REPUBLIC OF TURKEY
MINISTRY OF INTERIOR
TURKISH NATIONAL POLICE
Anti-Smuggling and Organized Crime Department

European Monitoring Centre
for Drugs and Drug Addiction

Turkish Monitoring Centre
for Drugs and Drug Addiction

EMCDDA 2009 ANNUAL REPORT

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Reitox National Focal Point

TURKEY

2009 National Report
on
Counteracting Addictive Substances and Substance Addiction

REITOX

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2009 NATIONAL REPORT TO THE EMCDDA
By the Reitox National Focal Point

TURKEY

New Developments, Trends and Selected Issues

Mustafa PINARCI

EMCDDA Turkey National Focal Point (TUBİM), President

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ABBREVIATIONS AND ACRONYMS

EU	: European Union
USA	: United States of America
AMATEM	:Research, Treatment and Training Centre for Alcohol and Substance Addiction
ASAGEM	: Directorate General for Family and Social Studies
ATS	: Amphetamine-Type Stimulant
BİDEM	:Computer-Aided Learning Centre
CTEGM	: Directorate General of Prisons and Detention Houses
STI	: Sexually Transmitted Infections
ÇEMATEM	:Research, Treatment and Training Centre for Substance Addiction in Children and Adolescents
MoLSS	: Ministry of Labour and Social Security
IDU	: Injecting Drug User
SPO	: State Planning Organization
WHO	: World Health Organization
EAH	: Training and Research Hospital
TNP	: Turkish National Police
GEM	: Safe Recreational Settings
GSGM	: General Directorate for Youth and Sports
HBV	: Hepatitis B Virus
HCV	: Hepatitis C Virus
İEEP	: Training Program for Parents in Places of Worship
İGEP	: Internal Migration Integration Project
İSMEM	: Youth Rehabilitation and Vocational Training Centre of the Municipality of Greater Istanbul
İŞKUR	: Turkish Employment Organization
GCG	: General Command of Gendarmerie
KHK	: Decree Having the Force of Law
ASOC	: Anti-Smuggling and Organized Crime
MAKEP	: Project to Develop a Training Program to Protect Against HIV/AIDS
MASAK	:Financial Crimes Investigation Board
MONE	: Ministry of National Education
OMKÖP	: Project to Prevent Substance Abuse at Schools
OSEP	: School Bus Drivers Training Project
PVSK	: Law on the Duties and Powers of the Police
RAM	: Guidance and Research Centre
RTÜK	: Turkish Radio and Television Supreme Council
SAK	: Strategic Studies Board
SBTHGM	: Ministry of Health Directorate General for Curative Services
SBTSHGM	: Ministry of Health Directorate General for Primary Healthcare Services
SHÇEK	: Social Services and Child Protection Agency
NGO	: Non-Governmental Organization
SYDGM	: General Directorate of Social Assistance and Solidarity)
SYDV	: Social Assistance and Solidarity Foundation
TADOC	: Turkish International Academy Against Drugs and Organized Crime
TGNA	: Turkish Grand National Assembly
TPC	: Turkish Penal Code

TİMKEP	: Project to Prevent Substance Abuse via Theatre
TİSK	: Turkish Confederation of Employer Associations
TRT	: Turkish Radio and Television Corporation
TUBİM	: Turkish Monitoring Centre for Drugs and Drug Addiction
TURKSTAT	: Turkish Statistical Institute
UAK	: National AIDS Committee
UMGED	: Drug Abuse Prevention and Youth Association
UMUD	: Substance Abuse Prevention Association
USAK	: International Strategic Research Organization
UZEM	: National Poison Center
YİBO	: Boarding Regional Primary Education School
YÖK	: The Council of Higher Education

AIDS	: Acquired Immune Deficiency Syndrome
BZP	: 1-Benzyl piperazine
CRA	: Capture-Recapture Analysis
CRM	: Capture-Recapture Method
DEA	: Drug Enforcement Administration
EMCDDA	: European Monitoring Center for Drugs and Drug Addiction
EMEA	: European Medicines Agency
ESPAD	: European School Survey Project on Alcohol and Other Drugs
EUROPOL	: European Police Office
EWS	: Early Warning System
HCL	: Hydrochloric acid
HDA	: Huntington's Disease Association
HIV	: Human Immunodeficiency Virus
IDU	: Injecting Drug User
ILO	: International Labour Organisation
INCB	: International Narcotics Control Board
IPA	: Instrument for Pre-Accession Assistance
LAAM	: Levo-Alpha Acetyl Methadol,
LSD	: D-lysergi: : Lysergic acid diethylamide
mCPP	: meta-Chlorophenylpiperazine
MDMA	: 3,4 methylenedioxymethamphetamine
OECD	: Organisation for Economic Co-operation and Development
PANDORA	: Preventing Transfer of Substances via Cargo
PDU	: Problem Drug Use
PPD	: Pharmaceutical Product Development
TAIEX	: Technical Assistance Information Exchange Unit
THC	: Delta-9-tetrahydrocannabinol
UNICEF	: The United Nations Children's Fund
UNODC	: United Nations Office on Drugs and Crime

SUMMARY

This 2009 report has been prepared by TUBIM (Turkish Monitoring Centre for Drugs and Drug Addiction), working under the Anti-smuggling and Organized Crime Department of the Turkish National Police. TUBİM local focal points and the agencies under which they operate have contributed greatly in the preparation of the report. Turkey's 2009 National Report on Counteracting Addictive Substances and Substance Addiction is more comprehensive compared to the 2008 report and contains a huge body of information. The report has been prepared in conformity with the reporting guidelines of EMCDDA (the European Monitoring Centre for Drugs and Drug Addiction). The report, also shared with EMCDDA, consists of nine main sections. This summary includes brief information on addictive substances and addiction. The report is a product of the successful interagency cooperation achieved. Hoping that this cooperation will continue, I extent my thanks to the TUBIM personnel who prepared the report and to the officials of all contributing agencies and organizations.

Ahmet PEK
Anti-smuggling and Organized Crime Department, Head
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Drug Use in the General Population and Young Population

Studies on prevalence of drug use are vital in determining the policies and strategies that are to be implemented. These studies, which are carried out at least every four years in developed countries, provide countries with comparable data. In Turkey, apart from some regional studies carried out in some provinces, no nationwide surveys have been carried out with regard to drug use prevalence. The latest comprehensive survey on young population was in 2003 and covered only six large provinces. The survey was far from being able to give information on the situation throughout the country as it only covered six provinces. Questions on substance use were also asked, albeit without going into any details, in a survey on "violence in schools" conducted in 2007 by the Turkish Grand National Assembly (TGNA). According to the results of TGNA's nationwide survey, 2.9% of the young population use substances. A survey on drug use in the general population is planned for 2010 under the coordination of the General Directorate of the Turkish National Police (TNP) Anti-smuggling and Organized Crime Department (ASOC) – TUBIM, and the preliminary works for this survey have already been started.

Prevention

Prevention of drug use is addressed under three main categories: Primary prevention (before any contact with substances), secondary prevention (oriented to those who have already had

contact with substances but not yet developed a dependency) and tertiary prevention (activities oriented to treat addicted groups and reduce harmful effects).

In Turkey, both primary prevention measures and universal prevention measures are used frequently and widely. In universal prevention, awareness raising programs are the mostly used method. Prevention programs that mostly target the young population at schools include seminars and conferences. In these programs, the provincial focal points of TUBIM, which is attached to TNP/ASOC, play an important role. In addition, media campaigns aiming at informing the public and raising public awareness are common. It is desired to be able to implement the prevention programs of the Ministries of Health and National Education nationwide. Selective prevention programs and prevention programs aimed at at-risk groups are quite limited. Provincial coordination boards established under provincial governorates parallel to the National Action Plan for Counteracting Substance and Substance Abuse have started to fill an important gap in the planning and implementation of prevention programs, as in other areas of the problem.

Problem Drug Use

According to the definition adopted by EMCDDA (European Monitoring Center for Drugs and Drug Addiction), PDU (Problem Drug Use) means injecting drug use or long duration/regular use of opioids, cocaine and/or amphetamines. PDU is calculated with statistical estimation methods using various data regarding substance use and addiction. Trainings and works on estimating PDU were started in 2007 under the coordination of TUBİM.

Substance Addiction Treatment and Treatment Demand

Substance addiction treatment services are offered in general by AMATEMs (Research, Treatment and Training Centre for Alcohol and Substance Addiction) or psychiatry clinics in state hospitals or at the treatment units of the faculties of medicine of universities. In Turkey, the number of private treatment/rehabilitation centers for substance addiction is considerably limited. Treatment is provided as outpatient and inpatient. For treatment, individuals are covered under the universal health insurance.

The number of treatment demands to health institutions due to substance addiction and the number of patients taken into treatment in a country are important indicators of the size of the problem. This indicator is decisive in determining the measures to be taken. In the standard data tables that constitute the basis of the report, detailed data could only be given with regard to addicts receiving inpatient treatment in treatment centers. Studies are continuing to ensure data input regarding addicts receiving outpatient treatment and the overall treatment demand.

Concerning the data regarding addicts receiving inpatient treatment at treatment centers, although the treatment centers providing data input are increasing in number every year, it has not yet been possible to receive data from all centers. According to 2008 data provided by the Ministry of Health (MoH), 2145 addicts have received inpatient treatment. The total number of beds in treatment centers is 495. In the survey undertaken in 2008 by the TGNA, it was reported that the addiction treatment centers are inadequate in terms of their numbers, their geographical distribution within the country and the health personnel employed by them (Summary Report of the Parliamentary Research Commission on Drugs, 2009: 29)

Looking at the available data, it is seen that among all patients receiving addiction treatment, 52.6% were treated against addiction to opium derivatives, 29.6% against addiction to cannabis, 2.4% against addiction to stimulants and 3.4% against addiction to cocaine. Of those addicts taken into treatment, 52.5% stated it was their first application to treatment,

and 45.8% stated they had previously received treatment. As to how treatment applications were made, 56.9% came to the treatment center on their own volition, 31% were brought in by their families and friends, and 8.8% were brought in by the police or through court diversion.

Infectious Diseases

Intravenous substance use, i.e. injecting drugs, causes risks for major health problems and infectious diseases. In Turkey, there are not yet any regular tests being implemented on intravenous drug users to identify Hepatitis B, C and HIV.

Drug Related Deaths

Until 2007, data on drug related deaths were limited to data provided by the Narcotics Units of the TNP. With the "national working group on drug related deaths" set up within TUBIM as required by the national action plan in 2007, TUBIM has started to receive healthy data on drug-related deaths. Throughout the country, the data obtained by Forensic Medicine Groups are sent to the Presidency of the Council of Forensic Medicine (CFM) and are shared with TUBIM in accordance with EMCDDA standards.

Compared to 2007 data, there is a 14% increase in drug related deaths. Drug related deaths, estimated as 139 in 2007, were 159 in 2008. A breakdown of the death incidents according to substance types shows that 88.7% of the deaths were caused by substances containing opium and derivatives, while 11.3% were caused by substances not containing opium derivatives. Multiple substance use was detected in 73.6% of the cases. Provinces with the highest death rates were determined respectively as Istanbul (93), Gaziantep (10) Van (10), Elazığ (8) and Antalya (6). In 2008, the increase in drug related deaths among foreign nationals (mostly among Georgian nationals–12) is striking.

Crime Aspect

As a result of the geography in which it is located, Turkey is located on major drug trafficking routes. The Balkan route connecting Afghanistan, which provided 93% of the world's illegal opium production in 2008, to Europe, which is an important heroin market, crosses Turkey. Similarly, Turkey is also located on the route connecting synthetic stimulants (especially Captagon), which are mostly produced in European countries, to the Arabian Peninsula, an important market for synthetic stimulants.

The success of law enforcement units in fighting drug-related crimes is also reflected in the statistics. In 2008, a 12.7% increase was seen in the number of overall incidents (15433), compared to 2007 (13692). When evaluated as per substance type, it is seen that most frequently seized drugs were cannabis (82.2%), heroin (9.7%), and ecstasy (3.6%).

According to a study published in 2008 by the Ministry of Justice (MoJ) Directorate General for Prisons and Detention Houses, the number of persons held in prisons or other correction facilities due to drug-related crimes, which was 4125 in 2005, increased by 275% in 2008 (15447). According to 2008 data, those in prison due to drug-related crimes (14%) are the largest group after those convicted for man slaughtering (19%).

Those committing the crime of manufacturing and dealing narcotic substances constitute 95% of the overall drug-related crimes[*]. The remaining 5% consist of other drug related crimes, including possession of drugs for personal use. On the other hand, according to MoH

[*] Hakim Türker TOK, presentation to the TGNA Commission on Drugs in 2008.

data, there has been a significant increase in the number of treatment applications due to heroin addiction in 2008 and 2009. Deaths due to using opium and derivatives also constitute the majority of drug related deaths (88.7%). Heroin is the main opium derivative causing death. These data show that law enforcement units should give special importance to preventing use, supply and sale of heroin in their street-level efforts.

Number of suspects apprehended in 2008 (32101) were increased by 11.7% compared to 2007 (28734). It is considered that the main factor causing this increase in the number of incidents and apprehensions is the importance given to operations against national drug networks by the narcotics units of the TNP parallel to national policies and strategies, as well as the increase in the operation capacities of the law enforcement units. Moreover, it can be said that the amendments made in relevant laws regarding organized crime investigations are reflected positively in antidrug efforts.

In terms of the quantities of seized substances, although significant increases are seen in some substances (cannabis, heroin), there are slight decreases in some (ecstasy, Captagon, cocaine).

Legal Situation

Illicit substances included within the scope of the Turkish Penal Code (TPC) are regulated in Law no 2313 on Control of Narcotic Drugs.

In the TPC, penal sanctions against drug-related crimes are addressed under two main groups. These cover crimes related to production/manufacturing and trading of narcotic and stimulant drugs (art.188) and their use (art. 190-191).

Possession of illicit addictive substances for personal use is penalized with 1-2 years of imprisonment. However, for substance users, a “treatment and probation measure” aiming at reintegration into society has started to be implemented as an alternative to incarceration in 2006.

The former and new TPC provides for 10 to 20 years of imprisonment for those who manufacture, import or export illicit drugs.

Although the former TPC envisaged 4 to 10 years of imprisonment for those selling or acting as intermediary in the sale of illicit drugs, this penalty is increased to 5 to 15 years of imprisonment in the new Law.

The Law and Regulation on Highway Traffic regulates narcotic and stimulant substance tests in addition to regular alcohol tests in traffic. In practice, alcohol tests (breath and blood) are conducted whereas the tests for other substances are not yet being implemented.

In 2008, as a result of the efforts of the EWS (Early Warning System) Working Group consisting of experts from relevant ministries and working under the coordination of TUBİM, substances called BZP and mCPP, which were abused by drug traffickers but which were not included within the legal framework, were introduced into the law scope with the resolution no. 2313 of the Council of Ministers.

National Strategy and Coordination

A comprehensive national strategy against drugs was prepared in Turkey in 2006. The “National Policy and Strategy Document on Counteracting Addictive Substances and Substance Addiction” will remain effective until 2012. The initial action plan (2007-2009)

prepared in concordance with the strategy document will be evaluated at the end of 2009 and will be renewed for 2010-2012.

The National Coordination Committee and National Science Committee envisaged in the National Action Plan convene quarterly under the coordination of TUBİM. The National Coordination Committee meets in two different sessions – one on counteracting supply and the other on demand-treatment-rehabilitation – with the participation of all relevant ministries, local governments and NGOs. In line with the National Strategy Document and Action Plan, many of the provincial governorates have set up their local action plans and provincial coordination committees, and have started to contribute to the combat against substances and substance addiction from all angles.

In the 2008 report of the TGNA Commission on Drugs, it is expressed that TUBIM's institutional status should be upgraded in order to enable it to carry out its functions more effectively as the institution responsible for interagency coordination as designated in the national strategy document and action plan. The Commission suggests that TUBIM can be transformed into a Directorate General operating under the Prime Ministry.

PART A

NEW DEVELOPMENTS AND TRENDS

SECTION 1[1]

NATIONAL POLICIES AND CONTEXT

Article 58 "Youth and Sports" of the Constitution sets forth that "…The State shall take necessary measures to protect youth from addiction to alcohol and drugs, crime as well as gambling, and similar vices, and ignorance". As can be understood from this article, it is among the duties of the State to protect young people from dangers such as smoking, using alcohol or other addictive substances and gambling. The Republic of Turkey is always open to and promotes national and international cooperation in supply and demand reduction activities and efforts to rehabilitate and reintegrate addicts. The policy on counteracting addictive substances follows the same direction as the counteracting policies adopted by the international organizations to which Turkey is a party and supports their activities, while also taking into consideration the cultural differences.

The Republic of Turkey believes that supply and demand are intertwined and cannot be considered as separate elements in counteracting addictive substances, and counteracting efforts against both of these elements should be coordinated and simultaneous, and that the process of rehabilitation should also be included in these efforts so as ensure reintegration of addicted individuals into society, and therefore gives equal importance to both supply reduction and demand reduction in its combat against drugs.

The Republic of Turkey has the desire, determination and zeal to carry out its activities to counteract addictive substances with a multi-participatory understanding that will provide equal opportunities for expanding and deepening the efforts with the support of relevant national and international agencies and organizations.

In this framework, as the general approach adopted in Turkey's policy to counteract addictive substances, Turkey accepts the use and abuse of all legal and illegal addictive substances as a social public health issue. The aim is to ensure effective combat against all substances and to prevent young people from starting using drugs. In legal arrangements, substance addicts are first of all accepted as patients. In sum, Turkey endeavours to develop a holistic, interdisciplinary, multisectoral understanding based on mutual communication and interaction that addresses the use of legal and illegal substances as a social health problem, balances supply reduction and demand reduction efforts, and covers international cooperation, education, research and assessment.

All activities carried out within this scope are in harmony with the new policies and strategies developed in conformity to national legislation and national and international conventions and instruments to which Turkey is a party, and adopt an approach that holds human health sacred, that values the individual, that is based on plural and multidimensional cooperation and coordination and effective, efficient and dynamic implementation, with respect for human dignity and value being main considerations.

[1] Section prepared by Ali ÇEVİK.

Turkey started working towards establishing a comparable data system conforming to EU norms in 2000. In 2000, Turkey also communicated to the European Commission its desire to take part in the activities of EMCDDA. In the ensuing process, the “Agreement between the European Community and the Republic of Turkey on the participation of the Republic of Turkey in the work of the European Monitoring Center for Drugs and Drug Addiction” was signed in 2007. The agreement was sent to the TGNA on 09/03/2009 after which it was ratified and put into practice. Since 2004, Turkey has been sharing national drug-related data with EMCDDA and since 2006 has been submitting its “national annual report on counteracting substances and substance addiction” to EMCDDA.

1.1. Legal Framework

A general list of the national and international legislation being implemented in Turkey is given in Annex-1. There is a wide range of national and international legislation on illicit addictive substances. Explanations on legislation are given below.

1.1.1. International Agreements and Conventions

Main international instruments signed for the prevention of production and trafficking of narcotic substances are as follows,

1. 1961 United Nations Single Convention on Narcotic Drugs,
2. 1971 United Nations Convention on Psychotropic Substances, and
3. 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Turkey is a signatory to these three international conventions.

With the *United Nations Single Convention on Narcotic Drugs* dated 1961, regulations were introduced with regard to prohibition of narcotic drugs other than for scientific and medical purposes, control on cultivation of illegal poppy and other plants used in production of narcotic drugs, and licensing and supervision of production, import, export and distribution of narcotic drugs, and the INCB (International Narcotics Control Board) was established.

With the *United Nations Convention on Psychotropic Substances* dated 1971, it was decided to establish control over drugs that are abused and that affect human psychology, to ensure that drugs with narcotic effects can only be used with a prescription from a qualified doctor and to ensure introduction of necessary legal arrangements for criminalization of the issues stated in the convention in the domestic laws of each country, and the first serious international sanction was introduced, which enabled referral to the International Court of Justice (ICJ) in case of failure to settle through other means any disputes arising due to interpretation or implementation of the convention.

With the *United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances dated 1988,* it was decided to establish control over chemical substances used in production of narcotic and psychotropic substances and prevent money laundering in the combat against trafficking of narcotic substances, and to enable implementation of the controlled delivery method with an aim to ensure international operational activities and promote legal assistance, information exchange and communication so as to increase effectiveness in combating these crimes.

1.1.2. National Legislation

a) Constitution of the Republic of Turkey, No.2709,
b) Turkish Penal Code, No.5237,
c) Law on Control of Narcotic Drugs, No. 2313,
d) Law on Narcotic Substances, No.3298,
e) Other relevant legislation

Some of the main laws included in the national legislation are explained briefly below.

a) Constitution of the Republic of Turkey, No. 2709

The State shall take necessary measures to protect youth from addiction to alcohol and drugs, crime as well as gambling, and similar vices, and ignorance (art. 58/2).

b) Turkish Penal Code, No.5237

TPC Articles 188 - 192 and 297 regulated drug-related crimes.

With the Turkish Penal Code numbered 5237 entering into force on *01.06.2005*, the "penal policy" against those using and/or possessing narcotic substances was changed. The provisions of TPC no. 5237, unlike the provisions of TPC no. 765, foresee not only penalty but also treatment and probation measures against this crime. The real purpose behind this provision is to divert users of narcotic and stimulant substances to treatment, and thereby use the threat of penalty and execution of penalty as a means to divert individuals to treatment.

According to Article 404 of the previous TPC (no. 765), those using narcotic substances or having them in their possession for personal use were being sentenced to prison for one to two years. This prison sentence could be either executed through incarceration or converted into optional sanctions if the final penalty remaining after penal reductions corresponded to imprisonment for 1 year or less, or could be deferred, all depending on the discretion of the judge. There were no rehabilitation practices that could be implemented in cases where one of these three options was preferred.

Custody and treatment at a health institution was decided only if the using habits of the substance users were at *addiction level*.
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With the new *Turkish Penal Code* coming into force on 01.06.2005*,* Turkey made a transition to a new rehabilitation system which foresaw "treatment and probation" as a sanction based on the "treatment and therapy" needs of users of narcotic and stimulant drugs.

For those manufacturing or importing narcotic substances, both the new and the former TPC stipulate imprisonment for 10 to 20 years.

For those dealing in or acting as intermediary in sale of drugs, the former TPC foresaw prison sentence for 4 to 10 years, while this is increased in the new law to 5 to 15 years.

Crimes of Manufacturing or Trading Narcotic or Stimulant Substances: (Turkish Penal Code No. 5237, article *188)*

Paragraph 1 of article 188 of the TPC stipulates that those who manufacture, import or export narcotic or stimulant substances without a license or in violation of their licenses shall

be sentenced to imprisonment for a minimum of 10 years together with an administrative fine corresponding to twenty thousand days.

Implementation of Security Measures against Legal Entities (TPC no.5237, article 189) In cases where the crimes of manufacturing or trading in narcotic or stimulant substances are committed within the framework of the activities of a legal entity, the relevant security measures shall be applied against these legal entities.

Facilitating Use of Narcotic or Stimulant Substances (TPC art 190)
The law stipulates prison sentence for 2 to 5 years for the crimes of providing a venue for drug use, informing about use methods, encouraging use or making any publications/broadcasts to that effect.

The Crime of Buying, Accepting or Possessing Narcotic or Stimulant Substances for Personal Use (Art. 191.)

(1) Any person who purchases, accepts or possesses narcotic or stimulant substances for personal use shall be sentenced to one to two years of prison.
…

Effective Repentance (Article 192)

(1) If the person involved in the crimes of manufacturing or trading in narcotic or stimulant substances informs the authorities about the other accomplices and the places where the substances are manufactured or stored before such information becomes available to authorities, he/she shall not be sentenced to any penalties if the provided information leads to apprehension of the accomplices or seizure of the narcotic or stimulant substance.
…

The penalty for sneaking narcotic substances into prisons is regulated in Article 297 of the TPC.

c) Law no.2313 on Control of Narcotic Drugs

This law provides a list of narcotic substances which are prohibited for sale or the production, import, export and sale of which are left to the supervision of the Ministry of Health.

It is also stated that other narcotic substances found to be harmful or causing toxicomania (habit) can be included under the scope of said law with a decision of the Council of Ministers (art. 19).

In line with the powers granted by Law no 2313, the Council of Ministers has put many narcotic substances under the scope of Law no.2313 through resolutions issued on various dates.

Law no. 2313 prohibits cultivation of hemp to produce cannabis (art. 3), introduces license requirements of cultivation of hemp for other (industrial) purposes (23/1); and regulates unlawful or unlicensed hemp cultivation as separate offences (23/4). To facilitate the implementation of the law, the “Regulation on Implementation of Law No. 2313 on Control of Narcotic Drugs” was prepared.

Regulation on Implementation of Law No. 2313 on Control of Narcotic Drugs (Official Gazette: 21.11.1982)

The regulation mainly addresses the following:

1- Those authorized to confiscate narcotic substances (art. 2).
2- The procedures to be followed in confiscation of narcotic drugs, and issues to be included in the confiscation protocol (art. 3).
3- Taking samples from narcotic drugs and sending for examination (art. 3–10).
4- Safekeeping narcotic drugs and samples (art. 11–12)
5- Procedures regarding narcotic drugs that are the subject of a confiscation (art. 13–14); establishment, duty area and working principles of drug disposal committees (art. 18–19).
6- Shipment and transfer of narcotic drugs (art. 15–17).
7- Disposal procedures (art. 20–23).
8- Storing samples in laboratories (art. 24); procedures to be followed in case of inconsistencies in reports drafted by laboratories (art. 25)

Resolutions by the Council of Ministers as per Article 19 of Law no.2313

In line with the powers granted by Law no 2313, the Council of Ministers has put many narcotic substances under the scope of Law no.2313 through resolutions issued on various dates.

d) Law no. 3298 on Narcotic Substances **(Report of the Parliamentary Research Committee on Drugs, 2008:166)**

The main issues regulated by this law, which came into effect on 19.06.1986, include the following:

a- Some narcotic substances are listed (poppy capsules, raw opium, coca leaves etc); the purchase, sale, production, import and export of these substances are left to the supervision to the Council of Ministers (art. 1/1); and it is stated that any other natural or artificial substance the use of which is found to be harmful or causing toxicomania can be included under the scope of this law with a resolution of the Council of Ministers (art. 1/3).

b- Cultivation of the plants from which the narcotic substances mentioned in article 1 are obtained (such as poppy, coca leaves etc) requires obtaining a license (art. 1/3); and it is set forth that the areas for poppy cultivation and production of poppy capsules shall be identified and announced every year by the Council of Ministers (art. 2).

c- Article 2 stipulates that those wishing to cultivate poppy in areas determined by the Council of Ministers must get permission/cultivation license from the relevant authority (local offices of the Turkish Grain Board-TMO).

d- Article 3 states that raw opium, prepared opium, medical opium and mixtures shall be accepted as narcotic substances in the implementation of the Turkish Penal Code, and that Article 188 and subsequent articles of the Turkish Penal Code shall be applied to those producing raw opium without authorization/license.

e- The law also regulates crimes such as unauthorized or incompliant poppy cultivation, unauthorized raw opium production etc (art. 4)

e) Other Relevant Legislation

Regulation on Hemp Cultivation and Control (Official Gazette: 21.10.1990)

Main issues addressed in the regulation are as follows:

1- Definition of hemp, fibre, seed (art. 4).

2- Provinces and districts where hemp can be cultivated (art. 5).

3- Authority of the Ministry of Agriculture to expand or narrow the hemp cultivation areas (art. 6).

4- Format and conditions relevant to applications for hemp cultivation permit (art. 7); granting cultivation permit (art. 8); sample petition for applying for hemp cultivation permit; sample for certificate of hemp cultivation permit.

5- Control of hemp cultivation (art. 9–13).

Law no. 2918 on Highway Traffic

The law articles related to narcotic substances include the following:

a) Those convicted from crimes specified under articles 188 and 191 of the Turkish Penal Code cannot be granted driver's licenses (art. 41/e).

b) Driving under the influence of narcotic or stimulant substances is prohibited; drivers who violate this prohibition

aa- shall be banned from driving; and

bb- shall also be sentenced to six months of light imprisonment and a light fine of TL 532,600,000[2] even if their conduct constitutes another offence; furthermore, their driver's licenses shall be revoked indefinitely (art. 48).

c) The driver's licenses of those convicted from one or more of the offences specified under articles 188 and 191 of TPC shall be revoked indefinitely (art. 119/1).

Law no. 4208 on Preventing Money Laundering

The law articles related to narcotic substances include the following:

1- The law defines controlled delivery, including narcotic and stimulant substances, within the scope of the definition (article 2)

2- The law also regulates the conditions and methods applicable to controlled deliveries (art. 10, 11, 13)

1.1.3. New Developments in Legal Frameworks

Law no. 5727 amending the Law no. 4207 on Preventing the Harmful Effects of Tobacco products

The law was put into effect on May 19, 2008. In order to ensure effective implementation of the law provisions and consistency and standardization in implementation, a Prime Ministry Circular was published in the Official Gazette dated 16.05.2008 and numbered 26878.

Law no. 5728 on Amendments to Miscellaneous Laws for Harmonization with Basic Penal Laws (TNP-ASOC Report 2008:165)

With this law coming into effect after being published in the Official Gazette dated 08.02.2008 and numbered 26781, some new arrangements were made in Law no. 2313 on Control of Narcotic Drugs[3] and Law no 3298 on Narcotic Substances[4].

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[2] Six zeros have been dropped from TL as of 01.01.2005.

[3] **Article 23/4-** "Any person who cultivates hemp without a license or knowingly on a land area larger than as stated in his/her license or on a land other than which is registered and specified on the license, shall be sentenced to an administrative fine corresponding to not less than fifty days."

"Any person cultivating hemp for the sole purpose of obtaining cannabis shall be sentenced to prison for one to seven years. For the purposes of this article, cultivation means the process from sowing the seed till crop harvest."

"Article 24- Owners or responsible managers of pharmacies that sell narcotic substances to customers other than those listed in Article 15 and the owners or responsible managers of pharmacies that sell the same without a doctor's prescription shall be punished as per the relevant articles of the Turkish Penal Code."

"Article 25- Owners or responsible managers of pharmacies who overlook obtaining or fail maintaining the certificates specified in article or who fail to keep the books specified in this law shall be sentenced to an administrative fine of TL500 to TL2000 by the local civil administrator."

Regulation on Measures to Prevent Laundering of Crime Proceeds and Funding of Terrorist Activities (TNP-ASOC Report 2008:166)

The Regulation came into effect upon publication in the Official Gazette dated 09.01.2008.

Its purpose is to regulate the principles and procedures related to responsible parties, liabilities, inspection of compliance to liabilities, declarations to customs administrations and other measures for the purpose of preventing laundering of proceeds from crime and financing of terrorist activities under the Law no 5549 on Measures to Prevent Laundering of Crime Proceeds and Funding of Terrorist Activities.

Regulation Amending the Regulation on the Principles and Procedures of Controlled Delivery Practices (TNP-ASOC Report 2008:166)

The Regulation Amending the Regulation on the Principles and Procedures of Controlled Delivery Practices prepared by the Anti-Smuggling and Organized Crime (ASOC) Department of the Turkish National Police (TNP) came into effect upon publication in the Official Gazette dated 02.04.2008 and numbered 26835.

The Regulation was adapted to the legislative changes, mainly the Law no. 5549 on Preventing Laundering of Proceeds from Crime of 2007, and Law no. 5607 on Anti-smuggling.

Inclusion of Oripavine under the Scope of Law No 2313

In 2008, pursuant to decision no.50/1 of the United Nations Commission on Narcotic Drugs adopted at the 50th session of the Commission, Oripavine was included in Schedule I of the Single Convention on Narcotic Drugs of 1961, to which Turkey is also a party; accordingly, inclusion of Oripavine under the scope of Law no. 2313 on Control of Narcotic Drugs was enforced with the resolution of the Council of Ministers no. 2008/13538 and published in the Official Gazette dated 10/05/2008 and numbered 26872.

Inclusion of BZP (1-Benzyl Piperazine) and mCPP (meta-clorophenylpiperazine) under the Scope of Law no 2313

Provisional Article 1/3-4- "Those who manufacture, import, export, transfer or possess, purchase or sell any of the substances specified in paragraph one shall be sentenced to an administrative fine of TL10,000 to TL100,000 by the local civil administrator. Furthermore, a decision shall be issued for transfer of the ownership of such substances to public.
Those who manufacture, export or import, transfer or possess, sell or purchase any of the substances specified in paragraph one for the purpose of using in production of narcotic or stimulant drugs are punished as per Article 188 of the Turkish Penal Code."

[4] **"Article 4-** Raw opium, prepared opium, medical opium and any preparations thereof shall be counted as narcotic substances in the implementation of the Turkish Penal Code.
Any person who cultivates poppy without authorization shall be sentenced to prison for one to five years and an administrative fine. For the purposes of this article, cultivation refers to the process starting from sowing the seeds and ending with the harvest of the crop.
Those who cultivate poppy with authorization but on a land size that is larger than the size specified in the permit certificate or on a land located in a place other than the location specified in the permit certificate shall be sentenced to prison for 6 months to three years and an administrative fine.
Those who produce poppy without authorization shall be punished as per the provisions of the Turkish Penal Code.
Producers who deliver less raw opium or capsule then the quantity specified in the permit shall be sentenced to administrative fine up to twice the primary purchase price applicable at the date of delivery, by the local civil administrator, although such act does not constitute a crime.
Village administrators (mukhtars) and law enforcement officers who fail to fulfill their control and inspection duties shall be punished as per provisions of the Turkish Penal Code.
In cases where the offenses defined in this article are committed within the cultivation area, the provisions of Article 23 of the Anti-smuggling Law dated 21/3/2007 and numbered 5607 shall not apply."

BZP, which is defined by EMCDDA as a new psychoactive substance and which currently is not yet under international control, was included within the scope of Law no. 2313 on Control of Narcotic Drugs with the Decision of the Council of Ministers dated 08/07/2008 and numbered 2008/13921, and published in the Official Gazette dated 30/07/2008 and numbered 26952. With regard to mCPP (meta-clorophenylpiperazine), which was first presented to the Science Board by TUBIM and which was then included in the agenda of the Coordination Board, an assessment was made by the third EWS Risk Assessment Committee on 02.02.2009EWS. In the assessment, it was decided to include mCPP under the scope of law in view of the high number of new seizures and as a result of the examination and evaluations of experts from all agencies. As a consequence of this decision, the Ministry of Health started the codification process and mCPP was finally included under the scope of Law no. 2313 with the Council of Ministers' decision dated 07/05/2009. (OG 16.05.2009 no 27233).

Law no. 5898 on Protecting Human Health from Harmful Effects of Volatile Substances

The law was codified on 07/05/2009 for the purpose of ensuring control over volatile substances which can cause addiction in individuals when inhaled, sniffed or taken via other methods, and preventing children's access to and use of such substances so as to protect them from their harmful effects.

The law brings forth penal sanctions regarding restriction of volatile substance supply.

1.1.4. Implementation of Laws

There are numerous laws relevant to drugs, which address various aspects of the matter such as substance use, treatment of addicts, diagnosis, sale and smuggling. It is considered that compiling the currently disorganized legislation under the umbrella of a single law will contribute in ensuring an effective combat against drugs.

On the other hand, there are some findings reflected in implementation that suggest that making amendments in some of the currently applicable laws will prove useful. Issues addressed under TPC art. 191 and 280 are some of them.

The provision introduced with TPC art. 191 which foresees "treatment and probation measures" a sanction against convicts using narcotic or stimulant drugs within the criminal justice system and "only probation measures" for convicts possessing narcotic or stimulant drugs is an arrangement that ensures effective combat against substance addiction.

Turkish courts decided on treatment and probation measures for 10,358 users in 2009, 13,720 users in 2007 and 12,112 users in the first half of 2008.

As a result of effective probation services, 1164 convicts in 2007 and 1423 convicts in the first half of 2008 have successfully completed a probation measure including treatment and at least one year of monitoring following treatment. This means that these convicts have completed their treatments in health facilities under the therapy program issued for them and received counselling services after their treatment for at least one year under their probation plans.

With regard to individuals found in possession of narcotic or stimulant substances, Turkish courts have decided on "probation only" for 2227 people in 2007 and for 2415 people in the first six months of 2008.

231 convicts in 2007 and 235 convicts in the first half of 2008 have successfully completed a probation measure of at least one year.

The Regulation Amending the Regulation on Principles and Procedures Related to Controlled Deliveries is implemented particularly by TNP-ASOC and other law enforcement units. In 2008, drugs were captured via five external and three internal controlled delivery operations.

The duties and responsibilities of agencies and organizations are determined via laws or through protocols concluded between agencies.

1.2. Strategy, Action Plan, Evaluation and Coordination

1.2.1. National Strategy and Action Plan

The most important document regulating Turkey's combat against the supply and demand aspects of drugs in the most comprehensive way in terms of strategy is the "2006-2012 National Policy and Strategy Document on Counteracting Addictive Substances and Substance Addiction", and the Action Plan (2007-2009) prepared in relevance to said document, which sets out the priorities and the intra-agency and interagency cooperation principles[5].

In order to combat drugs in a strategically comprehensive manner, the "2006-2012 National Policy and Strategy Document on Counteracting Addictive Substances and Substance Addiction" was prepared and put into effect by relevant agencies and organizations, under TUBIM's coordination. In this sense, it is the most comprehensive document in force with regard to counteracting narcotic and addictive substances[6].

In the National Strategy Document, a measurable reduction is targeted in substance use, addiction and substance-related health and social risks. In this scope, it is aimed to take all measures effectively so as to prevent the demand for substances while combating the supply. In this framework, priority is given to demonstrate a balanced approach in terms of combating both supply and demand.

The National Action Plan was prepared to provide a clearer picture as to coordination and job distribution between agencies with regard to implementation of the strategy document. In the action plan, the activities planned to be undertaken by agencies and organizations in the areas of protection, prevention, treatment and rehabilitation are included in detail.

Since counteracting addictive substances and substance use is also included within the duty domain of other agencies, other units also have their own strategy and/or action plans, as can be seen in Table 1-1.

Table 1-1: Policy and Strategy Documents developed by Agencies and Organizations working in the field of counteracting addictive substances, substance use and addiction

Agency	Document
Ministry of National Education	Strategy and Action Plan on Preventing and Reducing Violence in and Around Schools (2006-2011+)
Ministry of Health	National Strategic Action Plan (2009-2013)

[5] Action Plan for Implementation of the National Policy and Strategy Document on Counteracting Addictive Substances and Substance Addiction (2007-2009)

[6] For more information on the document and its content, please contact us via e-mail: tubim@tadoc.gov.tr.

	National Psychological Health Policy
	National Strategic Action Plan Against HIV/AIDS (2007-2011)
Undersecretariat for Customs (Directorate General of Customs Enforcement)	Action Plan for Building the Capacity of the Directorate General of Customs Enforcement (2005-2009)
General Directorate of the Social Services and Child Protection Agency (SHCEK)	Circular of the Prime Ministry concerning the Service Model for Children Living and/or Working on the streets

1.2.2. Implementation and Evaluation of the National Strategy and Action Plan

1.2.2.1. Implementation

All agencies and organizations specified in the National Strategy Document are responsible for the implementation of the actions set forth by the Action Plan Document prepared to ensure the implementation of the National Strategy Document, and also for complying with the said document.

Each and every agency and organization shall provide TUBİM, which is in charge of monitoring the document, with the required support regarding the implementation of actions set forth in the document, as specified under “Section V - Effect and Enforcement” of the Action Plan.

The national drug strategy not only adopts a balanced approach in comparing supply and demand, but also gives utmost importance to preventing transit drug smuggling and domestic sale and use of drugs.

In parallel, the “Bureau for Combating Domestic Drug Networks” was established under TNP ASOC Central Division of Combating Narcotic Crimes, with the regulation coming into effect on 25.05.2009 upon the approval of the Ministry of Interior. The purpose of establishing this bureau is to collect and assess intelligence regarding internal drug networks and laundering of assets acquired through drug crimes by these drug networks, to take necessary measures to prevent and monitor crime, to organize operations when needed, to support and coordinate operations undertaken by provincial units, and to determine the characteristics of domestic drug networks such as organization, trends and modus operandi.

As a reflection of the strategy document and the action plan, TNP-ASOC Department of the Ministry of Interior has improved the status of TUBIM as an indicator of the importance it attributes to TUBIM’s duties and powers. While previously TUBİM was organized as a bureau, it was restructured as a Division operating directly under the ASOC Department Head, with the decision of the Council of Ministers numbered 2008/14163 published in the Official Gazette dated 8 October 2008 and numbered 27018.

Following the reorganization of TUBIM as a Division, it is foreseen to set up Substance Use Monitoring and Prevention Bureaus under 81 provincial ASOC Divisions with the Regulation on the Establishment, Duties and Working Principles of the Central and Provincial Organization of the Anti-smuggling and Organized Crime (KOM) Department of the Turkish National Police” which came into effect on 25.05.2009. In this scope, works are continuing to establish these bureaus under provincial ASOC Division Directorates.

1.2.2.2. Evaluation

The Action Plan which guides the agencies and organizations combating substance use and addiction and which came into effect in the last quarter of 2007 has started to be implemented by relevant Ministries and organizations.

As a general evaluation of the national Action Plan covering the 2007 – 2009 period, an evaluation report analyzing the outcomes and impacts of the Action Plan within two months following the implementation period. These reports will be prepared by representatives of the agencies assigned in the Action Plan, under the coordination of TUBIM. Actions which could not be completed or undertaken during the first action plan will continue during the second action plan.

It has been decided that evaluation of the action plan and its renewal in terms of what has been accomplished, what is being followed up and what has not been achieved will be carried out by MoI General Directorate of Provincial Administrations.

1.2.3. Other Developments in Antidrug Policies

1.2.3.1. TGNA Research Commission

On 12/02/2008, the "Parliamentary Research Commission to Research the Issues of Substance Addiction, particularly Drug Addiction, and Substance Smuggling and Taking Necessary Measures" was established at the Turkish Grand National Assembly (TGNA). The list of deputies serving on the Commission is given in Annex 2.

16 deputies (MPs) have served on the Commission; during their time on the commission, these deputies closely followed up the works carried out by agencies and organizations operating in the field of counteracting substances, substance use and addiction, and received information on the works of these agencies.

After working for four months, the Commission published the "Report of the Parliamentary Research Commission Established to Research the Issues of Substance Addiction, particularly Drug Addiction, and Substance Smuggling and Taking Necessary Measures" in November 2008. It is the most comprehensive report prepared to date in terms of identifying the current situation, the challenges and suggestions regarding the combat against addictive substances and substance addiction in Turkey.

The report, which was distributed on 19/02/2009
(http://www.tbmm.gov.tr/sirasayi/donem23/yil01/ss323.pdf and
www.tubim.gov.tr/yayınlar/raporlar), was discussed on the 63th seating of the 23rd Session of the Parliament on 26/02/2009.
(http://www.tbmm.gov.tr/tutanak/donem23/yil3/bas/b063m.htm)

1.2.4. Coordination Arrangements

For an effective combat against substances, substance use and addiction, agencies and organizations working in the fields of supply, demand and treatment should act in coordination and undertake protective, preventive, therapeutic and rehabilitative actions in a systematic, interdisciplinary, multisectoral manner based on mutual communication. Hence it will be possible to achieve the objectives with regard to all aspects of the counteracting efforts.

Supply, which is also expressed with the term “smuggling”, encompasses all actions taken to counteract addictive substances. According to the Anti-smuggling Law no 5607, the duty to counteract supply is given mainly to the following agencies: Turkish National Police, General Command of the Gendarmerie, General Directorate of Customs Enforcement and Coast Guard Command. In addition to these primary agencies, the Ministry of Agriculture and rural Affairs, the Turkish Grain Board, the Council of Forensic Medicine, the Financial Crimes Investigation Committee, Ministry of Health General Directorate of Pharmacy and Pharmaceuticals also carry out important duties in prosecuting addictive substances. The duties and responsibilities of the agencies are defined in laws and via protocols concluded between agencies.

In Turkey, demand reduction and awareness-raising activities are carried out by the ministry of health, Ministry of Interior, Ministry of National Education, Ministry of Justice, ministry of State for Women and Family, Ministry of Culture, ASAGEM, Presidency of Religious Affairs, Turkish Radio and Television Supreme Council, General Directorate for Youth and Sports, Local Governments, Media, Non-Governmental Organizations (NGOs) and Universities.

The first coordination duty within the scope of counteracting substance use and addiction effectively was given to ASAGEM, which was named Family Research Authority at the time (1997) but later on changed to Directorate General for Family and Social Studies. Under ASAGEM, a Higher Committee for Steering and Following up Efforts to Counteract Narcotic Substance Use, and a Sub Committee for Steering and Following up Efforts to Counteract Narcotic Substance were established[7]. As a result of the works of these committees established under ASAGEM, the “National Policy and Strategy Document for Steering and Following up Efforts to Counteract Narcotic Substance Use” was prepared in 1998. However, the document never came into effect as the necessary approvals could not be taken.

Subsequently, in 2002, with the approval of the Prime Ministry’s Office, TUBIM (Turkish Monitoring Centre for Drugs and Drug Addiction) became the national focal point for EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) on behalf of the Turkish National Police, and continued the works on formulating a strategy. In this line, TUBİM prepared the national strategy document with the contribution of relevant agencies and organizations, and submitted it to the Prime Ministry Office for approval. The document was signed by the Prime Ministry and came into effect on 20 November 2006.

The strategy document includes the objectives identified by agencies and organizations working in the field of substances, substance use and addiction for the period of 2006–2012, and also sets out the main parameters of Turkey’s strategic approach. Said strategy document is not limited only to substance use, addiction and treatment, but also includes national and international drug smuggling and domestic supply and anticrime areas. Actions and activities that must be carried out between 2007 and 2009 in order to achieve the institutional targets and objectives are specified in the “Action Plan for Implementation of the National Policy and Strategy Document on Counteracting Addictive Substances and Substance Addiction”. As in the strategy document, the action plan was also prepared with the participation of all relevant agencies and organizations.

According to the National Strategy document;

[7] The committees were established upon the recommendation dated 26.04.1996 and no. 393 of the National Security Council with the Decision of the Council of Ministers dated 25.07.1997 and numbered 97/9700.

> "…EMCDDA Turkish National Focal Point is responsible for ensuring cooperation and coordination between other organizations …"[8] "…Besides being responsible for the preparation of the national policy and strategy document in cooperation with the other institutions, TUBİM is also responsible for implementing and evaluating the consequences of the Document on national and international level..."[9]

According to the National Action Plan (2007-2009) prepared for implementation of the National Strategy Document;

> "…TUBIM is responsible for preparing national strategies and coordinating their implementation, … for taking measures to functionally increase its competence in the national and international arena. …" [10]

Although the strategy document and the action plan designate TUBIM as the national coordinator, TUBIM's status within the bureaucratic hierarchy is not high enough to ensure the expected coordination. This situation was described in TGNA's 2008 report as follows:

> In order to ensure a balanced and multidisciplinary approach that is integrated to the problem, coordination of supply and demand reduction activities is necessary. It is believed that there is a need for legal arrangements in the area in order to increase coordination and activities oriented to boost coordination. Such a legal arrangement through laws should prevent cooperation and coordination from being limited to interpersonal relations and mutual assistance. Sustained, high-level cooperation and coordination can only be ensured at institutional level. To this end, there is a need to establish a Directorate General under the Prime Ministry, which represents within it all the institutions aiming to prevent supply and demand, and to urgently make the necessary legal arrangements for its empowerment.

(Report of the Parliamentary research Commission on Drugs, 2008:218).

The EU Twinning Project (2009-2010), which is being executed by TUBIM as the national coordination centre, has allocated one of its five components to this area and has started working on building a stronger coordination system.

In the Action Plan Document, it is stated that a National Coordination Committee will be set up for the purpose of strengthening cooperation in national and international actions that will be taken to counteract addictive substances and substance addiction, and that the said Committee will convene four times a year, except extraordinarily, under the coordination of TUBİM. In this scope, a Coordination Committee has been established under TUBİM and has started to work.

In order to ensure maximum benefit and efficiency from committee meetings, the agencies and organizations included in the Coordination Committee have been categorized under two groups, according to their activity areas:

1) Demand reduction, treatment and rehabilitation
2) Interventions for supply reduction

Agencies and Organizations included under Demand Reduction, Treatment and Rehabilitation Group are listed in Annex-3.

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[8] National Policy and Strategy Document on Counteracting Addictive Substances and Substance Addiction (2006-2012) Ankara, 2006 p. 13

[9] op. cit. p 38

[10] Action Plan for Implementation of the National Policy and Strategy Document on Counteracting Addictive Substances and Substance Addiction (2007-2009) Ankara, 2007 p. 13

At the committee meetings, in addition to general agenda items, the committee discusses the activities carried out by agencies and organizations in the field of counteracting addictive substances, substance use and addiction, along with solutions to encountered problems.

Since the start of meetings by coordination and science committees in January 2008, the positive reflections of a series of decisions taken at committee meetings have been seen. BZP and mCPP used in manufacturing illegal drugs have been included within the scope of prohibited substances under the national legislation. Significant progress has been made with regard to content and numbers in data on drug-related deaths. Increased measures against smuggling via cargo have been ensured. Moreover, significant progress has been made in ensuring interagency cooperation and nationwide implementation with regard to demand reduction activities.

For the purpose of ensuring coordination at the local level and identification and solution of regional problems by local authorities in line with the National Strategy Document and National Action Plan, "Boards for Counteracting Addictive Substances" have been established at provincial governorates, and provincial Action Plans have been prepared in this scope. Coordination at local level has been ensured at provincial governorates in the area of counteracting substance and substance use. List of provinces that have established coordination boards and prepared provincial action plans as of 19.10.2009 are given in Annex-4.

With regard to some important coordination mechanisms established in the policing domain, the coordination meetings organized by the TNP Anti-smuggling and Organized Crime Department draw particular attention.

a-Strategic Studies Board (SAK) Meetings: In 2008 the 38th and 39th meetings of the Strategic Studies Board (SAK) were carried out. The Board's duty consists of submitting its opinions on identifying and determining effective methods for counteracting smuggling and organized crime, determining service policies and ensuring coordination. In these meetings, a situation analysis is made, and provincial and central units come together to carry communication to higher levels, while the strategic priorities determined by the Presidency and the expectations of provincial units are shared.

b-Peripheral provinces Information Exchange Meetings: In order to ensure cooperation and coordination, which are absolute necessities for success in the fight against smuggling and organized crime, the meetings held between the KOM Units of neighbor/peripheral provinces continue, since usually drug related crimes involve more than one provinces or regions and may be connected to the crime networks located in these provinces and regions.

In this context, 3 peripheral Provinces Information Exchange Meetings were held in 2008 by provincial ASOC Units in 19 different provinces.

c- Meetings with Police Drug Liaison Officers: regular meetings are held with foreign liaison (drugs) officers working in Turkey. At these meetings, which aim to increase cooperation between Turkish law enforcement officers and their foreign counterparts, the current situation and possible threats are evaluated. The breakdown of foreign and Turkish Liaison Officers is given in Annex-5.

1.2.5. Institutional Structure

In Turkey, there are a multitude of institutions, organizations, local governments and non-governmental organizations carrying out a wide range of activities within the scope of prevention of substances and substance use, and treatment.

Effective combat in this area depends on increasing interagency coordination and cooperation and collaborating in prevention, treatment and rehabilitation efforts. This synergy must be based on a systematic, holistic, interdisciplinary, multisectoral structure that emphasizes mutual communication.

Nevertheless, problems in the joint working discipline and ambiguities regarding responsibilities and powers prevent adequate coordination and cooperation between agencies.

TUBİM was established with the approval of the Turkish Prime Ministry in order to serve as the National Focal Point for EMCDDA.

TUBİM also has the duty to follow up on the "2006-2012 National Policy and Strategy Document on Counteracting Addictive Substances and Substance Addiction" and the related Action Plan created within the scope of EU harmonization process, and also to ensure coordination between agencies. In his framework, TUBİM brings together the Supply and Demand Reduction Coordinating Agencies every three months. Given its current administrative structure, it seems impossible for TUBIM to continue delivering services in a healthy way for a long time. In its current administrative structure, it is very difficult for TUBIM to access law-makers and top-level Ministry units.

1.3. Economic Analyses

Data is not available.

SECTION 2
DRUG USE PREVALENCE[11]

Studies on prevalence of drug use are vital in determining the policies and strategies to be implemented. These studies, which are repeated at least every four years in developed countries, provide countries with comparable data.

To date, no nationwide studies have been carried out on prevalence of drug use in Turkey. The last extensive survey on youth population in Turkey was in 2003 and covered only six metropolitan provinces (Ankara, Istanbul, Izmir, Samsun, Diyarbakir, Adana). Therefore, the study does not provide any information for Turkey in general. In a survey on "violence in schools" carried in 2007 by the TGNA, respondents were asked questions about substance use, but without going into any details. According to a survey carried out on 26,009 students from 261 schools (130 public, 131 private schools) in 60 provinces selected by the Turkish Statistics Institute (TURKSTAT), the rate of narcotic/stimulant drug use in the last three months was found to be 2.9%.

For 2010, a survey on drug use prevalence in the general population has been planned under the coordination of TUBIM and TNP/ASOC, and the preliminary studies for the survey have already been started.

2.1. Drug Use in the General Population

TUBIM has made the necessary initiatives order to enable a study on drug use in the general population in Turkey. In this framework, an appropriation has been allocated for a study from the budget of the TNP. The financial resources for the pilot survey to be carried out prior to the main survey will be provided from the IPA Project between EMCDDA and TUBİM.

To carry out this survey, a "Research Group on Drug Use in the General Population" has been established with the participation of representatives from TUBİM, Ministry of Justice (MoJ), Ministry of Health (MoH), TURKSTAT, Gazi University and USAK (International Strategic Research Organization).

The questionnaire to be used in the survey has been prepared by the academicians of Gazi University and finalized after taking into consideration the feedback and opinions of relevant agencies.

With this survey planned to be conducted on the population in the 15-64 age group, it is aimed to find the percentage of substance addicts in Turkey and draw their profiles. It is also considered that the survey will provide information and guidance in the preparation of the new National Strategy Document and Action Plan.

After the piloting that will take place in 2009, the survey will commence in 2010.

2.2. Drug Use in the Youth Population

Data not available.

2.3. Drug use among Specific Groups

Data not available.

[11] Section prepared by Prof. Zehra ARIKAN (National Expert on Drug Use in the General Population).

SECTION 3[12]
PREVENTION
3.1. Introduction

Preventive efforts are gaining more and more importance among the activities carried out with regard to substance addiction. The foremost reason for this increasing importance of preventive activities is that the effort and money spent during the treatment and rehabilitation process following substance addiction are way more than the effort and cost required with regard to the prevention dimension.

With regard to efforts to prevent substance addiction, TUBIM, as the national focal point for EMCDDA, and the EU countries that are members of the EMCDDA demonstrate a supportive attitude. In line with this support, some important steps were taken to develop a scientific and systematic view and awareness towards preventive actions and efforts which are still being undertaken in Turkey by all relevant ministries, units and agencies operating in the field of preventing substance addiction under TUBIM, but which are yet to become visible on the EMCDDA web site due to the failure to demonstrate them in a systematic manner.

TUBİM first set out to establish cooperation with universities in order to build a more scientific and systematic foundation for the addiction prevention efforts carried out in Turkey that are currently far from being systematic and are way too scattered and disorganized; and then designated a national expert to work on the issue. Following this step, the past and ongoing preventive activities of TUBİM were examined and reviewed. To provide a new direction to these preventive efforts, cooperation was made with representatives of ministries and agencies, and the existing National Reports of Turkey were examined. As a result, it was see that preventive activities in Turkey are carried out by a lot of different agencies and organizations and are oriented to a diverse range of target groups, with highly varying contents and purposes. Moreover, it was found that these preventive activities are not documented in a very conscious manner, and in particular that every ministry or agency reports these activities to TUBİM in a very independent fashion, with no consideration of EMCDDA criteria.

As a result of this situation analysis, it was suggested that there is a need to create a database and endure standardization in substance addiction prevention efforts undertaken in Turkey, parallel to the substance addiction prevention efforts which EMCDDA is trying to standardize in EU member states and the database which is still under construction. In order to solve this fundamental problem, a meeting was held with the representatives of relevant agencies and organizations under the auspices of TUBİM. At the meeting, information was exchanged on the “TUBIM Institutional Information Form for Agencies Working in the Field of Demand Reduction” in order to inform institutional works on building a new database, and the agency representatives were asked to submit their evaluations regarding the form, both orally and in writing.

All these efforts have provided an important direction for the demand reduction activities of TUBİM. In this process, it has been decided to rearrange the database in close cooperation with all ministries, agencies and organizations, taking into account criteria such as the service purpose, target group, substance addiction-related services and preventive activities of each agency, the personnel carrying out these services and the extent to which the activities and services achieve their intended purposes. At said meeting, which was held in

[12] Section prepared by Assoc. Prof. Nurdan DUMAN (TUBİM National Expert for Demand Reduction Indicator).

August 2009, it was decided that requesting these data from agencies with the systematic used in the Form would not be possible due to time restrictions, and that it would be appropriate to further mature the Form with a view to the 2010 national report.

3.2. Scope and Diversity of Addiction Preventive Activities

As it is the case all around the world, activities oriented to prevent substance addiction depending on whether they are planned and executed at an international, national, regional or institutional scale; the agency, unit or NGO carrying out the activity, i.e. the institutional level; and the social segment and age range of their target groups (TV viewers, press readers, students and parents, convicts at prisons, inpatients or outpatients, a mosque community, etc.). For example, MoNE (Ministry of National Education) is likely to select students in different age ranges, their families and teachers as its target group, while Ministry of Justice is likely to select convicts under supervision, convicts in prisons and prior substance users as its target group.

preventive activities can take the form of small group meetings, conferences, symposiums, plays, films, contests and printed or audiovisual media, with varying purposes and methodologies such as research or implementation projects, public awareness-raising meetings or brochures/publications etc, and can be carried out by various professionals such as social workers, the police, the military, the clergy, psychologists, teachers, psychological counseling and guidance specialists etc.

On the other hand, activities to prevent substance abuse can also differ according to their prevention levels.

1. **Primary Prevention –** Preventive activities oriented to groups not yet acquainted with substances but are at risk of getting acquainted with substances
2. **Secondary Prevention** – Preventive activities oriented to individuals who are acquainted with the substance but have not yet developed a dependency or addiction
3. **tertiary Prevention –** This prevention level includes activities oriented to three different target groups:
   - Activities to help users to quit using[13],
   - Activities to prevent former users who have quit from redeveloping an addiction,
   - Preventing harmful effects of substance use (preventing communicable diseases, minimizing the causes that push individuals to crime, alleviating physical harms).

When analyzing preventive activities currently undertaken in Turkey by ministries, agencies and organizations, it is useful to take a look at which agencies work in cooperation with TUBIM in preventing substance addiction. The table in Annex 3 lists the ministries, ministerial central and regional units, agencies and NGOs working in cooperation with TUBIM in preventing substance addiction.

The table in Annex-r shows that addiction prevention activities carried out at an institutional level are realized by different Ministries and ministerial central and regional units, organizations, local governments and NGOs. The preventive activities carried out by these

[13] Addiction treatment centers are the first thing that comes to mind. According to the report of the Parliamentary Research Commission, these centers have some problems. The report mentions the need to increase the number of treatment centers and child bed capacities. In addition, the report states that the number of psychiatry specialists in Turkey is far from adequate, and that addiction treatment is not preferred by psychiatry specialists since it is seen as a problem area, which results in too few health personnel working in the field of addiction. (Report of the Parliamentary Research Commission, 2008, p 415). This in turn results in a lower number of studies at prevention level.

units and their attached or affiliated organizations also demonstrate significant variations according to their prevention levels and methodologies.

3.3. Universal Prevention in Turkey

The universal prevention dimension defined by EMCDDA aims to increase public awareness and develop individual, familial and social responsibility, at a national and international scale. Taking cue from this, the report will first take a brief look at substance addiction data on a national scale in Turkey, and then evaluate the preventive activities carried out.

The latest data from studies carried out on this scale in Turkey can be summarized as follows: Table 3-1 shows some of the findings from the survey conducted by the Parliamentary Research Commission established to research the growing violent tendencies among children and young people and violence instances in schools and identify the necessary measures to be taken. The survey carried out in relation to the parliamentary survey on 26,009 students from schools (130 public and 131 private schools) in 60 provinces selected by TURKSTAT revealed the following results with regard to substance use (Table 3-1).

Table 3-1: Cigarette, Alcohol, Narcotic/Stimulant Sbstance Use Among Students

Substance Use Status	%
Continuing to smoke cigarettes	15.6
Consumed alcohol at least once in the last one month period	16.5
Used narcotic/stimulant substances within the last three months	2.9

Source: Report of the Parliamentary Research Commission on Growing Violent Tendencies among Children and Young People and Violent Instances at Schools, 2007.

In Table 3-1, it is noteworthy that the percentages for regular smoking (cigarette) and alcohol consumption at least once in the last one month are quite close. The increasing alcohol consumption in addition to the already widespread smoking habits among young people is evaluated as an important finding. The results of the study also indicate that smoking, drinking and drugs cause manifestation of various types of violent behaviors among young people or expose them to violence.

In view of this current situation and the standards developed by EMCDDA with regard to prevention of substance use, the activities carried out by various ministries and units in Turkey within the scope of prevention and demand reduction can be summarized as follows:

Preventive Activities by TUBİM Provincial Focal Points

The Ministry of Interior not only leads the activities carries out regarding the different aspects of substance addiction, but also plays an exemplary, leading and guiding role in demand reduction and prevention activities. Moreover, MoI makes significant efforts to ensure interagency coordination in order to increase the speed and effectiveness of prevention activities. The activities carried out by MoI and the TNP-ASOC Narcotic Units and TUBIM that also operate under the MoI can be summarized as follows (Report of the Parliamentary Research Commission, 2008: 284-289).

While TUBIM, which is the EMCDDA National Focal Point for preventive activities carried out by MoI and which has been established under the Turkish National Police, works at the central organization level, an “Implementation and Liaison Unit for Counteracting Substance Use” was established among the Narcotics Units of provincial TNP-ASOC Divisions in August 2003 to meet the demand at national and local level. With an amendment in the

founding regulation, these units were restructured in 2008 into “Substance Use Monitory and Prevention Bureaus”, and were thus strengthened. Hence, protective and preventive activities regarding substance use were gathered under a specific systematic structure.

The personnel assigned to this unit actively work in narcotics units and are subjected to a “Training of Trainers (ToT) Program on Counteracting Substance Use” for 12 days starting from the first day of their assignment. Experts participating in this program formulate their programs within the framework of scientific norms and organize various activities to prevent supply in substance use, targeting high schools and equivalent educational institutions, universities, parents of students, prison personnel and any other groups upon request, with the support of the experts of provincial National Education and Health Directorates

In all activities oriented to inform the public for the purpose of counteracting substance use, the preferred primary target groups are the school counselors and guidance teachers, other teachers, university teaching staff and parents of students. It is also ensured that NGOs are visible at the forefront of the fight against substance use, thereby securing support for their activities. In this scope, efforts are continuing to ensure that preventive activities are carried out jointly by relevant agencies.

As a result of the evaluation of the data collected through U-Forms (Risk Analysis Assessment Form) filled out on a voluntary basis by individuals brought to narcotics units of provincial directorates of the TNP for judicial procedures, it was found that curiosity is the top reason for starting using a substance. It is important that the trained personnel carry out the preventive activities without creating a curiosity in people towards a substance. Therefore, this is one of the topics highly emphasized during the trainings.

One of the requirements for drawing and regularly updating a reliable substance use and addiction profile in line with the National Strategy and ensure uninterrupted and seamless implementation of the basic prevention and protection programs planned in accordance with these profiles is to have a well-trained staff. TUBIM experts and Science Committee members and the relevant Ministry personnel deliver 10-day specialization program on “Policy Implementation and evaluation in Counteracting Substance Use” for provincial Focal point personnel who have received the “ToT program on Counteracting Substance Use”, in addition to “Provincial Focal Points Evaluation Meetings” and “TOT” program for personal development, “SPO National Agency Supported European Youth projects Seminars” and Awareness Raising Seminars for provincial Project groups.

Looking at the works carried out in provinces under the coordination of provincial focal points, it is seen that “protection and prevention” activities have been carried out together with the representatives of other agencies and organizations since 2003. These activities sometimes take the format of campaigns and sometimes project-based activities. On occasion, provincial focal points are asked to make analyses regarding the structure of their provinces with regard to counteracting substance use and report problem areas and suggested solutions, in addition to organizing and carrying out activities oriented to raise public awareness (information seminars, theatre, banners, brochures, sports activities, contests etc.). These local activities and efforts contribute to the national efforts to counteract substance use.

Preventive activities undertaken by TUBİM provincial Focal points are given in Table 3-2 and Table 3-3.

Table 3-2: Year-Based Breakdown of the Number of People Participating in Activities Undertaken by TUBİM Provincial Focal Points

Years	Participating Groups								
	Student	Teacher	Family	Media	Public Agencies	Private Sector	NGOs	Other	OVERALL
2006	127640	7166	15519	306	5926	6535	10891	4538	178521
2007	189681	9030	45256	179	25554	1725	3352	17767	292544
2008	243263	11717	19467	163	14573	1972	2193	54579	347924

Source: TUBİM Provincial Focal Points, 2009

Tablo 3-3: Year-based Breakdown of Activities Carried Out by TUBİM Provincial Focal Points

Years	Activity Type						
	Conference	Theatre	Media				OVERALL
			Contest	Printed	Visual	Audio	
2006	893	29	18	46	23	3	1012
2007	1125	110	12	27	9	16	1299
2008	1466	182	21	22	12	4	1707

Source: TUBİM Provincial Focal Points, 2009

As shown in detail in Table 3-2 and Table 3-3, in 2008 the 169 personnel working at TUBİM Provincial Focal Points have carried out 1707 activities for an audience of 347,924.

Personnel of TUBİM Provincial Focal Points work in particular on raising awareness among young people through theatre plays etc. In addition, there are recommendations issued by the TUBİM Science Committee that advise sports activities for young people for awareness-raising purposes. In line with these recommendations, the personnel of provincial focal points carry out many campaigns (sports competitions, drawing contests etc) in their provinces in cooperation with local governments. For public awareness-raising, banner and brochures are prepared for display in provinces together with the representatives of other agencies and organizations. In addition, sometimes the representatives of provincial focal points appear live on national and local radio and TV stations to inform the public.

Within the scope of the Action Plan for Implementation of the National Policy and Strategy Document on Counteracting Addictive Substances and Substance Addiction (2007-2009), once a year TUBIM also organizes information and review meetings oriented to NGOs working in the field of substance use and addiction.

In terms of provincial coordination, almost all provinces have started necessary infrastructure works. To this end, “Coordination Committees on Counteracting Addictive Substances” in which TUBIM provincial focal point personnel also participate as members are being established under provincial governorates and Provincial Action Plans for Counteracting

Addictive Substances are being prepared. [14] The web sites at www.tubim.gov.tr and www.uyusturucubagimliligi.com, which are updated by TUBIM also continue to serve as information sources. These web sites were launched for the purpose of providing sound information and ensuring a healthy national coordination mechanism with regard to substance addiction, since the internet is an important source of information.

As seen, TUBİM continues to play an effective role in general prevention efforts and in particular in community-oriented and school-oriented prevention. Working under the MoI TNP/ASOC, TUBİM ensures that its staff is better equipped through trainings, and ensures more support for the activities carried out.

TUBİM makes significant contributions in ensuring the visibility of preventive activities carried out in Turkey on the basis of EMCDDA criteria and in developing the national plans and policies of Turkey with regard to preventing substance addiction. To this end, TUBİM endeavours to boost the quality and quantity of multi-dimensional preventive efforts such as ensuring interagency coordination, information, awareness-raising and cooperation. Through the Twinning Project being carried out jointly with EU countries, TUBIM works on new arrangements regarding its structural status, while endeavouring to strengthen demand reduction, i.e. prevention efforts as the fifth component of this project.

Despite all these efforts, it still remains to be an important and urgent need to give TUBIM a more systematic and stronger structure. The Summary Report of the Parliamentary Research Committee on Drugs takes special note of the need to strengthen TUBIM's institutional structure by upgrading it to a general directorate attached to the Prime Ministry so as to ensure that it is able to provide effective coordination among all relevant agencies (Summary Report of the Parliamentary Research Committee on Drugs, 2009:13).

Preventive Activities by the Ministry of National Education

It is seen that MoNE evaluates narcotic drug use and addiction among children and young people among risk factors such as bullying, negligence/abuse and challenging life events while continuing to carry out preventive activities in accordance with the National Policy.

MoNE employs a total of 13,591 Counselling and Guidance Teachers/Psychological Counsellors distributed as follows: 980 in Guidance and Research Centers (RAM), 12,253 in School Guidance and Psychological Counselling Services and 358 in Special Education Schools. There are a total of 204 Guidance and Research Centers in Turkey. District and province-based preventive actions are planned under the coordination of the Department of Psychological Counselling and Guidance Services operating under RAMs.

With regard to demand reduction, the 2007-2009 Action Plan for Implementation of the National Policy and Strategy Document on Counteracting Addictive Substances and Substance Addiction was prepared under the coordination of TUBİM and in cooperation of MoNE at the "School Oriented Prevention" level. MoNE Provincial Education Directorates prefer first to conduct "risk analyses" so as to identify the needs on a provincial basis and adopt a holistic approach taking into consideration the results of these risk analyses, rather than starting directly on substance use and addiction. In this line, Provincial Action Plans were prepared. These Provincial Action Plans are prepared and implemented together with the other representatives of the Provincial Steering Committee within the framework of the "Strategy and Action Plan on Preventing and Reducing Violence in and Around Schools (2006- 2011+)", with a holistic approach. Various activities are carried out to increase interagency cooperation under the action plan.

[14] Please see. "1.2.4. Coordination Arrangements"

Within the scope of school-oriented preventive activities, it is considered appropriate to note the other cooperation initiatives between TUBİM and MoNE. On 20.09.2008, the "Protocol on Cooperation for Increasing protective and Preventive Measures to Ensure a Safe Environment in Schools" was concluded between MoNE and the MoI. The protocol aims to create safer environments in and around schools.

The Cooperation protocol highlights the duties and responsibilities of Provincial TNP Directorates and Provincial National Education Directorates. The activities that should be carried out by provincial TNP and MoNE directorates have been informed to provincial governorates through circulars issues in line with the protocol. A circular has also been issued to ensure monitoring and evaluation of the activities carried out by provincial steering committees. The child police, community policing units, personnel of narcotics units with special training, and the personnel of other TNP units all play an important role in these activities. Information meetings have been organized with the personnel that have managed or are managing Project-based demand reduction activities in coordination with other provincial agencies. In this scope, a link has been established on the internet to ensure faster and sounder communication between provincial National Education and TNP Directorates and TUBİM's provincial focal point personnel. This online link is essential in ensuring speedier information flow.

It can be said that these activities, carried out jointly by provincial MoNE and TNP directorates, constitute an important phase in policy-making for prevention of substance addiction on a national scale. In the Report of the Parliamentary Research Commission on Drugs, the preventive activities of MoNE are described as follows (Report of the Parliamentary Research Commission on Drugs, 2008: 290-296):

- Conferences, panels, seminars and in-service training activities on "Harmful Habits and Substance Addiction" targeting students and parents are carried out by provincial and district steering committees. Between 2006 and 2008, training was delivered to 4,000,000 students and 380,000 parents. In addition, all students have been reached through new arrangements made with regard to harmful habits and substances addiction in education programs, curricula, course books and education and training materials.
- The provincial and district steering committees established with the "Protocol on Cooperation for Increasing protective and Preventive Measures to Ensure a Safe Environment in Schools" concluded between TUBİM and MoNE carry out conferences, seminars and in-service training services for trainers on "Harmful Habits and Substance Addiction". Between 2006 and 2008, training has been delivered to 35,000 trainers.
- In addition, education programs, curricula, course books and training/education materials ensure that all teachers are reached.
- In MoNE Prevention Based Protection Programs, importance is given not only to substance use-related services but also to "protection and prevention" oriented services that address all risk factors, and a holistic prevention strategy is adopted. Under the school-based prevention approach, activities are carried out to "identify risks by using individual recognition techniques, "identify risks via interviews with students and their families", and "minimize the impact of risk factors through preventive programs".
- Under the school based prevention approach, activities are carried out to identify risks using "interviews with students and their families" and "individual recognition techniques" and to minimize the impact of risk factors through "preventive programs".
- School guidance and counselling services carry out "problem scanning inventories" on all students. The problem scanning inventory application identifies at-risk students. Necessary actions and/or measures are taken to help identified at-risk students on

the basis of the principle of confidentiality. Interviews are made with at-risk students and their parents. During the process, the causes of the problem are identified and the services that can be provided to the child and his/her family and the agencies from which cooperation should be sought are decided. The child is monitored and diverted to health institutions when necessary.

- Adult training centers (HEM) also carry out preventive activities. HEMs have delivered training on alcohol and substance addiction to 947 young and adult applicants.
- Through media literacy, it is ensured that messages against alcohol, smoking etc reach out to students.
- "Negative effects of smoking, drinking and harmful effects, and healthy life" is a subject addressed in science and technology courses.
- Students are informed about healthy living through units on tobacco, alcohol and drug addiction, under the Health and Hygiene course of 9th Grades.
- The "Science of Life" courses at Grades 1, 2 and 3 include attainment of "ability to say no".
- Training and education is delivered under the project on raising awareness on the rights of the child, the "small steps big tomorrows" project, the Project for support to voluntary education, the child-friendly schools project and the read-think-share Project to ensure that children learn about themselves and their rights and are informed about how to protect themselves from risks.
- These subjects are also addressed in Grades 10 and 7 under the religious Culture and Ethics course.
- In addition, provincial education directorates have set up crisis intervention teams that will work to minimize the number of substance addicts and their harmful effects to heir environments.

The TGNA report also mentions the weaknesses of MoNE. The report highlights that the program for developing the life based skills of students, being carried out by MoNE for the purpose of preventing substance use among children and young people, gave only been launched in 12 provinces to date. The report adds that MoNE's "Life-Based Skills Development" and "Preparing for Life" programs could only reach a limited number of adolescents. The report states that in most of the MoNE-executed programs, the main responsibility is shouldered by counselling and guidance teachers, whereas the number of psychological counselling and guidance teachers is inadequate. It is emphasized in the report that although MoNE should conduct interviews with children and their families during child-oriented programs, communication with parents cannot be established due to the busy work hours of most families. The report also suggests that parent-teacher associations (PTA) are also weak in terms of addressing these issues (Summary Report of the Parliamentary Research Commission on Drugs, 2009:21).

The TGNA drug report also mentions some important shortcomings with regard to MoNE. The main concerns mentioned in the report include lack of effective cooperation between youth, family and school in view of counteracting substance addiction, the need for more effective efforts by PTAs, and the inadequate number of school counselling and guidance teachers, who are responsible for most of the programs carried out at schools. In parallel to the TGNA report, it should be stressed that there is a need for a better equipped psycho-social service team that can carry out preventive activities against some major problems that can arise in schools in Turkey such as substance addiction, violence and school gangs, that can carry out intervention activities and that can guide the joint efforts with families. These teams to be established in schools so as to eliminate problem situations should include school social workers, school psychologists, school physicians and nurses in addition to a school counselling and guidance teacher, as is the case in many countries.

As also stressed in the 2008 Annual report of the EMCDDA, measuring the results and outcomes of these interventions and preventive efforts that will form a good basis for new policies and plans and determining the extent of their effectiveness is also very important. Hence, these evidence-based practices will be able to enlighten not only the policy—makers but also the practitioners.

Preventive Activities by the General Directorate for Youth and Sports

The General Directorate for Youth and Sports is another agency that carries out preventive activities against substance addiction. It is reported that the Youth Centers have delivered training on substance addiction to 7182 young people in 18 provinces.

The ability of these trainings to reach out to young people coming at youth centers no doubt fills an important gap. On the other hand, sufficient information is not available regarding the content and outcomes of these trainings.

The Directorate General for Youth and Sports endeavours to ensure participation of young people in nationwide youth camps, youth clubs and the sports activities carried out at youth centers for physical and psychological development of young people. However, considering the target group of the Directorate General for Youth and Sports, only a handful of young people are able to benefit from these activities. The budget allocations to youth clubs are considerably limited. The selection of only successful students as eligible candidates for youth camps may be in harmony with the theory that rewarding is the key to success; yet it is a scientific fact that the risk group consisting of young people who use substances or have the tendency to become users are likely to have very low educational success rates. Hence this selection criterion automatically excludes these at-risk children. The youth, who is already reluctant to participate in such activities, is therefore excluded from the program (Summary Report of the Parliamentary Research Commission on Drugs, 2009:21).

The Directorate General for Youth and Sports undertakes an important mission in terms of reaching out to young people through youth centers and camping activities that provide good leisure time opportunities and diverting young people to positive social and sports activities. In line with this important mission, it is of great importance that the Directorate General for Youth and Sports qualitatively improves the diversity and effectiveness of its preventive and quantitatively increases the number of young people reached through these activities.

Preventive Activities by the Ministry of Health

The activities of MOH for prevention of substance addiction include conferences campaigns and meetings organized in collaboration with other agencies and organizations. Some of the demand reduction and addiction prevention activities carried out by the MoH are as follows (Report of the Parliamentary Research Commission on Drugs, 2008:276-284).

- In the new service model of the MoH, “Addiction Prevention and Treatment Coordination Committees” are foreseen to coordinate protection and demand reduction activities. The service model envisages Provincial Addiction Prevention and Coordination Committees and “Protection and Prevention Units” under Addiction Centers in order to plan and execute the activities and measure their effectiveness.
- In 2003, MoH carried out ESPAD (European School Survey on Alcohol and Other Drugs) field studies in Adana, Ankara, Diyarbakir, Izmir, Istanbul and Samsun.
- Public participation in protection, treatment and rehabilitation efforts have been ensured with the cooperation of AMATEMs and NGOs.
- Ongoing activities by MoH for protection against substance addiction include the following:

    - "Understanding Substance Addiction: A Parental Guide" is in the printing and aims to inform parents and raise their awareness.
    - Document drafting activities are continuing to prepare informative guides for educators, trainers, patients and young people.
    - Efforts to compile information and documents for the preparation of a web site for all age groups are underway.
    - Works are continuing to set up a commission with the participation of representatives and experts from relevant agencies and organizations for the purpose of creating a common language in addiction prevention trainings.
- MoH Directorate General for primary Healthcare Services carries out activities on tobacco control. A Department of Counteracting Tobacco and Addictive Substances have been established and the "National Tobacco Control Program Action Plan 2008-2012" has been prepared. This Action Plan consists of 10 titles: Awareness-raising, Informing and Educating the Public, Quitting Smoking, Prices and Taxation, Exposure to Environmental Tobacco Smoke; Advertising, Promoting and Sponsoring; Product Control and Informing the Consumers, Illicit Trade, Accessibility of Young People, Tobacco Production and Alternative Policies, Monitoring and Evaluation of Tobacco Use. The Department has carried out the following activities with regard to preventing tobacco use:
    - A national media campaign was launched to raise public awareness, with the slogans "Smoke-Free Air" (Dumansız Hava Sahası) and "Protect your Air" (Havanı Koru). The campaign included 25 TV and radio spots, 5 newspaper announcements, billboards, banners, brochures and 18 open-air activities.
    - Regarding the campaign, a web site was created at the address "www.havanikoru.org.tr". The site has been visited 93,911 times and has reached a total of 62 million people. The site includes information, documents, laws and international instruments on the harmful effects of exposure to tobacco and environmental tobacco smoke. The site also answers questions received from citizens and allows visitors to leave comments.
    - It was planned to carry out a Lot Quality Survey in 2008 in 81 provinces reaching out to 32,000 individuals, in order to inform the public about the new tobacco law and its impact and collect the comments of citizens on the matter, in cooperation with WHO (World Health Organization). In particular, a survey was carried out in 2008 to identify the situation regarding cigarette smoking habits following the coming into force of the new Tobacco Law; the survey is currently at the reporting phase.
    - On 9-20 February 2009, Assessing the National Capacity to Implement Effective Tobacco Control Policies (empower) activity was carried out with the participation of national and international experts in cooperation with WHO.
- Included among the activities of the General Directorate for Health Education are also the Psychological Health Modules (Alcohol and Substance Addiction, Smoking or Health, Our Psychological Health, Family Psychological Health modules and module manuals) prepared for the purpose of informing the public. These modules are sent to Psychological Health Divisions to be used for public information purposes.
- MoH has restructured its units in provinces and districts in view of the need to collaborate with provincial Education Directorates in all activities for counteracting substance use and addiction, which is a serious public health issue, and reduce demand, under the leadership of MoH at central level and provincial Health Directorates at provincial level.
- On 22.11.2005, it was decided to launch a campaign to prevent substance use among young people in Turkey. Under the Campaign, called "A Healthy Life Depends not on Substance but Love" ("Sağlıklı Gelecek; Maddeye Değil Sevgiye Bağlı"), a committee was established, meeting at least once a week to ensure the success of the campaign. The committee has also prepared an action plan.

- In cooperation with UNICEF (The United Nations Children's Fund), the “Adolescent Health and Development Project” was started in Adana and Ankara. It was been planned to provide “Information and Consultancy” services to adolescents primarily on “Tobacco, Alcohol and Drug Use” and “Safe Behaviours”. In addition, some criteria have been developed as physical specifications for Youth Counselling and Health Service Centers, and as of 2006 a total of 20 Youth Counselling and Health Service Centers have been established.

It is observed that MoH’s demand reduction activities recently tend to focus more on school-centred and community-centred prevention. It is also seen that media is used effectively in the preventive projects developed by MoH. In addition, the provincial committees and Addiction Centers that will be established under the Addiction Prevention and Coordination Committee that is planned to be set up under MoH will fill an important gap. It is also suggested that this new structure will play a critical role in building a systematic and measurable foundation for all addiction prevention activities carried out by the various units of MoH.

3.3. Selective Prevention

Activities carried out within the scope of selective prevention focus on services provided to children, young people and families who are at risk due to disadvantaged living conditions. In a survey carried out on 726 high school senior students in Ankara, meaningful associations were found between existence of psychologically disturbed or impaired members in the family, parental stigmatization of the young individual, substance addiction, depression and suicidal tendencies. In the survey, the relationships between family, school, neighbourhood and substance use and general adolescent deviation, injury and deviant behaviours that disturb the school and the public were examined through questionnaires applied to 1,710 high school students living in central Ankara. The findings show that independent variables such as positive teacher assessments, punishment at school, deviant/criminal family, frequent instances of crime in the neighbourhood and use of alcohol or tobacco have considerable statistical significance. While receiving punishment at school, having a deviant/criminal family, frequent occurrence of crime in the neighbourhood of residence and use of alcohol are positively associated with dependent variables, positive teacher assessments and not smoking are found to be negatively associated. When independent variables are examined not individually but in groups or clusters such as family, school, neighbourhood and substance use, and when the substance (cigarettes and alcohol) use among students and school-related factors are compared to family and neighbourhood factors, the comparisons were found to be strong enough to explain more adolescent deviations (Özbay, 2005).

The results of this survey clearly demonstrate the need to pay special attention to families living in disadvantaged social environments and young people coming from these families, in preventive activities and actions carried out against substance addiction.

In Turkey, selective prevention services oriented to children, young people and families who are at risk due to disadvantaged living conditions are carried out in particular by TUBİM, SHCEK (Social Services and Child Protection Agency) and Ministry of Justice.

Preventive Activities by TUBİM Provincial Focal Points

The Narcotics and Child Divisions of provincial TNP directorates carry out intensive preventive activities oriented to disadvantaged regions, families and groups. The provincial TNP directorates that are most active as regards these activities are Mersin, Denizli,

Gaziantep, Adıyaman, Şanlıurfa, Batman, Konya, Aksaray and Ağrı provincial TNP directorates.

Preventive Activities by SHCEK

SHÇEK carries out activities to raise awareness of parents with regard to substance use and addiction, which has become increasingly prevalent in the recent years, to prevent our children and adolescents from starting using substances, informing those who have already started on how they can successfully quit, and thereby ensure development of healthy behaviors in the society. To this end, family-based activities are carried out at schools and Child and Youth Centers with teachers, students and parents.

Preventive activities oriented to children, young people and families who receive services from SHCEK can be considered as a part of selective prevention efforts. SHCEK provides services to families, children, disabled and elderly people who are in need of protection, care or assistance, in accordance with its Founding Law no. 2828 of 1983 and the relevant legislation. The Agency operates community centers, Family Consultation Centers, child and youth centers, nurseries, orphanages, protection care and rehabilitation centers and care and social rehabilitation centers, through which it offers various services. While providing services to those in need of social services, SHCEK also aims to protect people from harmful habits. Activities of the Agency with regard to groups at risk of substance use are summarized below (Report of the Parliamentary Research Commission on Drugs, 2008).

In order to execute the care measures decreed for child offenders and children in need of protection in accordance with the Child Protection Law no. 5395 coming into effect in 2005, "Protection, Care and Rehabilitation Centers" and "Care and Social Rehabilitation Centers" have been defined with the addition of subparagraphs 13 and 14 to paragraph (f) of Article 3 of the SHCEK Law no. 2828 via Law no. 5579 which came into effect on 10.02.2007. According to the *Child Protection law no.5395,* **"***Protection and Supportive Care Measures"* foreseen for children include health measures, temporary or long-term medical care and rehabilitation for treatment and protection of the child's physical and psychological health, and treatment *of children using addictive substances*. Works are continuing on drafting the necessary regulations for the operational principles of these centres. Through 15 centres established throughout Turkey, service has been actively provided to 265 children. Works on data that will be requested from institutions are also continuing together with regulation drafting efforts. Since residents of these centres also include children with substance use habits, statistical forms regarding services provided to children with substance use habits are also created.

Children living or working on the streets also form an important and priority group for activities oriented to preventing substance addiction. In order to ensure inclusion of children working and/or living on the streets into the formal education or vocational education system and divert them either back to their families or to institutional care so as to enable rehabilitation of these children as employed young people with necessary educational attainments**,** a committee was set up in 2004 under the coordination of the Minister responsible for Women and Family; the committee members included the Ministers of Interior, Health, National Education and Justice. With the instructions of this ministerial committee, a new cascaded service model for nationwide implementation was prepared by SHCEK, and the model was put into effect with Circular no. 2005/5 of the Prime Ministry published in the Official Gazette dated 25.03.2005 and numbered 25766. The service model was started to be implemented first in the provinces of Istanbul, Izmir, Ankara, Antalya, Diyarbakir, Adana, Mersin and Bursa, where the problem was most prevalent. Plans have been made to roll out the model in other provinces where needed. In addition, activities have been planned in line with the findings and suggestions included in the Report of the Parliamentary Research Commission set up in 2004 for the purpose of researching the

causes pushing children into the streets and the problems of street children and identifying the necessary measures.

The new service model adopts a multi-sectoral approach aiming to rescue children who spend 24 hours of their day on the streets open to all kinds of abuse and who use substances, and divert them to formal or vocational education, provide them with addiction treatment and provide for all their needs such as nutrition, clothing, health, education etc and finally ensuring their reintegration into the society. In addition, the model includes some measures to prevent children from working or living on the streets. There are a multitude of social projects carried out by SHCEK and other organizations, aiming at preventing these children from having to work or live on the streets. Based on the assumption that "children who are at school will not be on the streets", the projects implemented by SHCEK focus on ensuring that children remain in the schooling system and that children forced to live and / or work on the streets after being excluded from their schools are reintegrated into the education system. In this scope, social aids to children and families living in socio-economic deprivation, conditional cash transfers, payment of educational expenses by SYDV (Social Assistance and Solidarity Foundation), and the girls education campaign (Haydi Kızlar Okula) etc are some of the supportive programs that have contributed to keep children in the schooling system and preventing them from being forced to live and or work on the streets.

Parallel to this new service model, a Project was carried out in 2004 by SHCEK and ILO (International Labour Organization) to draw children working on the streets back from their working lives and divert them into the education system in 13 selected provinces, which are Adana, Ankara, Antalya, Bursa, Çorum Diyarbakir, Gaziantep, Istanbul, Izmir, Kocaeli, Şanlıurfa, Batman and Mersin. The Project was terminated in June 2007. Under the Project, 4915 children at risk of being forced to work were reached and diverted to education, and 3257 children already employed were included into the education system. Hence, a total of 8172 children were placed in the education system and consultancy and social support services were provided to 3500 families. Activities under the Project are continuing on an institutional basis.

In 2005, the "Street League Project" was developed and launched in cooperation by SHÇEK and the British Council in order to promote the development of children working on the streets in Ankara, Diyarbakir, Gaziantep, Istanbul, Izmir and Adana. The Project was supported by the Turkish Football Federation, the Parliamentary Research Commission on Street Children, Directorate General of Youth and Sports, Provincial Governorates and Municipalities.

Under the Project, 73 teams were set up from children living and/or working on the streets; tournaments were organized and a total of 1260 children benefited from the project. In 2008, British Council transferred the Project to the Corporate Social responsibility Association of Turkey. The Project still continues. In 2006, with the cooperation of SHÇEK and the Turkish Boxing Federation, children using the services of SHÇEK Child and Youth Centers found the opportunity to participate in the Children's Boxing Tournament of Turkey. 3 children from Ankara were among the top winners of the tournament. In Turkey many agencies and organizations from the EU to ILO and municipalities and NGOs have carried out activities and projects oriented to children working or living on the streets. Feedback from Project provinces shows the following:

- Number of units, facilities, agencies providing services to children living and/or working on the streets has increased.
- Mobile teams and coordination centres have been established in all the cities where the service model was implemented. Only in Istanbul, there are 15 mobile teams working actively.

- In all Project provinces, accommodation facilities have been provided for street children.
- In some provinces, street offices and/or first-step stations have been established.
- In all Project provinces, child and youth centres have been established from which children living and/or working in the streets can get social rehabilitation services.
- Within the scope of the service model, psycho-social support and counselling services have been provided to 18,101 children and their families between March 2005 and December 2007.
- 8404 children with weakened or severed family ties have been returned to their families and are being supported while living with their families.
- 539 addicted children have been treated.
- Families of 1468 children living in socioeconomic deprivation now receive social assistance.
- Protection decisions have been ruled for 106 children, who have been subsequently placed into institutional care in SHÇEK orphanages and child homes.
- 177 children have been placed in YIBOs (Boarding Regional Primary Education Schools). 12 children have been placed in Youth Homes and supported in their transition to independent living.
- 1168 children not going to schools have been enrolled in school. Also, 3,359 children who were enrolled in but not attending school now regularly go to school. All children are supported within the education system.
- 368 children have been equipped with professions and placed in protected jobs.
- Penalties have been ruled by courts regarding 535 families insisting on forcing their children to work on the streets despite all the services offered by the Agency.

Within the scope of demand reduction efforts, a standard training program was implemented at SHÇEK Family Consultation Centers, community centres and child and youth centers, yet this standard program failed to gain widespread application. Shortly referred to as MAKEP, this program is called “Project to Develop a Culturally Adapted Training Program to Protect Adolescent and Adult Substance Users against HIV/AIDS”. Under the MAKEP training program, families, young people and children coming to these centres are given information about addiction and its harmful effects. The trainings remained limited and failed to wide a wide area of application due to the limited number of professionals trained on the subject and the frequent relocation of the available handful of professionals. Professionals who have completed their trainings and also received a ToT training deliver these trainings at their own organizations or at these centres. The same program was also implemented in the organizations of MoH and MoJ. Review of program activities found that under the MAKEP Project a total of 24 individuals have been trained, 188 individuals have been reached in SHÇEK institutions, and 492 injection drug users have been reached at MoH, MoJ and SHCEK organizations. The Project also supported the process of preparing the “substance use prevention training guide and substance use prevention basic training materials” by MoH in order to guide the training activities.

The report of the Parliamentary Research Commission also mentions the problems encountered in the attempts to roll out the Project and its models on a national scale. The report suggests that the MAKEP Project could not be implemented on a larger scale since its content was not suitable for those receiving services from SHÇEK child and youth centres, community centres and family consultation centres, all of which were the implementing organizations in the three Project provinces. (Summary Report of the Parliamentary Research Commission on Drugs, 2009:25)

All activities carried out by SHÇEK emphasize the importance of the role played by this agency, which works with disadvantages groups, in preventing substance addiction. Therefore, the centres operation under the Agency should be supported in nationwide

scaling of substance use prevention efforts and in ensuring that the specialized personnel working in these centres are better equipped.

Some activities carried out by CTEGM (MoJ General Directorate of Prisons) in prisons and other custodial facilities also provide examples to selective prevention.

Under the "Ardıç" (Juniper) Project carried out in cooperation by MoJ and UNICEF, nine separate child intervention programs oriented to convicted and remand juvenile prisoners living in juvenile prisons and child education homes have been prepared. Of these programs, the "General Information Psycho-Social Support Program" addresses disorders originating from substance use in detail. In addition, the "Psycho-Social Information Program" oriented to prison personnel also addresses in detail the concept of addiction and addictive substances.

A drug program was prepared in 2006 for prison inmates. The program consisted of 16 sessions held in a total of 4 weeks.

In addition to addiction treatment under probation practices, it is ensured that substance using inmates are kept in separate chambers, to the extent allowed by the facility capacities, so as to provide treatment and rehabilitation to remand and convicted prisoners charged with or found guilty of drug-related crimes. This approach aims to ensure specialization of the personnel and healthier implementation of treatment and rehabilitation programs. All the personnel, particularly the "psycho-social service personnel", working in this area are trained on how to approach prisoners convicted or on remand due to drug-related crimes, by the 4 MoJ Personnel Training Centers. (Report of the Parliamentary Research Commission on Drugs, 2008:332)

Preventive Activities by Provincial Health Directorates

In 2008, provincial health directorates also carried out some activities oriented to schools, families and the general public. These activities can be summarized as follows:

1) Public training activities on "Narcotic and Recreational Drugs",
2) "Alcohol and Substance Addiction" seminars to parents, teachers and students,
3) Training seminars on "Substance and Substance Addiction" for convicts,
4) Educational activities on addictive substances, alcohol and tobacco and their harmful effects, through TV and radio stations and local media, oriented to raise public awareness,
5) Ensuring Friday sermons in mosques in Adana on "Islamic Attitude towards Addiction to Alcohol, Tobacco and other Harmful Substances", in cooperation with the provincial mufti office,
6) Supporting the relevant activities of NGOs,
7) Distribution of banners, posters and brochures in cooperation with other agencies and organizations,
8) Ensuring that those who apply to the Directorate due to addiction problems are referred to treatment centres,
9) Ensuring that those with substance use problems who apply for primary health care services are informed about coping and treatment methods and referred to relevant health centres for psychological support and treatment,
10) Pregnant women with substance use problems who are monitored under primary health care services are identified and informed on the subject, provided with necessary psychosocial support services and referred to treatment.

Demand reduction activities carried out by many agencies and organizations highlight the importance of working together with schools and families for community-based, universal preventive efforts against addiction.

In addition to all these preventive activities, there are also some organizations that have dynamic communication with young people but that do not cooperate with TUBIM. Available information on these agencies and organizations can be summarized as follows:

Indicated prevention

Activities oriented to children, young people and families who are at risk of substance addiction and in need of special treatment due to specific psychological disorders such as hyperactivity and attention deficit are not included in this report as no information is available on whether they are carried out or not. For the next reporting period, it is planned to cooperate with relevant treatment centres, NGOs and agencies in order to obtain the necessary data regarding activities carried out for these special children. It is planned that such cooperation will increase the awareness of at-risk children, adolescents and families regarding the matter of drugs and will increase the visibility of efforts made in this area.

National and Local Media Campaigns

In many of the preventive activities undertaken in Turkey, national and local media campaigns are used as supportive elements. These activities are not repeated here, as they were already addressed in the previous chapters.

NGOs and Preventive Activities

Since TUBIM has received no reports on preventive activities carried out by NGOs, they are not included in this report. However, the Yeniden Health and Education Society fills an important gap as an NGO that publishes its works on the internet via its web site at www.yeniden.org, which attracts a lot of visitors from among parents, young people, and professionals working in the field of substance addiction. The web site is accepted by the majority of the public as a reliable resource since the Yeniden Health and Education Society carries out its school, student, family and community-based implementation and research activities via a professional team. Considering the huge interest in the internet by young people in Turkey, it becomes evident that there is a need to create websites that will serve as accurate and reliable information sources for prevention of substance addiction, following the example set by this NGO.

The UMUD Association (Substance Abuse Prevention Association) is another NGO working to encourage addicts to seek assistance and treatment. UMUD works in cooperation with TUBİM.

Substance Addiction Treatment Centers and Preventive Activities

It is known that preventive activities are carried out by MoH treatment institutions such as AMATEM, UMATEM and EGEBAM working primarily in the field of addiction. Yet these activities are not included herein since no information regarding them has been reported to TUBİM.

Medico-Social Centres of Universities and Addiction Prevention Activities

In all state or foundation-operated universities, there are medico-social centres for students. In addition, it is known that universities are involved in a series of activities oriented to counteract substance addiction, yet TUBİM has not received any data or reports regarding these activities. These centres, which provide services to young people, can play a very important role in preventing substance addiction.

Higher Education Student Loans and Hostels Authority and Addiction Prevention Activities

This authority also serves university students and should play an important role in preventing substance addiction, yet there are no data submitted to TUBİM.

3.4. Conclusion

As a conclusion, the following evaluations can be made with regard to demand reduction activities:

- All the institution-based activities addressed so far clearly indicate the diversity of preventive efforts in Turkey. In order for successful and systematic prevention activities in Turkey, it is vital to create a structure that will ensure coordination and cooperation between agencies at policy and planning levels.

- In Turkey, there is a need for formulating plans and policies for demand reduction and addiction prevention activities, ensuring coordination between the activities of various agencies, and building a central organizational structure in order to enable more research and implementation activities. This central structure, which can work as a sub-unit of TUBİM, will organize demand reduction and addiction prevention activities, secure financial resources to increase the number and quality of these activities, and establish a fund to this end. Hence, it will be ensured that preventive activities in Turkey are carried out in coordination and their results are visible at the national and international levels.

- Data available with regard to addiction prevention activities carried out in Turkey are not adequate. This recalls the emphasis made in EMCDDA's 2008 report on insufficient financial resources and inadequately trained human resources which may be the cause of interventions that are not adequate and have no evidential basis (EMCDDA, 2008).

- It is important to standardize the preventive trainings delivered intensively by various agencies and professionals in Turkey with regard to demand reduction in substance addiction. The contents of these trainings differ enormously, raising questions as to what the actual content is, whether it is adequate, whether the content becomes varied due to differences in professional foci of trainers and whether such variations cause shortcomings in conveying the intended information and messages. Furthermore, it is not known whether a difference is achieved in the pre-training and post-training knowledge and awareness levels of trainees with regard to substance addiction and how to protect against addiction; if a difference is achieved, then the level of effectiveness of the training on the trainees and the extent to which the trainees are able to internalize and use in their daily lives their new-gained knowledge often remains unknown.

- One reason thereof is that anyone who considers himself/herself competent enough is free to deliver these trainings, since there are no standards that determine the content of these addiction prevention trainings, the professional identities of the trainers and the qualifications required in order to be a trainer. Another reason is the lack of any baseline and endline studies conducted before and after the trainings to measure success and produce evidence-based outcomes. In other countries, there are standards that determine the content of trainings aimed at preventing substance addiction, the qualifications required in trainers and the accredited authorities licensed to deliver ToT trainings. After completing these ToT trainings, individuals get a license to work as certified trainers. These licences are required to be renewed every two or three years. It is considered that the centre that will be established as a sub-unit of TUBİM to organize demand reduction and prevention activities can be effective in building a similar licensing system in Turkey.

SECTION 4[15]
PROBLEM DRUG USE AND TREATMENT DEMAND
4.1.Overview

PDU (Problem Drug Use) is one of the five main indicators identified by EMCDDA. Whether a substance is classified as problem or not is determined based on various criteria developed by EMCDDA. In this line, PDU is defined as "*injecting drug use or long duration/regular use of opioids, cocaine and/or amphetamines"*. Some public agencies and academicians in Turkey have made some statements criticizing this concept. Some experts have expressed that when specific drugs are categorized as "problem" drugs, some other drugs may automatically be perceived as "non-problem" drugs. Due to the growing number of users of cannabis and some other synthetic drugs, EMCDDA experts are currently working on new methods to calculate problem drug use. For example, there is an ongoing study on problem cannabis use due to the increasing number of users. However, no consensus has been reached yet on any classification systems.

Calculation of problem drug use is very important for Turkey. Such prevalence calculations are necessary in order to be able to monitor the effects of problem drug use on the society, re-evaluate the prevention and protection measures and activities accordingly and activate relevant public policies. Moreover, while a general population survey may give a general idea about PDU prevalence, these calculations are vital for determining the number of hidden users. The accuracy of estimates and success of interventions depends heavily on comparable data on a European and national scale and healthy calculations.

Although drug use is accepted as a health issue at the policy level in Turkey, both the criminal justice system and the society regard drug use as a deviant and offending behaviour. In addition, people are less inclined to admit to using drugs that are accepted as "problem drugs" (such as heroin, cocaine, amphetamine etc) compared to cannabis or tablet-type substances. Therefore, it is considered that drug –related (particularly PDU) surveys and researches to be carried out in Turkey are likely to be more challenging compared to other European countries.

There are many methods in the literature for problem drug use calculations. These include surveys conducted in specific locations, enumeration, the multivariate indicator method, capture-recapture method and the multiplier technique (EMCDDA, 1999; EMCDDA, 2009). On the other hand, other methods can also be used for these calculations (for example, the snowball technique, network analysis etc). Alas, these methods are not practical and may have very high costs.

The most frequently used methods in Europe in terms of comparability and reliability are the "capture-recapture method" (CRM) and the "multiplier method". CRM requires at least two data sources (individual data).

Establishing the Data Sources

In Turkey, a series of data sources can be used in calculation of PDU. Some of these data sources can be listed as follows:

[15] Section prepared by Dr. Arif AKGÜL (PDU Indicator National Expert).

- Number of persons receiving inpatient treatment in AMATEMs
- Number of persons apprehended by the police on drug-related charges (possession, trade etc)
- Number of persons incarcerates due to drug-related crimes (possession, trading etc.)
- Number of drug-related deaths

However, care should be taken to include the same type of data regardless of their sources so as to prevent duplication of data, and to use data from the same time period.

Calculating PDU

PDU Calculation on a National Scale

In the 2008 Turkey National Report, PDU was calculated for the first time using CRM; however, in the light of available data, it has been evaluated that the formula and method used does not fully reflect the actual numbers for Turkey.

In 2009, number of problem drug users is calculated for the first time using the multiplier method. In this line, the multiplier number has been adapted to Turkey taking as a reference the results of a study undertaken in Europe (Bargagli *et al.* 2005). The study has its limitations. The number of drug-related deaths in eight European countries has been calculated via a longitudinal study. In this way, standard death rates have been calculated for each study area (Amsterdam, Barcelona, Denmark, Dublin, Lisbon, London, Rome, and Vienna). In this calculation, the highest and lowest values that are potential outliers have been excluded.

Based on the number of drug-related deaths in the 15–64 age group in Turkey[16] (159 in 2008), the number of problem drug users in Turkey was calculated.

In the study, the highest death rates are found to be in Barcelona with 13 per 1000 and Denmark, London, Rome and Vienna with 7 per 1000 (Bargagli et al, 2005).

Barcelona	12.96
Denmark	7.07
Dublin	3.09
Lisbon	1.12
London	7.37
Rome	6.64
Vienna	6.61

Crude rates (per thousand) for Barcelona and Lisbon, representing the highest and lowest values, were not included in the calculation. Hence, the lowest rate is 3.09, calculated for Dublin. Calculation based on said rate gives the following:

159x1000 / 3.09
= **51,456**

The highest crude rate is 7.37, representing London. Calculation based on this rate gives the following:

159x1000 / 7.37
= **21,573**

[16] See Secion“6.1. Drug Related Deaths and Mortality of Drug Users”

When the above calculated data are added to find a median value, a general value is found for PDU in Turkey (**36,514**). On the other hand, the crude rate calculated based on the mean value for the 5 locations specified above by excluding the data for Barcelona and Lisbon can be used within the PDU calculation.

7.07+3.09+7.37+6.64+6.61 = 30.78
30.78 / 5 = 6.15

159x1000 / 6.15
= **25,853**

SECTION 5[17]
SUBSTANCE ADDICTION TREATMENT

5.1. Introduction

Treatment of substance addiction is generally carried out in public hospitals (AMATEMs and psychiatry clinics) and the treatment units of faculties of medicine of universities. The number of private addiction treatment and rehabilitation centres is quite low in Turkey. Treatment is usually in the form of inpatient treatment. Individuals are covered under the universal health insurance for treatment.

5.2. Strategy and Policy
5.2.1. New Developments and Trends

A "Science Commission on Addiction Treatment Procedures" composed of MoH unit heads, representatives of MoJ and Turkish Medical Association as well as clinicians and academicians from the field of pharmacology and psychiatry has been established. The commission convenes at least four times a year and fulfils the duties defined in the Substance Addiction Treatment Centres Regulation, which are related to diagnosis and treatment of substance addiction. It also carries out training activities for the health personnel working in the area of addiction treatment. Training centres are identified in accordance with the Substance Addiction Treatment Centres Regulation, and then certification programs are prepared at these centres. The MoH has identified training centres in Ankara, Istanbul and Izmir. Personnel of newly opened centres or centres having difficulties in service provision receive in-service training at these centres. The theoretical and practical training program to be implemented in these 3 new training centres has been prepared by the commission, thereby ensuring standardization of the training.

In order to ensure that addicts are able to receive treatment in the provinces where they live, provinces with a concentrated population of individuals who have applied for treatment at addiction treatment centres or who are under a probation measure have been identified, and it is planned to open addiction treatment centres under the mental health and nervous disorders hospitals that will be opened in these provinces in the coming years. As of August 2008, the distribution of addiction treatment and rehabilitation centres attached to MoH is as follows:

1-MoH Hospitals with specialized addiction treatment centres:

- İstanbul Bakırköy Mental Health and Nervous Disorders Training and Research Hospital (AMATEM-1983), (ÇEMATEM-1995),
- Elazığ Mental Health and Disorders Hospital (1997),
- Samsun Mental Health and Disorders Hospital (1997),
- Manisa Mental Health and Disorders Hospital (1997),

[17] Section prepared by Assoc. Prof. Nesrin DİLBAZ and Dr. Metin ESEN (Substance Addcition Treatment Demand Indicator National Expert).

- Adana Mental Health and Disorders Hospital (2000),
- Denizli State Hospital (2000),
- Ankara Numune Training and Research Hospital AMATEM and ÇEMATEM (2004) ,
- İzmir Atatürk Training and Research Hospital (2006),
- Kayseri Training and Research Hospital (2007),
- Diyarbakır State Hospital (2007)

2-University hospitals with specialized treatment centres
- Gazi University Faculty of Medicine
- Ege University Faculty of Medicine
- Dokuz Eylül University Faculty of Medicine
- İstanbul University Faculty of Medicine
- Ankara University Faculty of Medicine

3-Public-university partnership centres offering specialized treatment
- EGEBAM-İzmir
- AKDENİZBAM-Antalya

4- Private hospitals with specialized treatment centres
- Balıklı Rum Hospital

5-Centres planned for the future: works are ongoing to open treatment centres in Gaziantep, Eskişehir, Van and Bursa.

The main issue with regard to treatment centres is the inadequate number of health personnel (physicians, psychologists, nurses etc). Despite the insufficient number of psychiatry specialists in Turkey, the field of addiction treatment is usually not preferred by psychiatry experts as it is seen as a problem area, hence the number of health personnel working in the field of addiction treatment remains low. MoH is continuing to work on finding volunteer personnel who will work in these centres, by making new arrangements in the personnel rights of the personnel working at these centres.

Since the new Turkish Penal Code (art. 57/7-art. 191/2), Child Protection Law (art. 5/d) and the Regulation on Substance Addiction Treatment Centres accept substance addiction as a disease, the treatment costs are covered by the social security authority of the patient. Treatment costs of judicial cases with no social security are covered by MoH, while the treatment costs of those with no social security and having difficulty in payment are covered by Social Assistance and Solidarity Foundations and NGOs.

In the last one year (2009), a striking increase has been seen in the number of patients, especially under age 21, applying to centres due to heroin addiction. This has shown the need to undertake more concentrated actions in the country with regard to substance use especially among young people. Following the coming into effect of the law on smoking, work is continuing to open tobacco addiction treatment centres and make arrangements for reimbursement of pharmacologically assisted treatment and psychotherapeutic treatment methods used.

5.3. Treatment Systems

In line with the perception that accepts substance addiction as an illness, treatment-oriented practices implemented at substance addiction treatment centres in Turkey aim at reducing and eliminating substance use, overcoming the problems related to deprivation, preventing patients from relapsing, and achieving improvement in psychological and social

functionality. As of August 2008, there are 20 substance addiction treatment centres in services, 11 of which are operated by MoH, 6 by Universities, 2 by various public agencies and organizations, and 1 one private sector. In these treatment centres, in 2007, inpatient treatment services have been provided to 2492 individuals, and outpatient services have been provided to 38,202 individuals applying to policlinics.

In accordance with the decision taken at the meeting dated 26/10/1995 of the High Health Council, the Regulation on Substance Addiction Treatment Centres setting forth the principles and procedures related to use of ”methadone and similar drugs” in addiction treatment, establishment and activities of treatment centres operating independently or under public or private agencies or organizations, diagnosis and treatment of substance addiction and establishment of a Science Commission on Substance Addiction Treatment Procedures, was put into force on 16/02/2004.

5.3.1. Treatment Approach

In view of the data from Turkey and EU countries, it is seen that treatment of drug users is usually carried out through outpatient methods. In the recent years, it is also observed in EU countries that outpatient treatment networks are expanding while the number of inpatient treatment centres remains the same. When the philosophy and treatment models adopted by inpatient treatment centres started to raise questions in the face of changing needs, discussions have started on making amendments in the Regulation on Substance Addiction Treatment Centres to enable opening new outpatient treatment centres and spreading them nationwide and to attract the interest of the private sector in this area.

The resultant draft covers the following:

- The primary aim is to establish provincial coordination boards under MoH and ensure that activities are carried out in cooperation with MoH and other agencies. Tackling the coordination issue through these boards will ensure that addicts have access to simultaneous and uninterrupted services before and after treatment.[*]

- In terms of field works, this model also defines new units in addition to the existing substance addiction treatment centres.
    - First Step Centre
    - Care and Protection Unit
    - Addiction Prevention and Treatment Centre
    - Inpatient Detox Centre
    - Long-term Treatment Centers
        - Inpatient
        - Outpatient
    - Replacement Therapy Unit

[*] In a general sense, nationwide coordination has been achieved with regard to counteracting addictive substances and addiction (supply, demand, treatment, rehabilitation etc), and significant progress has been made with regard to provincial local coordination under governorates. The national coordination committee has been meeting quarterly for the last two years under the coordination of TUBIM in line with the national strategy adopted in 2006 and the national action plan coming into effect in 2007. The local provincial coordination committees foreseen in the national action plan have been established to a large extent, and most have already started working. With regard to local coordination, the national action plan foresaw secretarial duties assigned to provincial health directorates or education directorates. As of 31.10.2009, the secretarial duties for provincial coordination committees are being carried out by health directorates in 26 provinces, by education directorates in 10 provinces and by TNP directorates in 18 provinces, all of which report their activities to the national coordination unit, TUBİM.

- The first-step centres suggested in this model are centres with which Turkey is already familiar, as they are also included under the ongoing project for street children. In the new structure, it is foreseen that these centres will also provide services to adults. In addition to first-step centres, a new structure is being introduced, which will support addicts who are in need of care and shelter. Operation of these two structures will require the support of more than one agency.

- The envisaged "Addiction Prevention and Treatment Centre" has a modular structure. These centres will have units where,
  - addicts will be subjected to initial evaluation,
  - receive consultancy and counselling services,
  - diverted to other appropriate treatments and therapies, and
  - judicial applications will be evaluated
  - replacement therapy will be administered
  - activities for social adaptation will be carried out, and
  - management services will be provided.

- The other centres planned are defined as inpatient and outpatient treatment centres where specialized services that may be required by addicts can be provided exclusively. When works are completed, it will be ensured that these centres are opened, scaled out nationwide and integrated with currently existing centres.

- Replacement therapy units may operate under existing public agencies or may be established as independent centres attached to MoH.

5.3.2. Treatment Quality

MoH has prepared a Diagnosis and Treatment Guide, which is the first Turkish publication in terms of its scope in the field of addiction treatment. The guide will be printed and distributed by the end of 2009 and will also be used as training material in certification programs.

Treatment of substance addiction depends on the level (severity) of the addiction, individual motivation and access to addiction treatment centres. Some users apply for treatment voluntarily, while most come with the support of their families, friends or workplaces, while some may be sent to treatment by courts and have no support at all.

The treatment administered at centres includes both pharmacologically assisted treatment and psychological treatment methods. Effort is made to support these practices with educational and social programs. Some pharmaceuticals that neutralize the effects of drugs are also used in Turkey, such as Antabus for alcohol and Naltrexon for cocaine and heroin. Drugs such as methadone or buprenorphine are used around the world as a replacement treatment for both treatment and stabilization of heroin addicts, but they are not yet used in Turkey.

The problems encountered by those applying for addiction treatment, such as appointments given for too far away dates or long distance of treatment centres from place of residence, discourage addicts from seeking treatment. Regarding bed capacities in Turkey, it can be said that the current bed capacity of 500 is able to serve around 5000 patients a year, based on an average 30 days of residential care per patient. This number appears to be twice the current number of users in Turkey. However, the fact that patients show more preference towards some centres and the applications for treatment get more concentrated during specific periods (especially during winter), can sometimes lead to appointments being given for later dates in some centres. Moreover, the long distance between treatment centres and

the place of residence of patients has a negative impact on treatment applications, on rate of attending and continuing the treatment as well as on social and psychological supports that are a part of the therapy (such as education and training, family interviews, job placements, counselling etc.). Centres serving to special groups such as children and women, and centres specializing on certain substance types and treatment procedures are either inadequate or nonexistent.

Patients who succeed in staying away from substances for a specific period of time through treatment, i.e. those whose blood and urine becomes free from substance, are not given any social, economic or psychological support after inpatient treatment or during outpatient treatment, yet if they cannot achieve a change in their social lives, they can easily become users again. In order to increase the success chance of the treatment, the medical treatment approach should always be accompanied with social support programs. Today, there are attempts to provide training, job placement, shelter and counselling services in cooperation with some agencies and organizations under the leadership of treatment centres, yet these services are very insufficient.

5.3.3. Treatment without Pharmacological Assistance

Basic Strategies: Basic strategies include increasing the motivation for ending substance use, teaching coping methods, increasing life supports, boosting the ability of users to cope with negative feelings, increasing interpersonal skills and functionality and strengthening social supports.

Relapse (restarting substances after treatment) Prevention: Individuals learn how to identify and correct their problem behaviours. In relapse prevention, many “cognitive and behavioural therapy strategies” that may help relapsing clients are used. Emphasizing the negative consequence of prolonged substance use, recognizing substance seeking behaviours at an early stage and identifying the situations with a high substance use risk, developing coping methods, staying away from high risk situations and effective coping methods are some of the techniques used in this area.

Matrix Model: Stimulants are used in the treatment of patients in order to ensure they stay away from substances. Clients learn about dependency/addiction and relapse, and receive support from trained and experienced personnel. Family members are also informed and trained.

Supportive-Expressive Psychotherapy: This is a psychotherapy method adapted for heroin and cocaine addicts who have limited time. It consists of two main components. Supportive techniques allow clients to discuss their own lives and feel comfortable. Expressive techniques aim to identify and discuss the problems experienced by clients in their interpersonal relations. The treatment focuses on the role of the substance on the problem emotion or behaviour and how these problems can be solved without substances. This is an inpatient treatment method implemented by trained personnel in rehab centres.

Motivation Therapy: This method aims to increase the client’s motivation for a fast change instead of guiding the rehab process. The method helps clients in analyzing their ambivalences towards starting treatment and quitting substances, and thereby causes behaviour change.

Cognitive behavioural treatment is used especially in cases of problems developing due to cannabis and synthetic drugs. A multi-approach family treatment model is also used, aiming at drug abusing young people and their families. However, difficulties in continuing treatment as outpatients after leaving the hospital sometimes render this method impossible. Quantitative inadequacy of the personnel working at the centres and the huge differences in

the geographical backgrounds of clients restrict the use of psychotherapeutic methods (makes outpatient treatment impossible).

Self-Help Groups: Despite efforts to increase such groups, they exist only in 2-3 big cities. Due to stigmatization, it becomes difficult to motivate families to take part in these groups.

There are no published studies showing the efficacy of these treatments in Turkey with evidential proof.

5.3.4. Medical Treatment

Deprivation and Replacement Therapy

The medications used in replacement therapy are still not available in Turkey. In the last two years, naltrexon, an opioid partial antagonist, has started to be used. During therapy, clients are administered atypical antipsychotic drugs such as quetiapine; in cases of pain complaints, drugs used in peripheral neuropathy such as gabapentin and carbamazepine are used.

Studies have shown that antipsychotics such as quetiapine are usually abused especially by prison populations. In a survey undertaken to research quetiapine abuse in patients who are under probation due to drug use, it was found that 37 of the 51 convicts (72.5%) applying to Ankara AMATEM demanded quetiapine during interview. The average age of first use for this drug was determined to be 14.9 (SD:3.7). The first substance used by the cases was found to be cannabis for 24 (64.9%) of the clients. 13 (35.1%) of the clients had applied for addiction treatment before incarceration. 7 of them (18.9%) had received inpatient treatment at a rehab centre. Similarly, while 29 of the clients (78.3%) actively used more than one substance before their incarceration, 30 (81.1%) used only cannabis, 26 (70.2%) only amphetamine derivatives and 22 (59.4%) used cocaine.

The insistence of incarcerated clients on quetiapine-containing preparations, the strong refection of any other drug when therapy is changed and this strong attachment to quetiapine among clients is interesting. According to the responses given to survey questions, there are instances where this drug is used in doses exceeding the legal and prescribed dosage. The popularity of this drug among the prison population brings to mind the potential of dependency and abuse, since the drug's effects include relaxing and comfortable sleep, while discontinuing the drug causes withdrawal symptoms such as insomnia, edginess and anger.

In two of the cases, quetiapine was powdered and administered via insufflation. Pharmacokinetically, nasal administration reacts faster than oral administration, hence it is considered that insufflation is preferred in order to achieve the anxiolytic and sedative effects of quetiapine faster. (Kaya, N. et. al., 2009)

In 2009, sublingual tablets of Suboxone 8 mg/2 mg and Suboxone 2 mg/0.5 mg were licenced and efforts are continuing to enable refunding for these tablets.

In order to show the effectiveness of treatment, the remission periods of clients receiving inpatient treatment at Ankara AMATEM and the factors affecting remission periods were researched. 253 of the 572 inpatients (44.2%) were reached. The respondents were evaluated through one-to-one interviews and telephone interviews.

Results: The average remission period for all clients was found to be 213 days; average permanent full remission period was 537.3 days, average early full remission period was 123.8 days. Permanent full remission was found to be 26.6% for alcohol addiction, 33.3% for

opiate addiction, 33.3 for inhalant addiction, and 22.2% for mixed substance addiction. As the number of inpatient treatment instances of addicts increase, the average remission periods of patients decrease. The difference was found to be statistically significant. The difference between the remission periods of alcohol addicts and non-alcohol substance addicts was found to be statistically insignificant. (Dilbaz, N. et. al., 2006)

5.4. Profile of Clients in Treatment

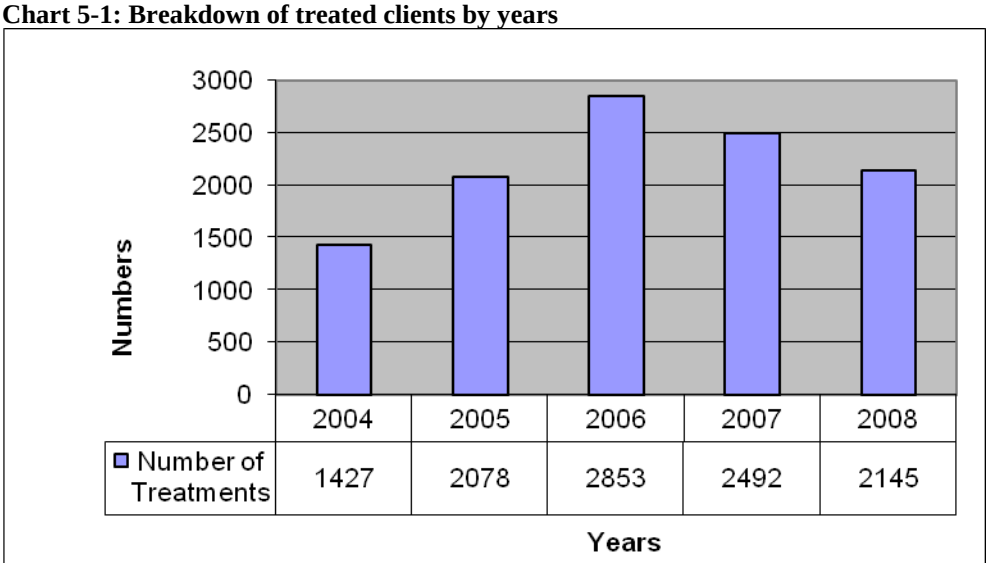
In Turkey, data related to substance addiction treatments are collected and provided by the Ministry of Health Directorate General for Curative Services. These data represent the information related to clients admitted for inpatient treatment.

In 2008, 19 of the 20 treatment centres located in 10 provinces sent data. The rehab centre operating under the Samsun Psychological Health and Disorders Hospital only offers outpatient treatment, with no facilities for inpatient treatment. Hence, no data could be obtained from this centre. A total of 105 forms sent by 3 of the 19 rehab centres submitting data (15 from Ankara University Faculty of Medicine, 13 from Gazi University Faculty of Medicine and 77 from Istanbul University Faculty of Medicine) were not included in the evaluation as they contained insufficient data. The number of forms by these 3 rehab centres constitutes around 5% of the whole group.

In the report, a total of 2145 data forms representing the clients receiving inpatient treatment in 16 rehab centres were evaluated. These 16 centres also offer outpatient treatment services in addition to inpatient, however data is not collected for outpatients.

***Number of Clients Treated**:* The inpatient treatment demand, which was 2853 in 2006 and 2472 in 2007, was identified as 2145 for 2008. There is a 14% decrease compared to previous year. This decrease is mainly due to the fewer cases reported by some rehab centres compared to previous years and the exclusion of some of the submitted forms from evaluation due to containing insufficient data. Another reason behind the decreasing number of clients receiving inpatient treatment since 2006 is the higher preference of outpatient treatment and surveillance in probation practices which are being implemented since 2006.

Chart 5-1: Breakdown of treated clients by years



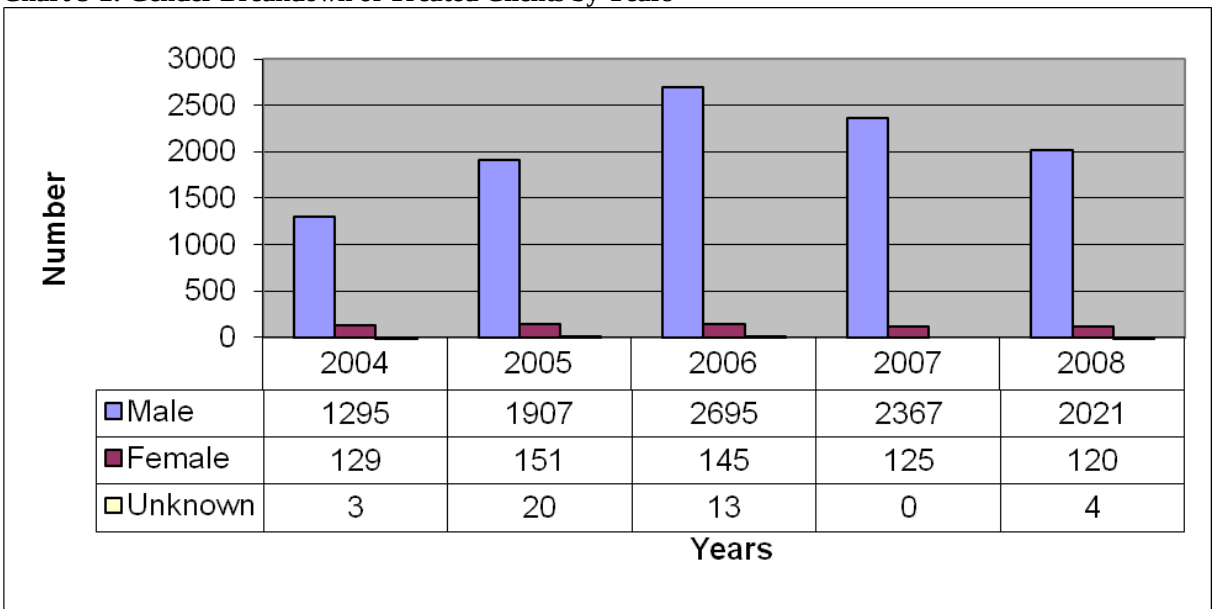
Source: Ministry of Health Directorate General for Curative Services, 2008

For 2008, the top 5 rehab centres in view of the number of inpatient clients received are as follows: Balıklı Rum Hospital (23.3%), Bakırköy AMATEM (14.8%), Ankara AMATEM (14.6%), Elazığ Mental Health and Disorders Hospital (11.1%) and Adana Dr Ekrem Mental Health and Disorders Hospital (9.6%).

Nationality: 2102 of the clients are Turkish nationals. 41 are foreign nationals, while the nationality of 2 of the clients are unknown.

Gender: In terms of gender of the total 2145 clients, 2021 (94.2%) were male and 120 (5.6%) were female. Gender was not specified for 4 of the clients. The gender breakdown by years is shown in the chart below. In terms of ratios, in 2004 91% of the clients receiving inpatient treatment were male while 9% were female; for 2008 these are 94% and 6%, respectively. As in many other countries, it is seen that the treatment demand is way lower for females compared to males.

Chart 5-2: Gender Breakdown of Treated Clients by Years

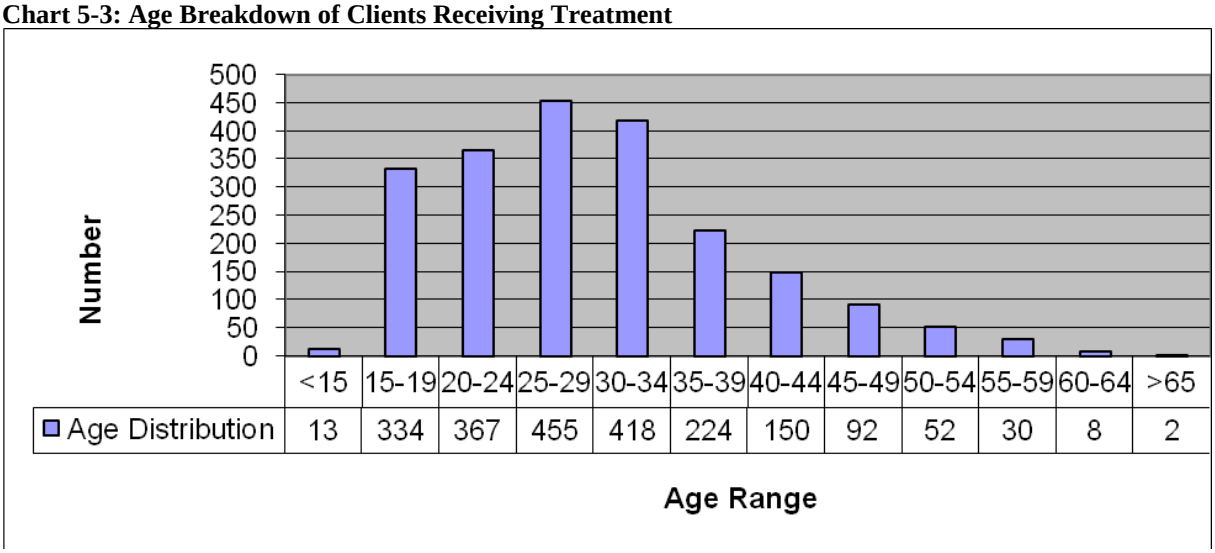


	2004	2005	2006	2007	2008
Male	1295	1907	2695	2367	2021
Female	129	151	145	125	120
Unknown	3	20	13	0	4

Source: Ministry of Health Directorate General for Curative Services, 2008

Age of Application: The average age for clients receiving treatment was found to be 29.75. The youngest client was 11 years old while the oldest was 67 years old. When evaluated in groups, a concentration is observed in the 25-29 (21.2%), 30-34 (19.5%) and 20-24 (17.1%) age groups. According to this data, 57.8% of those receiving inpatient treatment are in the 20-34 age group. Looking at the age of application, it is seen that the picture remains pretty much the same compared to other years. The 15-19 age range makes up 15.6% of the total applicants, while clients receiving treatment under the age of 15 (13) account for 0.6% of the total clients treated.

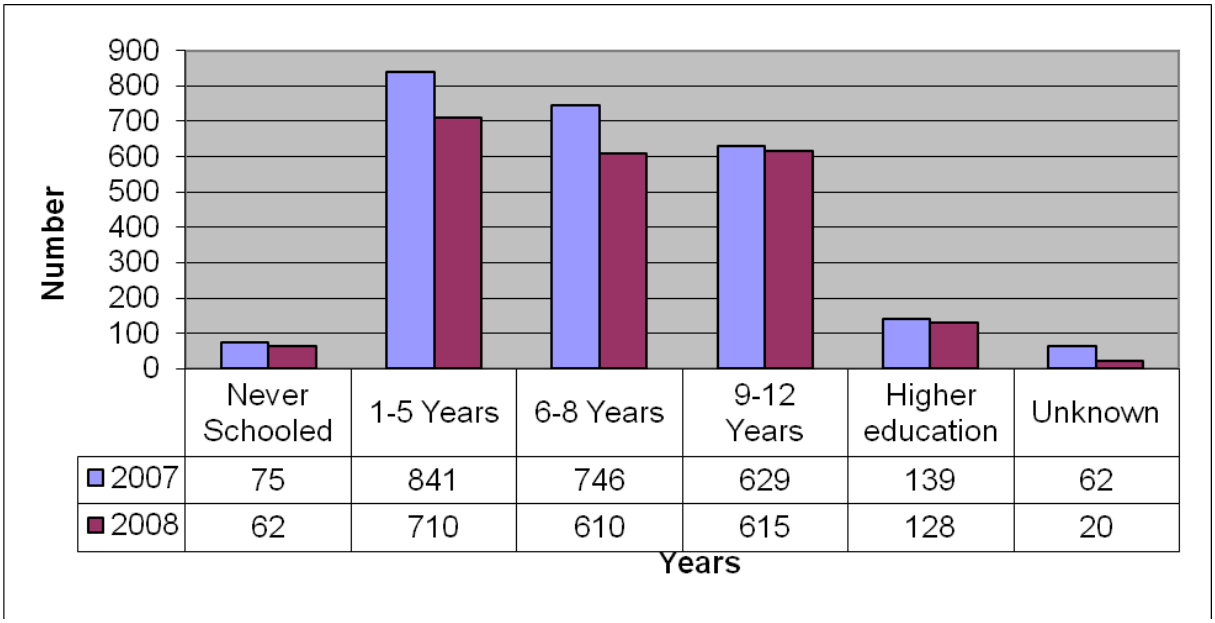
Chart 5-3: Age Breakdown of Clients Receiving Treatment



Source: Ministry of Health Directorate General for Curative Services, 2008

Educational Status: The educational statuses of treated clients are as follows: 33.1% are primary school graduates, 28.4% are secondary school graduates and 28.7% are high school graduates. Those graduated from higher education are 6.0%, while those who have never went to school are 2.9%. Data is not available for 20 of the clients. Compared to the previous year, there is a slight decrease in the number of clients graduated from primary and secondary school, while there is an increased treatment demand among high school graduates and higher education graduates.

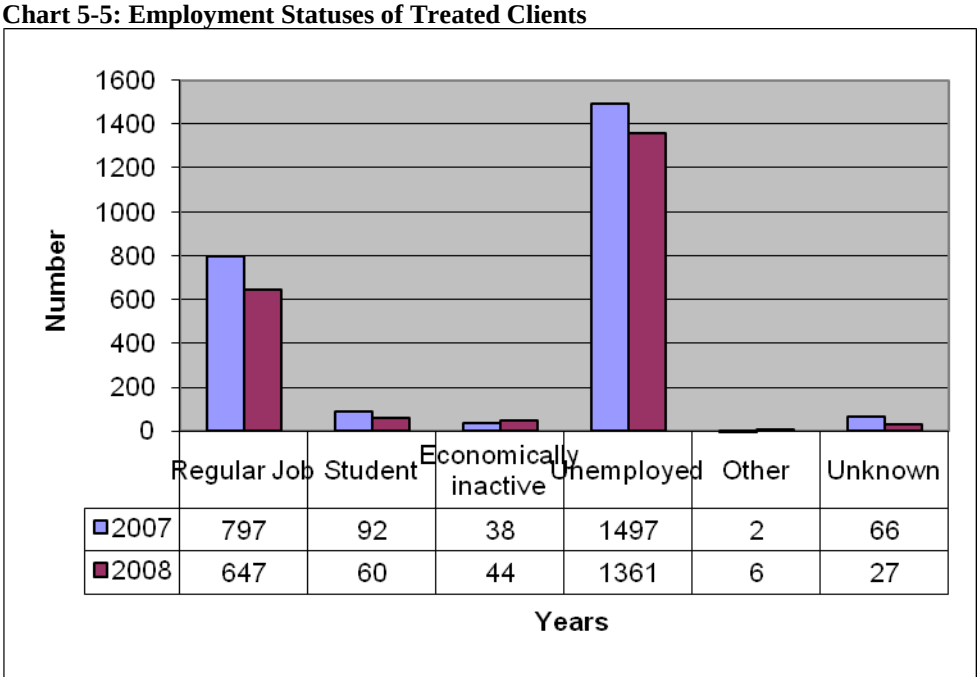
Chart 5-4: Educational Status of Treated Clients



Source: Ministry of Health Directorate General for Curative Services, 2008

Employment Status: 1072 clients reported being unemployed, 647 reported having a regular job and 289 reported being temporarily employed. 60 are students, 38 are retired and 6 are housewives, while data is not available for 33 of the clients.

Chart 5-5: Employment Statuses of Treated Clients



Source: Ministry of Health Directorate General for Curative Services, 2008

Lifestyle: When evaluated in terms of their lifestyles 1853 of the clients (86.4%) live with parents/family, 195 live alone (9.1%), 16 (0.7%) are living in an institution, 20 (0.9%) are cohabiting with friends and 7 (0.3%) are homeless and living on the streets. Data was not available for 54 of the clients. There are no noteworthy changes in the ratio of clients living with their parents/families or friends, while there is a slight increase in the number of clients living alone, and a decrease by half in the number of clients living under institutional care or homeless.

Province of Residence: 71.6% of the clients receiving inpatient treatment at rehab centres reside in the 10 provinces shown in the table below. The table clearly shows that one out of every three clients reside in Istanbul. Rehab centres are available in 6 of the provinces listed in the table.

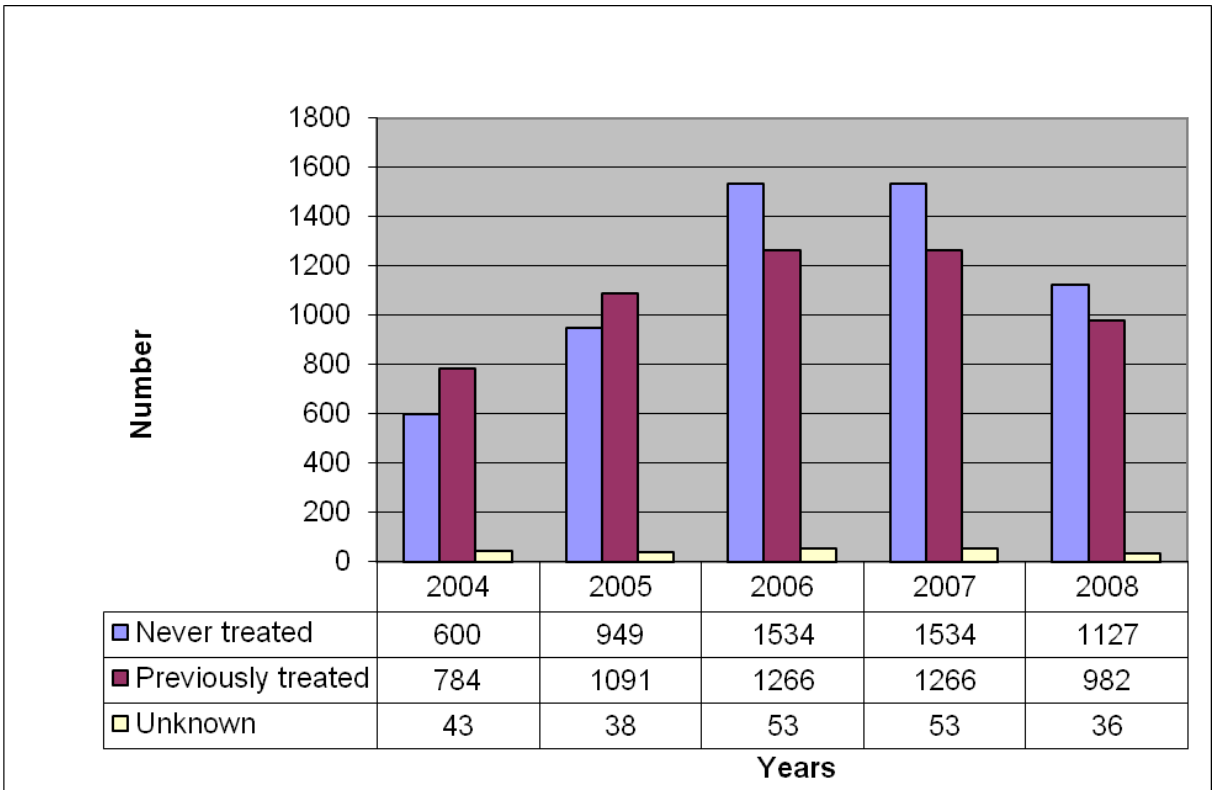
Tablo 5-1 Breakdown of Treated Clients by their Place of Residence

Place of Residence	Number	Percent
Istanbul	743	34.6
Antalya	158	7.4
Adana	138	6.4
Gaziantep	119	5.5
Izmir	98	4.6
Ankara	65	3.0
Hatay	60	2.8
Diyarbakir	55	2.6
İçel	53	2.5
Van	48	2.2
Abroad	67	3.1
Other provinces	541	25.3
Total	2145	100

Source: Ministry of Health Directorate General for Curative Services, 2008

Previous Treatment Status: 982 (45.8%) of the clients reported having received treatment before, while 1127 (52.5%) reported they had never received treatment before. Data is not available for 36 of the clients.

Chart 5-6: Breakdown by years of those who have previously received treatment and those receiving treatment for the first time



Source: Ministry of Health Directorate General for Curative Services, 2008

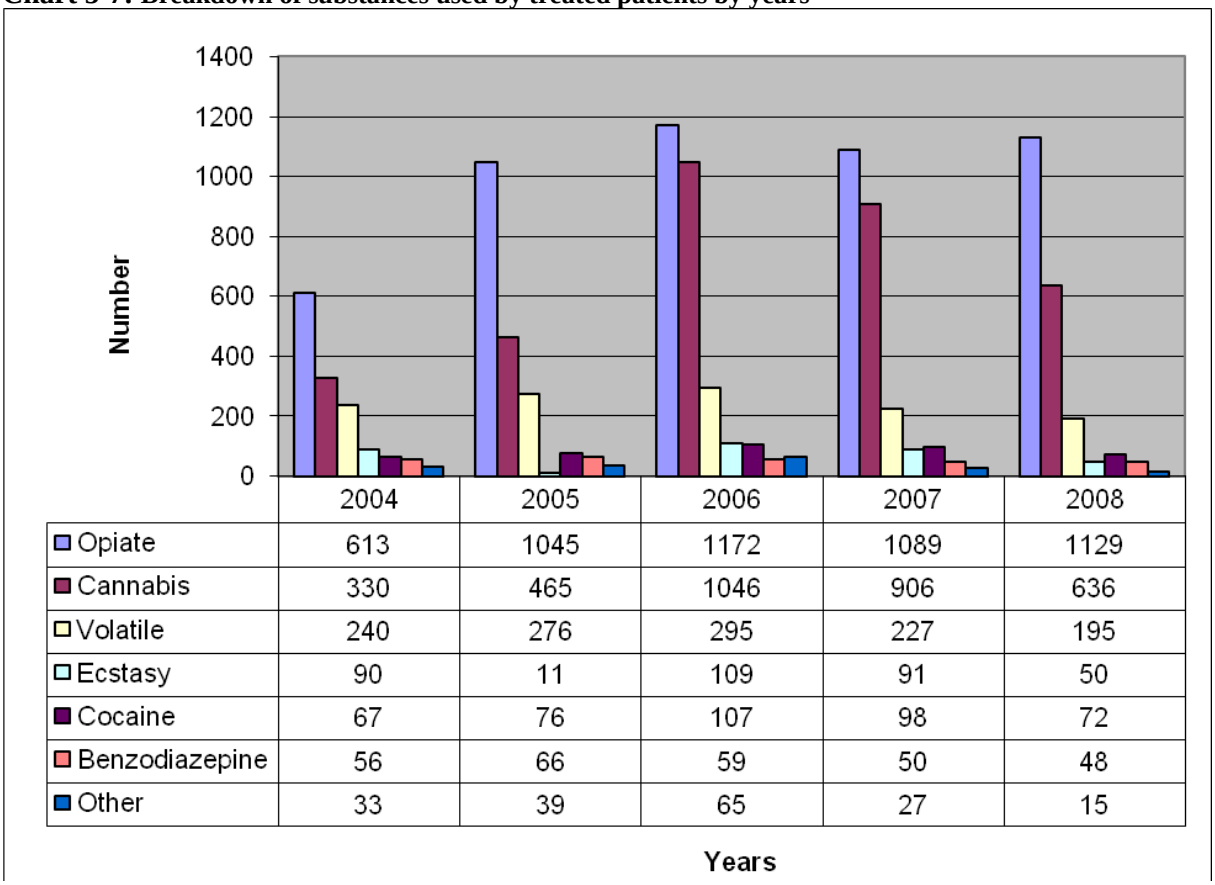
While the number of clients who had been previously treated was higher in 2004 and 2005, there was a huge increase in the number of clients receiving their first treatments in 2006, probably due to the introduction of probation measures. Although his tendency continued in the ensuing years, the difference between previously treated and first-timer clients decreased to a certain extent in 2008.

Treatment Referral Procedure: Of those clients receiving treatment, 56.9% (1220) applied through their own decisions while 31% (664) applied upon advice from family/friends and 8.8% (188) were referred to treatment by probation offices, prosecutor's offices and courts and 31 (1.4%) by social agencies.

In 2007, 386 of the clients referred by probation services, prosecutor's offices and courts received inpatient treatment, while in 2008 this number was 188. In terms of the referral units, it is seen that fewer clients were referred to inpatient treatment by probation services.

Primary Substance: When asked about the primary substances they use, it is seen that most of the inpatient treatment clients (1086 clients, 50.6%) are heroin users, followed by cannabis users (636 clients, 29.7%) and volatile substance users (9.1%). Cocaine (72 clients, 3.4%), ecstasy (50 clients, 2.3%) and benzodiazepines (48 clients, 2.2%) are also seen. According to these data, it becomes evident that 1 out of every 2 clients receiving inpatient treatment are heroin users. It is thought that the increase in 2006 and 2007 in the number of cannabis users receiving treatment is due to the introduction of the probation measures in 2006. However, there is a visible decrease in the number of cannabis users referred to inpatient treatment by probation services in 2008.

Chart 5-7: Breakdown of substances used by treated patients by years

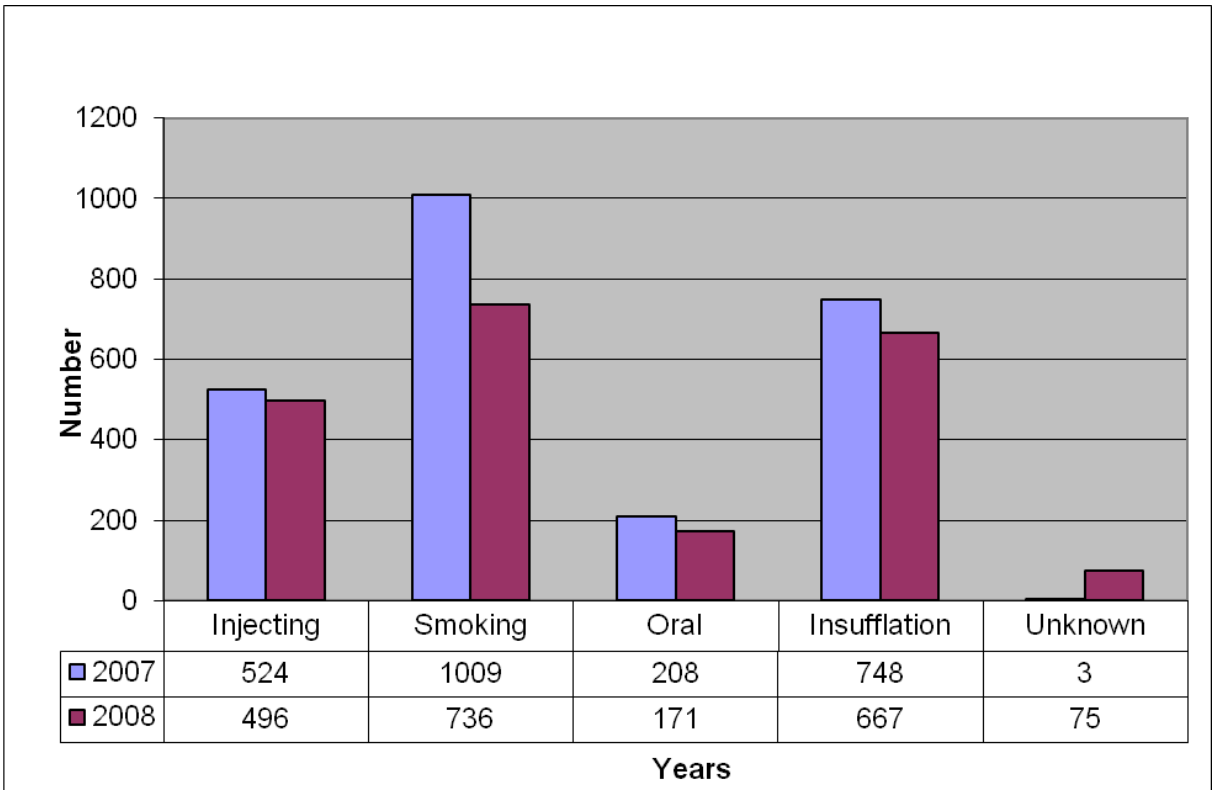


	2004	2005	2006	2007	2008
Opiate	613	1045	1172	1089	1129
Cannabis	330	465	1046	906	636
Volatile	240	276	295	227	195
Ecstasy	90	11	109	91	50
Cocaine	67	76	107	98	72
Benzodiazepine	56	66	59	50	48
Other	33	39	65	27	15

Source: Ministry of Health Directorate General for Curative Services, 2008

Method of Using: When asked about their method of use, 736 clients reported using through smoking, 667 trough insufflation, 496 through injecting, and 171 through oral consumption. Data was not available for 75 of the clients. As can be seen in the chart below, there is a slight increase in injecting drug use compared to previous year, and a striking decrease in the smoking method. It is suggested that the decrease in the number of cannabis users is due to preference of outpatient treatment by most of the clients using cannabis.

Chart 5-8: Breakdown of treated clients as per substance use method



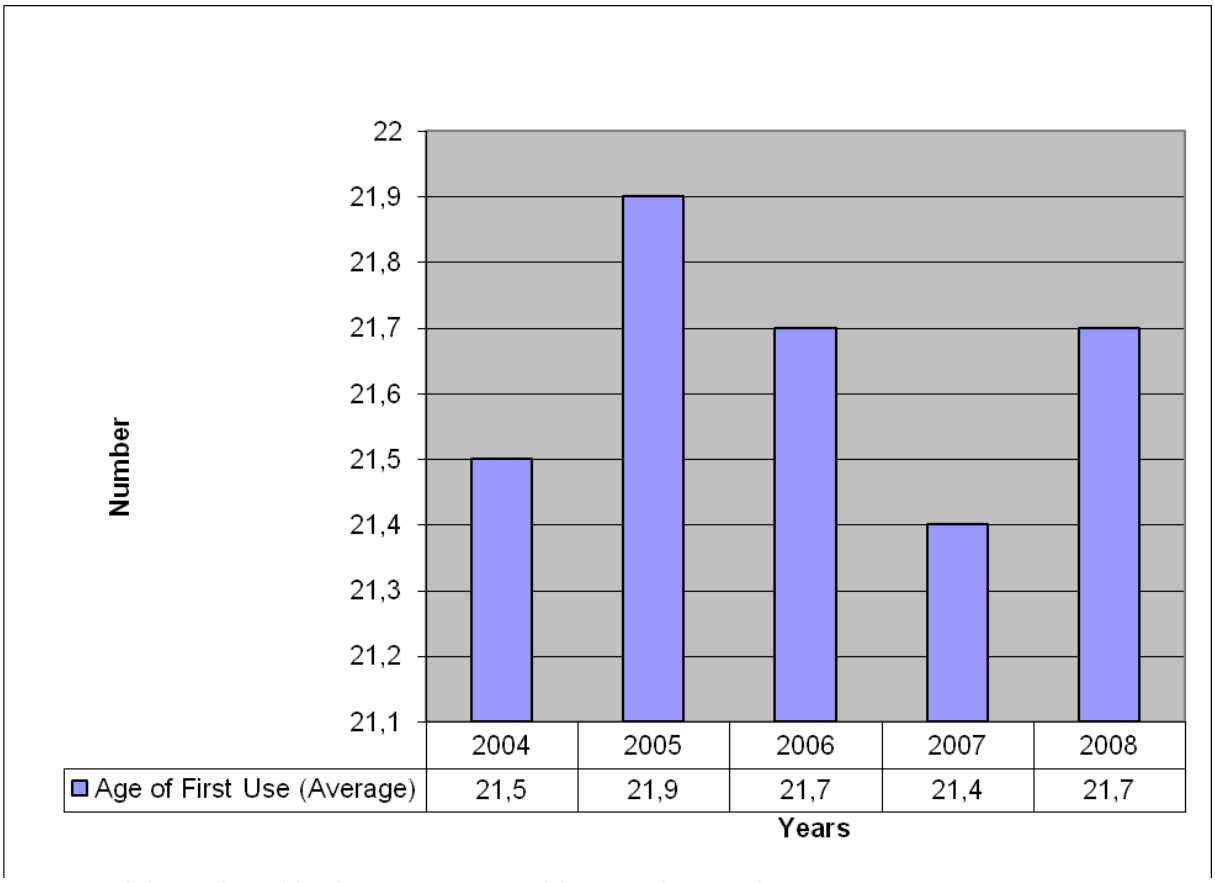
Source: Ministry of Health Directorate General for Curative Services, 2008

Breakdown of Use Method By Substances: Most of the heroin users use injection (42.5%) and insufflation (37.4) methods, cocaine users use insufflation (79.2%), ecstasy and benzodiazepine users use oral consumption (90.0% and 95.8%, respectively), and volatile substance users use insufflation (99.0%) while cannabis users prefer the smoking method (95.3%).

Primary Substance Use Frequency for the Last 1-Month Period: A majority of the clients (72.9%) reported having used their primary substances on a daily basis in the month preceding their treatment application. This shows that the clients are active users.

Age of First Use: The average age of first substance use was evaluated and identified to be 21.73.

Chart 5-9: Breakdown of Treated Clients by the Age of First Substance Use



Source: Ministry of Health Directorate General for Curative Services, 2008

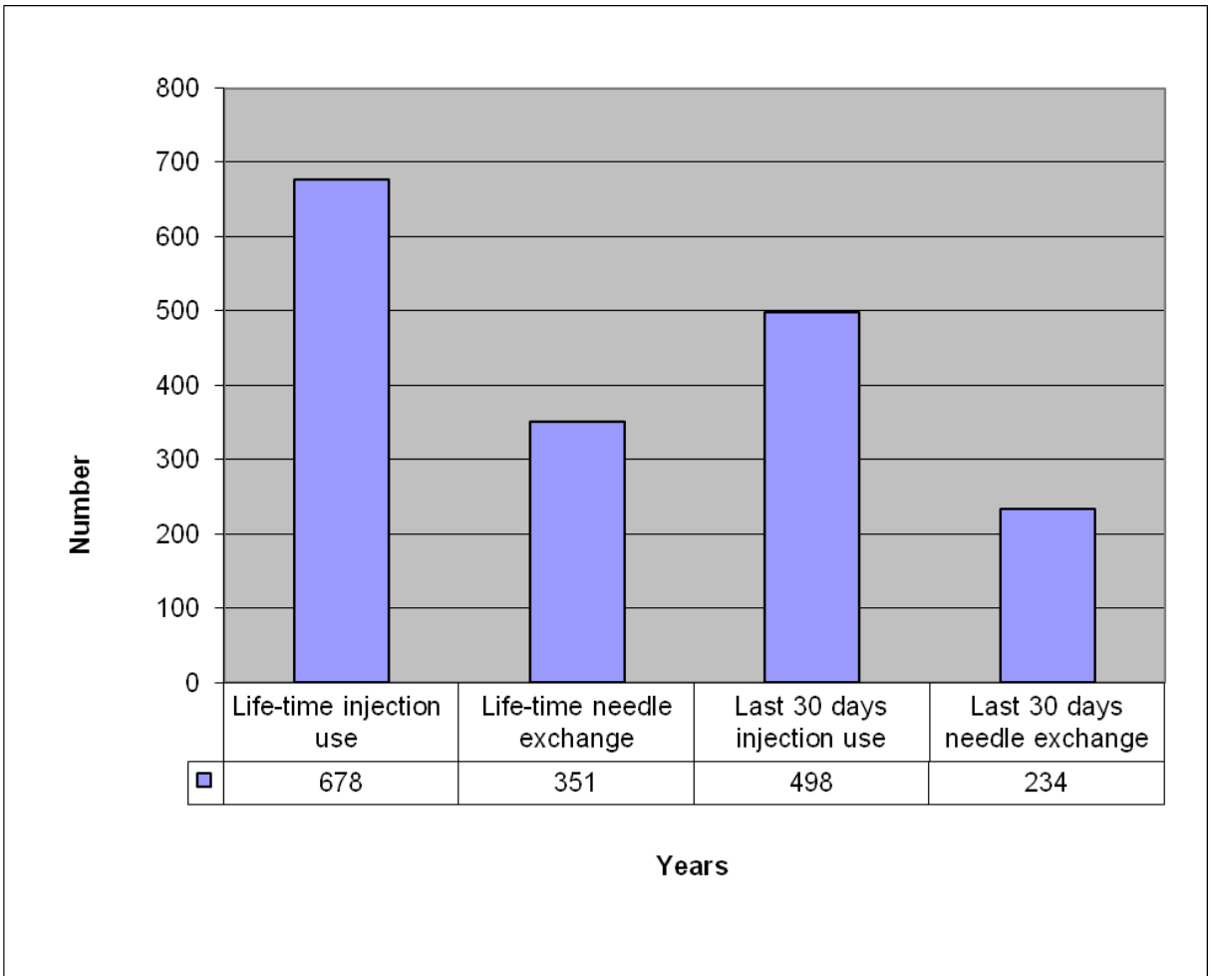
Lifetime Injecting Drug Use: 687 of the clients receiving inpatient treatment reported injecting drug use (IDU) for at least once in their lives. 1318 clients reported having no IDU experience, while data is not available for 140 of the clients.

When the last 5-year period is evaluated, it is seen that the percentage of those with at least one IDU experience varies between 25-35%. Those with no IDU experience vary between 60-70%.

First Injection Age for IDU: 574 of the clients responded to the question. The average first injection age for those with IDU experience was found to be 24.8.

Lifetime Injector Sharing: 351 clients reported having shared injectors at least once. 1547 reported having never shared an injector, while data is unavailable for 247 clients.

IDU Status and Injector Sharing:
Chart 5-10: Breakdown of Treated Clients by IDU Status and Injector Sharing Status



Source: Ministry of Health Directorate General for Curative Services, 2008

IDU in the last 30 Days: 498 clients (23.2%) reported IDU in the last 30 days. 1525 clients (71.1%) reported no IDU in the last 30 days, while data is not available for 122.

Injector Sharing in the Last 30 Days: 234 clients reported having shared injectors in the last 30 days. 1720 reported they did not share injectors, while data is not available for 191.

SECTION 6
HEALTH CORRELATES AND CONSEQUENCES

6.1. Drug-related Deaths and Mortality of Drug Users[18]

6.1.1. Introduction

The Turkey 2008 National Report adopts the "Selection D" definition suggested by EMCDDA for DRD (Drug-related deaths); accordingly, deaths occurring immediately after consumption of illegal substances (opium derivatives, cocaine, cannabis, amphetamine and derivatives, hallucinogens) or one or more of the psychoactive substances together with alcohol, and deaths occurring at the hospital following a state of comma developing after the intake of such substance(s) are taken into consideration Deaths related to psychoactive drug intake due to suicidal purposes are not taken into consideration. All drug-related deaths included under the scope of the report have been evaluated with facts determined through police investigation records, crime-scene investigations and post-mortem findings and interpreted as 'drug-related death by accident'.

Data on drug-related deaths have been compiled from the records of the Ministry of Justice-Council of Forensic Medicine (CFM) and the Turkish National Police – Anti-smuggling and Organized Crime (TNP-ASOC) Department. However, since TNP/ASOC data are already incorporated in the CFM data, all the data for the report were obtained from CFM records.

For the first time in 2009, two separate meetings were held under the twinning project with the cooperation of the Council of Forensic Medicine, which is the data provider and Turkish National Focal Point. Forensic experts from all CFM units in Turkey were invited to the meeting, in which training was delivered on the definition of DRD, data management, quality control, analysis and reporting, standard questionnaires and tables, and the personal observations of the participants were discussed. All CFM units were asked to record indirect DRD data in the forms distributed at the meeting. However, indirect DRD data are not complete. As a result of the meeting held with forensic experts, it is understood that a post mortem is not carried out in cases where cause of death is known, such as traffic accidents, falling from height etc, and that samples for toxicological analysis are not taken in some of the cases. Therefore, the data remains incomplete, yet the autopsy data compiled are enough to make a general interpretation regarding indirect DRDs.

All of the data have been obtained from full autopsies.

In routine toxicological analyses, the toxicology labs of CFM analyse salicylates, barbiturates, phenothiazines, pyrazolone derivatives, benzodiazepines, TCA, insecticides, strychnine, cannabis, amphetamines, opiates and metabolites as well as cocaine and metabolites in internal organs and stomach contents; salicylates, barbiturates, phenothiazines, pyrazolone derivatives, benzodiazepines, TCA, cannabis, amphetamines, opiates and metabolites as well as cocaine and metabolites in blood and urine samples; barbiturates, benzodiazepines,

[18]Section prepared by Assoc Prof. Bülent ŞAM (Drud related Deaths and Mortality of Drug Users, National Expert).

TCA, cannabis, amphetamines, opiates and metabolites as well as cocaine and metabolites in soft tissue collected from injection areas and in nasal smears and bile samples.

Toxicological analyses use Spot Tests, TLC, CEDIA, GC/MS, HPLC.

6.1.2. Direct Drug related Deaths

95%i (151) of the cases are male and 5%i (8) are female, while the median age is 33.6 (min-max: 16-61) for males whose ages are known (143), and 32,1 (min-max: 21-47) for females whose ages are known (8); the median age for all cases is 32.8 (min-max: 16-61) (Table 6-1).

Table 6-1: Median age as per gender in 138 cases where genders are known

	Male	Female	Total
Median Age	33.6	32.1	32.8
Min-Max	16-61	21-47	16-61

Source: MoJ Council of Forensic Medicine, 2009

When the distribution of direct drug-related deaths by age groups is examined, it is seen that there are five deaths in the 15-19 age group, 15 deaths in the 20-24 age group, 33 deaths in the 25-29 age group, 47 deaths in the 30-34 age group, 23 deaths in the 35-39 age group, 20 deaths in the 40-44 age group, 8 deaths in the 45-49 age group; four deaths in the 50-54 age group, three death in the 55-59 age group and one deaths in the 60-64 age group, while no deaths were reported in the -15 and 65+ age group. There are also eight unidentified cases with undetermined ages; in autopsy reports, 1 of these unidentified cases is established to be in the 25-30 age group, 6 in the 30-35 age group and 1 in the 35-40 age group. (Table 6-2).

Table 6-2: Distribution of age ranges by gender (after adding the estimated ages of unidentified cases)

Age	Male	Female	Total
<15	0	0	0
15-19	5	0	5
20-24	13	2	15
25-29	31	2	33
30-34	45	2	47
35-39	23	0	23
40-44	19	1	20
45-49	7	1	8
50-54	4	0	4
55-59	3	0	3
60-64	1	0	1
≥65	0	0	0
Unknown	0	0	0
Total	151	8	159

Source: MoJ Council of Forensic Medicine, 2009

When direct drug-related deaths are examined in terms of months of occurrence, it is seen that 21 deaths took place in January, 17 in February, 16 in March, 12 in April, 5 in May, 14 in June, 17 in July, 18 in August, 13 in September, 10 in October, 8 in November and 8 in December.

When directly drug-related deaths are examined according to provinces, it is seen that 93 of the death cases were in Istanbul, 10 in Gaziantep, 10 in Van, eight each in Adana and Elazığ, 6 in Antalya, 3 each in Diyarbakır and Kilis, 2 each in Ankara, Bursa, Erzurum ve Sakarya, and 1 each in Ağrı, Ardahan, Balıkesir, Iğdır, İskenderun, Kahramanmaraş, Kayseri, Mardin, Mersin and Samsun. It was also established that the deaths occurred only in 22 provinces and the highest mortality is in Istanbul (58.5%), followed by Gaziantep (6.3%) and Van (6.3%), Elazığ (5%), Adana (5%) and Antalya (3.8%).

In the majority of the cases, cause of death is either overdose (OD) or multiple substance use. In 88.7% of the cases (141), at least one opium derivative was found in blood and urine samples and sometimes in bile, soft tissue, stomach content, nasal smear samples and on-scene injectors; in 11.3% (18) of the cases at least one substance not containing opium derivatives was found (Table 6-3). Found in 19 cases using opiates was fresh and w/abscess lobular pneumonia (18), pyogenic bronchitis (16) and bronchopneumonia (2). In one case of amphetamine and TCA, widespread myocardial scar tissue and fresh bleeding were found; 1 one case cannabis, cetyrizine and hydroxyzine was found pulmonary infection (bronchitis) and myocardial hypertrophy; in 1 case of MDMA and cannabis was found scar tissue in myocardium along with LAD; found in 1 case of heroin was hypertrophy in myocardium and scar areas. All of these pathologies were evaluated to be at a level contributing to death.

Table 6-3: Breakdown of drug-related deaths by gender, based on opium derivatives

Substances	Male	Female	Total
Containing opium derivatives	134	7	141
Containing no opium derivatives	17	1	18
Total	151	8	159

Source: MoJ Council of Forensic Medicine, 2009

A detailed list of substances detected in the blood or urine as a result of toxicology analyses of the cases are given in Table 6-4, broken down by gender.

Table 6-4: Detailed breakdown by gender of substances detected in blood or urine as a result of Toxicological Analyses of cases

Substance(s)	Male	Female	Total
Heroin	10	0	10
Heroin+Benzodiazepine	1	0	1
Heroin+Cannabis	1	0	1
Heroin+Ethanol	2	0	2
Heroin+Codeine	31	1	32
Heroin+Codeine+Mirtazepine	1	0	1
Eroin+Codeine+Benzodiazepine	3	0	3
Eroin+Codeine+Mianserin	1	0	1
Eroin+Codeine+Phenytoin	1	0	1
Eroin+Codeine+Metamizole	2	0	2
Eroin+Codeine+Benzodiazepinw+Ethanol	1	0	1
Eroin+Codeine+Benzodiazepinw+Citalopram	1	0	1
Eroin+Codeine+Benzodiazepine+Citalopram+Clozapine	0	1	1
Eroin+Codeine+Benzodiazepine+Citalopram+Mirtazepine	1	0	1
Eroin+Codeine+Benzodiazepine+Mirtazepine+Naproxen+Hydroxyzine	1	0	1
Eroin+Codeine+Hydroxyzine	1	0	1

Eroin+Codeine+Citalopram	1	0	1
Eroin+Codeine+Amitriptyline	1	0	1
Eroin+Codeine+Doxepin+Prometazin	1	0	1
Eroin+Codeine+Cannabis	3	0	3
Eroin+Codeine+Ethanol	7	1	8
Eroin+Codeine+Cocaine	2	0	2
Eroin+Codeine+Cocaine+Cannabis	2	0	2
Eroin+Codeine+Cocaine+ Amitriptyline +Naproxen	1	0	1
Eroin+Codeine+Methadon+Cocaine+Carbamazepine+Ethanol	1	0	1
Eroin+Codeine+MDMA+Ethanol	1	0	1
Eroin+Codeine+MDMA+MDA+Mirtazepine	1	0	1
Eroin+Cocaine	1	0	1
Eroin+Cocaine+Ethanol	1	0	1
Eroin+MDA	1	0	1
Morphine	24	2	26
Morphine+Carbamazepine	1	0	1
Morphine+Mirtazepin+Amitriptyline+Maprotilin	1	0	1
Morphine+Cannabis	3	0	3
Morphine+Ethanol	2	0	2
Morphine+Codeine	8	0	8
Morphine+Codeine+Benzodiazepine+Ethanol+Amitriptyline+Quetiapine	1	0	1
Morphine+Codeine+Thebain+Benzodiazepine	1	0	1
Morphine+Codeine+Thebain+Amitriptyline+Tramadol	1	0	1
Morphine+Cocaine	3	0	3
Morphine+Cocaine+Ethanol	2	2	4
Codeine+Cocaine+Cannabis	1	0	1
Codeine+Ethanol	1	0	1
Metadon+Benzodiazepine+Pipamperone	1	0	1
Ketamine	1	0	1
Fentanyl+Pethidine+Ethanol	1	0	1
Cocaine+Naproxen	1	0	1
Cocaine+Ethanol	0	1	1
MDMA	1	0	1
MDMA+MDA	1	0	1
MDMA+Cannabis	1	0	1
MDMA+Cannabis+Moclobemide	1	0	1
MDMA+Benzodiazepine	2	0	2
MDA+MDMA+Amitriptyline	1	0	1
MDA+MDMA+Cannabis	1	0	1
Cannabis+Hydroxyzine+Cetirizine	1	0	1
Solvent	4	0	4
Solvent + Ethanol	3	0	3
Total	151	8	159

Source: MoJ Council of Forensic Medicine, 2009

Number of deaths by solvent (Toluene, benzene, xylene) intoxication have increased compared to previous year, going up to 7 (4.4%).

In 2008, 2 (1.3%) Body-Packer[19] cases were identified. In the autopsy of an Ecuadorian case, 66 cocaine packets were found in large intestines; and in a Tanzanian case 60 heroin packets were found in the stomach.

Thebain, an opiate derivative, was identified only in one case, which was Iranian. In the opiates group, Fentanyl and Ketamine were each detected in one case, where it was found that the Fentanyl was stolen from the drug cabinet at the hospital and the Ketamine was obtained from a vet.

Number of cases involving nationals of foreign countries is 32 (20.1%); 30 of which involved opiate derivates and 2 involved Cocaine and alcohol or Naproxen. 12 cases were from Georgia, 9 from Turkmenistan, two each from Iran and Tanzania, and one each from Armenia, Azerbaijan, Ukraine, Kyrgyzstan, Pakistan, Russia and Ecuador.

12 cases with Turkish nationality (7.5%) died abroad (10 in Germany, 1 in Austria and 1 in Holland) and were sent back to Turkey by air without an autopsy; the autopsies by CFM on these cases resulted in DRD diagnosis. 10 of these cases involved opiate derivatives (methadone in one case) taken with other substances, while 2 involved alcohol or benzodiazepine derivatives with Cocaine or MDMA.

6.1.3. Indirect Drug Related Deaths

A total of 135 indirect DRDs were identified. 93.3% (126) of the cases involved males, and 6.7% (9) involved females, and the median age is 34.5 (min-max: 15-70) for men and 34.8 (min-max: 17-60) for women. The overall median age for all cases was established as 34.5 (min-max: 15-70) (Table 6-5).

Table 6-5: Median age as per gender in 135 cases where genders are known

	Male	**Female**	**Total**
Median Age	34.5	34.8	34.5
Min.-Max.	15-70	17-60	15-70

Source: MoJ Council of Forensic Medicine, 2009

When the distribution of indirect drug-related deaths by age groups is examined, it is seen that there are 13 deaths in the 15-19 age group, 19 deaths in the 20-24 age group, 27 deaths in the 25-29 age group, 17 deaths in the 30-34 age group, 18 deaths in the 35-39 age group, 14 deaths in the 40-44 age group, 9 deaths in the 45-49 age group; four deaths in the 50-54 age group, four deaths in the 55-59 age group, five deaths in the 60-64 age group, and 5 deaths in the 65+ age group, with no deaths in the -15 age group (Table 6-6).

Table 6-6: Distribution of age ranges by gender (after adding the estimated ages of unidentified cases)

Age	**Male**	**Female**	**Total**
<15	0	0	0
15-19	12	1	13
20-24	15	4	19
25-29	25	2	27
30-34	17	0	17
35-39	17	1	18
40-44	14	0	14
45-49	9	0	9

[19] Carrying narcotic/stimulant substances in digestive system

50-54	4	0	4
55-59	4	0	4
60-64	4	1	5
≥65	5	0	5
Unknown	0	0	0
Total	126	9	135

Source: MoJ Council of Forensic Medicine, 2009

In 37% of the cases, cause of death is injury by fire arms, followed in frequency by cardiovascular disorders, injury from sharp or puncturing tools, traffic accidents, self-termination by hanging and falling from height. Toxicological analyses found opium derivatives or opium derivates taken together with other substance(s) in 19.3% (26) of the cases, and one or more of cannabis, cocaine and amphetamine derivates sometimes taken with alcohol and psychotic drugs in 80.7% (109) of the cases (Table 6-7). 64.4% (87) of the cases involved cannabis, 8.9% (12) involved cocaine and 8.2% (11) involved amphetamines.

Table 6-7: Gender Distribution of Indirect DRDs based on Cause of Death and Involved Opium Derivatives

Cause of Death	Male		Female		Total	
	Opiate +	Opiate -	Opiate +	Opiate -	n	%
Injury from firearms	3	43	3	1	50	37
Cardio-vascular disorder	4	17	0	0	21	15.6
Injury by sharp or puncturing tools	2	16	0	0	18	13.3
Traffic accidents	3	11	1	3	18	13.3
Self-termination by hanging	3	10	0	0	13	9.6
Fall from height	3	2	0	1	6	4.4
Drowning	1	0	0	0	1	0.7
Head trauma from blunt objects (murder)	0	2	0	0	2	1.5
Carbon monoxide intoxication.	1	1	0	0	2	1.5
Exposure to fire	1	0	0	0	1	0.7
Bomb explosion	0	1	0	0	1	0.7
Systemic infection	1	0	0	0	1	0.7
Unknown	0	1	0	0	1	0.7
Total	22	104	4	5	135	99.7

Source: MoJ Council of Forensic Medicine, 2009

Number of cases involving foreign nationals is 2 (1.5%), identified as 1 involving an Iranian and 1 involving an Israelite.

6.1.4. Evaluation

In 2008, the national definition for Direct DRD was narrowed and deaths from abuse of psychoactive drugs was excluded from the scope of this definition. Since the DRD data in the Turkey 2007 National Report also include these data, the 2007 data were re-evaluated in order to enable a comparison between 2007 and 2008, data related to 8 cases (2 females and 6 males) were excluded.

Direct DRD cases in 2008 have increased to 159 , from 139 in 2007. In 2007, only 13 of the direct DRD cases involved nationals of foreign countries, while in 2008 a total of 32 cases involved foreign nationals. Cases involving Turkish nationals who died abroad but whose

autopsies were done in Turkey were only 4 in 2007 but increased to 12 in 2008. In other words, the increase in the number of cases in 2008 is basically due to DRD of Turkish nationals abroad and DRDs of foreign nationals in Turkey.

According to the 2008 Report of the ASOC Department, foreign nationals involved in illicit drug smuggling in Turkey are mostly from the countries located on the Northern Black Sea Route, as was the case in 2007. Most such foreign nationals were from Iran (21%), Turkmenistan (15%) and Georgia (11%). These countries are also included in the list of countries where Turkish nationals were apprehended abroad for illicit drug smuggling (TNP-ASOC Department Report, 2008).

Most of the DRDs of Turkish nationals abroad occurred in Germany, which has a large Turkish population. Similarly, 48% of the Turkish nationals arrested due to illicit drug smuggling in 2008 were arrested in Germany (TNP-ASOC Department Report, 2008).

Median age in the cases increased only with respect to females, compared to the previous year (Table 6-8). Gender breakdown of the cases shows that drug use is more widespread among males, as was the case in 2007.

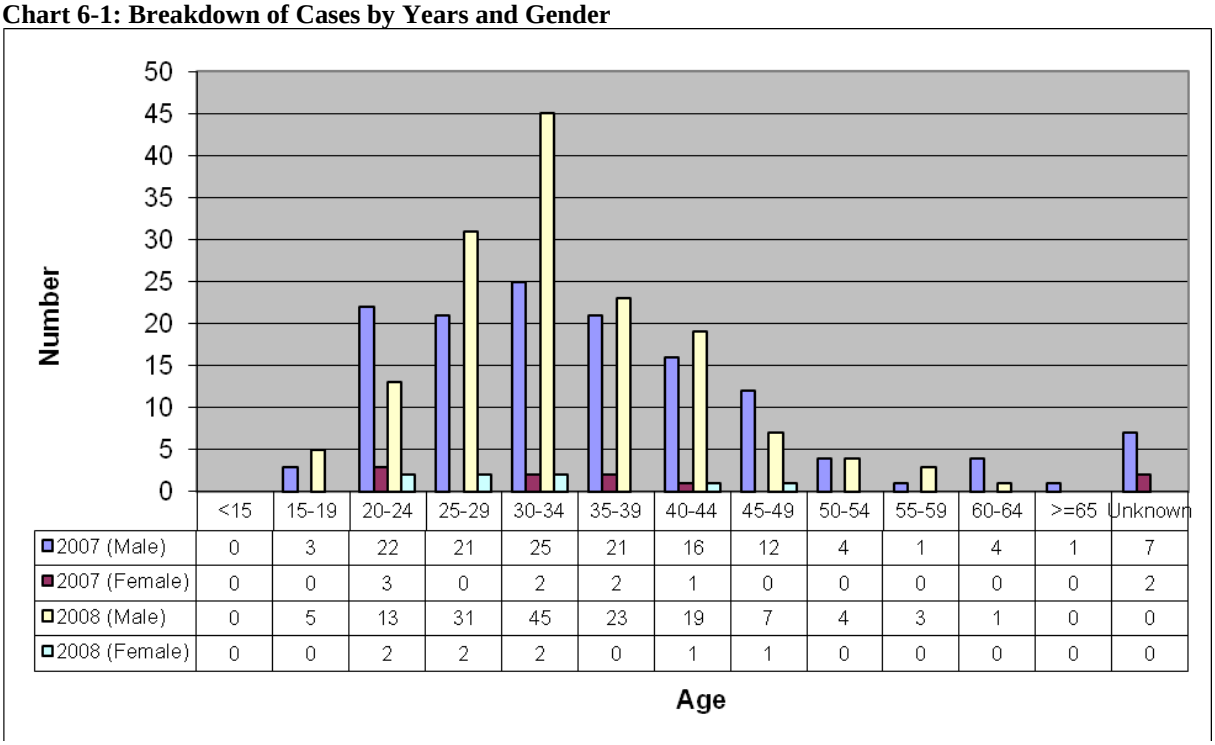
Table 6-8: Gender distribution of cases where genders are known, by years

	2007			2008		
	Male	**Female**	**Total**	**Male**	**Female**	**Total**
Median Age	34.3	32.7	34.2	34.5	34.8	34.5
Min.-Max.	18-70	23-44	18-70	15-70	17-60	15-70

Source: MoJ Council of Forensic Medicine, 2009

It is found that most DRDs in 2008 occurred in the 30-34 age group, followed by the age groups of 25-29, 35-39 and 40-44, unlike in 2007. The cause of the decrease in the DRDs in the 20-24 age group could not be explained (Chart 6-1).

Chart 6-1: Breakdown of Cases by Years and Gender



	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	>=65	Unknown
2007 (Male)	0	3	22	21	25	21	16	12	4	1	4	1	7
2007 (Female)	0	0	3	0	2	2	1	0	0	0	0	0	2
2008 (Male)	0	5	13	31	45	23	19	7	4	3	1	0	0
2008 (Female)	0	0	2	2	2	0	1	1	0	0	0	0	0

Source: MoJ Council of Forensic Medicine, 2009

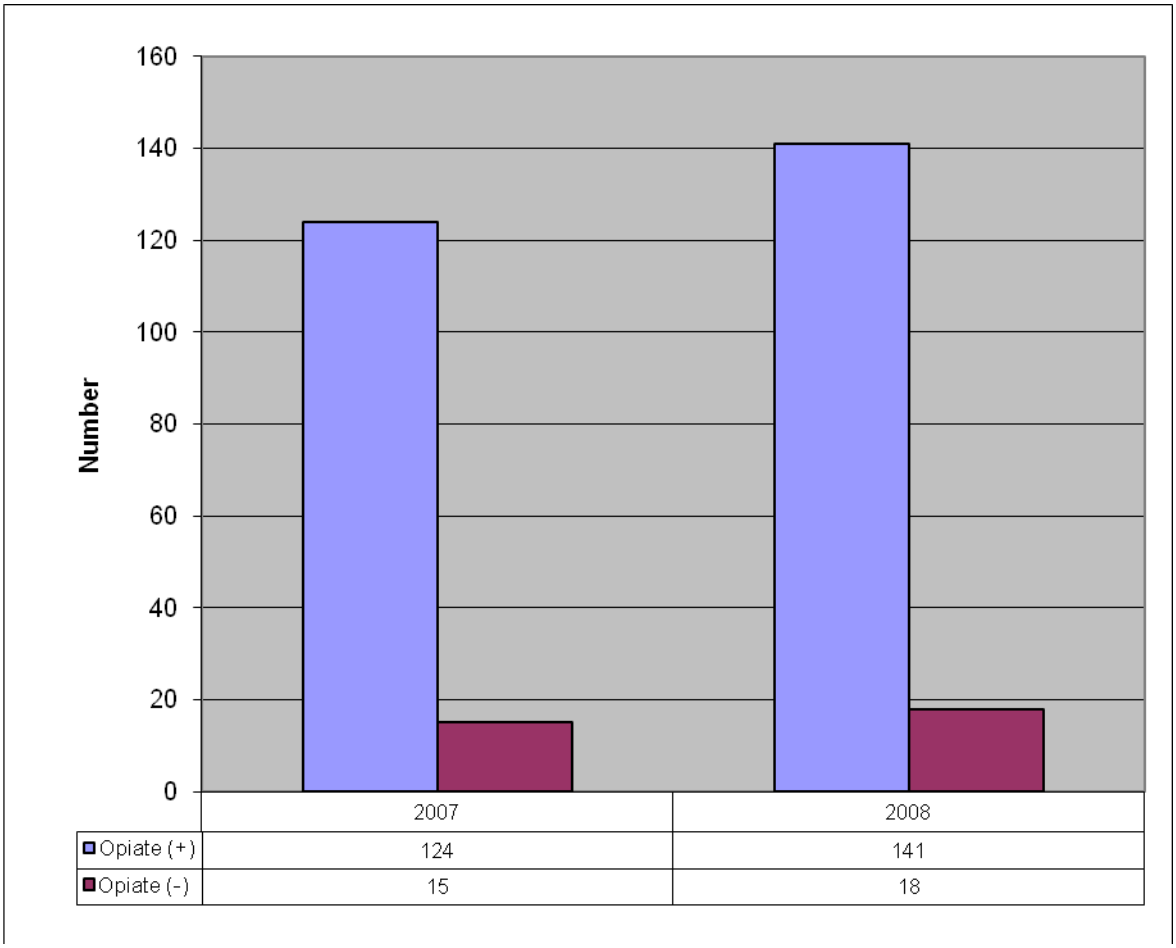
It was found that of cases involving foreign nationals, 90.6% occurred in Istanbul, 6.3% in Antalya and 3.1% in Gaziantep. This finding was associated with the cosmopolite structure of Istanbul and Antalya.

Death frequency by provinces is as follows: Istanbul (58.5%) Gaziantep (6.3%), Van (6.3%), Adana (5%), Elazığ (5%) and Antalya (3.8%). Compared to 2007, there is an increase in death rates in Van, Elazığ and Adana, which is associated to the positive developments in the data collection systematic. According to the TNP/ASOC 2008 Report, opium seizures occurred as follows: 27.9% in Hakkari and Van where opium entered Turkey from Iran, 51.7 were seized in Istanbul where the opium was brought to for transfer abroad via cargo shipment, and 14.8% were seized in Kocaeli on their way to Istanbul.

In the majority of the cases, cause of death is either overdose (OD) or multiple substance use. In 19 cases involving opiates, lung infection, commonly seen in addicts, contributed to death. Similarly, in 2 cases involving MDMA, chronic heart disease was found. MDMA expedites death in those with chronic heart disease.

In 88.7% of the cases, death occurred due to intake of opium derivatives alone or frequently together with alcohol and other substances. Substances most commonly used together with opium derivatives are benzodiazepine derivatives, cannabis, ethanol and cocaine. In 2008, an increase is seen in DRD due to intoxication from opium derivatives, compared to last year (Chart 6-2). However, this increase is essentially due to DRD of foreign nationals in Turkey.

Chart 6-2: Breakdown of Cases by Substances Used and Years



Source: MoJ Council of Forensic Medicine, 2009

In the 141 cases of death by opiate intoxication, 9.93% (14) were found to have occurred via injecting and 4.96% (7) via insufflation. The drug use method could not be identified for all cases.

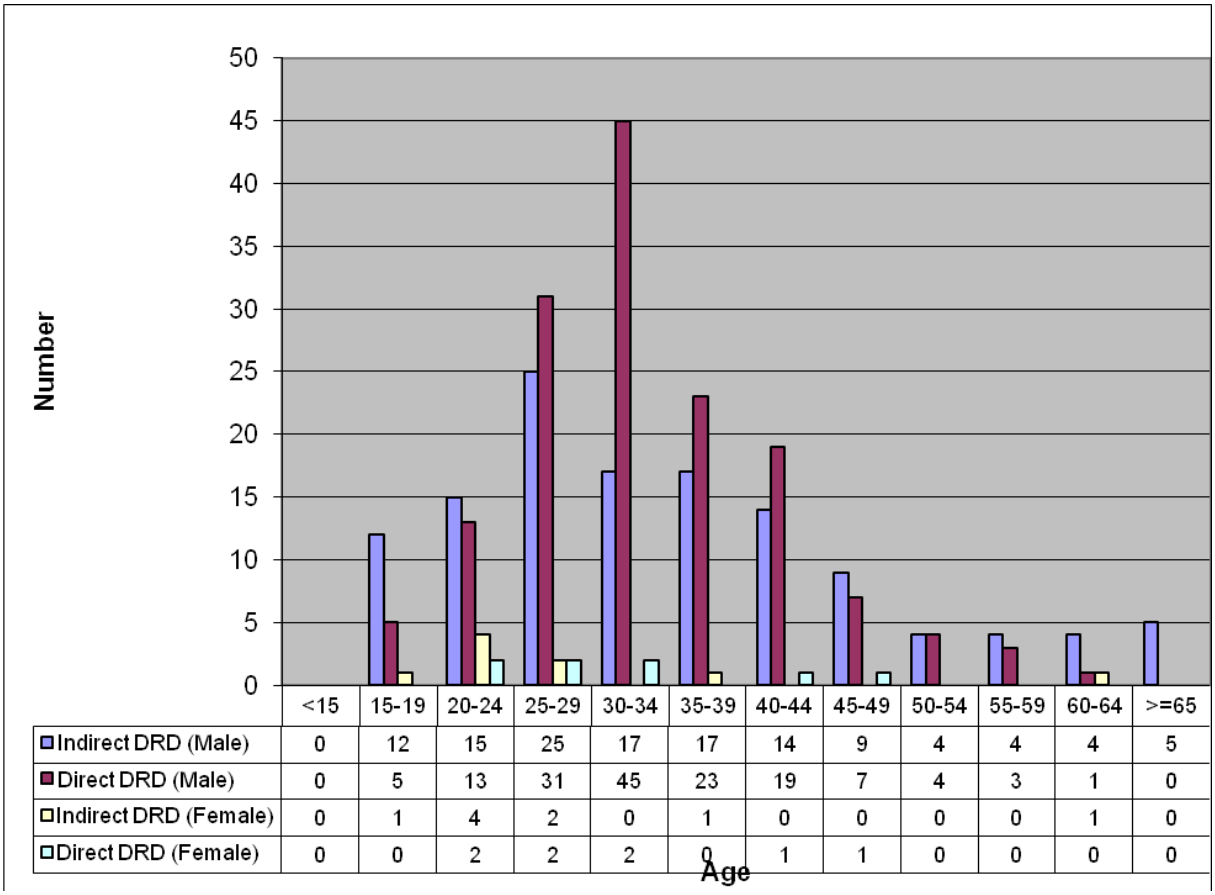
In 4.4% of the cases, death occurred due to solvent use. Whereas there were only 3 identified cases in 2007, this number increased to 7 in 2008. Deaths are due to solvent inhalation. These findings show that it is necessary to exercise control over sale of solvents. The "Law on Protection of Human Health from Harmful Effects of Volatile Substances", codified in 2009, is a positive development in this sense.

Two of the cases died in Istanbul due to substances carried in the digestive system entering the blood system. The case involving a cocaine courier is a national of Ecuador. The cocaine coming to Turkey from South America mostly enter the country through airways and couriers. 67% of the cocaine confiscated in Turkey in 2008 were seized in Istanbul and 77% at the Istanbul Ataturk Airport (TNP-ASOC Department Report, 2008). The other case involves a Tanzanian heroin carrier. Although Turkey is on the transit route of the heroin originating from Afghanistan, it is also among the countries from whence heroin from Africa is also transited (TNP-ASOC Department Report, 2008).

In 2008, not only the direct DRDs but also the indirect DRDs were included in the evaluation. Although all data could not be accessed for direct DRD cases, data were obtained for 135 cases, which was sufficient to arrive at a general evaluation. Compared to direct DRDs, the gender breakdown of the cases is quite similar, while the median ages are the same. However, age of first use is down to 15 in males and 17 in females.

Breakdown of indirect DRD cases of 2008 by age groups differs from the breakdown of direct DRDs. Most direct DRDs are seen in the 30-34 age group, while most indirect deaths are seen in the 25-29 age group. Similarly, in indirect DRDs, there is a striking increase in the number cases, compared to direct DRD, in the 15-19 and 20-24 age groups; the fact that all age groups, including 65+, include cases involving males is also worth noting (Chart 6-3). These findings show that the age of drug use is actually lower, and that drug use is seen in all age groups.

Chart 6-3: Breakdown of 2008 Direct and Indirect DRD Cases by Age Groups and Gender



	<15	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	>=65
Indirect DRD (Male)	0	12	15	25	17	17	14	9	4	4	4	5
Direct DRD (Male)	0	5	13	31	45	23	19	7	4	3	1	0
Indirect DRD (Female)	0	1	4	2	0	1	0	0	0	0	1	0
Direct DRD (Female)	0	0	2	2	2	0	1	1	0	0	0	0

Source: MoJ Council of Forensic Medicine, 2009

In direct DRDs, 88.7% of the cases involved opium derivatives and 11.3% involved other substances; conversely, in indirect DRDs, 11.3% of the cases involved opium derivatives and 80.3% involved other substances. Most frequently used substance was identified as cannabis, followed by opium derivatives, amphetamines and cocaine.

In indirect DRDs, ratio of deaths caused by injury by firearms and sharp and puncturing tools is calculated as 50.3%. This finding indicates the strong relationship between drug use and risk taking behaviours.

6.2. Drug-related Infectious Diseases [20]

In Turkey, cases of HIV (Human Immunodeficiency Virus) infections are encountered since 1985. The number of cases, which was two in 1985 with one AIDS (Acquired Immune Deficiency Syndrome) and one carrier, has reached 696 AIDS cases and 2674 carriers, making a total of 3370 cases as of 2008 (Table 6–9). Men constitute 69.7% of the cases. According to the same data, more than half of those infected have contracted the disease through unprotected sexual intercourse, mainly from heterosexual intercourses (59.3%), and also from homosexual/bisexual sexual intercourses (8.6%). 4% of the cases were intravenous drug addicts, while cases due to blood transfusions remain at a low level of 1.5% (Table 6–11).In Turkey, the population segment most affected from infection is in the 25-35 age group (Table 6–10). (MoH Directorate General for Primary Healthcare Services, 2008).

[20] Section prepared by Dr. Peyman ALTAN.

Table 6-9: Breakdown of AIDS Cases and Carriers reported in Turkey by years

years	Cases	Carriers	Total
1985	1	1	2
1986	2	3	5
1987	7	27	34
1988	9	26	35
1989	11	20	31
1990	14	19	33
1991	17	21	38
1992	28	36	64
1993	29	45	74
1994	34	52	86
1995	34	57	91
1996	37	82	119
1997	38	105	143
1998	29	80	109
1999	28	91	119
2000	46	112	158
2001	40	144	184
2002	48	142	190
2003	52	145	197
2004	47	163	210
2005	37	295	332
2006	35	255	290
2007	24	352	376
2008	49	401	**450**
Total	696	2674	**3370**

Source: MoH –Directorate General for Primary Healthcare Services, 2008

Table 6-10: Breakdown of AIDS Cases and Carriers reported in Turkey by age and gender

Age groups	Male	Female	Total
0	14	6	20
1-4	9	13	22
5-9	5	10	15
10-12	3	2	5
13-14	2	1	4
15-19	25	39	64
20-24	184	202	386
25-29	327	205	531
30-34	396	154	550
35-39	378	82	460
40-49	453	91	544
50-59	225	86	311
60+	122	34	156
Unknown	205	97	302
Total	(69.8%) 2348	(30.3%) 1022	**3370**

Source: MoH –Directorate General for Primary Healthcare Services, 2008

Table 6-11: Breakdown of AIDS Cases and Carriers reported in Turkey by possible way of contracting the disease

Possible way of contracting	Males	Females	Total	
			#	%
Homo /bisexual sexual intercourse	292	0	292	8.66
IV substance addiction	122	11	133	4.0
Homo/bisexual s.i. + IV subs.	5	0	5	0.14
Haemophilia	10	0	10	0.3
Transfusions	34	17	51	1.5
Heterosexual sexual intercourse	1209	790	1999	59.3
From infected mom to the baby	28	27	55	1.6
Nosocomial	11	6	17	0.5
Unknown	637	171	808	24.0
Total	2348	1022	3370	100,0

Source: MoH –Directorate General for Primary Healthcare Services, 2008

It is possible that there are hundreds of undiagnosed carriers in the society due to reasons such as the fact that the infection can progress without any symptoms for a long time after the virus is acquired, as well as the general tendency to avoid applying for tests due to the social aspects of the disease, people vanishing after the screening tests without getting a confirmation test, and infection specialists diagnosing the cases and failing to report a portion of the patients they follow up (MoH –Directorate General for Primary Healthcare Services, 2008).

In line with the data prepared by the MoH General Directorate of Primary Health Care Services, a total of six Injecting Drug Users (IDU) carry the HIV virus as of 2008 in Turkey. When analyzed in terms of gender, it is understood that 5 of the IDUs carrying the HIV virus are male and only one is female. When analyzed according to age groups, it was found that 4 of the IDUs carrying the HIV virus are in the 25-34 age group, and 1 is over 34 years of age (MoH –Directorate General for Primary Healthcare Services, 2008).

Moreover, it has been established that as of 2008, there are 920 Hepatitis C and 5506 Hepatitis B cases in Turkey. However, the number of individuals with Hepatitis B or Hepatitis C who are IDUs is not known. (MoH –Directorate General for Primary Healthcare Services, 2008).

According to the data produced by the MoH General Directorate of Curative Services, 21% of the 2492 patients treated in substance treatment centres in 2007 are IDUs. It was also identified that of these IDUs, 0.2% have HIV (+), 15.7% have HCV (+) and 7.3% have HBV (+) (MoH –Directorate General for Primary Healthcare Services, 2008).

6.3. Drug-related Psychiatric Disorders

No new data is available.

6.4. Other Drug-related Health Correlates and Consequences

No new data is available.

SECTION 7
RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

7.1. Prevention of Drug-Related Deaths[21]

In Turkey, it is a fact that drug-related mortality rate is lower compared to most European countries. Nevertheless, a series of measures are taken.

It is seen that 88.7% of the drug-related death cases in Turkey are due to opium and its derivatives. Increasing access to treatment for heroin addicts can be regarded as a measure to prevent deaths from overdose. Another important measure consists of the combat by law enforcement bodies against the availability of drugs.

Traffic accidents are the third most frequent cause of indirect DRDs. In Turkey, traffic controls only involve alcohol analysis. However, it is clear that drug use is common among drivers and existence/influence of drugs should be checked during traffic road controls. This may reduce the number of traffic accidents and deaths. In the master thesis by Dr. Ferruh Baklacıoğlu dated 2008, it is stated that drug influence was identified in 5% of the death incidents due to traffic accidents.

7.2. Prevention and Treatment of Drug-Related Infectious Diseases[22]

UAK (National AIDS Committee) was set up in 1996 under the chair of the Ministry of Health, with thirty two national stakeholders from public agencies, academics and NGOs involved in this field.

The agencies are carrying out the activities they undertook under the 3rd National Strategic AIDS Action Plan for 2007-2011, which was adopted at UAK's meetings in June 2006. The said action plan includes objectives and strategies for protection, prevention, increasing access to diagnosis and treatment, increasing counselling services, improving the legislation, advocacy, social support, monitoring, evaluation, as well as objectives and strategies related to injecting drug use (IDU) and HIV/AIDS/HepB/C (Turkish National Report, 2007:50-51).

Under the IPA signed between EMCDDA and TUBİM, a study was carried out in 2009 in Gaziantep by Dr. Peyman Altan oriented to injecting drug users (IDU). The study aimed at identifying the prevalence of HBV, HCV and HIV and frequency of TB, linking them to socio-demographic data and behavioural data, and identifying the relevant knowledge, attitude and behaviours regarding these infections. In the study which reached 168 IDUs, time-location sampling method was used. The study found that 71.4% of the IDUs first used Cannabis, 95.8% first injected heroin, 62.5% occasionally share injections, and 38.7% sometimes clean injectors; of IDUs with regular partners, 71.4% used condoms during their last intercourse; 92.9% of the IDUs were aware that HIV is transmitted via injectors, and only 19% were aware that TB is not transmitted by sharing injectors.

In the studied IDU group, ratio of HIV + was found to be 0%, Hepatitis B + 8.9% and Hepatitis C + 5.3%. In 6 of the UDIs taking the PPD (Pharmaceutical Product Development – Tuberculosis test) test, PPD>1 cm. was detected.

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[21] Section prepared by Associ. Prof. Bülent ŞAM (Drug Related Deaths and Mortality Rates of Drug Users, National Expert).

[22] Section prepared by Dr. Peyman ALTAN

7.3. Interventions Related to Psychiatric Co-Morbidity,

Although illegal in many countries, cannabis, which is the most commonly abused substance among adolescents, has negative effects on development and differentiation in cortical centres, especially in adolescents. The inhibition of the synthesis of neurophins, which are associated with the vitality of neurons such as BDNF, as a result of chronic use of cannabis, shows that this substance disturbs neuronal and axonal integrity, as supported in the literature. It also shows that regardless of whether it causes psychotic disorders or not, use of cannabis reduces neurotrophins, as observed in schizophrenia patients, and disturbs neuronal structure (Enez Darınç, A. et. al, 2009)

7.4. Interventions Related to Other Health Correlates and Consequences[23]

7.4.1. Drug-related Poisoning

Refik Saydam Hygiene Centre was established in 1928. In **1988,** the National Poison Centre was established in order to provide guidance to health institutions with regard to diagnosis and treatment of intoxication and poisoning cases and identifying, assessing, preventing and treating cases of poisoning**.** UZEM (National Poison Centre) operates a hotline (114) that works 24/7 and all calls to this hotline are directed to the Call Centre established under the Presidency of the Refik Saydam Hygiene Centre in Ankara. The equipment and software used at the call centre and the special software developed for UZEM enables maintaining all audio records of received calls and responding to all calls in the shortest time possible. With the specially tailored recording system, operators fill out the registry forms and save and store them electronically.

Poisoning due to addictive substances indicate a serious problem that is growing every year. It is considered that applications made to UZEM in this group constitutive only a very limited portion of the actual cases.

Table 7-1: Agent Classification of Addictive Chemicals

H	**Addictive Chemicals**		
Code	**Description**	**#**	**%**
H001	Opiates	50	*12.59*
H002	Sedatives, Hypnotics and Anxiolitics	14	*3.53*
H003	Stimulants (Psycho-stimulants)	132	*33.25*
H004	Cannabis	88	*22.17*
H005	Cocaine	12	*3.02*
H006	Hallucinogens	1	*0.25*
H007	Inhalants (Solvents)	9	*2.27*
H008	Tobacco (Nicotine)	0	*0.00*
H00X	Other and unknown	24	*6.05*
H00K	Combines usage with other agents	67	*16.88*
Agent Total		397	*100.00*

Source: MoH –Presidency of Refik Saydam Hygiene Centre, 2009

[23] Section prepared by Dr. A. Arzu ŞAHKUL and Dr. Nurhan ÖZCAN.

In 2008, 308 cases involving addicts applied to UZEM, constituting 0.39% of all the applications made; these 308 cases involved poisoning due to 397 different addictive agents. The patients involved in the cases were in the age group of 1 - 77.

In these addiction-related cases, the female-male ratio is 16.56% and 79.87%, respectively. There are no applicants from pregnant or lactating women in this group.

Age and Gender Breakdown

Table 7-2: Age and Gender Breakdown of Addictive Chemicals

Age Groups	Male		Female		Unknown		Total	
	#	%	#	%	#	%	#	%
0 - 1	1	0.32	0	0.00	0	0.00	1	0.32
1	0	0.00	0	0.00	0	0.00	0	0.00
2	1	0.32	0	0.00	0	0.00	1	0.32
3	0	0.00	0	0.00	0	0.00	0	0.00
4	0	0.00	0	0.00	0	0.00	0	0.00
5 – 9	1	0.32	1	0.32	0	0.00	2	0.65
10 - 14	10	3.25	1	0.32	1	0.32	12	3.90
15 - 19	53	17.21	11	3.57	1	0.32	65	21.10
20 - 29	110	35.71	30	9.74	2	0.65	142	46.10
30 - 39	46	14.94	7	2.27	1	0.32	54	17.53
40 - 49	12	3.90	0	0.00	0	0.00	12	3.90
50 - 59	6	1.95	0	0.00	0	0.00	6	1.95
60 - 69	1	0.32	0	0.00	0	0.00	1	0.32
70 +	2	0.65	1	0.32	0	0.00	3	0.97
Unknown	3	0.97	0	0.00	6	1.95	9	2.92
Total	246	79.87	51	16.56	11	3.57	308	100.00

Source: MoH –Presidency of Refik Saydam Hygiene Centre, 2009

Cause of Intoxication

Table 7-3: Breakdown of Addictive Chemicals by Cause of Intoxication

Age groups	suicide (deliberate)	Accident	Iatrogenic	Professional	Environmental	Wrong Use	Addiction	Adverse effect	Food poisoning	Other	Unknown	Total
0 - 1	0	0	0	0	0	0	0	0	0	0	0	0
1	0	1	0	0	0	0	0	0	0	0	0	1
2	0	1	0	0	0	0	0	0	0	0	0	1
3	0	0	0	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0	0	0	0
5 - 9	0	1	0	0	0	0	0	0	0	1	0	2
10 - 14	3	1	0	0	1	0	5	0	0	1	1	12
15 - 19	12	5	0	0	0	0	33	0	0	7	8	65
20 - 29	27	3	0	0	2	1	86	0	0	5	18	142
30 - 39	5	4	0	0	1	0	33	0	0	4	7	54
40 - 49	2	0	0	0	0	0	7	0	0	3	0	12
50 - 59	0	0	0	0	0	0	6	0	0	0	0	6
60 - 69	0	0	0	0	0	0	1	0	0	0	0	1
70 +	0	1	0	0	0	0	2	0	0	0	0	3
Unknown	0	2	0	0	0	0	7	0	0	0	0	9
Total	49	19	0	0	4	1	180	0	0	21	34	308

Source: MoH –Presidency of Refik Saydam Hygiene Centre, 2009

Regarding addiction related intoxication cases, 15.91% are due to suicide (deliberate), 6.17% due to accidents, 1.30 % due to environmental reasons, 0.32 % due to incorrect use of the agent, 58.44 % due to addiction, 17.86 % due to other and unknown reasons.

In suicide cases, the female and male ratios are 38.78% and 59.18%, respectively. In the breakdown of suicide cases, the age groups of 15-19 (24.48%) and 20-29 (55.10%) draw attention.

In cases due to accidents, the female and male ratios are 15.79% and 68.42 %, respectively. Cases occurring due to accidents do not present a meaningful breakdown in terms of age groups.

In cases occurring due to addiction, 85.56 % involve male addicts and 11.67 % involve female addicts. The numbers are high especially in the age groups of 15-19 with18.34 %, 20-29 with 48.76% and 30-39 with 18.33%.

Some other Group-specific data:

- The youngest addict recorded is 12 years old.
- Ratio of intoxication cases in males due to stimulants (15-40 age group) is 28.24%.
- Cannabis cases account for 28.57% of the total group cases. Age distribution for cannabis poisoning is between 12 and 59.
- In 15.58% of the cases, addictive substances were taken together with alcohol.

SECTION 8[24]
SOCIAL CORRELATES AND CONSEQUENCES

8.1. Social Exclusion

The distance between individuals suffering from addiction problems and their social environments grows in time, and usually the individual is left deprived of any social supports. Addiction can start in the aftermath of great loss, such as losing a close family member, poor school performance, losing positive friend environment, losing one's job and the consequent deterioration in living conditions. After developing an addiction as a reaction to such losses, the individual continues to lose, as a result of which the social support of parents, spouses and family members may also disappear. These great losses in the social support systems prevents the individual from making an effort to get rid of his or her addiction and leads to further seclusion. This situation gives way to social exclusion of the individual.

Individuals exposed to social exclusion, who are also considered to be a socially disadvantaged group, can be categorized under various subgroups, such as family members living in poor neighbourhoods with addicts and drug sellers, homeless people, migrants or asylum seekers, unemployed people, children and adults in conflict with the law, persons dropping out of school early and children living and/or working on the streets etc.

Many agencies and organizations provide official or voluntary services to these groups. SHÇEK's Child and Youth Centres, Child Observation Homes/First Step Stations and Child Shelters provide services to children living and/or working on the streets, while many municipalities carry out various projects to help children living and/or working on the streets, including establishment of centres dedicated to street children.

Starting out only with one Child and Youth Centre in 1997, SHÇEK today continues to provide services to street children through 37 centres and six observation homes. Through these centres, SHCEK provided services to 1684 girls and 9094 boys, making a total of 10778 children living/working on the streets, in 2008. Of those children served in 2008, 84 were referred to the treatment centres of the MoH for substance addiction treatment (SHÇEK, 2008).

SHÇEK's Child and Youth Centres carry out activities oriented to increase schooling rates and or support the child within the education system, equip the child with vocational skills, support their psychological developments, and refer drug users to health institutions by identifying them through regular health scans. Moreover, families of children living on the streets are offered psycho-social support and awareness-raising services, vocational courses, social assistance to families living in economic deprivation, and family reunion and adaptation services in cases where it is concluded that the child's return to the family is possible.

Mobile teams composed of social workers, psychologists, sociologists, teachers, child development experts and child leaders etc and working under SHÇEK's Child and Youth Centres identify the children living and/or working on the streets, and persuade these children to come to the first step stations. Identified street children who are drug addicts are referred to MoH Treatment Centres for rehabilitation.

The Child Protection Law no. 5395, which came into force in 2005, adopts the principle that the best interests of the child shall be the main consideration when taking "protective and

[24] Section prepared by Assoc. Dr. Nurdan DUMAN (Demand Reducation Indicator, National Expert).

supportive measures" oriented to ensure the protection of the rights and well beings of children who are in need or who are dragged into crime. These include "Counselling, Education, Care, Health, Shelter" measures aiming to ensure the protection of the child in his or her own family environment, support the child in receiving an education that is suitable for the child's age and development level, and ensure development of the child's personality and social responsibility. The law stipulates referral and diversion of addicted children to protection and treatment in consideration of the best interests of the child, independent from the child's wishes. In the Child Protection Law no. 5395, it is set forth that health measures concerning children shall be executed by the Ministry of Health. In order to regulate the implementation of measures decreed by courts, the "Regulation on Implementation of Protective and Supportive Injunctions Decreed in accordance with the Child Protection Law" was issued in 2006; Article 16 of the Regulation addresses the measures that should be taken with regard to children and young people, as follows (Official Gazette no.26386, 2006):

> Article 16-
>
> **(1)** Health measures are measures oriented to temporary or permanent care and rehabilitation for treatment and protection of the physical and psychological health of the child, and the treatment of users of addictive substances.
>
> **(4)** "…… in cases where it is clearly evident that the child is mentally ill or addicted, a health measure can be decided without requiring a report, either ex officio or upon a request for treatment by the child, his/her parents, guardian or caretaker.
>
> **(13)** "In cases of children addicted to alcohol or narcotic or stimulant drugs, the consent of the child shall not be sought for treatment practices aiming to fulfil the requirements of a decision ruled for treatment of alcohol or narcotic or stimulant substance addicts as a protective and supportive health measure. During the implementation phase of the measure, the specialized personnel of the relevant agency shall inform the child about the effects and consequences of using narcotic or stimulant drugs and shall offer the child guidance and advice for the development of a sense of social responsibility in the child."

Following the implementation of the health measures regarding addicted children and young people and endeavours to save the child from these habits comes the reintegration phase, which requires some critical efforts. At this stage, it is important to take the necessary steps to minimize the social exclusion of the young individual. To this end, the community and the young individual should be prepared to realize this integration process positively. This is made possible via the efforts of social workers and professionals.

In order to ensure inclusion of children working and/or living on the streets into the formal education or vocational education system and divert them either back to their families or to institutional care so as to enable rehabilitation of these children as employed young people with necessary educational attainments**,** a committee was set up in 2004 under the coordination of the Minister responsible for Women and Family; the committee members included the Ministers of Interior, Health, National Education and Justice. With the instructions of this ministerial committee, a new cascaded service model for nationwide implementation was prepared by SHCEK, and the model was put into effect in 2005. The service model was implemented first in the provinces of Istanbul, Izmir, Ankara, Antalya, Diyarbakir, Adana, Mersin and Bursa, where the problem is most prevalent. Activities under the new service model are continuing in provinces in cooperation with all relevant public agencies and organizations, universities and NGOs. With this service model, services provided to street children, one of the most disadvantaged groups in terms of social exclusion, have been standardized and the duties and responsibilities of all agencies have been determined, thereby ensuring coordinated services. Work is continuing to roll out the model in provinces where needed (SHÇEK, 2009).

As a response to the problems created by rapid social changes, organization and migration, SHÇEK also opens community centres to provide protective-preventive, educational-formative, guidance and rehabilitative services to ensure that individuals, groups, families and communities can cope with problems and that individuals develop into participating, productive and self-sufficient members of the society. These centres provide their services in cooperation and coordination with public agencies and organizations, local governments, universities, NGOs and the voluntary sector. Currently, there are 83 centres offering services in 42 provinces. The centres carry out prevention and intervention activities to ensure that children and young people are not excluded from the school system. There are Family Consultation Centres that offer services that build the capacities of families and strengthen family ties while also being therapeutic and rehabilitative, in order to identify and solve the problems in the family via scientific methods and techniques. These centres also implement various package programs such as Support Programs to develop parental knowledge and skills, in addition to counselling and guidance services oriented to the individual (SHÇEK, 2009).

Those who come to SHÇEK's Family Consultation Centres and Community Centres with addiction problems are provided with guidance and counselling and are directed to relevant health institutions. With their personnel trained on substance addiction, these centres implement the "HIV/AIDS Protective Training Program" (MAKEP) which informs families, young people, children and addicts about substance types, substance addiction, harmful effects of drugs, infectious diseases, ways of communication of infectious diseases and how to protect against diseases etc. This program, implemented at SHÇEK's Family Consultation Centres and Community Centers, was prepared by the Yeniden Health and Education Society, an NGO renowned with its web site where it publishes important resources that inform about drug addiction. The MAKEP program prepared by the Yeniden Society specifically targets adolescent and adult drug users and is culturally adapted. In 2008, a total of 305 individuals participated in MAKEP trainings at Family Consultation Centers and Community Centers (SHÇEK, 2009).

Furthermore, municipal activities oriented to children and young people in contact with substances are also very important in minimizing the social exclusion of these individuals. According to the information sent to TUBİM by the Municipality of Greater Istanbul, which is the greatest metropolitan municipality in Turkey, 171 young people received services in 2008 from the Youth Rehabilitation and Vocational Training Center (ISMEM) of the Municipality of Greater Istanbul, which works in the field of Street Children. Of these young people, 78% were from broken families, 71% were leading a street life, 66% were involved in a crime, 84% were smokers, and 57% were drug users. Almost all greater city municipalities are establishing similar rehabilitation centres for these children and young people. These activities are important as they are oriented to prevent the isolation of addicted young people from the society (İSMEM, 2009).

These data received from İSMEM indeed clearly indicate the importance of the role played by municipalities as local service units with regard to increasing public awareness and preventing social exclusion.

There are some EU projects, ILO projects and Social Responsibility Projects being carried out for target groups in need. These include activities to prevent child labour of children living and working in the streets, projects oriented to protect street children from the harms of the street etc. In addition, there are some projects led by universities, aiming to prevent and solve such social issues.

In addition, the "Internal Migration Integration Project" (İGEP) was launched recently in the provinces receiving the most internal migration in various regions of Turkey. The Project aims to support local governments and greater city municipalities in efforts to solve the

socioeconomic problems of urban disadvantaged groups in Istanbul, Izmir, Ankara and Bursa as the provinces receiving the highest internal migration. Under the Project, all the personnel and specialists working at the Child Youth Centers opened in these four provinces and operated in partnership with municipalities receive training on preventing violence at home and in the society, maximizing the enjoyment of education and health rights etc in addition to "substance addiction" trainings. It is expected that these trainings will prove useful in delivery of services to children and young people coming to these centres.

In sum, as a priority, SHÇEK provides services oriented to children in need of care and protection and included under the protection and service scope of the Agency, aiming at protecting them from all kinds of harmful habits, developing their life skills and ensuring their healthy psycho-social development so as to protect them from the negative effects of social exclusion. In addition, municipalities, various national and international organizations and NGOs also carry out activities to prevent social isolation of drug addicts.

It is important that activities oriented to addicted and at-risk groups and individuals are undertaken by a diversity of implementers, such as central and local government agencies and NGOs. This diversity will enable elimination of negative attitudes and social exclusion towards these individuals and increase social understanding, awareness and support in this regard, which in turn will help addicted individuals in leaving their negative experiences behind and reintegrating with the society.

8. 2. Addicts and Reintegration

The report of the Parliamentary Research Commission on Drugs emphasizes that addiction is a health problem that requires lifelong monitoring and stresses the importance of social rehabilitation.

TGNA's drug addiction report states that data on post-treatment rehabilitation and follow-up surveillance of patients are very insufficient. The report states that the aim should be to keep the individual away from addictive substances throughout the individual's lifetime, since addiction, which can develop due to biological, psychological and social causes, is a lifelong persisting disease (Report of the Parliamentary Research Commission on Drugs, 2008).

The report also suggests that monitoring through probation measures is still continuing, while no evaluations have been made yet with regard to these probation measures. Considering that after the treatment process the individual returns to his or her original environment, it is necessary to ensure that the individual does not relapse and leads a drug-free life, through both medical and social interventions and long-term follow-up surveillance. In this regard, the report suggests that there is a need for additional intervention programs to minimize the possibility of post-treatment relapse due to being in the same environment. The report puts emphasis on the need to develop projects for implementation of community based rehabilitation programs by SHÇEK for children who are deprived of parental care and are at-risk. It also mentions the need to secure the support of NGOs with regard to monitoring (Report of the Parliamentary Research Commission on Drugs, 2008).

Some other suggestions made in the report include implementing health education programs that will prevent negative attitudes and approaches towards drug users in the society and aim at developing a supportive attitude in the public towards drug users, instead of an excluding attitude (Report of the Parliamentary Research Commission on Drugs, 2008).

Adopting an attitude that will not restrict the rights of individuals when making and implementing the legal frameworks for services such as economic aid, housing aid, shelter provision, job placement, enabled educational opportunities and access to health and social

rights etc included under the social support scope and provided to individuals and families will increase the success of these programs.

In the case of individuals who are identified to have relapsed while demonstrating the positive progress expected from them during treatment and under the subsequent social programs, discharging them from the shelter, cutting the economic benefits, excluding them from education and other social programs, putting them out of treatment programs and subjecting them to criminal procedures will cause these individuals to go back to the start line (Report of the Parliamentary Research Commission on Drugs, 2008).

Efforts to counteract substance addiction can ensure that addicts are saved from their harmful addictions and reintegrated into the society, and hence that the drug demand, drug-related crimes and socioeconomic problems are eliminated. Therefore, a model incorporating social, cultural and economic support programs in connection with the treatment process is vital. It is also very important for the success of these programs that a framework and approach that is in harmony with the concept of addiction is adopted (Report of the Parliamentary Research Commission on Drugs, 2008).

Providing shelter, education, employment and social assistance opportunities and facilities is essential for successful reintegration of addicts into the society.

8.2.1.Shelter

SHÇEK provides care, assistance and shelter services to children (age 0-18) in need of care and their families, in accordance with their needs and circumstances. Services delivered to children and young people who are in need under various care models include the following:

- In-kind/in-cash assistance and care in the family environment,
- foster families,
- adoption,
- orphanages,
- children's homes (Sevgi Evleri)
- nurseries,
- protection, care and rehabilitation centres
- care and social rehabilitation centres
- institutional care services (at nurseries for care and protection of children in need aged 0-12, and at orphanages for care and protection of children in need aged 13–18)

In Turkey, 10,141 children (3739 girls and 6402 boys) are under protection at 112 orphanages and attached units as of December 2008. Of those children under protection at orphanages, 2391 are living with their families with the support of in-kind and in-cash assistance, while 249 are cared for by their foster families. These children are reintegrated by supporting them in their family environments, thereby preventing them from becoming a part of the risk group without resorting to institutional care (SHÇEK, 2008).

In addition, SHÇEK also has some care models oriented to young people placed under protection due to trauma such as domestic violence or abuse. Care and social rehabilitation centres and protection care and rehabilitation centres serve to this purpose.

- **Care and social rehabilitation centres** are residential social service units structured separately for boys and girls where temporary care and protection for the duration of their rehabilitation process is provided to children exposed to emotional, sexual and/or physical abuse so as to heal their traumas and/or rehabilitate their behavioural

disorders, together with activities to regulate relations with family, close environment and society.

- **Protection care and rehabilitation centres** are residential social service organizations structured separately for boys and girls aged 7-18 where temporary care and protection for the duration of their rehabilitation process is provided to children established to have turned towards crime, so as to rehabilitate their behavioural disorders, together with activities to regulate relations with family, close environment and society

SHÇEK offers various services oriented to prevent social exclusion and ensure social integration of children, young people, women and men, who are provided with care and protection services regardless of whether they are addicts or not.

- **Women's guesthouses** provide services to women from varying economic backgrounds with varying needs and problems. Women who are forced to marry, who are pregnant or have a child from a non-conjugal relation and thereby rejected by their families, who leave their homes due to spousal conflicts or who are abandoned by their spouses and are thereby in need of assistance, who have been exposed to any kind of abuse, who experience economic or social deprivation due to divorce or death of their spouses, who have been treated for alcohol or drug addiction and have quit their addictions, who have recently been released from prison and are therefore in need of support, and who are in economic or social deprivation due to environmental conditions can stay at these guesthouses, with their children in any.

- **Community or Family Consultation Centres are** day-care social service units assigned with the duty to provide, in cooperation with other organizations and volunteers, protective, preventive, educative, developmental, counselling and rehabilitating functions for the development of the society and the family and for the purpose of ensuring that children become participating, productive and self-sufficient members of the society.

- **Men's guesthouses are r**esidential social service units where men exposed to physical, emotional, sexual or economic abuse can stay for a temporary duration, to meet their needs while solving their psychosocial and economic problems.

The care and shelter opportunities included within the scope of all these social services, which are offered as a function of the social state, are oriented to protect the individual from becoming a drug addict, ensure that any addictions already developed are conquered and that the individual is reintegrated into the society, thereby preventing social exclusion of these individuals.

Nevertheless, it should be noted that services delivered directly for the social integration of addicted children and young people are inadequate not only in a quantitative sense but also in a qualitative sense in terms of their contents and effectiveness, and should be improved.

8.2.2. Education and Training

Substance addiction is a major problem in an individual's life, which results in many losses in many areas of life such as loss of education and employment opportunities and social support system facilities. Loss of educational opportunities can cause critical challenges in the reintegration of a young individual. These young people often work in marginal jobs that are beneath their potentials, since their education was discontinued at the reintegration process following treatment and they failed to get their diplomas. In most cases, these

individuals never get the opportunity to go back to school and complete their educations in order to maximize their potentials, or when they get such opportunities, they often lack the courage or enthusiasm for continuing their educations, since all their peers have already finished school and have better job opportunities.

Efforts to prevent interruptions in the education of individuals who are under protection due to substance addiction and who benefit from various care and treatment models are vital in view of social integration.

Addicted children, young people and adults receiving services from SHÇEK and addiction treatment from the inpatient and outpatient health institutions of MoH are often forced to leave their educations unfinished. Giving these individuals the opportunity to go back to school to complete their educations, via an agreement or protocol with MoNE, is important in terms of successful return and integration to society following addiction treatment.

8.2.3. Employment

In addition to causing loss of education and employment opportunities and social support system facilities, substance addiction also causes the individuals to lose their jobs and results in many challenges in terms of finding a job during the post-treatment reintegration process.

Various legal and practical arrangements have been made to determine the duties and responsibilities of various ministries and agencies with regard to individuals who are under probation or who are ex-convicts or who have received addiction treatment.

According to the 2007 activity report of the MoJ, the Turkish Penal Code no. 5237, the Code of Criminal Procedure no. 5271, the Law on Execution of Penal and Security Measures no. 5275 and the Child Protection Law no.5395 form the legal framework for the probation service centres operating in Turkey (TUBİM, 2008).

Probation Services are defined as a human-based and community-based scheme aiming to supervise the suspect, accused or convicted in the society without incarceration and ensure his/her reintegration (Turkey National Report, 2007:61). Convicts released from prison are provided with assistance including job-oriented vocational training courses and projects, counselling, guidance and psychosocial assistance, job placement support, in-cash and in-kind supports, education and loans. There are also information sessions, in-kind & in-cash assistances, education and job supports and vocational courses as well as counselling and psychosocial assistances for those injured through crimes (TUBİM, 2008).

In accordance with Article 30 of the Labour Law no. 4857, every year İSKUR finds employment for ex-convicts. In 2008, 1016 ex-convicts applied to seek employment through ISKUR, and the job placements of 811 ex-convicts were realized successfully (İs-Kur Report, 2008).

Law no. 3413 on the Job Placement of Children includes the following provision: “On every new year, public agencies and organizations shall set aside 1/1000 of their vacant positions, regardless of status, and reserve them for individuals who have lived under the care and protection of SHCEK until their majority, and shall select the appointees from among those who successfully pass the entry test”. Hence, job placement of young people leaving institutional care is followed up through personnel recruitments by public agencies in line with this law (TUBİM, 2008).

All these employment services provided to at-risk individuals, ex-convicts and children under care and protection by İŞKUR, SHÇEK and MoJ play an important role in preventing the

social exclusion of these individuals. On the other hand, there is a strong need to expand the range of the employment opportunities offered to addicts, since individuals with treated addiction histories have the highest possibility of experiencing trust problems from employers. Considering that relapse rates are not low, it becomes even more important to support these individuals during the job-finding process. To this end, a cooperation protocol should be signed between İŞKUR and addiction treatment and rehabilitation agencies. Under such protocol, cooperation should be made with employers through İŞKUR's social workers and employers should be informed about individuals with addiction problems, jobs that can be done by individuals who have received addiction treatment and safe work environments, as a huge step towards solving the employment problem of addicted individuals.

8.2.4. Basic Social Assistance

SHÇEK's in-kind and in-cash assistance services and family-based care services play an important role in protecting children and young people from harmful effects or social problems, such as addiction. These in-kind and in-cash assistance services are governed by a dedicated regulation. These services are based on the principle of ensuring that children and young people are supported in their own family environments rather than under institutional care. They also serve a secondary purpose by protecting children and young people leaving their families from social risks, such as addiction, that may arise due to weakened social support systems.

Similarly, other than SHCEK, many other organizations, such as municipalities, charities, local governments and NGOs, provide various support services, such as food distribution and in-kind and in-cash assistances. These activities are usually able to support extremely poor families living in disadvantaged neighbourhoods where sale and use of drugs is common, thereby contributing to ensuring that these family members stay away from bad habits such as addiction and are not exposed to social exclusion.

The Social Assistance and Solidarity Foundation, established with Law no.5263 which provides various voluntary-based aids and assistances to families and individuals living in poverty, also offers important services under the Law no. 3294 on Social Assistance and Solidarity Promotion Fund, including services oriented to substance addicts.

8.3. Conclusion

Activities to prevent substance addiction and social exclusion of addicts and ensure their social rehabilitation and reintegration should have a special place in prevention and intervention efforts.

Social exclusion and withdrawal of friends and family from addicts leads to a persistent vicious circle in addiction. Regardless of whether the individual encountering this problem is a homeless or a child living/working on the streets, the society should recognize that such individual is also an important part of the society and has the right to receive assistance and services with regard to shelter, education, employment and social benefits in order to cope with this problem. To this end, public awareness raising activities should be carried out.

It is important to make some new legal arrangements to ensure that addicted people are not socially excluded, have equal access to social services and education and employment opportunities. Additionally, awareness-raising activities carried out on a national and local level at schools, workplaces and in the general public effectively using all printed and audio-visual media are vital in terms of minimizing social exclusion behaviours and prejudices towards ex-addicts who are at the stage of post-treatment reintegration.

SECTION 9[25]
Drug-related Crimes, Prevention of Drug Related Crimes and Drug Use in Prisons

9. 1. Drug-Related Crimes

Addicts can sometimes get involved in individual or organized crimes such as providing convenient venues for drug use, becoming a drug dealer or engaging in prostitution or robbery or injuring others, in order to access drugs. Nevertheless, individuals who are not drug addicts can also get involved in illicit drug smuggling or selling through more organized crime networks. These crimes can lead to conviction and incarceration, and the prison environment presents many other challenges and situations to these offenders. After incarceration due to drug-related crimes, the individual is faced with the many challenges of prison life, including adaptation to the new environment and fellow inmates. This prison experience not only increases the social exclusion of addicts but also puts them face to face with even rougher groups compared to their old addict circles, such as groups and gangs with criminal tendencies, leaving them no choice but to join these groups.

A commonly accepted definition for "drug-related crime" is provided in EMCDDA's 2007 Annual Report on the State of the Drugs Problem in Europe. When making this definition, special emphasis is made of the meaning of the concept of "drug-related crime" which varies across disciplines and professionals. The report states that the concept of "drug-related crime" includes the following four categories (EMCDDA Report, 2007):

1. **Psychopharmacological crimes:** those committed under the influence of a psychoactive substance.
2. **Economic compulsive crimes:** those committed in order to obtain money/goods/drugs to support a drug habit.
3. **Systemic crimes:** those committed within the functioning of illicit drug markets.
4. **Drug law offences:** including use, possession, dealing, trafficking etc.

In a general sense, the reports of EU countries show an average of 47% increase in drug-related crimes between 2000 and 2005. The data in these reports show an upwards trend in crime related crimes in all countries, except for Latvia, Portugal and Slovenia, which reported a general decrease for the said 5-year period.

The balance between offences related to use and those related to trafficking varies, with most European countries reporting that the majority of offences are related to drug use or possession for use, figures in 2005 ranging up to 91 % in Spain (10). However, in the Czech Republic, Luxembourg, the Netherlands, Turkey and Norway, drug law offences related to dealing and trafficking are predominant, with these offences accounting for up to 92 % (the Czech Republic) of all drug law offences reported in 2005 (EMCDDA Report, 2007).

Ögel (1998), based on a study in 10 provinces in Turkey, reports that the crimes of robbery, extortion and prostitution are usually committed by drug addicts, generally in order to gain access to drugs.

[25] Section prepared by Assoc. Dr. Nurdan DUMAN (Demand Reduction Indicator, National Expert).

Another study revealing the drug-crime relationship was carried out by the TNP. In the survey conducted on 838 individuals who reported being an addict and who were apprehended in 2006 by TNP/ASOC Narcotics Units, 16% of the respondents reported having previously committed a drug-related crime, 22% reported committing a crime not related to drugs, and 20% reported committing crimes related and unrelated to drugs (TNP/ASOC, 2007).

The relationship between substance use and crime has become a problem area addressed in various studies. In a survey carried out in Turkey (ÖZBAY, 2005) the relationship between "family, school, neighbourhood and substance use" and "general adolescent deviation, injury, deviant behaviours disturbing the public and the school" was studied on 1710 high school students in central Ankara. The findings show that independent variables such as positive teacher assessments, punishment at school, deviant/criminal family, frequent instances of crime in the neighbourhood and use of alcohol or tobacco have considerable statistical significance. While receiving punishment at school, having a deviant/criminal family, frequent occurrence of crime in the neighbourhood of residence and use of alcohol are positively associated with dependent variables, positive teacher assessments and not smoking are found to be negatively associated. When independent variables are examined not individually but in groups or clusters such as family, school, neighbourhood and substance use, and when the substance (cigarettes and alcohol) use among students and school-related factors are compared to family and neighbourhood factors, the comparisons were found to be strong enough to explain more adolescent deviations

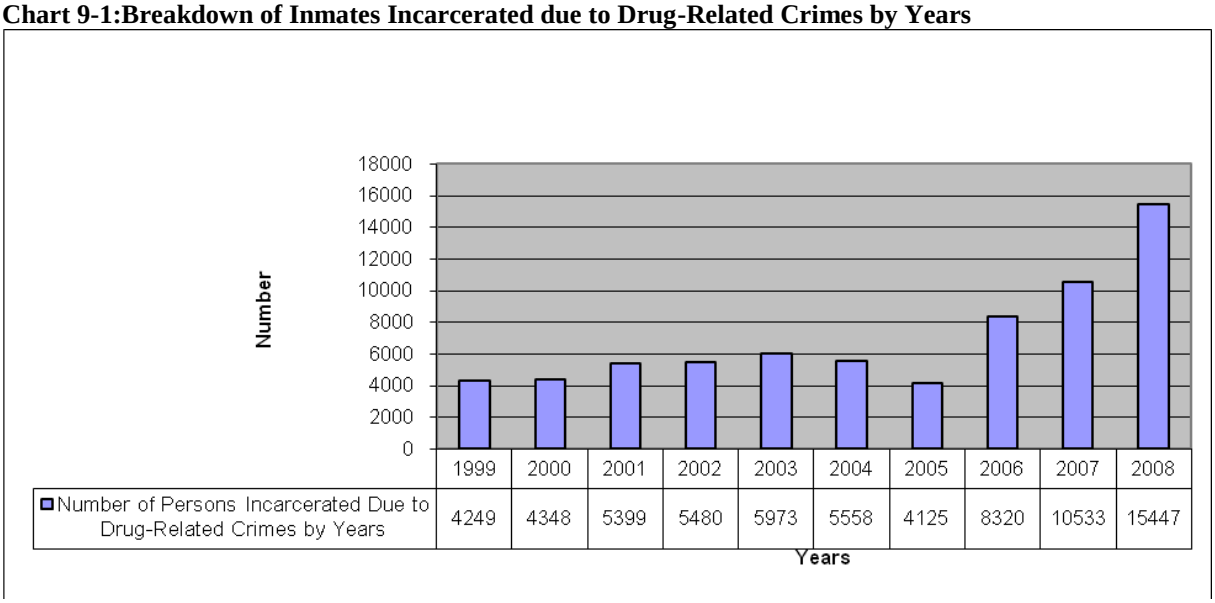
In another study, it was found that there is a strong relationship between tendency to demonstrate violent behaviours and engaging in illegal acts and using alcohol and drugs (Bernburg and Thorlindsson, 1999:2).

In yet another study, a positive correlation was found between drug use and crime. In terms of violent behaviours, a meaningful relation was found between "substance use and anger and various violent behaviours". The Mann-Whitney U analysis found a meaningful difference between drug using groups and non-using groups with regard to "offending, anger, and demonstration of various violent behaviours". As a result of a regression analysis, researchers identified the main factors causing criminal behaviours as "having a delinquent friend group", "deviant behaviour leading to crime" and "use of psychoactive substances", respectively. According to the findings, a very strong relation was found between substance use and crime and violence. This leads us to think that drug use not only leads to crime but is also one of the main reasons behind violent behaviours. As a result of this study, it was also found that there are no meaningful correlations between "substance use and delinquency" and "exposure to negative situations originating in the family (such as domestic violence)or dissension. Conversely, it was found that the "friend" factor has an important place in "delinquent behaviours", and that "young people develop behaviours adapted to their delinquent friend circles and eventually get involved in crimes". This shows that drug use among young people is mostly caused by environmental factors, the friend group playing a particularly important role (Artunel et. al., 2009). These findings are in concordance with the TUBIM's reports and the data collected regularly by TUBİM. Various independent evaluations indicate that a significant portion of drug users start using due to peer influence and acquire their first substances from their friends Since nationwide studies increase the probability of generalization, making the necessary national policies becomes important in terms of crime control and prevention.

The results of this and many other studies explain the relationship between drug use and crime, and show the strong influence of drug use on young people in the development of criminal and violent tendencies that violate social norms.

September 2008 data of MoJ General Directorate of Prisons (CTEGM) offer a spectacular display of the dimensions of drug-related crimes in Turkey (CTEGM, 2008a). According to these data, there are 15,447 people incarcerated for drug-related crimes as of September 2008. Compared to previous years, a serious increase is seen in drug-related crimes, from 4125 in 2005 to 8320 in 2006, almost doubling up (Chart 9-1 and Chart 9-2).

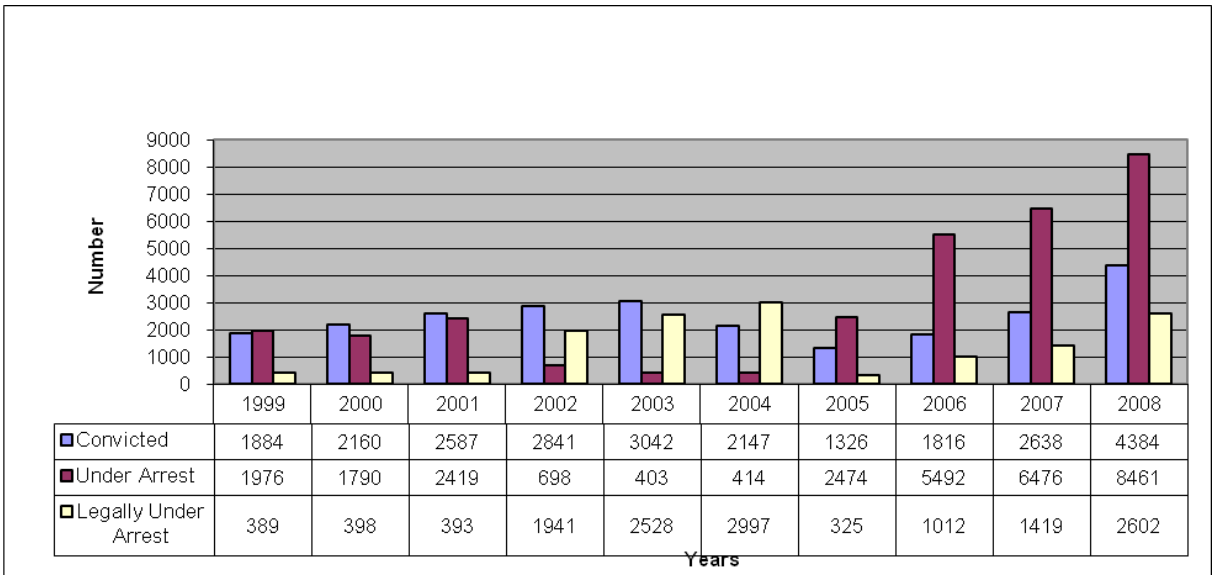
Chart 9-1:Breakdown of Inmates Incarcerated due to Drug-Related Crimes by Years



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Number of Persons Incarcerated Due to Drug-Related Crimes by Years	4249	4348	5399	5480	5973	5558	4125	8320	10533	15447

Source: MoJ General Directorate of Prisons, 2008

Chart 9-2: Breakdown of those convicted, under arrest and legally under arrest due to Drug-Related Crimes by Years



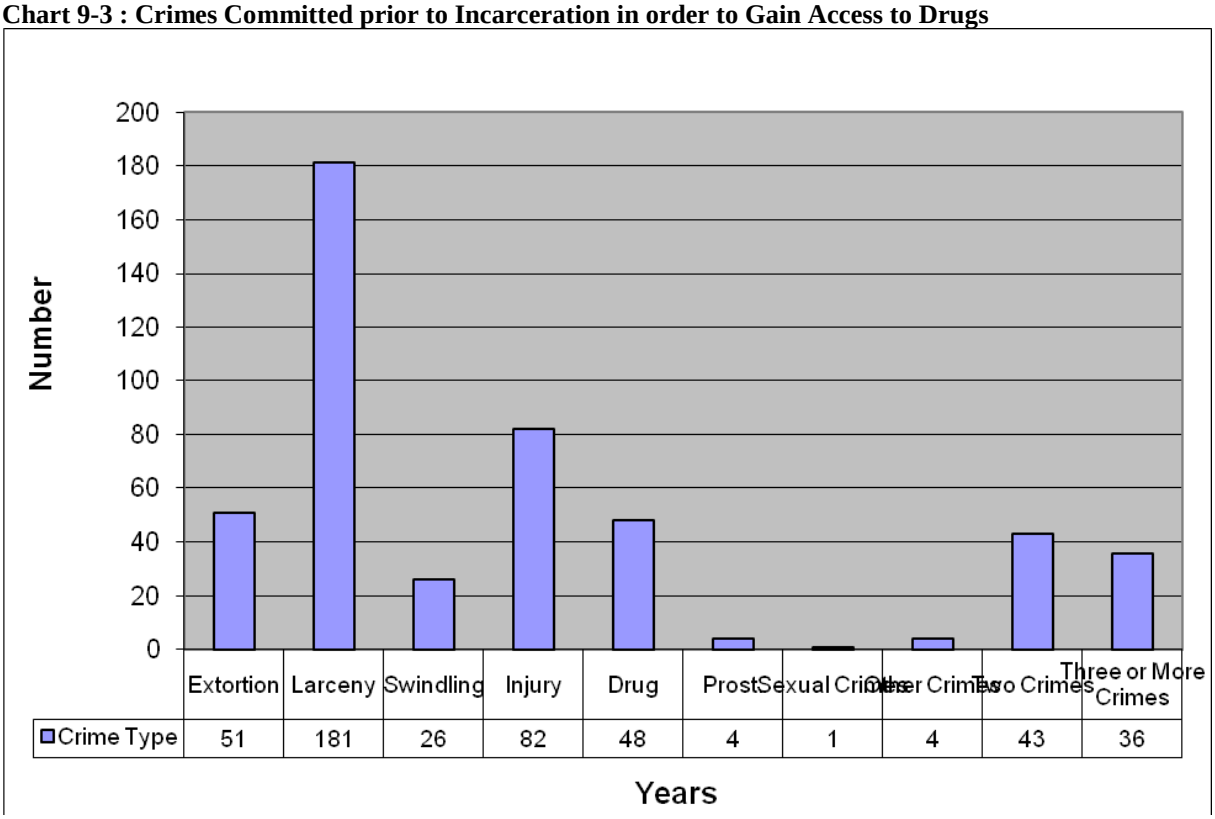
	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Convicted	1884	2160	2587	2841	3042	2147	1326	1816	2638	4384
Under Arrest	1976	1790	2419	698	403	414	2474	5492	6476	8461
Legally Under Arrest	389	398	393	1941	2528	2997	325	1012	1419	2602

Source: MoJ General Directorate of Prisons, 2008

When the data given in Chart 9-2 are examined, it is seen that the number of those **legally under arrest** due to drug-related crimes reached a peak in 2004, and then suddenly

decreased sharply in 2005, whereas there is an upward movement in the ensuing years, especially in 2008. The breakdown of those **under arrest** due to drug-related crimes shows that this group always has the highest number compared to other groups and always follows an upward trend, reaching 8461 in 2008. It is observed that the number of those **convicted** due to drug-related crimes is going up since 2005. All of these data show that the number of individuals arrested and convicted due to drug-related crimes or attempts thereof is gradually increasing.

Chart 9-3 : Crimes Committed prior to Incarceration in order to Gain Access to Drugs



Source: MoJ General Directorate of Prisons, 2008

When crimes committed before incarceration in order to gain access to drugs are examined, it is seen that 18.85% of the drug users (476) reported committing a crime in order to gain access to drugs.

In this survey by CTEGM, 83 of the 1381 people reporting to have been incarcerated before did not specify the crime type. Of the 1298 who specified the type of crime, 430 (33%) reported committing a drug-related crime, 181 (14%) robbery,166 (13%) injury, 103 (8%) other crimes, 49 (4%) man slaughtering, 45 (3%) extortion, 30 (2%) arms, 12 (1%) organized crime, 10 (1%) falsification, and 2 reported committing a sexual crime, while 148 (11%) reported committing three or more crimes and 128 (% 10) reported committing two crimes.

The survey also examined the reasons of drug dealing among respondents; yet a significant portion of the respondents (562) did not answer this question. Those who answered the question reported the following causes for involvement in drug dealing: 28% due to influence of friends, 19% as a means of easy money, 17% to gain access to drugs, 5% due to lover's influence, 3% due to family influence, 1% for the purpose of providing financial resources for a crime organization, and 14% for other purposes. 13% said they are only users.

After evaluating the general state of drug-related crimes in Turkey in the light of latest studies showing the close relationship between drug addiction and crime, the activities carried out to prevent these crimes will be addressed in the next section.

9.2. Prevention of Drug-related Crimes

It is important to prevent not only drug addiction but also drug-related crimes. The need to prevent drug-related crime is high on the European policy agenda (EMCDDA Report, 2007) Turkey has adopted the principle of taking all relevant measures to counteract substances, as also indicated in the National Policy and Strategy Document on Counteracting Substances and Substance Addiction.

Turkeys takes strict security measures in places where drug-related crimes are more frequently observed, such as schools and entertainment venues in cities, in order to prevent drug-related crimes. While there were no police at schools previously, today police forces are used in order to ensure security of schools in cities.

Preventive activities are carried out not only against drug use and drug dealing but also against drug-related organized crimes at the seizure dimension. MoI TNP/ASOC Department works actively in this field.

MoJ also endeavours to prevent drug-related crimes in prisons by making new arrangements for its correction and detention facilities. With regard to supply reduction, possession of narcotic and stimulant substances in prisons have been prohibited, and searches and in-prison checks are carried out to prevent entry of drugs in prisons. When drugs are found, necessary legal action is started and relevant disciplinary punishments are exacted.

When MoJ activity reports are examined with regard to activities carried out to prevent drug use among incarcerated convicts, it is seen that strict measures are implemented to prevent entry of drugs in prisons, such as sudden un-notified searches on visitors, personnel, at-risk convicts and remand prisoners, in cells, on belongings and on persons of inmates. In addition, the communication of at-risk convicted and remand prisoners with the outside world is also kept under close watch. Those convicted from drug-related organized crimes and the founders and managers of such crime organizations are kept at high-security sections. Convicted and remand prisoners with addiction problems are kept in separate sections, to the extent allowed by the facility's capacity, so as to ensure their treatment and rehabilitation.

Cooperation is essential in all interventions, in view of the international aspect of drug trade. TNP/ASOC, TUBİM, MoJ and all relevant units thereof give special importance to building national, international and interagency bridges in this field and making institutional arrangements.

9.3. Criminal Justice System Interventions

The criminal justice system endeavours to tackle drug-related crimes by means of various legal arrangements and frameworks, the foremost of which is the Turkish Penal Code (TPC). These arrangements can be summarized briefly as follows (CTEGM, 2008a: 6-8):

- Article 34 of the TPC states that without prejudice to the impunity of those who are incapable of understanding the meaning and consequences of their actions or whose ability to control their behaviours with regard to such action is significantly reduced, the provisions

of paragraph shall not be applicable in cases where a person commits a crime under the influence of voluntarily consumed alcohol or narcotic substances, and hence the criminal responsibility of such person shall continue.

- Article 57 of the TPC lists the security measures applicable for mentally ill persons and emphasizes that treatment in a health centre dedicated to alcohol or narcotic or stimulant substance addicts shall be decided as a security measure, that such treatment shall continue until the subject is free from the addiction, after which the subject may be released by the orders of the court or judge based on the report furnished by the health board of the health institution.

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On the other hand, TPC also clearly specifies the crimes against public health, and in that scope describes acts such as manufacturing or trading in narcotic or stimulant substances, facilitating the use of these substances or selling, accepting or possessing the same, under articles 188, 190 and 191.

- **Article 188 of TPC** stipulates that those who manufacture, import or export narcotic or stimulant substances without a license or in violation of their licenses shall be sentenced to imprisonment for a minimum of 10 years together with an administrative fine corresponding to twenty thousand days. Moreover, if the narcotic or stimulant drug in question is heroin, cocaine, morphine or morphine base, the penalty is increased by half.

- Article 190 of the TPC stipulates increased penalty for those who provide a venue, equipment or materials to facilitate use of narcotic or stimulant substances, who take measures that makes apprehension of the users difficult, who inform others about the methods of using and who publicly encourage use of narcotic or stimulant substances.

- Article 190 of the TPC stipulates prison sentence of one to two years for those who purchase, accept or posses narcotic or stimulant drugs for personal use. The article states that treatment and probation measures can be decided against drug users and that those against whom a probation decision is decreed have the obligation to act in compliance with the requirements of the treatment administered at the specified health institution and the requirements of the probation measure. The law emphasizes that a specialist shall be assigned to guide the person who is under a probation measure, inform him/her on the effects and consequences of drug use and provide advice and guidance, and shall furnish quarterly reports on the person's progress and behaviours and submit them to the judge. The court or judge may decide to extent the duration of the probation measure, but the total probation period cannot be more than three years.

Implementation of the probation provisions especially for those involved in drug-related crimes should be supported as much as possible, since these provisions help the individual in getting treated and gaining back his or her health.

- Provisions of effective repentance in drug-related crimes are regulated in Article 192 of the TPC. The law states that those who inform authorities regarding the manufactory, trade or use of drugs and help them in apprehending the accomplices will not be penalized.

- When these drug-related crimes are committed in an organized fashion, the penalty is increased by half. In case those involved in drug-related crimes are physicians, pharmacists, dentists, nurses or other health professionals, a heavier penalty is applied.

In addition to the relevant articles of the TPC, drug-related provisions are included in detail in the Code of Criminal Procedure no 5271, Law no. 2313 on Control of Narcotic Drugs, Law no. 3298 on Narcotic Drugs, the Anti-smuggling Law no. 5607, Law No. 5402 on Probations

and Help Services and Law on Protection Boards, the Turkish Civil Code, Law no. 4320 on Protection of the Family, Law no. 2918 on Highway Traffic and other relevant legislation.

As seen, the criminal justice system includes detailed arrangements regarding cases that may be seen as crime. The applications that can be seen in prisons are explained in the next section.

9.4. Drug Use in Prisons

Problems regarding the insistence of drug-using convicted and remand prisoners to continue these habits inside prisons or prisoners who start using drugs in prisons are important, as they prevent prisoners from adapting to prison conditions. These problems find their reflections in the relations between prison management and inmates as well as relations between inmates. Since using drugs and supplying drugs to drug users is a crime, it is not possible to tolerate such actions when they take place in prisons. In other words, inmates who insist on continuing their drug-using or dealing habits are committing a crime. Setting aside the legal dimension, incarcerated drug users can often seek ways to use and find drugs in the prison environments, since is it extremely difficult for them to live without drugs in the prison.

Before addressing the efforts made in this regard at prisons, it would be helpful to take a brief look at some studies on prisoners convicted from drug related crimes:

According to a research, 40.2% of children in prisons have smoked at least once in their lives, 4.1% have consumed alcoholic drinks, 3.3% have used volatile substances, 7.9% have used narcotic/recreational drugs, 32.3% have used two or more of tobacco, alcohol, volatile substances and/or narcotic substances, and only 12.1% reported having never used any of these substances (Report of the Parliamentary Research Commission on Drugs, 2008:14).

A survey on convicts incarcerated due to drug-related crimes gives important information in this regard (MoJ CTEGM, 2008). As of September 2008, there are 15447 people in prisons due to drug-related crimes. Drug-related crimes have increased rapidly in years, becoming the second most frequent cause of incarceration.

3528 inmates from 32 prisons in 12 prisons, considered to be representative of Turkey, took part in this survey. All respondents were incarcerated due to drug-related crimes, with ages ranging from 14 to 78 (CTEGM, 2008).

In a MoJ study, activities carried out in prisons were evaluated (CTEGM, 2008), and it was seen that some treatment and rehabilitation services oriented to inmates are carried out in cooperation with various agencies:

Looking at the ongoing harmful habits of the convicted in prisons, 84% reported smoking, and 56% reported having a drinking habit. When respondents were asked about their chances of gaining access to narcotic drugs, 494 did not answer the question. Of the 3034 prisoners who answered, 2299 (76%) said it was impossible, 224 (7%) said it was very difficult, 146 (5%) said it’s a little difficult, 97 (3%) said it is easy, and 268 (9%) said it is very easy.

These results show that drug use continues in prisons. While some prisoners have difficulty accessing substances in prison, it was understood that for some prisoners it was even easier to get hold of drugs in prisons. It is important that actions taken to prevent drug use in prisons include not only prohibitive measures but also consider the treatment dimension.

9.5. Responses to Drug Related Health Issues in Prisons

Alcohol and substance addiction is the cause of many social problems in addition to many individual health problems. Therefore, time spent in prison by addicted people is seen as an opportunity for treatment, as most addicts are usually unable to take advantage of the health services normally offered, and prisoners who receive treatment are directed to associations and NGOs working on substance addiction after they are released (CTEGM, 2009).

The alcohol and substance addiction history of all convicted and remand prisoners are asked during the initial health checks carried out before admission into prisons, and when necessary the prisoners are referred to relevant health institutions for appropriate treatment.

There are also plans on actions oriented to prevent abuse of drugs prescribed to addicted prisoners by prison doctors, and care is taken to ensure that the prescribed drugs are administered under the supervision of a health personnel. (CTEGM, 2009).

Data related to the activities carried out in prisons with regard to substance use and health issues are given below (CTEGM, 2008):

Looking at the prison data for 2008, when responding prisoners (2691) were asked about their history of attempts to quit using drugs, 1254 (46%) said they attempted to quit on their own, 175 (7%) through inpatient treatment, 108 (4%) through inpatient and outpatient treatment), and 90 (3%) through inpatient treatment, while 1064 (40%)said they have never attempted to quit. When asked how many times they have received treatment before, respondents reported having received treatment 3 times, on average. When asked if they have visited a psychiatry and substance addiction centre (e.g. AMATEM), of the 2880 respondents answering the question, 429 (15%) said yes and 2451 (85%) said no (CTEGM, 2008).

When asked the level of using the services of psychiatry and addiction treatment centers (e.g. AMATEM) during their stay in prison, 387 answered the question, 83 (21%) saying they use a lot, 90 (23%) said they use, 48 (12%) said they do not use, 95 (26%) said they never use, and 71 (18%) said they are indecisive about using these services (CTEGM, 2008).

Referral of addicted prisoners to treatment is a positive development, yet in order for a successful treatment, the individuals must be willing to receive treatment, must have the support of social support systems in their environments and must keep away from environments and settings that are likely to provide opportunities to access and use drugs after treatment.

As mentioned in the previous section, survey results show that drug use continues in prisons, and that prisoners are able to find drugs when they want, though some may have difficulties in accessing drugs. Hence, it is important to prevent entry of drugs into the prison system in order to prevent drug use in prisons, considering that the use and sale of drugs is already illegal, and prevent treated prisoners from relapsing.

9.2.1. Assistance to Drug users in Prisons

The importance of preventive activities within the scope of efforts in counteracting substance addiction is clear. With regard to efforts in the areas of substance addiction and crime, TUBİM works in cooperation with MoI, MoJ and the units operating under them.

MoJ agencies/units carrying out preventive and rehabilitative activities against substance addiction include the following:

- Ministry of Justice
- Prisons and Detention Houses of MoJ Directorate General of Prisons and Detention Houses
- MoJ Directorate General of Prisons and Detention Houses, Department of Probation and Help Services and attached units

When MoJ reports are examined in view of the activities carried out in prison environments oriented to those incarcerated due to drug-related crimes, it is seen that the assistance provided to prisoners in particular through projects implemented in some prisons within the scope of the EU accession process is at a very satisfactory level.

At the 4 Personnel Training Centres (Ankara, İstanbul, Erzurum and Kahramanmaraş) of MoJ, training on how to approach convicted and remand prisoners incarcerated due to drug-related crimes is provided to all personnel and particularly to psychosocial service personnel.

Under the scope of the "Ardıç" Psychosocial Support Intervention Program for children, developed together with UNICEF, various trainings are delivered in order to protect children from drugs and addiction. Moreover, convicted and remand prisoners are offered programs such as anger management, fighting drugs and drug addiction and sexual crime treatment programs, aiming to prevent prisoners from recidivism after their release.

The alcohol and substance addiction history of all convicted and remand prisoners are asked during the initial health checks carried out before admission into prisons, and when necessary the prisoners are referred to relevant health institutions for appropriate treatment.

With regard to supply reduction, possession of narcotic and stimulant substances in prisons have been prohibited, and searches and in-prison checks are carried out to prevent entry of drugs in prisons. When drugs are found, necessary legal action is started and relevant disciplinary punishments are exacted.

There are also plans on actions oriented to prevent abuse of drugs prescribed to addicted prisoners by prison doctors, and care is taken to ensure that the prescribed drugs are administered under the supervision of a health personnel.

The psychosocial help services conduct one-to-one interviews with addicted prisoners and ensure their participation in various group works organized in prisons.

The prison personnel is informed about demand reduction and control of infectious diseases, and prison management is informed about the measures that should be taken.

Since alcohol and substance addiction is the cause of many social problems in addition to many individual health problems, the time spent in prison by addicted people is used as an opportunity for treatment, as most addicts are usually unable to take advantage of the health services normally offered, and prisoners who receive treatment are directed to associations and NGOs working on substance addiction after they are released.

In addition, under the Judicial Modernization and Prison Reform Project, works were started in 2004 to prepare the Psychosocial Help Services to be implemented in prisons. Books,

manuals and guidelines for the said programs were finalized in 2005, and the materials were printed and sent to prisons in 2006, followed by pilot trainings in 2007. ToT and practitioner trainings continue in 2008 and 2009 under the program.

Trainings and programs oriented to convicted and remand prisoners are as follows:

- Anger Management Program,
- Personnel Awareness Raising Program on Preventing Self-termination and Self-Harm
- **Alcohol and Drug Addiction program,**
- Pre-Release Prisoner Development Program.

The purpose of the Alcohol and Drug Addiction program is

- to help reduce recidivism related to drug use,
- to raise awareness on reducing drug use and drug-related crimes,
- to set a starting point for effective treatment of drug use

Alcohol and Drug Addiction program covers sessions that address issues such as substance awareness, minimizing harm, treatment services, change cycle, drug addiction map, high risk groups, preventing relapse, problem solving steps and relationships.

In line with the modern execution concept, various antidrug programs have been developed and launched in prisons. The objective of these programs, which are to be implemented in prisons, is not the treatment of drug users but to raise awareness on their referral to treatment. The antidrug program aims to equip individuals with the skill to cope with drug use behaviours. The program practitioners consist of the psychologists and social workers working at prisons.

This is a 4-week program and consists of 16 x 90-min sessions. Groups consist of maximum 10 convicted or remand prisoners. For the program, 20 trainers and 30 implementers were trained for two weeks at the Training Centres in Ankara and Istanbul. The antidrug program is constantly updated and upgraded in the light of knowledge and experiences gained from the trainings. The “antidrug program” developed for adults under the “Judicial Modernization Program” started to be implemented in 20 agencies selected for piloting.

The Alcohol and Drug Addiction Program prepared to ensure diversion of addicted prisoners to treatment was first started in 2007 with pilot ToT and practitioner trainings. After the ToT training held in 2008 between 17 March – 04 April, the program’s revision phase was finalized. In 2009, trainings were delivered to practitioners, using the trainer and practitioner guides prepared. Practitioner trainings were delivered to a group of 50 psychologists and social workers on 04-08 May 2009 in Ankara and on 11-15 May 2009 in Istanbul. Following the trainings, the program is now being implemented at agency level.

In addition to these programs, it is ensured that seminars on drug addiction are organized in cooperation with provincial health and TNP directorates, and surveys and studies on prisons are supported by granting necessary authorizations.

The progress made in the Alcohol and Drug Addiction program carried out in line with the efforts to restructure psychosocial services offered in prisons is encouraging.

9.6. Post-Release Reintegration of Drug Users

With regard to post-release efforts, the probation services constitute a significant scheme.

According to the 2007 activity report of the MoJ, the Turkish Penal Code no. 5237, the Code of Criminal Procedure no. 5271, the Law on Execution of Penal and Security Measures no. 5275 and the Child Protection Law no.5395 form the legal framework for the probation service centres operating in Turkey (TUBİM, 2008).

Probation Services are defined as a human-based and community-based scheme aiming to supervise the suspect, accused or convicted in the society without incarceration and ensure his/her reintegration (Turkey National Report, 2007:61).

Convicts released from prison are provided with assistance including job-oriented vocational training courses and projects, counselling, guidance and psychosocial assistance, job placement support, in-cash and in-kind supports, education and loans. There are also information sessions, in-kind & in-cash assistances, education and job supports and vocational courses as well as counselling and psychosocial assistances for those injured through crimes (TUBİM, 2008).

Since alcohol and substance addiction is the cause of many social problems in addition to many individual health problems, the time spent in prison by addicted people is used as an opportunity for treatment, as most addicts are usually unable to take advantage of the health services normally offered, and prisoners who receive treatment are directed to associations and NGOs working on substance addiction after they are released (CTEGM, 2009).

Post-release monitoring of drug users is vital in preventing relapse and recidivism. Hence, it is important that those with prison and drug use histories are monitored frequently at least for 1 year after their release, followed by periodic (e.g. quarterly) supervision visits.

In addition to such probation practices, the reintegration of ex convicts can also be ensured through support services offered by various agencies. These agencies should help individuals after their release in finding the new direction of their lives and should play an important role in ensuring the social reorientation of these individuals without turning back to drugs and crime. Programs to this end should be planned on an individual-specific basis, taking into consideration the family characteristics, needs, strengths and weaknesses of convicted adults or young people. If there are other diagnoses accompanying drug addiction, the individual should be referred to appropriate psychological health services.

During the post-release reorientation phase, the individual should be introduced to voluntary groups such as anonymous alcoholics or anonymous narcotics etc and relevant NGOs in order to support the reorientation process by contributing to minimizing the risk of relapsing.

* Such organizations are extremely important, as they secure the uninterrupted (24/7) support of an accessible person (volunteers working with these organizations) who can support the individual especially during relapse and in terms of various leisure activities that the individual can take up in order to stay away from drugs.

Participation of volunteers in these activities increases the chances of success. Hence it is important to find and organize (with the help of social workers and other professionals) volunteers who will provide social support to individuals receiving addiction treatment and

rehabilitation, and will stand by them throughout their social integration phases and whenever they need, either through NGOs or individually.

The family of the exconvict drug user also plays an important role in ensuring his reintegration. Taking the support of the family helps these individuals to get a stronger grip on their new lives.

Increasing the number of NGOs providing support services to addicts and their families is important in terms of ensuring that the gravity of the problem of addiction is understood in the society, increasing the addict's motivation to get treatment and developing a social structure that will support the post-treatment reintegration phase.

Awareness raising campaigns on drugs and drug addiction through printed, audio-visual and digital media have an important role in uniting the society as a whole in the fight against drug addiction.

In Turkey, in most of the cases there are no post-release reorientation schemes to help individuals after prison experiences, which causes these individuals to become lost in their new lives out of prison, with no idea about how to continue their education, how to find a job and in short, how to lead a decent life, which in turn may trigger relapse as the resistance to the lure of drugs wears off with every new problem faced by the individual. To this end, post-release reintegration services should be planned and executed for all convicts.

9.7. Conclusion

The information given in this section show that addiction habits do not cease with incarceration and that even those who have never used drugs can become drug-users when put in prison, due to the influence of other inmates. In addition, there may be addicts in the families of many convicts, which increase chances of developing an addiction. In consideration of all these environmental factors, there is a need to implement programs to prevent drug use in prisons, rehabilitate incarcerated drug users and ensure their post-release social integration. In fact, the success of re-socialization and reintegration efforts depend on successful and systematic programs carried out to this end.

1. It will be useful to emphasize activities on identifying drug use prevalence, characteristics of risk groups, risk factors, family-education-social correlates and legal and judicial issues within the scope of the country policy on drugs and drug addiction. These activities, which should be carried out at regular intervals using the same methodologies, will serve to highlight changes in current situation and the success achieved in prevention and intervention efforts.

2. Since alcohol and substance addiction is the cause of many social problems in addition to many individual health problems, the time spent in prison by addicted people should be used as an opportunity for treatment, as most addicts are usually unable to take advantage of the health services normally offered, and drug-using convicts should have priority in provision of psychosocial services introduced under the judicial modernization project.

3. Referral of drug-using prisoners to treatment is a positive development, yet in order to ensure successful treatment results, these addicts must be willing to receive treatment, must have access to environmental and social support systems and must be able to stay away from environments in which accessing and using drugs is easy.

4. It is important that these programs, aiming at those incarcerated due to drug-related crimes, are rolled out on a national scale. Programs carried out in prisons in this scope are vital in ensuring that these individuals acquire the necessary skills and competencies to cope with their addiction problem and gain the necessary professional skills that will allow them to lead a new life free from drugs. Only through such activities and services can the individual build a new life free from drugs after release from prison.

5. In order to ensure that the progress made by the individual through psychosocial services offered in prisons with regard to addiction treatment and rehabilitation is not wasted, there should be monitoring services oriented to help ex convicts in finding employment and monitor their progress in terms of their adaptation to their new lives and their success in staying away from drugs. To this end, private or public agencies/units should be established, similar to the structure adopted with Probation Services.

6. The Report of the Parliamentary Research Committee on Drugs emphasizes the need to develop a data collection system regarding the psychosocial services provided during and after incarceration. Ensuring that this data collection system is in accordance with EMCDDA standards will enable sound comparison of data collected on a national and international basis.

SECTION 10[26]
THE SUPPLY DIMENSION (DRUG MARKETS)

10.1. Overview

The drug problem is essentially based on a supply-demand balance. Illicit drug production and trafficking will continue to exist as long as there is a demand for drugs. And as long as this demand exists, these activities will continue regardless of the success of anti-drug policies and interventions, and each drug smuggling organization brought down will soon be replaced with another crime organization desiring to get their hands on this income.

Due to its geographical location, Turkey is a commercial and cultural bridge that has been used for centuries between the west and the east. Hence, the country is gravely affected from drug smuggling, which has the same characteristics with spice and silk trade in terms of supply and demand. The route, which is still being called the Balkan Route, connects these historical routes to Europe. According to UNODC's World Drug Report 2009, most of the heroin seized in 2007 were trafficked in the countries surrounding Afghanistan and along the Balkan route towards Western (UNODC, 2009:44).

Turkey is affected from drug smuggling both as a transit country and as a destination country. The illicit drug traffic taking place on the geography where Turkey is also located is not a one-way flow, but involves smuggling of opium and derivatives from east to west and smuggling of synthetic drugs and precursors used in drug production from west to east. In this context Turkey is affected as a transit country from the trafficking of opium and derivatives originating from Afghanistan and amphetamine and Captagon originating from Eastern Europe and precursors originating from Western Europe, and as a destination country for ecstasy originating from Western Europe and cocaine originating from South America.

It is inevitable for Turkey to be affected from drug use and become a destination country, given the intense transit drug smuggling activities crossing the country. Therefore, substance use and addiction, which has become a major problem around the world, has also started to become an important issue for Turkey (Report of the Parliamentary Research Commission on Drugs, 2008:276)

In view of this situation, professional actions against internal drug networks involved in the internal sale and distribution of drugs smuggled into Turkey or produced specifically for consumption in Turkey have been launched by the Turkish National Police in line with a decision taken at the meeting of SAK (Strategic Research Board) taking place at the end of 2005. Moreover, in order to activate operations against narcotic substances that affect Turkey at the drug use dimension and the crime organizations involved in the sale of these substances in the country, the "Bureau for Combating Domestic Drug Networks" was established, along with "Drug Use Monitoring and Prevention Bureaus" under Narcotics and Antismuggling and Organized Crime Divisions in provinces, within the framework of the Regulation on Establishment, Duties and Working Principles of the Central and Provincial Organizations of the Anti-Smuggling and Organized Crime Department of the Turkish National Police, which came into effect on 25.05.2009.

[26] Section prepared by Bekir AYDIN, Nadir KOÇAK and Bülent DEMİRCİ (Supply Reduction Indicator, National Expert).

Within the scope the pre-accession financial cooperation between Turkey and the European Union, an IPA Project was started in April 2008 between EMCDDA and its Turkey National Focal Point, TUBİM; the Project is planned to end in November 2009.

Similarly, the Project for "Strengthening of Capacity for the Interdiction of Drugs in Rural Areas of Turkey" implemented by the General Command of Gendarmerie in cooperation with UNODC under the AB Pre-Accession Financial Cooperation program aims to increase the efficiency and effectiveness of law enforcement institutions in Turkey in their efforts to interdict drugs and disrupt drug trafficking organizations in rural areas. The Project covers the 2007-2009 period.

Within the process of harmonization with the EU, the Project on Capacity Building for Counteracting Drugs at Airports is being carried out by Dutch experts under the MATRA Pre-accession and projects program 2008, through which the Dutch Government provides various supports to candidate countries. The Project aims to strengthen the capacity to counteract drugs at the International Airports of Istanbul, Izmir, Ankara, Antalya and Muğla through accurate use of appropriate methodologies. The project's Turkey coordinator is the Anti Smuggling and Organized Crime Department of the Turkish National Police.

Under the Project, it is planned to train trainers on airport crimes, covert surveillance at airports, reading passenger characters, effective interrogation methods and targeting, effective observation and target selection at airports, using active/passive detector dogs and technical devices, profiling couriers carrying drugs in their bodies, search techniques, smuggling methods etc. It is envisaged that the training programs will continue until the end of 2010.

In line with the efforts to counteract synthetic drugs that affect Turkey a destination country, the Project proposal for "Fight Against Synthetic Drugs and Precursors" prepared by Turkey under the second group applications for TAIEX (Technical Assistance Information Exchange) projects organized and financed by the European Commission was accepted by the Commission, and a study visit was made to Brussels, Belgium in February 2009 with the participation of experts from the TNP/ASOC Department and the provincial TNP Directorates of Ankara, Istanbul and Hatay.

Under the Twinning projects being carried out between the European Union and Turkey, TNP/ASOC has developed and launched the Project for "Strengthening the Institutional Structure of TUBIM". The Project will be implemented between 2009 and 2011, and will focus on strengthening demand reduction, treatment, rehabilitation and protection measures that are not covered within the counteractive policing activities at which Turkey is considerably strong, a-nd on improving data collection and interagency coordination.

The projects for Building Administrative Capacity carried out between the Undersecretariat of Customs and the EU and the sub-studies for personnel and technical and administrative capacity building in counteracting drugs are continuing under the Twinning Project with Germany.

When preparing the subsections on "Availability and Supply" and "Seizures" under Supply Dimension, the data obtained from the "Substance Use Risk Analysis Questionnaire Form" (U Form) administered by TNP experts so as to estimate substance availability, the data received from addiction treatment centres, the data pertaining to seizures made by Turkish law enforcement authorities, i.e. the Turkish National Police, the General Command of Gendarmerie, the Undersecretariat of Customs and the Coast Guard Command, and other national and international reports concerning the area were used as a reference.

The section on purity under “Purity and Price” was compiled from the data provided by the criminal laboratories of TNP and General Command of Gendarmerie. Substance prices were estimated in accordance with the field surveys of the antidrug specialists of the TNP.

10.2. Availability and Supply

The main factors in the creation of a substance market/supply in a country can be listed as the country’s geographical proximity to production regions, its location in view of the smuggling route between production and consumption regions and the existing demand in the country.

Turkey is located on the geography that is close to Southwest Asian countries, where illegal poppy cultivation and hence opium production takes place. This constitutes a major risk for Turkey in terms of not only smuggling but also drug use. Most of the opium and derivates seizures take place on geographies close to opium production centres (UNODC, 2009: 42). According to UNODC World Drug Report 2009, the world’s largest heroin seizures in 2007 were in the Islamic Republic of Iran (16 tons), Turkey (13 tons) and Afghanistan (5 tons) (UNODC, 2009:41).

In addition to being geographically close to production regions, Turkey also neighbours Western European countries that have a large drug consumer base. This transit location of Turkey appears to be the most important factor triggering substance availability and addiction in the country.

The greatest threat for Turkey and the geography in which it is located is the illegal poppy cultivation in Afghanistan, where 90% of the world’s illegal opium production occurs, and the related heroin smuggling into Europe.

Heroin smuggling into Europe uses 3 main routes (Figure-1). These are the Balkan Route, the North Black Sea Route and the East Mediterranean. Turkey is affected particularly from the heroin trafficking taking place on the Balkan Route. On the other hand, Turkey is also on the transit route for trafficking of chemical and synthetic substances produced in Europe and trafficked into Middle East countries.

Figure 10-1 : Drug Routes

The main thread for Turkey and the geography in which it is located is the synthetic drugs originating from Europe. In particular European ecstasy appears as the greatest threat affecting Turkey with regard to drug use. East European Captagon, which doe not have a wide user base in Turkey, is trafficked to Middle East and Arabian countries via Turkey.

Cannabis is the most seized and used narcotic substance in Turkey. Although illegal cannabis production for domestic use also takes place in Turkey, cannabis is also trafficked into Turkey from countries such as Afghanistan, Pakistan, Syria and Lebanon.

In addition, international organizations traffic South American cocaine into Turkey for use in the internal market, via Europe by means of couriers.

According to the data from a survey conducted on users involved in judicial procedures due to drug-related crimes in 2008 by TUBİM's provincial focal points[27], the first substance used by drug-users is cigarettes for 83%, and cannabis with 3% in terms of illegal substances. As to how users get access to substances, 42% reported buying them from strangers, 38% from friends, 9% from other people, 7% reported they personally produce/cultivate, and 1% reported their source of supply as family, relatives and lovers. An interesting data from the survey is that drug users usually get their drugs from third persons, while some personally produce or cultivate them.

[27] Survey covers 1830 individuals against whom judicial procedures were started due to drug-related crimes in 2008, who reported being drug users and willingly took part in the survey as respondents.

In a survey conducted on convicted and remand prisoners incarcerated due to drug-related crimes in 2008 (MoJ CTEGM, 2008), 56 of the respondents preferred not to disclose their drug use history prior to incarceration. Of the total 3472 respondents who chose to answer the question on their previous drug habits, 2524 (73%) said they had used drugs before their incarceration, while 948 (27%) said they had not.

With regard to narcotic substances used by the prisoners before their incarceration, 53% reported cannabis, 19% reported tablets, 13% reported cocaine, 9% reported heroin and 6% reported using other substances.

When it comes to the first substances used by the respondents 85% reported cannabis, 5% reported heroin, 4% reported tablets, 2 % cocaine and 6& reported other substances.

When asked their chances of accessing drugs in the prison, 494 chose not to answer. 3034 were willing to answer the question, and 2299 of them (76%) sid it was impossible, 224 said it was very difficult (7%), 146said it was a little difficult (5%), 97 said it was easy (3%) and 268 said it was very easy (9%).

When the results of these two different surveys are examined, it is seen that the most widely used illegal substance in Turkey is cannabis, as is the case all around the world. It is considered that the reason for its popularity is that cannabis is easier to access to and use, compared to other illegal drugs.

10.2.1. Opium and Derivatives

Afghanistan alone accounted for 93% of the world opium production in 2008 (UNODC Afghanistan Opium Survey, 2008:5) And the opium and derivatives affecting Turkey mostly originate from Afghanistan. The route most frequently used between Afghanistan and European countries where drug consumption is fairly high is the Balkan route, and since Turkey is located on the Balkan Route, it is negatively affected from the Afghani drugs both as a transit country and a destination country. According to the UNODC World Drug Report 2009, opiate seizures continued to increase along the extended Balkan route in 2007, accounting for 94% of all seizures of Afghan opiates (UNODC, 2009:44).

Until 2008, 91% of the opium and derivates used to entering Turkey were in the heroin form, whereas this increased to 96% in 2008 (TNP/ASOC Report, 2008:4). On the other hand, in the recent years, Turkey is less frequently dubbed as a “source country” by European countries for the heroic found in their own internal markets. These indicators show that this drug is not produced in Turkey. Likewise, no production plants producing or refining heroin could be found or identified in Turkey in 2008 (TNP/ASOC Report, 2008:4).

On the other hand, 85% of the heroin seized within the police jurisdiction areas in 2008 were seized on our border with Iran, through which heroin enters Turkey, and the cities close to the Iranian Border, or in cities through which the heroin leaves Turkey (TNP/ASOC Report, 2008:13). This highlights Turkey’s position as a transit country for drug trafficking.

Although the heroin in Turkey is generally Brown heroin, in the recent years seizures of solid crystal heroin with high purity are also seen.

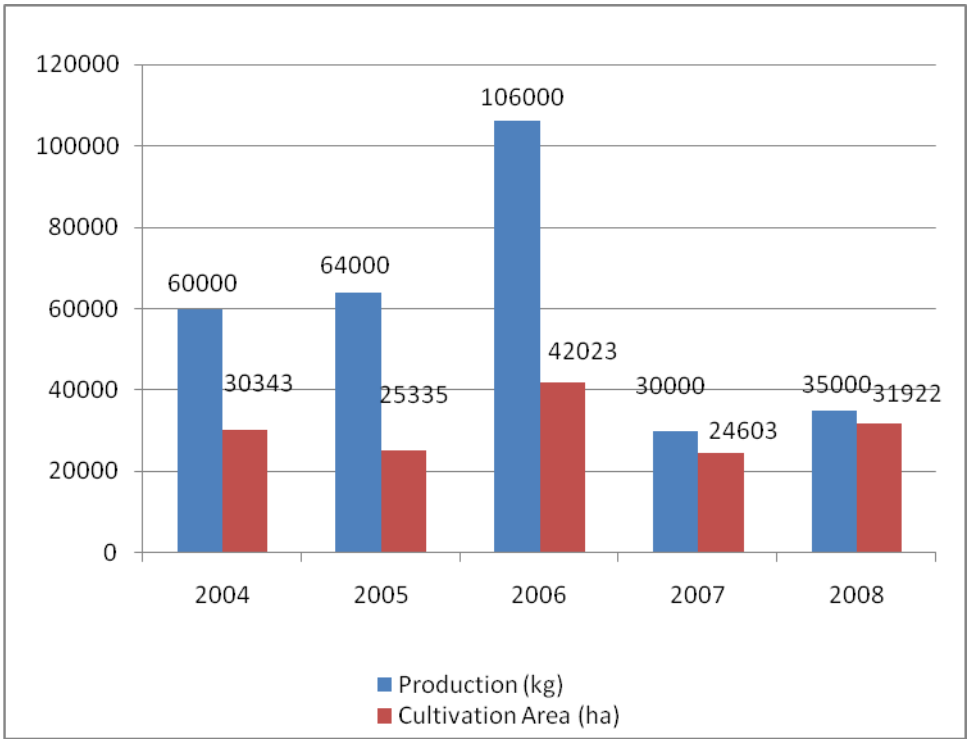
According to the report of the Parliamentary Research Commission established in 2009 to research the problems of substance, and particularly drug, addiction and trafficking, the provinces of residence for heroin addicts receiving inpatient treatment in addiction treatment Centers in Turkey in 2007 are Istanbul in the first place, followed by Gaziantep, Adana,

Antalya, Van, Hatay and Hakkari (Report of the Parliamentary Research Commission on Drugs, 2008:150). In the same year, 70% of the total heroin seizures in the police jurisdiction areas were in Istanbul, Van, Hakkari and Gaziantep (TNP/ASOC Report, 2008:12). In this context, it is considered that heroin addiction is prevalent in provinces where heroin seizure rates are high, and that the drug trafficking activities in the country are a factor that increases the number of addicts.

Opium alkaloids are used for medical and scientific purposes legally around the world. However, since they are also used for illegal purposes, poppy cultivation is monitored and controlled at an international level, primarily by the UN Organization (TMO Activity Report, 2008).

Poppy cultivation and unscored poppy capsule production is carried out on 70,000 ha in accordance with the limit determined by the UN Organization, in order to meet the medical and scientific alkaloid need of the world. The poppy cultivated is kept under control in accordance with, "Law no. 3298 on Narcotic Drugs" and "Regulation on Cultivation, Control, Harvesting, Processing, Disposal, Purchase, Sale, Import and Export of Poppy", and supervised by the Turkish Grain Board and law enforcement authorities.

Chart 10-1 : Morphine Equivalent Opiate Raw Material Production Quantities and Annual Legal Poppy Cultivation Areas in Turkey



Source: INCB Report, 2008

In Turkey, unscored poppy capsules purchased from producers by the Turkish Grain Board are processed in the opiate alkaloids plant in Bolvadin into morphine and its derivatives such as morphine hydrochloride, codeine base, codeine phosphate, codeine sulphate, dihydrocodeine bitartrate and dihydrocodeine thiocyanate. No data were found to indicate any abuse of the morphine and morphine-derived substances produced in Turkey.

10.2.2. Cannabis and Derivatives

Cannabis continues to be the most popular drug in Turkey, as in the world illicit drug market, in terms of cultivation prevalence, production quantity and number of users.

Around the world, Cannabis is produced officially in 172 countries (UNODC World Drug Report, 2008:14). Since cannabis sativa (hemp) can be cultivated in all climate conditions and since cannabis can be obtained from hemp without any chemical processes, and also since using cannabis does not require any additional instruments, cannabis remains the most popular illegal substance in the world. On the other hand, although hemp cultivation is subject to legal authorization in Turkey, sale of hemp seeds is not controlled, which increases illegal cultivation and therefore negatively affects the combat against cannabis production.

As in poppy cultivation, Turkey is a traditional cultivator of hemp. Ropes, sacks and similar industrial products are made from hemp fibre. Hemp cultivation in Turkey is subject to licence and control and is supervised by the Ministry of Agriculture and Rural Affairs. Licence is given only for the cultivation of hemp not containing THC (Tetrahydrocannabinol). Cultivation areas are regulated under the Law no. 2313 on Control of Narcotic Drugs.

Although there are no data as to whether the legal cultivation in Turkey is shifting towards illegal, it is considered that cannabis is either produced from illegal hemp cultivation or is brought into Turkey from surrounding countries, since most of the cannabis seizures, according to police seizure data for 2008, were carried out in Diyarbakir (4869 kg), Istanbul (3832 kg), Hatay (1364 kg), Van (1281 kg) and Adana (1181 kg), all of which are provinces that are not cultivation areas for legal hemp (TNP/ASOC Report 2008:20). Similarly, seizures of cannabis originating from Afghanistan, Pakistan, Syria and Lebanon were seen in Turkey.

It is believed that cannabis produced from illegal hemp cultivation is consumed in the domestic market. With this characteristic, cannabis is the only drug type produced in Turkey for internal consumption.

10.2.3. Cocaine

Cocaine is brought into Turkey mostly for internal consumption. Originating from South American countries, in the recent years cocaine has been transferred to Turkey mostly via Europe-connected flights by couriers, most of whom are African nationals. An increase has been seen, especially in the last 2 years, in the number of cocaine couriers apprehended at the Istanbul Atatürk Airport.

In the 39 courier operations carried out in 2008 at our airports, and particularly at the Atatürk Airport, a total of 60 kg of cocaine has been seized. This represents 63% of the total cocaine seizures in the world for 2008. This shows that cocaine enters Turkey mostly from our international airports.

Within the process of harmonization with the EU, the Project on Capacity Building for Counteracting Drugs at Airports is being carried out by Dutch experts under the MATRA Pre-accession and projects program 2008, through which the Dutch Government provides various supports to candidate countries. The Project aims to strengthen the capacity to counteract drugs at the International Airports of Istanbul, Izmir, Ankara, Antalya and Muğla through accurate use of appropriate methodologies. The project's Turkey coordinator is the Anti Smuggling and Organized Crime Department of the Turkish National Police
.

Under the Project, it is planned to train trainers on airport crimes, covert surveillance at airports, reading passenger characters, effective interrogation methods and targeting, effective observation and target selection at airports, using active/passive detector dogs and technical devices, profiling couriers carrying drugs in their bodies, search techniques, trafficking methods etc. It is envisaged that the training programs will continue until the end of 2010.

In 2008, cocaine seizures took place in 21 of the 81 provinces of Turkey. This shows that although cocaine is not widely used throughout the country, there is a certain amount of demand for cocaine in our big cities, mainly Istanbul and Antalya, Izmir and Mersin.

According to the data provided to TUBIM by the MoH General Directorate of Curative Services, cocaine addicts receiving inpatient treatment in Turkey come mostly from Istanbul, followed by Izmir, Ankara and Antalya. When we examine the table showing the data for cocaine seizure provinces and provinces of those receiving inpatient treatment, we see that cocaine addiction is not widespread in the country, yet there is a certain cocaine user base in specific regions.

Cocaine brought to Turkey is usually in powder form. Cocaine seized in the country is generally in either powder or crack form. On the other hand, in an operation in December 2008 carried out in Istanbul, 3.127 kg liquid cocaine was found hidden in shampoo containers sent from Venezuela.

10.2.4.Synthetic Drugs

10.2.4.1. Ecstasy

Turkey is affected from ecstasy trafficking as a destination country. Investigations revealed that ecstasy comes to Turkey from Holland and Belgium, both of which are among the major ecstasy producers of the world (UNODC, 2009:125) (TNP/ASOC Report 2008:23).

It is seen that the demand for ecstasy in Turkey continued in 2008. Ecstasy is among the drugs seized in operations conducted against internal drug networks. In 2008, ecstasy seizures took place in 65 of our 81 provinces. This shows that ecstasy is found widely throughout Turkey.

In line with the efforts to counteract synthetic drugs that affect Turkey a destination country, the Project proposal for “Fight Against Synthetic Drugs and Precursors” prepared by Turkey under the second group applications for TAIEX (Technical Assistance Information Exchange) projects organized and financed by the European Commission was accepted by the Commission, and a study visit was made to Brussels, Belgium in February 2009 with the participation of experts from the TNP/ASOC Department and the provincial TNP Directorates of Ankara, Istanbul and Hatay.

In 2006, the PHARE Project was launched between EMCDDA and TUBİM, and various working groups have been set up under the Project, one being the de EWS (Early Warning System) Working Group.

The system includes a team of specialists selected from various agencies that are expected to be included in antidrug action plans due to their areas of activity. As the coordinating agency of this structure, TUBİM undertakes an important mission as a national reference point through both online communication and regular meetings.

Agencies included in the EWS scope fill out the "Reporting Form for New Psychoactive Substances" when they encounter a new substance, and then send the form to TUBIM, after which these new substances are discussed at the regular meetings. The discussions focus on

- addiction development probabilities and gravity of possible addiction,
- social risks in terms of users,
- correlates with violence and unrest the substance is likely to cause in the public.

In the recent years, BZP (1-Benzyl piperazine) has been frequently observed in seized ecstasy ; hence, necessary efforts were made to include this substance under law scope, and it was ensured that the substance is included within the scope of Law no. 2313 on Control of Narcotic Drugs on 08/07/2008.

Another point worth mentioning with regard to ecstasy seized in 2008 is the increase seen in the amount of tablets seized that include mCPP (meta-chlorophenylpiperazine) as their active substances, a substance which was included under law scope on 17/04/2009 as an illicit narcotic substance. In 572 operations carried out in Turkey in 2008, 1041111 ecstasy tablets were seized, while only in 3 operations 520,000 mCPP-containing –fake- ecstasy tablets were seized. This shows that drug networks that traffic ecstasy into Turkey closely follow up the legislative development taking place in Turkey.

10.2.4.2. Captagon

Consumed mostly in Arabian and Middle Eastern countries, Captagon is produced mainly in Eastern European countries. Although not widely used in Turkey, Captagon affects the country with its transit dimension.

As a result of the investigations and operations carried put in Turkey, it is now understood that crime organizations have shifted most of their Captagon production to Syria (TNP/ASOC Report 2008:127) Although there are not any reports of clandestine manufacture in Near East and Middle East, it is estimated that there may be an undetected amphetamine production in the sub region. This is because amphetamine-type-stimulants (ATS) are typically manufactured in the subregions in which they are consumed, and becouse of several indicators of manufacture in the subregion. For example, Lebanese authorities in 2007 intercepted laboratory equipment and precursor chemicals for Captagon manufacture, which were trafficked into the country by Bulgarian nationals. In the same year, 75% of the licit global trade in Captagon precursors (1-phenyl-2-propanone (P-2-P))[28] was destined for two countries in Near and Middle East; and intelligence reports support the assertion that ongoing manufacturing has been occurring in the Syrian Arab Republic since at least 2006, although no laboratories have been detected to date (UNODC, 2009:127).

In 2007 one tableting unit where powdered amphetamine from Easter European countries is transformed into tablets was seized, although the unit was not capable of covering all phases of Captagon production. No manufacture was detected in 2008 (UNODC, 2009:8).

Operations against Captagon trafficking reveal a new Captagon trafficking route being used in the recent years by drug organizations. In this new route, Captagon manufactured in Syrian Arab Republic is first brought into Turkey through illegal means, and then shipped to Middle Eastern and Arabian countries, particularly Saudi Arabia, via highway or seaways.

Figure 10-2: Captagon Trafficking Routes

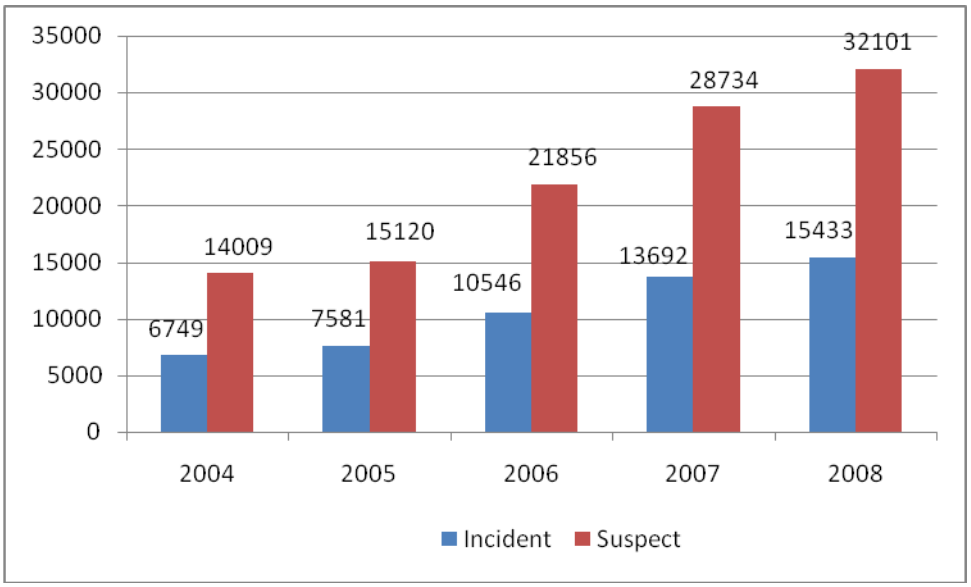
[28] Also known as Benzyl Methyl Ketone (BMK).

10.3. Seizures

In Turkey, a serious increase has been achieved in seizures of heroin and cannabis in particular, as a result of antidrug activities. Parallel to this increase in the quantity of substances seized, a visible increase has been observed in the number of total incidents and suspects apprehended in these incidents in 2008 throughout Turkey.

The number of total incidents in 2008 (15433) increased by 12.7% compared to 2007 (13692). As a result of operation carried out in 2008 (32101 operations), the number of suspects apprehended increased by 11.7% compared to 2007 (28734).

Chart 10-2 : Number of Incidents and Suspects by Years



Source: EMCDDA Standard Tables, Reports of the TNP/ASOC Department

The most important factors for this increase in the number of incidents and apprehended suspects is the increased operational capacity of law enforcement units and the increased importance given to street operations in the country especially by the Narcotics units of the TNP in parallel to the national policy and strategies. Additionally, it can be said that the amendments made in relevant laws with regard to criminal investigations also had positive reflections in antidrug activities.

The key to success in the combat against drug trafficking is to have a personnel specially trained in this area. To this end, under the leadership of the United Nations and within the Turkey -UNDCP cooperation framework, TADOC (Turkish International Academy Against Drugs and Organized Crime) was founded on 26.06.2000 under TNP/ASOC Department as the first international antidrug academy of Turkey. The Academy has started implementing its training programs in September 2000.

TADOC' delivers training on counteracting illicit drug production, drug use, drug trafficking and organized crime not only to national law enforcement bodies but also to the law enforcement units of other countries party to OECD (Organization for Economic Cooperation and Development), BSEC (Organization of the Black Sea Economic Cooperation) and Balkan countries and under bilateral agreement signed by Turkey (TNP/ASOC Report 2001:93).

As of November 2008, TADOC has organized 488 national training activities, through which a total of 13,650 law enforcement officers have been trained, with 13,468 from MoI, 51 from MoJ and 113 from the Undersecretariat of Customs.

Through 218 international training activities, a total of 3064 law enforcement officers from 64 countries have been trained.

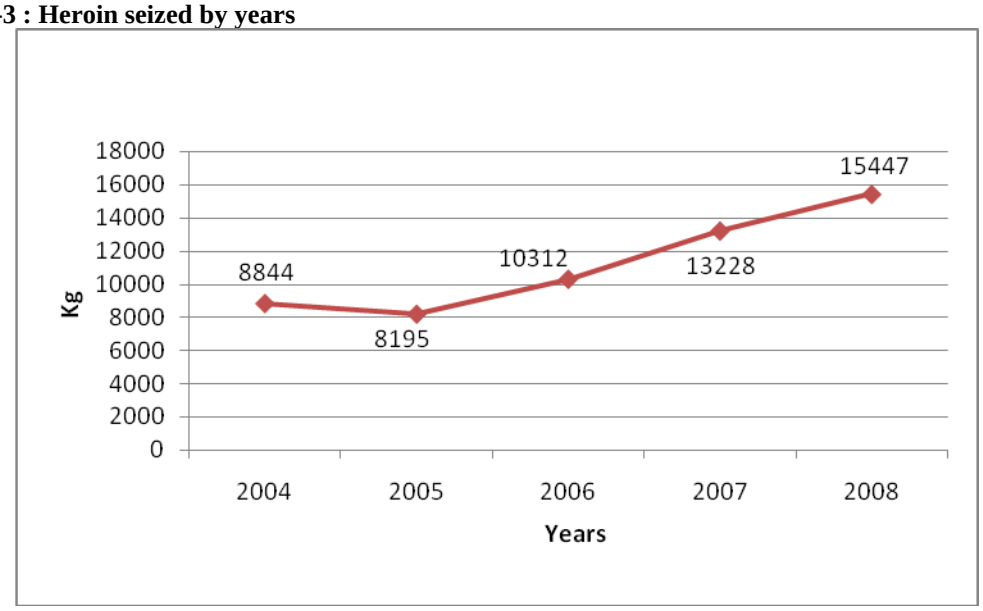
Narcotic Detector Dogs are an important support to law enforcement units in combating drug-related crimes. As around the globe, Turkish law enforcement authorities use narcotic detector dogs effectively in their antidrug interventions. Data for drug seizures done using

detector dogs highlight the training quality standards and the support given to combating crime.

10.3.1. Heroin

Heroin seized in Turkey has been increasing in quantity steadily since 2005 (Chart 10-3). In 2008, a total of 15,447 kg heroin was seized in Turkey. The heroin seizures in 2008 increased by 16.8% compared to 2007.

Chart 10-3 : Heroin seized by years

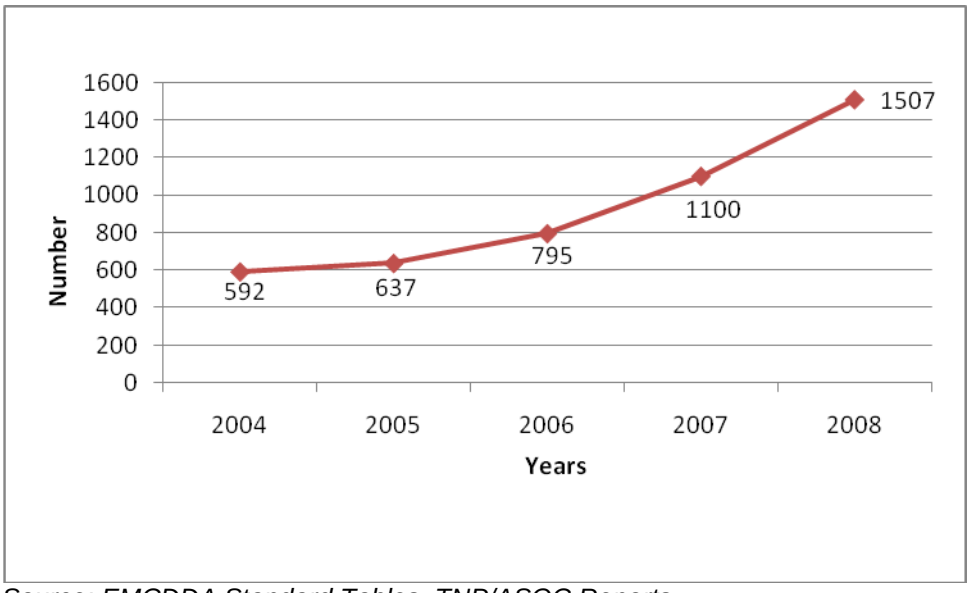


Source: EMCDDA Standard Tables, TNP/ASOC Reports

Europe accounted for almost 19% of global opiate seizures. Most opiate seizures there were made in South East Europe (11% of the total), notably by Turkey (UNODC, 2009:42).

A total of 1100 operations was made against organizations trafficking heroin in 2007, while this number increased by 37%, to 1507 in 2008 (Chart 10-4).

Chart 10-4: Heroin Interceptions By Years



Source: EMCDDA Standard Tables, TNP/ASOC Reports

In 2008, there was a visible increase in both the number of operations and the quantity of seizures with regard to heroin in Turkey. It can be suggested that the main reasons for this increase are the increased capacity of Turkey in counteracting illicit drug trafficking, increased importance given to international information Exchange and cooperation, and the relentless and dedicated efforts of Turkish narcotics units.

Looking at the structures of organizations engaged in drug trafficking in Turkey, it is seen that in general they have a hierarchical structure with a restricted and special membership system; they also operate in legal activity areas and have cooperation and specialization among them.

In general, there is a leader at the top each of these organizations that makes the plans, gives the commands, and ensures the coordination and top-level connections.

To minimize information leaks, drug organizations adopt a very strict policy when selecting the members who will be involved in trafficking activities, and put strict restrictions on who will and will not become a member. Often, a specific ethic origin or relative status required for membership, in addition to a criminal past.

As in almost all organized crime gangs in the world, illicit drug trafficking organizations spend a portion of their earnings to finance their trafficking activities, and invest a portion into legal activities, thereby making it difficult to uncover the illegal side of the organization.

The hierarchical structure that governs drug trafficking organizations also brings a special job distribution within the organization and a specialization for each job. Some members are specialized drug manufacturing, some in supplying the drugs from regions of manufacture, some for stashing, some for shipments and some for sales and marketing.

Another main characteristics of drug trafficking organizations is that they are usually international in nature. Drug trafficking organizations usually have an organized structure/members/accomplices in almost all of the countries on the route starting at the point of manufacture and going to the final destination country where the end users are.

Heroin, most often supplied from Afghanistan and brought into Iran, is generally smuggled into Turkey by Turkish drug organizations via TIR trucks by hiding them inside legal cargo or stashing them in some hidden compartments. To a less extent, heroin is also brought illegally

into the country via human couriers from less controlled points on our border with Iran, and then transferred to Istanbul, Mersin, Izmir and Edirne for shipment to European countries.

Similarly, the heroin brought into Turkey from Iran is shipped abroad by crime organizations via TIR trucks by hiding them inside legal cargo or stashing them in some hidden compartments. Sometimes, seaways are also used for heroin shipments from Turkey. In such cases, heroin usually leaves Turkey from the sea ports of Mersin and Izmir, towards Trieste in Italy, from where it is transferred via highway to other European countries, mainly Holland and the UK.

On the other hand, in the recent years, heroin trafficking via air or rail using couriers is also seen. Moreover, there is an increasing trend in heroin trafficking in small quantities via small motor vehicles such as vans and automobiles.

Sometimes, heroin is exchanged with Captagon or amphetamine, in which case they are first shipped to Bulgaria, and after being stored there for a certain amount of time, are sent off to Balkan and European countries in small batches. (TNP-ASOC Report 2008:20)

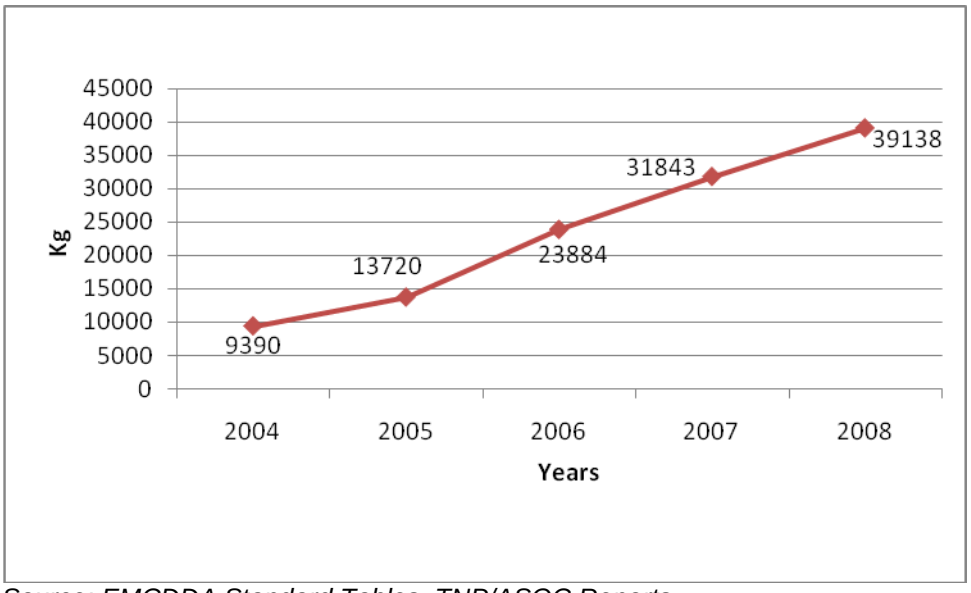
In fact, in order to minimize risk of interception of heroin without exchanging with another drug, heroin is shipped to and stored in safe zones in batches, and then shipped to consumption areas in smaller batches when the time and conditions are right; this method, called the “Two-Step Method” has been in use for a long time. (TNP-ASOC Report 2000:21)

The seizures in Turkey indicate that heroin is trafficked from Iran, by Iranian organizations, into Balkan and European countries, transiting Turkey without any contact with Turkey-based local organizations.

10.3.2. Cannabis and Derivatives

Cannabis seizures in Turkey are increasing every year, just like in heroin. In 2008, a total of 39,138 kg cannabis was seized in Turkey, which represents an increase of 23% compared to the 31,843 kg seized in 2007. (Chart 10-5).

Chart 10-5 : Quantities of Cannabis Seized by Years

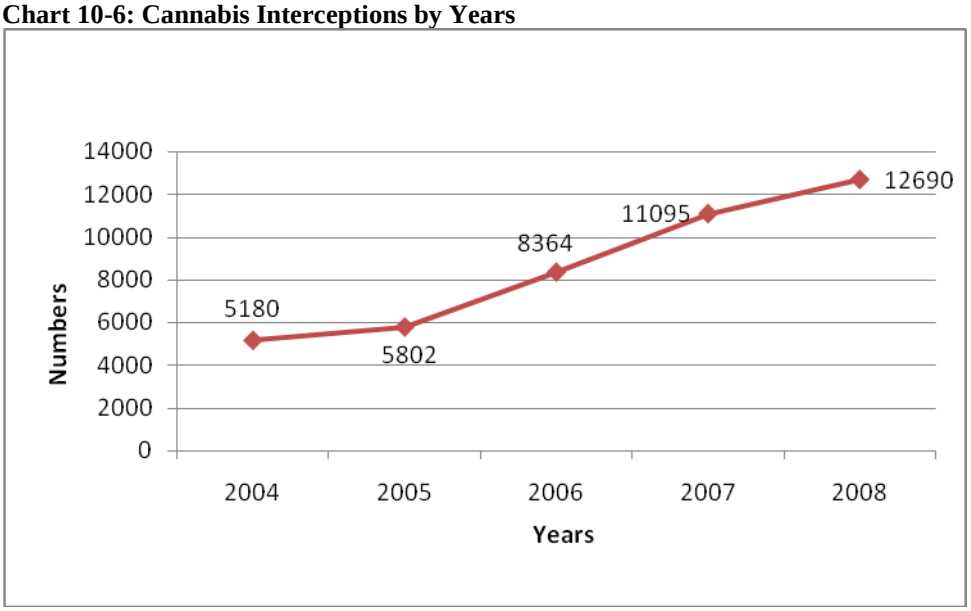


Source: EMCDDA Standard Tables, TNP/ASOC Reports

In terms of cannabis, Turkey is among the countries with the highest cannabis herb seizures in Europe. According to UNODC 2009 World Drug Report, Turkey was among the countries reporting the largest seizures for cannabis herb in 2007, as was in 2006 (UNODC, 2009:99).

A total of 12,690 operations have been made against organizations trafficking cannabis in 2008. This represents an increase by 14.4% compared to the 11,095 operations in 2007 (Chart 10-6).

Chart 10-6: Cannabis Interceptions by Years



Source: EMCDDA Standard Tables, TNP/ASOC Reports

The most important factor affecting the increase seen in the amount of cannabis seizures and cannabis-involving incidents is that cannabis is the most popular substance used in Turkey. On the other hand, the planned operations carried out by the Turkish narcotics units against internal demand since 2006 also play an important role in the increased numbers. Another reason for the post-2006 increase in the demand indicators is the operations carried out.

In Turkey, the most widely used forms are cannabis herb and cannabis resin. While cannabis resin is more popular in the eastern parts of Turkey, cannabis herb is more widely used in the central and western parts. 7916 kg (20.2%) of the cannabis seized in Turkey in 2008 was cannabis resin 8in powder form) while the remaining 79.8% was cannabis herb, the form preferred by domestic users (Standard Table 13, 2009). Looking at the regional situation, it is seen that cannabis resin is more popular in terms of consumption in Iran, Pakistan and Afghanistan. This suggests that the cannabis resin seized in eastern regions of Turkey may be coming from these countries.

Most of the cannabis seizures in Turkey take place in Diyarbakir, Istanbul and Van. In the investigations, it was identified that the cannabis seized in the western parts of the country, such as Istanbul and Izmir are brought to these provinces for sale from Eastern and South-eastern regions of Turkey by drug organizations via various methods.

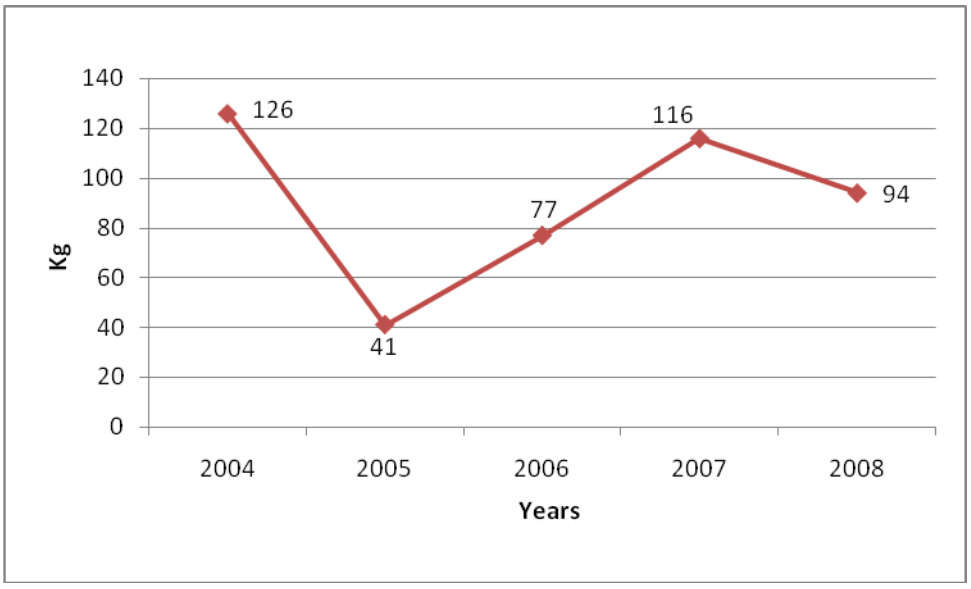
Investigations into cannabis seizures in Turkey reveal that the terrorist organization PKK receives financial support from cannabis trafficking activities. Accordingly, in an incident where 947 kg of cannabis was seized in September 2007 in Van/Başkale, it was identified that the cannabis belonged to a PKK operative and was cultivated to provide financial support to the terrorist organization.

A noteworthy development with regard to cannabis seizures in Turkey was seen in the area controlled by police jurisdiction. Despite a 10.1% increase in 2008 in the number of cannabis operations compared to previous year in the areas falling under police jurisdiction, there has been a 53.1% increase in the quantity of cannabis seized, exceeding 20 tons and reaching 20,575 kg (TNP/ASOC Report 2008:5). Considering that cannabis trafficking from Turkey is almost non-existent and that the cannabis seized in Turkey are almost entirely intended for domestic consumption, this marked increase in cannabis seizure quantities can be interpreted as an indication of an increased use of cannabis in Turkey.

10.3.3. Cocaine

There has not been a significant increase in the amount of cocaine seized in 2008 in Turkey compared to the previous year. In 2008, a total of 94 kg cocaine was seized in Turkey, representing a 19% decrease compared to 2007 (Chart 10-7).

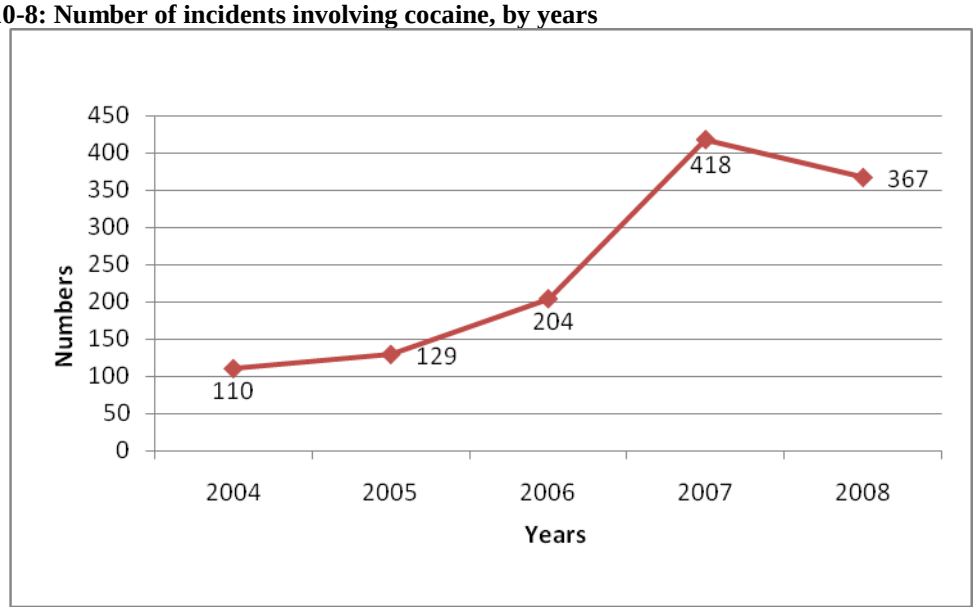
Chart 10-7: Cocaine seizures by years



Source: EMCDDA Standard Tables, TNP/ASOC Reports

In 2008, a total of 367 cocaine operations were carried out, representing a 12.2% decrease compared to 418 operations in 2007 (Chart 10-8).

Chart 10-8: Number of incidents involving cocaine, by years



Source: EMCDDA Standard Tables, TNP/ASOC Reports

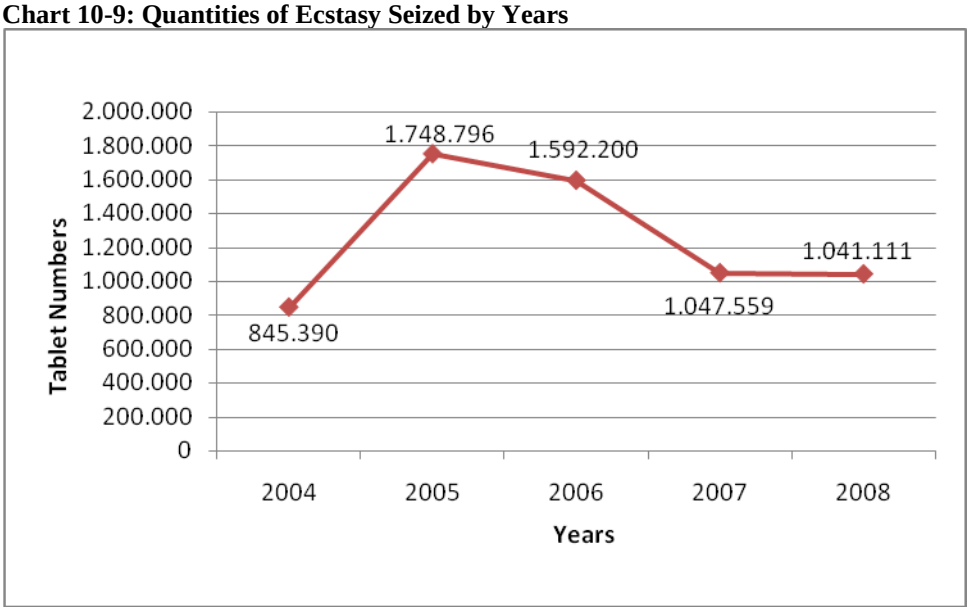
When we look at the cocaine seizures taking place in the police jurisdiction areas of Turkey in 2008, we see that 98% of the seizures were in Istanbul, Antalya, Hatay, Izmir and Mersin. As in the past, most of the cocaine seizures in 2008 was in Istanbul, and 77% of the cocaine seized in Istanbul were seized at the Ataturk Airport, showing that the Istanbul Ataturk Airport is a major entry point for cocaine.

10.3.4. Synthetic Drugs

10.3.4.1. Ecstasy

Ecstasy seizures, which showed an upward trend until 2005, started to fall after that year. In 2008, a total of 1,041,111 ecstasy tablets were seized in Turkey. This represents a 0.6% decrease compared to 2007 (Chart-9).

Chart 10-9: Quantities of Ecstasy Seized by Years

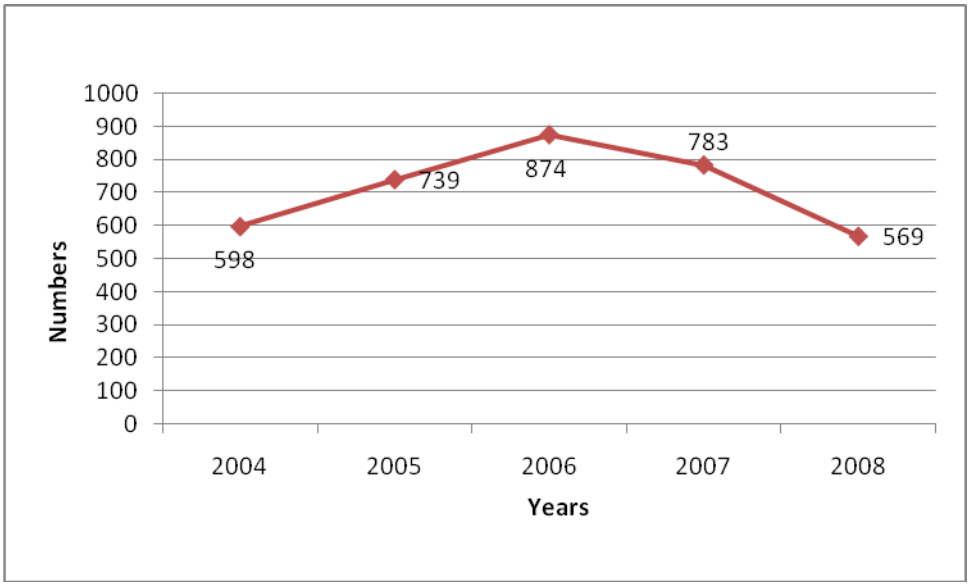


Source: EMCDDA Standard Tables, TNP/ASOC Reports

It is suggested the decrease seen in the amount of ecstasy seized, especially in the recent years, is due to tablets containing McPP as its active ingredient instead of MDMA (3,4 methylenedioxymethamphetamine) being excessively introduced into the market. It is believed that the users cannot get from these tablets the effects they expect from normal ecstasy tablets and that therefore the demand for ecstasy has reduced.

In 2007, 783 operations were made against organizations trafficking ecstasy, while in 20008 the number of operations decreased by 27.3%, to 569 (Chart 10-10).

Chart 10-10: Incidents Involving Ecstasy by years



Source: EMCDDA Standard Tables, TNP/ASOC Reports

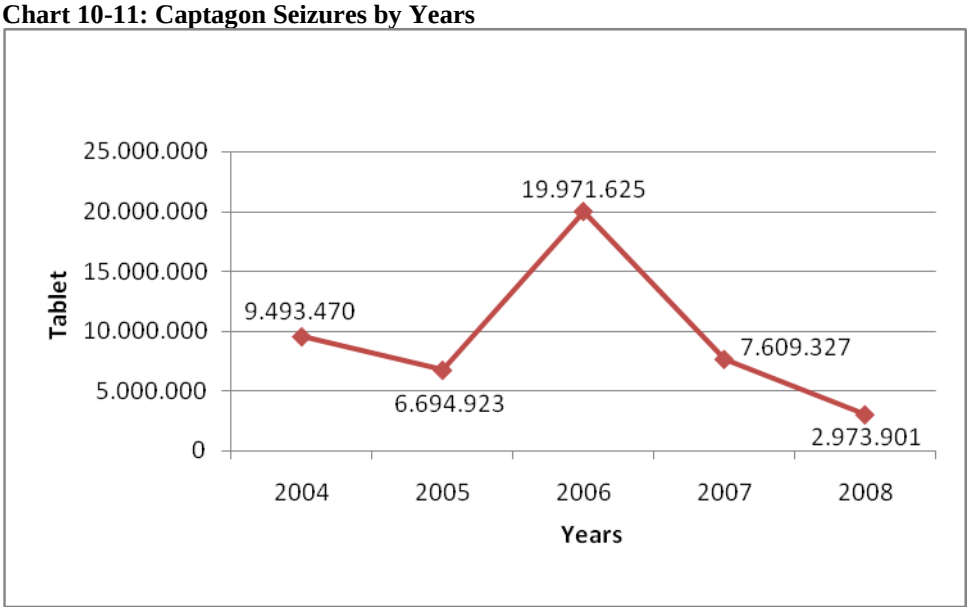
Looking at the structure of crime organizations involved in international ecstasy trafficking i Turkey, the following can be seen:

- The groups are usually Holland-connected and have connections with Turkish nationals involved in trafficking,
- Organizations acquire ecstasy from these groups and coordinate the shipment,
- The group in Turkey coordinates the transfer of ecstasy and in particular arranges the truck drivers, bringing ecstasy into Turkey by hiding them in legal cargo, and then they deliver the tablets to buyers
- It is identified that ecstasy changes hand usually not in Exchange for money but bartered for heroin. hence it is possible to say that organizations trafficking ecstasy also traffic heroin (TNP/ASOC Report 2008:22).

10.3.4.2. Captagon

It is seen that since 2006, Captagon seized in Turkey has been following a declining trend (Chart 10-11). In 2008, a total of 2,973,901 Captagon tablets were seize in Turkey. Compared to the 7,609,327 Captagon tablets seized in 2007, there is a decrease of 60.9%. 72% of the Captagon seized in 2008 (2,145,000) were brought to Turkey from Syria through hiding in legal cargo and seized in Adana on its way to Saudi Arabia. This highlights Turkey's position as a transit country with regard to Captagon.

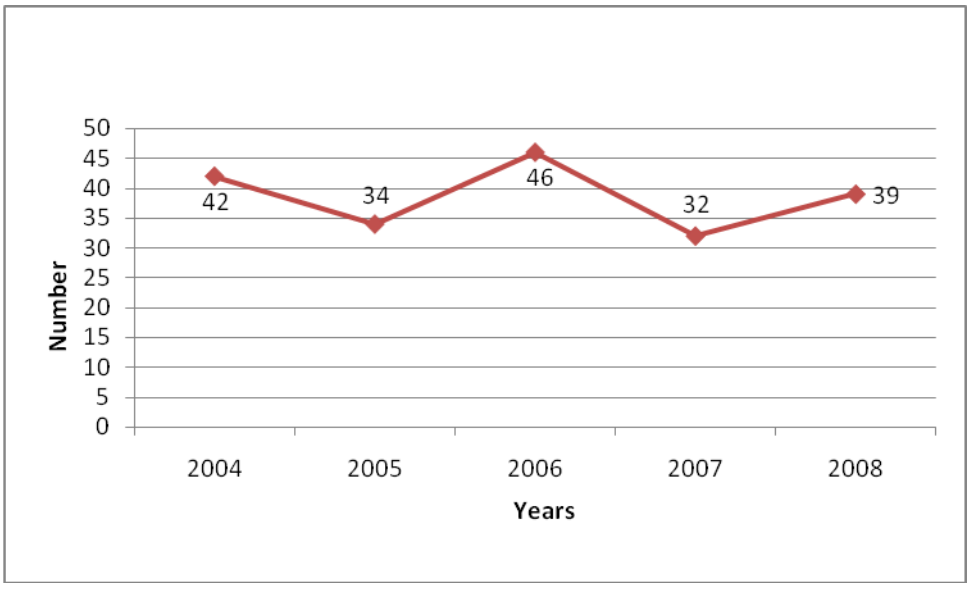
Chart 10-11: Captagon Seizures by Years



Source: EMCDDA Standard Tables, TNP/ASOC Reports

The numnr of operations to intercept Captagon in 2008 increased by 21.8% compared to previous year, with 39 operations (Chart 10-12). The reason for this decrease in seized quantities despite the higher number of operations may be the high-volume seizures that took place with Captagon operations in 2007.

Chart 10-12: Number of Captagon Interventions by Years



Source: EMCDDA Standard Tables, TNP/ASOC Reports

Planned activities carried out by Turkey against Captagon trafficking organizations operation internationally suggest the following:

- Instead of large numbers of small-quantity shipments, they prefer fewer shipments with larger quantities, in an attempt to lessen the risk of interception,
- Instead of regular intervals, they act more covert and cautious, waiting for the best possible time for their shipments,
- They minimize risk by spreading their shipments on a longer schedule,
- They use TIR trucks carrying legal cargo in their shipments to Arab countries,
- In the recent years, organizations from other Balkan and Eastern European countries, mainly Serbia and Bulgaria, also take part in Captagon and amphetamine related crimes (TNP/ASOC Report 2008:20)

10.3.5. Seizures of Precursors of Illicit Drugs

Turkey is on the route that is i the opposite direction to the traditional Balkan Route used for trafficking acetic anhydrite from Europe, where it is produced, to Afghanistan to be used in heroin manufacturing.

There has been a significant decrease in the amount of acetic anhydrite seized in Turkey in the recent years. In 2008, a total of 8,753 litres of acetic anhydride was seized in 8 operations.

Acetic anhydrite enters Turkey generally from the Bulgarian border or from the seaports of Zonguldak and Samsun. It was identified that acetic anhydrite is brought to Turkey by drug trafficking organizations for shipment to South east Asian countries where heroic manufactories are located (TNP/ASOC Report 2008:26)

10.4. International Cooperation

Drug trafficking is an organized and cross-border crime. Organizations build interest-based associations with crime organizations in other countries.

These organizations pass the drugs they procure from production/manufacture points from many countries on the way to drug users and during this process cooperate with drug trafficking organizations located in these transit countries. Considering that drug trafficking organizations cooperate with each other based on their individual interests, it is vital that countries cooperate in their efforts to disrupt these organizations.

International information exchange and cooperation, to which Turkey has always attributed special importance in its efforts to counteract drug trafficking, continued to grow in 2008. A lot of joint operations have been carried out in the recent years, especially with Germany, Austria, Ukraine, Azerbaijan, Romania, Turkmenistan, Bulgaria and Kazakhstan, resulting in seizure of 2 tons of heroin.

As a result of these operations, it was learned that the North Black Sea Route, the existence of which is recognized but which could not be identified or confirmed to be in active use by crime organizations has become the alternative for the Balkan Route and is recently being used actively and effectively by crime organizations. Hence, with regard to trafficking of opiates and derivatives to Europe, the eyes have now been turned towards the North Black Sea Route in addition to the Balkan Route which used to be the single focus of law enforcement units.

In the 2007 World Drug Report of UNODC, it is stated that since 2005, the Balkan Route has partially been losing its significance and that the North Black Sea Route has emerged as the alternative route used by traffickers.

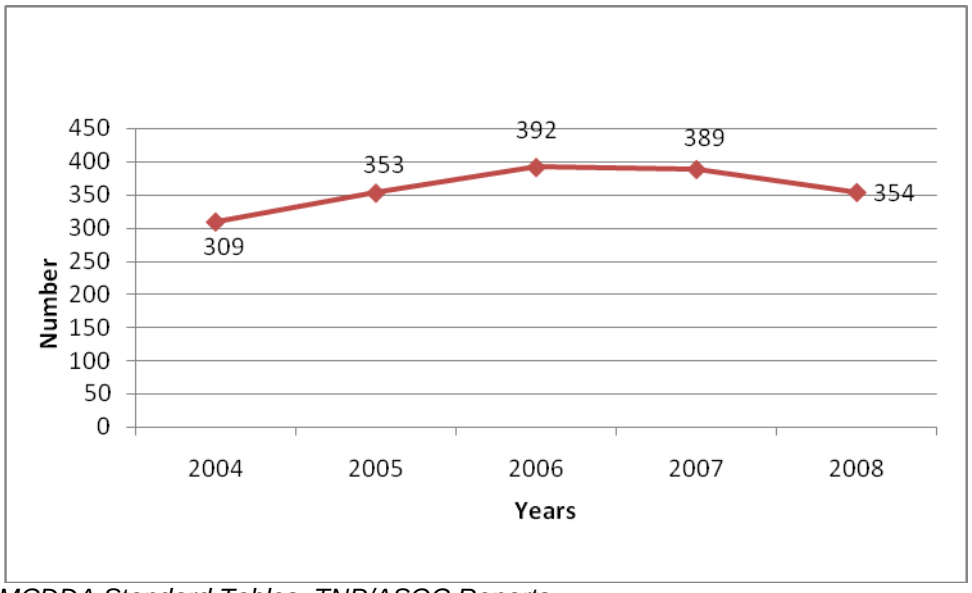
In 2008, bilateral cooperation instruments were signed with Iran, Albany, Azerbaijan, Ukraine and Syria. These documents cover trafficking of narcotic and psychotropic substances. As a result of exchange of intelligence between Turkey and the USA, Germany, Belgium, Bulgaria, France, Holland, the UK, Iran, Spain, Kazakhstan, Hungary, Romania, Saudi Arabia, Turkmenistan and Ukraine in 2008, joint operations were organized not only in Turkey but also in the other cooperating countries.

10.5. Turkish Nationals Apprehended Abroad for Drug-Related Crimes[29]

There has been a decrease in the number of Turkish nationals apprehended abroad for drug-related crimes in the last 5 years. Compared to 2007, there has been a 9% decrease in the number of Turkish nationals apprehended abroad in 2008 (Chart 10-13).

Chart 10-13 : Number of Turkish Nationals Apprehended Abroad by Years

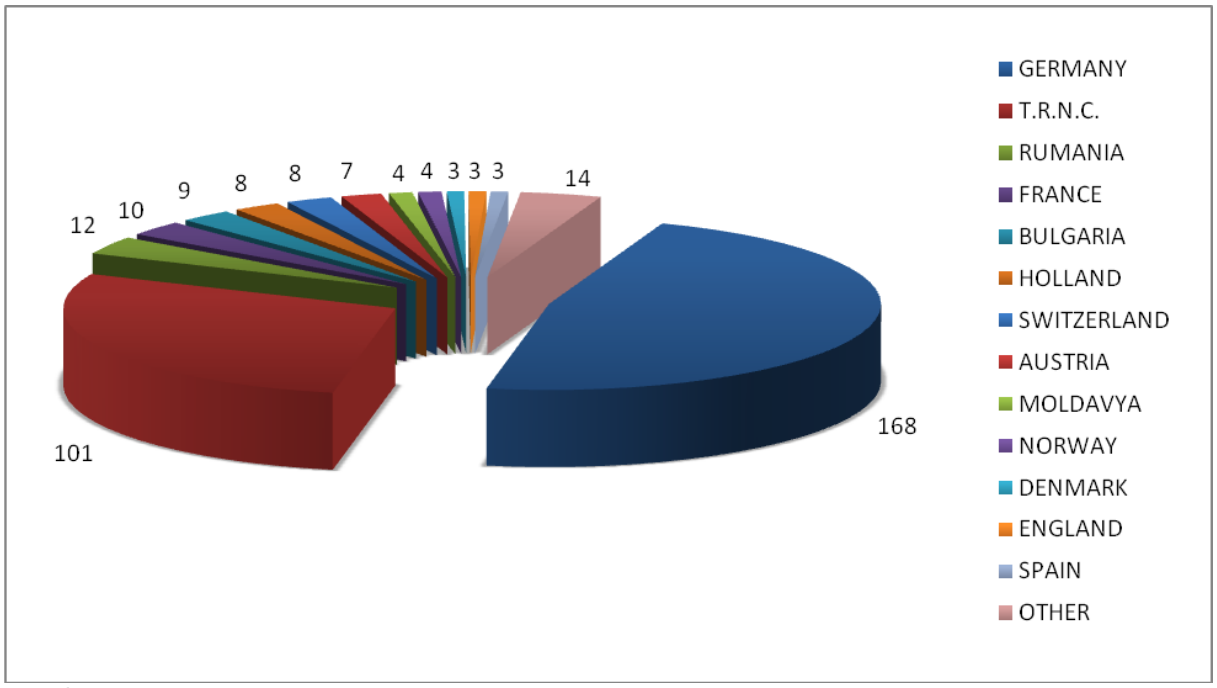
[29] Data included in this section have been taken from the 2008 Report of the TNP/ASOC Department.



Source: EMCDDA Standard Tables, TNP/ASOC Reports

Individuals with Turkish nationality have been apprehended in 24 countries in 2006, 27 countries in 2007 and in 23 countries in 2008 due to drug-related crimes (Chart-14). From these figures, it is understood that the organizations in which Turkish nationals operate have not expanded their operational areas in the recent years.

Chart 10-14 : Number of Turkish Individuals Apprehended for Drug-Related Crimes Abroad, and the Apprehending Countries



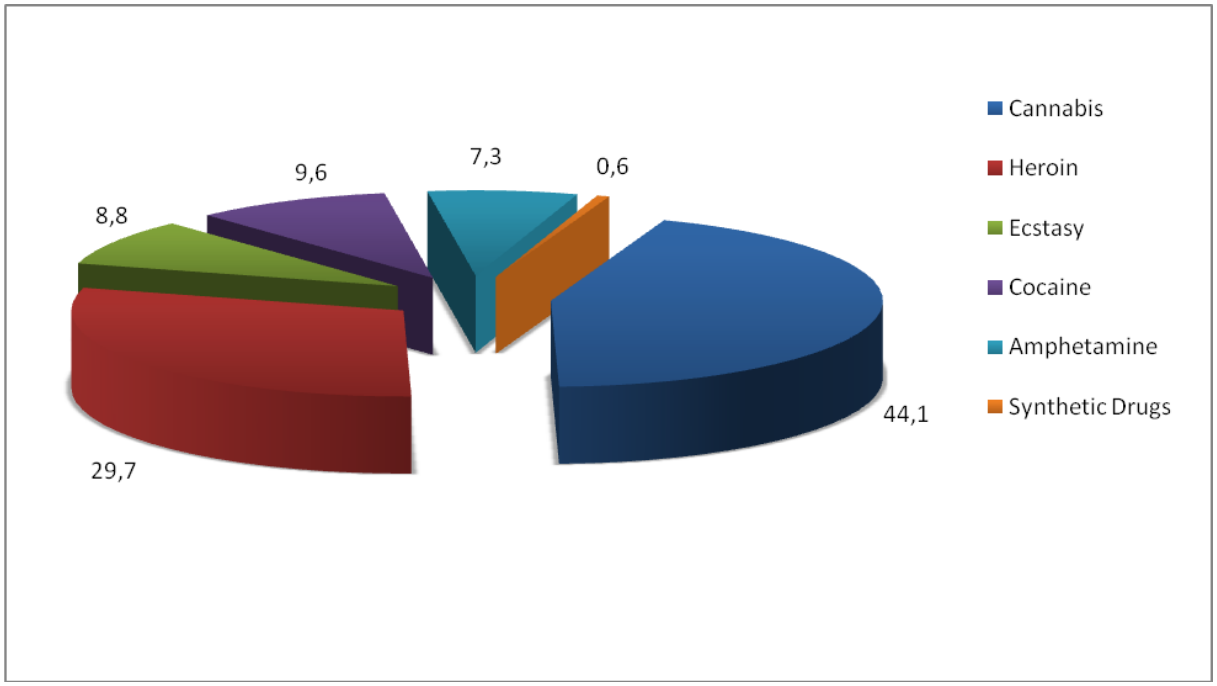
Source: TNP/ASOC Report, 2008:40

It is seen that Turkish nationals are apprehended mostly in the countries where there is a concentrated Turkish population. Accordingly, most of the apprehensions in 2008 took place in Germany and the Turkish republic of Northern Cyprus, as was in 2007.

With regard to the 220 operations in which Turkish nationals were involved, 42.7% involved cannabis, 29.1% involved heroin, 14.1% involved cocaine, 7.3% involved amphetamine, 6.4% involved ecstasy and 0.5% involved synthetic drugs.

In 2008, a total of 354 Turkish nationals were apprehended abroad for drug-related crimes; 44.1% with cannabis, 29.7% with heroin, 8.8% with ecstasy, 9.6% with cocaine, 7.3% with amphetamine and 0.6%' with synthetic drugs (TNP/ASOC Report 2008:38) (Chart 10-15).

Chart 10-15 : Substance Types Involved in Interceptions Resulting in Apprehension of Turkish Nationals Abroad



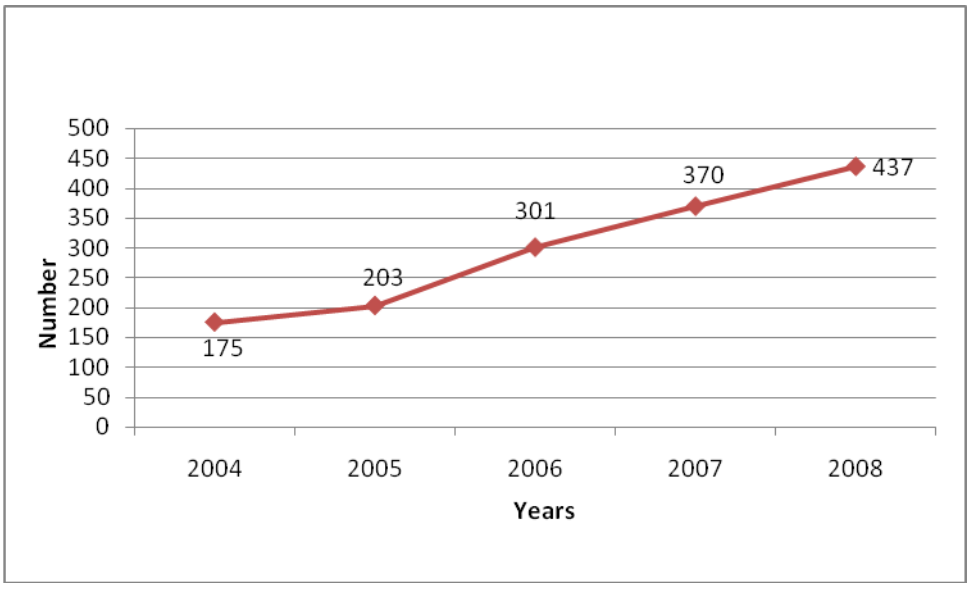
Source: TNP/ASOC Report 2008

10.6. Foreign Nationals Apprehended in Turkey for Drug-Related Crimes[30]

There has been a steady increase in the number of foreign nationals apprehended in Turkey for drug-related crimes in the last 5 years. Compared to 2007, there has been a 18.3% increase in the number of foreign nationals apprehended in Turkey in 2008.

Chart 10-16 : Number of Foreign Nationals Apprehended in Turkey due to Drug-Related Crimes

[30] Data included in this section have been taken from the 2008 Report of the TNP/ASOC Department.



Source: TNP/ASOC Report, 2008:35

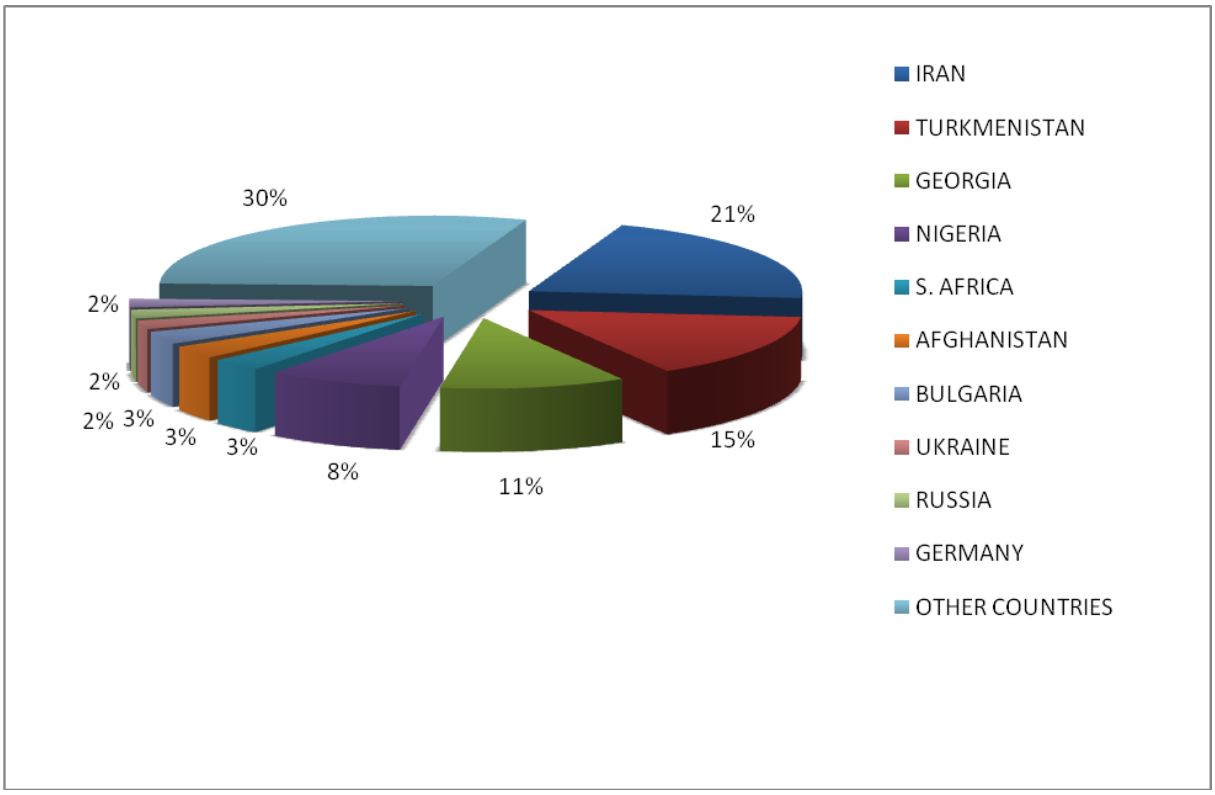
It is considered that the increase in the number of foreign nationals apprehended in Turkey due to drug related crimes is the increased number of couriers intercepted and the close cooperation between international heroin traffickers and Turkish crime organizations.

The increase in the number of foreign nationals apprehended in Turkey against whom legal procedures have been started is accompanied by an increase in the number of countries of origin. In 2005 and 2006 judicial procedures were started against 44 foreign national, and 47 foreign nationals in 2007, this increased to 62 in 2008.

325 operations were carried out in 2008 in which foreign nationals were apprehended; 52.6% of them were against heroin traffickers, 21.2% cocaine, 18.2% cannabis, 4% opium, 0.6% synthetic drugs, 0.9% ecstasy, 0.9% amphetamine, 1.2% Captagon and 0.3% against acetic anhydrite traffickers.

As in every year, the highest number of foreign nationals apprehended for drug related crimes in Turkey in 2008 were from Iran, followed by Turkmenistan and Georgia (Chart 10-17).

Chart 10-17: Foreign Nationals Apprehended in Turkey for Drug-related Crimes, broken down by their countries of origin



Source: TNP/ASOC Report, 2008:38

In 2008, 437 foreign nationals were apprehended, 55.4% with heroin, 17.8% with cocaine, 16% with cannabis, 6.9% with opium, 1.1% with Captagon, 0.7% with ecstasy, 0.7% with amphetamine, 0.2% with acetic anhydrite and 1.1% with synthetic drugs. This shows clearly that the foreign nationals apprehended in Turkey for drug-related crimes are involved mostly in the trafficking of heroin, cocaine and cannabis.

10.7. Price and Purity

10.7.1. Prices at Street Level

One of the strongest motivators of drug trafficking is the considerable price difference between production areas and consumption areas. Drug prices double at every stop they make on the long route from the place of production to its final place of consumption.

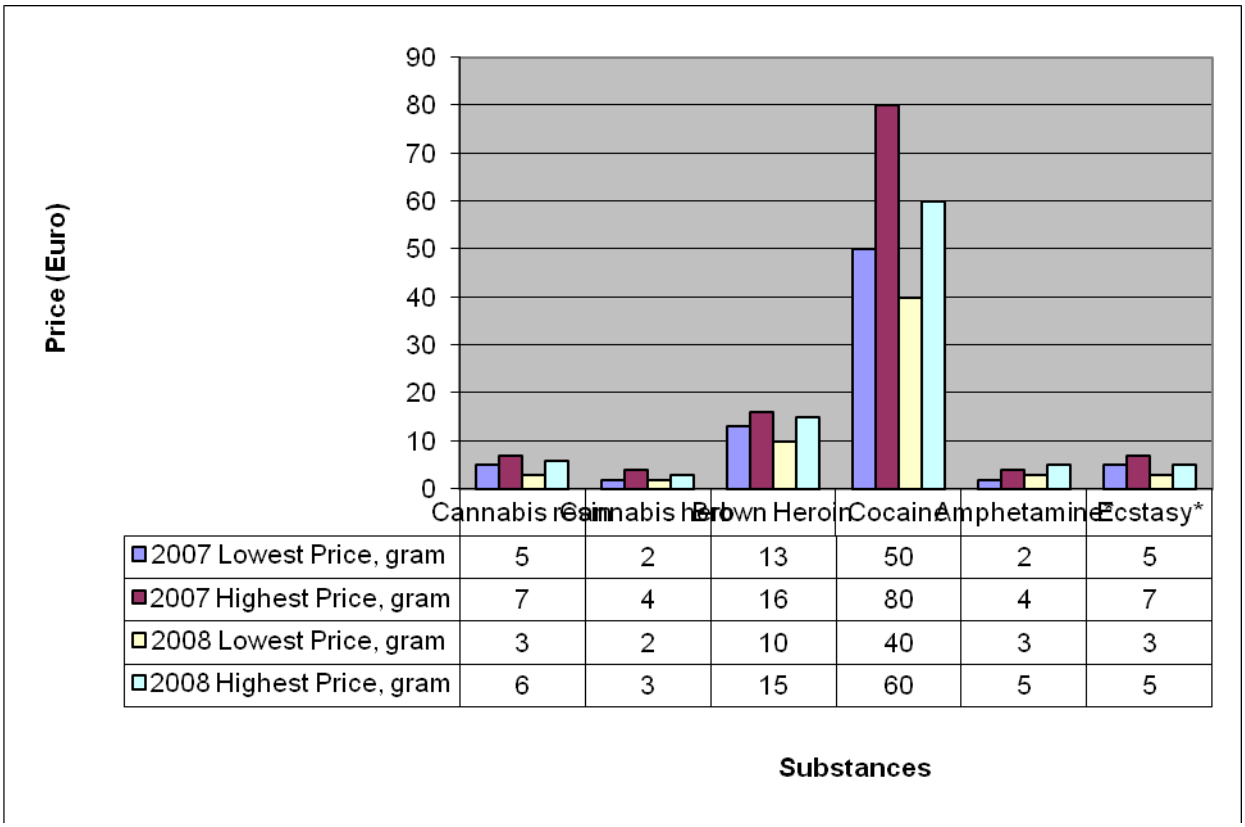
The bulk of all opiates produced in Afghanistan is destined for consumption in the neighbouring Islamic Republic of Iran, Pakistan, Central Asian countries and, to a lesser extent, India. These markets are, in fact, larger (about 5 million users) than the opiate market in West and Central Europe (about 1.4 million). The opiate markets in Western Europe are, however, financially more lucrative. Therefore, opiates also leave Afghanistan via Iran and Pakistan along the Balkan route towards Western Europe (UNODC, 2009:44).

The street prices of drugs were compiled from data collected by relevant law enforcement working in the field. To this end, drug prices are queried and compiled through structured forms submitted every six months by the relevant law enforcement units throughout the country. Also, prices reported by suspects apprehended during drug interceptions and prices

identified through covert operations are also notified to TNP/ASOC Department, under which the National Focal point also operates.

It is observed that there is a decrease in the price of cannabis herb and resin in Turkey, compared to the previous year. A 20% decrease is also seen in the low end price of heroin compared to previous year, and a decrease of 25% in the high end prices. It is seen that the situation is much the same with regard to Brown heroin, with slightly lower prices compared to previous year.

Chart 10-18: Drug Prices (gr/tablet)



	Cannabis resin	Cannabis herb	Brown Heroin	Cocaine	Amphetamine*	Ecstasy*
2007 Lowest Price, gram	5	2	13	50	2	5
2007 Highest Price, gram	7	4	16	80	4	7
2008 Lowest Price, gram	3	2	10	40	3	3
2008 Highest Price, gram	6	3	15	60	5	5

Source: EMCDDA Standard Tables (ST 16)

10.7.2. Purity

In Turkey, substance purity is estimated based on the seizures made by law enforcement units. Analyses of seized substances reveal that there is a tangible rise in the lower limit purity of cannabis resin compared to the previous year in terms of % of THC (Delta-9-tetrahydrocannabinol), with the lower limit purity of 2.48 of 2007 going up to 5.87 in 2008. On the other hand, in cannabis herb, a 0.05% decrease is seen in the lower limit main active ingredient (THC) compared to 2007.

As to Brown heroin, is was seen that lower limit is 1.10% while higher limit is 86.60%. When it comes to street level heroin, lower limit is 1% and upper limit is 15%. The low lower limits for heroin shows the high amount of solids in the substance.

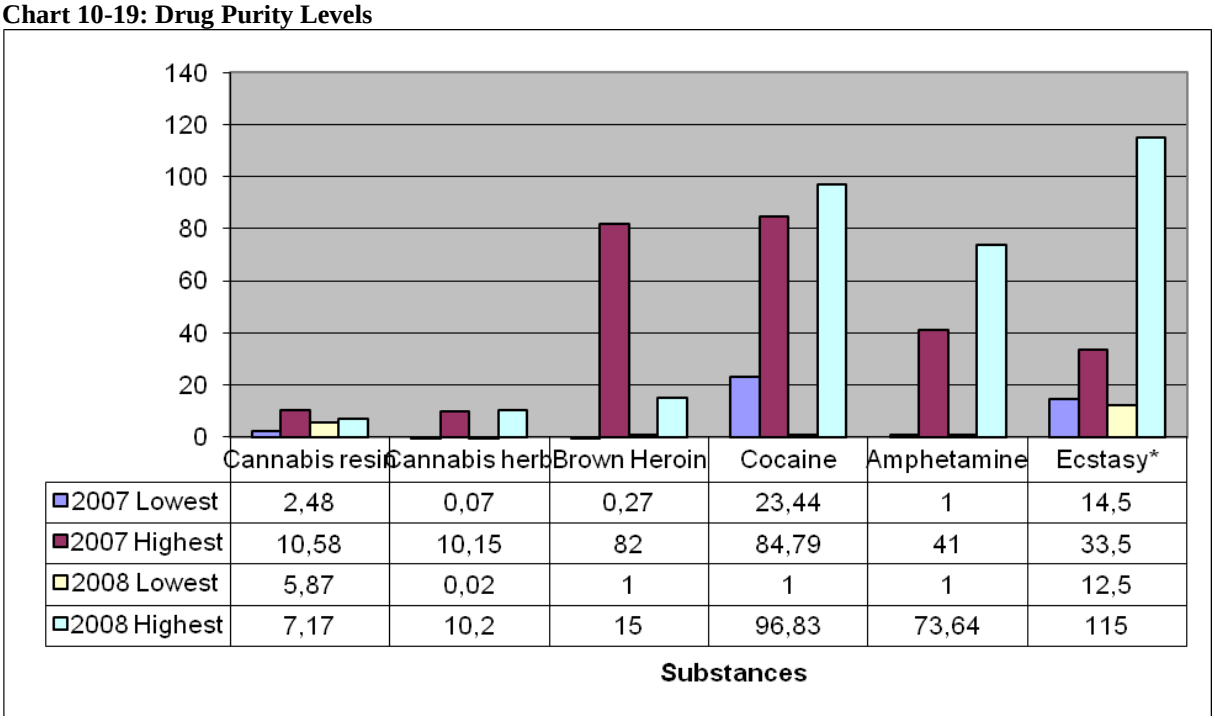
* Tablet price for amphetamine and ecstasy.

Looking at the purity levels of cocaine, a fall is seen in lower values and an increase in upper values, compared to 2007.

As regards the purity levels of amphetamine, an increase is seen in the higher value compared to 2007 while the lower value remains the same.

Data on Ecstasy show that the quantity of the active ingredient MDMA is 115 mg per tablet or unit in 2008.

Chart 10-19: Drug Purity Levels



	Cannabis resin	Cannabis herb	Brown Heroin	Cocaine	Amphetamine	Ecstasy*
2007 Lowest	2,48	0,07	0,27	23,44	1	14,5
2007 Highest	10,58	10,15	82	84,79	41	33,5
2008 Lowest	5,87	0,02	1	1	1	12,5
2008 Highest	7,17	10,2	15	96,83	73,64	115

Source: EMCDDA Standard Tables (ST 14)

The important difference between the low end and top end purity levels stems from the fact that the analyses were made on substances seized on route transiting Turkey.

Data on the substances used in narcotic tablets show that in 252 records made in 2007, 23% composed of MDMA, 73% amphetamine, 1% MDMA and Amphetamine, 1% other substances and 2% miscellaneous substances; while 3053 tablets recorded in 2007 revealed 43% MDMA, 25.79% amphetamine, 1.2% MDMA and amphetamine, 0.1% other substances and 30.11% miscellaneous substances as ingredients.

The miscellaneous substances accounting for 30.11% in 2008 included Clonazepam, Biperidine, BZP, mCPP. Other than these, in 2008 tablet contents included caffeine, teophylin, amitriptyline and Propranolol as substances reducing purity levels.

* MDMA ratios were expressed in % before 2008. In 2008, the MDMA per tablet is expressed in terms of weight (mg). This is why an increase is seen.

PART B[31]
SELECTED ISSUES

1. CANNABIS

1.1. Introduction

Cannabis, the most popular recreational drug used in the world, is also the most popular illegal addictive substance in Turkey. According to UNODC resources, illicit hemp cultivation takes place in 172 countries around the world. Suitable for cultivation in many climate and soil conditions, hemp can sometimes also be cultivated illegally in Turkey. On the other hand, Turkey is among the countries allowing legal hemp production for industrial purposes with cultivation lands limited and designated in line with the "Regulation on Cultivation and Control of Cannabis/Hemp" [32]published in the Official Gazette dated 21/10/1990 and numbered 20672.

Table B-1: Provinces Authorized for Legal Hemp Cultivation in 2008

No	Province	No	Province
1	Amasya	11	Samsun
2	Antalya	12	Sinop
3	Burdur	13	Tokat
4	Çorum	14	Uşak
5	İzmir	15	Urfa
6	Kastamonu	16	Yozgat
7	Kayseri	17	Rize
8	Kütahya	18	Zonguldak
9	Malatya	19	Bartın
10	Ordu	20	Karabük

Source: http://www.mevzuat.adalet.gov.tr/html/20855.html "Regulation on Cultivation and Control of Hemp" Article 5.

1.2. Use Prevalence

There are no regular use studies through which the changes in Cannabis use in Turkey can be monitored. In 2003, ESPAD (European School Survey Project on Alcohol and Other Drugs) was carried out only in six provinces. The survey done on 4182 respondents revealed the following:

Substances reported to have been used in the last 12-month period by the students were as follows: cannabis for more than 3%, volatile substances for more than 2%. Drug use among males is higher compared to females. Cannabis use rates for the last 30 days was 2%.

[31] Section prepared by Mustafa PINARCI (TUBİM President).
[32] http://www.mevzuat.adalet.gov.tr/html/20855.html "Regulation on Cultivation and Control of Hemp" Article 5.

In the survey, students were asked if they could access drugs easily if they wished. Most of the students (17%) said that volatile substances were easy to gain access to, followed by anabolic steroids and ataractics in terms of easy access (9%). These were followed by cannabis, amphetamines and ecstasy.

When asked about their thoughts on the risks of using drugs, more than half of the students said regularly smoking marihuana or cannabis, using cocaine or crack and injecting drugs and using volatile substances carry great risks.

With regard to estimated drug use among friends and siblings, the students reported their friends mostly used cannabis herb and resin. 6% reported that their siblings used cannabis herb, ataractics or ecstasy.

Among drug users, the drugs of first use are cannabis, ataractics or sedatives. When asked how they find drugs, students said they share within the group. Those who said their siblings used cannabis reported they also experienced cannabis.

Easily available illicit substances are one of the most important indicators of experimental use among adolescents. 80% of the students said they did not know where to get cannabis, while mostly girls (12%9 and also some boys (9%) said one can easily find cannabis at bars or discos. Streets, parks, dealer's house (each 4%) and the school (3) were the other places where students thought they could easily buy cannabis.

In 2008, 52.6% of the clients receiving inpatient addiction treatment were opiate addicts, 29.6% were cannabis addicts and 9% were volatile substance addicts. There is an upwards movement in the number of applications for cannabis addiction treatment, since 2006. In 2004, clients treated for cannabis addiction accounted for 23.1% of all clients treated for addiction, while the same ratio was 36.7% in 2006 and 29.6% in 2008. The main reason for this increase is believed to be the treatment and probation system which was introduced in 2006. However, a proportional decrease is seen in 2008. It is believed the reason for this slight decrease is that cannabis users prefer outpatient treatment to inpatient. (Treatment records are kept only for inpatient clients) Before 2006, cannabis users were reluctant to apply to treatment on their own volition, whereas after 2006, they are referred to treatment Centers on a voluntary basis as an alternative to incarceration by judicial authorities after being apprehended by law enforcement units. When asked how they use drugs, 34.3% reported they use it with tobacco.

In a survey published in 2008 by MoJ CTEGM, respondents were asked questions about drug availability in prisons. 76% of the respondents said it was impossible to get access to drugs in prison, 7% said it was very difficult and 9% said it was very easy (MoJ CTEGM, 2008)

The survey conducted in 2008 by TUBİM on voluntary addicts against whom judicial procedures were started at police units reached 1830 individuals. According to the survey, cannabis was the most popular substance among respondents, with 83% reporting it as their primary substances. The use percentages for other illicit substances were as follows: 9% heroin and 4% ecstasy. When asked where they get their drugs, 42% said they buy it from strangers, 38% from a friend, and 7% reported cultivating their own weed. The places where the respondents use substances were reported as follows: 40% in their own homes, 39% at abandoned buildings, 5% at bars and other entertainment venues. users said they use the substance mostly together with tobacco. 83 % of the respondents said they first started by smoking cigarettes, while 3% reported cannabis was their first illegal substance.

In 2007, multiple drug use draws attention in most of the drug-related death incidents. Autopsies of drug-related deaths revealed that in 20 of "47 death cases, cannabis was

consumed together with other substances (Turkey National Report, 2008: 42-43). In 2008, 159 drug-related deaths were identified, 9 of which involved cannabis.

1.3. Available Forms of Cannabis in the Turkish Market

Cannabis use and its street form varies from region to region. In Eastern Anatolia and a part of South-eastern Anatolia, cannabis is resin is found more widely, while in other regions cannabis herb (marihuana) is more popular. According to information received from narcotics police in various provinces and the TUBIM provincial focal points, there are also differences in the way cannabis users define cannabis herb and resin. It is seen that users use cannabis resin (powdered) in different forms called “mühür” (seal), “topuk” (heel), “plaka” (plate). However, the most popular mode of consumption is by rolling cannabis herb with tobacco.

Though rarely, cannabis may also come to Turkey from Afghanistan, Pakistan, Syria and Lebanon. These are usually in solid block form, with a pasty consistency and dark colour.

1.4. Price and Purity

There are no scientific researches carried out at regular intervals with regard to the purity of Cannabis in Turkey. While purity tests are carried our at police and gendarmerie laboratories on heroin, cocaine, ecstasy, amphetamine etc, there are no cannabis purity tests (THC) for judicial purposes. However, the Narcotic Substance Analysis Laboratory of the General Command of Gendarmerie has been authorized to conduct analyses to determine the origins of narcotic and psychotropic substances in Turkey in accordance with Law no. 2313 on Control of Narcotic Drugs and the Regulation pertaining to the implementation thereof. Through the analyses carried out at said laboratory, the cannabinoids (THC, CBN and CBD) quantities in cannabis are identified; in the samples from 2008, the lowest THC level was identified as 0.02%, the highest THC level 10.20% and the average THC level was identified as 3.45%.

A major difference was not identified between the cannabis prices of 2007 and 2008. In 2007 and 2008, cannabis prices were as shown in Table B-2. As can be seen in the table, despite the increase in cannabis seizures and suspects apprehended for cannabis-related crimes, there was only a small decrease in cannabis prices in 2008.

Table B-2: Cannabis prices for 2007 and 2008

	2007		2008	
	Lowest (€)	Highest (€)	Lowest (€)	Highest (€)
Cannabis herb(1 gram)	2	4	2	3
Cannabis resin (1 gram)	5	7	3	6

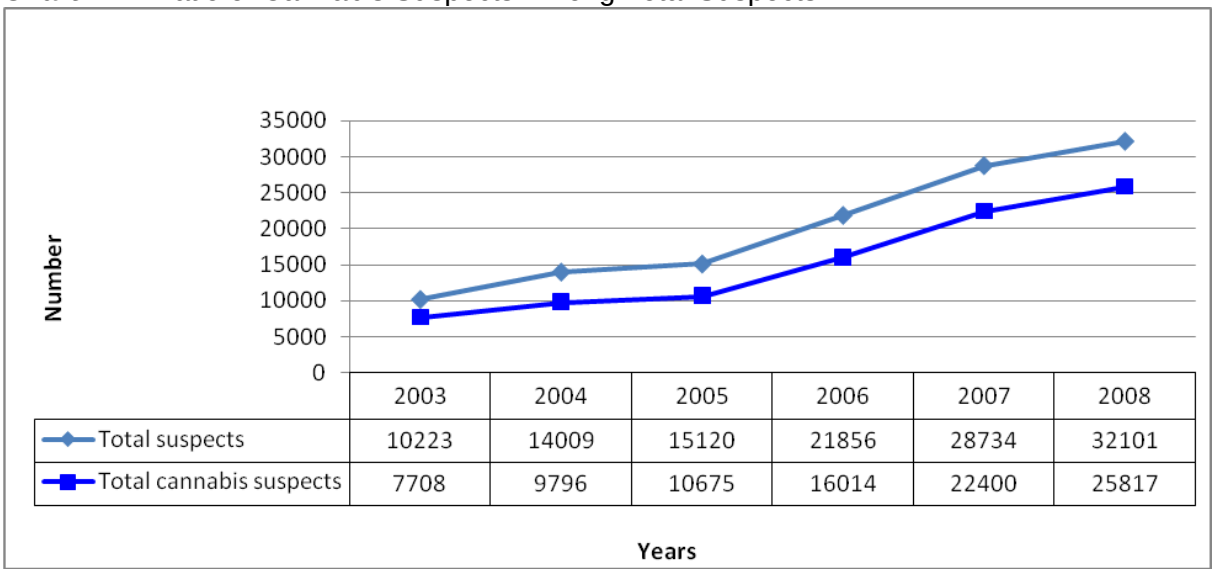
1.5. Availability

Cannabis is the most common narcotic substance in Turkey. Cannabis users supply their needs generally from outside environments and a small group from home-grown cannabis. Purchase and sale of hemp seeds is not under control in Turkey. This has a negative effect on the law enforcement units ‘combat against cannabis availability.

There has been a steady increase in the quantity of cannabis seizures by law enforcement units in the recent years. One of the reasons for this increase is the increased counteracting capacity of the law enforcement units. Another reason may be a probable increase in the

number of users, since there has been a significant increase in the number of suspects apprehended due to cannabis-involved incidents. According to the TNP/ASOC Department, the number of total suspects and the number of suspects in cannabis-involving incidents for the last 6 years have increased as shown in Chart B-1.

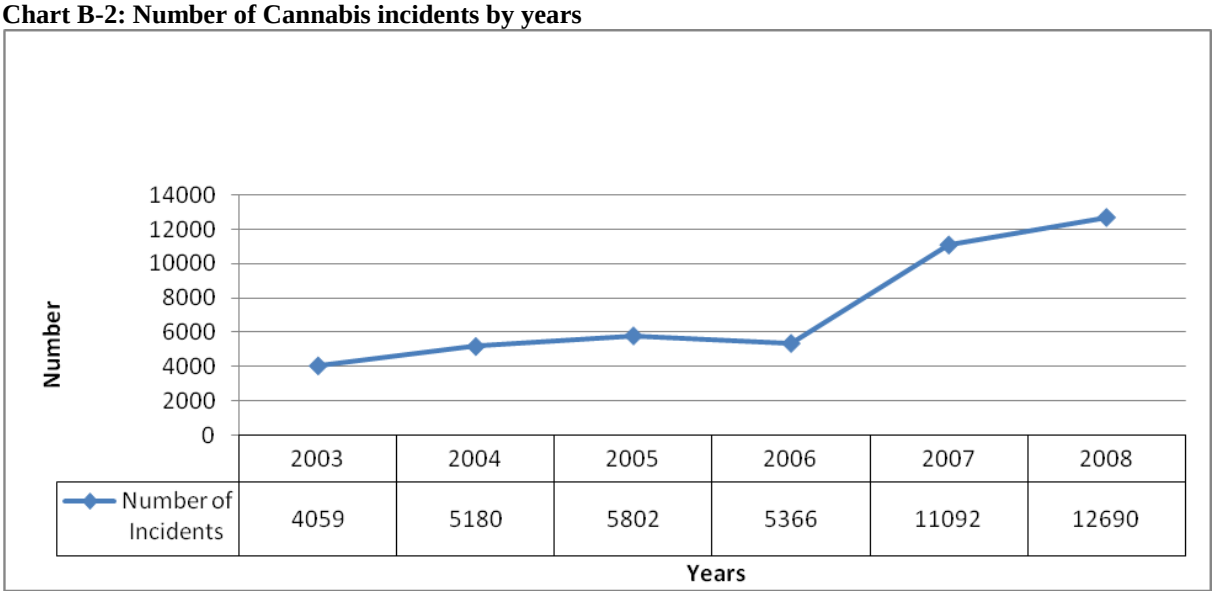
Chart B-1: Ratio of Cannabis Suspects Among Total Suspects



	2003	2004	2005	2006	2007	2008
Total suspects	10223	14009	15120	21856	28734	32101
Total cannabis suspects	7708	9796	10675	16014	22400	25817

Source: EMCDDA Standard Tables, TNP/ASOC Reports

Chart B-2: Number of Cannabis incidents by years

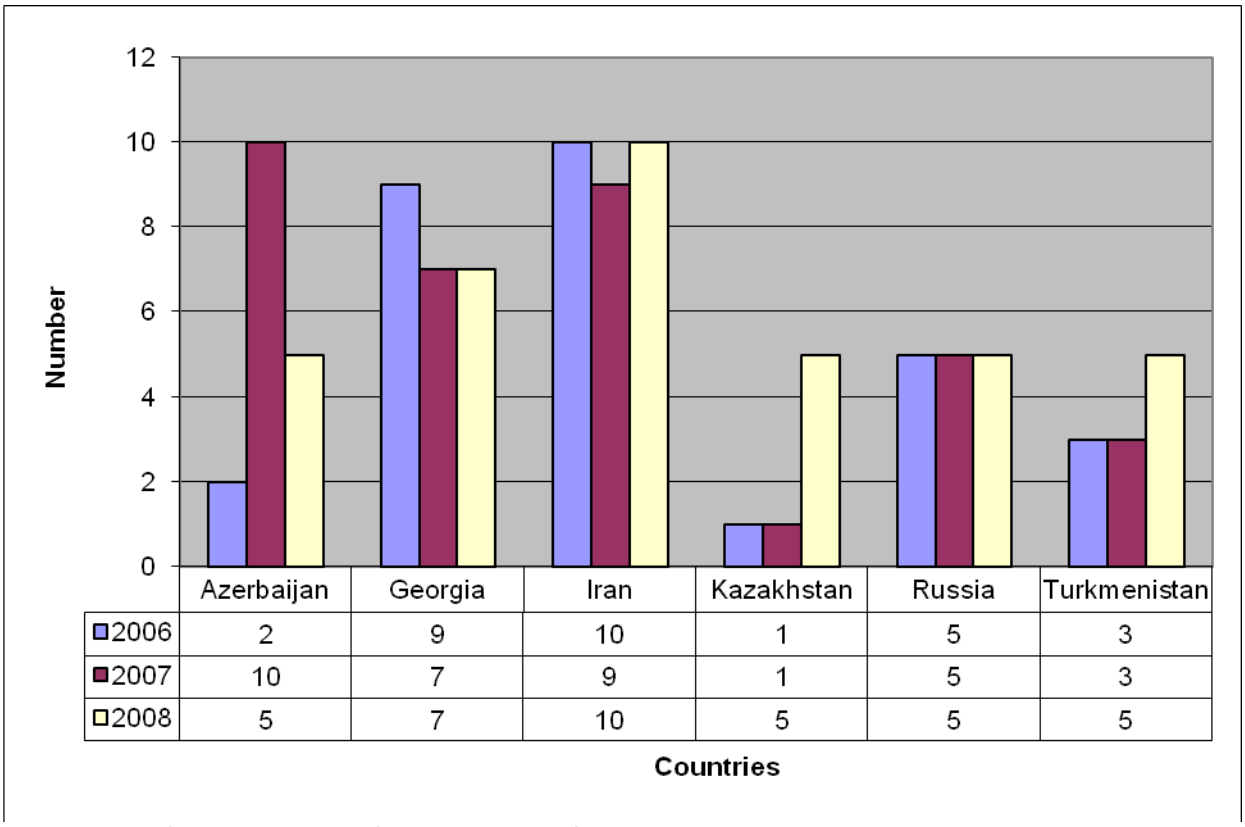


	2003	2004	2005	2006	2007	2008
Number of Incidents	4059	5180	5802	5366	11092	12690

Source: EMCDDA Standard Tables, TNP/ASOC Reports

Trafficking of Cannabis into Turkey is seen, although not frequently. Sometimes foreign nationals are also apprehended dye to cannabis-related crimes, including trafficking, possession or using. Chart B-3 gives a breakdown of foreign nationals apprehended for cannabis crimes in the last 3 years.

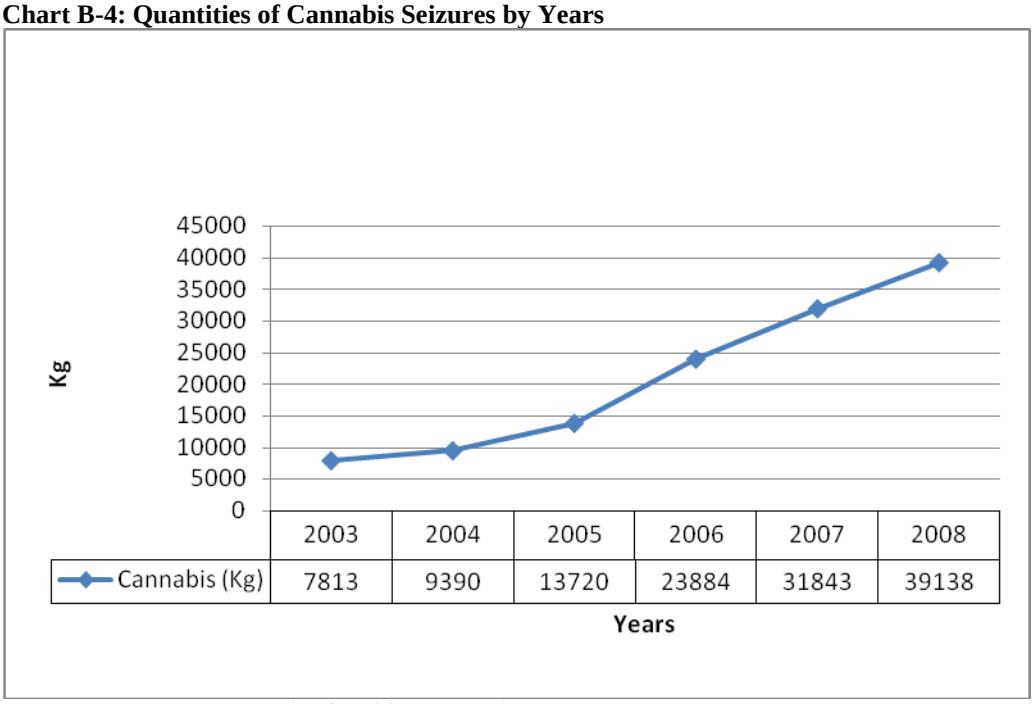
Chart B-3: Foreign Nationals Involved in Cannabis Incidents in Turkey



Source: TNP/ASOC Reports (2006-2007-2008)

Significant Increases in Cannabis Seizures

Chart B-4: Quantities of Cannabis Seizures by Years



Source: EMCDDA Standard Tables, TNP/ASOC Reports

1.6. Law

There is not a dedicated law for cannabis in Turkey. Cannabis is regulated in articles 188-192 of the TPC, like all the other drugs. However, in Article 188 paragraph 1, 2, 3 and 4, while penalty is increased by ½ in cases where the substance that is the subject of a crime is heroin, morphine or cocaine, no penalty increases are foreseen for cannabis.

Law no. 2313 on Control of Narcotic Drugs bans cultivation of hemp for the purpose of producing cannabis (art. 3), and introduces licence requirements for hemp production for other purposes (art. 23/1); the law regulates unlawful or unlicensed hemp cultivation as separate crimes (art. 23/4).

To facilitate the implementation of this law, the "Regulation on the Implementation of Law no. 2313 on Control of Narcotic Drug" which consists of 27 articles was issued.

The Regulation on Cultivation and Control of Hemp, published in the Official Gazette dated 21.10.1990, mainly regulates the following:

1- Definition of hemp, fibre, seed (art. 4).
2- Provinces and districts where hemp can be cultivated (art. 5).
3- Authority of the Ministry of Agriculture to expand or narrow the hemp cultivation areas (art. 6).
4- Format and conditions relevant to applications for hemp cultivation permit (art. 7); granting cultivation permit (art. 8); sample petition for applying for hemp cultivation permit; sample for certificate of hemp cultivation permit.
5- Control of hemp cultivation (art. 9–13).

In drug seizures, informants and confiscators are paid a bonus in accordance with the "Regulation on Payment of Bonus to Informants and Confiscators in Cases of Seizure of Smuggled Items Under the Anti Smuggling Law no.5607" arranged as per article 23 of the Anti-Smuggling Law no 5607. The amount and payment mode of such bonus is also governed in the same regulation.

In Turkey, use of alcohol and/or narcotic-stimulant substances in traffic is prohibited via Law no 2918 on Highway Traffic, article 48 paragraph 6., and article 97 of the Regulation on Highway Traffic. However, although alcohol tests are administered on drivers, there are no tests for narcotic and stimulant drugs yet.

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TABLES

FIGURES

CHARTS

ANNEXES

ANNEX-1: LIST OF LEGISLATION THAT DRAW THE LEGAL FRAMEWORK FOR EFFORTS UNDERTAKEN ON A NATIONAL LEVEL WITH REGARD TO DRUGS AND DRUG ADDICTION IN TURKEY

1909 Shanghai Opium Convention,

1912 The Hague Opium Convention,
(in which drugs were classified under different categories and described individually, and decisions related to controlling production, import and export of drugs were taken)

1925 Geneva Opium Convention
(Adopts the principles and descriptions included in the Hague Convention, and led to the establishment of an effective system to control international trading of narcotic substances)

1931 Geneva Opium Convention,

1936 Geneva Convention,
(for the Suppression of the Illicit Traffic in Dangerous Drugs)

1948 Paris Protocol,
(on Synthetic Drugs)

1953 New York Opium Protocol ,
(for Limiting and Regulating the Cultivation of the Poppy Plant, the Production of, International and Wholesale Trade in, and Use of Opium)

1961 United Nations Single Convention on Narcotic Drugs *(The Convention was ratified via Law no.812 dated 27/12/1966, and Turkey's participation in the Convention was decided via the Resolution of the Council of Ministers dated 14/02/1967 and no 6/7732; the text of the Convention was published in the Official Gazette dated 12/05/1967 and numbered 12596),*

1971 United Nations Convention on Psychotropic Substances *(Published in the Official Gazette dated 07.03.1981 and numbered 17272),*

1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances *(Published in the Official Gazette: 25.11.1995 / 22474),*

Turkish Penal Law no. 765

Law no. 984 on Stores Selling Toxic and Effective Chemical Substances Used in Pharmaceutical Firms, Arts and Agriculture

Law no. 1262 on Pharmaceutical and Medical Preparations,

Martial Law no. 1402,

Law no. 2313 on Control of Narcotic Drugs,

Constitution of the Republic of Turkey no. 2709 (Article 58/2),

Law no. 2559 on the Duties and Powers of the Police,

Law no. 2659 on the Council of Forensic Medicine,

Law no. 2692 on the Turkish Coast Guard Command,

Law no. 2803 on the Organization, Duties and Powers of the Gendarmerie,

Highway Traffic Law no. 2918

Turkish Radio and Television Law no. 2954,

Law No. 3201 on Security Organization

Law No. 3298 on Narcotic Substances, Regulation no. 88/12850 and Resolution of the Council of Ministers no 87/11703,

Anti-terrorism Law no. 3713,

Law no. 3984 on the Establishment of Radio and Television Enterprises and their Broadcasts,

Law no. 4207 on the Prevention of Harmful Effects of Tobacco Products,

Law no. 4208 on the Prevention of Money Laundering,

Law no. 4320 on the Protection of the Family,

Customs Law no. 4458,

Civil Law no 4721,

Law no. 4810 on the Council of Forensic Medicine,

Law no. 5584 on Postal Services,

Law no. 5607 on Anti-smuggling,

Turkish Penal Law no. 5237,

Code of Criminal Procedures no. 5271,

Law no. 5275 on the Execution of Penal and Security Measures,

Law no. 5326 on Misdemeanours,

Child Protection Law no. 5395,

Law no. 5402 on Establishment of the Probation and Help Centres and Protection Boards,

Law no. 5549 on Prevention of Laundering of Proceeds from Crime,

Law no. 5651 on Control of Publications on the Internet and Combating Crimes Committed Throught These Publications,

Law no. 5726 on Witness Protection,

Law no. 5898 on protection of Human Health from the Harmful Effects of Volatile Substances,

Law no. 6197 on Pharmacies and Pharmacists,

Resolution of the Council of Ministers on the Principles Concerning Purchase, Sale, Production, Export and Import of Narcotic Substances *(O.G.: 17/05/1987)*

By-Laws on the Administrative and Judicial Duties of the Coast Guard Command,

Regulation on the Implementation of Court Decisions on Protective and Supportive Measures in accordance with the Child Protection Law,

Regulation on Pharmacy Warehouses and Products Handled in Pharmacy Warehouses,

Regulation on the Implementation of Law no. 4208 on Money Laundering,

Regulation on the Working Principles and Procedures of the Coordination Board for Combating Financial Crimes,

Regulation on Controlled Deliveries and related Implementation Principles and Procedures,

Regulation on the Organization, Duties and Powers of the Gendarmerie,

Regulation on Cultivation and Control of Cannabis,

Regulation on Cultivation, Control, Harvesting, Production, Consumption, Sale, Export and Import of Hashish,

Regulation on Probation and Help Centres and Protection Boards,

Implementing Regulation on Chemicals Subject to Control,

Regulation on Substance Addiction Treatment Centres,

Regulation on Free Zones,

Regulation on Improving Driver Behaviours,

Communiqué on Standardization in Foreign Trade and Import Regime

Communiqué on the Training and Certification of Personnel Working at Substance Addiction Centres,

ANNEX-2: LIST OF DEPUTIES ON THE PARLIAMENTARY RESEARCH COMMISSION ON DRUGS

No	Office	Name Surname	Province
1	Chair	Necdet ÜNÜVAR	Adana MP
2	Deputy Chair	Hasan KARA	Kilis MP
3	Spokesperson	Rüstem ZEYDAN	Hakkari MP
4	Secretary	Mehmet ERDOĞAN	Gaziantep MP
5	Member	Vahit KİLER	Bitlis Milletvekili
6	Member	Hasan ÖZDEMİR	Gaziantep MP
7	Member	Yaşar AĞYÜZ	Gaziantep MP
8	Member	Yahya DOĞAN	Gümüşhane MP
9	Member	Mehmet DOMAÇ	İstanbul MP
10	Member	Ahmet ERSİN	İzmir MP
11	Member	Canan ARITMAN	İzmir MP
12	Member	Musa SIVACIOĞLU	Kastamonu MP
13	Member	Gönül BEKİN ŞAHKULUBEY	Mardin MP
14	Member	M. Nuri YAMAN	Muş MP
15	Member	Lütfi ÇIRAKOĞLU	Rize MP
16	Member	Reşat DOĞRU	Tokat MP

ANNEX 3: AGENCIES AND ORGANIZATIONS INVOLVED IN DEMAND REDUCTION, TREATMENT AND REHABILITATION AND SUPPLY REDUCTION

Agencies and Organizations involved in Demand Reduction, Treatment and Rehabilitation:

- Ministry of Justice (Directorate General for Prisons and Detention Houses, Department of Probation and Assistance Services),
- Ministry of National Education (General Directorate of Special Education, Guidance and Counselling Services, Department of Education Research and Development, Department of Physical Education, Sports and Scouts),
- Ministry of Health (General Directorate of Pharmacy and Pharmaceuticals, Presidency of the Refik Saydam Hygiene Centre, General Directorate of Curative Services, General Directorate of Primary Health Care Services),
- Ministry of Industry and Trade,
- Turkish Statistical Institute,
- Ministry of Labour and Social Security,
- General Directorate for Youth and Sports,
- Social Services and Child Protection Agency,
- Presidency of Religious Affairs,
- Directorate General for Family and Social Studies,
- Directorate General of the Turkish Radio and Television Corporation,
- Turkish Radio and Television Supreme Council,
- The Council of Higher Education of the Republic of Turkey,
- Municipalities of Greater Ankara and Istanbul,
- Substance Abuse Prevention Association (UMUD)..

Agencies and Organizations involved in Supply Reduction:

- Ministry of Justice (The Council of Forensic Medicine)
- Ministry of Interior (Turkish National Police –Anti-Smuggling and Organized Crime Department, Department of Criminal Police Laboratories)
- Ministry of Interior (General Command of Gendarmerie –Anti-Smuggling and Organized Crime Department, Department of Criminal Police Laboratories)
- Ministry of Interior (Turkish Coast Guard Command)
- Undersecretariat of Customs (Directorate General of Customs Enforcement)
- Ministry of Health (General Directorate of Pharmacy and Pharmaceuticals)
- Ministry of Agriculture and Rural Affairs (Turkish Grain Board)

ANNEX-4 : PROVINCES PREPARING PROVINCIAL ACTION PLANS AND SETTING UP PROVINCIAL COORDINATION COMMITTEES IN LINE WITH THE NATIONAL ACTION PLAN

NO	PROVINCES WITH ACTION PLANS AND COORDINATION COMMITTEES		PROVINCES WITH ONLY ACTION PLANS		PROVINCES WITH COORDINATION COMMITTEES ONLY	
	Province	**Executing Agency**	**Province**	**Executing Agency**	**Province**	**Executing Agency**
1	Afyonkarahisar	Provincial Education Directorate	Bingöl	Provincial TNP Directorate	Adıyaman	Provincial TNP Directorate
2	Aksaray	Provincial TNP Directorate	İzmir	Provincial TNP Directorate	Ağrı	Provincial Health Directorate
3	Amasya	Provincial TNP Directorate	Siirt	Provincial TNP Directorate	Burdur	Provincial Health Directorate
					İstanbul	Provincial Health Directorate
4	Aydın	Provincial Health Directorate				
5	Balıkesir	Provincial TNP Directorate			Karaman	Provincial Education Directorate
6	Bartın	Provincial Health Directorate			Muğla	Provincial Education Directorate
7	Bilecik	Provincial Education Directorate			Ordu	Provincial Health Directorate
8	Bolu	Provincial Health Directorate				
9	Bursa	Provincial TNP Directorate				
10	Çorum	Provincial Education Directorate				
11	Denizli	Provincial TNP Directorate				
12	Diyarbakır	Provincial Health Directorate				
13	Düzce	Provincial Health Directorate				
14	Edirne	Provincial TNP Directorate				
15	Elazığ	Provincial Health Directorate				
16	Erzincan	Provincial Health Directorate				
17	Erzurum	Provincial Health Directorate				
18	Eskişehir	Provincial TNP Directorate				
19	Gaziantep	Provincial Health Directorate				
20	Gümüşhane	Provincial Health Directorate				
21	Hatay	Provincial TNP Directorate				
22	Iğdır	Provincial Health Directorate				
23	K.Maraş	Provincial Health Directorate				
24	Karabük	Provincial Health Directorate				
25	Kastamonu	Provincial Education Directorate				

26	Kayseri	Provincial Education Directorate				
27	Kırıkkale	Provincial Health Directorate				
28	Kırklareli	Provincial Education Directorate				
29	Kütahya	Provincial Health Directorate				
30	Muş	Provincial Education Directorate				
31	Nevşehir	Provincial TNP Directorate				
32	Niğde	Provincial TNP Directorate				
33	Osmaniye	Provincial Health Directorate				
34	Rize	Provincial Health Directorate				
35	Sakarya	Provincial TNP Directorate				
36	Tekirdağ	Provincial TNP Directorate				
37	Sinop	Provincial Health Directorate				
38	Tokat	Provincial Health Directorate				
39	Trabzon	Provincial Health Directorate				
40	Tunceli	Provincial Health Directorate				
41	Uşak	Provincial TNP Directorate				
42	Yozgat	Provincial Education Directorate				
43	Yalova	Provincial TNP Directorate				
44	Van	Provincial Health Directorate				

ANNEX-5: FOREIGN AND TURKISH LIAISON OFFICERS

Foreign Liaison Officers in Turkey

Country	Number
USA	6
Germany	2
German Customs Officer	1
Albany	1
Belgium	3
Bka	1
Bulgaria	1
China	1
Denmark	1
France (Internal Security Deputy Attaché)	1
France (Org.Crime Lia. Of.)	2
Holland	1
UK	3
UK Customs Liaison Officer	1
Iran	1
Spain	1
Israel	1
Sweden	1
Italy	1
Japan	1
Hungary	1
Norway	1
Pakistan	1
Russia	1
S. Arabia	2
Ukraine	1
Greece	1

Turkish Liaison Officers Abroad

Country	Number
Denmark	1
Austria	1
Italy	1
France	2
Holland	1
Belgium	1
UK	1
Romania	1
Azerbaijan	1
Uzbekistan	1