

# National Implementation of Quality Standards in Prevention and Treatment Services for Substance Use/Addictions – A Case Study of Cyprus

KYPRIANOU, E., MINA, CH., STYLIANOU, K., YIASEMI, I., GAIST, B., SYMEONIDOU E., MATHEOU, M., MAVROU, J.

Cyprus National Addictions Authority, Nicosia, Cyprus

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**INTRODUCTION:** The Cyprus National Addictions Authority (NAAC) is the main coordinating body for all matters related to licit and illicit substances as well as pathological gambling in Cyprus and it is responsible, inter alia, for the licensing, evaluation, funding (where possible), coordination, and reinforcement of all programmes, actions, and activities related to substances and gambling. Licensing and funding are based on the fulfilment of certain criteria and a certain level of quality. **METHODS:** The process that led to the establishment of a quality standards system for licensing and funding all programmes that are implemented in Cyprus (treatment, prevention, harm reduction, etc) is described. **DISCUSSION:** The challenges and benefits of the quality assurance process are discussed. **CONCLUSIONS:** The most important aspect in the case of Cyprus is that there

was legislation to support this effort and ensure the implementation of the quality standards. Training of the relevant actors is also considered important for ensuring the implementation of the quality standards. No evaluation of the implementation process of the quality standards has yet been implemented, but one would be of added value.

**Keywords** | Quality Standards – Policy – Prevention – Treatment – Guidelines

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**Corresponding author** | Evdokia Kyprianou, Cyprus National Addictions Authority, Policy Department, 35 Iosif Hadjiiosif and Andreas Avraamides, 2028, Strovolos, Nicosia, Cyprus

[evi.kyprianou@naac.org.cy](mailto:evi.kyprianou@naac.org.cy)

## 1 INTRODUCTION

The Cyprus National Addictions Authority (NAAC) is the main coordinating and policy-making body for all matters related to licit and illicit substances as well as pathological gambling in Cyprus. Inter alia, the NAAC is responsible for the licensing, evaluation, funding (where possible), coordination, and reinforcement of all programmes, actions, and activities related to substances and gambling by both governmental services and NGOs.

The NAAC was established in 2000 on the basis of the legislation “The Prevention of the Use and Dissemination of Drugs and Other Addictive Substances” (Republic of Cyprus Law, 2000). The Management Board of the NAAC consists of nine members: the Chair, appointed by the President of the Republic, the President of the Cyprus Youth Board, as the vice-chair, and seven members appointed by the Council of Ministers on the basis of their scientific background and/or specialised knowledge in the field of addictions. The Chair serves for a five-year term and the rest of the Management Board for a three-year term. The NAAC is a public entity body, and it is considered a semi-governmental organisation but independent in terms of its working plan, setting of priorities, and budget execution. Its budget is assigned by the Ministry of Health, and it is approximately 3 million euros per year.

From 2000 to 2010 the Management Board of the NAAC was chaired by the Minister of Health, which proved very difficult for the decision-making process (there was no flexibility and no frequent meetings or impartiality on the decisions concerning the Ministry of Health). In 2010, an amendment to its legislation introduced the appointment of the Chair, “a person of high standing and probity”, by the President of the Republic (Republic of Cyprus Law, 2017). This proved more efficient and has given more flexibility to the organisation.

Through the National Strategy 2021-2028 (NAAC, 2020b), the NAAC gives priority to improving the quality and effectiveness of treatment and prevention programmes and services. Additionally, the new Action Plan 2021-2024 (NAAC, 2020c) which accompanies the National Strategy aims to improve the quality of services provided through professional training and the evaluation of programmes and interventions such as the creation and implementation of tools and mechanisms for assessing the needs of individuals participating in programmes licensed by the NAAC, etc.

The NAAC also draws up the philosophical and methodological approaches, guidelines, and operation specifications of prevention and treatment programmes. For this purpose, prevention and treatment guidelines have been developed that provide a nationwide system assuring minimum quality standards for drug treatment and drug prevention.

The legislation which provides for the setting-up of the NAAC and its responsibilities came about when Cyprus was in the EU pre-accession phase, and it was a prerequisite (CAC, 2004). Further on, there was a political decision by the NAAC to publish the Treatment and Prevention Guides (or guidelines),

which set the criteria for quality assurance. These Guides were updated in 2019 and 2020 respectively, to incorporate the latest developments in the EU, such as the European minimum quality standards in drug demand reduction. These documents are extremely helpful for the NAAC at a policy level to assure quality, as well as for ensuring that programmes that are implemented fulfil the minimum quality standards. They are also helpful for the key players that implement the programmes so they know on which grounds they are being evaluated in order to be approved and/or funded.

## 2 METHODS – ESTABLISHING QUALITY STANDARDS

All the programmes that are implemented in Cyprus (treatment, prevention, harm reduction, etc.) have to be approved by the NAAC, according to Cypriot legislation (Republic of Cyprus Law, 2017), and thus have to fulfil certain criteria and maintain a certain level of quality. In order to facilitate this process, there was an increasing need to set the criteria and guidelines for quality assurance and these are incorporated in the Prevention and Treatment Guides.

The Prevention Guide (or guidelines) (NAAC, 2020a) is based on the European Prevention Curriculum (EMCDDA, 2019) and sets the EDPQS (EMCDDA, 2011) as criteria for approving and funding prevention programmes. All prevention programmes must be licensed by the NAAC in order to operate in Cyprus, and therefore they have to complete specific forms and fulfil the specific criteria included in the Prevention Guide to be approved and/or funded.

Concerning the funding of prevention programmes by the NAAC, this is conducted through the procedure of a call for tenders in order to implement a programme which covers specific needs. These needs are identified by the data collected by the NAAC’s Monitoring Department and by monitoring the existing programmes. For example, in prevention there was a need to establish programmes in indicated and selective prevention, since most of the existing programmes were classified as universal prevention and in treatment, there was recently a need to establish an inpatient treatment centre for adolescents. During the procedure of the call for tenders for a prevention programme, the proposals that are submitted are evaluated on the basis of the EDPQS criteria (included in the Prevention Guide) and the proposal that is selected must sign a contract with the NAAC for one year’s implementation, with the possibility of renewal for a total of three years, after their evaluation by the end of each year. The programmes that are being funded (also those that are approved) must file reports to the NAAC at least twice a year for monitoring purposes. They are also invited to give an update on their progress in front of the NAAC’s Management Board (Prevention Committee) once a year.

At the same time, a prevention programme can apply for licensing without funding and this approval has a duration of two years for new programmes and four years for renewals. This process has no cost/fee for the applicant and the evalu-

ation is conducted by NAAC personnel and later on approved by the Management Board. If clarifications concerning the application are needed, usually these are requested to be submitted in writing but a meeting between the applicant and the Management Board's sub-committee can also be arranged.

The Treatment Guide (or guidelines) that was developed by the NAAC in 2010 was updated in 2019 (NAAC, 2019). The updated guidelines incorporate the European minimum quality standards in drug demand reduction as well as guidelines for gambling addiction. It consists of two parts: the first includes the general quality standards (quality criteria for all types of treatment centres, such as structural/service process and system efficiency quality standards) and the second includes the guidelines for specific therapeutic programmes/centres. Guidelines on harm reduction programmes are incorporated in the Treatment Guide. All therapeutic programmes/centres are obliged to adhere to these standards to be licensed by the NAAC and the licence has an expiry date of four years.

As regards the funding of treatment programmes, the procedure is conducted on a yearly basis and the NAAC provides up to 50% funding of their overall yearly budget (NAAC, 2022), after the examination of their application and certain criteria they must submit (for example the audited financial statements of the previous year, the programme's capacity, staff details, accessibility, added value, good practice tools that are being utilised, action plan and yearly report, etc.). There is also the possibility of the NAAC proceeding with a call for tenders to establish a treatment centre to cover specific needs (e.g. an inpatient programme for adolescents). In this case the NAAC provides full funding. The same monitoring process applies as for a call for tenders in prevention.

The NAAC's legislation provides for specific sanctions to be imposed if someone or a body implements measures without previously gaining the NAAC's approval. These sanctions include up to six months' imprisonment or a fine of up to €6000 (Republic of Cyprus Law, 2017). However, such sanctions have not been imposed until now. If it comes to the attention of the NAAC that a body implements measures without approval, it usually informs the relevant parties in writing that they are in breach of the law and requests them to submit the relevant documents for approval.

### 3 IMPLEMENTATION

The main challenge in this process was to inform and convince the public and the relevant actors that no one could implement a measure without obtaining the NAAC's approval; however, this emerged slowly through the ongoing work of the NAAC and it is considered a continuous process. Furthermore, it became evident that all the relevant actors needed to familiarise themselves with these criteria. Therefore, the NAAC provides training on the Prevention Guide for all the key players in prevention (with no cost for participation) once or twice a year and plans to provide training on the European Prevention Curriculum to DOPs (decision-, opinion-, and policy-makers). Concerning treatment programmes, the NAAC informs who-

ever is interested in setting up a treatment service on the approval process and which criteria the treatment service must fulfil. Additionally, the NAAC accepts proposals after a tendering procedure, aimed at operating new treatment services. The organisations that submit a proposal need to apply for approval at the same time.

It should be noted that the NAAC must ensure that once approved/funded, these programmes implement the quality standards in practice (quality assurance). It demands that these programmes send progress reports at least twice per year and plans meetings with them to be informed on the progress. Additionally, the NAAC pays an annual on-the-spot visit to the services to inspect their premises, their progress, and whether they have any difficulties or needs. The services always know about the "inspection" a few days in advance.

All treatment services have a complaints procedure and complaints box for service users, and complaints are reviewed by the NAAC. Professionals working in the programmes both in treatment and prevention must abide by the ethical codes of their professions. The Prevention Guide (NAAC, 2020a) adopts the general principles of ethical prevention, as in the EDPQS, with the main pillars being: prevention professionals abide by the law in their behaviour, respect for the rights and autonomy of participants, promotion of the real benefits of participants, absence of harmful consequences for participants, the provision of objective information, the consent of participants, voluntary participation, ensuring confidentiality, tailoring the intervention to the needs of participants, the active involvement of participants as partners, and health and safety.

Also, the submission of staff qualifications is part of the NAAC evaluation procedure for the licensing of programmes. These criteria are described in the Treatment Guide (NAAC, 2019). For example, the Guide states that:

- treatment is provided by qualified professionals and trained staff involved in continuous professional development;
- basic training for at least half of the staff comes from the fields of medicine, psychology, nursing, and social work;
- a multidisciplinary team consisting of at least three professions – medicine, psychology, and nursing and social work – should exist.
- NAAC checks that in the case of professionals (e.g. Counselling/Clinical Psychologist, Community Worker) they are registered in the national registry of their profession and they have obtained a licence to practise (NAAC, 2019, 2020).
- Treatment Guide (NAAC, 2019) states that the Ethical Code applies to all staff on an ongoing basis, both at work and outside it. Professionals must:
- ensure the quality of the services provided to those receiving treatment;

**Table 1 |** Summary table of progress of the development of quality standards in Cyprus

Year	Development
2000	Establishment of the Cyprus Antidrug Council (CAC), as the main coordinating body for drugs and alcohol
2004	First National Drugs Strategy for the period 2004–2008
2004	Cyprus becomes an EU Member State
2009	Second National Drugs and Alcohol Strategy for 2009–2012
2010	Establishment of Prevention and Treatment Guides (that include the quality standards by which the approval of prevention and treatment programmes was approved in Cyprus)
2017	Updated legislation renames the CAC as the Cyprus National Addictions Authority (NAAC) as the main coordinating body for licit and illicit substances as well as pathological gambling
2019	Treatment Guide (which also includes harm reduction) is updated
2020	Prevention Guide is updated to include the EDPQS and EUPC knowledge
2022	The NAAC starts to provide training on the EUPC and Prevention Guide to professionals

- behave as mature and positive role models;
- maintain absolute confidentiality with regard to information concerning the clients, respecting all relevant legislation and the regulations of the organisation to which they belong;
- respect all patients and maintain a professional, non-possessive, and non-punitive relationship with them;
- provide services without regard to race, religion, gender, ethnicity, sexual orientation, age, physical disability, political beliefs, criminal record, and financial status of clients;
- recognise that it may be in the patient's best interests to refer him/her to another centre or professional;
- prohibit the establishment of any non-professional relationship between the staff and patients (as well as with persons in the family of the patients);
- prevent the exploitation of an individual in treatment for personal gain or even the direct or indirect use of the individual's or his/her relative's abilities or qualities for personal gain or transaction within and outside the programme during or after completion of the programme;
- adhere to the provisions of the code of ethics of the professional body to which they belong.

## 4 DISCUSSION

The practical impact of the implementation of the quality standards is that every programme that is implemented must fulfil these certain criteria to be approved or funded and furthermore, these programmes are monitored by the NAAC. This way, the NAAC ensures that every programme that is implemented in Cyprus is based on evidence and best practices; otherwise it will not get approved.

Every service provider must be aware of these processes and submit all the relevant documents and reports. Therefore, throughout the year the NAAC collects data on the implementation of these programmes and information regarding their target group which helps the NAAC to monitor the situation and address the needs that may arise. On the basis of this data, the NAAC may proceed with a call for tender to cover the lack of a service and proceed with the formulation/monitoring of its action plan and national strategy.

Through this procedure, it became evident that there is an ongoing need for the provision of training. Especially, for many years the programmes that were being implemented in the prevention field were not based on evidence and were not carried out by trained staff. NGOs were relying on the funding provided by the NAAC for implementing prevention programmes and were resistant in the beginning when the quality standards and criteria were introduced. Thus, training on the Prevention Guide is offered by the NAAC. The first such training was conducted in 2021, after the update of the Guide in 2020. At the end

of the training, the participants expressed their appreciation and mentioned that it helped them understand the procedures more clearly, what is expected by them, and that the EDPQS will help them in their everyday work. Concerning treatment, the NAAC arranges an individual meeting with parties that are interested in initiating a treatment centre in Cyprus, where all the criteria and processes are discussed and explained.

Also, there is a need to establish a mechanism for the more effective monitoring of programmes. By the end of each year, the NAAC requires from the prevention programmes that have received funding that they complete a questionnaire regarding their main results, such as their target groups, number of participants, their background, etc. However, this should be expanded further. Even though there is a requirement for the prevention programmes to conduct an external outcome evaluation, only a few actually do it. Most of them do an internal evaluation, which relies mainly on participants' satisfaction.

Concerning treatment programmes, there is a lack of clinical auditing in Cyprus; however, there seems to be resistance towards that from several key players.

Finally, the legislation provides for specific sanctions to be imposed if someone or a body implements measures without informing the NAAC for approval; however, such sanctions have not been imposed to date. Perhaps in the future the NAAC should be more strict on this matter, although, there have been cases in which the NAAC revoked a licence for the operation of specific therapeutic centres when there was a serious breach of standards.

## 5 CONCLUSIONS

The most important aspect in the case of Cyprus is that there was legislation to support this effort and ensure the implementation of the quality standards. The legislation provides for the establishment of a main coordinating body that has the authority to approve, fund, and inspect all programmes/measures that are implemented in all the relevant fields. This body also has the responsibility to set up the guidelines that are to be followed in order to be approved/funded. The process for developing guidelines has resulted in achieving the establishment of a solid system of services that are approved and/or funded on the basis of these criteria. More specifically, in 2022 the NAAC approved 23 prevention programmes (14 of which are being funded by the NAAC) and 33 treatment/harm reduction centres (14 governmental and 19 run by NGOs).

If other countries have a similar legal background that requires their programmes to be approved centrally by an organisation, this implementation model would be very easily transferable and the NAAC is willing to share its know-how.

Another important lesson is that all the relevant actors need to be trained in these matters, especially at the beginning of introducing the criteria of quality standards. The NAAC has taken this into consideration and provides such training (in prevention) once or twice per year.

Also, on the evidence of Cyprus' experience, we would recommend other organisations willing to implement quality standards to draw information on the work that has already been done in this field. The EU has already been working on the minimum quality standards in drug demand reduction for some time and the EMCDDA has published "Health and social responses to drug problems: a European guide 2021" and the "European Prevention Curriculum". These publications are a very good starting point, as are the European Drug Prevention Quality Standards.

An evaluation on the implementation process of quality standards has not yet been implemented, but it would be of added value to conduct an evaluation and clarify if this is a solid basis for ensuring a high level of quality for the services offered in the field of substance use/ addictions in our country.

Additionally, it should be noted that the NAAC became responsible for pathological gambling in November 2017 but has not yet established similar quality standards for gambling programmes. In terms of treatment programmes, the same standards for drug treatment are applied for gambling programmes.

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