Evaluation of the National Strategy on Illicit Substance Dependence and the Harmful Use of Alcohol 2013 - 2020 of the Republic of Cyprus

Conducted by the Trimbos Institute
For the National Addictions Authority of Cyprus (NAAC)

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1. INTRODUCTION

1.1 Context

Country profile
Cyprus, officially called the Republic of Cyprus, is an island country in the Eastern Mediterranean. It has been a member of the Commonwealth since 1961 and joined the European Union in 2004 and the eurozone in 2008. The country has a population of around 1.2 million people, the capital and largest city is Nicosia, and the official languages are Greek and Turkish. Cyprus has a high-income economy and a very high Human Development Index, meaning that Cyprus ranks very high on life expectancy, education, and per capita income compared to other countries in the world. The northern part of the island has been occupied by Turkish forces since 1974. The occupation is viewed as illegal under international law. About 59% of the island's area (in the south and west) is under the effective control of the Republic of Cyprus, while 36% is administered by the self-declared Turkish Republic of Northern Cyprus, and 4% of the area is covered by the UN buffer zone.

The drug situation in Cyprus
Cyprus reports very low drug use among the general population compared to other EU countries. It ranks very low on the use of cannabis, cocaine, MDMA, amphetamines, and opioids among 15-34 year-olds, although an increase is observed with regards to the use of cannabis and cocaine Nevertheless, the drug situation in Cyprus has similarities to other European countries. Cannabis is the most commonly used illicit drug, and the use of methamphetamine and prescription opioids has been increasing in recent years. Also data from treatment centers confirms this trend. Fewer people seek treatment for heroin and instead an increasing number of people seeks treatment for the use of opioids other than heroin (e.g. oxycodone) and the use of methamphetamine. Waste water analyses show an increasing trend between 2013 and 2018 for methamphetamine, amphetamine and MDMA. Nicosia and Limassol are among the European cities with the highest levels of methamphetamine in wastewater. Amphetamine and MDMA levels are below those of most other cities participating in this study (CCDR, 2019).

In 2019, there were an estimated 1022 high-risk opioid users in Cyprus and 330 methamphetamine users. Injection drug use is generally low. Moreover, compared to other countries in the EU, HIV prevalence is low (2.7-4.7%) and HCV prevalence is average (53.4%) among people who inject drugs in Cyprus.

Data from ESPAD shows that Illicit drug use (cannabis) is way lower that the ESPAD average Lifetime use of cigarettes has been slightly decreasing in recent years. However, 15- to 16-year old school students in Cyprus rank higher than the ESPAD average in the consumption of alcohol and the rate of binge drinking (CCDR, 2019).

Public expenditure related to illicit drugs was 0.08% of Cyprus' GDP in 2017, amounting to approximately 15 million Euro. About 54% of the funding was allocated to supply reduction and 46% to demand reduction. With regard to drug laws, possession for personal use is regarded as a serious criminal offence. However there has been a tendency towards alternatives to incarceration in recent years (CCDR, 2019).

1.2 National Drug Strategy 2013-2020

Cyprus' National Strategy on Illicit Substances Dependence and the Harmful Use of Alcohol provides the overarching political framework and priorities for 2013-2020. The strategy addresses illicit drugs and alcohol and spans two consecutive Action Plans covering 2013-2016 and 2017-2020. It is built around 5 pillars: prevention, treatment and social reintegration, harm reduction, supply control and regulation, and international cooperation. A sixth pillar on research, education, and evaluation was introduced in 2017. The National Addictions Authority of Cyprus (NAAC) carries out the strategic and operational coordination of the strategy. Specifically, NAAC is responsible for the planning, implementation, supervision and monitoring of the national strategy. In 2017, NAAC also officially became responsible for the coordination of actions on legal dependencies and consequently developed Action Plans for Tobacco (2018) and Pathological Gambling (2019).

The current national drug strategy (2013-2020) follows from the previous two strategies that were implemented in Cyprus 2004-2008 and 2009-2012. The first strategy was developed in 2004 when Cyprus joined the EU. Both previous strategies were evaluated externally. NAAC also conducted internal evaluations of the Actions Plans 2013-2016 and 2017-2020 and the results were used to develop the next action plans.

1.3 Scope and aims of the evaluation

Scope
The present evaluation assesses the National Strategy on Illicit Substance Dependence and the Harmful Use of Alcohol 2013-2020 of Cyprus (hereinafter referred to as the National Drug Strategy (NDS) 2013-2020) and its two underlying Action Plans (APs) spanning the periods 2013-2016 and 2017-2020. The Action Plans on Smoking (2018-2020) and Pathological Gambling (2019-2020) are also addressed, albeit to a lesser extent as they were introduced only recently.

A multi-criteria evaluation and an implementation progress review were performed. This means that the NDS and APs were evaluated systematically using a number of criteria: effectiveness, added value, efficiency and relevance. In addition to that, the implementation of actions was examined in detail to identify areas for improvement.

Aims
The overall goal of the evaluation is to provide an objective, independent and critical analysis of the NDS and its APs and to provide recommendations for the next NDS (2021-2028) of Cyprus.

Specific aims of the evaluation are:

- To assess to what extent and how well objectives of the NDS and APs have been achieved,
- To assess the structure of the NDS documents, and
- To derive recommendations for the next NDS.

The evaluation is commissioned by the Cyprus National Addictions Authority (NAAC) and is undertaken by an external team of experts from the Trimbos Institute (the Netherlands Institute of Mental Health and Addiction). The objectives and purpose of the evaluation are also described in the Terms of Reference, which was linked to the call for proposals in December 2019.

2. METHODOLOGY

The evaluation of the NDS 2013-2020 of Cyprus and its underlying APs was performed using the methodological approaches recommended by the EMCDDA (2017) and the UNODC (2017), as described below.

2.1 Data collection tools and procedure

In line with best practices, a mixed methods approach was applied using qualitative and quantitative tools for the triangulation of data. Interviews and focus groups yielded qualitative data, while the desk review and Traffic Light Assessment (TLA) provided quantitative data to underpin and complement the qualitative information from the interviews.

2.1.1 Desk review
First, a comprehensive desk review of key documents was performed. This included the current NDS and APs, national annual reports, various Reitox National Focal Point reports, previous drug policy evaluations, and more (see Annex II). Key documents written in Greek were translated into English.

2.1.2 Traffic Light Assessment
A TLA was performed to assess the extent to which planned actions were implemented. The colors of a traffic light indicate whether actions were implemented fully (green), partially (yellow) or not at all (red). Given that NAAC had already conducted internal TLAs of the AP 2013-2016 and AP 2017-2020 (the latter having been conducted just recently), the TLAs were validated using information gathered from the interviews with stakeholders and NAAC staff, as well as the desk review. Results were adjusted where necessary and actions that were missing in the internal TLAs were evaluated in consultation with NAAC staff. The final TLA provides a clear overview of the extent to which actions were implemented successfully for each pillar.

2.1.3 Interviews and focus groups

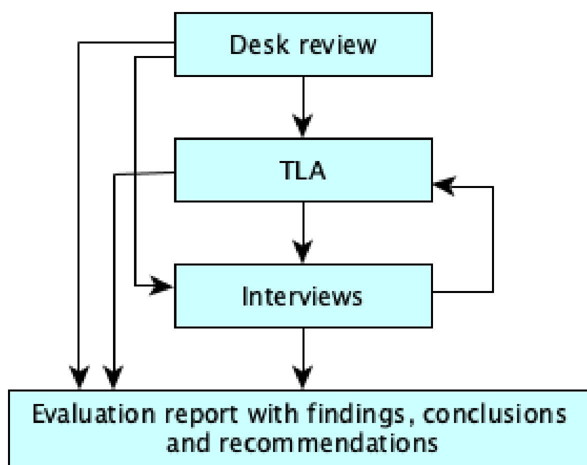
Semi-structured interviews and focus groups (hereinafter collectively referred to as interviews) were conducted with a range of key stakeholders (see Annex III). The purpose of the interviews was (i) to gain an understanding of why certain objectives or actions were not achieved or implemented, (ii) to obtain insight into current drug-related issues in Cyprus, and (iii) to identify priorities for the next NDS. The interview guides were developed based on findings from the desk review and the TLA. Targeted interview guides were designed for each key stakeholder with questions pertaining to their respective area of expertise. Interviews were also conducted with several members of NAAC to complement and validate the information gathered in the stakeholder interviews. All interviews followed the same structure, exploring what went well in the past strategy, what did not go well, and what the priorities for the next strategy should be (see Annex VII). The interviews lasted 45-60 minutes each and were conducted by two evaluators at a time. Most interviews were conducted in English. A professional Greek-English interpreter assisted in a number of interviews in which stakeholders preferred to speak Greek (see Annex V). Participants were asked for their consent to record the interviews for the purpose of the evaluation and confidentiality was ensured. All data processing was in line with the General Data Protection Regulation of the EU.

While interviews were the main mode of data collection, an exception was made for one stakeholder. A questionnaire was sent to be completed in written form. This was done at the explicit request of the stakeholder in order to better safeguard sensitive information. However, despite several reminders, we did not receive the completed questionnaire.

2.1.4 Adjustments to the methodology due to COVID-19

Due to the ongoing COVID-19 pandemic in 2020, the evaluation methodology needed to be adjusted. As the interviews could not take place face-to-face due to travel restrictions, teleconferences via Zoom and Skype were conducted instead. The use of telecommunication technologies enabled the arrangement of additional focus groups with otherwise difficult-to-reach populations, such as inmates and current and former drug users. These focus groups were conducted with audio only (i.e. without video) and without collecting names of participants to ensure the participants' anonymity.

Figure 1. Flowchart of the methodology of the evaluation



Note: The arrows indicate the flow of information and how the different components inform each other.

2.2 Assessment criteria

The NDS is evaluated using a set of assessment criteria: relevance, effectiveness, efficiency, and added value.

Effectiveness:

- Effectiveness is assessed by examining the degree of implementation of all actions of the APs (Traffic Light Assessment), as well as the extent to which objectives were achieved (qualitative description). Results will be discussed per pillar.

Efficiency:

- Rather than an analysis of financial expenditure, efficiency will be assessed by examining how the use of resources overall relates to the outcomes and the impact of the activities. The efficient use of resources will be discussed for the NDS as a whole.

Added value:

- The added value of the NDS will be examined by assessing how useful the NDS was in broadly guiding and directing collective actions in the field of drugs, assessing if the strategy improved outcomes over and above what would have been achieved without the NDS, and exploring any other possible unintended consequences of the strategy.

Relevance:

- The relevance of the NDS will be assessed with regard to European policies and strategies, in particular the European Union's Drug Strategy 2013-2020 and Action Plans, the International UN Conventions (1961, 1971 and 1988), and related policies of the Commission on Narcotic Drugs (2014, 2016 and 2019). In addition, the relevance of the NDS will be assessed with regard to the drug situation in Cyprus and beneficiaries' needs.

2.3 Sampling strategy and participants

Key informants were selected using purposeful sampling. This technique allows for the identification of knowledgeable individuals for the most effective use of limited time and resources. For the purpose of this evaluation, the external evaluators worked together with the commissioners of the evaluation (NAAC) to identify the most appropriate informants. Both parties proposed informants. NAAC notified the selected stakeholders about the NDS evaluation, after which the evaluators sent an invitation to participate in the interviews. Follow-up emails were sent if there was no response.

A total of 32 stakeholders were interviewed: 16 interviews were conducted with 17 key stakeholders, and 3 focus groups were performed with 15 individuals. In addition, 8 NAAC Officers were contacted, based on their expertise in certain areas, for complementary information (see Annex IV). Overall, a good coverage of organizations and topics was achieved. Interviews were conducted with representatives from most key organizations. Key stakeholders included representatives from the Ministries, law enforcement bodies, various NGOs, and more (for a full overview, see Annex III). In addition to that, focus groups with inmates, current drug users, and ex-drug users were conducted. Capturing the perspectives and experiences of the individuals who are directly impacted by the drug policies provided useful additional insights.

2.4 Limitations of the evaluation

While there are risks and limitations to any research methodology, the Trimbos Institute has extensive experience in drug policy evaluations and is therefore equipped to manage such risks and limitations.

- Response bias is a common limitation in interview methodologies. We tried to minimize the impact of this by interviewing a range of individuals and cross-referencing information where possible.
- Stakeholders' willingness to participate in the interviews may influence the comprehensiveness of the data. While there was a lack of responses from participants, we were able to reach a satisfactory coverage of stakeholders after multiple email reminders.
- Language barriers may hinder the correct or full expression of opinions and information. We tried to overcome this by offering a professional Greek-English translator to anyone who did not feel comfortable conducting the interview in English.
- Stakeholders may hesitate to speak freely due to possible conflicts or other reasons. We tried to minimize this by assuring respondents that responses cannot be traced back to them.

In addition to these limitations, the COVID-19 pandemic posed a new challenge in the present evaluation. Due to travel restrictions, the evaluation methodology needed to be adapted.

- Interviews were held via telecommunication applications such as Skype or Zoom instead of face-to-face. Apart from occasional technical issues – which were quickly resolved – the interviews went well and similar quality data was obtained as in face-to-face interviews. The use of telecommunication applications also enabled the arrangement of additional focus groups with more difficult-to-reach populations, such as inmates, current drug users, and ex-drug users.
- There are limitations to online interviews and meetings, which also emerged in other settings around the world during the COVID-19 pandemic. Diplomacy and international encounters require contact and presence. A handshake and being able to read each other's body language are important for nuance and for establishing a personal connection. On the other hand, people seem to cut to the chase more in online meetings, which makes them more productive and efficient than face-to-face meetings (Roth, 2020). Taken together, while some detail may be lost in online interviews, we are confident that they are an effective tool for identifying the main issues and priorities in a country for the purpose of a drug policy evaluation.
- Finally, the elimination of travel costs made it possible to invest more time and resources on translating and analyzing documents for the desk review.

Although the research setting was somewhat out of the ordinary because of the COVID-19 pandemic, we believe that we were able to get a good understanding of the drug situation in Cyprus to be able to draft this report. As we did not visit the country nor the agency, we were nevertheless cautious in drafting some of our findings and recommendations.

3. FINDINGS

3.1 Traffic Light Assessment

The TLA shows that the majority of the actions were implemented successfully in both APs (see Figure 2 and Tables 1 and 2). In general, it is natural that not all actions of an AP are implemented. Around 70% of actions were implemented fully in both APs, which is a great success. Around 20% are in the process of being implemented or have been partially implemented so far. Only around 10% were not implemented at all. The reasons for this varied from lack of funding to delays in the Ministries.

The similar success rates of the two APs is a testimony to the consistently good work of NAAC. It should also be noted that this evaluation was conducted before the end of the strategy and that the implementation rate of the second AP may still increase a bit in the last months of this year. For a full overview of the implementation rates per pillar, please refer to section '3.3.1 Effectiveness'.

Figure 2. Validated Traffic Light Assessments of the Action Plans 2013-2016 and 2017-2020

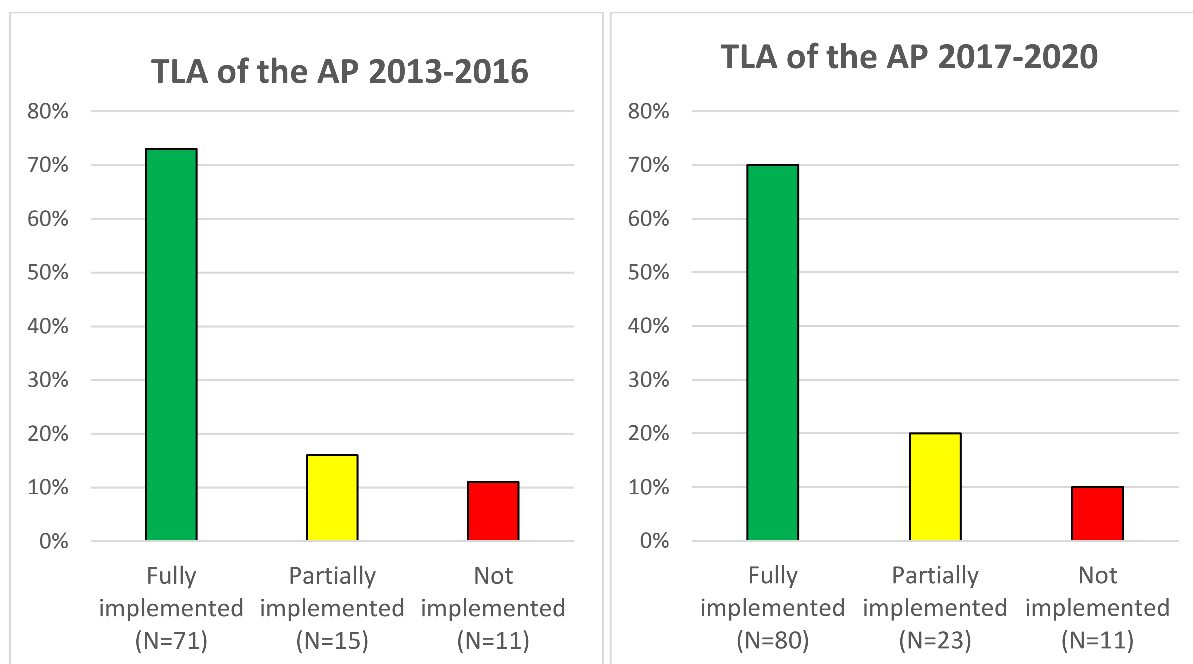


Table 1. Action Plan 2013-2016

Results	**Number of actions**	**Percentage**
Fully implemented	71	73%
Partially implemented	15	16%
Not implemented	11	11%
Total	97	100%

Pillars	**Implemented fully**	**Implemented partially**	**Not implemented**	**Total actions per pillar**
Prevention	18	5	3	26
Treatment and social reintegration	16	3	5	24
Harm reduction	8	2	3	13
Supply regulation and control	21	4	0	25
International cooperation	8	1	0	9

Table 2. Action Plan 2017-2020

Results	**Number of actions**	**Percentage**
Fully implemented	80	70%
Partially implemented	23	20%
Not implemented	11	10%
Total	114	100%

Pillars	**Implemented fully**	**Implemented partially**	**Not implemented**	**Total actions per pillar**
Prevention	29	9	2	40
Treatment and social reintegration	9	3	3	15
Harm reduction	9	3	0	12
Supply regulation and control	14	4	2	20
International cooperation	6	0	0	6
Research, Education, & Evaluation	13	4	4	21

3.2 Findings from the interviews and desk research

We would like to preface the findings by saying that many achievements and positive developments took place in Cyprus in the past 8 years. However, to make the evaluation as useful as possible, the findings below focus mainly on less developed areas that should be improved or strengthened in the next strategy.

3.2.1 Drugs and Alcohol (Evaluation of AP 2013-2016 and AP 2017-2020)

3.2.1.1 Prevention

Prevention was one of the biggest pillars in the past strategy and included the largest number of actions. Major achievements include the development of programs for targeted prevention for vulnerable people (i.e. moving away from general prevention), the engagement of municipalities in prevention programs, and the introduction of prevention programs in the army and in prisons. Another positive development is that European minimum quality standards of prevention programs are in the process of being introduced. Moreover, NAAC also officially became responsible of alcohol-related actions. A national committee for alcohol prevention was established and various actions were implemented (e.g. regarding pregnant women).

The prevention pillar strived to become more scientific in recent years. However, **prevention programs have so far not been evaluated**, meaning that there is little evidence for their effectiveness and whether they represent an efficient use of funding and resources. Seeing as prevention is notorious as a field for having programs that are developed based on flawed beliefs rather than robust scientific evidence, this is an area that requires more attention. European minimum quality standards for prevention programs were recently implemented. These may be used as a tool to collect relevant data and evaluate the programs.

Various stakeholders mentioned the **need for more targeted prevention for minors and early school leavers**. Not only is there a high prevalence of binge drinking, but there are also worrying signs of minors starting to use methamphetamine. Cypriot professionals are also concerned about the consumption of cannabis among youth, although the rate is low compared to the EU average. Several stakeholders mentioned the need to teach more (psychosocial) life skills and values in school. While certain programs on life skills exist, they are not considered effective enough. Stakeholders also believe that parents and teachers need to be educated and involved more in order to create a supportive and engaged community.

Several stakeholders mentioned that there is generally **little provision of objective information** about the effects and risks of different drugs and alcohol in Cyprus (e.g. in school, websites targeting young people). In fact, there is often still the old-fashioned, conservative mindset that talking about drugs would encourage young people to use drugs.

While we were unable to speak to someone from the National Guard, which is certainly a limitation, the desk review and interviews with other stakeholders revealed that there is **drug use in the army** and since 2012 there is an ongoing cooperation between NAAC and the National Guard through a Memorandum. A large proportion of people smoke cannabis and tobacco in the army, for example because they are bored guarding the demarcation lines for long hours. Therefore, the army is an excellent place to discourage the use of cannabis and tobacco. Appropriate measures appear to already be in process, such as a smoking ban in the national guard environment and a greater focus on a healthy lifestyle, such as through sports.

Many different stakeholders work in the field of prevention, but the **collaboration between stakeholders appears to be limited**. Their roles and responsibilities are not clearly defined and numerous stakeholders are trying to claim the same budget for prevention activities.

Some actions in the past strategy were developed specifically to prevent and reduce the use of alcohol. Cyprus has a **high rate of alcohol consumption and binge drinking (also among minors)** and it rates third highest in the EU in terms of alcohol availability among minors. NAAC developed many actions targeting the availability of alcohol among minors, such as restrictions on where to sell alcohol, and fines for those who sell alcohol to minors. While progress was initially slow due to external circumstances, a number of actions on alcohol were implemented or are in process of being implemented at the time of writing this report (e.g. changes in the legislation on the sale of alcohol). The impact of these actions will need to be assessed in the next strategy.

Sociocultural changes and changes in the law tend to have bigger impact in terms of prevention than educational school programs. NAAC is designing actions accordingly and proposing changes to alcohol and tobacco legislations, however **the Ministries and the Parliament are often delaying taking action**. Changes in legislations with regard to alcohol and tobacco appear to move slowly and with resistance. Furthermore, the Ministry of Education does not appear to use its funding for effective evidence-based programs, but rather for school programs they feel comfortable carrying out.

While increasing the age to buy alcohol from 17 to 18 is a good first development, this will not change the level of alcohol consumption among minors **if laws are not implemented correctly**. Law enforcement must make this a bigger priority in order to protect minors. Arguably most importantly, also the cooperation of people who sell alcohol and tobacco is required to stop sales to minors. Frequent checks and heavy fines may initially be necessary to incite their cooperation.

Social norms and attitudes towards alcohol appear to be too relaxed and permissive. Parents seem to view alcohol consumption among minors as part of the process of maturation, rather than worrying about the toxic effects of alcohol on the developing brain.

Finally, some stakeholders felt that **alcohol is still advertised too broadly** and that people (including minors) are exposed to alcohol too much.

3.2.1.2 Treatment

Treatment is a long-standing and well-developed pillar. Major achievements include the establishment of an inpatient treatment center for adolescents, the development of treatment programs for women, and the introduction of an electronic patient registration system. Moreover, an evaluation of the treatment system in 2016/2017 demonstrated that Cyprus has a good standard of care and a large variety of treatment options.

Although the drug treatment system is good overall, there are currently a few gaps. There is a **need for targeted treatment programs** for: (i) Migrants. (ii) Stimulant users. Methamphetamine is increasingly becoming a problem, especially in areas that are not socially or economically advanced. This is similar to the trend observed in other countries around the world. (iii) People with dual-diagnosis (i.e. people suffering from a mental illness and a comorbid substance abuse problem). Respondents mentioned the need for a dual-diagnosis unit, especially in light of the increasing prevalence of stimulant abuse in Cyprus, as that is frequently paired with mental illness.

Health care professionals should also be vigilant of the recent increase of **prescription opioid use** in Cyprus. There have also been indications that medications such as OxyContin are being diverted. Given that this is a big problem in many countries in Europe and around the world, research should be conducted to see if the increasing trend of prescription opioid use continues and whether this is an area that requires interventions.

There are concerns about there being too many drug treatment centers given the small population size in Cyprus. Having **fewer treatment centers with better quality** may be better. Reviewing treatment centers according to specific guidelines would not only enable a higher standard of quality of care, but also a more efficient use of resources. Moreover, therapeutic approaches are often still oriented towards abstinence rather than harm reduction.

Drug and alcohol addiction care is underfunded and understaffed, and the infrastructure and other resources are limited. This has consequences for all branches within addiction care. For example, psychiatric facilities cannot operate at the highest standard of care, because they are unable to keep patients in for as long as they should, and patients are even denied treatment. Moreover, less than 20 beds are available for detoxification in public treatment centers, leading to long waiting lists. Multiple stakeholders said they need more personnel.

Drug and alcohol treatment services do not cover all parts of Cyprus equally well. Consequently there is limited influx of patients from areas other than Nicosia, while treatment demand also exists outside the capital.

Cypriot addiction professionals are very concerned about the fact that **the new national health care system will likely exclude addiction care**. It is a worrying development and an act of systemic discrimination of vulnerable people with a particular health condition. The consequences of this will be serious, as less money will likely be available for addiction care, which already suffers from severe underfunding. The Ministry of Health will simply not be able to match the funding that would be available through the new national health care system that fuses private and public services.

3.2.1.3 Social reintegration

Social reintegration is part of the treatment pillar, but discussed separately here because of the size and importance of this area. A main achievement is that the Cyprus Prisons Department is considered one of the best in Europe regarding the educational services provided for inmates (see https://www.europris.org/). Cyprus is also one of several countries in Europe providing OST and mental health services in prison. Further, Cyprus has a successful program in which young people until the age of 24, who are caught with cannabis for the first time, do not go to prison but are referred to counseling/treatment. However, programs and structures for social reintegration are largely lacking in Cyprus and were even scaled back in recent years.

While the general situation and activities run inside prison are considered best practice, the judicial system appears old-fashioned and the continuation of care and support once inmates are released from prison is limited:

There are **few alternatives to incarceration**. In 2016, a new law was introduced allowing those with drug-related offences to apply for a treatment alternative. About 70 individuals have applied for this alternative since. Nevertheless, it is estimated that the prison population could still be reduced by one third if there were more alternatives to incarceration. Alternatives to incarceration would also reduce the number of people with criminal records and thus make it easier for them to obtain employment and to reintegrate.

There are **few structures for social reintegration** once people are released from prison. The greatest need of ex-inmates is help with finding employment. Having a criminal record makes it difficult to find a job. In addition to that, many people do not have a place to stay after being released from prison and require help with housing.

Judges are also key to how the judicial system works and **need to be educated about the effects of prison.** The old belief seems to prevail that people get better through punishment.

Overall, there seem to be **few social welfare services** in Cyprus. Stakeholders mentioned that social workers were removed from relevant locations (e.g. general hospitals, mental hospitals and addiction services), so that multidisciplinary teams are missing the social component and cannot provide the full support to clients. Social services are gradually decreased in the public sector without developing new ones. The remaining social services are not sufficiently active and should work closer to the users and their needs, as people are generally not familiar with the services they can receive. Finally, stakeholders mentioned that the Ministry of Social Welfare is not doing enough to improve the situation regarding social welfare and social reintegration, even though this falls under their responsibility.

3.2.1.4 Harm reduction

Great progress has been made in the harm reduction pillar over the past 8 years. OST and naloxone were implemented. Access to OST and coverage of OST were greatly increased, there are no waiting lists, and OST is available in prisons. A drop-in center (STOCHOS) was established and drug users praise it for being very helpful for them. Additionally, a mobile unit has been launched to offer harm reduction services across the island. The provision of needles was greatly expanded. While an increase from 200 to over 1000 needles was reported (via STOCHOS and the vending machines), the true number is far greater as many needles are also distributed through pharmacies. Vending machines (with needles, condoms, and other items) were introduced as an innovative method of service delivery. They are an outstanding example of the agility and courage of NAAC to take big steps forward. Finally, also the mentality of the general public and health care workers was shifted, and increased acceptance of harm reduction was attained.

While the provision of harm reduction services is now at a good level in Nicosia, **a number of needs remain.** There is only limited choice in OST medication (i.e. prescription mainly of Suboxone), meaning that patients' individual needs cannot be addressed. Naloxone is not easily accessible, as it requires a prescription and pick up from just one location in each district. There is only one drop-in center in Cyprus, namely in Nicosia, which is therefore not easily accessible for people from other parts of the island. The new mobile van will only be able to offer a limited number of services, so that another drop-in center is still needed. Access to the vending machines could be improved as they are only available in a limited number of locations and therefore not easily accessible for all people who use drugs on the island.

Harm reduction in prisons is limited. While OST exists, other services such as the provision of condoms and needles are not available.

A large proportion of injection drug users in Cyprus is **HCV positive** (56.6% in 2017, CCDR 2019). The treatment of infectious diseases does not currently seem to be a high priority in Cyprus.

Harm reduction is not only a concept that applies to marginalized individuals, but also the general population. **Drug checking** is a harm reduction activity that is currently unavailable in Cyprus. However, various stakeholders felt that it should be introduced in order to protect people, who use recreational drugs, from the harms of particularly dangerous drugs.

Moreover, the general population does not seem to be aware of guidelines regarding the **recommended maximum alcohol intake** per day or per week.

The current handling of Narco-tests to detect and penalize driving under the influence of drugs is questionable. Critics have pointed out that the tests may be too sensitive and that substances can still be detected in the body for weeks even though the individual is no longer intoxicated and his/her driving is unaffected. Moreover, the **penalties for driving under the influence of alcohol and drugs are disproportionate to each** other. In Cyprus, a driver may lose their license for light cannabis use, while a driver caught with light alcohol intoxication may only receive 2-3 penalty points. Studies have been inconclusive on whether cannabis use causes an increased risk of accidents, and the risk varies (and may in fact be small) depending on people's tolerance. However, there is clear and strong evidence that any alcohol use increases the risk of traffic accidents (Sewell et al. 2009).

Driving under the influence of alcohol is very common in Cyprus. Drunk driving is the second-highest cause of accidents after reckless driving in Cyprus, and while this percentage has been decreasing over the past decade, it is still very high. The **penalties for driving under the influence of alcohol are at the moment (harsher penalties will be effectuated as of 1st of October, 2020) lower than in other EU countries**. In Cyprus, a driver caught with alcohol intoxication may only receive 2-3 penalty points (the license can be revoked with 12 penalty points). By contrast, drivers in other EU countries are subject to harsher penalties for drunk driving. In Germany, if someone is caught driving at just above the alcohol limit, they loose their license for 1 month and get 4 points. In the UK, drunk driving is penalized with losing the license for 1 year and second-time offenders lose their license for 3 years.

3.2.1.5 Supply Reduction

The supply reduction pillar is well-established and runs smoothly. Most actions were fully implemented. Relevant stakeholders from the police and customs seem committed to their work and motivated to advance the field. They participate in the Early Warning System and various relevant EU groups, and provide all requested data to the EMCDDA in a timely manner. Specific achievements include the introduction of the generic legislation on NPS and the introduction of drug free zones around schools and higher punishments for dealing drugs near schools.

Stakeholders in this field claimed that actions that were not implemented related to **'gaps' in the legislation**. They referred to the way legislations are written on the sale of alcohol and tobacco to minors, and the ability to enforce the smoking ban in certain public indoor spaces. Various other stakeholders also reported of the frequent occurrence of people smoking in public indoor spaces.

However, the priorities of law enforcement may also need to be redefined in order to protect minors and the general public from the negative effects of alcohol and tobacco. Police appears to prioritize things such as organized crime and drug trafficking, although protecting public health is equally important and may need to receive more attention in the next strategy.

Police and Customs expressed the need to receive more training on the detection of NPS (e.g. training to use machines, sniffer dogs, improved testing). However, it should be noted that the use and confiscations of NPS are very low in Cyprus.

<u>3.2.1.6 International Cooperation</u>

NAAC has brought Cyprus onto the European stage of drug policies over the past 8 years. Cyprus drafted the European Drug Strategy (2013-2020), which was considered a progressive and forward-thinking strategy. The Drug Coordinator/ Chairman of NAAC established contact with nearly all EU countries over the past eight years. NAAC participates in various EU groups (e.g. EMCDDA Reitox network, Horizontal Drug Group, Pompidou Group), contributes at the international level at the UN (e.g. participation in the Commission on Narcotic Drugs), and cooperates with neighboring countries. The EMCDDA Reitox National Focal Point of Cyprus has made itself known as a well-functioning and reliable partner and sometimes also advises other National Focal Points.

<u>3.2.1.7 Cross-cutting tools: Evidence, Evaluation, Research, and Monitoring</u>

Monitoring and research makes up a substantial part of NAAC's work, but should be expanded even more. A number of planned research actions were not implemented, such as the needs assessment among people in treatment, research into attitudes and consumption levels among pregnant women, and research on road safety and driving under the influence.

The **monitoring** department (and Focal Point to the EMCDDA) is competent and delivers good quality data. However, there is a lack of data or poor quality data with regard to some key indicators, such as mortality and infectious diseases. Moreover, new indicators need to be developed for the legal dependencies (tobacco, alcohol, and gambling). There is also a knowledge gap with regard to drug use in prisons.

NAAC also conducted various **research** projects and surveys during the past strategy (e.g. Chemsex, survey in the army). Various research-related actions could not be carried out due to limited funding and manpower.

3.2.2 Tobacco

A separate AP was developed for tobacco for the time period 2018-2020. The AP shows that NAAC is putting steps in the direction with ambitious actions such as reviewing tobacco legislations, ensuring the implementation of legislations, prevention programs targeting youth, the 'smoke free' campaign, public debates, and more research on smoking. Given that this AP was put in effect only recently, it is too early to comment on achievements and we will instead assess the general situation regarding smoking in Cyprus.

What stood out from the interviews was the **wide-spread availability and consumption of tobacco** in Cyprus, and the general lack of interest and attention to the topic. Even though tobacco has one of the biggest public health impacts, it appears to have the lowest priority of all substances in Cyprus. The EU made great efforts the past 10 to 20 years to reduce the smoking prevalence, and European countries went through big changes by denormalizing smoking, heavily restricting the access to tobacco, banning smoking from public spheres and increasing the taxes on tobacco. Yet stakeholders painted a picture of Cyprus that is very different from the rest of the EU.

Smoking laws seem to be written in such a way that they cannot be applied properly. This means that there are loopholes in the law that do not allow law enforcement to enforce the laws. For example, the smoking ban in public areas (restaurants, café, and clubs) can often not be enforced. This is a disregard for public health and not in line with the recommendations of the EU, WHO, or any public health organization.

It is very **easy for minors to buy tobacco in Cyprus**. A study showed that minors could buy tobacco effortlessly, and were at most asked about their age but not for their ID.

Prevention and treatment programs are scarce. There are no government prevention or intervention programs. Smoking cessation programs exist and patches/medication to quit smoking are available, but they are not covered by health insurance. A specific target for tobacco prevention should be the army, as many people start smoking while they are there.

There appears to be **little to no funding** for tobacco-related research or prevention programs.

3.2.3 Pathological Gambling

A separate AP was developed for pathological gambling for the time period 2019-2020. Positive developments have been made with regard to gambling in recent years, such as increased awareness of pathological gambling and treatment centers (e.g. adding the phone number of treatment centers to gambling websites), the regulation of casinos and implementation of responsible gambling plans, and drafting the legislation that the National Betting Authority has to provide funding for gambling treatment. However, it should be noted that the National Betting Authority and the Authority for Casinos were already established before the AP, namely in 2012 and 2015 respectively. Given that this AP started only recently, it is too early to comment on achievements of the AP and we will instead assess the general situation regarding gambling in Cyprus.

ESPAD data on school students in Cyprus shows that 40% of boys and 16% of girls are gambling offline, with slightly lower percentages for online gambling. Percentages for both online and offline gambling is much higher than the EU average. **Access to gambling is a main issue,** as minors can simply go to shops to gamble or play online.

Stakeholders reported **substantial advertisement** for gambling across the island.

Gambling is wide spread in Cypriot culture (much more so than in the rest of the EU) and it seems to often begin in the family. The strategy may be too limited by only focusing on pathological gambling rather than **gambling as a whole**. Prevention of gambling should be considered as one component to contribute to the prevention of pathological gambling in Cypriot society.

Only one **specialized treatment center** for pathological gambling currently exists in Cyprus and participation from other districts such as Limassol or Paphos is limited.

A lot of focus seems to have been on the development of the new casino resort, of which the main purpose is to serve and attract tourists. As we were unable to speak to a representative of the National Betting Authority, our understanding of the work on gambling for Cypriot nationals is insufficient. Considering the high rates of gambling in Cypriot society and especially among minors, it appears that more needs to be done in the future to reduce and prevent gambling and especially pathological gambling in Cyprus.

3.2.4 Other

A recurring issue in the interviews was the perceived **reluctance of Ministries to cooperate** on specific drug and alcohol related matters that fall under their responsibilities – particularly the Ministry of Health, the Ministry of Education, and the Ministry of Social Welfare were mentioned by stakeholders. For example, no Ministry wanted to take the responsibility for the social reintegration of people released from prison or for setting up an inpatient treatment center for adolescents. Ministries also appeared to delay actions that would promote control mechanisms regarding the sale of alcohol and tobacco to minors. In the end, either NAAC took on some of the work, even though that is not their job, or actions simply could not be implemented due to these obstacles.

Particularly NAAC's relationship and communication with the **Ministry of Health** needs to be improved, as all of NAAC's funding comes from the Ministry of Health. Stakeholders at this Ministry should be fully aware of the actual financial needs of NAAC and support NAAC in its ambitions. The Ministry of Health is responsible for

the health and wellbeing of all Cypriots. Yet it has not always provided sufficient support to its most vulnerable members of society.

Another recurring theme was that there needs to be **clarification of who does what in the strategy**. Although stakeholders are noted in the APs, the lists are lengthy and there is no specification of what exactly each stakeholder does.

While there is overall good collaboration between the different organizations and Ministries, some stakeholders mentioned that they lack an **overview of available services**, particularly with regard to social welfare services. With Cyprus being a small country, it should be possible to create good overviews of services and programs and to widely disseminate these to all relevant stakeholders in order to facilitate referrals.

The lack of a unified drug strategy, that also applies to the **northern Turkish-occupied part of the island**, poses a number of challenges for the Republic of Cyprus. There is little insight into the use of licit and illicit substances in the northern part of the island. The import of cheap tobacco and illicit substances into the Republic of Cyprus through the demarcation line with the northern part of the island is reportedly an issue. People appear to make use of the unregulated situation in the northern part of the island by going there to visit casinos and engage in high-risk activities such as Chemsex.

The strategy 2013-2020 achieved its goal to **reduce the stigma surrounding addiction**. A general population survey from 2019 shows that there has been a shift in the public's perception of drug users, from that of a criminal to a public health domain. It is important that Cyprus continues to move in this direction and that efforts do not stop now. The stigma surrounding addiction remains a challenge, just like in other parts of the world.

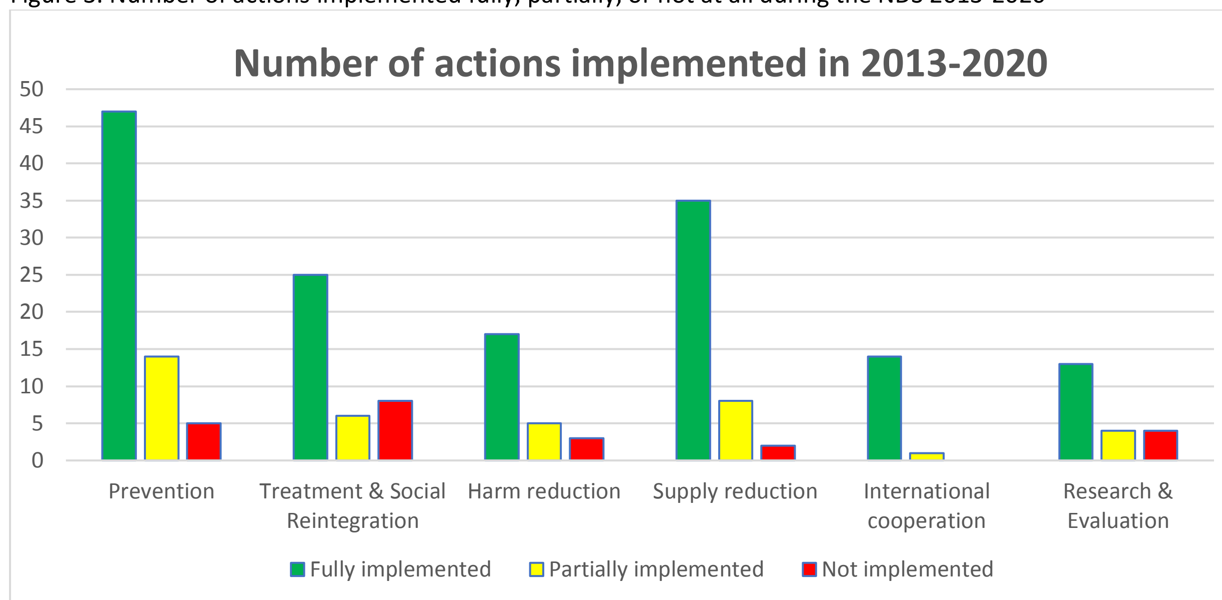
3.3 Evaluation of the NDS 2013-2020 using assessment criteria

3.3.1 Effectiveness

Effectiveness is assessed by examining the degree to which actions of the Action Plans were implemented (part A) and the extent to which objectives were achieved (part B).

Part A: The implementation of the Action Plans has been effective, to different degrees, in all six pillars. Figure 3 shows the number of actions implemented per pillar during the past 8 years. It includes a total of 211 actions covering both Action Plans (AP 2013-2016 and AP 2017-2020). Over the 8 year period, 71.6% of actions were fully implemented, 18.0% were partially implemented, and 10.4% were not implemented. This means that the majority of actions were implemented successfully.

Figure 3. Number of actions implemented fully, partially, or not at all during the NDS 2013-2020



Note: 'Research & Evaluation' was only formally included as a pillar with actions in the second AP (2017-2020).
Note: These numbers are based on the validated and adjusted TLA presented in section 3.1.

Part B: Objectives, which were specified in the AP 2013-2016 and AP 2017-2020, have been achieved to a considerable degree. Substantial progress has been made in Cyprus in the past 8 years.

Prevention. Achievements relate to providing more support to vulnerable groups (e.g. pregnant women, youth) and creating a dissuasive environment for users in a range of setting (e.g. in the army, in schools). Many actions focused on alcohol prevention in particular (e.g. youth, pregnant women) and were carried out successfully. The enhancement of knowledge among parents and teachers on healthy lifestyles and life skills is lagging behind.

Treatment and social reintegration. Achievements relate to increasing the accessibility to treatment (e.g. referral protocols). Some targeted treatment programs were put in place, such as for women, but not for immigrants or for people with dual-diagnosis. The enhancement of the effectiveness and quality of treatment programs was achieved to some degree (e.g. an external evaluation of the treatment system was conducted), but treatment centers remain understaffed and underfunded. Insufficient progress has been made to support the social reintegration of vulnerable people (e.g. after prison).

Harm reduction. Achievements relate to improving the availability and accessibility to harm reduction services (e.g. introducing OST, naloxone, vending machines) and promoting safe nightlife. Alcohol- and drug-related traffic accidents were reduced to some extent in recent years, but more work is required in this area. Delays relate to the expansion of harm reduction services (e.g. OST medications were not expanded to include other options such as methadone).

Supply reduction. Achievements relate to mostly ongoing activities, such as the reduction of drug trafficking (including precursors and NPS), training of members of law enforcement, and the prevention of money laundering. Delays relate to minor issues such as the improvement of efficiency levels and cooperations, as well as the advancement of NPS detection methodologies. Various actions were implemented to reduce the accessibility and availability of alcohol among minors, but the true impact of these actions is currently unclear.

International cooperation. Achievements related to the enhancement of international cooperations, for example through participation in committees and working groups at the EU level, as well as in the framework of the Council of Europe and the United Nations. Also cooperations with neighboring countries were strengthened.

Cross-cutting tools: Evidence, evaluation, research, and monitoring. Achievements related to the execution of surveys and research activities (e.g. in the army, ESPAD, Chemsex study) and the provision of trainings for a range of professionals. Some research activities and evaluations could not be carried out, mostly due to lack of funding and manpower.

3.3.2 Efficiency

Instead of a detailed analysis of financial expenditure, which is beyond our expertise, the evaluation of efficiency focuses on the extent to which financial resources were perceived as sufficient by the different stakeholders and how the allocation of funding relates to existing needs in society.

The *treatment and social reintegration pillar* appears to lack the most funding. More than in any other pillar, stakeholders in the treatment pillar talked about lack of resources, poor infrastructure, and being understaffed, which all comes down to being underfunded. Fears were expressed about the situation worsening in the future with the upcoming changes in the new national health care system. Moreover, the rather large number of treatment centres appears to not be proportionate to the small population size, suggesting that the expenditure of resources is not optimized. A review of treatment programs according to a set of guidelines and criteria is advised. The fusion of programs and expertise into larger specialized treatment centres might enhance the quality of care and represent a more efficient use of resources.

By contrast, the *supply reduction pillar* received a large proportion of the total funding. Stakeholders perceived the funding as sufficient for their actions. They occasionally mentioned the need for more personnel or limited funding for advancing NPS detection methodologies, but these did not appear to be pressing issues. The use of illicit substances is generally low in Cyprus compared to other EU countries, and the use of NPS is almost non-existent. For a more efficient use of resources, the reallocation of some of the funding may be considered from the supply reduction pillar to other pillars, in particular the treatment and social reintegration pillar.

The *prevention pillar* appears to struggle with an inefficient use of available funding. Stakeholders expressed their concern about the fact that different stakeholders try to claim a certain budget and that the Ministry of Education does not necessarily appear to use its available budget for evidence-based programs. Most importantly, an evaluation of the effectiveness of prevention programs is lacking. Evaluating the effectiveness of prevention programs is the key to determining a more efficient use of resources in this pillar in the future.

Considering the extensive positive developments in the *harm reduction pillar*, it seems that resources were used efficiently. Most of the main objectives were achieved and financial constraints were rarely mentioned by stakeholders. It is important that this is continued in the next strategy to further advance harm reduction in Cyprus.

In the cross-sectional tool on *research and evaluation* some financial constraints were discussed. Stakeholders mentioned that little money is available for research in general (e.g. with regard to tobacco) and NAAC was unable to carry out all actions in the AP due to limited resources (in manpower and funding). Given the importance of good quality data and that good research could strengthen Cyprus' role as a European research partner, the allocation of more funding to this cross-sectional tool is strongly encouraged.

3.3.3 Added value

The NDS 2013-2020 and its two underlying APs provided added value to NAAC and all involved stakeholders by establishing a common nation-wide framework and setting clear objectives for everyone to work towards to.

The APs do not impose legal obligations on any stakeholders, but rely on the commitment and good-will of each stakeholder to collaborate and contribute to actions. Overall, the strategy has been successful in broadly guiding collective actions in the field of drugs and alcohol. Cooperations will benefit from being further improved and strengthened in the next strategy. Clear communication and a clear definition of roles and responsibilities may be helpful in this regard.

All stakeholders recognized and appreciated the importance of having a common strategy and that it helps to bring together different actors working in the field. Stakeholders from the fields of tobacco and gambling felt

very positive about joining a unified strategy on illicit and licit dependencies. Some stakeholders expressed their wish for a better overview of available treatment program, social welfare services, and other available services in order to further improve cooperations and referrals. Overall, we believe that the strategy helped to improve outcomes over and above what would have been achieved without the NDS and APs.

NAAC is now in a stronger position to develop and coordinate the NDS nationwide. By also taking the responsibility of legal dependencies, involving stakeholders in the development of the strategy, and undergoing major restructuring of the organization itself, NAAC has been undergoing rapid growth in recent years.

3.3.4 Relevance

The NDS 2013-2020 of Cyprus is in line with European policies and strategies, in particular the European Union's Drug Strategy 2013-2020 and its Action Plans. Cyprus drafted the EU Drug Strategy 2013-2020, which was considered progressive and forward-thinking, and chose to also closely follow the strategy at a national level. Objectives of the Cyprus NDS mirrored the objectives of the EU Drug Strategy on all 5 pillars, including a reduction of the demand for drugs, disruption of illicit drug markets, strengthened cooperations, and a better understanding of the drugs phenomenon through research in order to provide evidence-based policies and actions. The implementation of harm reduction services is a significant step forward and fully in line with UN and EU guidance and good practices. Moreover, the inclusion of legal dependencies (alcohol, tobacco, and pathological gambling) in the NDS is a modern development that aligns Cyprus with many other European countries.

Cyprus has been acting in line with the WHO EU Alcohol Action Plan 2012-2020 (WHO, 2012). The age limit for purchasing alcohol in Cyprus was recently raised to 18 years and other measures, such as bigger fines for alcohol sale to minors, were implemented. More educational and legislative efforts have been planned to increase the enforcement of bans on selling alcohol to minors. There is still room for improvement with regard to a number of areas, particularly with regard to advertisements. There appear to be some cases of inappropriate alcohol advertisement. Moreover, a growing number of European countries have been introducing greater levels of advertising restrictions and bans on gambling markets. Bans on gambling advertisements may be considered by Cyprus in order to align with other European jurisdictions like the UK, Sweden and Denmark (CalvinAyre, 2019).

The NDS 2013-2020 of Cyprus is also in line with the International UN Conventions (1961, 1971, and 1988) and related policies of the Commission on Narcotic Drugs (2014, 2016, 2019). For example, actions are in line with recommendations on demand and supply reduction outlined in the UNGASS 2016 outcome document. Cyprus has also been moving away from strict criminal justice-based responses and moving towards interventions that are more based on education and care. More progress should be made with respect to this in the future.

Overall, the NDS 2013-2020 was considered relevant with regard to the drug situation in Cyprus for the whole duration of the strategy. Some new issues have recently been emerging, such as the increased use of stimulants and prescription opioids, the lack of evidence-base of prevention programs, and the need to focus more on alcohol and tobacco prevention. These will need to be addressed to optimize the relevance of the new strategy to the current drug situation.

3.4 Structure of the NDS and APs

The structure of the NDS and APs should be clear and easy to navigate in order for all relevant parties to be able to use the documents effectively. A clear NDS can also enhance the communication with stakeholders and society as a whole, and ensure that actions are congruent with the overall mission and vision of the strategy (CICAD, 2009).

Recommendations for the structure of the next NDS and APs (2021-2028):

<u>1.) Develop a NDS document that includes missions and priorities for the whole 8-year period.</u>

- For the time period 2013-2020, there was no separate document describing the overarching strategy. There were merely two consecutive 4-year action plans.
- **Recommendation:** Draft an overarching mission[1] and broad priorities[2] that guide the 8-year period and write them in a separate NDS document[3]. The NDS may be short and concise (about 2-3 pages).
- Added value of a separate NDS: (a) It can guide all efforts and decisions in the 8-year period by having a clear overarching mission and vision. (b) It can help improve the communication of NAAC's work to its partners and to society as a whole.

2.) Develop Action Plans that are thematically and structurally more balanced.

- There were notably fewer actions in the harm reduction pillar compared to the prevention pillar. Also the supply reduction pillar received much more attention than social reintegration. Given that the implementation of harm reduction was an ambition in the last strategy and that social reintegration is currently largely neglected in Cyprus, a greater focus on these areas would be expected.
  - **Recommendation:** Move towards a more balanced drug strategy, based on people's needs.
- The priorities were often not phrased broad enough so that they were either (a) too similar to the objectives, or (b) too narrow so that they did not include all objectives. There were also sometimes more priorities than objectives (in AP 2013-16), even though it should be the other way around.
  - **Recommendation:** Review the priorities and objectives on a single page to make sure that they all fit together in terms of their scope and coverage of topics.

3.) Structure the NDS according to the Pillar Model of Drug Strategies of the EMCDDA.

- The Cyprus NDS 2013-2020 was structured according to 5 pillars and 4 cross-cutting themes. The cross-cutting themes were not evaluated in AP 2013-2016.
- **Recommendation:** Lean more on the structure proposed by the EMCDDA[4] (see Table 3).
  - List 'International Cooperation' and 'Evaluation and Research' as cross-cutting themes (they are currently listed as pillars). Focus less on Training and more on Research and Evaluation (for example, whether actions and programs are truly evidence-based).

Table 3. Structure of national drug strategies

Cyprus 2013-2020	EMCDDA 2017 (*)
Five key areas 1. Prevention 2. Treatment and Social Reintegration 3. Harm Reduction 4. Supply Reduction and Control 5. International Cooperation	**Two pillars** 1. Demand reduction 2. Supply reduction
Four cross-cutting tools 1. Evidence 2. Evaluation 3. Research 4. Monitoring	**Three cross-cutting themes** 1. Coordination 2. International Cooperation 3. Information, research, monitoring and evaluation

* The pillar model of drug strategies. In: EMCDDA (2017). New developments in national drug strategies in Europe.

4.) Shorten the Action Plan documents to enhance ease-of-use.

- The APs are very long and not handy to read or use. The reader quickly loses the overview.
- **Recommendation**: Simplify the structure and reduce the information in the AP tables.[5]

[1] For example for 2013-2020, missions appeared to be: to shift society's mindset to not view people with a drug addiction as criminals but as people who need help, and to expand harm reduction in Cyprus.

[2] In the document 'NDS 2013-2020 and AP 2013-2016' the priorities outlined under 'The new 2013-2020 strategy' are actually priorities of the AP 2013-2016; meaning there are no priorities for 2013-2020.

[3] The European Union Drug Policy 2013-2020 also has a separate document outlining the general direction and broad priorities of the strategy.

[4] The Pillar Model of Drug Strategies of the EMCDDA was also used in the 'EU Drugs Strategy 2013-2020'.

[5] The Annexes of the EU Drug Strategy 2021-2025 may be used as an example for a simple AP structure.

- List all priorities at the top of the document (like in AP 2013-2016; not like in AP 2017-2020)
- List the objectives above the corresponding actions (like in AP 2013-2016; not within the table like in AP 2017-2020)
- Use abbreviations for the stakeholders/responsible parties to shorten the column.
- Include fewer columns. Consider what information is essential to be able to use the AP as a working document. In AP 2017-2020: (a) 'Impact' can be removed, as it should be similar to the priorities/ objectives. (b) 'Indicators' and 'outcome' can be simplified into one column.

- Overall, we **recommend** to find a format that works and to stick to it. There were many differences between the first and second AP which made the documents difficult to read and compare.

5.) Specify stakeholders and responsibilities.

- AP 2013-2016 listed 'Ministry of Health' in the stakeholder column, whereas AP 2017-2020 specified the responsible departments of the Ministry of Health.
  - **Recommendation:** Specify the departments for more accountability of each stakeholder.
- Often times, many stakeholders are listed per action.
  - **Recommendation:** Define the responsibilities of each stakeholder for each action in a separate document and add it as an Appendix to the APs for more accountability.

4. CONCLUSIONS

4.1 Overarching conclusions

The Cyprus NDS 2013-2020 was a modern and ambitious strategy in line with the EU Drug Strategy 2013-2020. NAAC made great progress in the past 8 years, developing and coordinating progressive actions, policies and services and making Cyprus visible on the European stage of drug policies. In 2017, NAAC chose to also take the responsibility of legal dependencies, including alcohol, tobacco, and pathological gambling. We applaud the ambition of NAAC to develop a unified strategy for illicit and licit dependencies, to ensure the public health of Cypriots in a comprehensive manner. Furthermore, NAAC is drafting the new strategy in dialogue with different stakeholders. This procedure is good practice and an excellent method for addressing people's needs and for increasing the stakeholders' and the public's support for the strategy.

One of the main visions of the past strategy was to shift society's view of drug users from the **criminal to the public health domain.** Significant progress has been made in this regard and society has become more open to a dialogue about drug users as people who need help. However, Cyprus has not fully embraced addiction as a public health issue yet. The new national health care system is in the process of excluding addiction care from their system. This development is not in line with the European trends towards integrated and inclusive policies and services. Instead it represents a systemic discrimination of people with dependencies. There are also relatively few alternatives to incarceration for drug-related offences in Cyprus.

Another main vision of the past strategy was the introduction of **harm reduction** in Cyprus. Harm reduction was established successfully, including innovative services, such as vending machines with needles, condoms, and other items. The next step will be to expand harm reduction in response to people's needs, such as to create drop-in centers like STOCHOS in multiple locations across Cyprus.

Cyprus is culturally a relatively traditional and conservative country and certain ideological and moral attitudes and inclinations still dominate policies and political decisions despite the scientific evidence. The impact of this is visible in a number of areas:

(i) There is limited attention to the harms of **alcohol and tobacco** in Cyprus. These substances are widely used and have a much larger impact on public health than illicit drugs, and yet they receive only a fraction of the attention and resources. There is a clear need for a greater focus on the prevention and reduction of tobacco and alcohol use. The denormalization of smoking and drinking alcohol is recommended. We are confident that including licit substances in the next strategy will have a positive impact.

(ii) Another main weakness is the lack of available structures for **social reintegration of vulnerable and marginalized people.** Putting people in jail for the possession or use of drugs instead of sending them to counseling or rehabilitation still communicates to the public that drug use or dependence is a moral issue rather than a health issue. Moreover, social workers have been removed from all general hospitals, mental hospitals, and addiction care services. This is a decision with serious consequences as it inhibits multidisciplinary efforts aiming at the social reintegration of vulnerable people.

Understanding **factors of success and failure** of the past strategy is important to try to optimize the next. A key weakness in the past strategy, that hindered a range of different actions, was the perceived reluctance of several Ministries to take responsibility for specific actions and the delays in changing alcohol and tobacco legislations. Also limited funding played a role across several pillars. The most important factor for success is arguably the competence and commitment of NAAC to coordinate and carry out much of the strategy even when other stakeholders are not cooperating.

4.2 Conclusions per pillar

Many achievements have been made in the NDS 2013-2020 and some areas for improvement remain. The extent to which progress was made in each pillar is mostly congruent with the extent to which actions were implemented, as seen in the Traffic Light Assessment.

Prevention

The NDS 2013-2020 focused to a large extent on the prevention of drug and alcohol use. With 66 actions, the prevention pillar included the largest number of actions and only 5 were not implemented. Achievements relate to the development of targeted prevention programs for vulnerable groups and the creation of dissuasive environments for users. Despite the fact that many prevention programs exist, there is little evidence for their effectiveness and whether they therefore represent an efficient use of resources. Moreover, more efforts are needed to reduce alcohol use and availability in the general population and among minors in particular. Separate APs for tobacco and pathological gambling started just 1-2 years ago, but many actions are already in progress (e.g. the ‘Smoke Free Cyprus’ campaign). This is promising for the future of tobacco control and pathological gambling prevention in Cyprus.

Treatment and social reintegration

Treatment and social reintegration was the third largest pillar with 39 items; about 20% of actions were not implemented. However, it appears that half the pillar was largely disregarded, as only 8 of the 39 actions pertained to social reintegration. While quantity is not always a good indicator, there is a clear need for action with regard to social reintegration of vulnerable people in Cyprus. Few alternatives to incarceration exist and social reintegration programs and support structures for people leaving prison are scarce. Achievements in this pillar relate mostly to treatment, including increased access to treatment and targeted treatment programs for women. The main concern with regard to treatment pertains to the exclusion of addiction care services from the new national health care system. This poses a threat to the quality and availability of addiction care, which is already currently underfunded.

Harm reduction

Although harm reduction was the smallest pillar in terms of the number of actions (25 actions in eight years), it seems to have been the most successful pillar with regard to the progress made. This speaks to the power of carefully selected, impactful actions. Only 3 actions were not implemented. A wide range of harm reduction services were implemented in Cyprus. The expansion of these services, such as a second or third drop-in center and easier access to naloxone, will be important in the next strategy to lift harm reduction to a good European standard. Harm reduction with regard to alcohol, tobacco and gambling will require further development in the next strategy. For example, there appears to be little awareness among Cypriots of the recommended maximum alcohol intake per day or week. Moreover, drunk driving is very common and Cyprus ranks high in the EU on drunk-driving related traffic accidents.

Supply reduction

Supply reduction was the second biggest pillar with a total of 45 actions over eight years; only 2 actions were not implemented. Actions related mostly to ongoing activities such as the reduction of drug trafficking. It seems to be the pillar that is most well-established and in which operations and actions run smoothly. Law

enforcement appears committed and open-minded. One may consider the reallocation of some of the funding to other pillars that require funding more urgently at this point in time. This recommendation is possible because of the good work of supply reduction stakeholders.

International cooperation
All actions in this pillar were implemented to some extent. Cyprus made significant progress by enhancing European and international cooperations and being more active in various EU groups. The Reitox National Focal Point of Cyprus has become known as a well-functioning and reliable partner that provides good quality data.

Cross-cutting tools: Evidence, Evaluation, Research, and Monitoring
The Research, Education and Evaluation pillar was only added in the second AP (2017-2020). The majority of actions were implemented and only about 20% of actions were not implemented. While various research and monitoring activities were carried out, it is clear that more funding and manpower is urgently needed. It is important to invest more resources in this because high quality data is the backbone for any evidence-based policies, programs, and interventions. More resources are particularly crucial with the new addition of legal dependencies.

5. RECOMMENDATIONS

5.1 Main recommendations

- Take action to include addiction care services in the new national health care system
- Allocate more time and resources for alcohol- and tobacco-related activities
- Significantly improve services and structures for the social reintegration of vulnerable people
- Evaluate the evidence base and effectiveness of prevention programs
- Increase the budget of NAAC to address shortfalls in the different pillars
- Enhance cooperations with the Ministries

5.2 Overarching recommendations

Ensure a clear and effective integration of the four dependencies into a unified strategy. This may be supported by clearly marking in the NDS/APs which actions relate to a specific dependence (e.g. drugs, alcohol) or more than one dependence, and by ensuring that enough attention is given to each of the dependencies.

Increase the budget of NAAC. We recommend that the Cypriot government increases the budget, as many of the shortfalls in the past strategy related to a limited budget. Particularly with the recent addition of alcohol, tobacco and gambling to the strategy a significant increase of the budget is necessary and sensible.

Reallocate the funding per pillar to meet the actual needs in Cyprus. For example, the reallocation of some funding from supply reduction to treatment, social reintegration, and research may be considered.

Continue to develop actions to shift society's view of drug users **from the criminal to the public health domain**. Cyprus will make true progress as a country when the Ministries and Parliament address drug use as a public health issue, for example by not excluding addiction care from the new health care system and by reforming parts of the criminal justice system. The systemic social inclusion of vulnerable people will signal the moral and ethical principles of a country and thereby eventually also reduce the social stigma in society.

Create an **overview of all available programs and services** in each field (particularly with regard to social welfare services) to make sure people know what services they can make use of and to facilitate referrals.

Improve the cooperation between NAAC and the Ministries (particularly the Ministries of Health, Education, and Social Welfare). To achieve the goals outlined in the strategy, the Ministries' reluctance to cooperate on relevant actions must be addressed. This may be done by defining the roles and responsibilities more clearly,

increasing the Ministries' understanding of the scientific evidence, encouraging the alignment of Cyprus with EU laws and values, and holding the Ministries accountable in an end-of-strategy report.

Increase the impact and visibility of the National Committee. We recommend that the National Committee (with the President of the Republic) should meet more often than once every three years, be more visible in the public debate, and be willing to take difficult but important decisions for the benefit of public health.

Regarding the lack of a unified drug strategy with the northern Turkish-occupied part of the island, we recommend to focus on creating safe alternatives in the Republic of Cyprus, so that people are less inclined to cross the demarcation lines. This means providing a safe and caring environment and safe options in the Republic of Cyprus, as was done with the legal casinos. We also suggest strengthening controls at the demarcation lines to prevent import of licit and illicit substances, and to repeatedly seek dialogue and collaborations with the occupied region, for example through research and committees.

5.3 Recommendations per pillar

5.3.1 Prevention

Conduct an evaluation of the effectiveness of prevention programs. This will help assess which programs represent an efficient use of resources (given the limited budget) and support the implementation of evidence-based and effective programs. As the field of prevention is notorious for programs based on flawed beliefs rather than scientific evidence, an evaluation of programs is strongly recommended. The newly implemented European minimum quality standards for prevention may be used as a tool in this.

Consider implementing the Icelandic Model to prevent alcohol and substance use among adolescents in Cyprus. This is a theoretically-grounded and evidence-based approach to prevention. It focuses on reducing known risk factors for substance use, while strengthening a range of protective factors involving parents, school, and the community. The Icelandic model may be of use, given the high rate of alcohol consumption and reports of increasing use of cannabis and methamphetamine among adolescents in Cyprus.

Reduce the use and availability of alcohol and tobacco in the general population and in minors in particular.

- Change legislations, implement legislations more strictly, and increase control mechanisms – see the supply reduction pillar for more details.
- **Raise awareness of the harms** of alcohol and tobacco. Educate the general population and especially adolescents about the toxicity and long-term health risks of alcohol and tobacco.
- **Change attitudes** towards alcohol and tobacco use among minors. A stronger focus needs to be on the role of parents in preventing minors from drinking and smoking. Parents should understand the harms of these substances on the developing brain and have less permissive attitudes.
- **Launch campaigns**, such as the 'Smoke Free Cyprus' campaign.
- **Introduce norms for responsible drinking** (i.e. the recommended maximum alcohol intake per week).

Thus, we recommend the **denormalization** of tobacco and alcohol use (particularly among minors) to protect public health. Alcohol and tobacco use may be a part of Cypriot culture. However, that was also the case in other European countries not long ago. Many EU countries have since seen a significant decrease in alcohol use. Young people consume less alcohol and adults increasingly choose alcohol-free drinks. Tobacco smoking has been denormalized across large parts of the EU and fully removed from public spheres. We encourage Cyprus to align more with international and EU guidance and values of protecting public health. Changing social norms will require a multi-level approach as suggested above.

Improve the provision of objective information on the effects and risks of drugs and alcohol, as well as on how problematic gambling can develop and the associated risks. This may be done in schools and by setting up educational websites that target young people and offer objective information on the effects of different drugs and alcohol. Many countries around the world have their own national websites with such information.

Design and implement actions to prevent smoking of tobacco and cannabis in the army. This may be done by banning smoking altogether from the territories of the army, as well as offering (free) treatment for those who wish to quit smoking.

Address the increasing use of prescription opioids. This may be done by reviewing prescription guidelines and procedures, and conducting research on the nature and extent of diversion of prescription opioids and other medication on the black market.

Address the increasing use of stimulants (particularly methamphetamine) among certain populations. This may be done by first conducting research on the nature and extent of methamphetamine use and then developing prevention actions that appropriately target relevant user groups.

Implement a broader advertising ban on gambling. Advertisements are a constant temptation, particularly for individuals with problematic gambling. An increasing number of countries across the EU are moving towards complete bans on gambling advertisements.

Reduce access to gambling for minors (online and offline), for example via age-checks that require verification with an official ID.

Rename 'pathological gambling' as 'gambling' so that the pillars (e.g. prevention, harm reduction, research) includes actions on gambling more broadly. This would also make the field more in line with drugs and alcohol, which can also be used in moderation (i.e. the fields are not called drug addiction and alcohol addiction).

Improve the collaboration between stakeholders. Stakeholders in the field of prevention currently seem to compete over the same budget, and roles and responsibilities are not clearly defined. While a national alcohol prevention committee has been recently established, a more comprehensive National Prevention Plan with common goals and principles and a clear allocation of roles and responsibilities may be considered to enhance the coordination of actions.

5.3.2 Treatment

Ensure that addiction care services are included in the new national health care system. The exclusion of addiction care services from the national health care system discriminates against people with dependencies and has led to uncertainties about the future funding of addiction care. Major efforts should be made to reverse this decision, for example through effective lobbying and presenting good practices from other EU countries. We urge that this matter is taken to the highest levels of political decision-making such as the Parliament and the President of the Republic. We also see a dominant role and responsibility here for the National Committee. Excluding addiction care services would not be in line with the European trend towards integrated and inclusive policies and EU values of equal treatment of all people.

Address the need for targeted treatment programs for:

- **Stimulant users.** We recommend to lean on the S3 Practice Guidelines for Methamphetamine-related disorders from Germany or Methamphetamine treatment guidelines from Australia. Also special training of health care professionals will be required to deal with these patients.
- **People with dual diagnosis**. Internationally, there is considerable criticism surrounding the appropriateness of only treating substance abuse problems, since these individuals often have complex needs. We strongly recommend the development of a specialized dual-diagnosis unit.
- **Migrants**. Their needs may be addressed by diversifying existing services.

Enhance the quality, infrastructure and coverage of treatment services. Above all, this requires an increase in funding. More staff and resources are needed to provide quality care to patients rather than cutting corners to be able to attend to all patients. Treatment services should also expand to other parts of Cyprus in order to better cover treatment demand outside of Nicosia. Areas that require specific attention are:

- Psychiatric facilities: increase resources to ensure that patients can complete the full course of inpatient treatment and that no patients are denied treatment.

- Beds for detoxification: increase the number of beds in order to decrease the waiting list.
- Opioid substitution treatment: train more physicians to be able to offer more options in OST (e.g. methadone) and to provide more holistic patient care.

Review existing drug and alcohol treatment programs. Given the reportedly varying standards and components of treatment programs, we recommend a review of these programs. Such a review should be based on current EU best practice standards for treatment of substance use problems and also lead to the alignment of programs that are similar to each other. Moreover, seeing as there are reportedly a large number of treatment centers for a relatively small population, this review could trigger the fusion of some treatment centers. Fewer centers with better quality programs would also enable a more efficient use of resources.

Increase (governmental) treatment programs for alcohol, tobacco and gambling related problems. This should also take into account the geographical spread of facilities in order to meet the treatment demand of all Cypriotes.

Implement Alcohol Brief Interventions in primary care. An Alcohol Brief Intervention is a short, evidence-based, structured conversation about the patients' alcohol consumption that seeks to motivate and support him/her to reduce their alcohol consumption. We recommend this evidence-based tool given the high rate of alcohol consumption in Cyprus and that many different countries are using it to encourage a healthier population.

Address the increasing use of prescription opioids. This may be done by reviewing prescription guidelines and procedures and raising awareness among doctors of the risks of dependence.

Modernize the therapeutic approaches of treatment programs. We recommend to move away from abstinence-oriented approaches and instead offer more harm reduction-oriented approaches. We also recommend to develop more integrated holistic approaches to treatment that address addiction and mental health in a comprehensive manner and that connect to other services (e.g. psychosocial supports, peer support groups, rehabilitation of physical health, case managers).

Encourage smoking cessation by having smoking cessation programs and patches/medications to help quit smoking be **covered by National health System**.

5.3.3 Social reintegration

Create a social reintegration pillar. Social reintegration was part of the treatment pillar in the NDS 2013-2020. However it did not receive much attention in terms of the number of actions in the APs. Given that it is one of the least developed areas in Cyprus and the size and importance of the two fields, we suggest to make social reintegration a separate pillar in the next strategy to ensure that it receives sufficient attention.

Draft and implement more alternatives to incarceration. This will help reduce the number of people in prison and avoid criminal records, which severely limit people's opportunities for employment and reintegration. Alternatives to incarceration may include different forms of counseling and rehabilitation instead of prison. Inspiration for this may be drawn from the successful Portuguese model on drug decriminalization and RAND's publication, which reviewed alternatives to incarceration across the EU and their effectiveness (Kruithof et al. 2016).

Create more structures and programs for the social reintegration of people leaving prison in order to create more continuity of care.

- **Temporary housing for all ex-inmates.** Temporary housing should be available for all people leaving prisons if they do not have a place to stay immediately after being released from prison.
- **High-quality halfway houses.** A halfway house is an institute for people with criminal backgrounds or drug use problems to (re)learn the necessary skills to reintegrate into society and care for themselves.

- **Peer supporters.** The halfway house should give training opportunities to ex-inmates and ex-users, who have stabilized their lives, to become peer supports. Peer supports then help other ex-inmates and ex-users to improve their lives. Peer supporters get a deep sense of purpose from their work.
- **Low-threshold jobs.** Because of the criminal record, ex-inmates often struggle to find employment. Low-threshold job opportunities, such as cleaning the streets, picking up trash, and gardening public spaces in Cyprus, should be made available for ex-inmates despite their criminal record and even despite active drug use.

Hurdles such as the criminal record and lack of housing do not only perpetuate the cycle to incarceration, but also make people loose hope, as they are not given a fair chance to become functioning members of society again. Cyprus can pride itself in best practices inside prison. But in order for the efforts made *inside* prison to not be in vain, social reintegration structures *outside* prison are critical.

Educate members of the judicial system about the effects of prison and modernize the judicial system as a whole. Members of the judicial system (such as judges, jurors, and attorneys) should learn about how prisons work, the potential negative consequences of prison, and the benefits of alternatives to incarceration. The Ministry of Justice can, for example, provide such trainings as well as educational visits to prisons. Overall, the judicial system needs to move away from the old-fashioned belief that people get better through punishment and instead move towards a culture of rehabilitation that supports people on a path to improving their lives.

Improve and increase the number of Social Welfare Services.

- Re-add social workers to key services, which they were recently removed from (e.g. general hospitals, mental hospitals, and addiction care services). Social workers are a key component of multidisciplinary teams that work on the social reintegration of vulnerable people.
- Create a better overview of available social welfare services and communicate them to the people in need of these services.
- Stop decreasing social services in the public sector and in fact rebuild social services.
- Ensure more active work by the social welfare services as well the Ministry of Social Welfare.

5.3.4 Harm reduction

Expand harm reduction and aim to lift harm reduction in Cyprus to a good European standard.

- A second or third **drop-in center** in Limassol or Paphos to meet the needs of people who use drugs outside of Nicosia.
- Easier access to **naloxone**, meaning access without a prescription and in multiple locations across Cyprus (e.g. over-the-counter at pharmacies, via STOCHOS, distributed among drug user communities). It is arguably more important to create easy access to naloxone and potentially save more lives, than to maintain tight control over naloxone for monitoring purposes.
- Expand mainstream **OST medication** options (e.g. methadone, slow-release morphine, heroin-assisted treatment) to better meet the individual needs of patients. The introduction of new OST options should be accompanied by proper training of prescribing physicians.
- Increase the number and enhance the geographical availability of **vending machines.**
- Expand harm reduction services inside **prison** (e.g. condoms, needles).
- Provide harm reduction for users of **stimulants**, particularly of methamphetamine (Rigoni et al. 2017).
- Develop a **one-stop-shop model** at STOCHOS, for example, by also providing OST there, more health care, legal and financial support, and case managers.

Introduce harm reduction services, which are EU good practices.

- **Drug consumption rooms** to reduce the number of drug-related deaths in Cyprus.
- **Drug checking** to protect people from the harms of dangerous illicit substances. We recommend introducing it as a pilot project for research and monitoring purposes, and to lean on good practice guidelines from other countries that have already implemented this successfully (e.g. Smit-Rigter & Van der Gouwe, 2019).

Train and promote peer supporters. The meaningful involvement of people who use drugs in the planning, shaping, and carrying out of harm reduction services can improve both the quality of these services as well as

the wellbeing of drug users who make use of the services. Trained peer supporters can serve as a bridge between the harm reduction services and people who use drugs and are well-equipped to do outreach work. Peer supporters get a deep sense of purpose from their job and also provide hope to other users.

Significantly scale up HCV treatment. Cyprus has a relatively high rate of HCV infections among people who inject drugs (over 55%). With the new direct-acting antiviral treatment, HCV could be nearly eliminated in the country and the harms that patients suffer from chronic HCV could be drastically reduced. The efficacy, safety, and feasibility of direct-acting antiviral treatment has been demonstrated in OST patients in real life settings (Schulte et al. 2020).

Review the use and implementation of Narco-tests. There has been ample legitimate critique on the Narco-tests as explained in the findings. We recommend a thorough review of the sensitivity of the Narco-tests, as well as the methods of implementation (e.g. time, location) according to international guidelines and best practices.

Develop actions for alcohol harm reduction.

- Raise awareness of the recommended **maximum alcohol intake** per day or per week.
- **Significantly increase fines for drunk driving** to be more in line with regulations in other EU countries. Also conduct more alcohol tests to detect and deter drunk drivers.
- Discourage drunk driving through **campaigns**. In many EU countries, having a designated sober driver on a night out has become the new normal through intensive media campaigns. Consult communication and behavior change experts on effective ways to design such a campaign message.

Develop actions for tobacco harm reduction. For example, (i) prohibit smoking in all public spheres to reduce second hand smoke inhalation, and (ii) promote and financially subsidize smoking cessation treatment and substitutes, such as vaporizers and nicotine patches.

Develop actions for gambling harm reduction. For example, implement strategies that reduce the amount of time that people gamble and the amount of money people spend (e.g. self-appraisal pop-up messages, maximum bets, removal of ATMs, reduced operating hours, smoking bans; Tanner et al. 2017).

5.3.5 Supply reduction

Change legislations to reduce the availability of and exposure to alcohol and tobacco in public spheres. Gaps in legislations need to be addressed so that they can be implemented and enforced effectively (e.g. banning smoking in all restaurants/cafés/clubs, prohibiting the sale of alcohol and tobacco to minors). Cyprus does not appear to be fully in line with the 2009 EU Council Recommendation on smoke-free environments that protect EU citizens from passive smoking (European Commission, 2020). Moreover, we recommend a revision or stricter implementation of legislations on alcohol advertisement bans, as there appears to be some inappropriate alcohol advertising.

Increase law enforcement efforts to control the correct implementation of alcohol and tobacco legislations.

Increase control mechanisms to avoid sales of alcohol and tobacco to minors (e.g. checking ID).

Review legislations on fines for driving under the influence of alcohol and drugs. The fines in Cyprus are not in line with fines in most other countries in the EU. While drunk driving receives very serious fines in the EU including losing ones' license, the fines are rather small in Cyprus. Given that drunk driving is a big problem in Cyprus, we recommend that Cyprus significantly increases the fines for driving under the influence of alcohol.

Continue ongoing activities relating to the reduction of drug trafficking, money laundering, and more.

Significantly increase taxes on tobacco and use the money for tobacco prevention and treatment programs as well as tobacco-related research.

Limit further investments on NPS detection methodologies due to the limited use and confiscations of NPS in Cyprus. We applaud the wish to expand and improve NPS detection methodologies. However, we make this recommendation because we believe that some of the funding from the supply reduction pillar should be reallocated to other pillars with much more urgent needs.

5.3.6 International cooperation

Encourage international knowledge-exchange to help NAAC improve even more and attain a standard of excellence. Encourage attendance and participation in European and international conferences. Also learn from other countries by adopting good practices and guidelines, especially in areas that need prompt actions.

Increase Cyprus' visibility at the European level. NAAC and Cyprus as a whole should continue to make themselves more visible on the European stage. Cyprus has a lot of expertise and knowledge to offer and should promote this more. This may be done by providing consultations or trainings to other countries on issues that Cyprus has great expertise and best practices in. Cyprus can also aim to participate more often as a partner in large-scale European projects with multiple countries, to show their expertise and competence.

Maintain and strengthen international relationships. Continue the participation in EU groups, networks and committees, strengthen the relationships with neighboring countries, and improve European cooperations.

5.3.7 Cross-cutting tools: Evidence, evaluation, research, and monitoring

Expand monitoring data. With the recent addition of legal dependencies, the development of new indicators for alcohol, tobacco, and gambling will be necessary. We also recommend that the data on key indicators, such as mortality and drug-related infectious diseases, is improved. Moreover the complete lack of data on drug use in prisons needs to be addressed to have some insight into this potentially high-risk setting. These different monitoring data are not only important for addressing issues at a national level, but also to fulfill the obligations of the Cyprus Reitox Focal Point towards the EMCDDA.

Increase research activities. We encourage more research activities to be carried out in Cyprus, either by NAAC directly or in collaboration with external partners, such as universities. Especially more public health relevant research on alcohol, tobacco and gambling are needed in Cyprus.

Evaluation of the evidence-base of existing programs, in particular the prevention programs.

It is crucial that more **funding and manpower is invested in this pillar** and that the Ministries understand and appreciate the importance of this pillar. Data from monitoring and research activities is absolutely crucial and the backbone of any evidence-based policies, programs, interventions and other actions. In light of the importance of good data and NAAC's increasing number of responsibilities (with the three legal dependencies), we strongly recommend providing strengthening the monitoring department of NAAC.

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ANNEXES

I. Acronyms

AP	Action Plan
ATM	Automated Teller Machine
COVID-19	Coronavirus Disease 2019
EMCDDA	European Monitoring Center for Drugs and Drug Addiction
ESPAD	European School Project on Alcohol and other Drugs
EU	European Union
GDP	Gross Domestic Product
HCV	Hepatitis C Virus
HIV	Humane Immunodeficiency Virus
ID	Identification Document
MDMA	3,4-Methylenedioxymethamphetamine
NAAC	Cyprus National Addictions Authority
NGO	Non-Governmental Organization
NPS	New Psychoactive Substances
OST	Opioid Substitution Treatment
NDS	National Drug Strategy
REITOX	Réseau Européen d'Information sur les Drogues et les Toxicomanies
TLA	Traffic Light Assessment
UK	United Kingdom
UN	United Nations
UNGASS	United Nations General Assembly Special Session (on Drugs)
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organization

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III. Stakeholders contacted for the interviews and focus groups

Organization	Number of people interviewed
Ministries and law enforcement bodies	
Ministry of Health (Mental Health Services, Nursing Services, Pharmaceutical Services)	4
Ministry of Education and Culture	1
Ministry of Labour, Welfare and Social Insurance	1
National Police	1
Customs Administration	1
NGOs and Other	
Alcohol and drug prevention professionals	1
Helpline (PERSEAS)	1
Harm reduction organization (STOCHOS)	1
Youth workers	1
Prisons	1
Tobacco	1
Gambling	2
Drug user communities	14
Advocacy groups (Prisoners' rights protection)	2
	Total 32 people

Note: Names of stakeholders are not indicated to ensure anonymity and confidentiality.

IV. NAAC experts contacted for the interviews

Organization	Number of people interviewed
NAAC	8

Note: Names of individuals are not indicated to ensure anonymity and confidentiality.

V. Interpreter during interviews and focus groups

Ms. Theodora Phinopoulou, Graduate Translator & Interpreter	Number
Assisted in Zoom interviews	3
Assisted in focus groups	3

Note: Ms Phinopoulou also translated the final evaluation report from English into Greek.

VI. Trimbos evaluation team and contact details

Team members	Role	Contact details
Ms. Dr. Margriet van Laar	Head evaluation team	
Mr. Daan van der Gouwe (MA)	Key expert	dgouwe@trimbos.nl
Ms. Dr. Lisa Strada	Key expert	LStrada@trimbos.nl
Mr. John-Peter Kools (MA)	Key expert	JKools@trimbos.nl
Ms. Yvonne Borghans (Lic.)	Administrative support	

VII. Evaluation tools: stakeholder interview guide

General questions:

1. What are your roles and responsibilities regarding the national drug strategy?

2. What went well in the last strategy? What are the main achievements?

3. What did not go well in the last strategy? What problems did you face during the last strategy?

4. What are your recommendations for the next strategy? What main problems do you currently see in Cyprus?

5. How is the cooperation with NAAC and other relevant partners?

Key areas to cover:

1. Prevention
2. Treatment and social reintegration
3. Harm reduction
4. Supply reduction and control
5. International cooperation
6. Research, evaluation and monitoring

7. Alcohol
8. Tobacco
9. Pathological Gambling
10. Prisons
11. Army