



Cyprus

Country Drug Report 2017

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THE DRUG PROBLEM IN CYPRUS AT A GLANCE

Drug use

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

Cannabis

4.3 %



1.9 % 6.8 %

Other drugs

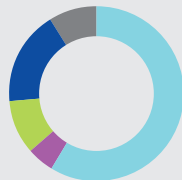
Cocaine	0.4 %
MDMA	0.3 %
Amphetamines	0.1 %

High-risk opioid users

1 161
(910 - 1 527)

Treatment entrants

by primary drug



Cannabis, 59 %
Amphetamines, 5 %
Cocaine, 10 %
Heroin, 17 %
Other, 9 %

Opioid substitution treatment clients

252

Syringes distributed

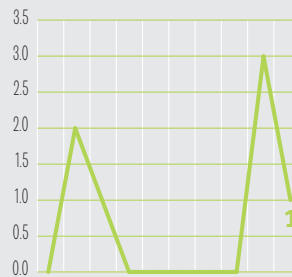
through specialised
programmes

164

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

948

Top 5 drugs seized

ranked according to quantities
measured in kilograms

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

Population

(15-64 years)

584 081

Source: EUROSTAT
Extracted on: 26/03/2017

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.

About this report

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 2015 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

An interactive version of this publication, containing links to online content, is available in PDF, EPUB and HTML format: www.emcdda.europa.eu/countries

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 (Figure 1). 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. A mid-term evaluation of the 2013-20 national strategy will be undertaken in 2017. Previously, a final external evaluation of the implementation of the 2009-12 action plan was completed.

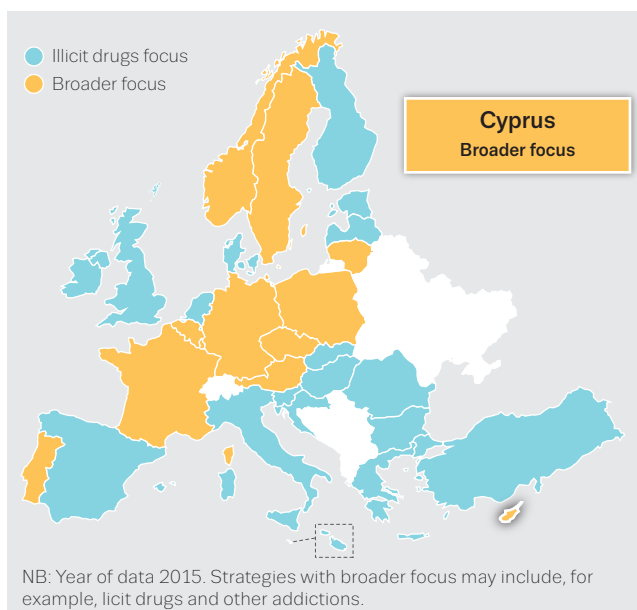
National coordination mechanisms

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; 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 (CAC). The CAC is presided over by a chairperson, who is appointed by the President of the Republic and also acts as the National Drug Coordinator; the CAC has seven members, who are nominated by the Council of Ministers. The CAC is responsible for the planning, implementation, supervision and monitoring of the national strategy.

Cyprus's strategy aims to reduce the demand for and supply of drugs and the health and social risks and harms caused by drugs and alcohol

FIGURE 1

Focus of national drug strategy documents: illicit drugs or broader



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, the majority of drug-related expenditure is not identified ('unlabelled') and must be estimated by modelling approaches.

In 2015, 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 (77 %), education (17 %) and law enforcement (7 %).

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 2015 showed a further decline in the proportion of drug-related expenditure as a percentage of the GDP. It should be noted that the methodology used to estimate public expenditure in Cyprus was improved following the results of a social cost study commissioned in 2008.

**In 2015, total drug-related
expenditure represented
0.02 % of Cyprus's gross
domestic product**

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 are up to life imprisonment for all classes, but this has never been implemented. 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 (Figure 2). However, first-time offenders aged under 25 are not given sentences of more than one year. There is also an ongoing effort to promote the implementation of alternative measures to imprisonment in the criminal justice system. In the pre-trial phase, there is an alternative to prosecution for young drug offenders arrested for the first time. Moreover, legislation has recently been passed by the House of Representatives that provides for the referral of drug users to treatment instead of imprisonment (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 CAC, comprising experts from different public services.

FIGURE 2

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

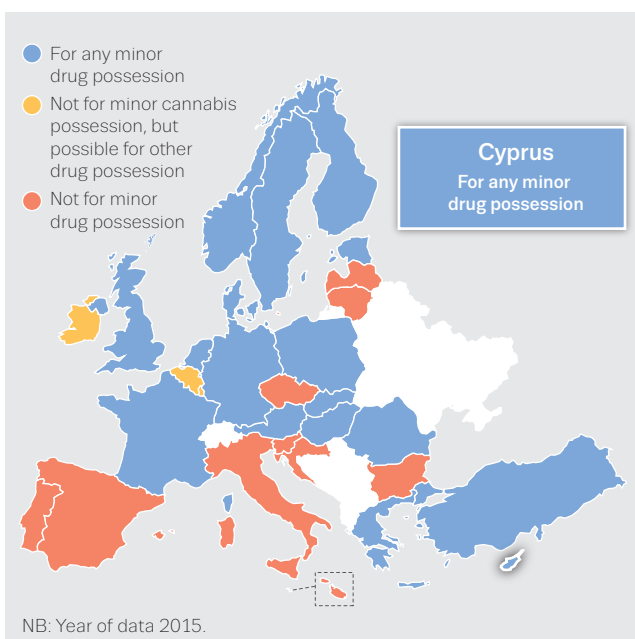
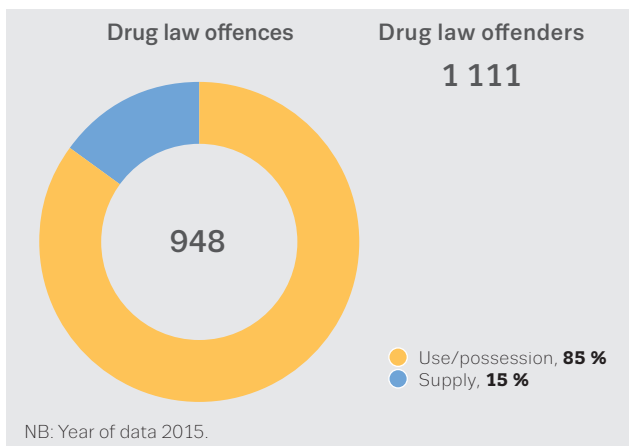


FIGURE 3

Reported drug law offences and offenders in Cyprus



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 2015, the majority of offences were related to use or possession and the drug most likely to be involved was cannabis (Figure 3).

Drug use

Prevalence and trends

Cannabis remains the most commonly used illicit drug among the general population in Cyprus. According to the 2016 general population study, approximately 1 in 10 adults aged 15-64 had used cannabis at least once during their lifetime, which is a slightly higher proportion than in 2014. Cannabis use remains concentrated among young adults aged 15-34 years. The long-term analysis indicates some decrease in last-year cannabis prevalence among these groups since 2009, with possible stabilisation in the most recent years. Use of other illicit substances is less common (Figure 4).

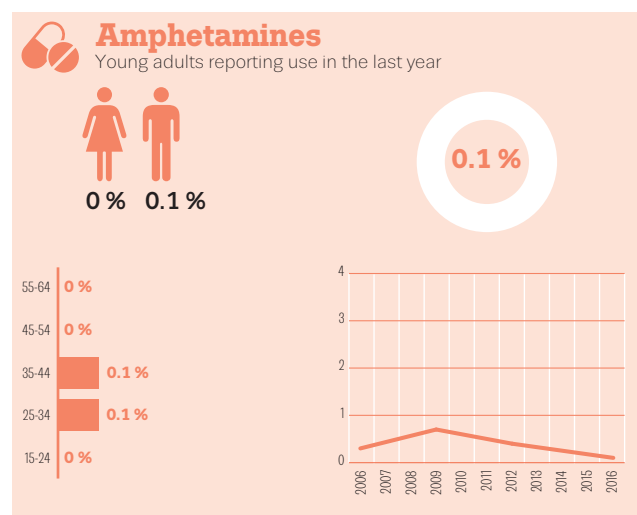
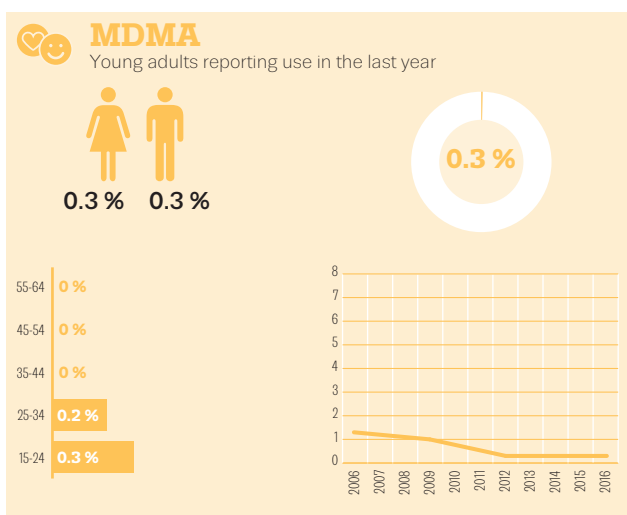
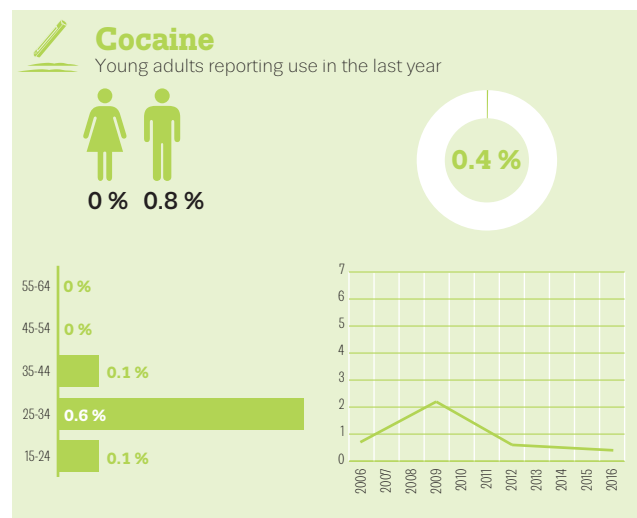
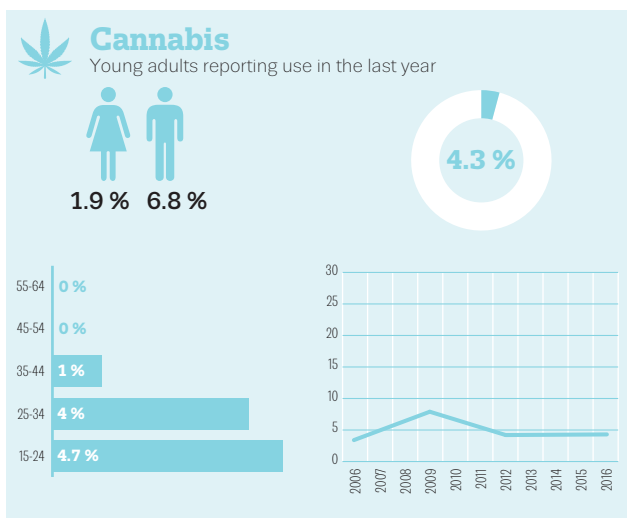
A strong link between gender and illicit drug use is reported, with males having higher prevalence rates for all drugs. The mean age at cannabis experimentation is 18-20 years, which coincides with an obligatory enrolment to and release from the National Guard service for males. Use of new

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 community level, based on the levels of different illicit drugs and their metabolites in sources of wastewater. The traces of cocaine detected in wastewater indicate that cocaine use is at a relatively low level; nevertheless, an increasing trend was observed for the period 2013-16. In 2016, amphetamines and MDMA/ecstasy levels detected in both cities were low, indicating limited use of these substances.

FIGURE 4

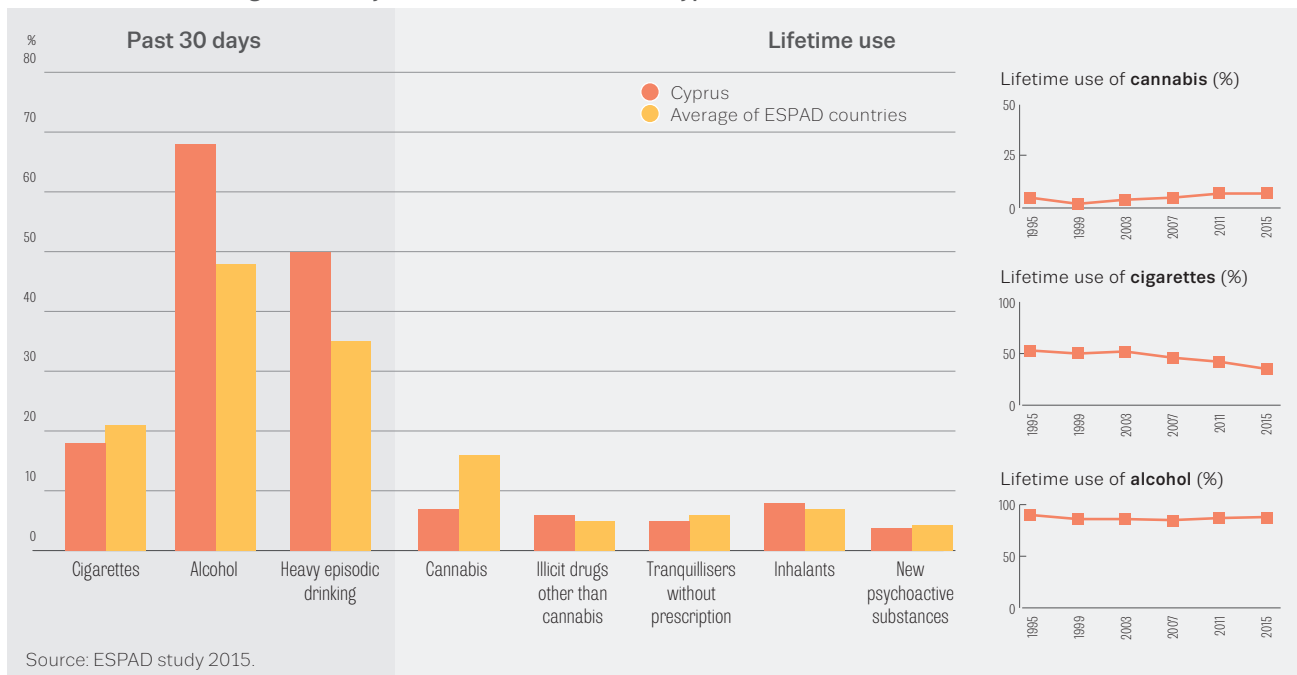
Estimates of last-year drug use among young adults (15-34 years) in Cyprus



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

FIGURE 5

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



Drug use among students is reported from 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 (Figure 5).

In 2015, it was estimated that there were 1 161 high-risk opioid users in Cyprus

High-risk drug use and trends

Studies reporting estimates of high-risk 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 understanding on the nature and trends in high-risk drug use (Figure 7).

In 2015, it was estimated that there were 1 161 high-risk opioid users in Cyprus, of whom fewer than one in six injected the substance (Figure 6). Since 2014, high-risk methamphetamine use has also been reported in Cyprus.

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 (Figure 7). Although injecting remains common among opioid users entering treatment, a downward trend in this practice has been observed in recent years.

The data on clients entering treatment system suggest an increase in treatment demands for primary use of methamphetamine in recent years (see Treatment section). Data on the proportion of cannabis users entering treatment for the first time indicate an upward trend since 2008. This is mainly attributed to the implementation of the Protocol of Cooperation for the Referral of Young Offenders. In 2015, most treatment clients were male; however, the proportion of females in treatment varied considerably by primary type of drug used and by treatment programme.

FIGURE 6

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

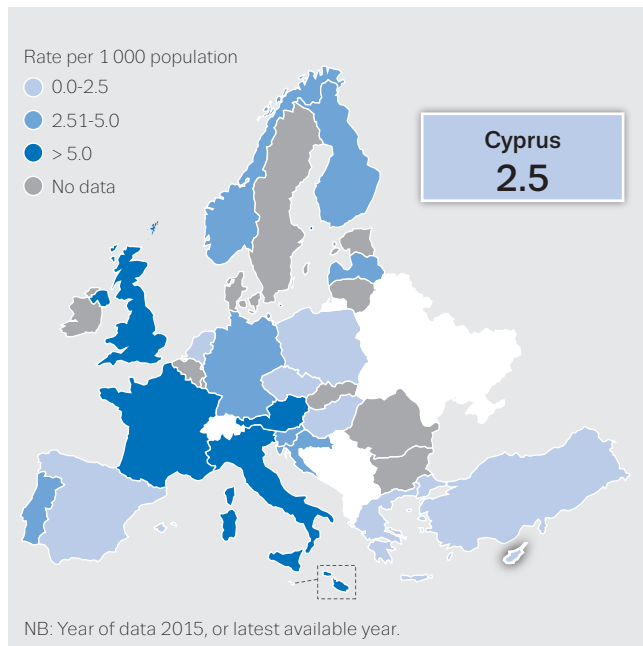
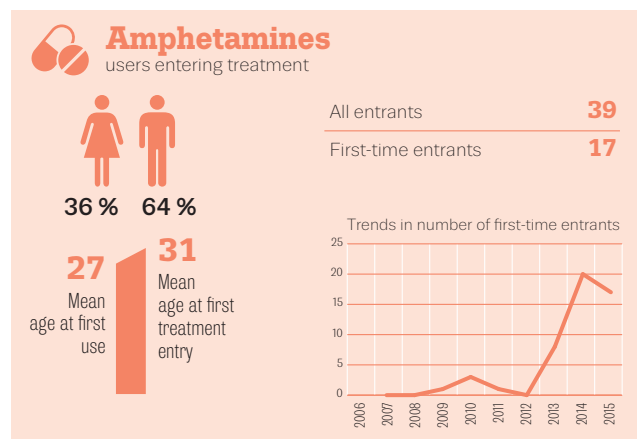
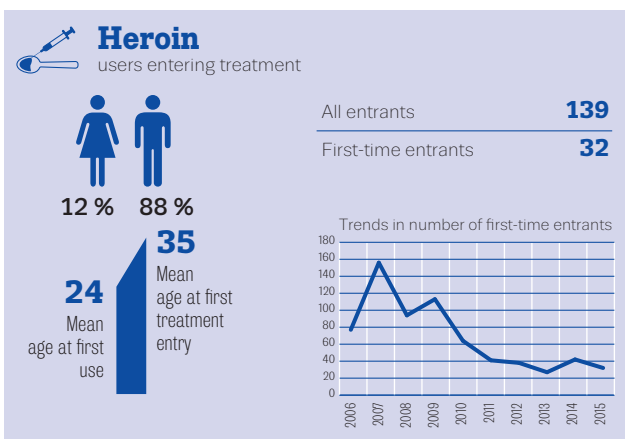
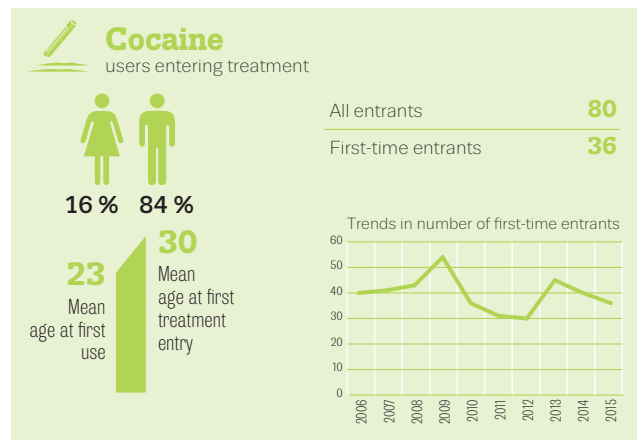
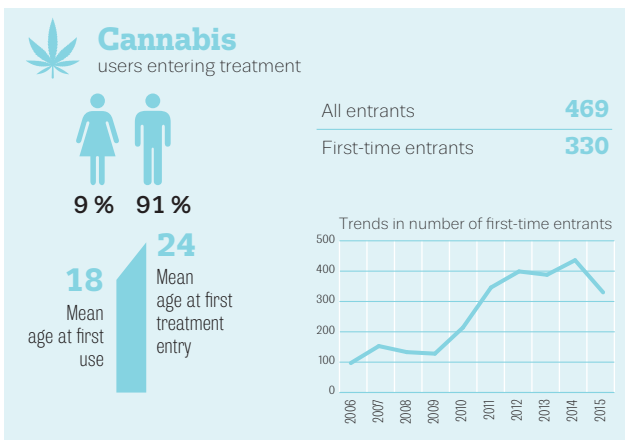


FIGURE 7

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



NB: Year of data 2015. 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 AIDS Programme of the Ministry of Health, while other data on drug-related infectious diseases are primarily obtained via the implementation of the drug-related infectious diseases (DRID) key indicator. In general, the number of people who inject drugs (PWID) with valid test results for DRID is declining and, in 2015, was half that in 2014.

The rate of new human immunodeficiency virus (HIV) infections related to drug injecting is estimated as low when compared with other European countries (Figure 8). One HIV-positive individual was identified in 2015 among tested PWID, while three treatment clients self-reported as HIV positive.

In 2015, a total of 23 PWID were found to be positive for hepatitis C virus (HCV), of whom 15 were non-Cypriots (Figure 9).

FIGURE 8

Newly diagnosed HIV cases attributed to injecting drug use

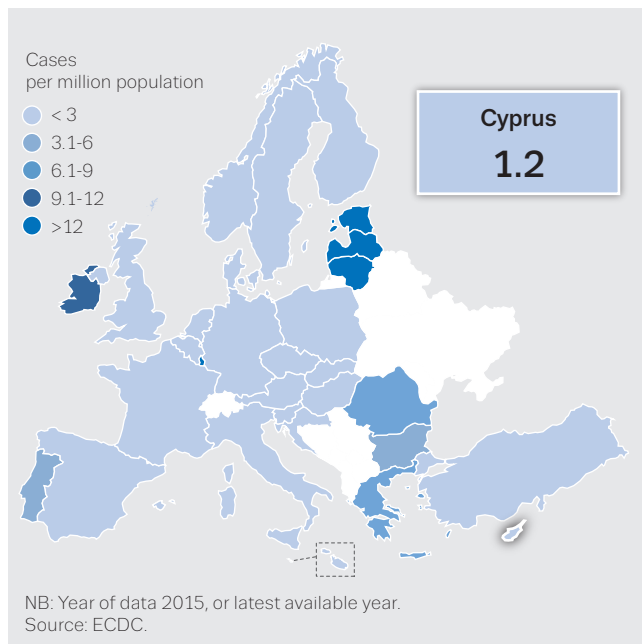
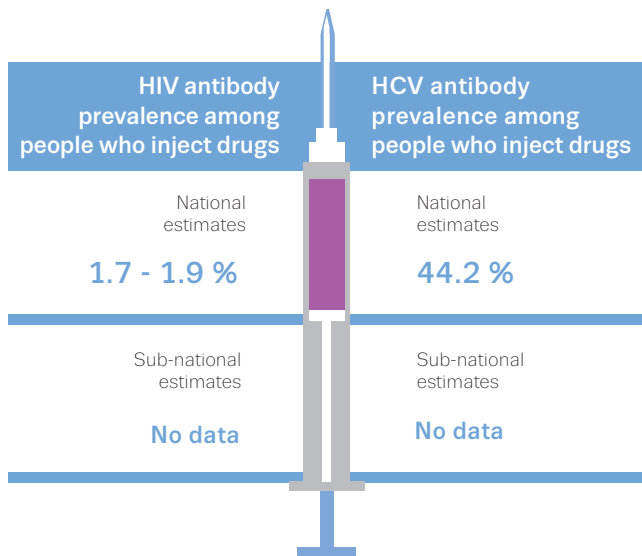


FIGURE 9

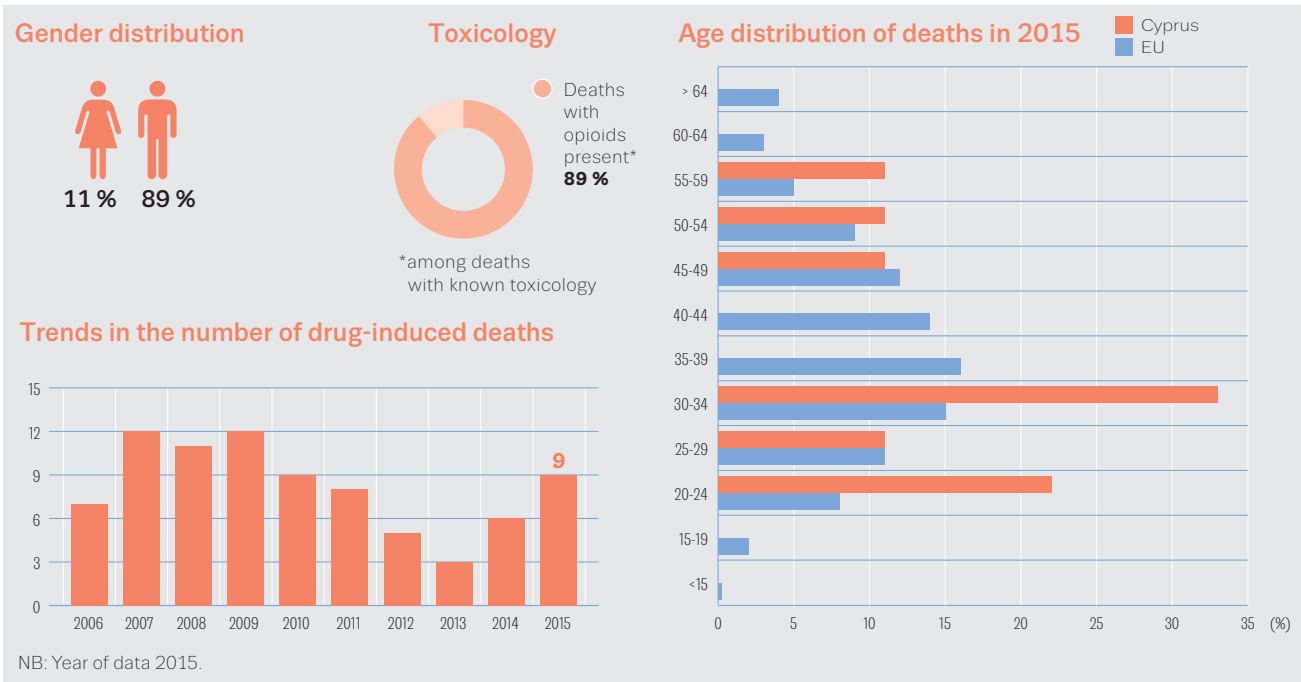
Prevalence of HIV and HCV antibodies among people who inject drugs in Cyprus



NB: Year of data 2015.

FIGURE 10

Characteristics of and trends in drug-induced deaths in Cyprus



Drug-induced deaths and mortality

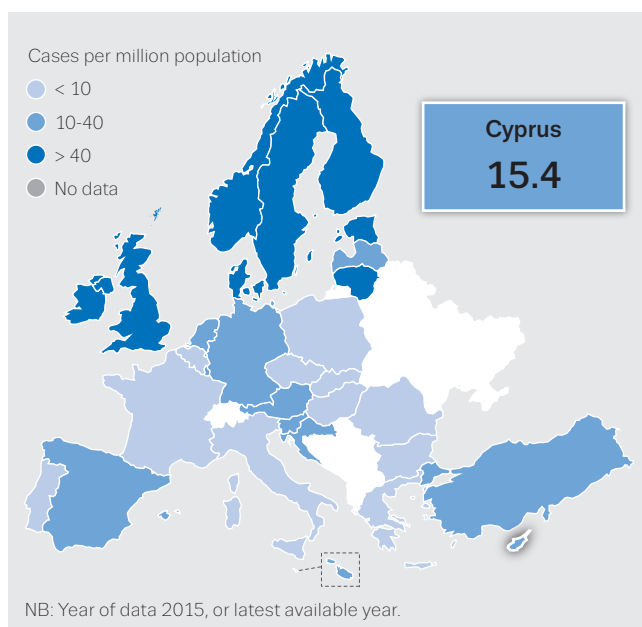
Drug-induced deaths are deaths that can be attributed directly to the use of illicit drugs (i.e. poisonings and overdoses).

In 2015, the Special Registry reported nine drug-induced deaths in Cyprus, which is an increase compared with the period 2013-14. According to the toxicological results, eight cases involved opioids. In 2015, six victims were older than 30 years (Figure 10).

In Cyprus, the drug-induced mortality rate among adults (aged 15-64 years) increased to 15.4 deaths per million in 2015 (Figure 11), but remains below the most recent European average of 20.3 deaths per million.

FIGURE 11

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



Prevention

In Cyprus, prevention and health promotion constitute some of the most important elements of the National Strategy on Illicit Substances Dependence and the Harmful Use of Alcohol for 2013-20, which prioritises targeted prevention and proposes support for universal and environmental prevention activities. The CAC is responsible for monitoring the implementation of prevention and intervention programmes through its accreditation, evaluation and funding procedures (where possible).

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 drug 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.

Universal prevention is the most common mode of prevention implemented in school settings, targeting mainly lower and higher secondary school students. The prevention activities in schools are implemented as part of the health promotion education programme. School-based programmes mostly focus on the raising of 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 (Figure 12).

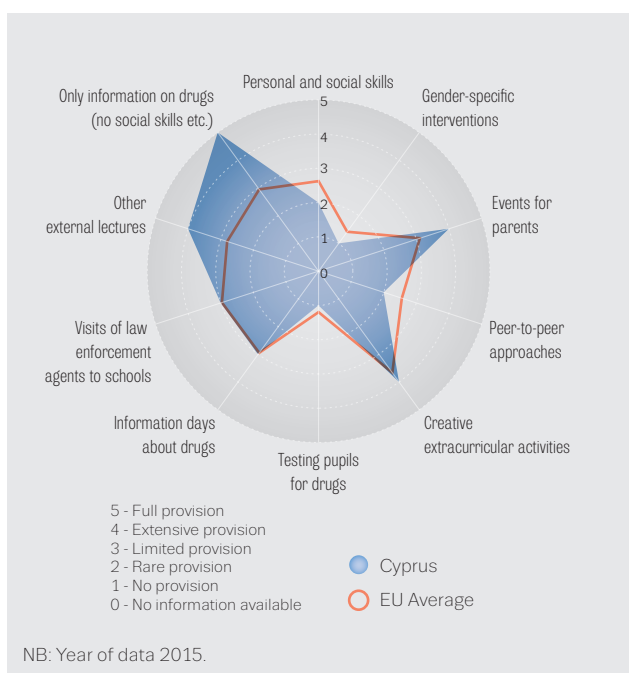
In 2015, a total of 28 prevention programmes were accredited through the CAC accreditation process. The majority of the programmes were implemented at the national level and their core components were information about licit psychoactive substances; self-development; strengthening self-esteem; enhancement 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. Therefore, the support of vulnerable groups is one of the main priorities in the prevention pillar of the national strategy, which specifies 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 and 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. In 2015, eight selective programmes were funded.

Indicated prevention takes place through the Protocol of Cooperation for the Referral of Young Offenders to the Treatment Centres, which was established between the Cyprus Police through the Drug Law Enforcement Unit (DLEU), 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 at alternatives to prosecution/imprisonment.

FIGURE 12

Provision of interventions in schools in Cyprus (expert ratings)



Harm reduction

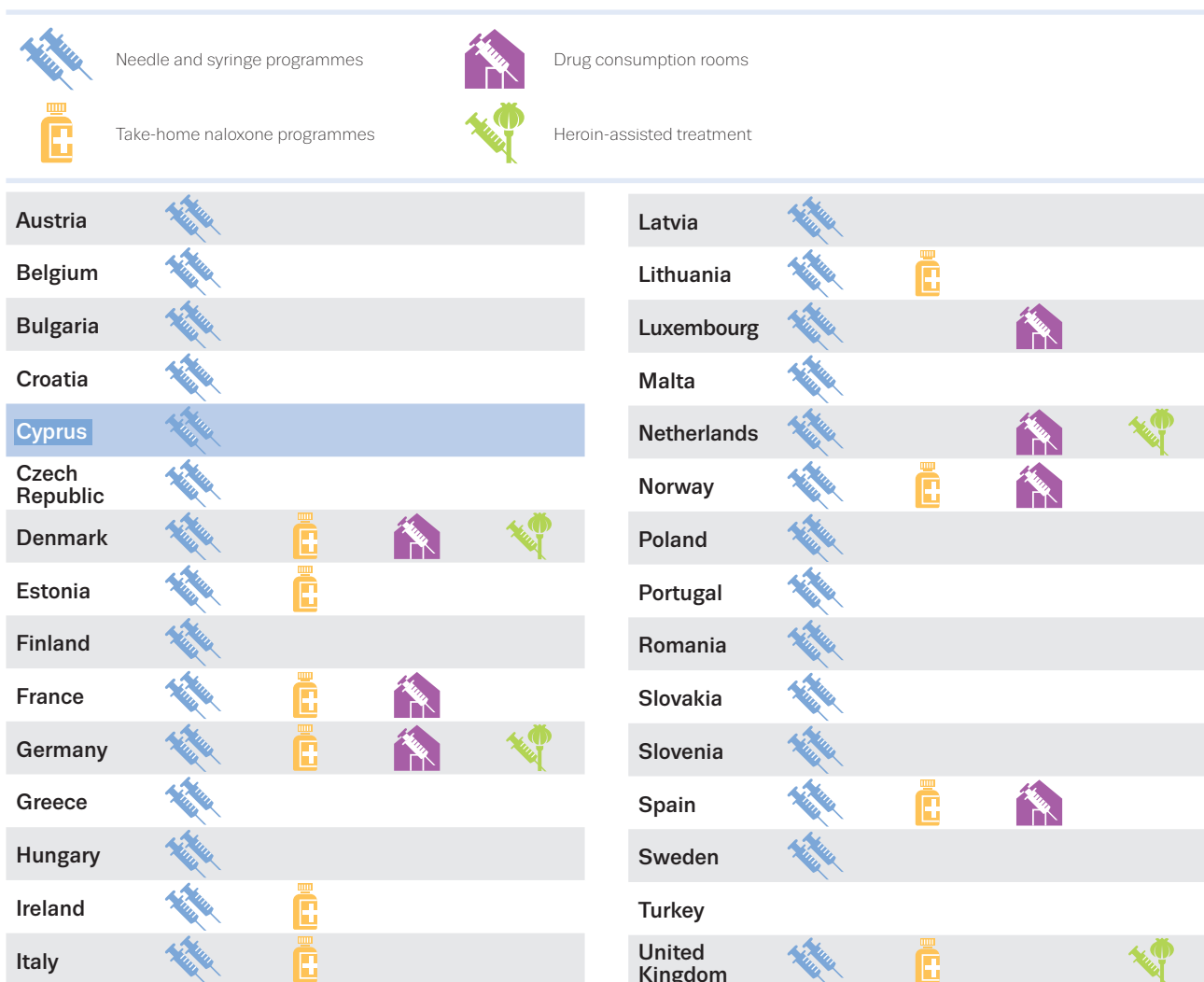
In Cyprus, the current strategy endorses harm reduction as one of its pillars, and defines the following priority areas: (i) integrate and consolidate harm reduction measures within healthcare; (ii) promote harm reduction in nightlife setting. The CAC coordinates the development of strategies to reduce drug-related harm, in close cooperation with the various departments of the Ministry of Health, such as the National AIDS Programme and the Mental Health Services. An important step towards scaling up harm reduction intervention in Cyprus was the adoption of the 2010 reparative law that declassified the provision and supply of syringes and needles by health professionals to injecting drug users as an offence (Figure 13).

Harm reduction interventions

The first low-threshold drop-in centre providing needles and syringes to PWID was established in 2014. In 2015, only five clients used the syringe exchange option at the centre, which received a total of 164 syringes. This centre also offers overdose prevention, counselling for risk reduction and safer sex education. In Cyprus, syringes are also available for purchase in all pharmacies. In 2016, a budget was approved to install vending machines across the country that could provide sterile needles and syringes.

FIGURE 13

Availability of selected harm reduction responses



NB: Year of data 2016.

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. Furthermore, in 2014, the CAC 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 CAC is promoting the implementation of rapid screening by the treatment programmes and explores the possibility of providing take-home naloxone for the prevention of opioid-related overdoses.

The first low-threshold drop-in centre providing needles and syringes to people who inject drugs was established in 2014

Treatment

The treatment system

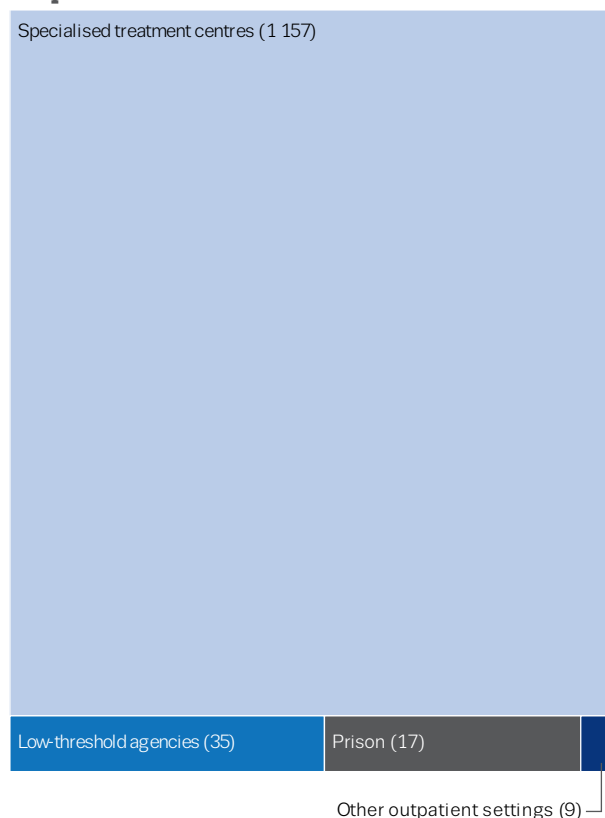
The treatment-related goals of the current strategy and the action plan for 2013-16 for Cyprus emphasise the provision of treatment options for specific groups (such as migrants, females and drug users with a dual diagnosis) and increasing treatment accessibility. This has been done by including low-threshold 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 CAC is responsible for the accreditation, evaluation, funding (where possible) and coordination 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.

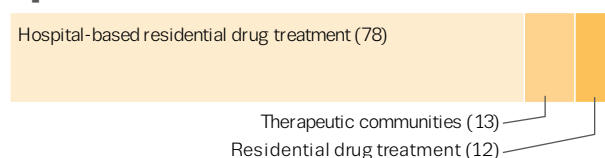
FIGURE 14

Drug treatment in Cyprus: settings and number treated

Outpatient



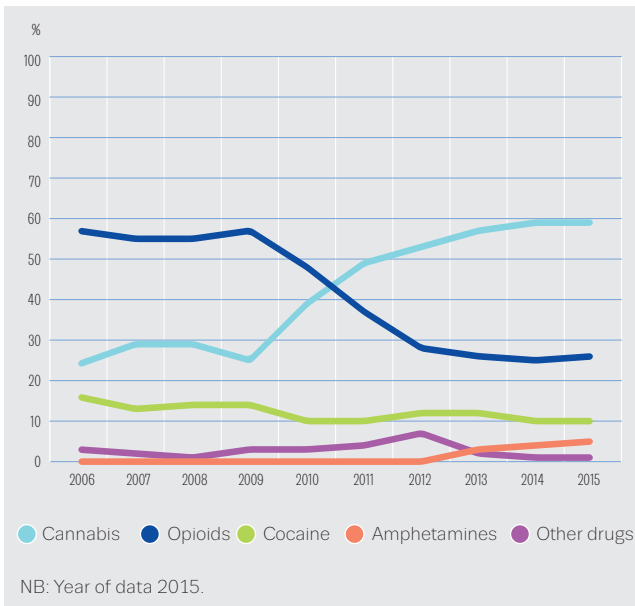
Inpatient



NB: Year of data 2015.

FIGURE 15

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

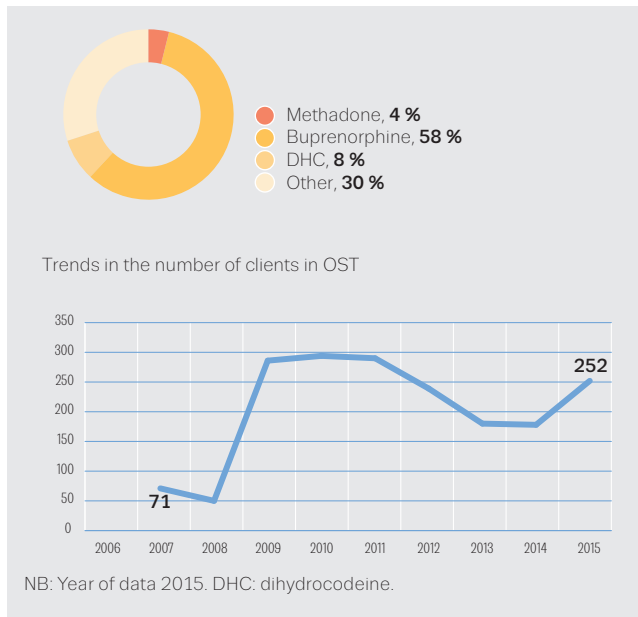


The treatment system in Cyprus consists of specialised outpatient counselling and opioid substitution treatment (OST) centres, while inpatient treatment is provided at hospital-based residential drug treatment programmes, a therapeutic community and a residential treatment programme. The treatment programmes 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 oxycodone, dihydrocodeine and buprenorphine-based medication, while methadone is used only for detoxification purposes.

FIGURE 16

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



Treatment provision

Out of 1 304 clients treated in Cyprus, 798 clients entered the treatment system in 2015. Most of those starting treatment were treated in outpatient settings and the majority sought treatment for cannabis use. Slightly more than half of those entering outpatient treatment were self-reported, while the DLEU 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 2015 was treated in an inpatient setting and the majority who did so, sought treatment for opioid use (Figure 14).

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 (Figure 15).

In 2015, OST was offered to 252 clients, the majority of whom received buprenorphine-based medication, while almost one third received oxycodone (Figure 16).

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, and approximately half of them are non-Cypriots.

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, during which time inmates are also informed about all available prison services.

Medical services are provided by the Ministry of Health, which appoints relevant health staff. In cases where specific health services cannot be provided inside the prison, inmates are referred to services outside the prison.

The drug treatment programme in prison started operating at the end of 2015, offering individual counselling. Pharmacologically assisted treatment is also available, including OST; however, this is limited to those who received the treatment prior to imprisonment. The treatment offered abides by the drug treatment and prevention guidelines provided by the CAC, which specify the drug services to be offered in the prison.

In addition, inmates are offered free testing and treatment for hepatitis B virus (HBV), HCV, HIV, tuberculosis and syphilis. No other harm reduction services are available in prison. In recent years, a mechanism has developed through which inmates are referred to a therapeutic community.

Because of the lack of aftercare offered to inmates upon release, a proposal has been made for the development of a Hosting and Reintegration Centre for people who are released from prison and face drug-related problems. The centre would offer housing for a limited period to those without accommodation, along with the provision of social reintegration and support. In addition, the centre could offer counselling and referral to available services. The proposal will be forwarded to the Inter-Ministerial Drugs Committee.

**Drug treatment programmes
in prison started operating
at the end of 2015, offering
individual counselling**

Quality assurance

The CAC is responsible for the accreditation, evaluation, funding and coordination of all programmes, actions and activities related to psychoactive substances offered by governmental services, NGOs and the private sector. The CAC also draws up the methodological guidelines and specifications for prevention and treatment programmes.

In Cyprus, prevention and treatment guidelines have been developed that assure a nationwide implementation of minimum drug treatment and drug prevention quality standards.

One of the aims of the current national strategy is the strengthening of treatment programme effectiveness, and the CAC has commissioned an external evaluation of treatment services in Cyprus. The evaluation includes process and cost evaluation for each treatment centre, as well as outcome evaluation for the treatment system.

As is specified by the relevant legislation, all programmes in the field of drug use should be submitted to the CAC to obtain operational accreditation and possible 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.

Continued education is provided by the Ministry of Health and the CAC. Recent training has been provided on OST, psychiatric comorbidity, drug treatment in prison and the clinical assessment tool the European Addiction Severity Index.

All drug-related programmes are submitted to the CAC to obtain operational accreditation and possible funding

Drug-related research

The Cypriot national focal point for the EMCDDA is active in promoting and stimulating further research in the drugs field. Research topics considered a priority are related to the implementation and monitoring of the EMCDDA's 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 carried out within the framework of the European project 'New psychoactive substances: Building knowledge and evidence based training through research' focused on the prevalence of use of new psychoactive substances among young people and monitoring anonymous online drug marketplaces.

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

The top research priorities included the estimation of drug use in the general and school populations and of high-risk drug use

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. New psychoactive substances mainly arrive via the postal services.

Most of the herbal cannabis and MDMA seized in Cyprus in 2015 originated from the Netherlands, while cannabis resin came from Lebanon, heroin from Afghanistan and cocaine from South America.

Herbal cannabis is the most frequently seized illicit substance in Cyprus. In 2015, an increase in the number and quantity of herbal cannabis seizures was reported. In the same year, a record amount of cocaine was seized, although the number of cocaine seizures fell compared with 2014.

The number of seizures involving heroin continued a downward trend, with a record low of eight seizures reported in 2015.

With regard to synthetic stimulants, methamphetamine was the most frequently seized synthetic drug and record amounts were seized in 2015 (Figure 17).

In 2015, several seizures involved new psychoactive substances, but the quantities seized remained low.

Retail price and purity data of the main illicit substances seized are shown in Figure 18.

FIGURE 17

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

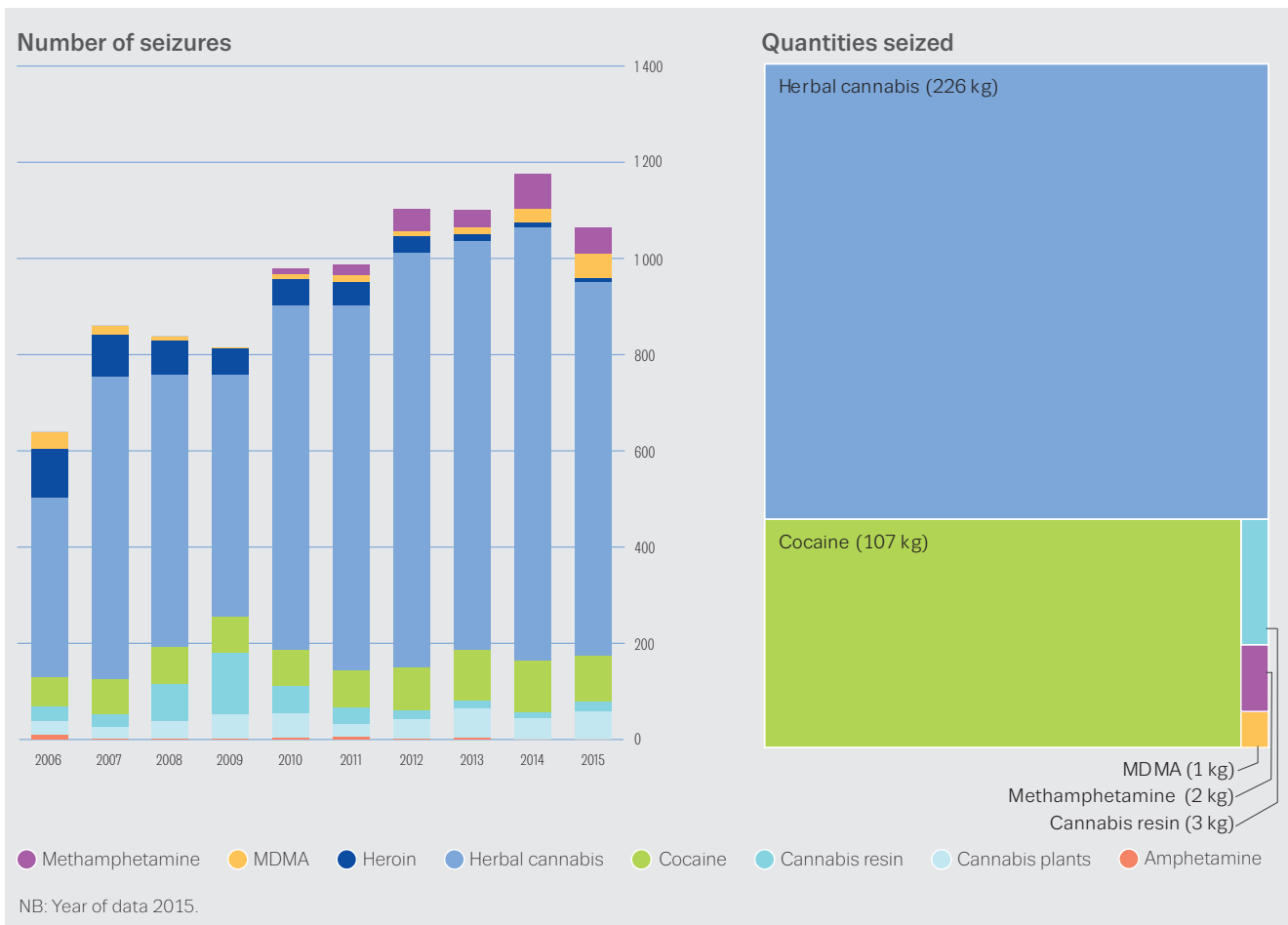
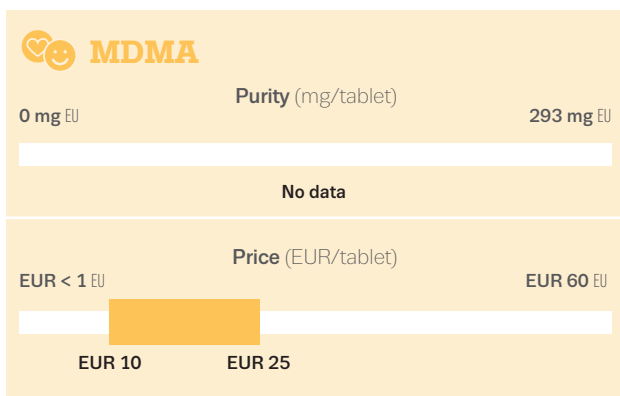
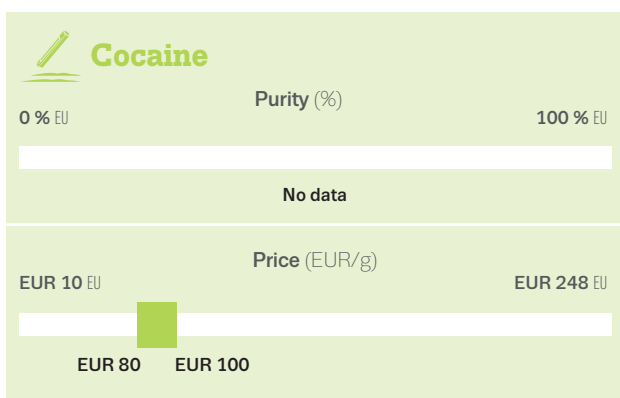
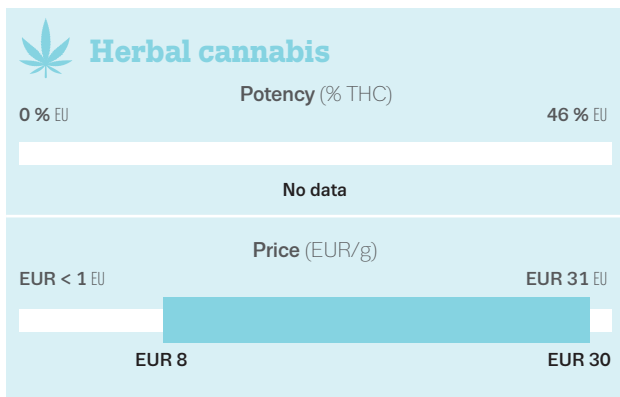


FIGURE 18

Price and potency/purity ranges of illicit drugs reported in Cyprus



NB: Price and potency/purity ranges: EU and national mean values: minimum and maximum.
Year of data 2015.

KEY DRUG STATISTICS FOR CYPRUS

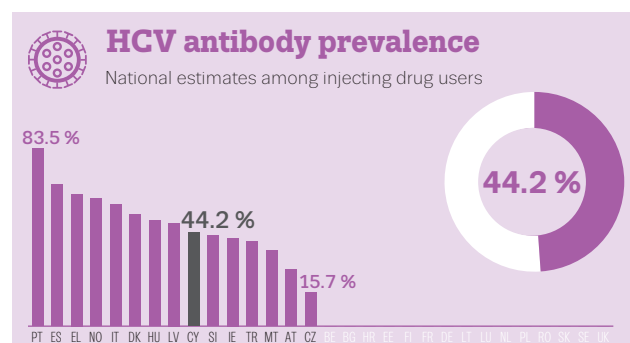
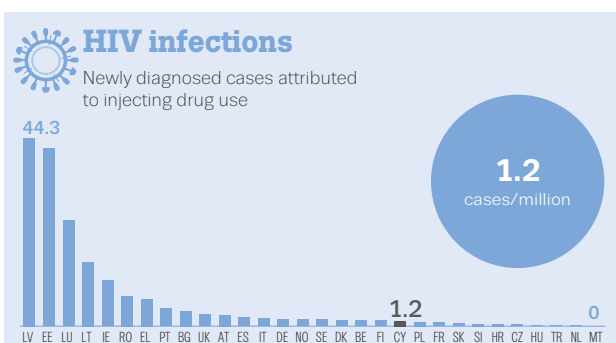
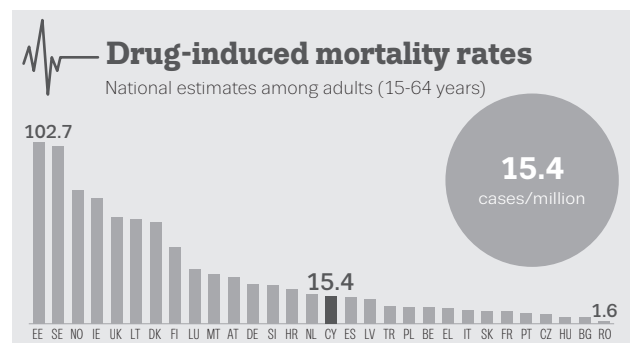
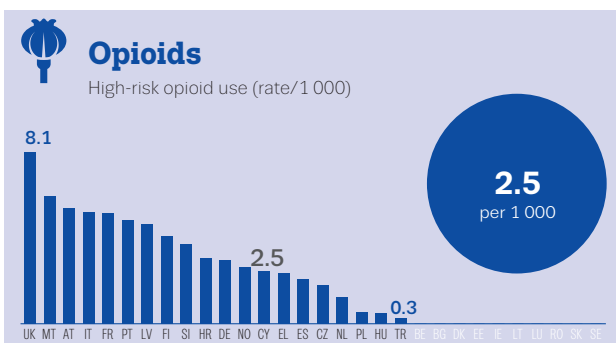
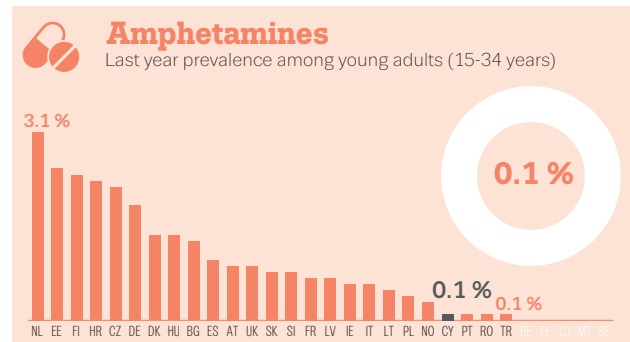
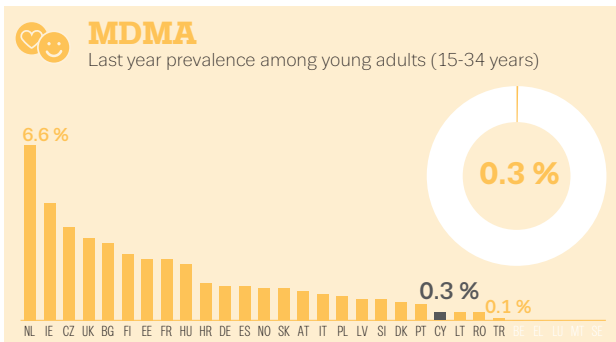
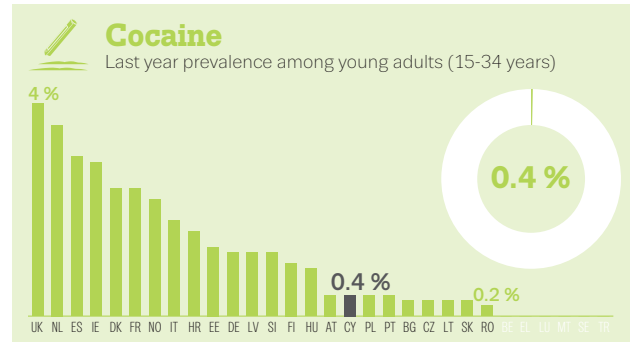
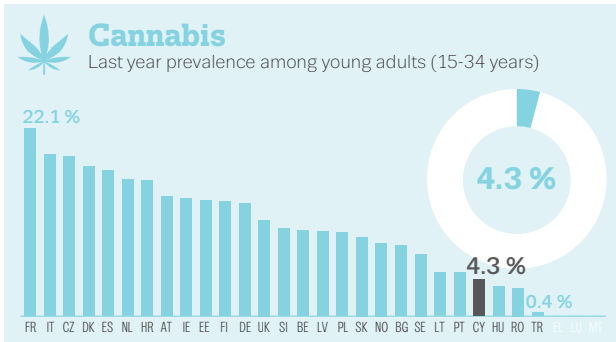
Most recent estimates and data reported

	Year	Country data	EU range	
			Minimum	Maximum
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	22.1
Last year prevalence of drug use — all adults (%)	2016	2.2	0.3	11.1
All treatment entrants (%)	2015	59	3	71
First-time treatment entrants (%)	2015	76	8	79
Quantity of herbal cannabis seized (kg)	2015	225.9	4	45 816
Number of herbal cannabis seizures	2015	777	106	156 984
Quantity of cannabis resin seized (kg)	2015	3.3	1	380 361
Number of cannabis resin seizures	2015	21	14	164 760
Potency — herbal (% THC) (minimum and maximum values registered)	No data	No data	0	46
Potency — resin (% THC) (minimum and maximum values registered)	No data	No data	0	87.4
Price per gram — herbal (EUR) (minimum and maximum values registered)	No data	8-30	0.6	31.1
Price per gram — resin (EUR) (minimum and maximum values registered)	No data	No data	0.9	46.6
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	3.3	0.9	4.9
Last year prevalence of use — young adults (%)	2016	0.4	0.2	4
Last year prevalence of drug use — all adults (%)	2016	0.2	0.1	2.3
All treatment entrants (%)	2015	10	0	37
First-time treatment entrants (%)	2015	8	0	40
Quantity of cocaine seized (kg)	2015	106.9	2	21 621
Number of cocaine seizures	2015	95	16	38 273
Purity (%) (minimum and maximum values registered)	No data	No data	0	100
Price per gram (EUR) (minimum and maximum values registered)	2015	80-100	10	248.5
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.7	0.8	6.5
Last year prevalence of use — young adults (%)	2016	0.1	0.1	3.1
Last year prevalence of drug use — all adults (%)	2016	0.1	0	1.6
All treatment entrants (%)	2015	5	0	70
First-time treatment entrants (%)	2015	4	0	75
Quantity of amphetamine seized (kg)	2015	0	0	3 796
Number of amphetamine seizures	2013	3	1	10 388
Purity — amphetamine (%) (minimum and maximum values registered)	No data	No data	0	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	No data	No data	1	139.8

	Year	Country data	EU range	
			Minimum	Maximum
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	6.6
Last year prevalence of drug use — all adults (%)	2016	0.1	0.1	3.4
All treatment entrants (%)	2015	0	0	2
First-time treatment entrants (%)	2015	0	0	2
Quantity of MDMA seized (tablets)	2015	173	54	5 673 901
Number of MDMA seizures	2015	50	3	5 012
Purity (mg of MDMA base per unit) (minimum and maximum values registered)	No data	No data	0	293
Price per tablet (EUR) (minimum and maximum values registered)	2015	10-25	0.5	60
Opioids				
High-risk opioid use (rate/1 000)	2015	2.5	0.3	8.1
All treatment entrants (%)	2015	26	4	93
First-time treatment entrants (%)	2015	11	2	87
Quantity of heroin seized (kg)	2015	0	0	8 294
Number of heroin seizures	2015	8	2	12 271
Purity — heroin (%) (minimum and maximum values registered)	No data	No data	0	96
Price per gram — heroin (EUR) (minimum and maximum values registered)	No data	No data	3.1	214
Drug-related infectious diseases/injecting/deaths				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2015	1.2	0	44
HIV prevalence among PWID* (%)	2015	1.7 -1.9	0	30.9
HCV prevalence among PWID* (%)	2015	44.2	15.7	83.5
Injecting drug use (cases rate/1 000 population)	2015	0.4	0.2	9.2
Drug-induced deaths — all adults (cases/million population)	2015	15.4	1.6	102.7
Health and social responses				
Syringes distributed through specialised programmes	2015	164	164	12 314 781
Clients in substitution treatment	2015	252	252	168 840
Treatment demand				
All clients	2015	798	282	124 234
First-time clients	2015	436	24	40 390
Drug law offences				
Number of reports of offences	2015	948	472	411 157
Offences for use/possession	2015	802	359	390 843

* PWID — People who inject drugs.

EU Dashboard



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.

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About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.



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.

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