



European Monitoring Centre  
for Drugs and Drug Addiction



**2014 NATIONAL REPORT (2013 data)  
TO THE EMCDDA  
by the Reitox National Focal Point**

**CYPRUS  
New Developments, Trends**

**REITOX**

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## SUMMARY

### **Chapter 1: Drug Policy: legislation, strategies and economic analysis**

The reporting year marks the beginning of the new National Drugs Strategy 2013-2020 and the new Action Plan by the CAC covering the period 2013-2016. In the context given in this chapter, 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 at a national level.

An economic analysis (public expenditure) in the field of drugs is also provided in Chapter 1. However, definite trends regarding fiscal data will be established in future NRs, when the reporting of figures will become more comparable.

### **Chapter 2: Drug use in the general population and specific target groups**

The next series of the survey is expected to be completed by the end of 2015. The most recent results (2012) indicate a decline in overall drug use, slightly more marked among young people. As cannabis is the most commonly used drug, it is a decline in the use of this drug that is driving the overall change.

As regards a new school population survey, no such survey was carried out in 2013. The results of the 2011 ESPAD project revealed an increase in both alcohol consumption and illicit drug use among Cypriot pupils. The new series of ESPAD will be carried out in 2015, with publication of the results expected in 2016.

Also, a Flash Eurobarometer was carried out in June 2014 and published in August 2014. All of the respondents to this survey in Cyprus say they have never tried new substances that imitate the effects of illegal drugs.

### **Chapter 3: Prevention**

During 2013, thirty operating prevention programs were accredited by the CAC. Most of the CAC-approved programs are universal programs implemented in schools, while there are some others which are addressed to parents and families.

## **Chapter 4: High Risk Drug USE (HRDU)**

Since 2010, the number of HRDUs dropped significantly, which seems to be attributable among other reasons to the decrease of demand for treatment for heroin/cocaine use. In 2012 and 2013 HRDU prevalence remains at low levels. Also, based on the back calculation/forward estimation method on the available data, the number of opioid users who are expected to seek treatment in 2014 is 96. In addition, estimation of HRDUs by age groups shows that, as in previous years, the age group 25-34 hosts the largest number of HRDUs.

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

During the reporting year, 20 treatment units/programs (16 outpatient and 4 inpatient) have been licensed, however only 17 units (14 outpatient and 3 inpatient) were found to be in line with the TDI protocol.

In 2013 for the first time since 2008, a small but not significant decrease in the number of all treatments is observed. A moderate downward trend from 2011 onwards could also be observed if only the treatment demands excluding the police referrals are examined. As police refers to treatment only cannabis users, most of whom have never been previously in treatment, it could be said that the downward trend mainly concerns the problematic rather than new cannabis users.

The treatment system remains dominated by cannabis users. Specifically, the 2013 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 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 2013 and reported to have ever injected. A further downward trend both in injecting and sharing is also observed among heroin users.

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

During 2013, the DRID KI implementation continues to present difficulties due to the small number of valid tests compared to the number of IDUs in treatment. Around 1 out of 3 IDUs were tested for infectious diseases, presenting no remarkable change

since the previous year. No HIV/AIDS positive case was reported during 2013. However, according to the TDI KI, among IDUs, six cases self-reported positive for HIV/AIDS during the reporting year.

Outbreaks of new HIV infections among injecting drug users that have been reported recently in Greece raises concerns about the potential for increasing the spreading of infectious diseases, especially having in mind that the majority of the positive cases for most of the infectious diseases during recent years in Cyprus, were Greek nationals.

As regards DRDs during the reporting year, 13 drug related deaths were recorded, 3 of which were directly attributed to drug poisoning.

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

The 2013-2016 Action Plan aims at a further implementation of actions in the area of harm reduction, such as the expansion of harm reduction services, including substitution treatment, implementation of a 'street work program' and distribution of free condoms, syringes and safe sex materials. However, in 2013 only one out of three substitution units created in 2012 was operational.

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

Treatment Demand Indicator (TDI) data show that in 2013, 35% of clients presented to treatment were unemployed and almost 12% economically inactive, marking no significant change since the previous year. The majority of drug users have either primary or secondary education, with higher education being less common. Among drug users in 2013, 35% dropped out of school.

In 2013 there were 7 social reintegration programs providing services in Cyprus.

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

Based on information provided by the DLEU, the number of drug offences and the number of persons involved in these during 2013, slightly decreased. Cypriot nationals still represent the majority of persons involved in drug offences.

Also, according to the data provided by the Prison, the total number of convicted persons in 2013 was 440, 90 of whom were convicted for drug-related offences. Additionally, 25 persons were detained in custody before trial for a drug-related offence.



## Chapter 10: Drug Markets

During 2013, seized quantities of cannabis plants significantly increased compared to the previous year. 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.

As regards the range of prices of several illicit substances, these showed variations, especially in the case of cocaine prices (€65-€120). Variations are also seen as regards the range of prices of methamphetamines (€50-€120).

Also, as expected (given the fact that cannabis is the most widely used illegal substance in the general population) the vast majority of wholesale seizures, between the years 2011-2013, involved herbal cannabis. Specifically, during these three years, 17 seizures involving approximately 140 kg of herbal cannabis were reported.

## Trends by individual drug

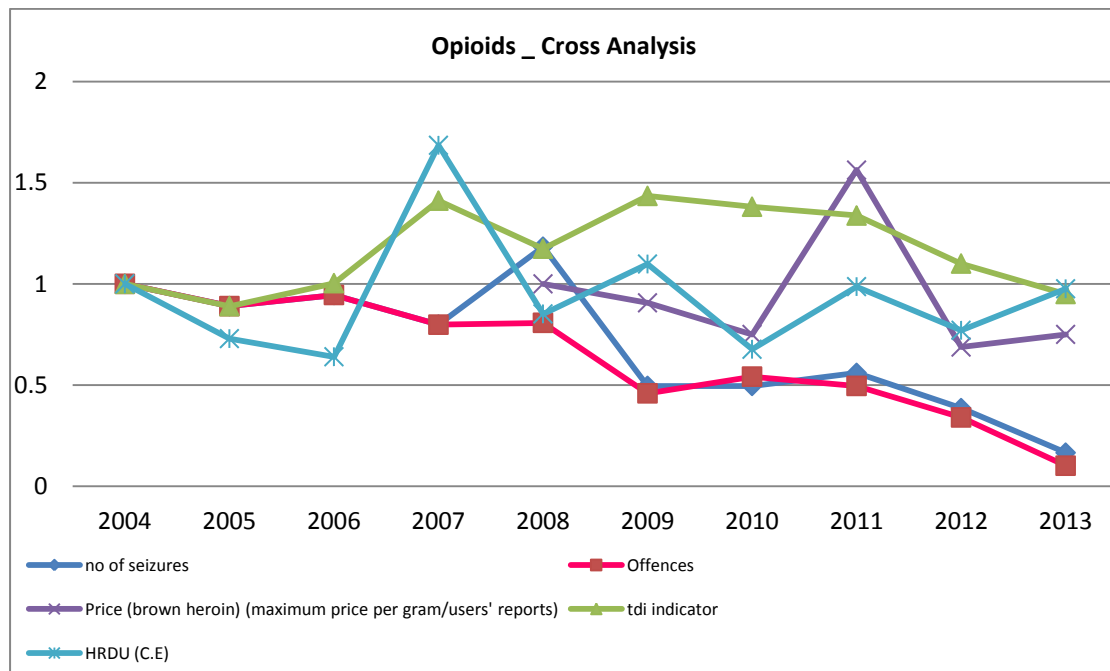
### Methodology

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

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

### Opioids

**Figure T.1:** Trends across OPIOIDS indicators in CY, 2004 to 2013; indexed to 2004

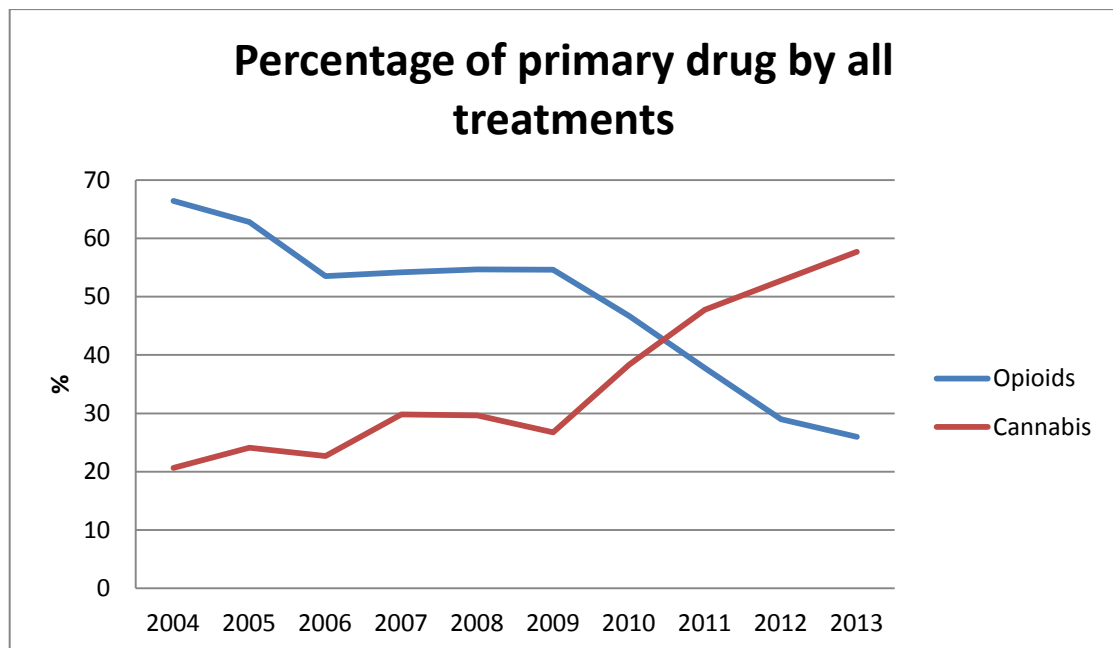


Source: NFP, 2014

Data from the TDI indicate that the number of individuals presented for treatment in 2013 for primary opioid use, dropped significantly (since a peak of 429 treatments - 54.6% among all treatments in 2009) and is somewhat below 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).

It is worth mentioning that the proportion of all opioid treatments by all treatments in 2013 reached the lowest recorded levels, whilst at the same time, the percentage of all cannabis treatments by all treatments in 2013 reached the highest levels compared to all previous years.

**Figure T.2:** Proportion of primary drug by all treatments

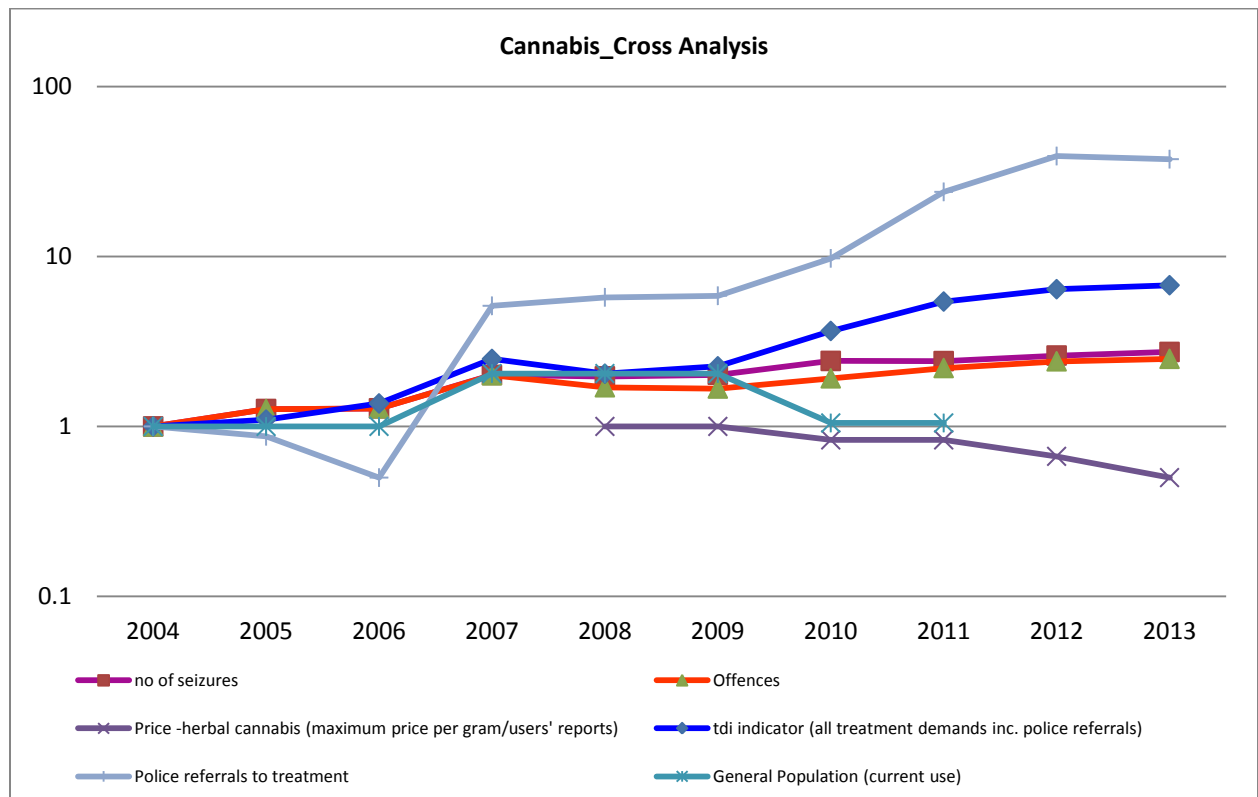


Source: NFP, 2014

As regards other indicators, the trends figure above (Fig. T.1) also shows a fall in both seizures and offences indicators, which are well below 2004 levels, especially from 2008 onwards. As regards HRDU, there is no clear trend, as the estimation fluctuated over time.

## Cannabis

**Figure T.3:** Trends across CANNABIS indicators in CY, 2004 to 2013; indexed to 2004



Source: NFP, 2014

Almost all indicators for cannabis are well above 2004 levels, while the most striking increase is in the number of police referrals during the last five years, with an increase from 47 in 2009 to 299 in 2013. Also, an increase in the number of all treatment demands (including police referrals) with cannabis as the primary drug of abuse is observed from 210 in 2009 to 630 in 2013. 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).

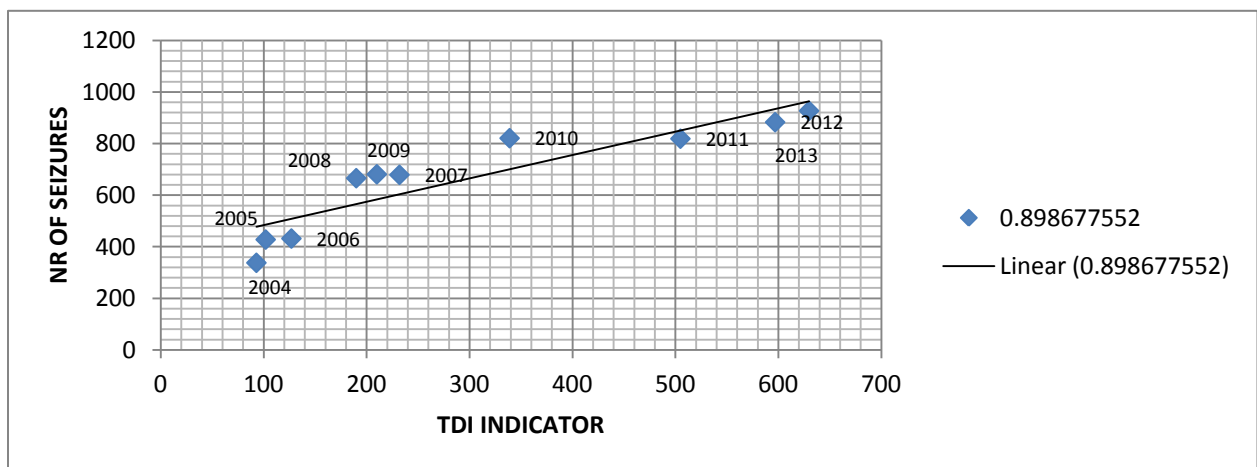
The increase in treatment demands for cannabis is mainly amongst first-time young cannabis offenders (see also chapter 5) reflecting the significant role of the official protocol cooperation between the police and the treatment services (which started as a "Fred goes Net" program and further evolved), which may also be considered as an

alternative to imprisonment. Specifically, the protocol cooperation for the referral of youth drug-related offenders covers youngsters up to 24 years of age (see also chapter 5).

There is, however, a lack of information on the issue of whether first-time young cannabis offenders are also problematic cannabis users; therefore it is not possible to determine whether there has been an increase in problematic cannabis use despite the increase in overall cannabis treatment presentations. However, the proportion of users reporting daily use has not increased, indicating an increase in occasional rather than problematic cannabis users in treatment (see also chapter 5).

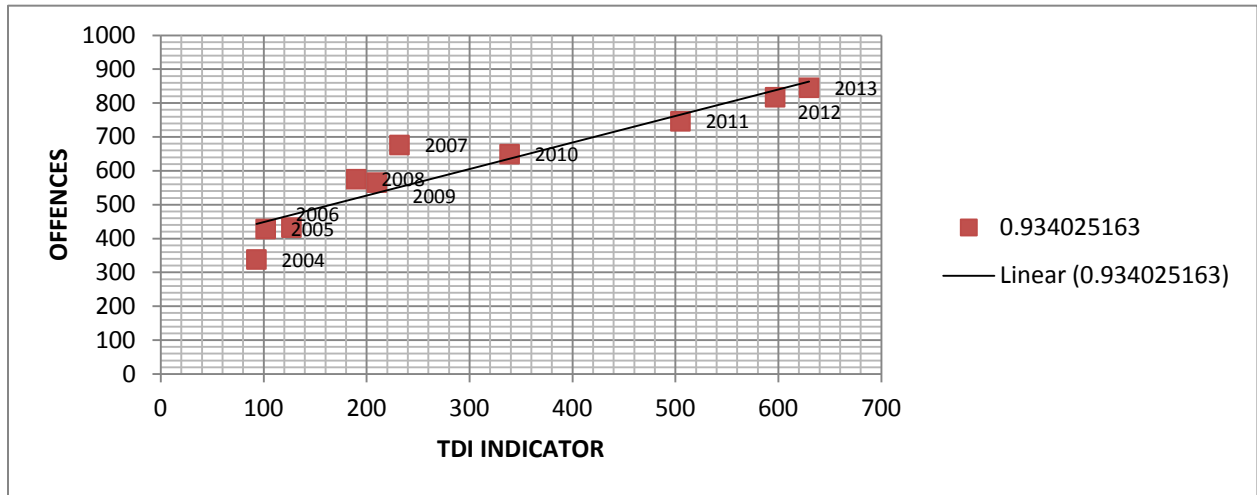
Finally, it is worth noting that there has been a **positive** correlation between TDI treatments and both seizures ( $r=0.89$ ) and offences ( $r=0.93$ ); perhaps reflecting the role of the police in channeling cannabis users into treatment (see below figures T.4 & T.5).

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



Source: NFP, 2014

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

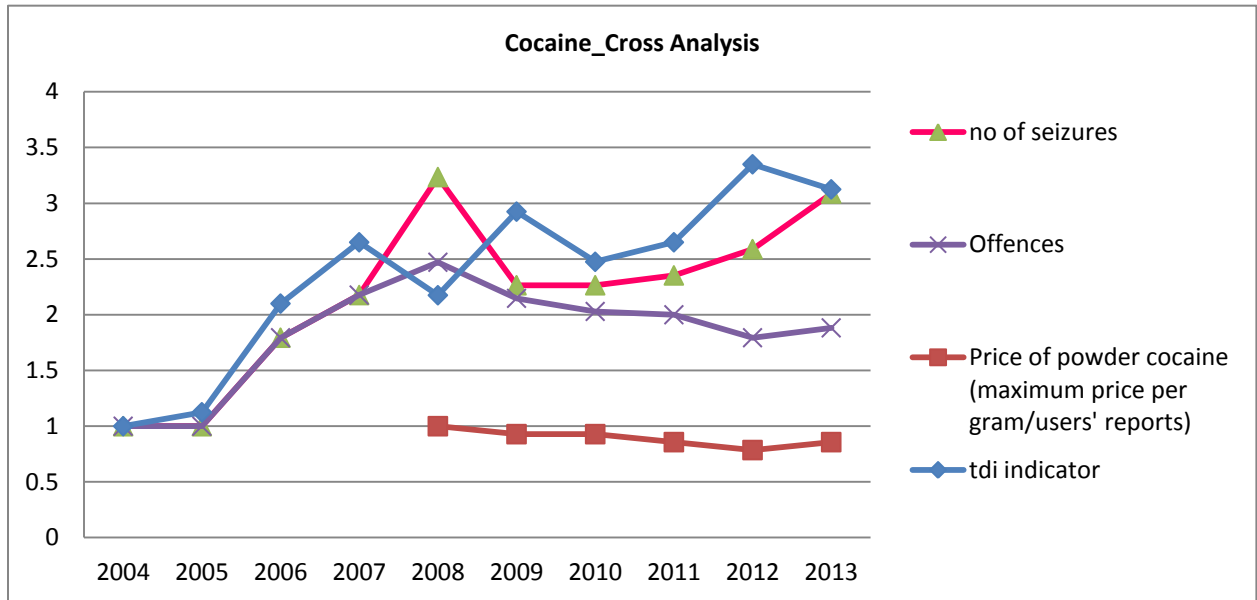


Source: NFP, 2014

### Cocaine & Stimulants (other than cocaine)

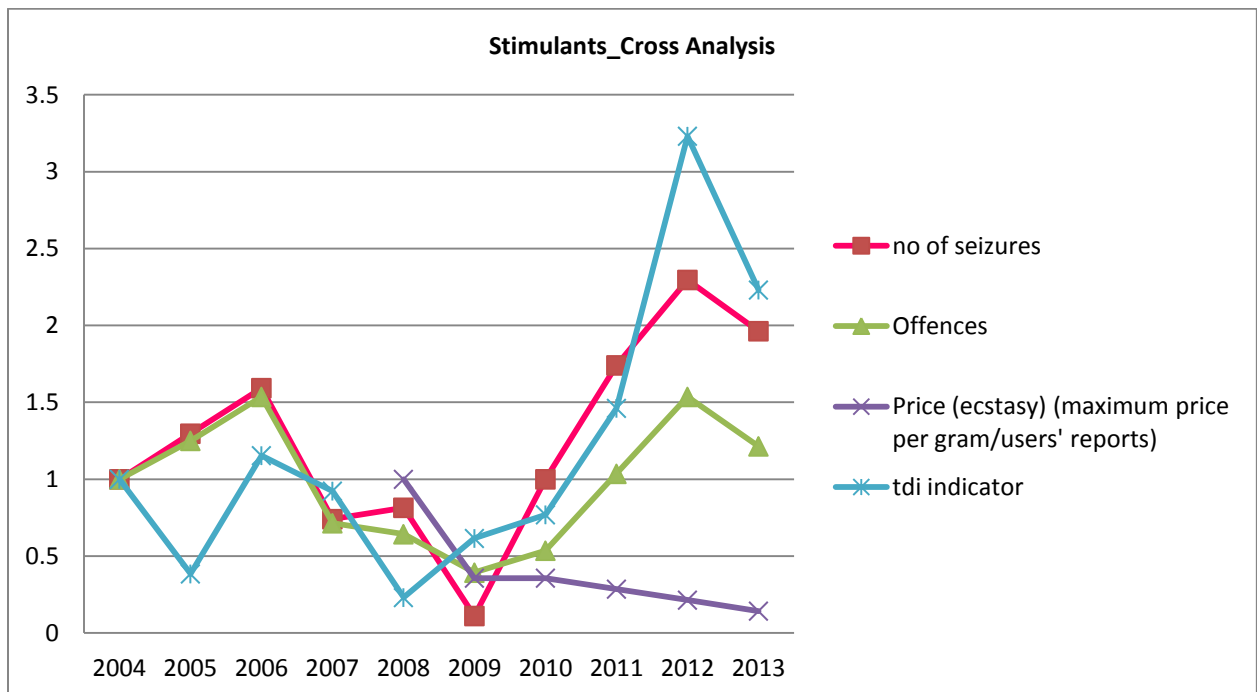
As regards cocaine, almost all indicators are above 2004 levels, while in the case of stimulants almost all indicators until 2009 are below 2004 levels; an increase is observed during the last three years, while during the reporting year a rather non-significant decrease is observed when the numbers are taken into account.

**Figure T.6:** Trends across COCAINE indicators in CY, 2004 to 2013; indexed to 2004



Source: NFP, 2014

**Figure T.7:** Trends across STIMULANTS indicators in CY, 2004 to 2013; indexed to 2004

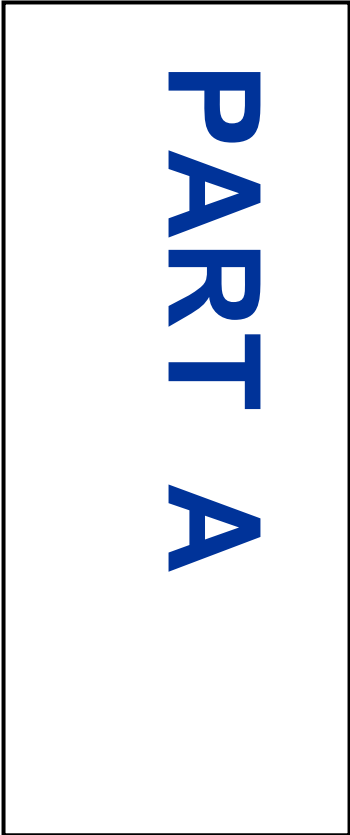


Source: NFP, 2014

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.



**PART A: NEW DEVELOPMENTS AND  
TRENDS**



## 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)<sup>1</sup> include all the basic national measures taken concerning demand and supply reduction as regards illegal substances, but also alcohol. The structure and administrative framework of the national mechanism was described most recently in NR 2008 (ch.1, section 2.3), and further recent developments are described below.

The reporting year marks the beginning of the new National Drugs Strategy 2013-2020 and the new Action Plan covering the period 2013-2016 by the CAC. In the context given 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 at a national level.

Finally, this chapter provides an economic analysis (public expenditure) in the field of drugs. However, definite trends regarding fiscal data will be established in future NRs, when the reporting of figures will become more comparable.

### 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).

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<sup>1</sup> A complete list of relevant national legislation in English is presented in Annex 1, NR 2010.

## **Alternatives to imprisonment L.57(I)/92:**

It has been decided further to extensive work and elaboration of the previous work undertaken, that there will be a new law submitted to the parliament, encompassing many of the provisions of the existing but aiming at addressing the various dimensions related to the philosophy of alternatives to imprisonment, in a more comprehensive way. For previous actions related to this law, please see previous report (NR, 2013).

## **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. Towards the end of 2013, in a joint meeting of the Communications and Works and Law Committee of the House of Representatives changes of the bill were agreed and in the beginning of 2014 the bill was resubmitted to the House of Representatives. At the time of writing, the bill is still awaiting for approval (CAC, 2014).

## **Narcotic drugs and psychotropic substances L. 29/77:**

As previously reported (see NR 2013), 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 mainly focuses on ensuring the necessary amendments of the law, so that through the activation of the generic system new psychoactive substances belonging to the same molecular structure are put under control (CAC, 2014). During 2013 there have been a number of meetings of the ad hoc committee studying the L.29/77, reviewing some new synthetic drugs reported by the EWS resulting in the addition of them in the control substances list based on their molecular structure. Further, during 2013 the same ad hoc committee studied issues pertaining to the availability and accessibility of opioid prescription drugs as well as the cannabis use for industrial and medical use. Last but not least, the committee worked for the issue of a decree by which the cultivation and use of industrial cannabis will be in line with EU legislation (CAC, 2014).

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

No new developments regarding this law have been observed in 2013.

### **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 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, 2014; National Report 2012). For the outcomes of the external evaluation see previous NR (2012).

The new National Strategy on illegal Drugs and the Harmful Use of Alcohol for the period 2013-20 provides the overarching political framework and priorities. The framework, aim and objectives of this Strategy also serve as a basis for two consecutive 4-year Action plans.

The Strategy is based first and foremost on the fundamental principles of EU policies and national laws and, in every regard, upholds the founding values of the Union: respect for human dignity, liberty, democracy, equality, solidarity, the rule of law and human rights. It aims to protect and improve the well-being of society and of the individual, to protect public health, to offer a high level of security for the general public and to take a balanced, integrated and evidence-based approach to the drugs phenomenon.

The Strategy aims to contribute to a reduction in drug demand and drug supply in Cyprus, as well as a reduction as regards the health and social risks and harms caused by drugs.

The Strategy is structured around two policy areas; drug demand reduction and drug supply reduction, and three cross-cutting themes: (a) coordination, (b) international

cooperation and (c) research, monitoring and evaluation. The two consecutive Action Plans 2013-2016/ 2017-2020, provide a list of specific actions with a timetable, responsible parties, indicators and assessment tools.

The Strategy is based on 5 main pillars, each one of them with distinct priority areas, objectives and actions. For each action, all main actors involved in its implementation are identified and the responsible organization/ agency is appointed. For the actual implementation of each action, the CAC is responsible, for others it plays a coordinating role.

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

During 2013 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 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, within the framework of the Memorandum of Cooperation between the CAC and the Ministry of Defence, a number of new actions were implemented. Specifically, research aiming, among other things, at the estimation of licit and illicit drug use among military conscripts was carried out. However, as mentioned by the CAC, due to the nature of National Guard and the need to respect its own rules, the results will be used for the drafting of relevant measures and/or policies to be implemented in the National Guard but will not be publicized (see also NR 2013, subchapter 2.4).

In addition, for the first time, random drug screening was introduced for soldiers applying to go in Special Forces within the National Guard. Moreover, the CAC promoted targeted support of vulnerable groups, through financing of targeted interventions for areas of the country where the accessibility of prevention and treatment programs was limited.

To promote the implementation of harm reduction measures, a new low-threshold program was licensed by the CAC, providing among other things syringe exchange and safe use services. However, its progress will be reported on next year, as the program will be operating from 2014 onwards.

Measures aiming at the social integration of drug users were also introduced by the CAC, such as funding of training programs (following needs' assessment of treatment service users), coverage of travel cost of drug users attending treatment and residing in remote areas, as well as funding of basic living expenses of users in the stage of social reintegration (see ch.8).

Moreover, two smartphone applications were developed, one of which ("Ask 4 press") is based on the good practice guidelines for mass media, while the other ("Ask 4 Alcocheck") provides an estimate of blood alcohol content. Finally, a new CAC website was designed ([www.asknow.org.cy](http://www.asknow.org.cy)), targeting mainly drug users and their families. Services provided by the website included an interactive map of all treatment and prevention services available, as well as an opportunity to submit anonymous inquiries, answers to which are provided within 24 hours. From March 2014 until the time of writing, 28 inquiries regarding addictive substances were submitted. Most of them concern the available treatment services and the majority of questions were forwarded by relatives or other members of the family environment (CAC, 2014).

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

NNIA.

Implementation of existing memoranda has continued throughout 2013, without the creation of new ones.

### **1.3.4 Coordination arrangements**

Concerning the coordination of the CAC, there have not been any substantial changes in 2013. However, in the first months of 2014, new members of the Management Board of the CAC were appointed by the Council of Ministers.

## 1.4. *Economic Analysis*

### 1.4.1 Public Expenditure

The same methodology for collecting information on public expenditure on drugs as in previous years has been maintained wherever possible in 2013. However, as mentioned in the previous NR, the case remains that some of the providers 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 and where drug issues are dealt within the general framework of their work.

Despite the aforementioned limitations, the available information collected will be analyzed below in Table 1.1.

#### Methodology

The same methodology as in previous years was used during 2013, in order to estimate 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 (Kopp & Cyprus Focal Point, 2008) see ch.9.5, NR 2008).

The table 1.1 below provides significant explanatory comments.

**Table 1.1** Drug-related public expenditures in Euros

Year	Ministry of Education & Culture	Ministry of Health MHS	Cyprus Antidrug Council	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)
2009	680 000	3 153 917	1 465 512	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	2 611040 <sup>2</sup>	1619557	298 074	1500	-	40 000 <sup>3</sup>	-	238 329
2013	36 000 <sup>4</sup>	2 569 423 <sup>5</sup>	977 383 <sup>6</sup>	270 068 <sup>7</sup>	800 <sup>8</sup>	- <sup>9</sup>	-	- <sup>10</sup>	201 582 <sup>11</sup>

Source: Cyprus NFP, 2014

<sup>2</sup> 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).

<sup>3</sup> 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.

<sup>4</sup> This figure refers only to School seminars regarding Health Education.

<sup>5</sup> This amount covers the salaries of 73 persons (€2 090 335) + cost of health contributions and cost of social insurance (€279 068) + functional expenses (€200 000).

<sup>6</sup> This amount includes the following expenditures: CAC functional expenses and staff salaries (€360 281), subsidies of prevention and treatment programs (€256 556); CMCDDA functional expenses and staff salaries (€360 546).

<sup>7</sup> This amount includes the budget of DLEU (€ 96 846) and (€161 000) the cost of 5 persons working in the Prisons (4 persons working in the department of tracing illicit substances with dogs and one person working in the screening of illicit substances. Additionally, an amount of € 12 222 was spent by the Ministry of Justice and Public Order regarding meetings abroad related to drug issues.

<sup>8</sup> This amount refers only to the organization of seminars related to drugs by the Ministry and several functional expenses (Zisimou, E., 2014).

<sup>9</sup> No drug expenditure information can be made available from the MLSI, because social workers do not work exclusively with drug issues.

<sup>10</sup> During the reporting year, the specific Ministry did not spend any amount on drugs.

<sup>11</sup> This amount covers the salaries of 5 persons + cost of health contributions and cost of social insurance + functional expenses.



A first glance at the figures between 2012 and 2013 suggests a relatively stable drugs budget. In the cases where the budget is presented as having slightly decreased, compared to the previous year, this could be linked to the financial crisis (see also Ch.1.4.1, NR 2012) or the absence of data. 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. 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 2014.

**Table 1.2** Public expenditure for drugs by sector in 2010 and 2013

Total public expenditure (€)	2010 Total (€)	%	2011 Total (€)	%	2012 Total (€)	%	2013 Total (€)	%
<b>1. Cost of health care (Treatment)- Public sector</b> -Detoxification Therapeutic Unit "ANOSI": 2010: €902 060 <sup>12</sup> ; 2011: €1568196 <sup>13</sup> , 2012: €930 429 <sup>14</sup> , 2013:N.A - CAC: 2012: €39 193 2013: €34 232 <sup>15</sup>	<b>€987 490</b>	15	<b>€1 653 626</b>	15	<b>€969 622</b>	8.5	<b>€34 232</b>	0.5
<b>2. Costs for prevention and research</b> -Ministry of Education and Culture: 2010: €540 000; 2011: €540 000, 2012: €40 000, 2013: €36 000 - Ministry of Defence: 2010: €9 600; 2011: €6 180 2012: €1500, 2013: €800 - Police (DLEU): 2010: €84 302; 2011: €89 939, 2012: €185 757, 2013: €160 441 <sup>16</sup> -NFP: 2010:€400357 <sup>17</sup> ; 2011:€602833 <sup>18</sup> , 2012:€54 323 <sup>19</sup> , 2013: No research during the reporting year.	<b>€1034259</b>	16	<b>€1 238 952</b>	11	<b>€281 580</b>	2.5	<b>€197 241</b>	3
<b>3. Cost of implementing the law</b>	<b>€2 769 866</b>	43	<b>€6 873 619</b>	60	<b>€8 591 624</b>	75	<b>€5 959755</b>	83

<sup>12</sup> 1702 (days of hospitalization) x €530 (per day).

<sup>13</sup> 2520 (days of hospitalization) x €622.30 (per day).

<sup>14</sup> 1543 (days of hospitalization) x €603 (per day).

<sup>15</sup> This figure refers to the amount spent by the CAC for the social reintegration of former drug users. Specifically, an amount of €16,500.00 was given to reintegration programmes in Cyprus in order to cover the transportation expenses of their clients for treatment purposes, while the rest covered expenses of accommodation, electric appliances, rent, etc.

<sup>16</sup> This figure includes the amount spent by the "Prevention Office" (€ 19 903) of the DLEU, staff salaries and functional expenses (€140 538).

<sup>17</sup> This figure includes functional expenses (€138,464) and staff salaries (€261,893) for the year 2010.

<sup>18</sup> This figure includes functional expenses (€331 280) and staff salaries (€271 543) for the year 2011.

<sup>19</sup> This figure includes only amount spent on research during 2012.

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- Police(DLEU) 2010: €155 656 , 2011: €268 058,2012: €277 828,  2013: €109 068 <sup>20</sup>								
- Prisons: 2010: €1 182 600 <sup>21</sup> , 2011: €4 726750 <sup>22</sup> , 2012: €5 442 880 <sup>23</sup> , 2013: €5 649 105 <sup>24</sup>								
- Judicial Services: 2010: €1 142 400 <sup>25</sup> , 2011:€1 581 834 <sup>26</sup> , 2012: €2 632 587 <sup>27</sup> , 2013: N.A								
- Customs Department 2010: €289 212, 2011: €296 937, 2012: €238 329, 2013: €201 582								
<b>4. Cost of co-ordination (CAC)</b>	<b>€1 671 097</b>	<b>26</b>	<b>€1 606 708</b>	<b>14</b>	<b>€1 619 557</b>	<b>14</b>	<b>€977 383</b>	<b>13.5</b>
<b>TOTAL</b>	<b>€6 462 712</b>	<b>100</b>	<b>€11 372 905</b>	<b>100</b>	<b>€11 462 383</b>	<b>100</b>	<b>7 168 611</b>	<b>100</b>

Source: Cyprus NFP, 2013.

<sup>20</sup> This amount refers to the budget of DLEU and participation of one police member to meetings abroad.

<sup>21</sup> 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.

<sup>22</sup> 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.

<sup>23</sup> 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.

<sup>24</sup> cost of imprisonment for drug offences during the year 2013 was calculated as follows: 201 persons convicted x € 77 (cost of imprisonment per day) x 365 days

<sup>25</sup> 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

<sup>26</sup> 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

<sup>27</sup> 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

## 1.4.2 Budget

The following budget information was made available for 2011-2014:

**Table 1.3** Budgets for 2011 - 2014 in Euros

Year	Ministry of Education & Culture	Ministry of Health MHS	Cyprus Antidrug Council	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)
2011	-	3 690 000	844 851	30 000 <sup>28</sup>	8 800	85 430	-	-	13350
2012	-	3 080 000	1 496 000	-	1 850	40 000	150 000	-	-
2013	40 000	1 151 200	1 426 400	-	800	40 000	-	-	-
2014	36 000	1 013.056 <sup>29</sup>	1 326 000 <sup>30</sup>	-	600 <sup>31</sup>	-	-	-	- <sup>32</sup>

Source: Cyprus NFP, 2014

<sup>28</sup> The amount covers expenditures until 31/3/2011.

<sup>29</sup> This amount refers only to the subsidy of the Ministry of Health to the CAC.

<sup>30</sup> This figure includes a budget for both the CAC (€966 909) and the CMCCDA (€359 091).

<sup>31</sup> This amount refers only to amount spent on seminars and operating expenses.

<sup>32</sup> The budget of the Customs department for 2014 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 conclusions (see also ch.1.1.2, NR 2012).

#### **1.4.4 Social Costs**

No new information regarding the specific issue is available at the moment (see also Ch.1.1.2, NR 2013).

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

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

As of today, five national general population surveys have been carried out in Cyprus: in 2001, 2003, 2006, 2009 and 2012. The next series of the survey is expected to be completed by the end of 2015. The most recent results indicate a decline in overall drug use, slightly more marked among young people. As cannabis is the most commonly used drug, it is a decline in the use of this drug that is driving the overall change.

Amongst the school age population, during 2013, no new school population survey was carried out. The results of the 2011 ESPAD project revealed an increase in both alcohol consumption and illicit drug use among pupils in Cyprus; however the prevalence rates are still lower than the ESPAD average. A new series of ESPAD will be carried out in 2015, with publication of the results expected in 2016.

As to the youth population, a Flash Eurobarometer was carried out in June 2014 and published in August 2014. All of the respondents to this survey in Cyprus say they have never tried new substances that imitate the effects of illegal drugs, while respondents from Cyprus were among the most likely to say they have not been informed at all about the risks and effects of illicit drug use in the past year.

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

NNIA.

During 2013, no new general population survey was carried out. The next series of the survey is expected to be completed by the end of 2015. While the methodology will be the same as the previous surveys, some changes will be introduced aiming at 1) estimating the prevalence of the abuse of prescription drugs (the DAST-10 screening test will be used; Skinner, 1982), 2) estimating the prevalence of use of new psychoactive substances (using the voluntary EMQ module on the use of NPS, created by national experts and the EMCDDA).

The most recent general population survey (2012) consisted of 3500 Greek-speaking persons 15-64 years of age, residing in the government-controlled area. 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 the use of this drug that is driving the overall change (CAC, 2012).

## ***2.3. Drug use in the school and youth population***

### **2.3.1 ESPAD**

NNIA.

As regards the school population, during 2013, no new school population survey was carried out. A new series of ESPAD will be carried out in 2015, with publication of the results expected in 2016. The research methodology for the 2015 series is expected to include data from private schools and former non-participating schools, but it is likely to be based on a representative sample rather than the entire student population.

A summary of the main results of the ESPAD survey (Hibbel et al., 2012) for Cyprus are provided below:

1. 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%.
2. Illicit Drugs: An increase in cannabis use among students in Cyprus was observed.

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

### **2.3.2 Flash Eurobarometer on Young People and Drugs: Key Findings for Cyprus**

The survey was carried out by TNS Political & Social network in the 28 Member States of the European Union between 3 and 23 June 2014 (European Commission, 2014). Some 13,128 respondents aged 15-24 were interviewed via telephone while in Cyprus 202 interviews were carried out.

As regards new substances, the number of young people in the EU who say they have used new substances that imitate the effects of illicit drugs has risen from 5% to 8% between 2011

and 2014, however in Cyprus all of the respondents say they have never tried new substances, while at the same time they are the most likely to say that nothing should be done regarding these new substances.

Also, compared to other EU countries, last year prevalence of cannabis use is lower in Cyprus. Almost one in five young people in the EU, say they have used cannabis in the last year, while in Cyprus, just 3% say they have used cannabis in the past year. As regards their perceptions on cannabis, Cypriots are among the most likely to say that using cannabis once or twice poses a high risk to health (38%) compared to other EU countries. Young people in Cyprus are also among those who are the most likely to say that cannabis should continue to be banned (72%). As regards alcohol, respondents in Cyprus are much less likely to think that it should be banned and are among the most likely to think drinking alcohol once or twice carries no risk.

Additionally, Cypriots do not use the internet as much as other EU countries and they don't mention media campaigns or drug counselors as an important source of information about illicit drugs or drug use. On the other hand, Cyprus is the only country where at least one in ten people mention a telephone helpline (11%) as a source of information. Interestingly, respondents from Cyprus are also among the most likely to say they have not been informed at all about the risks and effects of illicit drug use in the past year (33%). Finally, tough measures against drug dealers and traffickers were suggested by Cypriot respondents.

As regards perceived availability on different substances, please see chapter 10.

### **2.3.3 Proposal selected for co-financing by the EU: “New psychoactive substances (NPS): Building knowledge and evidence based training through research”**

The Cyprus NFP submitted a proposal on behalf of CAC for the implementation of a project for supporting the European Pact against Synthetic Drugs with a specific focus on New Psychoactive Substances (NPS). The proposal was considered positively for co-financing by the European Union. If the proposal passes the final stages of evaluation, the project will attempt to increase the knowledge on the internet supply chain for NPS, to promote cooperation among the parties involved (customs, private and public postal companies) and to train the parties regarding patterns of delivery and supply reduction measures of importation of NPS in the country.



The project will mainly focus on priority code EPSD, with a specific focus on NPS. More specifically, the Cyprus prevalence survey among youth aged 18-35 years old will be conducted through the project, in order to estimate prevalence and other relevant information regarding the use of NPS in Cyprus. Qualitative research (monitoring anonymous online drug market places) will also be conducted, aiming at a systematic online monitoring of discussion threads among users and their online transactions on anonymous drug sites. This monitoring could provide important insight information and a rapid assessment of the online drug market. It is important to note that so far, no research on the prevalence of use of NPS has been conducted in Cyprus, nor has any kind of online research taken place regarding the NPS while at European level, according to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2013) only a few countries have repeated surveys that include NPS.

Through this project, the CAC and partner will also provide training and exchange of expertise. For the implementation of the qualitative research there will be training in order to gain technical knowledge on the methodology of monitoring anonymous online drug marketplaces. Also, through the project, it will be possible to provide evidence-based training seminars on how to handle NPS-related cases and how to develop an evidence-based strategy that will help drug related agencies (Drug Law Enforcement Unit, customs, private and public postal companies) to strengthen supply reduction measures as regards the importation of NPS.

In the final stage, the results will be disseminated at national level in order to inform stakeholders (press release, booklet of the project's findings and recommendation report and a concluding conference regarding the prevalence of NPS use in Cyprus). At the same time, through the process of dissemination the existing knowledge at EU level on NPS will be broadened and reinforced.

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

As also stated in sub-chapter 1.3.2 and in previous report in the framework of the agreement for cooperation signed between the CAC and the Ministry of Defence, a research among military conscripts was carried out. 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 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, 2014).

Also, in 2014 a research proposal is going to be submitted to the Cyprus National Bioethics Committee to obtain the ethical approval of a survey among prisoners. The focal point will be the leading partner of the survey in estimating the prevalence of drug use and the European Questionnaire on Drug Use among Prisoners (EQDP) will be used (EMCDDA, 2014). The progress of the research project will be reported in future NRs.

## 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 Antidrug Council, and more specifically in the National Strategy 2013-2020 (CAC, 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 Structured Questionnaires.

According to legislation, all prevention (and treatment) programs in the field of substance dependence should be submitted to the CAC for granting operational accreditation and financial grants. In order for programs to receive accreditation to operate from the CAC, they need to follow the prevention and treatment guidelines that are set out by the National Strategy.

During 2013, thirty operating prevention programs were accredited by the CAC. Most of the CAC-approved programs are universal programs implemented in schools, while there are some others which are addressed to parents and families.

### 3.2. Environmental Prevention

#### 3.2.1 Alcohol and Tobacco Policies

The National Strategy on illicit substances and the Harmful Use of Alcohol 2013-2020, incorporates alcohol-specific measures and interventions based on scientifically proven practices, promoting WHO basic principles and following the EU priorities. The Action Plan for the period 2013-2016 incorporates alcohol measures horizontally, ranging from limiting alcohol advertising exposure among young people, to drink driving and pricing and taxation measures.

More specifically the alcohol-related actions of the prevention pillar include a) identification, information delivery and referral of pregnant women who use alcohol to relevant services, b) provision of brief interventions to young people who access emergency departments due to intoxication, c) provision of measures that support restrictions as regards exposure of young people to alcohol advertising and d) dissemination of information targeting young people as

regards heavy episodic drinking and alcohol-related harm (information material, social media and smart phone applications).

It is worth mentioning however, that the prevention pillar includes further actions that support the reduction of alcohol-related harm through non-substance specific preventive and early detection interventions e.g. actions facilitating a supportive environment for vulnerable groups (including young people) with a multisectorial involvement including schools, health authorities, local communities, welfare services, the military, sports organizations etc.

### **3.2.2 Other Social and normative changes**

As to social and normative changes (nightlife licensing, neighbourhood policies) there were no new developments during 2013. Existing policies were under revisions and were promoted for approval to the Parliament (CAC, 2014).

### **3.3 Universal Prevention School**

As reported last year universal prevention programs within the school institutions, constitute the main mode of prevention provided in Cyprus. Universal prevention initiatives are addressed to 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 programme of the Ministry of Health (see also NR 2013).

As regards the “Fred Goes to School Program”, which was an adaptation of the pilot programme “FRED Goes Net”, this is an ongoing project carried out in school settings, targeting young smokers in the school environment.

### **3.3.2 Family**

As reported last year 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 through the improvement of parenting skills for families at risk. However, no new information is available regarding the implementation and/or progress of specific actions during 2013.

### **3.3.3 Community**

The Action Plan 2013-2016 promotes preventive measures targeting vulnerable groups in various settings, including the delivery of alternative and healthy activities (leisure, cultural etc) in the community. However, no new information is available regarding the implementation and/or progress of specific actions during 2013.

## **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. The following high-risk groups are identified and targeted a) early school drop-outs, students/soldiers that use legal and illegal substances, b) prisoners' children, children whose parents face psychological problems or addiction, unemployed people's children, pregnant women that use legal or illegal substances, families that need support.

In 2013, prevention priorities included promotion of implementation of selective interventions targeting specific vulnerable groups, such as socially vulnerable families and children. The CAC promoted such interventions both through a more targeted annual granting, as well through the call for tenders for the development of targeted interventions in areas of the country where the accessibility of prevention and treatment programs was limited.

Furthermore, as also provided in the memorandum of cooperation with the Ministry of Defence, selective and indicative prevention measures were also implemented in the National Guard, as military conscripts (males, mainly at the age of 18-20 years) constitute a large vulnerable group.

### **3.4.2 At risk families**

No new information is available regarding selective prevention in at-risk families the reporting year (see also ch.3, NR 2013).

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

The Cyprus Youth Board, implemented and coordinated the «safer nights» program (also see NR 2013). It was applied in the Nicosia region in 22 youth centres and other places frequented by young persons. Having completed a successful operational cycle in Nicosia, as of January

2014 it continues its operations in Limassol, and exceptionally also in other districts. In Limassol district, the programme is applied in 26 spots, and has already been applied for several festivals and other events, such as the wine-tasting festival, the Cyprus Wine Festival, the St Athanasius Municipal Rock Beach Festival, the Beer Festival etc.

### ***3.5. Indicated prevention***

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

The Cyprus Anti-Drugs Council, in June 2013 (on the International Day against Drugs) launched a campaign addressed mainly to mass media, aiming at raising awareness about the stigmatization of drug users through mass media. To reinforce the message, the CAC in cooperation and with the support of the Union of Cyprus Journalists developed a good practice guide in the form of an e-book and a smart-phone application, which can be accessed at the following addresses:

- <http://cdn.3dbook.gr/prive/ask/index.html>
- <https://itunes.apple.com/cy/app/ask4press/id655443266?mt=8>

Suggestions can be found in the guide regarding the presentation of drug issues in the media, in ways that will prevent stigmatization.

Also, the Cyprus Anti-drugs Council organized the first Alcohol Awareness Week in October 2013. The campaign aimed to raise awareness among the general public and especially among young people as regards alcohol-related harm, as well as promote the New Strategy's alcohol related priorities and measures to encourage society and all relevant stakeholders involved to start talking about health and social harms. The initiative was supported by academic institutions, NGOs and the government sector across the country, with their involvement in activities to encourage society to take up an active role in reducing health and social harms related to alcohol use as well as remove the stigma of dependency.

## Chapter 4: High Risk Drug Use

### *4.1 Introduction*

The first estimation of problem drug use in Cyprus was carried out in 2004. As no other sources apart from treatment demand data were available, up to the year 2006, the estimations were obtained by the Truncated Poisson method (Chao's formula). During the year 2007, individual data on all drug offenders were 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, 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.

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

Regarding the definition of high risk 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 HRDU 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 HRDU prevalence in 2007 can be observed, mainly attributable to the increase of foreign nationals seeking treatment during the reporting year, which accounted for 57% of HRDU (see NR 2008). In 2008, a remarkable decrease of opiate HRDUs 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 high risk 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 and 2011, the number of HRDUs dropped

significantly, which among other reasons seems to be attributable to the decrease of demand for treatment for heroin/cocaine use. In 2012 and 2013 HRDU prevalence remains at low levels.

## 4.2 Prevalence of and Trends in HRDU

Regarding the estimation of high risk 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 HRDUs were estimated.

### 4.2.1 Indirect estimates of high risk drug use prevalence

The results of the estimations based on the Truncated Poisson method (Chao's formula) are presented in the table below (also see ST7\_2014\_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, 2014a).

**Table 4.1** Estimated numbers of high risk drug users and injecting drug users for the year 2013

		Population	Central estimate	Lower bound	Upper bound	Central rate (per 1000 population 15-64*)	Lower bound of rate	Upper bound of rate
Opiate users (ST7_2014_CY_01)	total	609700	926	704	1265	1.52	1.15	2.07
	males	295800	820	612	1148	2.77	2.07	3.88
	females	313900	107	59	251	0.34	0.19	0.8
Opiate/cocaine users (ST7_2014_CY_02)	total	609700	1221	984	1556	2	1.61	2.55
	males	295800	1065	850	1375	3.6	2.87	4.65
	females	313900	159	88	349	0.5	0.28	1.11
Injectors (ever) (ST7_2014_CY_03-04)	Opiate users (ST7_2014_CY_03)	609700	467	346	673	0.76	0.57	1.1



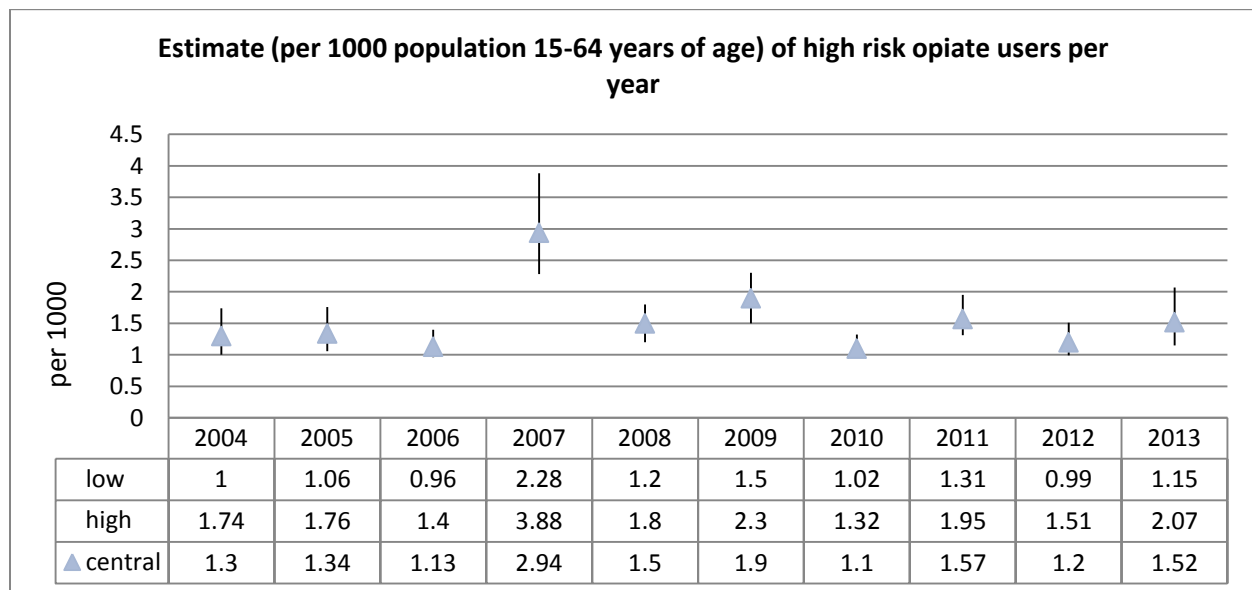
		Population	Central estimate	Lower bound	Upper bound	Central rate (per 1000 population 15-64*)	Lower bound of rate	Upper bound of rate
	Opiate/ cocaine users (ST7_2014_CY_04)	609700	465	358	641	0.76	0.58	1.05
Current injectors (ST7_2014_CY_05-06)	Opiate users (ST7_2014_CY_05)	609700	178	124	298	0.29	0.2	0.489
	Opiate/cocaine users (ST7_2014_CY_06)	609700	177	128	282	0.29	0.2	0.46

\* Base: most recent estimate of the population 15-64 by the Cyprus Statistical Service (all: 609700, men: 295800, women: 313900)

Source: Stylianou, 2014a; Cyprus NFP, 2014

Comparing the total estimate for 2013 to those of previous years, a slight increase is observed, following a decrease of about the same magnitude in 2012, as illustrated in the figure below (also see ST7\_2014\_CY\_01).

**Figure 4.1** Estimated rates of high risk opiate users per year (per 1000 population 15-64 years of age)



Source: Stylianou, 2014a; Cyprus NFP, 2014

Comparable tendencies are noted with respect to opiate / cocaine HRDUs. As regards opiate ever injectors, there has been a slight drop (from 480 in 2012 to 467 in 2013). A slight increase has occurred in the number of opiate current injectors (from 162 in 2012 to 178 in 2013) (also see ST7\_2013\_CY\_05; ST7\_2014\_CY\_05).

The slight changes that have occurred in 2013 are also reflected in the treatment demand data, where indicators of risk behavior (such as injecting and sharing) indicate a declining trend (see also chapter 5). 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 safe conclusions as to whether actual changes have been occurring.

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 chapter 5 and 2013 NR). This finding is in line with the estimated number of high risk 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, 2014a), explains the significant differences. In particular, as in previous years, foreign nationals accounted for the majority of high risk opiate users (estimated at about 60% of all opiate HRDUs in 2013).

#### **4.2.2 Estimates of incidence of high risk drug use**

As in previous years, treatment demand data (for the years 2003-2013) were used to estimate the latency period and incidence of high risk 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 2748 cases were used for the latency and incidence analysis.

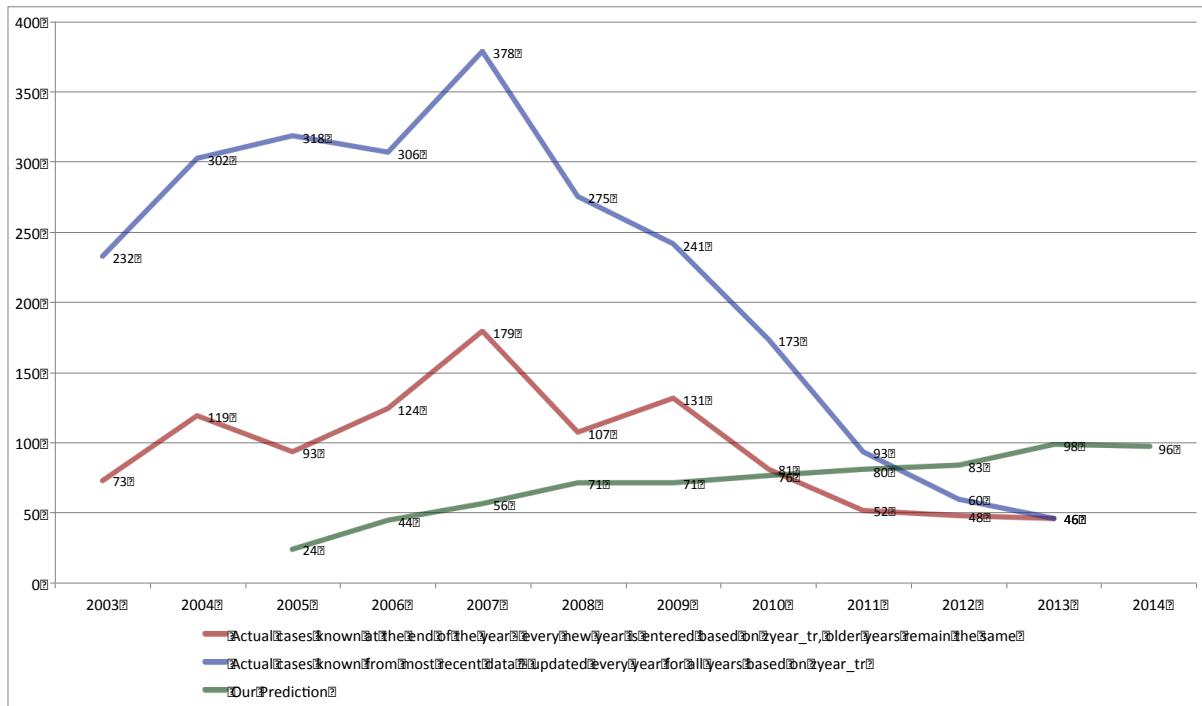
The mean survival time was estimated at 6.055 years with a 95% confidence interval ranging from 5.85 – 6.26 (Stylianou 2014b), remaining at similar levels as in previous years (see 2013 NR).

Further exploration of the data reveals that the variables that are statistically significant in relation to latency time are, as in previous years (see 2013 NR), gender, age of onset of heroin/opioid use, age of first demand for treatment and currently injecting (Stylianou, 2014b). 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 2014 is 96.

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 2003-2013) 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.

**Figure 4.2** Predictions and the actual number of cases that sought treatment by year



Source: Stylianou, 2014b

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 of 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 recorded 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 until 2011. From 2011 to 2013, our prediction continued to grow slightly, while the actual number of cases that sought treatment continued its downward trend. Unlike the red line however, the blue line is dynamic: not only the latest year is added every year as new point in the graph, but, with the inclusion of the new cases for previous years, the line's overall distance from the horizontal axis will also continue to grow. So, in general, and if the validity of the data is not affected by exogenous factors, a convergence between blue and green lines could be expected in the future.

Partly, 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.

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 official protocol of cooperation between the police and the treatment services (previously "Fred goes Net" program) (*see also Trends Chapter & chapter 5*).

### **4.3 Characteristics of High Risk Drug Users**

With reference to gender, as illustrated in the table above (table 4.1), males constitute the vast majority of high risk drug users. In addition, estimation of HRDUs by age groups shows that, as in previous years, the age group 25-34 hosts the largest number of HRDUs (see ST7\_2014\_CY\_01/02).

## 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 TUFs, also collected by the CAC.

In 2013, the licensing procedures established by the CAC have led to improved 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 licenses to 20 treatment units/programs (16 outpatient and 4 inpatient), however only 17 units (14 outpatient and 3 inpatient) were found to be in line with the TDI protocol.

The treatment system did not present any major changes during the reporting year. As previously reported, the existing counseling centres provide motivational enhancement, counseling and psychosocial support, whereas rehabilitation programs including a TC, mainly offer psychosocial treatment and social reintegration. Substitution in 2013 was offered in the public sector by 2 main specialized drug treatment services, a hospital linked to the main units, and also by one private clinic.

In 2013 for the first time since 2008 a small but not significant decrease in the number of all treatments is observed. A moderate downward trend from 2011 onwards could also be observed if only the treatment demands without the police referrals are examined. As police refers to treatment only cannabis users, most of whom have never previously been in treatment, it could be said that the downward trend mainly concerns the problematic rather than new cannabis users.

The treatment system remains dominated by cannabis users. Specifically, the 2013 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 increase both in the numbers and proportion of clients seeking treatment due to cannabis use is noted.

As already mentioned in previous reports, the continuing increase in the proportion and numbers of clients reporting cannabis as their primary drug is mainly due to the policy by which police refers drug-related offenders to treatment. As regards heroin, the downward trend is consistent with an observed general tendency of people to move away from opiate use in Europe.

As to high-risk behavior, a further decline is observed in the overall proportion of users who entered treatment in 2013 and reported to have ever 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**

Past comments from the evaluation of the previous NDS and Action Plans 2009-2012 included the observation 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 (CAC, 2014). It was 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 suggested that work/time schedules for government employees, are still suffering from structural changes which narrow their flexibility and contribute to limiting treatment accessibility; this has been further limited by the problematic filling of positions as regards staff qualifications, a difficulty related to the existing staffing procedures and institutional dynamics influencing treatment positions.

Some of these observations are currently being addressed by the NDS actions deployed since 2013. More specifically, during 2013 the following NDS actions were implemented:

- An outpatient treatment program called 'Anakampsi' (Gr: 'recovery') was established by the Mental Health Services in November of 2013, offering intensive care for drug users.
- The Protocol of Cooperation for the Referral of Young Offenders to the Mental Health Services Treatment Centres, which was developed between the Cyprus Police and the Ministry of Health under CAC monitoring, was expanded to include referral to other

treatment options of the non-government sector in order to cover the thus-far underserved areas of Cyprus (Paphos, Famagusta area) with a view of implementing it in 2014.

- During the year 2013 and beginnings of 2014, the CAC organized training for all health professionals of the treatment system who will use the monitoring system. Resulting from the trainings and the pilot implementation of the system, specific problems were identified (mainly of a technical nature, which however would negatively affect implementation), problems which are expected to be resolved in 2014. In addition, one of the main objectives in 2013 was the expansion of the monitoring system with the participation of more treatment and counseling centres; while at the time of writing of the report, all existing centres were technically part of the system, however due to the still unresolved difficulties, they were not all actually able to join the system. More information regarding the system and the proportion of the treatment system participating in it will be available in the following year.

According to the CAC, treatment priorities in 2013 included: 1) the extension of substitution services in an attempt to expand them all over Cyprus and make them more accessible to the drug users, 2) the creation of intensive care outpatient treatment programs 3) the promotion of actions leading to the identification of hidden populations with an aim to reduce harm and encouraging entry into treatment and 4) the development of a new computerized system for monitoring the treatment continuum of care (CAC, 2014).

## **5.2.2 Treatment systems**

According to CAC (2014), in 2013 there were 14 psychosocial outpatient interventions of which four come under the public sector, nine are NGOs and one is offered by a private party. Two of the aforementioned interventions offer adolescent counseling services, six of them mainly offer counseling and motivation enhancement to adults and one offers more intensive care. Also, in 2013 there were three psychosocial in-patient interventions, a therapeutic community run by an NGO; a drug-free inpatient treatment program established by ex-users ("RETO"); and a governmental service for alcohol and legal drug dependency ("THEMEA"). Detoxification services are offered by one public unit on an inpatient basis, as well as by a private clinic on an inpatient or an outpatient basis. Substitution is offered in the public sector by 2 main specialized drug treatment services units, one hospital linked to the main units (as an extension), and also



by one private clinic (i.e a total of four places where substitution takes place, but this means only two public programmes in operation and one private). Moreover, three drug-related organizations offer drug-related services, two offering self-help group support to drug users and the other one focusing on providing support, to friends and relatives of drug users.

Most treatment units report abstinence as their main treatment goal, followed by infectious diseases prevention, the development of self awareness, self esteem and confidence and life skills training.

### 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 2013. During 2013, 20 treatment services were approved by the CAC (16 outpatient and 4 inpatient), however only 17 units (14 outpatient and 3 inpatient) were in line with the TDI protocol (see also TDI\_2013\_CY\_01).

The most common recommendations were related to the need for external supervision for the staff, the need for external and internal evaluation of the programs, the need for cooperation and networking with other units and services of the newly-established programs, and inclusion of more interventions for psychosocial and social reintegration for the user, as well as educational and other activities (CAC, 2014).

Concerning training which targets drug professionals in the field, during 2013 most NGOs reported offering continuing education for the staff, mainly on clinical issues. Additionally, the CAC and the University of Nicosia organized a two-day workshop seminar on addiction and trauma for all treatment professionals (seminar title:"Applying trauma theory to the treatment of co-occurring disorders: Trauma, Addiction, and Mental Illness") (CAC, 2014).

### Availability and diversification of treatment

The drug treatment system in Cyprus includes the basic intervention types available. These consist of psychosocial outpatient treatment (intensive or non-intensive), psychosocial inpatient treatment (mainly long-term programs), self-help groups, medically-assisted withdrawal (detoxification and substitution), programs targeting adolescents, family and gender issues. However, these services are not evenly distributed throughout the country, and as a result some areas e.g. Paphos, tend to be underserved (CAC, 2014).

## 5.3 Access to treatment

### 5.3.1 Characteristics of treated clients

The Treatment Demand Indicator (TDI) records the number of clients presenting to a treatment centre in a particular year, but also provides information on clients who remain in treatment without starting a new treatment episode. Double-counting was controlled for both between centres and at centre level. Additionally, it should be noted that most data below refer to incidence data (those who start treatment in particular year), unless this is clearly stated otherwise.

#### *Treatment Centres and number of clients in treatment*

For the year 2013, individual data was provided to the Cyprus NFP by all but three (one inpatient and three outpatient) treatment centres which were licensed by the Cyprus Anti-Drugs Council to provide treatment services. In total, during 2013 three inpatient and 14 outpatient centres were in line with the TDI protocol (also see TDI\_2013\_CY\_01).

From the beginning of January until the end of December 2013, 1092 individual clients were recorded in treatment (corresponding to 1404 treatment episodes), 1023 of whom started treatment in 2013. Four hundred and eighty six (486) persons sought treatment for the first time in their life in 2013, corresponding to 47.5% of all clients starting treatment in 2013 (also see TDI\_2014\_CY\_01).

Table 5.1 shows that almost 9 out of 10 of clients starting treatment in 2013 were recorded in out-patient facilities and 11 % in in-patient treatment centres, while most of the first treatments (96%) were recorded in outpatient facilities (also see TDI\_2014\_CY\_01). As expected (given the nature of the inpatient treatment centres, which are addressed to heroin users), opiates as a primary drug were much more prevalent among inpatient clients (52%, compared to 23% of out-patient clients).

**Table 5.1** Primary Drug by centre type in Cyprus: Incidence data for 2013

Drug	Outpatients		inpatients		Total	
	n	%	n	%	n	%
Opioids	212	23.3	58	51.8	270	26.4
Cocaine	92	10.1	32	28.6	124	12.1
Stimulants other than cocaine	19	2.1	8	7.1	27	2.6
Hypnotics and sedatives	14	1.5	3	2.7	17	1.7
Hallucinogens	1	0.1	0	0.0	1	0.1
Cannabis	568	62.3	11	9.8	579	56.6
Other substances	1	0.1	0	0.0	1	0.1
Not known/missing	4	0.4	0	0.0	4	0.4
<b>TOTAL</b>	<b>911</b>	<b>89.1</b>	<b>112</b>	<b>10.9</b>	<b>1023</b>	<b>100%</b>

Source: Standard Table, TDI\_2014\_CY\_01

Also, it is important to note that during 2013 the NFP did not receive any information regarding treatment demands in prison, as its drug-related program was interrupted.

### *Source of referral*

While the majority (four out of ten) of clients registered in treatment were self-referred, the police, and in particular the Drug Law Enforcement Unit, was the second most prevalent source of referral, as reported by nearly 30% of all clients (due to the referral process that is implemented through the protocol for the referral of youth drug related offenders, followed by family/ friends (9%) and other treatment centres (5%).

The source of referral differs between males and females with males (30%) almost three times as likely to be referred from the police as females (10%). The police was the most common source of referral amongst first-treatment males, with cannabis as the primary drug of abuse.

### *Gender and Age*

Of all who were recorded in treatment in 2013, 9 out of 10 were men (991) while the rest (101) were women.

While the median age of all users recorded in treatment in 2013 was 27 years (min:13, max:75), new treatments were on average five years younger than all clients. Also, clients aged 15-24 accounted for 63% of all primary cannabis users. As expected (given their longer drug career), those who received substitution treatment at least once in their lifetime were older than those who had not received any substitution treatment (34 and 26 years, respectively), while during 2013, 13% of all treatment clients were aged over 40 years old.

## *Nationality*

Regarding the nationality of clients recorded in treatment in 2013, 879 out of 1092 were Cypriot nationals. Nationals of other countries amounted to 205, the majority of whom were EU nationals (135), mainly Greek nationals.

As in 2012, the proportion of foreign nationals was significant in substitution treatment, as they accounted for one third of all substitution clients. As in the previous year, a significant number of Greek nationals were in substitution treatment, which is mainly attributed to the increased availability of substitution treatment in Cyprus and its easy access, as well as the common language (also see 2012 and 2013 NR).

## *Primary Drug and route of administration*

Over half of all the clients registered in treatment in 2013 (including continuous treatment), were for primary cannabis use (58%), with just a quarter of them (26%, n=284) reporting opioids and 11.5% (n=125) cocaine as their primary drug of abuse. Also, twenty seven (27) persons reported methamphetamine as their primary drug of abuse and nine reported GBL. In addition, with regards to other opiates, what is noted since 2012 is that a number of users abuse oxycodone (prescribed by one treatment centre for substitution purposes, as previously mentioned), mainly by sniffing. This phenomenon is being closely monitored, as during 2013 one direct and two indirect deaths were reported as related to the oxycodone (see also chapter 6; ST5\_2014\_CY\_01).

However, the pattern is slightly different between those who report that they have been previously treated and those who do not. First treatments were much more likely to seek treatment for cannabis use (80%), compared to about 58% of all treatments and those starting treatment in 2013. On the other hand, 42% of previously treated clients reported primary opiate

use, compared to 8% of first-ever treatment clients (for further details see also TDI\_2014\_CY\_01). Additionally, opioid use was also mainly prevalent among foreign nationals.

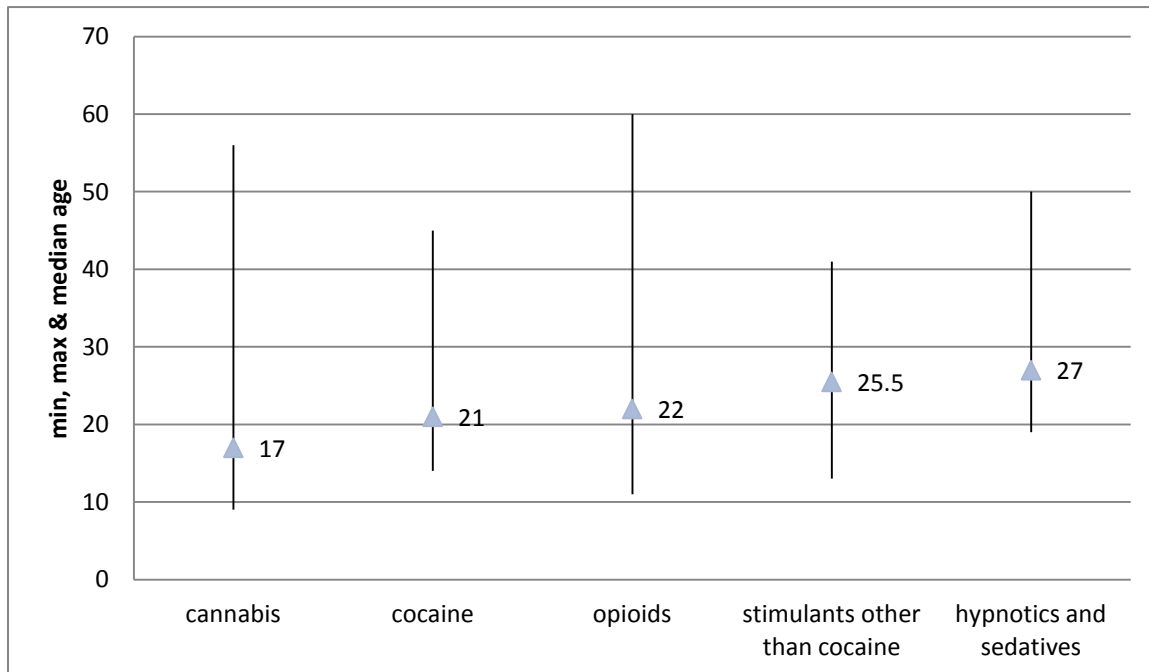
As to the usual route of primary drug administration, while injecting is mainly restricted to opioid users (93% of all who reported injecting opioids), it was also reported by a small number of cocaine (7 persons) and methamphetamine users (2 cases).

With regards to the frequency of primary drug use, daily use was reported by 37% of all treatments in 2013 (cannabis users accounting for 51% of daily users and opiate users for 35%). In addition, 34% of clients had not used the primary drug in the month preceding their admission to treatment, which seems to be attributable to referral procedures (abstinence is the criterion for admission in some centres).

### *Median Age at first use of primary drug*

For each individual group of primary drug, the median age (including minimum and maximum values) of first use is presented in the graph below. By the age of 17, most of the cannabis users began to use their primary drug of abuse, and the initiation age for opioid users is 5 years later.

**Figure 5.1** Median Age at first use of primary drug



Source: Cyprus NFP, 2014

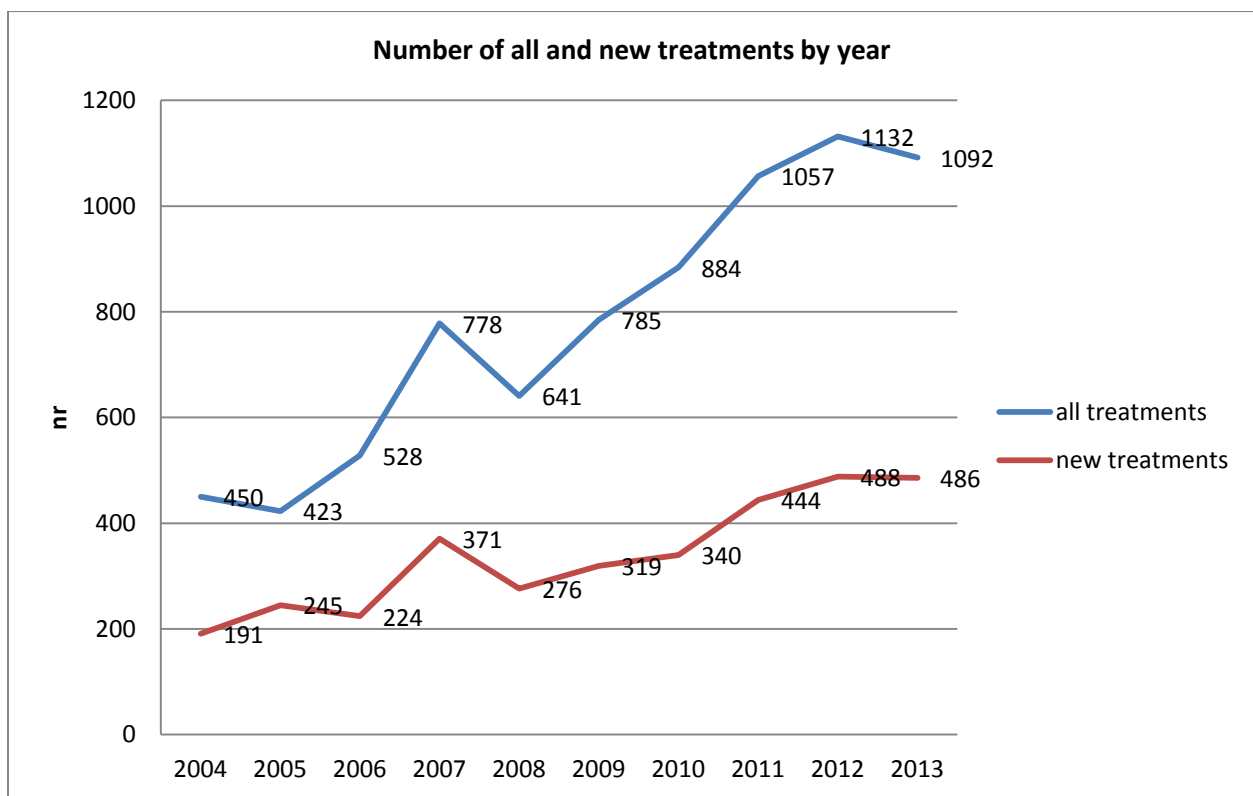
## Living and Labour Status

Treatment data on living and labour status are contained in chapter 8.

### 5.3.2 Trends of clients in treatment

As already mentioned, 1092 drug users were recorded in treatment in 2013, 69 of whom were continued treatments. Trends in the number of all and new treatments are illustrated below.

**Figure 5.2** Number of all and new treatments by year



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

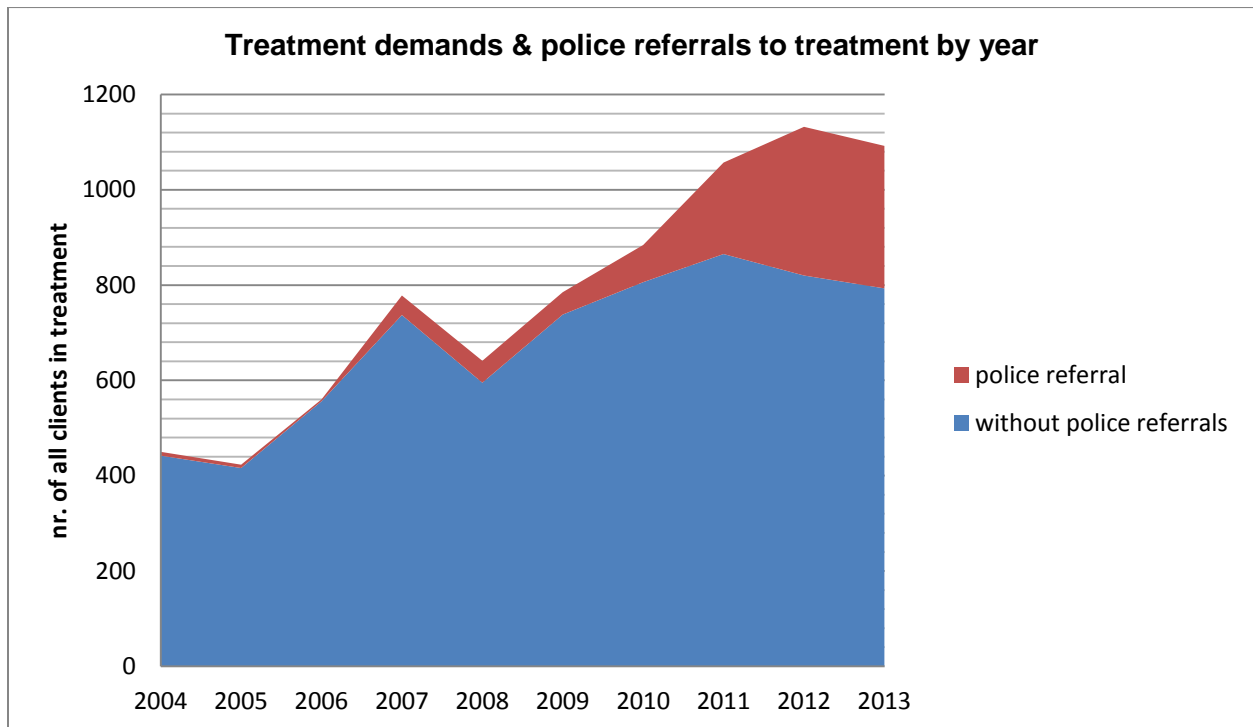
Source: Cyprus NFP, 2014

Historical data show an upward trend in the number of drug users seeking treatment across the years, which is mainly attributed to the police process in referring drug related offenders to treatment (for details see 2012 and 2013 NR to the EMCDDA).

Nevertheless, it seems that from 2011 onwards, the rate of increase is lower than in previous years, while in 2013 for the first time since 2008 a small but not significant decrease in the number of all treatments is observed. Also, as regards the number of new treatments, this is about the same as in the previous year, while the proportion has not significantly increased when compared to last year's percentage (43% and 44.5%, respectively), which is mainly explicable by the relative decrease in police referrals.

A moderate downward trend of almost 10% from 2011 onwards could be observed if only the treatment demands excluding police referrals are examined. As police refers only cannabis users to treatment most of whom (83%) have never been to treatment before, it could be said that the downward trend mainly concerns the problematic users, rather than new cannabis treatments.

**Figure 5.3** Number of all treatment demands and police referrals to treatment by year

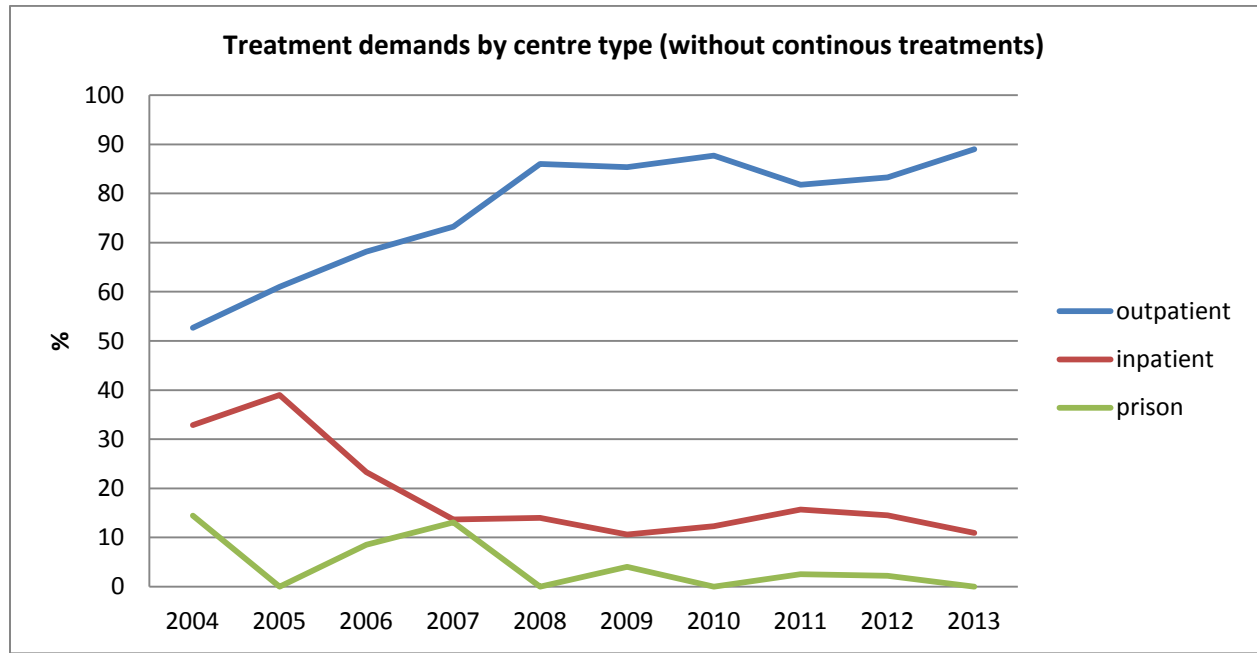


Source: Cyprus NFP, 2014

*Trends of treatment demands by centre type, 2004 to 2013*

The trend of treatment presentations is different for both inpatient and outpatient facilities (see also fig 5.4). Specifically, outpatient facilities present an upward trend with relatively small fluctuations over the years, following year-on-year increases between 2011 and 2013 (82%, 83% and 89% respectively), while the situation for inpatient facilities is relatively stable since 2007. Again, the above situation is mainly attributed to the police referrals of cannabis users to outpatient facilities.

**Figure 5.4** Treatment demands by centre type in Cyprus, 2004-2013



Source: TDI Standard Tables 2004-2013

### *Trends in Age*

With regards to age, the largest increase through years was amongst those aged 15 to 19 years old, up by 10% from 39 in 2009 to 163 in 2013, which is attributed to police practices of referring young drug offenders to treatment. Also, the number of over 40's has increased fourfold since 2004 from 34 treatments in 2004 to 146 in 2013.

As regards the mean age in 2013, it remained at similar levels to the previously reported year among all users in treatment (29 years). The mean age of first treated cannabis users also remained at similar levels since last year, but dropped almost 3 years from 2010 (22.5 years compared to 22.8 years in 2012, 23.9 in 2011, 25.5 in 2010), constituting them the youngest group of new treatments since 2004.



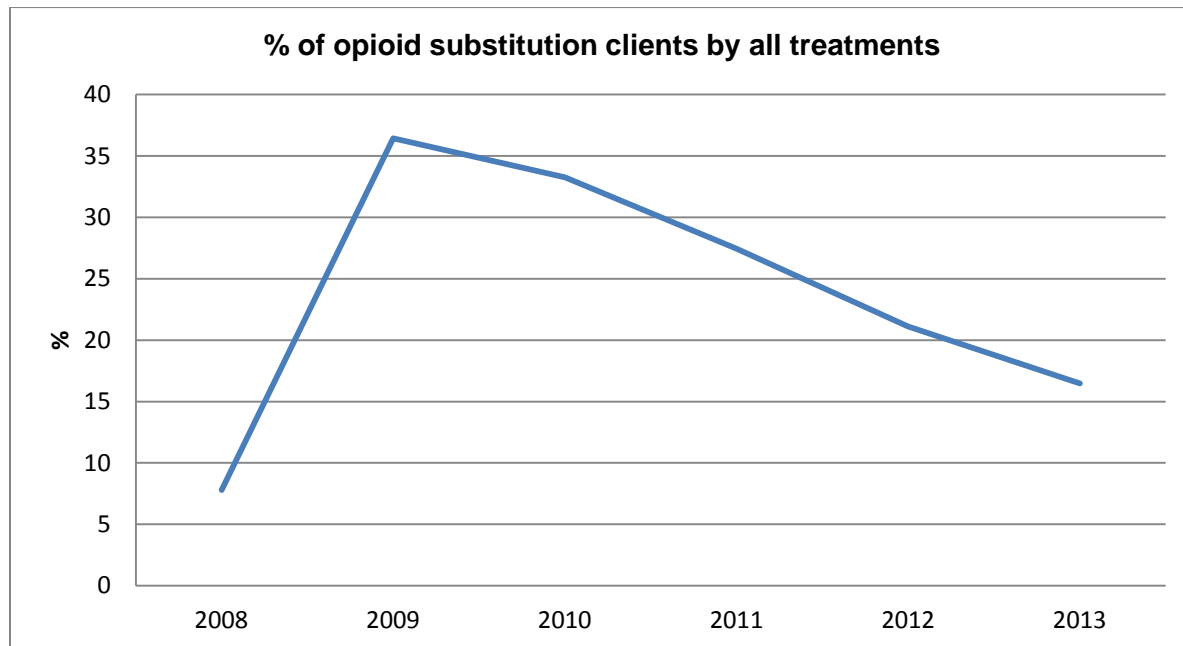
## *Trends in Substitution Treatment, 2008 to 2013*

Of all the clients registered in treatment in 2013, 180 were receiving substitution treatment (for both detoxification and maintenance purposes), 73% of whom were opioid users (as a primary drug). Almost half of those receiving substitution treatment (50.5%) were recorded in public programmes.

The majority of substitution clients were prescribed Suboxone (32%), followed by other substances such as oxycodone (30%), DHC (26%) and methadone for only detoxification purposes (11%) (also see ST24\_2014\_CY\_01).

However, the opioid substitution treatment as illustrated in figure 5.5 below is in downward trend; 5% from the previous year and 20% since a peak of 286 opioid substitution clients out of 785 treatments in 2009, mainly due to the overall declining proportion of opioid-using clients (see also trends in primary drug below).

**Figure 5.5** Proportion of opioid substitution clients by all treatments



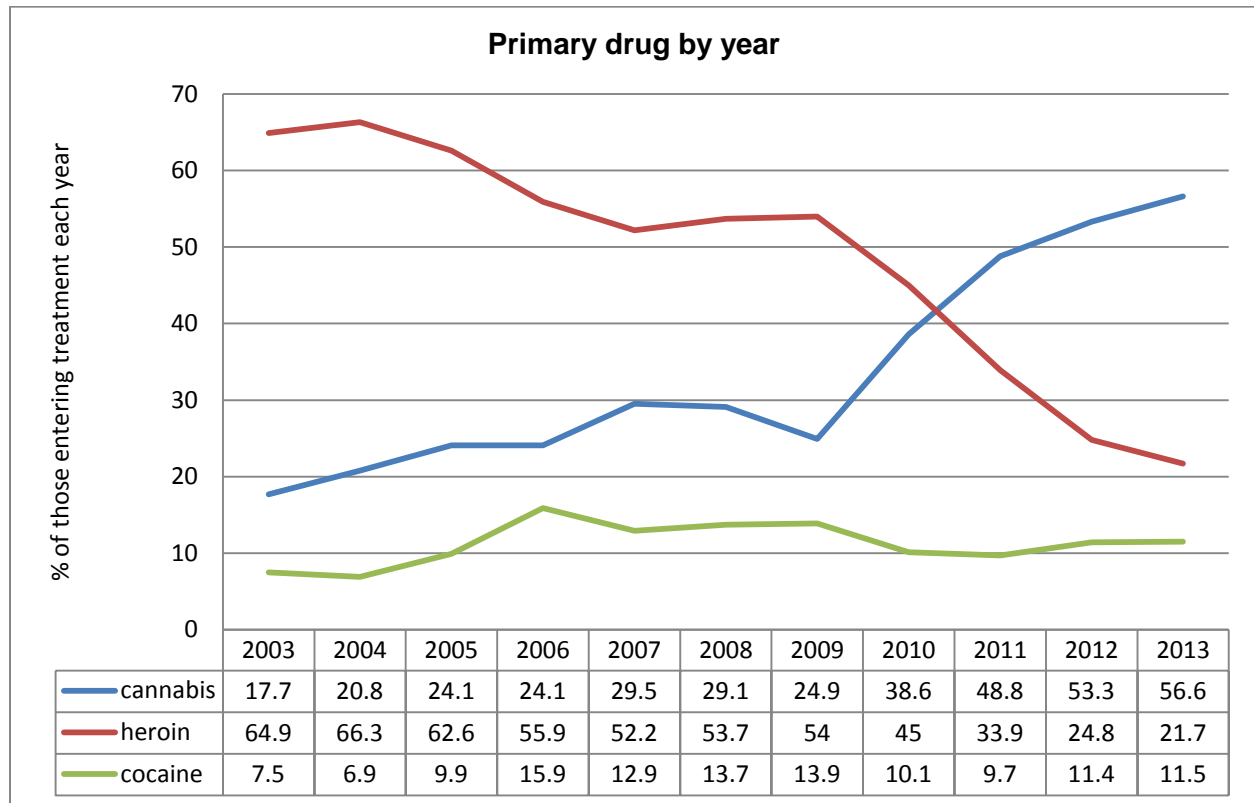
Source: ST24\_2014\_CY\_01; Cyprus NFP 2014

## *Trends in Primary Drug*

The treatment system remains dominated by cannabis users (56.6%), while the 2013 data continues to point a decrease in the proportion and number of clients entering treatment for heroin and other opiates as their primary drug of abuse. At the same time, a further increase

both in the numbers and proportion of clients seeking treatment due to cannabis use is noted, as illustrated below.

**Figure 5.6 Primary drug by year**



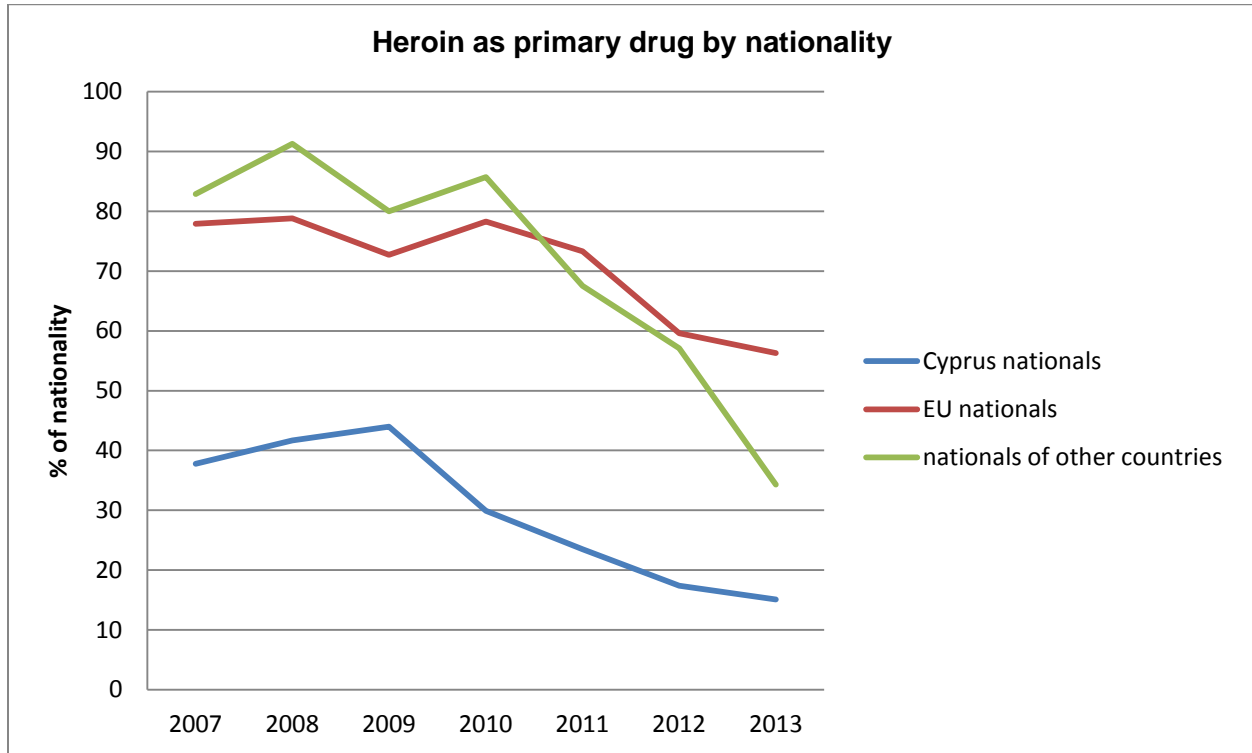
Source: Cyprus NFP, 2014

The above trends are even more apparent among first treatments (also see TDI\_2014\_CY\_01). 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 centres, along with noteworthy efforts of the Drug Enforcement Unit in general, 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 opiate use in Europe (EMCDDA, 2014).

In line with the reduction of opiate users in the treatment system, is the reduction of the proportion of foreign nationals abusing heroin. As also reported in previous years, the fluctuations of heroin users seeking treatment each year can be contributed to the number of foreign nationals recorded in treatment (for example in 2009 where half of the population in

treatment was reporting heroin as their primary drug of abuse, the prevalence of all foreign nationals in treatment system was 31% while in 2013 dropped to 19%). However, the prevalence of opioid use is still higher among foreign nationals as illustrated below.

**Figure 5.7 Heroin as a primary drug by nationality**



Source: Cyprus NFP, 2014

As reported in previous years (see 2013 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 (26 in 2013 compared to 39 in 2012, 14 in 2011 and 7 in 2010). As also reported in previous reports what is observed is that during different treatment episodes, a number of users are 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 8 people starting treatment in 2013 (in total, 29 GBL users since 2009).

## *Trends in route of administration and frequency of use*

Primary opiate users accounted for 97% of current injectors with cocaine users and other stimulant users accounting for three per cent (also see TDI\_2014\_CY\_01). The notable decrease of intravenous use of heroin that could be observed since 2011 continued in 2013 (125 in 2013 reporting injecting as their usual route of heroin administration, compared to 157 in 2012, 190 in 2011, 247 in 2010 and 241 in 2009).

With regards to the frequency of primary drug use, there is no further reduction since last year in both the proportion and actual number of clients who reported daily use of the primary drug due to the fact that both the number of new treatments and all treatments in 2013 are about the same as in the previous year. Specifically, in 2013 and 2012 daily use of the primary drug was reported by 38.5% of users starting treatment (corresponding to 394 and 385 persons respectively) (also see TDI\_2014\_CY\_01) while in previous years, the proportion of daily users was higher (almost 44% in 2010 and 2011, and 55% in 2009). This change over the years is mainly attributed to the growing numbers of occasional cannabis users referred to treatment by the police.

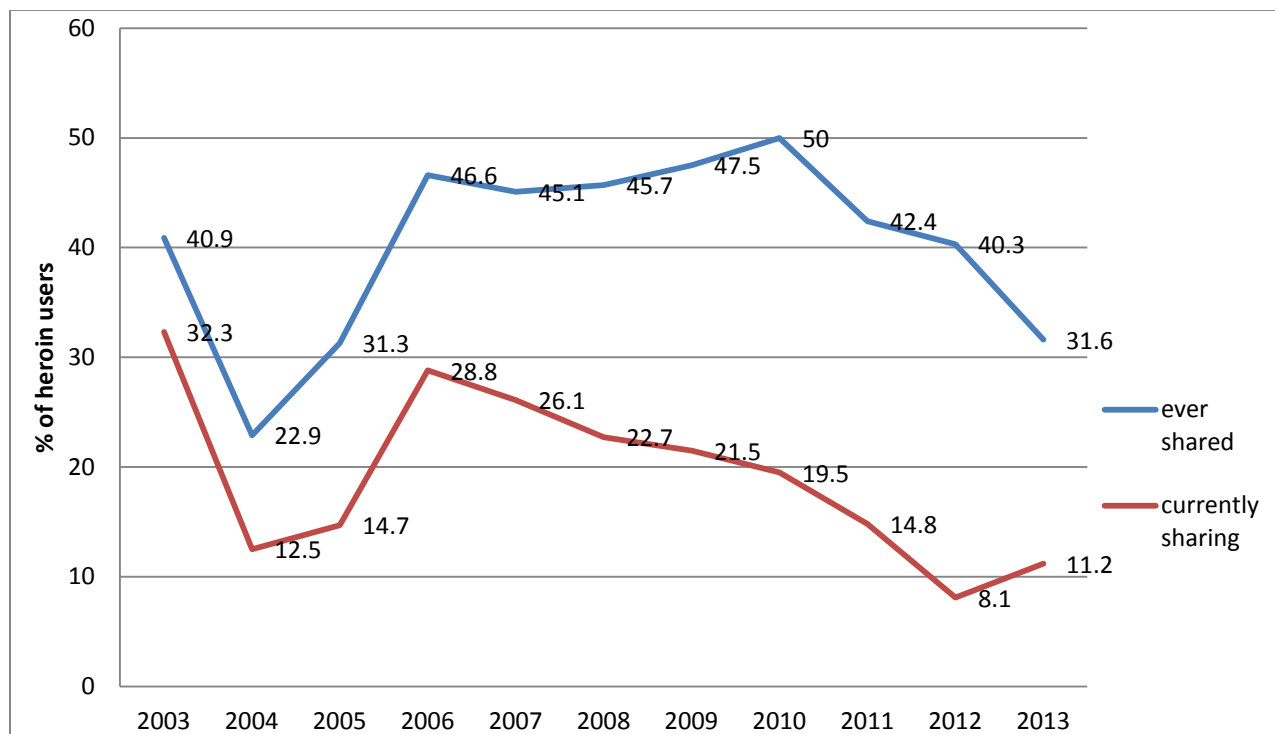
Similar to frequency of use, no further change since last year is observed to the overall mean duration of use of the primary drug, which dropped to 7.5 years in 2012 and 2013 as from 8.1 years in 2011 and 9.2 in 2010. The significant decrease in years since 2010 is mainly attributed to the significant decrease in heroin users, who have longer drug careers (mean lag to current treatment is 12.6 years) and the significant increase of occasional cannabis users in treatment (mean lag to treatment is 6.9 years).

## *Polydrug use and high-risk behavior*

Regarding polydrug use, the proportion of persons who started treatment in 2013 and reported use of at least one secondary drug decreased when compared to the previously reported years (40% compared to 47% in 2012 and 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 to high-risk behavior, a further decline is observed in the proportion of users who entered treatment in 2013 and reported to have ever injected. A further downward trend both in injecting and sharing is also observed among heroin users, as illustrated below. As to the proportion of current injectors (both among all users and heroin users) although a small increase is observed, this is not significant when the numbers are taken into account (28 current injectors compared to 24 in 2012).

**Figure 5.8** Proportion of heroin users ever and currently sharing



Source: Cyprus NFP, 2014

Finally, as in previous years, significant differences occur in risk behavior prevalence when stratified by nationality. As in the case of heroin as primary drug, both injecting and sharing practices are more prevalent among foreign nationals (27.5% of Cyprus nationals with heroin as primary drug reported ever shared, as compared to 41% of EU nationals).

Having in mind the above, the treatment needs of immigrants should be further addressed. Also, the prevention of the transmission of infectious diseases among immigrants should be an important objective for drug policy in Cyprus.

## 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.

During 2013, the DRID KI implementation continues to present difficulties due to the small number of valid tests compared to the number of IDUs in treatment. Around 1 out of 3 IDUs were tested for infectious diseases, presenting no remarkable change since the previous year. No HIV/AIDS positive case was reported during 2013. However, according to the TDI KI, among IDUs, six cases self-reported positive for HIV/AIDS during the reporting year.

Outbreaks of new HIV infections among injecting drug users that have been reported recently in Greece raises concerns about the potential for increasing the spreading of infectious diseases, especially having in mind that the majority of the positive cases for most of the infectious diseases during recent years in Cyprus, were Greek nationals.

As regards DRDs during the reporting year, 13 drug related deaths were recorded, 3 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 2013, around 1 out of 3 IDUs were tested for infectious diseases, presenting no remarkable change since the previous year (see also ST9P2\_2014\_CY\_01 to 03 and ch.6.2.1, NR 2013)

## HIV/AIDS

As already mentioned in the previous NR, 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.<sup>33</sup>

According to the National Program on AIDS (MOH), from 1986 to 2013, 847 positive cases have been diagnosed among the general population (Ashikali, 2014). More specifically, among 80433 persons tested during the reporting year, 54 were HIV positive and 44 of them request treatment.

Based on the DRID KI, no HIV/AIDS positive case (see ST9P2\_2014\_CY\_01) was reported during 2013. 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, six cases self-reported positive for HIV/AIDS in 2013 (also see ST9P2\_2014\_CY\_04). It is noted that all were males, four of them in the age >34 and the other two in the age range of 25-34. Four cases were Cypriots and the rest were Greek nationals.

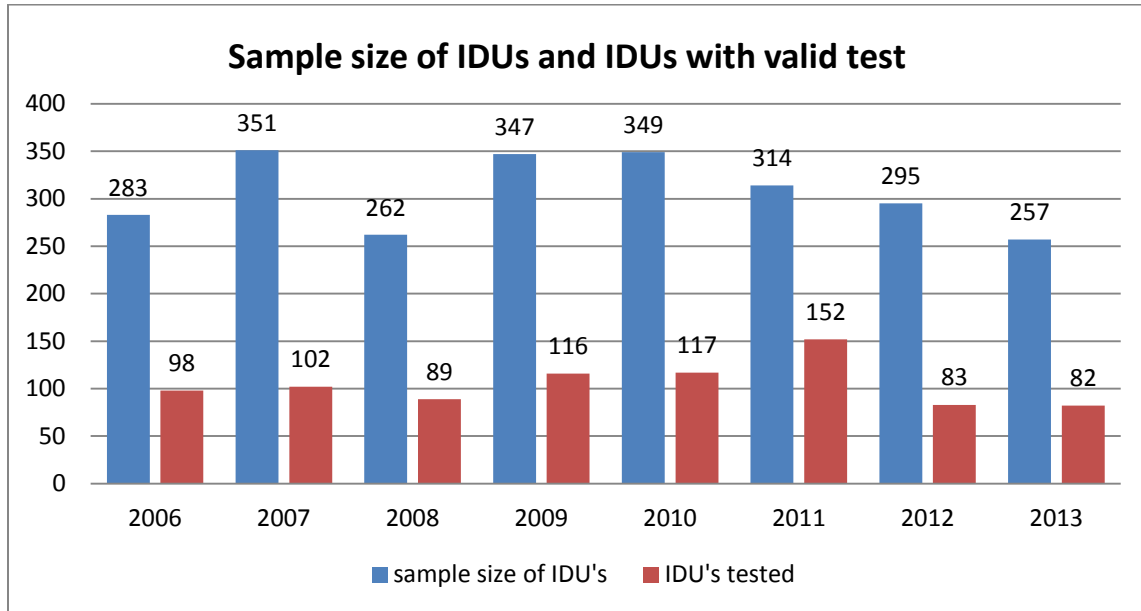
## Viral hepatitis

According to the DRID KI data the total sample size (fig. 6.1) and the total number of valid tests for the reporting year is 257 (compared to 295 in the previous year) and 82 respectively (see also ST9P2\_2014\_CY\_02).

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<sup>33</sup> National Action Plan for the combating of HIV/AIDS and the sexual infectious diseases, Ministry of Health

**Figure 6.1** Sample size of IDUs and IDUs with valid test



Source: Cyprus NFP, 2014

The number of HCV positives during 2013 was 39 cases, while the HCV prevalence among IDUs tested was 47,5% (compared to 55,4% in 2012 and 52,6% in 2011).

What was pointed out in the previous NR regarding the distribution of the nationality of HCV positives continues to apply for the reporting year. The majority of HCV positives (23 out of 39 cases) were foreigners (EU nationals or nationals of other non EU countries); while Greek nationals accounted for the vast majority of foreigners (16 out of 23 cases). This finding is in line with the evidence that both injecting and sharing practices are more prevalent among foreign nationals (27,5% of Cyprus nationals with heroin as primary drug reported ever shared, as compared to 41% 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).

Around half of the positive cases (19 out of 39 positive cases) were in the age range of 25-34 years old, while the vast majority of the HCV positive cases were IDUs for 10 or more years.



As regards hepatitis B, only five cases (out of 82) were found to be positive (see also ST9P2\_2014\_CY\_03).

## **6.2.2 STIs and tuberculosis**

During the reporting year 1 out of 5 of the IDUs tested (7/33) was diagnosed positive on TB. As in the previous year, the vast majority of the positive cases (5 out of 7) were Greek nationals (see also ch.6.2.2, NR2013).

## **6.2.3 Other infectious morbidity**

NNIA

## **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 since 2012 appears to have diminished in quantity. As mentioned in the previous NR, it has been commented by AEU's that it will be very difficult to collect the information, due to the work overload at emergency departments.

As already mentioned in the NR 2013, an important initiative of the CAC, was a protocol of cooperation between the CAC and the Ministry of Health (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. More information would be available in a following NR. No other prevention activities relating to overdose emergencies are currently taking place (CAC, 2014).

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

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## 6.4 Drug related deaths and mortality of drug users

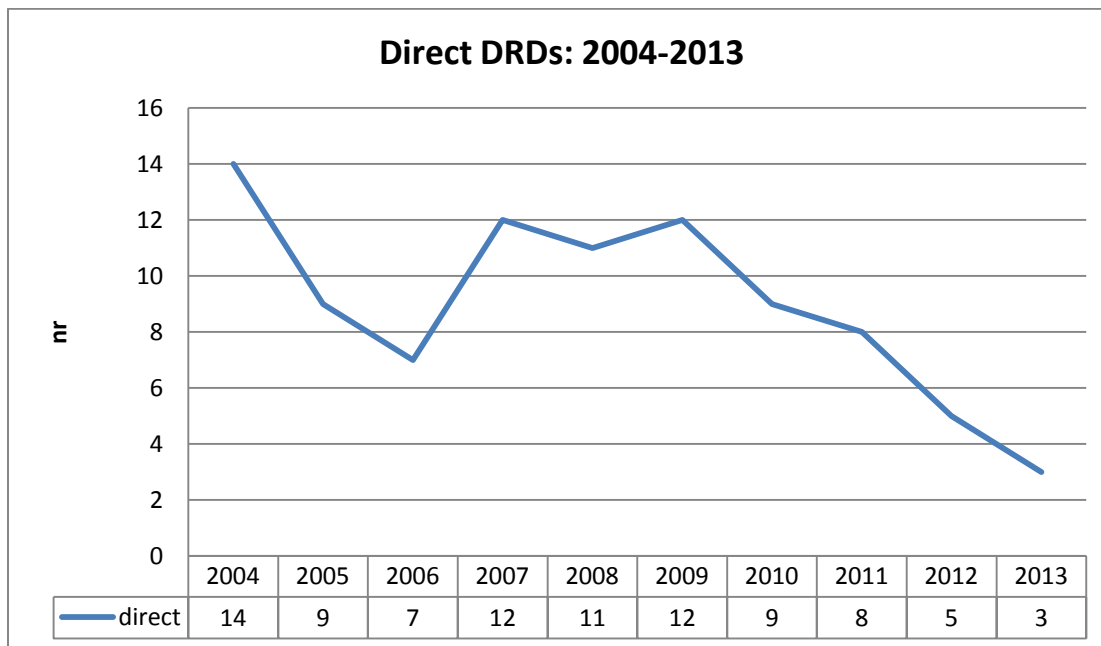
### 6.4.1 Drug-induced deaths (overdoses/poisonings)

According to the EMCDDA “Selection D” standard definition, 90 direct drug-related deaths in total were recorded in the Special Registry from the beginning of 2004 until the end of 2013. During the reporting year, 13 drug related deaths were recorded, 3 of which were directly attributed to drug poisoning (Special Registry of Cyprus NFP, 2014).

When focusing attention on direct DRDs rather than any indirect deaths, the overall figure indicates that the number has decreased over the last ten years (see Fig. 6.2) which may be attributed to the general tendency of people to move away from heroin in Cyprus (see also chapter 5) as the number of heroin users who actually seek treatment decreased (see also TDI\_2014\_CY\_01).

However, any conclusions should be treated with great caution due to the small number of cases.

**Figure 6.2** Direct DRDs: 2004-2013



Source: Cyprus NFP, 2014

As for the causes of death (as confirmed by toxicological examinations), it is important to note that during previous years, heroin was presented in the majority of reported fatal overdoses, but in 2013 there were no direct deaths attributed to heroin or poisoning by opioids only. Two out of

three fatal overdoses were attributed to other opioids (oxycodone) in combination with other substances such as cannabis, cocaine and prescription medicines (benzodiazepines) and one direct death attributed to amphetamines in combination with cannabis (see also ST5\_2014\_CY\_01). Using the “Selection D” definition, the distribution of direct deaths by cause during 2004-2013 is presented below (Table 6.1).

**Table 6.1:** Number of direct drug-related deaths by cause of death, 2004–2013

	<i>Poisoning by opioids only (excluding methadone)</i>	<i>Poisoning by poly-substances including opioids</i>	<i>Poisoning by (poly) substances excluding opioids</i>	<i>TOTAL</i>
<b>2004</b>	8	4	2	14
<b>2005</b>	7	1	1	9
<b>2006</b>	1	5	1	7
<b>2007</b>	6	5	1	12
<b>2008</b>	5	5	1	11
<b>2009</b>	7	1	4	12
<b>2010</b>	6	2	1	9
<b>2011</b>	1	5	2	8
<b>2012</b>	2	3	0	5
<b>2013</b>	0	2	1	3
<b>TOTAL</b>	43	31	13	90

Source: Cyprus NFP, 2014

Since heroin use and heroin-related deaths in Cyprus are decreasing, 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 drug users. It is important to note that since 2012, an extension of substitution treatment over Cyprus was achieved (see also NR, 2013; chapter 5).

Concerning the demographic characteristics of the deceased (direct deaths) during 2013, all were men (n=4), with a mean age of 37 (see also ST6\_2014\_CY\_01). From 2004 to 2013 among all direct deaths most of the deceased (9 out of 10 of all cases) were male. The median age of all direct deaths for all 10 years was 29 years (min:19, max:51). As regards the nationality, almost half were Cypriot nationals (45%) while the rest were either EU nationals (32%) or nationals of other countries (23%).

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

NNIA

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

### Illicit drugs and accidents

During 2013, 10 indirect DRDs recorded with road accidents accounting for 5 of these. Regarding the substances involved as found through toxicological examination, the majority of cases involved substances excluding opioids (8 cases) (cannabis alone: 5 cases, opiates and cannabis: 2 cases, cannabis and amphetamines: 1 case; cocaine alone: 1 case and amphetamines alone: 1 case) (Special Registry of Cyprus NFP, 2014).

**Table 6.2** Number of indirect drug-related deaths, 2004–2013

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
<b>Number of indirect Deaths</b>	3	5	10	8	2	3	3	11	6	10

Source: Cyprus NFP, 2014

### Alcohol Related Traffic Deaths

Based on statistical data from the Police Traffic Department, one third (33%) of traffic fatalities in the years 2008-2013 were due to alcohol consumption (cf. [www.police.gov.cy](http://www.police.gov.cy)). During 2013, 9 alcohol-related traffic fatalities occurred (see Table 6.5).

**Table 6.3** Alcohol-related traffic casualties

	2008	2009	2010	2011	2012	2013
<b>Number of alcohol related deaths</b>	12	19	26	25	17	9

Source: Cyprus NFP, 2014

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

### ***7.1 Introduction***

The Action Plan 2013-2016 aims at further implementation of actions in the area of harm reduction, such as the expansion of harm reduction services, including substitution treatment, implementation of a 'street work program' and distribution of free condoms, syringes and safe sex materials including in the prison setting (CAC, 2014). However, in 2013 only one out of three extensions of the two main substitution units created in 2012 was operational.

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

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. However, it is important to note that, although during 2012 three new extensions of the two main public substitution units were developed in State Hospitals for Famagusta Free Area, Larnaca and Paphos (see also NR, 2013), only one of these was established (in Larnaca) in 2013 (due to practical difficulties such lack of staff). More specifically, in 2013 substitution was offered in the public sector by 2 main specialized drug treatment services, a hospital linked to the main units as an extension, and also by one private clinic. The CAC will further promote this action during 2014, since this expansion will secure access to substitution services, improve the general condition of those who seek help and reduce risks and problems associated with drug addiction.

Additionally in 2013, resuscitation training for the staff of drug- related services was organized by the CAC, in collaboration with the Cyprus Resuscitation Council.

No other prevention activities relating to overdose emergencies and DRDs *per se* are currently taking place (CAC, 2014).

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

Apart from free testing regarding Hepatitis B, C, HIV and Syphilis, as well as the provision of free treatment to the public services, no other prevention interventions have been possible, as

was reported by the Ministry of Health (Ashikali, 2014). The limited further information available for reporting here 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 psychoeducation, Hepatitis C referrals and treatment, syringe and other IV tools provision. Additionally, STOCHOS which was established at the end of 2013, but will officially run in 2014, is a low threshold, harm reduction service which will offer all of the above (CAC, 2014).

It is also encouraging that the new National Action Plan 2013-2016 involves actions concerning the broadening of Harm Reduction practices (distribution of free condoms and syringes, and safe sex materials). 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 2013. Also, STOCHOS (mentioned above) which is a syringe provision program, operated unofficially, however no syringes were provided in 2013 since the intervention will initiate in 2014 (CAC, 2014).

As regards prisons, the challenge of implementing harm reduction measures in the prison setting did not reach its goal in 2013. The Department of Prisons pointed out that its drug-related program called 360° STROFI was interrupted.

Finally, in 2013, the CAC met with the National Pharmaceutical Association concerning the involvement of private pharmacists in providing harm reduction measures (such as needle dispensing) and information as well as referring users to treatment services. Concrete actions will therefore be taken in 2014 (CAC, 2014).

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

NNIA

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.

## 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 2013, 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 2013, 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 2013 it may be noted that unlike previous years the majority of drug users in unstable accommodation were Cypriots and it is unclear yet whether this is the result of the current financial crisis. Only about a fifth of drug users seeking treatment were in regular employment, which appears to be a steady tendency since 2007 while unemployment was more prevalent among opiate users. The majority of drug users have either primary or secondary education, with higher education being less common. Among drug users in 2013, 35% dropped out of school while a preference for a non-opiate primary drug, was favorable for the completion of secondary education.

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

### **8.2.1 Housing**

Homelessness remains of relatively minor importance as a factor of social exclusion for Cypriot drug users. The majority (89%) of drug users seeking treatment in 2013 lived in stable accommodation.

However, in 2013 an increase in both the total number of clients and the number of Cypriots with unstable accommodation is observed compared to last year. As reported last year, the majority (42 out of 58) of those in unstable accommodation were nationals of another country while reversely in 2013 the majority (58 out of 90) of those in unstable accommodation were Cypriots. It is unclear whether this change is in any way related to the current financial crisis, and if this is the case, any correlations will be demonstrated in the future. Additional, clients in this group have referred either opioids (44%) or cannabis (48%) as their primary drug of abuse and 9 out of 10 were male.

It is also of some interest that almost 61% (N=664) of drug users seeking treatment in 2013 lived with their parents, while only 19% (n=205) lived alone and this is maybe due to the lack of financial resources and/or the family oriented culture and the late age at which youngsters leave the parental home in Cyprus . Also, those who lived with their parents were younger (Mean age: 25 yrs), and almost 55% of them have never been to treatment before whereas older drug users lived either alone (Mean age: 35 yrs), or with a partner with children (Mean age: 38 yrs) and 72% of them were previously treated.

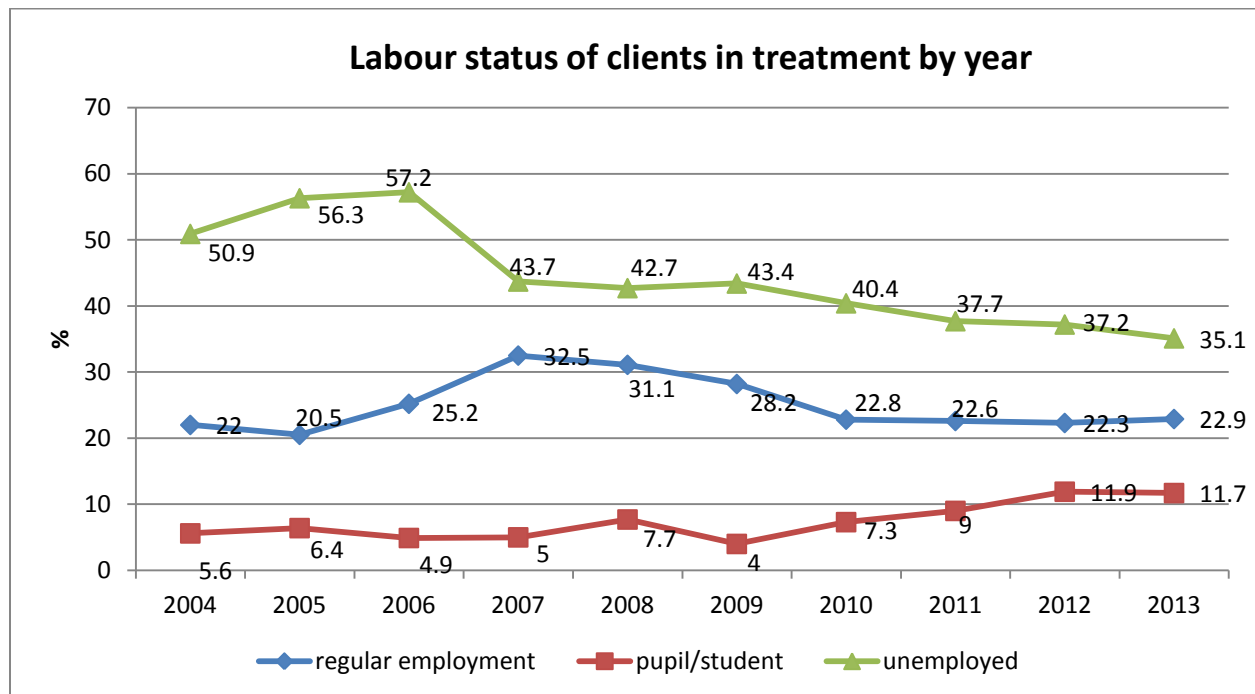
### **8.2.2 (Un)employment**

According to the labour force survey (Statistical Services, 2014b) the mean unemployment rate among those who first look for a job in 2013 was 16.7% (39% at ages 15-24, 14% at ages 25-64) compared to 16% in 2012 and 14% in 2011.



Treatment Demand Indicator (TDI) data show that in 2013, 35% of clients presenting to treatment were unemployed and almost 12% economically inactive, marking no significant change since the previous year. The median age of those unemployed was 29 years old. Among those unemployed, 65% were previously treated while only 34% were first treatments. Only about a fifth of drug users seeking treatment was in regular employment and there appears to be a steady tendency set up for this pattern since 2007 (fig. 8.1)

**Figure 8.1** Labour status of clients in treatment by year



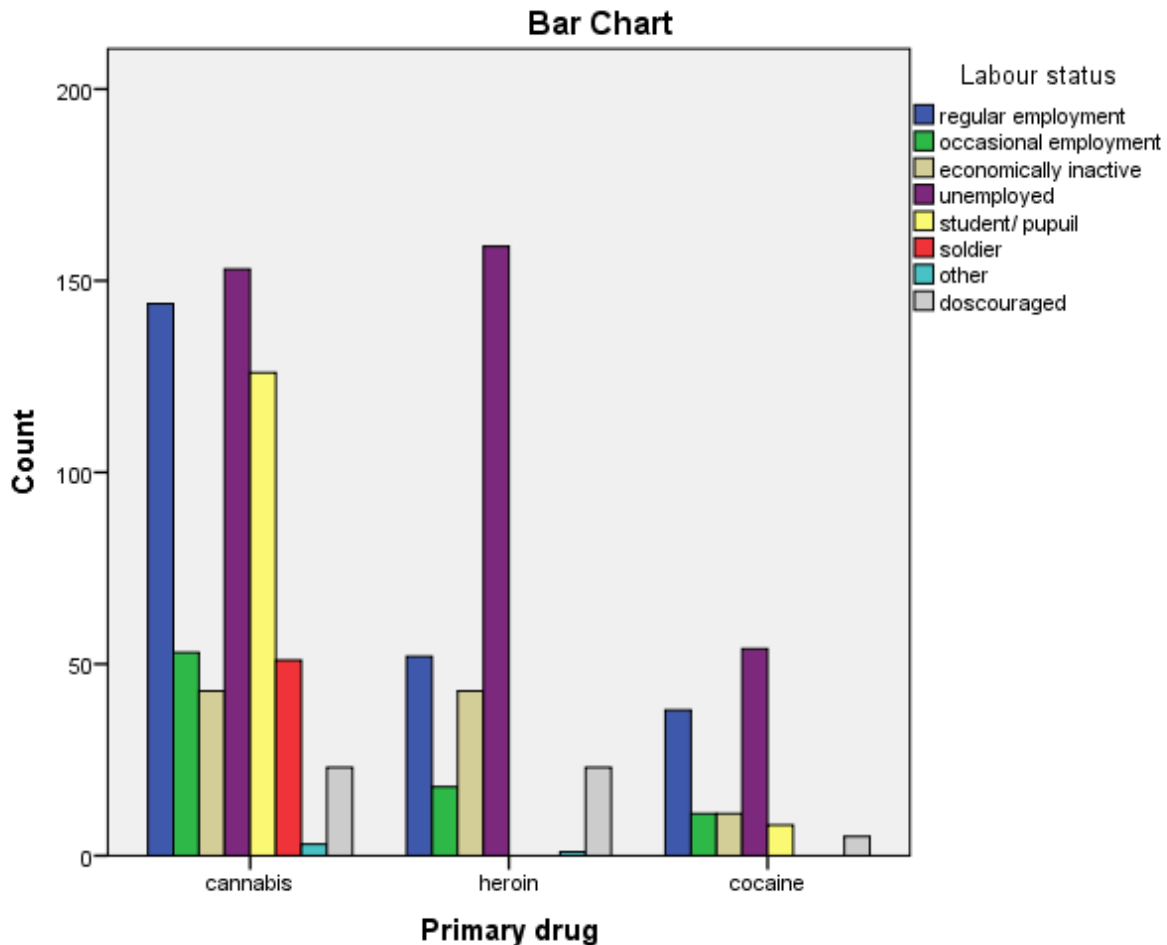
Source: NFP, 2014

Of those unemployed, the majority were cannabis users (45%, n=166) and this is also reflecting the population in treatment which is dominated by cannabis users (see also chapter 5). Also 34% (n= 124) of those unemployed were opioid users. However, unemployment was more prevalent among opiate clients (47%, compared to 27% of cannabis clients).

Additionally, of those drug users who were in regular employment, 57% (n=137) were cannabis users, and 23% (n=54) were heroin users.

A bar chart for all labour status categories can be seen below (fig. 8.2).

**Figure 8.2** Labour status by primary drug

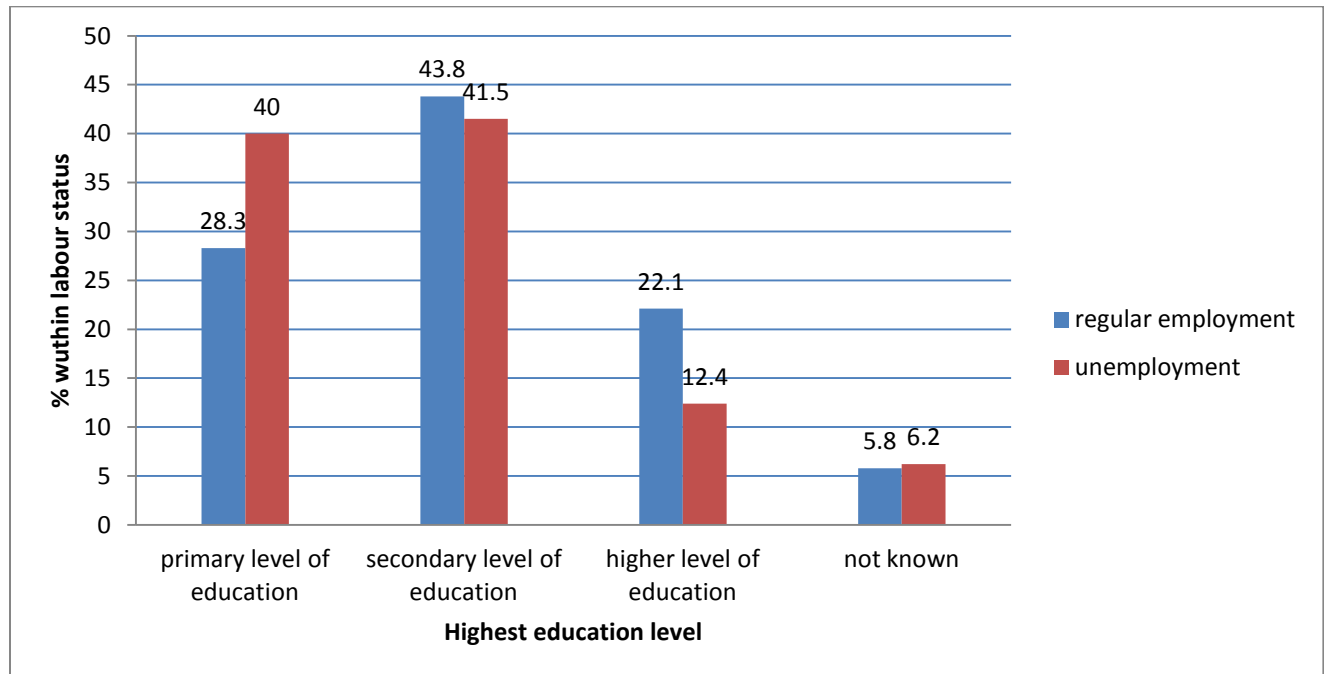


Source: NFP, 2014

Gender differences for the population of unemployed heroin users are not remarkable, and have also shown a steady tendency since 2007. In 2013, almost half of male opiate users (47%, n=109) and almost half of female opiate users (45%, n=15) were unemployed.

In terms of educational attainment among unemployed drug users, the majority have either primary education (40%), or secondary education (42%); higher education is less common (12 %). The difference between educational level and labour status is significant; with the probability of being unemployed if a drug user has only attained primary education, being much higher (see fig. 8.3).

**Figure 8.3** Differences between education and labour status (only regular employment or unemployment)



Source: NFP, 2014

### 8.2.3 Education

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](http://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 2013, 35% (n=331) dropped out of school (in 2012 the equivalent percentage was higher); of these 15% dropped out of school before completing lower secondary, and 20% did so before upper secondary. The median age of those users in the TDI data who had dropped out of school, was 30 (min:15, max: 61). 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, as among all cannabis users, 72% (n=394) were non school drop-outs, while more than half of opioid users (53%, n= 121) were school drop-outs. It would appear therefore

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

## **8.2.4 Social exclusion and drug use research**

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

## **8.3 Social Reintegration**

The NDS 2013-2020 places an emphasis on social reintegration, which is grouped together with treatment as one of the four basic pillars of the strategy. The Action Plan 2013-16 (Target E) includes aims of applying the financial assistance plan provided to users at the reintegration stage, connecting former inmates who are graduates of the prison drug treatment programme with social reintegration and professional rehabilitation services (but see also ch.9), and further promotion of the cooperation between social reintegration programs and organizations relating to financial assistance, professional training and rehabilitation.

In 2013 there were 7 social reintegration programs providing services in Cyprus. These programs were “Agia Skepi”, “Tolmi” (Larnaca and Paphos), Nicosia Centre for Multiple Interventions of the MHS, “Ithaki”, “PSEMA” and “Orizontas”. The social reintegration program “Evimeros” that was established in 2012, closed down in 2013 for financial reasons.

### **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 of the CAC does provide 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).

In 2013 6 persons received assistance under the Plan for Financial Assistance for the Rehabilitation of Former Substance-Dependent Persons. The total sum provided for 2013 was

€34,232.05. An amount of €16,500.00 was given to reintegration programs in order to cover the transportation expenses of their clients for treatment purposes, while the rest covered expenses of accommodation, electric appliances, rent, and other. The plan's budget for 2014 is €50,000.00. The progressive application of this plan may be followed on Table 8.1

**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
2013	6 <sup>34</sup>	n/a	34,232.05	50,000.00

Source: NFP, 2014

With respect to prison, Petopoulos (2014) mentions that the prison Centre for Guidance and Extramural Occupation and Rehabilitation (KKEAAK), is the third and final stage of prison for all inmates (following the stages known as 'closed' and 'open' prison). This centre does not currently run a structured social reintegration program specifically for former drug users, although the possibility of forming a more systematic program has been considered (see also NR 2012, and ch.9). As mentioned, the Action Plan 2013-2016 includes actions that aim to connect drug users recently released from prison with Social and Vocational Services. However, the CAC has no further information for 2013.

### 8.3.2 Education, training

<sup>34</sup> There appeared to be a drop in the number of applications for assistance in 2013. It is noted that of these 6 persons, only two persons actually applied for assistance directly from the plan. This led to the decision to use some of the finances from this plan for the training mentioned below in section 8.3.2. At the time of writing in 2014, the number of applicants for assistance directly from the plan appears to be increasing again. Reasons for the 2013 drop are unknown.

During 2013, the CAC provided a training program for service users at the reintegration stage, for the development of their computer skills. The program provided training leading to exams and covered basic skills of computer use (for example Windows, use of internet, Word, Excel, Power Point Presentation, use of email accounts, etc).

### **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 in the overall treatment process.

The Department of Labour offers unemployed persons, including former drug users, individualized job counseling at the Individualized Approach Service (Zenieri, 2014). This includes follow-up and monitoring of any difficulties experienced at work. Estimates of former drug users participating in this were not supplied for 2013.

It is worth noting that according to data from the MLSI, there were 1258 recipients of public assistance in 2013 who were registered under the category “addictive substances”, which includes drug users, former drug users, persons in rehabilitation and others. A further breakdown reveals 41 persons in this category from Ammochostos, 439 from Larnaca, 273 from Limassol, 460 from Nicosia and 45 from Paphos (Zenieri, 2014).

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

### ***9.1 Introduction***

The information regarding drug-related offences and the number of persons involved in them is based on the data received from the Drug Law Enforcement Unit (DLEU). The number of drug-related offences is based on initial reports by the Police (Law Enforcement) and the number of persons involved refers to the number of persons charged with drug law offences. According to DLEU, during the year 2013 the number of drug offences and the number of persons involved in them slightly decreased.

The majority of persons involved in drug related offences are still charged with herbal cannabis use and possession offences, with a total number of 712, showing no remarkable change compared to the previous year (718 offences); this is followed by offences relating to possession of cannabis plants and cocaine (see also ST 11\_2014\_CY\_01). The above results are expected, 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 the reporting year.

Also, as a result of the closure of the prison treatment program, no information on urine testing, infectious diseases data or treatment demand data within the prison setting was submitted in 2013.

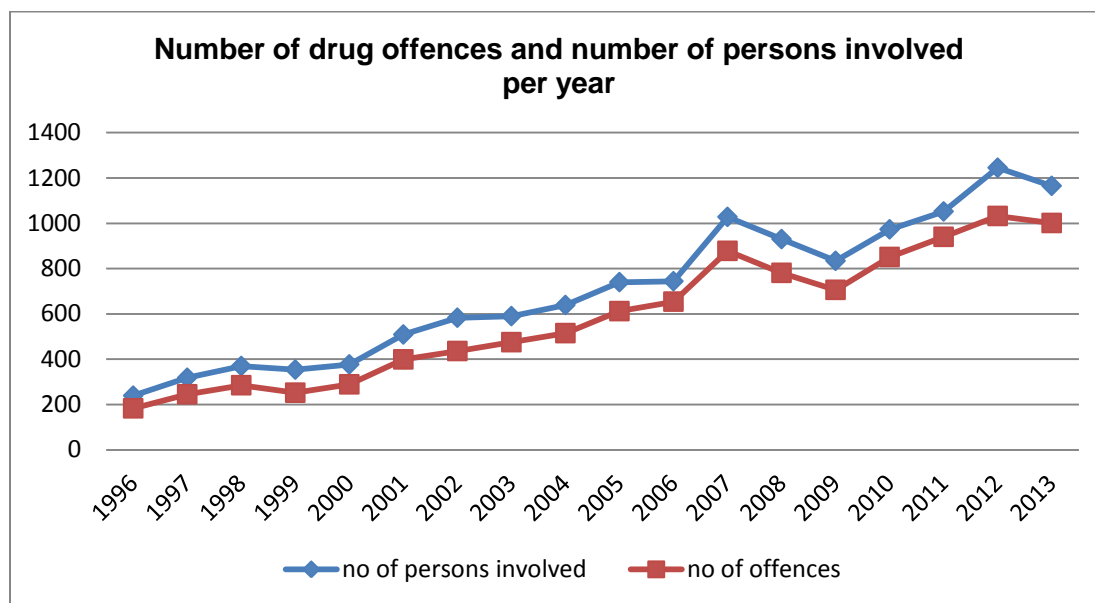
### ***9.2 Drug-related crime***

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 these during 2013 slightly decreased. Specifically, in 2013 the number of drug offences was 996 compared to 1032 in the previous reporting year. The number of persons involved in drug offences was 1165 in comparison to 1245 in 2012 (see also Ch. 9, NR 2013 and ST 11\_2013\_CY\_01/02). Cypriot nationals still represent the majority of persons involved in drug offences (897 compared to 921 in 2012, as compared to 268 non-Cypriot nationals).

**Figure 9.1** Number of drug offences and persons involved per year



Source: DLEU, 2014.

The vast majority of persons involved in drug offences were linked to use/ possession offences (see also ST11\_2014\_CY\_02 and Ch.9.2.1, NR 2013), with a slight decrease during the reporting year. Specifically, 920 persons were involved in use/possession offences, compared to 995 in 2012. At the same levels was the number of persons involved in dealing / trafficking / production offences (245), compared to 248 in 2012 (see also ST11\_2014\_CY\_02).

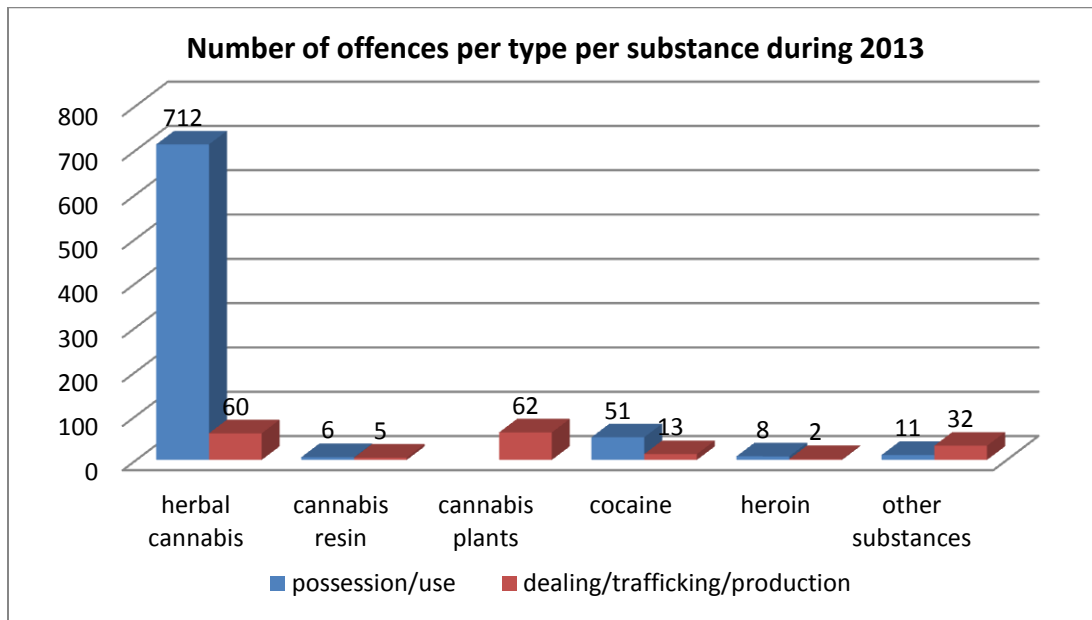
The same trend continues during the reporting year as regards the number of offences by substance. Fig. 9.2 below shows that the vast majority of offences involved possession and use of herbal cannabis, with a total number of 712, showing no remarkable change compared to the



previous year (718 offences), followed by cannabis plants and cocaine (see also ST 11\_2014\_CY\_01).

Regarding the category “other substances” as presented in fig. 9.2, this mainly includes synthetic and doping substances. Specifically, a total of 43 offences were recorded in 2013 involving 46 persons, as compared to 39 offences in 2012. Despite the fact that both the number of offences and the number of persons involved, remained at similar levels in the last two or three years, the availability of these synthetic drugs is likely to be the factor behind any changes regarding supply and demand seen from 2010, as was mentioned in previous national reports.

**Figure 9.2** Number of offences per type, per substance during 2013



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 14-18 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 2013).

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 Romania. Regarding their social and residential status, the vast majority of non -Cypriots (66%), were permanent residents, compared to 70% in 2012, while the percentage of workers had slightly increased compared to the previous year (10.5% and 6% respectively). The percentage of tourists involved in drug offences slightly decreased during the reporting year (10.5% in 2013 and 13% in 2012), while the percentage of illegal foreigners involved in drug offences presented a slight increase (9% in 2012 compared to 6% in the previous year) (Police Analysis & Statistics Office, 2014).

#### ***9.4 Other drug-related crime***

Based on information provided by the Cyprus Police, from a total of 1165 persons involved in drug offences, 153 persons (approximately 13 %), were also involved in property crimes (compared to 194 in the previous year). The vast majority were males, Cypriot nationals and 29 years old on average.

As regards 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, 9 alcohol-related traffic fatalities occurred in 2013, compared to 17 in the previous year. In addition, illicit substances (mainly cannabis) were involved in 4 road accidents (for more details refer to ch.6) (Police Analysis & Statistics Office, 2014).

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

##### **Urban security policies in the prevention of drug related crime**

Training of members of the community police continued during the reporting year. Specifically, they were trained on issues regarding: hooliganism, the role of policemen, laws for the protection and welfare of animals, and road safety (Nicolaou, 2014).

The evaluation of the implementation of neighborhood police practice, that was planned to be held during 2013, was not undertaken due to financial constraints. Thus, more information regarding the results of any future 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. However, at the start of 2014, the number of neighbourhood policemen increased by 17, covering 31 new municipalities/ communities. Until now, the community police consist of 72 members covering 97 municipalities in a total of 550 thousand residents (Nicolaou, 2014).

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

### **9.6.1 Alternatives to prison**

NNIA

As previously mentioned in chapter 1, during 2013, a new law submitted to the parliament, aiming at addressing the various dimensions related to the philosophy of alternatives to imprisonment, in a more comprehensive way. In previous 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. For more information see previous national report.

### **9.6.2 Other interventions in the criminal justice system**

NNIA

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

The challenge of implementing harm reduction measures in the prison setting did not achieve its projected targets in 2013. The Department of Prisons has pointed out that the drug-related program called “360° STROFI” was interrupted in 2013, and a new program will commence operation; however until the writing of the report, the situation remains unchanged.

According to the data provided by the Prison Service (Floris, 2014), the total number of convicted persons in 2013 was 440; of these, 419 were male and 21 were female. A further 104 persons (m=69, f=35) were detained in custody before trial. In the same year, 90 (N=233 in 2012) persons were convicted for drug-related offences (m=87, f=3), and 25 persons were detained in custody before trial for a drug-related offence (m=22, f=3). It is also noted that the ethnic distribution of prison inmates (both convicted and detained) was 50% Greek-Cypriot (N=253) and 50% non Greek-Cypriot (N=253). More analytically, the highest number of prison inmates of non Greek-Cypriot ethnic origin came from Romania (N=59), Syria (N=37), Greece (N=27), Iran (N=26) and Turkish-Cypriots from the occupied areas (N=12).

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

NNIA

As a result of the closure of “360° STROFI” no information on urine testing, infectious diseases data or treatment demand data within the prison setting was submitted in 2013.

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

NNIA

The Action Plan 2013-2016 includes actions that aim to connect drug users recently released from prison with Social and Vocational Services. However, the CAC has no further information for 2013, so previous reports concerning the prison Centre for Guidance and Extramural Occupation and Rehabilitation (KKEAAK) cannot be followed up, and there was probably little activity in this area in 2013 given the interruption of the prison drug treatment program.

## Chapter 10: Drug Markets

### 10.1 *Introduction*

Based on information received from the DLEU, during 2013 opioids (heroin and opium), were transferred to Cyprus through the areas not controlled by the CY authorities. As in previous years, air transportation remains the most common means of bringing illicit drugs into Cyprus, especially in the case of herbal cannabis, cannabis resin, cocaine and ecstasy. As regards opium and heroin, these were solely transported by air.

With respect to seizures, during 2013, 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 2013, 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.

This year, wholesale prices are reported through this chapter. The Law Enforcement Unit began implementing the methodology recommended by the EMCDDA by collecting the wholesale prices using a specific data collection tool (a questionnaire) created by the NFP. However, the absence of data on wholesale prices of previous years, based on this proposed methodology does not allow any comparisons.

10.2 Supply to and within the country

10.2.1 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<sup>35</sup> by seized drug category is presented in the following table.

Table 10.1 Percentage breakdown of countries of origin by seized drug category 2007-2013: Cannabis herb

<b>Cannabis herb</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Greece	20	30		15	15	15	15
United Kingdom	5	5					
Netherlands	70	60	60	70	75	75	75
Turkey	5	5	5				
Other EU countries			35	15	10	10	10
Unknown							

Source: NFP, 2014

Table 10.2 Percentage breakdown of countries of origin by seized drug category 2007-2013: Cannabis Resin

<b>Cannabis resin</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Egypt			40				
Turkey	30	30	20	30	20	20	
Lebanon	30	30	40	50	60	60	60
Unknown	40	40		20	20	20	40

Source: NFP, 2014

<sup>35</sup> Countries of origin refer to countries where drugs were cultivated or manufactured.

**Table 10.3** Percentage breakdown of countries of origin by seized drug category 2007-2013: Heroin

<i>Heroin</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>
Turkey	70		30				
Afghanistan		70	70	95	95	95	95
Unknown	30	30		5	5	5	5

Source: NFP, 2014

**Table 10.4** Percentage breakdown of countries of origin by seized drug category 2007-2013: Cocaine

<i>Cocaine (base and hydrochloride)</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>
United Kingdom	17						
South America		70	80	80	85	85	90
LAC countries							
Unknown	20	30	20	20	15	15	10

Source: NFP, 2014

**Table 10.5** Percentage breakdown of countries of origin by seized drug category 2007-2013: Ecstasy

<i>Ecstasy group</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>	<i>2012</i>	<i>2013</i>
Areas not controlled by the Republic of CY	23						
Netherlands	55	50	50	50	80	60	60
United Kingdom	22	20					
Turkey							
other EU countries		20	40	50	20	40	40
Unknown		10	10				

Source: NFP, 2014

As shown in the above table, no remarkable changes have taken place regarding countries of origin of seized drugs during 2013. As regards opioids (heroin and opium), during 2013, these were transferred to Cyprus through the occupied areas not controlled by the Republic of Cyprus (UNODC, 2014).

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

As in previous years, air transportation remains the most common transportation method of illicit drugs into Cyprus, especially in the case of herbal cannabis, cannabis resin, cocaine and ecstasy. As regards opium and heroin, these were solely transported by air. Finally, with respect to seized quantities of new psychoactive substances, such substances were all transported by mail via courier companies, compared with the previous year when a percentage of them were transported by air (10%) (UNODC, 2014). 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 2013 seized quantities of herbal cannabis, remained at the same levels as in the previous year, while seized quantities of cannabis resin had increased compared to the previous year (see also ST13\_2014\_CY\_01). As regards quantities of cannabis plants seized, these slightly increased compared to the previous year. In addition, seized quantities of cocaine were around half those of last year. Moreover, seized quantities of heroin slightly decreased compared to the previous year. However, these changes do not seem to have an effect on the drug market. Seizures of ecstasy increased compared to 2013 (see ch.10, NR 2013 and ST13\_2014\_CY\_01), while no seizures of Methamphetamine tablets or mCPP were recorded during the reporting year (see also ch.10, NR 2013). Seized quantities of doping substances continued the prior increasing trend. Specifically, during 2013, 43 seizures (compared to 23 seizures in 2012), which involved 4171 tablets (compared to 1769 tablets in 2012) were recorded (see also ST13\_2014\_CY\_01).



On the other hand, synthetic substances (including synthetic cannabinoids) and other chemical substances were seized (see also ST13\_2014\_CY\_01), showing that the trend of synthetic substances continued, changing both supply and demand areas (see also ch.10.3.1, NR 2012). However, during 2013, the seized quantities of these substances decreased compared to the previous year (around 4 kilos of new synthetic substances were detected, compared to 12 in 2012) (see also ch.10, NR 2013).

### **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 (Nicolaou, 2014)

### **10.3.3 Number of drug production sites (and related facilities) dismantled; description of methods of production and precise type of illicit drugs manufactured there.**

During 2013 (or up to the time of reporting) no illicit laboratories were found (Nicolaou, 2014).

## **10.4 Availability**

### **10.4.1 Perceived availability of drugs, exposure, access to drugs**

No new information is available regarding perceived availability of drugs in the whole population, since the next general population survey is planned for 2015 (see also chapter 2). However, 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, NR 2013).

With regards to specific ages, as mentioned in the previous NR, the age group 25-34 has the higher percentage as regards perceived availability of cannabis (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, 2012).

Based on the recent Flash Eurobarometer survey (European Commission, 2014) regarding young people (aged 15-24) and drugs, a quarter of respondents in the EU believe cocaine, new substances and ecstasy would be easy to obtain, while more than half believe it would be easy to obtain cannabis. The results of perceived availability in Cyprus are presented below by drug category.

### *Cocaine:*

23% reported that is easy to obtain *cocaine* within 24 hours. However, respondents are now much less likely than they were in 2011 to say it would be impossible to find cocaine.

### *Cannabis:*

32% reported that is easy to obtain cannabis. Among other respondents (Sweden and Germany), respondents in Cyprus are now much more likely than they were in 2011 to say it would be easy to obtain cannabis within 24 hours.

### *New substances:*

Easy to find new substances that imitate the effects of illicit substances were reported by 22% of the respondents.

All aforementioned percentages are quite low compared to the EU average (European Commission, 2014).

### *Heroin:*

As regards access to heroin, at least one in five respondents in Cyprus (20%) say that it would be easy for them to obtain heroin within 24 hours. Across Member States, there have generally been only slight changes since 2011 in the proportion who say obtaining heroin within 24 hours would be easy, with the largest increases in Cyprus.

### *Alcohol:*

As regards perceived availability of alcohol among young people, the same survey shows that in Cyprus 89% of respondents reported that is easy to find alcohol within 24 hours, while the EU average is 96% (European Commission, 2014). It is worth mentioning that based on the last ESPAD Survey, 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). The next ESPAD Survey, which will be carried out during 2015 will allow for more concrete conclusions, as regards perceived availability.

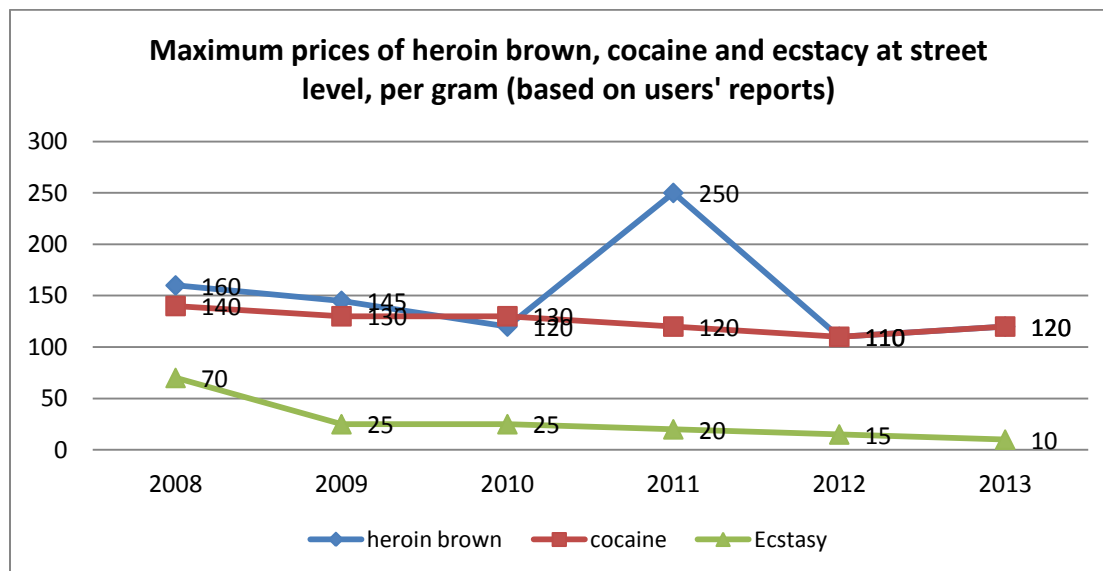
## 10.5 Price of illicit drugs at retail and wholesale level

### 10.5.1 Retail prices:

Prices of drugs at street level are collected on a quarterly basis, and are determined based on the real weight of purchases made by undercover police operations and also on users' reports (no number of users is provided for 2013). 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 2013 is based only on users' reports.

Specifically, maximum prices of cocaine and heroin (brown) based on users' reports, slightly increased as compared to 2012. 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 ecstasy showed a slight decrease compared to the previous year.

**Figure 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 (€65-€120) (see also ST\_16\_2014\_CY\_01). Variations are also shown as regards the range of prices of methamphetamines (€50-€120) (see also ST\_16\_2014\_CY\_01). This could be due to the different prices appearing in several districts of

the island. However, as mentioned in the previous national reports, data provided must be treated with great caution since no prices based on undercover police operations are available (see also ch.10.4, NR 2013).

## **10.5.2 Wholesale prices:**

The DLEU is responsible for collecting wholesale prices. The collection of wholesale prices began in 2004 along with the establishment of the NFP, in the framework of monitoring the illicit drugs market. The aim of monitoring is to obtain the best possible understanding of the activities of drug traffickers while at the same time monitoring and recording of wholesale prices can help improve strategies which are designed to suppress drug trafficking. Additionally, among other activities related to the dissemination of the information regarding the illicit drugs market, wholesale prices are reported by the NFP to the United Nations Office (UNODC), on an annual basis.

As regards data for wholesale prices, these are collected quarterly at district level by the DLEU. based on information provided by undercover police operations, seizures, arrests, and other information. Wholesale prices vary depending on the type and quality of each substance. However, due to a lack of purity testing of the substances seized by the State Laboratory, there are no data available on the quality of substances. Based on the information provided by the State Laboratory, purity testing takes place only if requested by the Court. In other cases, it is not applied because it is a time consuming and costly process (Afxentiou, 2011). However in Cyprus, determination of the penalty is based on the type of drug and the weight of the seized substance. In establishing a presumption, the weight of the seized substance is considered, and not the percentage of the active-drug ingredient (DLEU, 2012).

The fact that until recently there was no mechanism for recording wholesale prices by the DLEU, poses a significant obstacle to the fast data access, but also the efficient comparison of the data at both national and European level over time. However, since January 2011, the Law Enforcement Unit began collecting information about the wholesale prices<sup>36</sup>, using a

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<sup>36</sup> Based on the EMCDDA definition, “wholesale” drug prices are defined as those charged to transactions of approximately 1 kg or more (cannabis, cocaine, opioid products, amphetamine or methamphetamines) (EMCDDA, 2011). With respect to ecstasy and LSD, transactions are of approximately 500 tablets or more.

questionnaire created by the National Focal Point based on the EMCDDA guidelines<sup>37</sup>. This attempt was a step forward for harmonization of procedures for collecting these data with the rest of Europe while it would also allow more accurate cross-country comparisons.

As expected (given the fact that cannabis is the most widely used illegal substance in the general population) the vast majority of wholesale seizures, between the years 2011-2013, involved herbal cannabis (CAC, 2012). Specifically, during these three years, 17 seizures involving approximately 140 kg of herbal cannabis were reported (NFP, 2014). As regards the prices of herbal cannabis ranged between €2500 (min) and €14000 (max) per kilo. Regarding the ecstasy, the prices ranged between €4000 and € 5000, per 500 tablets and cocaine, €35000 and €50000, per kilo. However, the absence of data on wholesale prices for previous years, based on the methodology described above, does not allow any comparisons. Thus, information provided must be treated with great caution.

### **10.5.3 Purity/potency of illicit drugs**

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

### **10.5.4 Composition of illicit drugs and drug tablets**

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\_2014 \_CY\_01).

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<sup>37</sup> Cyprus participated in the EMCDDA's meetings regarding the pilot study on wholesale drug prices in Europe with representatives from the DLEU and NFP.

**Table 10.6** Composition of illicit drug tablets by year (%): 2009-2013

<i>Substance/Year</i>	<i>2009 (%)</i>	<i>2010 (%)</i>	<i>2011 (%)</i>	<i>2012 (%)</i>	<i>2013 (%)</i>
<b>MDMA</b>		7	40.1	58.2	8.81
<b>Amphetamine/ methamphetamine</b>	-	-	14.6	16.8	-
<b>Other substances</b>	93.6	48.3	45.3	4.5	22.08
<b>Miscellaneous</b>	6.45	43.4	-	20.5	69.11

Source: State General Laboratory, 2014

As shown in the above table, there was an increase of “other substances” during 2013, compared to previous year. As regards the category “miscellaneous” (69.11%) includes: 54.44% anabolic steroids, 6.14% Benzodiazepines, 4.95% Tramadol, 2,99% caffeine-Yohimbine, 0,14% sidutramide and 0,45% sildenafil (see also ST15\_2014\_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: Bibliography & Annexes**

**PART B**

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Name	Website
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Good practice guide for Cyprus Journalists (e-book)	<a href="http://cdn.3dbook.gr/prive/ask/index.html">http://cdn.3dbook.gr/prive/ask/index.html</a>
Smart-phone application	<a href="https://itunes.apple.com/cy/app/ask4press/id655443266?mt=8">https://itunes.apple.com/cy/app/ask4press/id655443266?mt=8</a>
Eurydice	<a href="http://www.eurydice.org">www.eurydice.org</a>
Cyprus Police	<a href="http://www.police.gov.cy">www.police.gov.cy</a>
Statistical Services of the Republic of Cyprus	<a href="http://www.mof.gov.cy/mof/cystat">http://www.mof.gov.cy/mof/cystat</a>

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