 3) in 2012. The above results suggest positive results of the Police's practices to refer young drug offenders to treatment, along with 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 this population.

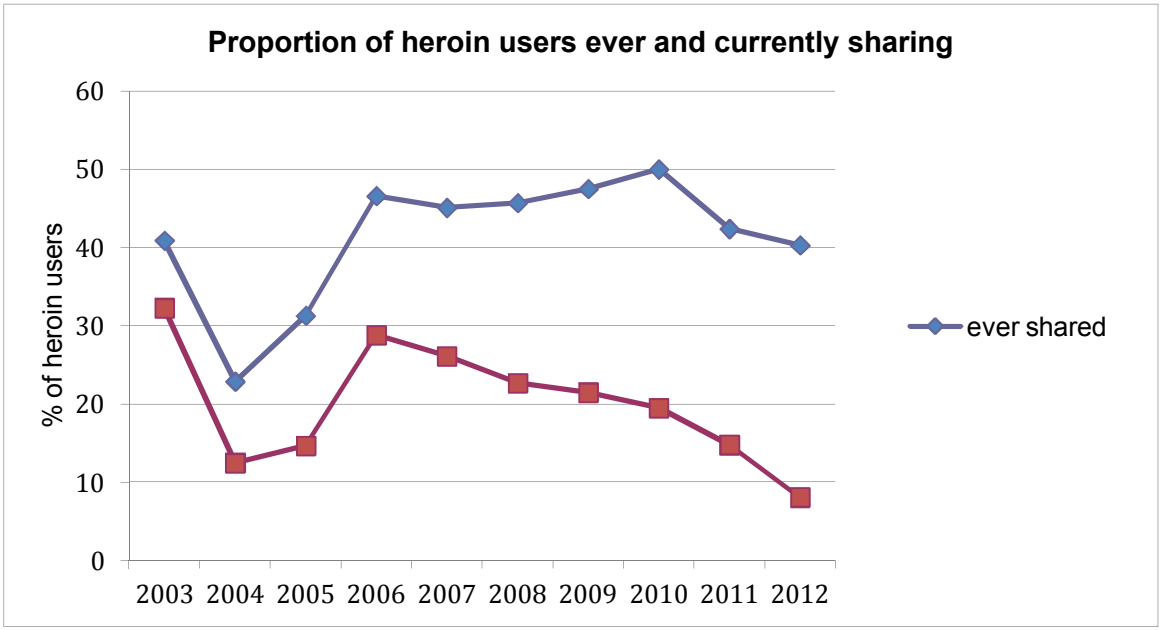
Polydrug use and high-risk behavior

Regarding polydrug use, the proportion of persons who started treatment in 2012 and reported use of at least one secondary drug decreased when compared to the previously reported year at same levels as in 2010 (47%, compared to 53% in 2011). 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 when compared to all treatments, as 60% of them reported use of at least one secondary drug. As pointed out in the previous reports, (see 2012 and 2011 NR to the EMCDDA), polydrug use 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).

As to high-risk behavior, a further decline is observed in the overall proportion of users who entered treatment in 2012 and reported to have ever or currently injected. A further downward trend both in injecting and sharing is also observed among heroin users, as illustrated below.

Fig. 5.5 Proportion of heroin users ever and currently sharing



Source: Cyprus NFP, 2013

Finally, as in previous years, significant differences occur in risk behavior prevalence when stratified by nationality. All high risk behaviors 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 (30% of Cyprus nationals with heroin as primary drug reported ever shared, as compared to 56% of EU nationals).

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 ch.6) and observed limitations regarding the accessibility of testing and treatment for this group of users, measures targeting drug using immigrants have been incorporated in the National Drugs Strategy 2013- 2020 and Action Plan (2013-2016), where three objectives have been included tackling harm reduction measures for this group of users, general issues of treatment accessibility, along with the design and implementation of specific treatment programs adjusted to immigrants' needs (CAC, 2013c).

Chapter 6: Health correlates and consequences

6.1 Introduction

The general population data on AIDS presented below derives from limited information provided by the Department of Infectious Diseases and the National AIDS Program of the MOH.

Behavioral and infectious morbidity information was not available for the reporting year; however, 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 NR2012), commenced and at the time of writing it is at the stage of data analysis.

During 2012, the DRID KI implementation continues to present difficulties due to the small number of valid tests compared to the number of IDUs in treatment. Less than 1 out of 3 IDUs were tested for infectious diseases. However, during 2012, among IDUs there was 1 positive case of HIV/AIDS, 46 positive cases of HCV, 2 positive case of HBV and 21 positive cases of TB. The majority of the positive cases for all infectious diseases were Greek nationals and this raises concerns about the potential for increasing the spreading of infectious diseases.

As regards DRDs during the reporting year, 11 drug related deaths were recorded, 5 of which were directly attributed to drug poisoning.

6.2 Drug related infectious diseases

6.2.1 HIV/AIDS and viral hepatitis

The DRID KI implementation continues to present difficulties due to the small number of valid tests compared to the number of IDUs in treatment. During 2012, less than 1 out of 3 IDUs were tested for infectious diseases (see also ST9P2_2013_CY_01 to 03).

HIV/AIDS

The Ministry of Health is fully aligned with the conventions of the UN to combat AIDS (UNAIDS) and more specifically has signed the proclamation of 2001 conventions for HIV/AIDS and the Political Declaration on HIV/AIDS of the special session of the UN General Assembly (Political Declaration on HIV/AIDS, 2006). At the same time, the Ministry of Health actively participates in relevant actions of the EU, having signed the Declaration of Bremen which ratified the conventions of UNAIDS.[49]

According to the National Program on AIDS (MOH), from 1986 to 2012, 793 positive cases have been diagnosed among the general population (Ashikali, 2013). More specifically, during the reporting year 58 new cases were reported. According to the same source, from 1986 to 2012, 10 of the HIV positive cases reported being drug users.

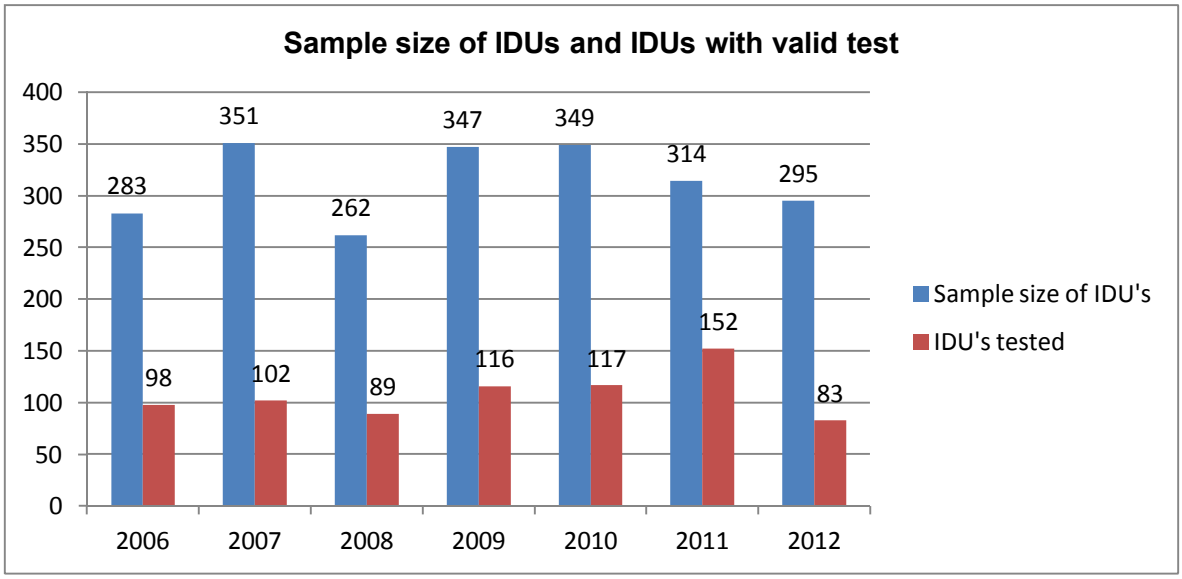
The implementation of the DRID KI revealed one HIV/AIDS positive case (see ST9P2_2013_CY_03) from Greece. As also mentioned in previous reports, this finding should not be taken for granted since the number of valid tests is generally low. However, according to the TDI KI, among IDUs, five cases self-reported positive for HIV/AIDS in 2012 (also see ST9P2_2013_CY_04). It is noted that four of them were males and one woman, all in the age range of 25-34. Two of them were Cypriots and the rest were from three different nations (Bulgarian, Georgian and a Greek).

Viral hepatitis

According to the DRID KI data the total sample size (fig. 6.1) and the total number of valid tests for HCV infection for the reporting year is 295 and 83 respectively (see also ST9P2_2013_CY_01). As previously mentioned, less than 1 out of 3 IDUs were tested for HCV while the number of valid tests for HCV almost folded, compared to 2011 results.

[49] National Action Plan for the combating of HIV/AIDS and the sexual infectious diseases, Ministry of Health

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



Source: Cyprus NFP, 2013

The number of HCV positives during 2012 was 46 cases, while the HCV prevalence among IDUs tested was 55,4% (from 52.6% in 2011 to 55.4% in 2012).

What was pointed out in the 2012 NR regarding the distribution of the nationality of HCV positives continues to apply for the reporting year. The majority of HCV positives (36 out of 46 cases) were foreigners (EU nationals or nationals of other non EU countries); while Greek nationals accounted for the vast majority of foreigners (26 out of 36 cases). This finding is in line with the evidence that both injecting and sharing practices are more prevalent among foreign nationals (30% of Cyprus nationals with heroin as primary drug reported ever shared, as compared to 56% of EU nationals), while at the same time Greek nationals accounted for the vast majority of substitution clients (which is the most high risk group among treated clients) (see also chapter 5).

More than half of the positive cases (25 out of 46 positive cases) were in the age range of 25-34 years old, while more than half of the HCV positive cases were IDUs for 10 or more years.

As regards hepatitis B, only two cases (2 out of 84) were found to be positive (see also ST9P2_2013_CY_02).

6.2.2 STIs and tuberculosis

During the reporting year the implementation of the DRID protocol revealed rather interesting information on TB. Specifically, 1 out of 3 of the IDUs tested (21/65) was diagnosed positive on TB. As in previous years, also in 2012 most of the positive cases (19 out of 21) were foreign nationals while Greek nationals accounted for the vast majority of foreigners (16 out of 19 cases).

6.2.3 Other infectious morbidity

NNIA

6.2.4 Behavioural 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.

6.3 Other drug-related health correlates and consequences

6.3.1 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, and in 2012 appears to have diminished in quantity. It has been commented by AEUs that it will be very difficult to collect the information, due to the work overload at emergency departments.

Training for AEU staff aimed at efficient handling of drug users, in collaboration with the MHS took place in 2012 (see also sub chapter 1.3.2). The training included topics such as information on substances, medical / pharmacological responses to drug abuse, and treatment of overdoses and withdrawal symptoms. A separate training on harm reduction organized by the CAC with funding from the British High Commission also took place. The MHS aim for such trainings to take place annually or every two years, but

several factors may impede this, such as the high staff turnover at AEUs, the shortage of staff and available training time, and a number of other trainings competing for this. The financial situation is unlikely to contribute positively to this state of affairs (Christodoulou, 2013).

It is worth mentioning informal clinicians' reports that a large percentage of users is in fact treated for overdose at hospital AEUs; while the medications that are mostly used as a response to drug use episodes, are Narcan and Anexate. However, due to *lack* of proper human resources and time, the recording of such information continues to be sporadic. 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.

Additionally, an important initiative of the CAC, was a protocol of cooperation between the CAC and the Accident and Emergency Units (AEU's) of all the public hospitals, regarding the referral of users of illicit or licit substances who visited the AEU's to treatment services. This initiative is underway at the time of writing, thus more information would be available in the next NR.

6.3.2 Other topics of interest

Psychiatric co-morbidity

NNIA

Somatic co-morbidity

NNIA

See section 6.4 and ch. 7.4

6.4 Drug related deaths and mortality of drug users

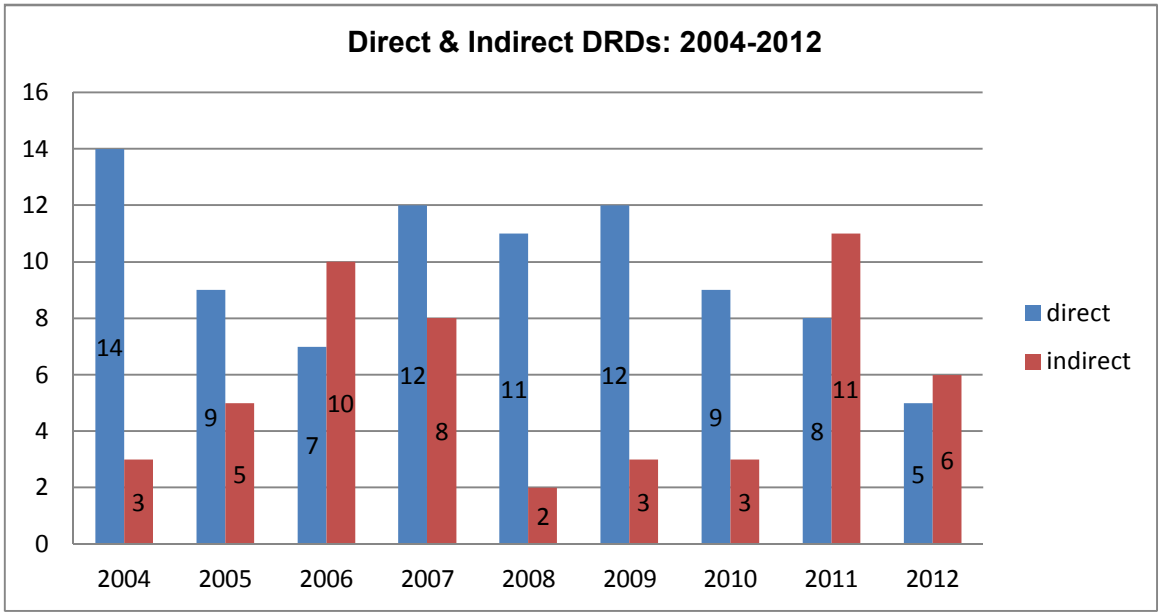
6.4.1 Drug-induced deaths (overdoses/poisonings)

According to the EMCDDA "Selection D" standard definition, 87 direct drug-related deaths in total were recorded in the Special Registry from the beginning of 2004 until the

end of 2012. During the reporting year, 11 drug related deaths were recorded, 5 of which were directly attributed to drug poisoning (Cyprus NFP & Special Registry, 2012b).

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

Fig. 6.2 Direct and indirect DRDs 2004-2012



Source: Cyprus NFP, 2013

Concerning the demographic characteristics of the deceased during 2012, most of them were men (n=4), with a mean age of 30 years old (see also ST6_2013_CY_01). From 2004 to 2012 among all direct deaths most of the deceased (9 out of 10 of all cases) were male. The mean age of all direct deaths for all 9 years was 30.5 years old. As regards the nationality, almost half of them were Cypriot nationals (45%) while the rest of them were either EU nationals (32%) or nationals of other countries (23%).

As for the causes of death (as confirmed by toxicological examinations), out of 5 cases of overdoses recorded in 2012, all cases involved opiates (only opiates: 2 cases; opiates with cocaine: 2 case; opiates with cannabis: 1 case) (see also ST5_2013_CY_01). Using the “Selection D” definition, the distribution of direct deaths by cause during 2004-2012 is presented below (Table 6.1). What can be easily observed is that most of the direct deaths are attributed to opioids only or poly-substances including opioids.

Table 6.1: Number of direct drug-related deaths by cause of death, 2004–2012

	Poisoning by opioids only (excluding methadone)	*Poisoning by poly-substances including opioids*	*Poisoning by (poly) substances excluding opioids*	*TOTAL*
2004	8	4	2	14
2005	7	1	1	9
2006	1	5	1	7
2007	6	5	1	12
2008	5	5	1	11
2009	7	1	4	12
2010	6	2	1	9
2011	1	5	2	8
2012	2	3	0	5
TOTAL	43	31	13	87

Source: Cyprus NFP, 2012

Since heroin use and heroin-related deaths in Cyprus appear mostly stable, effective interventions such as the introduction of overdose reduction programs (e.g expansion of opioid agonist maintenance treatment) could probably have made real progress in reducing drug-related overdoses among heroin or other opioid drug users. For example, the introduction and rapid medical use of buprenorphine in France in the 1990s was associated with a dramatic reduction in opioid overdose rates in that country (Auriacombe, 2004). It is important to note that during 2012, an extension of substitution treatment over Cyprus was achieved (see also chapter 5).

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 (e.g substitution treatment, just prior to or immediately following release from prison, are also highly effective in preventing overdose in prisoners who were opioid-dependent when entering prison). However, there are currently no interventions aiming specifically at overdose prevention in prison settings, or upon prison release in Cyprus (see also ch. 9)

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

NNIA

Discussion continues among the members of the DRD indicator working group on the possibility of carrying out a mortality study (Cyprus NFP, 2012c). The coding procedure (TDI code) is already being applied for all cases since 2009 in order to extract data on treatment history of drug related deaths in the future (with a longer period of observation). The data linkage between TDI data and DRDs will be even easier, with the development of the integrated computerised monitoring system for treatment centres (see also chapter 5) which would also increase the feasibility of a mortality study.

6.4.3 Specific causes of mortality indirectly related to drug use

Illicit drugs and accidents

During 2012, 6 indirect DRDs recorded with road accidents accounting for 5 of these. Regarding the substances involved as found through toxicological examination, all cases involved substances excluding opioids (cannabis alone: 3 cases, cannabis and alcohol: 2 cases; cocaine, alcohol, cannabis: 1 case) (Cyprus NFP, 2013).

Table 6.2 Number of indirect drug-related deaths, 2004–2012

	2004	*2005*	*2006*	*2007*	*2008*	*2009*	*2010*	*2011*	*2012*
Number of deaths	3	5	10	8	2	3	3	11	6

Source: Cyprus NFP, 2013

Alcohol Related Traffic Deaths

Based on statistical data from the Police Traffic Department, one third of traffic fatalities in the years 2008-2012 were due to alcohol consumption (cf. www.police.gov.cy). During 2012, 17 alcohol-related traffic fatalities occurred (see Table 6.5).

Table 6.3 Alcohol-related traffic casualties

	2008	2009	2010	2011	2012
Number of deaths	12	19	26	25	17

Source: Cyprus NFP, 2013

Chapter 7: Responses to health correlates and consequences

7.1 Introduction

During 2012, three new substitution units developed, while the Action Plan 2013-2016 aims at further implementation of actions in the area of harm reduction, such as further broadening harm reduction services, such as substitution treatment, implementation of a 'street work program' and distribution of free condoms, syringes and safe sex materials (CAC, 2013c).

In this chapter, we also provide some basic conclusions that emerged from the experts' opinions survey on how responses to women's drug problems are planned and implemented in Europe; a survey that was conducted by the CAC through the NFP in the framework of the EU Cyprus Presidency. The results of the survey along with the results of a literature review were presented during the National Drug Coordinator's Meeting under the theme "Women and Drug Treatment: Issues and Challenges".

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

As also stated in chapter 6, effective interventions such as the introduction of overdose reduction programs (e.g expansion of opioid agonist maintenance treatment) could probably have made real progress in reducing drug-related overdoses among heroin or other opioid drug users. It is therefore important to note that during 2012, three new substitution units developed in State Hospitals of Famagusta Free Area, Larnaca and Paphos, which merged as follows: Substitution Programme "Sosivio" merged with Paphos and Unit Replacement "Gefyra" merged with Larnaca and Famagusta, in an attempt to make these services more affordable and more accessible to those in need (see also chapter 5).

Through this expansion the Ministry of Health secured access to substitution services at the respective General Hospitals, improving their general condition and reducing risks and problems associated with drug addiction (CAC Ministerial Report 2012c).

Additional, training for AEU staff aimed at handling drug users on the basis of best practices, in collaboration with the MHS took place in 2012. For all relevant information on prevention of drug-related overdoses, see ch. 6. No other prevention activities relating to overdose emergencies and DRDs *per se* are currently taking place (see also

ch. 3). It may be worth mentioning, however, that harm reduction training of state-run programs includes instruction on safer use; also the syringe provision program, which was running through an NGO but is now part of the Multi-Intervention Centre in Nicosia continued throughout 2012 (Symeonidou, 2013).

7.3 Prevention and treatment of drug-related infectious diseases

Information on the responses pertaining to drug related infectious diseases is scarce, while the Ministry of Health continues to report that the implementation of Hepatitis or HIV prevention interventions is not possible (Ashikali, 2013).The limited information which is provided is provided by the CAC.

The CAC reported the following infectious diseases related interventions taking place: Hepatitis B vaccinations, Infectious diseases testing and counseling, safer use training and psycho education, Hepatitis C referrals and treatment, syringe and other IV tools provision. Furthermore, the Cyprus Youth Board continues to implement and coordinate the «safer nights» program, which includes safer sex training.

It is also encouraging that the New National Action Plan 2013-2016 involves actions concerning the broadening of the practices of Harm Reduction (distribution of free condoms and syringes and safe sex materials) (CAC, 2013c).

Finally, the challenge of implementing harm reduction measures in the prison setting did not reach its goal in 2012. The Mental Health Services and the Department of Prisons pointed out that there is a lack of adequate space and staffing to provide additional services at this point and time (CAC National Report 2012a).

7.4 Responses to other health correlates among drug users

NNIA

Psychiatric 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 programs give priority for enrollment to pregnant women and individuals with somatic or psychiatric morbidity.

Responses to women drug users in EU

In the framework of the EU Cyprus Presidency, the CAC through the NFP conducted an experts' opinions survey on how responses to womens' drug problems are planned and implemented in Europe in order to aim at introducing a broader expert perspective on available responses to women drug users and also to attempt a perspective on useful practices for the future.

Twenty-four (24) out of 30 heads of NFPs and experts participated in the survey, providing their opinions as to the thematic areas of National Drug Strategies & Funding and the available responses on treatment, prevention and harm reduction for women drug users. The results of the survey along with the results of a literature review were presented during the National Drug Coordinator's Meeting on "Women and Drug Treatment: Issues and Challenges", which took place in September 2012 in Nicosia.

From the survey and the literature review, there emerged 4 challenges and some evidence-based recommendations and are provided in summary below.

1st Challenge: Increasing Funding for women services

According to the experts' opinions survey, several countries are faced with funding difficulties which hinder the provision or the expansion of services for women drug users. Additionally, services targeting women have typically higher costs.

Thus, there is a need for: 1) Cost-effectiveness studies and 2) Finding ways to increase the gender-sensitivity of services and thereby increase access by women to them, even when resources are constrained (e.g. women – only spaces, or women only times).

2nd Challenge: Increasing Prevention programs with demonstrated effectiveness

Only few experts, who participated in this survey, stated that girl-specific prevention activities/programs are well-developed in their country. Furthermore, in addition to the results of this survey, the EMCDDA (2006) noted that gender-related prevention work remains uncommon in all Member States.

Thus, there is a need 1) for more evidence-based knowledge on what prevention practices might be particularly effective for females and 2) to rely on previous research results which indicate that female-only programs in prevention do not produce better

results compared to mixed-gender programs and that intense and cohesive prevention programs with an interactive approach are more effective for girls/women.

3rd Challenge: Increasing Treatment Effectiveness for women

Most experts in this survey reported having at least one treatment unit or program exclusively for women in their country. However the challenge that emerged through the study was to develop and implement evidence-based treatment practices that have been found from treatment outcome studies to be specifically addressing treatment needs of women and improve health and well-being of women drug users.

Thus, 1) there is a continued need for well-designed outcome studies of substance abuse programs for women and also there is a need to rely on previous research results indicating the factors that are providing better treatment outcomes for women (e.g women only programs, cross-system communication collaboration and networking with other women-related services, supportive staff attitudes and women programs with child-care support services).

4th Challenge: Decreasing women's Risk of Exposure to Infectious Diseases

Gender-responsive harm reduction services are important, having in mind that women are vulnerable to genital infectious diseases.
Thus, there is a need for adopting recommendations for designing harm reduction services and changing national policies' orientation towards more evidence-informed frameworks that support health and human rights.

Finally, the general conclusion that emerged is that as regards policymaking and policy related questions, research to investigate which interventions or combination of interventions for women may be more appropriate, should be considered a top priority. For more information about the survey, please follow the ***link***.

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 marginalization 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 2012, 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 2012, however, as in former years is derived from analysis of the treatment demand indicator. Data on social reintegration programs is also collected by the CAC using a Social Reintegration Program questionnaire.

From the TDI analysis for 2012 it may be noted that as in previous years the majority of drug users in unstable accommodation were non-Cypriot EU nationals or nationals of another country. Only about a fifth of drug users seeking treatment were in regular employment, which appears to be a steady tendency since 2007; most unemployed users are heroin and cannabis users, whereas those in regular employment tend to have cannabis as their primary drug, followed by heroin. The majority of drug users have either primary education or secondary education, higher education being less common.

8.2 Social Exclusion and Drug Use

NNIA

No research was available regarding the specific topic, during the reporting year.

8.2.1 Social exclusion among drug users

Homelessness

Homelessness remains of relatively minor importance as a factor of social exclusion for Cypriot drug users. The majority (93.6%) of drug users seeking treatment in 2012 lived in stable accommodation, and 82.4% of these were Cypriot nationals.

As reported last year, the majority (42 out of 58) of those in unstable accommodation were non-Cypriot EU nationals or nationals of another country. Over half of those in this group have heroin as their primary drug, followed by cannabis. Roughly a quarter of this group were women.

It is also of some interest that almost 60% (N=686) of drug users seeking treatment in 2012 lived with their parents, while only 15% (N=170) lived alone. Those who lived with their parents were younger (Mean age: 25 yrs), whereas older drug users lived either alone (Mean age: 35 yrs), or with a partner (Mean age: 38 yrs), and in almost all cases had children.

As shown by the data, about 1 in 10 drug users lives with other drug users, and about a third of this group are women users.

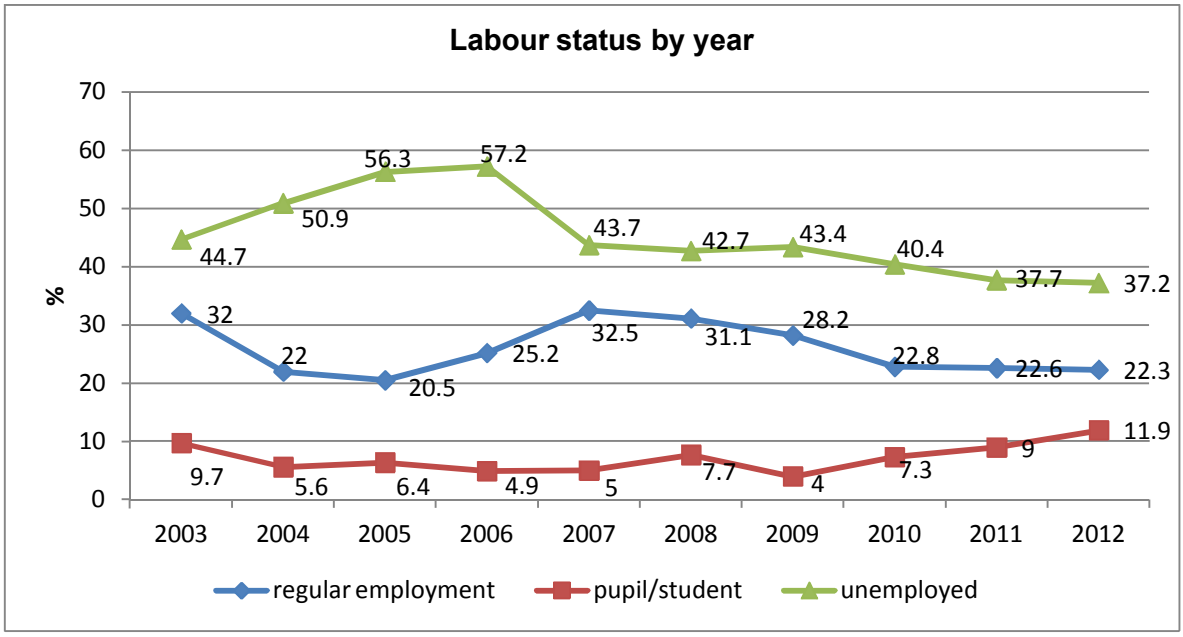
Unemployment

The government Statistical Services state that the general population unemployment rate in 2012 was 12.7% (32% at ages 15-24 in the general popuplation; the median age of unemployed drug users was 29) (Statistical Services, 2013).

As regards drug users in treatment during 2012, 4 in 10 applying for treatment were unemployed and 10% economically inactive, marking no significant change since the previous year. Only about a fifth of drug users seeking treatment was in regular

employment. There appears to be a steady tendency set up for this pattern since 2007 (fig. 8.1)

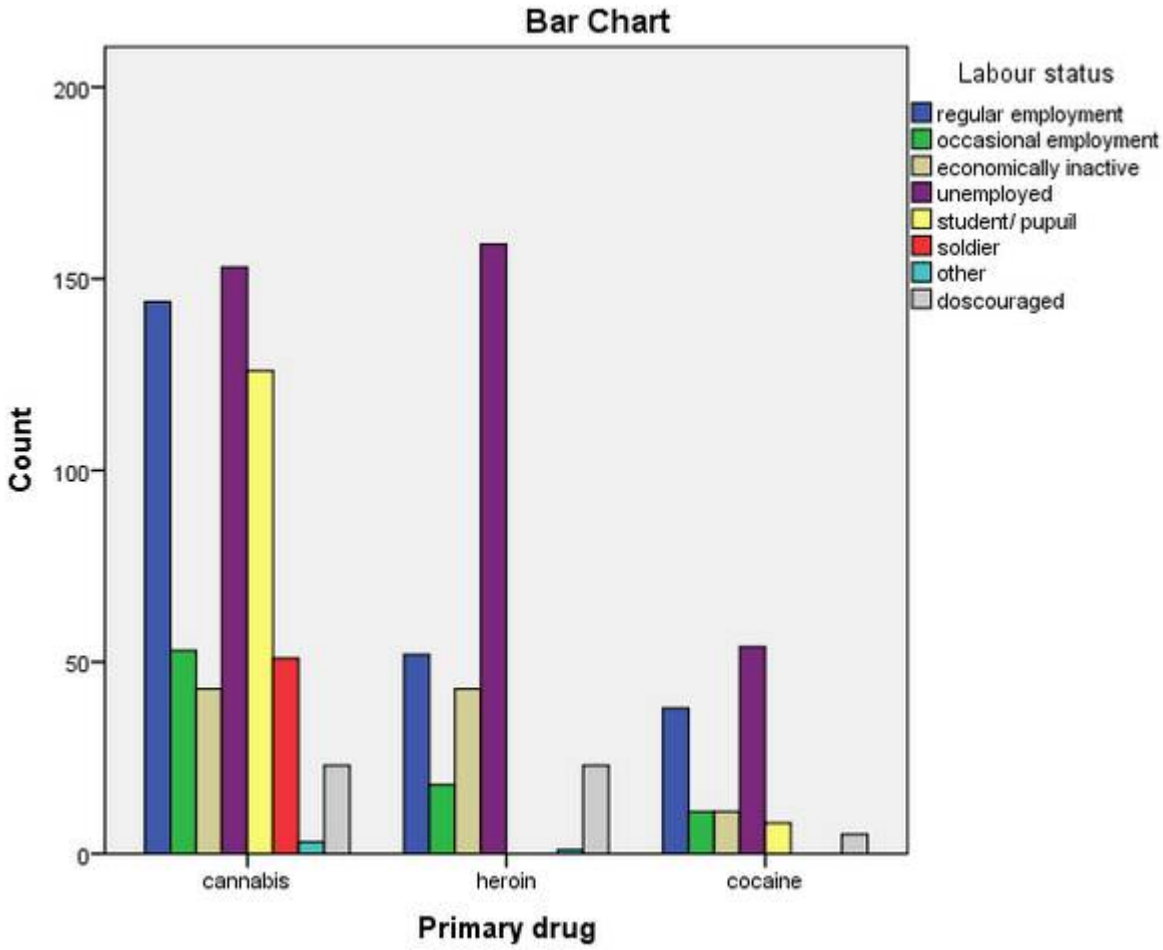
Fig. 8.1: Labour status by year



Source: NFP, 2013

Of those unemployed, the majority were heroin users (38%, N=159) and cannabis users (36%, N=153). In contrast, of those drug users who were in regular employment, 60% (N=144) were cannabis users, and 20% (N=52) were heroin users, while 15% (N=38) were users of cocaine. A bar chart for all labour status categories can be seen below (fig. 8.2).

Fig. 8.2: Labour status by primary drug

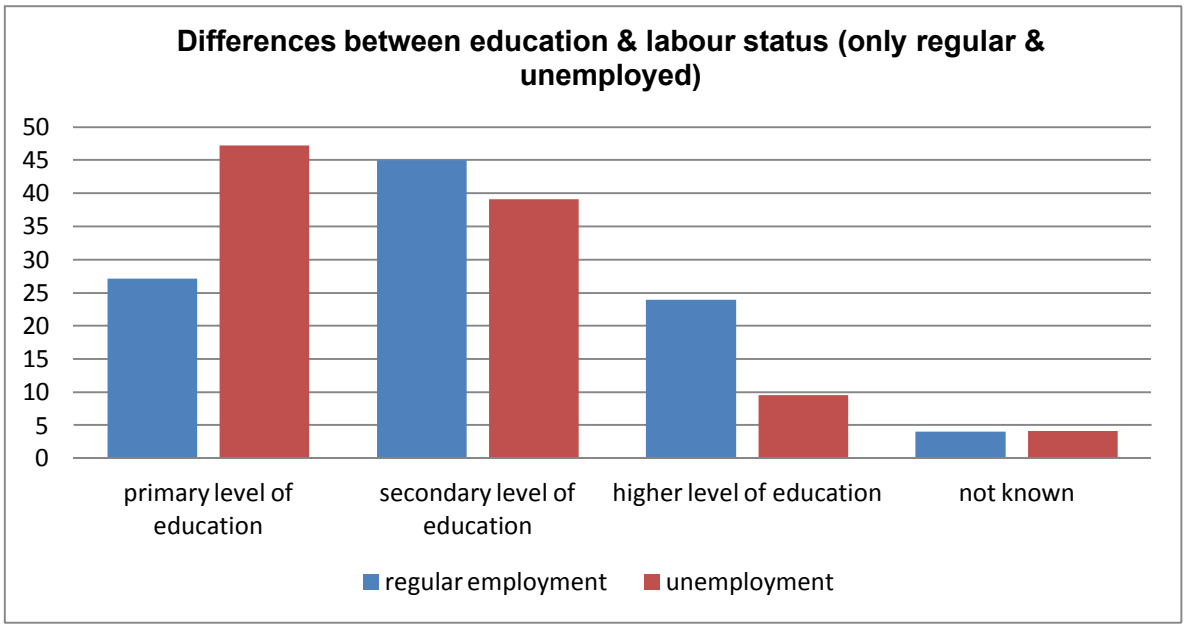


Source: NFP, 2013

Gender differences for the population of unemployed heroin users are not remarkable, and have also shown a steady tendency since 2007. In 2012, half of male heroin users and almost 6 in 10 of female heroin users were unemployed.

In terms of educational attainment among unemployed drug users, the majority have either primary education (47% in 2012), or secondary education (39% in 2012); higher education is less common (9.5% in 2012). The difference between educational level and labour status (either regular employment or unemployed) is significant; with the probability of being unemployed if a drug user has only attained primary education, being much higher (see fig. 8.3). Labour status does not appear to be influenced significantly by other factors, such as nationality.

Fig. 8.3 Differences between education and labour status (only regular employment or unemployment)



Source: NFP, 2013

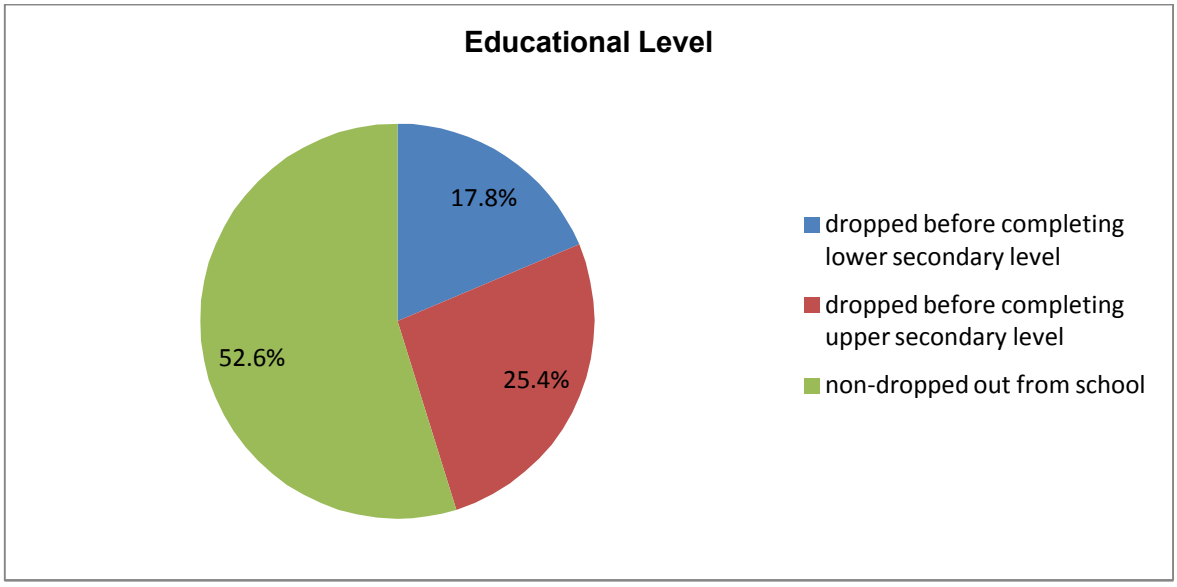
Educational Attainment and School drop-out

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.

Among drug users in 2012, 43% (N=490) dropped out of school (in 2011 the equivalent percentage was almost the same); of these in 2012, 17.8% dropped out of school before completing lower secondary, and 25.4% did so before upper secondary (see fig. 8.4). The median age of those users in the TDI data who had dropped out of school, was 28 (min:13, max: 68). There appears to be no particular gender effect in these data. There does appear to be an effect in terms of the primary drug however, with 36% of school drop-outs being opiate users, this being the case for only 23% of non drop-outs. It may be relevant here too, that the median age of onset of drug use among school drop-outs was 16 (min:10, max:53), whereas among non drop-outs it was two years later, at 18 (min:11, max:55). It would appear that a delay in age of onset of drug use, as well as

preference for a non-opiate primary drug, was favorable for the completion of secondary education.

Fig. 8.4 Educational level and school drop-out among drug users



Source: NFP, 2013

8.2.2 Drug use among socially excluded groups

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In the general population, there appears to be increased use of tranquilizers among women, with 4% using tranquilizers in the last month, the percentage for men being only 1.9% (see also ch.2 and ST1_2013_CY_01). The general population survey is carried out in Greek, which makes research on minority populations difficult.

Several research institutions responding to the NFP's data requests indicated that no research on socially excluded groups was carried out in 2012, or indeed on social correlates of drug use in general.

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; this emphasis continues in

the next 2013-2020 NDS. 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 programs and organizations relating to financial assistance, professional training and rehabilitation.

In 2012 “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 program. Similarly, “Ploigos” closed down in 2012, now offering social reintegration under the name “Orizontas”. Moreover, two new social reintegration programs were established, one by the NGO “Evimeros”, and another by “Ithaki”. All these programs are reported on below in sec. 8.3.2, though information has been made available only for some.

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 programs), as well as an allowance for the purchase of furniture and /or other professional equipment (see NR 2009). The budget for the Plan for Financial Assistance is being managed by the CAC as of 2012, and has been renamed Plan for Financial Assistance for the Rehabilitation of Persons with a History of Dependence. Thirteen applicants in 2012 received a total of €39,193 (see also ch.1 and table 8.1). It is worth mentioning that the CAC has produced a *Guide to Social Reintegration Services* information booklet on all the available sources of government and NGO support, which should prove useful to participants in social reintegration programs.

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
2012	13	n/a	39,192.99	50,000.00

Source: NFP, 2013

Social Welfare (2013) adds that social workers offer guidance and support on finding housing, which may include direct payment of rent to landlords.

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 2012 (Social Welfare, 2013). For more information about the training see NR, 2012: Ch. 8). This plan is aimed at several 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. 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" program, also aimed at unemployed people in general but including former drug users, continued throughout 2012 and is foreseen to continue in 2013. As reported previously, it is co-funded by the MLSI and the European Social Fund, together with the Human Resources Development Authority. The program offers training in computer use, English language, secretarial skills and gaining work experience.

The Social Welfare Department of the Ministry of Labour and Social Insurances MLSI (2013) also mentions that unemployed persons are informed on the availability of "Fast-track Initial Training" programs held at the Cyprus Productivity Centre (http://www.mlsi.gov.cy/mlsi/kepa/kepa_new.nsf/index_en/index_en?OpenDocument).

These programs 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. In 2012, specific programs were offered for car repairers, lift technicians and mobile phone technicians.

It is worth mentioning, too, that apart from rent and furniture allowance the Plan for Financial Assistance for the Rehabilitation of Persons with a History of Dependence provides for fee coverage at vocational training or educational programs, or alternatively for payment of fees at higher education institutions in Cyprus.

For further information, see also SQ28_2010_CY_01.

Social Reintegration Programs

At the time of writing (2013) there exist seven social reintegration programs in Cyprus, an increase of one since last year. These are operated by the private and public sector services, by NGO therapeutic communities and the central prisons (but see ch.9). The new NGO treatment program "Reto" also mentions social reintegration, and is included here for completeness.

8.3.3 Employment

Vocational training and assistance in finding employment takes place both at the level of public sector programs, and through participation in social reintegration programs as a late stage of overall treatment.

The Department of Labour offers unemployed persons, including former drug users, individualized job counseling at the Individualized Approach Service (Social Welfare, 2013, unpublished; see also http:www.mlsi.gov.cy

This includes follow-up and monitoring of any difficulties experienced at work. Estimates of former drug users participating in this were not supplied for 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 (see also NR 2009). Employment Counsellors assess the skills and abilities, as well as qualifications of persons, and develop a Personal Action Plan. 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". It is interesting that while in 2011 it was reported that the plan aims to offer employers 65% of the salary costs for the first year of employment of a person belonging to one of the vulnerable group categories, the 2012 data show that only 50% of the salary costs were covered, and only for the first 8 months of employment. It is unclear whether this change is in any way related to the current financial crisis.

The Cyprus Productivity Centre also continued a program which may reach some former drug users (no figures provided), the Plan for Subsidization for the Creation of New, Flexible Jobs. This involves subsidizing businesses to hire unemployed persons in flexible circumstances. It is worth noting that the same source comments how, over and above factors such as employers' reluctance to hire former drug users, the lack of appropriate qualifications for persons in this category, and stigmatization from work colleagues, there has also been a steep rise in unemployment and reduction of available jobs (Social Welfare, 2013).

Reports from social reintegration programs (Veniamin, E., 2013) seem to confirm the above observations, 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 (2013) remarks that "Agia Skepi" SR program participants have "ever greater" difficulties finding employment, and those working also experienced further pay cuts in 2012, as well as exploitation over unpaid time and employers who did not pay their social insurance.

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 DLEU, during the year 2012 the number of drug offences and the number of persons involved in them continued to increasing, something which could be linked to the appearance of new synthetic drugs in Cyprus, during the last three years which involved a significant number of offences.

The majority of persons continued to be involved in cannabis use and possession offences, with a total number of 741 compared to 645 offences in the previous reporting year (see also ST11_2013_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.

No information is available as concerns other interventions in the criminal justice system during 2012.

Regarding drug use and problem drug use in prisons, urine testing took place during 2012, for 642 prison inmates; of 529 Cyprus nationals, 42 tested positive, and of 113 non-Cyprus nationals, 3 tested positive. Drugs were found in 15 cases, and 5 cases of alcohol intoxication were also identified. No information is available however, regarding the type of drugs.

Treatment demand data provided to the Cyprus NFP from the prison drug treatment program showed that in 2012, 22 inmates sought treatment for drug use.

9.2 Drug-related crime

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As far as the NFP is informed, no research or studies regarding drug-related crime took place during the reporting year.

9.3. Drug Law Offences

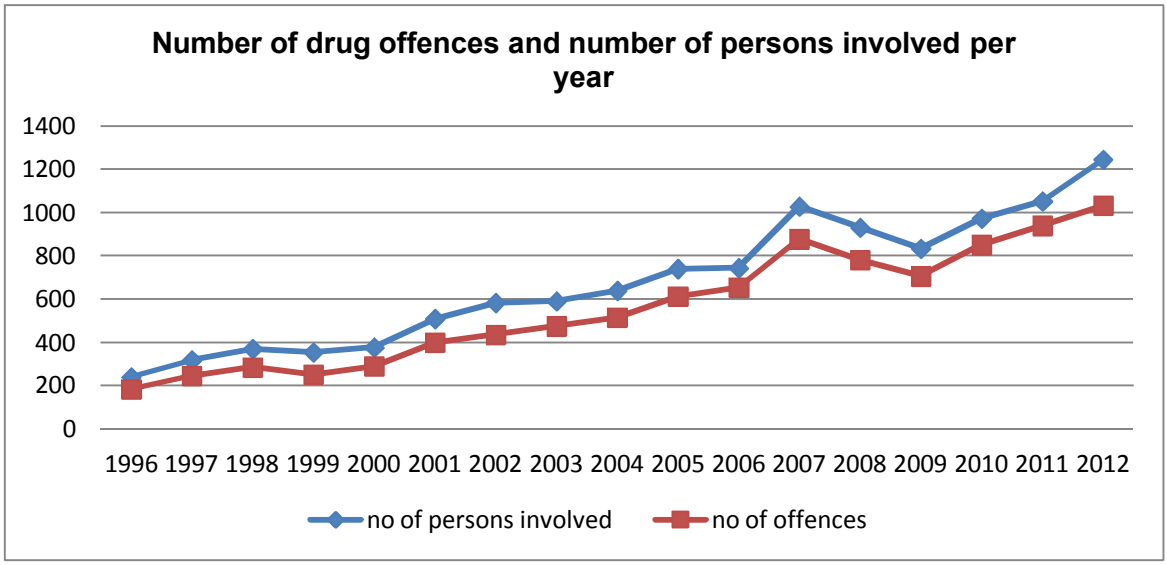
Based on information provided by the DLEU, the number of drug offences and the number of persons involved in them during 2012 continued to increasing. Specifically, in 2012 the number of drug offences reached 1032[50] compared to 940 in the previous reporting year. The number of persons involved in drug offences was 1245[51] in comparison to 1052 in 2011 (see also Ch. 9, NR 2012 and ST 11_2012_CY_01). Cypriot nationals continued to represent the majority of persons involved in drug offences (921 compared to 798 in 2011) as compared to 324 non-Cypriot nationals

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 reported in the previous NR.

[50] The total number of drug offences in the ST 11_2012_CY_1 and ST11_2012_CY_2 is 1030, since in two (2) offences no illicit substance was found after police investigation.

[51] The total number of offenders in the ST 11_2012_CY_1 and ST11_2012_CY_2 is 1243, since two (2) persons were involved in offences where no illicit substance was found.

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



Source: DLEU, 2013.

The vast majority of persons involved in drug offences were linked to use / possession offences (see also ST 11_2012_CY_02 and Ch.9.2.1, NR 2012), with a slight increase during the reporting year. Specifically, 995 persons were involved in use/possession offences, compared to 861 in 2011. A slight increase was also observed in 2012 regarding the number of persons involved in dealing / trafficking / production offences (248) compared to 187 in 2011 (see also ST11_2012_CY_02).

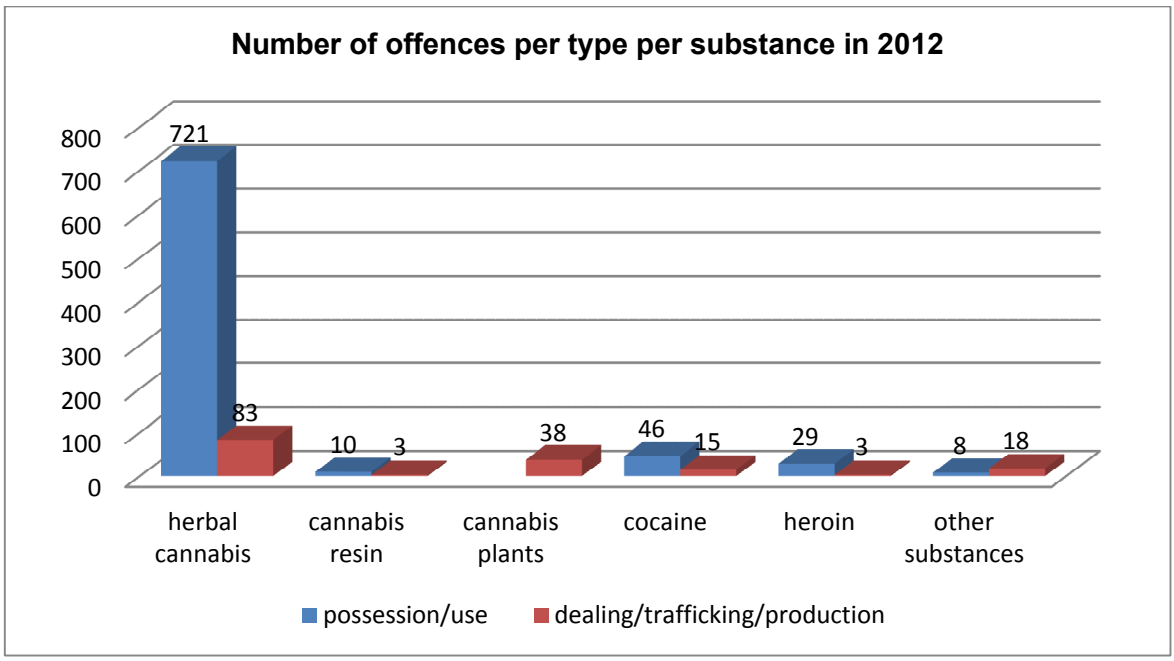
The same trend continues during the reporting year as regards the number of offences by substance. Fig. 9.2 below shows that the vast majority of offences involved possession and use of herbal cannabis, with a total number of 741 compared to 645 offences in the previous year, followed by cocaine, heroin and cannabis resin (see also ST 11_2013_CY_01).

Regarding the category “other substances”[52] as presented in fig. 9.2, it mainly includes synthetic and doping substances. Specifically, a total of 26 offences were recorded in 2012, compared to 36, in 2011 involving 25 persons compared to 38 in 2011. Despite the fact that both the number of offences and the number of persons involved, showed a decrease in the last two years, the availability of these synthetic drugs is what

[52] This category includes only some of the substances included in ST 11_2013_CY_01 and ST 11_2013_CY_02 in the category “other substances”.

determines the change regarding supply and demand seen from 2010, as was mentioned in the previous national report.

Fig. 9.2 Number of offences per type, per substance during 2012



Source: DLEU, 2013.

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 mentioned in the previous NR, 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, NR 2012).

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, the vast majority of the non -Cypriots (70%), were permanent residents, compared to 63% in 2011, while the percentage of workers was half decreased compared to the previous year (6% and 13% respectively) The increase in the percentage of tourists involved in drug offences continued during the reporting year (13%in 2012, 10% in 2011 and 7.5% in 2010). On the other hand, the percentage of illegal foreigners involved in drug offences presented a slight decrease (6% in 2012 compared to 7.5% in the previous year) (Xenofondos, 2013).

9.4 Other drug-related crime

Based on information provided by the Cyprus Police, from a total of 1245 persons involved in drug offences, 194 persons (approximately 16%), were also involved in property crimes (compared to 123 in the previous year). The vast majority of them were males; Cypriot nationals aged 32.5 years old.

Driving under the influence of drugs and alcohol

According to information provided by the Police Traffic Department, during the reporting year, a small number of fatal accidents involved illicit substance and alcohol use. Specifically, during 2012, 17 alcohol-related traffic fatalities occurred. In addition, in 5 road accidents illicit substances (mainly cannabis) were involved (for more details refer to ch.6).

9.5. Prevention of drug-related crime

Urban security policies in the prevention of drug related crime

No remarkable developments took place during the reporting year regarding quality standards or training opportunities. However, during 2012 the members of the community police were trained on issues regarding: “human trafficking” (Gavriil, 2013).

Worth mentioning is that by the end of 2013, an evaluation of the implementation of neighborhood police is planned to be held by external experts. Thus, more information regarding the results of the evaluation and in which way these are going to be used in order to improve the quality and effectiveness of interventions, will be provided in one of the following national reports.

9.6. Interventions in the criminal justice system

9.6.1 Alternatives to prison

Regarding legislation concerning alternatives to imprisonment (law L.57 (I)/92, 'Care and Treatment of Drug Addicts'), during 2012 the CAC made suggestions to the House of Representatives. More details are presented in ch.1.2.1.

9.6.2 Other interventions in the criminal justice system

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9.7. Drug use and problem drug use in prisons

According to the data provided by the MJPO (Trifonides, 2013), a total of 233 persons were convicted for drug-related offences in 2012. Urine testing in the same year took place for 642 prison inmates; of 529 Cyprus nationals, 42 tested positive, and of 113 non-Cyprus nationals, 3 tested positive. Drugs were found in 15 cases, and 5 cases of alcohol intoxication were also identified. No information is available however, regarding the type of drugs.

Treatment demand data provided to the Cyprus NFP from the prison drug treatment program showed that in 2012, 22 inmates sought treatment for drug use. All were male, and 7 persons were requesting treatment for the first time. The average age was 28.5 years, and the age of onset of primary drug use was 15 years old. Cannabis was the primary drug for over half of users seeking treatment (54.5%, N=12), followed by heroin (22.7%, N=5).

Information from the infectious diseases 2012 key indicator protocol, shows that 36 IDUs mentioned having been in prison at least once in their lives; of these 24 IDUs were HCV positive (see also ST9P2_2013_CY_01), while 1 IDU was HIV positive (ST9P2_2013_CY_03).

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 were 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 data collection mechanism), 20 out of a total of 3096[53] persons incarcerated in 2012 reported having tried any illicit drug at some point of their lives.

9.8. *Responses to drug-related health issues in prison*

Prevention of drug-related health issues takes place via frequent urine testing (Tryfonides, 2013), and since 2011 the operation of the MHS drug treatment program, "360° STROPHI". Prevention activities include lectures, psycho-education seminars, experiential workshops and dissemination of printed material, including CAC leaflets. Persons convicted for drug-related offences are provided with relevant information on a regular basis.

Inmates who attend the drug treatment program, "360° STROPHI" are evaluated for risk of overdose (Tryfonides, 2013). Prison personnel training in prevention and assessment and reduction of risks for drug users has also been planned; if this is followed up, it will be reported in a future NR. No substitution or harm reduction activities currently take place in prison.

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

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53 This is the total number of incarcerated persons in 2012, not the number of inmates actually questioned through the data collection mechanism, which amounted to far fewer submitted questionnaires (N=396).

According to both Symeonidou (2013) and Tryfonides (2013), inmates completing the prison drug treatment program, “360° STROPHI” are prepared for release, and their aftercare is ensured through referral to other extramural treatment units (Tryfonides, 2013). However, the latter source also comments that the prison Centre for Guidance and Extramural Occupation and Rehabilitation (KKEAAK) does not currently run a planned social reintegration program, although the possibility of forming a more systematic program is being considered.

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), remain 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. As regards opium transportation, this substance was mainly transported by sea (70%) compared to the previous year, during which it was solely transported by air.

As concerns seizures, during 2012, seized quantities of cannabis plants significantly increased compared to the previous year. As regards cannabis resin, quantities seized slightly decreased. In addition, seized quantities of cocaine were more than double in the reporting year. However, these changes do not seem to have an effect on the overall picture of the drug market. On the other hand, synthetic substances (including synthetic cannabinoids) and other chemical substances were seized, but in smaller quantities compared to the previous year.

During 2012, the collection of data regarding drug prices, (per gram) at retail level and specifically, the estimation of prices, was based only on users' reports, on a quarterly basis. No information could be obtained 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.

10.2 Availability and supply

10.2.1 Perceived availability of drugs, exposure, access to drugs

Regarding perceived availability of drugs, based on the findings of the recent general population survey (CAC, 2012), 50.7% of the respondents mentioned that it is easy to find cannabis within 24 hours. According to the perception of the general population, the easiest drug to access is cannabis, followed by ecstasy and cocaine, while the drug less easy to find is LSD (see also Ch.2.2.7).

With regards to specific ages, the age group 25-34 has the higher percentage as regards perceived availability to find cannabis within 24 hours (15.5%), followed by the age group 15-24 (13.5%). Finally, access to illicit substances during the last 12 months, was reported as taking place mainly in private or in open public places (CAC, 2012b).

Alcohol:

Based on the last ESPAD Survey, there is a 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 is fairly easy/ easy to obtain alcohol (81% ESPAD average) (Hibbel *et al*., 2012) (see also Ch.2 and Ch.2.3 NR 2012).

Access to alcohol in recreational settings, is very easy to teenagers, since 7 out of 10 reported access to it. It is interesting to mention that the percentage of students stating access to alcohol exceeds the EU average (49% in Cyprus, 37% EU average) (Hibbel *et al*., 2012).

10.2.2 Drugs origin: national production versus imported

As mentioned in previous reports, Cyprus is not a drug-producing country (see also ch.10, NR 2012) and consequently most illicit substances are imported. In particular, based on Police information, the percentage breakdown of countries of origin[54] by seized drug category is presented in the following table.

[54] 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 2007-2012

Cannabis herb	2007	2008	2009	2010	2011	2012
Greece	20	30		15	15	15
United Kingdom	5	5				
Holland	70	60	60	70	75	75
Turkey	5	5	5			
EU			35	15	10	10
Unknown						

Cannabis resin	2007	2008	2009	2010	2011	2012
United Kingdom						
Egypt			40			
Turkey	30	30	20	30	20	20
Lebanon	30	30	40	50	60	60
Unknown	40	40		20	20	20

Heroin	2007	2008	2009	2010	2011	2012
Turkey	70		30			
Afghanistan		70	70	95	95	95
Unknown	30	30		5	5	5

Cocaine (base and hydrochloride)	2007	2008	2009	2010	2011	2012
Greece						
Holland	63					
United Kingdom	17					
South America		70	80	80		85
LAC countries					85	

	Unknown	20	30	20	20	15	15

Ecstasy group		*2007*	*2008*	*2009*	*2010*	*2011*	*2012*
	Areas not controlled by the CY authorities	23					
	Holland	55	50	50	50	80	60
	United Kingdom	22	20				
	Turkey						
	EU		20	40	50	20	40
	Unknown		10	10			

Source: DLEU, 2013

As shown in the above table, no remarkable changes have taken place regarding countries of origin of seized drugs during 2013. As regards the countries where drugs were transferred before entering Cyprus, the areas not controlled by the CY authorities and the E.U (countries unspecified in data source), remained the main countries associated to drug trafficking into the government-controlled areas (Gavriil, 2013).

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

Air transportation remains the most common transportation method of illicit drugs into Cyprus, especially in the case of herbal cannabis, cannabis resin, ecstasy and cocaine. As regards opium transportation, it was mainly transported by sea (70%) and 30% by air, compared to the previous year, during which it was solely transported by air. Finally, as regards seized quantities of new synthetic substances, were transported by mail via courier companies (90%) and only (10%) by air (Gavriil, 2013). 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 2012, seized quantities of cannabis plants had significantly increased compared to the previous year (see also ST13_2012_CY_01). As regards cannabis resin quantities seized were slightly less than in the previous year. In addition, seized quantities of cocaine were more than those of last year. However, these changes do not seem to have an effect on the organization of the drug market. In addition, seizures of ecstasy continued the prior decreasing trend (see ch.10, NR 2012 and ST13_2012_CY_01), but it seems they have been replaced by Methamphetamine (861 tablets seized in 2012, compared to 289 tablets in 2011) and mCPP (138 tables) (see also ST13_2012_CY_01). Moreover, 23 seizures of doping substances which involved 1769 tablets and 293 ampoules were recorded in 2012 (see also ST13_2012_CY_01). Finally, seized quantities of heroin slightly increased compared to the previous year.

On the other hand, synthetic substances (including synthetic cannabinoids) and other chemical substances were seized (some of them for the first time), (see also ST13_2012_CY_01), showing that the trend of synthetic substances continued, changing both supply and demand areas (see also ch.10.3.1, NR 2012). Specifically, during 2012, around 12 kilos of new synthetic substances were detected. Based on published information of the State General Laboratory, over the last 4 years 38 synthetic substances were detected, from which 18 were found during the reporting year. During 2012, 2358 samples of new synthetic substances were analyzed by the Laboratory, compared to 1693 in the previous year (State General Laboratory, 2012).

Measures taken regarding new synthetic substances:

-The Narcotic drugs and psychotropic substances law L29/77 was modified in order to include all the synthetic substances detected, having in mind also all substances based on a similar molecular structure, to be controlled prior to their emergence on the market in the future (see also Ch.1.2.1, NR 2012).

-The State General Laboratory undertook the training of police members and also the members of the Sovereign Base Areas (SBA) in Cyprus, regarding new synthetic drugs and the amendment of the Law. Several educative seminars took place with Customs officers and what seems promising is the closer cooperation with the Customs Department, which could lead to the improvement of customs monitoring on new substances (State General Laboratory, 2012).

- In 2013 steps were taken in order to improve the efficiency of the monitoring of substances nationally. Specifically a plan has been drafted in order to collect information about: 1) health risks from the use of new synthetic substances and / or drugs adulterated with unusual substances, 2) seizures or identification of known but unusual substances, 3) problems arising from existing synthetic / psychotropic substances and 4) the existence of an unusually large amount of active substance in a specific dose.

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

No precursor chemicals were seized during the reporting year (Gavriil, 2013)

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

During 2012 (or until the moment or reporting) no illicit laboratories were found (Gavriil, 2013)

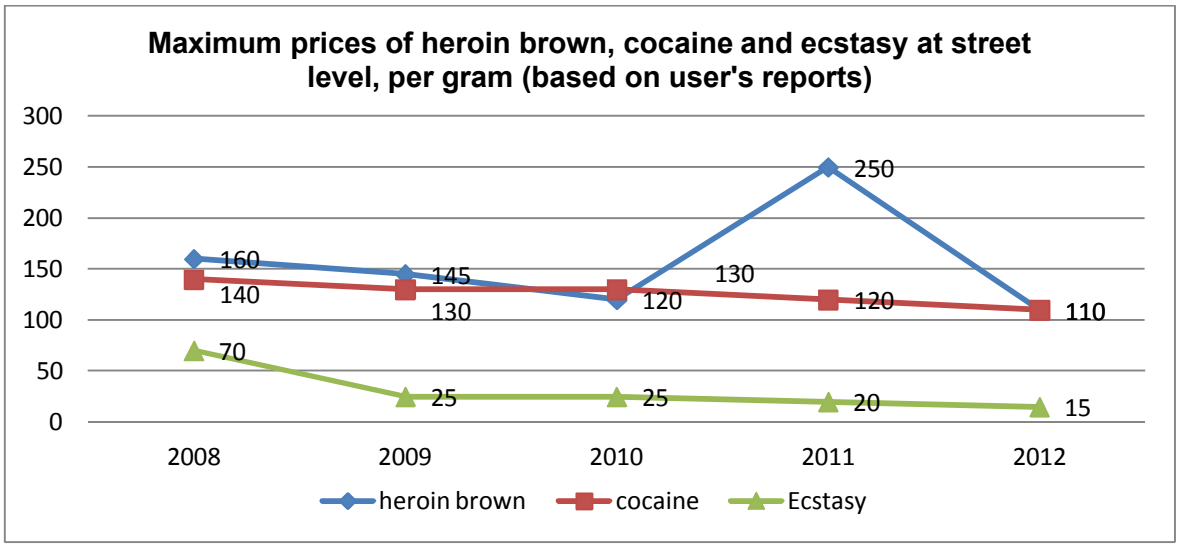
10.4 Price/ purity

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 2012). No information could be extracted by the DLEU regarding retail prices based on undercover police purchases. Thus, no comparisons with previous years would be possible. The information regarding retail prices, for 2012, is based only on users' reports.

However, maximum prices of cocaine and ecstasy based on users' reports were slightly decreased compared to 2011. However, there is no indication of significant change in the availability of these substances. On the other hand, as presented in figure 10.1, maximum prices of heroin showed a significant decrease compared to the previous year.

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, 2013.

Regarding the range of prices of several illicit substances, these showed variations, especially in the case of cocaine prices (€47-€110) (see also ST_16_2012_CY_01). This could be due to the different prices appearing in several districts of the island. However, as mentioned in the previous national report, data provided must be treated with great caution and no correlations with previous years must take place, since no prices based on undercover police operations are available (see also ch.10.4.3, NR 2012).

10.4.2 Purity/potency of illicit drugs

No purity testing is taking place in Cyprus (see also Ch.10.4.4, NR 2012).

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_2013 _CY_01).

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

Substance/Year	*2008 (%)*	*2009 (%)*	*2010 (%)*	*2011 (%)*	*2012 (%)*
MDMA	11.9		7	40.1	58.2
Amphetamine/ methamphetamine	11.1			14.6	16.8
Other substances	1.2	93.6	48.3	45.3	4.5
Miscellaneous	71.7	6.45	43.4		20.5

Source: State General Laboratory, 2013

As shown in the above table, there was significant decrease of “other substances” during 2012, compared to previous years. As regards the category “miscellaneous”, 8.2% anabolic steroids (oxymetholone, mesterolone, stanozolol), 7.7% benzodiazepines, (flunitrazepam, etizolam) and 4.6% sildenafil were detected (see also ST15_2013_CY_01). 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.

Part B

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Databases and Internet Addresses

NAME	WEBSITE
Cyprus Anti-drugs Council	http://www.ask.org.cy
Cyprus Productivity Centre	http://www.mlsi.gov.cy/mlsi/kepa
Eurydice	http://www.eurydice.org
House of Representatives, Parliament of the Republic of Cyprus	http://www.parliament.cy/parliamenteng/index.htm
Ministry of Finance	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/
General Assembly Political Declaration on HIV/AIDS 2006 (A/RES/60/262)	http://www.unaids.org
Statistical Services of the Republic of Cyprus	http://www.mof.gov.cy/mof/cystat

Annexes

List of tables and graphs used in the text

List of references of laws in Greek language

Alternatives to imprisonment L.57 (I)/92: Ο περί Περίθαλψης και Μεταχείρισης Τοξικομανών Νόμος του 1992 (Ν. 57(Ι)/1992).

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