

# Cyprus

## Cyprus Country Drug Report 2019



This report presents the top-level overview of the drug phenomenon in Cyprus, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2017 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

### THE DRUG PROBLEM IN CYPRUS AT A GLANCE

#### Drug use

in young adults (15-34 years) in the last year

**Cannabis**

**4.3 %**

Female	1.9 %
Male	6.8 %

**Other drugs**

MDMA	0.3 %
Amphetamines	0.1 %
Cocaine	0.4 %

**High-risk opioid users**

**1 168**

(916 - 1 536)

#### All treatment entrants

by primary drug

Cannabis	53 %
Amphetamines	7 %
Cocaine	15 %
Heroin	14 %
Other	12 %

**Opioid substitution treatment clients**

**209**

**Syringes distributed**

through specialised programmes

**245**

#### Overdose deaths

Year	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Deaths	7	12	11	12	9	8	5	3	6	9	6	16

**New HIV diagnoses attributed to injecting**

Year	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Diagnoses	0	2	0	0	0	0	0	0	3	1	2	0

Source: ECDC

#### Drug law offences

**945**

**Top 5 drugs seized**

ranked according to quantities measured in kilograms

- Herbal cannabis
- Cocaine
- MDMA
- Cannabis resin
- Amphetamine

**Population**

(15-64 years)

**582 452**

Source: Eurostat Extracted on: 18/03/2019

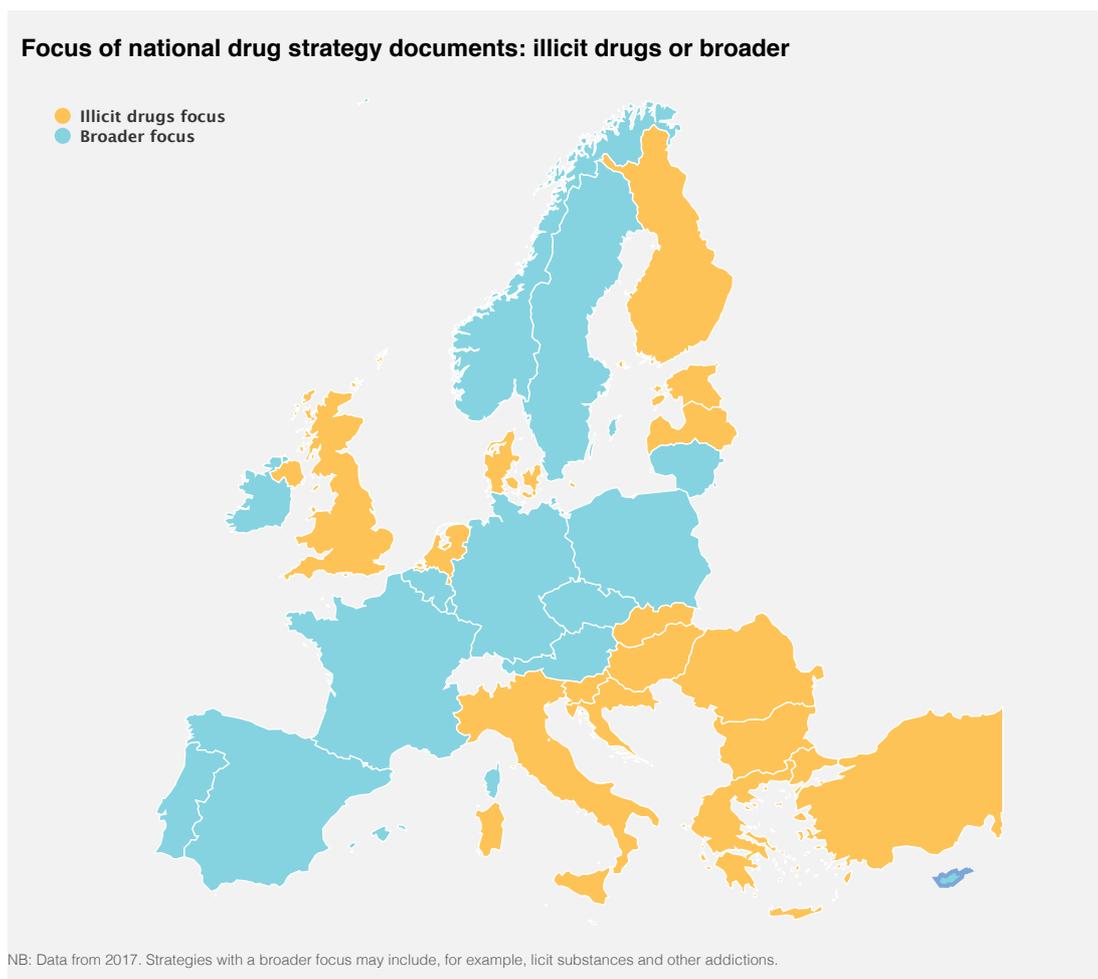
NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

## National drug strategy and coordination

### National drug strategy

Cyprus's National Strategy on Illicit Substances Dependence and the Harmful Use of Alcohol provides the overarching political framework and priorities for 2013-20. It aims to reduce the demand for and supply of drugs and reduce the health and social risks and harms caused by drugs and alcohol. The strategy is built around five pillars: prevention; treatment and social reintegration; harm reduction; supply control and regulation; and international cooperation. The framework, aims and objectives of the strategy also form two consecutive 4-year action plans covering 2013-16 and 2017-20. A new pillar covering research, education and evaluation was introduced in the 2017-20 action plan to enhance the use of programme evaluation.

In a similar way to other European countries, Cyprus evaluates its drug policy and strategy through ongoing indicator monitoring and specific research projects. In 2012, a final external evaluation of the National Drug Strategy 2009-12 was carried out. An internal mid-term multi-criterion evaluation of the 2013-20 national strategy was undertaken in 2016, and, based on the evaluation of the Action Plan 2013-16, a new action plan was adopted.



### National coordination mechanisms

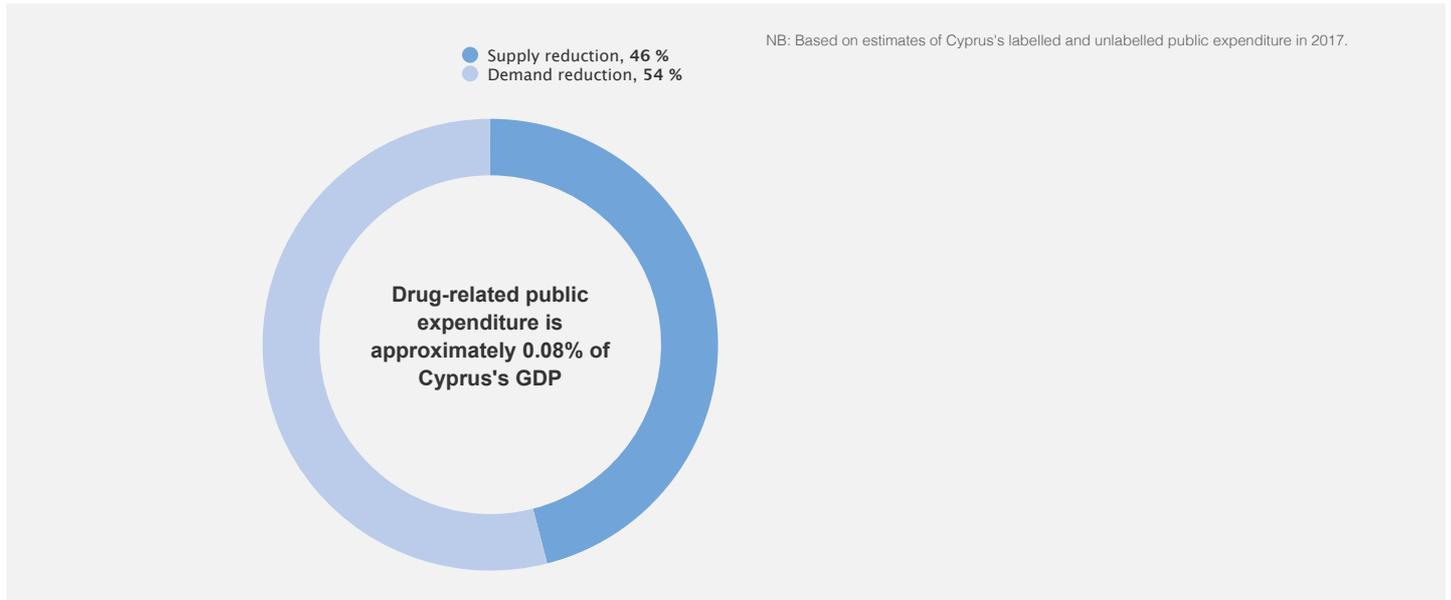
The Interministerial Drugs Committee is responsible for coordination among government ministries. It is chaired by the President of the Republic and comprises six ministers, from the Ministries of Health; the Interior; Justice and Public Order; Education and Culture; Labour, Welfare and Social Insurance; and Defence. Strategic and operational coordination is carried out by the Cyprus National Addictions Authority (NAAC) (previously the Cyprus Anti-Drugs Council), which addresses illicit drugs, other substances and addictive behaviours. The NAAC has nine members, who are nominated by the Council of Ministers, and is presided over by a chairperson, who is appointed by the President of the Republic and also acts as the National Drug Coordinator. The NAAC is responsible for the planning, implementation, supervision and monitoring of the national strategy.

## Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments to expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, most drug-related expenditure is not identified ('unlabelled'), especially in the field of supply reduction initiatives, and must be estimated using modelling approaches.

Drug-related public expenditure has been estimated for more than a decade, and the methodology used is currently being revised and improved. In 2017, total drug-related expenditure amounted to 0.08 % of Cyprus's gross domestic product (GDP). The total expenditure of approximately EUR 15 million was divided into three main areas: law enforcement, healthcare and education.

### Public expenditure related to illicit drugs in Cyprus



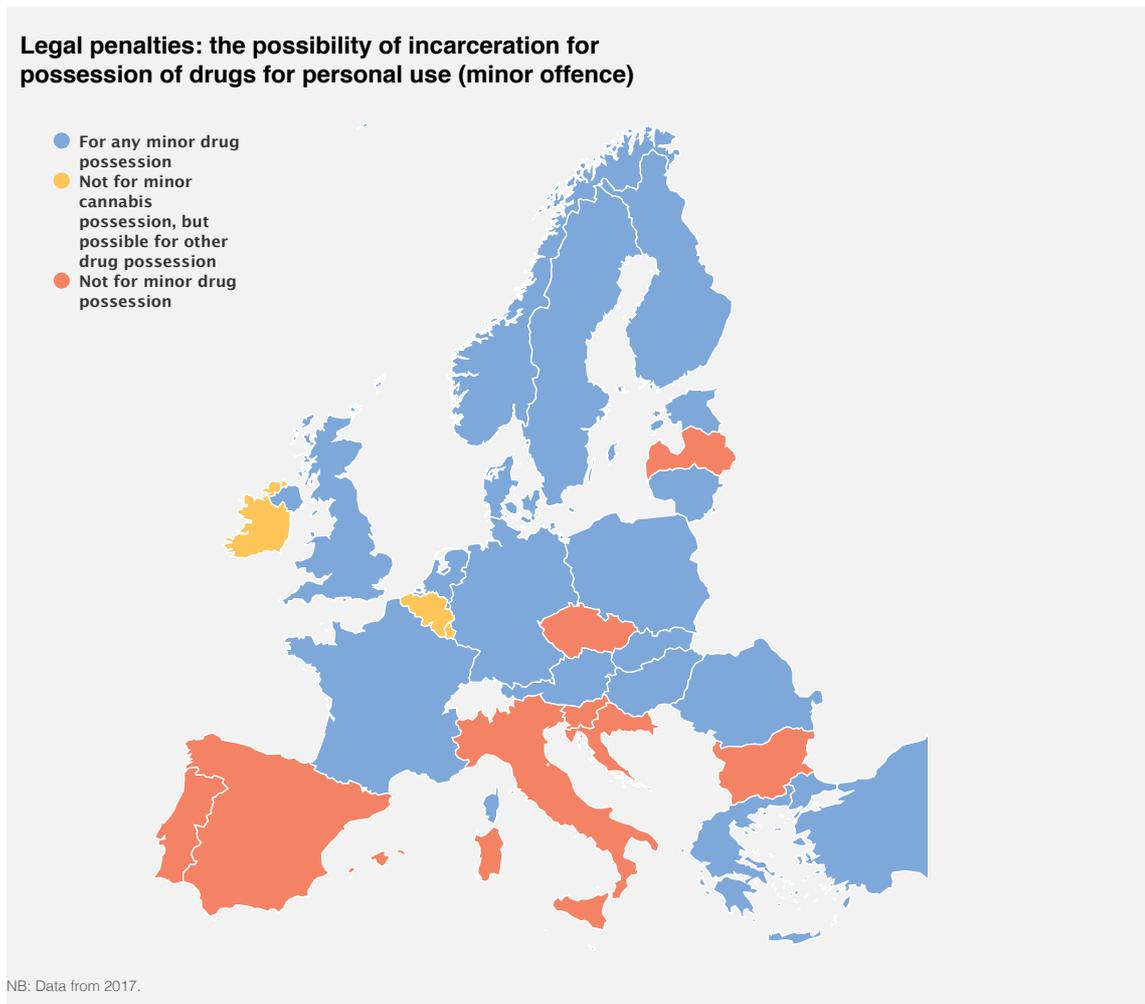
## Drug laws and drug law offences

### National drug laws

In Cyprus, drugs are classified as A, B or C according to their level of harm, with Class A drugs causing the most harm. Penalties for drug use in Cyprus extend to life imprisonment for all classes, but a life term has never been imposed. Possession for personal use is regarded as a serious criminal offence, punishable by up to 12 years in prison for Class A drugs, 8 years for Class B and 4 years for Class C. However, first-time offenders aged under 25 are not given sentences of more than 1 year. In recent years, there has been a tendency towards the use of alternative measures to punishment. In the pre-trial phase, there is an alternative to prosecution for young drug offenders arrested for the first time, and a protocol for referring young offenders to mental health services. In 2016, a new law was introduced allowing those accused of drug-related offences other than supply and serious felony to apply for a treatment alternative.

In 2003, quantity thresholds for personal use were introduced; possession of a quantity of a substance above the assigned limit may lead to the presumption that the person intended to sell the substance. The limits include three or more cannabis plants, 30 g or more of cannabis or its products and 10 g or more of prepared cocaine or opium (or its derivatives). Trafficking Class A or B drugs may be punished by up to life in prison, while trafficking Class C drugs carries a penalty of up to 8 years' imprisonment.

Since 2011, Cyprus has implemented an approach that controls generic groups of substances. The procedure is supported by an ad hoc committee operating under the Cyprus National Addictions Authority, comprising experts from different public services.

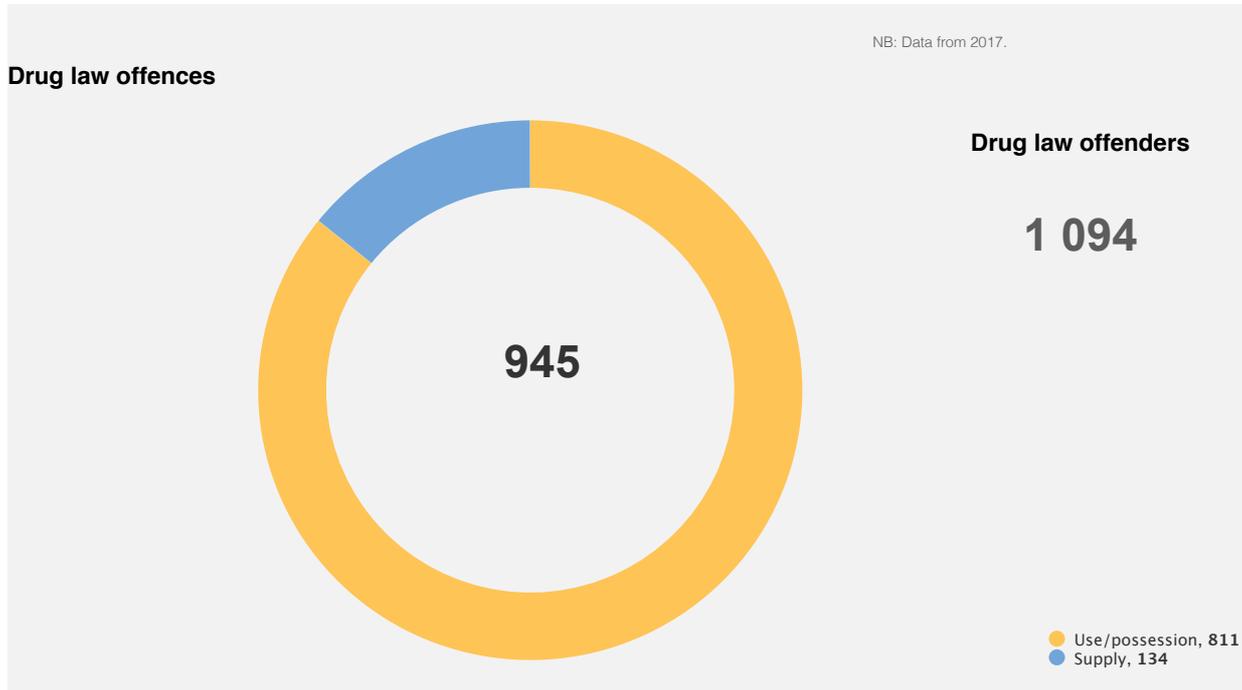


### Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

The data on DLOs indicate that, in 2017, the majority of offences in Cyprus were related to use or possession and the drug most likely to be involved was cannabis. Overall, there has been a slight downward trend in the number of DLOs and people involved in DLOs since 2014.

### Reported drug law offences and offenders in Cyprus



# Drug use

## Prevalence and trends

Cannabis remains the most commonly used illicit drug among the general population in Cyprus, with approximately 1 in 10 adults aged 15-64 years reporting cannabis use at least once during their lifetime. Cannabis use remains concentrated among young adults aged 15-34 years. The long-term analysis indicates a decrease in last year prevalence of cannabis use among this group from 2009, with possible stabilisation in the most recent years. Use of other illicit substances is less common.

A strong link between gender and illicit drug use is reported, with prevalence rates for all drugs being higher among males. The mean age at cannabis experimentation is 18-20 years. Use of new psychoactive substances is also concentrated among 15- to 34-year-olds, with synthetic cannabinoids being the most frequent substances reported.

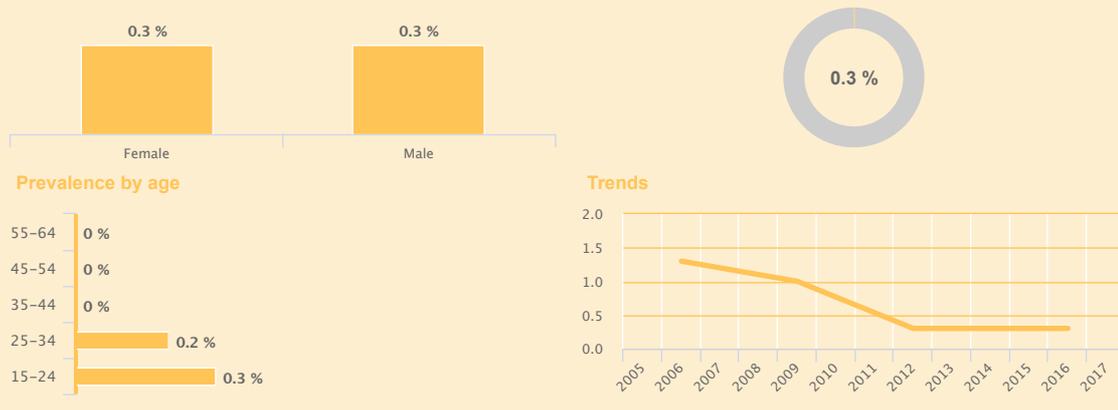
Nicosia and Limassol participate in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in wastewater. An increasing trend was observed for the period 2013-18 for levels of amphetamine, methamphetamine and MDMA/ecstasy. Nicosia and Limassol are among the European cities with the highest levels of methamphetamine detected in wastewater, but levels of amphetamine and MDMA remain below those reported by most other cities participating in the study.

### Estimates of last-year drug use among young adults (15-34 years) in Cyprus



## MDMA

Young adults reporting use in the last year



## Amphetamines

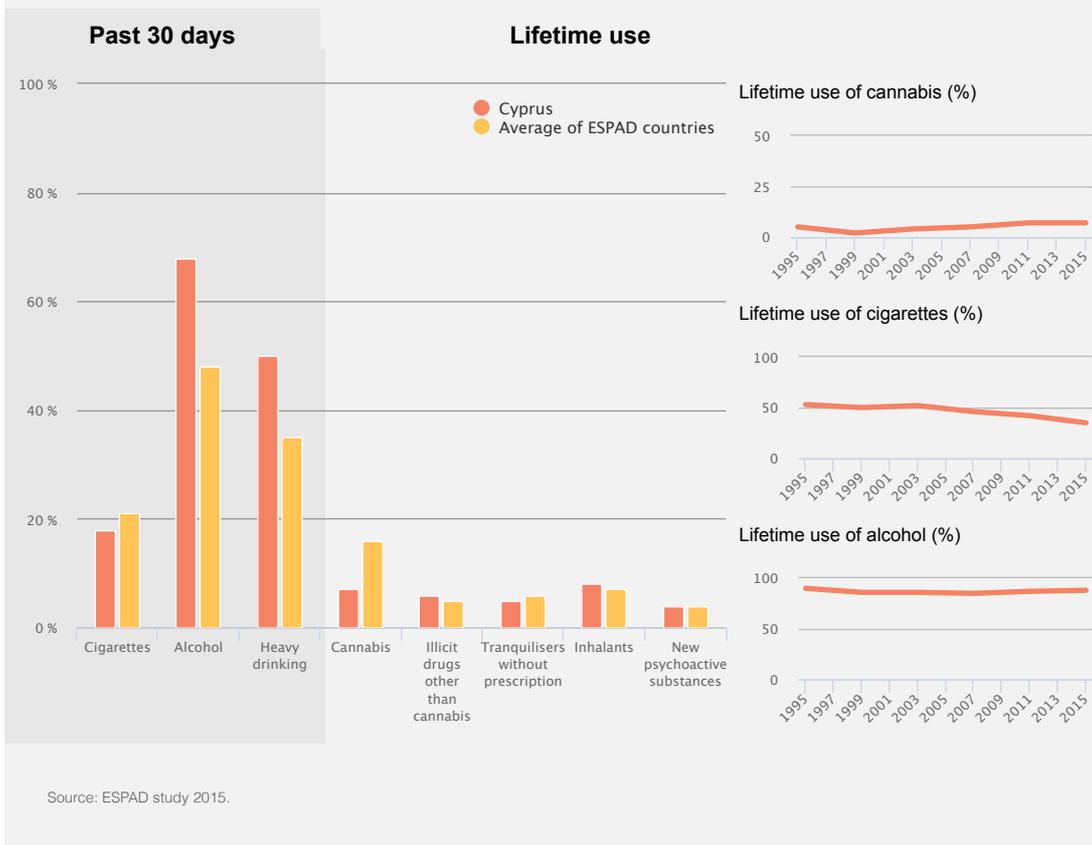
Young adults reporting use in the last year



NB: Estimated last-year prevalence of drug use in 2016.

Drug use among students is reported in the European School Survey Project on Alcohol and Other Drugs (ESPAD) study, which has been conducted regularly in Cyprus since 1995 among 15- to 16-year-olds (in the government-controlled areas). In the 2015 ESPAD study, Cypriot students reported substance use prevalence rates of approximately the same magnitude as the ESPAD average (based on data from 35 countries) for five of the eight key variables studied. Lifetime cannabis use in Cyprus was below the average and has remained at the level of 2011.

## Substance use among 15- to 16- year-old school students in Cyprus



### High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment services, when considered alongside other indicators, can inform an understanding of the nature of and trends in high-risk drug use.

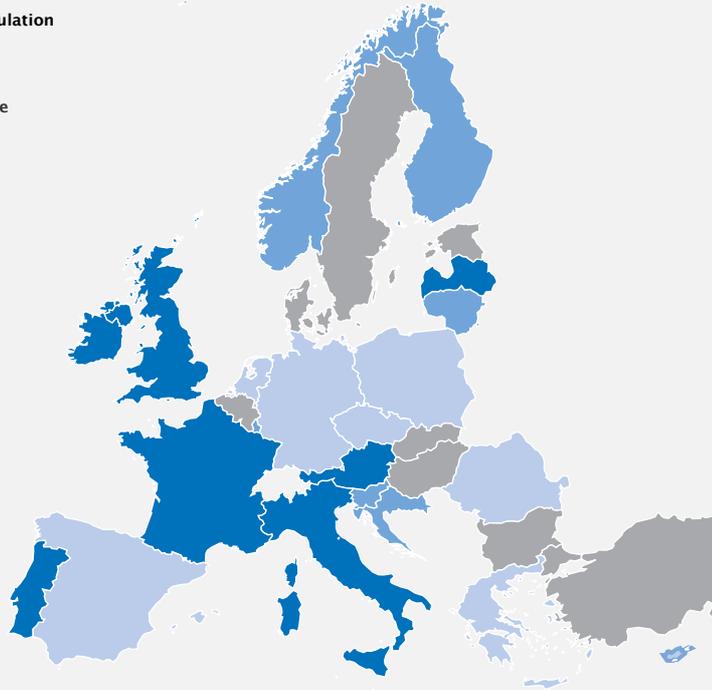
In 2017, it was estimated that there were around 1 200 high-risk opioid users in Cyprus. The number of high-risk methamphetamine users was estimated at 175 in the same year.

Data from specialised treatment centres indicate an overall decline since 2007 in primary heroin-using clients entering treatment for the first time. In recent years, an increasing number of clients have sought treatment for use of opioids other than heroin (in particular oxycodone) or for use of methamphetamine. Although injecting remains common among opioid users entering treatment, a downward trend in this practice has been observed in recent years. Half of those entering treatment for primary opioid use in Cyprus inject the substance. In 2017, most treatment clients were male; however, the proportion of females in treatment varied by primary drug and by treatment setting.

## National estimates of last year prevalence of high-risk opioid use

Rate per 1 000 population

- 0.0–2.5
- 2.51–5.0
- > 5.0
- No data available

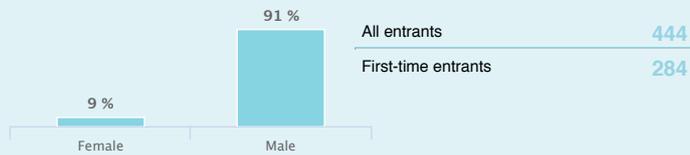


NB: Data from 2017, or the most recent year for which data are available.

## Characteristics and trends of drug users entering specialised drug treatment in Cyprus

### Cannabis

users entering treatment



All entrants 444  
First-time entrants 284

Mean age at first use

18

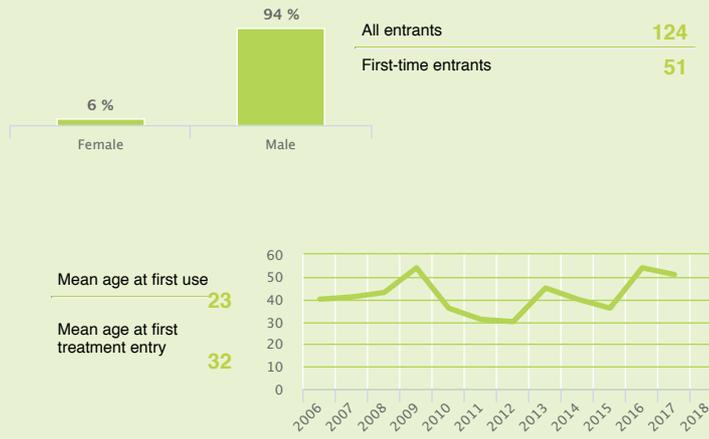
Mean age at first treatment entry

24



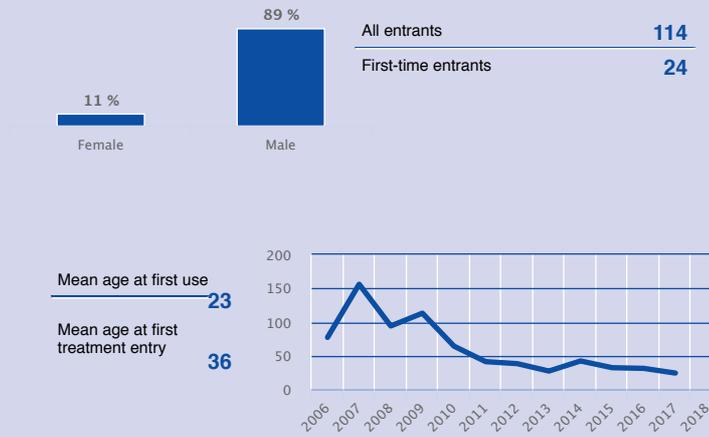
## Cocaine

users entering treatment



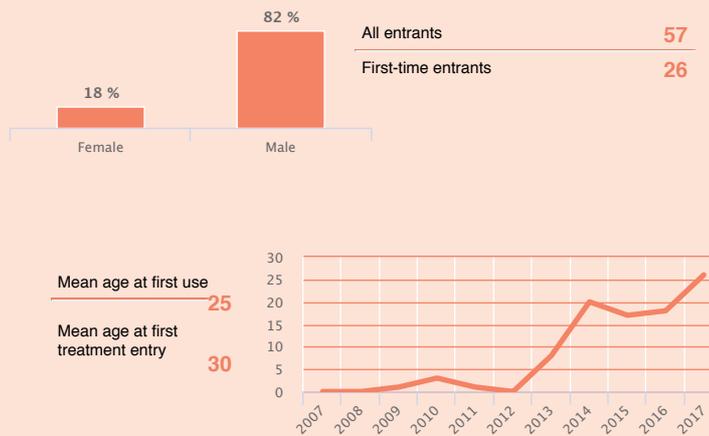
## Heroin

users entering treatment



## Amphetamines

users entering treatment



NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants.

## Drug-related infectious diseases

In Cyprus, data on notifications of infectious diseases are provided by the Department of Infectious Diseases and the National Acquired Immunodeficiency Syndrome (AIDS) Programme of the Ministry of Health. Other data on drug-related infectious diseases (DRID) are primarily obtained by monitoring DRID prevalence among patients in drug treatment. The number of people who inject drugs (PWID) with valid test results for DRID remains low. In 2017, only a quarter of those entering drug treatment benefited from hepatitis B virus (HBV) and hepatitis C virus (HCV) testing. No on-site testing is offered in outpatient programmes.

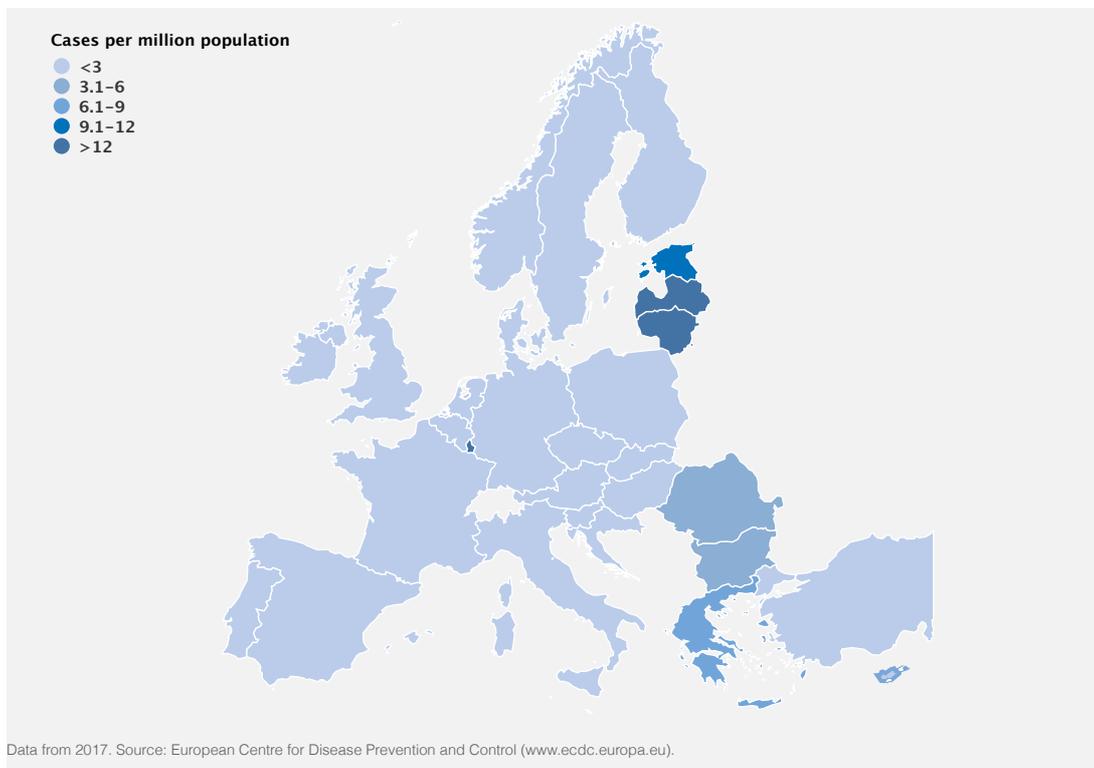
**Prevalence of HIV and HCV antibodies among people who inject drugs in Cyprus (%)**

Region	HCV	HIV
National	56.6	2.7 - 4.7
Sub-national	:	:

Data from 2017.

In 2017, just over half of those tested were found to be positive for HCV. The prevalence of HBV infection among PWID who were tested in drug treatment centres was below 10 %. The prevalence of human immunodeficiency virus (HIV) infections related to drug injecting is estimated to be low compared with other European countries, with two HIV-positive individuals identified in 2017 among the PWID who were tested.

### Newly diagnosed HIV cases attributed to injecting drug use



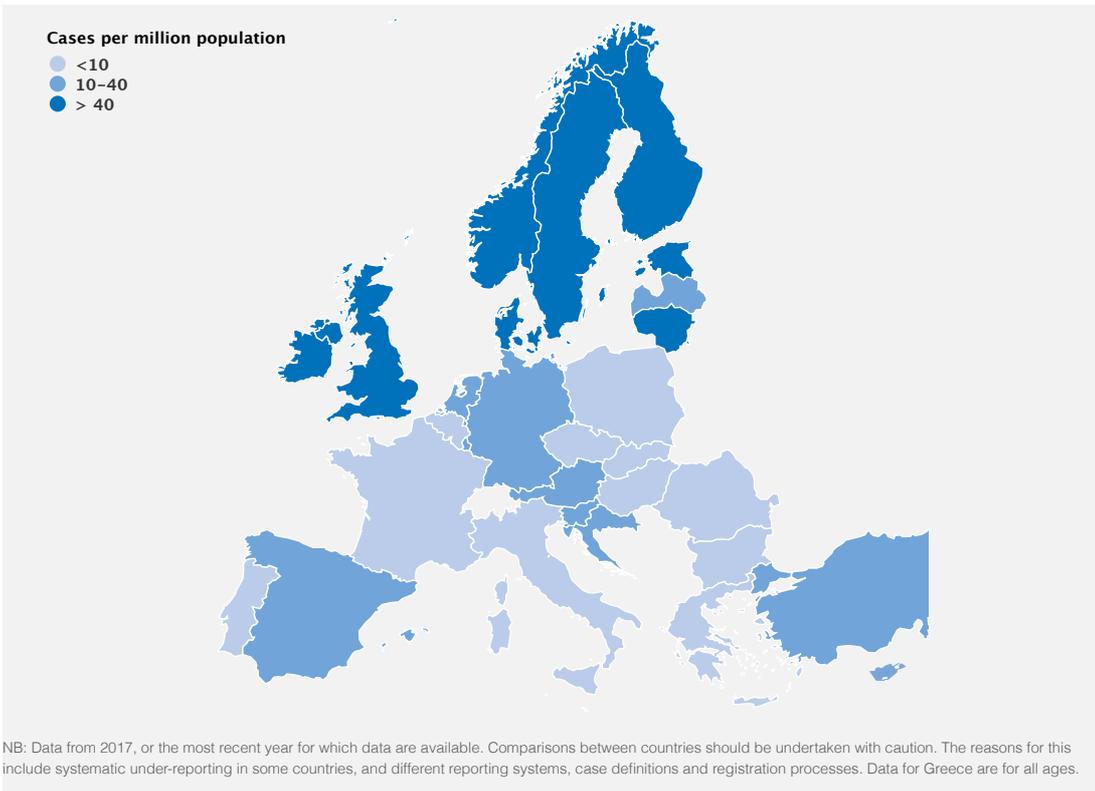
## Drug-induced deaths and mortality

Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses).

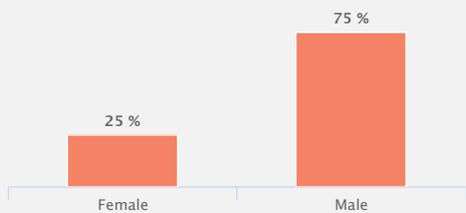
In 2017, the Special Registry reported an increase in the number of drug-induced deaths in Cyprus. Eleven of the 16 deaths involved opioids — in the vast majority of cases in combination with psychoactive medicines. Four of the cases involved oxycodone (compared with three cases in 2016).

In Cyprus, the drug-induced mortality rate among adults (aged 15-64 years) was 26 deaths per million in 2017, more than double the rate for the year 2016 and similar to the most recent European average of 22 deaths per million.

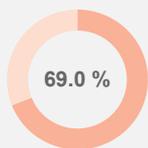
## Drug-induced mortality rates among adults (15-64 years)



Gender distribution

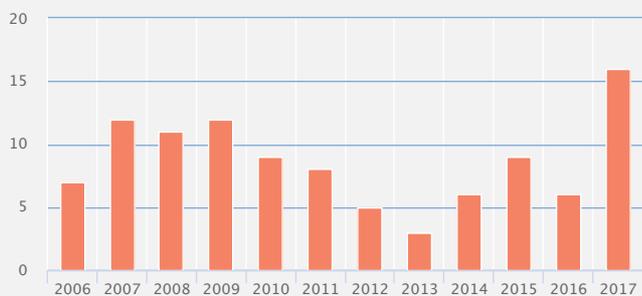


Toxicology

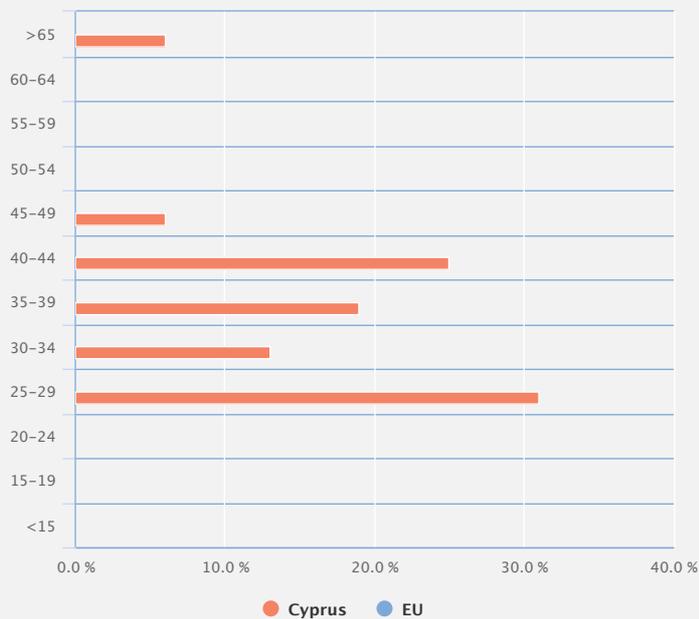


Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



Age distribution of deaths in 2017



data 2017

## Prevention

In Cyprus, the National Strategy on Illicit Substances Dependence and the Harmful Use of Alcohol for 2013-20 endorses prevention as one of its pillars. There are three main prevention priorities included in the strategy's Action Plan for 2017-20: (i) promote healthy lifestyles among children and young people belonging to vulnerable groups; (ii) create a dissuasive environment towards substance use; and (iii) implement early intervention programmes. These priorities seek to support vulnerable groups in adopting a healthy lifestyle and enhancing their access to supportive services, implement early interventions for specific groups at risk and promote environmental actions to prevent and/or delay addictions in the family, army and school environments, on the internet and in the community.

The Cyprus National Addictions Authority (NAAC) is responsible for monitoring the implementation of prevention and intervention programmes through its accreditation and evaluation procedures, as well as some funding procedures.

### Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing substance use problems and indicated prevention focuses on at-risk individuals.

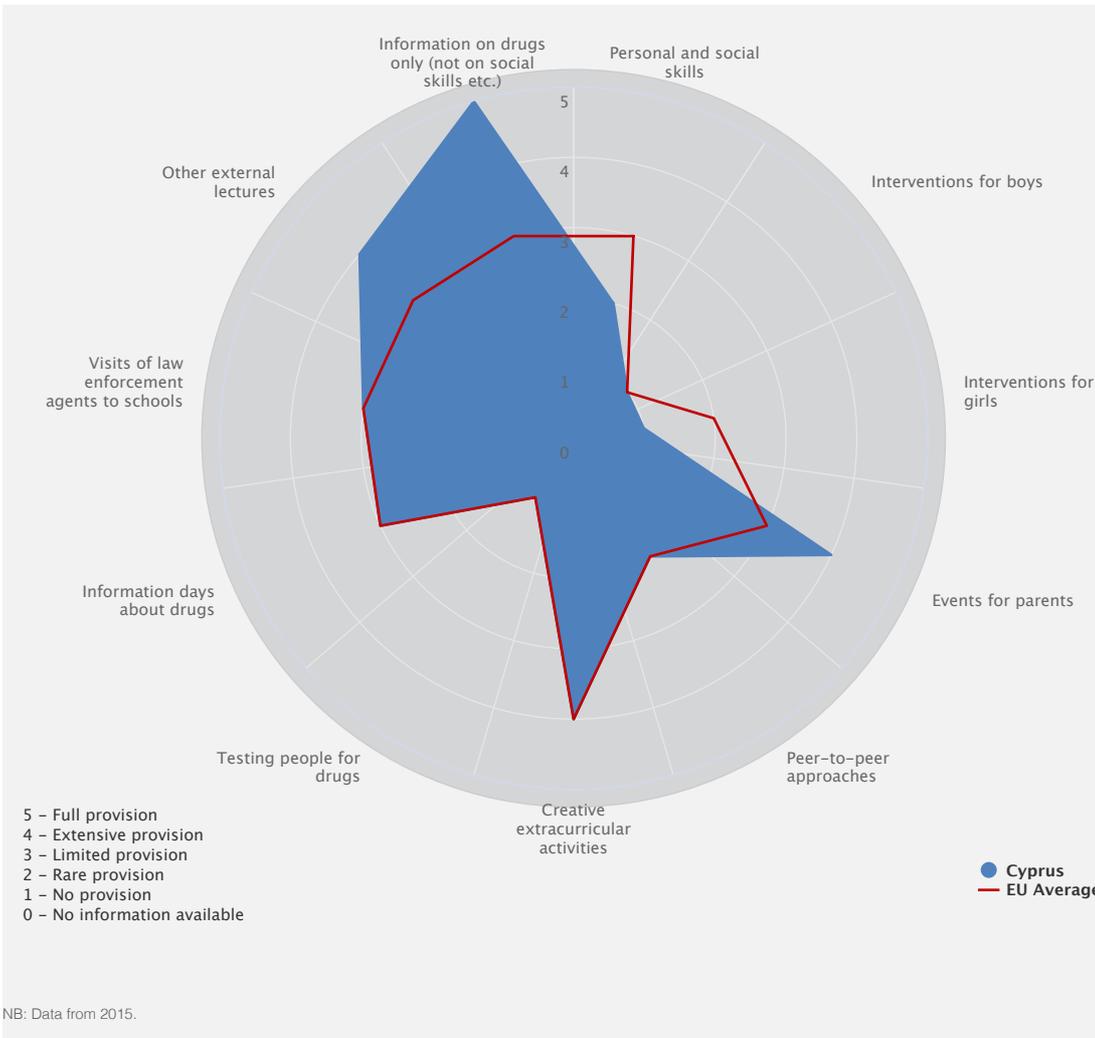
In Cyprus, significant emphasis is placed on environmental actions to prevent and/or delay addictions in the family, army and school environments. Related actions include a national science-based parenting skills programme; the integration of European Drug Prevention Quality Standards in preventive programmes; science-based prevention interventions or programmes in early childhood; legislation for a total ban on smoking in schools; and web-based prevention programmes.

Universal prevention is the most common mode of prevention implemented in communities, families and school settings, targeting mainly secondary school students. Prevention activities in schools are implemented as part of the health promotion education programme. These programmes focus on raising awareness and providing information about drugs, while some of them address the development of personal and social skills. In 2017, 11 universal prevention programmes were accredited, and the majority of these were implemented at the national level. The main axes of the programmes were information dissemination on illegal and legal substances (such as alcohol and tobacco), strengthening of self-development skills, strengthening of self-esteem, enhancement of resilience factors, attitude change, improvement of communication, and training of teachers and parents.

In recent years, special attention has been paid to accelerating the implementation of targeted selective and indicated prevention activities. Priority is given to high-risk groups, including early school leavers and students/soldiers who use licit and illicit substances. Efforts are made to implement these programmes in high-risk areas, to identify those who need support and refer them to appropriate services.

Indicated prevention is informed by the Protocol of Cooperation for the Referral of Young Offenders to Treatment Centres, which was established by the Cyprus Police through the Drug Law Enforcement Unit, the Sovereign Base Areas Police and the Ministry of Health. The protocol promotes policies that facilitate alternatives to prosecution/imprisonment for young drug offenders (arrested for the first time), giving them the opportunity of an early intervention or a more intensive treatment programme, according to their needs.

## Provision of interventions in schools in Cyprus (expert ratings)



## Harm reduction

In Cyprus, National Strategy on Illicit Substances Dependence and the Harmful Use of Alcohol for 2013-20 endorses harm reduction as one of its pillars, and the objectives include ensuring the implementation of harm reduction practices within the health system; promoting safer nightlife activities; reducing driving under the influence of alcohol or drugs; and reinforcing harm reduction practices within the treatment continuum. The new Action Plan 2017-20 includes, among other actions, the referral of people in contact with emergency services after an overdose to treatment, the introduction of take-home naloxone and the training of treatment personnel.

The Cyprus National Addictions Authority (NAAC) coordinates the development of strategies to reduce drug-related harm, in close cooperation with the various departments of the Ministry of Health, such as the National Acquired Immunodeficiency Syndrome (AIDS) Programme and mental health services.

### Harm reduction interventions

A low-threshold drop-in centre established in the capital city, Nicosia, in 2014 offers beverages and snacks, condoms, overdose prevention education, counselling for risk reduction and safer sex education to people who use drugs. The centre operates an outreach team as well as a syringe exchange programme. To increase anonymous access, syringe dispensing machines were installed in the country in 2017. In Cyprus, syringes are also available for purchase in all pharmacies. The majority of PWID taking part in a bio-behavioural survey in 2016-18 reported obtaining injecting equipment from pharmacies.

Other harm reduction measures in Cyprus include (i) testing for infectious diseases, vaccinations and referral for treatment; (ii) disseminating information and providing education; and (iii) providing medical care whenever necessary. These services are provided by all governmental (and some non-governmental) treatment programmes.

In 2014, the NAAC published the report *Preventing the spread of infectious diseases in Cyprus*, which includes specific recommendations for harm reduction interventions. In addition, a new national hepatitis strategy was in preparation in 2018. The NAAC, with the aim of reducing the risk of the transmission of infectious diseases, has promoted the implementation of community-based rapid screening by the treatment programmes, and the current action plan envisages that programme staff will receive relevant training. Following an initiative by the NAAC to improve the response to opioid-related deaths in Cyprus, a nasal naloxone spray was approved by the Ministry of Health in August 2018, and the introduction of a take-home naloxone programme is in preparation.

Availability of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

# Treatment

## The treatment system

The treatment-related goals of the current National Strategy on Illicit Substances Dependence and the Harmful Use of Alcohol and the related action plans emphasise increasing treatment accessibility and the provision of treatment for specific groups, such as migrants, women and drug users with a dual diagnosis. Measures taken in pursuit of these goals have included adding low-threshold services to treatment centres, extending the working hours of treatment centres, implementing a protocol for referring soldiers to drug treatment and introducing legislation for the provision of alternatives to incarceration.

The National Addictions Authority is responsible for the accreditation, evaluation and coordination of all programmes, actions and activities related to drug treatment, whether they are carried out by governmental services, non-governmental organisations (NGOs) or the private sector. It may also provide some funding to these programmes, actions and activities.

The treatment system in Cyprus consists of specialised outpatient counselling and opioid substitution treatment (OST) centres, while inpatient treatment is provided at hospital-based residential drug treatment programmes, a therapeutic community and a residential treatment programme. Treatment programmes are offered by NGOs (non-profit), the public sector and a private party (for profit).

All counselling, outpatient and inpatient programmes use psychosocial interventions as their primary treatment tool. Most treatment units report abstinence as their main treatment goal, followed by the prevention of infectious diseases, the development of self-awareness, self-esteem and confidence, and life skills training.

OST is offered by two main specialised drug treatment service units, two hospitals linked to the main units and one private clinic. The substances currently used are buprenorphine-based medication, oxycodone and dihydrocodeine, while methadone is used only for detoxification purposes.

### Drug treatment in Cyprus: settings and number treated

#### Outpatient

Specialised drug treatment centres (1007)

Low-threshold Agencies (38)

#### Inpatient

Hospital-based residential drug treatment (85)

Therapeutic communities (76)

Residential drug treatment (non-hospital based)

#### Prison

Prison (69)

NB: Data from 2017.

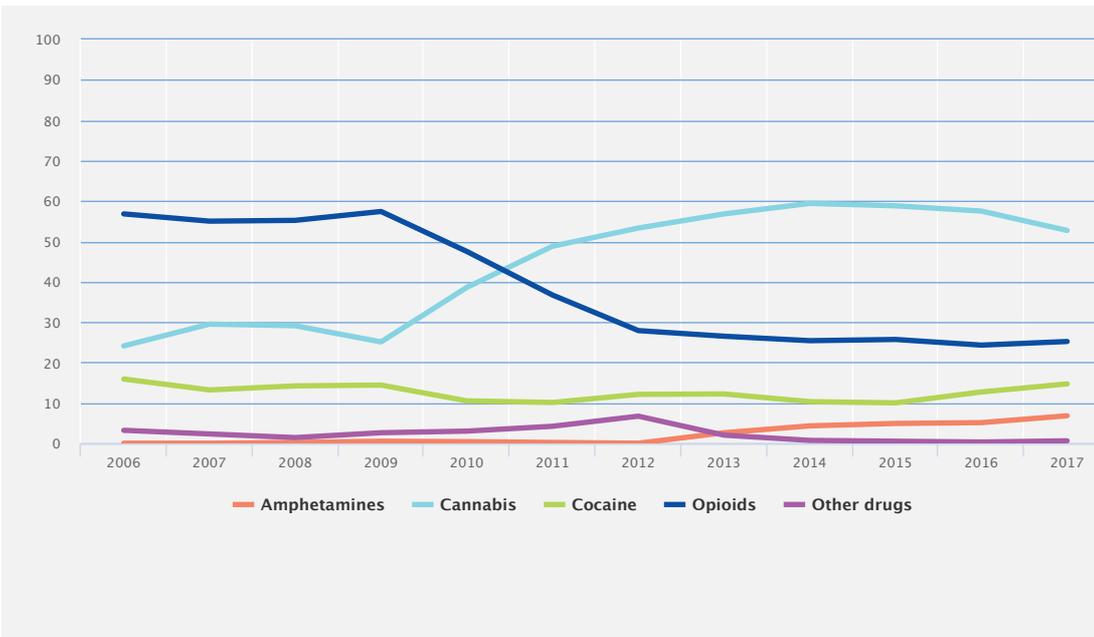
## Treatment provision

Around 1 300 clients were treated in Cyprus in 2017, of whom almost 850 entered the treatment system in that year. Most clients starting treatment initiated it in outpatient settings, and the majority sought treatment for cannabis use. Slightly more than half of those entering outpatient treatment were self-referred, while the Drug Law Enforcement Unit was the second most prevalent source of referral, which is mainly attributable to the implementation of the Protocol of Cooperation for the Referral of Young Offenders. Of those starting treatment in 2017, 1 in 10 was treated in an inpatient setting. The majority of inpatient treatment clients sought treatment for opioid use.

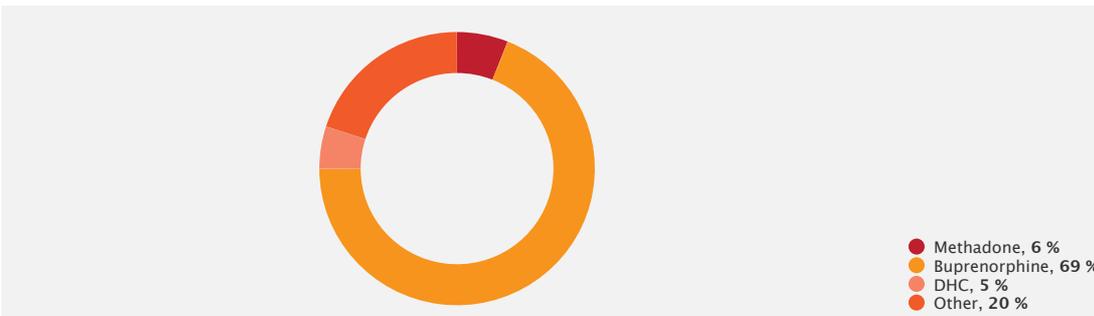
A long-term analysis of treatment-demand data from specialised clinics indicates a gradual increase in the number of cannabis treatment cases during the last decade, while the number of treatment demands due to opioid use has decreased. Since 2013, when the emergence of methamphetamine (crystal meth) users among treatment entrants was first highlighted, a growing number of clients have sought treatment for methamphetamine use, many of whom were receiving treatment for the first time. In 2017, 1 in 10 clients reported oxycodone as the primary drug for which they entered treatment.

In 2017, OST was offered to more than 200 clients, the majority of whom received buprenorphine-based medication, while almost one third received oxycodone.

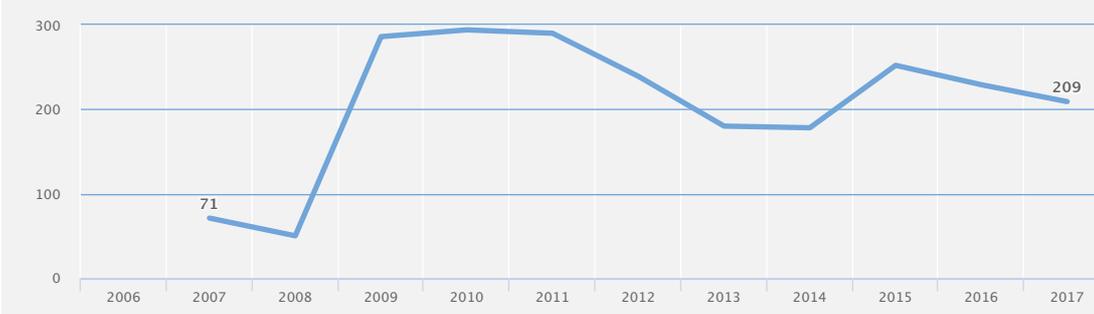
**Trends in percentage of clients entering specialised drug treatment, by primary drug, in Cyprus**



**Opioid substitution treatment in Cyprus: proportions of clients in OST by medication and trends of the total number of clients**



Trends in the number of clients in OST



NB: Data from 2017.

## Drug use and responses in prison

In Cyprus, there is one prison and several police stations in which those arrested can be kept in short-term detention. In 2017, around 2 000 people were held in prison.

No studies have been conducted on drug use prevalence in prison. Based on qualitative information provided by the Prison Department, 80 % of those convicted for drug-related activities mention using drugs prior to incarceration. The medical care of prisoners is addressed in the Prison Regulations, and the National Strategy on Illicit Substances Dependence, and the Harmful Use of Alcohol for 2013-20 provides the framework for the implementation of drug treatment in the criminal justice system.

Medical services are provided by the Ministry of Health, which appoints relevant healthcare staff. When specific health services cannot be provided inside the prison, inmates are referred to services outside the prison. An intake procedure is implemented on prison entry, with an assessment of drug-related problems and the provision of information on available drug services. A drug treatment programme, offering individual counselling to prisoners, was launched at the end of 2015. Pharmacologically assisted treatment is also available, including opioid substitution treatment, which is available to those inmates who received it prior to imprisonment and those who are in need of substitution treatment, regardless of their treatment history.

Inmates are also offered free testing and treatment for infection with hepatitis B virus, hepatitis C virus and human immunodeficiency virus, as well as for tuberculosis and syphilis. In recent years, a mechanism has developed through which inmates may be referred to a therapeutic community while still serving their sentence (provided that they have served at least two thirds of the sentence) and a memorandum of cooperation between all parties involved has been signed to address the needs of released inmates.

## Quality assurance

The Cyprus National Addictions Authority (NAAC) is responsible for the accreditation, evaluation and coordination (as well as part of the funding) of all programmes, actions and activities related to psychoactive substances offered by governmental services, non-governmental organisations and the private sector. The NAAC also draws up the methodological guidelines and specifications for prevention and treatment programmes.

One of the aims of the current national strategy is the strengthening of treatment programme effectiveness; to that end, the NAAC has commissioned an external evaluation of treatment services in Cyprus. The most recent evaluation included process and cost evaluations for each treatment centre as well as an outcome evaluation for the treatment system.

Prevention and treatment guidelines have been developed that assure the nationwide implementation of minimum drug treatment and drug prevention quality standards, which also apply to the prison. These guidelines were updated in 2018 to reflect the most recent developments and evidence. They incorporate, among other things, the European minimum quality standards for drug demand reduction.

The national legislation requires that all prevention and treatment programmes in the field of drug use be submitted to the NAAC for operational accreditation and possibly funding. For programmes to be able to operate, they need to follow the prevention and treatment guidelines that are set out by the national strategy. No further formal accreditation system for drug demand service providers is in place.

Continuing education is provided by the Ministry of Health and the NAAC. In recent years, training on the administration of opioid substitution treatment, psychiatric comorbidity, drug treatment in prison and the clinical assessment tool the European Addiction Severity Index has been implemented. The new Action Plan 2017-20 (NAAC 2017) includes actions that ensure the creation of a multidisciplinary treatment team and the sharing of 'good practice' among treatment centres, as well as actions addressing minors at risk, such as strengthening interministerial cooperation and creating a guesthouse for minor drug users without a support system.

## Drug-related research

The Cypriot national focal point for the European Monitoring Centre for Drugs and Drug Addiction promotes and stimulates further research in the drugs field. Research topics considered a priority are related to the implementation and monitoring of the five key epidemiological indicators. The top research priorities include the estimation of drug use in the general and school populations and of high-risk drug use. Recent drug-related studies focus on, among other topics, the prevalence of infectious diseases among intravenous drug users; drug use, alcohol and other behaviours during army service and in military camps; wastewater analysis; and the social costs of illicit drugs.

The government (through the Cyprus National Addictions Authority) and the Cyprus Research Promotion Foundation are the main research-funding organisations.

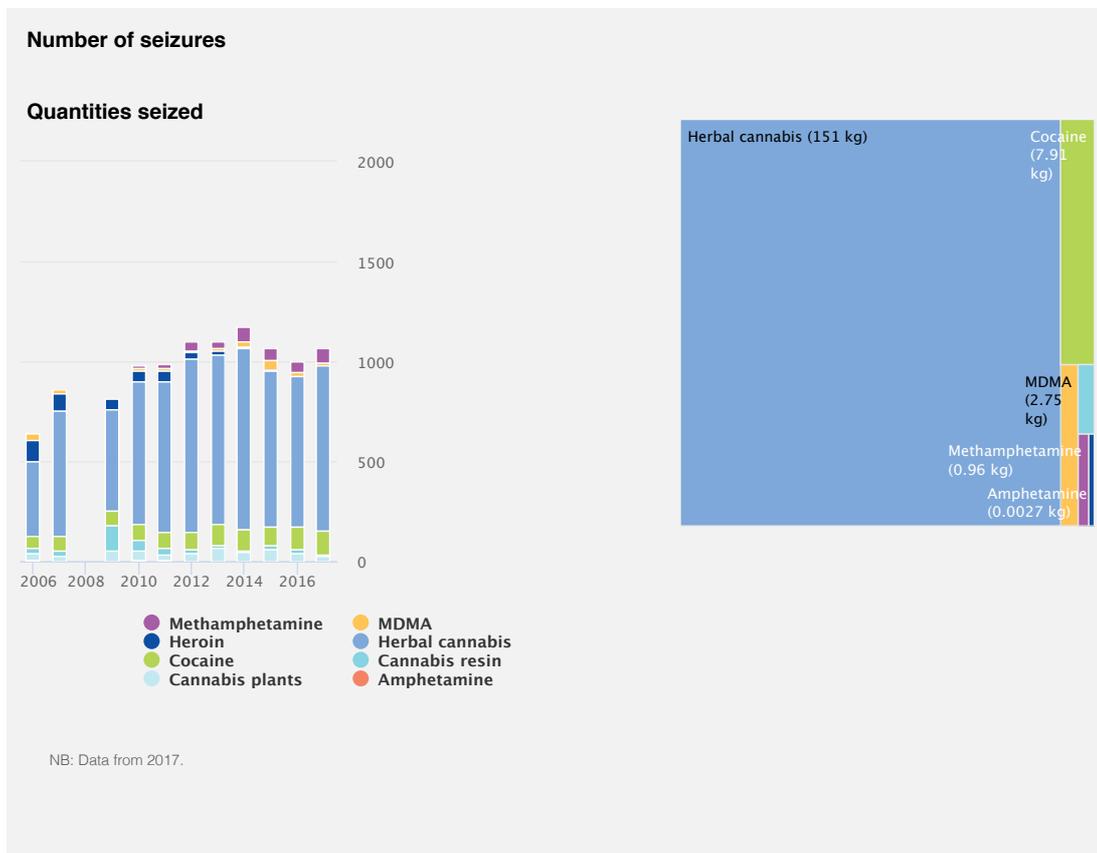
## Drug markets

Most drugs seized in Cyprus are intended for the local market. Herbal cannabis, cannabis resin, cocaine and MDMA/ecstasy are mainly smuggled into the country on passenger flights or by air freight, while heroin and opium are imported using maritime routes exploiting the instability in the northern part of the island. New psychoactive substances are imported mainly via postal services.

Most of the herbal cannabis and MDMA seized in Cyprus in 2017 originated from the Netherlands, while cannabis resin came from Lebanon and heroin from Afghanistan. Cocaine destined for Cyprus originates from Latin America. The local cultivation of cannabis is still rare. Herbal cannabis is the most frequently seized illicit substance in Cyprus. Cocaine seizures and quantities decreased considerably in 2017. The number of heroin seizures continued a downward trend, with a record low number of seizures (four) reported in 2017. With regard to synthetic stimulants, methamphetamine remained the most frequently seized synthetic drug in Cyprus in 2017.

Data on the retail price and purity of the main illicit substances seized are shown in the 'Key statistics' section.

### Drug seizures in Cyprus: trends in number of seizures (left) and quantities seized (right)



## Key statistics

### Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
<b>Cannabis</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	7.209	6.51	36.79
Last year prevalence of use — young adults (%)	2016	4.3	1.8	21.8
Last year prevalence of drug use — all adults (%)	2016	2.2	0.9	11
All treatment entrants (%)	2017	52.7	1.03	62.98
First-time treatment entrants (%)	2017	67.5	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	151	11.98	94 378.74
Number of herbal cannabis seizures	2017	826	57	151 968
Quantity of cannabis resin seized (kg)	2017	1	0.16	334 919
Number of cannabis resin seizures	2017	8	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	n.a.	n.a.	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	n.a.	n.a.	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	2017	3 - 40	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	2017	12 - 25	0.15	35
<b>Cocaine</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	3.26	0.85	4.85
Last year prevalence of use — young adults (%)	2016	0.4	0.1	4.7
Last year prevalence of drug use — all adults (%)	2016	0.2	0.1	2.7
All treatment entrants (%)	2017	14.7	0.14	39.2
First-time treatment entrants (%)	2017	12.1	0	41.81
Quantity of cocaine seized (kg)	2017	7.9	0.32	44 751.85
Number of cocaine seizures	2017	118	9	42 206
Purity (%) (minimum and maximum values registered)	2017	18.87 - 88.45	0	100
Price per gram (EUR) (minimum and maximum values registered)	2017	20 - 350	2.11	350
<b>Amphetamines</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.68	0.84	6.46
Last year prevalence of use — young adults (%)	2016	0.1	0	3.9
Last year prevalence of drug use — all adults (%)	2016	0.1	0	1.8
All treatment entrants (%)	2017	6.8	0	49.61
First-time treatment entrants (%)	2017	6.2	0	52.83
Quantity of amphetamine seized (kg)	2017	0	0	1 669.42
Number of amphetamine seizures	2017	2	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	n.a.	n.a.	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	n.a.	n.a.	3	156.25
<b>MDMA</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.53	0.54	5.17
Last year prevalence of use — young adults (%)	2016	0.3	0.2	7.1
Last year prevalence of drug use — all adults (%)	2016	0.1	0.1	3.3
All treatment entrants (%)	2017	0.1	0	2.31
First-time treatment entrants (%)	2017	0	0	2.85
Quantity of MDMA seized (tablets)	2017	159	159	8 606 765
Number of MDMA seizures	2017	13	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	n.a.	n.a.	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	2017	5 - 20	1	40
<b>Opioids</b>				
High-risk opioid use (rate/1 000)	2017	2	0.48	8.42
All treatment entrants (%)	2017	25.2	3.99	93.45
First-time treatment entrants (%)	2017	13.8	1.8	87.36
Quantity of heroin seized (kg)	2017	0.4	0.01	17 385.18
Number of heroin seizures	2017	4	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	n.a.	n.a.	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	n.a.	n.a.	5	200
<b>Drug-related infectious diseases/injecting/death</b>				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	0	0	47.8
HIV prevalence among PWID* (%)	2017	2.7 - 4.7	0	31.1
HCV prevalence among PWID* (%)	2017	56.6	14.7	81.5
Injecting drug use (cases rate/1 000 population)	2017	0.38	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	25.75	2.44	129.79
<b>Health and social responses</b>				
Syringes distributed through specialised programmes	2017	245	245	11 907 416

Clients in substitution treatment	2017	209	209	178 665
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#### Treatment demand

All entrants	2017	842	179	118 342
First-time entrants	2017	421	48	37 577
All clients in treatment	2017	1 294	1 294	254 000

#### Drug law offences

Number of reports of offences	2017	945	739	389 229
Offences for use/possession	2017	811	130	376 282

EU Dashboard

Cannabis

Last year prevalence among young adults (15-34 years)



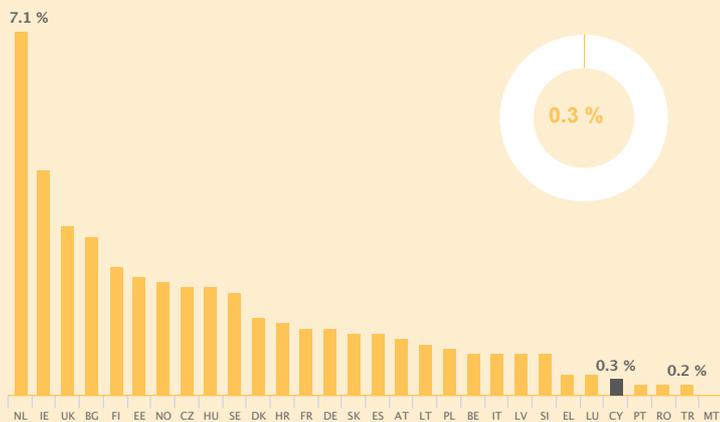
Cocaine

Last year prevalence among young adults (15-34 years)



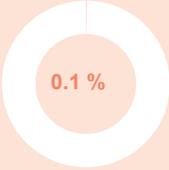
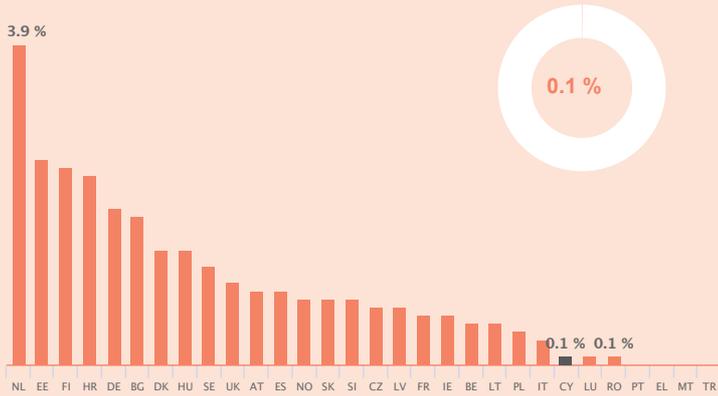
MDMA

Last year prevalence among young adults (15-34 years)



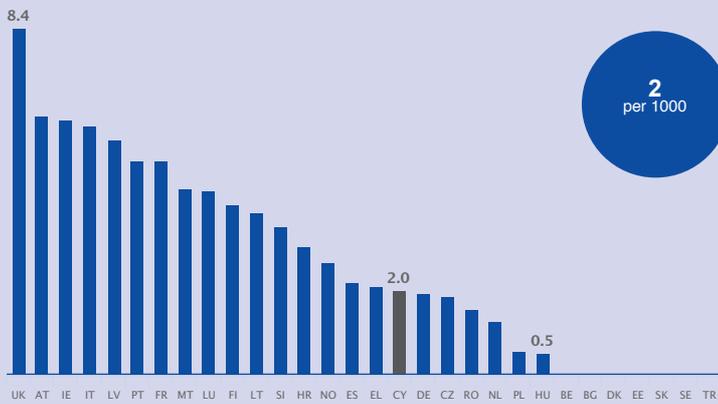
## Amphetamines

Last year prevalence among young adults (15-34 years)



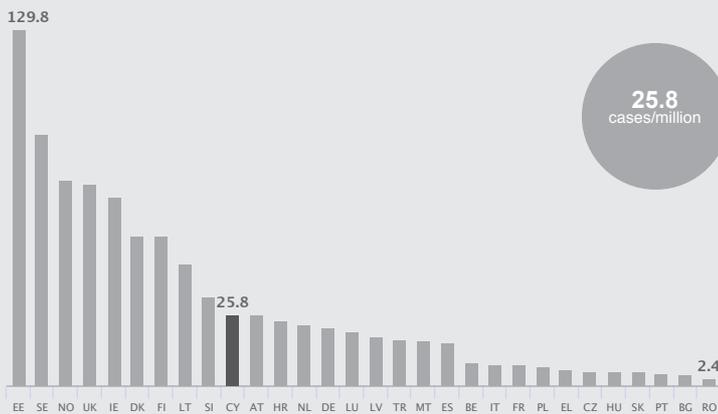
## Opioids

High-risk opioid use (rate/1 000)



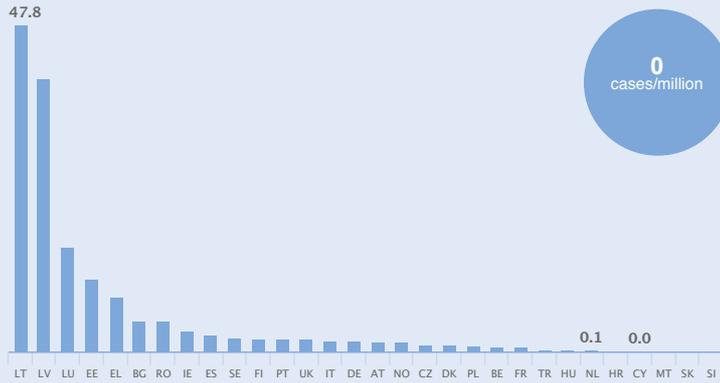
## Drug-induced mortality rates

National estimates among adults (15-64 years)



## HIV infections

Newly diagnosed cases attributed to injecting drug use



## HCV antibody prevalence

National estimates among injecting drug users



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

## About our partner in Cyprus

The national focal point was created in March 2004 by the Cyprus Anti-Drugs Council, the main coordinating body responsible for drug and alcohol policy in Cyprus. The primary role of the national focal point is the collection, analysis and evaluation of information and data concerning the drug use situation in Cyprus and the implementation of EMCDDA activities and other related national activities.

[Click here to learn more about our partner in Cyprus.](#)

## **Cypriot national focal point**



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Head of national focal point: Ms [Ioanna Yiasemi](#)

**Methodological note:** Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the [EMCDDA Statistical Bulletin](#).

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