

Cyprus

Cyprus Drug Report 2018

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 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

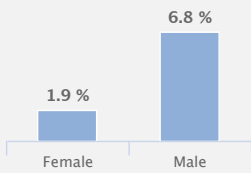
THE DRUG PROBLEM IN CYPRUS AT A GLANCE

Drug use

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

Cannabis

4.3 %



Other drugs

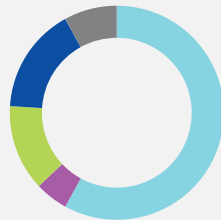
MDMA	0.3 %
Amphetamines	0.1 %
Cocaine	0.4 %

High-risk opioid users

838
(693 - 1 044)

Treatment entrants

by primary drug



Opioid substitution treatment clients

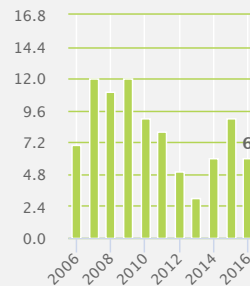
229

Syringes distributed

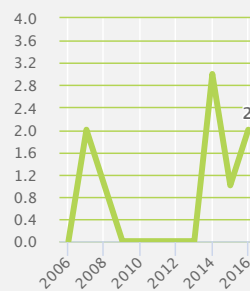
through specialised programmes

22

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

895

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Cocaine
2. Herbal cannabis
3. Heroin
4. Cannabis resin
5. MDMA

Population

(15-64 years)

580 541

Source: EUROSTAT Extracted on: 18/03/2018

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, 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.

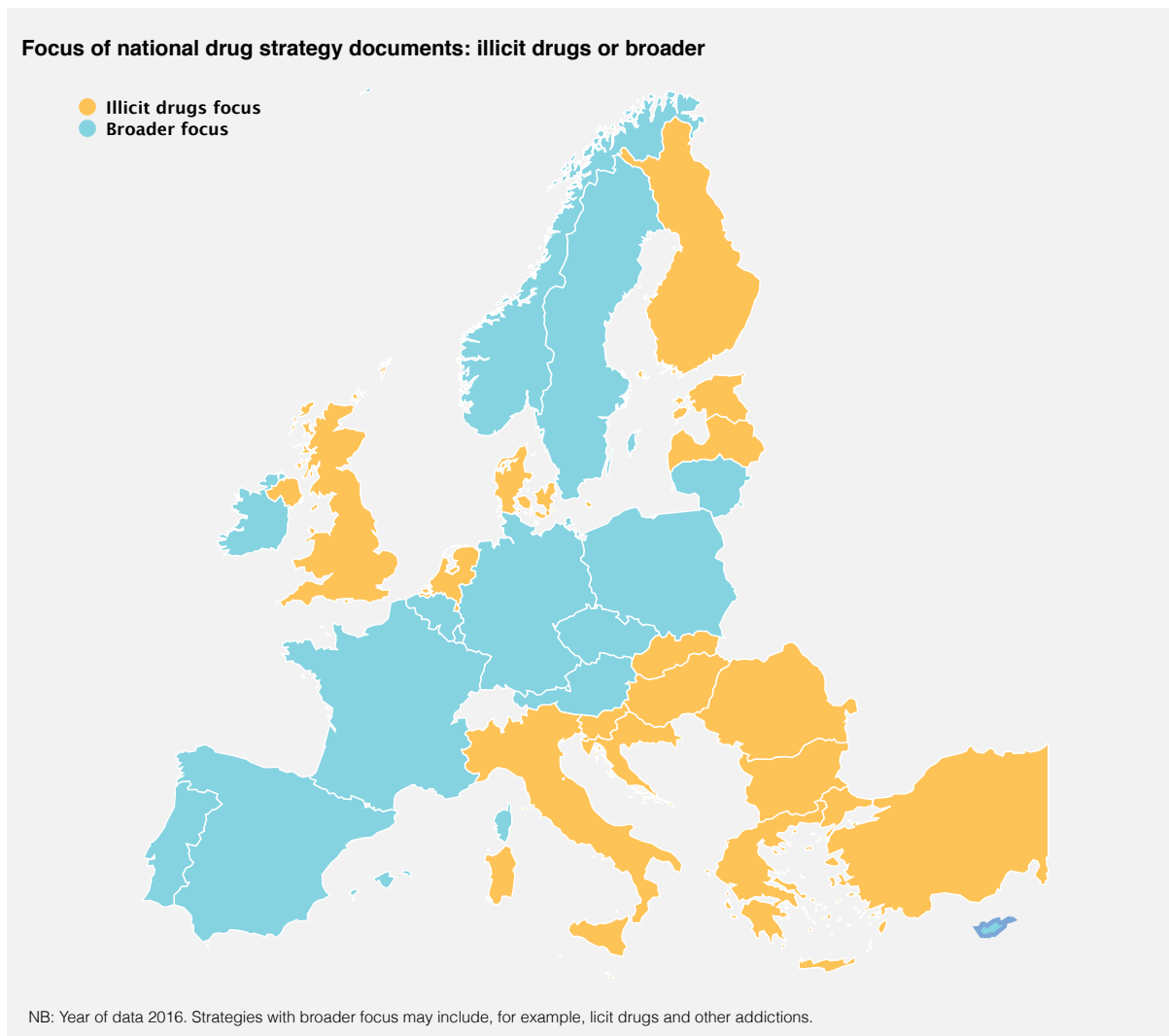
National drug strategy and coordination

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 the period 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 four-year action plans covering 2013-16 and 2017-20.

In a similar way to other European countries, Cyprus evaluates its drug policy and strategy through ongoing indicator monitoring and specific research projects. An internal mid-term multi-criterion evaluation of the 2013-20 national strategy was undertaken in 2016. Previously, a final external evaluation of the implementation of the 2009-12 action plan was completed.



National coordination mechanisms

The Inter-Ministerial 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 Anti – Drugs Council (which, following an amendment of a relevant law in 2017, was renamed into the National Addictions Authority - NAAC), which addresses illicit drugs, other substances and addictive behaviours. The NAAC 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 has seven members, who are nominated by the Council of Ministers. The NAAC is responsible for the planning, implementation, supervision and monitoring of the national strategy.

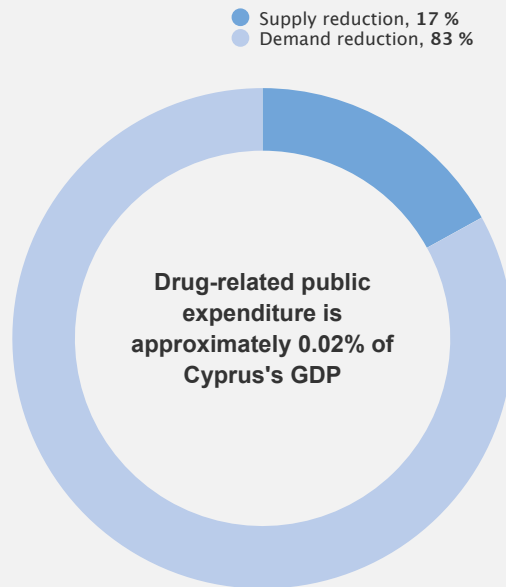
Public expenditure

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.

In 2016, total drug-related expenditure represented 0.02 % of Cyprus's gross domestic product (GDP). The total expenditure of approximately EUR 4 million was divided into three main areas: healthcare, education, and law enforcement and coordination.

Trend analysis shows that, between 2004 and 2008, total drug-related public expenditure grew steadily from 0.02 % to 0.06 % of GDP and, in 2010, it decreased to 0.03 % of GDP, which may be associated with public austerity measures following the economic recession of 2008. Since then, expenditure has remained stable, varying between 0.04 % and 0.06 % of GDP. The year 2016 showed a further slight decline in the proportion of drug-related expenditure as a percentage of GDP. The available data indicate that reported drug-related public expenditure may be an underestimate, in particular with regard to 'unlabelled' public expenditure.

Public expenditure related to illicit drugs in Cyprus



NB: Based on estimates of Cyprus's labelled and unlabelled public expenditure in 2016.

Drug laws and drug law offences

National drug laws

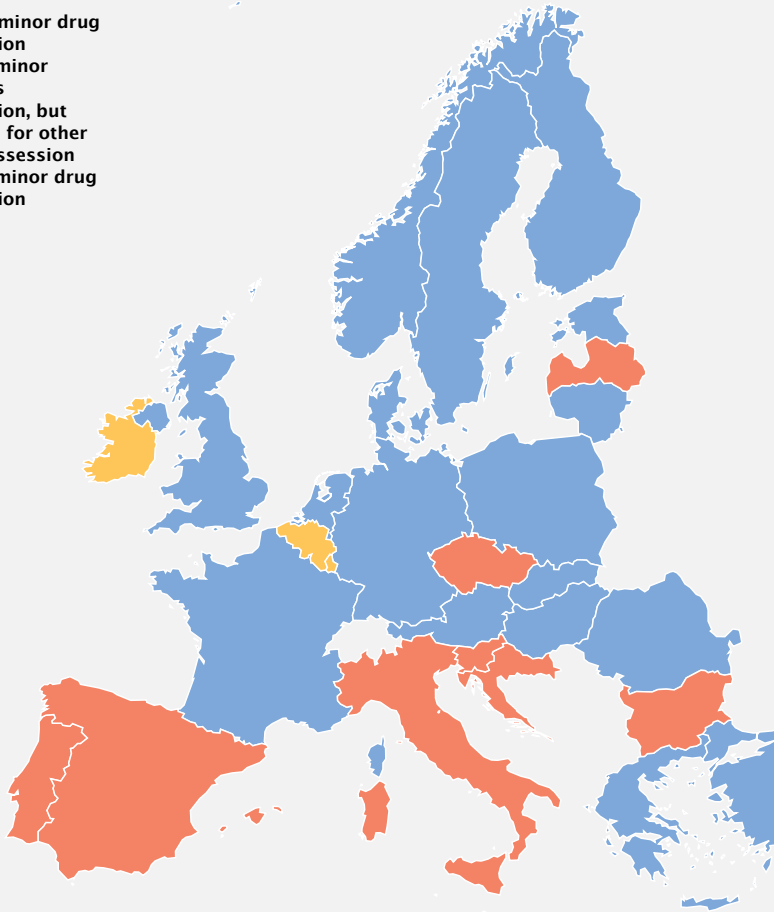
In Cyprus, drugs are classified as A, B or C according to their level of harm, with class A drugs causing the most harm. Penalties for drug use in Cyprus extend to life imprisonment for all classes, but a life term has never been imposed. Possession for personal use is regarded as a serious criminal offence, punishable by up to 12 years in prison for class A drugs, eight years for class B and four years for class C. However, first-time offenders aged under 25 are not given sentences of more than one year. In recent years, there has been a tendency towards the implementation 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 to apply for a treatment alternative (see the section 'Prevention').

In 2003, limits on the quantities allowed 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 eight years' imprisonment.

In 2011, Cyprus began implementing a generic approach to control various 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.

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)

- For any minor drug possession
- Not for minor cannabis possession, but possible for other drug possession
- Not for minor drug possession



NB: Year of data 2016

Drug law offences

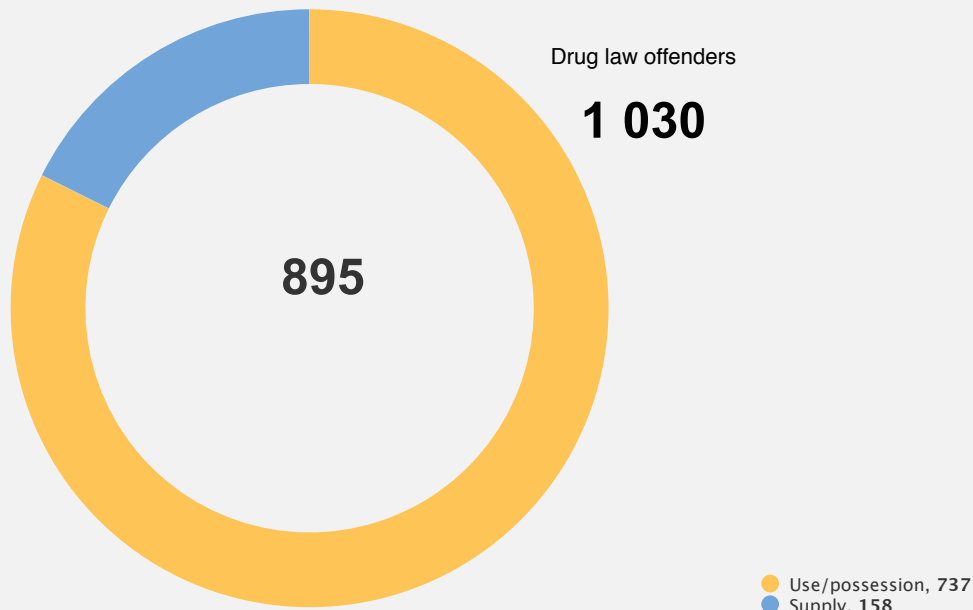
Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

The statistical data on DLOs from Cyprus indicate that, in 2016, the majority of offences 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

NB: Year of data 2016.

Drug law offences



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.

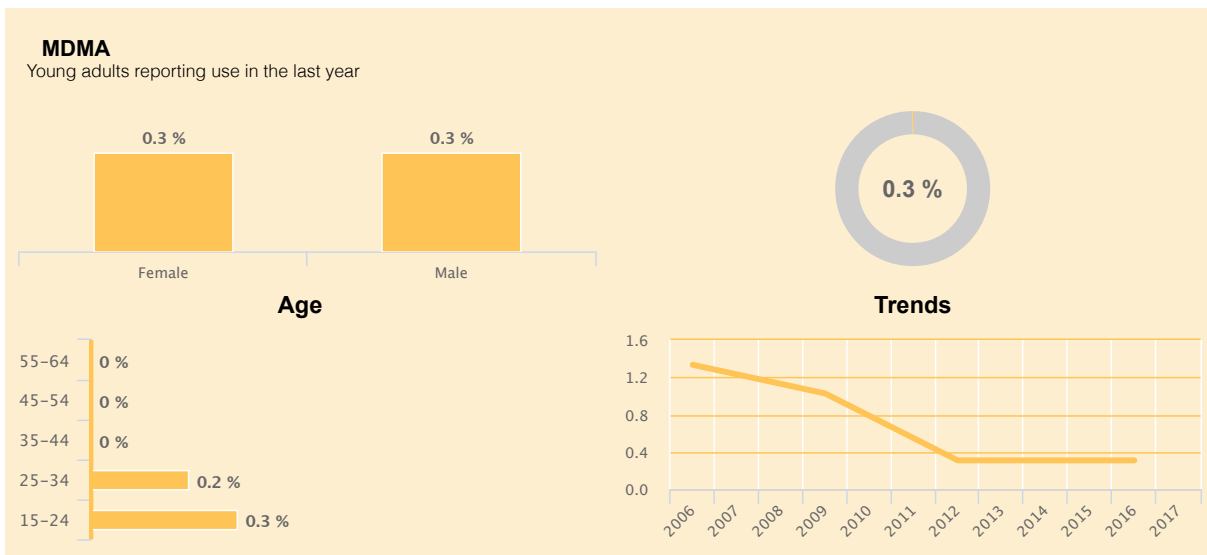
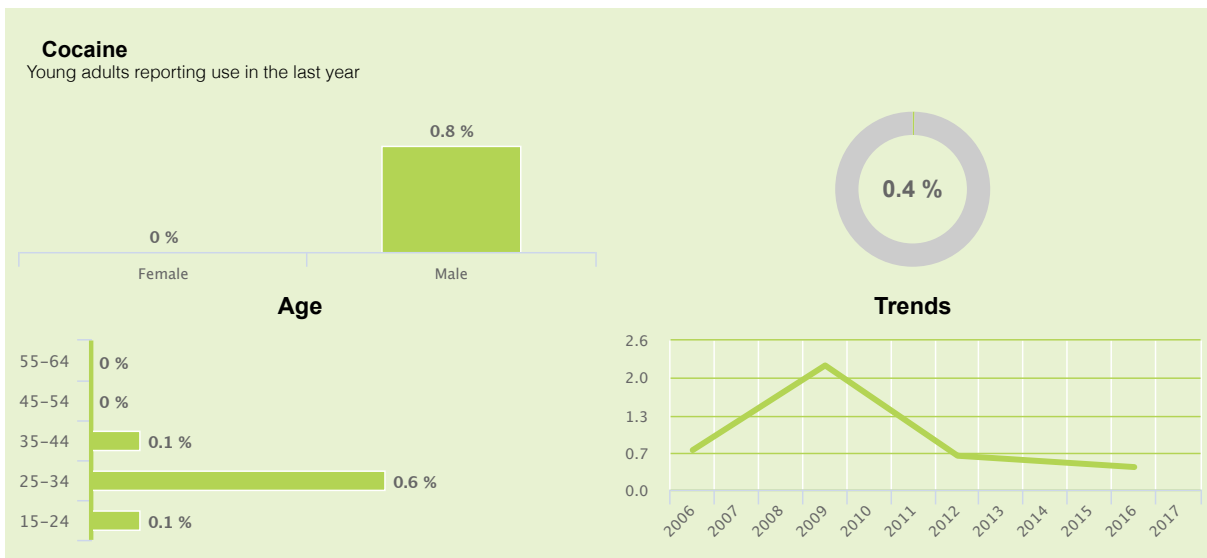
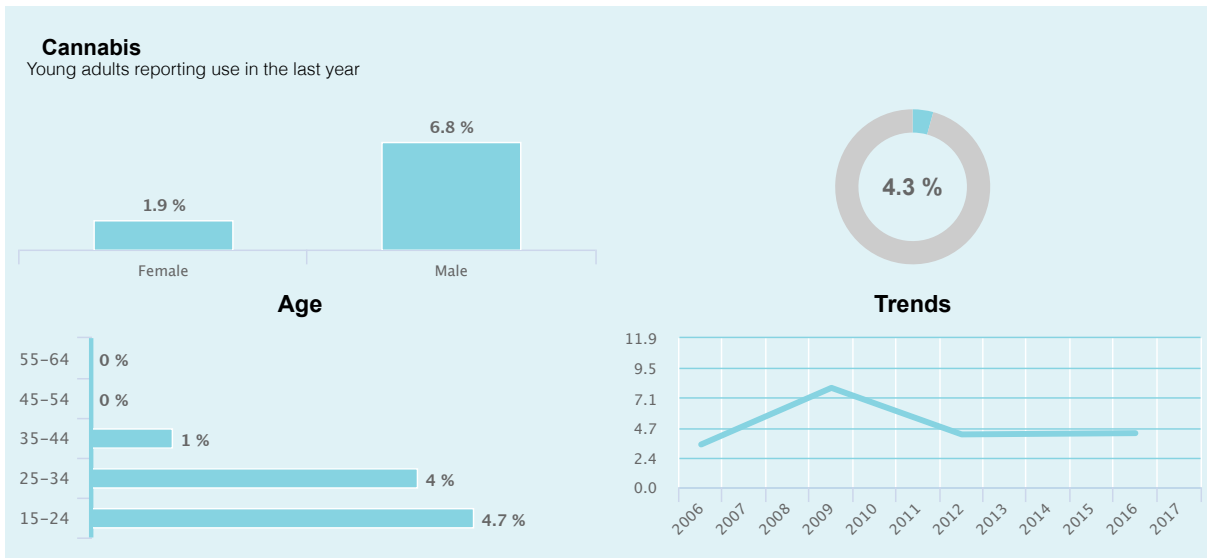
Cannabis use remains concentrated among young adults aged 15-34 years. The long-term analysis indicates some decrease in last year prevalence of cannabis use among this group since 2009, with possible stabilisation in the most recent years. Use of other illicit substances is less common.

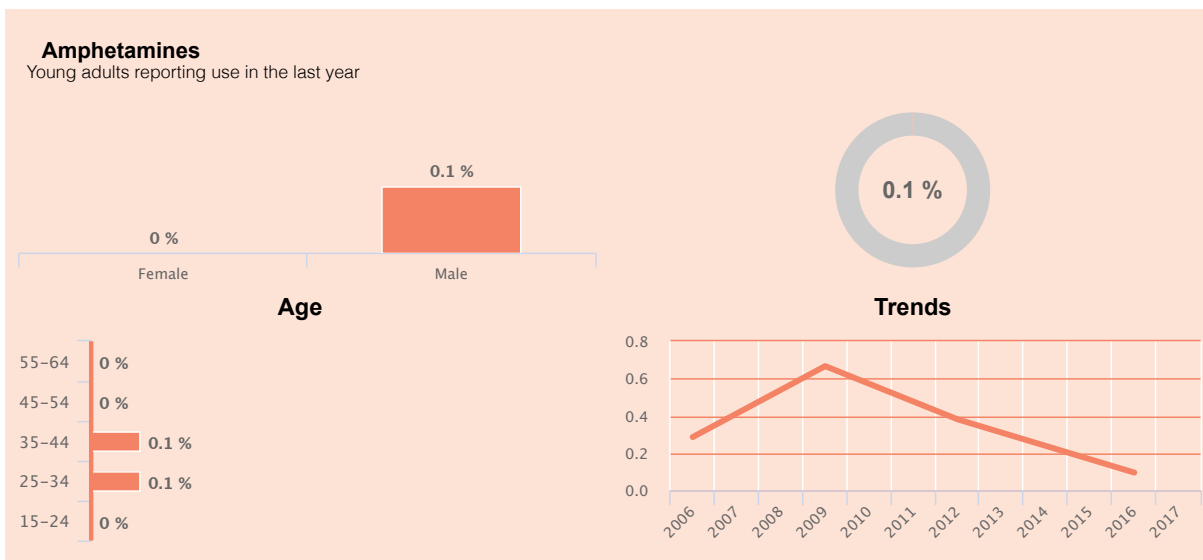
A strong link between gender and illicit drug use is reported, with males having higher prevalence rates for all drugs.

The mean age at cannabis experimentation is 18-20 years, which coincides with an obligatory enrolment to and release from the National Guard service for males. Use of new psychoactive substances is also concentrated among 15- to 34-year-olds, with synthetic cannabinoids being the most popular 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 2013-17 for levels of amphetamine, methamphetamine and MDMA/ecstasy. Cypriot cities are among the European cities with the highest levels of methamphetamine detected in wastewater, while the levels for amphetamine and MDMA remain below those reported by most other cities participating in the study. In Limassol, higher levels of drug residues for all stimulants were detected during the weekend than on weekdays, but this pattern could not be observed in Nicosia.

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

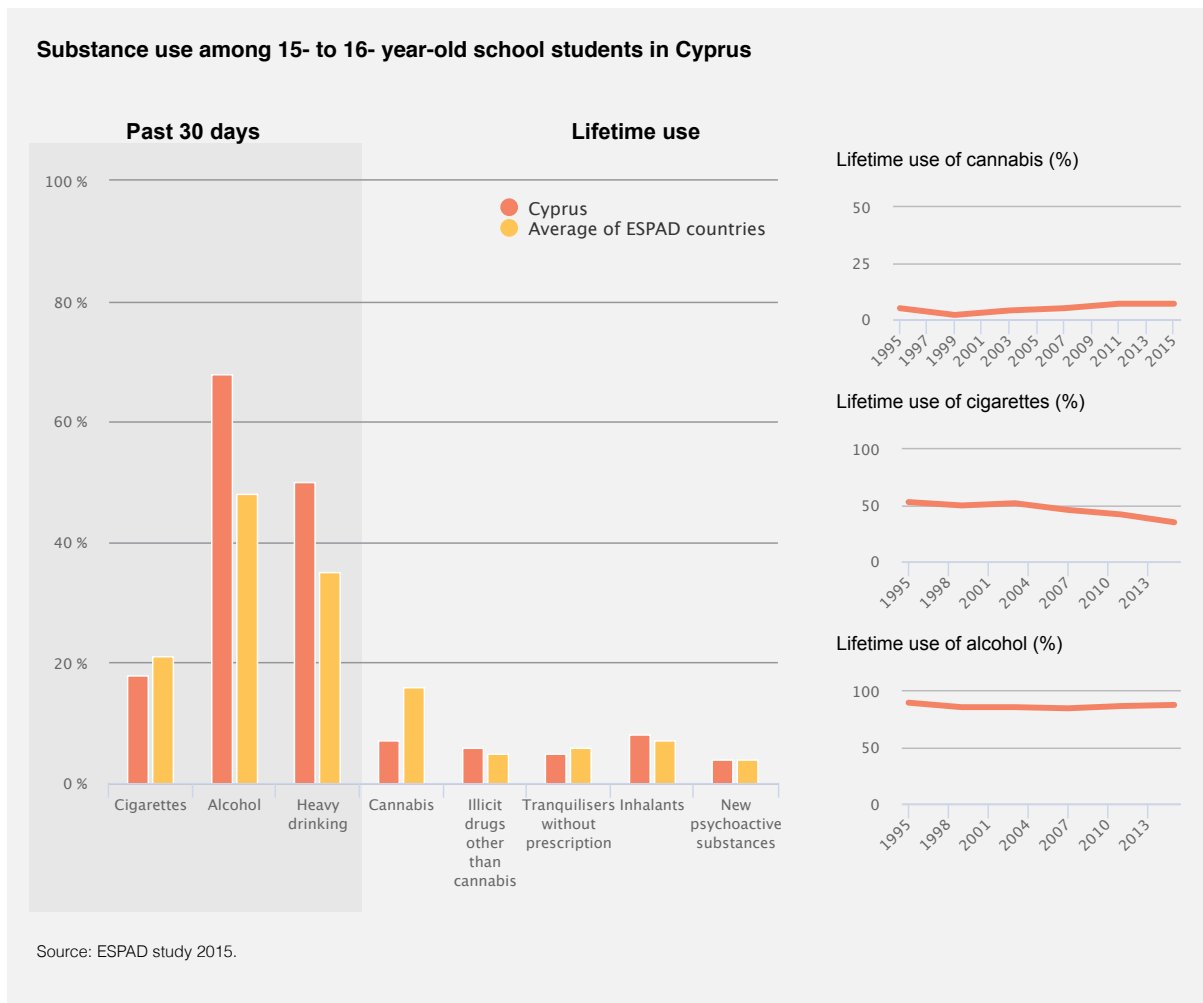




NB: Estimated last-year prevalence of drug use in 2016.

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).

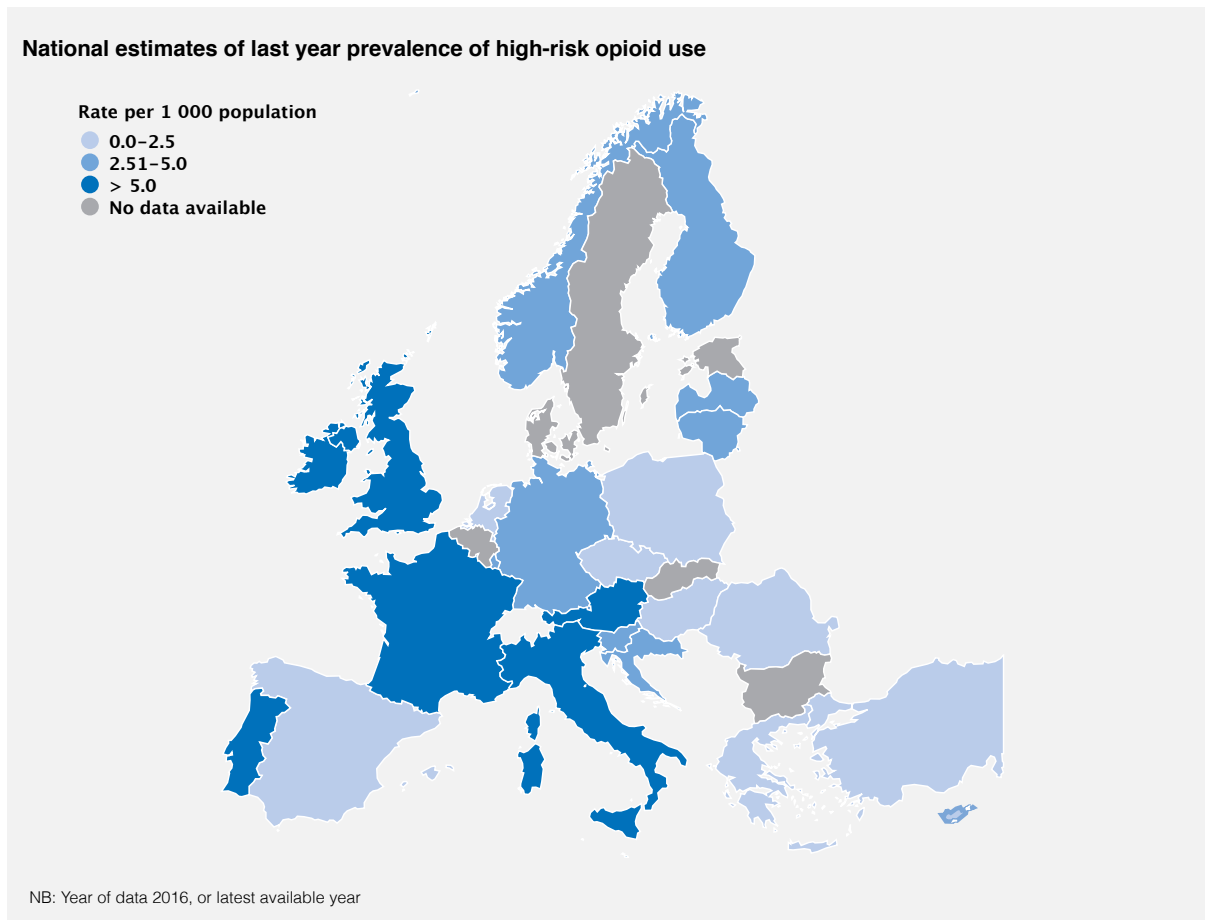
In the 2015 ESPAD study, Cypriot students reported substance use prevalence rates of approximately the same magnitude as the ESPAD average (35 countries) for five of the eight key variables studied. Lifetime cannabis use in Cyprus was below the average and has remained at the level of 2011.



High-risk drug use and trends

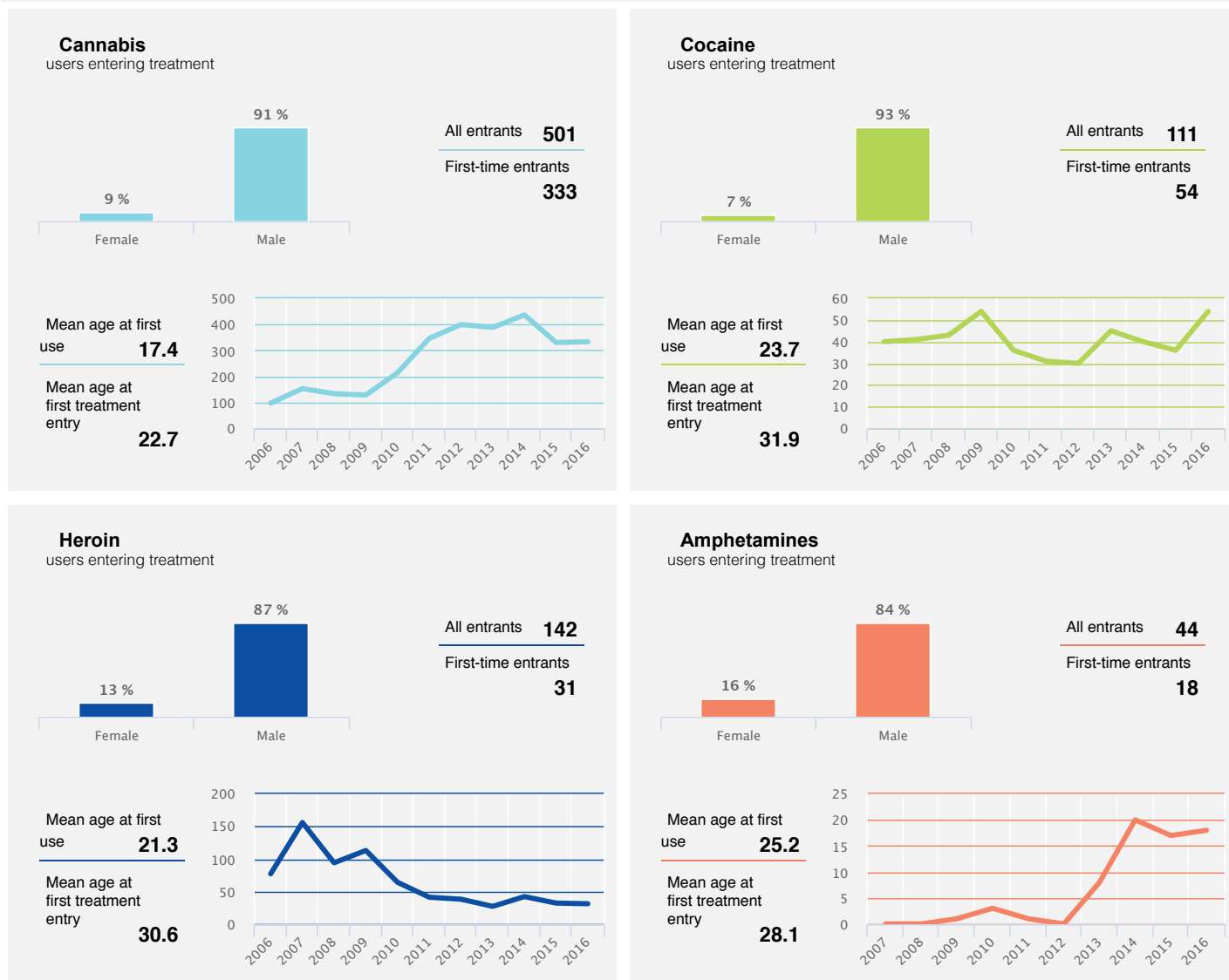
Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment services, when considered alongside other indicators, can inform an understanding of the nature of and trends in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

In 2016, it was estimated that there were 838 high-risk opioid users in Cyprus, reflecting a decline in the estimated size of this population in recent years. The number of high-risk methamphetamine users was estimated at 105 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). First-time clients using heroin tend to be older than those seeking care because of primary use of other illicit substances. Although injecting remains common among opioid users entering treatment, a downward trend in this practice has been observed in recent years. It is estimated that less than one in six high-risk opioid users living in Cyprus inject the substance. Moreover, available data suggest an increase in treatment demand for primary use of methamphetamine in recent years (see the section 'Treatment'), with smoking being the most common route of administration. Data on the proportion of cannabis users entering treatment for the first time indicate an upward trend since 2008, with some stabilisation in recent years. There are also signs of increases in both the proportion and the number of clients entering treatment with cocaine as their primary drug. This is mainly attributed to the implementation of the Protocol of Cooperation for the Referral of Young Offenders to Treatment Centres. In 2016, most treatment clients were male; however, the proportion of females in treatment varied considerably by primary type of drug used and by treatment programme.

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



NB: Year of data 2016. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

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, while other data on drug-related infectious diseases (DRID) are primarily obtained via the implementation of the DRID key indicator, that is, 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 2016, less than one 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	43.3	1.5 -3.9
Sub-national	:	:

Year of data: 2016

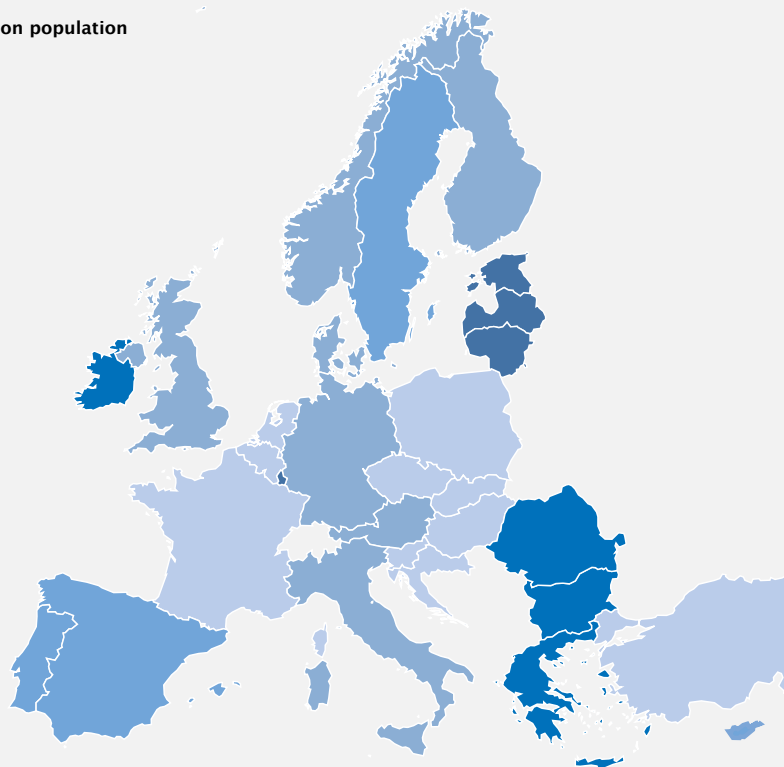
In 2016, slightly less than half of those tested were found to be positive for HCV, many of whom were non-Cypriots. The prevalence of HBV infection remains low among PWID.

The rate of new human immunodeficiency virus (HIV) infections related to drug injecting is estimated to be low compared with other European countries. One HIV-positive individual was identified in 2016 among the PWID who were tested, while eight treatment clients self-reported HIV-positive status.

Newly diagnosed HIV cases attributed to injecting drug use

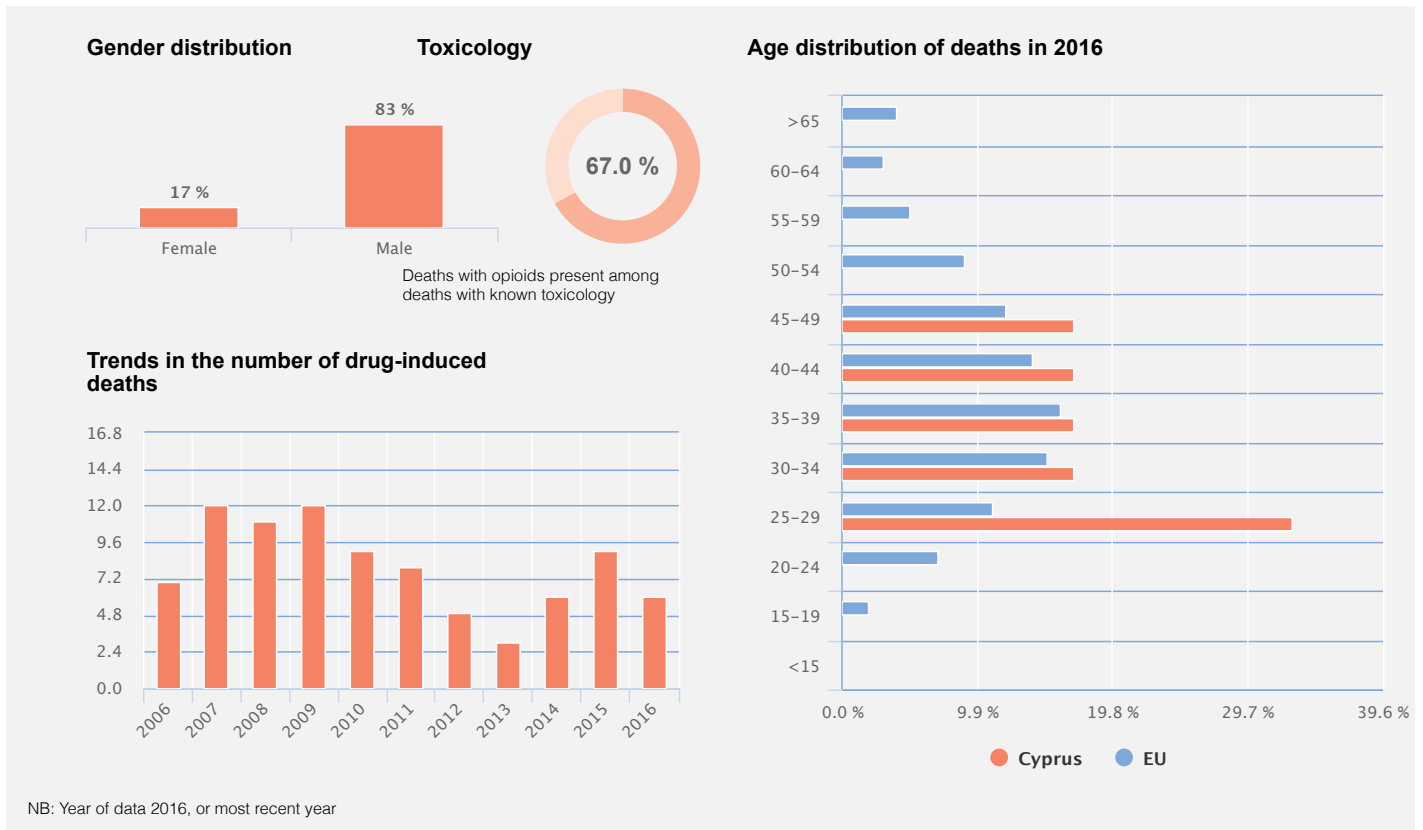
Cases per million population

- <1.0
- 1.0-2.0
- 2.1-3.0
- 3.1-8.0
- >8.0



NB: Year of data 2016, or latest available year. Source: ECDC.

Characteristics of and trends in drug-induced deaths in Cyprus



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).

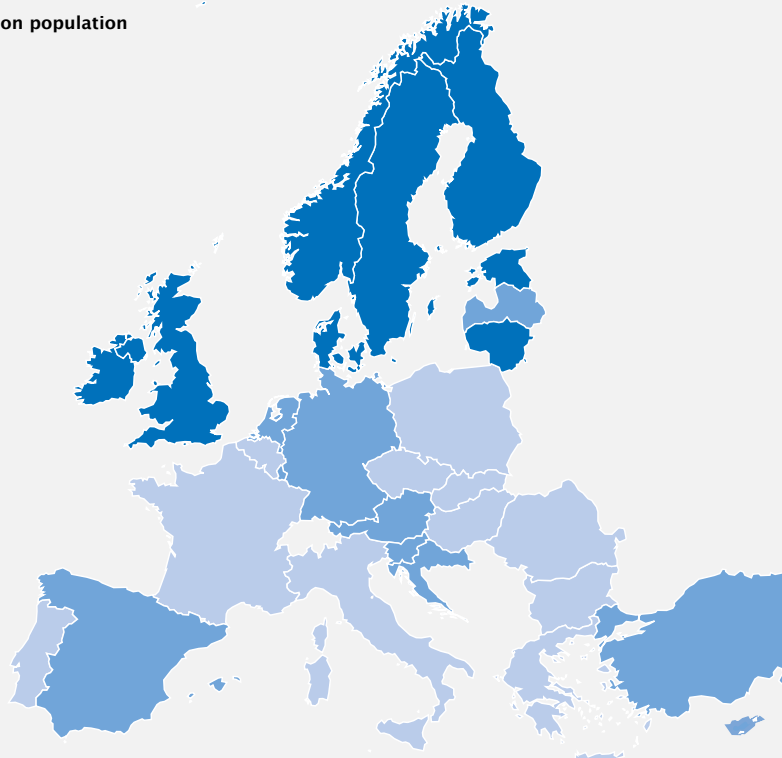
In 2016, the Special Registry reported six drug-induced deaths in Cyprus, which is a similar figure to those for recent years. Four cases involved opioids (three of them involved oxycodone) and benzodiazepine was also found to be present in each case in the toxicological examination. In 2016, four victims were older than 30 years.

In Cyprus, the drug-induced mortality rate among adults (aged 15-64 years) was 10.34 deaths per million in 2016, which is below the most recent European average of 21.8 deaths per million.

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

Cases per million population

- <10
- 10-40
- > 40



NB: Year of data 2016, or latest available year. Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes.

Prevention

The National Strategy on Illicit Substances Dependence and the Harmful Use of Alcohol for 2013-20 and the associated action plans prioritise targeted prevention and propose support for universal and environmental prevention activities. Prevention and reduction of harmful use of alcohol is high on the agenda. The Cyprus National Addictions Authority (NAAC) is responsible for monitoring the implementation of prevention and intervention programmes through its accreditation and evaluation procedures and some funding procedures. The main priorities are support for vulnerable groups, environmental actions through prevention programmes, and universal prevention actions for all social health problems.

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.

The environmental prevention interventions in Cyprus are aimed at the protection of health through legislative measures (i.e. anti-smoking legislation and the Health and Safety at Work Act) and actions to ensure compliance with the Sales of Alcoholic Beverages Legislation. New policies and measures for the National Guard aim to improve both infrastructure and the internal procedures in entertainment venues, schools and the army.

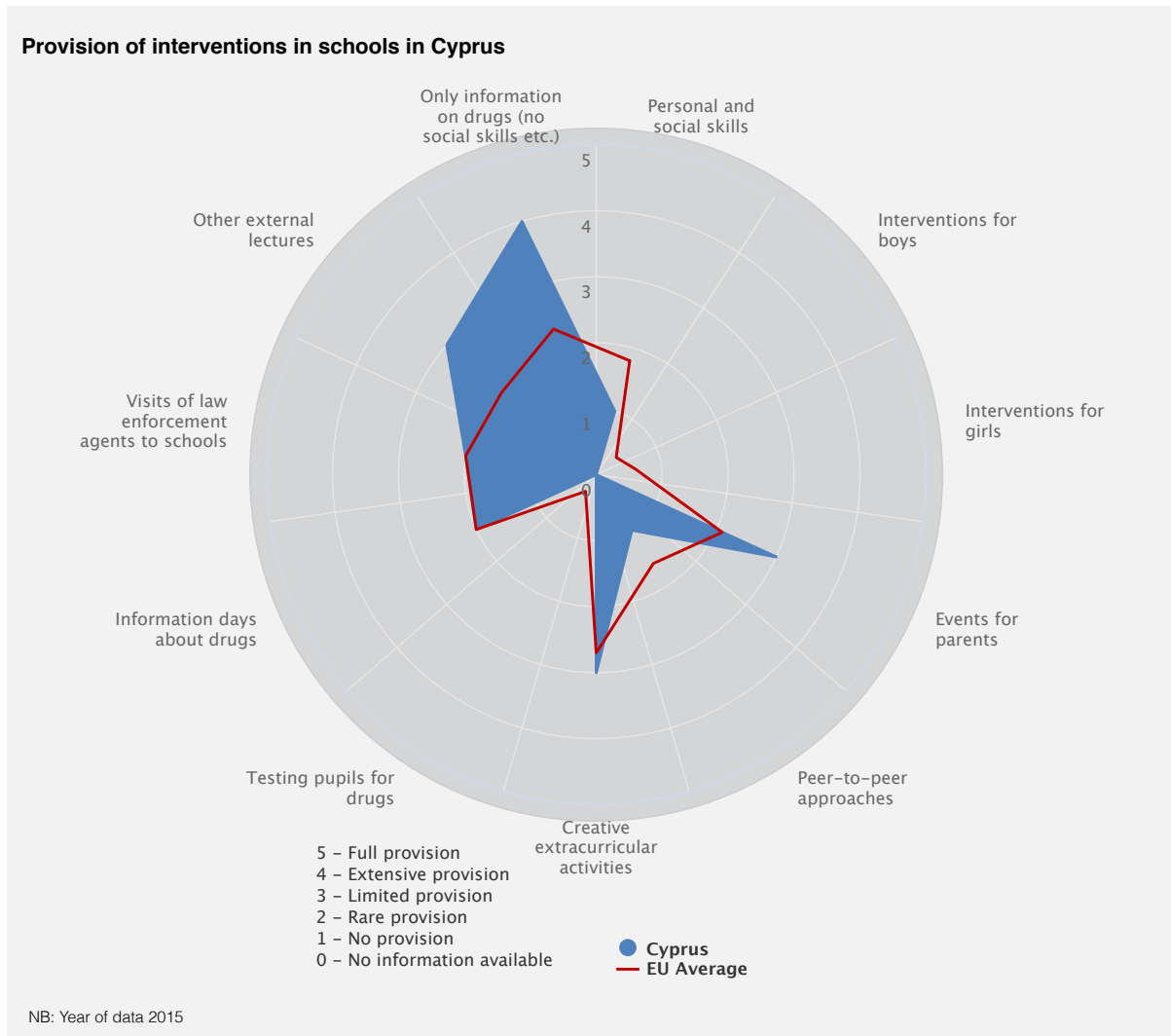
Universal prevention is the most common mode of prevention implemented in communities, families and school settings, targeting mainly secondary school students. The prevention activities in schools are implemented as part of the health promotion education programme. These programmes mostly focus on raising awareness and providing information about drugs, while some of them address the development of personal and social skills. The Fred Goes to School Programme, which is an adaptation of the Fred Goes Net programme, is an ongoing project carried out in school settings targeting young smokers and students who use alcohol.

In 2016, a total of 16 prevention programmes were accredited through the NAAC accreditation process. Most of the programmes were implemented at the national level and their core components were information about licit psychoactive substances; self-development; strengthening self-esteem; enhancement of resilience; attitude change; improvement of communication; and training of teachers. The age range for the target group was 6-22 years.

In the past few years, special attention has been given to accelerating the implementation of targeted selective and indicated prevention activities. Priority is given to the following high-risk groups: early school leavers; students/soldiers who use licit and illicit substances; inmates' children; children whose parents face mental health problems; the unemployed; people with drug problems; and

pregnant women who use licit or illicit substances. Efforts are made to promote the implementation of these programmes in high-risk areas, to identify those who need support at early stages and to refer them to appropriate services.

Indicated prevention takes place through 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 aims of the protocol are to provide an alternative to prosecution for young drug offenders (arrested for the first time); to give young drug users the opportunity of an early intervention or a more intensive treatment programme, according to their needs; and to promote policies aiming to use alternatives to prosecution/imprisonment.



Harm reduction

In Cyprus, the current National Strategy on Illicit Substances Dependence and the Harmful Use of Alcohol 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; and reinforcing harm reduction practices within the treatment continuum.

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 the mental health services. An important step towards scaling up harm reduction interventions in Cyprus was the adoption of the 2010 reparative law that declassified the provision and supply of syringes and needles by health professionals to people who inject drugs (PWID) as an offence.

Harm reduction interventions

The first low-threshold drop-in centre providing needles and syringes to PWID was established in 2014, but only one client used the syringe exchange option in 2016. This centre also offers overdose prevention, counselling for risk reduction and safer sex education, and it operates an outreach team. In Cyprus, syringes are also available for purchase in all pharmacies. The majority of PWID taking part in a bio-behavioural survey in 2016-17 reported obtaining injecting equipment from pharmacies. In 2017, a total of five machines dispensing kits with syringes and other clean injecting equipment were installed across the country.

Other harm reduction measures that are provided by all governmental and some non-governmental treatment programmes include (i) testing for infectious diseases, vaccinations and referral for treatment; (ii) information and education; and (iii) medical care whenever necessary. In 2014, the NAAC published the report *Preventing the spread of infectious diseases in Cyprus*, which contained specific recommendations for harm reduction interventions. With the aim of reducing the risk of the transmission of infectious diseases, the NAAC is promoting the implementation of rapid screening by the treatment programmes. It is also exploring the possibility of providing take-home naloxone for the prevention of opioid-related overdoses.

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	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	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-related goals of the current National Strategy on Illicit Substances Dependence and the Harmful Use of Alcohol and the related action plans emphasise the provision of treatment for specific groups (e.g. migrants, women and drug users with a dual diagnosis) and increasing treatment accessibility. This has been done by including low-threshold services in 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 Cyprus National Addictions Authority is responsible for the accreditation, evaluation and coordination some of the funding of all programmes, actions and activities related to drug treatment carried out by governmental services and non-governmental organisations (NGOs), as well as by the private sector.

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. The 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 was introduced in Cyprus in 2007 and it is offered by two main specialised drug treatment service units, two hospitals linked to the main units (as extensions) 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 (1106)

Low-Threshold Agencies (12)

Inpatient

"Hospital-based residential drug treatment" (69)

Therapeutic communities (25)

"Residential drug treatment" (16)

Prison

Prison (58)

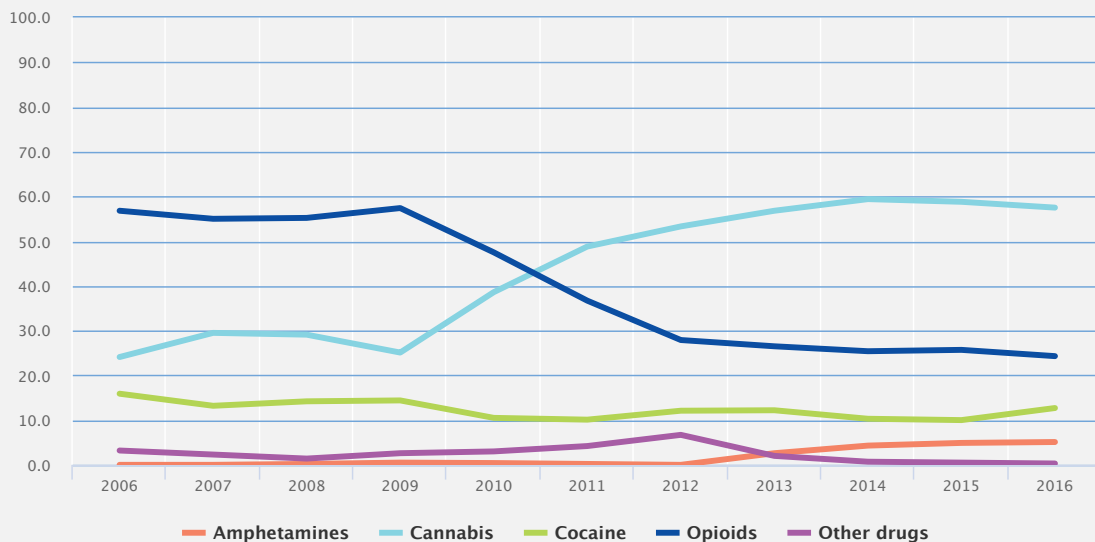
NB: Year of data 2016

Treatment provision

Out of 1 298 clients treated in Cyprus in 2016, 871 clients entered the treatment system in that year. Most of those 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. Only 1 out of 10 clients starting treatment in 2016 was treated in an inpatient setting, and the majority of those clients sought treatment for opioid use.

A long-term analysis of treatment-demand data from specialised clinics indicates a gradual increase in cannabis treatment cases during the last decade, while treatment demands due to opioid use have reduced. Since 2010, 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.

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



NB: Year of data 2016.

In 2016, OST was offered to 229 clients, the majority of whom received buprenorphine-based medication, while almost one third received oxycodone.

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: Year of data 2016.

Drug use and responses in prison

In Cyprus, there is one prison and several police stations where arrestees can be kept in short-term detention. In general, the average number of inmates is below 1 000.

No studies have been conducted on drug use prevalence in the prison. The history of drug use and related problems of each prisoner are assessed on admission to the prison, at which time inmates are also informed about all available prison services.

Medical care of prisoners is mentioned 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. In cases where specific health services cannot be provided inside the prison, inmates are referred to services outside the prison. 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 before imprisonment and for those who continue use of opioids inside the prison.

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 are 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 involved parties 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 and some 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.

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 will be updated in 2018 to reflect the most recent developments and evidence, and they will incorporate, among other things, the European minimum quality standards for drug demand reduction.

One of the aims of the current national strategy is the strengthening of treatment programme effectiveness, and 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.

The national legislation requires that all prevention and treatment programmes in the field of drug use be submitted to the NAAC to obtain 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.

Drug-related research

The Cypriot national focal point for the EMCDDA 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 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.

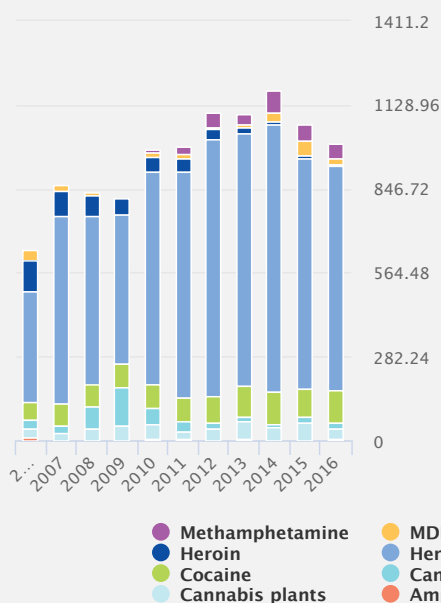
Drug markets

Cyprus is the final destination of drugs seized in the country. Most drugs enter the government-controlled areas from other European Union countries, while heroin arrives through the areas that are not controlled by the Cypriot authorities. Air transport remains the most common route for smuggling drugs into Cyprus, although maritime routes are also used. New psychoactive substances mainly enter the country via the postal services.

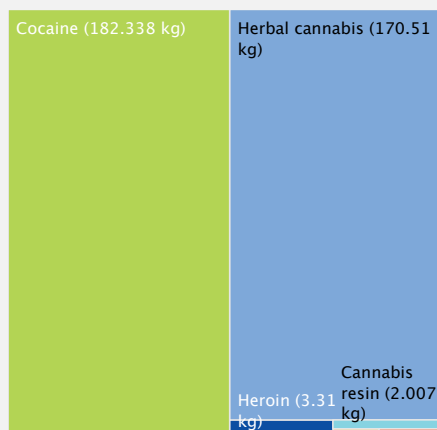
Most of the herbal cannabis and MDMA/ecstasy seized in Cyprus in 2016 originated from the Netherlands, while cannabis resin came from Lebanon, heroin from Afghanistan and cocaine from South America. Domestic cultivation of cannabis remains rare. Herbal cannabis is the most frequently seized illicit substance in Cyprus. In 2016, an increase in the number of cocaine seizures was reported and a record amount of cocaine was seized, most of it in a single incident, indicating a rising trend in cocaine seizures since 2013. The number of seizures involving heroin continued a downward trend, with a record low of six seizures reported in 2016. With regard to synthetic stimulants, methamphetamine remains the most frequently seized synthetic drug, while 0.6 kg of amphetamine were seized in 2016, the largest amount recorded in the last five years.

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

Number of seizures



Quantities seized



NB: Year of data 2016

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	7.2	6.5	36.8
Last year prevalence of use - young adults (%)	2016	4.3	0.4	21.5
Last year prevalence of drug use - all adults (%)	2016	2.2	0.3	11.1
All treatment entrants (%)	2016	57.5	1.0	69.6
First-time treatment entrants (%)	2016	73.0	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	170.5	12	110855
Number of herbal cannabis seizures	2016	753	62	158810
Quantity of cannabis resin seized (kg)	2016	2	0	324379
Number of cannabis resin seizures	2016	20	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	n.a.	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	n.a.	0	70
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	7 - 30	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	12 - 25	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	3.2	0.9	4.9
Last year prevalence of use - young adults (%)	2016	0.4	0.2	4.0
Last year prevalence of drug use - all adults (%)	2016	0.2	0.1	2.3
All treatment entrants (%)	2016	12.7	0.0	36.6
First-time treatment entrants (%)	2016	11.8	0.0	35.5
Quantity of cocaine seized (kg)	2016	182.3	1	30295
Number of cocaine seizures	2016	111	19	41531
Purity (%) (minimum and maximum values registered)	2016	n.a.	0	99
Price per gram (EUR) (minimum and maximum values registered)	2016	60 - 100	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2.6	0.8	6.5
Last year prevalence of use - young adults (%)	2016	0.1	0.0	3.6
Last year prevalence of drug use - all adults (%)	2016	0.1	0.0	1.7
All treatment entrants (%)	2016	5.1	0.2	69.7
First-time treatment entrants (%)	2016	3.9	0.3	75.1
Quantity of amphetamine seized (kg)	2016	0.6	0	3380
Number of amphetamine seizures	2016	3	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	n.a.	0	100
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	n.a.	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	2015	2.5	0.5	5.2
Last year prevalence of use - young adults (%)	2016	0.3	0.1	7.4
Last year prevalence of drug use - all adults (%)	2016	0.1	0.1	3.6
All treatment entrants (%)	2016	0.2	0.0	1.8
First-time treatment entrants (%)	2016	0.2	0.0	1.8
Quantity of MDMA seized (tablets)	2016	1248	0	3783737
Number of MDMA seizures	2016	19	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	n.a.	1.90	462
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	n.a.	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	10 - 25	1	26.00
Opioids				
High-risk opioid use (rate/1 000)	2016	1.7	0.30	8.10
All treatment entrants (%)	2016	24.3	4.8	93.4
First-time treatment entrants (%)	2016	10.7	1.6	87.4
Quantity of heroin seized (kg)	2016	3.3	0	5585
Number of heroin seizures	2016	6	2	10620

Purity - heroin (%) (minimum and maximum values registered)	2016	n.a.	0	92
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	n.a.	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	2.4	0	33.00
HIV prevalence among PWID* (%)	2016		0	31.50
HCV prevalence among PWID* (%)	2016	43.3	14.60	82.20
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	2016	0.27	0.10	9.20
Drug-induced deaths -- aged 15-64 (cases/million population)	2016	10.34	1.40	132.30
Health and social responses				
Syringes distributed through specialised programmes	2016	22	22	6469441
Clients in substitution treatment	2016	229	229	169750
Treatment demand				
All entrants	2016	871	265	119973
First-time entrants	2016	456	47	39059
All clients in treatment	2016	1286	1286	243000
Drug law offences				
Number of reports of offences	2016	895	775	405348
Offences for use/possession	2016	737	354	392900

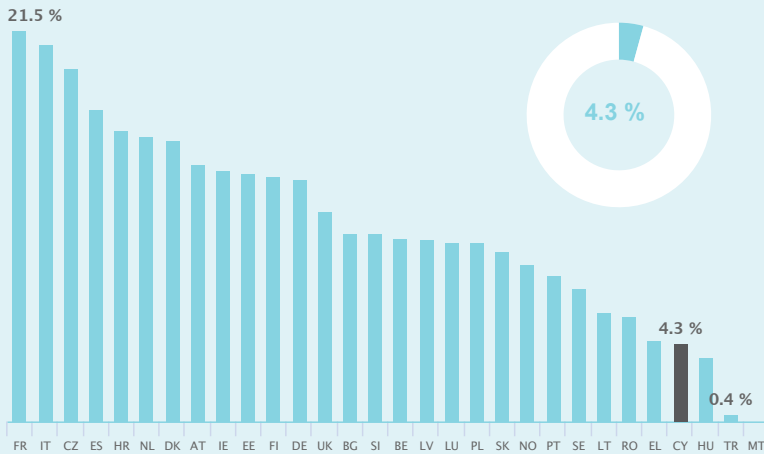
* PWID — People who inject drugs.

EU Dashboard

EU Dashboard

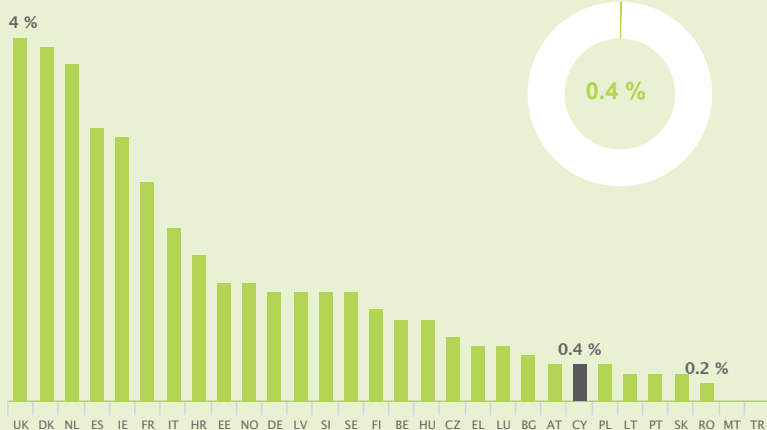
Cannabis

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



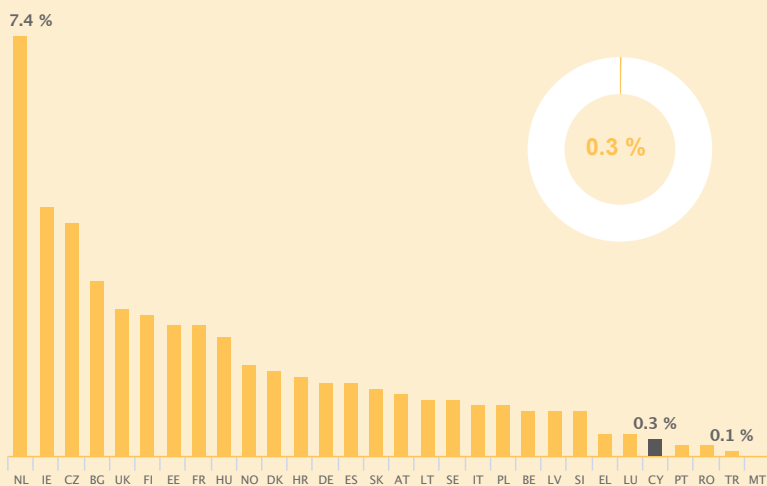
Cocaine

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



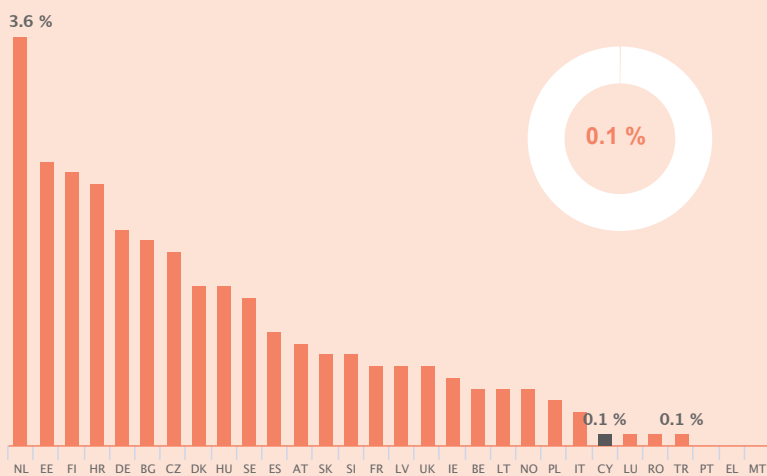
MDMA

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



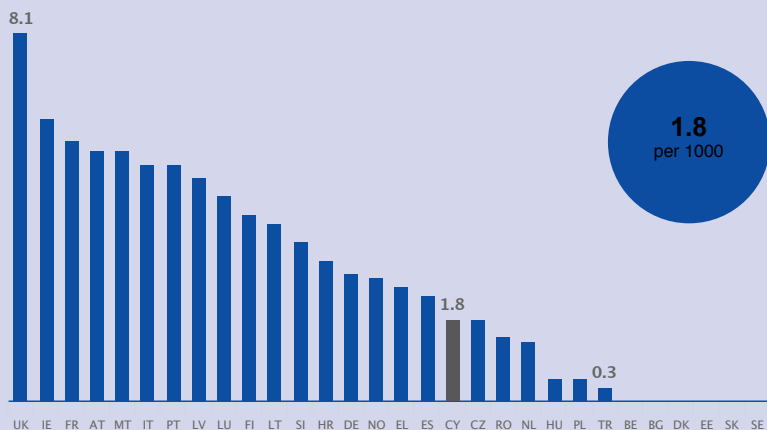
Amphetamines

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



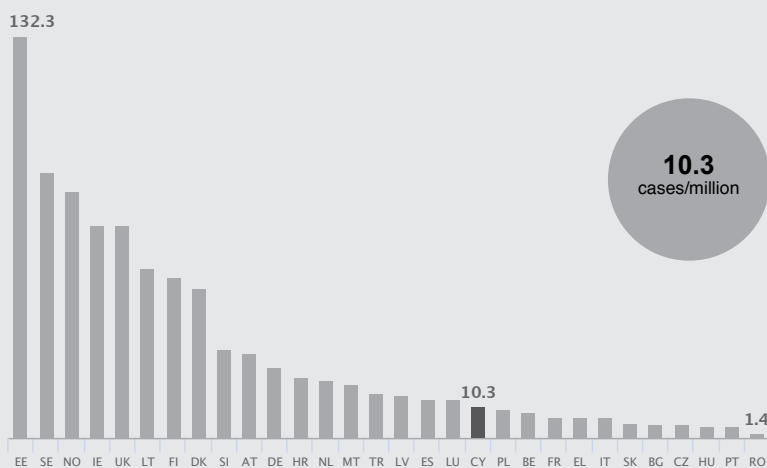
Opioids

High-risk opioid use (rate/1 000)



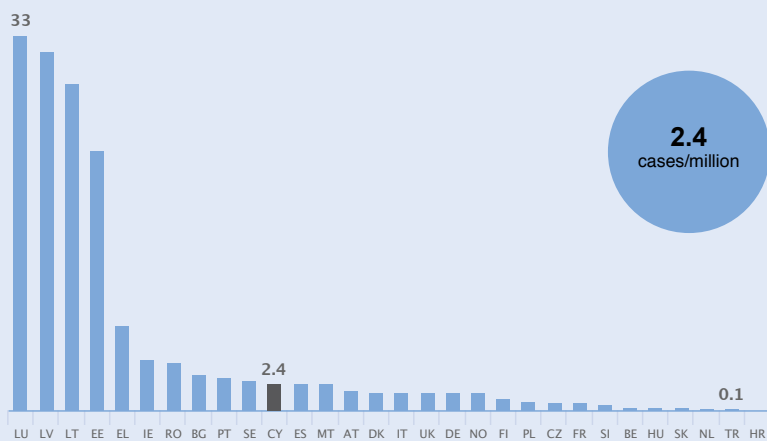
Drug-induced mortality rates

National estimates among adults (15-64 years)



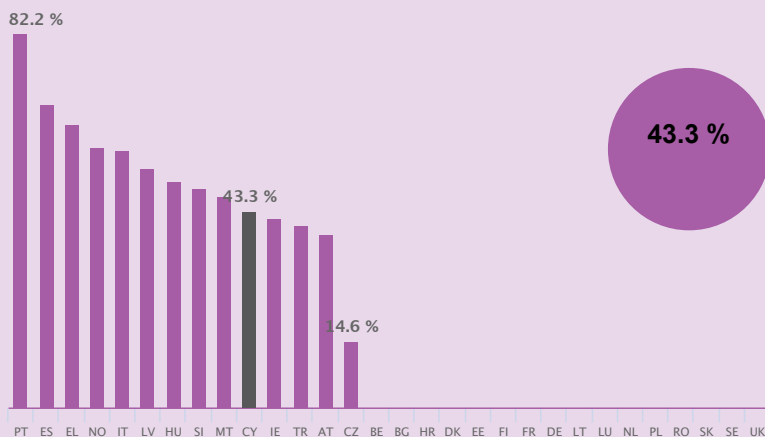
HIV infections

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. Countries with no data available are marked in white.

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.

Cyprus Anti-Drugs Council - Cyprus National Monitoring Centre for Drugs and Drug Addiction



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