European Monitoring Centre for Drugs and Drug Addiction

CYPRUS MONITORING CENTER for drugs & drug addiction

2007 NATIONAL REPORT (2006 data) TO THE EMCDDA
by the Reitox National Focal Point

CYPRUS
New Developments, Trends and in-depth information on selected issues

REITOX

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Summary

An initiative was taken in 2006 by the NFP to promote a survey which was conducted by the Intercollege Research Centre and Institute for Social Innovation for the Cyprus Antidrugs Council. This new general population survey was carried out in 2006 examining the prevalence of both licit and illicit substances, as well as some mental health issues. Although it is single, it is planned to be carried out every three years. The sample consisted of 3504 persons residing in the areas of the country controlled by the Government, who could speak the Greek language and were in the age range 15-64 years.

More information on the survey may be found in ch. 2, but it may be said here that according to the main findings of the survey, cannabis is the most widely used illegal substance and its lifetime prevalence (6.6%) significantly exceeds the respective percentage of the population reporting use of other drugs. Drug use is more prevalent among men than among women. This gap is observable in both in lifetime and recent, as well as current prevalence. Additionally, drug use, and particularly cannabis use is mainly reported by young people. Also, lifetime prevalence of most drugs is most prevalent among persons residing in Famagusta district, which is one of the most attractive tourist resorts (such as Ayia Napa) addressed to youth. This finding is in line with the results of some previous surveys (see also 2004 and 2005 National Report to the EMCDDA). Cannabis use (all types of prevalence) was also found to be most prevalent among military conscripts (most of which are in the age range 17-21 years).

Regarding problem drug use in Cyprus, as a result of lack of other than treatment data for the year 2006, the method applied for the problem drug use estimate was the same as in previous years, although this will be changing as of 2007 (see ch.4). The total number of problem drug users (heroin and cocaine users) in 2006 was estimated at 801 and the 95% confidence interval at 684 – 966, corresponding to 1.50 persons aged 15-64 years of age per 1000 inhabitants (with 95% c.i.: 1.28-1.81). As to the estimated number of heroin users, a downward trend can be observed.

Reported data for HBV, HCV and HIV prevalence from the implementation of the Drug Related Infectious Diseases Indicator (DRID) implementation in 2006 suggest that 25% of intravenous drug users were either never tested, or it is unknown if they had ever been tested. Twenty three percent of those tested were HCV positive, a figure which indicates prevalence increase. Further, DRID indicator analysis revealed a decrease in the percentage of HCV positives for "new" IDUs in 2006, and that most HCV positives are within the 25-34 age group. When comparing the HCV positives and negatives it is indicated that most positives are recorded as demanding treatment from outpatient services. According to the DRID indicator, HBV prevalence rates remain minimal. There are no HIV / AIDS positive cases reported.

According to the Special Registry, 48 drug related deaths were recorded from the beginning of 2004, until the end of 2006. During 2006 itself, 17 drug related deaths were recorded, seven of which were directly attributed to drug poisoning. Until September of the current year however, 16 further deaths were recorded, eight of which were toxicologically confirmed to be resulting from drug overdose. As in previous years, opiates (excluding methadone) accounted for the vast majority of the acute deaths. Road accidents accounted for all the indirect deaths also in 2006.

Another significant development for the NFP in 2006 has been the hiring of new staff. With two new officers joining the team, and the arrival of a third new officer pending, the operation of the drug-related deaths indicator and the early warning system, along with the calculation of the problem drug use data, can be expected to become more efficient and further refined, providing more reliable data and information.

It is also worth mentioning ahead that, in its initiative to promote research in the drugs field, the NFP has commenced work on two research projects which will be carried out in collaboration with the Drugs Law Enforcement Unit of the Cyprus Police. The first project will investigate the use of synthetic substances at rave parties, and the latter will focus on persons arrested for drug-related offences with a view to establishing appropriate prevention measures for this population. More information may be found in ch. 13.

Part A: New Developments and Trends

1. National policies and context

1.1. Overview

There have been no new developments in the legal framework in 2006 (Mavromoustaki, 2007, personal communication). This may be related partly to restructuring occurring in the CAC (as the main body applying pressure for legal change), with the temporary suspension and reinstatement of its committee system, as well as a mid-year change of the CAC Chair. Similarly, changes have taken place in the National Committee for Drugs due to changes of ministers prior to a national election. The most recent changes of the drug related laws concerned "Law 52(II)/2005" of the Ministry of Labour and Social Insurance and the amendments to the "Evidence Law", the "Police Law and the Prevention of the Use and Dissemination of Drugs and Other Addictive Substances Law", all of which have been discussed in previous National Reports.

The National Committee for Drugs (see also ch. 11.1), which is chaired by the President of Cyprus, consists of representatives of six government ministries and is responsible for making policy regarding drugs and drug addiction. The CAC is responsible for the drafting, coordination, monitoring, and implementation of the National Drug Strategy (also see 2006 SQ 32). The National Drug Strategy 2004-2008 includes two main Action Plans: Drug Demand Reduction and Supply Reduction. The two Action Plans are divided into various environments specifying their objectives and actions, and designating the institutions responsible for their attainment. Although according to the previous National Report a midterm evaluation of the NDS was expected by the end of 2006, following a decision by the National Committee for Drugs to request the submission of reports on the implementation of the NDS from separate ministries on a three-month basis, CAC has decided to implement the midterm evaluation of the NDS as part of an external assessment by German experts in 2007 (Kyriakou, 2007, unpublished).

Budget expenditure for drug policy programmes, while being insufficiently recorded, appears to have continued to remain relatively stable, with the exception of the previously mentioned increase in 2003 due to the establishment of the Cyprus NFP. Public opinion on drug users seems to be changing towards a more humane perception and the drug problem, according to public opinion polls, is viewed as becoming increasingly serious.

1.2. Legal framework

1.2.1. Laws, regulations, directives or guidelines in the field of drug issues

No major developments regarding the legal framework occurred in 2006 (Mavromoustaki, 2007 unpublished).

1.2.2. Laws Implementation

No major changes regarding the implementation of the drug laws have been observed over the last year. However, a bill has recently been submitted before the House of Representatives regarding the introduction of undercover operations by DLEU, and the mapping of 'black points' for street distribution of drugs is now completed (DLEU, 2007, personal communication).

In 2005-6 the Legal Committee of the CAC finalised suggestions for the enactment of regulations that will allow for the Care and Treatment of Drug Addicts Law of 1992 (see 2004 NR) to be implemented (Gaist 2006, unpublished). These suggestions were reviewed by the CAC in 2006 and are being elaborated further during 2006-7 by the Therapy Committee prior to being submitted for consideration by the House of Representatives (CAC Annual Report, 2007). Consequently this important law continues to await its formal and actual implementation in a revised format, which will be suitable for its application in conjunction with drug user's needs and the viable capacity of Cypriot health services.

1.3. Institutional framework, strategies and policies

1.3.1. Coordination arrangement

There is no new information available.

1.3.2. National plan and/or strategies

Information regarding the National Drug Strategy was reported in the 2004 Annual Report of the Cyprus National Focal Point (Cyprus NFP, 2004, chapter 1).

1.3.3. Implementation of policies and strategies

1.3.3.1. Drug Demand Reduction Action Plan

Most significant developments in the implementation of the Demand Reduction Action Plan in 2006 included (Kyriakou, 2007, unpublished):

- Expansion of the Executive Secretariat of the CAC by three officers.
- Implementation of the social support measures of Law 52 (II)/2005 by the Ministry of Labour and Social Insurance[1] providing for the treatment and social reintegration of drug users[2].

[1] It may be interesting to note that plans were prepared in 2006 by the Ministry of Labour and Social Insurance for the implementation of preventive programmes / education for young couples, which would originally have been assigned by Social Services to a suitable NGO in 2007, but this proved unfeasible due to lack of an organisation with the appropriate expertise; this training has a budget of €108,232, and at the time of writing discussions are taking place to include the preventive programme in the Ministry of Education and Culture's public education activities, therefore it has not been included in the 2008 budget (Nikolaou 2007, unpublished).

[2] It should be noted that in our last report (NR 2006) mention was made of a sum of €752,270 being made available through the 'social cohesion measures package' Law 52(II)/2005. This was indeed the case, but it should also be clarified that of this sum, which was directed to vulnerable groups as a whole, only approx. €171,000 was directed specifically to drug users. Also, due to a lack of an existing infrastructure for processing applications and allocating payments, none of this original sum was actually spent in 2006, and the first sums were therefore actually only paid out to users first applying in 2007 (Nikolaou 2007, personal communication). It is perhaps also worth mentioning however, that in

- Suitably qualified persons have been assigned as members and a professional Secretariat has been hired for the Committee for Health and Citizenship Education (Ministry of Education and Culture) which has the promotion of preventive measures in schools as its objective, as well as the creation of a system to record prevention programmes currently operating.
- Promotion through the Mental Health Services of an external assessment programme for the therapeutic programme "Pyxida" and the therapeutic community "Agia Skepi".
- Completion of the initial stages of a twinning programme with Germany on the issue of "Development and Implementation of the Therapeutic Continuum for the Mental Health Services Drug Addiction Services".
- A centre for universal prevention of the use of addictive substances, "Mikri Arktos" has been placed in operation.
- Research involving the social cost of addiction has been initiated by the Cyprus NFP (see also ch. 8.5, ch. 11.3)

1.3.3.2. Supply Reduction Action Plan

The most significant developments of the Supply Reduction Action Plan 2004 - 2008, were reported by the CAC concerning the following actions completed during 2006 (Gaist, 2007, unpublished):

- Promotion and planning of a midterm evaluation of the supply reduction action in cooperation with the NFP continues. This evaluation (for both Action Plans) is now planned to take place following completion of the initial stages of a twinning programme with Germany on the issue of "Development and Implementation of the Therapeutic Continuum for the Mental Health Services Drug Addiction Services"

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this context a sum of €85,857 - half of the initial amount - was made available from the Ministry of Finance for 2007, of which €31,712 had been spent by June 2007; the entire sum is scheduled to be spent by the end of 2007 (Nikolaou 2007, unpublished).

- The enactment of the undercover operations law is currently underway, with a completed bill awaiting approval by the House of Representatives.
- Promotion of the amendment of the Traffic Control Law, aiming at the introduction of drug testing methods for drivers (Narcotest) is still underway, with suggestions outlined by DLEU being submitted to the Ministry of Justice in April 2006, and purchase of equipment / training of officers to follow upon passing of the amendment.
- Customised software connected to the central police data network was purchased by DLEU and set in operation in 2006.
- Neighbourhood police have been assigned to 10 more areas in 2006, totalling 13 areas across Cyprus (for more details, see ch. 9.3.2).

It may be worth mentioning that certain activities of the Action Plan are regular and ongoing and hence perhaps not necessary to report on a yearly basis unless some exceptional data are reported. An example of such an ongoing activity is the control by the Customs Department of passengers, luggage, merchandise etc. for drug trafficking and smuggling; this takes place in tandem with Port Authorities, the DLEU, Civil Aviation and other government departments, and regular meetings are held between these services for coordination of these activities. Another example of such an ongoing activity is the study and continuous upgrading by DLEU and other services, of preventive measures relating to technologies of information and communication used by organized crime groups.

1.3.4. Evaluation of policies and strategies

In the framework of the twinning project with experts from Germany (see section 1.3.3.1 above) evaluation of the NDS and the implementation of the Action Plans from Drug Demand and Supply Reduction is scheduled to take place before the end of 2008 (Bayada, 2007 personal communication).

1.4. Budget and public expenditure

1.4.1. In law enforcement, social and health care, research, international actions, coordination, national strategies

According to the figures below, the expenditure allocated to drug related responses has been observed to be relatively stable in recent years. The available data for 2006 is insufficient to draw any reliable conclusions, but this general trend does appear to be continuing. Nevertheless, the NFP recognises the need for further study of this issue, and more recently steps have been taken to initiate relevant research (for more information, please see ch. 8.4).

Table: 1.1 Drug related expenditure in Euros

Drug related expenditure in Euros					
		2003	2004	2005	2006
Ministry of Education		153670	93255	164701	511303[3]
Ministry of Health	Mental Health Services	1539528	1733486	1905339	2002687
	CAC	4400360	481085	636503	629899
Ministry of Justice and Public Order		60735	67876	77312	49956[4]
Ministry of Defence[5]		1733	520	-	-
Ministry of Labour and Social Insurance			54611	70214	-
Cyprus Youth Board		391816	246009	351941	364913

Source: NFP, 2007

[3] This is not a sum of monies expended, but a total budget for 2006.
[4] This sum applies only to expenditures by the DLEU (Ioannou, 2007 unpublished).
[5] No sufficient information was provided to the NFP by the MOD.

1.4.2 Funding Arrangements

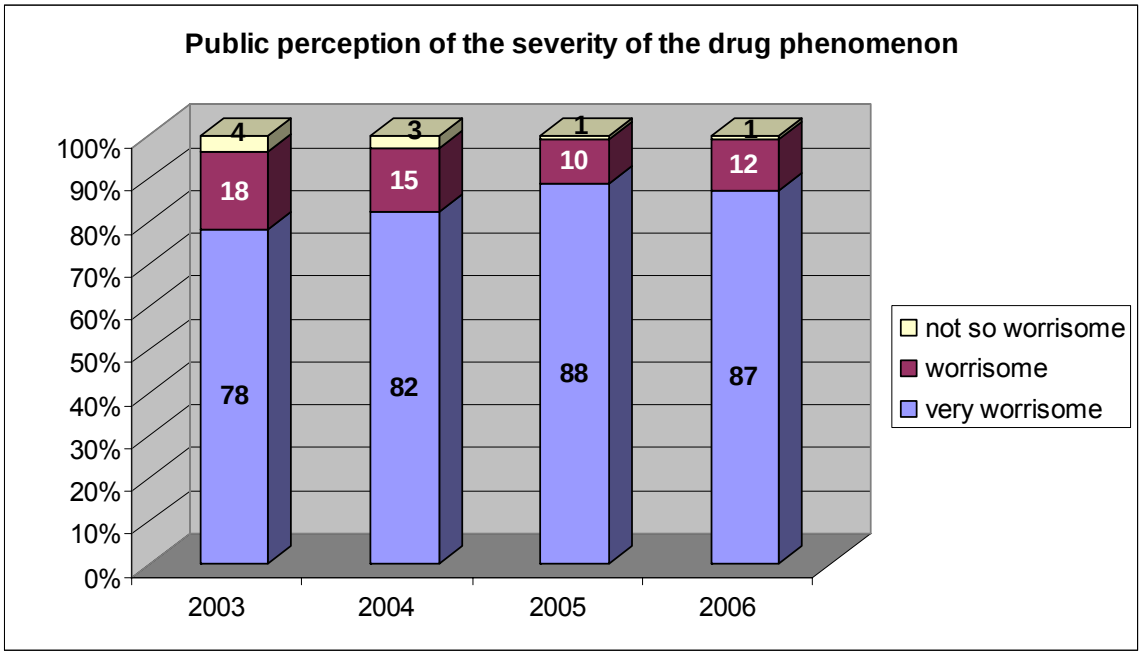
There is no new information available

1.5. Social and cultural context

1.5.1. Public opinions of drug issues

According to the public opinion poll “Kyprovarometro” (RAI consultants, 2006), the drug problem is perceived as the most serious social problem second to the political situation. Thirty-five percent of respondents to this poll in 2006 considered drugs to be the primary social problem; this percentage is similar to last year 2005 (34%). It may be interesting to note that drugs are perceived as the most serious problem particularly by persons in the 45 – 54 and 55+ age ranges, and particularly by persons living in the two largest urban areas, Nicosia and Limassol. It may be worth mentioning too, that the same source mentions a significant rise in 2006 in public perceptions of drinking as a cause of road accidents. While during the period from 2001 to 2005 road accidents were perceived as being alcohol-related by 4-5% of the population, in 2006 this percentage rose to 12%. This may be relevant to the data pertinent to ch. 7.1.

Figure: 1.1 Public perception of the severity of the drug phenomenon



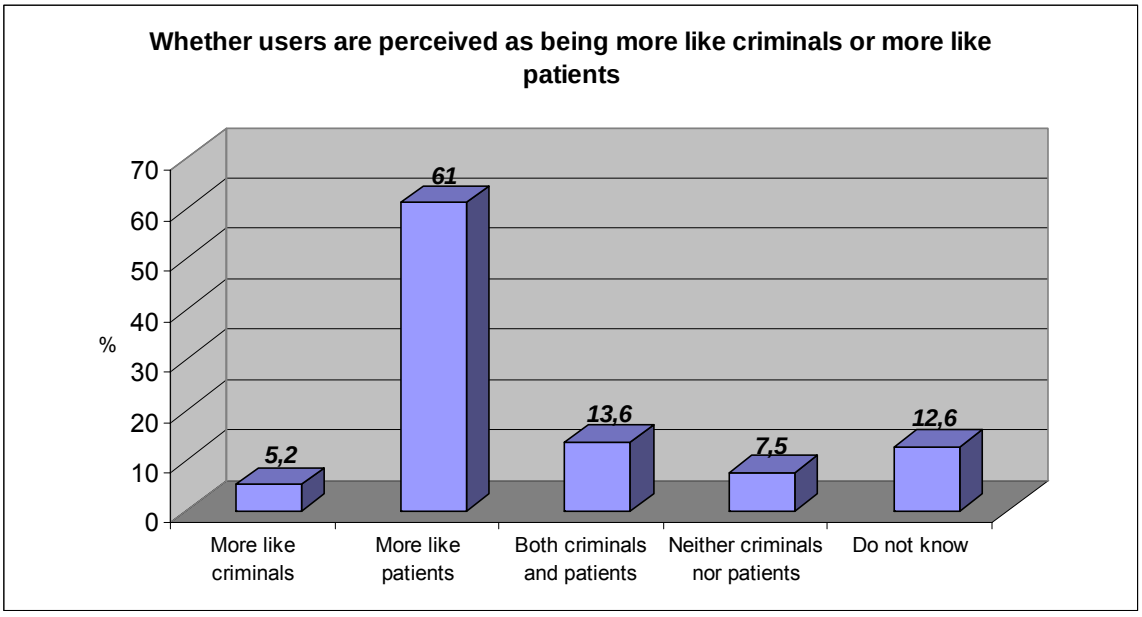
Source: Rai Consultants Public Ltd., 2006

As illustrated above, there is a significant shift in the perception of the seriousness of the drug situation in Cyprus over the years. The proportion of individuals who think the drugs issue is “not so worrisome” or just “worrisome” in previous years has decreased considerably. Persons who found the problem “not worrisome” in 2005 and in 2006 remain at 1%. In 2006, 87% of respondents considered the drugs problem “very worrisome” (compared to a similar 88% of respondents in 2005); 12% find the problem “quite worrisome” in 2006 (compared to 10% in 2005). It may be presumed that this shift in perceptions could be due to the publicity the issue received after the announcement of the number of drug related deaths and other harmful consequences of drug use (see also below section 1.5.4). The further point may be included here that, following the establishment of the NFP, drug related information was made broadly available to the public, especially through the media who exposed the problem repeatedly and certainly with higher frequency than in previous years.

1.5.2. Attitudes to drugs and drug users

A General Population Survey (CAC 2006, unpublished; Cyprus NFP 2007) was carried out in 2006, which included questions regarding the public perception of drugs and drug users.

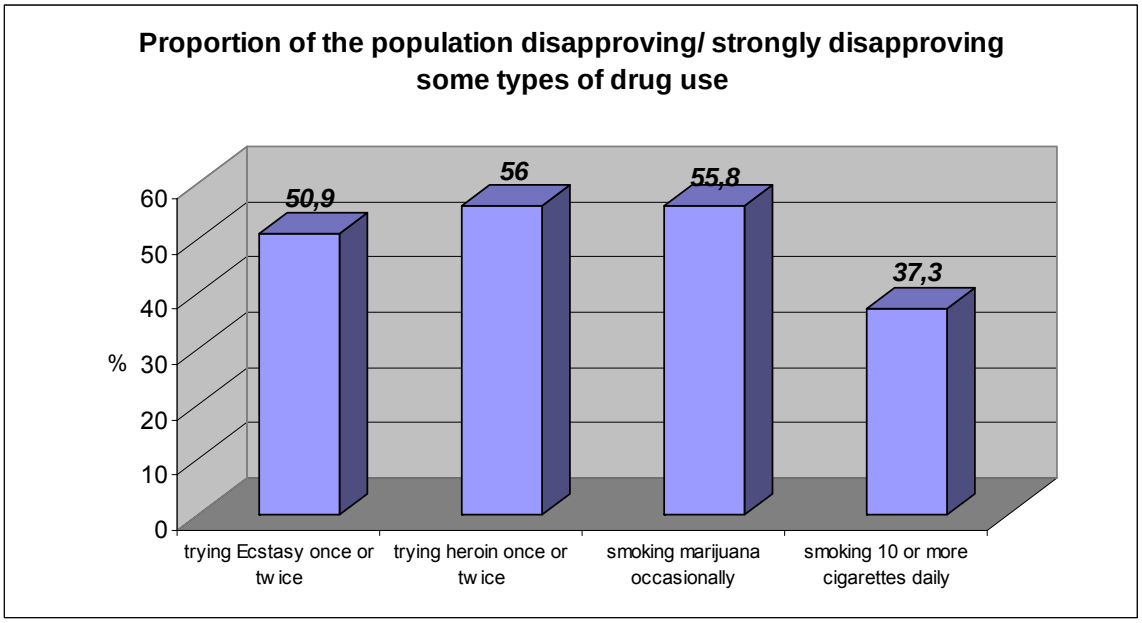
Figure 1.2 Whether users are perceived as being more like criminals or more like patients



Source: Cyprus NFP, 2006

Figure 1.2 indicates that drug users are largely perceived by the majority of respondents in the general population as being more like patients (61%). It is noteworthy that only the smallest proportion of respondents perceived users as being more like criminals (5.2%), although a comparatively larger proportion of respondents were ready to perceive drug users as being both criminals and patients (13.6%). Tentatively, this finding may suggest that the public at large is likely to feel treatment for addiction is the best response to the drug issue, while some suppression and law enforcement are simultaneously perhaps seen as necessary measures in the public opinion.

Figure 1.3 Proportion of the population disapproving / strongly disapproving some types of drug use



Source: Cyprus NFP, 2006

The above figure 1.3 indicates that experimentation with ecstasy is least disapproved of as compared with heroin, or indeed 'occasional use' of marijuana. It is interesting to note also that heavy daily smoking (10 or more cigarettes / day) is perceived as being more innocuous than occasional use of marijuana, which could indicate that there may be some ignorance of the harmful effects of smoking in the general population.

1.5.3. Initiatives in parliament and civil society

1.5.3.1. Parliament

No major recurring themes arose concerning drugs issues discussed in Parliament or during Parliamentary committee meetings in 2006, nor were any significant changes made to the existing legislation, or any major new drugs legislation passed[6]. The 2006 budget of the CAC was discussed in the context of the Parliamentary Health Committee

[6] However, it is worth mentioning that the 2006 regulations K 72/2006 regarding manufacture and trade of precursor substances were approved by the House of Representatives on the 9.02.06. These regulations supersede previous regulations pertaining to precursors (2001 to 2004) and effectively render into place the EU Regulations 273/2004.

and approved by Parliament without any alterations (Hadjiyianni, House of Representatives, 2007 unpublished). A number of issues brought forward for discussion during 2006 by individual ministers to this committee included (Parliamentary Health Committee, 2007 unpublished):

- The observed delay in the establishment of the national drug substitution programme, and problems caused by it (22.6.06)
- Health Ministry update on the operation of a treatment programme responding to the needs of underage users and substance dependent persons (9.11.06)
- Treatment for drug users in Cyprus and abroad: measures which need to be implemented (9.11.06)
- The need for free treatment provision for substance dependent persons (9.11.06)

Individual ministers also brought forward issues which were discussed in the Parliamentary Committee for Crime and Drugs / Addictive Substances . These included:

- Update on staffing, equipment and operational activities of the police DLEU (18.10.2006 & 1.11.2006)

Other issues brought forward for discussion by parliamentary committees included the following[7] (Parliamentary Committees Secretariat, 2007 unpublished):

- The need for greater awareness-raising regarding drugs in schools (referred to Parliamentary Committee for Education, 15.06.06)
- Update for the Parliamentary Committee for Crime and Drugs / Addictive Substances regarding the problem of drugs and addictive substances (referred to Parliamentary Committee for Crime and Drugs / Addictive Substances, 21.06.06)

[7] The source document does not mention whether the following issues were actually discussed, but they were included in the committee agendas.

- Update on the CAC Action Plan (referred to Parliamentary Committee for Crime and Drugs / Addictive Substances, 20.09.06)
- The drugs problem in the National Guard and ways to combat it (referred to Parliamentary Committee for Defence, 5.10.06)
- Problems in the application of the Treatment of Substance Users (1992) Law (referred to Parliamentary Committee for Legislation, 28.09.06)
- The coordination of competent services and voluntary organisations for the protection of school pupils against smoking and drugs / addictive substances (referred to Parliamentary Committee for Crime and Drugs / Addictive Substances, 15.11.06)
- The need for provision of motives for private businesses which employ persons with special needs and former drug users (referred to Parliamentary Committee for Work and Social Security, 14.09.06).

1.5.3.2. Initiatives in civil society

There is no new information available.

1.5.4. Mass Media Campaigns

1.5.4.1 National Level

The information presented below consists of a random three month analysis from articles appearing in all daily newspapers during 2006. The most common themes observed were related to:

- Drug Law Enforcement Unit seizures and arrests
- Drug related deaths – police announcements on drug related deaths and articles of parliament members and/ or civil citizens.
- Annual report of the Cyprus Monitoring Centre for Drugs and Drug Addiction – presentation of data from the Annual Report or the monthly newsletter “Skiagraphisy”.
- Drug decriminalization – debate on the issue among civil citizens and parliament members.

- Drug use in prison – discussion on the lack of treatment options in prison, and police seizures within the prison.

1.5.4.2 Regional Level

There is no information available.

2. Drug use in the general population and specific sub-groups

2.1. Overview

A new general population survey was carried out in 2006 examining the prevalence of both licit and illicit substances, as well as some mental health issues. Although it is single, it is planned to be carried out every three years. The sample consisted of 3504 persons residing in the area controlled by the Government[8], who could speak the Greek language and were in the age range 15-64 years.

According to the findings of the survey, cannabis is the most widely used illegal substance and its lifetime prevalence (6.6%) exceeds significantly the respective percentage of the population reporting use of other drugs. Drug use is more prevalent among men than among women. This gap is observable in both in lifetime and recent, as well as current prevalence. Additionally, drug use, and particularly cannabis use is mainly reported by young people. Also, lifetime prevalence of most drugs is most prevalent among persons residing in Famagusta district, which is one of the most attractive tourist resorts (such as Ayia Napa) addressed mainly to youth. This finding is in line with the results of some previous surveys (see also 2004 and 2005 National Report to the EMCDDA). Cannabis use (all types of prevalence) was also found to be most prevalent among military conscripts (most of which are in the age range 17-21 years).

As to the school population, a new series of ESPAD survey was carried out in 2006, the results of which will be presented in the 2008 Report to the EMCDDA. No other survey was carried out in 2006, aiming at the assessment of drug use among students. However, some questions regarding the use of illicit drugs were included in a survey which aimed at measuring knowledge, attitudes and beliefs regarding sexual and

[8] Persons living in institutions (prison, clinics, elderly homes, etc.) were not included in the target sample.

reproductive health. Although the drug variables that were employed in the survey, were not comparable to the EMCDDA standards, some basic results are briefly presented in the chapter. It may be mentioned here that this survey was conducted on a national level and covered 43 schools. According to the findings of the survey, 3.3% of the pupils reported having tried illicit drugs (as a general category - no specific drug types are mentioned). Furthermore, in line with the results of the general population survey, the highest prevalence of drug use was observed among pupils attending schools in Famagusta district.

No new surveys were carried out among the youth population or specific groups. The last survey among the youth population (18-21 years of age) was carried out in 2004, according to which 4.3% of the respondents reported a recent use of cannabis (use of other illicit substances was below 1%).

2.2. Drug Use in the general population

During 2006, a new general population survey was carried out. The survey was conducted by the Intercollege Research Centre and Institute for Social Innovation for the Cyprus Antidrugs Council. Although the survey was single, it is a first step of a series of studies, planned to be carried out every three years. Apart from licit and illicit substances, it examined some mental health issues.

The primary aims of the survey were as follows (CAC, 2007, unpublished; Cyprus NFP, 2007):

- To measure the prevalence of drug use (both licit and illicit) among the general population.
- To assess beliefs and attitudes towards drugs and drug users.
- To assess the relationship between particular population attributes and drug use.

The sample consisted of persons residing in the area controlled by the Government, who could speak the Greek language and were in the age range 15-64 years (CAC, 2007,

unpublished). A multistage proportionate stratified random sampling procedure was used to select the sample, and the mode of data collection was face-to-face. Two age groups were oversampled (15-24 and 25-34) and weighting procedures were used by age and gender. The response rate for the whole sample was 64.83% and the valid sample consisted of 3504 persons (also see online ST01). The questionnaire employed (self completed) was based on the European Model Questionnaire with additional questions on tobacco and alcohol.

Although the survey is an important tool for assessing the drug problem in the general population of Cyprus, its weaknesses cannot be ignored. One of its main limitations is the lack of inclusion of age in the questionnaire (the respondents were only asked to indicate their age range, according to the EMCDDA standard age groups). The decision of age exclusion arose from substantial concern about its potential negative impact on response rate, due to the minimization of the respondents' anonymity (Stylianou, 2006, personal communication). This particular limitation is of great significance, as it does not allow assessing incidence of drug use.

Another important methodological factor of the survey that should be taken into consideration is the lack of basic information about non-respondents (such as age, gender, etc.), which could help to determine if they differ from respondents and if they could be a source of bias in the sample (EMCDDA, 2002).

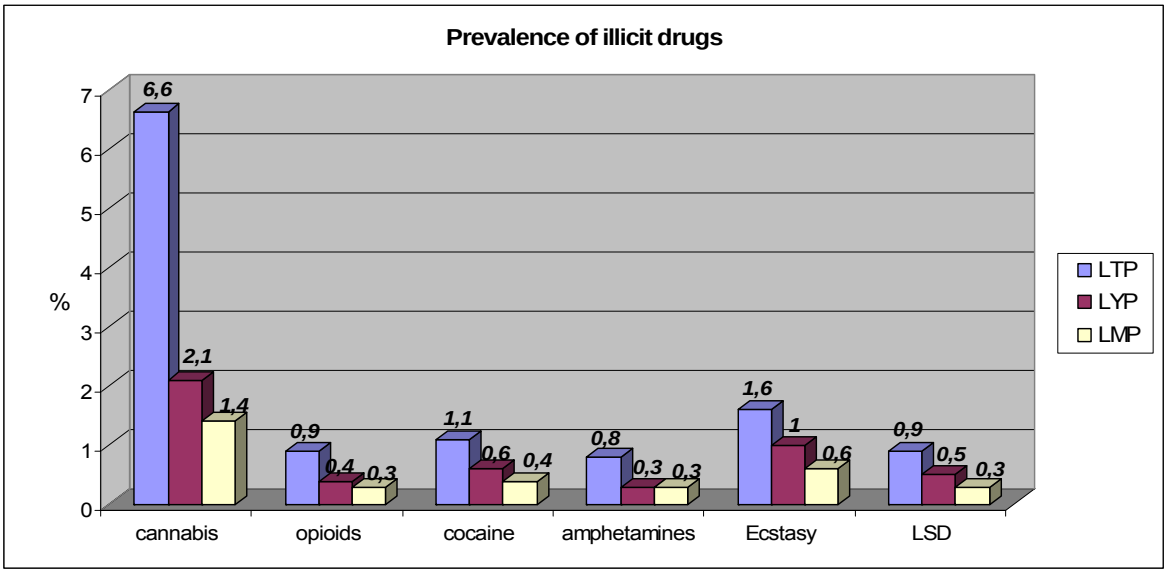
Yet another potential methodological limitation of the survey could be attributed to the exclusion from the target population of non Greek–speaking persons. Taking into consideration Cyprus' high rate of population growth (14.416 in 2005, the highest among 25 EU countries in the particular year), which is mainly due to its particularly significant positive net migration balance, along with the continuously increasing number of long-term immigrants[9] (Statistical Services, 2006), it is apparent that a significant section of the population has been excluded, which consequently could have biased the survey results.

[9] Cypriots and foreigners arriving for settlement or for temporary employment for 1 year or more (Statistical Service, 2006).

Results

The prevalence of all illicit drugs included in the survey is presented in the graph below.

Figure 2.1 Prevalence of illicit drugs among the general population

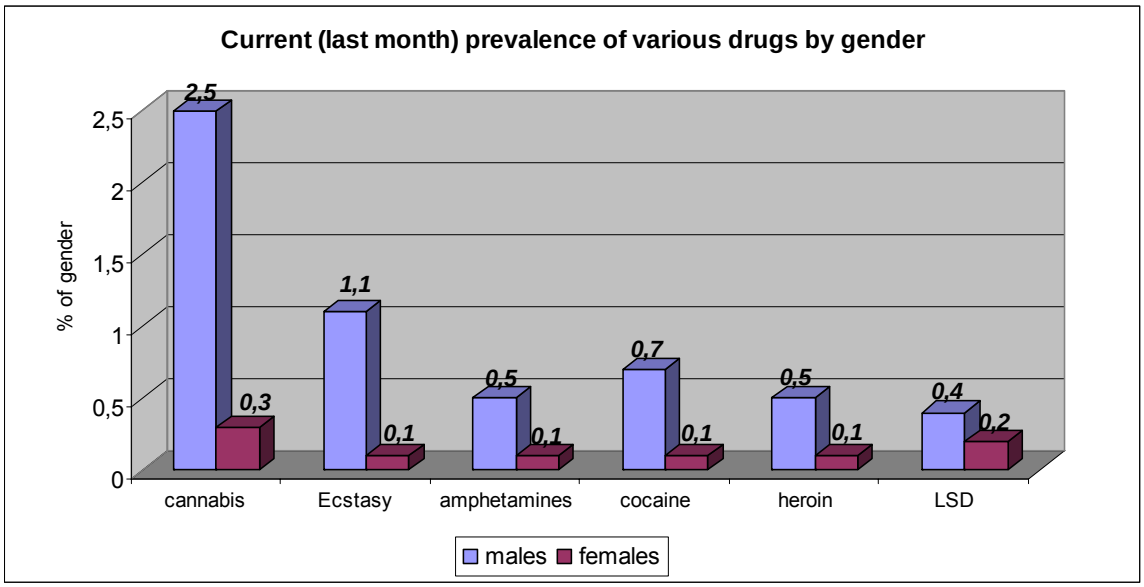


Source: CAC, 2006, Cyprus NFP, 2007

It can be observed that cannabis is the most widely used illegal substance and its lifetime prevalence significantly exceeds the respective percentage of the population reporting use of other drugs. The proportion of population reporting recent and current use of cannabis also exceeds the respective percentages for other drugs.

Drug use (including all illicit drugs) is more prevalent among men than among women. This gap is observable in both lifetime and recent, as well as current prevalence, as illustrated below (also see online ST 01).

Figure 2.2 Current (last month) prevalence of various drugs by gender

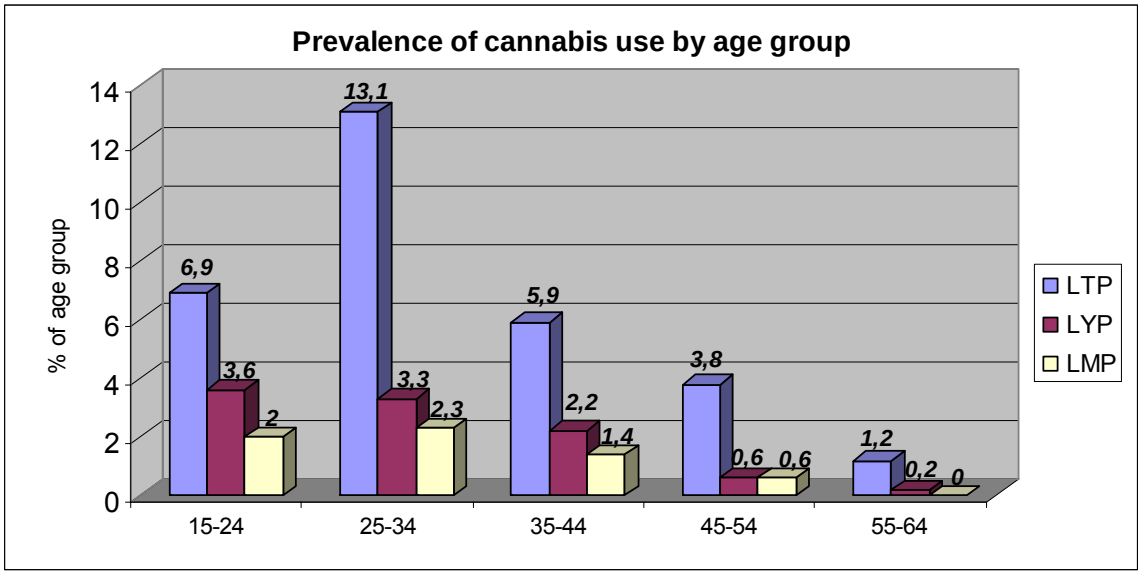


Source: CAC, 2006, Cyprus NFP, 2007

Strong relation between gender and illicit drug use was also confirmed by the application of the correlation coefficient (γ), which was statistically significant (with $p<0.001$ in most cases) for the most prevalent drugs (Stylianou 2006, unpublished).

Additionally, drug use, and particularly cannabis use is mainly reported by young people. As can be observed in the graph below, while the highest percentage of lifetime use of cannabis is reported by persons in the age group 25-34 years, this is not the case regarding recent and current cannabis use, which is at comparable levels among the youngest (15-24) and those in the age group 25-34 years.

Figure 2.3 Prevalence of cannabis use by age group



Source: CAC, 2006, Cyprus NFP, 2007

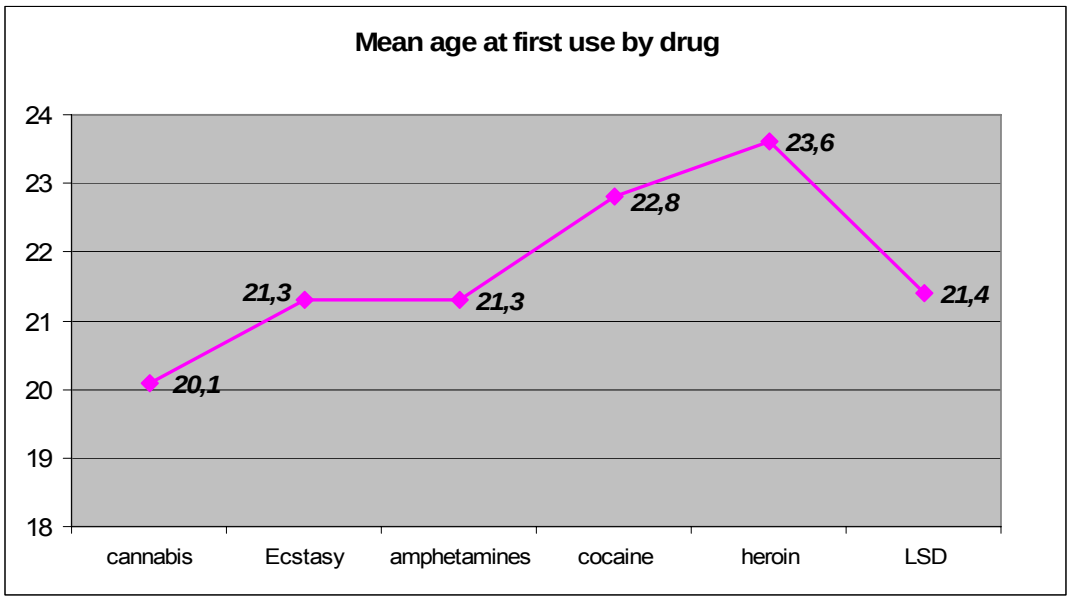
The negative relationship between drug use and age is also confirmed by the application of the γ-correlation coefficient, which in cases of all drugs and nearly all types of prevalence (lifetime, recent and current) seems statistically significant (Stylianou 2006, unpublished).

Further analysis of data reveals that lifetime prevalence of most drugs is most prevalent among persons residing in Famagusta district, which is one of the most attractive tourist resorts (such as Ayia Napa) addressed to youth. This finding is in line with the results of some previous surveys (see also 2004 and 2005 National Report to the EMCDDA).

Cannabis use (all types of prevalence) was also found to be most prevalent among military conscripts (most of which are in the age range 17-21 years). Specifically, lifetime prevalence of cannabis was reported by 12.5% of them, recent use by 7.8% and current use by 4.7%.

As to the mean age of onset of use of illicit drugs, as presented below, experimentation with cannabis seems to start earlier than with other drugs.

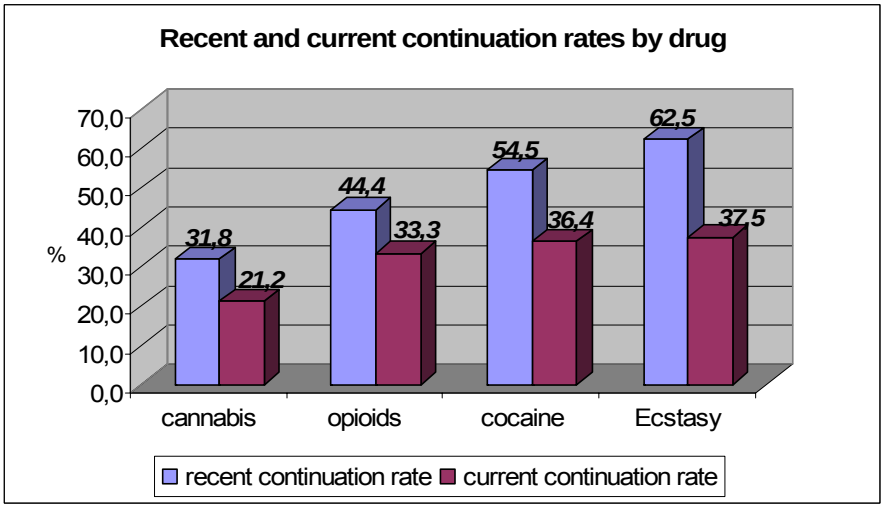
Figure 2.4 Mean age at first use by drug



Source: CAC, 2006, Cyprus NFP, 2007

Concerning the continuation rates (both recent and current), the highest are observed with regards to Ecstasy use and the lowest in case of cannabis, as shown in the graph below.

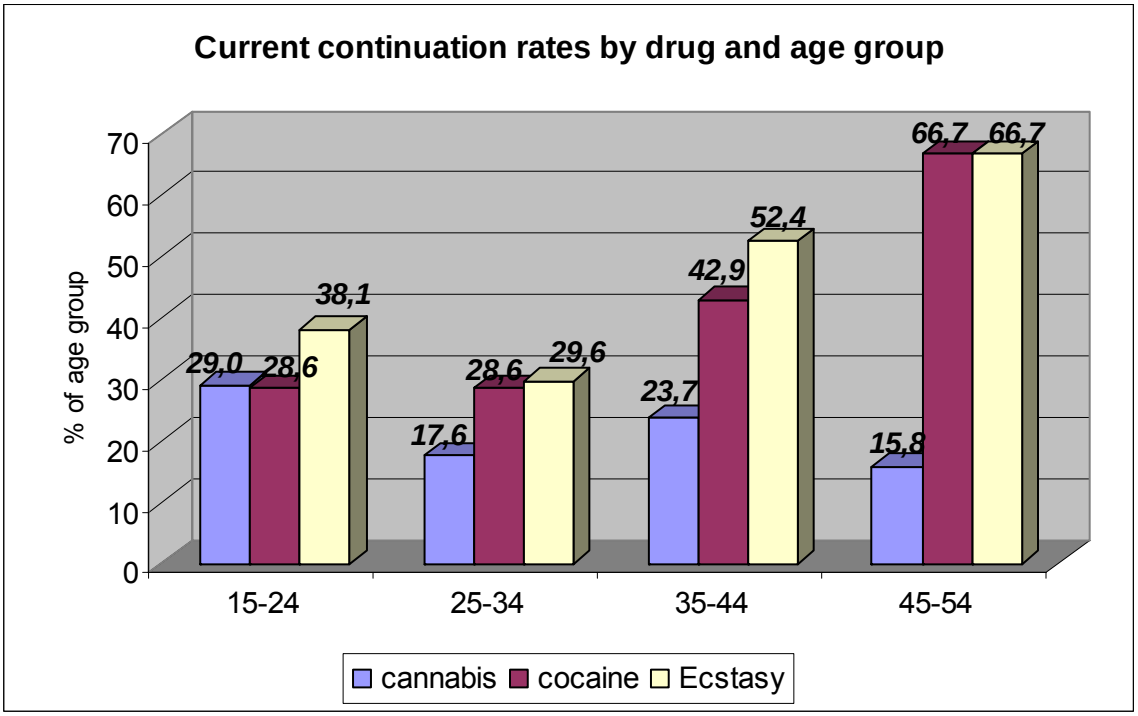
Figure 2.5 Recent and current continuation rates by drug



Source: CAC, 2006, Cyprus NFP, 2007

Taking into consideration the age group of those who have ever tried a drug, and also continued its use during the last month, the highest rates with regards to cannabis are observed among the youngest persons, 15-24 years of age (see graph below). Regarding current continuation rates of Ecstasy, the highest are reported by the age group of 45-54 years. Even though this result might seem unusual, it is not surprising when taking into consideration the actual number of persons of this particular age group reporting current use of Ecstasy (2 persons). In general, due to the small number of cases reporting current use of drugs, particularly among the older ages, along with the lack of information on the duration of use (due to the exclusion of age in the questionnaire) these results should be treated with great caution.

Figure 2.6 Current continuation rates by drug and age group



Source: CAC, 2006, Cyprus NFP, 2007

As to the frequency of use of cannabis among current users (other drugs were not analysed due to small number of cases), 13% of them reported use of the drug 20 times or more during the last month, 8.7% ten to nineteen days, 17.3% four to 9 days, and 61% one to three days (Cyprus NFP 2007, unpublished). Looking at the age group of current

cannabis users, the most intensive use of the substance (20 times or more) is reported by persons in the age range 25-34 (17.6%), followed by those in the age 15-24 years of age (11.8%).

2.3. Drug Use in the school and youth population

2.3.1 School population

A new series of ESPAD surveys was carried out in 2007, however its results are not yet available (Nirou, 2007 personal communication). The results will be presented in the next report.

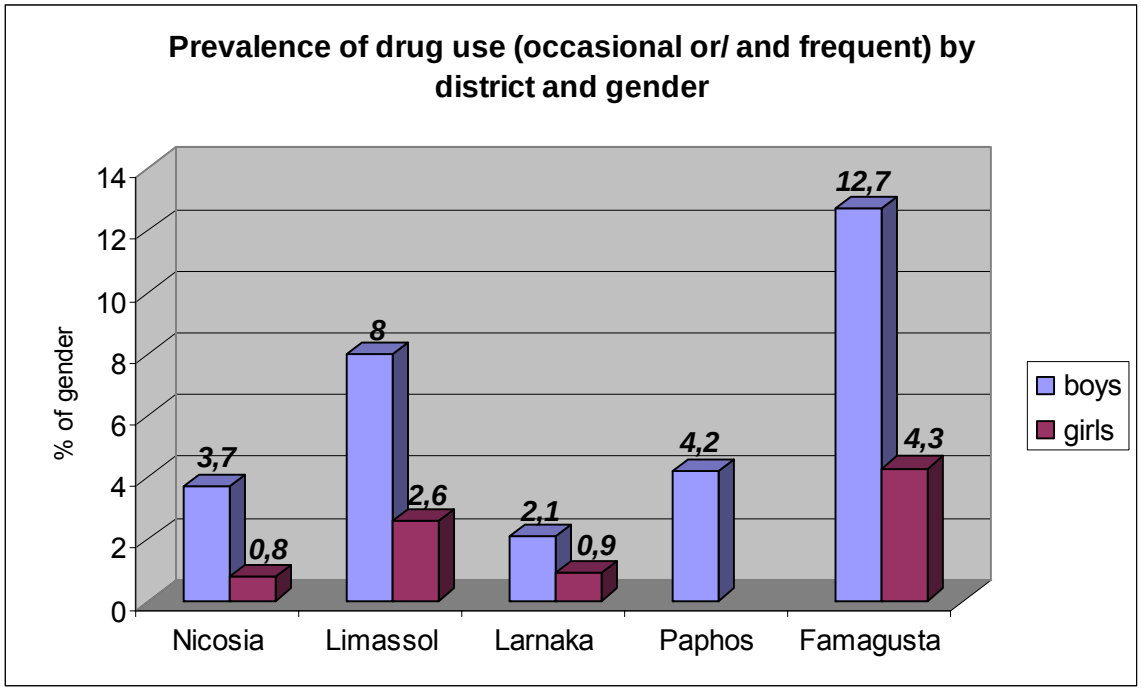
No other school population survey was carried out in 2006, which aimed at the assessment of drug use among students. However, some questions regarding the use of illicit drugs were included in a survey conducted by the Cyprus Institute of Reproductive Medicine which aimed at measuring knowledge, attitudes and beliefs regarding sexual and reproductive health (Cyprus Youth Board 2006, unpublished). Although the drug variables that are employed in the survey, as well as their measurements are not comparable to the EMCDDA standards, some basic results will be briefly presented.

The above survey was conducted on a national level and covered 43 schools (both lower and higher secondary) throughout Cyprus. A stratified sampling method was used to select the sample which consisted of 1670 pupils (44.9% boys and 55.1% girls) in the age range 13-17/18 years. According to the findings of the survey, 3.3% of the pupils have tried illicit drugs (as a general category - no specific drug types are mentioned). As all existing surveys have shown (Cyprus NFP 2004, 2005), drug use is mostly prevalent among boys, 5.7% of which reported illicit drug use[10], while the respective percentage among girls was 1.5%. In addition, 2.3% of boys and 0.8% of girls reported a frequent illicit drug use[11] (Cyprus Youth Board 2006, unpublished). Furthermore, in line with the

[10] No prevalence types (e.g. lifetime, last 12 months or last 30 days) are defined in the survey.
[11] No definition of occasional/ frequent use provided.

results presented in subchapter 2.2, the highest prevalence of drug use was observed among pupils attending schools in the Famagusta district, mainly boys, as illustrated below.

Figure 2.7 Prevalence of drug use among school population by district and gender



Source: Cyprus Youth Board, 2006

2.3.2. Youth Population

Although no new survey was carried out among the youth population, an older survey has been traced which had not been made available previously to the NFP. For the summary of this survey see selected issues, ch. 13.

2.4. Drug Use among Specific Groups

No surveys among specific groups were carried out in 2006, however the Cyprus NFP in cooperation with DLEU is currently conducting a study among young ravers which will be presented in the next report. For more information see selected issues, ch. 13.

3. Prevention

3.1. Overview

During 2006 two pilot prevention programs in schools were provided by the Ministry of Education and Culture. Additionally, various universal programs in schools, family and community settings were implemented by the Primary Prevention Center 'Mikri Arktos' as well as several in family and recreational settings applied by the Drug Law Enforcement Unit of the Cyprus Police.

In 2007 the National Focal Point applied a new instrument for collecting information by the use of structured questionnaires, pertaining to several prevention programs that are taking place. As regards the completion of these questionnaires, all partners were trained by officers of the Greek Focal Point. There had previously been no structured way of gathering all relevant information and consequently no possibility for analysis or reference of the information available. The introduction of structured questionnaires (PUF) for the collection of information, as well as the employment of new officers in the Cyprus NFP, will increase potential to provide more detailed and complete analysis of prevention programs. At this point however, the ensuing discussion will be based on the limited information available.

3.2 Universal prevention

Universal prevention programs were undertaken by the Ministry of Education and Culture of Cyprus, within the framework of the planned actions of the National Action Plans. The employment of three educators, experts on issues of prevention and health education, in the Committee for Health and Citizenship Education of the Ministry of Education and Culture on 1/9/2006 (MEC, 2006 unpublished), was an important step forward regarding the prevention strategy in schools.

3.2.1 School

During 2006 the Ministry ran two pilot prevention programs which were scheduled into the school timetable:

- The first concerned the introduction of a life-skills training lesson “Agogi Zois”, which was applied in 9 existing pilot ‘whole-day’[12] primary schools, the theme of this lesson being the promotion of health education; the lesson was taught 4 times a week and was a universal program addressing all students of that age.

- The second prevention program was the pilot application of the educational material for health education «Stirizomai sta Podia Mou» which was distributed to students of two high schools from different towns of Cyprus (Ioannou, 2007 personal communication).

Additionally, during the year 2006, the Primary Prevention Center ‘Mikri Arktos’ devised and ran several universal prevention programs for students, teachers, school counselors and school directors. A basic aim of the programs was the strengthening of ‘protective factors’ and at the same time, the limiting of ‘risk factors’ (Cyprus NFP 2006).

Another point worth stressing is the fact that in 2007 two centres previously providing mainly prevention services focused their services on adolescent treatment (See Chapter 5). More information about these programs will be presented in the next National Report.

3.2.2 Family

Prevention programs were also applied by the Primary Prevention Center ‘Mikri Arktos’ focused this time on parents, in order to strengthen the protective factors and limit the risk factors with the support of families (‘Mikri Arktos’, 2005, unpublished).

[12] Whole-day primary schools operate from 7:30am to 4:00pm, and include extra-curricular activities which traditional schools in Cyprus, with earlier closing times, do not.

Moreover, the Drug Law Enforcement Unit of the Cyprus Police applied a prevention program raising parents' awareness of addictive substances (DLEU, 2007, unpublished). Among the basic goals of the program were:

- Information regarding the risks involved in the consumption of illicit substances.
- Focus on the risk factors as well as on the protective factors aiming at the enhancement of children's personalities.

3.2.3 Community

The Primary Prevention Center 'Mikri Arktos' during 2006, among its several actions, initiated in a town in the Limassol district a mobile unit of primary prevention aimed at the general population. Additionally, other essential programs applied were: one targeting parents in order to contribute in the establishment of a diversity of prevention practices in families and at the same time, in their community, and programs for young people and Community Authorities ('Mikri Arktos', 2006).

3.3 Selective prevention

3.3.1 Recreational settings

During the year 2006 the Drug Law Enforcement Unit of the Cyprus Police (DLEU), with the cooperation of the Community Police implemented an informative program called "Proseggisi" regarding illicit addictive substances (Cyprus NFP, 2007). The program ran usually on weekends outside nightclubs frequented by youth. The main goals of the program are:

- sensitization regarding addictive substances
- information provision about the risks involved in the use of illicit substances, especially cannabis and synthetic substances, like Ecstasy
- provision of informative leaflets including phone numbers of all the relevant therapeutic centers operating in the country.

3.3.2 At-risk groups

More recently, during the year 2007 a group of professionals from the DLEU have been providing social services such as counseling to arrested youngsters under 25 years old and when proved necessary, also provide referrals to therapeutic and other specialized centers (DLEU,2007, unpublished). More information about these services will be provided in the next National Report.

Moreover, the prevention Center 'Perseas' enriched its selective prevention programs with new alternative therapies (Cyprus NFP, 2007). These include:

- Group of drama therapy
- Expressive Arts therapy
- Group of alternative activities.

3.3.3 At- risk families

There is no information available.

3.4 Indicated prevention

3.4.1 Children at risk with individually attributable risk factors

There is no information available.

4. Problem Drug Use and the Treatment Demand Population

4.1. Overview

As a result of close cooperation between the Cyprus NFP and the Drug Law Enforcement Unit, data was provided by the latter, which will allow the application of a two-sample capture-recapture method. Although 2006 data was made available to the NFP, due to some technical difficulties its use for the 2006 problem drug use estimation was not possible and the new method will therefore be employed beginning with the 2007 estimate. In addition, the Cyprus NFP, in cooperation with the Drug Law Enforcement Unit is conducting a study among all arrestees for drug offences (for more information see selected issues ch. 13), which will become an additional source of information for the estimation of problem drug use (both at national and local level).

As a result of lack of other than treatment data for the year 2006, the method applied for the problem drug use estimate was the same as in previous years (Truncated Poisson method – Chao's formula). As in previous years, heroin users were included in the estimation (other opiate use is very limited). However, as a consequence of an increasing number of cocaine users demanding treatment (following the EMCDDA's definition of problem drug use, such as intravenous or long term/regular use of the substance), an additional estimate was carried out which included both heroin and cocaine users. The total number of problem drug users (heroin and cocaine users) in 2006 was estimated at 801 and the 95% confidence interval at 684 – 966, corresponding to 1.50 persons 15-64 years of age in 1000 inhabitants (with 95% c.i.: 1.28-1.81). As to the estimated number of heroin users, a downward trend can be observed.

Regarding treatment demand data, in 2006 individual data was provided to the Cyprus NFP by all the existing (at that time) counselling and treatment centres (three inpatient, eleven outpatient and prison). However, it is worth noting that no treatment unit existed in prison at that time and the data provided refer to treatment demands (mainly pharmacological assistance) form the prison psychiatrist. Additionally, whereas data provided by inpatient and outpatient centres covers 100% of cases, prison data is limited, covering only around 22%.

From the beginning of January until the end of December of 2006, 528 drug users sought treatment (423 in 2005). Regarding the mean age of persons who sought treatment n 2006, a slight increase can be observed (from 27.9 years in 2005 to 28.2 in 2006). Whereas the mean age of men remained the same as in previous years, female drug users seem to be three years older than in 2005. Regarding the labour status of persons who sought treatment in 2006, while the unemployment rate among male drug users remained at the same levels as in 2005, the proportion of women who were unemployed continued to rise significantly, reaching 76.8%.

As to the primary drug of abuse of those seeking treatment within 2006, although heroin continued to be the most commonly reported primary drug, a significant decrease in the proportion of clients reporting it as their primary drug can be observed, but a further increase occurred in those reporting cocaine. As to the usual route of primary drug administration, the initial decrease of intravenous heroin use that was observable until 2005 did not appear to continue in 2006, presenting instead some increase. As to high risk behaviour, although the overall proportion of drug users reporting current injecting decreased in 2006, current sharing, on the other hand, recorded an increase.

4.2. Prevalence and incidence estimates of PDU

During the year 2006, cooperation was intensified between the Cyprus NFP and the Drug Enforcement Unit of the Cyprus Police, resulting in the provision by the latter of data which will allow the application of a two-sample capture-recapture estimator.

Although the 2006 data was made available to the NFP, due to some technical difficulties of the newly established recording system of the Police, its use for the 2006 problem drug use estimation was not possible and the new method will hence be employed for the 2007 estimate. In addition, the Cyprus NFP, in cooperation with the Drug Law Enforcement Unit is conducting a study among all arrestees for drug offences, which will become an additional source of information for the estimation of problem drug use (both at national and local level). A pilot phase of the study was completed in June 2007, and from January 2008 will be carried out on an on-going basis (for more information see selected issues ch. 13).

As a result of lack of data other than treatment data for the year 2006, the method applied for the problem drug use estimate was the same as in previous years (Truncated Poisson method – Chao's formula). An estimation of incidence was also attempted, but due to its limitations (as a result of the lack of chronological data) and the relevant suggestion in the 2007 Quality Report (EMCDDA, 2007 unpublished) it will not be presented.

As in previous years, heroin users were included in the estimation (other opiate use is very limited). However, as a consequence of an increasing number of cocaine users demanding treatment (following the EMCDDA's definition of problem drug use, such as intravenous or long term/regular use of the substance), an additional estimate was carried out which included both heroin and cocaine users. Although this constitutes a new definition of problem drug users in Cyprus, which cannot be compared with the previous results, it was decided that as the profile of problem drug users changes, the definition (and therefore, the groups of users included in the estimate) should accordingly be made broader (Cyprus NFP, 2007).

As to the estimation of injecting drug use (same method was employed), three groups of injectors were studied:

- ever IDUs among current problem drug users (heroin and cocaine users),

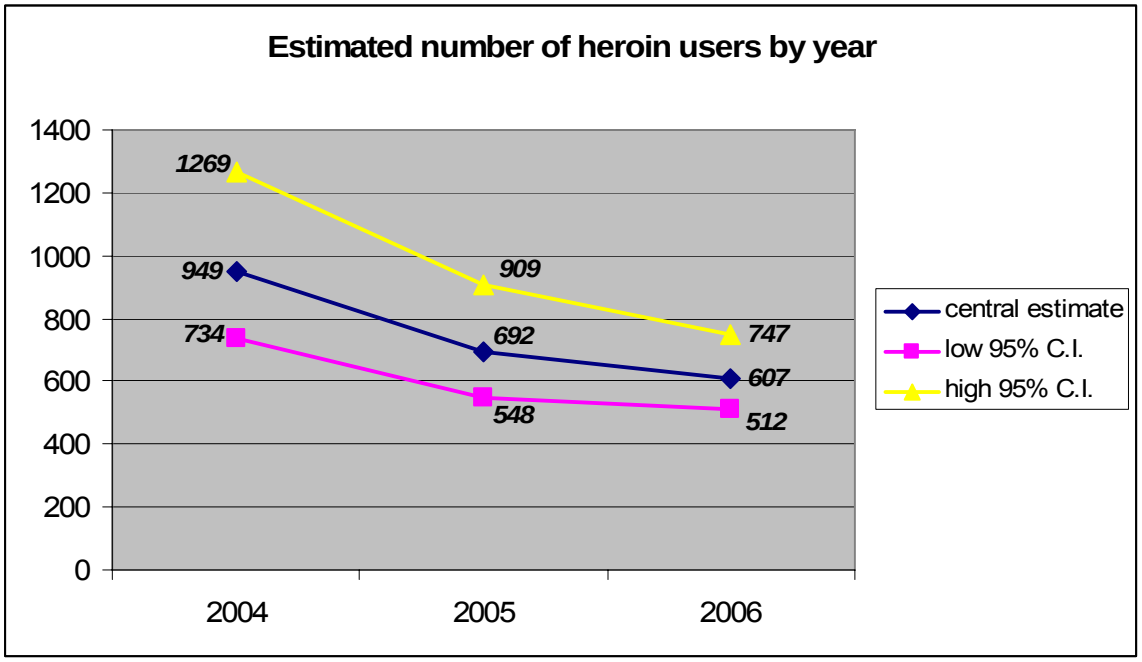
- ever IDUs among current heroin drug users
- current IDUs among problem drug users (heroin and cocaine users).

It should be noted that due to the low reliability of the method employed and an increase in the number of drug users asking for treatment on repeated occasions within 2006, the results should be treated with great caution.

4.2.1. Problem Drug Use Estimate

The total number of problem drug users (heroin and cocaine users) in 2006 was estimated at 801 and the 95% confidence interval at 684 – 966 (also see ST 07) (Stylianou 2007, unpublished; Cyprus NFP, 2007). Taking into consideration the recent information regarding the population in Cyprus (end of 2005) in the age range 15-64 (Statistical Services 2007, personal communication), the estimated number of problem drug users corresponded to 1.50 persons per 1000 inhabitants (with 95% c.i.: 1.28 – 1.81). In addition, the number of heroin users was estimated (by applying the same method) at 607 (with 95% c.i.: 512 – 747), corresponding to 0.96 persons per 1000 inhabitants (with 95% c.i.: 1.13 – 1.40). Changes in the above estimate from year 2004 are illustrated below in fig. 4.1.

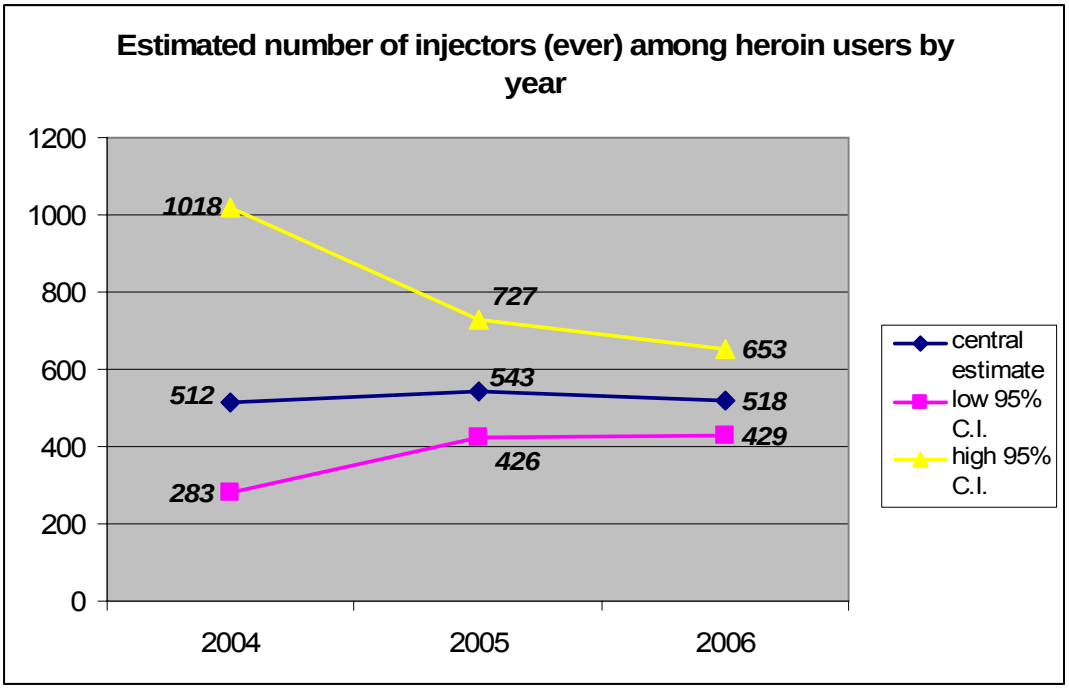
Figure 4.1 Estimated number of heroin users per year



Source: Stylianou, 2007; Cyprus NFP, 2007

As can be observed in the figure above, there is a downward trend in the number of estimated number of heroin users. Bearing in mind the limitation of the method applied (see above) and the changes in the population used for the estimate (increasing cases of repeated treatment demands, which tend to lower the results) an assumption regarding an actual shrinkage of the heroin users' population can be attempted. This hypothesis is partly supported by treatment demand data, according to which the proportion of persons seeking treatment due to heroin abuse does indeed seem to decrease since 2004 (see figure 4.6); and also partly by Police records, which do not indicate any increase in the heroin market (also see ST 16, ST 11 and ST 13). On the other hand, what is also possible is that the population under study has not really reduced, but perhaps our data is becoming more accurate, making our estimates year by year more precise (Stylianou 2007, unpublished). As to the estimated number of heroin injectors (ever injected), changes from 2004 are presented in figure 4.2 below.

Figure 4.2 Estimated number of injectors (ever) among heroin users per year



Source: Stylianou, 2007; Cyprus NFP, 2007

4.3. Treatment Demand Indicator

For the year 2006, individual data was provided to the Cyprus NFP by all counselling and treatment centres existing at that time (three inpatient, eleven outpatient and prison). However, it is worth noting that no treatment unit existed in prison at that time and the data provided refer to treatment demands (mainly pharmacological assistance) form the prison's psychiatrist. Additionally, whereas data provided by inpatient and outpatient centres covers 100% of cases, prison data is limited, as it covers only around 22%. The limitation of prison data arises mainly from infrastructure problems, such as understaffing (Lyssandrou 2007, personal communication). Nevertheless, it is worth noting that since the establishment of a treatment programme in prison in 2007 (also see chapter 9), the treatment demand protocol is being implemented to cover all cases. With regards to other sources of information, although further attempts were made by the

Cyprus NFP to involve general practitioners in the network (Cyprus NFP 2006, unpublished), there was no response.

As to the data submitted, due to an improvement in the implementation of the anonymous client code, double counting was controlled both between centres and at the centre level.

From the beginning of January until the end of December of 2006, 528 drug users sought treatment. Although the respective number in 2005 was lower (423) and the total number of available treatment facilities remained unchanged, no valid conclusions can be drawn regarding an increase in the number of persons seeking treatment, due to the nature of provided services by a newly established detox centre (which attracted a large number of drug users, as a result of the lack of another facility offering such treatment).

4.3.1. Profile of clients who contacted treatment agencies in 2006

Some main characteristics of drug users who sought treatment in 2006 and the main differences with previous years are presented below (Cyprus NFP, 2007).

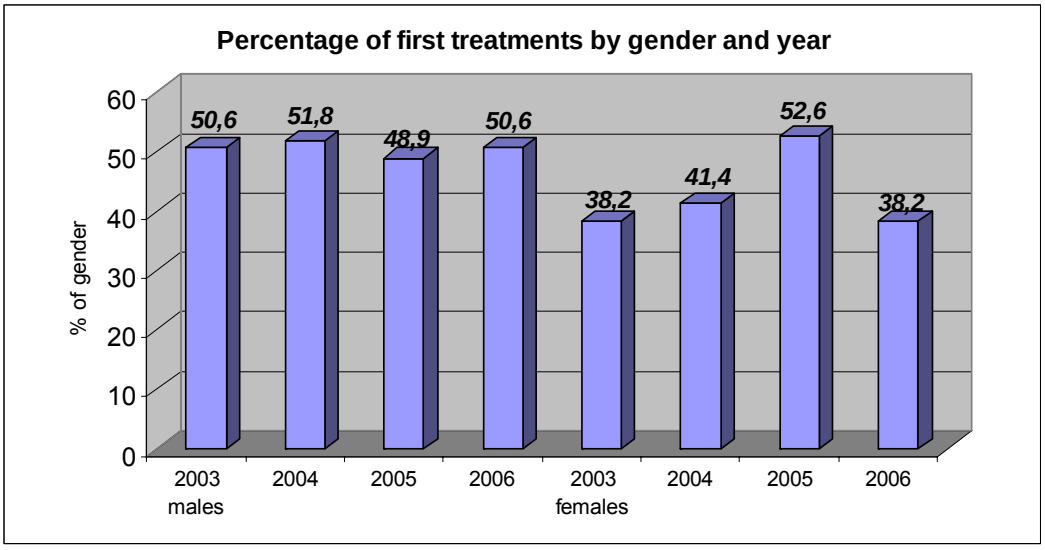
The proportion of men and women has remained unchanged, when compared to the respective percentages of previous years. As in previous years (Cyprus NFP 2006), the majority of drug users were recorded in outpatient facilities (68.2%), 23.3% in inpatient treatment centres and the remaining 8.5% sought help within the prison setting. Respective percentages from previous years reveal an increase in patients seeking treatment in outpatient centres and a decrease of those in inpatient centres. However, since in 2005 no data was provided by the Prison, no valid conclusion can be drawn.

The proportion of new treatments among all who sought treatment in 2006 reached 42.4%, recording some decrease as compared with the respective percentages of previous years (49.4% in 2005, 50.4% in 2004 and 49.1% in 2003). Moreover, the

decrease of the particular group of drug users is mainly observable among those recorded in outpatient treatment facilities (48.1% of which were never treated before, compared to 72.1% in 2005). This change is partly explicable through the nature of services provided by the aforementioned newly established medically assisted centre (which provides buprenorphine); This attracted a considerable number of heroin users, which are less likely to be registered as 'new treatments' (Cyprus NFP 2007, unpublished).

Regarding the mean age of persons who sought treatment in 2006, a slight increase can be observed (from 27.9 years in 2005 to 28.2 in 2006). Whereas the mean age of men remained the same as in previous year, female drug users seem to be on average three years older than in 2005 (26.9 years in 2006, compared to 23.9 years in 2005). The older age of female users is also supported by a noteworthy increase of previously treated women (from 42.1% in 2005 to 65.2% in 2006), and an analogous decrease in new treatments, as illustrated below.

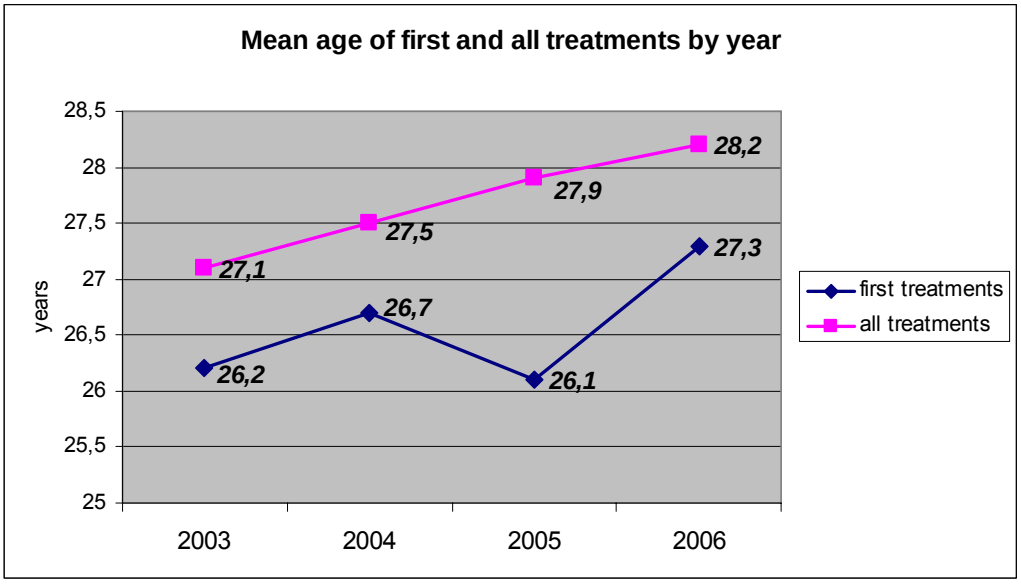
Figure 4.3 Percentage of first treatments by gender and year



Source: Cyprus NFP, 2007

In addition, the increase of the mean age of persons who were recorded by treatment agencies in 2006 is most prevalent among new treatments (see figure below).

Figure 4.4 Mean age of first and all treatments by year



Source: Cyprus NFP, 2007

A slight decrease can be observed regarding the proportion of young persons up to the age of 19 who sought treatment in 2006 (9.3% of all treatments, compared to 11.8% in 2005). As to the nationality of clients in treatment, as in previous years (Cyprus NFP, 2007), 75.4% of them were Greek-Cypriots, 12.1% EU nationals and the remaining 12.5% nationals of other countries. The majority of the EU nationals were Greek (10.6%) and of the non-EU countries – 'Rossopontioi'[13] (8.3%) (for more information, see selected issues ch.12).

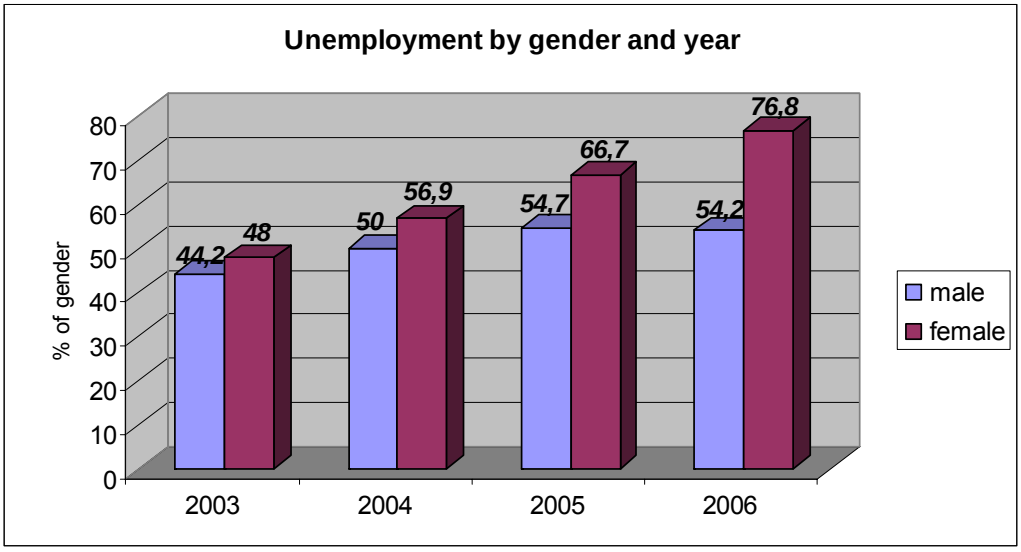
Regarding the educational level, some increase is observed in the proportion of persons with only a primary level of education (from 47.7% in 2005 to 57.2% in 2006). However, as in previous years the data regarding educational level was limited (Cyprus NFP 2006), hence no reliable conclusions may be drawn.

The percentage of drug users who reported being unemployed continued to rise in 2006 (although in a lesser degree than in previous years), as it reached 57.2% (compared to 56.3% in 2005, 51% in 2004 and 44.7% in 2003). As in previous years (Cyprus NFP 2006), persons in the age group 20-29, mainly heroin users, account for the majority of

[13] Greek indigenous population originating from the Black Sea region of the former Soviet Union.

those who are unemployed. Taking the gender of those unemployed into consideration, it may be noted that while the unemployment rate among male drug users remained at the same levels as in 2005, the proportion of women who were unemployed continued to rise significantly, as illustrated below, considerably exceeding the respective proportion of men (see also ch. 8).

Figure 4.5 Unemployment by gender and year

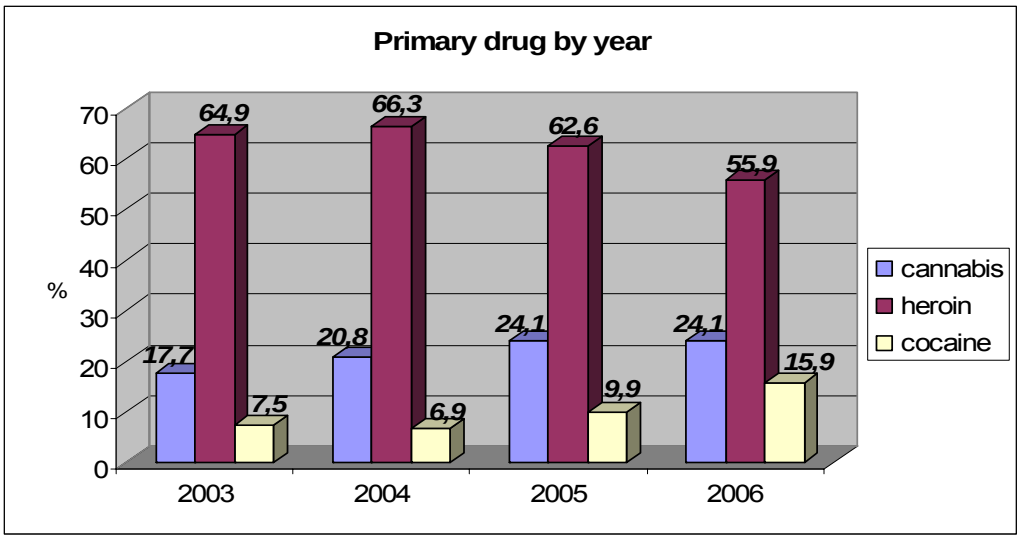


Source: Cyprus NFP, 2007

The highest unemployment rates, as in previous years (Cyprus NFP 2006) were recorded among clients of inpatient treatment facilities (75.6% of whom reported being unemployed, compared to 56.7% of those in outpatient centres and 11.1% of those recorded in prison (for comments see 2007 ST TDI prison).

As to the primary drug of abuse of those seeking treatment within the year 2006, heroin continued to be the most commonly reported primary drug (55.9%), followed by cannabis (24.1%) and cocaine (15.9%). Comparing these percentages with the respective ones in previous years, a significant decrease in the proportion of clients reporting heroin as their primary drug can be observed, as well as a further increase in those reporting cocaine (see figure below).

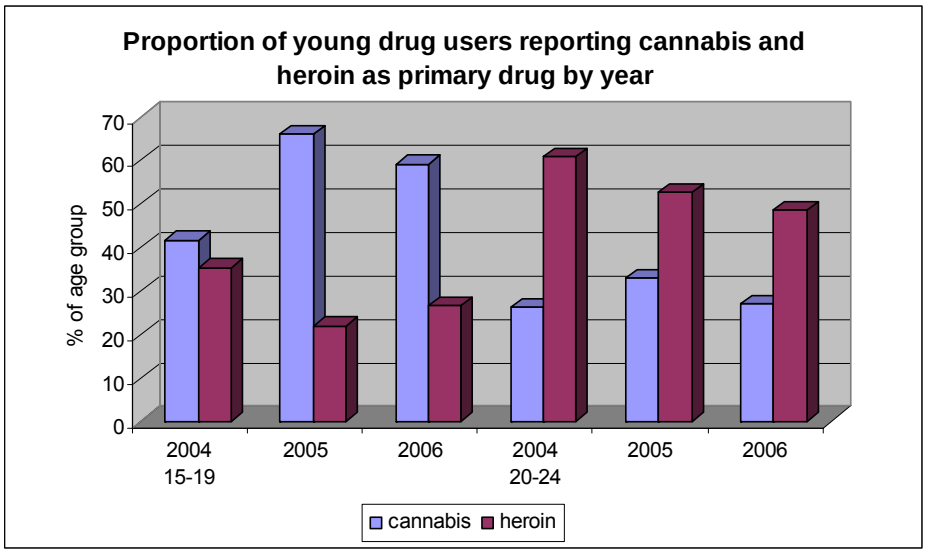
Figure 4.6 Primary drug by year



Source: Cyprus NFP, 2007

Heroin use as a primary drug, as in previous years (Cyprus NFP 2006, 2005) was more prevalent among persons in the age range 25-39, and cannabis among younger users. Looking at the younger ages of clients that requested treatment in 2006, the increase that was observed in 2005 of those reporting cannabis as their primary drug and a concurrent decrease of those reporting heroin, did not continue in 2006. On the contrary, among both age groups some decrease is noted in cannabis use, and some increase in heroin use among the youngest, as presented below.

Figure 4.7 Proportion of young drug users reporting cannabis and heroin as primary drug by year

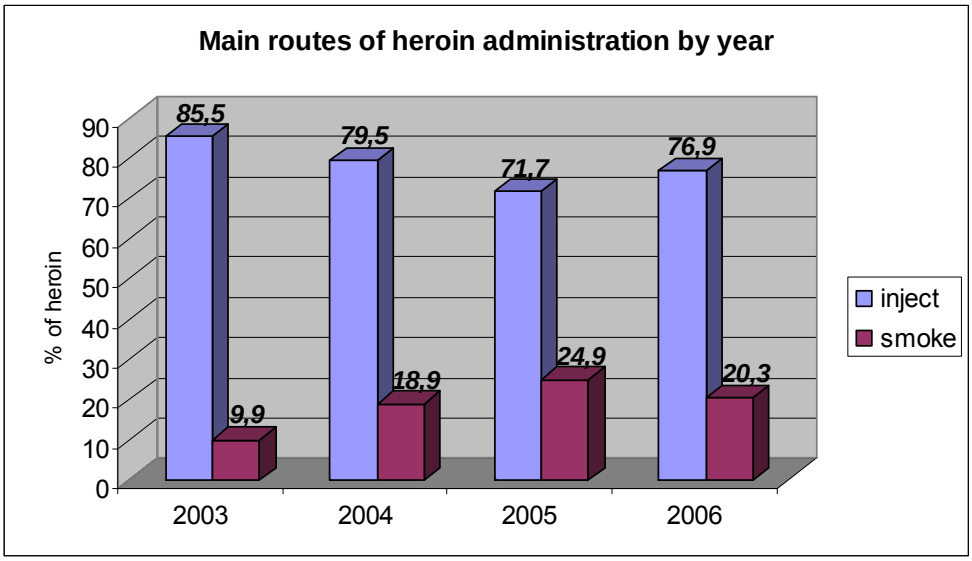


Source: Cyprus NFP, 2007

However, to determine whether this observation constitutes a real trend, more chronological data will be required. Also, as in previous years (Cyprus NFP 2006), cannabis and cocaine use was more prevalent among new treatments, among which both substances recorded an increase compared to previous years, and the proportion of these reporting heroin as their primary drug continued to decrease.

As to the usual route of primary drug administration, the decrease of intravenous heroin use that was observable until 2005 (Cyprus NFP 2006) did not continue in 2006, presenting some increase, illustrated in figure 4.8 below.

Figure 4.8 Main routes of heroin administration by year



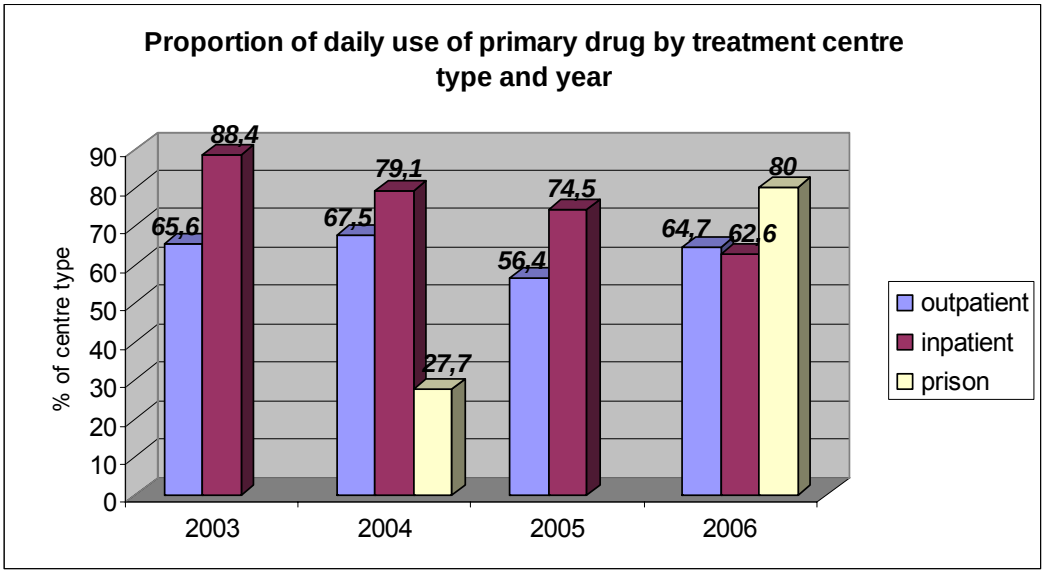
Source: Cyprus NFP, 2007

Bearing in mind the overall decrease in 2006 of the proportion of users reporting heroin as their primary drug of abuse, the above increase becomes even more noteworthy.

As in the previous report (Cyprus NFP 2006), heroin was not the only substance administered intravenously but also cocaine, although to a much smaller extent (6% of cocaine users reported this particular way of administration).

Frequency of primary drug use seems to have slightly increased in 2006, as those reporting occasional use (0-1 times per week) decreased (from 8.5% in 2005 to 5.9% in 2006) and daily use presented some increase. The highest proportion of daily use was observed among those who sought treatment within the prison setting, reaching 80% (of those recorded in prison). However, due to the limitations of this data (see 2007 ST TDI prison), this finding should be treated with great caution. Furthermore, daily use of the primary drug was, in contrast to previous years, somewhat higher among clients in outpatient facilities, as illustrated in figure 4.9 below.

Figure 4.9 Proportion of daily use of primary drug by treatment centre type and year



Source: Cyprus NFP, 2007

The above can also be explained by the aforementioned newly established medically assisted treatment (see above).

As to the mean duration of use of the primary drug, increase can be noted regarding cannabis and cocaine use. In particular, the mean years of cannabis use rose from 6.4 years in 2005 to 8.3 years in 2006. The mean duration of cocaine use reached 6.2 years, compared to 5.4 in 2005 and 4.2 in 2004.

The mean latency of new treatments (period of time that elapsed from first use until first treatment demand) reached from 9 years in 2005, to 9.8 years in 2006. The longest latency period (11.1 years) was manifested by cocaine users. Moreover, a significant increase can be observed in the mean latency period in the case of cannabis users, which reached 8.5 years (compared to 5.6 in 2005 and 7.8 in 2004).

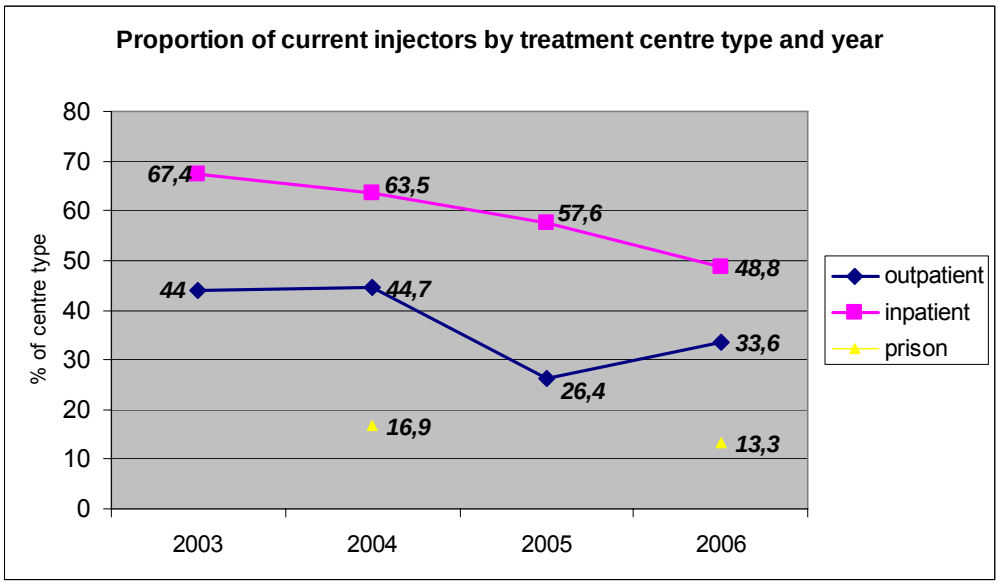
Regarding poly-drug use, nearly 60% of all persons who contacted treatment agencies in 2006 reported use of at least one secondary drug. While the percentage of inpatient

clients reporting the use of at least one secondary drug reached as high as 80%, the respective percentage among prison and outpatient clients reached 53%. As in previous years (Cyprus NFP 2006), cocaine (as first secondary drug) was the most popular, reported by 25.2% of all persons who sought treatment within 2006. Cocaine use (as a secondary drug) seems to have significantly increased among inpatient clients, as it was reported by 41.5% of them (in comparison with 23.6% in 2005). The second and third most popular secondary drugs are cannabis and MDMA.

As to high risk behaviour, the overall proportion of users who have ever injected continued to decrease in 2006, reaching 53.6% (compared to 57.8% in 2005, 62.4% in 2004 and 58.2% in 2003). Looking at the primary drug of those who reported to have ever shared, a significant increase can be noted in the proportion of cocaine users reporting such behaviour, as from 19% in 2005 it increased to 31% in 2006. Nevertheless as the numbers of cocaine users, especially in previous years, was low, this observation should be treated with great caution.

The overall percentage of current injecting also slightly decreased, reaching 35.4% (compared to 38.5% in 2005, 46.9% in 2004 and 49% in 2003). Some differences in the proportion of current injecting can be observed when stratified by treatment centre type, as illustrated in figure 4.10 below.

Figure 4.10 Proportion of current injectors by treatment centre type and year

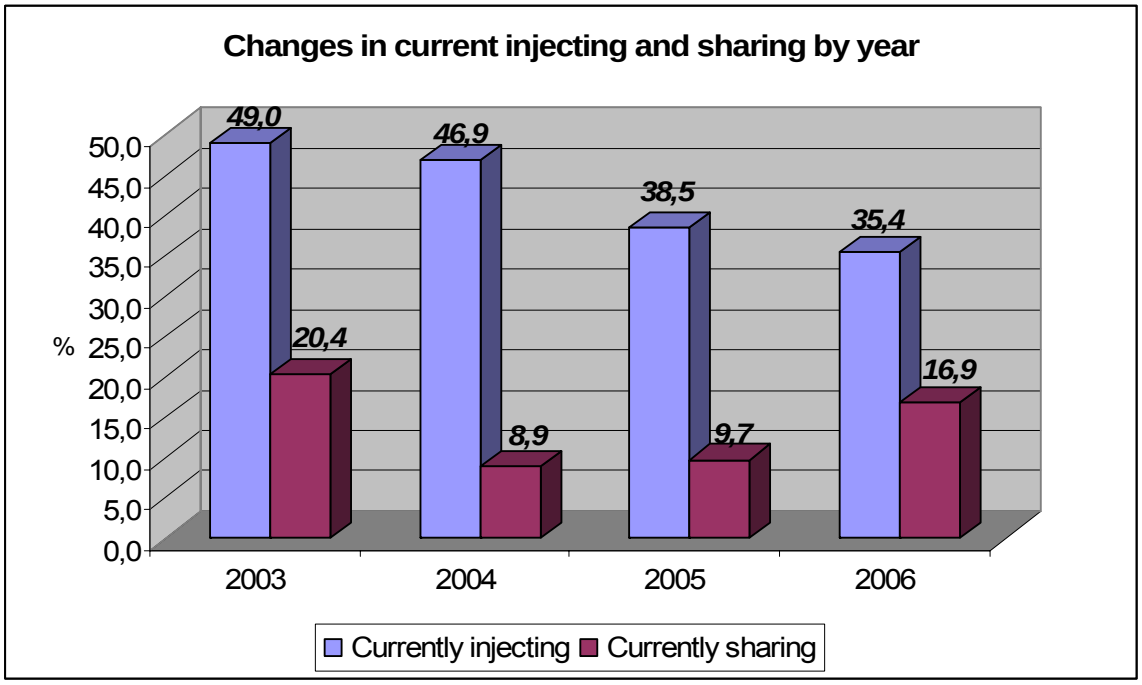


Source: Cyprus NFP, 2007

It can be observed that, while the proportion of current injectors who seek treatment in inpatient facilities continued to decrease, the respective proportion in the group of outpatient clients increased. This increase can, as previously, be explained by the increased proportion of heroin users seeking treatment in outpatient facilities (due to the newly established centre). Moreover, the stable decreasing trend of this particular behaviour among inpatient clients could potentially be attributed to the referral procedures to the inpatient treatment centres, admissions to which usually require previous contacts with counselling stations, which “prepare” the client to be admitted in a residential programme (Cyprus NFP 2004).

Although the overall proportion of drug users reporting current injecting declined, quite the opposite is occurring in the case of current sharing, as presented below in figure 4.11.

Figure 4.11 Changes in current injecting and sharing by year



Source: Cyprus NFP, 2007

The increase of current sharing can be observed among both male and female drug users, although the increase among women was somewhat higher than among men. As in previous years (Cyprus NFP 2006), current sharing was more prevalent among inpatient clients, 47% of which reported this behaviour during the last 30 days, in comparison with 22.5% of outpatient clients and 17.8% of persons who sought treatment in prison (for comments see ST TDI prison). Taking into consideration the respective percentages in 2005, a considerable increase is noted among inpatient clients (from 29.1% in 2005 to 47.2% in 2006), despite the aforementioned decrease of current injectors in this type of treatment. The continuous increase in current sharing has not been investigated yet, and no valid explanations can be provided at the moment. However, as mentioned in the previous report to the EMCDDA, increasing problems in accessing sterile syringes and needles from the pharmacies may be relevant (Cyprus NFP 2006).

4.4. PDUs from non-treatment sources

No information available from non-treatment sources (for comments see section 4.2).

4.5. Intensive or frequent patterns of use

No information available. For details, see ch.2.

5. Drug Related Treatment

5.1. Overview

During the year 2006, illicit drug use treatment provision in Cyprus was provided by ten counselling centres[14], two inpatient and four outpatient treatment programmes as well as two detoxification units. In 2007, two centres previously providing mainly prevention services shifted the focus of their services to adolescent treatment (Perseas Adolescent and Family Counselling Centre, Leonidou & CAC, 2007). Further, in October of 2007 a substitution centre will begin providing treatment to opioid users (MOH, 2007, unpublished). Overall, treatment programmes focus on providing individual support and counselling mainly aiming at drug abstinence, self-esteem and self awareness increase and living and other environmental changes.

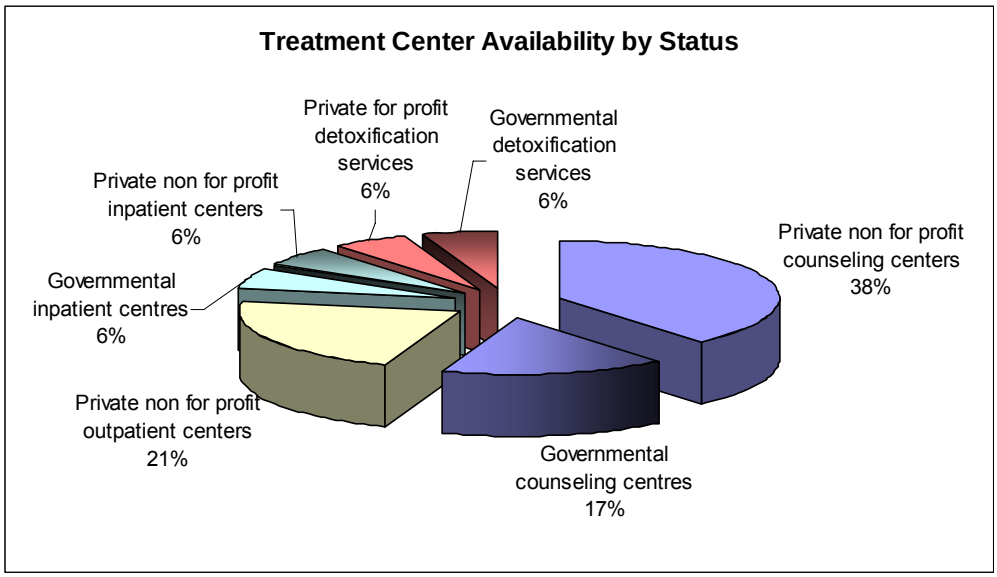
Information collection was, for the first time, completed by the use of the Treatment Unit Forms (TUF) on a pilot basis after a training activity of the treatment network by Greek NFP officers. However, detailed and complete analysis for the current report was not possible.

5.2. Treatment systems

As seen by the figure below, the country's illicit drug treatment system consists of seven private non-profit counselling centres, three governmental counselling centres (two of them targeting adolescents and young adults), four non-profit outpatient programmes (one in each city), one private non-profit therapeutic community and one governmental inpatient service. Two detoxification programmes (a governmental and a private for profit clinic) provide detoxification services.

[14] The discrepancy that can be observed in the number of treatment and counseling centers reported in this chapter and chapter 4 is due to the fact that some centers either did not have any demands for treatment in 2006 or they did not offer treatment services within that year.

Figure 5.1: Treatment Centre Availability by Status



Source: Cyprus NFP, 2007

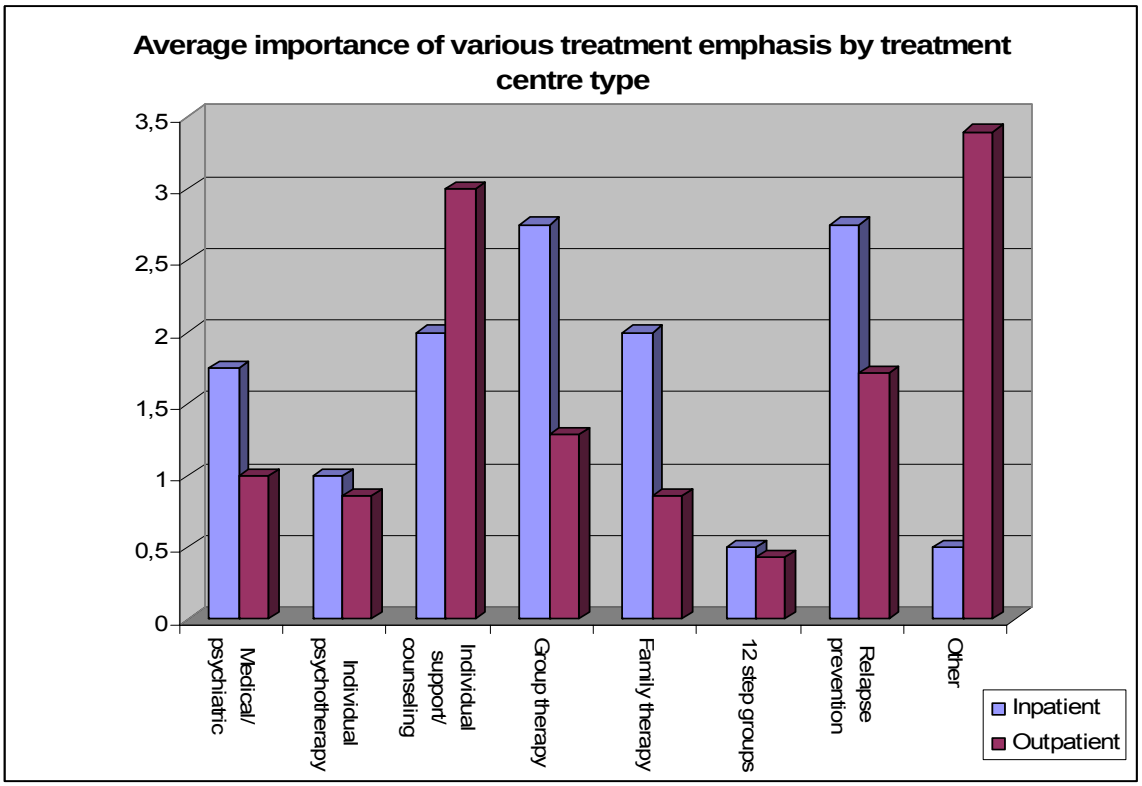
5.3. Drug free treatment

5.3.1. Inpatient Treatments

Although there are no new developments regarding inpatient treatments, the implementation of structured information collection tools allowed the Cyprus NFP to collect detailed information presented below.

Inpatient centres assign major or medium (on a 1-4 scale, where 1=none and 4=major) treatment emphasis on providing individual support and counselling, group and family therapy and relapse prevention (Cyprus NFP, 2007).

Figure 5.2: Average importance of various treatment emphases by treatment centre type

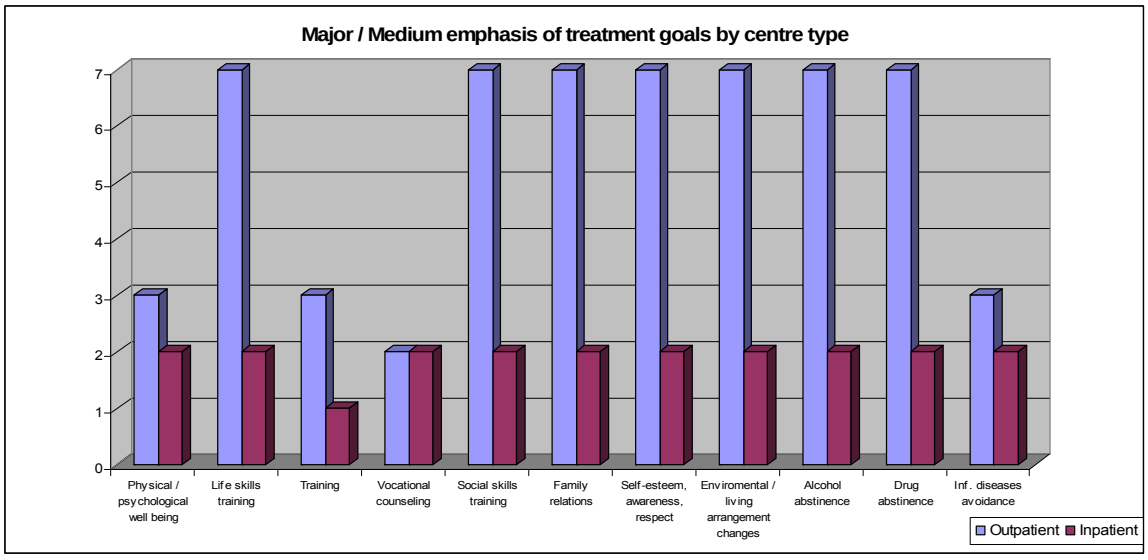


Source: Cyprus NFP, 2007

5.3.2. Outpatient treatments

Compared to inpatient centres, outpatient treatment centres assign more emphasis on life- and social-skills training, family relations, self-esteem, awareness, increasing self-respect, environmental and living-arrangement change and alcohol and drug abstinence (Cyprus NFP, 2007).

Figure 5.3: Major / Medium emphasis of treatment goals by centre type



Source: Cyprus NFP, 2007

5.4. Pharmacologically assisted treatment

5.4.1. Withdrawal treatment

In 2006, a private for profit clinic was established and began enrolling opioid and alcohol users for detoxification on an inpatient or outpatient basis (Veresies, 2006).

5.4.2. Substitution Treatment

As of October 2007, a buprenorphine substitution service will provide outpatient services to long-term opioid users (MOH, 2007, unpublished). Further information will be provided in the next annual report.

5.4.3. Other pharmacologically assisted treatment

There is no new information available.

5.4.3.1. Target group, objective, methodology, setting, staffing

The increase in the adolescent population in need of treatment services, which was indicated in the 2006 Annual Report, drove two programmes which offered mainly prevention services (in different cities) to shift the main focus of their services from prevention to adolescent treatment (Perseas Adolescent and Family Counselling Centre, Leonidou & CAC, 2007). Further, in October of 2007 a substitution centre will begin providing treatment to opioid users (MOH, 2007, unpublished).

6. Health Correlates and Consequences

6.1. Overview

According to the Special Registry, 48 drug related deaths were recorded from the beginning of 2004, until the end of 2006. During 2006 itself, 17 drug related deaths were recorded, seven of which were directly attributed to drug poisoning. Until September of the current year however, 16 further deaths were recorded, eight of which were toxicologically confirmed to be resulting from drug overdose (Cyprus NFP, 2007). Since the data for the year 2007 is incomplete, the data analysis presented in this chapter is based on data up to 2006.

In 2006 all except one of acute deaths involved men. Additionally, the slight increase in the mean age of the deceased which was observed in 2005, appears to have decreased again in 2006 to 28.3 years (for acute / direct drug-related death data please see also ST06). Nevertheless, due to the limitations of the data (resulting in its high vulnerability to changes), no safe conclusions can be made as to trends or changes. As in previous years, opiates (excluding methadone) accounted for the vast majority of the acute deaths. Road accidents accounted for all the indirect deaths also in 2006.

Reported data for HBV, HCV and HIV prevalence for the previous reporting years was based on the TDI protocol. For 2006 however, the data derived from the implementation of the Drug Related Infectious Diseases Indicator (DRID) protocol. Consequently, presented comparisons and data interpretation should be approached with caution. Over twenty-nine (29.6%) percent of those tested were HCV positive, a figure which indicates prevalence increase. Further, DRID indicator analysis revealed a decrease in the percentage of HCV positives for “new” IDUs in 2006, and that most HCV positives are within the 25-34 age group. When comparing the HCV positives and negatives it is indicated that most positives are recorded as demanding treatment from outpatient services. According to the DRID indicator, HBV prevalence rates remain minimal. There are no HIV / AIDS positive cases reported.

6.2. Drug related deaths and mortality of drug users

According to the Special Registry, 48 drug related deaths have been recorded from the beginning of 2004, until the end of 2006. During 2006 itself, 17 drug related deaths were recorded, seven of which were directly attributed to drug poisoning. Until September of the current year, 16 further deaths were recorded, eight of which were toxicologically confirmed to be a result of drug overdose (Cyprus NFP, 2007). Since the data for the year 2007 is incomplete, the data analysis presented in the chapter is based on data up to 2006.

6.2.1. Direct overdoses and (differentiated) indirect drug related deaths

As stated already, according to the Special Registry (Cyprus NFP, 2006), 17 drug related deaths were recorded in 2006, seven of which were due to overdose. In the current year 2007 (until September) 16 deaths were recorded, eight of which were attributed to drug poisoning. The demographic characteristics of these acute deaths are presented in the tables below.

Table 6.1 Demographic characteristics of the direct drug-related deaths in 2006

	Age Range	Gender	Place of death	Toxicological Test Results
1.	45-49	M	Larnaka	Poly-substances including opioids
2.	30-34	M	Limassol	Poly-substances including opioids
3.	30-34	F	Nicosia	Poly-substances excluding opioids
4.	20-24	M	Paphos	Poly-substances including opioids
5.	20-24	M	Nicosia	Poly-substances including opioids
6.	20-24	M	Nicosia	Poly-substances including opioids
7.	20-24	M	Limassol	Poly-substances including opioids

Source: Cyprus NFP, 2006

Table 6.2 Demographic characteristics of the direct drug-related deaths in 2007

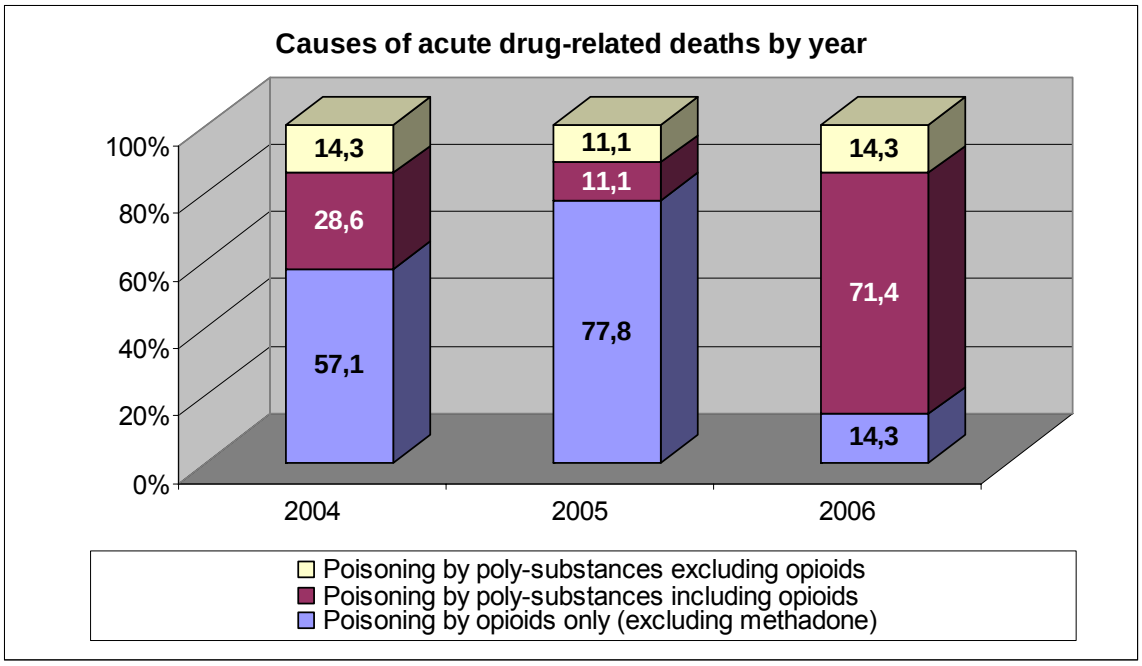
	Age Range	Gender	Place of death	Toxicological Test Results
1.	40-44	M	Limassol	Poly-substances including opioids
2.	20-24	M	Larnaka	Poly-substances including opioids
3.	50-54	M	Nicosia	Poly-substances including opioids
4.	25-29	M	Paphos	Poly-substances including opioids
5.	20-24	M	Limassol	Poly-substances including opioids
6.	30-34	F	Nicosia	Poly-substances including opioids
7.	20-24	M	Limassol	Poly-substances including opioids
8.	25-29	M	Paphos	Poly-substances including opioids

Source: Cyprus NFP, 2006

It is stressed that the above information includes deaths due to drugs overdose, which were confirmed by toxicological results from the National Toxicological Laboratory up to the time this report was written. As in 2005, all deaths which occurred in 2006, except one, involved men. While the mean age of the deceased due to drug use in the year 2005 was 29.1 years, in 2006 a slight decrease of the corresponding mean age is observed, as it reached 28.3 years (see also ST05). Nevertheless, no safe conclusions can be drawn, as the numbers are small and no data exists prior to the year 2004.

The causes of the acute drug-related deaths in the years 2004 to 2006 (confirmed by toxicological examination) are presented in the graph below.

Figure 6.1 Causes of direct drug-related deaths for the years 2004 until 2006



Source: Cyprus NFP, 2006

It may be noted form the graph above that opioids continue to account for the majority of direct drug – related deaths. In 2006, the proportion of deaths caused by opioids only (excluding methadone) decreased rapidly from 77.8% in 2005 to 14.3%, accompanied by an analogous increase of the presence of polysubstances including opioids. Regarding poisoning by polysubstances including opioids, Special Registry data suggests a matter for concern may be the increased use by addicts of a combination of benzodiazepines and opioids since 2005. The general risks arising from polysubstance use may be a matter which deserves attention from prevention / harm reduction experts. However, as mentioned above, due to the limitations of the data and the lack of availability of information from other sources, which could potentially shed some light on this phenomenon (e.g. information regarding the purity of heroin), no safe conclusions can be drawn at the moment, and the observed increase should be treated with great caution.

As to the indirect deaths recorded in 2006, road accidents accounted for nearly all of them (except one, for which the data is incomplete) (Cyprus NFP, 2006). Regarding the

substances involved in these cases, combinations of different drugs (frequently including cannabis and alcohol) were found through toxicological examination (Cyprus NFP, 2006).

6.2.2. Mortality and causes of deaths among drug users

No information available. It may be worth mentioning however, that as a result of a recent twinning initiative with Germany (Centre for Interdisciplinary Addiction Research, Hamburg University, 2007) for the evaluation of Cyprus' national Mental Health Services in the drug sector, the anonymous monitoring of dependent persons' careers in drug use is planned to be implemented as part of the development of the service continuum; this, in conjunction with the expected implementation of ICD-10 criteria by forensic experts[15], will in due course considerably improve information collection regarding mortality and causes of deaths.

6.3. Drug Related Infectious Diseases

Since 2003 the Cyprus NFP has attempted the monitoring of the HBV, HCV and HIV prevalence among IDUs in Cyprus by implementing the Drug Related Infectious Diseases Indicator (DRID). However, the low reliability of the information did not allow the NFP to report the indicator's results; thus, up to 2006 the reported results were based on the TDI. Simultaneously, the NFP attempted to improve the data collected, and to this effect in 2007, the form of the DRID was edited and a new form started being implemented on a pilot basis. For the first time, data reported in this chapter as well as on the ST9 was based on the DRID protocol. The sample has been derived from diagnostic testing and refers to users who have ever intravenously used illicit substances recruited by 9 treatment centres (see ST9).

[15] According to most recent information the ICD-10 criteria have been implemented and data does exist, beginning in 2004. However, due to certain remaining outstanding difficulties in the full implementation of the criteria, General Mortality Registry data has not been used in this report (Pavlou 2007, personal communication).

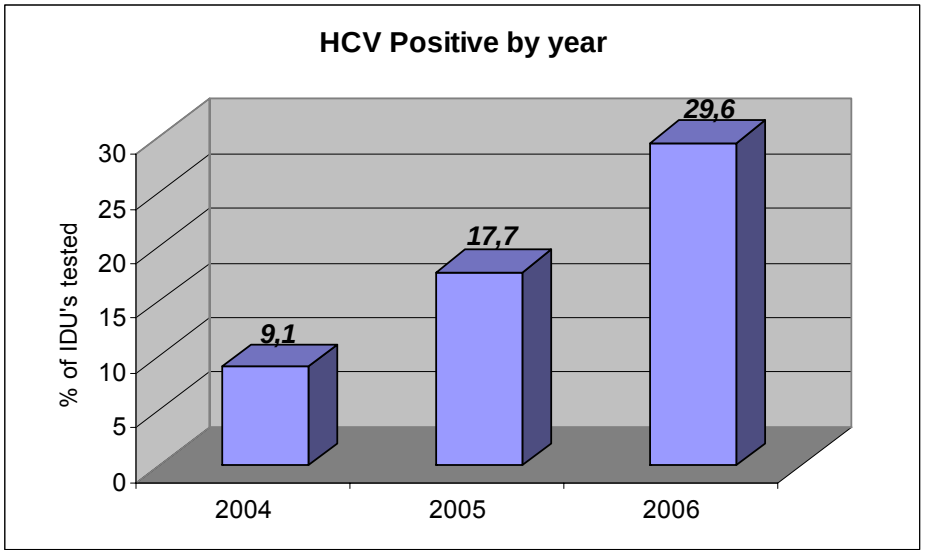
A 2005 project proposal which amongst other goals would have attempted measuring the prevalence of HCV and HIV among intravenous drug users was postponed due to rejection of the grant application. At the same time, the National AIDS programme of the Ministry Of Health carried out a new epidemiological survey during 2007. However, the Cyprus NFP has no further information. According to the National AIDS programme, the survey results are not ready (2007, unpublished).

6.3.1. HIV / AIDS, viral hepatitis, STD, tuberculosis, other infectious morbidity

6.3.1.1. Hepatitis C

Regarding Hepatitis C, taking into consideration only valid results (those with a known result) among intravenous drug users, 29.6% of them were found positive for Hepatitis C (HCVAb markers used in cases, where an actual test was available). Compared to the respective proportion in 2004 (9.1%) and 2005 (17.7%), an increase is noted.

Figure 6.2 HCV Positive by year



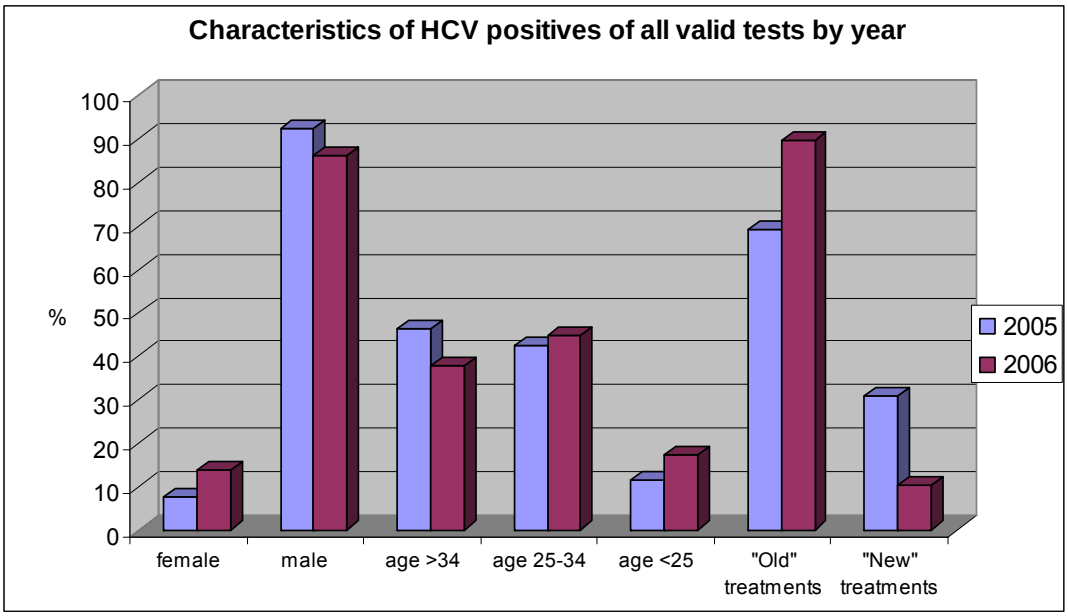
Source: Cyprus NFP, 2007

Although data reveals a significant HCV infection increase, any conclusions should be drawn with caution due to the data limitations, especially as regards the 2004 and 2005 data. On the other hand, the percentage of clients not tested in 2006 is higher than 2005[16], a conclusion that may imply an actual HCV infection rate increase.

Some characteristics of the persons who tested positive for Hepatitis C in 2005 are presented below.

[16] The aforementioned percentage should be approached with caution since it derived from the TDI, thus it is based on self-reports of whether clients have ever been tested.

Figure 6.3 Characteristics of clients tested positive for HCV by year

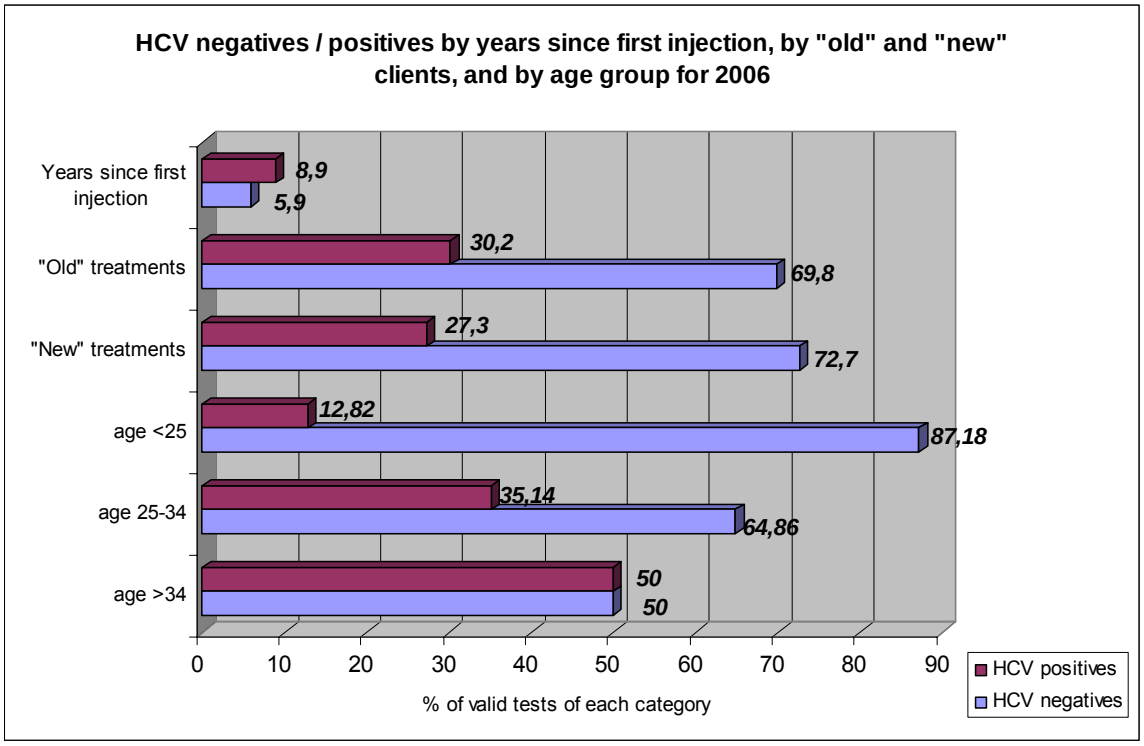


Source: Cyprus NFP, 2007

As seen above, when compared to 2005 data, there is a decrease in the percentage of HCV positives for “new” IDUs in 2006. Although any interpretations must be cautiously made, the decrease can be explained by the overall decrease of “new” IDUs, as well as by the decrease in the latency of heroin use (Cyprus NFP, 2007, unpublished). Another interesting finding is the increase of the percentage of female IDUs tested positive. As previously mentioned, taking the data limitations into consideration, the increase can be explained by the respective increase (8%) of female IDUs currently sharing. According to the TDI, in 2006 relatively more female IDUs were cohabitating with other drug users than males (20% female compared to 10% male IDUs). Further, 30% of all female IV users cohabitate with other drug users (Cyprus NFP, 2007, unpublished). Heroin remains the primary drug of abuse among the HCV positive IDUs for 2006 (92.3 for 2005 & 89.7 for 2006).

The mean duration of intravenous use among persons who tested positive for this particular hepatitis virus, was found to be 8.9 years whereas the respective number of years for the HCV negatives is 5.9.

Figure 6.4 HCV negatives / positives by years since injection, by “old” and “new” clients and by age group for 2006

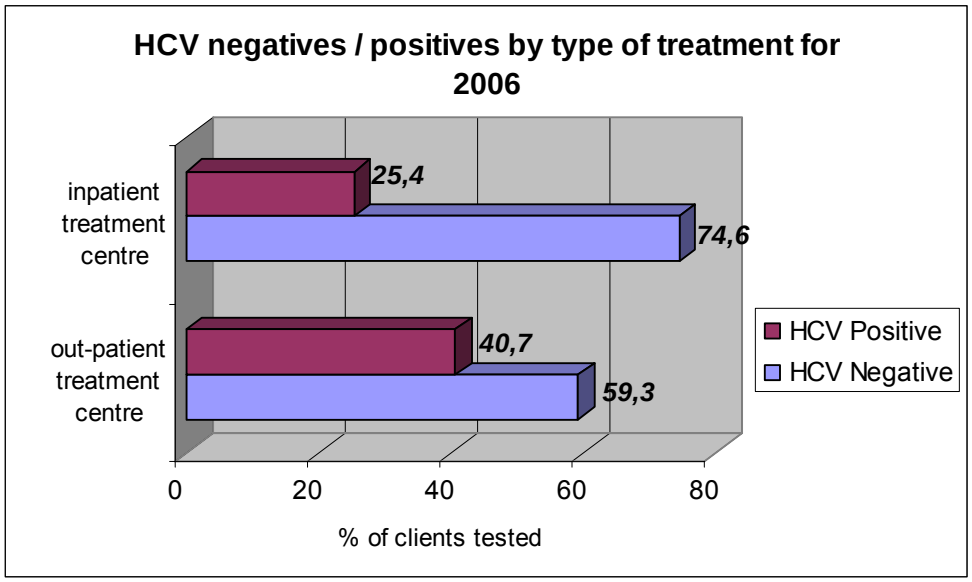


Source: Cyprus NFP, 2007

According to the 2006 data, most HCV positives are over 34 years old (50%), 35.1% are within the 25 – 34 age group, and 12.8% are under 25 years of age (see also ST9).

When comparing 2006 HCV positives and negatives in treatment centres it appears that most positives demanded treatment from outpatient centres (40.7% of which were found positive) whereas the respective percentage for inpatient centres is 25.4%. The difference in the percentage of HCV positives in treatment centres can be explained by the sample size of each type of treatment. For instance, the availability of the detoxification unit which began mostly providing services to “old” IDUs in an outpatient basis in 2006 and requires infectious diseases testing prior to treatment provision can partially explain the difference of the percentage of the IDUs tested positive. Concurrently, an increase of the percentage of users injecting and currently injecting in outpatient settings was observed (also see ch. 4.3).

Figure 6.5 HCV negatives / positives by type of treatment for 2006



Source: Cyprus NFP, 2007

6.3.1.2. Hepatitis B

HBV infection rates appear to be significantly lower than HCV among IDUs tested in 2006. Data revealed a 2% prevalence of HBV among those tested, a percentage that corresponds to two "old" IDUs out of 96 valid tests. Both HBV positives were male, 25-34 and over 34 years old respectively. Both positives are opioid users, one injecting for 5-10 and the other for more than ten years (see ST9).

6.3.1.3. HIV/ AIDS

There were no HIV/AIDS positive cases reported for 2006.

6.3.1.4. Other infectious morbidity

No information available.

6.4. Psychiatric co-morbidity (dual diagnosis)

The Cyprus NFP decided to officially implement the EuropASI as a tool for collecting co-morbidity and other related information. The treatment centres received training in administering the tool. However, the centres will begin administrating it by the end of 2007. Thus, co-morbidity information is not available at the moment.

6.5. Other drug-related health correlates and consequences

6.5.1. Somatic co-morbidity, non-fatal drug emergencies, other health consequences

For the time being there is no information available. The treatment network after a three day-long training activity from Greek experts, agreed in administering and delivering the EuropASI to the Cyprus NFP, from which such information will be extracted.

6.5.2. Driving and other accidents

According to the Drug-related Deaths Working Group (Cyprus NFP, 2007, unpublished), drugs were detected in nine fatal road accidents which occurred in 2006 (please see section 6.2.1 above for further details). Apart from fatal accident records, no official data is available regarding drugs and driving, especially as road traffic drug-testing legislature is still to be introduced (see also ch. 1.3.3.2).

6.5.3. Pregnancies and children born to drug users

No information available.

7. Responses to Health Correlates and Consequences

7.1. Overview

Policy makers, drug experts and the public seem to be more aware of the drug related health consequences due to the relatively recent exposure of the drug phenomenon dimensions. Further, the frequent press conferences and the presentation of well monitored drug related information of the NFP also raised awareness of these issues for the media and the public. Although no major changes in harm reduction took place in 2006, the introduction of a new substitution treatment programme at the time of writing is a significant development. Also, the day care centre "Stochos" began providing new, sterile needles to its clientele.

7.2. Prevention of drug related deaths

7.2.1. Overdose prevention (safer use training, first aid training, consumption rooms, antagonists, etc.)

There is a continuing lack of programmes aiming at overdose prevention. Nevertheless, small steps towards a general harm reduction approach continue to be taken, which may indirectly contribute positively to prevention of drug-related deaths. "Stochos" (*En*: "Target") became more firmly established and operational as a harm reduction programme in 2006, offering information on safer drug use and safe sex among other basic services such as nursing, provision of food and personal hygiene facilities; more recently Stochos has initiated small-scale provision of syringes as part of a safer use package (see sub-chapter 7.3). Also more recently, "Gefira" (*En*: "Bridge") a medical substitution programme, using buprenorphine, has been set up and is commencing its operations shortly (Ministry of Health, 2007, unpublished; see also ch.5). This programme aims at eventual abstinence from drugs and drug substitutes and employs selective intake criteria. It also states a reduction in drug-related deaths and morbidity among its aims.

7.3. Prevention and treatment of drug related infectious diseases

7.3.1. Prevention (vaccination, syringe provision programmes, paraphernalia and condom provision; information materials, educational approaches “safer use / safer sex”)

In 2006, the Anti-Drugs Council secretariat prepared and presented to the Council a proposal regarding the implementation of a syringe exchange programme. However, according to the CAC, there are no new developments since then (Gaist, 2007, unpublished). Further, “Stochos”, the harm reduction programme which began offering safer use training and information in 2006, also began offering new sterilized syringes to drug users in Cyprus (Constantinou, 2007, personal communication).

7.3.2. Counselling and testing / infectious disease testing

There is no new information available.

7.3.3. Infectious disease treatment

There is no new information available.

7.4. Interventions related to psychiatric co-morbidity

There is no new information available.

7.5. Interventions related to other health correlates and consequences

7.5.1. Somatic co-morbidity

There is no new information available.

7.5.2. Non-fatal emergencies and general health-related treatment

There is no new information available.

7.5.3. Prevention and reduction of driving accidents related to drug use / other health consequences reduction activities

Promotion of the amendment of the Traffic Control Law, aiming at the introduction of drug testing methods for drivers (Narcotest) continues to take place (see also ch. 1.3.3.2), implementation activities involving various governmental services have been coordinated by a relevant ad hoc committee at the Ministry of Communications and Works during 2006 (Gaist, 2007, unpublished). More recently, information leaflets regarding risks from alcohol and drug driving have been made available to the public (State General Laboratory, 2007). There is no new information regarding reduction activities for other health consequences.

7.5.4. Other health consequences reduction activities

No information available.

7.5.5. Interventions concerning pregnancies and children born to drug users

No information available.

8. Social Correlates and Consequences

8.1. Overview

As no special studies have been carried out on the issue of social exclusion of drug users, the presented information is based on reports from the treatment demand data. Due to some clarification of treatment demand data, cases of homelessness can now be recorded, but not separately from unstable accommodation; 4% of Cypriot drug users were identified as either homeless or in unstable accommodation in 2006. As in previous years, the majority of drug users reported living with their parental family. The increase in the unemployment rate among drug users, which was observed in previous years, also continued in 2006. Unemployment was more prevalent among women, between the ages of 20-29 years, with a significant relative increase in the 25-29 age group. Although no safe conclusions may be drawn from the data, female heroin users appear to be a vulnerable group which may warrant further research. No official data is available regarding financial problems of drug users. However, based on information provided previously by key informants (Cyprus NFP, 2006, unpublished), it is apparent that the financial problems they deal with are tremendous.

As can be observed from the data provided by the Drug Law Enforcement Unit of the Cyprus Police, the number of drug offences as well as the persons involved in these continued to increase in 2006. The vast majority of offences in 2006, related to use / possession of drugs, accounting for 78% of all drug offences. Additionally, similarly to previous years, the majority of offences (almost 66%) were cannabis-related. Compared to preceding years, a noteworthy increase of cocaine related offences was observed. No information is available regarding other drug-related crimes, drug use in prison or social costs. Nevertheless, research about the social cost of illicit drugs in Cyprus, including relevant public expenditures information, will be carried out next year and this will allow the Cyprus NFP to present the results in the following report.

8.2. Social exclusion

As no special studies have yet been carried out in Cyprus on the issue of social exclusion of drug users, most of the information presented below is, as in previous years, based on the treatment demand data available (for limitations of the 2006 data, see chapter 4). Nevertheless, the NFP recognises the need for such studies and encourages initiatives for research in this area.

8.2.1. Homelessness

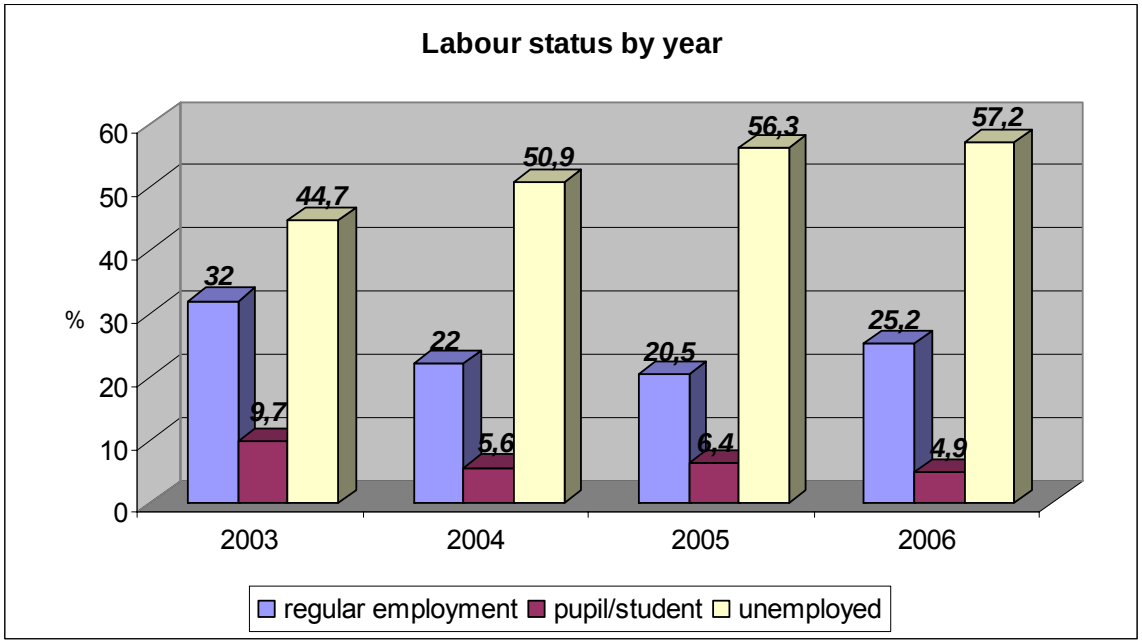
As in previous years (Cyprus NFP, 2006), the majority of drug users (61%) reported living with their parental family (see also chapter 4). However, a significant increase can be noted in the proportion of drug users living alone (11.7%), particularly among women (13% of which reported living alone, while the respective percentage in 2005 was 7%). It may be also interesting to note that 20.3% of female drug users reported living with other drug users in 2006, as opposed to 10.2% of male drug users (also see ch.6). Nevertheless, the proportion of female drug users living alone in 2006 still continues to be lower than in 2003 (16%), suggesting perhaps the need for further monitoring before any specific trends are identified.

Due to a clarification in the record-keeping procedure, it is possible this year to give a percentage of users living in a condition of homelessness / unstable accommodation, as these terms are internationally understood. Four percent of drug users in Cyprus can therefore be said to be either homeless or living in unstable accommodation, though the numbers in each category cannot be separated out. It is also noteworthy that 71.4% of users living in unstable accommodation are users of heroin, as opposed to users in stable accommodation 55.2% of whom use heroin as the primary drug. However, the above difference should be treated cautiously due to the very small number of persons reporting unstable accommodation. An opposite tendency (more in stable accommodation) can be observed in the case of cannabis and cocaine.

8.2.2. Unemployment

The increase in the unemployment rate among drug users, that was observed in the previous year (Cyprus NFP, 2006) also continued in the year 2006, as illustrated in fig. 8.1 below.

Figure 8.1 Labour status by year



Source: Cyprus NFP, 2007

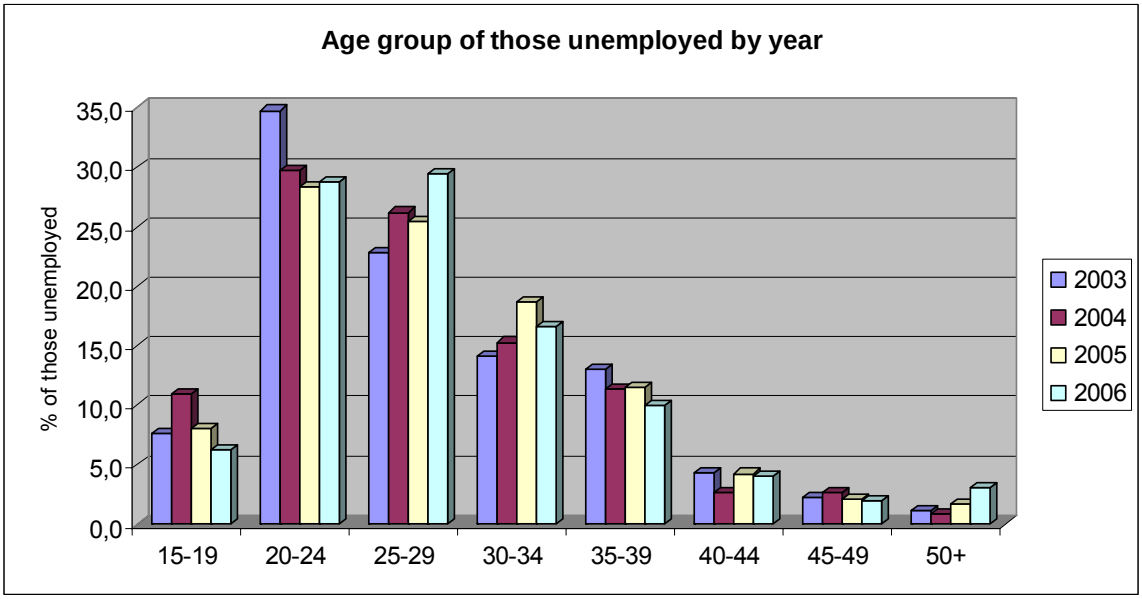
As in previous years (Cyprus NFP, 2006), unemployment was predominant among female drug users[17] (for more information see chapter 4). Additionally, not only was the unemployment rate higher among women, but the rate of this increase was also more apparent among them.

As to the age of those unemployed, the highest percentage was found in the group aged 20-24 years, followed by those in the age group of 25-29 years, as illustrated in figure

[17] This phenomenon can also be observed in the general population, where the proportion of unemployed women is traditionally higher than the respective one among men (Statistical Services, 2006).

8.2 below. Statistics show however, that in 2006 there has also been a significant relative increase in unemployment for the 25-29 years age group in the general population (Statistical Services, 2007).

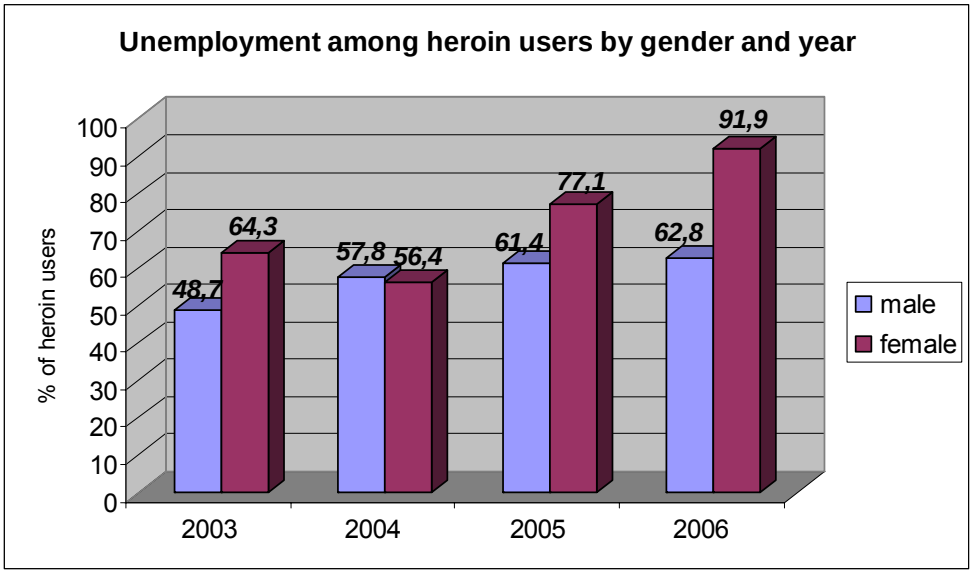
Figure 8.2 Age group of those unemployed by year



Source: Cyprus NFP, 2007

It may be noted that a significant increase in unemployment rate was observed among female heroin users in 2006 (from 77.1% in 2005 to 91.9% in 2006) (Statistical Services, 2007), as seen below (fig. 8.3). Taking into account the relatively high general rates of unstable accommodation for heroin users and the higher percentage of female drug users living with other drug users (see above section 8.2.1), this may indicate an increased vulnerability for this particular category of drug users, and further research into female heroin users is therefore recommended.

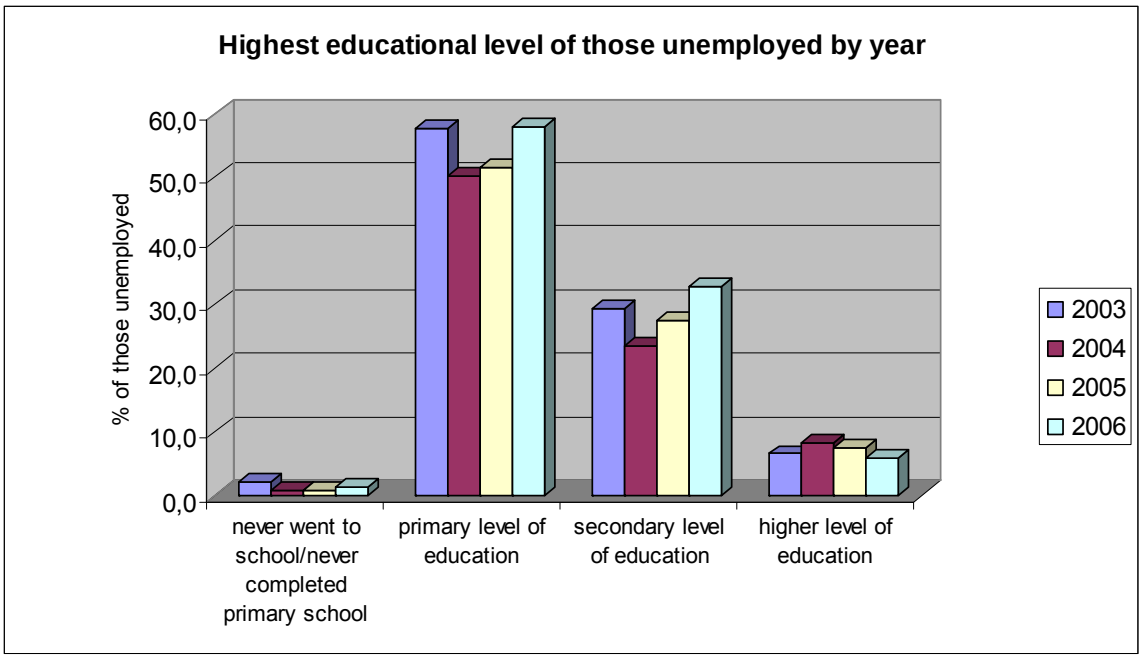
Figure 8.3 Unemployment among heroin users by gender and year



Source: Cyprus NFP, 2007

For further information regarding unemployment by primary drug, see chapter 4. With regard to educational attainment amongst unemployed drug users, as in previous years (Cyprus NFP, 2006), the majority of unemployed drug users had completed the primary level of education (see figure 8.4 below).

Figure 8.4 Highest educational level of those unemployed by year

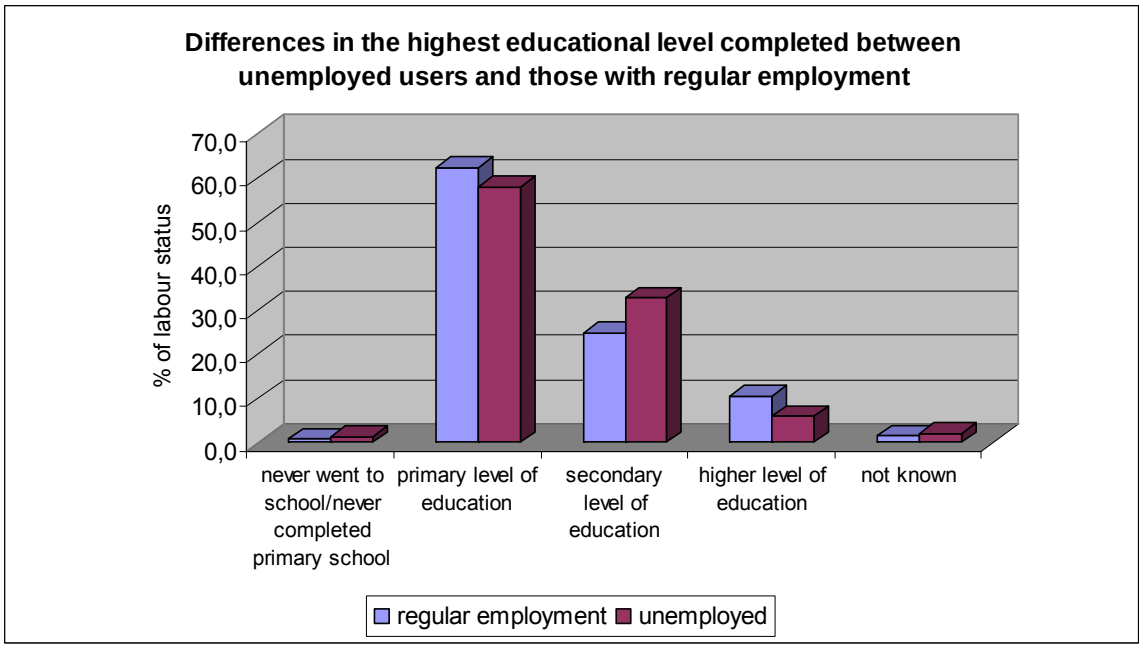


Source: Cyprus NFP, 2006

Looking at the educational level of those recorded unemployed in 2006 in the general population, it can be observed that those with primary education accounted for 21% (Statistical Services, 2007) – a percentage much lower than the respective one among unemployed drug users. On the one hand, the above could be explicable at face-value as evidence that the percentage of drug users, who have only completed primary education, is higher that in the general population. On the other hand however, questions can also be raised as to the discrimination of drug users in the labour market, such problems being recurrently reported by drug users, who are currently trying to re-enter the labour market, a matter also raised in the previous report, further investigation of which remains to be undertaken.

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

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



Source: Cyprus NFP

It may be interesting to note (fig 8.5) that a higher percentage of unemployed drug users as compared to employed drug users completed secondary education, also as compared to previous years. There is nothing however to suggest a trend of any sort as yet. Nevertheless, the above observations, along with the continuously increasing unemployment rates among drug users, lends support to previous comments regarding the need to further promote the implementation and promotion of social reintegration services (Cyprus NFP, 2006).

8.2.3. School drop out

Of all persons seeking treatment in 2006, 56% were school dropouts. Those leaving school before the age of 15 amounted to 46.4%. Nearly 60% of school dropouts were heroin users; 22% used cannabis and 15% used cocaine.

Also, school dropouts seem to have started drug use earlier than persons who did not drop out: the mean age of first drug use reported was 16.6 years among school dropouts, compared with 17.3 years among non-dropouts.

Surprisingly, the rate of regular employment among school dropouts was slightly higher than for non-dropouts, reaching 28.5% as compared to 21% for non-dropouts. This difference may be due to the fact that within the non-dropouts, students and pupils are included. Also, the unemployment rate among school dropouts was 60.7%, as compared to 52.8% for non-dropouts (Cyprus NFP, 2007 unpublished).

8.2.4. Financial problems

No new information available

8.2.5. Social Network

No information available

8.2.6. Sex Workers

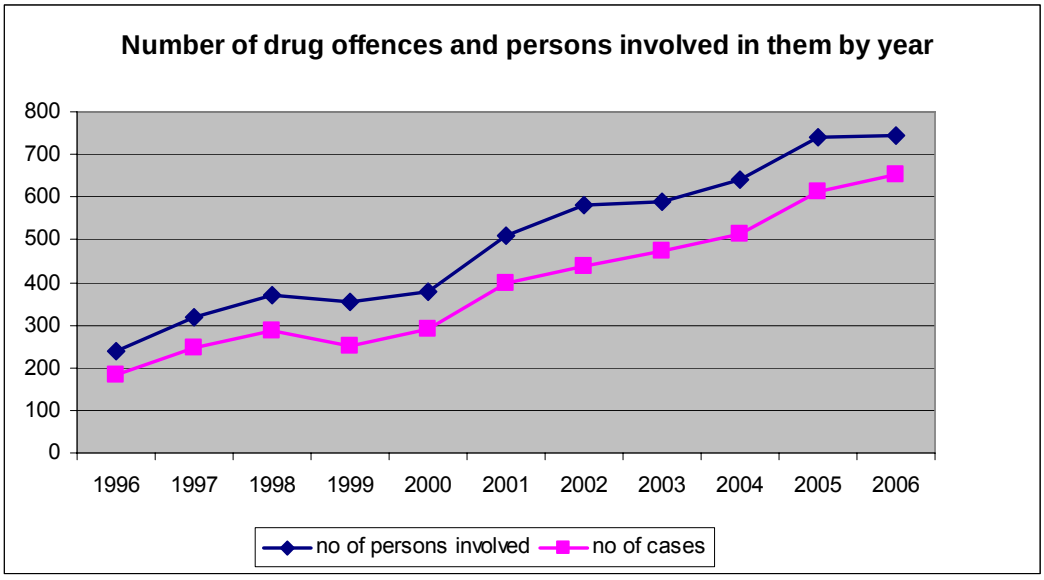
No information available

8.3. Drug related Crime

8.3.1. Drug offences

According to the data provided by the Drug Law Enforcement Unit of the Cyprus Police, the number of drug offences continued a rising trend in 2006, as illustrated in the figure below (see also ST 11). As regards the number of persons involved, this appears to have remained at the same levels. As can be observed in the table, during the year 2006, 654 drug offences were reported and 744 persons were involved, of which 32% were committed by non-Cypriots (DLEU, 2007, unpublished). The number of drug offences as illustrated below, have been continually increasing since 1999, however some slight increase can also be observed when compared to the respective numbers of 2005.

Figure 8.6 Number of drug offences and persons involved in them by year

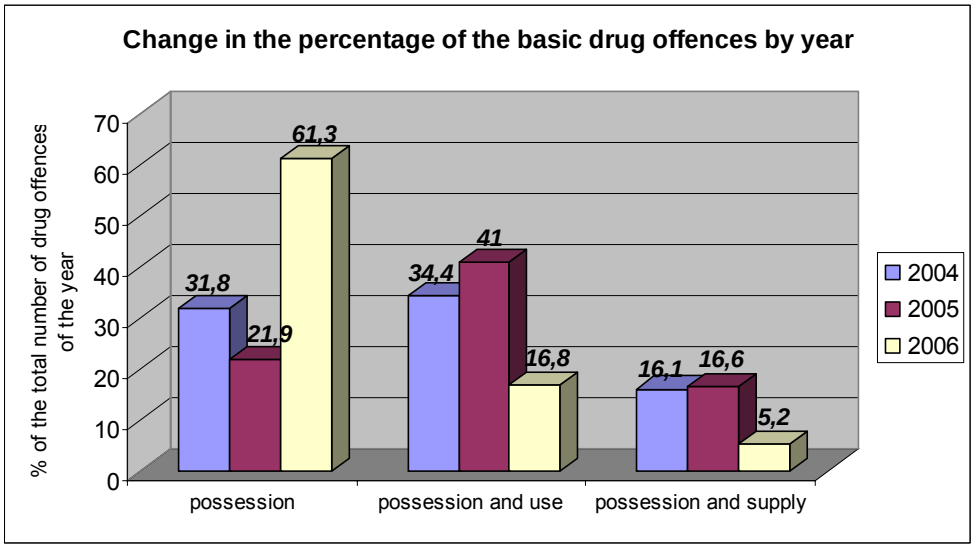


Source: DLEU, 2007

Also, 12% of the persons involved in the drug offences were committed by young persons aged 15-19 (compared to 14.3% in 2005). The highest proportion of persons involved in these offences was in the age range 20-24 and 25-29 (31.4% and 22.3% respectively).

By taking a closer look at the data provided (see also ST 11), it can be seen that the vast majority of offences related to use or possession of drugs in 2006, accounted for 78% of all drug offences, in comparison with 2005 where the percentage was 65% (See 2006 NR, chapter 8.3.1). Concerning different types of drug offences applying in Cyprus on a national level, the main changes are presented in the figure below.

Figure 8.8 Change in the percentage of basic drug related offences per year

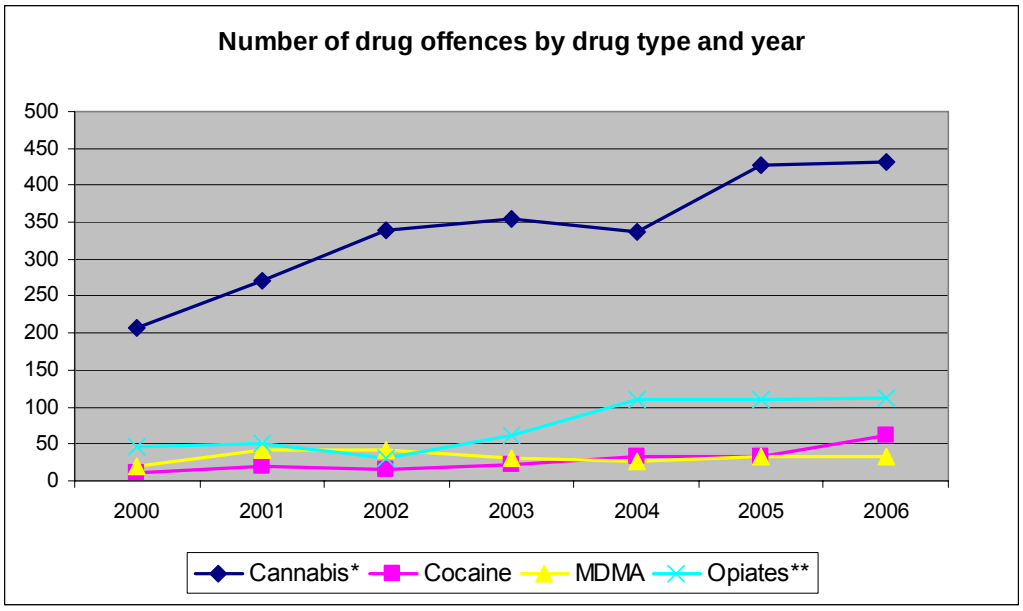


Source: DLEU, 2007

In contrast with the year 2005, where almost all offence categories stated an increase, during 2006 significant decrease of some drug-related offences was observed as is shown in the above table. More precisely, as shown in figure 8.8 above, while in 2005 possession offences constituted 21,9% of all drug-related offences, in 2006 the corresponding percentage reached 61,3%. At the same time, the proportion of use and possession offences as well as possession and supply offences appeared to significantly decrease (DLEU, 2007, unpublished).

Regarding heroin-related cases, a slight increase can be observed when compared with 2005 (see ST 11). As in previous years, the majority of offences (almost 66%) were cannabis related. Nevertheless, during the year 2006 a relatively steady number of drug-related offences may be observed with the exception of cocaine-related offences (see figure below), where an increase in the number of offences as well as in the number of people involved in them is observed. This increase is also reflected in the 2006 treatment demand data (see ch. 4) indicating a possible increase in cocaine availability, as well as in the observed decrease in the average price of cocaine (see ch. 10)..

Figure 8.7 Number of drug offences by substance and year



Source: DLEU, 2007

* Cannabis offences presented above include: cannabis resin, herbal cannabis and cannabis plants.
**Opioid offences include: heroin and opium.

8.3.2 Other drug-related crime

Despite the efforts of the NFP to collect information on drug-related crime, no information was provided (Cyprus NFP, 2007).

8.4. Drug use in prison

The treatment staff of the Central Prison informed the Focal Point (Meeting on 20/6/07) that due to lack of infrastructure, the limited number of staff and the comparative large and rapidly changing number of prisoners make it very difficult to detect the exact number of drug users or problematic drug users amongst prison inmates. Thus, currently no information can be provided regarding drug use in prison.

8.5. Social Costs

There is no information available regarding this area. Nevertheless, research about the social cost of illicit drugs in Cyprus, including relevant public expenditure information, will be carried out next year; Dr P. Kopp (Sorbonne University) was in Cyprus in September 2007 for the planning of this research. A research plan was set out, including the research methodology. The basic aim of the research will be to outline the framework of the relevant public policy, to measure the economic cost of illegal drugs on Cypriot society, and to determine whether and to what extent money is being usefully spent in current attempts to reduce drug demand and supply (prevention, treatment, law enforcement). It will therefore be possible to provide the EMCDDA with more extensive information and discussion regarding social costs related to illegal drug use in one of the forthcoming National Reports.

9. Responses to Social Correlates and Consequences

9.1. Overview

The National Drug Strategy and Action Plan introduced the need for social reintegration measures for drug users especially in regard to vocational reintegration (CAC, 2004). As a result, the Department of Labour of the Ministry of Labour and Social Insurance included the former drug using population in their department strategy and according to Law 52 (II)/2005 (see chapter 1), the Ministry can apply social support measures to former drug users. Therapeutic centres also report incorporating social reintegration assistance in their programmes although few have a separate and distinct reintegration programme.

Although there is no information concerning assistance to drug users in prison in 2006, a pilot treatment program was implemented by the Mental Health Services of the Cyprus Central Prison and more detailed analysis will be provided by the Cyprus NFP in the next report. As regards urban security policies in the prevention of drug related crime, in 2006 the Neighbourhood Police was formed and its personnel were trained on issues regarding addictions and appropriate approaches to addicted persons in an attempt to create a secure environment for the inhabitants of several districts of the country through different prevention actions (DLEU, 2007, unpublished).

9.2. Social Reintegration

9.2.1. Housing

There is no new information available.

9.2.2. Education, training

There is no new information available.

9.2.3. Employment

There is no new information available.

9.2.4. Basic social assistance

Law 52 (II)/2005 of the Ministry of Labour and Social Insurance allows for the provision of financial support to former drug users. Refer to chapter 1 (section 1.3.3.1) for further details.

9.3. Prevention of drug related crime

9.3.1 Assistance to drug users in prison

Although there is no information regarding assistance to drug users in prison in 2006, during the year 2007, a pilot treatment program was implemented, by the Mental Health Services of the Cyprus Central Prison, (Cyprus NFP, 2007, unpublished; Georgiadou 2007, personal communication) and a small group of prisoners completed the program with the assistance of a specialized team of experts including a clinical psychologist, a psychiatrist and one occupational therapist.

Moreover, in the framework of this program a 'social skills' group is operating, having as basic aim the social reintegration of prisoners by informing them about the possible consequences of the use of drugs after their release, the importance of harm reduction, treatment and etc. According to each case, meetings are taking place either in team, or personal level. More detailed analysis for the specific program will be presented in the following National Report.

9.3.2 Urban security policies in the prevention of drug related crime

As regards this area of action, in 2006 the Community Police (DLEU, 2007, unpublished) which deals with the institution of the 'neighbourhood policeman', includes 39 specially trained policemen and was formed with the specific aim of protecting local neighborhoods from different kinds of crimes, including drug-related crime, and has been mandated to create a secure environment for local inhabitants through cooperation and

mutual trust, mainly through implementing a diversity of prevention actions. Specifically, the personnel of the Community Police was trained on issues regarding addictions and the approach to addicted persons; these trained officers patrol 13 areas all over the country, in an attempt to promote common crime prevention programs.

10. Drug Markets

10.1. Overview

According to the perception of the general population, the easiest drug to access is cannabis (as high as 40.6% of the population believes it is easy / very easy to find cannabis within 24 hours), followed by Ecstasy. Regarding sources of supply and trafficking patterns of drugs, as in previous years, Cyprus was the final destination of all drugs seized in 2006. Regarding the countries / places of last transit of the seized drugs, the occupied area of Cyprus continues to play an important role in drug trafficking into the government controlled areas. As to the transportation methods of drugs into Cyprus, a significant increase in air transportation of some drugs can be noted and a decrease in cannabis and Ecstasy transportation by land. Moreover, whereas in 2005 only cannabis herb and Ecstasy were transported to the island by sea, in 2006 a noteworthy increase of drug importation by sea can be observed.

Regarding the number of seizures, as in previous years cannabis accounted for the vast majority of all seizures. Although the total number of cannabis seizures remained at similar levels as for the year 2005, some increase can be noted regarding cannabis plant seizures. Whereas in 2005 the most noteworthy increase in the number of seizures was observed in relation to herbal cannabis, in 2006 the most significant increase was with regard to cocaine seizures. As to the actual seized quantities of drugs in 2006, as in the number of seizures the most noteworthy increase related to cocaine. In addition, a significant decrease of cannabis (herbal and resin) seized quantities can be noted.

Concerning the prices of drugs, as in previous years, they are provided to the Cyprus NFP by the Drug Law Enforcement Unit and are based both on user reports, as well as purchases made by the Police's undercover operations officers. Regarding drug prices (per gram) in 2006, no change can be observed in cannabis (both resin and herbal) prices, which remained at the same level as in the year 2005. Ecstasy prices, on the contrary, continued to fall. A steady decrease is also noted regarding cocaine price.

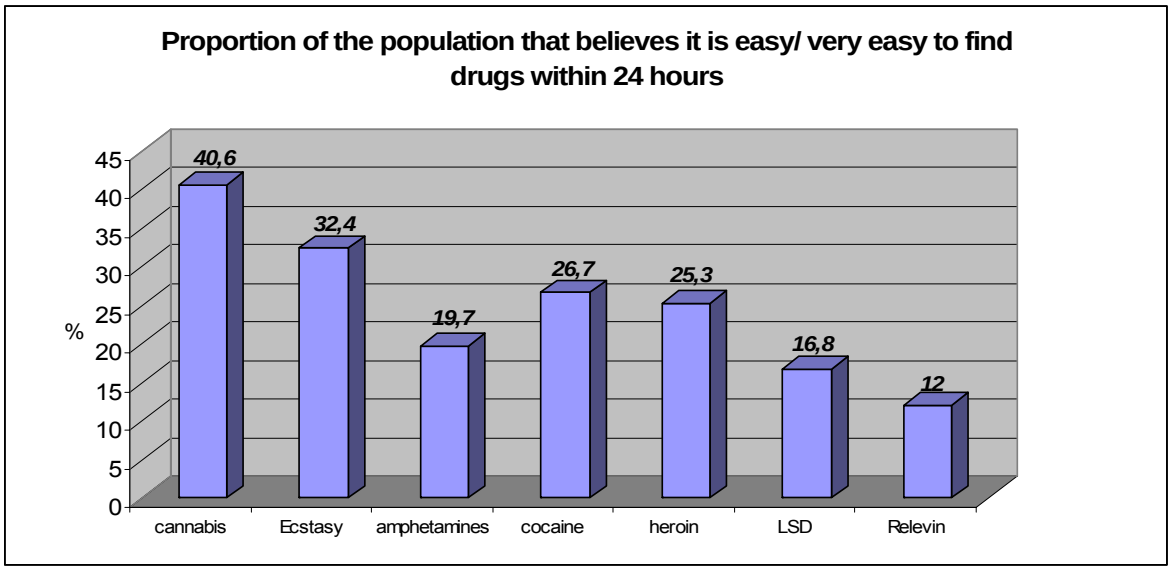
No information is available regarding the purity of drugs. As to the composition of drugs sold as Ecstasy, chemical analysis showed that in 95% of cases MDMA was present. Small amounts of anabolics, ephedrine, and benzodiazepines were also detected in 2006.

10.2. Availability and supply

10.2.1 Availability of drugs

Regarding the perceived availability of drugs, based on the findings of the recent general population survey (CAC 2006, unpublished; Cyprus NFP 2007), as high as 40.6% of the population believes it is easy/ very easy to find cannabis within 24 hours (see figure below).

Figure 10.1 Proportion of the population that believes it is easy / very easy to find drugs within 24hrs



Source: Cyprus NFP, 2007

As can be observed above, according to the perception of the general population, the easiest drug to access is cannabis, followed by Ecstasy, which is in line with the lifetime prevalence of these drugs among the population (see chapter 2). On the other hand, the fact that as high as 12% of the population believes that a dummy drug, namely Relevin, is easy to access could potentially indicate that the perception of high availability of the other drugs is overrepresented. Additionally, a high perception of availability of drugs could be attributed to the high media coverage of that arrests related to drug possession receive (see chapter 1).

10.2.2 Production, sources of supply and trafficking patterns

As in previous years (Cyprus NFP, 2006), Cyprus was the final destination of all drugs seized in 2006 (DLEU 2007, unpublished). Regarding the countries / places of last transit of the seized drugs, as illustrated in the table below, the occupied area of Cyprus continues to play an important role in drug trafficking into the government-controlled

areas (DLEU 2007, unpublished). A percentage breakdown of countries / places of last transit before the drugs entered Cyprus is presented below.

Table 10.1 percentage breakdown of countries / places of last transit by seized drug category and year

Cannabis herb		2003	2004	2005	2006
	Cyprus Occupied Area	30	30	25	30
	Greece	10	8	7	10
	United Kingdom		7	8	8
	Holland	10		10	10
	Yugoslavia		5		
	South Africa	20			
	Unknown	30	50	50	42

Cannabis resin		2003	2004	2005	2006
	Cyprus Occupied Area	20	20	20	30
	United Kingdom		5	10	10
	Ireland		5		
	South Africa	10			
	Unknown	70	70	70	60

Heroin		2003	2004	2005	2006
	Cyprus Occupied Area	50	60	60	60
	Turkey	5	20	20	20
	Bulgaria	5			
	Unknown	40	20	20	20

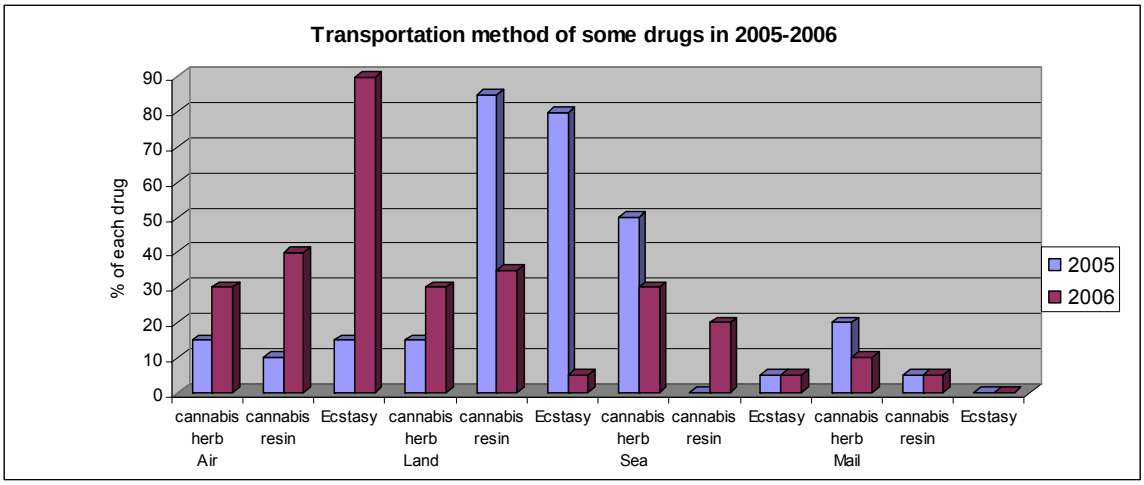
Cocaine (base and hydrochloride)		2003	2004	2005	2006
	Cyprus Occupied Area		15	5	10
	Greece			5	5
	United Kingdom		5	10	5
	South America				30
	Brazil	15	10		
	Ireland		5		
	Yugoslavia		5		
	Curacao	5			
	Unknown	80	60	80	50

Ecstasy group		2003	2004	2005	2006
	Cyprus Occupied Area	30	60	70	40
	Netherlands				20
	United Kingdom	5		10	20
	France		3		
	Yugoslavia		2		
	Unknown	65	35	20	20

Source: DLEU, 2007

As to the transportation methods of drugs into Cyprus, a significant proportion of drugs seems to be dispatched by air, particularly in the case of Ecstasy, heroin and cocaine (DLEU 2007, unpublished). A comparison of the transportation methods of some drugs is illustrated below.

Figure 10.2 Transportation method of some drugs in 2005 - 2006



Source: DLEU, 2007

From the figure above a significant increase in air transportation of some drugs can be noted and an analogous decrease in cannabis resin and Ecstasy transportation by land (DLEU 2007, unpublished). In addition, 80% of cocaine and 70% of heroin were also transported by land in 2006 (no respective percentages for 2005 are available). Moreover, whereas in 2005 only cannabis herb and Ecstasy were transported to the island by sea, in 2006 a noteworthy increase of drug importation by sea can be observed, as this particular method was reported in the case of all drug categories seized (DLEU 2007, unpublished).

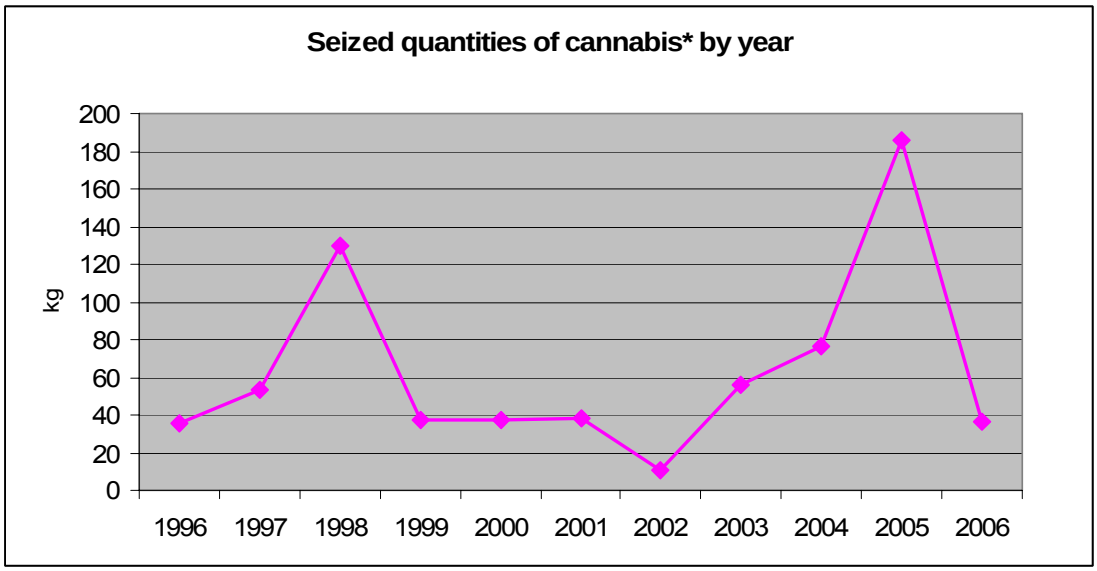
10.3. Seizures

According to the Drug Law Enforcement Unit information, the total number of seizures in 2006 reached 639 (see also ST 13), recording some increase compared to the respective numbers of 2005 and 2004 (596 and 508, respectively). As in previous years (Cyprus NFP 2006), cannabis[18] accounted for the vast majority (67.6%) of all seizures. Although the total number of cannabis seizures remained at similar levels with the year 2005, some increase can be noted regarding cannabis plant seizures (from 14 in 2005 to 29 in 2006). Whereas in 2005 the most noteworthy increase in the number of seizures was observed in relation to herbal cannabis (Cyprus NFP 2006), in 2006 the most significant increase was with regard to cocaine seizures, which rose from 34 in 2005 to 61 in 2006 (see also ST 13).

Regarding the seized quantities of drugs in 2006, similarly to the number of seizures, the most noteworthy increase related to cocaine (from 1.3 kg in 2005 to 6.9 kg in 2006). In addition, a significant decrease of seized quantities of cannabis (herbal and resin) can be noted (DLEU 2007, unpublished, Cyprus NFP 2007), as illustrated below.

[18] The number of cannabis seizures reported above refers to cannabis plants, cannabis herb and cannabis resin.

Figure 10.3 Seized quantities of cannabis by year



*Cannabis includes cannabis herb and resin.
Source: DLEU, 2007

Out of the two types of cannabis, the most considerable decrease refers to the seized quantities of herbal cannabis, which - despite the fact that the number of seizures remained unchanged - dropped from 180.8 kg in 2005 to 35.2kg in 2006 (see also ST 13). A comparable decrease could also be noted in the seized number of Ecstasy tablets (from 12835 in 2005 to 8411 in 2006).

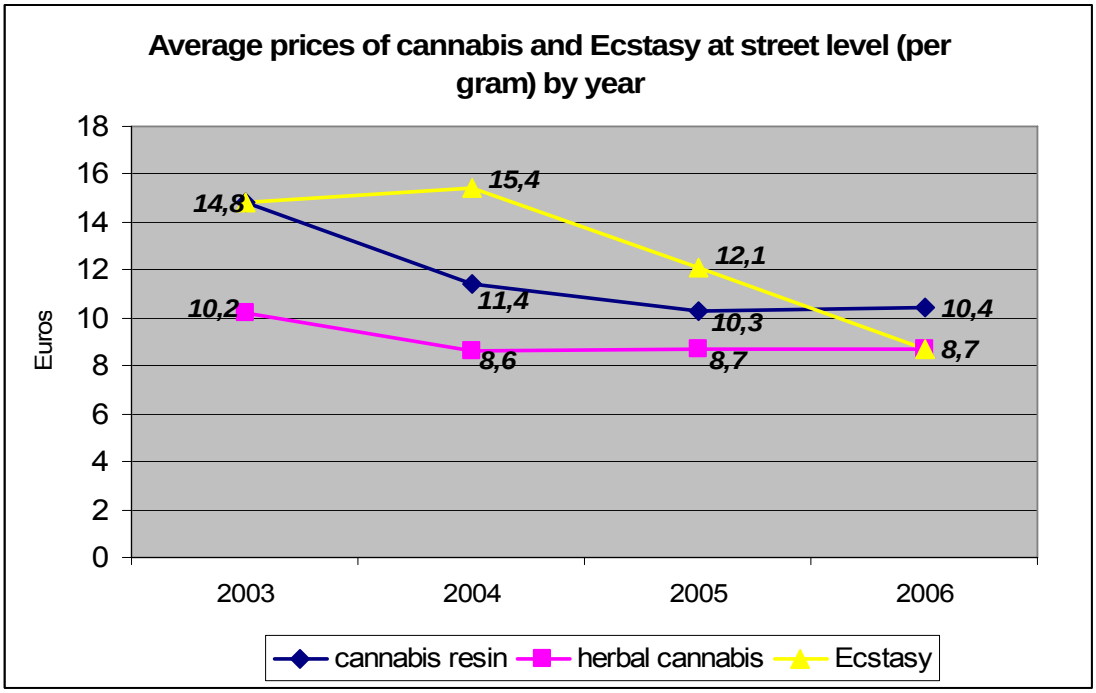
However, as the seized quantities of both substances were extremely high in 2005, the observed decrease can be misleading and unrepresentative (Cyprus NFP 2007, unpublished). As to the seized quantities of other drugs, no significant changes can be observed.

10.4. Price/ purity

10.4.1 Price of drugs at street level

As in previous years (Cyprus NFP 2006), prices of drugs are provided to the Cyprus NFP by the Drug Law Enforcement Unit, based both on user reports, as well as purchases made by the Police undercover operations officers. Although the exact methodology used to collect data (sampling strategy, number of estimates collected) for the year 2006 was still unclear, a mutual approach was decided on between the Cyprus NFP and the Drug Law Enforcement Unit as regards data collection on drug prices for the year 2007. Specifically, it was decided that the prices will be collected from all units in every district, covering every undercover purchase (stating their exact number). Furthermore, it was agreed that drug prices will be also collected by 40 drug users annually (meeting with DLEU, 11.09.2006). Regarding drug prices (per gram) in 2006, no change can be observed in cannabis (both resin and herbal) prices, which remained at the same level as in the year 2005 (see also ST 16). Ecstasy prices (per tablet), on the contrary, continued to fall, as illustrated in fig. 10.4 below.

Figure 10.4 Average price of cannabis and Ecstasy at street level (per gram) by year

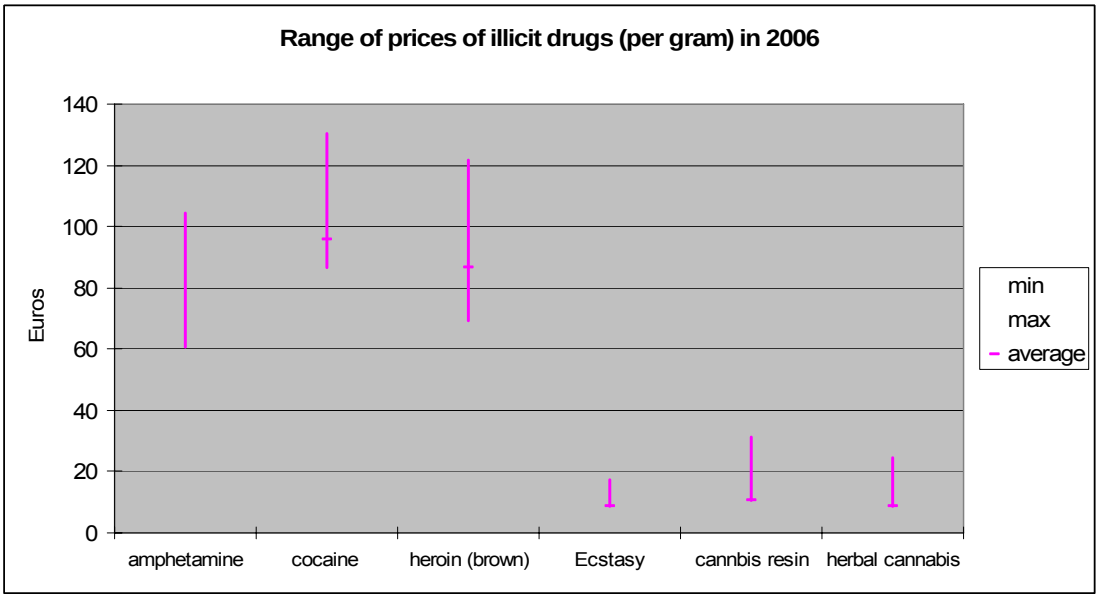


Source: DLEU, 2007

A steady decrease is also noted regarding cocaine price, the average price of which per gram in 2006 dropped to €95.5, compared to €104 in 2005, €125.8 in 2004 and €147 in 2003 (see also ST 16). The continuous drop in average cocaine prices, the increase in the number and quantity of seizures, as well as cocaine-related offences, along with the increasing demand for treatment due to cocaine use (see chapter 4) could be an indication of an overall increase in cocaine availability and demand (Cyprus NFP 2007, unpublished).

As to heroin (brown), its average price per 1 gram in 2006 reached €86.8 (see also ST 16). Although no average price of the substance was provided for the year 2005, a decrease in its maximum price can be noted (from €173.4 to €121.5). Significant variations also occur regarding the range of prices for the year 2006, as illustrated below.

Figure 10.5 Range of prices of illicit drugs (per gram) in 2006



Source: DLEU, 2007

It can be observed that the biggest variation is noted in heroin prices (€69.4 - €121.5), followed by cocaine and amphetamine (DLEU 2007, unpublished). Regarding amphetamine, an interesting difference in its price can be observed when compared to the average price provided for 2005 (no range of prices was available). Specifically, while the average price of 1 gram of amphetamine in 2005 was €12.1, in 2006 an extraordinary increase can be noted, as the price of the drug varies between €60.7 and €104.2 (DLEU 2007, unpublished). However, taking into consideration the fact that the price of the substance for the year 2005 was based on one seizure only, it is apparent that this price was not representative (Sergides, 2007 personal communication).

Looking at the range of prices in the various districts of Cyprus, valuable information regarding the demand of drugs can be deduced. According to the data, cocaine availability is the highest (lowest price) in Limassol district, heroin in the capital Nicosia and herbal cannabis in Famagusta area (also see chapter 2). As to MDMA, only in Paphos district (considered the most “remote” area) the average price was higher than in other districts (DLEU 2007, unpublished).

10.4.2 Purity at street level and composition of drugs / tablets

No information is available regarding the purity of drugs. However, information was provided by the State Laboratory as regards the composition of tablets sold as Ecstasy[19] (see table below).

Table 10.2 Composition of Ecstasy tablets by year

	2003	*2004*	*2005*	*2006*
MDMA	93	65.4	89.6	95
Amphetamine/ methamphetamine	1.76			0.05
DOB		0.25		
Other substances	5.3	34.3	10.4	4.95

Source: National Laboratory, 2007

In the category "other substances ", anabolics, ephedrine, as well as a small amount of benzodiazepines were found (see also ST 15).

[19] Analysis is carried out on all tablets seized by the Police.

Part B Selected Issues

Summary

The expenditure allocated to drug related responses has been observed to be relatively stable in recent years. The available data for 2006 is insufficient to draw any reliable conclusions, but this general trend does appear to be continuing. Nevertheless, the NFP recognises the need for further study of this issue, and more recently steps have been taken to initiate relevant research (for more information, please see ch. 8.4).

Regarding vulnerable groups of young people, despite the efforts of the Cyprus NFP to gather information from organizations directly dealing with at risk young people (such as children living in government care, youth offenders, children in problematic families), no information was provided. The data presented in ch. 12 is therefore derived from existing studies such as the ESPAD report that focuses on such issues as factors predisposing students and school pupils to drug use, such as low parental control and high truancy rates. Attention is also given to such vulnerable social groups as ethnic minorities, based on treatment demand data. Information deriving from government sources is also given on relevant policy developments pertaining to vulnerable groups in Cyprus.

Regarding drug-related research, the National Drug Strategy (2004-2008) specifically mentions the importance of information collection and scientific evaluation of the drugs phenomenon (CAC 2004 (NDS section 6, p.19)), a reality further evidenced by the establishment of the Cyprus NFP. The value of research and promotion of scientific standards is acknowledged further in the Action Plan on Drug Demand Reduction 2004 – 2008, which shares in the objective of promoting research in this specific field. Among the main areas of declared interest is the promotion of evaluation tools for assessing the effectiveness of prevention programs, as well as the evaluation of such prevention programs themselves in order to assess their effectiveness. The NFP collects existing

research on drugs in Cyprus, the main findings of which are outlined in the chapter. It also promotes areas of needed research, as well as specific research projects, two of which are being carried out more recently, and are described in ch. 13.

Overall, it may be seen that the profile of issues relating to drugs is becoming more specific with respect to raised awareness of the need for research using scientific methods for the more exact identification of funds; allocation and efficient deployment of public expenditures; clearer identification and methodology for studying vulnerable groups of young people; and the promotion of further drug-related research in Cyprus, as well as the monitoring of past achievements. There is, however, much work still to be done in all three areas.

1. Public Expenditure

1.1. National estimates of labeled drug-related expenditures

See Chapter 1.4 (Budget and public expenditure)

1.2. Attributable proportions definition and estimation of non-labeled drug related expenditures.

There is no information available.

1.3. National studies on drug-related public expenditures: methods and results and network of EU experts

See chapter 8.5 Social Costs

2. Vulnerable Groups of Young People

2.1. Profile of main vulnerable groups

Regarding the profile of main vulnerable groups of young people, despite the efforts of the Cyprus NFP to gather information from organizations directly dealing with at risk young people (such as children living in government care, youth offenders, children in problematic families), no information was provided (Cyprus NFP 2007, unpublished).

Data regarding some social characteristics, considered high-risk, is derived from the 2003 ESPAD report (Hibbel *et al*., 2004), the "Use of Psychoactive Substances by Students of Public Lyceums in Cyprus" survey, carried out during the academic year 2003-2004 (Papadopoulos M., Constantinopoulos C., 2005, unpublished), as well as the Juvenile Delinquency survey (MJPO, 2004, unpublished). The two latter surveys were described quite extensively in the 2005 National Report to the EMCDDA (Cyprus NFP, 2005).

Based on the 2003 ESPAD report, the correlates that were found to be significantly associated with substance abuse among Cypriot pupils were as follows (Hibbel *et al*., 2004):

- Mother's education was positively correlated with the use of cannabis, alcohol, and cigarettes.
- Poor economic situation had a positive relation to the use of alcohol and cigarettes.
- Strong parental control was found to be strongly associated with less use of all three substances.

- Truancy was positively correlated to substance use.
- Substance use by a sibling was found to have a strong positive association with the use of all three substances.

According to "The Use of Psychoactive Substances by Students of Public Lyceums in Cyprus" survey, gender was one of the significant factors related to drug use. Specifically, being a boy was found to be a factor, increasing the probability of both licit and illicit drug use (Papadopoulos M., Constantinopoulos C., 2005, unpublished). Additionally, the probability of illicit drug use seemed to increase with specific leisure time activities, such as riding a motorcycle, going out with friends to discos, cafes, parties, and playing lottery games. As to the level of self esteem, it was found that students who reported regular use[20] of cannabis were characterized by lower levels of self esteem compared to students who had never used the drug (Papadopoulos M., Constantinopoulos C., 2005, unpublished). As in the 2003 ESPAD report (Hibbel et al., 2004), both truancy and school attendance were significantly associated with cannabis use (truancy with increased use and attendance with decreased use).

Finally, according to the Juvenile Delinquency report, the most significant influences on cannabis use seemed to be the deviant behaviour of friends, deviant attitudes of parents, living in a rural area and attending a technical school (MJPO, 2004, unpublished).

2.2. Drug use and problematic drug use among vulnerable groups (from special studies)

No special studies assessing drug use among vulnerable groups are available. Regarding results in student and youth population see 2005 National Report to the EMCDDA.

[20] Regular use in this case was defined as use every month/ week/ day.

2.3. Vulnerable groups among the treated population

2.3.1 Description of treated population by vulnerable groups

Based on Treatment Demand data, limited information regarding vulnerable groups can be derived. This is due to the small number of young school drop-outs and persons with unstable accommodation in the treated population (no explicit information about homelessness is available), as well as due to the lack of information with regard to young offenders. The groups of persons which are generally considered as socially excluded and vulnerable and can be derived from the Treatment Demand data are the various ethnic minority groups.

According to the Treatment Demand data for the year 2006 (for methodological comments see chapter 4), 75% of the treated population were Greek-Cypriots, 12.1% EU nationals (mostly Greek and British) and 12.5% nationals of other, non-EU countries. The latter national category mainly consisted of 'Rossopontioi'[21], Russian nationals and Iranian nationals, which are generally considered as socially excluded ethnic minorities[22]. Although no youngsters were found among the latter group, some comparisons between the two groups (Greek-Cypriots & EU nationals vs non-EU nationals) will be briefly presented below.

What can be noted from the TDI data, is the significant difference between the two national groups in the primary drug for which they seek treatment, namely in the

[21] Greek indigenous population originating from the Black Sea region of the former Soviet Union (please see also ch. 4). Also known as 'Ellinopontioi'.

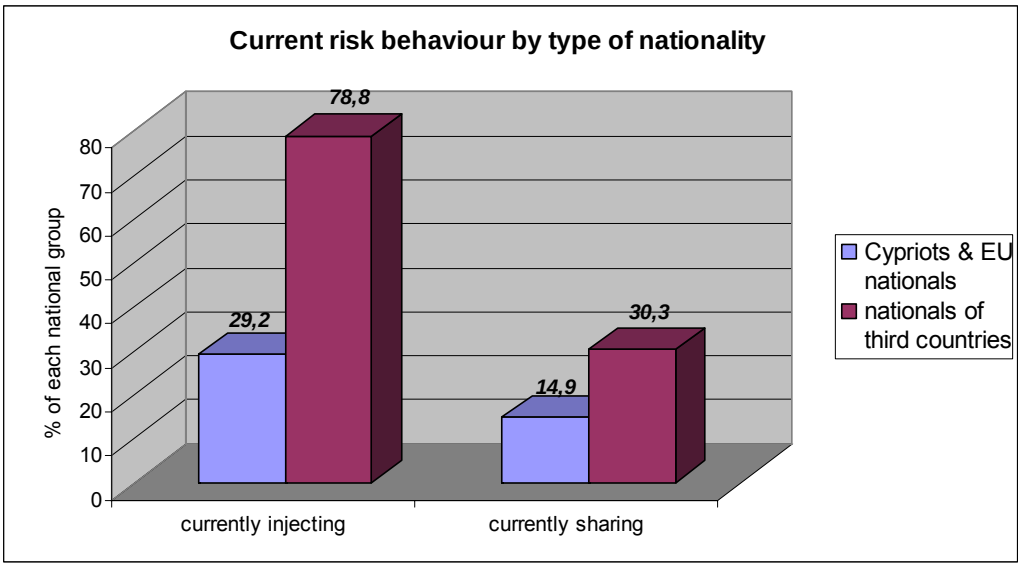
[22]The distinction between the two groups of non-native nationals (Greeks & British vs other), for the purpose of this study is made based on the general perception of their social and financial status, the reason for migrating to Cyprus, as well as on historical-cultural bonds and relations with Cyprus. Based on these criteria, it is believed (non evidence-based, subjective opinion), that the reason that Greek and British nationals are not considered as vulnerable / socially excluded ethnic groups is due to their relatively high social end economic status and their historical presence in Cyprus (Greek civilisation in Cyprus dates back to 1500 BC, and Cyprus was also a British protectorate and colony in recent memory from 1878 until 1960). The other category of nationals, on the contrary, is socially stigmatized, of relatively low socioeconomic status, who have migrated to Cyprus relatively recently and primarily for economic reasons.

proportion of heroin users. While among the first group the percentage of users seeking treatment due to heroin use was 50.9%, the respective percentage among the second, vulnerable group reached 90.9%. Consequently, the variety of drugs reported as primary by the latter group was limited (3% cannabis, 4.5% cocaine and 1.5% other opiates). Heroin use is much more prevalent among men of this group (95%, compared to 50% of women) and cannabis and cocaine among women. However, the differences between males and females should be treated with great caution, as the number of females among this group is very low (six).

In addition, injection as the usual route of primary drug administration was reported by as high as 81.8% of non-EU nationals (compared to 38.7% of the other group). As to the mean duration of use of the primary drug, no significant differences can be observed among the two groups. Nevertheless, noteworthy differences appear when poly-drug use is taken into consideration. What is apparent is a higher proportion of Greek-Cypriots and EU nationals reporting use of at least one secondary drug (63.9%, compared to 30.3% among other nationals).

Looking at the mean age of the two groups, it can be noted that the non-EU nationals are by 1.4 years older than the other group (29.4 and 28 years, respectively). Also, the non-EU nationals seem to start their use slightly later than Greek-Cypriots and EU nationals, as their mean age of use of first drug was 17.5 years (compared to 16.8 among the other group). The most apparent difference (besides proportion of heroin users) between the two groups is observed in current risk behaviour, as illustrated below.

Figure 12.1 Current risk behaviour by nationality type



Source: Cyprus NFP, 2007

As to the highest educational level completed, the non-EU nationals seem to be better educated than the other group, as the proportion of them having completed higher level of education reached 10.6% (compared to 5.8% among Greek-Cypriots and EU nationals group).

Regarding the labour status, although no differences between the two groups can be observed in relation to unemployment, the proportion of persons with regular employment seems to be higher among the non-EU nationals (34.8%, compared to 23.8% among Greek-Cypriots and EU nationals). However interesting this finding, considering the social stigma pertaining to this social group, no other data is available that would support the above difference and thus no conclusions can be drawn at this point.

2.4. Correlates and consequences of substance use among vulnerable groups

No information available.

2.5. Responses to drug problems among vulnerable groups

2.5.1 Policy and legal development

Two bodies have been appointed in Cyprus, which aim at preventing social exclusion of vulnerable groups, by combating various kinds of discrimination: the Cyprus Anti-discrimination Body and the Equality Authority, which, together, comprise the "Cyprus Equality Body" (MJPO 2007, unpublished).

The Cyprus Anti-discrimination Body, which acts on the provisions of the Equal Treatment regardless of Race or Ethnic Origin Law (Law 59(I)/2004). It handles claims regarding discrimination in relation to access and supply of goods and services, social security and social protection schemes, education and healthcare. The Equality Authority acts according to the provisions of the Equal Treatment of Women and Men in Occupation and Vocational Training Law (law 205(I)/2002) and the Equal Treatment in Occupation and Employment Law 58(I)/2004). It handles claims regarding discrimination in the workplace, such as conditions for access to employment, self-employment and occupation, employment and working conditions (including dismissal and pay) and membership or/and involvement in an organization of workers and employers (MJPO 2007, unpublished).

Some of the measures that have been taken nationally in the area of social exclusion prevention are as follows (MJPO 2007, unpublished):

(a) Funding through the state budget and EU Programmes (e.g. the Community Action Programme to Combat Discrimination and Equal Initiative) NGOs, religion groups (Maronites, Latins and Armenians) and the Turkish Community.

(b) Conduct of a research on sexual orientation carried out by the Cyprus Equality Body.

(c) Active participation in the implementation of the Community Action Programme to Combat Discrimination, and the Stop Campaign "For Diversity Against Discrimination" through various national awareness raising activities such as campaigns, seminars, press conferences and releases, educational programmes, festivals, publications, etc.

(e) Development of an integration policy covering mainly the fields of education, employment, social inclusion and cultural integration. Some of the measures in force are:

- the children of all migrant workers and asylum seekers have access to public educational institutions,
- the Adult State Education Centres offer Greek lessons (free of charge) to all recognised refugees whereas,
- the State Institutes for Further Education offer subsidised afternoon and evening Greek classes to all migrants,
- asylum seekers have access to free medical care if they do not have sufficient means of support and the right to public allowance under the relevant laws,
- Reception Centre has been operating for the past two years in Kofinou, which provides emergency accommodation and services to asylum seekers who have no place to stay, until alternative accommodation is identified for them,
- Asylum Service has decided that families and single women will have absolute priority in being hosted at the Reception Centre, and
- The District Social Welfare Offices, under special circumstances, give assistance to asylum seekers in finding accommodation, especially in cases of vulnerable groups.

Regarding the definition of vulnerable groups, according to the National Drugs Strategy and Action Plan 2004-2008, the main groups of young people considered/ officially identified as high - risk are (CAC 2004, 2007):

- School drop-outs
- Children with functional illiteracy
- Immigrant children
- Economically disadvantaged students
- Technical school students[23]
- Military conscripts

Moreover, based on the information regarding the implementation of the Educational Priority Zones by the Ministry of Education and Culture (also see 2006 National Report to the EMCDDA), vulnerable groups of young people are defined as school drop - outs, pupils with low academic performance, high truancy, left a year behind, functionally illiteral, non-native/ non Greek speaking, living in a area with high delinquency and a high percentage of foreigners (MLSC 2007, unpublished).

In addition, the National Strategy for Social Protection and Social Inclusion, although it does not refer to vulnerability to drug use in the policy, mentions general risk factors for social exclusion, such as poverty level, gender (women), disability, socially excluded children, etc (MLSC 2007, unpublished).

Furthermore, the Cyprus Equality Body (see above), in the report on issues concerning the fight against discrimination, defines vulnerable groups on grounds of religion, belief, sexual orientation, disability, age, as well as ethnic background (MJPO 2007, unpublished).

[23] Secondary schools offering technical and vocational education, which are considered of "lower status" compared to Lyceums.

2.5.2 Prevention and Treatment

Prevention

1. The apprenticeship scheme

The Apprenticeship Scheme, which has been in operation since 1963, is a two-year initial vocational education and training programme, which addresses drop–outs from the formal education system, between the ages of 14 and 17. It provides practical and theoretical training alternately. Practical training takes place in industry, where apprentices are remunerated for their work, for three days per week. Theoretical training takes place at Technical Schools for two days per week. The Scheme is a joint effort of the Ministry of Education and Culture and the Ministry of Labour and Social Insurance and aims to equip young people with the means to get a job and to supply industry with semi–skilled workers. (MEC, 2007, unpublished).

2. Multicultural education

During the past few years, a growing number of pupils, coming mainly from the former Soviet Union and other foreign countries, have enrolled in primary schools in Cyprus. About 6,7% of the pupils attending public primary schools do not speak Greek as their native language. In response to these demands and the changing social environment, both national and international, the Ministry of Education and Culture is promoting the implementation of educational measures and policies that will facilitate the smooth integration of groups from different cultural identities in a creative environment, regardless of background. The Department of Primary Education makes provisions so that bilingual pupils are distributed evenly in the various districts, schools and even classrooms, so that teachers can support their linguistic and cultural needs more effectively. A flexible system of intervention within the ordinary timetable exists. This involves placing bilingual pupils in a separate class for some hours of the week, for

intensive learning of the Greek language and specialized assistance according to their specific needs. The Adult Education Centres offer afternoon classes for learning Greek as a second language to the children of the repatriated ethnic Greeks, but also to all those interested in the subject. The issue of multicultural education is relatively new to Cypriot schools and society. The Department has provided all schools with educational material, which includes books for the teaching of the Greek language, activity and exercise books, as well as teachers' books with methodological instructions and a variety of suggestions for activities, of mainly communicative character. The Department also realises the need to provide teachers with the opportunity to further develop their learning and teaching approaches to all children, and hence organises in-service training seminars and conferences to teachers who teach bilingual pupils (MEC, 2007, unpublished).

3. The Permanent Work Group for the Promotion of Literacy and School Success
The work group operates on the following three axes:

- Surveys on illiteracy, school failure, reading skills
- Organizes, coordinating and evaluating preventive actions and programmes on the above sectors
- Combats illiteracy and school failure by organizing, coordinating, supporting and assessing programmes to cope with the above problems.

The establishment of the Permanent Work Group for the Promotion of Literacy and School Success is a significant innovation in the Cyprus Educational System as, combating school failure, inequality and social exclusion is the main axis of the contemporary education innovations in Europe (MEC, 2007, unpublished).

4. The Literacy programme at the Gymnasia
The Literacy programme operates in 55 Gymnasia at the national level and aims at:

- Securing the basic human right to education for all illiterate pupils

- Preventing school and, by extension, social exclusion which has negative consequences such as: marginalization, school violence self–destructive behaviour and problems with one's mental and physical health.

The pedagogical goals are mainly the development of the basic skills of reading, writing, comprehension of texts and mathematics as functional social activities and practices, as well as the development of expression judgment, creativity and communication, enhancement of self–image and adaptability to school and social environment (MEC, 2007, unpublished).

5. Education priority zones (see 2005 and 2004 National Report to the EMCDDA).

Treatment

Regarding treatment options, see 2005 National Report to the EMCDDA.

3. Drug-Related Research in Europe

3.1. Research structures

3.1.1 Drug-related research in national policy

Research is considered a vital tool in the drugs field in order to promote new ideas and actions regarding both scientific knowledge concerning drugs and the fight against addictive substances; for this reason amongst others, the National Drug Strategy (2004-2008) specifically mentions the importance of information collection and scientific evaluation of the phenomenon (CAC 2004 (NDS section 6, p.19)), a reality further evidenced by the establishment of the Cyprus NFP.

The value of research and promotion of scientific standards is acknowledged further in the Action Plan on Drug Demand Reduction 2004 – 2008, which shares in the objective of promoting research in this specific field. Among the main areas of interest is the promotion of evaluation tools for assessing the effectiveness of prevention programs, as well as the evaluation of such prevention programs themselves in order to assess their effectiveness. Moreover, the design of an evaluation tool for the action plan and the evaluation of the Action Plan itself, are also mentioned. The promotion of cooperation with research institutions at the national, European and international level is of great importance, having in mind how essential the exchange of ideas and practices for the construction of an action plan is. Finally, epidemiological research in the general population and specific target groups is highlighted amongst the actions of drug research promotion (CAC 2004 (Action Plan on Drug Demand Reduction 2004-2008, section 9.3, p.12)).

3.1.2 Relationship research-policy

Research findings from population surveys have been widely distributed to all relevant parties (such as ministries, members of parliament, municipalities and other institutions). Although the first implementation of the NDS 2004 – 2008 is nearing its end, there has been no feedback concerning these research findings, nor has there been any information regarding the introduction of any specific institutional structure for the mechanism of incorporating research findings into national policy. On the basis of these facts it may be concluded that research findings have not as yet been officially used for policy formulation or evaluation (Cyprus NFP 2006 & 2007, unpublished). However, findings from population surveys are used by the Cyprus Antidrugs Council for the design of information and awareness-raising campaigns. As regards the influence of research findings on practice, the Ministry of Education and Culture and the Ministry of Health use the findings of school population surveys in their design and implementation of specific prevention programs.

3.1.3 Main national structures for drug-related research

The National Focal Point cannot be characterized as a coordinator body. However, it does request from all relevant bodies, ministries, organizations etc. to submit every item of research they carry out in order to collect all the drug-related information available for its records, in order to get advance knowledge of this data for further research.

Usually drug-related research in Cyprus is carried out by colleges and other educational institutions, or occasionally by the Focal Point itself (see 13.1.3.1 below). The main funding frameworks are the government and the Cyprus Research Promotion Foundation; as regards the size of available funds, this depends largely on the scale and magnitude of the research.

3.2. Main recent studies and publications

3.2.1 Main recent studies since 2000

1. "Pancyprian survey on the general population for smoking, alcohol and other psychoactive substances".

The present survey was an initiative of the Cyprus Focal Point and was carried out in 2006 by the Research Center at Intercollege, Nicosia, based on the guidelines of the EMCDDA (see also ch.2). The research was funded by the Cyprus Antidrugs Council and the budget reached the amount of 43000 Euros. The data collection utilized the method of personal interviews in a target group of 3504 persons aged 15-64. The selection of samples was based on the method of multi-stage proportionate random stratified sampling. This method allows for the use of representative samples together with an approach that permits subsequent generalization of the findings on the population concerned.

As regards the basic objectives of the survey, please see ch. 2. Among the most significant findings of the survey was the fact that cannabis is the most preferred substance and 6, 6% of the sample stated the use of cannabis at least once in lifetime. Moreover, as the survey showed, the average age of first cannabis use is 20,1 years; 11% of the sample also argued that the use of cannabis should be legally permitted. Regarding smoking, research findings showed that one out of five smokers smoke more than 20 cigarettes every day, and around 34% of the population smoked during the last month of the survey. Finally, 50.4% of the population had consumed alcohol during the last 30 days of the survey, and almost 7.8% had been intoxicated during the same period. The main findings of this survey were published in the monthly FP newsletter (Cyprus NFP, 2007).

2. "The European School Survey Project on Alcohol and Other Drugs - ESPAD"

ESPAD is a European program of research in the school population regarding issues such as alcohol and other drugs, and it is repeated every four years. It constitutes an essential source of comparative data concerning drug use and alcohol among students, and in addition this program is an important source for the listing of several trends. Cyprus has been participating in this program since 1995 and has so far elaborated four series of this research, namely in 1995, 1999, 2003 and 2007.

This research was carried out by the Ministry of Education and Culture in collaboration with the non-governmental organization KENTHEA in 2003. It was a national survey and the target group were members of the school population aged 15-16. The sample included 2152 students and was selected through the method of random stratified sampling.

The main goals of the research are stated below (Hibbel et al 2004; Cyprus NFP, 2004):

- Measurement of the prevalence of alcohol use, tobacco and illicit addictive substances by students of the EU Member States.
- Monitoring trends regarding the use of addictive substances by students, followed by comparison among several countries.
- Providing data for assessment of the European action plan for drugs, and other international plans concerning young people.

Regarding the basic findings of the 2003 survey (for more information regarding the 2007 series see ch. 2), what was illustrated is that the consumption of cannabis at least once in a lifetime was stated by 4% of students during the year 2003. This figure, when compared to the respective figure from 1999, presents an increase in the consumption of

cannabis once in a lifetime; however, this percentage continues to be lower than the one found in 1995 (5%). The use of other illicit substances apart from cannabis was at a very low level (Hibbel et al., 2004, KENTHEA and MEC 2003, unpublished; Cyprus NFP 2004).

3. "The use of licit and illicit substances by students at Lyceums in Cyprus"

The survey was conducted by Papadopoulos M. and Constantinopoulos K. of the Educational Psychology Services of the Ministry of Education and Culture during the school year 2003-2004, and covered a pancyprian student population spectrum. The sample was selected by the method of multi-stage stratified sampling. The target group was the school population of all three grades of public lyceums (aged 15-18/19) and the number of students participating in the survey was 915.

Research objectives:

- Measurement of the prevalence of the use of psychoactive substances among the lyceum students.
- Exploring and identifying the influence of personal, school and family factors influencing the use of drugs.
- Based on the above findings, suggestions will be formulated for the development of several prevention programs in schools.

Basic findings/conclusions of the research included:

The consumption of cannabis at least once in a lifetime was reported by 5.2% of the students (Papadopoulos M., Constantinopoulos K., 2005, unpublished). At the same time, the consumption of Ecstasy (lifetime prevalence) was mentioned by 3.1%, and other illicit substances by 2.5% of students who participated in the survey. A further analysis of the data illustrates that the possibility of using illicit substances (particularly of

cannabis, since the percentages of the use of other substances presented, was very low), seems to increase with specific leisure activities, such as motorcycle rides or cycling, going out with friends, in discos, parties etc., and in various kinds of gambling activity. Concerning the levels of self-esteem and other risk factors, please see selected issues ch. 12.

4. "Juvenile Delinquency"

This research was contracted by the Ministry of Justice and Public Order from the Research and Development Center of Intercollege during the school year 2003-2004 on a national basis. The budget of this research reached the amount of €23,800. The method used for the selection of the sample was multi-stage stratified sampling. The target group was students and the general youth population and the sample included 960 students (aged 14-18) and 400 recent graduates of secondary education from 2001 until 2003 (aged 18-21) (MJPO 2004, unpublished).

According to the Ministry of Justice and Public Order, the aims of this research were:

- Measurement of several aspects of delinquent behavior amongst young people (one of these aspects was the use of licit and illicit substances).
- Assessment of the relation between particular characteristics of the sample and delinquent behaviour, as well as identification of the causes of the specific behavior (MJPO, 2004 unpublished).

Main conclusions of the research:

The consumption of cannabis during the last twelve months was stated by 3.8% of the students of the sample, and by 4.3% of youngsters aged 18-21. The use of other illicit substances was found to be at very low levels. The results of the present research showed that the basic factors which increase the possibility of the use of cannabis by students are the following: deviant behaviour of friends, deviant attitudes of parents,

living in a rural area, as well as attending a technical school (see also selected issues ch. 12). As concerns young people 18-21 years old, the main risk factors for the use of cannabis that arise, are the deviant attitudes and behaviours of friends.

5. "Comparative Research for the use of toxic substances by 17-18 year old adolescent males in Cyprus, for the years 1998-2003 as well as the factors that influence the use of toxic substances. Conclusions derived from two successive pancyprian representative researches".

The present research was carried out under the coordination and through the collaboration of two psychiatrists from Cyprus, V. Hadjivassilis and C. Panagiotopoulos. The goal of this research is to indicate possible differences in the consumption of toxic substances among male adolescents in the period between 1998 and 2003. In addition, attempts are made to illustrate the demographic or other psycho-social factors that influenced the use of toxic substances. In 1998 the participants of the research were 1935 Greek Cypriot males (adolescents) 17 and 18 years old, and the corresponding sample in 2003 involved 1224 similar persons.

The participants voluntarily filled out an anonymous questionnaire and the statistical analysis was performed by analysis of variance (ANOVA). For this statistical analysis a t-test was performed (published in Exartisis, Scientific Journal on Addiction Issues, 9:21, V. Chadjivassilis and C. Panagiotopoulos,).

The main results of the research showed:

- An increase in the consumption of toxic substances within the studied period, which was also found to be statistically significant
- Alcohol and tobacco consumption considerable increased, whereas heroin consumption remained at a steady level.

- Variables such as employment, educational level or family structure are found to be factors that influence the consumption of toxic substances.

It is worth mentioning that the NFP, in recognition of the need for stimulating further research into drugs issues in Cyprus, is currently (2007) collaborating with the DLEU and Intercollege on two research projects:

1. 'Rave Parties and Use of Synthetic Substances'

This research is based on a proposal by Dr S. Stylianou at the Intercollege Research Centre. Its purpose is to record significant data profiling persons who attend 'rave' parties, as well as the significant descriptors of the rave-party as an activity. The scope of the research is pancyprian, limited to the areas of Cyprus under control of the Republic of Cyprus. The research aims at yielding both descriptive and exploratory data, but does not aim to offer epidemiological data leading to quantification of the phenomena. Information will be collected regarding demographics, lifestyles, mentality of participants, the musical and dance characteristics of the rave scene, social behaviour and general conditions pertaining to 'rave' events. This research will be based on qualitative methods using in-depth interviews and participant observation (Stylianou 2007, unpublished).

2. 'Research among persons arrested for drug-related offences'

This research (see also ch. 4.2) aims to investigate the effect of a diversity of factors on illicit substance use by persons arrested by DLEU. The broader purpose of the research is to formulate suggestions for the development of prevention programmes. The research will be based on interviews using a structured questionnaire, targeting all persons arrested for drug-related offences. A pilot study has been successfully completed and the main research is expected to commence in January 2008, and will be carried out on a continuous basis (Cyprus NFP, 2007).

3.2.2 Peer-reviewed scientific journals

There is no information available (no peer-reviewed scientific journals are currently available)

3.3. Collection and dissemination of research results

3.3.1 Information flows

The Cyprus Focal Point has an important role to play as regards information flows of drug-related research. Thus, every research carried out is published in the National Report which is subsequently widely distributed to all institutions, parties, members of parliament, ministries etc.

3.3.2 National scientific journals

There is no information available (no national scientific journals specifically dealing with drugs are currently available).

3.3.3 Other means of dissemination

Apart from the information flows through the National report, the website of the Cyprus Focal Point is accessible as a public information resource, as well as the NFP's monthly newsletter "Skiagrafisis" (Gr: *Σκιαγράφηση*), and a wide list of books that are available for borrowing from our library. Additionally, everyone can easily access the National Reports electronically through the website or even apply directly to the NFP for any relevant information. Another means of dissemination is the organization of press conferences that the Cyprus Focal Point delivers to the media in order to inform the public of relevant research that is being carried out in the drugs field, and about the main conclusions of the latest research.

Part C- Bibliography and Annexes

1. Bibliography

1.1. Bibliographic references

Bayada, T., 2007. Personal communication re NDS evaluation, 18.10.07.

Centre for Education about Drugs and Treatment of Drug Addicted Persons (Kenthea); Ministry of Education and Culture (2003). European School Survey Project on Alcohol and Drugs, (2003). (Preliminary findings, unpublished).

Chrysostomou E., 2006. Youth Board of Cyprus, letter to Head of Cyprus NFP, "Drug related budget", dated 14 February, 2006, unpublished.

Constandinou, C., 2007. Personal communication dated 21 September, 2007.

Constantinopoulos, C., 2006. (kostand0@cytanet.com.cy), 11 July 2006: School Prevention Programmes email to NFP (info@ektepn.org.cy).

Counselling Centre "Toxotis", 2006. Annual report of the Pancyprian Antidrugs Association, "Toxotis Counselling Centre", Mental Health Services, 2006, unpublished.

Cyprus Antidrugs Council, 2004. Drug Demand and Drug Supply Reduction Action Plan, published.

Cyprus Antidrugs Council, 2005. National Drug Strategy and Action Plans 2004-2008, published.

Cyprus Antidrugs Council, 2005. Pancyprian General Population Survey on Cigarettes, Alcohol, and Other Drugs, unpublished.

Cyprus Anti-drugs Council, 2005: Action Plans 2004-2008, published.

Cyprus Antidrugs Council, 2006. Minutes of the focus group held February 9, 2006, unpublished.

Cyprus Antidrugs Council, 2007. 2006 Annual Report, published.

Cyprus Central Prison, Personal communication with the Treatment Program Team of the Central Prison, dated 20 July, 2007.

Cyprus NFP 2006. Treatment Demand Indicator Analysis, unpublished.

Cyprus NFP 2007. Drug Related Infectious Diseases Indicator Analysis, unpublished.

Cyprus NFP 2007. Treatment Demand Indicator Analysis, unpublished.

Cyprus NFP 2007. Treatment Unit Form Analysis, unpublished.

Cyprus NFP, 2004. Cyprus National Report to the EMCDDA 2003, published.

Cyprus NFP, 2004. Cyprus National Report to the EMCDDA 2004, published.

Cyprus NFP, 2004. Cyprus National Report to the EMCDDA 2005, published.

Cyprus NFP, 2005. Cyprus National Report to the EMCDDA 2004, published.

Cyprus NFP, 2006. Cyprus National Report to the EMCDDA 2005, published.

Cyprus NFP, 2006. Greek-language National Report, chapter 3, published.

Cyprus NFP, 2006. Minutes of the focus group held August 23, 2006, unpublished.

Cyprus NFP, 2006. Minutes of the meeting with DLEU held September 11, 2006, unpublished.

Cyprus NFP, 2006. Treatment demand Indicator Analysis, unpublished.

Cyprus NFP, 2007 & Georgiadou M., personal communication, dated September 28, 2007, unpublished.

Cyprus NFP, 2006 & 2007. Annual Activity Reporting to EMCDDA, unpublished.

Cyprus NFP, 2007. 2007 Annual Report of EKTEPN, published.

Cyprus NFP, 2007. Letter to Cyprus Antidrugs Council: 10.08.2007, unpublished.

Cyprus NFP, 2007. Letter to Ministry of Education and Culture: 09.08.2007, unpublished.

Cyprus NFP, 2007. Letter to Social Welfare Services: 08.08.2007, unpublished.

Cyprus NFP, 2007. Letter to the Cyprus Youth Board: 08.08.2007, unpublished.

Cyprus NFP, 2007. Skiagrafisi no 11

Cyprus NFP, 2007. Skiagrafisi no 13

Cyprus NFP, 2007. Skiagrafisi no 9

Cyprus Youth Board, 2007. Social discrimination in Cyprus, unpublished.

Cyprus Youth Board, 2007. Study on health regarding gender relations and sexuality, 2006, unpublished.

Dimitriou A., 2006. Ministry of Education and Culture, letter to Head of Cyprus NFP, "Drug related budget", dated 3 February, 2006, unpublished.

Dimitriou A., 2006. Ministry of Health, Mental Health Services letter to Head of Cyprus NFP, "Drug related budget", dated 17 February, 2006, unpublished.

Drug Law Enforcement Unit (DLEU) 2004. Annual Police Report for the year 2005 unpublished.

Drug Law Enforcement Unit (DLEU) 2007 Annual Police Report for the year 2006 unpublished.

Drug Law Enforcement Unit (DLEU) 2005. Annual Reports Questionnaire, Part III, Illicit supply of drugs. Extent patterns and trends in illicit drug cultivation, manufacture and trafficking (for United Nations Office for Drugs and Crime), unpublished.

Drug Law Enforcement Unit, (DLEU) 2006. Annual Reports Questionnaire, Part III, Illicit supply of drugs. Extent patterns and trends in illicit drug cultivation, manufacture and trafficking (for United Nations Office for Drugs and Crime), unpublished.

Drug Law Enforcement Unit (DLEU) 2007. Annual Reports Questionnaire, Part III, Illicit supply of drugs. Extent patterns and trends in illicit drug cultivation, manufacture and trafficking (for United Nations Office for Drugs and Crime), unpublished.

Drug Law Enforcement Unit (DLEU) 2007. Personal communication to B. Gaist, email from S. Kousaridou [kousaridousofia@yahoo.gr] dated 31/08/07.

Drug-Related Death Indicator Working Group, 2006. Minutes of the meeting held May 25, 2005, unpublished.

EMCDDA Standard Table 11, Reports of drug law offences.

EMCDDA, 2002. Handbook for Surveys on Drug Use Among the General Population

EMCDDA, 2007. 2007 Cyprus Quality Report, unpublished.

Evripidou, X. 2006. Ministry of Justice and Public Order letter to the Head of NFP, dated 28 May, 2006, unpublished.

Gaist, B. 2007. 'Supply Reduction Action Plan Progress Report', Feb 2007, unpublished.

Gaist, B., 2006. 'Revised version of Law 57(I)/1992', dated 7.08.2006, unpublished.

Gaist, B., 2006. Anti-drugs council letter to officer of Cyprus NFP, "Monitoring the Supply Reduction Action Plan", dated 21 August 2006, unpublished.

Gaist, B., 2006. Anti-drugs council letter to officer of Cyprus NFP, "Implementation of Law 57 (I)/1992", dated 25 August 2006, unpublished.

Gaist, B., 2007. Anti Drugs Council, letter to Head of Cyprus NFP, "Syringe exchange programme proposal", dated 28 September, 2007, unpublished.

Hadjivassilis V., Panagiotopoulos C., 2004. "Comparative Research for the use of toxic substances by men adolescent in Cyprus 17-18 years old, for the years 1998-2003 as well as the factors that influence the use of toxic substances. Conclusions derived from two successive Pancyprian representative researches", published in 'Exartisis', Scientific Journal on Addiction Issues, 9: 21.

Hadjiyianni, S. 2007. 'Topics Discussed in Parliamentary Health Committee', email from dakkelidou@parliament.cy to byron@ask.org.cy dated 4/10/2007, unpublished.

Hibell B. and others, 2004: "The ESPAD Report 2003: Alcohol and other drug use among students in 35 European countries", KENTHEA and Ministry of Education and

Culture 2003: "Pan European Research for alcohol and other drugs-ESPAD", unpublished.

Hibell B., Andersson B., Bjarnasson T., Ahlström S., Balakireva O., Kokkevi A., Morgan M. 2004. The ESPAD Report 2003: Alcohol and Other Dug Use Among Students in 35 European Countries. Sweden: The Swedish Council for Information on Alcohol and Other Drugs (CAN), the Pompidou Group at the Council of Europe.

Ioannou S., 2007. Personal communication on prevention programs applied by the Ministry of Education and Culture, 24.9.2007.

Ioannou, H. 2007. Letter to General Director, Ministry of Justice and Public Order, 'Information Collection for Cyprus NFP 2006' dated 23.01.07.

Kkollos, J. 2006. Ministry of Health, Pharmaceutical Services, letter to the Head of the NFP, dated 22 May, 2006, unpublished.

Kyriakou, O. 2007. Anti-drugs council letter to Head of Cyprus National Focal Point "Monitoring the Demand reduction Action Plan" dated 28.02.07, unpublished.

Law (Medicinal Products for Human Use- Control of quality, supply and prices 2001), Republic of Cyprus.

Law (Motor Vehicle and Road Traffic Law of 1972), Republic of Cyprus.

Law 52 (II)/2005, Republic of Cyprus.

Leonidou D., 2007. Mental Health Services, letter to officer of Cyprus NFP, "New operational framework", dated 21 September, 2007, unpublished.

Lyssandrou, 2007: Personal communication, 26 September, 2007.

Mavromoustaki, T. (2007) (tmavromoustaki@law.gov.cy) personal communication to B. Gaist (byron@ektepn.org.cy) in response to email 'Legal Developments 2006' dated 5/10/2007.

Michaelidou, T., 2005. Letter to Head of Cyprus National Focal Point Community service as an alternative to imprisonment" *dated* 12 August 2005, unpublished.

'Mikri Arktos', 2006. Centre for Primary Prevention of Addictive Substance Use, 'Apologismos 2006' (Annual Report), Chapter 3.1, published.

Ministry of Education and Culture, 2007. Annual Report 2006, unpublished (also available online http://www.moec.gov.cy/etisia-ekthesi/index.html).

Ministry of Education and Culture, First Action Report based on the Action Plans of the Anti- Drug Council 2004-2008 for the Demand Reduction, Note to the Ministerial Council, 2006.

Ministry of Health, 2007. Mental Health Services, letter to Anti Drugs Council, "Substitution programme "Gefyra", dated 26 September, 2007, unpublished.

Ministry of Health, 2007. Mental Health Services, letter to Head of Cyprus NFP, "Perseas name change to "Perseas" Adolescent & Family Counselling Centre, dated 28 March, 2007, unpublished.

Ministry of Justice & Public Order (prepared by Intercollege research & development department), 2004. Juvenile delinquency research, unpublished.

Ministry of Justice and Public Order, 2007. National Strategy to combat discrimination, unpublished.

Ministry of Labour and Social Insurance, 2007. National Strategy for Social Protection and Social Inclusion, unpublished.

National Report 2006 Cyprus NFP, chapter 8.3 "Drug-related Crime".

Nicolaou T., 2006. Ministry of Labour and Social Insurance, letter to Head of Cyprus NFP, "Drug related budget", dated 3 March, 2006, unpublished.

Nicolaou T., 2007. Ministry of Labour and Social Insurance, letter to Cyprus Antidrugs Council, "Drug related budget for 2007 & 2008", dated 21 June 2007, unpublished.

Nicolaou T., 2007. Personal communication re implementation of Law 52(II)/2005, 22 October 2007.

Nirou G. 2007. Personal communication, 4 October, 2007.

Open Therapeutic Community "Tolmi", 2003. Pancyprian general population survey, (2003). (Preliminary findings, unpublished).

Papadopoulos M., Konstandinopoulos K., 2005: "The use of licit and illicit substances by students of public Lyceums in Cyprus", unpublished.

Papadopoulos M., Ministry of Education and Culture, Committee of Health Education and Citizenship, 2005. Letter to the Executive Secretary of the Anti-drugs Council, dated March 18, 2005, unpublished.

Papakostas, I. 2007. Police Headquarters, letter to the Head of the Cyprus Police, "Drug-related crime", dated 7 August, 2007, unpublished.

Papantoniou L. (Ministry of Health, Ministry of Justice and Public Order), 2003. Study on Knowledge, Beliefs and Behaviours regarding AIDS, Sex, Sexually Transmitted Diseases and Substance Use among Conscripts during their Second Year of Military Service, preliminary findings, unpublished.

Papouti S., 2006. Youth Board of Cyprus, letter to Head of Cyprus NFP, "Drug related budget", dated 9 February, 2006, unpublished.

Parliamentary Committees Secretariat, 2007. 'Self-proclaimed topics recorded in 2006', unpublished.

Parliamentary Committees Secretariat, 2007. E-mail with subject: 'Discussion of Drugs in Parliament 2006' from parliamentary-committies@parliament.cy to byron@ektepn.org.cy, dated 22.10.07.

Parliamentary Health Committee, 2007. 'Self-proclaimed topics of the Parliamentary Health Committee, 7th Parliamentary Cycle, Synod A', unpublished.

Petridou, A. 2006. Ministry of Health, Mental Health Services report on the creation of substance abuse adolescent services, unpublished.

"Perseas" Adolescent & Family Counselling Centre, 2007. Annual report, unpublished.

Philipou, P., 2006. Personal communication, 11.07.2006.

Research and Development Center of Intercollege 2006: "Pancyprian general population survey for smoking, alcohol and other psychoactive substances", published on Focal Point's Newsletter 'Skiagrafisis', No 9, March 2007.

Sergides, S., 2007. Personal communication, 16.10.07.

Sergides S., 2007, Drug Law Enforcement Unit, Police Headquarters, personal communication & letter from DLEU, October 3, 2007, unpublished.

State General Laboratory - Forensic Science and Toxicology Laboratory, 2007. Report on the composition of illicit drug tablets, unpublished.

Statistical Services, 2007. Demographic Report 2006

Statistical Services, 2007. Personal communication, 5 October, 2007.

Stylianou D., 2006. Personal communication, 22 July, 2006.

Stylianou S. 2007. Problem Drug Use Analysis, unpublished.

Stylianou S., 2007. Personal communication, 28 June, 2007.

Stylianou S., 2007. Proposal to Cyprus NFP regarding research on rave parties, unpublished.

Stylianou, S. 2006. Letter to Head of Cyprus NFP "unpublished report" dated July 2006.
Veresies Clinic Online, 2007. Brief opioid detoxification programme [online]. Available from URL: http://www.veresies.com/ [Accessed on September 7, 2006].

Yiagkou X., 2006. Ministry of Justice and Public Order, letter to Head of Cyprus NFP, "Drug related budget", dated 13 February, 2006, unpublished.

Yiagkou, X. 2006. Ministry of Justice and Public Order, letter to the Head of the NFP, dated 24 July, 2006, unpublished.

1.2. Databases and Internet Addresses

Ministry of Economics http://www.moec.gov.cy/etisia-ekthesi/index.html (accessed on 5 October 2007)

Ministry of Education and Culture [online]. Available from URL: http://www.moec.gov.cy/ [Accessed on July 12, 2006].

Ministry of Labour and Social Insurance, Social Welfare Services, 2006, [online] Available from URL: http://www.mlsi.gov.cy/mlsi/sws/sws.nsf/All/0D35FA37B1E76858C2256E5F00275C97? , OpenDocument, [accessed on July 12, 2006].

RAI Consultancy Services, 2007. Kyprovarometro 2006 [online]. Available from URL: http://www.rai.com.cy/cyprobarometer.htm [Accessed on October 5, 2007].

Statistical Services of the Republic of Cyprus "[online]. Available from URL: http://www.mof.gov.cy/mof/cystat/statistics.nsf/index_gr/index_gr?OpenDocument (accessed on 3 October 2007)

1.3. List of figures and tables

1.4. List of abbreviations

CAC = Cyprus Antidrugs Council

CTO = Cyprus Tourism Organization

DDR = Drug Demand Reduction

DLEU = Drug Law Enforcement Unit

EMCDDA = European Monitoring Centre for Drugs and Drug Addiction

EMQ = European Model Questionnaire

EPS = Educational Psychology Service

ESPAD = European School Survey Project on Alcohol and other Drugs

EU = European Union

IDU = Intravenous Drug User

MD = Ministry of Defence

MEC = Ministry of Education and Culture

MH = Ministry of Health

MHS = Mental Health Services

MJPO = Ministry of Justice and Public Order

MLSI = Ministry of Labour and Social Insurance

NDS = National Drug Strategy

NFP = National Focal Point

NGO = Non-Governmental Organization

STD =Sexually Transmitted Diseases

T.D.I = Treatment Improvement Protocol

UNO = United Nations Organization