TURKISH REPUBLIC OF NORTHERN CYPRUS

PRIME MINISTRY

*Anti-Drug Commission*

# 2025 - 2026

# ACTIVITY REPORT

## and 2027 STRATEGIC PLANNING

*Scientific Assessment in Combating Addiction,*
*Comparative Data Analysis*
*and Strategic Planning*

Data cut-off · 6 August 2026

Prepared by · Dr Zafer Bekirogullari Psychological Services Ltd

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# TRNC PRIME MINISTRY COMMISSION FOR COMBATING DRUGS

## 2025–2026 ACTIVITY REPORT AND 2027 PLANNING

*(Reporting-period data cover the period up to 6 August 2026)*

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# Foreword by the President

Combating addiction is a public responsibility that touches every segment of society and requires continuity. The 2025–2026 period was one in which our Commission deepened its science-based working model, expanded its international collaborations and made data-driven policy-making an institutional standard.

This report presents all activities completed by 6 August 2026 in comparison with the previous period (**2024–2025**), and sets out our strategic roadmap for 2027. The comparative analyses show transparently where progress has been achieved and which areas need strengthening.

In the 2025–2026 period our Commission reached 5,381 people directly through education and awareness programmes, delivered a 1,353-hour programme to 218 probation participants, and carried out collaborations with numerous institutions.

This team displays a unity capable of staying focused on the same goal even under difficult conditions. That unity is the Commission's true strength.

Every achievement, every project, every life touched and every hope reborn in this activity report is the product not of a single person but of the joint effort of a large family devoted to the same ideal.

Combating addiction is not merely a profession; it is a way of life that demands conscience, patience, courage, sacrifice and love for humanity. I was

never alone on this demanding journey. Beside me were companions on this path — comrades in this struggle — who believed, who never gave up, and who, when necessary, sacrificed their own lives, time and loved ones to work shoulder to shoulder for the same goal.

On this occasion I offer my deepest gratitude to Cemal Direkçi, Yaşar Karakaya, Reyfet Abdu, Okan Eroğlu, Gülşen Direkçi, Meryem Meltem Tremeşeli Ongan, Yaren Etiz, Tutku Özdil, Muhammed Dokuz, Feyza Süral, Sever Pehlivan, Özgür Eroğlu and Gülten Dede.

You are not merely my colleagues; you are my comrades in the fight against addiction, companions in this cause and fellow travellers on this road. Together we have overcome many hardships and witnessed many lives reunited with hope. In every achievement of this institution, in every life we have touched and in every hope that has blossomed anew, there is the labour, sweat and heart of every one of you. No words of thanks can measure your efforts. I feel great honour and pride in walking the same road, sharing the same struggle and working for the same goal with you.

I would like to open a special parenthesis for our Scientific Adviser, Dr. Zafer Bekiroğulları (AFBPsS, CPsychol, FCBPis, BA Hons, BA, MEd, gCert, PhD), and his valued team. By sharing their scientific knowledge and academic experience with our Commission with great sincerity and devotion, they strengthened our work, lit our way and always gave us confidence. In every piece of work we carried out together they were not merely advisers but true comrades who believed in the same goal and felt the same responsibility. Their presence, their support and their trust in us hold a very precious place in the point our Commission has reached today. I offer my deepest respect, appreciation and gratitude to Dr Zafer Bekirogullari, to Fezile Olkanli and Sevim Asvaroglu, and to their valued teams. Their efforts will continue to light the way not only for our present but also for the generations who will grow up in the field of combating addiction in the future.

I also wholeheartedly thank our esteemed project and supervision mentors, Prof. Dr. Kültegin Ögel and Melike Şimşek, for never withholding their knowledge, experience and academic guidance over the years, for steering our work with their vision and for always standing by us. What they have given us is not only knowledge but also hope, courage and the determination to do better. I offer them my deepest respect, appreciation and gratitude.

I thank our valued Trainer, Melis Yağmur Minas.

And finally: sometimes the greatest hopes take root in the smallest hearts. Zehra Direkçi, our Commission's youngest volunteer, is one of the finest examples showing us that love, conscience and goodness have no age. Despite her young age, with her sensitivity, her spirit of volunteering and her love for people she has touched not only our Commission but all of our hearts. Zehra is one of this big family's most precious sources of inspiration, nurturing our faith in tomorrow and reminding us that goodness is contagious. Her presence is the finest herald of a future full of hope.

Combating addiction is a long and arduous journey. This road can only be walked by people who trust one another, believe in the same ideal and carry the same heart, standing shoulder to shoulder. I offer my endless thanks to all my teammates with whom I have travelled this road, to our scientific advisers, to our volunteers and to everyone who has placed their trust in us. How fortunate we are to have you. Your efforts, sacrifices and faith are our Commission's greatest strength, its most precious treasure and the most meaningful legacy it will leave to the future.

With respect, love, appreciation and endless thanks…

**Teyfide Tecel Hatipoğlu**

President,
*TRNC Prime Ministry Anti-Drug Commission*

# Foreword by the Head of Education and Recovery Programmes

Combating drugs is not a process that can be sustained through security-focused measures alone; it is a multifaceted social responsibility requiring the simultaneous delivery of education, prevention, rehabilitation and psychosocial support services. In line with this understanding, as the Education and Recovery Programmes Unit we resolutely continued our work throughout the year to protect and empower individuals and to reintegrate them into society in a healthy way.

The education activities carried out aimed to raise awareness of addiction across different segments of society, to reduce risk factors and to strengthen protective-preventive work. We believe that lasting success in combating addiction will be possible through the expansion of preventive education, the sustainability of high-quality psychosocial support services and strong inter-institutional cooperation. Every piece of work we carry out in this direction contributes to our goal of building a healthier, more conscious society free from addiction.

In the successful conduct of this work, my colleagues serving in the Education and Recovery Programmes Unit, whose coordination I lead, made significant contributions to achieving our unit's goals through their knowledge, effort and devotion. Thanks to the cooperation, discipline and team spirit we built in our unit, education, counselling and psychosocial support services were delivered effectively and without interruption.

On this occasion, I thank my teammates who performed their duties with a strong sense of responsibility, all the partner institutions and organisations we worked with, the colleagues who never withheld their support, and everyone who contributed; and I hope the work we carry out will bring lasting and positive benefits to our society.

**Muhammed Dokuz**
Head of Education and Recovery Programmes
*TRNC Prime Ministry Anti-Drug Commission*

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# List of Abbreviations

| | |
|---|---|
| **ADHD** | Attention Deficit Hyperactivity Disorder |
| **Bibapsoft** | Individual Addiction Treatment Programme (client tracking software) |
| **CBPis** | International Cognitive and Behavioural Psychotherapies Society |
| **CBT** | Cognitive Behavioural Therapy |
| **COPE** | Committee on Publication Ethics |
| **DOI** | Digital Object Identifier |
| **DSM-5** | Diagnostic and Statistical Manual of Mental Disorders, 5th Edition |
| **ESPAD** | European School Survey Project on Alcohol and Other Drugs |
| **EUDA** | European Union Drugs Agency (formerly EMCDDA) |
| **ICD-11** | International Classification of Diseases, 11th Revision (WHO) |
| **ICODAAS** | International Conference on Drug Abuse and Addiction Studies |
| **LSD** | Lysergic acid diethylamide |
| **MI** | Motivational Interviewing |
| **NPS** | New Psychoactive Substances |
| **ORCID** | Open Researcher and Contributor ID |
| **TRNC** | Turkish Republic of Northern Cyprus |
| **UMK** | Anti-Drug Commission (Turkish acronym) |
| **UNODC** | United Nations Office on Drugs and Crime |
| **USA** | United States of America |
| **WHO** | World Health Organization |

# Editorial Preparation, Data Governance and Compliance Statement

This Annual Report has been prepared under the authority of the TRNC Prime Ministry Anti-Drug Commission to provide an official account of the Commission's activities, programmes, services, research, institutional data and related developments during the 2025–2026 reporting period.

The preparation and publication of the Report were undertaken in accordance with principles of accuracy, transparency, institutional accountability, confidentiality, responsible use of data and professional editorial practice. The following procedures were applied throughout the compilation, review and publication process.

## Editorial Preparation, Copyediting and Quality Assurance

The content of the Report was prepared in collaboration between Dr Zafer Bekirogullari Psychological Services Ltd. and the relevant personnel of the TRNC Prime Ministry Anti-Drug Commission, based on institutional information, records, statistical data and supporting materials compiled, supplied or authorised by the relevant units of the Commission.

The document underwent editorial review and copyediting to improve clarity, consistency, readability, terminology, grammar, spelling, punctuation and overall presentation. Tables, figures, headings, references and statistical presentations were reviewed for consistency of format and presentation.

Editorial revisions were made without altering the substantive meaning of the information, findings or official data supplied by the Commission. Where necessary, terminology and explanatory text were standardised to ensure consistency across sections of the Report. The final publication was subject to an editorial quality-control process before release.

## Data Compilation and Institutional Verification

All numerical data and statistics relating to the 2025–2026 reporting period were compiled and provided by the relevant personnel of the TRNC Prime Ministry Anti-Drug Commission and were included in the Report with the approval of the Commission Chair.

Statistical information was derived, as applicable, from the Commission's official administrative and record systems, including Bibapsoft records, 1191 Helpline records and urine toxicology testing records, together with other authorised institutional sources used during the reporting period.

The data were reviewed and consolidated for the purposes of annual reporting. Responsibility for the collection, maintenance, verification and institutional accuracy of the underlying administrative data remains with the TRNC Prime Ministry Anti-Drug Commission. The publisher and editorial team are responsible for the editorial organisation, presentation, formatting and publication of the information supplied to them.

## Redaction, Anonymisation and Confidentiality

Before publication, the content was reviewed to identify information that could directly or indirectly disclose the identity of service users, research participants, minors or other individuals whose personal information is protected.

Personal identifiers and other information considered confidential, sensitive or unnecessary for the purposes of public reporting were removed, anonymised, aggregated or redacted, as appropriate.

Individual-level information has not been published where its disclosure could reasonably enable identification of a person. Statistical findings are presented primarily in aggregate form, and any small-number or sensitive data were considered in light of confidentiality and data-protection requirements before inclusion.

Redaction and anonymisation were carried out in a manner intended to preserve the informational value and integrity of the Report while protecting individual privacy.

## Research Ethics, Informed Consent and Protection of Participants

Where the Report incorporates findings arising from research or data-collection activities involving human participants, those activities were conducted in accordance with the applicable institutional approvals, ethical requirements and participant-protection procedures.

For activities involving minors, including school-based studies where applicable, the necessary institutional permissions and consent procedures were followed. Participation was voluntary, and information obtained through such activities was handled in accordance with the relevant confidentiality and anonymity requirements.

Research-related material included in the Report was prepared with reference, where applicable, to internationally recognised ethical principles, including the Declaration of Helsinki, the principles of the Belmont Report, the Universal Declaration of Human Rights, the United Nations Convention on the Rights of the Child, and relevant World Health Organization research ethics guidance.

These principles include respect for persons, voluntary participation, informed consent, protection from harm, justice, confidentiality, safeguarding of children and vulnerable participants, and responsible management of personal data.

## Personal Data Protection and Information Governance

Personal and confidential information used in the preparation of the Report was handled in accordance with applicable data-protection and information-governance requirements.

Access to identifiable information is restricted to authorised personnel where such access is necessary for legitimate institutional

purposes. Information included in the published Report has been reviewed to minimise the disclosure of personal data and to ensure that the level of detail presented is appropriate for a publicly available institutional publication.

Where relevant, internationally recognised data-protection principles, including those reflected in the General Data Protection Regulation (GDPR), were taken into consideration as standards of good practice in relation to data minimisation, confidentiality, security and responsible processing.

## Source Integrity and Referencing

External scientific, technical and policy sources used in the preparation of the Report were selected on the basis of their relevance, reliability and appropriateness to the subject matter. These may include peer-reviewed academic literature, reports and datasets issued by recognised national and international institutions, legislation, policy documents and other authoritative sources.

Bibliographic references have been standardised using APA 7th edition conventions where applicable.

Institutional statistics are identified separately from external published sources and originate from the Commission's authorised administrative, monitoring or research records.

## Editorial Independence and Institutional Responsibility

The Report was prepared on behalf of the TRNC Prime Ministry Anti-Drug Commission and reflects the activities, data and institutional information authorised for publication by the Commission.

The Commission retains responsibility for the official institutional information and data supplied for inclusion in the Report. Emanate Publishing House Ltd and the editorial team are responsible for editorial

preparation, copyediting, design, typesetting, consistency of presentation and publication production.

Editorial intervention does not extend to changing official statistical results, institutional records or substantive findings without authorisation from the Commission.

## Corrections and Updates

Every reasonable effort has been made to ensure that the information contained in this Report is accurate and complete as of the relevant reporting period and the date of finalisation.

If a material factual, statistical, typographical or production error is identified following publication, the TRNC Prime Ministry Anti-Drug Commission and/or the publisher may issue an appropriate correction, clarification or revised version.

Where a correction materially affects the interpretation of published information, the nature of the correction should be clearly identified in the updated publication or accompanying notice to maintain transparency and the integrity of the public record.

## Publication Responsibility

This Annual Report constitutes an official institutional publication of the TRNC Prime Ministry Anti-Drug Commission. Its contents have been compiled from information authorised for publication by the Commission and prepared for public dissemination through an editorial and production process undertaken in cooperation with Emanate Publishing House Ltd.

The Commission is responsible for the official institutional information and underlying data provided for publication, while the publisher is responsible for the professional editorial preparation and production of the final publication.

# Executive Summary

In the Turkish Republic of Northern Cyprus, combating substance use and addiction is a strategic priority in terms of public health, social order, the development of young people and national capacity. In the 2025–2026 period the Commission strengthened and maintained its multidimensional model, which delivers protective-preventive, treatment and rehabilitative services together.

This report covers all activities completed by 6 August 2026. During the period the Commission accepted 221 applications through the Bibapsoft system, delivered education and awareness programmes to 5,381 people, administered urine toxicology tests to 246 people and answered 867 calls on the 1191 line.

The salient findings of the 2024–2025 period report were the marked increase in cannabis (45→73), cocaine (3→19) and alcohol (2→10) applications; the diversification of the topic distribution as 1191 line calls fell from 135 to 94 (in particular probation 2→11 and smoking 3→6); and a positivity rate of 23.8% in urine screenings (TRNC Prime Ministry Anti-Drug Commission, 2025). With the addition of the 2025–2026 data, the course of these trends will be assessed comparatively. Salient findings specific to this period: (1) cannabis 73->56; (2) cocaine 19->5; (3) alcohol 10->8.

The report assesses TRNC data comparatively in the light of the current international literature (UNODC World Drug Report 2026; EUDA European Drug Report 2026; ESPAD 2024 Report; WHO 2024–2025 global reports) and presents the planning for 2027.

# I. General Information

## A) Mission and Vision

**Mission:** To contribute to the formation of a society composed of healthy, productive and strong individuals.

**Vision:** To develop a science-based model for combating addiction with a broad sphere of impact and in line with international standards.

## B) Authority, Duties and Responsibilities

The TRNC Prime Ministry Anti-Drug Commission performs the following duties under TRNC Council of Ministers Decree No. 1670-2014 of 03/09/2014:

- To work towards reducing the supply of and demand for drugs, with the goal of eliminating them altogether,
- To ensure that protective measures are taken for those at risk of, or inclined towards, substance use,
- To organise information and awareness activities,
- To work towards strengthening institutional structures for the treatment of individuals with addiction in the acute and chronic stages and for their reintegration into society,
- To form committees for relevant legislative arrangements and submit proposals to the Ministries,
- To invite representatives of public institutions and civil society organisations to take part in its work where necessary.

# C) Information on the Administration

## *Physical Structure*

The Commission provides services in the building at Server Somuncuoğlu Sok., No:10, Flat:1, Köşklüçiftlik District, Nicosia. The building houses a 20-person meeting room, an events hall, two therapy rooms, the Social Integration Centre and a presentation room.

## *Organisational Structure*

Operating under the Prime Ministry, the UMK was established on 3 September 2014 by Council of Ministers Decision No. 1670-2014. Current number of staff: 14 (specialists: 10, administrative/support: 4).

# II. Aims and Objectives

## A) Core Principles and Priorities

- **Person-Centred Approach:** individualised assessment and intervention that places the individual's needs at the centre and gives priority to their dignity, rights and quality of life,
- **Ethical Rules and Confidentiality:** full compliance with ethical standards in data collection, assessment and intervention processes; protection of personal information within the framework of the principle of confidentiality,
- **Evidence-Based Practice:** development of policies and programmes based on current scientific data, research and international good practice examples,
- **Inter-Institutional Alignment:** sustainable and coordinated cooperation with public institutions, civil society organisations and academic bodies,
- **Social Responsibility:** protective and preventive activities covering all segments of society; combating stigma.

## B) Strategic Objectives

- Strengthening protective and preventive work,
- Expanding education capacity,
- Extending rehabilitation and social integration services,
- Increasing international collaborations and scientific visibility,
- Developing the data-based monitoring and evaluation infrastructure,
- Strengthening the 1191 line and digital communication capacity,
- Bringing the Residential Home – Temporary Shelter and Social Integration Centre into operation.

# III. Information and Assessments on Activities

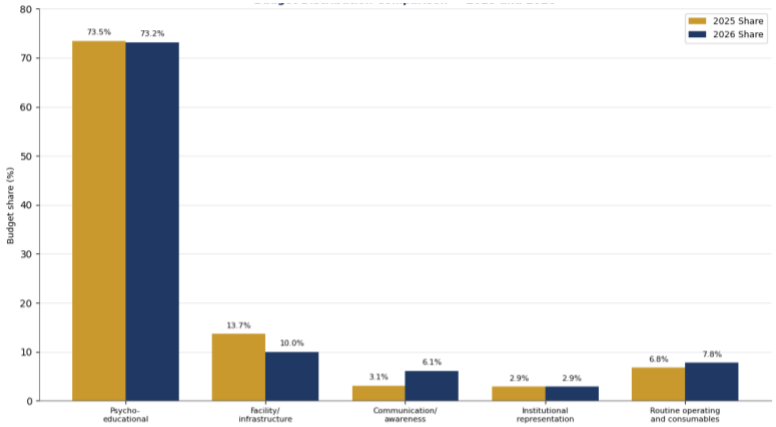
## A) Financial Information

The Commission was allocated a budget of TL 63,000,000 for 2026 (2025: TL 35,000,000). The budget has been planned in line with strategic priorities with the aims of increasing service effectiveness, strengthening service delivery and the sustainable development of institutional capacity. The comparative distribution by expenditure type is presented in Table-1.

**Table-1:** Comparison of the 2025 and 2026 Budget Allocations

| Activity Category | 2025 Share | 2026 Share | Change / Note |
|---|---|---|---|
| Psycho-educational processes, client support programmes and scientific practices | 73.5% | **73.2%** | **−0.3 points** |
| Facility use, infrastructure and physical service expenses | 13.7% | **10.0%** | **−3.7 points** |
| Communication and awareness activities | 3.1% | **6.1%** | **+3.0 points** |
| Institutional representation and organisation expenses | 2.9% | **2.9%** | **0.0 points** |
| Routine operating and consumable expenses | 6.8% | **7.8%** | **+1.0 points** |
| **Total** | 100% | 100% | — |

**Graph-1:** Budget Distribution Comparison - 2025 and 2026




## B) Education and Awareness Activities

In the 2025–2026 period the Commission continued its awareness training for schools, families, public personnel, military units and risk groups in line with a planned calendar. Comparative data are presented in Table-2.

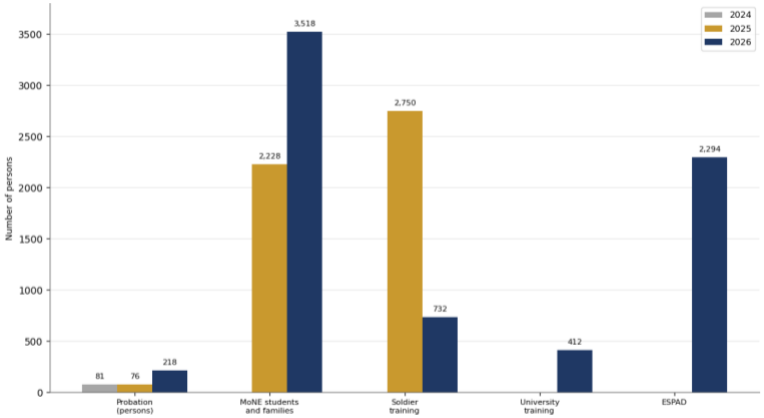
**Table-2:** Probation and Education Programmes – Comparison of 2024, 2025 and 2026

| Indicator | 2024 | 2025 | 2026 (to 6 August) |
|---|---|---|---|
| Persons enrolled in the probation programme | 81 | 76 | **218** |
| Probation monthly support (hours/month) | 2 | 2 | **2** |
| Students and families reached in cooperation with the Ministry of National Education | — | 2.228 | **3518** |
| Number of soldiers trained | — | 2.750 | **732** |

| Indicator | 2024 | 2025 | 2026 (to 6 August) |
|---|---|---|---|
| Private sector trainings (persons) | — | — | **719 persons** |
| University trainings (persons) | — | — | **412 persons** |
| ESPAD | 3,901 persons | — | **2,294 persons** |

*Note: The 2024 and 2025 values are taken from the previous period report (TRNC Prime Ministry UMK, 2025); the two-year total for the probation programme is 157 persons and 3,768 hours. The "—" sign indicates that the indicator was not reported as a separate figure in the previous report.*

**Graph-2:** Probation and Education Programmes – Comparative Data



### *Motivational Interviewing (MI) Techniques Training*

MI trainings for field workers, psychologists and social workers were continued by Prof. Dr. Kültegin Ögel and Specialist Clinical Psychologist Melike Şimşek. Total MI training hours delivered in the 2025–2026 period: 2; number of participants: 26. The trainings covered structuring change talk, managing resistance, goal setting, client-centred communication and brief intervention techniques (Miller & Rollnick, 2023).

### *Systemic Approach (Family Therapy) Trainings*

Systemic approach-based staff training and development programmes are scheduled for November 2026 in line with the contract calendar. The programme will cover addressing the phenomenon of addiction through the relational dynamics between the individual, the family and the social environment; the role of family systems theory in understanding addictive behaviours; systems analysis tools such as genograms and relationship maps; intergenerational transmission and the distribution of roles within the family; and case analyses from a systemic perspective.

### *Cognitive Behavioural Therapy (CBT) Techniques Training*

Commission members took part in 120 hours of CBT-focused training and workshops during the period (2024–2025: 128 hours). CBT-based approaches are among the methods with the strongest evidence base in addiction prevention and treatment programmes (Beck, 2020; Volkow & Blanco, 2023). The Commission is the first official body to embed this approach in the country at an institutional level.

# C) Scientific, International and Institutional Collaborations

### *ICODAAS – International Scientific Conference*

Hosted by the Commission on 9–11 November 2025, ICODAAS 2025 brought together leading experts from the USA and Germany (Prof. Dr. Dr. (h.c.) Marilyn A. Huestis, Prof. Dr. Eva Hoch, COL Marisol Castaneto, Dr. Kayla Ellefsen, Dr. Erin Spargo, Prof. Dr. Kültegin Ögel, Spec. Clin. Psych. Melike Şimşek). The conference outputs were turned into an online academic publication. International scientific panels were held in February and August 2026.

### *ESPAD 2024–2026 Cycle and Scientific Books*

Thanks to the ESPAD survey, the TRNC has obtained data that are simultaneous with and comparable to Europe's most comprehensive youth data system. Nationwide, 3,901 11th-grade students took part in the 2024 round; prior to administration, Ministry of National Education permissions, school approvals and written parental consent were obtained. The ESPAD TRNC English book was published online in January 2026, and the Turkish book was published in February 2026.

The ESPAD data for the 2025–2026 period were presented at the international scientific panel held on 21 August 2026 with the participation of Prof. Dr. Dr. (h.c.) Marilyn A. Huestis. The panel was one of the most important events of the period in terms of sharing the findings with national and international stakeholders, creating an environment for scientific discussion and turning the data into academic publications.

ESPAD 2026 round: 2,294 persons.

### *Academic and Clinical Supervision*

The supervision programme covering the systemic approach and CBT continues throughout the year; the process is ongoing in line with the contract calendar and is planned to be completed by 31 December 2026. Supervision hours delivered as at 6 August 2026: 120 hours (2024–2025: 124 hours). Supervision covers case formulation, analysis of family dynamics, and risk and crisis assessment.

### *International Representation*

The Commission was represented with English-language presentations at the ICEEPSY Madrid, Barcelona and Antalya conferences. The international presentations planned for the 2025–2026 period were delivered.

## D) Data Analysis, Testing Services and Monitoring

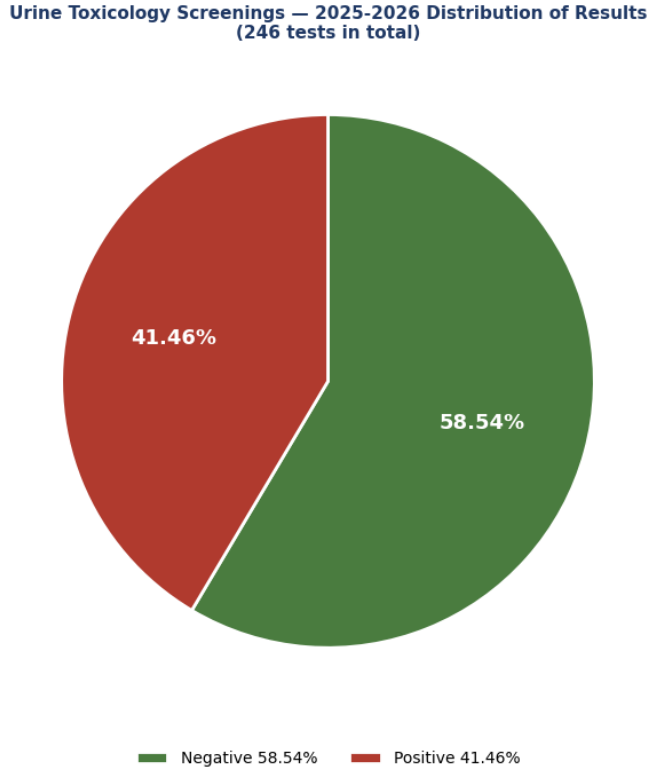
A data pool by substance type was developed, risk profiles based on test results were created, and statistical reporting was maintained on a regular basis. Before testing, participants were informed of the purpose, scope and limits of data use; all samples were processed solely for assessment and referral purposes, and results were reported anonymously.

**Table-3:** Distribution of Urine Toxicology Screening Results – Period Comparison

| Result | 2024–2025 | 2025–2026 |
|---|---|---|
| Negative | 76.2% | **58.54%** |
| Positive | 23.8% | **41.46%** |
| Total number of tests | — | **246** |

*Note: The 2024–2025 values are taken from the previous period report (TRNC Prime Ministry UMK, 2025); the "—" sign indicates that the figure was not stated separately in the previous report.*

**Graph-3:** Statistical Distribution of Urine Screening Results (2025–2026)




## E) Media, Communication and the 1191 Counselling and Support Line

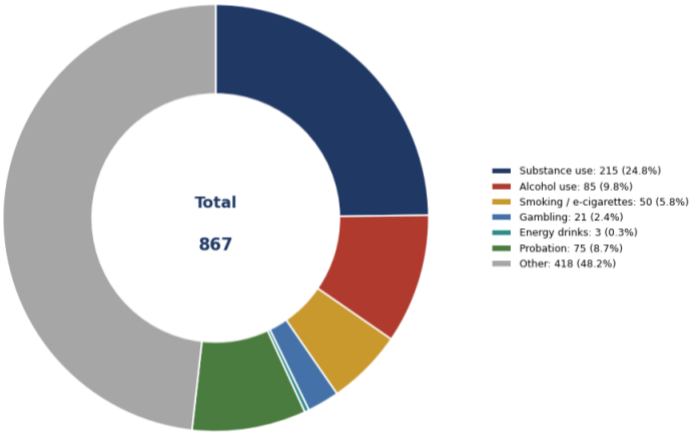
1191 is a free, professional counselling and referral line that maintains the Commission's uninterrupted contact with society, operating 7 days a week for the past 2 years. The line provides instant psychosocial support, science-based information on addiction, referral to specialists and centres, support for families and community early-warning functions based

on anonymous data analysis. Prevention work website: https://kktconleme.org

**Table-4:** 1191 Counselling and Support Line – Call Topics by Year (2024–2026)

| Call Topic | 2024 (n) | 2025 (n) | 2026 (n) | 2026 (%) |
|---|---|---|---|---|
| Substance use | 43 | 28 | **215** | **24.8%** |
| Alcohol use | 23 | 9 | **85** | **9.8%** |
| Smoking / e-cigarettes | 3 | 6 | **50** | **5.8%** |
| Gambling | 5 | 1 | **21** | **2.4%** |
| Energy drink addiction | 0 | 1 | **3** | **0.3%** |
| Probation | 2 | 11 | **75** | **8.7%** |
| Other | 59 | 38 | **418** | **48.2%** |
| **Total calls** | 135 | 94 | **867** | 100% |

**Graph-4:** Distribution of 1191 Line Call Topics – 2026



Brief assessment of the 2026 data (salient increases/decreases and possible reasons): call numbers rose as a result of the 1191 line being given greater prominence, revealing that addiction has become a societal problem.

## F) Statistical Assessment: Changes in Substance Preference

Comparative data on the substances preferred by people applying to the Bibapsoft system are presented in Table-4. From 2024 to 2025, a marked increase had been recorded in cannabis (45→73), cocaine (3→19) and alcohol (2→10) applications, and a slight decrease in synthetic cannabinoid (16→12) and methamphetamine (4→3) applications. The 2026 data will show whether these trends have continued.

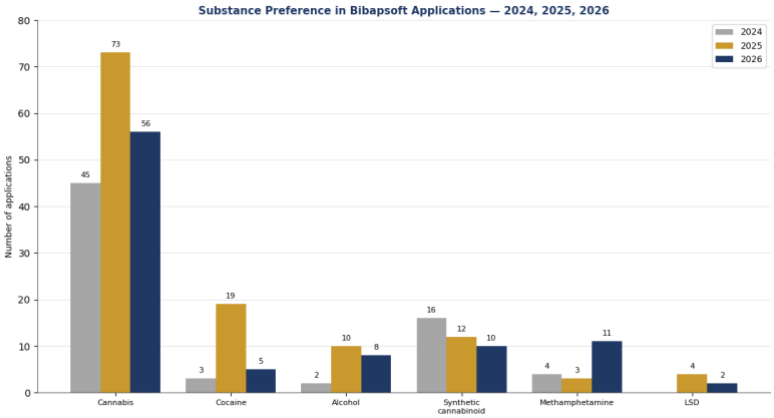
**Table-5:** Substance Preference in Bibapsoft Applications – Comparison of 2024, 2025 and 2026

| Substance | 2024 (n) | 2025 (n) | 2026 (n) | Trend / Note |
|---|---|---|---|---|
| Cannabis | 45 | 73 | **56** | **2026 share 56%** |
| Cocaine | 3 | 19 | **5** | **2026 share 5%** |
| Alcohol | 2 | 10 | **8** | **2026 share 8%** |
| Synthetic cannabinoid | 16 | 12 | **10** | **2026 share 10%** |
| Methamphetamine | 4 | 3 | **11** | **2026 share 11%** |
| LSD | 0 | 4 | **2** | **2026 share 2%** |
| Heroin | — | — | **1** | **2026 share 1%** |
| Controlled prescription medicines | — | — | | — |

| Substance | 2024 (n) | 2025 (n) | 2026 (n) | Trend / Note |
|---|---|---|---|---|
| Smoking / nicotine | — | — | **4** | **2026 share 4%** |
| Other | — | — | **3** | **2026 share 3%** |
| **Total applications** | — | — | **100** | 100% |

*Note: The 2024 and 2025 values are taken from the previous period report (TRNC Prime Ministry UMK, 2025). In the previous report no numerical value was given for heroin, controlled prescription medicines or smoking; it was stated only that they were "low and similar across years" ("—"). In the 2026 period a total of 221 applications were recorded in the Bibapsoft system; substance preference information was recorded in 100 of them. The 2026 column in the table shows the distribution of these 100 applications with recorded substance preference, and the percentages are calculated on this subset. The 2026 data cover records up to 6 August 2026.*

**Graph-5:** Change in Substance Preference, 2024–2026



## G) Tender 082/2025 Scope – 2025–2026 Implementation Process and Outputs

The 2025–2026 delivery of the services under the Cognitive and Systemic Approach-Based Service Procurement tender (Tender No: 082/2025; the successful contractor) is presented in Table-6.

**Table-6:** 2025–2026 Delivery of Services under Tender 082/2025

| Service Item | Commitment | Status |
|---|---|---|
| CBT workshops | ≥120 hours | ✓ Completed |
| Academic and clinical supervision | ≥120 hours | ✓ Completed |
| Publication of the ESPAD report as a book | TR + EN | ✓ Completed |
| International panel/conference organisation | Annual | ✓ Completed |
| Media programme (BRTK) preparation and presentation | Weekly | ✓ Completed |
| International academic representation (presentation) | ≥1 presentation | ✓ Completed |
| Scientific research and publication preparations | Ongoing | ✓ Completed |
| Client intake and psychological services | Twice a week | ✓ Completed |
| School, university and private sector trainings | Ongoing | ✓ Completed |
| Online scientific publishing platforms (J-DUDPT, EHASS) | Ongoing | ✓ Completed |
| Legislative drafting work | Ongoing | ✓ Completed |

*The services under tender 082/2025 were completed within the relevant contract period and confirmed by the Administration.*

### *Media Programmes*

"Warriors Against Drugs" – BRTK: continued to be prepared and presented weekly by Dr. Bekiroğulları; it has been the strongest channel of informative public content in the field of addiction.

"My Mum and Dad Are at School" – BRTK: a programme aimed at strengthening the family structure and protecting children, presented together with Assoc. Prof. Dr. Azize Ummanel.

### *Online Scientific Publishing Platforms*

Journal of Drug Use Disorders Prevention and Treatment (J-DUDPT): a peer-reviewed journal with an international editorial board; it uses modern publishing standards including iThenticate plagiarism screening, DOI and ORCID practices.

EHASS – Highlights from the Drug Abuse and Addiction Studies Sessions: a journal dedicated to the academic outputs of the Commission's meetings.

## H) 2025–2026 Period News and Visibility Summary

This section contains a chronological summary of the main news items and events concerning the Commission that could be identified from open sources during the period. The main known developments are presented below, and the full, up-to-date list appears in section APPENDIX-1/G:

- 9–11 November 2025 – The Commission hosted the ICODAAS 2025 International Conference.

- January 2026 – The ESPAD TRNC English book was published online.
- February 2026 – The ESPAD TRNC Turkish book was published; an international panel was held.
- 21 August 2026 – An international scientific panel was held with the participation of Prof. Dr. Dr. (h.c.) Marilyn A. Huestis, at which the ESPAD data for the 2025–2026 period were presented. This publication was published on 21 August 2026.
- 09 December 2025 – Addiction Through the Eyes of Young People: applications opened for the 1st International Awakening Festival: https://www.havadiskibris.com/genclerin-gozunden-bagimlilik-1-uluslararasi-uyanis-festivaline-basvurular-basladi/
- 14 January 2026 – The Anti-Drug Commission held its first ordinary meeting of 2026: a new roadmap was set: https://www.kibrismanset.com/uyusturucu-ile-mucadele-komisyonu-2026-yilinin-ilk-olagan-toplantisini-yapti-yeni-yol-haritasi-belirlendi
- 18 January 2026 – Addiction Awareness Training at ASBÜ by the Prime Ministry Anti-Drug Commission: https://www.facebook.com/KKTCBasbakanlikUyusturucuileMucadeleKomisyonu
- 18 January 2026 – Preparations Began for the Strategy and Action Plan Workshop on Combating Drugs: https://www.facebook.com/KKTCBasbakanlikUyusturucuileMucadeleKomisyonu
- 03 February 2026 – "Scientific Approaches in Combating Substance Use in the TRNC Panel" to be held: https://www.kibrispostasi.com/c35-KIBRIS HABERLERI/n590844-kktc-madde-kullanimi-ile-mucadelede-bilimsel-yaklasimlar-paneli-duzenlenecek

# I) Delivery of Services under Contract MİK 091/2026

The Tender Contract concluded in Nicosia on 18/05/2026 between the TRNC Prime Ministry Anti-Drug Commission (the Administration) and the successful contractor (the Service Provider) pursuant to tender decision MİK 091/2026 remains in force until 31 December 2026. The table below therefore reflects the situation as at the report's data cut-off date of 6 August 2026: items completed by that date are shown as 'Completed', while items scheduled within the contract period are shown with their planned completion period. Every completed item has been examined and confirmed as satisfactory by the Administration by means of the 'Service Completion and/or Partial Progress-Payment Confirmation Certificate' issued under Article 6 of the contract.

**Table-7:** Contract MİK 091/2026 Service Items – Status as at 6 August 2026

| Substance | Service Item | Status (6 August 2026) |
|---|---|---|
| 4(a) | Reporting and Strategic Policy Support Activities (the annual scientific report "Substance Use in Northern Cyprus – 2026 Data") | ✓ Completed |
| 4(b) | Training and Capacity Building: Systemic (Family Therapy) + CBT trainings (6 CBT modules) | In progress — planned for completion in November 2026 |
| 4(c) | CBT-Based Counselling Services | In progress — will continue for the duration of the contract (31 December 2026) |
| 4(d) | Systemic Approach-Based Family Counselling | In progress — will continue for the duration of the contract (31 December 2026) |
| 4(e) | Systemic Approach-Based Staff Training and Development Programmes | Planned for November 2026 |

| Substance | Service Item | Status (6 August 2026) |
|---|---|---|
| 4(f) | Presentation of the ESPAD 2025 Results and Scientific Panel Organisation | ✓ Completed |
| 4(g) | ESPAD 2026 Report Publication Preparation and Ethical Compliance Activities | Planned for August 2026 |
| 4(h) | Academic Publication and International Scientific Support (ISBN/DOI processes) | ✓ Completed |
| 4(i) | Presentation and Support Representation Activities | ✓ Completed |

*Note: As the contract remains in force until 31 December 2026, this table shows only the situation as at the report's data cut-off date (6 August 2026). Continuing items such as supervision, counselling and training are being maintained in line with the contract calendar and will be completed in the planned periods. The financial provisions and amounts of the contract are set out in the relevant administrative documents and fall outside the scope of this scientific publication.*

### *Implementation Counterparts of the Contract Items*

The counterparts in this report of the services delivered under the contract are as follows: 4(a), the annual scientific assessment report, corresponds to this publication itself and to the statistical assessment section III/G; the training items 4(b) and 4(e) correspond to section III/B (CBT and MI trainings); the counselling items 4(c) and 4(d) correspond to section III/C (rehabilitation, counselling and social integration); the ESPAD items 4(f) and 4(g) correspond to section III/D (the ESPAD cycle and scientific books); 4(h), academic publication support, corresponds to the online scientific publishing platforms (J-DUDPT, EHASS) and the ISBN/DOI processes; and 4(i), the presentation and representation item, corresponds to the international representation section.

Under Article 5 of the contract, the accommodation, travel, subsistence and material expenses of participants at panel/conference organisations are met by the Service Provider. As at August 2026, when this publication was prepared, the services under Article 4 of the contract are being delivered in accordance with the contract calendar, and completed items are recorded by means of confirmation certificates issued by the Administration. The process is proceeding in accordance with scientific standards and international criteria and demonstrates that public funds are being used transparently for the intended purposes. All services under the contract are planned to be completed by 31 December 2026, when the contract expires.

# IV. Addiction Science: Conceptual and Scientific Framework

This section summarises, for information purposes, the current scientific framework on which the Commission bases its practice. The aim is to convey to decision-makers, practitioners and the public the nature of addiction, its epidemiology, its risk and protective factors and evidence-based prevention and treatment approaches in accessible yet scientifically accurate language. All information in this section is based on the international peer-reviewed literature and the current reports of official bodies (UNODC, EUDA, WHO).

## A) Definition and Conceptual Model of Addiction

The contemporary scientific approach defines substance use disorder not as a moral weakness or merely a problem of willpower, but as a preventable and treatable chronic and relapsing medical condition in which genetic, neurobiological, developmental, psychological and social factors all play a part (Volkow et al., 2016). The DSM-5 classifies substance use disorder on the basis of 11 symptoms — covering loss of control, impaired social functioning, risky use and pharmacological criteria such as tolerance and withdrawal — and by degree of severity (mild–moderate–severe) (Hasin et al., 2013).

This framework is known as the biopsychosocial model and demonstrates that interventions must likewise be planned simultaneously at multiple levels (individual, family, community). The Commission's

combined use of the systemic approach and the cognitive behavioural approach is a direct reflection of this holistic model.

## B) The Neurobiology of Addiction

Addiction is associated with functional changes in the brain circuits that regulate reward, motivation, learning, impulse control and executive function. Psychoactive substances create a powerful reinforcer by causing an abnormal level of dopamine release in the mesolimbic dopaminergic system; repeated use raises the reward threshold and reduces the response to natural rewards (Koob & Volkow, 2016). Over time, executive control in the prefrontal cortex weakens while cue-driven desire (craving) strengthens. These neuroadaptations explain why willpower alone is not sufficient and why relapse may be an expected part of the treatment process (Volkow et al., 2016).

Adolescence is a critical developmental window in which the prefrontal cortex has not yet matured while the reward system shows high sensitivity. Early contact with substances therefore markedly increases the risk of developing addiction and may leave more lasting effects on the developing brain. This is the scientific rationale for prevention work focusing on the school years.

## C) Global and Regional Epidemiology

According to the UNODC World Drug Report 2026, an estimated 331 million people worldwide (approximately 6.2% of the population aged 15–64) used illicit drugs in 2024; this rate is above the level of 5.2% a decade earlier. The same report states that the number of new psychoactive

substances (NPS) reached 755, of which 118 were reported for the first time (UNODC, 2026). The disease burden attributable to substance and alcohol use accounts for a significant proportion of preventable death and disability globally (Degenhardt et al., 2018).

At the European level, the EUDA European Drug Report 2026 draws attention to diversification in the market, to substances of high purity and high potency, to the spread of synthetic stimulants and opioids, and to poly-drug use patterns (EUDA, 2026). The ESPAD 2024 Report, the most comprehensive data source on the adolescent population, was conducted with 113,882 students aged 15–16 in 37 European countries; it pointed to a long-term decline in traditional substance use (smoking, alcohol) alongside increases in e-cigarettes, the non-medical use of prescription drugs, and online gaming and gambling (ESPAD Group, 2025).

In the TRNC context, the Commission's ESPAD surveys enable the country to produce youth data that are simultaneous with and comparable to Europe. Comparative prevalence indicators specific to the TRNC (lifetime and last-30-day use, age of first use) are presented in the relevant sections of this report; the current rates for the 2025–2026 period were presented at the international scientific panel of 21 August 2026.

## D) Risk and Protective Factors

Prevention science attributes the development of addiction not to a single cause but to a balance of interacting risk and protective factors. These factors are addressed at the individual, family, peer, school and community levels:

- **Risk factors:** early contact with substances, a family history of substance use, adverse childhood experiences and trauma, weak parental supervision, peer pressure, impulsivity, co-occurring mental disorders (depression, anxiety, ADHD) and easy access to substances,
- **Protective factors:** strong family bonds and consistent parenting, school attachment and academic achievement, positive peer relationships, emotion regulation and coping skills, healthy leisure activities and access to community support mechanisms.

This model explains why the Commission runs multi-layered programmes aimed not only at the individual but also at families (the Neighbourhood Mothers Project, family counselling), schools and the community. Strengthening protective factors is as important as reducing risk factors.

## E) Evidence-Based Prevention Approaches

International prevention standards (UNODC/WHO) propose a three-tier framework: universal prevention for the whole population, selective prevention for at-risk groups, and indicated prevention for individuals showing early signs. The common features of effective prevention programmes are that they are evidence-based, designed appropriately for the developmental stage, delivered with sufficient duration and intensity, use interactive methods and are implemented with fidelity. Approaches based solely on information transmission or on fear have been shown to be ineffective and at times even counterproductive (UNODC & WHO, 2018).

The Commission's school-based awareness programmes, cognitive behavioural skills modules and family-focused work are consistent with this evidence-based framework.

## F) Evidence-Based Treatment and Intervention Approaches

Psychosocial approaches with proven effectiveness in treating substance use disorders include cognitive behavioural therapy (CBT), motivational interviewing (MI), systemic/family-based therapies, contingency management and relapse prevention:

- **Cognitive Behavioural Therapy (CBT):** by targeting the thought–emotion–behaviour cycle, it enables the recognition of triggers, the restructuring of dysfunctional thoughts and the development of coping skills (Beck, 2020),
- **Motivational Interviewing (MI):** a client-centred and directive approach that strengthens intrinsic motivation for change; it is based on collaboration rather than resistance (Miller & Rollnick, 2023),
- **Systemic and Family-Based Therapies:** address addiction through the relational dynamics within the family system; they have a strong evidence base, particularly among adolescents and young adults,
- **Pharmacotherapy:** medication-based approaches such as opioid agonist treatment in opioid use disorder are effective when used with psychosocial support in appropriate indications.

Continuity of treatment, individualised planning and addressing co-occurring mental disorders together are the key elements determining

outcomes. Relapse is not a failure; it is an expected occurrence in chronic conditions that calls for a review of the treatment plan.

## G) Behavioural Addictions

Current classifications recognise that certain non-substance behaviours can also produce addiction-like patterns. The WHO's ICD-11 classification defines gambling disorder and gaming disorder as official diagnoses (WHO, 2019). These behavioural addictions share common neurobiological reward mechanisms with substance addictions. ESPAD 2024 draws attention to a marked increase in online gaming and gambling among European adolescents; with digitalisation, this area stands out as an emerging next-generation risk domain (ESPAD Group, 2025).

## H) Stigma, Harm Reduction and an Ethical Approach

Stigmatising attitudes towards addiction are among the most important barriers delaying help-seeking. Scientific evidence shows that treating addiction as a treatable health condition supports both individual recovery and public health. The Commission's emphasis that 'addiction is not a disgrace; it is a treatable illness' expresses this evidence-based approach that respects human dignity. Confidentiality, informed consent, voluntariness and anti-discrimination are the guiding principles in all services.

# V. Substance Profiles and Current Scientific Literature

This section provides brief, current and evidence-based information on the substances that stand out in the Commission's service data. In terms of the global picture, according to the UNODC World Drug Report 2026 an estimated 331 million people worldwide (6.2% of the population aged 15–64) used drugs in 2024; the number of new psychoactive substances (NPS) reached 755, of which 118 were reported for the first time (UNODC, 2026). At the European level, the EUDA European Drug Report 2026 draws attention to diversification in the market, to high-potency synthetic substances and to poly-drug use (EUDA, 2026).

## *Cannabis*

Cannabis is the most widely used illicit substance both in Europe and among TRNC Commission applications. High-THC products on the market increase the risk of psychosis, cognitive impairment and addiction (cannabis use disorder). While the ESPAD 2024 results confirm a long-term downward trend in adolescent cannabis use in Europe, they show that an early age of onset remains an important risk factor. In the TRNC ESPAD data, the lifetime cannabis use rate was found to be lower than the European average and than in southern Cyprus.

*Source: UNODC (2026); EUDA (2026); ESPAD Group (2025)*

**TRNC Commission Data (2025–2026): In this period the number of substance-related applications was recorded as 56, the positive test rate as 22.76% and the age range as 15–46. Brief assessment: Cannabis retains the largest share among applications**

**and positive tests; the broad age range extending down to age 15 shows that prevention work must continue in a way that also covers younger age groups.**

### *Synthetic Cannabinoids*

Synthetic cannabinoids are an NPS group with far more potent and unpredictable effects than cannabis. Because of their low cost they may be preferred particularly by vulnerable groups; they carry a risk of acute poisoning, psychotic symptoms and death. Their difficulty of detection in standard urine tests requires additional laboratory capacity for monitoring.

*Source: UNODC (2026); EUDA (2026)*

**TRNC Commission Data (2025–2026): In this period the number of substance-related applications was recorded as 10, the positive test rate as 8.13% and the age range as 15–40. Brief assessment: Their striking share among positive cases and an age of onset extending down to 15 make synthetic cannabinoids a priority risk area for young users.**

### *Cocaine*

Cocaine supply and seizures in Europe have reached record levels in recent years, and treatment presentations and cocaine-related health harms have risen in parallel. In the Commission's data, the marked increase in cocaine applications from 2024 to 2025 (3→19) is consistent with the supply-increase trend in Europe and requires close monitoring.

*Source: EUDA (2026); UNODC (2026)*

**TRNC Commission Data (2025–2026): In this period the number of substance-related applications was recorded as 5, the**

**positive test rate as 2.03% and the age range as 22–38. Brief assessment: Although the number of applications is low, the need to monitor cocaine closely persists given the supply-increase trend in Europe.**

### *Amphetamine-Type Stimulants and Methamphetamine*

Methamphetamine is the most widely used synthetic stimulant globally; it is associated with cardiovascular harm, psychosis and severe addiction. The flexibility of synthetic stimulant markets and the expansion of production regions are assessed by UNODC as a priority threat.

*Source: UNODC (2026)*

**TRNC Commission Data (2025–2026): In this period the number of substance-related applications was recorded as 11, the positive test rate as 4.47% and the age range as 20–58. Brief assessment: The upward trend compared with the previous period and the broad age distribution indicate that screening and intervention capacity for synthetic stimulants needs to be strengthened.**

### *Opioids: Heroin and New Synthetic Opioids (Fentanyls, Nitazenes)*

Following the 2022 opium ban in Afghanistan, the contraction in heroin supply has increased the risk that very high-potency synthetic opioids such as fentanyls and nitazenes will spread in the market. These substances can cause fatal respiratory depression even at very low doses. The rise in nitazene-related deaths in Europe magnifies the importance of early warning systems and naloxone access.

*Source: UNODC (2026); EUDA (2026)*

### *Hallucinogens (LSD)*

LSD is a potent hallucinogen that causes marked changes in perception and thought processes. Although its potential for physical dependence is low, it may be associated with risky behaviour, persistent perceptual disturbances and psychiatric presentations. In the Commission's data, LSD was recorded for the first time in 2025 (4 applications).

*Source: UNODC (2026); Volkow & Blanco (2023)*

**TRNC Commission Data (2025–2026): In this period the number of substance-related applications was recorded as 2, the positive test rate as 0.81% and the age range as 28–31. Brief assessment: The number of cases is low and confined to a narrow age range; regular monitoring continues.**

### *Alcohol*

Alcohol is the psychoactive substance causing the highest disease burden worldwide; according to WHO data, approximately 2.6 million deaths each year are alcohol-related. ESPAD 2024 confirms a 30-year downward trend in adolescent alcohol use in Europe (lifetime use fell from 88% in 1995 to 74% in 2024); however, heavy drinking patterns remain a significant public health problem.

*Source: WHO (2024); ESPAD Group (2025)*

**TRNC Commission Data (2025–2026): In this period the number of substance-related applications was recorded as 8, the positive test rate as 3.25% and the age range as 27–48. Brief assessment: Alcohol applications are concentrated in the adult age**

**group, and holistic assessment remains important in view of concurrent substance use.**

### *Tobacco, Nicotine and E-Cigarettes*

The global number of tobacco users fell from 1.38 billion in 2000 to 1.20 billion in 2024; however, roughly one in five adults still uses tobacco. In its first global estimate, the WHO reported that more than 100 million people use e-cigarettes and that at least 15 million children in the 13–15 age group are e-cigarette users. According to ESPAD data, last-30-day (current) e-cigarette use among adolescents rose from 14% in 2019 to 22% in 2024 across the 32 countries with trend data; lifetime e-cigarette use averaged 44% in 2024. This trend must also be monitored closely in the TRNC.

*Source: WHO (2025); ESPAD Group (2025)*

### *Non-Medical Use of Prescription Drugs (Controlled Prescription Medicines)*

The non-medical use of tranquillisers, sleeping pills and painkillers is a rising risk area among adolescents and young adults; ESPAD 2024 draws particular attention to the increase in this area. Prescription drug misuse markedly increases overdose risk when combined with poly-substance use.

*Source: ESPAD Group (2025); UNODC (2026)*

### *Gambling, Gaming and Digital Behavioural Addictions*

ESPAD 2024 points to a sharp increase in online gambling and gaming behaviours among European adolescents and identifies loss of

functioning arising from social media and gaming as a next-generation risk area. Behavioural addictions share common neurobiological and psychosocial mechanisms with substance addictions.

*Source: ESPAD Group (2025); Volkow & Blanco (2023)*

# VI. Assessment of Institutional Capability and Capacity

## A) Institutional Strengths

- **Institutionalisation of a scientific and evidence-based working culture:** the regularisation of CBT and systemic approach-based trainings, the widespread use of MI techniques, and the testing-screening-statistics processes that make data-based policy-making possible,
- **Strengthening of national and international collaborations:** hosting ICODAAS, academic collaborations with distinguished experts from the USA and Europe, and conducting ESPAD in accordance with international protocols,
- **Comprehensive education and awareness programmes:** multifaceted activities for schools, universities, military units, public personnel and families; the uninterrupted operation of the 1191 line,
- **Structuring of social integration and rehabilitation work:** effective use of the Social Integration Centre, individual and family interviews, workshops and skills programmes,
- **Transparent and secure data management:** use of anonymous data, secure storage and modern data protection protocols.

## B) Weaknesses and Areas for Improvement

- Occasional breakdowns in inter-institutional coordination,

- The continuing need to develop infrastructure and physical spaces, together with the need for additional resources,
- Persistent stigmatising attitudes in certain segments of society,
- The technical burden of increasing confidentiality and data security requirements,
- The need to increase human resources and the number of specialists in the face of expanding programmes.

## C) Overall Assessment

Assessed as a whole, the work carried out in the 2025–2026 period shows that the Commission has continued to strengthen its institutional capacity, deepened standardisation in science-based practice and consolidated its multidimensional model of combating addiction that reaches broad segments of society. The continuation of international collaborations, the publication of the ESPAD cycle in book form and the operationalisation of the online scientific publishing platforms have increased the institution's scientific credibility and visibility.

Overall assessment based on comparative data (changes from 2024–2025 → 2025–2026): 1191 line calls rose from 94 to 867 and probation participation from 76 to 218; the positivity rate in urine screenings rose from 23.8% to 41.46%. In Bibapsoft applications, cannabis fell from 73 to 56 while methamphetamine applications increased. This picture shows that access to services and screening capacity have expanded markedly, while high-risk use patterns require close monitoring.

# Conclusion and 2027 Planning

Combating drugs is a strategic priority beyond the health field, in terms of social welfare, the education system, security policies and international standing. The 2027 planning sets out not merely a one-year work calendar but the TRNC's long-term orientation in combating addiction.

## Strategic Objectives for 2027

- Opening new centres and strengthening existing services,
- Bringing the Residential Home – Temporary Shelter and Social Integration Centre into operation / increasing its capacity,
- Expanding education modules and developing digital training and monitoring platforms,
- Strengthening family support programmes through the systemic approach,
- Completing certification and accreditation processes in line with international standards,
- Fully data-based policy-making using ESPAD, general population surveys and clinical data,
- Maintaining the compliance of the J-DUDPT and EHASS journals with international publishing standards and carrying out preparations to meet the conditions for academic indexing.

### *The ESPAD 2027 Round: Why Is It Being Repeated?*

ESPAD (the European School Survey Project on Alcohol and Other Drugs) is a cross-sectional monitoring study repeated every four years across Europe; its principal scientific value derives precisely from this regular repeatability. In the TRNC, since no comparable data exist for past periods, the survey is conducted annually in order to build a national database, providing current data each year. A single round offers only a snapshot of that moment; yet to see the direction and pace of trends and the impact of policy, the data must be updated at set intervals and by the same method (ESPAD Group, 2025).

This repetition carries particular importance for the TRNC. For a long time our country lacked current, national and internationally comparable data on substance use among young people. With the Commission's ESPAD surveys this gap has been closed for the first time, and the TRNC has reached a position where it can produce data simultaneously with Europe and to the same technical standards. The 2027 round is a critical link of continuity for maintaining this newly acquired measurement capacity, for monitoring change among young people over time (particularly in respect of e-cigarettes, behavioural addictions and new substances) and for feeding evidence-based policies with current data. In short, repeating ESPAD in 2027 is the only way for the data to remain current, valid and academically meaningful.

The ESPAD 2027 round will be carried out under scientific supervision and in full compliance with the European Union ESPAD protocol by a contractor to be determined within the framework of the

relevant legislation; the target sample is high school students aged 15–16. Projected implementation calendar and sample size: 2,294 persons.

## 2027 Scientific and International Project Package

The projects planned for 2027 cover, on the one hand, the continuation of monitoring studies repeated at regular intervals (such as ESPAD) and, on the other, new studies renewed and differentiated in terms of scope, method and target population. These projects are independent and original work strands envisaged to be carried out by contractor(s) to be determined by the Administration within the framework of the relevant procurement legislation:

- **Repetition of the ESPAD 2027 Round (planned):** re-administering the ESPAD survey — repeated every four years in Europe (conducted annually in the TRNC until a body of data has been accumulated) — to high school students aged 15–16 in full compliance with the European Union protocol; maintaining the TRNC's capacity to produce current, national and internationally comparable youth data and monitoring trends (e-cigarettes, behavioural addictions, new substances) (for the detailed rationale see the heading 'The ESPAD 2027 Round: Why Is It Being Repeated?' above),
- **Northern Cyprus Longitudinal Addiction Cohort (new project):** establishing a prospective follow-up study tracking the course of clients over time,
- **National Screening Focused on Behavioural Addictions (new project):** developing a new measurement instrument specific to online

gaming, gambling and digital use disorders and consistent with ICD-11 criteria, and its field administration,

- **Family Systems and Intergenerational Transmission Study (new project):** designing and reporting an original scientific study on the basis of the systemic approach, using three-generation clinical genograms,
- **School-Based Prevention Impact Evaluation (new project):** an independent, evidence-generating evaluation study measuring the effectiveness of the psycho-education programmes delivered, using a pre-test–post-test design,
- **Digital Monitoring and Early Warning Platform (new development):** developing a new early-warning dashboard combining 1191 line and Bibapsoft data, in an anonymous manner consistent with ethical principles,
- **International Scientific Publication and Indexing Preparation Programme:** completing the compliance of the J-DUDPT and EHASS journals and the annual reports with the publication standards sought by international academic indexes (regular publication periodicity, peer review process, DOI/ORCID infrastructure, ethics policies),
- **New International Conference and Panel Series:** preparing a new scientific event and peer-reviewed publication with thematic foci different from previous events (e.g. synthetic opioids, behavioural addictions),

- **Staff Certification Programme (new):** a new capacity-building model including measurable competency certification in line with international standards in the fields of systemic therapy and CBT.

## 2027 Staff Training Programmes: Advanced Modules

In order to deepen the professional competence of Commission staff (psychologists, social workers, counsellors and field workers) in the 2027 period, advanced courses and practice programmes are planned under two main theoretical frameworks. These modules are not a repetition of the basic modules delivered in the 2026 period; in both approaches they consist of advanced, new content and include case-based supervised practice alongside theoretical training. The scientific rationale and basis of each approach in the field of addiction is shown alongside each module below.

### *A) Systemic Approach (Family Therapy) – Advanced Modules (8 modules)*

Systemic and family-based interventions have been shown to have a strong and consistent evidence base in the treatment of substance use disorders, particularly among adolescents and young adults (Carr, 2019; Hogue & Liddle, 2009; Rowe, 2012). The advanced modules below aim to deepen staff capacity to work with family systems:

- **SM-1: Structural Family Therapy and Boundary/Subsystem Work.** Advanced treatment of the relationship between intra-family hierarchy, boundaries and subsystems and addictive behaviour (Minuchin, 1974).

- **SM-2: Bowen Theory – Differentiation of Self and the Transmission of Anxiety.** The role of intergenerational transmission, triangulation and differentiation of self in addiction processes (Bowen, 1978).
- **SM-3: Advanced Genogram and Clinical Assessment.** Mapping risk patterns and the transmission of attachment and trauma through three-generation genograms (McGoldrick et al., 2020).
- **SM-4: Multidimensional Family Therapy (MDFT) Applications.** An evidence-based model working across the individual, family and community domains in adolescent substance use (Hogue & Liddle, 2009).
- **SM-5: Brief Strategic Family Therapy (BSFT).** A short-term model based on restructuring family interaction patterns, with demonstrated effectiveness in substance use (Szapocznik & Williams, 2000).
- **SM-6: Expressed Emotion and Management of Intra-Family Conflict.** The effect of high expressed emotion on relapse and conflict-reduction techniques (Carr, 2019).
- **SM-7: The Evidence Base for Family-Based Interventions in Addiction and Outcome Monitoring.** Measuring family therapy outcomes and selecting evidence-based practice (Rowe, 2012).
- **SM-8: Crisis, Relapse and Family Resilience; Supporting the Caregiver.** Stabilising the family system in crisis and empowering caregivers (Stanton & Todd, 1982).

### *B) Cognitive Behavioural Approach (CBT) – Advanced Modules (8 modules)*

Cognitive behavioural therapy is one of the psychosocial approaches with the broadest evidence base in the treatment of substance use disorders; its skills-building and relapse-prevention components in particular enjoy strong support (Beck et al., 1993; McHugh et al., 2010). The advanced modules below are new content going beyond the six basic modules of 2026 and also include third-wave approaches:

- **BM-1: Advanced Case Formulation and Cognitive Conceptualisation.** Addiction-specific core beliefs, intermediate beliefs and schema-level formulation (Beck et al., 1993).
- **BM-2: Advanced Relapse Prevention and Management of High-Risk Situations.** Analysis of determinants, coping plans and management of the abstinence violation effect (Marlatt & Donovan, 2005).
- **BM-3: Mindfulness-Based Relapse Prevention (MBRP).** Observing the craving wave non-judgementally and interrupting automatic responses (Bowen et al., 2011).
- **BM-4: Emotion Regulation and Dialectical Behavioural Skills (DBT).** Adapting emotion regulation, distress tolerance and impulse control skills to addiction (Linehan, 2015).
- **BM-5: Acceptance and Commitment Therapy (ACT) Based Interventions.** Values-based action, cognitive defusion and reducing experiential avoidance (Hayes et al., 2011).

- **BM-6: CBT in Co-Occurring Mental Disorders (Comorbidity).** Integrated treatment of depression, anxiety and trauma alongside substance use (McHugh et al., 2010).
- **BM-7: Integration of Motivational Interviewing with CBT.** Moving to skills work without increasing resistance where the client is not ready for change (Miller & Rollnick, 2023).
- **BM-8: CBT in Behavioural and Digital Addictions (gaming, gambling, internet).** A cognitive-behavioural intervention model specific to online use disorders (Young, 2011).

Projected total training hours, number of participants and supervised practice plan for both programmes: 10 persons.

*These modules are designed for the professional training and capacity building of staff; the source shown alongside each module documents the scientific basis of the relevant approach in the field of addiction. The programme content will be delivered by a contractor to be determined within the framework of the procurement legislation.*

## Contributions to the Public Good

The planned projects are strategic investments in the public good in terms of securing the future of young people, public health and safety, the spread of education and awareness, international cooperation and standing, and economic and social contribution. Healthy generations mean lower health expenditure, a more productive workforce and a safer social life.

All the work carried out by the Commission — together with the 1191 line, the Bibapsoft data system, ESPAD and general population surveys, the Residential Home, systemic and CBT-based trainings, school and university programmes, legislative drafting preparations and the online

scientific publishing infrastructure — forms a multi-layered and sustainable protection framework that strengthens early warning, early intervention and long-term monitoring mechanisms for children and young people.

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# APPENDICES

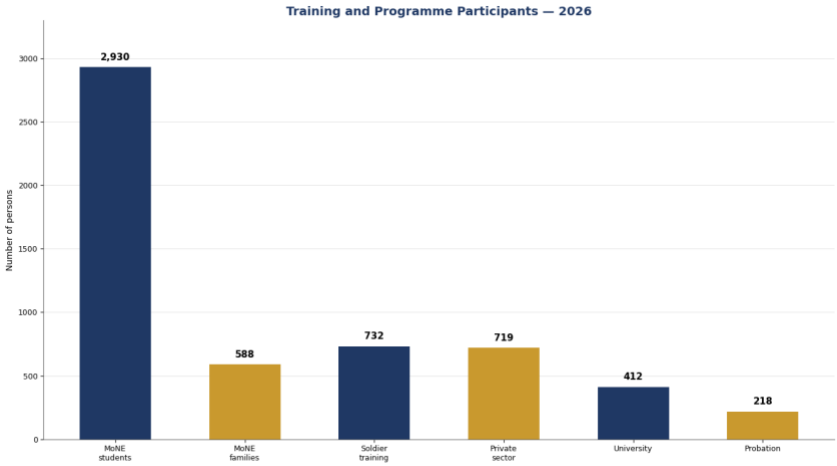
## APPENDIX-1: Data Requested from the Commission – Completion Form

This section brings together in one place the completed version of the numerical data requested from the Commission for the completion of the book. The data were provided by the Commission as at the data cut-off date of 6 August 2026 and are presented together with summary tables and figures. The item numbers in the tables follow the order in the data request form.

### A. Key Indicators (2026 Period)

| No | Indicator | Value |
|---|---|---|
| 1 | Total budget allocation for 2026 | TL 63,000,000 (2025: TL 35,000,000) |
| 3 | Probation programme (2026) | 218 participants / 1,353 hours |
| 4 | Students and families reached in cooperation with the Ministry of National Education (2026) | 2,930 students + 588 families (3,518 people in total) |
| 5 | Number of soldiers trained (2026) | 732 soldiers |
| 6 | Private sector / university trainings (2026) | 719 private sector employees + 412 university students |
| 7 | Motivational Interviewing (MI) training – total participants | 26 participants |
| 8 | CBT training (2025–2026) – total participants | 10 participants |
| 9 | Academic and clinical supervision (2025–2026) | 10 participants |
| 20 | Commission staff | 14 people (10 specialists / 4 administrative-support) |

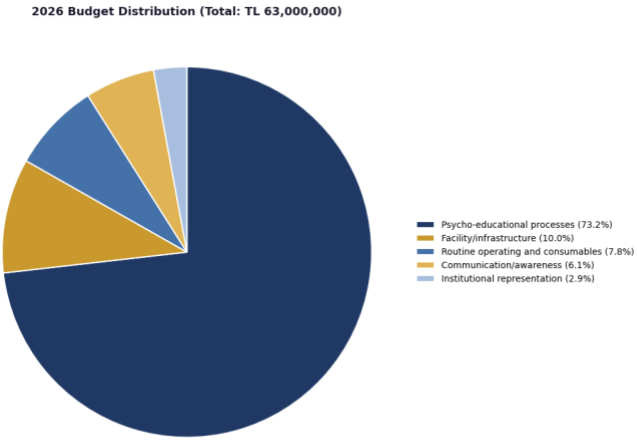
**Figure APPENDIX-1.1:** Training and Programme Participants – 2026




## B. 2026 Budget Distribution (Item 2)

| Activity Category | 2026 Share |
|---|---|
| Psycho-educational processes, client support programmes and scientific practices | 73.2% |
| Facility use, infrastructure and physical service expenses | 10.0% |
| Routine operating and consumable expenses | 7.8% |
| Communication and awareness activities | 6.1% |
| Institutional representation and organisation expenses | 2.9% |
| **Total** | **100%** |

**Figure APPENDIX-1.2:** 2026 Budget Distribution



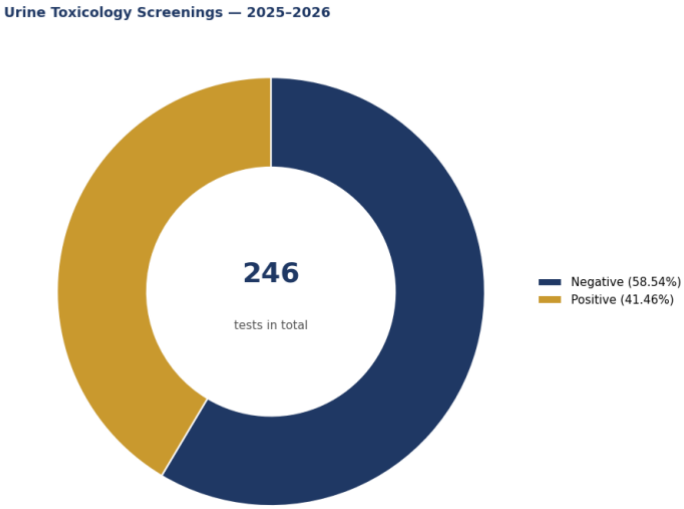

## C. Psychosocial Support Services (Item 10)

| Service | 2025–2026 |
|---|---|
| Family interview | 19 people |
| Referral | 19 people |

## D. Urine Toxicology Screenings 2025–2026 (Item 12)

| Indicator | Value |
|---|---|
| **Total number of tests** | 246 |
| Negative result | 58.54% |
| Positive result | 41.46% |

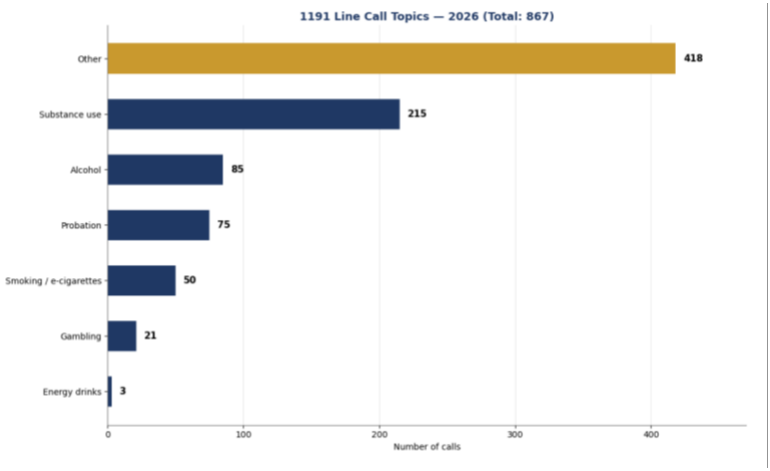
**Figure APPENDIX-1.3:** Distribution of Urine Screening Results




## E. 1191 Counselling and Support Line – 2026 (Item 13)

| Call Topic | 2026 (n) | Share |
|---|---|---|
| Substance use | 215 | 24.8% |
| Alcohol use | 85 | 9.8% |
| Smoking / e-cigarettes | 50 | 5.8% |
| Gambling | 21 | 2.4% |
| Energy drink addiction | 3 | 0.3% |
| Probation | 75 | 8.7% |
| Other | 418 | 48.2% |
| **Total** | **867** | **100%** |

**Figure APPENDIX-1.4:** 1191 Line Call Topics – 2026




## F. Bibapsoft Applications – 2026 (Item 14)

In the 2026 period a total of 221 applications were recorded in the Bibapsoft system; substance preference information was recorded in 100 of them. The distribution of applications with recorded substance preference and the comparison with the 2024–2025 periods are presented in Table-4 in section F of the report.

## G. 2025–2026 Period News and Visibility List (Item 19)

| Date | Title | Link |
|---|---|---|
| 9–11 November 2025 | The Commission hosted the ICODAAS 2025 International Conference | — |
| 09 December 2025 | Addiction Through the Eyes of Young People: applications opened for the 1st International Awakening Festival | havadiskibris.com |

| Date | Title | Link |
|---|---|---|
| 14 January 2026 | The Anti-Drug Commission held the first ordinary meeting of 2026: a new roadmap was set | kibrismanset.com |
| 18 January 2026 | Addiction Awareness Training at ASBÜ | facebook.com |
| 18 January 2026 | Preparations began for the Strategy and Action Plan Workshop on Combating Drugs | facebook.com |
| January 2026 | The ESPAD TRNC English book was published online | — |
| 03 February 2026 | The “Scientific Approaches in Combating Substance Use in the TRNC Panel” was announced | kibrispostasi.com |
| 04 February 2026 | The “Scientific Approaches in Combating Substance Use in the TRNC Panel” began | haberkibris.com |
| February 2026 | The ESPAD TRNC Turkish book was published; an international panel was held | — |
| 25 February 2026 | Addiction Awareness Training was delivered | facebook.com |
| 27 February 2026 | Trainings for young people on combating addiction continue | haberkibris.com |
| 05 March 2026 | Awareness trainings for young people continue | facebook.com |
| 11 March 2026 | Awareness Trainings for Young People continue | facebook.com |
| 31 March 2026 | From Habits to Addiction: An Awareness and Consciousness Gathering | facebook.com |
| 12 June 2026 | Hatipoğlu represented the TRNC at the Addiction and Recovery Symposium | dikdurus.com |
| 19 June 2026 | Wings of Hope Opening to the Sky | kktchaber.com |
| 26 June 2026 | Awareness training in combating addiction | dikdurus.com |
| 30 July 2026 | In Combating Addiction: Cognitive Behavioural Therapy books were published | dikdurus.com |
| 21 August 2026 | International scientific panel at which the 2025–2026 ESPAD data were presented with the participation of Prof. Dr. Dr. (h.c.) Marilyn A. Huestis (this publication was published on 21 August 2026) | — |

**Turkish Republic of Northern Cyprus Prime Ministry**
*Anti-Drug Commission*

This book comprehensively presents the protective-preventive work, education and awareness programmes, rehabilitation and social integration services, international collaborations and data-based monitoring activities of the TRNC Prime Ministry Commission for Combating Drugs in the 2025–2026 period, in comparison with the previous period. In the light of the current international literature (UNODC 2026, EUDA 2026, ESPAD 2024, WHO 2024–2025), it addresses scientific information on substances, publication ethics standards and the 2027 roadmap within a holistic framework.

- Comparative data analysis (2024–2025 / 2025–2026)
- Evidence-based substance profiles and current literature
- International publication ethics compliance
- Complete delivery of services within the contract scope

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