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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

2010 NATIONAL REPORT (2009 data) TO THE EMCDDA
by the Reitox National Focal Point

TURKEY
New Developments, Trends and in-depth information on selected issues

REITOX

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ABBREVIATIONS

AIDS : Acquired Immune Deficiency Syndrome
AMATEM : Research, Treatment and Training Centre for Alcohol and Substance Addiction
ASAGEM : Directorate General for Family and Social Studies
ASOC : Anti-Smuggling and Organized Crime
ATS : Amphetamine-Type Stimulant
BİDEM : Computer-Aided Learning Centre
BZP : 1-Benzyl piperazine
CRA : Capture-Recapture Analysis
CRM : Capture-Recapture Method
CTEGM : Directorate General of Prisons and Detention Houses
ÇEMATEM : Research, Treatment and Training Centre for Substance Addiction in Children and Adolescents
DEA : Drug Enforcement Administration
EAH : Training and Research Hospital
EMCDDA : European Monitoring Center for Drugs and Drug Addiction
EMEA : European Medicines Agency
ESPAD : European School Survey Project on Alcohol and Other Drugs
EU : European Union
EUROPOL : European Police Office
EWS : Early Warning System
GCG : General Command of Gendarmerie
GEM : Safe Recreational Settings
GSGM : General Directorate for Youth and Sports
HBV : Hepatitis B Virus
HCL : Hydrochloric acid
HCV : Hepatitis C Virus
HDA : Huntington's Disease Association
HIV : Human Immunodeficiency Virus
IDU : Injecting Drug User
IDU : Injecting Drug User
ILO : International Labour Organisation
INCB : International Narcotics Control Board
IPA : Instrument for Pre-Accession Assistance
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

KHK : Decree Having the Force of Law

LAAM : Levo-Alpha Acetyl Methadol,

LSD : D-lysergi: : Lysergic acid diethylamide

MAKEP : Project to Develop a Training Program to Protect Against HIV/AIDS

MASAK : Financial Crimes Investigation Board

mCPP : meta-Chlorophenylpiperazine

MDMA : 3,4 methylenedioxymethamphetamine

MoLSS : Ministry of Labour and Social Security

MONE : Ministry of National Education

NGO : Non-Governmental Organization

OECD : Organisation for Economic Co-operation and Development

OMKÖP : Project to Prevent Substance Abuse at Schools

OSEP : School Bus Drivers Training Project

PANDORA : Preventing Transfer of Substances via Cargo

PDU : Problem Drug Use

PPD : Pharmaceutical Product Development

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

SPO : State Planning Organization

STI : Sexually Transmitted Infections

SYDGM : General Directorate of Social Assistance and Solidarity)

SYDV : Social Assistance and Solidarity Foundation

TADOC : Turkish International Academy Against Drugs and Organized Crime

TAIEX : Technical Assistance Information Exchange Unit

TGNA : Turkish Grand National Assembly

THC : Delta-9-tetrahydrocannabinol

TİMKEP : Project to Prevent Substance Abuse via Theatre

TİSK : Turkish Confederation of Employer Associations

TNP : Turkish National Police

TPC :Turkish Penal Code

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
UNICEF : The United Nations Children's Fund
UNODC : United Nations Office on Drugs and Crime
USA : United States of America
USAK : International Strategic Research Organization
UZEM : National Poison Center
WHO : World Health Organization
YİBO : Boarding Regional Primary Education School
YÖK : The Council of Higher Education

SUMMARY

Drug Use Prevalence in the General and Young Populations

Identification of the drug use prevalence and clarification of the picture in the country via questionnaires and surveys are of great significance for the preparation of counteraction strategies and determination of intervention principles. However, data on drug use prevalence in the young population in our country are still limited to the survey carried out in 2003 in 6 provinces and to the study conducted by the Parliament in 2007. In order to meet this need, a new questionnaire has been developed with the support of TUBİM Scientific Committee with regard to a school survey at national level in the young population. In the near future, this questionnaire will be implemented nationwide. On the other hand, a regional study has been carried out in Istanbul in 2010 to calculate drug use rate in schools and lifetime cannabis use has been found to be 3.3%, while cocaine 1%, amphetamine 1.4% and ecstasy 1.6%.

A similar situation applies to the identification of the drug use prevalence in the general population. General Population Survey Working Group has accelerated its work for the implementation of this survey. These efforts have gained impetus in the framework of the Twinning Project. Within this scope, a pilot GPS has been implemented in Ankara in 2010 and sedative/tranquiliser use without a prescription has been found to be 4.9%, while cannabis use has been calculated at 0.8%.

Prevention

Treatment and harm reduction interventions for drug addicts are belated interventions in a way. At this point, prevention, which can be also named as the interventions to be made before the person becomes an addict, gains significance. The most comprehensive universal and selective prevention interventions in Turkey are being implemented under the leadership of TUBİM's Provincial Focal Point staff. Interventions by the municipalities are also in increasing trend. It is expected that these interventions be implemented or increased in number by mainly the Social Security and Child Protection Agency (SHÇEK), the Ministry of Health and Ministry of National Education all over the country. As a result of the 2,028 activities conducted by the provincial focal point staff of Focal Point in 2009, a total number of 388,666 persons were given training on awareness-raising against drug addiction.

Problem Drug Use

PDU is defined as "injecting drug use or long-term/regular use of opioids, cocaine and/or amphetamines/methamphetamines". In 2009, the number problem drug users in Turkey was estimated for the first time by using multiplier method. In this regard, multiplier has been adapted to Turkey by using as a reference the results of a study conducted in Europe (Bargagli et al. 2005) and the number of PDUs has been estimated to be between 25,500 and 36,500.

Drug Addiction Treatment and Treatment Demand

Treatment of drug addiction in Turkey is carried out in AMATEMs and psychiatry clinics of public hospitals operating under the Ministry of Health or in the treatment units of the university hospitals operating under the faculties of medicine of the universities, in centres established under public-university partnership and in private centres. Treatment costs are covered under the general health insurance.

In the total number of 22 treatment centres affiliated to the MoH, universities and private sector, there are 509 beds and the total number personnel working in all these centres is 259. The total number of patients asking outpatient treatment in alcohol and drug addiction treatment centres in 2009 is 106,093. The number of patients that have received inpatient treatment is 2,594. 92.68% of these are male and 6.13% are female. The average age of those receiving treatment has been found to be 28.61. The age of the youngest user is 11,

whereas the oldest user is 65 years old. Individuals under treatment are primary and secondary school graduates at 65.2%.

When the profiles of the 2,594 inpatient treatment clients as per the drugs that they use are examined, 56.67% are heroin users, followed by 25.64% cannabis and 10.10% solvents/inhalants. Others substances are cocaine with 2.27%, benzodiazepines with 1.73%, ecstasy with 1.27% and other drugs with 0.77%.

Furthermore, buprenorphine+naloxan (suboxone) preparate was licensed in 2009 and its use has started as of 2010 in drug addiction treatment.

Infectious Diseases

In line with the data prepared by the MoH General Directorate of Primary Healthcare Services, a total of 6 HIV cases reported in 2009, who are all male in the 20-44 age group, indicated that the possible route of transmission is IV drug use.

Additionally, in 2009, there were 1457 Hepatitis C cases and 4385 Hepatitis B cases reported in Turkey. However, the number of individuals with Hepatitis B or Hepatitis C who are IDUs is not known.

Drug-related Deaths

In 2009, 153 direct DRDs were detected in Turkey. Individuals that dies abroad but autopsied in Turkey are not included in this number.86.9% (133) of the cases are male and 13.1% (20) are female. When the distribution of direct drug-related deaths by age groups is examined, it is seen that there are 7 deaths in the 15-19 age group, 18 deaths in the 20-24 age group, 31 deaths in the 25-29 age group, 28 deaths in the 30-34 age group, 22 deaths in the 35-39 age group, 19 deaths in the 40-44 age group, 14 deaths in the 45-49 age group; 5 deaths in the 50-54 age group, 4 deaths in the 55-59 age group; 2 deaths in the 60-64 age group and 1 death in 65+ age group while no deaths were reported in 15- age group.

When direct drug-related deaths are examined according to provinces, it is seen that 77 of the death cases were in Istanbul, 18 in Antalya, 9 in Gaziantep, 8 in Adana, 5 in Kocaeli, 4 each in Van, 3 each in Afyonkarahisar, İskenderun, Konya, Malatya and Mersin, 2 each in Ağrı, Düzce, Kilis and Elazığ, and 1 each in Ankara, Burdur, K.Maraş, Muğla, Kayseri, Sakarya, Tekirdağ, Yalova and Yozgat. It was also established that the deaths occurred only in 24 provinces and the highest mortality rate is in Istanbul (50.3%), followed by Antalya (11.8%) Gaziantep (5.9%) and Adana (5.2%).

Crime Dimension

Drug-related offences which were 15,433 in 2008, and 46,816 cases were detected in 2009. These figures refer to offences with seizure. It is wrong to perceive this increase in appearance as if the number of the number of offences really increased. Different than previous years, in the calculation of the total number of drug offences around Turkey in 2009 and the number of suspects apprehended in these offences, not only the counter-narcotics units, but also all other drug offences intercepted by all other police units have been included in the calculation. From this year on, the database of Main Command and Control Centre Department (AKKM Department) where the data of all police units are collected is taken as a basis.In 2009, 2,714 heroin offences, 42,860 cannabis offences, 428 cocaine offences, 411 ecstasy offences and 73 Captagon offences occurred.

Methampetamin seized for the first time in 2009 for the transit to South-East Asian Countries.

National Security Forces have apprehended 807 persons, who were found to be linked not only to PKK/Kongra-Gel terrorist organization but also to ASALA, TKP/ML and DHKP/C terrorist organizations, in a total number of 359 drug trafficking operations realized since 1984.

According to the data from the study conducted by TUBİM, monthly income level of 60,6% of drug users in Turkey is below 1000 TL. This situation and the high prices of narcotics/stimulants push users to commit different type of crimes. In order for the prevention of domestic drug use and access to drugs at street level, 437 planned-operations were carried out in 2009 against domestic drug cartels and 5,425 individuals were arrested and handed in to the judicial authorities only by the Turkish National Police ASOC Dep. and its units.

Legal Situation

Some legal arrangements in 2009 are as follows: National Strategy Document Against Organised Crimes (2010-2015); Law no 5918 on Bringing Amendments to Turkish Penal Code and Certain Legislation; Law no. 3984 on the Establishment and Broadcasts of Radio Stations and Television Channels; National Rural Are Implementation Plan; Regulation on Landroad Transportation.

Within the scope of the Early Warning System (EWS), controlling and banning process has been launched on Bonzai (JWH-018); Khat Plant (Catha Edulis) and 2C-B from Phenethylamine, for which there are no legal restrictions currently.

The agreement on the accession of Republic of Turkey to the EMCDDA signed between the European Union and Republic of Turkey in 2007 is waiting for ratification in the Turkish Parliament.

The Twinning Project on the Strengthening the Turkish National Monitoring Centre for Drugs and Drug Addiction covering 2009-2011 period still continues under the coordination of TNP Anti-Smuggling and Organised Crime Department.

National Drugs Strategy and Coordination

Turkey's "2006-2012 National Policy and Strategy Document on Counteracting Addictive Substances and Substance Addiction" is still in effect. On the other hand, the provision of the Action Plan showing the implementation principles and details of this document has expired as of 2009. A comprehensive evaluation report has been prepared following the expiration of the Action plan.

The evaluation of the Action Plan has shown that 16 out of 47 actions under the title of Supply Reduction were successful, 8 unsuccessful and 23 partially successful. On the other hand, out of 83 actions under the title of demand reduction, 23 were successful, 12 unsuccessful and 43 partially successful. 30 out of 34 agencies (87%) have contributed to this evaluation practice carried out at national level.

As of the end of 2009, National Coordination Committee continued its meetings and convened 8 times in total. High-level participation from agencies, institutions and NGOs in active the field of drugs was observed. Furthermore, the Scientific Committee also convened regularly in 2009, which makes recommendatory decision for the National Coordination Committee.

As of 28 October 2010, 72 provinces out of the total 81 throughout the country have worked on Provincial Coordination Committees and/or Provincial Action Plans.

PART A

NEW DEVELOPMENTS AND TRENDS

SECTION 1

DRUG POLICY: LAWS, STRATEGIES AND ECONOMIC ANALYSES

Nadir KOÇAK[1]

1.1. Introduction

From a State's perspective, creating *National* policies in any field is always slower, time-consuming and long-lasting than creating local policies. When we handle the issue on the systematics of a gearwheel, we observe that the rotation of big gearwheels is slower than that of small ones. Therefore, it is also inevitable that the existing motion of the national policies and legislative work in the field of illegal substances and substance addiction is not at the expected pace.

Nonetheless, existing policies and legal regulations in the field of narcotic and psychotropic substances have sustained their significance and dynamism in the year 2009, as well. Prevention interventions implemented by the Provincial Focal Points of TUBİM, regular publication of National Reports, projects that are implemented in cooperation with the EMCDDA as well as the EU Twinning Projects and increasing coordination among agencies resulting from a comprehensive Report drafted by the Parliamentary Inquiry Commission on Drugs established as a result of the political will have been influential on this sustainability.

Accordingly, while creating national policies on the one hand, our country supports, on the other hand, international policies, as well. This is the only way to achieve success in counteracting the trafficking of illegal substances as a transnational crime. Furthermore, international policies and practices are followed closely. Fundamental perceptions such as the reaction of other countries in the world and measures taken by them against the trafficking of illegal addictive substances and their approach towards drug addicts and level of treatment, rehabilitation and social reintegration interventions are also followed in the framework of "good practices". In this sense, contact with agencies and organisations that make significant efforts in the field such as the EMCDDA, EUROPOL, UNODC, INCB, ECAD, POMPIDOU GROUP and Paris Pact as well as the participation in their activities is sustained.

The Republic of Turkey is also aware of the fact that the trafficking of illegal substances is not static but dynamic; not standard but inconstant. Therefore, Turkey prepares its National legislation in a manner to prevent the new trafficking methods, to monitor the addictive substances recently introduced to the market and to take the necessary measures. Efforts are also made to follow the scientific methods for the treatment, rehabilitation and social reintegration of drug users. In this context, researches are of great significance to understand all the aspects of drug problem. They help to identify the methods of drug use, new treatment modalities, different ways to use drugs and to develop more effective policies by following the cycle of and changes in drug use. Data provided by these researches and surveys enable us to identify the new trends concerning the scope and size of the drug problem.

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Factor that gives birth to the need for research is *monitoring*. The need for research will not emerge without monitoring the society, young and vulnerable groups, the capacity of the agencies and the level of economic welfare. At this point, the responsibility of TUBİM, which performs the task of monitoring, stands out once again. Researches in our country should be *evidence-based*, as it is the case in EU member states. Thus, it will be possible to support the policies with scientific research and findings. For instance, if seizure data provided by the law enforcement bodies indicate that there is a decrease in cannabis seizures whereas an increase has been identified in cocaine seizures, the policies concerning the supply field are shaped accordingly.

Turkey's "2006-2012 National Policy and Strategy Document on Counteracting Addictive Substances and Substance Addiction" is still in effect with its approach, objectives, priority areas and obligations and it is a reference document. This *document* forms the basis of the policy of our country, which considers the supply of illegal substances as a crime against humanity and drug addiction problem of individuals as a disease that need treatment. In contrast to some EU member states that make occasionally some fundamental changes to their drug policies, Turkey adopts a "zero tolerance" policy concerning the illegal addictive substances while it is also trying to strengthen its treatment and social reintegration policies for approaching drug addicts. Turkey shows no tolerance even to the minimum amount of narcotic and psychotropic substances. Either a sentence is given or treatment option is offered.

One of the most concrete indicators showing that this approach continued in 2009 as well is the successful practice of Probation and Help Services within the Ministry of Justice. Although not the entire group that are subject to this practice have a relation to illegal drug trafficking and use, the number of people that benefit from this practice is at increase. With regard to the drug-related crimes, a total number of 57422 people were included in the Probation and Help Services as of 30 December 2009[2]. The success achieved in this field should also be available in the fields of treatment capacity and rehabilitation. Everyone who wants to recover from drug addiction, which is considered to be a disease, should be provided with the means to enjoy the existing treatment services without any age and financial limits. It is stated in the Article 432 of the Turkish Civil Code no. 4721 that "any adult who constitutes a danger to the public due to mental illness or mental retardation, alcohol or narcotic substance dependence, very dangerous contagious disease or vagrancy, shall be placed in an appropriate institution for the purpose of treatment, training or rehabilitation or be detained, if no other means of securing his personal protection is available."

In Turkey 2009 Progress Report, it is stated that: "A balanced approach between drugs supply reduction and demand reduction has not been achieved."[3]. While the fight against drugs supply continues successfully in Turkey, it can be stated that the supply/demand reduction balance has started to fail in favour of demand reduction. This statement should not lead to the misperception that supply reduction efforts and the fight against illegal addictive substances have grown weak recently. On the contrary, the balance between these two fundamental elements has started to be restored and there is an increasing trend to attach more importance to the issues such as demand reduction, rehabilitation, etc.

Below table indicates some of the work carried out:

	Secretariat	**Contributing and data providing agencies**
National Action Plan	TUBİM	All relevant agencies
National Strategy Document	TUBİM	All relevant agencies
National Report	TUBİM	All relevant agencies
EMCDDA Standard Tables	TUBİM	All relevant agencies
UN and UNODC Questionnaires	TUBİM	All relevant agencies

[2] http://www.cte-dsm.adalet.gov.tr/istatistikler
[3] http://www.abgs.gov.tr/files/AB_Iliskileri/AdaylikSureci/IlerlemeRaporlari/turkiye_ilerleme_rap_2009.pdf

1.2. Legal Framework

In the National Reports prepared since 2006, starting with the Constitution of the Republic of Turkey, detailed information has been provided on the laws and other legislation related to crimes of illegal drugs and drug addiction. Similarly, the international conventions and agreements are also covered in these reports. The legal framework is composed of two parts; national and international.

1.2.1. National Laws and Regulations

The provisions of the Constitution of the Republic of Turkey and the relevant fundamental laws have also been in effect in 2009. Article 58 of our Constitution is very clear. According to Article 58; "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." All other laws should be prepared in line with this ruling implication of our Constitution. Other fundamental laws are as follows:

- Turkish Penal Code No. 5237,
- Law on Control of Narcotic Drugs No. 2313,
- Law on Narcotic Substances No. 3298

1.2.1.1. Court of Cassation Jurisprudence

Jurisprudence of the Court of Cassation plays an important role in the Turkish System of Law. Jurisprudence is the ruling stemming from the opinions of the judge or jurist on the cases for which the rule to implement does not exist clearly and resolutely in Law or common law. There are some summaries of the examples below from the rulings of the Court of Cassation:

11th Penal Chamber 2007/2457 e.n, 2008/1720 k.n.

Concerning the person who purchased, accepted or possessed narcotics or stimulants; if the narcotic or stimulant substance has not been used, only the probation order should be ruled without a ruling for a punishment.

If the narcotic or stimulant substance has been used, only the probation order may be ruled without a ruling for a punishment or a probation order may be given together with a punishment.

10th Penal Chamber 2009/13832 e.n, 2010/6426 k.n.

In the case where the accused told that the cannabis and pills seized during the search conducted in his house based on the search warrant obtained upon receiving a denunciation on drug trafficking actually belonged to his brother and ensured that his brother was apprehended by indicating his brother's house and where the brother of the accused in whose house or on him no drugs were found also confessed that the seized drugs belonged to himself, effective repentance provisions should be applied for both of the accused.

1.2.1.2. Other Relevant Legislation

The legislative arrangements in 2009 on legal or illegal addictive substances are as follows:

National Strategy Document for Counteracting Organized Crime (2010-2015):

This Document defines Organized Crime as: "Committing of all types of illegal activities, which deeply damage social interests from many aspects, via a criminal organization without

any time restriction"[4]. Circular No. 6 of Ministry of Justice dated 01.01.2006 states that "In order to gain unfair profit which is their overall goal, such criminal organizations, through their illegal organization within the society, commit crimes such as trafficking of women, steering drug trafficking and trafficking drugs, smuggling of weapons and historical artifacts, collecting cheques-bonds, money laundering, extortion to sign bills of debt, bringing some public officials within the organization as associates, fraud and bribery."

In general, it is seen that the crimes have become more of an organized nature rather than individual. This is the same for narcotic and stimulant drug-related crimes. This document is an important step towards a more efficient fight against illicit drug trafficking. This document emphasizes the geographical position of our country in terms of trafficking of narcotics and stimulants and the importance of this geographical position for organized crimes. It is also mentioned that two separate Action Plans will be prepared for the achievement of objectives set out in the Strategy Document.

Law amending the Turkish Penal Code No. 5918 and Miscellaneous Laws:

Article 7 of this Law dated 26.06.2009 amends the first paragraph of Article 250 of Criminal Procedures Law No. 5271 as follows: "*The crime of manufacturing and trading of narcotics and stimulants or the crime of laundering assets gained by the crime that have been committed within the framework of organized activities,....., shall be tried at assize courts"*

Law on the Establishment and Broadcasts of Radios and TV Stations No. 3984:

In the "Smart Signs" classification system prepared by RTÜK (Radio and Television Supreme Council), broadcasting of addictive substances is assessed and the broadcasters are required to classify programs accordingly.

In addition, paragraph 6 of Article 3 of the Law on the Prevention of Tobacco Products No. 4207 as amended by Law No. 5727 dated 3.1.2008 bans all television programs to include images of tobacco products use. The implementation of the said provision of the Law is closely monitored by RTÜK.

Another development achieved by the Radio and Television Supreme Council is the inclusion of the provision that "broadcasts *should not be made in a way that encourages the use of addictive substances such as alcohol, tobacco products and drugs and gambling*" in paragraph "h" of Article 9 titled "Principles of Broadcasting Services" of the Draft Bill stipulating amendments in the Law on the Establishment and Broadcasts of Radio and Television Stations No. 3984 that have been prepared to align with EU's audio-visual legislation and developments in the area of digital broadcasting.

National Rural Area Implementation Plan:

The General Command of Gendarmerie, which is responsible for the rural areas outside the jurisdiction of the Police in the fight against drugs, prepared an Implementation Plan in line with the National Action Plan aiming to strengthen the counteracting activities in the rural areas. The document which took effect on 30.04.2010 is an output of the EU project carried out by the General Command of Gendarmerie together with the United Nations Office on Drugs and Crime (UNODC).

Convention on the Rights of the Child

Article 33 of the Convention on the Rights of the Child states that: "States Parties shall take all appropriate measures, including legislative, administrative, social and educational

[4] National Strategy Document for the Fight Against Organized Crime (2010-2015)

measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.".

Regulation on the Implementation of Protective and Supportive Orders ruled as per Child Protection Law:

Paragraph 13 of Article 16 of the Regulation states that **"**For children who are addicted to alcohol or drugs or stimulants, the child's consent shall not be sought for treatment as per the implementation of court orders ruled for the treatment of alcohol or narcotics or stimulants addicts, as a protective and supportive health measure. During the implementation of the order, the expert at the relevant institution informs the child on the effects and consequences of the use of narcotic or stimulant substance and advises and guides the child towards his development of sense of responsibility".

Award and Discipline Regulation of Secondary Education Institutions of Ministry of National Education:

This Regulation's Article 6 titled *Protection of Students* contains the provision that stipulates "Managers and teachers shall take the necessary measures by collaborating with the parents or families on ……b) Protection of students from all kinds of substance addiction, possession, use of drugs and similar substances or from being an instrument to the manufacturing and trafficking of such substances.".

Law on Prevention of the Damages of Tobacco Products No. 5727:

Article 2 of this Law bans the consumption of tobacco products in closed spaces of public buildings; in the closed spaces of buildings, including the corridors, owned by corporate bodies for all kinds of education, health, production, trade, social, cultural, sports, entertainment and similar purposes where multiple individuals may enter; in land, railway, marine and air mass transportation vehicles including those providing taxi services; in the closed and open spaces of cultural and social services buildings of primary and secondary education institutions including those for pre-school education, private education, special education and training and in enterprises providing recreational services such as cafés, cafeterias, pubs and restaurants owned by corporate bodies.

With the expansion of the ban's scope on 19.07.2009, the quantity of cigarettes sold in our country continued to fall. The cigarette production which was 135,04 million items in 2008 decreased down to 132,91 million. The sales figures also fell from 107,86 million to 107,56 million[5]. Considering the correlation between smoking addiction and illicit drugs addiction, this development is welcomed.

Land Transportation Regulation:

The Land Transportation Regulation which eas prepared with the contributions of the TNP/ Anti-Smuggling and Organized Crime Department has taken effect on 11.06.2009. Obligations have been introduced for the senders to disclose identities and addresses and for the cargo companies to create a web site to record the required information. This practice will contribute to the monitoring and combating activities with regard to illicit drug trafficking.

Draft Regulation on Procedures and Principles regarding the Payment of Bonus to Informants and Confiscators:

This draft regulation stipulates an increase in the amount of bonus to be paid to informants and confiscators. This draft regulation, which is still under the review of Court of Accounts and prepared by the TNP/Anti-Smuggling and Organized Crime Department by obtaining the

[5] http://www.tapdk.gov.tr/sigaragrafik. Last access date: 26.08.2010

opinion of the relevant institutions, aims to increase the motivation of security forces fighting against the crime of smuggling.

Law No. 5898 on Protection of Human Health from the Harmful Effects of Inhalants/Solvents and the related Regulation:

The regulation on "Protection of Human Health from the Harmful Effects of Solvents/Inhalants" stipulating the procedures and principles on the implementation of "*Law No. 5898 on Protection of Human Health from the Harmful Effects of Solvents/Inhalants"* codified in 2009 took effect on 5 August 2010 upon its publication in the Official Gazette. The regulation stipulates issues such as the measures to be taken in workplaces involving solvents/inhalants, training and awareness raising of the employees working in such workplaces, arrangementson the labelling of productscontaining solvents/inhalants, the areas of use of these substances and restrictions,, arrangements on the sale and supervision of these substances, prevention, treatment and rehabilitation issues as well as penal sanctions.

Draft Regulation on Regulating the Relations of Foreign Liaison Officers with the General Directorate of Security (TNP):

The work related to the *Draft Regulation on Regulating the Relations of Foreign Liaison Officers with the General Directorate of Security* which has been prepared by the TNP Strategy Development Department is carried out by the TNP's Legal Counselling Department. There is a high level cooperation between the resident foreign drugs liaison officers in Turkey and the Turkish law enforcement units. This draft regulates the relationships between the parties. Legal arrangements which are currently at circular level are taken up to Regulation level.

Substance Use Monitoring and Prevention Bureaus:

TUBİM has been reorganized as a Division directly affiliated to TNP/Anti-Smuggling and Organized Crime Department according to a decision taken in line with the Strategy Document and Action Plan that contains the implementation principles of this Document. 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, Substance Use Monitoring and Prevention Bureaus have been established under provincial ASOC Division Directorates to strengthen the local organization of TUBIM.

Developments in the Area of Early Warning System (EWS):

In Turkey, the last process initiated upon the notification of the 5th Specialisation Board of the Council of Forensic Medicine on 16.04.2007 for the inclusion of two new psychoactive substances called BZP (1-benzyl piperazine) and m-CPP (meta-chlorophenylpiperazin) was concluded with the decision taken to place these two substances under the scope of Law No 2313 on the Control of Narcotic Drugs with the Decree of Council of Ministers no 2008/13921 dated 08.07.2008 published in the Official Gazette no 26952 dated 30.07.2008 for BZP (1-benzyl piperazine) and the Decree of Council of Ministers no 2009/14965 dated 17.04.2009 published in the Official Gazette no 27233 dated 20.05.2009 for mCPP.

New Drugs Monitored Under the Scope of EWS
Bonzai

There has been a reported seizure of the substance known on the streets as Bonzai in our country and reported under the code of JWH-018 by the EMCDDA. Therefore, activities have been launched for the situation of this substance in our country to be diligently monitored and for the necessary legal arrangements to be adopted. For the first time in Turkey, a web-based shop has been detected which is acting as a "Natural Herbal Aromatic Mixture and Plant Fertilizers' Wholesaler" and marketing its products under the name of "Bonzai" in 2010.

The Khat Plant

The plant named Catha Edulis (Khat) containing cathinone and cathine as active ingredients is included in lists no. 1 and 3 of 1971 Psychotropic Substances Convention. This substance which has been seized for the first time in our country and its content have been identified by the Council of Forensic Medicine as well. This plant that contains the aforementioned active ingredients is not included in the banned substances list in our country. The 5th Specialisation Board of the Council of Forensic Medicine issued a report indicating that since Khat creates amphetamine-like effects, it should be considered under Article 188/6 of the Turkish Penal Code until its inclusion in the list. The same board also stated that they have initiated the relevant procedure for the decree of the Council of Ministers to be adopted for the application of Article 19 of Law No. 2313 for directly placing this substance under the scope of the law. This approach has also been adopted by the TUBİM-Early Warning System (EWS) Assessment Committee and a joint agreement was reached for the relevant legal arrangements to be made.

2C-B Substance

So far, 2C-B substances seized in the form of blue tablets on 13 October 2009 and 0,6 grams of 1-naphthalenyl(1-pentyl-1H-indol-3-yl)methanone (1-pentyl-3-(1-naphthoyl)indole-JWH-018) seized on 16.04.2010 in Eskişehir have been reported by Turkey using the EWS system[6]. Finally, four different seizures of 2 C-B have been reported to EMCDDA on 13.07.2010.

Four seizures have been reported on the 4-bromo-2,5-dimethoxyphenethylamine substance which is from phenyl ethylamine group and abbreviated as 2C-B. The 5th Specialisation Board of the Council of Forensic Medicine made a notification to the Ministry of Health for this substance to be included in the banned substances list. The aforementioned substance has also brought on the agenda the abuse of 2C-B, 2C-T-2 and 2C-T which are among C series phenyl ethylamine group. The issue has been taken onto the agenda by the EWS assessment committee and a consensus was reached for the necessary mechanisms to be initiated for this substance to be brought under the scope of the law with the Decree of Council of Ministers.

Furthermore, the detection of Carbaryl in illicit tablets has been reported to EMCDDA by TUBİM as an EWS group action, the related analytical data and GC-MS results are published on EMCDDA, under EDND analytical data tab[7].

1.2.2. International Legislation and International Cooperation

The most important international conventions signed for the prevention of production and trafficking of narcotic substances are as follows,

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

The Republic of Turkey continued its cooperation with international organizations and countries further in 2009. There has been no change in our country's approach in the sense that international relations are deemed sine qua non in the fight against illicit addictive substances. Every relevant institution and agency followed and participated in international meetings and activities and supported operations.

1.2.2.1. Agreement on the Accession of Republic of Turkey to the EMCDDA

[6] http://ednd.emcdda.europa.eu/html.cfm/index6556EN.html?OPTION=3#.
[7] http://ednd.emcdda.europa.eu/html.cfm/index46547EN.html.

The international agreement between the European Union and the Republic of Turkey on the participation of the Republic of Turkey in the work of the European Monitoring Centre for Drugs and Drug Addiction is foreseen to be ratified by the TGNA (Parliament) by the adoption of a law. By becoming a member of the EMCDDA where data on drugs and drug addiction are collected and the necessary scientific support is provided to the governments for the formulation of policies to counteract drugs, the aim is to strengthen the international dimension of our country's fight against drugs and to contribute to the protection of future generations from this social threat. The agreement is currently under the consideration of the TGNA External Relations Committee.

1.2.2.2. Twinning Project on "Strengthening the Turkish National Monitoring Centre for Drugs and Drug Addiction"

The Twinning Project on "Strengthening the Capacity of Turkish National Monitoring Centre for Drugs and Drug Addiction" covering 2009–2010 period theoverall objective of which is to develop and strengthen Turkey's legal, institutional and technical capacity is being carried out under the coordination of the TNP-ASOC Department.

Under the first component of the Twinning Project titled *"Strengthening the Institutional Structure of TUBİM"* an Interministerial Working Group has been established to provide concrete recommendations on the legal structure of TUBİM and to finalize these recommendations towards the subsequent launch of the necessary legislative procedures.

The following activities have taken place under Component 1 of the Twinning Project on "Strengthening TUBİM";

- √ On 22.05.2009, Interviews were held with relevant institutions and individuals to identify the opinions and expectations on the current situation and the future structure of TUBİM.
- √ Between 22-25 June 2009, a study visit was organised to the German Focal Point.
- √ On 09.12.2009, the first meeting of Interministerial Working Group was held.
- √ Between 14-16 December 2009, a study visit was organised to the French Focal Point.
- √ On 22 February 2010, the second meeting of Interministerial Working Group was held.
- √ On 5 April 2010, a meeting has been held in TGNA among the members of Interministerial Working Group.
- √ The Interministerial Working Group established with an aim to increase the institutional status of TUBİM concluded its activities via its meeting held on 31 May 2010.

1.3. National Strategy Document, National Action Plan and Coordination

1.3.1. Strategy Document

The 2006-2012 "National Strategy Document on Counteracting Addictive Substances and Addiction" which is a comprehensive document on drug trafficking, treatment, demand and supply reduction issues of Turkey maintained its position as the most important reference document also in 2009. The Strategy Document also sets the basis for the policy of the Republic of Turkey against illicit addictive substances.

1.3.2. Action Plan and its Evaluation

The validity of the Action Plan has expired by the end of 2009. A comprehensive *evaluation form* has been prepared and distributed to all relevant institutions for the assessment of this action plan[8]. Although this plan was the first Action Plan of the Republic of Turkey in the area of Counteracting Addictive Substances and Addiction and although an evaluation was carried for the first time, an objective and satisfactory evaluation on the plan has been carried out.

[8] 2007-2009 National Drugs Action Plan Assessment Report, TUBİM, Ankara 2010.

Such evaluations will act as the roadmap for 2010-2012 Action Plan. A TUBİM representative presented the evaluation outputs report in June 2010 to the EMCDDA members in Lisbon.

The methodology followed during the evaluation is as follows: Preparation of a questionnaire that can be easily understood by agencies, distribution of these questionnaires to agencies, submission of the questionnaires to TUBİM following the filling-in process and the preparation of the Evaluation Report. The evaluation of the Action Plan has shown that 16 out of 47 actions under the title of Supply Reduction were successful, 8 unsuccessful and 23 partially successful. On the other hand, out of 83 actions under the title of demand reduction, 23 were successful, 12 unsuccessful and 43 partially successful[9]. It is considered that there are weaknesses in the action plan such as the high number of actions in the Action Plan, actions that are relatively difficult to measure and assignment of more than one coordinator and these weaknesses are important factors in the failure in full implementation of the actions.

The contributions from 30 institutions among the total 34 (87%) to the national evaluation study is significant in terms of indicating the sensitivity of the institutions on this issue[10]. Secondly, in addition to that fact that this evaluation report will guide the preparation of Action Plan II, this is an important step towards more efficient use of resources in this area.

Chart 1 indicates the distribution of opinions of institutions that have carried out Demand Reduction activities on whether they will maintain each and every action in the next action plan.

Chart 1-1 : Whether the Demand Reduction Activity Will Continue in the New Action Plan

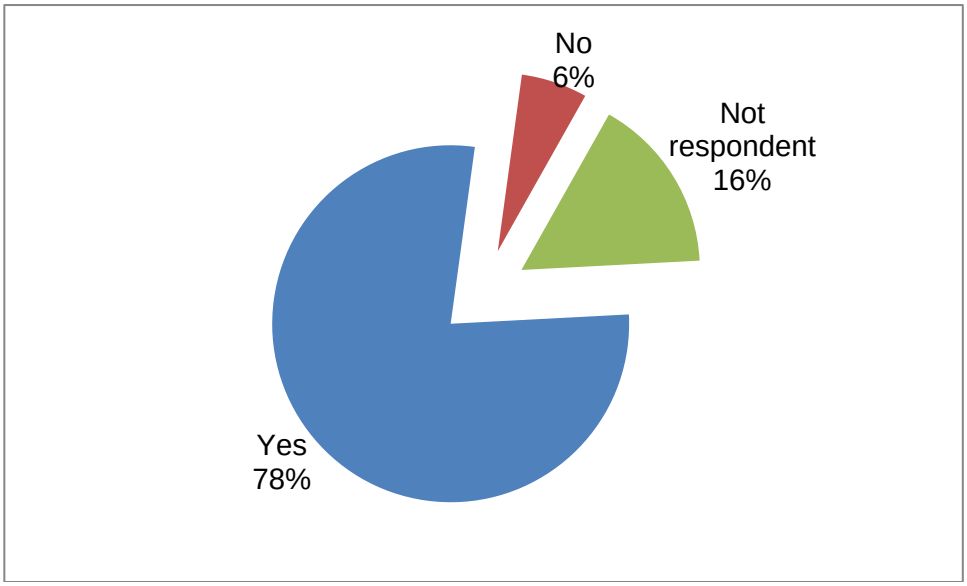
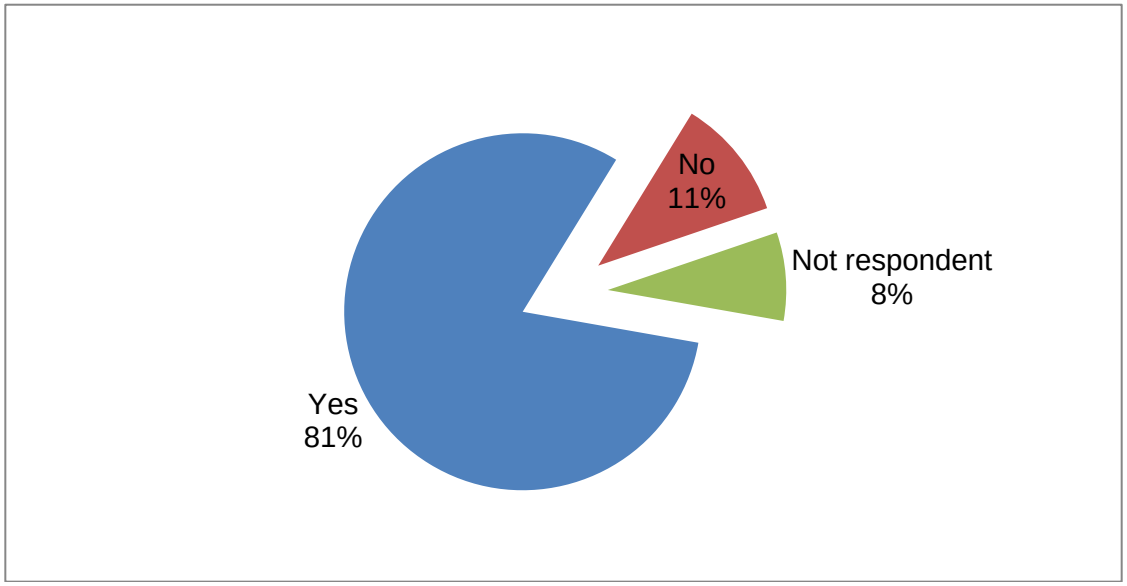


Chart 2 indicates the distribution of opinions of institutions that have carrried out activities of counteracting Supply on whether they will maintain each and every action in the next action plan.

Chart 1-2 : Whether the Supply Reduction Activity Will Continue in the New Action Plan

[9] 2007-2009 National Drugs Action Plan Assessment Report, TUBİM, Ankara 2010, s.22.
[10] 2007-2009 National Drugs Action Plan Assessment Report, TUBİM, Ankara 2010, s.22.



One example to this could be the activity in the Action Plan titled "2.1.8. Increasing the Availability and Feasibility of Treatment Programs". The description is as follows, ***Aim****:* "Development of treatment and social reintegration services for offenders and convicts". ***Action****: "The efficiency of guidance and counselling services for drug addicts provided by Probation and Help Services Divisions will be increased*.".

The activities of the General Directorate of Prisons and Detention Houses with regard to this area are as follows:

- *In June 2009, "Alcohol and Drug Intervention Program for Juveniles under Probation" has been developed and 32 probation experts have been trained. Currently, partial implementation of this intervention program is carried out, the program will be reviewed in the light of the feedback received following the partial implementation and the training activities will be further disseminated. Furthermore, in order to establish a source for developing the services, the statistics on juveniles under probation due to substance abuse are now being regularly collected every month. Activities targeting adults have not been launched yet.*
- *"Alcohol and Drug Intervention Program Manual for Juveniles under Probation" and the "Trainer" manual for this intervention program have been prepared.*
- *The program will be reviewed in 2010 and the trainings of the personnel which have not received any training yet will be completed and the program will be further extended.*

In addition to the National Action Plan, Ministry of National Education's:

- Strategy and Action Plan on the Prevention and Reduction of Violence in Educational Settings (2006-2011+),

Ministry of Health's:

- National Strategic Action Plan (2009-2013),
- National Mental Health Policy
- National HIV/AIDS Strategic Action Plan are still in effect.

"Action Plan on Increasing the Capacity of General Directorate of Customs Enforcement" of the Undersecretariat of Customs has expired as of the end of 2009. As a new development, the Ministry of National Education introduced its "Strategic Plan of Ministry of National Education for 2010-2014"[11].

[11] This plan is available at: http://sgb.meb.gov.tr/Str_yon_planlama_V2/MEBStratejikPlan.pdf

The purpose of all these documents and action plans is the reduction of supply and use of drugs. These documents gain value to the extent that they contain treatment and rehabilitation capacity, reintegration ability and activate the officials in this regard. The documents contents of which have not been put into practice in the field or that have not contributed to the reduction of the drug problem cannot be recognized as functional. Nonetheless, the EU 2009 Progress Report also states that "Prevention, treatment, rehabilitation facilities should be further improved."[12].

1.3.3. Coordination

In the recent years, due to the recognition of the importance of cooperation among public institutions and agencies and the increase of awareness of actions undertaken in the field, tit is possible to say that the coordination has been improved.

In the area of drugs and addiction, several institutions and agencies are carrying out counteracting, treatment and prevention activities. The coordination to be ensured among these institutions and organizations will also bring together systematic work. The National Strategy Document for 2006-2012 states that "EMCDDA Turkish Focal Point (TUBİM) shall be responsible for ensuring cooperation and coordination among other institutions"[13]. Under the title of Coordination in the Action Plan, it is stated that "A National Coordination Board will be established and carry out its activities"[14]. As of the end of 2009, the National Coordination Board has convened 8 times. While the units counteracting supply of drugs have convened separately, the institutions and organizations related to treatment, demand reduction, prevention and rehabilitation have held separate meetings.

1.3.3.1. Some topics addressed in National Coordination Board Meetings held in 2009

The following issues have been addressed by the National Coordination Board that convened in 2009 in line with the Action Plan and the following decisions have been taken:

Meeting on 29 January 2009

- It was expressed that a workshop should be organized for the calculation of the budgets of institutions and agencies related to drugs.
- It was stated that there is a necessity to seek the approval of TURKSTAT (Turkish Statistical Institute) Council whether TUBİM can be included in the official statistics program with the purpose that data that are obtained from relevant institutions and organization to be used in the preparation of the National Report and submitted to the EMCDDA can be collected at TURKSTAT.
- There was a request to include Non-Governmental Organizations in the work of "Committee on Creating a Common Language in Trainings on Prevention of Drug Use" carried out under the Ministry of Health DG for Primary Health Care Services.
- It has been deemed appropriate that the official correspondence regarding the duties, powers and establishment of TUBİM, which has been assigned by the Prime Ministry as the EMCDDA Turkish Focal Point, will be sent as an e-mail to the Institutional Contact Point officials in the Coordination Board.
- It was mentioned that the difficulties encountered during referral of patients to treatment under Probation should be overcome.

Meeting on 30 April 2009

- The representative from the Ministry of National Education expressed the insufficient number of Child Psychiatry Clinics in our country.

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[12] http://www.abgs.gov.tr/files/AB_Iliskileri/AdaylikSureci/IlerlemeRaporlari/turkiye_ilerleme_rap_2009.pdf

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

[14] Action Plan on the Implementation of National Policy and National Strategy Document on Counteracting Addictive Substances and Addiction, (2007-2009), Ankara, p.35.

- The importance of the data in the Standard Tables submitted to EMCDDA every year and in the Questionnaires completed under the coordination of TUBİM and submitted to the United Nations every year via the Ministry of Foreign Affairs has been reiterated.
- The need for a SWOT analysis to be carried out as regards the awareness-raising trainings throughout the country has been discussed.
- It has been stated that the participation of an expert from the Chemistry Specialisation Department from the Council of Forensic Medicine to the meetings on Early Warning System and Coordination Board meetings will provide significant contribution to the work conducted.

Meeting on 30 July 2009

- It has been stated that according to some information received, drug users have a perception that some drugs that they use result in more severe penalties while some result in less severe ones, which in turn triggers the use of drugs resulting in less severe penalties. To this end, it has been decided that a special workshop will be organized on the application of Articles 188 and 192 of TPC (Turkish Penal Code).
- The Council of Forensic Medicine has made a project proposal on "drug-related infection screening in all autopsies in one year ". This proposal has been approved by TUBIM and it has been stated that the necessary discussions will be made with the EMCDDA for this proposal to be included within the scope of the IPA project conducted between the EMCCDA and TUBİM.
- The drawbacks of giving the primary school students school performance assignments on topics such as "drugs, drug use and drug addiction".
- The representative of the Ministry of Labour and Social Security highlighted that the funds of the Ministry are providing opportunities to all institutions for researches in the area of drugs and also for all other projects.
- The representative from the DG of Primary Health Care Services of the Ministry of Health stated the drug use of an artist, who had been imprisoned due to drug offence, and the subsequent news on the media affected the children negatively (in terms of setting an example) (alleviating the damages caused by drug use).
- The representative of the Directorate General of Prisons and Detention Houses of the Ministry of Justice stated that an “Alcohol and Drug Intervention Program for Juveniles under Probation” is prepared.
- It was suggested that the section on Supply Reduction in the Annual National Report on Counteracting Addictive Substances and Addiction, which is regularly prepared under the coordination of TUBİM and submitted to the EMCDDA, be written by the representatives of the institutions involved in the Supply Reduction Gorup. The suggestion was welcomed by the group members.

Meeting on 30 December 2009

- TNP Public Order Department, Juvenile Division staff presented the "Star of Hope Project".
- The participants have been informed on the recent situation with regard to the Provincial Coordination Boards and Action Plans.
- TURKSTAT representative stated that drug-related death data can be sent to TUBIM as of 2010.
- The effects of levamisole detected in cocaine have been discussed.
- It was stated that data can be requested from the IT Department of the Ministry of Justice in completing the EMCDDA Standard Tables.
- The institutions were asked whether there are any current studies on ‘use in young population’ and it was found that no studies were being implemented.

1.3.3.2. Provincial Coordination Committees and Provincial Action Plans

Republic of Turkey has a vast territory with its 81 provinces. From the east to the west, our provinces have their own specific cultural patterns. Therefore, it should be deemed natural

that the people living in this vast geographical area have different priorities with regard to drug addiction. Thus, once each province prepares a provincial action plan and establishes a provincial coordination committee by identifying its own conditions and needs, it will contribute to the solution of the addiction problem. The coordination of agencies at Ministerial and General Directorate levels has been completed substantially. It is of great importance that this interaction and coordination is also ensured at the local level. It is natural that the conditions and the standards in that province are best known by the province itself. In this way, while every province contributes to the fight against drugs under their own conditions, this also ensures that this fight is widespread throughout the country. The Provincial Action Plans that are prepared are also submitted to TUBİM to be reviewed. The map indicating the Provincial Coordination Committees and Provincial Action Plans are in Annex-1.

As of 13 July 2010, 69 provinces out of the total 81 throughout the country have worked on Provincial Coordination Committees and/or Provincial Action Plans. While 54 provinces both established Provincial Coordination Committees and prepared Provincial Action Plans, 11 provinces only established Provincial Coordination Committees and 4 provinces only prepared Provincial Action Plans.

1.3.4. Scientific Committee

The Scientific Committee established as per the Action Plan covering 2007-2009 convenes 4 times a year chaired by TUBİM Head. In these meetings, where the activities of the Coordination Boards and the country's agenda are discussed, scientific recommendations are issued for Coordination Boards. The specializations of the Board members are mainly Epidemiology, Psychiatry, Criminology, Sociology, Public Health and Communication. As of the end of 2009, the Science Board has held (8) meetings.

Some decisions taken or discussed by the Scientific Committee during 2009 meetings are as follows:

- Including more members from different disciplines into the Science Board,
- Making the relationship between TUBIM and the media more active,
- Updating the TUBIM working groups (Five *key indicators and four other core data sets)* and establishment of the necessary new working groups,
- Insufficiency of social services in Turkey for children and adults,
- Establishment of a department for graduate studies in the area of substance and substance addiction and contacting the Council of Higher Education,
- At the end of the trainings held in the provinces, assessment of the programs through modules to be prepared,
- Establishment of Specialization Courts to prosecute drugs and stimulant cases,
- Since the narcotics-stimulant transfers are conducted via cargo companies in the recent period based on the thought that there is less risk of seizure, introduction of more stringent supervision over Cargo Companies,
- Evaluation and approval of some short films, posters, documents and such materials prepared by some local units for prevention purposes,

- The requirement that the provinces should first present such materials to the Provincial Coordination Boards and obtain their preliminary approval.

1.3.5. Other Developments

1.3.5.1. Strategic Researches Committee (SAK) Meetings

The Strategic Researches Committee established by TNP's Anti- Smuggling and Organized Crimes Department for the purpose of combating smuggling and organized crime more efficiently, of determining service policies and establishing coordination has held its 40th and 41st meetings in 2009. In these meetings, the decisions of the previous meetings have been assessed and the goals for 2010 have been identified.

Furthermore, in 2009, Regional Assessment Meetings aiming exchange of information and cooperation were held in 7 provinces and the Neighbouring Provinces Information Exchange Meetings were held two times towards the same purpose.

1.4. Economic Analyses

So far, the budgetary expenditures in the area of drugs have not been determined in a sound manner. Nonetheless, it is not easy to prepare a breakdown of very extensive, changing and intertwined figures and to put forward a figure. In Turkey, there is no specific budget allocated for the area of counteracting addictive substances. The institutions and agencies working in the area incur the relevant expenditures from the general budget allocated to them.

On the other hand, as a first step, the following expenditure items within the general budget have been determined[15]. *According to functional classification,* a total of 78.941 Million TL of appropriation has been allocated in the areas of Public Order and Safety, Health, Social Security and Social Benefits that are directly relevant in terms of the drug problem. Nevertheless, these figures do not clearly indicate the amount of expenditures made specifically for counteracting narcotic substances/stimulants, their treatment and rehabilitation.

[15] Republic of Turkey, Ministry of Finance, General Directorate of Budget and Fiscal Control http://www.bumko.gov.tr/TR/Genel/BelgeGoster.aspx.

SECTION 2

DRUG USE IN THE GENERAL POPULATION AND SPECIFIC TARGETED-GROUPS

Tolga TUNÇOĞLU[16]

2.1. Introduction

The prevalence of drug use is one of the most crucial issues for a country. Without reliable information on this issue, it is hard to evaluate the policies and the actions on prevention, treatment and awareness-raising. Although there are some comprehensive studies both for young population and general population, there are no nationwide studies carried out on prevalence of drug use in Turkey.

In 2010, TUBİM, which is organised under the Turkish National Police-Department of Anti-Smuggling and Organised Crime, has established two working groups within the Scientific Committee of TUBIM; one of them has started its work on the general population survey while the other on the young population survey.

2.2. Drug Use In General Population

In 2002, the first comprehensive study on Drug Use in General Population was performed by public sector and Psychiatric Association of Turkey[17].The sample was selected from 15-64 age group and the 71 provinces out of 81 including urban, suburban and rural areas were covered. Use of any substance other than alcohol and tobacco in the last month was calculated as 0.3% and life time use of any substance other than alcohol and tobacco was calculated as 1.2%.

In 2003, another survey was conducted in six provinces (Adana, Ankara, Diyarbakır, İzmir, İstanbul, Samsun), and was coordinated by UNODC[18]. According to this survey, the rate of opium-derivative users between the 15-64 age range in the general population was estimated to be at an average of 0.05%, and the average of inhalants/solvent users was estimated to be at 0.06%. There were also other substances; however, due to their low rates, they have not been mentioned here.

In 2010, with the funding of IPA, a pilot study was conducted in Ankara[19], at 700 addresses. Sample was taken from TURKSTAT, and the gross sample location distribution and respondent location distribution are;

Table 2-1: Place of residence compared to the selected sample (n=249) in % (number)

Place of residence	Selected sample	Implemented sample
Urban area	91,4 (600)	71,9 (179)
Suburban and rural area	8,6 (100)	28,1 (70)
Total	100,0 (700)	100,0 (249)

The sample taken form TURKSTAT just included addresses; the attendants were chosen by the rule named “the closest birthday”. Whoever had the closest birthday (both days and

[16] TUBİM, International Affairs Division
[17] Substance Use and Addiction Profile Survey in Turkey, 2002, TUBIM Library
[18] National Study on Assesment of the Nature and Extent of Drug Abuse in Turkey, 2003, UNODC Publications
[19] Pilot GPS Survey in Ankara, 2010, EMCDDA

months) to the survey date would be the attendant. 15.9% (111) of the addresses taken from TURKSTAT were not residential places or accurate; so when this was excluded from the sample, the remaining valid sample was 589. The response rate was calculated as 42.6% and non-response rate was calculated as 57.4% of the whole sample. Originally the implemented sample consisted of 251 cases; however, one case was excluded from the analysis, as the age of the respondent (94 years) was out of the study range.

Table 2-2: Age groups by gender compared to population of Ankara (n=243) in%

Age\Gender	Male		Female		Total	
	sample	population	sample	population	sample	population
15-24	15,3	25,3	11,1	24,0	13,6	24,6
25-34	20,8	25,7	16,2	26,0	18,9	25,9
35-64	63,9	49,0	72,7	50,0	67,5	49,5
Total	100,0	100,0	100,0	100,0	100,0	100,0

The most important finding concerns age distribution. 67.5% of the study population belongs to the oldest age category (35- 64 years old). Majority of the respondents is female (59.4%), lives in central district of Ankara (71.9%), is married or has permanent partner (77.5%) and does not have an income generating job (70.4%). Comparison of age distribution between study population and Ankara population reveals that the sample has been biased with regard to age. 35- 64 age groups are overrepresented in the sample, especially females.

Table 2-3: Prevalence of lifetime, current and recent substance use in% (respondent number)

	Lifetime	Last 12 months	Last 30 days
Tobacco smoking	57,0 (n=249)	38,7 (n=248)	35,1 (n=248)
Alcohol drinking	44,0 (n=248)	17,1 (n=248)	12,1 (n=248)
Sedatives or tranquilizers	13,5 (n=244)	4,9 (n=243)	2,9 (n=243)
Cannabis	1,6 (n=229)	0,8 (n=229)	0,8 (n=229)
Cocaine	0,4 (n=229)	N/A (n=229)	N/A (n=229)

The following substances were also included in the study; however, even lifetime use was not reported for them: ecstasy, amphetamine, crack, heroin, methadone, other opiates, LSD, solvents, poppers, magic mushrooms, and anabolic steroids.

Tobacco is the substance most commonly used during lifetime (57%), followed by alcohol (44%) and sedatives or tranquillizers (13.5%). Cannabis is used only by 1.4% of the study population and the percentage of cocaine users is even lower (0.4%). Current tobacco users include 38.7% of the sample, whereas 17.1% consumes alcohol during last 12 months. No current cocaine use has been reported. Recent users are most present among tobacco smokers (35.1%) and alcohol users (12.1%).

Table 2-4: Disapproval of substance use (percent of respondents)

	Do not disapprove	Disapprove	Strongly disapprove	Don't know
Smoking 10 cigarettes a day	2,4	4,0	92,8	0,8
Having 1 or 2 drinks several times a week	1,2	0,8	97,2	0,8
Smoking cannabis occasionally	12,8	23,2	63,6	0,4
Trying ecstasy once or twice	12,9	24,2	62,1	0,8
Trying heroin once or twice	1,6	1,6	96,4	0,4

The attitude towards drugs or addictive substances is a strong disapproval as expected, but the attitude towards ecstasy use shows a slightly lower disapproval rate compared to the heroin or cannabis. Although the disapproval rates for alcohol and tobacco consumption are still showing a strong negative attitude, they have lower strength than illicit drugs such as cannabis, heroin, ecstasy, etc.

Table 2-5: Perceived risk related to substance use

	No risk	Slight risk	Moderate risk	Great risk	Don't know
Smoke one or more packs of cigarettes a day	0,8	4,4	8,4	86,4	0,0
Have five or more drinks at the weekend	2,0	5,6	14,1	76,7	1,6
Smoke cannabis regularly	0,0	0,4	0,4	98,4	0,8
Try ecstasy once or twice	0,8	3,6	3,2	91,6	0,8
Try cocaine or crack once or twice	0,8	2,8	1,6	93,2	1,6

The risk perception related to the substance use shows that people know that illicit drugs are perceived as bearing great risks on the human life and although the attitude towards the big tobacco consumption shows slightly lower disapproval rate than illicit drugs, people also perceive this great risk on human life. Alcohol risks show a little lower risk rate than tobacco or illicit drugs. Very low percentage of the respondents did not have any opinion on substance use related risk (<2%).

Table 2-6: Permission for cannabis use

	For medical purposes	For recreational purposes
Fully agree	3,6	0,8
Largely agree	8,0	3,2
Neither	3,6	0,4
Largely disagree	11,2	6,0
Fully disagree	70,8	89,2
Don't know	2,8	0,4

In the light of perceived great risk related to regular cannabis use (98.4% of the sample), it is not astonishing that 95.2% of the participants would not permit cannabis use for recreational purposes and 82% would not allow it even for medical purposes.

Pilot study results proved feasibility of conducting General Population Survey in Turkey and provided several methodological recommendations for the main study:

1. Questionnaire should be revised; especially logical relationship between the questions and filter rules.
2. The interviewers' training and control on the field work have to be strengthened.
3. Sample should be stratified by age (at least EMCDDA standards) and gender with overrepresentation of 15-34 category.

The results of pilot study show low prevalence of substance use, especially concerning illegal drugs. The rate could be affected by sample bias and since the study is a pilot study and the sample is not representing the exact rate of the population, the standard error for the population estimates are expected to be high.

2.3. DRUG USE IN YOUNG POPULATION

Dr. Ali ÜNLÜ[20]

2.3.1. Nationwide Surveys

In Turkey, no nationwide survey has been conducted so far with regard to the prevalence of drug use in the young population. Despite the availability of some regional studies, it is difficult to assess the drug using trends and factors affecting the changes in them as there are not any studies at regular intervals. The first comprehensive studies were conducted in 1998 by Prof. Ögel and his colleagues in 15 out of 81 provinces on 20,000 students in the 15-17 age group and alcohol use in the last 30 days was found to be 17.3%, lifetime (at least once) cannabis use 3.6%, solvent/inhalant use 8.6%, heroin use 1.6%, cocaine use 1.4% and benzodiazepine use 3.3%[21].

In another study conducted in 2001 among 11,989 students of the 15-17 age group in 9 provinces, tobacco use in the last 30 days was found to be 27%, alcohol use in the last 30 days 15.9%, lifetime (at least once) cannabis use 3%, lifetime (at least once) solvent/inhalant use 4.3%, solvent/inhalant use in the last 30 days 1.9%, heroin use in the last 30 days 1.2%, ecstasy use in the last 30 days 1% and cocaine use in the last 30 days 1%[22].

ESPAD (European School Survey Project on Alcohol and Other Drugs) was carried out in 2003 in Adana, Ankara, Diyarbakır, Izmir, Istanbul and Samsun in the 15-16 age group. According to this study, with regard to the drugs used in the last 12 months, more than 4% of the students stated that they used cannabis, while 3% reported that they used solvents/inhalants. Drug use rate of males is much higher than that of females. Cannabis use in the last 30 days was found to be 2%[23].

Another study was carried out by the Turkish Parliament in 2007 in 261 schools (130 public, 131 private) from 60 provinces and the age range was 15-17. In this study, 26,009 students were asked questions on violence in schools as well as questions on drug use without going into detail. According to the results of this survey, narcotic/psychotropic drug use in the last 3 months was found to be 2.9 %[24].

2.3.2. Local Surveys

ESPAD (European School Survey Project on Alcohol and Other Drugs) was carried out in 1995 inIstanbul in the 15-16 age group. According to this study, 4% reported life time use of cannabis, while 2% reported lifetime use any drug but cannabis. Drug use rate of males is much higher than that of females. Cannabis use in the last 30 days was found 2 %.(6)

In the framework of the “Narcotic Drugs and Addiction Training Package” jointly launched by Bakırköy Mental Health and Neurologic Disorders Hospital, Alcohol and Drug Addiction Research and Training Centre (AMATEM) and Private Schools’ Association, a questionnaire was implemented among 5823 students of the 15-17 age group from 62 high schools (30 of which were private) and it was found out that 19.6% of the students used tobacco at least once a day. The rate of those who used alcohol at least twice in the last 30 days was 7.9%. According to the data obtained through the questionnaire, the most commonly used narcotic drug among students was cannabis.

2.3.2.1. Istanbul Survey[25]

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[20] Turkish National Police, Istanbul Narcotics Division, Chief Inspector.
[21] (Prof. Ögel et al., 2001)
[22] (Prof. Ögel et al., 2004)
[23] The 2003 ESPAD Report, www.espad.gov.tr/espad-report
[24] TBMM Research Commission on increasing violence in young population and school safety Report, 2007, www.tbmm.gov.tr/develop/owa/ARASTIRMA_ONERGESI_GD.onerge_bilgileri?kanunlar_sira_no=491
[25] School survey for drug use,2010, Istanbul Provincial Directorate of TNP

The most comprehensive study has been conducted in 2010 by the joint initiative of Istanbul Provincial Directorate of TNP (Turkish National Police), Division of Counteracting Narcotic Crimes and Istanbul Provincial Directorate of National Education upon the approval of the Istanbul Governorship. During this study, which has been conducted among 31,272 students of the 14-18 age group in 154 high schools from 28 districts of Istanbul, drug use prevalence in the young population as well as the impact of socio-demographic characteristics on their behaviours have been examined.

Questions on demographic information; activities in which young population is interested; family, friend and environmental characteristics; school life; self-destructive behaviour; anger, violent behaviour and tendency for violence; crime and drug use; negligence and abuse; diseases, suicide, trauma and health are posed in the questionnaire.

46.6% (14,477) of the students from the 14-18 age group that have taken part in the survey are male, whereas 53.4% (16,581) are female. Among students, the highest lifetime (at least once) use prevalence rate belongs to tobacco. It is followed by alcohol (32.5%), Questions on tobacco and alcohol use in the last 30 days have revealed 20.1% tobacco use while alcohol use is 21.1%. In this framework, lifetime (at least once) use of drugs prevalence has been found to be 3.3% for cannabis, 1% for cocaine, 1.4% for amphetamines, 1.6% for ecstasy and 1.2% for LSD. It has been seen that males carry higher risks than females concerning almost all substances.

When lifetime use (at least once) risk for any substance is examined by age and gender, it is seen that drug use prevalence increases both for males and females as they grow older. It has been found out that the increase between age groups is proportional. When the use of sleeping pills and tranquilisers sold without a prescription is examined, it is seen that especially the females of the 15-18 age group are using these substances more than both males and grand average. Differences concerning age and substances used accordingly are examined, it is seen that cannabis and sleeping pills or tranquilisers sold without a prescription are more prevalent as the age grows older.

2.3.2.2. Tobacco, Alcohol and Drug Use Levels of Students in High Schools Located in the Centre of Çanakkale Province[26]

The study was carried out in 2009 upon the decision of the Çanakkale Governorship Provincial Coordination Committee on Counteracting Addictive Substances by the joint initiative of Çanakkale Provincial Directorate of TNP, Provincial Directorate of National Education, 18 Mart University Medical School, Provincial Directorate of Social Services and Provincial Directorate of Health. The study was implemented via the method of "filling-in questionnaire under supervision" in all high schools and equivalent institutions located in the centre of Çanakkale Province. The questionnaire, which was developed by the Committee, was implemented on 5,546 out of 6,959 students from 16 high schools in 2009-2010 academic year.

While 52.8% (2928) of the students in the survey were male, 47.2% (4618)were female.When the age of the students is examined, it is seen that 8.3% were at the age of 14, 25.3% were 15, 26.6% were 16, 29.7% were 17 and 10.1% were 18 and older. Among students, the highest lifetime use (at least once) prevalence belong to cannabis (1.4%), followed by solvents/inhalants (1.2%) and others (ecstasy, cocaine, heroin, LSD, Captagon and pharmaceuticals sold with green/red prescription) (0.9%).

When the substance use in the last 30 days and in the last week is examined, it has been found out that alcohol has the highest rate. When alcohol use among students is examined by different time spans, 17.9% have used alcohol in the last 30 days, while 10.7% in the last one week. Tobacco rates are calculated as 16.9% for lifetime, 12.5% for last month and 10.2% for last week prevalence. Cannabis rates are 0.6% for lifetime, 0.3% for last month

[26] Tobacco, Alcohol and Drug Use Levels of Students in High Schools Located in the Centre of Canakkale Province, 2009

and 0.2% for last week prevalence. For solvents/inhalants lifetime rate is 0.6%, last month rate is 0.2% and last week rate is 0.2%, other drugs were also studied but they were not mentioned here because of their low numbers.

Table 2-7: 2009 Canakkale Study substance use rates and numbers

Substances	**Last 12 months**		**Last 30 days**		**Last one week**	
	Number	%	Number	%	Number	%
Alcohol	1512	27,3	991	17,9	593	10,7
Tobacco	940	16,9	696	12,5	603	10,9
Cannabis	34	0,6	18	0,3	11	0,2
Solevnts/Inhalants (Glue-Thinner)	23	0,4	8	0,1	4	0,1
Other	32	0,6	12	0,2	12	0,2

Among the students, the average age for first tobacco use has been found to be 13.5±2.4, alcohol 13.4±2.6, solvents/inhalants 14.2±2.2 and cannabis 15.3±1.9. Only tobacco, alcohol and cannabis users have reported age among those who revealed a regular substance use profile. Average age for regular tobacco use has been found to be 13.8±2.1, while 14.5±1.9 for alcohol and 13.7±1.5 for cannabis. However, only 3 of 4 students using cannabis regularly have indicated age.

Table 2-7: 2009 Canakkale Study substance use rates and numbers

Substances	**n**	**Age of First Use**		**n**	**Age of Regular Use**	
		Average ±S.S.	**Median (Min-Max)**		**Average** ±S.S.	**Median (Min-Max)**
Alcohol	1688	13.5±2.4	14.0 (6-21)	80	13.8±2.1	14.0 (7-18)
Tobacco	1324	13.6±2.6	14.0 (6-20)	228	14.5±1.9	15.0 (7-18)
Cannabis	43	15.3±1.9	16.0 (8-18)	3	13.7±1.5	14.0 (12-15)

2.3. DRUG USE PREVALENCE IN SPECIAL GROUPS

No new data.

SECTION 3

PREVENTION

Asso. Prof. Nurdan Duman[27]-[28]

3.1. Introduction

Interinstitutional cooperation in the field of prevention of drug addiction is gradually increasing in Turkey. These efforts are supported with the coordinated work of TUBIM and EMCDDA in order for further improvement.

The fact that a law proposal has been submitted to the Turkish Grand National Assembly (TBMM-Parliament) in April in 2009 on the establishment of the "Directorate General for Counteracting Narcotic and Psychotropic Substance Addiction and Trafficking" is a concrete step that clearly shows the increasing importance that Turkey attaches to this phenomenon. It is considered that the proposed general directorate will also offer the grounds for the systematisation of demand reduction activities.

The objectives of policies and strategies of Republic of Turkey on the prevention of drug addiction are as follows:

1. Prevention of drug use and new onsets,
2. 25% reduction in tobacco, alcohol and drug use by 2013; protection of the general population and risk groups,
3. Conduct of more effective activities concerning risk groups,
4. Social reintegration of drug addicts via medical and social rehabilitation,
5. Support to all agencies working in the field of addiction with professional experts and qualified staff in the fields of protection, prevention and training,
6. Development of public, private and voluntary entities concerning the prevention of drug use and trafficking,
7. Strengthening in every aspect the structure and organisation of the existing units in all sectors,
8. Implementation of programs and projects that will ensure the effective participation of children and youth in the social life,
9. Ensuring the personal development of youngsters as responsible individuals in all areas and at any level via the channel of education.

Following the extensive studies on what could be the criteria for an evidence-based demand reduction system in Turkey, the below criteria have been developed (TBMM, 2008:271):

1. To prevent the onset of drug use in the young population.
2. To reduce the accessibility of drugs.
3. To ensure the accessibility and efficiency of prevention programs.
4. To raise awareness on drug use and its consequences.
5. To carry out informative activities on the risks of experimental drug use and to prevent experimental drug use.
6. To prevent, especially in the young population, the transformation of experimental use into regular use.
7. To eliminate the obstacles that block the accessibility of the National Demand Reduction System.
8. To prevent the tendency to drive under the influence of addictive substances.

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[27] Drug Demand Reduction National Expert.

[28] Hacettepe University, Faculty of Economic and Administrative Sciences, Department of Social Services.

9. To communicate effectively with all press and information agencies to ensure that media plays an efficient role in the national and international prevention network.
10. To increase the possibility to cooperate with other countries, especially with European ones, to find solutions to similar problems.
11. To support the development of an institutional system which coordinates and evaluates all these criteria. For this purpose, to ensure that legal arrangements be made for the establishment of a Directorate General under the Prime Ministry.
12. To implement the activities with regard to all these criteria in a way to reduce drug use, addiction and related health and social problems on the basis of family-society.
13. To develop informative programs in family and school settings in parallel to their importance.
14. To support the fight against addictive substances by means of television and radio programs in order to reduce drug use, addiction and related health and social risks.
15. To implement the programs on the prevention of drug use and development of public health simultaneously and in a coordinated manner.
16. To reflect the abovementioned criteria on programs aiming at raising awareness of the children and youngsters in risk groups with an ultimate aim to improve the public health and reduce the drug use.

As stated in the 2009 Turkey National Report, prevention interventions in Turkey are carried out by different ministries, agencies, NGOs and professionals independent from each other. Meeting to increase the interinstitutional coordination have been held to ensure the systematic reporting on prevention interventions to the EMCDDA. During These meetings, representatives of different agencies came together to exchange ideas, plan future interventions in the field, raise awareness on the fact that all existing prevention interventions are to be recorded in order for the expansion of these interventions all over the country and discuss how this could be made feasible for each and every unit. Concerning the future database on drug addiction prevention interventions, demand reduction expert team of TUBIM has prepared the “Institutional Information Form for Agencies Working in the Field of Demand Reduction, Treatment and Rehabilitation for Counteracting Addictive Substances and Substance Addiction” and this form has been introduced to the representatives of related agencies and they have been asked to provide their written and verbal opinions on the said form.

Within the scope of the EU Twinning Project on “Strengthening the Turkish Monitoring Centre for Drugs and Drug Addiction”, a study visit was made to the Czech Republic and Poland to examine the data collection systems and prevention interventions in EU member states. This study visit has been useful in the elaboration of a draft form for prevention data collection.

It is very important that School Social Services practice, which is an integral part of sophisticated education systems; however which does not still exist in Turkey, start by recruiting Social Services Expert in schools. Thus, it is thought that prevention interventions especially concerning school children under a certain risk concerning drug addiction will gain pace.

3.2. Universal Prevention

EMCDDA categorises the universal prevention interventions in 3 main groups, which are school, family and community-based prevention interventions. In this section, interventions carried out in Turkey are discussed according to these categories.

3.2.1. School-Based Prevention

3.2.1.1. School-Based Prevention Interventions On Drug Addiction Carried Out By The Ministry Of National Education (MoNE)

Ministry of National Education is the leading institution for **school-based prevention** interventions, which fall under the scope of universal prevention aiming at raising awareness in the society and bringing sense of responsibility at individual, family and social levels.

MoNE has prepared the “Strategy and Action Plan on the Prevention and Reduction of Violence in Educational Settings (2006-2011+)” in order for the protection of children and youngsters from possible risks (drug addiction, violence, sexual abuse, etc.) In the subchapter called “Reasons of Violence” of this Action Plan, it is stated that alcohol and drug addiction is becoming increasingly widespread among young population. As a solution to this problem, possible activities that can be carried out for the “prevention and reduction of violent behaviour among students” have been identified and put into practice. In this regard, “enabling that basic prevention, protection and intervention services are accessible by all students and following an integrated approach in the identification of all children under risk and the services to be provided to them” have been defined as strategic goals.

Below are some brief examples of the interventions for the young population (TBMM, 2008: 294):

1. Under the cooperation of the MoNE DG of Special Education, Guidance and Counselling Services, MoNE In-service Training Department and Ministry of Interior DG for Security (Turkish National Police), **“Own Your Life”** program has been launched. This project aims at developing the self-protection skills of 10-14 age group children from risky situations. This program, which has a goal to teach how to resist to peer and friend pressure, is implemented by class teachers under the supervision of counselling teachers. The duration of the project is 3 years and its results have not been evaluated yet.

2. “**Detrimental Habits**” module has been integrated into the “**Classroom Counselling and Guidance Program** in Primary and Secondary Education Institutions” by the MoNE DG of Special Education, Guidance and Counselling Services in 2006 and certain interventions have been launched within this scope. These interventions are carried out throughout the country with the support of demand reduction specialists acting at the same time as TUBIM’s provincial focal point. These specialists are selected among the police officers in counter-narcotics division under TNP in each province and are subject to a 2-week demand reduction training at least. MoNE Provincial Directorates are cooperating with TNP Counter-Narcotics specialists. Ministry of Health and NGOs provide their support, as well. Via the channel of this project, which is supported by TUBIM, 271,466 students have been reached in 2009 and awareness-raising seminars have been given for the prevention of contacting drugs.

3. Provision of efficient leisure time activities and occupational guidance services are among the other important factors of the process for prevention. Social club activities focus mainly on making the best out of leisure time and communicating more efficiently with teachers and peers as well as developing self-expression skills (TBMM, 2008:295).

4. Interventions on the **creation of a secure environment for children** to prevent drug use are also carried out. In line with the protocol signed between the MoNE and TNP, the below mentioned interventions are planned and implemented with the support of Provincial TNP Directorates (TBMM, 2008:296).

Some demand reduction interventions for families can be summarised as follows (TBMM, 2008: 294).

Effective Parents Training Program “7-19” : Ensuring that the parents know their responsibilities and perform them properly is among the requirements of the prevention process. Awareness-raising work has been launched under the scope of “Effective Parents Training Program for the Parents of 7-19 Age Group Children” implemented by the MoNE DG of Special Education, Guidance and Counselling Services in cooperation with Social Security and Child Protection Agency (SHÇEK) and UNICEF.

The number of parents that have been reached so far by means of this program, the pilot implementation of which started in 2006 and the revision on which was completed in December 2008, is indicated below (MoNE, 2010:6):

Table 3-1: Effective Parents Training Program (7-19 age group)

2006-2007	2007-2008	2008-2009	2009-2010
3245	7413	11.321	33.189

This program has been developed to identify possible risks and their solutions at an early stage and as parents, to be able to give an accurate answer to the question of “How can I grow up my child better?”. The program is implemented by counselling teachers. The modules of the program are: Getting to Know the Adolescent, Communication, Growing up together, Family Attitudes, Risk Management, Acquisition of Positive Behaviours, Compromise and Planning the Future. The program which was initiated in 2009 has been implemented in 12 provinces so far and its expansion to the whole country by 2011 is planned. The duration of the program is 3 years. Although the evaluation criteria of the program have been defined as the number of trainers, implementation and participants, there has not been any evaluation so far.

It is deemed convenient to mention here the results of a study conducted with the purpose of seeing how effective the demand reduction/prevention activities are in schools. Within the scope of the study, a project entitled “Prevention of Drug Addiction in Schools” was implemented in 29 districts of Istanbul within the 2002-2003 academic year by Istanbul Governorship Provincial National Education Directorate and Health and Education Association. In this regard, awareness-raising trainings on drug use and addiction were given to counselling teachers, class/branch teachers and parents. In this study, the goal was set as the identification of the effectiveness of the trainings and factors affecting the effectiveness. In this study, 508 counselling teachers, 2599 class/branch teachers and 284 parents were subject to a pre and post-test. The effectiveness of the training was assessed by the comparison of the total number of correct answers in the pre-test and that of the post-test. In order to check whether filling-in the pre-test had an impact on the effectiveness of the post-test, 15% of the participants were only subject to the post-test in each training. As a result, the total number of correct answers in the post-test compared to that of the pre-test by counselling teachers, class/branch teachers and parents increased. The groups that showed the highest increase of correct answers in the post-test compared to that of the pre-test are class/branch teachers, parents and counselling teachers respectively. When the average increase in the number of correct answers in pre and post-tests are compared to each other by groups, the difference between groups is statistically significant. The increase in the number of correct answers is affected by gender and being a parent variables for the group of class/branch teachers. The average increase of the number of correct answers in pre and post-tests of female class/branch teachers which are parents at the same time is higher than male and non-parent class/branch teachers. This study showed that the training increased the knowledge level of counselling teachers, class/branch teachers and parents. The total number of correct answers by counselling teachers and parents was not affected by the variables such as gender, being a parent, tobacco-alcohol use, alcohol use among their children or students. The increase in the knowledge should be reassessed and sustainability of the learning process should be researched in the upcoming stages (Ögel et al, 2004: 213-221)

This study is considered to be a role model for the future studies by showing that the similar prevention interventions are successful in schools and the evaluation of the prevention interventions in schools is a useful practice.

3.2.2. Community-Based Prevention

3.2.2.1. Prevention Interventions by Turkish National Police

3.2.2.1.1. Prevention Interventions by Provincial Focal Points (ILTEMs)

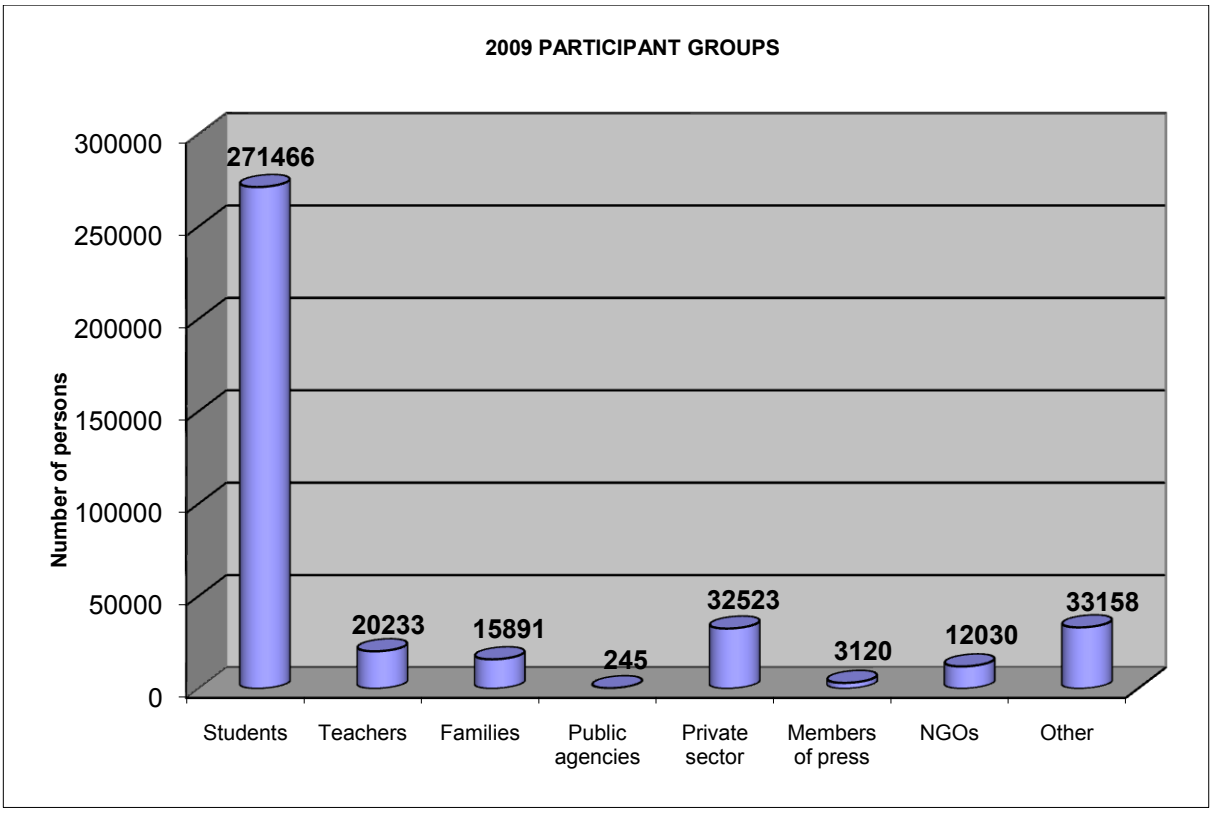
Interventions carried out by Provincial Focal Point (ILTEM) staff play an important role in drug demand reduction. ILTEMs have been carrying out interventions on ”protection and prevention” since 2003 in cooperation with the representatives of other agencies and organisations and act as a pioneer in the expansion of these interventions through the whole country. These interventions are implemented sometimes in the form of campaigns and sometimes projects. In addition to the awareness-raising activities (seminars, theatre plays,

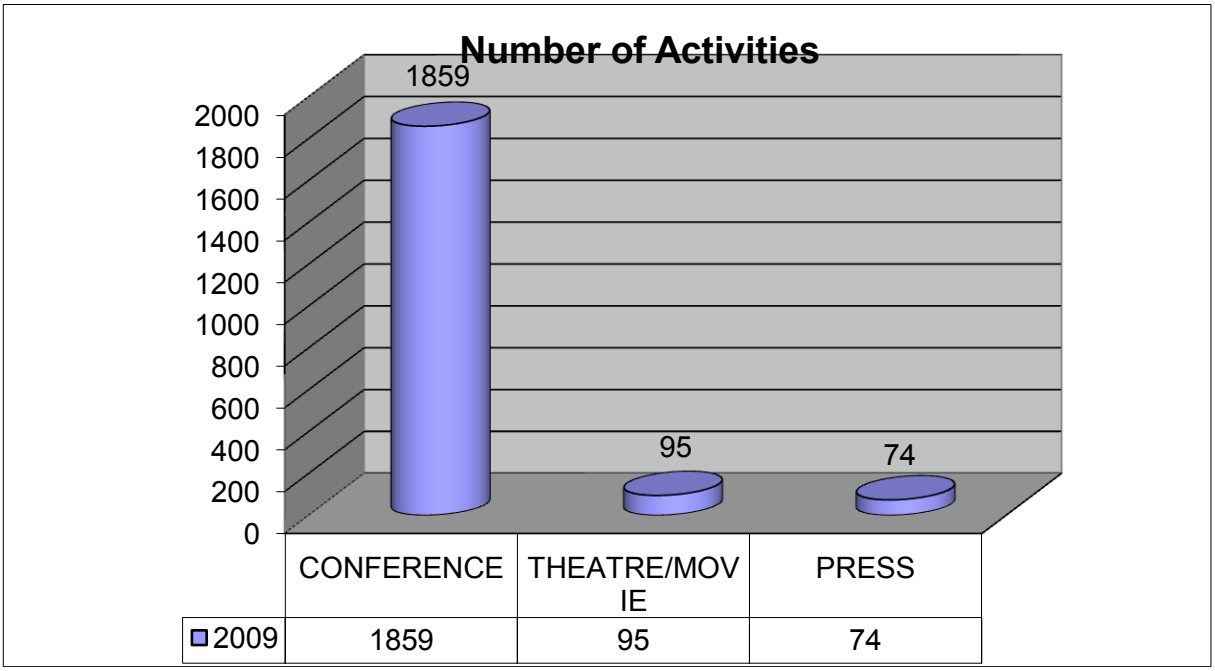
posters, flyers, sport events, contests, etc.) for the community, they carry out analyses on the structure of the province with regard to drug use and report on the problem areas and possible solutions to them. In 2010, two school surveys have been completed successfully in Istanbul and Çanakkale provinces under the coordination of ILTEM staff. These studies have been mentioned in detail under the Section 2: Drug Use Prevalence of this Report. These local studies contribute to the nationwide activities of counteracting drugs. The responsibilities of the ILTEM staff are indicated below (TBMM, 2008: 284-287):

- Protection and prevention interventions
- Risk analysis form
- Reporting the provincial interventions to the Centre (overview of the general situation in the province)
- Website management
- Spot movies and theatre plays
- Addiction library

Below table indicates the prevention interventions carried out in 2009 by TUBIM ILTEMs in the field of counteracting drug use:

Chart 3-1 : Interventions in 2009 by ILTEMs and Their Number





Staff working in these units is subject to the “Training of Trainers Program in Counteracting Drug Use”. So far, 275 personnel have received this training. Specialists that take part in this training develop their own programs and especially with the support of the experts in Provincial Education and Health Directorates, they carry out some activities on prevention of supply in drug use in high schools, universities, for parents of the students, staff of prisons and detention houses and upon demand, for other groups. Interventions of ILTEMs which focus on various community groups in 81 provinces of Turkey with their capacity to reach a high number of teachers and students are of great significance, as they also fall under the scope of the definition by EMCDDA for both school and community-based interventions.

In order for raising the awareness in the society, they prepare posters and flyers in cooperation with other agencies and organisations. They also attend from time to time live broadcasts in radio and TV channels and contribute to the awareness raising process for the society.

Within the scope of the “2007-2009 Action Plan on the Implementation of National Policy and Strategy Document in Counteracting Addictive Substances and Addiction”, TUBIM organises information and assessment meetings once every year for NGOs working in the field of drug use and addiction.

ILTEM staff takes active part in the organisation of several campaigns in their provinces (sport events, drawing contests, etc.) in cooperation with local authorities. Additionally, via the channel of theatre plays, etc., they make effort to raise awareness in the young population on counteracting drug use (TBMM, 2008:288).

3.2.2.1.2. Other Prevention Interventions by Turkish National Police

As regards combating drug addiction, in addition to the demand reduction activities carried out by the Provincial Focal Points operating in the provinces under Anti-Smuggling and Organised Crime Divisions of the Provincial Police Directorates, The Turkish National Police (General Directorate of Security), and the Anti-Terror Divisions, Juvenile Divisions, Community Police Divisions and Public Order Divisions under the Provincial Directorates of Police carry out social projects and activities targeting all parts of the society as pertaining to their own area of duty.

While carrying out such activities, these divisions concentrate on risky areas by considering the social, cultural and ethnic situation of the respective provinces.

By taking into account the structure of their respective provinces, the Anti-Terror Divisions carry out activities to raise awareness among the public against terrorism and the link between illicit drugs and terrorism to protect the young people against the illegal activities of terrorist organizations to recruit members.

The Juvenile Divisions perform various social projects and activities to prevent the criminal involvement and drug use of children and young people at 0-17 age range and to help them to get ready to become useful citizens in the society in the future.

Table 3-2: Prevention Interventions carried-out by the Other Units of TNP

NO	NAME OF PROVINCE	ANTI-TERROR DIVISION INTERVENTION/PROJECT	JUVENILE DIVISION INTERVENTION/PROJECT
1	ADANA	YOUTH AND TERRORISM	
2	ADIYAMAN	YOUTH AND TERRORISM	5
3	AFYON		
4	AĞRI	YOUTH AND TERRORISM	
5	AMASYA	TERROR AND TERORISM	SCHOOL-POLICE-LIAISON OFFICER PROJECT
6	ANKARA		WHO IS JUVENILE POLICE PROJECT
7	ANTALYA	PEACE AND SAFE FOOTBALL TOURNAMENT PROJECT	TRAINING ON ABUSED CHILDREN
8	ARTVİN	YOUTH AND TERRORISM	
9	AYDIN	YOUTH AND TERRORISM	
10	BALIKESİR	YOUTH AND TERRORISM	SEMINARS FOR STUDENTS AND PARENTS
11	BİLECİK		
12	BİNGÖL	YOUTH AND TERRORISM	
13	BİTLİS		
14	BOLU		
15	BURDUR	YOUTH AND TERRORISM	
16	BURSA	YOUTH AND TERRORISM	4
17	ÇANAKKALE		
18	ÇANKIRI		
19	ÇORUM	YOUTH AND TERRORISM	
20	DENİZLİ		
21	DİYARBAKIR	“COUNTRY IS YOURS; DISCOVER IT” PROJECT	
22	EDİRNE	“JOURNEY TO THE HISTORY” PROJECT	
23	ELAZIĞ	SAFE YOUTH, SAFE ELAZIĞ PROJECT	
24	ERZİNCAN	YOUTH AND TERRORISM	
25	ERZURUM	YOUTH AND TERRORISM	
26	ESKİŞEHİR	YOUTH AND TERRORISM	
27	GAZİANTEP	YOUTH AND TERRORISM	
28	GİRESUN	YOUTH AND TERRORISM	
29	GÜMÜŞHANE		
30	HAKKARİ	YOU SHOULD STAY IN YOUR WARM HOUSE PROJECT YOUTH AND TERRORISM	
31	HATAY	YOUTH AND TERRORISM	
32	ISPARTA	YOUTH AND TERRORISM	
33	İÇEL	NO TO TERROR AND TERRORISM	
34	İSTANBUL	GUIDANCE PRACTICES PROJECT WITH POLICE	
35	İZMİR	YOUTH AND TERRORISM	
36	KARS	YOUTH AND TERRORISM	
37	KASTAMONU		
38	KAYSERİ	10 BROTHER FAMILIES IN 10 NEIGBOURHOODS YOUTH AND TERRORISM	
39	KIRKLARELİ	YOUTH AND TERRORISM	
40	KIRŞEHİR	HAND-IN-HAND WITH UNIVERSITY YOUTH AND SERVICE TO THE SOCIETY	

		PROJECT	
41	KOCAELİ	YOUTH AND TERRORISM	
42	KONYA	YOUTH AND TERRORISM	
43	KÜTAHYA	YOUTH AND TERRORISM	
44	MALATYA	YOUTH AND TERRORISM	
45	MANİSA	YOUTH AND TERRORISM	
46	K.MARAŞ	YOUTH AND TERRORISM	
47	MARDİN	YOUTH AND TERRORISM	
48	MUĞLA	YOUTH AND TERRORISM	
49	MUŞ	GIRLS-1 ALPARSLAN PROJECT YOUTH AND TERRORISM	
50	NEVŞEHİR	YOUTH AND TERRORISM	
51	NİĞDE	YOUTH AND TERRORISM	
52	ORDU	YOUTH AND TERRORISM	
53	RİZE	YOUTH AND TERRORISM	
54	SAKARYA	YOUTH AND TERRORISM	
55	SAMSUN	YOUTH AND TERRORISM	
56	SİİRT	MAKE THE DISTANTS CLOSE PROJECT YOUTH AND TERRORISM BLOSSOMING HOPES	
57	SİNOP	YOUTH AND TERRORISM	
58	SİVAS	YOUTH AND TERRORISM	
59	TEKİRDAĞ	YOUTH AND TERRORISM	
60	TOKAT	YOUTH AND TERRORISM	
61	TRABZON	YOUTH AND TERRORISM	
62	TUNCELİ		
63	ŞANLIURFA		
64	UŞAK	YOUTH AND TERRORISM	
65	VAN	GÖTURU PROJECT INDIVIDUAL KITE FAIR YOUTH AND TERRORISM	
66	YOZGAT	YOUTH AND TERRORISM	
67	ZONGULDAK	YOUTH AND TERRORISM	
68	AKSARAY		
69	BAYBURT	2	
70	KARAMAN	TERRORISM AND DRUGS	
71	KIRIKKALE	YOUTH AND TERRORISM	VIOLENCE IN INTERNET 24
72	BATMAN	27	15
73	ŞIRNAK	FIML FESTIVAL PROJECT	
74	BARTIN	YOUTH AND TERRORISM	6
75	ARDAHAN	YOUTH AND TERRORISM	
76	IĞDIR		
77	YALOVA	YOUTH AND TERRORISM	
78	KARABÜK		
79	KİLİS	YOUTH AND TERRORISM	
80	OSMANİYE	YOUTH AND TERRORISM	
81	DÜZCE		
GRAND TOTAL			

Within 2009, the Anti-Terror Divisions operating in all provinces of Turkey have reached out to 56,754 persons through 919 Activities, and the Juvenile Divisions reached out to 15,698 persons through 44 Activities.

3.2.2.2. Prevention Interventions by the Ministry of Health (MoH)

The National Strategic Action Plan of the MoH sets “Reducing Threats Against Public Health” as a general objective and within this framework, “a 25% reduction in the use of tobacco, alcohol and drugs by 2013” is aimed.

With the introduction of the Law no. 4207 on the “Prevention and Control of the Damages Caused by Tobacco Products“, smoking and use of other tobacco products in public places, workplaces, public transport vehicles has been banned as of 19 May 2008 in order to protect all segments of the society as well as the future generations from the harmful effects of the smoking of others.

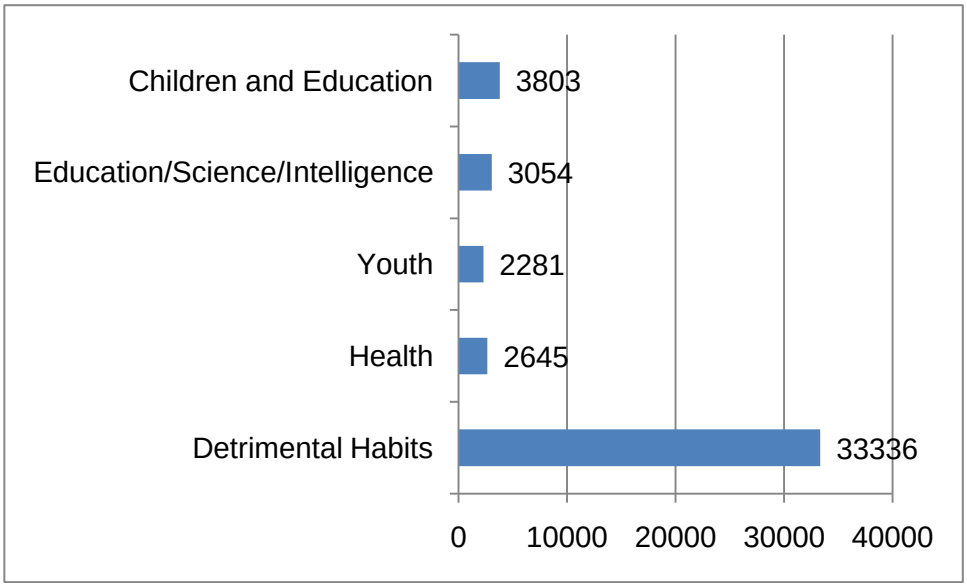
This Law which brings new regulations at world standards concerning the smoking and use of tobacco products in public places in Turkey has entered into force as of 19 May 2008 and the MoH, which provides information on this Law by means of all public agencies and local authorities, also carries out special communication campaigns for its citizens.

Furthermore, the Law has been extended as of 19 July 2009 and smoking and use of other tobacco products have been banned in all close areas of public and private nature (except for personal residential areas) as well as the public transport vehicles. Persons who breach the Law are not only subject to paying fines, but there are also some other penalties for them according to the type and extent of the breach. The new structuring and arrangements in the MoH is important for the expansion of demand reduction interventions to the whole country. It is considered as an important opportunity that the new structuring of AMATEMs (Alcohol and Substance Addiction Research and Treatment Centre) and UMATEMs (Inhalant/Solvent Addiction Research and Treatment Centre) which used to be known as mainly providing treatment for addicts and their families will be more actively involved in demand reduction activities as an integral process by introducing new steps (Day Support Units, more effective outpatient treatment, social work and case management) for a more systematic implementation and reporting exercise in the field of demand reduction.

3.2.2.3. Interventions by the Presidency of Religious Affairs

Within the scope of the community-based prevention, the Presidency of Religious Affairs Religious Services Department have given 11,783 preaches nationwide on the topics of Children Rights and Education; Education/Science/Intelligence; Youth, Health and Detrimental Habits and related subjects. Moreover, in 2009, conferences, panels, radio and TV programs were carried out on social issues. 599 of them focused on detrimental habits.

Chart 3-2 : Breakdown of Preaches by Topics



3.2.2.4. Community-based Interventions by Municipalities on the Prevention of Drug Addiction

As universal prevention, interventions by the Metropolitan Municipalities can be mentioned. Below section is a summary of community-based interventions of this type: (TBMM, 2008: 332-343)

İstanbul Metropolitan Municipality (İBB) Child Assembly opened a desk in one of the most central squares in İstanbul in cooperation with İstanbul Police Juvenile Division officers named as "Buddies". Thus, Istanbul people were informed on drug addiction and flyers and brochures were distributed to them containing information on damages of alcohol and drugs. IBB has also started to offer in 17 centres free-of-charge services to quite smoking.

In Sultanbeyli Child and Youth Centre, established with the support of Istanbul Metropolitan Municipality (IBB), EU funds and Sultanbeyli Municipality in 2009, 404 children were reintegrated into educational system, 310 of which used to work on the streets. (İBB, 2010).

Below are the data on the family structures, street life, criminal records, tobacco and drug use status of 734 youngsters that have received service from ISMEM (İstanbul Youth Rehabilitation and Vocational Training Centre) that operates under IBB in the field of children and adolescents under risk.

Table 3-3: Data on the family structures, past street life and criminal records of youngsters receiving service from ISMEM

Family Structure	**%**
Living with family	**%33**
Not living with family	**%66**
Past street life	**%**
Yes	**%80**
No	**%20**
Criminal record	**%**
Yes	**%61**
No	**%39**

Table 3-4: Breakdown of the Drug Using Status of Youngsters Receiving Service from ISMEM between 2003-2010

NUMBER OF YOUNGSTERS RECEIVING SERVICE FROM ISMEM BETWEEN 2003-2010	**734**

	NUMBER	**%**
NEITHER SMOKER NOR DRUG USER	**100**	**13.62**
SMOKER ONLY	**214**	**29.16**
BOTH SMOKER AND DRUG USER	**340**	**46.32**
NON-SMOKER BUT DRUG USER	**80**	**10.90**

DATA ON SMOKING			
SMOKERS		**NON-SMOKERS**	
NUMBER	**554**	**NUMBER**	**180**
%	**75.48**	**%**	**24.52**

DATA ON DRUG USE			
DRUG USER		**NON-DRUG USER**	
NUMBER	**420**	**NUMBER**	**314**
%	**57.22**	**%**	**42.78**

Table 3-5: Breakdown of Drugs Used by Youngsters Receiving Service from ISMEM between 2003-2010

BREAKDOWN OF DRUG USERS AS PER THE DRUGS USED (Solvents/Inhalants include glue, thinner and benzene; narcotic drugs include cannabis, heroin, cocaine and crack; pills include roche, ecstasy)		
SUBSTANCES	**NUMBER**	**%**
ALCOHOL	**34**	**8.10**
SOLVENTS/INHALANTS	**129**	**30.71**
NARCOTIC DRUGS	**23**	**5.48**
PILLS	**3**	**0.71**
ALCOHOL, SOLVENTS/INHALANTS	**16**	**3.81**
ALCOHOL, NARCOTIC DRUGS	**14**	**3.33**
ALCOHOL, PILLS	**1**	**0.24**
ALCOHOL, SOLVENTS/INHALANTS, NARCOTIC DRUGS	**19**	**4.52**
ALCOHOL, SOLVENTS/INHALANTS, PILLS	**3**	**0.71**
ALCOHOL, SOLVENTS/INHALANTS, NARCOTIC DRUGS, PILLS	**42**	**10.00**
ALCOHOL, NARCOTIC DRUGS, PILLS	**9**	**2.14**
SOLVENTS/INHALANTS, NARCOTIC DRUGS	**48**	**11.43**
SOLVENTS/INHALANTS, PILLS	**15**	**3.57**
NARCOTIC DRUGS, PILLS	**7**	**1.67**
SOLVENTS/INHALANTS, NARCOTIC DRUGS, PILLS	**57**	**13.57**

These findings provide important information on the family structures and drug using profiles of youngsters that are in İstanbul as a metropolitan city and that have a street life experience. Based on these findings, it is necessary that the municipalities strengthen their capacity to provide support to these disadvantaged groups living in different areas of the city. It is seen as a priority area that multilateral prevention and rehabilitation interventions and services be offered to these people from various age groups which are under a certain risk of drug use

Ankara Metropolitan Municipality (ABB) provides services on drug addiction prevention via 2 centres. These are Youth Centres and Centres for Children Working on the Streets.

Ankara Metropolitan Municipality (ABB, 2010:3) continues its work on prevention and post-treatment interventions under the scope of counteracting drug addiction. In this scope, Child Clubs, Youth Centres, Centres for Children Working on the Streets and Social Rehabilitation Centres are offering services for various age groups. In order to keep the youngsters away from social threats; computer, oratory, handcraft, etc. courses are offered as well as various sports branches in these centres.

In 2009, 15-24 age group youngsters received free-of-charge services from 12 youth centres in different districts of Ankara, such as sportive and cultural activities, Guidance and Counselling Services, Training Seminars on Drugs, Snatching, Smoking and Alcohol, Health, etc. Between 2003-2009, 273,493 youngsters were offered services via youth centres. In 2010, this number has been 71,306 so far.

Child Clubs' practice focuses on 7-14 age group children especially living in poor areas and aims at reducing the inequalities and discrepancies that these children are living in. These clubs are also trying to keep the children away from detrimental habits and to endow them with necessary skill for their self-development in cultural and social aspects. The Clubs have been introduced into the system in order to protect these vulnerable groups from criminal organisations and to prevent that they are dragged into smoking, alcohol, drugs and gambling, etc. Between 1994-2009, 330,078 children received service from these Clubs and in 2010, this number has been 123,648 so far.

“Project on Children Working on the Streets of Ankara” has been launched on the basis of a Protocol signed in December 1992 between Ankara Metropolitan Municipality and ILO – IPEC (International Labour Organisation – International Program on the Elimination of Child Labour) for the children working on the streets as a risk group. This project aims at orienting the children working on the streets to education, solving their family and school problems, helping the children who have not been able to start school yet or who have dropped-out due to financial issues to reintegrate into school and enjoy the compulsory basic education, preventing any conflicts that they might have with their environment and society, supporting them in their environment and rehabilitating them, preventing the abuse of children and directing them to a safer future. When the success level of Ankara Metropolitan Municipality in achieving the set objectives within the scope of counteracting drug addiction is considered, it can be seen that in 2009, 1,354 children working on the streets received services from the centre.

In Bursa Metropolitan Municipality, with regard to the “Drug Addiction and Harmful Habits”, Health and Social Services Department Social Services Division carries out certain activities. Within the scope of the “EU Project on Support to the Solution of the Socioeconomic Problems Stemming from Migration”, “Bursa Provincial Centre for Children Working on the Streets” has been planned. The construction of the building has been completed and the interventions on drug addiction and harmful habits have been launched.

Upon the decision dated 17 November 2005 and no. 1288 of the Kocaeli Metropolitan Municipality Municipal Council, a “Research Commission on the Establishment of the Centre for Counteracting Drugs and Rehabilitation” was created. The Commission identified the possible partners at provincial level for the solution of the drug addiction as a social problem.

Social Development Unit opened under Sakarya Metropolitan Municipality contains Family Counselling Unit, Training Unit for Children Working on the Streets and Drug Addicts and Vocational Training Unit. Following the detection of children under risk, their families are contacted to offer both moral and financial support. Drug addicts are referred to the related units for treatment. The main goal of this practice is to identify all young addicts in Sakarya Province, to treat them all and provide them with education and occupation.

Erzurum, which is located at the eastern part of Turkey and which attracts immigrants from inside the country, has different projects and measures developed by the Erzurum Metropolitan Municipality under the scope of “Counteracting Drugs and Addiction and Social Reintegration of Children and Youngsters under Risk” program.

Antalya Metropolitan municipality also has certain interventions to counteract drug use and to minimise its negative effects and they are summarised below:

* Various seminars and concerts for the young population under certain social risks.
* Social Services Division in the Municipality offers moral and financial support to the drug addicts, refers them to municipal treatment centres and when this is not sufficient, guides them to an upper treatment unit for their reintegration into the society.
* Antalya Metropolitan Municipality has initiated another intervention in this regard by its campaign called “One Sportsman From Each House”.

In Gaziantep, around 3,000 children under 15 are on the streets to work or in workplaces as unskilled workers. Rehabilitation services are offered to these children and their families by Metropolitan Municipality, district municipalities, district governorships, Social Services and Child Protection Agency, Southeastern Anatolian Project (GAP) Administration, ILO, Provincial TNP, Provincial Education Directorate, Health Directorate and NGOs. EU provides support in this regard on the basis of projects. Gaziantep Metropolitan Municipality provides its services in First Step House. In 2007, 82 substance-addicted living in the street were reached. 17 of them were recovered, 14 of them are still under treatment and 54 of them have returned either to their families or to the street.

3.3. Selective Prevention

As known, the target group of the selective prevention is the Groups Under Risk. Demand reduction interventions with regard to these groups fall under selective prevention. The interventions carried out within this scope are as follows:

- MoH interventions can be mentioned under this category. MoH prepared a National Mental Health Policy by asking opinions of all relavant agencies and institutions, professional organisations on mental health and some NGOs. Some studies have been carried out in this regard and 12-24 age group has been stated as the main part of the risk group which is indispensable for prevention interventions. The most important characteristic of this group is its tendency to form small groups that are vulnerable to any type of social impact. It is emohasised that If drug use is among the norms of the group, the adolescent would start even using drugs for the sake of staying in the group and thus, protection and prevention interventions should focus on risk groups which also contain this age group. Interventions for individuals who have not contacted drugs yet, but who poses a high risk of contacting them due to his/her age are considered in primary prevention interventions. It is stated that protection and prevention interventions in Turkey, which has a high number of young population, are of great significance for the protection of the youth. Patients and their families receiving service from AMATEMs and UMATEMs are mainly considered within the scope of these studies (TBMM, 2008:276)

- Additionally, MoNE launches the interventions on children under risk in one month following the start of the new academic year. By means of the “Problem Screening Inventory” implemented by the counselling service in the schools, children under risk are detected and necessary measures are taken in this regard (MoNE, 2010).

MoNE has a National Strategy for school-based prevention. “The National Policy and Strategy Document 2006-2012” prepared under the coordination of TUBIM lays down the strategy with regard to the methods to be followed in school-based actions.

Within the scope of the “Prevention and Reduction of Violence in Educational Settings Strategy and Action Plan 2006-2011+”, provincial executive boards have been established and they prepare annual plans and take actions in line with their own needs. The actions taken are regularly reported to the MoNE. These interventions are implemented by counselling teachers/psychological counsellors under the coordination of school management.

School-based drug prevention interventions are carried out by counselling teachers with the purpose to support the youngsters during their academic, social and emotional growth and to protect them from risks. The ultimate goal of these interventions is to raise awareness of youngsters to stay away from drugs and to make them clearly understand whay they should avoid them. These interventions are carried out with the participation of school authorities, academicians from universities, prevention centres, treatment centres, law enforcement and law-making authorities and several other institutions. During these awareness raising intervention on drugs, personal development of children and adolescents by the acquisition of certain life skills without mentioning the names of the drugs is prioritised. As the said school-based interventions are prepared both in a modular format and in a package form, they possess certain standards.

3.3.1. Interventions Under the Scope of Selective Prevention by Social Security and Child Protection Agency (SHÇEK)

SHÇEK does not have a special organisation for the prevention and control of drug use. SHÇEK, in line with its Law no. 2828 and related legislation, provides services for families, children, handicapped and old people that need protection and support. Different units have

been established to this purpose. Measures are taken to protect individuals from harmful habits.

No further data is available.

3.4. Indicated Prevention

EMCDDA's indicated prevention activities are carried out as oriented towards children groups that are at risk of drug use due to some characteristics such as being hyperactive, very shy, introverted, depressed particularly due to some risk factors that may be internal or external.

Since the activities under the focus of indicated prevention are carried out by the Mental Health Services of the Ministry of Health under treatment aspect, more information on this subject may be obtained under the section titled "Treatment of Drug Addiction".

Children who has dropped out of primary and secondary school, who work on the streets, who are drug addicts or who have committed crimes should be guided towards their schools or open plan schools and should be given educational support. It is observed that although some families get their children enrolled in open plan schools, they cannot be successful under the dominance of the negative street influence.

The Ministry of National Education needs to take concrete steps to introduce school social services in addition to the existing counselling and guidance services at schools in order for the children to be at peace with the educational institutions and to ensure that all children demand education again. Activities with a focus on psycho-social aspects should be concentrated in schools in order not to miss out on certain conditions which are important indicators for mental health issues such as skipping school, dropping out, trying to use drugs, presenting offending behaviour, failing at school, not being able to establish relations with other students and the teacher or relationship disorders which have a low possibility of being noticed particularly in crowded schools and classrooms. For this purpose, it is very important to recruit social workers at schools and introduce School Social Services which are an integral part of sophisticated educational systems, but are still not being applied in Turkey. It is considered that this will accelerate the preventative activities towards children and young people at schools that are under risk of drug addiction.

3.5. National and Local Media Campaigns

EMCDDA states that the messages and costs of national and local campaigns and the results of researches conducted in relation to these campaigns are significant in prevention activities.

With its nationwide organisation, TUBİM collects data (trafficking, seizure, treatment, prevention, etc.) related to addictive (narcotics, stimulants, etc.); prepares and implements action plans following the assessment of such data and recognizes the importance of media, particularly the visual media, in the area of prevention of and counteracting drug use.

Turkish Radio and Television Supreme Council (RTÜK) which is responsible for the supervision of national media institutions has reported 2 developments as regards their activities for the prevention of drug addiction: A principle has been integrated into the broadcasting principles of the "Draft Law on Establishment and Broadcasting Services of Radio Stations and Television Channels" ensuring that the broadcasts are not "encouraging the use of alcohol and tobacco products and addictive substances such as drugs" (RTÜK, 2010:2). Furthermore, in the framework of a projected process covering the period of 2007-2010; TUBİM, RTÜK and TVYD (TV Broadcasters Association) has cooperated in preparing a booklet titled "The Role of Audio-Visual Media in Counteracting Drugs and Drug Use" in line with the "National Strategy Document against Drugs" (TUBİM, 2010). The contribution of TVYD, to which many national TV channels are member, has been very pleasing due to its role in the adoption of and cooperation in the work.

The General Directorate of Family and Social Researches, which has been established to carry out activities towards the identification and solution of social problems in our country and maintaining, strengthening the integrity of the Turkish Family and increasing social welfare, has carried out "Local Family Workshops" in 12 regions (Istanbul, Western Marmara, Aegean, Eastern Marmara, Western Anatolia, Mediterranean, Central Anatolia, Western Black Sea, Eastern Black Sea, North-eastern Anatolia, Central-eastern Anatolia, South-eastern Anatolia) according to the Statistical Regional Units Classification.

In these workshops, which have been held in order to identify family problems at local level and ensure the find local solutions to local problems, to obtain data sources pertaining to family policies, to raise the awareness of the local actors concerning family problems and to contribute to the strengthening of the social structure at local level, Family Structure Survey (2006), Turkey's Adolescent Profile (2008), Divorce Reasons Survey (2008), Family Values Survey (2009), Family Training Needs Analysis (2009) and Local Family Workshops held in 12 regions have been utilised as data sources.

For the purpose of sharing the outputs of "Local Family Workshops" that took place with the participation of the representatives from public agencies and NGOs, local authorities and academicians from universities and mapping Turkey's social problems, Family Workshops Assessment Meeting was held on 14-15 May 2010 in Ankara and a Conclusion Report titled "Regional Overview of Family Problems" was prepared, in which it is deemed crucial that the treatment and rehabilitation services for drug using children and adolescents be expanded on the basis of provinces, well-planned interventions be introduced for the prevention of drugs and drug addiction, trainings be given to parents and children on drug addiction and due to the fact that the rehabilitated users return back to their ex-environments, special work be carried out on regions where drug use and sale is intensive.

A cooperation protocol has been concluded between ASAGEM and the Radio and Television Supreme Council aiming at the cooperation in conducting joint activities to ensure broadcasts on family education and to contribute to the education of families. Therefore, spot films titled "Current Problems of Families" have been prepared. Public broadcasting is planned for these spot films which have been prepared under the scope of the cooperation protocol signed with the TRT (Turkish Radio and Television Organisation) and which include easily understandable and practical information on the solutions for fundamental problems (domestic violence, drugs, smoking, etc.) in the family.

In line with the preventive policing approach of the General Directorate of Security (Turkish National Police); TNP, Ministry of Labour and Social Security, Turkish Employment Agency, and Turkish Union of Chambers and Commodity Exchanges have co-signed a protocol on 13.05.2009. With this protocol, the "Hope Star Project for a Happy Future for Children" has been put into life in order to take care of the children in our country who are under risk, encouraged to be involved in crimes, living on the streets and who have become drug addicts or face similar negative circumstances and to protect them from crime and other detrimental habits, to ensure their employment by providing vocational education including awareness raising and informative activities and hence to ensure that they are integrated into the society as healthy individuals. Within the scope of the Project, in cooperation and coordination with private and non-governmental organisations, it is aimed to implement solution-oriented and multi-dimensional interventions in order to ensure that problematic children/adolescents be employed and transformed into healthy individuals in the society by developing their cohesion, communication and vocational skills, especially for the 16-18 age group.

Under the auspices of the Presidency of Turkish Parliament, the General Directorate of Security (TNP) organises every year the "International Symposium on Children at Risk and in Need of Protection" for the Happy Future of World Children within the week of 23rd of April National Sovereignty and Children's Day. While the first Symposium was held on 27-29 April 2009, the second of the same symposium was organized again under the auspices of the Presidency of Turkish Parliament in Ankara on 24-26 April 2010.

This symposium's main objective is to share the problems of our children, to develop solution oriented policies and to increase the communication and cooperation between our country and other countries of the world to the highest level and hence to create a happier world for children.

3.5.1. Role of Audio-Visual Media in Counteracting Drugs and Drug Addiction

In line with the objectives set out in the National Strategy Document, a project on the "Role of Audio-Visual Media in Counteracting Drugs and Drug Use" has been launched under the coordination of TUBİM and RTÜK with the participation of representatives of prevention institutions in combating drug use, the representatives of media institutions/agencies and academicians. The purpose of the above-mentioned project is to contribute to increasing the number of programs containing the right messages as much as possible for the media, to help in alleviating the knowledge and sensitivity level of this sector, to ensure that useful information are conveyed to all parts of the society particularly through the program producers and hence contribute to the combat against drug use and drug addiction. In the combat against this multi-dimensional problem, the conscious support, on scientific grounds, of all relevant parties is needed.

As a result of the projected activities initiated under the cooperation of TUBİM and RTÜK (Radio and Television Supreme Council) in 2007-2010, it has been adopted as a decision that all actors in visual media will be requested to support preventive and counteracting activities. In order to increase the sensitivity of producers, broadcasters and scriptwriters in visual media as regards drug use and addiction and to emphasize sensitive issues that may seem to be insignificant within the program yet may cause great harm in terms of its influence, a manual has been prepared on ethical principles of broadcasting under the cooperation of TUBİM, RTÜK and TVYD and with the support of the TUBIM's Scientific Committee and shared with the press in 2010.

The contribution of TVYD, to which many national TV channels are member, is the main indicator of the importance attached to the issue.

3.6. Conclusion

In conclusion, a general evaluation on the activities carried out in Turkey on prevention or demand reduction will highlight the following issues:

- It is observed that the data collected as regards Demand Reduction contain generally qualitative data. The fact that the quantitative data is limited and the relative lack of information other of some basic information such as the number of people served by individual institutions, the number of performed activities, the number of persons who participated in these activities is attracting attention. In order to obtain more systematic and quantitative data, it is considered that the study on developing a database for demand reduction activities in Turkey under the IPA project between EMCDDA and TUBİM will cover an important need.
- The prevention activities of TUBİM provincial focal points (Conference, theatre, seminar, etc.) are the most systematic activities that are conducted regularly and that strive to reach the widest possible target group (TGNA, 208: 418).
- The gradual structure of MoH that has been created as regards the prevention, identification, treatment and monitoring of new drug addiction is considered to serve to be useful in eliminating the weak link between the treatment services network for the drug addiction problem and the demand reduction services network that performs protective-preventive services.
- In many of the prevention programs carried out by the Ministry of National Education, the main responsibility is given to the counselling teachers. However, the number of psychological counsellors and counselling teachers under the Ministry of National Education is insufficient (TGNA, 2008:419). Activities with a focus on psycho-social aspects should be concentrated in schools in order not to miss out on certain conditions which are important

indicators for mental health issues such as skipping school, dropping out, trying to use drugs, presenting offending behaviour, failing at school, not being able to establish relations with other students and the teacher or relationship disorders which have a low possibility of being noticed particularly in crowded schools and classrooms. For this purpose, it is very important to recruit social workers at schools and introduce School Social Services which are an integral part of sophisticated educational systems, but are still not being applied in Turkey. It is considered that this will accelerate the preventive activities towards children and young people at schools that are under risk for drug addiction.

- The importance attached to demand reduction activities by the Metropolitan Municipalities is outstanding. Cooperation with Metropolitan Municipalities in Turkey should be increased and their awareness on their important role in this issue should be raised and it is considered that it will be useful if they are guided to take their drug addiction prevention activities and projects under record and report them according to EMCDDA criteria.

SECTION 4

PROBLEM DRUG USE

Dr. Arif AKGÜL[29]-[30]

4.1. Introduction

PDU (Problem Drug Use) is one of the five key epidemiological indicators defined by the EMCDDA. Whether a substance is classified as problem or not is determined based on various criteria developed by the EMCDDA. In this line, PDU is defined as "*injecting drug use or long-term/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, the EMCDDA experts are currently working on new methods to estimate 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.

Estimation 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 indicate PDU prevalence at a certain level, these estimations are vital for determining the number of hidden users. The more the said data are comparable and the healthier the calculations are both at national and European levels, the more successful the estimations will be as well as the measures to be taken accordingly.

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 estimations. 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). However, these methods are not practical and may generate 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).

4.2. Estimation of Prevalence of Problem Drug Use

4.2.1. Mortality multiplier method for problem opiate users in Turkey

In the 2008 Turkey National Report, PDU was estimated 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, problem opiates users were estimated by using multiplier method for the first time. In this regard, the multiplier number was adapted to Turkey by taking the results of a

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[30] National Expert on Problem Drug Use.

European survey as a reference and the number of PDUs was estimated to be in the range of 25,500 – 36,500 (Turkey's Drug Report, 2009). EMCDDA officials have stated that the estimation is acceptable on scientific grounds. In 2010, the calculation was improved and updated.

Number of opiate related deaths were used a benchmark. In Turkey, there were 124 opiate related deaths reported in 2007, 140 in 2008 and 147 in 2009. Mortality rates among opiate users due to drug-related deaths found in 7 European cities and Denmark in 1990-1992 were used as a multiplier (Bargagli et al. 2006) – see table 1 and table 2.

Table 4-1: Number of subjects enrolled in the eight cohorts and crude mortality rates (per 1000 person-years), EMCDDA project on mortality, age range 15–69 years for both calculation of person-years at risk and number of deaths (Bargagli et al. 2006)

Study site	Study period	Number of subjects	Person-years	Number of deaths	Crude mortality rate		
					Overall	Males	Females
Amsterdam	1996–2002	2575	10 576.31	174	16.45	16.72	15.39
Barcelona	1992–2001	5037	30 237.06	1137	37.60	38.94	33.38
Denmark	1996–2002	8808	40 317.80	701	17.39	18.33	14.78
Dublin	1994–1997	5285	10 345.27	114	11.02	13.17	5.30
Lisbon	1992–2003	3275	28 619.70	440	15.37	16.13	12.35
London	1997–2001	881	2 850.39	35	12.28	13.82	7.97
Rome	1992–1997	5924	21 248.39	425	20.00	19.92	20.37
Vienna	1990–1998	4150	14 834.62	195	13.14	16.41	6.01

Table 4-2: Number and proportion of deaths, and mortality rate by cause, all ages (15–69 years), by cohort, EMCDDA project on mortality – phase 2 (Bargagli et al. 2006)

Study site	Drug-related deaths			AIDS deaths			Other causes			Missing causes		
	n	%	Crude rate/1000	n	%	Crude rate/1000	n	%	Crude rate/1000	n	%	Crude rate/1000
Amsterdam*	-	-	-	-	-	-	-	-	-	-	-	-
Barcelona	392	34.5	12.96	421	37.0	13.9	280	24.6	9.3	44	3.9	1.46
Denmark	285	40.7	7.07	17	2.4	0.42	169	24.1	4.19	230	32.8	5.70
Dublin	32	28.1	3.09	24	21.1	2.32	54	47.4	5.22	4	3.5	0.39
Lisbon	32	7.3	1.12	179	40.7	6.25	181	41.1	6.32	48	10.9	1.68
London	21	60.0	7.37	0	0.0	0.00	10	28.6	3.51	4	11.4	1.40
Rome	141	33.2	6.64	135	31.8	6.35	142	33.4	6.68	7	1.7	0.33
Vienna	98	50.3	6.61	37	19.0	2.49	60	30.8	4.04	0	0	0

*: No information on causes of death available

For estimation of problem opiate drug users in Turkey, outlying drug-related mortality rates were excluded (from Lisbon and Barcelona). The lower (from Dublin), upper (from London) and average rate (computed as the pooled rate of the 5 studies excluding outlying rates in Barcelona and Lisbon) were used for the estimation of opiate drug users in Turkey in 2007–2008 – see table 3.

Table 4-3: Estimation of problem opiate users in Turkey in 2007–2009 – mortality multiplier method

Year	Number of opiate-related deaths in Turkey	Drug-related mortality rate (per 1000 opiate users aged 15-69)			Estimate of problem opiate users in Turkey		
		Lowest	Highest	Pooled	Highest	Lowest	Central
2007	124	3,09	7,37	6,44	40 129	16 825	19 255
2008	140	3,09	7,37	6,44	45 307	18 996	21 739
2009	147	3,09	7,37	6,44	47 573	19 946	22 826

However, the validity of the estimate should be discussed. Multiplier used (mortality rate) was transferred from external studies and the real risk of death of problem opiates users in Turkey can differ from this rate. Another part of the estimate is the benchmark – DRDs data. Taking into account the coverage of Special mortality register, the number of DRDs and thus also estimates of PDU seems to be rather underreported, resp. underestimated.

Based on the geographical distribution of the benchmark (DRDs data), Istanbul forensic medical department contributes by 50 % to the total number of DRDs (see the chapter on DRDs). This means that half of the estimated number of problem opiate users in 2009 (central estimate of more that 20 thousand in total) can be assumed in Istanbul (more than 10 thousand). Thus problem opiate users estimate especially for the provinces other than Istanbul seems to be underestimated.

4.2.2. Capture-recapture studies

Within the scope of the 2009-2011 EU Twinning Project and 2010-2012 IPA-3 (instrument for pre-accession assistance), PDU estimations are planned at local level (Ankara, Istanbul and Izmir). The said study will be carried out with the support of related Ministries and Gazi, Istanbul, Marmara and Ege Universities. In this study, the below-mentioned data sources will be used:

- Ministry of Interior (Turkish National Police Narcotics Division), data on individuals arrested by police (law enforcement data) due to narcotic crimes (possession, dealing),
- Ministry of Health (DG for Curative Services), data on individuals receiving inpatient treatment in treatment centres (AMATEMs) (treatment data),
- Ministry of Justice (DG for Prisons and Detention Houses), data on individuals imprisoned or convicted due to narcotic crimes (possession, dealing, etc.),
- Ministry of Justice (Council of Forensic Medicine), data on individuals died due to drug use (DRDs).

The said estimations are significant as they will be the first examples of field studies to be conducted in Turkey in line with the EMCDDA criteria.

4.3. Data on PDU from non-treatment sources

A total of 168 IDUs were interviewed between January and March 2009 within the sero-behavioural study in the city of Gaziantep (Altan and EMCDDA, 2009). 97.0% of the participants were male. The average age of the respondents was 31.5 years. Almost half (41.1%) had only primary education. The average duration of use of addictive drug(s) was

6.14±3.12 years and the average duration of injecting drug use was 3.03. ±1.94 years while the average of age of first injection was 28.37±4.37. Other findings of the study were:

- 69 (41.1%) had primary and 62 (36.9%) had secondary education. Only one IDU (0.6%) was illiterate.
- 164 IDUs do work and have income-generating jobs. Average monthly income is 2332.6 TL.
- 8 of them (4.8%) lived on the streets for more than one week in the past 12 months.
- Drug first used was cannabis at 71.4%. Heroin was the first drug injected at 95.8%.
- Drugs currently used were heroin, cannabis and pills (64 IDUs, 38.1%), heroin and pills (46, 27.4%), heroin (30, 17.9%), heroin and cannabis (23, %13.7) heroin and cannabis, cocaine and heroin (3, 1.8%), cocaine (1, 0.6%) and heroin, sniff and cannabis (1, 0.6%). Pills mean green (special) prescription drugs such as rivotril. Respondents who use multiple drugs said that they use substances which are easiest to access. Only 31 were using single drug.
- 59.5% have alcohol more than once a week. 32.1% drink every day.
- When asked about the last time they injected, 45.2% replied “yesterday”, %36.3 in the last 7 days, 14.7% on the day the question was asked and 4.2% in the last one month.
- In the past one month, 50.0% used injecting drugs once a week, 33.3% 2-3 times a week, 6.5% once a day and 1 (0.6%) more than once a day.

Table 4-4 : Selected characteristics of substance abuse of the sample of 168 IDUs, Gaziantep, 2009

Duration of use of addictive drug	Number	%
1-4 years	51	30.4
5-9 years	97	57.7
10> years	20	11.9
X ± SD = 6.14 ± 3.12, Median= 5.0, Min – Max = 1-17		
Duration of injecting drug use		
1< year	12	7.2
1-4 years	118	70.2
5> years	38	22.6
X ± SD = 3.03 ± 1.94, Median= 3.0, Min – Max = 0.2-9		
Age of first drug injection		
20-24 years	37	22.0
25-29 years	67	39.9
30-34 years	49	29.2
35-39 years	13	7.7
40+ years	2	1.2
X ± SD = 28.37 ± 4.377, Median= 28.0, Min – Max = 20-40		
Drug first used		
Cannabis	120	71.4
Heroin (not in combination with cocaine)	3	1.8
Ecstasy	29	17.3
Captagon	11	6.5
Other cannabis+ecstasy	2	1.2
Other (sniffing heroin)	3	1.8
First drug injected		
Heroin (heroin alone)	161	95.8
Cocaine (cocaine alone)	7	4.2
Drug currently used		
Heroin	30	17.9
Cocaine	1	0.6
Cannabis and heroin	23	13.7
Pill + heroin	46	27.4
Sniff, cannabis, heroin	1	0.6

Cannabis + heroin + pill	64	38.1
Cocaine and heroin	3	1.8
Time of last injection		
Today	24	14.3
Yesterday	76	45.2
In the last 7 days	61	36.3
In the last month	7	4.2

SECTION 5

DRUG ADDICTION TREATMENT

Emine DAL[31]-Dr. Metin ESEN[32]

5.1. Introduction

Treatment of drug addiction in Turkey is carried out in AMATEMs and psychiatry clinics of public hospitals operating under the Ministry of Health or in the treatment units of the university hospitals operating under the faculties of medicine of the universities, in centres established under public-university partnership and in private centres. Drug addiction treatment is offered either as outpatient or inpatient. Treatment costs are covered under the general health insurance.

As drug addiction is defined to be a disorder in the new Turkish Penal Code (art.57/7-art.191/2), Child Protection Law (art.5/d) and Regulation on Drug Addiction Treatment Centres, health expenses are covered by the social security agencies to which the patients are registered. The expenses of those without a social security are covered under the ***"Law no. 5510 on Social Security and General Health Insurance"*** until the age of 18.

As the social security covers the entire population pursuant to the ***Law no. 5510 on Social Security and General Health Insurance*** put into effect following its publication in the Official Gazette dated ***25.03.2010*** and no. ***27532***, drug addicts are also under the coverage of the General Health Insurance. In accordance with the Article 63 of this Law, "protective health services aiming at the prevention of drug addiction which is harmful for human health" are among the health services to be financed by the State. This is a positive factor for increasing the accessibility and feasibility of the treatment programmes.

Health care costs of Turkish citizens over 18 who are not under the coverage of any social security and who cannot afford the costs of health services are covered by the State in accordance with the ***"Law no. 3816 on the Compensation of the Treatment Expenses of the Citizens who Cannot Afford These Expenses by Giving Them a Green Card"*** published in the Official Gazette dated ***03.07.1992*** and no. ***21273.***

Health care costs of those who cannot get a green card, but who are still not able to afford these costs are met through the advance system allocated from the Social Solidarity Fund to our Ministry according to the document to be prepared by local social asssistance and solidarity foundations. The treatment costs of drug addicts who cannot afford to pay are also eligible within this system.

One of the important problems that decrease the accessibility of treatment centres is the distance of these centres from the residential areas of some patients. This has a negative impact on applying to treatment, continuing the treatment and the psychological support as an integrated part of the treatment.

Misperceptions and lack of knowledge of the society on drug users and addiction treatment might also have a negative impact on the success of treatment and development of different treatment models in our country. Furthermore, drug addicts might develop a tendency to hide due to a possible stigmatisation. Thus, they might not approach treatment and they remain deprived of it. However, there are still some who try different ways to access to treatment. Users who can not access to treatment and support services due to social and legal concerns are under a certain risk to become problem drug users in the future.

[31] Psychologist, Ministry of Health Directorate General for Curative Services
[32] Ministry of Health Directorate General for Curative Services

For the success of drug addiction treatment, it is very important to carry out social support programmes in addition to the medical approach; especially it is a must that the programmes developped for those who have very recently started using drugs or who have become addicts be implemented in an integrated manner with treatment centres. However, services provided in this field (education, job acquisition, housing, counselling services, etc.) are not at the expected level.

The collection of data from the Treatment System is of utmost importance for the asessment of drug addiction treatment and for treatment demand indicator. Measures to take and services to offer are determined by means of monitoring the evolution of drug use and addiction treatment nationwide. Therefore, all the forms filled-in manually by treatment centres are submitted to our DG (Directorate General of Curative Services) and the data in these formes are collected in a data pool. By the colleciton of these data, it is aimed that certain demographic information be revealed with regard to the patients as well as the factors influencing drug use and consequences of it. These data are transferred to the digital platform by using SPSS. Following the analysis of these data, our DG carries out an assessment on treatment demand indicator in our country and plans the necessary services.

As a result of the efforts made within the scope of Sağlık-Net (Health Network), it is planned to have an access to these data in the digital platform, as well. By this way, it will be possible to prevent data loss with regard to patients receiving outpatient and/or inpatient treatment and to analyse data in a quicker and more detailed way.

5.2. Strategy and Policy

Drug use and addiction is becoming an increasingly important problem both in the world and in our country and for its treatment, the Ministry of Health performs its tasks and duties by preparing action plans and setting targets that are in line with the national strategy and policies prepared for counteracting drug addiction.

In our country, “National Policy and Strategy Document on Counteracting Addictive Substances and Addiction (2006-2012)” is the most comprehensive document at national level and in line with the action plans prepared accordingly our Ministry sets its priorities and continues to carry out its efforts in coordination with other agencies and institutions. 2006-2009 National Action Plan has been evaluated and 2010-2012 Action Plan preparations are currently made.

The MoH is also working on the “Action Plan on Substance Addiction Other than Alcohol 2011-2014”.

Furthermore, buprenorphine+naloxan (suboxone) preparate was licensed in 2009 and its use has started as of 2010 in drug addiction treatment. Soboxone Treatment was discussed in the Scientific Commission on Drug Addiction Treatment Procedures and with the Circular no. 2009/74 issued by the MoH DG for Pharmaceuticals and Pharmacies, principles for using Suboxone 8mg/2mg and Suboxone 2mg/0,5mg sublingual tablets in treatment. Additionally, Suboxone 8mg/2mg and Suboxone 2mg/0,5mg sublingual tablets were taken under assessment by the “Payments Commission” under the Social Security Agency and following the completion of the assessment, they have been inserted into the SUT EK-2D list as of 2010 and have been reimbursed

5.2.1. New Developments and Trends

When the distribution of Drug Addiction Treatment Centres under the MoH as of August 2010 is considered according to Table 5-1, it is seen that the total number of treatment centres has increased from 20 to 22 with the inauguration of two treatment centres in 2010, one in Gaziantep and the other in Bursa. Also, the number of treatment centres under our Ministry has increased to 13.

Table 5-1: Drug Addiction Treatment Centres According to the Their Year of Inauguration

NO	NAME OF INSTITUTION	INAUGURATION YEAR
Hospitals under MoH which have a specialised treatment centre		
1	Bakırköy Prof. Dr. Mazhar Osman Mental Health and Neurologic Disorders Training and Research Hospital (AMATEM)	1983
2	Bakırköy Prof. Dr. Mazhar Osman Mental Health and Neurologic Disorders Training and Research Hospital (ÇEMATEM-Child and Adolescent Drug Addiction Research and Treatment Centre))	1995
3	Manisa Mental Health and Disorders Hospital (AMATEM)	1996
4	Elazığ Mental Health and Disorders Hospital (AMATEM)	1997
5	Samsun Mental Health and Disorders Hospital (AMATEM)	1997
6	Adana Dr. Ekrem Tok Mental Health and Disorders Hospital (AMATEM)	2000
7	Denizli State Hospital (AMATEM)	2000
8	Ankara Numune Training and Research Hospital (AMATEM)	2004
9	İzmir Atatürk Training and Research Hospital (AMATEM)	2006
10	Diyarbakır State Hospital (ÇEMATEM)	2007
11	Kayseri Training and Research Hospital (AMATEM)	2007
12	Gaziantep 25 Aralık State Hospital (ÇEMATEM)	2010
13	Bursa State Hospital (AMATEM)	2010
University Hospitals which have specialised treatment centres		
14	Ankara University Medical School (AMATEM)	1984
15	Gazi University Medical School (AMATEM)	1984
16	Ege University Medical School (AMATEM)	1994
17	Dokuz Eylül University Medical School (AMATEM)	2000
18	İstanbul University İstanbul Medical School (AMATEM)	2001
19	Maltepe University Medical School (AMATEM)	2007
Centres under Public-University-NGO partnership that implement specialised treatment		
20	EGEBAM	2003
21	AKDENİZBAM	2006
Private Hospital that has specialised treatment centre		
22	Private Balıklı Rum Hospital (AMATEM)	1994

Pursuant to the ***Article 5*** of the ***"Regulation on Drug Addiction Treatment Centres"*** published in the Official Gazette dated ***16.02.2004*** and no. ***25375,*** a ***"Scientific Commission on Drug Addiction Treatment Procedures"*** has been established consisting of MoH Unit Heads, representatives of the Ministry of Justice (MoJ) and Turkish Medical Association as well as clinicians and academicians from the field of Pharmacology and Psychiatry. This Commission convenes at least four times a year and performs its tasks and duties with regard to the diagnosis and treatment of drug addiction as indicated in the Regulation on Drug Addiction Treatment Centres. The Commission convened 5 times in 2009. The Commission still continues to work actively.

In the framework of the current Regulation, the Commission contributes also to the training of the health personnel working in the field of drug addiction. The training programme prepared by the Scientific Commission consists of theoretical and applied training modules to be offered in the training centres determined by the MoH.

According to the Regulation on Drug Addiction Treatment Centres, MoH has designated training centres in ***Ankara*** (Ankara Numune Training and Research Hospital, Ankara University Medical School and Gazi University Medical School), in ***İstanbul*** (Prof. Dr. Mazhar Osman Mental Health and Neurologic Disorders Training and Research Hospital) and in ***İzmir*** (Ege University Medical School).

Trainings have been taken under a certain discipline in 2010 for the health personnel working in the field of drug addiction to strengthen their capacity and skills in the field and for their certification.

Training and certification of the personnel that will work in drug addiction treatment centres are performed in line with the principles established in the ***"Notification on the Training and Certification of Personnel that will Work in Drug Addiction Treatment Centres"*** published in the Official Gazette dated ***10.05.2006*** and no*.* ***26164***.

In addition to the trainings, in order to ensure that drug addicts receive treatment in provinces where they live, it has been planned to identify the provinces where there is a concentrated population of individuals under probation and a high number of patients who have applied to the treatment centres for treatment and to open drug addiction treatment centres under the mental health and neurologic disorders hospitals that will be opened in these provinces in the coming years.

Mental health and disorders services with a capacity of 20-40 beds will be established in A and B group hospitals falling under the scope of the MoH Investment Programme and a certain part of the bed capacity of these services under A group hospitals are planned as AMATEM (Alcohol and Drug Addiction Research and Treatment Centre) beds.

The current version of the ***"Regulation on Drug Addiction Treatment Centres"*** is not in conformity with the actual service conditions in the drug addiction treatment centres and is not able to respond to the current needs. In order for the transformation of treatment centres defined in the **"Regulation on Drug Addiction Treatment Centres"** that entered into effect via the Official Gazette dated 16.02.2004 and no. 25375 into those which can offer inpatient, outpatient, detoxification, substitution, long-term treatment and in-community rehabilitation, it is aimed to restructure them in the framework of "community-based drug addiction treatment concept" with the support of ***the Scientific Commission on Drug Addiction Treatment Procedures*** and efforts to amend the current version of the Regulation have been accelerated.

5.3. Treatment Systems

In Turkey, in line with the perception which regards drug addicts as patients, the General Directorate of Curative Services of MoH takes action in the opening and supervision of Drug Addiction Treatment Centres, determination of their personnel tendencies, data collection with regard to treatment demand indicator, identification of diagnosis and treatment criteria and planning of more effective services for addicts in order to reduce drug use or to eliminate it totally, to overcome the problems pertaining to the withdrawal syndrome, to prevent relapse and to improve psychological and social functionality.

When the problems encountered with regard to the treatment capacity of inpatient treatment centres and challenges and changing needs in this area are taken into consideration, it is on the agenda to make amendmends to the current "Regulation on Drug Addiction Treatment Centres" in order to enable that outpatient treatment centres be opened in our country, that they be disseminated to the whole territory and that the attention of the private sector be attracted, which is insufficient for the time being.

Moreover, drug use is a crime according to the Turkish Penal Code Art. 280 and not informing the related authorities brings some penal sanctions on the physicians by law. However, the privacy and rights of patients have to be respected also according to the Medical Code of Ethics and the Regulation on Patients' Rights since drug addicts are accepted as patients. Therefore, new legal arrangements are necessary to avoid any conflict between the physicians and laws and to protect at the same time the privacy and rights of the patients.

A process has also been launched in order to overcome problems in the field of drug addiction treatment fees. It is aimed to make necessary financial arrangements concerning

outpatient, long-term inpatient, substitution, medical and social rehabilitation, etc. treatment models and to attract the attention of health personnel and private sector onto the field by eliminating the problems in the field.

Table 5-2 indicated the provinces where the active treatment centres in 2009 are located and the numbers of centres, beds and staff as well as the inpatient and outpatient treatment rates. It is seen that outpatient treatment demand is concentrated in Istanbul, Izmir, Adana and Ankara respectively.

Table 5-2: Number of the Treatment Centres as per Provinces in 2009, Number of Beds and Staff, Number of Patients Receiving Inpatient and Outpatient Treatment

PROVINCE	NUMBER OF CENTRES	NUMBER OF BEDS	NUMBER OF STAFF	NUMBER OF INPATIENTS	NUMBER OF OUTPATIENTS	RATE OF OUTPATIENT TREATMENT
İSTANBUL	5	181	90	943	66825	% 62,98
İZMİR	4	56	41	71	17710	% 16,70
ANKARA	3	96	36	339	6242	% 5,88
ADANA	1	46	13	498	7611	% 7,17
MANİSA	1	33	11	256	3115	% 2,94
KAYSERİ	1	25	18	172	18	% 0,02
ANTALYA	1	20	15	-	748	% 0,71
SAMSUN	1	17	9	21	1812	% 1,71
DENİZLİ	1	15	10	21	990	% 0,93
ELAZIĞ	1	10	9	271	710	% 0,67
DİYARBAKIR	1	10	7	2	312	% 0,29
TOTAL	20	509	259	2594	106093	%100

Drug addiction treatment is a field which requires a qualified, experienced and multidisciplinary team consisting of permanent members, a regular supervision and monitoring by authorised and experienced treatment specialists, an infrastructure with sufficient space, tools and equipment to provide a service of good quality, evaluation on the efficiency and functionality of the services that are offered and a well-established recording system.

The major problem concerning treatment centres is the insufficiency of the personnel (physician, psychologist and nurse, etc.) that will work in these centres. In addition to the fact that the number of the psychiatrists around Turkey is not at the expected level, as the field of addiction treatment is not preferred by the psychiatrists due to its problematic nature, an insufficiency is encountered in the number of health personnel working in the field of drug addiction. By improving the financial conditions and professional rights of the personnel working in these centres, MoH is trying to increase the motivation and willingness of the personnel to work in this area.

The total number of active centres and total bed capacity as of 2009 are indicated in Table 5-3 below, broken down as public, university, private sector and public-university partnership:

Table 5-3: Grand Total of Drug Addiction Treatment Centres, Their Bed Capacity and Numbers (December 2009)

	Number of Drug Addiction Treatment Centres	Bed Capacity of Drug Addiction Treatment Centres
Ministry of Health	11	332
University	6	99
Private sector	1	46

Public-University Partnership	2	32
TOTAL	**20**	**509**

When these numbers are compared to those of 2008, it is seen that there has not been a change in the number of treatment centres, that no new centre has been opened and that the situation has remained the same. On the other hand, when compared to previous years as per bed capacity, it is observed that the bed capacity, which was 495 in 2008, increased to 509 in 2009. The breakdown of number of centres and bed capacity per treatment centre is indicated below:

Table 5-4: Number of Drug Addiction Treatment Centres and Their Bed Capacity (December 2009)

NO	**NAME OF INSTITUTION**	**NUMBER OF BEDS**
1	Adana Dr. Ekrem Tok Mental Health and Disorders Hospital (AMATEM)	46
2	Bakırköy Prof. Dr. Mazhar Osman Mental Health and Neurologic Disorders Training and Research Hospital (AMATEM)	84
3	Elazığ Mental Health and Disorders Hospital (AMATEM)	10
4	Manisa Mental Health and Disorders Hospital (AMATEM)	33
5	Samsun Mental Health and Disorders Hospital (AMATEM)	17
6	Ankara Numune Training and Research Hospital AMATEM)	**43
7	İzmir Atatürk Training and Research Hospital (AMATEM)	28
8	Denizli State Hospital (AMATEM)	15
9	İstanbul University İstanbul Medical School (AMATEM)	***6
10	Ankara University Medical School (AMATEM)	24
11	Gazi University Medical School (AMATEM)	29
12	Ege University Medical School (AMATEM)	14
13	Dokuz Eylül University Medical School (AMATEM)	***2
14	AKDENİZBAM	20
15	Private Balıklı Rum Hospital (AMATEM)	46
16	Bakırköy Prof. Dr. Mazhar Osman Mental Health and Neurologic Disorders Training and Research Hospital (ÇEMATEM)	21
17	Ege University Medical School (EGEBAM) (ÇEMATEM)	12
18	Diyarbakır State Hospital (ÇEMATEM)	10
19	Kayseri Training and Research Hospital (AMATEM)	25
20	Maltepe University Medical School (AMATEM)	24
	TOTAL (Table is based on December	**509**

	2009 data)	

* The number is increased by using the beds of psychiatry clinic, when needed.
** 10 beds of Ankara Numune Training and Research Hospital are used for the treatment of child and adolescent drug addiction.
** * Beds of psychiatry clinic are used, when needed.

When we look at the types of these centres, we see mainly the addiction treatment centres for adults in Table 5-5.

Table 5-5: Total Distribution of Drug Addiction Treatment Centres by Type and by Number of Beds

Type of Centres	**Number of Centres**	**Number of Beds**
Adult Addiction Treatment Centres	17	466
Child and Adolescent Addiction Treatment Centre	3	43
TOTAL	20	509

The centres that provided data pertaining to TDI in 2009 and the number and rate of patients that received inpatient treatment in these centres in 2009 and its comparison with 2008 are indicated below in Table 5-6:

Table 5-6: Comparison of Treatment Numbers and Rates in 2008 and 2009 per Treatment Centre

TREATMENT CENTRE	**(2008) NUMBER**	**(2008)% RATE**	**(2009) NUMBER**	**(2009)% RATE**
ANKARA AMATEM	314	14,6	314	12,10
EGE MEDICAL SCHOOL	23	1,1	18	0,69
ÇEMATEM	104	4,8	146	5,63
İZMİR ATATÜRK TR HOSPITAL	15	0,7	50	1,93
EGEBAM	6	0,3	0	0,00
DİYARBAKIR	13	0,6	2	0,08
9 EYLÜL MEDICAL SCHOOL	4	0,2	3	0,12
KAYSERİ SH	86	4	172	6,63
BAKIRKÖY AMATEM	317	14,8	323	12,45
AKDENİZ	56	2,6	0	0,00
MALTEPE UNIV	13	0,6	9	0,35
BALIKLI RUM HOSPITAL	500	23,3	465	17,93
ADANA MHH	206	9,6	498	19,20
DENİZLİ SH	42	2	21	0,81
ELAZIĞ MHH	238	11,1	271	10,45
MANİSA MHH	208	9,7	256	9,87
SAMSUN	0	0	21	0,81
GAZİ	0	0	25	0,96
TOTAL	**2145**	**100**	**2594**	**100**

In treatment centres, various psychological treatment methods are employed in addition to pharmaceutical therapy. Psychosocial support is also given by means of trainings and social

programmes. Furthermore, substitution treatment by means of Suboxone has been initiated for the treatment and stabilisation of opiate addicts.

It is know that when the number of treatment services and the diversity of treatment models increase, the rate of those who uses these services increase, as well. In order for the increase in the success of the treatment, social support programmes should also be carried out in addition to medical approach.

5.3.1. Treatment Approach

There are three main approaches under this topic:

1. Interventions are made with regard to the withdrawal symptoms and physical and mental problems of the patient. In this period, the patient and his/her relatives are trained on the problem. Complaints of the patient are alleviated by medication if necessary and behavioural modification is implemented.
2. Efforts are made to increase the knowledge and develop the skills of the patient for his/her adaptation to the sober life.
3. Necessary psychotherapeutic approaches and pharmacotherapy are utilised for the prevention of relapse. At this stage, support groups are also utilised (AA, NA, etc.). Although various treatment models are employed in our country, these models exhibit multilateral approaches by combining both pharmacological and psychotherapeutic methods according to their own structure. Self-help groups are also significant at this point.

Pharmaceuticals that are used all over the world are employed in pharmacotherapeutic approaches that are necessary for relapse prevention. Treatment practices follow the “Drug Addiction Diagnosis and Treatment Manual” prepared in 2010 under editorship of Prof. Zehra ARIKAN and Asso. Prof. Nesrin DİLBAZ. There is not any modular treatment guide, yet.

Treatments are offered as outpatient or inpatient treatment according to the characteristics of the patient. Approaches are the same for both the inpatient and outpatient treatments. Patients are taken under inpatient treatment due to reasons such as the far distance between the residential area of the patient and the treatment centre, presence of a life risk, being in the state of delirium, presence of co-morbidities and legal problems. Inpatient treatment is between 2-6 weeks depending on the treatment model. At least a one year outpatient monitoring is done following the inpatient treatment.

5.3.2. Treatment Quality

Treatment practices are not the same in every treatment unit. Various treatment models are used in the addiction treatment units of universities. For this reason, these institutions have structured models and specific standards. However, with regard to the personnel working in the addiction treatment units other than the ones in universities, a standardisation in treatment is being sought via trainings and certification process that have been initiated in 2010 The major shortcoming in treatment is the non-integration to rehabilitation programmes.

MoH organised, as a first round, a one-week theoretical training between 03-07 May 2010 in Izmir, in which physicians participated from the provinces such as Van, Trabzon, Diyarbakır, etc. where the service in the drug addiction treatment centres is offered by experts other than psychiatrist and where it is planned to open drug addiction treatment centres in the future.

Within the scope of the Health and Social Security Project (SDP-2), theoretical part of this training entitled “Training on Standard Practices in Drug Addiction Treatment”, which is aiming at increasing the capacity and skills of the health personnel (physicians) offering service to drug users/addicts, has been financed through the resource allocated within the 2010 Activity Plan of the General Directorate of Curative Services.

Following theoretical trainings, three-week applied trainings which have been planned upon the demand from centres and individuals have been scheduled to take place between June-

December 2010 and the applied trainings of the physicians have started as of June 2010. The participating physicians who complete their 4-week theoretical and applied trainings will be entitled to a certificate once they succeed in a two-phase exam (theoretical and applied) held by exam juries established in the centres. Training and certification of all participants will have been completed by the end of 2010.

A "training sub-working group" consisting of 3 members has been established by the members of the Scientific Commission in line with the decision made during its 32nd meeting on 15 September 2010 in order to carry out detailed work for the organisation of these trainings. Thus, trainings, which have been planned with the initiative of DG of Curative Services and the Scientific Commission will have been completed as soon as and in the best way possible.

The continuation of the trainings and certification from the same resource has been planned for nurses for the first half of 2011 and for psychologists for the second half of 2011. The training and certification of other health personnel (nurses and psychologists) working in the field of drug addiction treatment will have been achieved, which is planned to be financed through the budget allocated for the 2011 project activities and which will be implemented so long as there are no budgetary limitations.

5.3.3. Drug-free Treatment

In principle, behavioural and cognitive therapies are used. Moreover, supporting psychotherapeutic approaches, interactive group therapies, family therapies, support groups (AA, NA) are the drug-free treatment methods that are employed.

5.3.4 Medical Treatment

- For the removal of withdrawal symptoms (i.e. benzodiazepines in alcohol addiction, suboxone in opiate addiction, etc.)
- In the cases of drug intoxication (antagonists or temporary treatments according to drugs),
- For the prevention of relapse and treatment of psychiatric co-morbidities,

this type of treatment is implemented.

This treatment changes according to the type of addictive substance. While naltrexone, acamprosate, disulphiram are used for alcohol addiction as well as SSRIs, buspirone, bupropion and ondansetron for the prevention of relapse and reduction in craving; suboxone preparate has been introduced as of 2010 in heroin addiction both for detoxification and substitution. Many drug addicts such as heroin and cocaine addicts and especially IDUs are under a certain risk concerning HIV/AIDS, types of hepatitis, tuberculosis and sexually transmitted diseases. During the treatment programmes, an assessment is carried out on individuals with regard to HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases and counselling is offered to these people in order to prevent risky situations and behaviours both for themselves and others. Drug addiction treatment is a disease prevention programme for these individuals and for the society.

5.4. Profile of Addicts under Treatment

In Turkey, data on treatment of drug addicts belong to individuals who receive inpatient treatment in the drug addiction treatment centres. In 2009, data have been obtained from 18 out of 20 drug addiction treatment centres located in 10 different provinces of Turkey.

For the year 2009, 2594 data forms pertaining to the patients receiving inpatient treatment in the centres have been taken into consideration. However, outpatient treatment method is also implemented in addition to the inpatient treatment.

It is possible to obtain detailed data on the addicts receiving inpatient treatment in the treatment centres; however, it is neither possible to obtain detailed data on treatment demand made to health institutions all around Turkey operating in the field of drug addiction nor on drug addicts receiving outpatient treatment. Only the aggregate number of the patients approaching treatment centres for outpatient treatment is available and data with regard to their repeated contacts with the centre in the same year and detailed information on the patients are not collected.

Efforts pertaining to the collection of drug addiction data within the scope of Sağlık-Net (Health Network) are made under the coordination of MoH InformatioN Technologies Department E-Health Dvision. Thank to the collected data, it will be possible to have detailed information on profiles and treatment status of the patients receiving inpatient and outpatient treatment. This system, which also covers the unification of data, has been deisgned and developped in a manner not to disclose identities of the patients.

This system will have its pilot implementation first in certain centres and a strong data infrastructure will have been established with the participation of other centres into the system. A central information infrastructure has been prepared in order to collect data from all centres and overcome the problems due to the insufficient quality of data collected through printed forms. A 3-day-training has been planned for the data provider staff on the system by the end of 2010.

It is not possible to obtain data on the number of applications made to all treatment centres and detailed information on profiles of the treated outpatients by means of the current version of the data collection tool (forms).

In the below Table 5-7, the number of Outpatient Treatment Applications and the Number of the Patients Receiving Inpatient Treatment between the years 2004-2009 are indicated:

Table 5-7: Number of Outpatient Applications and Number of Inpatients in Addiction Treatment Centres as per Years

DRUG ADDICTION TREATMENT CENTRE	2004 Patient Data		2005 Patient Data		2006 Patient Data		2007 Patient Data		2008 Patient D
	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatient	Inpatient	Outpatien
Ankara Numune T.R. Hospital	651	193	1362	330	2525	363	4464	317	4316
Kayseri T.R. Hosp. AMATEM	-	-	-	-	-	-	31	15	12
Samsun M.H.H.	40	-	90	33	826	35	3296	19	2129
Manisa M.H.H.	148	43	127	122	520	271	961	311	4304
Adana M.H.H.	196	92	194	169	1484	332	1828	249	2129
Ege Ünv. Med. Sch. (EGEBAM)	673	-	1128	-	1117	-	1494	145	1741
Denizli State Hosp.	-	15	20	10	87	16	95	16	365
Gazi Ünv. Med. Sch. Hosp.	-	-	-	-	10	10	21	9	360
Bakırköy ÇEMATEM	1699	-	3171	-	3445	154	3944	143	124
Bakırköy AMATEM	6221	515	7928	589	13827	735	16163	374	33346
Diyarbakır ÇEMATEM	-	-	-	-	-	-	13	7	91
Elazığ M.H.H.	148	70	549	214	712	129	1171	227	1023
İzmir Atatürk T.R. Hosp.	-	-	-	-	-	18	996	74	7995
Ege Ünv. Med. Sch. Hosp.	1109	-	1200	27	1312	172	1780	19	2910
Dokuz Eylül Ünv. Med. Sch.	-	-	-	-	267	-	539	6	350
Prvt. Balıklı Rum Hosp.	270	461	461	558	687	600	1443	557	3484
İstanbul Ünv.Med. Sch.	58	13	52	13	65	3	63	-	-
Akdeniz Ünv. Med. Sch. (AKDENİZBAM)	-	-	-	-	-	-	200	-	169
Ankara Ünv. Med. Sch..	26	15	39	13	39	15	67	4	240
Maltepe Ünv.	-	-	-	-	-	-	-	-	60
Total	11239	1417	16321	2078	26923	2853	38569	2492	65148

As regards the outpatient data, the number of applications to the outpatient clinics have been reported by the treatment centres mostly in the form of number of contacts and this number includes repeated applications, as well. A Circular dated 15.02.2006 and no. 2713 was issued which enables that state hospitals also deal with the diagnosis and treatment of drug

users under the scope of probation in order to avoid that workload of treatment centres increases and that patients are unnecessairly referred to these centres. However, no data are collected from state hospitals on probation patients.

Outpatient data can not be collected properly due to the intensity of patients and insufficiency of staff in the treatment centres. When Table 5-7 is examined, it is seen that some centres could not send data at all for some years, there were some interruptions in data flow within the year, thus treatment data cannot reflect the real treatment situation and first application and repeated applications cannot be distinguished from each other.

The number of outpatient contacts in all treatment centres in 2009 is 106,903. It is observed that there has been a constant increase through years. The reason for the sharp increase in 2009 is explained, according to the data from treatment centres where outpatient clinics are quite busy, with the patients covered by the probation system as they come to the treatment centre 3-8 times a year and the total number of contacts increases sharply due to these repeated applications.

While an increase is observed in ourpatient treatment rates by years, this increase is quite sharp when 2008 and 2009 are compared. In order for a further explanation on the situation, treatment centres in Istanbul, Izmir, Adana and Ankara which are the busiest ones have been reached and an assessment on clients receiving outpatient treatment has been carried out in the light of the obtained data.

It is seen that, in 2009, 56.32% (59,740) out of 106,903 outpatient contacts all over Turkey occurred in İstanbul Bakırköy AMATEM and ÇEMATEM. Private Balıklı Rum Hospital received 5,733 contacts accounting for 5.40% of all contacts. A total number of 66,415 contacts have been registered in 5 treatment centres in Istanbul, which accounts for 62.98% of all outpatient contacts.

When Table 5-7 is examined, the number of outpatient contacts reported by İstanbul Bakırköy AMATEM is 54,459 in 2009 and it has been explained that this number is the total number of outpatient contacts in both AMATEM and Probation clinics. Repeated applications are included in this number.

In 2008, the total number of outpatient treatment applications is 33,346. This number reached up to 54,459 in 2009, which indicates that 21,113 individuals applied to these clinics in one year and the increase is at 61.13%.

Among these numbers, when the number of those applying for treatment for the first time is checked, it is seen that 2,164 individuals applied to AMATEM in 2008 and 2,310 individuals to probation clinic, which makes the total number of 4,474. In 2009 the numbers are 2,652 and 3,759 for AMATEM and Probation clinics respectively. A total number of 6,411 clients applied to both clinics for treatment for the first time. In the last one year, the number of first applications has increased from 4,474 to 6,411 accounting for an increase of 43.29%.

When the number of patients that applied to AMATEM outpatient clinic for the first time in 2008 and 2009 is examined, it is seen that 2,164 clients apllied in 2008 which increased to 2,652 in 2009 and the increase rate was 22.55% with an increase of 488 clients compared to the previous year. For probation clinic, this number is 2,310 for 2008 and 3,759 for 2009 and there was an increase of 1,449 in one year. The increase rate is 61.45%. While a sharp increase is seen in the number of clients applying to both cilinics for the first time, it is seen that this increase is 3-fold in probation clinic compared to AMATEM clinic.

In 4 treatment centres located in Izmır, a total number of 17,710 clients entered outpatient treatment in 2009. When this number is compared to that of all centres, it accounts for

16.70%. In Izmir, the treatment centre with the highest number of clients is İzmir Atatürk Training and Research Hospital AMATEM with 12,803 outpatient applications. This number accounts for 11.98% of the number from all treatment centres (106,903). It has been reported that 10,118 of 12,803 applied under probation and this number includes the repeated applications, as well.

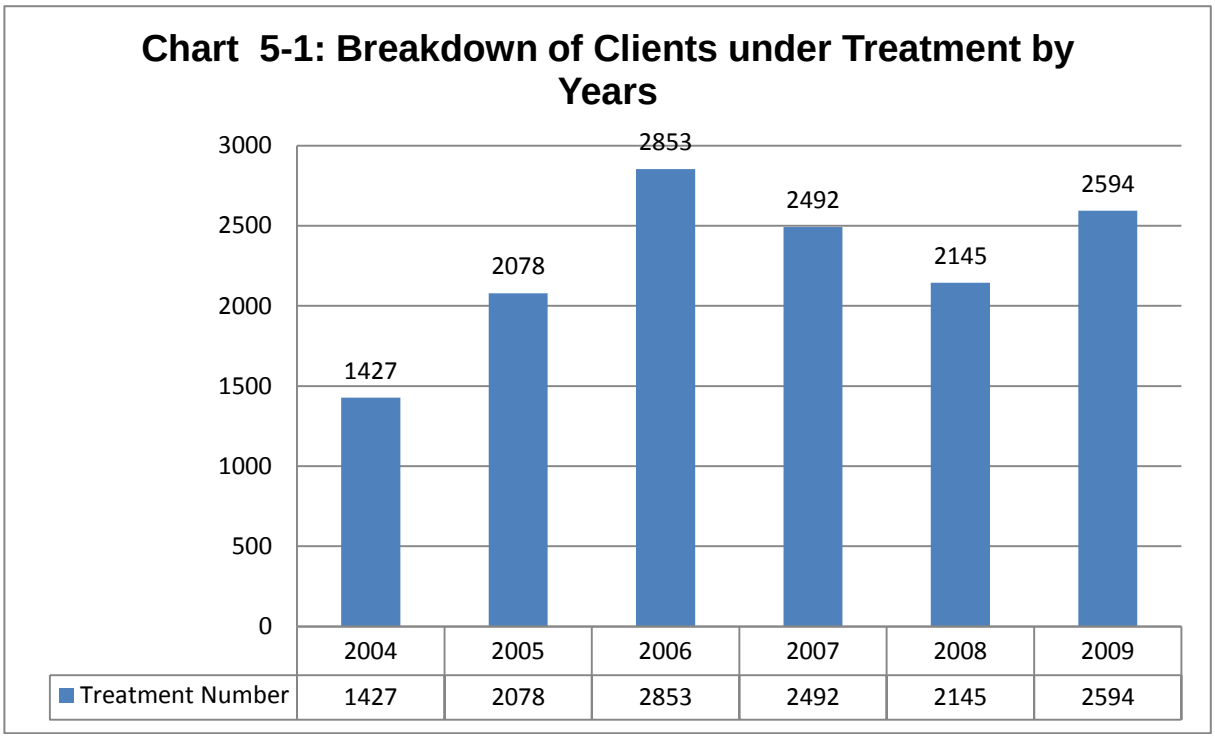
According to the data from Adana Dr. Ekrem Tok Mental Health Hospital AMATEM, the number of drug addicts entering outpatient treatment is 7,611 accounting for 7.17% of all centres. It has been reported that the reason of this constant increase through years is the probation practice and awareness raising of individuals on drug addiction.

In 2009, a total number of 6,242 individuals entered outpatient treatment in 3 centres in Ankara. This number accounts for 5.88% of all addicts receiving outpatient treatment. 5.41% (5,740) out of 5.88% has been reported to have entered outpatient treatment in Ankara Numune Training and Research Hospital AMATEM. When probation data are checked, it is seen that 1,232 out of the total number of 2,525 outpatients in 2006 were under probation, while this number is 2,948 out of 4,464 in 2007, 2,672 out of 4,316 in 2008 and 3,584 out of 5,740 in 2009 respectively.

On the basis of abovementioned information, the sharp increase in outpatient data can be explained by the probation clients, which contact treatment centres at least once and 3-5 times on average and sometimes up to 8.

NUMBER OF TREATED CLIENTS: According to the data on clients receiving inpatient treatment collected from a total number of 20 treatment centres for the year 2009, 2594 clients received addiction treatment. In 2006, 2853 clients were treated whereas in 2007, the number was 2492 and in 2008, it was 2145. Compared to the previous years, a significant and high increase is seen in the number of clients receiving inpatient treatment in 2009. The 14% decrease between the years 2007-2008 is explained with the underreporting of treatment cases from certain centres and with the exclusion of some data collection forms due to incomplete information. Between 2008 and 2009, an increase about 21% is observed. Although this relative increase seems like a significant one when compared to the decrease occurred in the previous year, this increase is found to be 4% only when the data from 2007 and 2009 are compared. When 2009 data, which indicate a high increase in relation to the previous year, are compared with the data from last five years, it is seen that the increase rate is actually lower.

Chart 5-1: Breakdown of the Treated Clients by Year

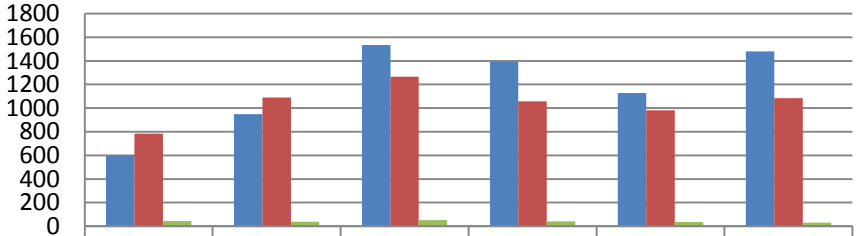


PREVIOUS TREATMENT STATUS: While 1480 (57.05%) of the clients in 2009 reported having not received treatment before and 1084 (41.79%) reported that they received treatment before, there is no known data for 30 clients (1.16%). Of 1480 clients who applied for treatment for the first time and stated that they had not received treatment before, 1360 were men (91.89%) and 96 were (6.48%) women and there is no information on the gender of 24 persons (1.68%). Evaluation on the gender of those who stated that they had received treatment before showed that out of 1084, 1020 were men (94.09%), 61 were women (5.86%) and 3 whose gender was not reported (0.27%).

In 2008, while the ratio of those who had received treatment before was 45.78%, the ratio of those receiving their first treatment was 52.54%. Comparison of ratios of (new) patients in 2008 and 2009 who had not received treatment before shows that there is an increase of 4.51%. The comparison of the ratio of (old) patients who had received treatment before with the ratio from the previous year indicates a decrease at 3.99%. There is no sufficient data to allow an interpretation on whether this is caused by negative effects such as problems caused by patients' access to treatment, patients' loss of faith in treatment or positives results such as the success of the applied treatment. While data obtained from 2004-2005 indicated a higher ratio of previously treated patients, it is seen that, with the introduction of Probation practices in 2006, there has been a remarkable increase in the number of those applying to receive treatment for the first time and this increase continued in the following years. When evaluated from this perspective, the patient profile in recent years indicate that there is a marked increase in the number of new patient ratio in the comparison of the numbers of those receiving treatment for the first time (new patients) to those who had received treatment before (old patients). This increase is considered to be the outcome of increased level of awareness in the society to receive treatment and of probation services.

Chart 5-2: Breakdown of Clients Previously Received Treatment and Receiving Treatment for the First Time by Years

Chart 5-2: Breakdown of Clients Previously Received Treatment and Receiving Treatment for the First Time by Years



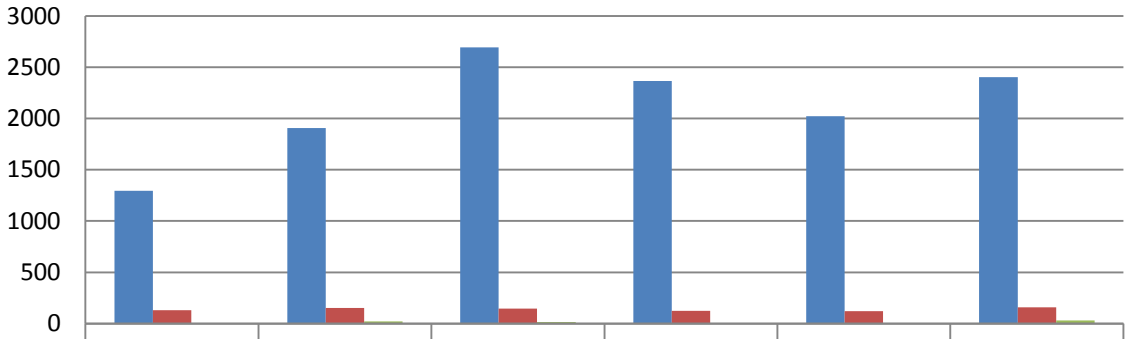
	2004	2005	2006	2007	2008	2009
Never received treatment	600	949	1534	1394	1127	1480
Previously received treatment	784	1091	1266	1057	982	1084
Unknown	43	38	53	41	36	30

NATIONALITY: While 2576 clients are Turkish nationals, 16 clients are foreign nationals; the nationality of 2 clients is unknown.

GENDER: In terms of the gender of clients receiving inpatient treatment, in 2009, 2404 out of 2598 clients were male (%92.68), 159 were female (%6.13) and the gender of 31 clients was not indicated. Gender distribution by year is shown in the below chart. In terms of percentage, in 2004, 90.75% of the clients receiving inpatient treatment were male, 9.04% were female. The rate of those with unknown gender is 0.21%. When the rates are compared for 2005-2006-2007-2008 respectively, it is seen that the rates change between 92%-95% for males and between 6%-7% for females. In terms of the gender breakdown of treated clients by year, it is observed that treatment demand by females is much lower than the demand by males, which is much higher.

Chart 5-3: Gender Breakdown of Treated Clients by Year

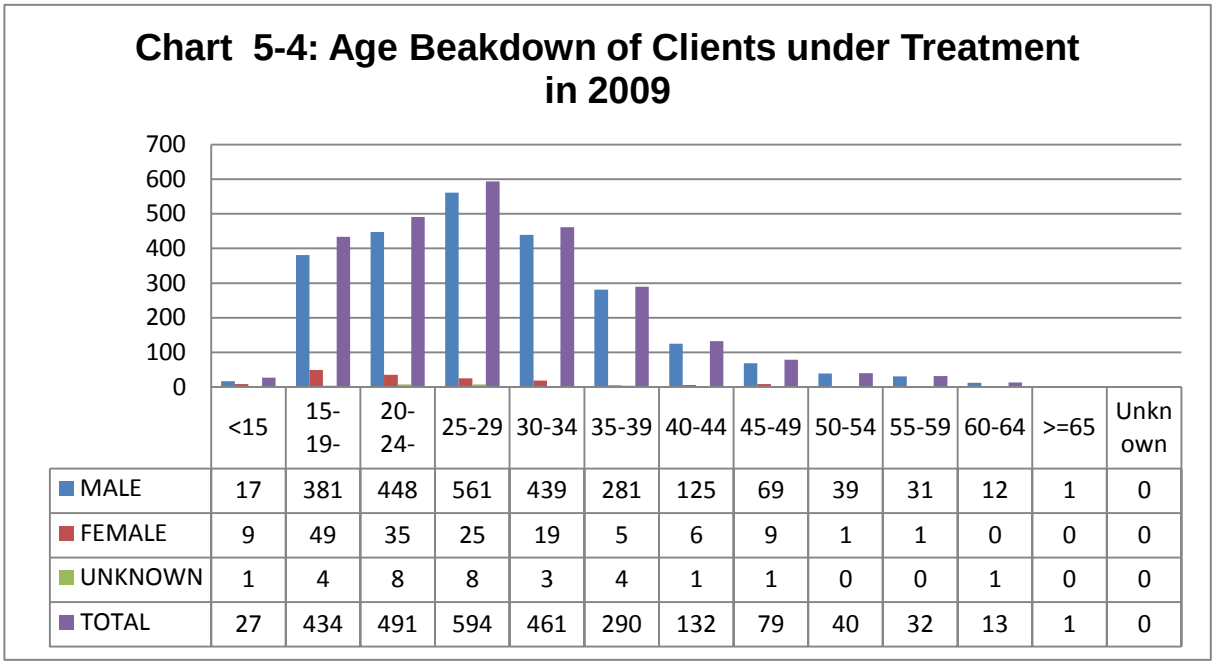
Chart 5-3: Breakdown of the Genders of Clients under Treatment by Years



	2004	2005	2006	2007	2008	2009
Male	1295	1907	2695	2367	2021	2404
Female	129	151	145	125	120	159
Unknown	3	20	13	0	4	31

AGE OF APPLICATION: The average age of clients receiving treatment in 2009 was found to be 28.61. The youngest client was 11 years old while the oldest was 65 years old. When classified in age groups, the most populated age group is the 25-29 age group with 594 clients (%22.90), followed by the 20-24 age group with 491 clients (%18.93) and the 30-34 age group with 461 clients (%17.77). Then comes the 15-19 age group with 434 clients (%16.77) in terms of treatment demand. The first three places are occupied by those receiving treatment within the age range of 20-34. In terms of age groups, clients between 20-34 years old represent 58.60% of all clients receiving treatment. Concerning treated clients under 15, the number is found to be 27 (1.04%). The rates fall down when the 35-39 and higher age groups are considered.

Chart 5-4: Age Breakdown of Clients Receiving Treatment

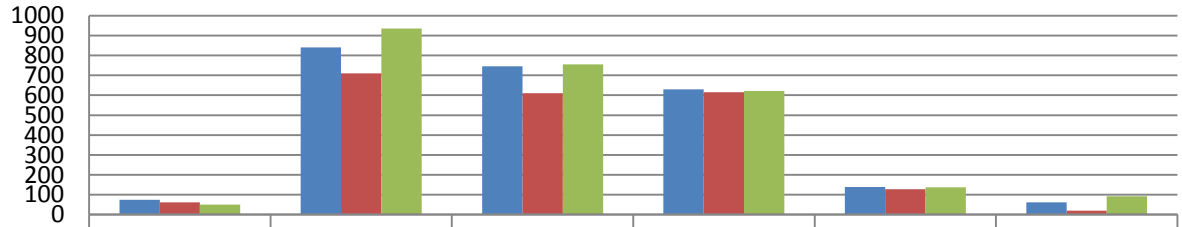


	<15	15-19-	20-24-	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	>=65	Unknown
MALE	17	381	448	561	439	281	125	69	39	31	12	1	0
FEMALE	9	49	35	25	19	5	6	9	1	1	0	0	0
UNKNOWN	1	4	8	8	3	4	1	1	0	0	1	0	0
TOTAL	27	434	491	594	461	290	132	79	40	32	13	1	0

EDUCATIONAL STATUS: The educational status of treated clients in 2009 is as follows: 65.2% of treated clients are primary and secondary school graduates. 936 of these clients (36.1%) are primary school graduates while 756 of them (29.1%) are secondary school graduates. The number of clients who have never been to school is 51 and represents 2% of those seeking treatment. Respectively 622 clients (23.97%) are high school graduates, 137 clients (5.28%) are higher education graduates and the educational status of 92 clients (3.54%) is unknown. In terms of the breakdown of education status of clients under treatment by year, drug use among primary school graduates occupies the first place.

Chart 5-5: Breakdown of the Educational Status of Treated Clients

Chart 5-5: Breakdown of the Education Status of Clients under Treatment

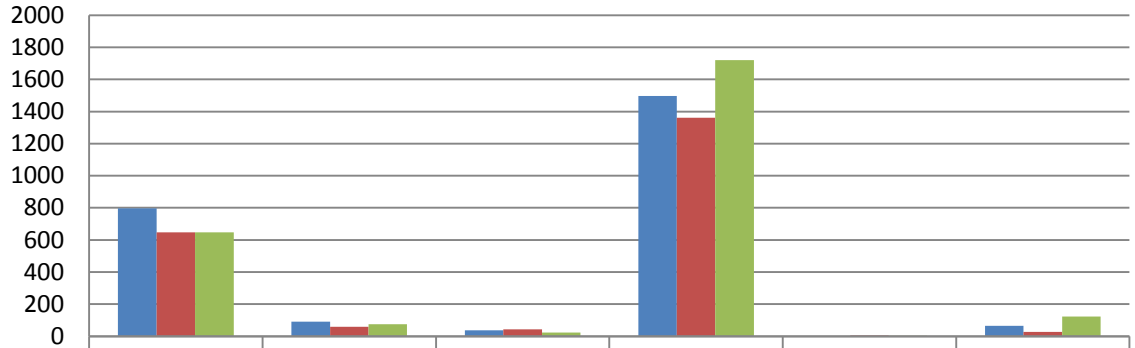


	Never been to school	1-5 years	6-8 years	9-12 years	Higher Education	Unknown
2007	75	841	746	629	139	62
2008	62	710	610	615	128	20
2009	51	936	756	622	137	92

EMPLOYMENT STATUS: When examined in terms of employment profiles of clients treated in the treatment centres in 2009, the unemployed rank the first with 1720 persons (66.31%). We do not have data on whether drug users have lost their employment due to addiction or started using drugs as a result of unemployment. (The number of individuals who lost their jobs due to drug use and of individuals who started using drugs due to unemployment is not known.) However, it is considered that both cases may be possible. The ranking continues with 648 clients with regular income (24.98%), 75 students (2.89%) and 24 clients on retirement (0.93%). There is no information on 123 individuals (4.74%). Evaluation of the employment profiles of those who received treatment in the last three years indicates that the rate of the unemployed clients rank first and increase gradually (60.07%, 63.45% and 66.31%) every year.

Chart 5-6: Breakdown of Treated Clients by Employment Status

Chart 5-6: Breakdown of the Employment Status of Clients under Treatment



	Regular	Student	Economically not active	Unemployed	Other	Unknown
2007	797	92	38	1497	2	66
2008	647	60	44	1361	6	27
2009	648	75	24	1720	4	123

LIFESTYLE: Evaluation of the lifestyle shows that 2230 clients (86%) live with parents/families, 208 (8%) live alone, 29 (1.1%) are cohabiting with friends, 22 (0.8%) live in

an institution, 7 (0.3%) are homeless and living on the street. 9 persons (0.3%) were listed as "other" and the status of 48 persons (1.9%) is not reported.

PROVINCE OF RESIDENCE: 77.6% of those treated as in-patients in treatment centres reside in the 10 provinces indicated in the table below. According to this table, approximately one third of those receiving drug addiction treatment reside in İstanbul. Although İçel and Hatay provinces are among the first ten provinces in the ranking, there are no treatment centres in these provinces. The total rate of those residing in other provinces and requesting treatment is 21%.

Table 5-8: Breakdown of Treated Clients in 2009 by the First Ten Provinces and Abroad

Province of Residence:	Number (Persons)	Percent (%)
İSTANBUL	793	30.6
ADANA	278	10.7
ANTALYA	191	7.4
GAZİANTEP	166	6.4
İÇEL	166	6.4
ANKARA	107	4.1
İZMİR	96	3.7
HATAY	79	3.0
ELAZIĞ	78	3.0
KAYSERİ	59	2.3
DİĞER İLLER	549	21.2
YURTDIŞI	32	1.2
TOTAL	2594	100

REFERRING UNIT OR TREATMENT REFERRAL PROCEDURE: In terms of referring units, 64.14% applied through their own decisions (1664), 21.93% (569) applied upon advice from family/friends; 9.14% (237) applied under other reasons and 3.04% (79) were referred to treatment by courts, probation offices and prosecutor's offices. It has been identified that 13 individuals (0.50%) were referred by hospitals and other treatment services while 2 (0.07%) were referred by social services.

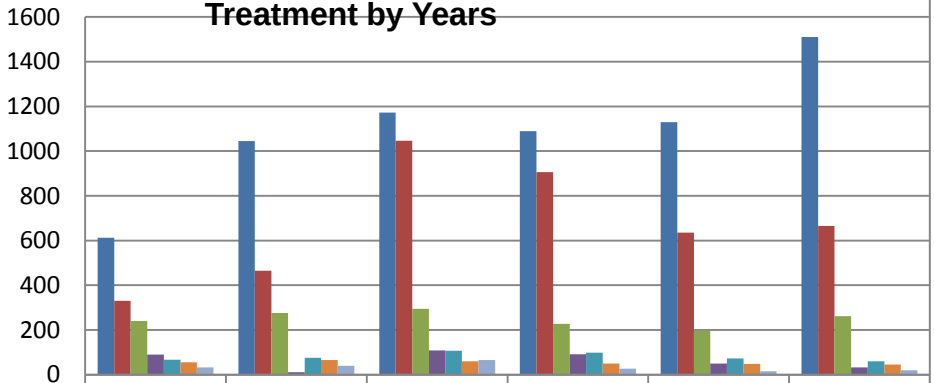
When compared with 2008 data in terms of referring units, the 2009 ratio on those who applied for treatment through their own decisions (64.1%) indicate a marked increase (7.2%) compared to the ratio of the same in 2008 (56.9%). While the ratio of those who applied upon advice from family/friends was 31% according to 2008 data, this ratio decreased down to 21.93% at a rate of 9.27%.

MAIN DRUG: According to profiles of inpatient treatment clients in 2009 in terms of the type of substance used, 58.21% use (1510) opiates most, out of which 56.67% (1470) use heroin. This is followed by cannabis at 25.64% (665). The third rank belongs to solvent/inhalant users at 10.10% (262). It is seen that 2.27% (59) use cocaine, 1.73% (45) benzodiazepines, 1.27% (33) ecstasy and 0.77% (20) other substances respectively.

When compared with 2008 data, it is seen that the increase in the use of heroin remains. As in 2008, it becomes evident that 1 out of 2 clients receiving treatment are heroin users.

Chart 5-7: Breakdown of Drugs Used by Treated Clients by Year

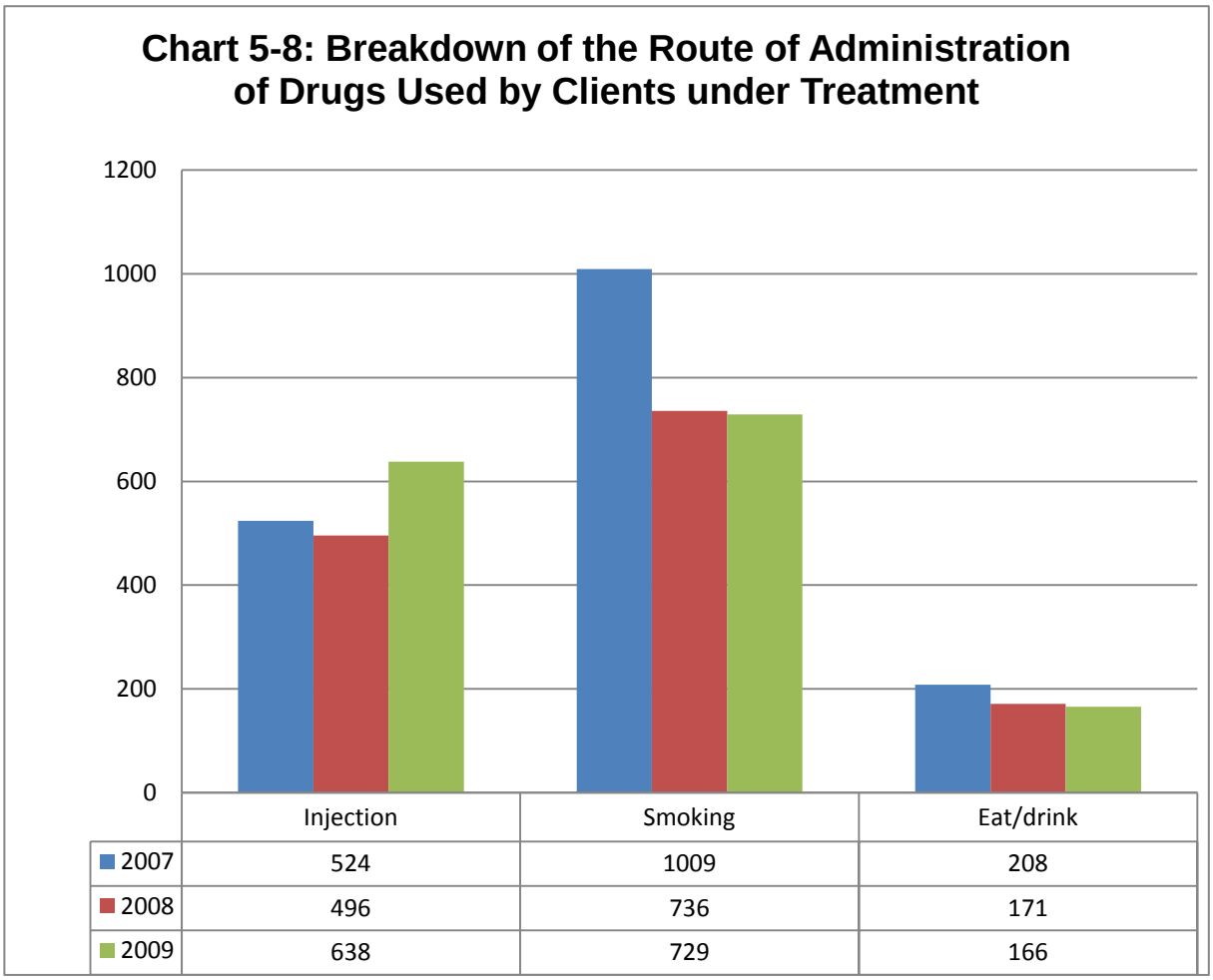
Chart 5-7: Breakdown of the Drugs used by The Clients under Treatment by Years



	2004	2005	2006	2007	2008	2009
Opiates	613	1045	1172	1089	1129	1510
Cannabis	330	465	1046	906	636	665
Inhalants/Solvents	240	276	295	227	195	262
Ecstasy	90	11	109	91	50	33
Cocaine	67	76	107	98	72	59
Benzodiazepines	56	66	59	50	48	45
Other	33	39	65	27	15	20

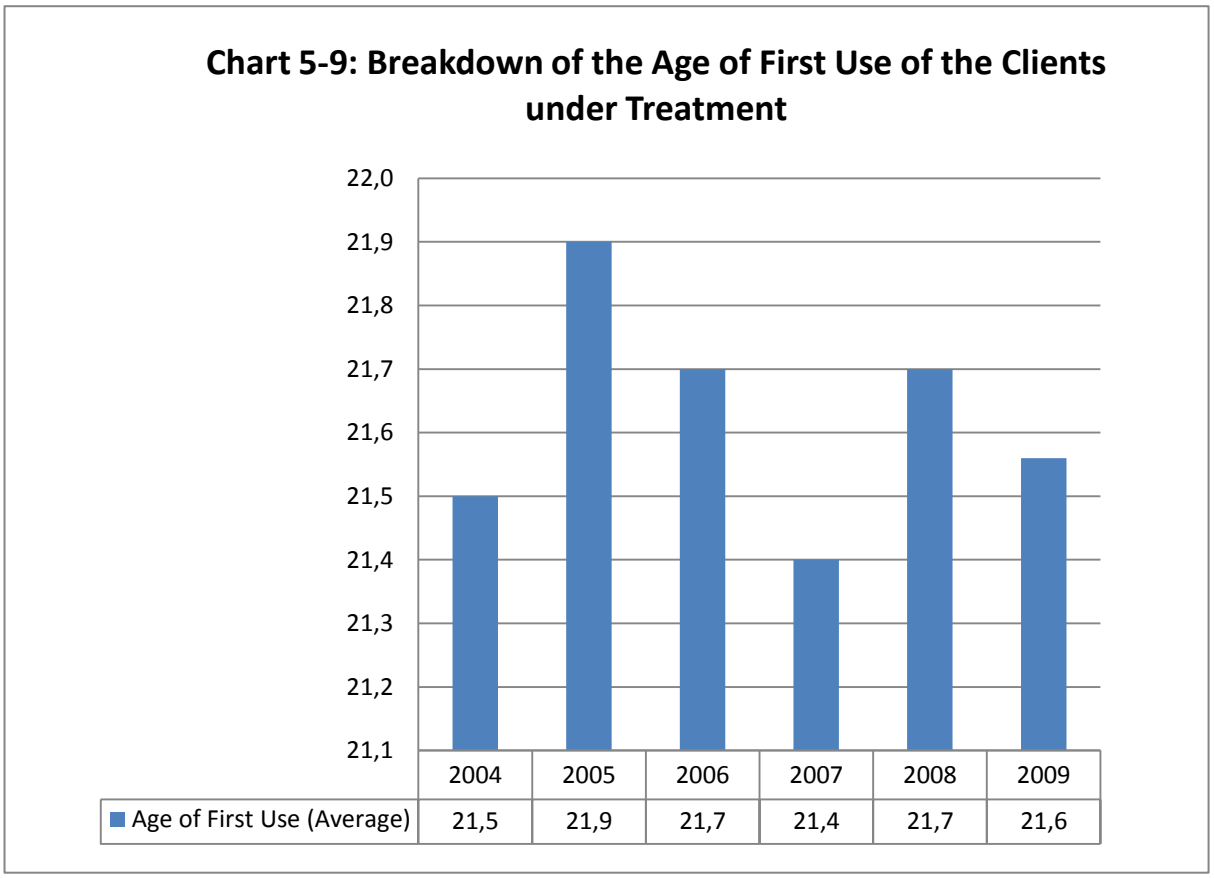
ROUTE OF ADMINISTRATION OF THE MAIN DRUG: In the ranking of frequency, while 958 (36.93%) reported using through “sniffing”, 729 (28.10%) through “smoking”, 638 (24.59%) through “injecting”, 166 (6.39%) “eating/drinking”, the administration method for 103 clients (3.97%) is not known.

Chart 5-8: Breakdown of Treated Clients as per Drug Administration Method and Years



AGE OF FIRST USE: The average age of first drug use of clients receiving treatment was identified as 21.56. It is seen that this age range fluctuates between 21-22 in 2004-2009 period and does not present a significant change.

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



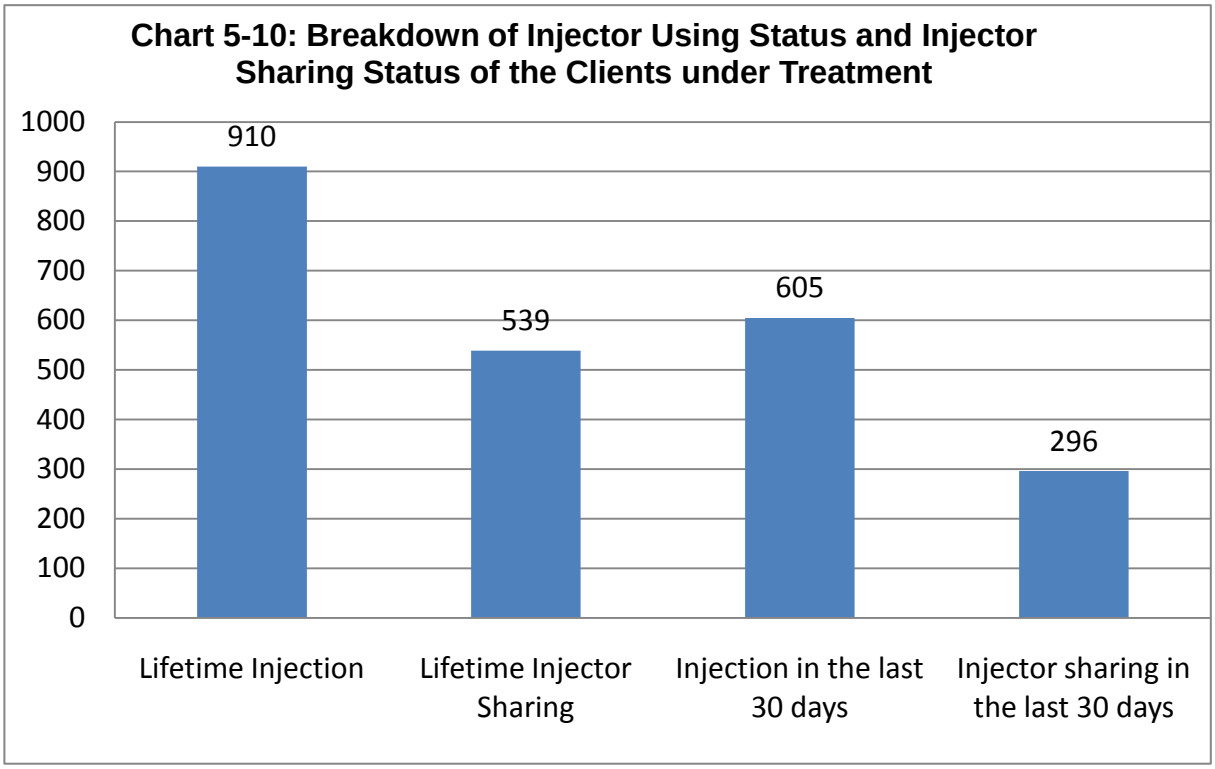
LIFETIME INJECTING DRUG USE: 910 (35.08%) out of 2594 clients receiving inpatient treatment (% 35,08'i) reported injecting drug use for at least once in their lives. 1593 clients (61.40%) reported having no IDU experience, while data is not available for 91 of the clients (3.50%).

FIRST INJECTION AGE FOR IDU: 732 out of 910 responded to this question. The average first injection age for those with IDU experience was found to be 28.8. While the earliest age for first injection was reported as 12, the highest age was reported as 52.

LIFETIME INJECTOR SHARING: 539 (59.23%) out of 910 injecting drug users reported having shared injectors at least once. Their ratio within 2594 clients receiving inpatient treatment is 20.80%. While 1039 clients (40.1%) reported having never shared an injector, data is unavailable for 202 clients (7.8%).

IDU STATUS AND INJECTOR SHARING:

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



IDU IN THE LAST 30 DAYS: 605 (23.30%) responded with "yes" to the question of "have you ever used any drugs through injection in the last 30 days?" while 1913 (73.7%) replied with "no". No data is available for 76 clients (2.9%).

INJECTOR SHARING IN THE LAST 30 DAYS: Out of 605 clients who reported IDU in the last 30 days, 296 clients (48.92%) reported having shared injectors. 1271 clients (49.0%) replied with "no" to this question, while data is not available for 163 (6.2%).

SECTION 6

HEALTH CORRELATES AND CONSEQUENCES

6.1. Drug Related Infectious Diseases

Dr. Canan YILMAZ[33]

6.1.1. Reported Incidence of HIV and Viral Hepatitis

6.1.1.1. HIV reported incidence

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 771 AIDS cases and 3127 carriers, making a total of 3898 cases as of December 2009 (Table 6–1). Men constitute 70.2% of the cases (Table 6-2). (MoH Directorate General for Primary Healthcare Services, 2010).

Table 6-1: 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**
2009	75	453	**528**
TOTAL	771	3127	**3898**

Source: MoH – Directorate General for Primary Healthcare Services, 2010.

Table 6-2: Breakdown of AIDS Cases and Carriers Reported to MoH in Turkey by Age and Gender in 2009

Age groups	Male	Female	Total

[33] General Directorate of Fundamental Health Services.

0	17	7	24
1-4	10	16	26
5-9	6	10	16
10-12	3	2	5
13-14	2	1	4
15-19	28	40	68
20-24	213	220	433
25-29	370	227	596
30-34	454	189	643
35-39	446	101	547
40-49	552	109	661
50-59	278	101	379
60+	154	40	194
Unknown	205	97	302
Total	**2738**	**1160**	**3898**

Source: MoH – Directorate General for Primary Healthcare Services, 2010

According to the same data, 26,3 % of the new HIV cases reported in Turkey up to the end of 2009 were classified as the cases with unknown route of transmission. Out of the remaining 2873 cases, 77,8% infected through heterosexual intercourse. Homosexual/bisexual sexual intercourses constitute 12% of the cases with known route of transmission while at least 5% (4,8% classified as IDUs and 0,2% as mixed category IDUs and homo-, bisexual intercourses) of the cases might be transmitted due to intravenous drug use. Taking into account the proportion of the cases with unknown route of transmission, the proportion of IDUs among the reported HIV cases in Turkey may be substantially higher then abovementioned 5% (Table 6–3).

Table 6-3: Breakdown of AIDS Cases and Carriers Reported in Turkey by Possible Route of Transmission

POSSIBLE ROUTE OF TRANSMISSION	**MALES**	**FEMALES**	**TOTAL**
Homo/bisexual sexual intercourse	345	0	345
IV substance addiction	128	11	139
Homosexual/Bisexual sexual intercourse + IV substance addiction	6	0	6
Haemophilia	10	0	10
Transfusions	35	18	53
Heterosexual sexual intercourse	1359	877	2236
From infected mom to the baby	33	31	64
Nosocomial	14	6	20
Unknown	808	217	1025
TOTAL	2738	1160	3898

Source: MoH – Directorate General for Primary Healthcare Services, 2010

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, 2010).

In line with the data prepared by the MoH General Directorate of Primary Healthcare Services, a total of 6 HIV cases reported in 2009, who are all male in the 20-44 age group, indicated that the possible route of transmission is IV drug use. (Ministry of Health, General Directorate of Primary Healthcare Services, 2010).

Additionally, in 2009, there were 1457 Hepatitis C cases and 4385 Hepatitis B cases reported in Turkey. However, the number of individuals with Hepatitis B or Hepatitis C who are IDUs is not known (Ministry of Health, General Directorate of Primary Healthcare Services, 2010).

6.1.1.2. Viral Hepatitis Reported Incidence

In 2009, there were 1457 Hepatitis C cases and 4385 Hepatitis B cases reported in Turkey. However, the number of individuals with Hepatitis B or Hepatitis C who are IDUs is not known (Ministry of Health, General Directorate of Primary Healthcare Services, 2010).

6.1.2. Prevalence of HIV, HBV and HCV in Injecting Drug Users

6.1.2.1. HIV, HBV, HCV and TBC Sero-behavioural Study in Gaziantep

A total of 168 IDUs were interviewed between January and March 2009 within the sero-behavioural study in the city of Gaziantep (Altan and EMCDDA, 2009) – see description of the study sample also in the chapter on Problem drug use. A questionnaire was applied covering socio-demographic characteristics, risk behaviour, knowledge and attitudes about HIV/AIDS, HBV, HCV and TB. Serological testing was performed after completion of the questionnaire. Table 6-4 provides the prevalence rates of HIV, HBV and HCV in the sampled injecting drug users in Gaziantep.

Table 6-4: Positive HIV, HBV and HCV test results among IDUs involved in the study, Gaziantep 2009.

Infection	Number of positive cases (N=168)	% positive
HIV	0	0,0
HBV (HBsAg)	15	8.9
HBV (anti-HBs)	72	42.9
HCV	9	5.0

- Needle sharing was found in 68.5% of participants share needles and 57.1% reported that they have ever shared cookers/vials/containers or cotton/filters.
- 27.5% of respondents obtain new and unused injecting equipment from friends, 26.1% from dealers and 20.0% from pharmacies.
- 97.6% have had sex in the past 12 months. 71.4% used condom during last intercourse. 89.1% of respondents who used condoms reported that it was a joint decision. 70.8% who have sex with commercial partners reported using condoms during last intercourse.
- 75.0% reported that they have received HIV/AIDS education/counselling services. 128 respondents (76.2%) received HBV and HCV education/counselling. Television is the first source of education for HIV/AIDS (64.2%) and HBV & HCV (66.1%) education. 70.8% said they would provide relatives with HIV infection care at home if they are very close. 10 (6.0%) said they would not, regardless of level of kinship. 1 IDU (0.6%) said yes, regardless of level of kinship. 38 (22.6%) of them do not know.
- 62.5% have never received treatment for drug abuse while 37.5% had a history of treatment.
- 25 IDUs (14.9%) reported history of imprisonment. 5 of them injected drugs during their stay in prison.

Table 6-5: Selected behavioural characteristics of the sample of 168 IDUs, Gaziantep, 2009

How often, if any, have you used a needle or syringe used by someone else before?	Number	%
Always	5	3.0
Mostly	5	3.0
Sometimes	105	62.5
Never	51	30.3
I do not know	2	1.2
In the past one month, I exchanged needles and syringes with *	Number	%**
Usual sexual partner	1	0.5
An unknown sexual partner	1	0.5
A close friend	113	56.2
A dealer	29	14.4
A professional injector	1	0.5
Someone in the shooting gallery	6	2.5
Other (I have not shared)	51	25.4
I gave/hired/lent/sold my syringe or needle to *	Number	%**
A close friend	106	59.6
A dealer	6	3.4
Someone I do not know	1	0.6
A friend in the prison	3	1.7
None	60	33.7
Frequency of cleaning of needle and syringe		
Always	12	7.1
Mostly	5	3.0
Sometimes	65	38.7
Never	84	50.0
I do not know	2	1.2
Syringes are cleaned by using:		
Cold water	2	1.2
Hot water	65	38.7
Boiling method	4	2.4
Bleach	2	1.2
Alcohol	5	3.0
I do not know	3	1.8
I do not clean	87	51.8
Can you obtain new, unused needles?		
Yes	158	94.0
No	10	6.0
Place(s) to get new, unused needles	Number	%**
Pharmacist	4	0.8
Drugstore	102	20.0
Health worker	24	4.7
Hospital	7	1.4
Friends	140	27.5
Other drug users	82	16.1
Dealer	133	26.1
Theft from legitimate source	2	0.4
Buy on streets	15	2.9
Frequency of injection with a pre-filled syringe		

Yes	17	10.1
No	143	85.1
I do not know	8	4.8
Frequency of injection with a frontloading/back loading/splitting syringe in the last month		
Sometimes	29	17.3
Never	127	75.6
I do not know	12	7.1
Frequency of sharing cooker/vial/container, cotton/filter, or rinsing water in the past 1 month		
Mostly	9	5.4
Sometimes	87	51.8
Never	65	38.7
I do not know	7	4.2
Are you currently under treatment or have you ever received treatment because of drug use?		
Previously	63	37.5
Never treated	105	62.5

*multiple choices are allowed
**row percentage based on 168.

6.1.2.2. HIV, HBV, HCV Prevalence in Treated Injecting Drug Users

Table 6-6: Positive HIV, HBV and HCV test results among ever IDUs reported in TDI register in Turkey in 2003–2009

Infectious disease		**2004**	**2005**	**2006**	**2007**	**2008**	**2009**
	No of tested	237	345	263	223	462	696
	No of negative	230	335	255	221	458	694
	No of positive	7	10	8	2	4	2
HIV	Positive %	**2,9**	**2,8**	**3,0**	**0,8**	**0,8**	**0,3**
	No of tested	11	97	184	198	425	687
	No of negative	10	89	151	166	391	651
	No of positive	1	8	33	32	34	36
VHB	Positive %	**9,0**	**8,2**	**17,9**	**16,1**	**8,0**	**5,2**
	No of tested	236	372	339	270	471	709
	No of negative	129	179	152	153	297	504
	No of positive	107	193	187	117	174	205
VHC	Positive %	**31,8**	**51,8**	**55,1**	**43,3**	**36,9**	**28,9**

Source: MoH – Directorate General for Curative *Services, 2010.*

6.2. Other drug-related health correlates and consequences

No new data.

6.3. Drug-Related Deaths and Mortality of Drug Users

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[34] Ministery of Justice, Council of Forensic Medicine.
[35] National Expert on Drug Related Deaths and Mortality of Drug Users.

The Turkey 2010 National Report adopts the “Selection D” definition suggested by EMCDDA for direct DRDs (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 excluded. 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’. Cases with homicide origin have been excluded.

Indirect drug-related deaths, on the other hand, are all cases in which one or several of the abovementioned substances are detected at nontoxic amounts in blood, urine or internal organ samples, but the reason of death of which is not substance intoxication.

Data on drug-related deaths have been compiled from special mortality register (the records of the Ministry of Justice-Council of Forensic Medicine (CFM), the Turkish National Police – Anti smuggling and Organized Crime (TNP-ASOC) Department and General Command of Gendarmerie – Anti-smuggling and Organised Crime Department). However, since data from other agencies are incomplete and already incorporated in the CFM data, all the data for the report were obtained from CFM records. Data from the general mortality register are being compiled by TURKSTAT (Turkish Statistical Institute) and as they will be available at the end of November this year, it will only be possible to report them next year.

Council of Forensic Medicine has a nationwide organisation and in addition to its central laboratories in Istanbul, it also has regional laboratories in 8 different big cities. A forensic expert is employed in 48 provinces each where there are no laboratories. Samples from autopsied carried out by forensic experts in the local areas are sent either to regional laboratories or to the ones in the centre for examination.

Data on direct and indirect DRDs in 2009 were requested from all CFM units around Turkey and were obtained completely by means of thorough scanning of all autopsy and toxicological analysis reports. However, it is not possible to claim that indirect drug-related deaths data cover all cases. It is possible that a post-mortem was 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 were not taken in some of the cases; because when a death case occurs, the preliminary examination is not only carried out by forensic experts; municipal physician or physicians from health care clinics are also entitled to carry out such an examination. However, if the death is suspicious, then the public prosecutor is informed and a forensic expert takes part in the examination. In Turkey, it is a legal obligation to carry out full autopsies on cases which are suspected to be intoxication. Death certificate is issued often by forensic experts, municipal physicians or physicians from health care clinics; if the death occurs in hospital during treatment, then the related specialist physician issues the certificate.

All of the DRD 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, 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 and LC/MS/MS. Only blood and urine samples are taken from cases of injury by firearms, traffic accidents, sharp and puncturing tools, etc. of which the cause of death has been identified during autopsy; a preliminary analysis is conducted by using CEDIA during the toxicological analysis of these cases and if the findings are negative, these cases are accepted as negative; however, if the findings are positive, GC/MS/HPLC or LC/MS/MS is used for further analysis in order for verification. All screening and verification tests are used in cases such as drug-related deaths, natural deaths and intoxication-suspected deaths, on which no diagnosis could be established during autopsy.

6.3.1. Direct Drug-Related Deaths (DRDs)

In 2009, 153 direct DRDs were detected in Turkey. 86,9% (133) of the cases are male and 13.1% (20) are female, while the average age is 34.5 (min-max: 15-71) for males whose ages are known (n:127), and 33.2 (min-max: 15-66) for females whose ages are known (n:17); the average age for all cases is 34,3 (min-max: 15-71) (Table 6-7).

Table 6-7: Average age as per gender in 144 Cases Where Ages are known

	Male (n:127)	**Female (n:17)**	**Total (n:144)**
Average Age	34.5	33.2	34.3
Min-Max	15-71	15-66	15-71

When the distribution of direct drug-related deaths by age groups is examined, it is seen that there are 7 deaths in the 15-19 age group, 18 deaths in the 20-24 age group, 31 deaths in the 25-29 age group, 28 deaths in the 30-34 age group, 22 deaths in the 35-39 age group, 19 deaths in the 40-44 age group, 14 deaths in the 45-49 age group; 5 deaths in the 50-54 age group, 4 deaths in the 55-59 age group; 2 deaths in the 60-64 age group and 1 death in 65+ age group while no deaths were reported in 15- age group. There are also 7 unidentified cases with undetermined ages; in autopsy reports, 2 of these unidentified cases is established to be in the 25-30 age group, 1 in the 35-40 age group, 1 in the 45-50 and 1 in 60-65 age group. (Table 6-8).

Table 6-8: Distribution of Age Ranges by Gender (Estimated Ages of Unidentified Cases are included).

Age	Male	Female	Total
<15	0	0	0
15-19	6	1	7
20-24	14	4	18
25-29	28	3	31
30-34	26	2	28
35-39	19	3	22
40-44	15	4	19
45-49	13	1	14
50-54	5	0	5
55-59	4	0	4
60-64	2	0	2
>=65	0	1	1
Unknown	1	1	2
Total	**133**	**20**	**153**

When direct drug-related deaths are examined in terms of months of occurrence, it is seen that 10 deaths took place in January, 12 in February, 6 in March, 12 in April, 13 in May, 10 in June, 21 in July, 16 in August, 12 in September, 10 in October, 15 in November and 16 in December.

When direct drug-related deaths are examined according to provinces, it is seen that 77 of the death cases were in Istanbul, 18 in Antalya, 9 in Gaziantep, 8 in Adana, 5 in Kocaeli, 4 each in Van, 3 each in Afyonkarahisar, İskenderun, Konya, Malatya and Mersin, 2 each in Ağrı, Düzce, Kilis and Elazığ, and 1 each in Ankara, Burdur, K.Maraş, Muğla, Kayseri, Sakarya, Tekirdağ, Yalova and Yozgat. It was also established that the deaths occurred only in 24 provinces and the highest mortality rate is in Istanbul (50.3%), followed by Antalya (11.8%) Gaziantep (5.9%) and Adana (5.2%).

In the majority of the cases, cause of death is either overdose (OD) or polydrug use. In 96.1% of the cases (147), 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 3.9% (6) of the cases, substances not containing opium derivatives (in 5 cases, toluene and acetone as solvents and cocaine in 1 case) were found (Table 6-9). In 26 cases with opiate use, lung infections such as fresh or abscess lobular pneumonia, pyogenic bronchitis and bronchopneumonia, which might have contributed to death, were diagnosed.

Table 6-9: Breakdown of Direct Drug-related Deaths by Gender on the Basis of Opium Derivatives

Poisoning	M	F	Total
Poisoning by opioids only (excluding methadone)	64	8	72
Poisoning by methadone only	0	0	0
Poisoning by poly-substances including opioids	62	12	74
Poisoning by (poly)substances excluding opioids	7	0	7
Poisoning by unspecified/unknown substances	0	0	0
Total	**133**	**20**	**153**

A detailed list of substance(s) detected in the blood and/or urine along with other samples (i.e. bile, soft tissue, stomach content, nasal smear samples and on-scene injectors) as a result of toxicological analyses are given in Table 6-10.

Table 6-10: Detailed Breakdown of Substances Detected in Blood and/or Urine along with other Samples as a Result of Toxicological Analyses of Cases

Substance(s) found in toxicological analysis	No of direct DRDs with detection of the substance	% of direct DRDs with detection of the substance (N=153)
6-MAM*	93	60,8
Morphine	144	94,1
Codeine	104	68
Other opioids	3	2
Cocaine	5	3,3
Ethanol	28	18,3
Benzodiazepines	16	10,5
Antidepressants	13	8,5
Neuroleptics	3	2
Other psychotropic medicines	4	2,6
Solvents	6	3,9
Other not listed above	20	13,1

* Note: 6-MAM is a direct metabolite of heroin.

No Body-Packer cases were identified in 2009.

Number of cases involving nationals of foreign countries is 33 (21.6%), 12 of which were from Georgia, 10 from Turkmenistan, 3 from Iran, two each from Ukraine and the UK and 1 each from Armenia, Russia, Romania and Moldova. The substances used in all the abovementioned cases were opiate derivatives, while only the case from Russia involved methadone as an opiate derivative. 21 of these cases were found dead in a hotel room, 3 in their rental flat, 2 on the street, 1 in his cabin in the ship where he worked, whereas for 6 cases place of death could not be identified.

7 cases with Turkish origin died abroad (6 in Germany, 1 in Austria) and were sent back to Turkey by air without an autopsy; the autopsies by CFM on these cases resulted in DRD diagnosis. All of these cases involved opiate derivatives or other substances with opiate derivatives (cocaine in 2 cases, benzodiazepine in 2 cases). However, data on these cases were excluded as they would already be included in the data of their country of residence.

6.3.2. Indirect Drug-Related Deaths

In 2009, 145 indirect DRDs were identified in Turkey. 97.2% (141) of the cases involved males, and 2.8% (4) involved females, and the median age is 32.3 (min-max: 13-72) for men and 40 (min-max: 19-69) for women. The overall median age for all cases was established as 32.4 (min-max: 13-72) (Table 6-11).

Table 6-11: Average Age as per Gender in 135 Cases Where Ages are Known

	Male (n:135)	Female (n:3)	Total (n:135)
Average Age	32,3	40	32,4
MIN.-MAX.	13-72	19-69	13-72

When the distribution of indirect drug-related deaths by age group is examined, it is seen that there is 1 death in 15- age group; 8 in 15-19 age group; 29 in 20-24 age group; 27 in 25-29 age group; 28 in 30-34 age group; 20 in 35-39 age group; 9 in 40-44 age group; 6 in 45-49

age group; 6 in 50-54 age group; 2 in 55-59 age group; 1 in 60-64 age group; 5 in age 65+ age group (Table 6.12).

Table 6-12: Distribution of Age Ranges by Gender (the Estimated Ages of Unidentified Cases are included)

Age	Male	Female	Total
<15	1	0	1
15-19	7	1	8
20-24	29	0	29
25-29	27	0	27
30-34	27	1	28
35-39	19	1	20
40-44	9	0	9
45-49	6	0	6

In 29.66% of the cases, cause of death is injury by fire arms, followed in frequency by traffic accidents, injury from sharp or puncturing tools, falling from height, cardiovascular disorders and self-termination by hanging (Annex 4). Toxicological analyses found opium derivatives or opium derivatives taken together with other substance(s) in 20% (n:29) of the cases, and one or more of cannabis, cocaine and amphetamine derivatives, sometimes taken with alcohol and psychoactive drugs in 80% (n:116) of the cases (Table 6-13). In 70,3% of the cases (n:102) cannabis, in 20% (n:29) at least one opium derivative (with cannabis in 4 cases), in 8,3% (n:12) cocaine (with cannabis in 1 case) and in 1,4% (n:2) amphetamine was identified.

Table 6-13: Gender Distribution of Indirect DRDs Based on Cause of Death and Involved Opium Derivatives

Other than poisoning	M	F	Total
Natural/internal causes	16	1	17
Accidents other than by poisoning	45	1	46
Suicide other than by poisoning	12	0	12
Homicide other than by poisoning	64	1	65
Undetermined causes other than by poisoning	4	1	5
Total	141	4	145

Number of cases involving foreign nationals is 8 (5,5%), identified as 2 cases from Turkmenistan and 1 case each from Georgia, Iran, Armenia, Azerbaijan, Nigeria and Germany.

When provincial distribution of indirect drug-related deaths is examined, 57 cases were identified in İstanbul, 13 in Antalya, 13 in İzmir, 12 in Ankara, 9 in Adana, 6 in Ordu, 4 in Bursa, 3 in Samsun, 2 each in Balıkesir, Düzce, İskenderun, Malatya, Manisa and Trabzon, 1 each in Afyonkarahisar, Ağrı, Bayburt, Diyarbakır, Erzincan, Giresun, Gümüşhane, Iğdır, K.Maraş, Kayseri, Kilis, Kocaeli, Mersin, Rize, Sakarya and Şırnak provinces.

6.3.3. Comparison and Trend Analysis

In 2010 Report, within the scope of the Twinning Project no. TR07IBJH02 on Strengthening the Turkish Monitoring Centre for Drugs and Drug Addiction, Short Term Experts (STEs) recommended that the death cases of Turkish citizens occurring abroad be excluded. STEs (especially those from Germany) indicated that these cases might have been identified as direct DRDs in the country of death even if no autopsy were performed on them and thus,

these cases would be double reported to the EMCDDA if Turkey reported them as well. As data on death cases of Turkish citizens occurring abroad were excluded from 2009 direct DRDs data, similar data were also excluded from 2007 and 2008 in order for an accurate comparison.

In 2009, 153 direct DRDs were identified when death cases of Turkish citizens occurring aboard are excluded, and there was not a significant increase compared to 2008 (n:147). Compared to 2008, the number of foreign nationals among the direct drug-related death cases increased by 1 in 2009 and became 33. Thus, the increase in the number of cases in 2009 is mainly linked to the cases involving foreign nationals, as it was the case in 2008. However, when the cases involving foreign nationals are excluded; it is seen that 120 DRDs were identified in 2007, 115 in 2008 and in 120 in 2009. There is an increase in the number of cases compared to 2008, but there was no increase when compared to 2007.

According to the 2009 Report of the ASOC Department, when foreign nationals involved in illicit drug smuggling in Turkey are examined as per their nationality, it is seen that most such foreign nationals were from Iran, Georgia and Turkmenistan, in conformity with the DRDs data. In 2009, these foreign nationals were mostly from the countries located on the Northern Black Sea Route, as was the case in 2007 and 2008. The Northern Black Sea Route is still actively used.

The fact that at least three of the foreign nationals involved in DRDs had settled in Turkey and non-decrease of the cases involving foreign nationals indicate that DRDs involving foreign nationals may also be seen in the next years. Again, according to ASOC 2009 Report "while the number of foreign nationals apprehended in Turkey remained to be lower than the number of Turkish nationals apprehended abroad until 2008, the situation have reversed for the last two years, and number of Turkish nationals apprehended abroad declined as of 2006, while the number of foreign nationals apprehended in Turkey increased significantly until 2009".

Like in the previous years, most of the DRDs of Turkish nationals abroad occurred in Germany, which has the largest Turkish population. As regards the distribution by country of the Turkish nationals apprehended abroad due to drug trafficking in 2009, Germany is the first country on the list with 53% (ASOC 2009). Number of DRD cases involving Turkish nationals who died abroad, but brought back to Turkey for autopsy was 3 in 2007, 12 in 2008 and 7 in 2009.

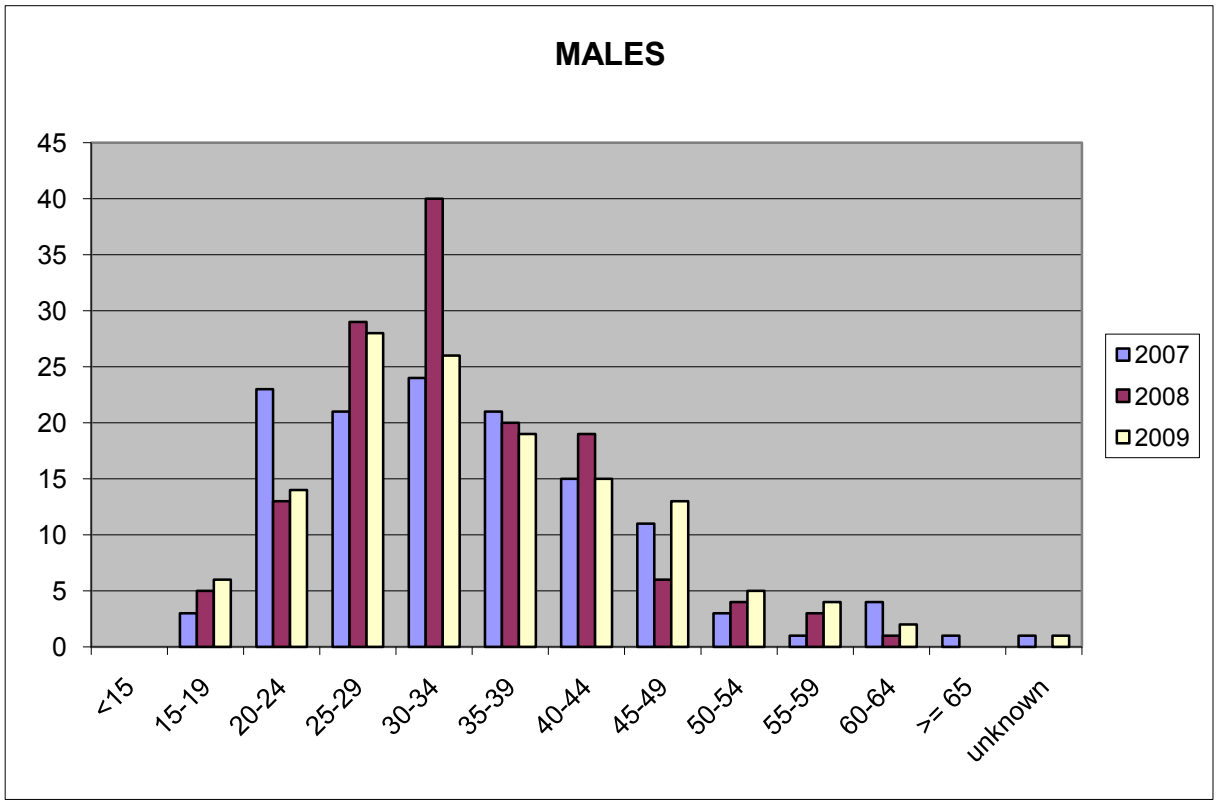
Distribution of direct DRDs by gender indicates that drug use is more common in male population, as was the case in 2008. However, number of females who died increased to 20 in 2009, accounting for a 150% increase compared to 2007 and 2008. Only 6 of the female cases were foreign nationals. Median age for female cases of Turkish nationality (30,7) is a more reliable figure, compared to previous years, as the number of the cases is very high (n:14). Median age for male cases has increased regularly in the last three years (Table 6-14).

Table 6-14: Number of the Direct DRD Cases, where Ages are Known, by Year and Gender and Distribution by their Average Age

	2007			**2008**			**2009**		
	M (n:130)	F (n:8)	TOTAL (n:138)	M (n:143)	F (n:8)	TOTAL (n:151)	M (n:134)	F (n:17)	TOTAL (n:151)
Average age	34,3	32,7	34,2	34,5	34,8	34,5	34,8	33,2	34,6
Min.-max.	18-70	23-44	18-70	15-70	17-60	15-70	15-71	15-66	15-71

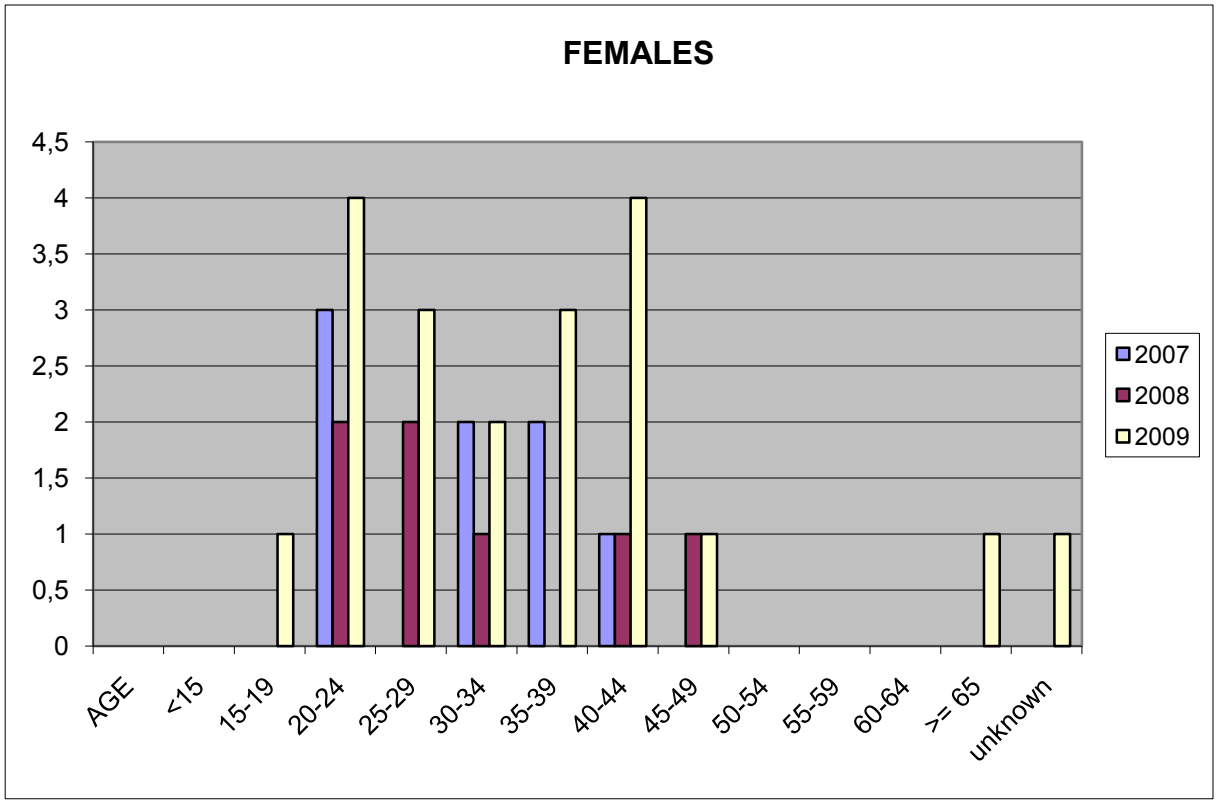
Although it is observed that, among the direct DRD cases in 2009, male cases are most frequent in 25-29 age group, it is followed by 30-34, 35-39, 40-44 and 20-24 age groups in frequency. It is considered that the concentration in 20-24 age group in 2007 and in 30-34 age group in 2008 could be a deviation. The regular increase in 15-19 age group may indicate the increase of drug use among young people and children (Chart 6-1).

Chart 6-1: Distribution of Age Groups of Male Cases by Year in Direct DRDs



Although it is observed that, among the direct DRD cases in 2009, female cases are most frequent in 20-24 and 40-44 age group, it is seen that 25% of the cases occur most frequently in 20-24 age group, taking into account the last three years. The case at the age of 15 indicates that the age for drug use has fallen in both genders (Chart 6-2).

Chart 6-2: Distribution of Age Groups of Female Cases by Year in Direct DRDs



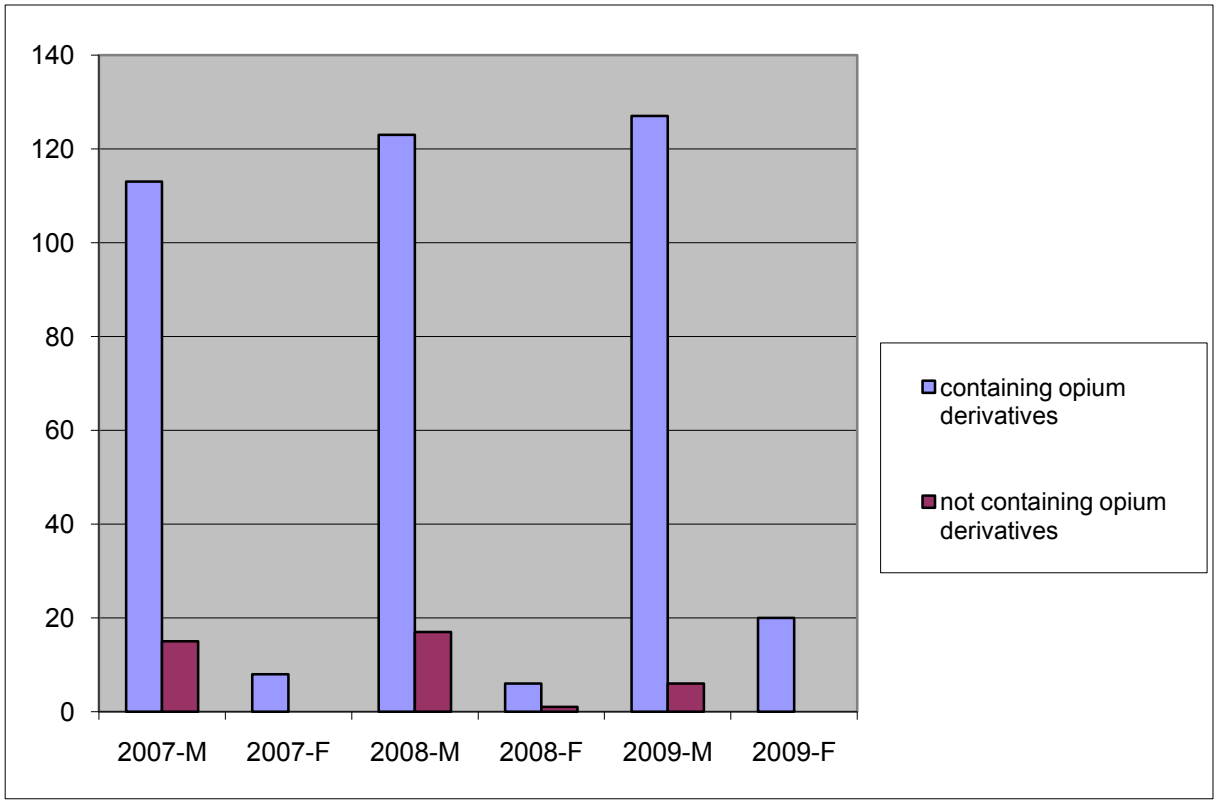
Among direct DRDs, 72.7% of foreign nationals (n:24) died in İstanbul while 12.1% (n:4) died in Antalya. This finding corresponds to the previous years' data and found to be related to the cosmopolitan structure and demographic characteristics of İstanbul and Antalya.

Among direct DRDs, the ranking of provinces in terms of frequency of death is as follows: İstanbul (50.3%) Antalya (11.8%), Gaziantep (5.9%), Adana (5.2%), Kocaeli (3.3%), and Van (2.6%). While the DRD cases in Elazığ dramatically decreased, there has been a dramatic increase in Antalya. The total number of foreign nationals and Turkish nationals who died in İstanbul and Antalya provinces and the total number of such cases in all other provinces were almost the same with last year's figures. This result is considered to be significant in terms of the reliability of the data.

In most of the direct DRD cases, the cause of death is overdose or polydrug use, as was the case in previous years. In 96.1% of the cases (147), death was caused by the use of opium derivatives on their own or often combined with alcohol and other substances. Combined with opium derivatives, most frequently benzodiazepine derivatives, cannabis, ethanol and cocaine were used. In 3.9% of the cases (6), substances not containing opium derivatives (Toluene and acetone from solvents category in 5 cases and cocaine in 1 case) were observed (Table 6-9, Table 6-10). In 2009, an increase has been observed in the number of deaths due to intoxication by opium derivatives as compared to the last year and a regular increase has been observed in the last three years (Chart 6-3). However, this increase is mainly due to deaths of foreign nationals as was the case last year.

The number of male cases among direct deaths caused by the use of opium derivatives (n:127) showed a limited increase compared to 2008 (n:123). However, the number of female cases among direct deaths caused by the use of opium derivatives dramatically increased up to 20 (Chart 6-3).

Chart 6-3: Distribution of Deaths Caused by Drug Use in 2007-2009.



Deaths related to substances other than opium derivatives significantly decreased as compared to previous years. In almost all of the female cases in the last three years, the substance used was opium derivative. In 2009, among direct DRDs, opium derivatives and other substances were detected in 96.1% and 3.9% of the cases respectively. On the contrary, among indirect DRD cases, opium derivatives were detected in 20% and other substances in 80% of the cases. As compared to 2008, a marked increase in the use of opium derivatives in both direct and indirect DRD cases and a marked decrease in the use of other substances are observed.

In 2009, only in two direct and indirect DRD cases an amphetamine derivative was detected. It is seen that the demand for ecstasy has decreased almost to zero. According to 2009 ASOC Report, the quantity of ecstasy seized in our country since 2006 is now in a decreasing trend as parallel to the seizures in Western European countries and this decrease is at the rate of 56.3% in 2009 as compared to 2008. The same report indicates that as a result of the decreasing demand for Ecstasy, the number of operations and apprehended suspects also decreased and there has been a 67.3% decrease in the number of operations and 73.5% decrease in the number of apprehended suspects in 2009 compared to 2008. It is argued that this decrease is mainly due to the low quality of stimulants (ASOC 2009 Report, Drug Scope 2009).

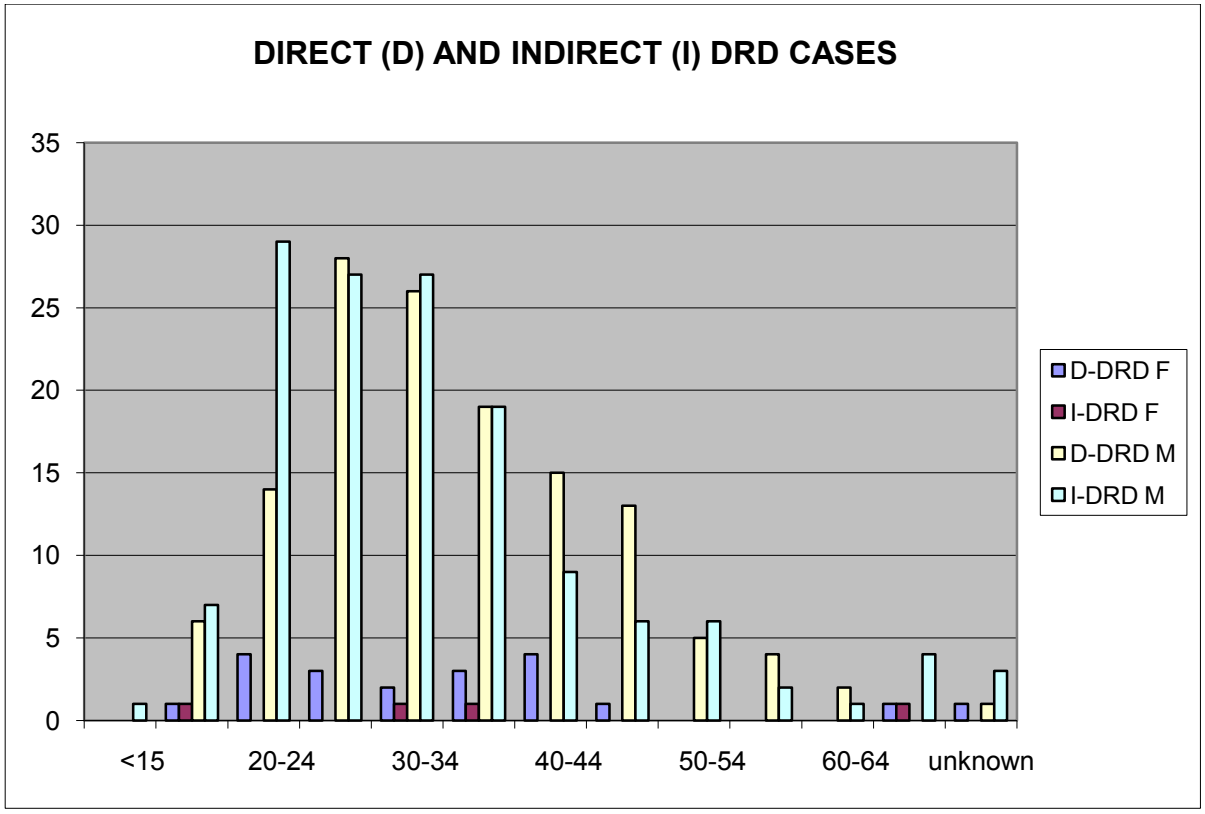
The 2009 DRD data are consistent with the data in ASOC 2009 Report.

In 3.3% of the cases (n:5), death was caused by solvent inhalation. Deaths are related to solvent inhalation. The data of the last three years indicate that it is now an obligation to take the solvent sale under control. According to 2008 data of the General Directorate of Curative Services of Ministry of Health, solvent addicts rank third (9.1%) among addicts receiving in-patient treatment following heroin and cannabis users.

In 2009, toxicological analysis reports were obtained for all cases that were autopsied and for all the cases from which only blood and urine samples were taken without an autopsy. The number of indirect DRD cases which were 135 in 2008, increased to 145 in 2009..When compared with direct DRDs, a significant quantitative difference is observed among female cases. Therefore, while the average age in indirect DRDs, which consist of only 4 female cases, is calculated as 40, the average age in direct DRDs, consisting of 20 cases, is calculated as 33.2. However, when male cases are compared, the average age of 34.5 in direct DRD cases fell down to 32.3 in indirect DRD cases. Similarly, the minimum age identified in indirect DRD cases is 13.

Distribution of 2009 indirect DRD cases by age groups differs from the distribution of direct DRD cases. While direct related deaths occur most frequently in 25-29 age group, the indirect deaths occur most frequently in 20-24 age group. The indirect DRD cases at age 24 and below (n:38) is at the ratio of 1.52 of direct DRD cases (n:25). Substance use occurs in all age groups. Still, the existence of male cases can be observed in all age groups (Chart 6.4).

Chart 6-4: 2009 Direct and Indirect DRD Cases' Distribution of Age Groups by Gender.



Among indirect DRDs, the rate of deaths due to accidents such as traffic accidents, drowning, falling from height was 32.4%. It is considered that campaigns on the indirect risks of drug use can lower this rate. The percentage of deaths due to injury by firearms and sharp and puncturing tools among indirect DRD cases fell down to 43.5% with a decrease of 6.8% compared to last year. The data could not be interpreted in terms of the reason for the decrease since the data are only 2 years old. Nevertheless, there is still a strong relation between drug use and risky behaviour.

It is not possible to define user profile based only on direct DRD cases. After all, direct deaths reflect data on drug users of more dangerous substances such as heroin or users of multiple drugs. Indirect DRD cases reflect user profile better. The ratio of male cases among

indirect DRD data is 97.2% and female cases 2.8%, which is very close to the ratios of males (96.5%) and females (3.5%) in the apprehended drug users in 2009 (ASOC 2009). Again according to data of General Directorate of Curative Services of Ministry of Health (2008), among the addicts receiving treatment in our country, 94.2% are male and 5.6% are female. The same rate is 87.5% for males and 12.5% for females for direct DRD cases.

Indirect DRD data indicate that the most frequently used substance in our country is cannabis followed by opium derivatives. In 73.8% of the cases (n:107) cannabis and in 20% of the cases (n:29), opium derivatives use has been identified. This finding is consistent with the profile of drug users apprehended in 2009; among the drug users apprehended in 2009, 87.07% were seized with cannabis (n:8528) and 10.03% (n:983) with opium derivatives (ASOC 2009).

Significant differences can be observed also in terms of its distribution by province as compared to direct DRDS. The death frequency in indirect DRD cases are highest in the following provinces: İstanbul (39.31%) Antalya (8.97%), İzmir (8.97%), Ankara (8.27%), Adana (6.20%), Ordu (4.14%), Bursa (2.76%) and Samsun (2.07%). Although there are no reported direct DRDs from Bursa, İzmir, Ordu and Samsun provinces and only 1 reported case from Ankara, these provinces cover 26.2% of indirect DRD cases. Among the indirect death cases (n:38) for these 4 provinces, the use of opium derivatives were detected in only 2 cases, amphetamine derivative in 2 cases, cocaine in 1 case and cannabis in 33 cases. Although the provinces of Bursa, İzmir and Ankara are among the 5 largest cities in our country, the drug use habits differ in comparison with other large provinces.

SECTION 7

RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

7.1. Prevention of Drug Related Emergencies and Reduction of Drug-Related Deaths

Now new data.

7.2. Prevention and Treatment of Drug-Related İnfectious Diseases

Dr. Canan YILMAZ[36]

UAK (National AIDS Committee) was set up in 1996 under the chair of the Ministry of Health, with thirty three national stakeholders from public agencies, academics and NGOs involved in HIV/AIDS in order to set the national policies, take recommendatory decisions for the preparation of national action plan accordingly and ensure cooperation and coordination among the sectors with an aim to control HIV/AIDS and prevent its spread in Turkey.

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)

7.3. Responses to Other Health Correlates Among Drug Users

Now new data.

[36] General Directorate of Fundamental Health Services.

SECTION 8

SOCIAL COORELATES AND CONSEQUENCES

Asso. Prof. Nurdan Duman[37]-[38]

8.1. Introduction

An important problematic area for drug addicts is the negative course of their social relations due to drug addiction. In this process, which is also called as addiction vicious circle, due to certain situations of frustration in their lives, the relations of drug addicts with their social environment deteriorate and they get stuck in a limited environment consisting of drug addicts only. As this leads to an increased tendency to use drugs, their relations with their social environment deteriorates further. In other words, their possibility to have a healthier social environment and to make good friendships becomes weaker as they are not accepted in the society any more and as they lose their skills to sustain positive relationships.

Therefore, there is a need to reactivate the social support and solidarity mechanisms that would help drug addicts to readapt to and reintegrate into the society.

In the framework of Turkey's National Strategy and Policy Document on Drug Addiction, below issues are seen as an obligation to fulfil in order for the social reintegration of drug addicts following treatment (TBMM (Parliament), 2008:271):

- Strengthening the existing institutional structures (infrastructure, qualified specialists, research, training and services) for the treatment and social reintegration of acute and chronic drug addicts,
- Improvement of post-treatment services in order to prevent any relapse into addiction,
- Creation of service units that would activate the social support mechanisms for the social reintegration of addicts under treatment.

In the Parliamentary Commission's report, (TBMM, 2008:271), some opinions are stated on the social reintegration of drug addicts in addition to the criteria defined for the creation of an evidence-based demand reduction system:

1. Increasing the accessibility and feasibility of treatment programs,
2. Creation of rehabilitation and social reintegration programs,
3. Reduction of social damages resulting from drug use,
4. Increasing the capacity of necessary psychosocial work in order to minimise the rate of drug use in penitentiary institutions.

In this section, the reflection of drug addiction onto the social life, the type of existing services for the social reintegration of drug addicts and the efforts made for the activation of social support mechanisms are discussed.

8.2. Social Exclusion And Drug Use

Social exclusion of drug users and drug use among socially excluded groups such as homeless, migrants, etc. are discussed in this part.

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It is stated in the Parliamentary Report (TBMM, 2008:419) that the services provided by the DG for Youth and Sports are not as widespread as sportive competitions, even shadowed by them. By introducing youth camps, youth clubs and youth centres nationwide, DG for Youth and Sports ensures that young population participate in sport activities for their development. However, a very low number of youngsters can enjoy these units compared to the target population of the DG. Although The selection of camp participants are based on academic success, which is in line with theory that learning is achieved through rewarding, it is a scientific truth that drug users or youngsters under a certain risk to use drugs have low level academic success. This assessment criterion directly excludes these children. The youngster, who is not willing to take part in these activities from the very beginning, is thus excluded from the program (TBMM, 2008:419).

The number of studies and researches on the social exclusion of drug addicts in Turkey is quite low. For this reason, it is not possible to give information here on a field study directly related to this topic. However, it is deemed convenient to give some brief information on the findings concerning the profiles of addicted individuals as a result of a study conducted in Gaziantep with the support of the EMCDDA. This study was implemented in 2009 in Gaziantep between January and March and 168 drug users were interviewed. It is observed that 97% of the participants were male; the age range of the participants was 20 and 40+ and they were concentrated in 25-29 (34.5%) and 30-34 (31.0%) age groups; employment rate was 97.6%; those with primary education were at 41.1% and with secondary education at 36.9%;14.9% had previous prison history and 4.8% were found to have previous street life (Altan, 2009:14).

Three findings from this study are significant as regards the social exclusion of drug addicts. The first one is that the rate of those with secondary and below level education is at 56.0%. This finding means that the drug addicts get away from school and education quite quickly and early. The second important finding is that drug addicts might face homelessness problem at a certain stage, although the rate seems to be low for the abovementioned study (4.8%). The third important point is that 14.9% of the addicts in the study had a previous prison history. This finding emphasises that drug addicts might breach laws as a result of the problems they experience in the society or under the influence of drugs. Although this study is limited to only one province of Turkey, it is significant in terms of its capacity to show different dimension of the problems that drug addicts might face in the social lives. A future increase in the number of similar studies will make it possible to plan activities and interventions for the enhancement of their social relations and increase of their social adaptation.

Besides this study, Başkent University Social Services Department organised a conference in 2008 on Social Exclusion and Social Services", which also included a session on drug addicts as one of groups that are victims of social exclusion. In this session, social exclusion of drug addicts in Turkey and in the world and its consequences as well as possible interventions were discussed.

8.3. Social Reintegration Of Drug Addicts

In this part, current situation concerning the social reintegration of drug addicts, new strategies, policies, conformity of the interventions, their types and sufficiency levels, quality and coverage of the service, quality standards, service guidelines, evaluation and training opportunities, efforts aiming at increasing the quality and efficiency of interventions are discussed.

8.3.1. Quality and Coverage of the Services Concerning the Social Reintegration of Drug Addicts

Services with regard to the adaptation to the social life offered to drug addicts in the post-treatment period are mentioned in the Parliamentary Report and the importance of this issue is highlighted. In the Parliamentary Report TBMM (2008:457), the services that are offered at provincial level to the drug addicts in the post-treatment period for their adaptation to the social life or the considerations on what type of gaps exist are as follows:

Special attention is attracted to care services for individuals that have been partially successful or failed in the treatment process, that do not have the capacity to sustain their lives on their own or that have lost some of their important skills to manage life. It is stated that protection and care centres should be established for the housing and care of the individuals that do not have any relatives but who have participated in addiction programs of provincial special administrations and municipalities and who are still under an adaptation-to-society process. It is suggested that sparing some places and defining quotas in already existing support centres for these types of individuals might be a solution, as well.

Despite the fact that the types of services that are needed by drug addicts for their social reintegration are well known, there is not a concrete structure concerning which ministry or institution will offer these services and how will the monitoring be carried out.

8.3.2. Housing, Education and Job Opportunities Offered to Drug Addicts During Their Social Reintegration

The first one of the main problems that drug addicts face in the social readaptation process is that they do not have a place to stay. This is followed by their low level education due to the fact that either they have never received education or they have dropped out from the school and the low number of job opportunities they have due to lack of any vocational training.

In Turkey, these problems emerge generally right after the treatment of individuals or during their treatment. For this reason, personal needs of addicts are identified and services are provided accordingly during the social reintegration of these individuals. It is observed that these services are provided in Turkey mainly by SHÇEK (Social Services and Child Protection Agency) and municipalities as local authorities. According to the status of the drug addict, the services provided may sometimes be limited only to housing and some other times only to education or job placement. Additionally, combined interventions and services are offered to drug addicts in accordance with their multiple problems. Therefore, the housing, education and job opportunities offered during the social reintegration of the addict are discussed under the same title in the following part.

Directorate General of SHÇEK is organised at central level as Child Services Department and Youth Services Department concerning the services for children. Child Services Department of SHÇEK coordinates 38 Child and Youth Centres and 6 Observatories providing service to children living in the streets/working on the streets. Due to the fact that drug use among children living or working on the streets is commonly seen, data on the numbers of drug using children and procedures that are followed are collected via standard forms developed in line with the Child and Youth Centres Directive and these data are collected from Child and Youth Centres.

The work carried out by ISMEM operating under Istanbul Metropolitan Municipality provides important information on the family structures and drug using profiles of youngsters that are in Istanbul as a metropolitan city and that have a street life experience. Based on these findings, it is necessary that the municipalities strengthen their capacity to provide support to these disadvantaged groups living in different areas of the city. It is seen as a priority area that multilateral prevention and rehabilitation interventions and services be offered to these people from various age groups which are under a certain risk of drug use (see Section 3).

In Erzurum, which is located at the eastern part of Turkey and which attracts a great deal of immigration, Metropolitan Municipality has launched a project on “Counteracting Drugs and Drug Addiction and Social Reorientation of the Children and Youngsters Under Risk” and within the scope of this project, the Municipality rehabilitated 25 street children of 10-15 age group, the majority of which were drug addicts, and established an Ice Hockey Team under the Municipality with these children as players. The team consisting only of these children ranked the third in the Nationwide Ice Hockey Tournament.

Community Centre Facilities have been constructed through EU grants. The aim is to support the personal development of disadvantaged groups (immigrants) by means of social and cultural activities. The target group of this project consists of women, youngsters and children that have immigrated into Erzurum and settled in poor neighbourhoods. Free ski courses are offered to 120-130 children in a year in the weekends and semester holidays. The support of the Municipality, Provincial Directorate of Youth and Sports and universities has been attracted for all these sportive activities and they have offered their facilities and trainers for this purpose. The Fire Department in the region has also opened its sports facilities and provided support to this project.

Ankara Metropolitan Municipality signed a protocol with Ankara Governorship Provincial Social Services Directorate in 2008 in order for the provision of social rehabilitation services to addicted children and youngsters for their social reintegration during the post-treatment period and built a social rehabilitation facility in an area which is very close to AMATEM and UMATEM. Some training programs have been organised for the staff working in this centre through EU projects. Within the scope of IGEP (Internal Migration Integration Project), cooperation continues with SHÇEK, AMATEM and Juvenile Division of Ankara TNP. The aim of the Protocol is to prevent children from going back into streets and drug use following their treatment and rehabilitation by means of inter-institutional cooperation.

Antalya Metropolitan Municipality Antalya Health and Psychological Training Centre (ASPEM) offers face-to-face counselling services and trainings to children and adolescents in the social risk groups by means of counselling teachers, psychologists and adolescence counsellors. Prevention interventions are carried out by the experts to protect children and adolescents in risk groups from drug addiction. Children and adolescents are guided to social and sportive activities, their academic success is increased and they are supported to set a goal and their communication problems with school and their parents are solved and they are prevented from entering into harmful friendship groups. In ASPEM, awareness raising programs are also implemented for parents on drug addiction in children and adolescents and thus a sort of early warning system is established among parents. ASPEM cooperates with the schools under the Provincial Directorate of National Education in order to ensure that children and adolescents in risk groups are referred to ASPEM and it also provides training seminars for students on drug addiction.

With the ASMEK vocational courses launched under the Municipality, art, vocation and language acquisition of the children and adolescents are aimed and thus, they are kept away from drugs. Children and adolescents in risk groups that take part in ASMEK courses receive a certificate for their hobby or vocation at the end of the process and thus, rather than going back into drug use, they have the possibility to find a job and to keep themselves busy with their hobbies during leisure time.

Other than some metropolitan municipalities mentioned in this section, some other municipalities in other provinces implements several interventions within this scope, as well.

Below is the summary of the social reintegration interventions offered to drug addicted children and adolescents by certain metropolitan municipalities in the provinces of Turkey (TBMM, 2008:).

Oya Bahadır Yüksel Special Services and Special Training Centre in Gaziantep can be mentioned as a good example for the rest of Turkey established for the treatment and rehabilitation of drug addicted children and adolescents.

This is a centre where the identities of the children that have just come from streets are detected and first care services are offered to these children. If the child is a drug addict, his treatment is initiated with the support received from Gaziantep University Medical School Psychiatry Clinic.

Children whose treatment yields successful results are delivered back to their families. Children who have familial problems are referred to Akınal Child and Youth Social Rehabilitation Centre for job placement and education.

Children in Gaziantep Münir Onat Child and Youth Centre (Centre for Children Living in the Streets) are composed of those brought by police, by their neighbours or reached via field work. Field work on the streets are carried generally during night time, by means of municipal vehicles in the form of face-to-face contacts with these children living in the streets.

During the interviews with these children, their problems, reasons to live in the streets, their friend groups and their lifestyle in the streets are explored.

Münir Onat Child and Youth Centre has a capacity of 20 children. Since its inauguration, 397 children have enjoyed the services of this Centre. The housing and nutritional needs of these children have been met during their stay and rehabilitation work has been carried out for those who were inhalant/solvent addicts.

Vocational acquisition and rehabilitation services are offered to children by means of workshops in the Centre.

8.4. Conclusion

Despite the fact that the types of services that are needed by drug addicts for their social reintegration are well known, there is not a concrete structure concerning which ministry or institution will offer these services and how will the monitoring be carried out.

A future increase in the number of similar studies will make it possible to plan activities and interventions for the enhancement of their social relations and increase of their social adaptation as well as a better analysis of their needs.

It is seen as an urgent need that international congresses and studies are carried out to further discuss the social exclusion of drug addicts and its consequences in Turkey and in the world, to plan intervention in this regard and to exchange of information.

SECTION 9

DRUG-RELATED CRIMES, PREVENTION OF DRUG RELATED CRIMES AND DRUG USE IN PRISONS

Bülent DEMİRCİ[39]-[40]
Serap GÖRÜCÜ[41]

9.1. Introduction

Illicit drug problem covers several drug-related crimes. Although it seems like one single crime, drug-related crime includes many other crimes such as cultivation, production, transportation, possession, purchase, sale and use as well as chemicals used for the production of illicit drugs and taken under control by international conventions and laundering of the money obtained from illicit drug trafficking, dealing, etc.

When other drug-related crimes such as violence, homicide, counterfeiting, theft and border breach, weapon trafficking and terrorism are taken into account; it is understood that drug-related crimes are not ordinary crimes, but rather complex, international and organised ones.

The circle of drug-related crimes includes field owners, farmers, intermediaries, smugglers, operators of air, sea and land transportation vehicles, financiers, money launderers and finally sellers and users. The members of the drugs criminal organization, who take vast amount of risks, may, without any reservations, commit almost any crime in almost any stage that they consider as necessary in order to guarantee and increase their prospective high monetary gain.

During the preparation of this section, the following resources have been utilised: national and international reports on drug problem, data from law enforcement bodies in Turkey such as Turkish National Police, General Command of Gendarmerie, Undersecretariat of Customs and Coast Guards Command, reports of the DG for Prisons and Detention Houses, data from related EMCDDA Standard Tables, academic studies and data from “Substance Use Risk Analysis Survey Form-U Form” prepared by the experts from TNP.

9.2. Drug-Related Crimes

Illegal use of drugs and addictive substances cause the users to be registered in the legal system and involved in the treatment process. Therefore, production and sales of addictive substances are deemed as crimes, and organized crime activities occur around addictive substances almost globally. In addition to that, people are inclined to commit new crimes directly or indirectly due to the effects of such substances. On the one hand, provisions set by law concerning the supply, sales and use of drugs, the arising need for the constant use of drugs due to its nature on the other, make drug addicts to be involved in criminal behavior.

A research compares the aggression levels and drug use characteristics of individuals with antisocial personality disorder (APD) distinguishing whether these people have committed violent crimes or not. Life-long psychoactive substance use stories have been identified in 90.3% of young adults with APD diagnosis, in 75.8% of the subjects drug use disorder (DUD) was identified in addition to APD. Drug use disorder rate in APD cases who have committed violent crimes has been discovered to be significantly higher in APD cases who have not committed such crimes. Moreover, aggression levels of APD cases with DUD have been

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found to be higher.(Algül et. al. 2007) According to Köknel, alcohol, substance or drug use to settle anger and aggression results in anger and aggression.

A study by Yavuz (unpublished thesis,2003) involved 783 convicts in 17 penitentiary institutions. In this research, the ratio of those who committed drug-related crimes among all the other participants to the survey is 8.5%. Having regard to the types of substances subject to the crimes committed by those drug-related convicts the following rations were observed; 42.2% heroine, 29.7% marihuana, 17.2% cocaine. 43.9% of those in this group indicated that they had had a previous conviction due to another crime. 15.2 % of the convicts in this crime group indicated that they had been a part of some drug-related organization. Furthermore, among those who participated in the survey but had not committed drug-related crimes, 10.2% was found to be under the influence of drugs while committing the crime and 19,3% was found to use drugs or stimulants.

In a study by Gülkan to identify the personality and demographic characteristics of heroine addicts (unpublished thesis, 1994), a comparison was made between heroine addicts under treatment and non-addicts. Socio-demographic data concerning heroine addicts have shown that alcohol and/or drug use in fathers of addicts is 50%, and those whose fathers use drugs were found to start using drugs at an earlier age when compared to those whose father did not use drugs. 78% of addicts started using drugs with marihuana and 90% first tried drugs with a group of friends. A significant difference was spotted between the two groups in terms of the ratio of having criminal problems. Ratio of having criminal problems in the addicts group was 74% and 50% of the crimes committed were drug addition related. The same research has shown that 74% of addicts who preferred to use drugs through shooting or inhalation had some criminal records.

A study involving adolescents staying in training houses or prisons in İstanbul, Elazığ, İzmir and Ankara indicated that 69.8% of them used tobacco daily, and 23.5% used alcohol several times a week. As regard to the ratio of using tobacco or alcohol at least once in a lifetime, tobacco use was indicated as73.8% and alcohol use 45.0%. The most frequently used substance is marihuana with 71.3%. After marihuana the most frequently used substances are flunitrazepam (53.5%), volatile substances (48.1%) and ecstacy (35.7%). The least tried substance is heroine 2.3%. 29.7% of adolescents stated that they had been under the influence of drugs while they committed crimes. The ratio of those who were under the influence of drugs while committing the crime which resulted in their arrest and conviction during the period of this research was 32.8%. (Ögel et. al. 2004)

Results of many researches and various evaluations indicate that a significant proportion of drug addicts tended to commit crimes to supply or under the influence of drugs. Since the national scale of such studies increased their generalizability, they are significant for the making of national policies, prevention and control of crimes in this respect.

These and many other results of similar researches describe relations between drug use and crime. These results indicate how effective drug use is on young people's tendency towards crime, violence and other behaviors contrary to social norms.

9.2.1. Drug law offences

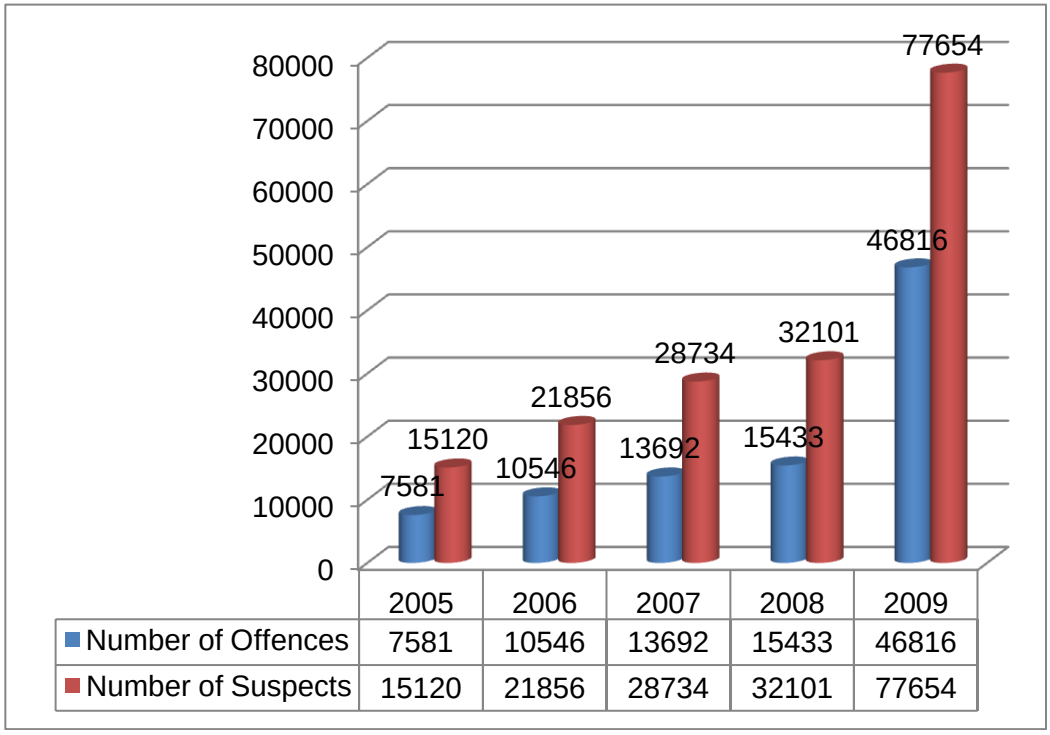
Different than previous years, in the calculation of the total number of drug offences around Turkey in 2009 and the number of suspects apprehended in these offences, not only the counter-narcotics units, but also all other drug offences carried out by all other police units have been included in the calculation. Therefore, although it is not possible to make any comment on whether there has been an increase or decrease in the total number of drug offences and apprehended suspects in 2009 compared to 2008, it is considered that the

number of offences and suspects have increased parallel to the increase in the seized quantities.

From this year on, the database of Main Command and Control Centre Department (AKKM Department) where the data of all police units are collected is taken as a basis. Activities have been launched so that the AKKM Department's database can respond to the EMCDDA standards and requirements at the highest level possible.

In 2009 around Turkey, a total number of 46,816 drug offences[42] occurred and a total number of 77,654 suspects have been apprehended in these offences (EMCDDA Standard Table 11, 2010).

Chart 9-1 : Number of Offences and Suspects by Years



	2005	2006	2007	2008	2009
Number of Offences	7581	10546	13692	15433	46816
Number of Suspects	15120	21856	28734	32101	77654

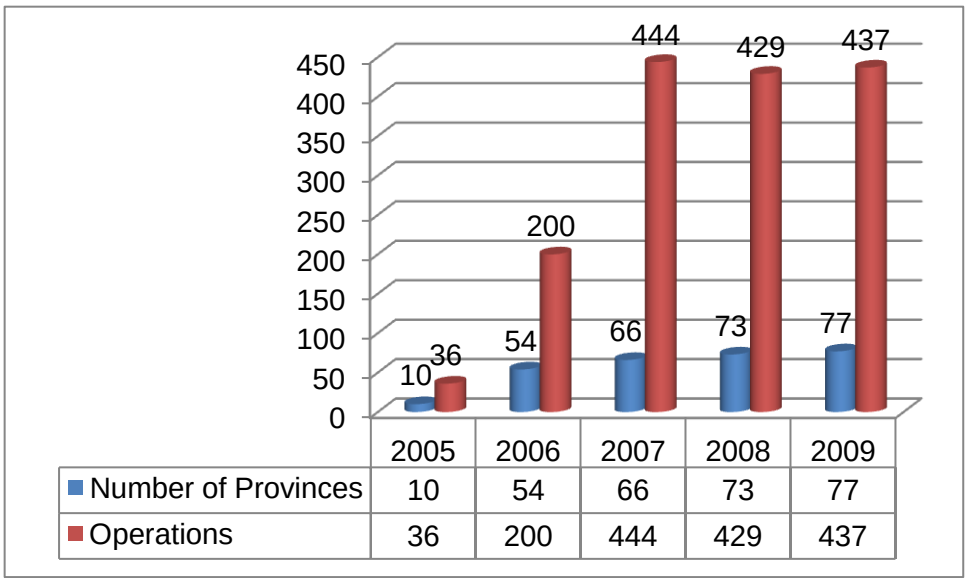
Source: EMCDDA Standard Tables, 2009 Turkish Drug Report.

Fight against narcotics trafficking in Turkey is conducted under two main goals. The first one is the fight against drug trafficking groups operating on international level; the second one is the fight against domestic drug trafficking networks operating on national level.

In the second half of 2005, according to a strategic decision taken by Turkish National Police Department of Smuggling and Organized Crime, a nationwide dissemination of efforts to fight against drugs was adopted. Thousands of street drug dealers have been apprehended in operations made under projects conducted in the framework of the related decision. In addition to street dealers, various types and amounts of drugs ready for consumption have been seized.

Chart 9-2 : Provinces and Numbers of Operations against Domestic Drug Trafficking Networks

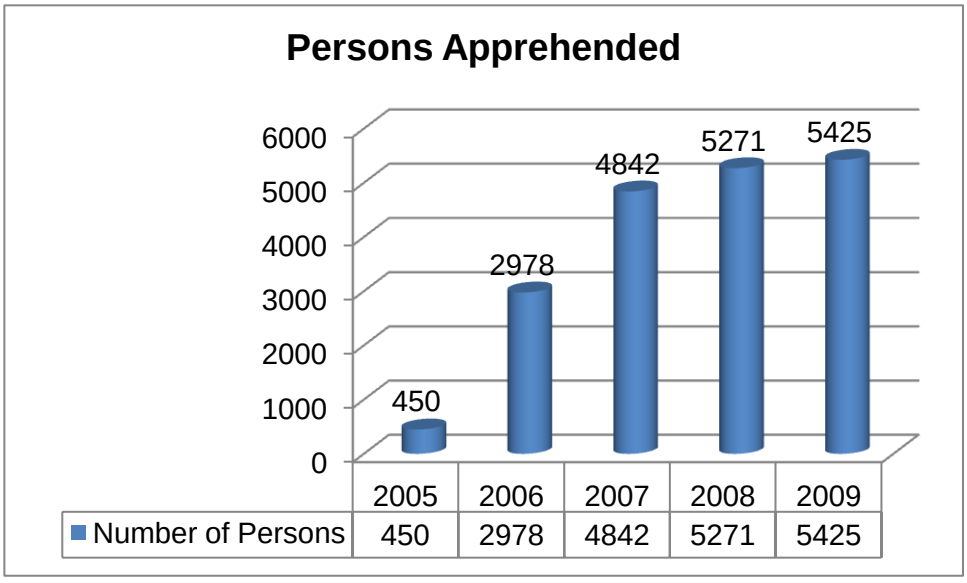
[42] In this section, the number of offences which are indicated as per both their total number and drug types are only the offences which have resulted in drug seizure. Offences which have not resulted in seizure are not reported here.



Source: TNP-ASOC Report, 2010:46.

When this decision was taken in Turkey 5 years ago, the number of persons in penal enforcement institutions due to drug-related crimes was 4125, but as of May 2010 this number rose up to 23.800. (Chart 9-13). It is estimated that 10.000 to 12.000 of them are constituted by the members of domestic drug crime organizations.

Chart 9-3 : Persons Apprehended during Operations Aimed at Domestic Drug Networks 43



Source: TNP-ASOC Report, 2010:47.

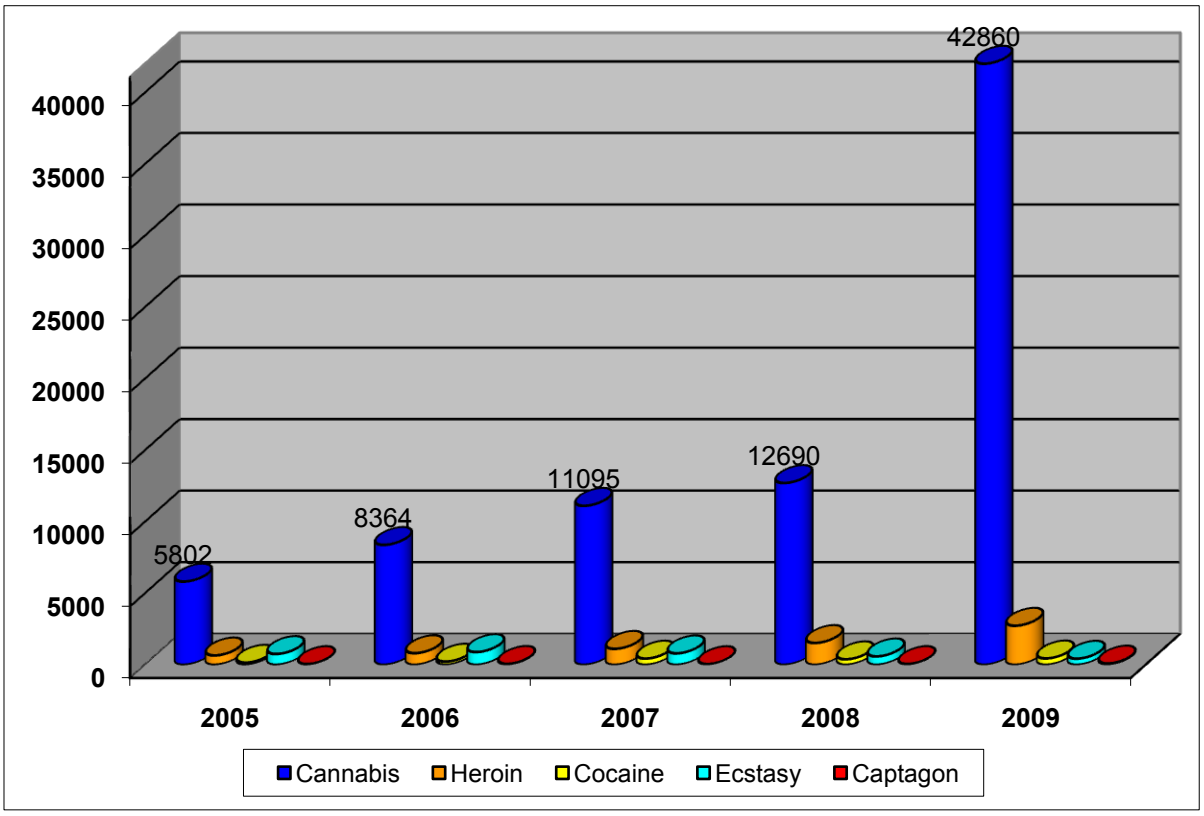
Not only drug dealers are apprehended in operations aimed to domestic drug gangs. Persons who have previously committed crimes such as theft, homicide, counterfeiting, fraudulence, plunderage are also apprehended in these operations. Therefore, such

[43] Figures provided here only represent those apprehended in operations made by Narcotics units operating on provincial level, affiliated to TNP- ASOC Department.

operations have had significant contributions to the prevention of crimes affecting public order.

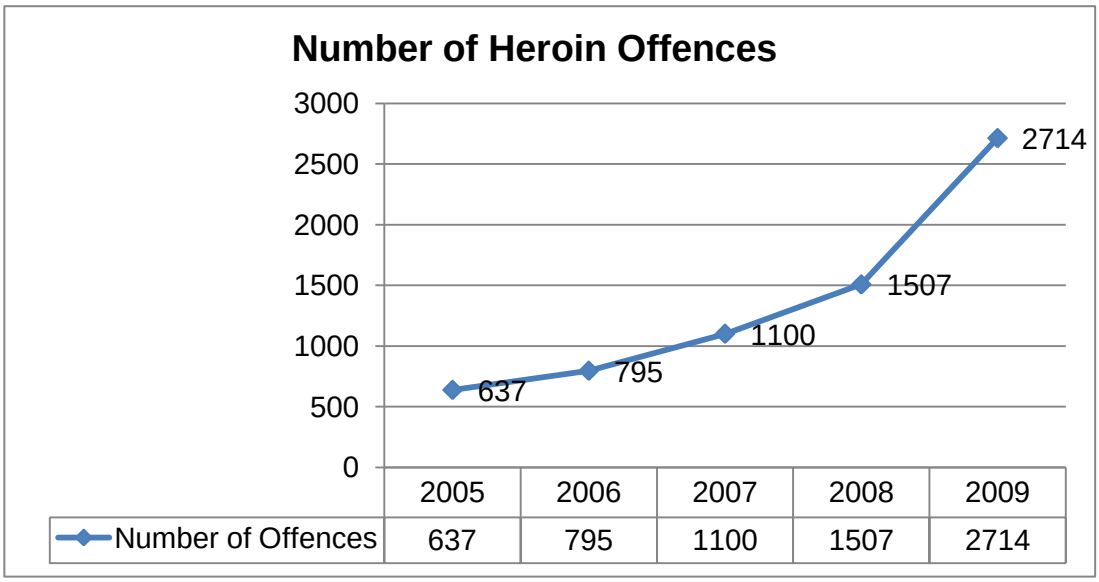
The most commonly used drug in Turkey is cannabis (see Chart 9-17). This leads to the fact that cannabis ranks the 1st as per the number of offences (Chart 9-4). The same situation applies to the quantity of seziures (see Chart 10-7).

Chart 9-4 : Number of Offences by Substances by Years



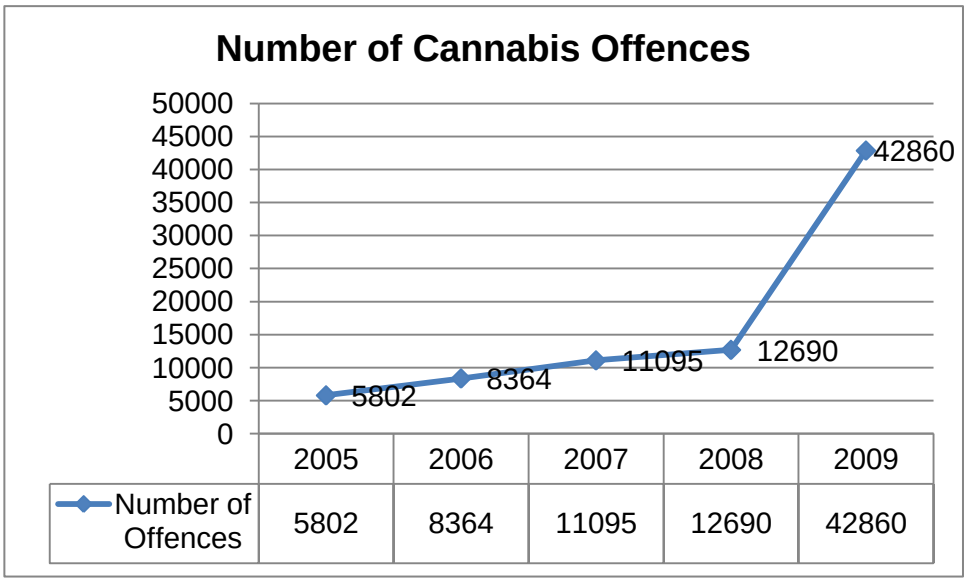
Below are the charts pertaining to the number of illicit drug offences in 2009 all over Turkey as per substance type:

Chart 9-5 : Number of Heroin Offences by Years



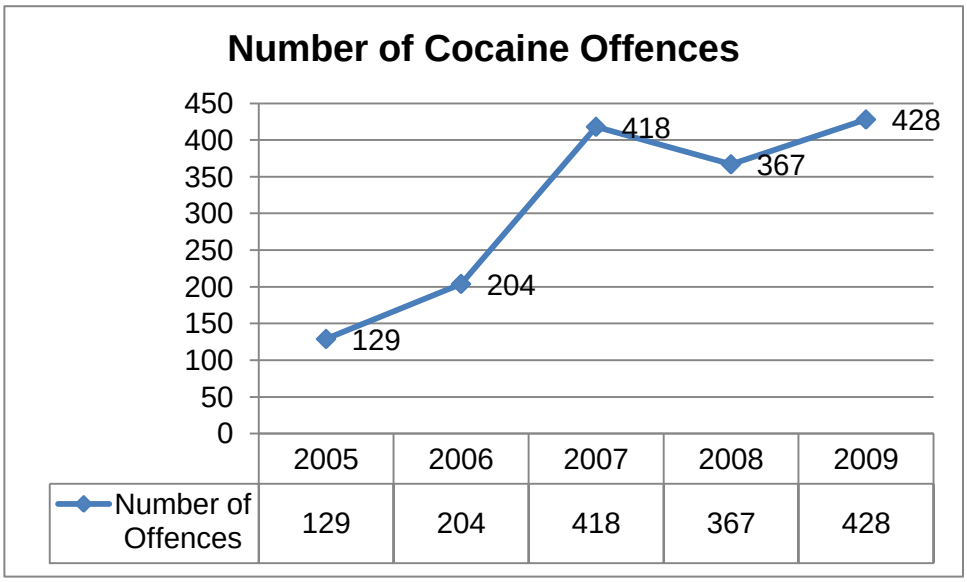
Source: EMCDDA Standard Tables, 2009 Turkish Drug Report.

Chart 9-6 : Number of Cannabis Offences by Years



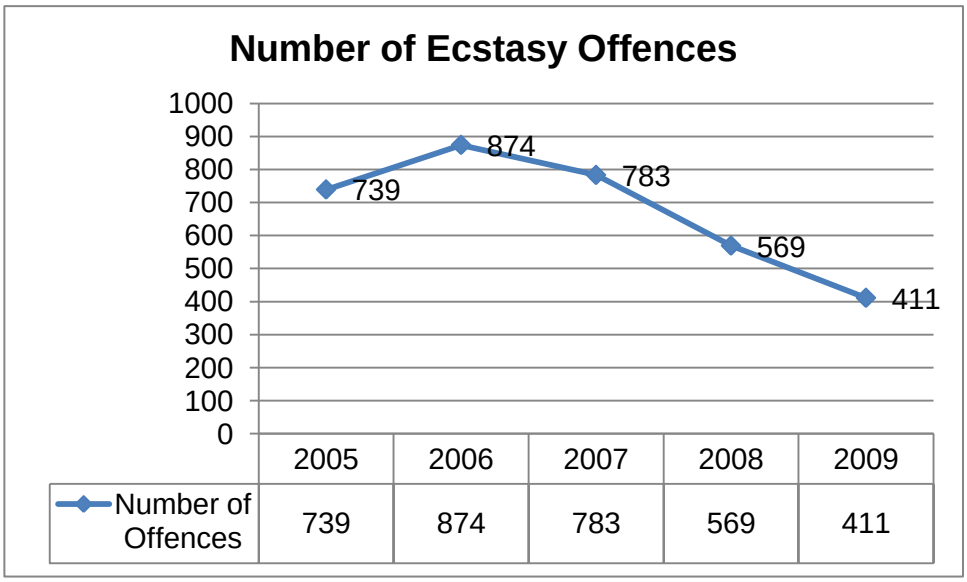
Source: EMCDDA Standard Tables, 2009 Turkish Drug Report.

Chart 9-7 : Number of Cocaine Offences by Years



Source: EMCDDA Standard Tables, 2009 Turkish Drug Report.

Chart 9-8 : Number of Ecstasy Offences by Years



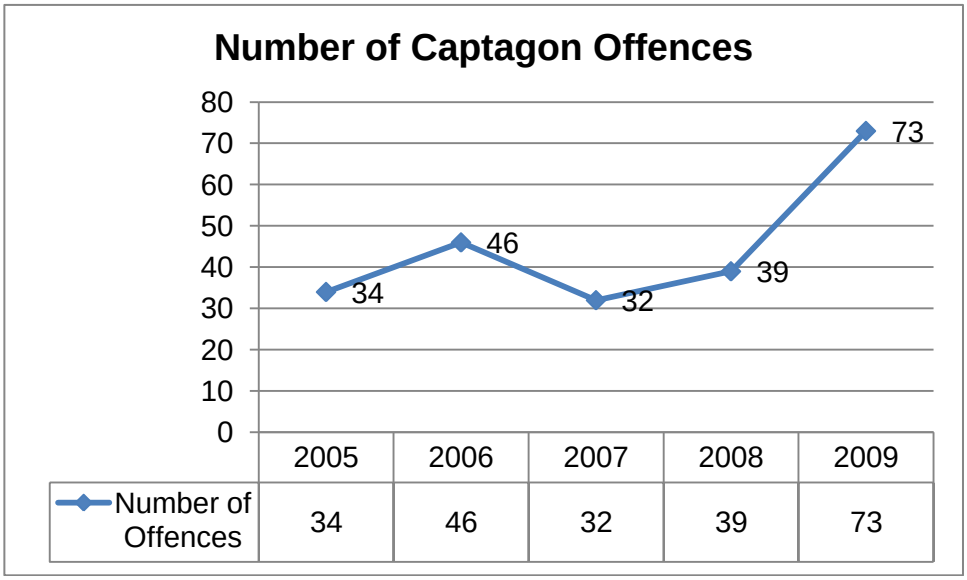
Source: EMCDDA Standard Tables, 2009 Turkish Drug Report.

A total number of 73 captagon[44] offences took place in 2009 (Chart 9-9). This increase in 2009 is considered to be caused by the start of Captagon use in Turkey Accordingly, the quantity of captagon seized during the operations against domestic drug trafficking networks increased in 2009 as compared to 2008 (TNP-ASOC Report, 2009:28). The number of suspects apprehended during captagon interceptions in 2009 in police jurisdiction also increased by 111.1% (TNP-ASOC Report, 2009:37). The causes for this increase are considered to be the exposure of Turkey, as similar to the case in heroin, to a significant flux of captagon due to its position as a transit country and the unavoidable influence of this flux towards increase in the number of users as well as the users' preferences towards this

[44] Tablets in the appearance and with the logo of Captagon containing amphetamine as an active substance instead of phenethilin.

substance due to increasing quantities of ecstasy containing mCPP rather than MDMA as an active substance in Turkey.

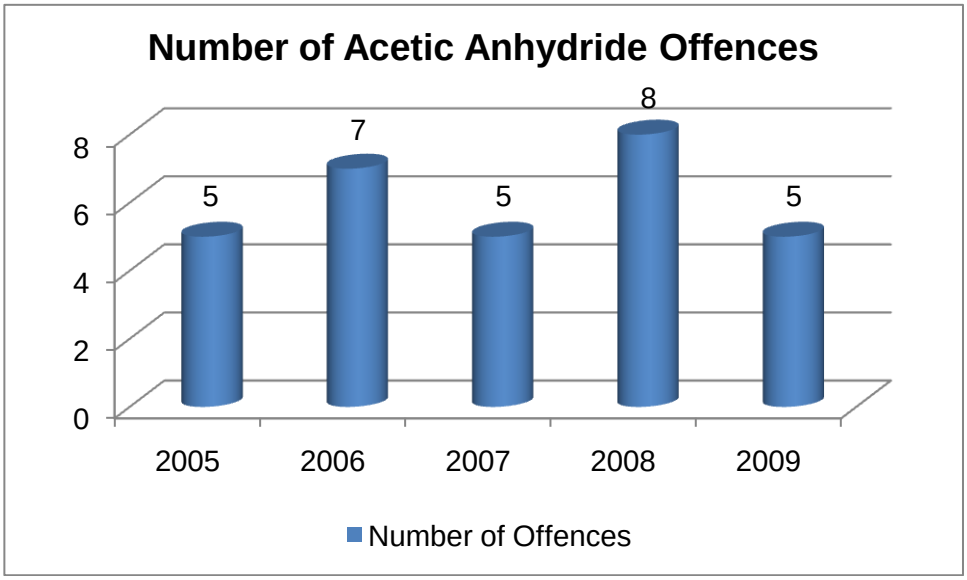
Chart 9-9 : Number of Captagon Offences by Years



Source: EMCDDA Standard Tables, 2009 Turkish Drug Report.

The seizures of acetic anhydrite in Turkey are generally composed of large amount of seizures in a few offences. Accordingly, a total of 13025 lt of acetic anhydrite has been seized in 5 offences in 2009.

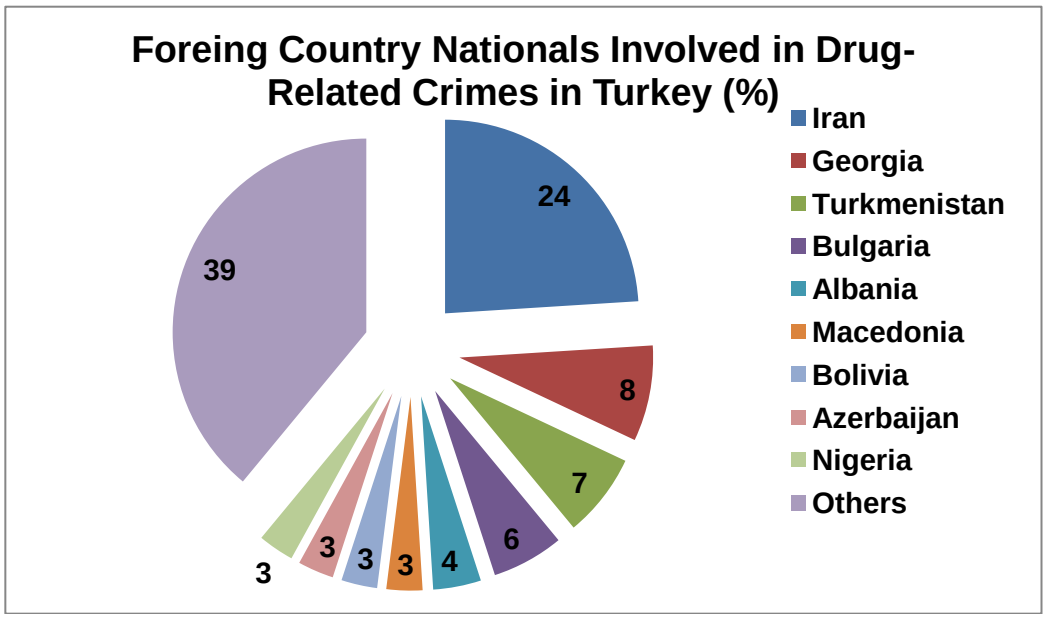
Chart 9-10 : Number of Acetic Anhydrite Offences by Years



Source: TNP, Anti-Smuggling and Organized Crime Department Reports.

Considering the foreign nationals with the highest number of legal proceedings concerning drug-related crimes in Turkey in 2009, Iranian nationals are seen to be those that have been most involved with drug-related crimes (Chart 9-11).

Chart 9-11 : Foreign Nationals involved in Drug-Related Crimes in Turkey



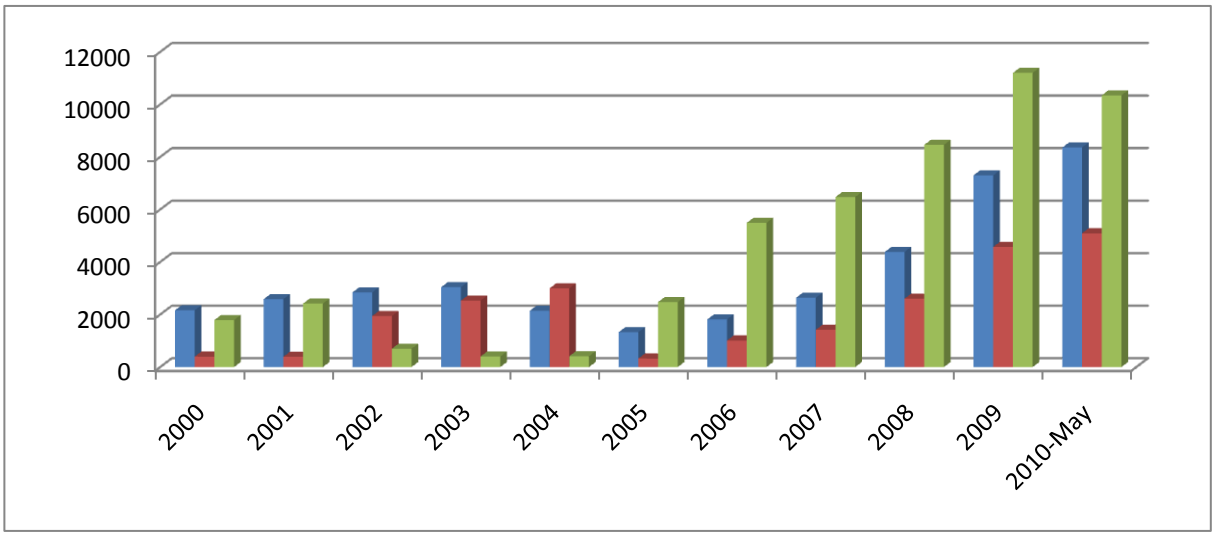
Among the foreign nationals with the highest number of apprehension rates;

- Iranian nationals were apprehended with heroin opium and methamphetamine,
- Nationals of Georgia, Turkmenistan, Albania, Bulgaria and Macedonia with heroin,
- Nationals of Bolivia with cocaine,
- Nationals of Azerbaijan with heroin and cannabis,
- Nationals of Nigeria with heroin and cocaine (TNP-ASOC Report, 2009:42).

9.2.1.1. Penalisation of drug related crime

Ministry of Justice, Directorate General of Prisons and Detention Houses data of May 2010 draw attention to the scale of drug and drug-related crimes in Turkey. As of May 2010, there were 23800 convicts/imprisoned in penitentiary institutions, due to drug-related crimes. Compared to the previous years in terms of crime groups, drug-related crimes increase both constantly and significantly.

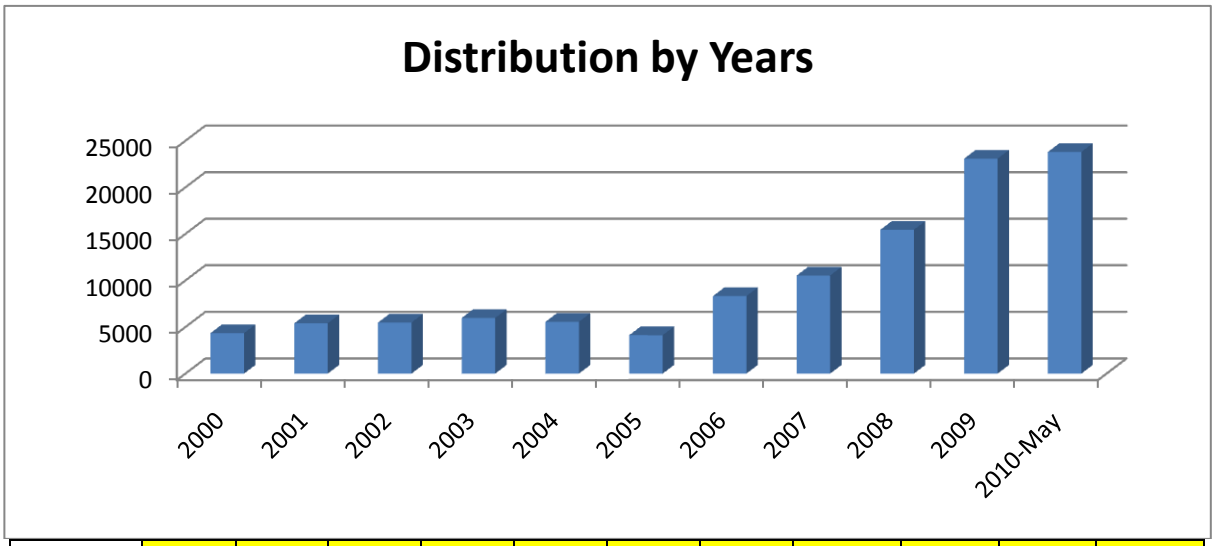
Chart 9-12 : Distribution by Years of the Convicts, Imprisoned and Imprisoned pending appeal due to Drug-Related Crimes in Penitentiary Institutions



		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010-May
	Convict	2160	2587	2841	3042	2147	1326	1816	2638	4384	7302	8360
	Imprisoned pending appeal	398	393	1941	2528	2997	325	1012	1419	2602	4576	5093
	Imprisoned	1790	2419	698	403	414	2474	5492	6476	8461	11204	10347

Source: Ministry of Justice –Directorate General of Prisons and Detention Houses, 2010.

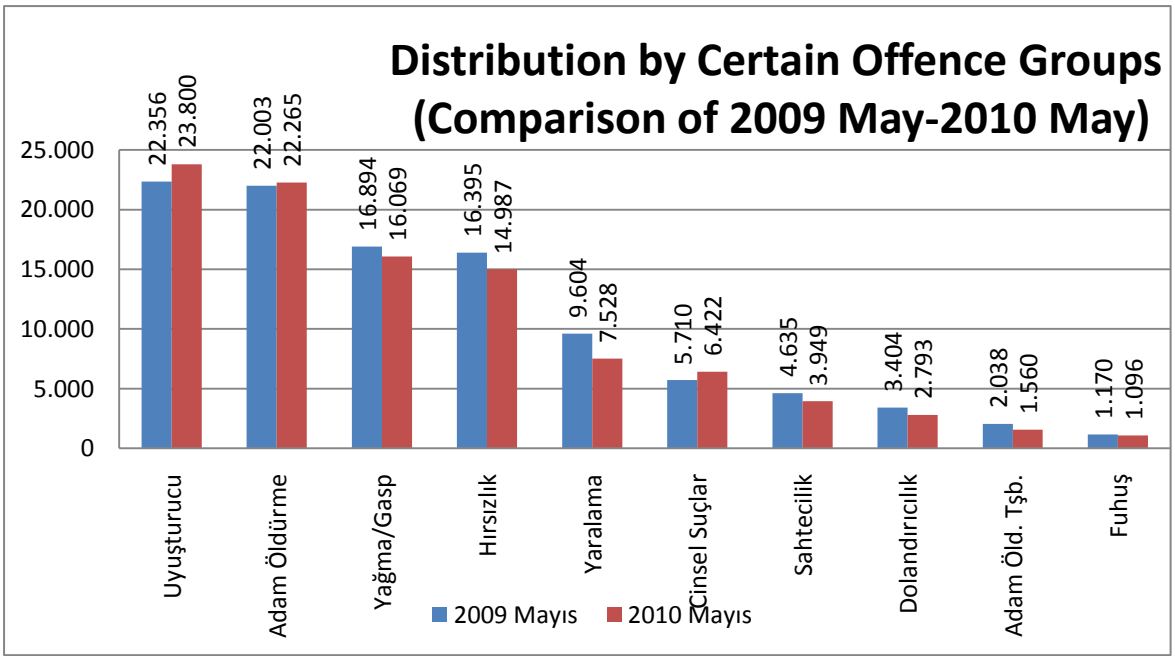
Chart 9-13 : Distribution by Years of the Numbers of Those in Penitentiary Institutions due to Drug-Related Crimes



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010-May
Distribution by Years	4348	5399	5480	5973	5558	4125	8320	10533	15447	23082	23800

Source: Ministry of Justice Directorate General of Prisons and Detention Houses, 2010.

Chart 9-14 : Comparison of May 2009- May 2010 in terms of Crime Groups



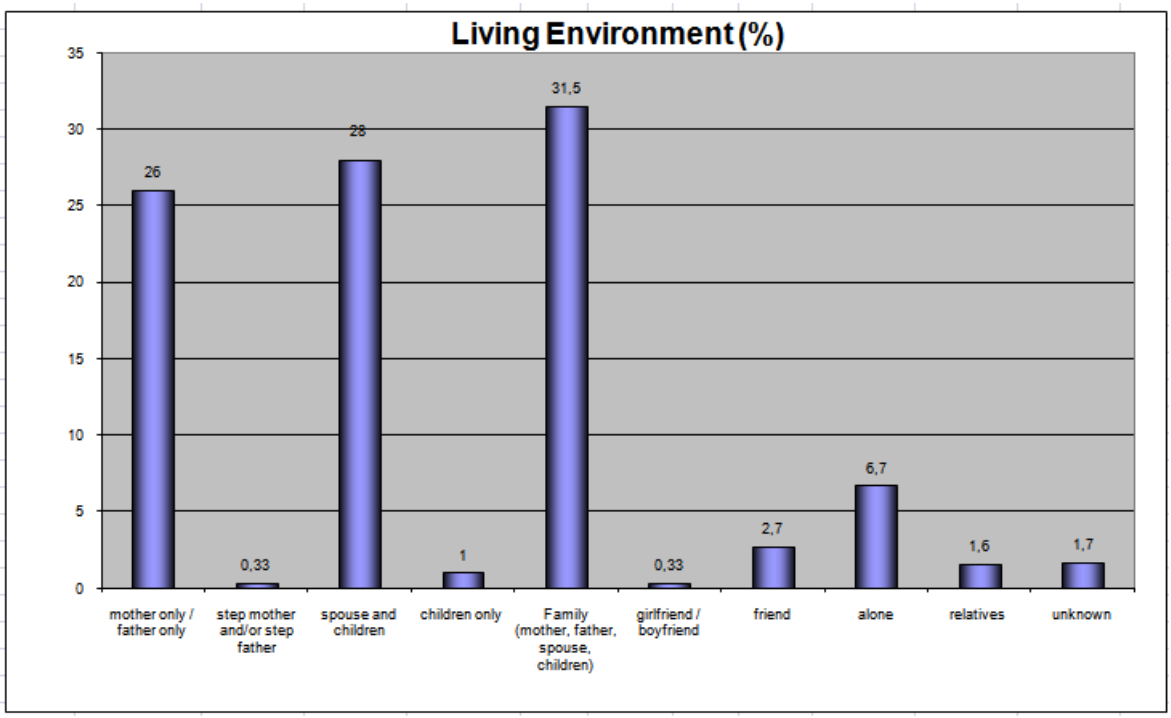
Source: Ministry of Justice –Directorate General of Prisons and Detention Houses, 2010.

9.2.1.2. Substance Use Risk Analysis Survey Form – U Form

TUBIM's Provincial Focal Point staff (ILTEM) carries out every year a survey on illicit drug possession/use crimes in Turkey by using face-to-face interview technique. This study, which covers individuals concerning whom legal proceedings have been initiated by the police within the year and who have stated that they use drugs and volunteered to take part in the study, aims to lay down the general profile of drug users in Turkey. This survey, which is named as "Substance Use Risk Analysis Survey Form - U Form" is considered as an important instrument in the scientific identification of underlying reasons for drug use. Thus, in line with the identified underlying causes; training activities, supply/demand reduction, treatment/rehabilitation and other policies can be determined.

Data from Substance Use Risk Analysis Survey Form-U Form that covers 2,385 persons in 2009 are below.

Chart 9-15 : Distribution of Drug Users as per their Living Environment



The fact that the rate of drug users that are married is as high as the single ones according to the U-Form data implies that civil status is not influential on drug use (Chart 9-16).

Chart 9-16 : Distribution of Drug Users as per their Civil Status

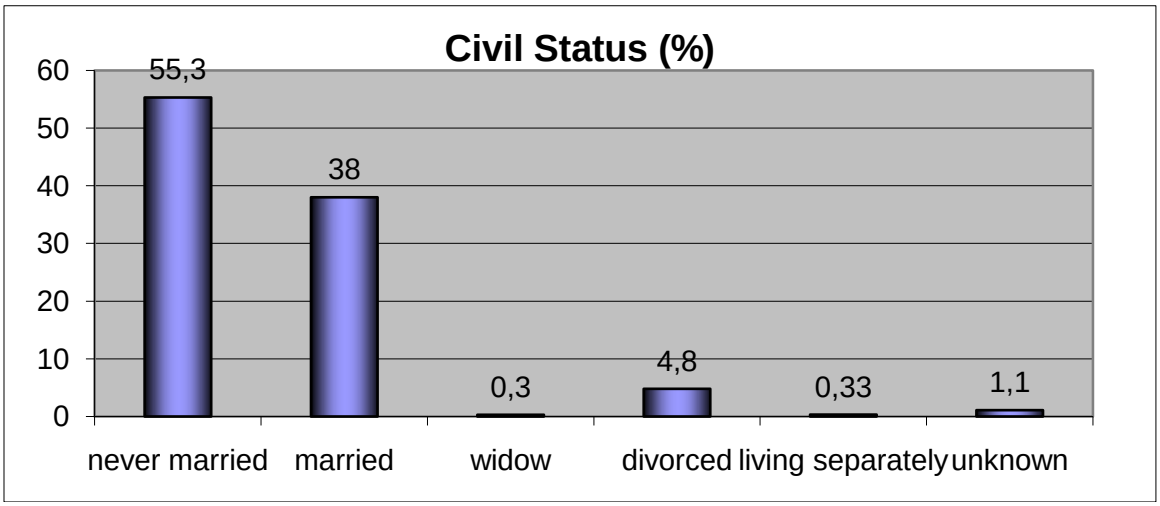
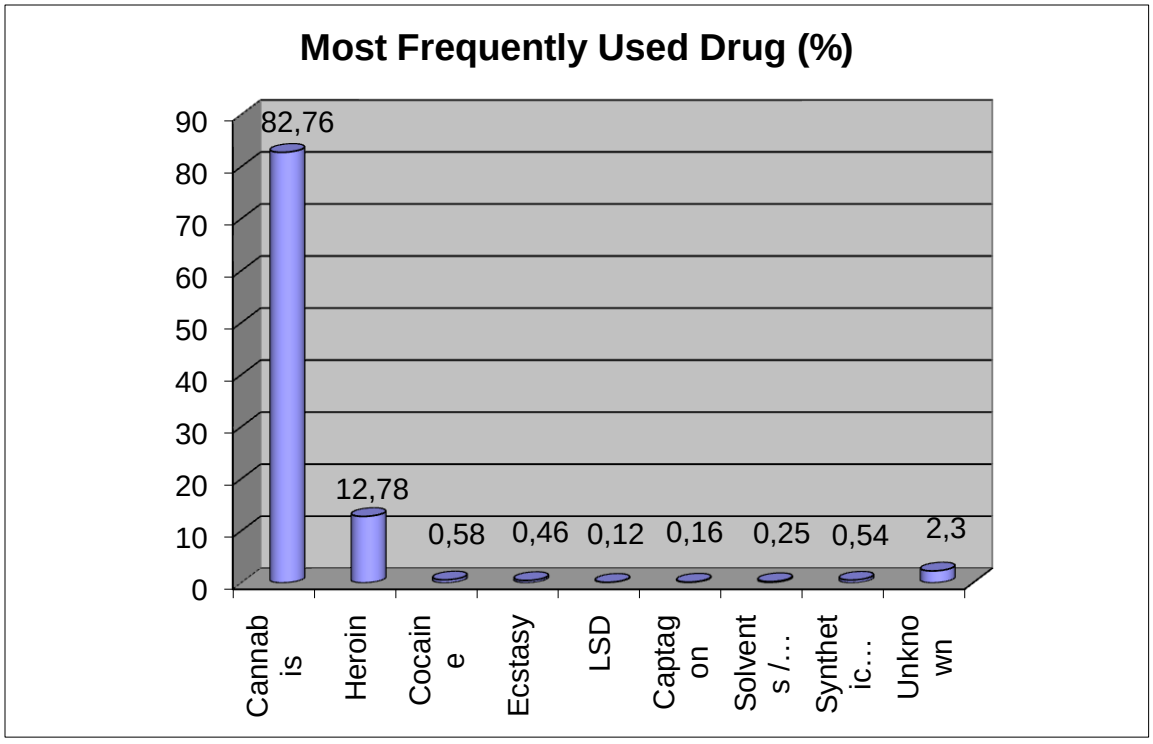
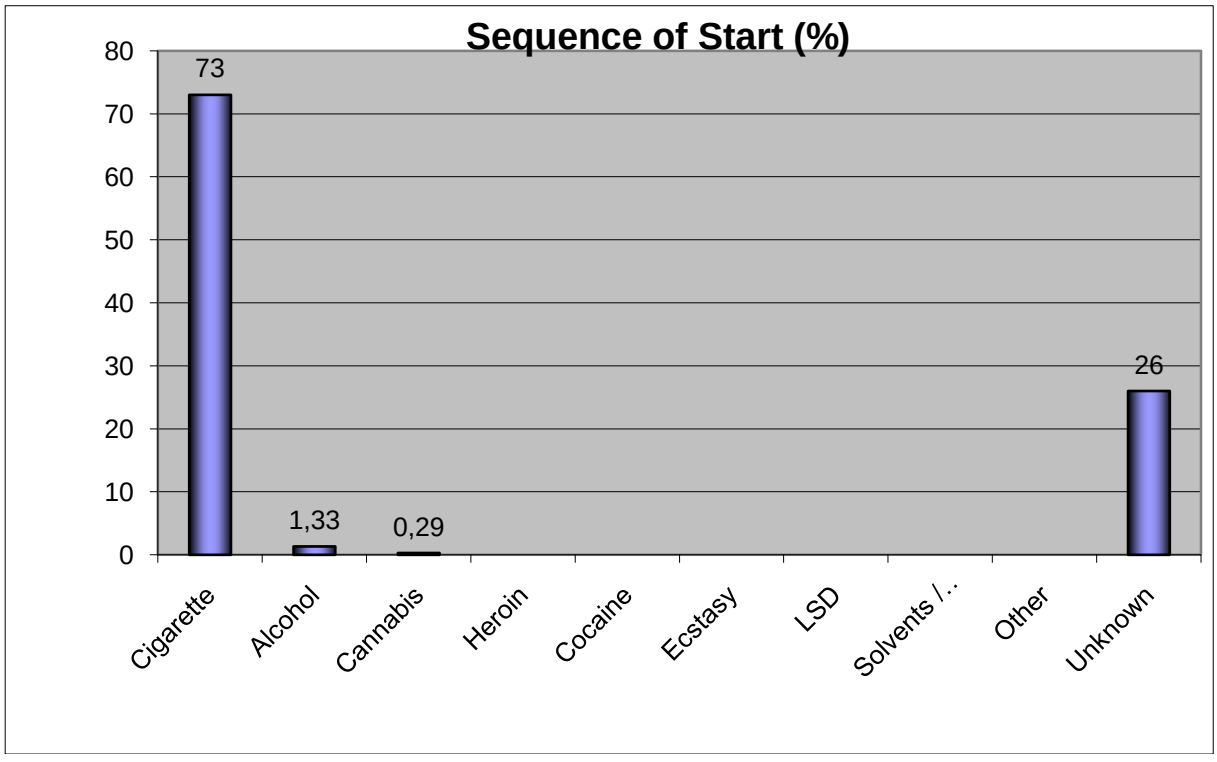


Chart 9-17 : Most frequently used drug in Turkey



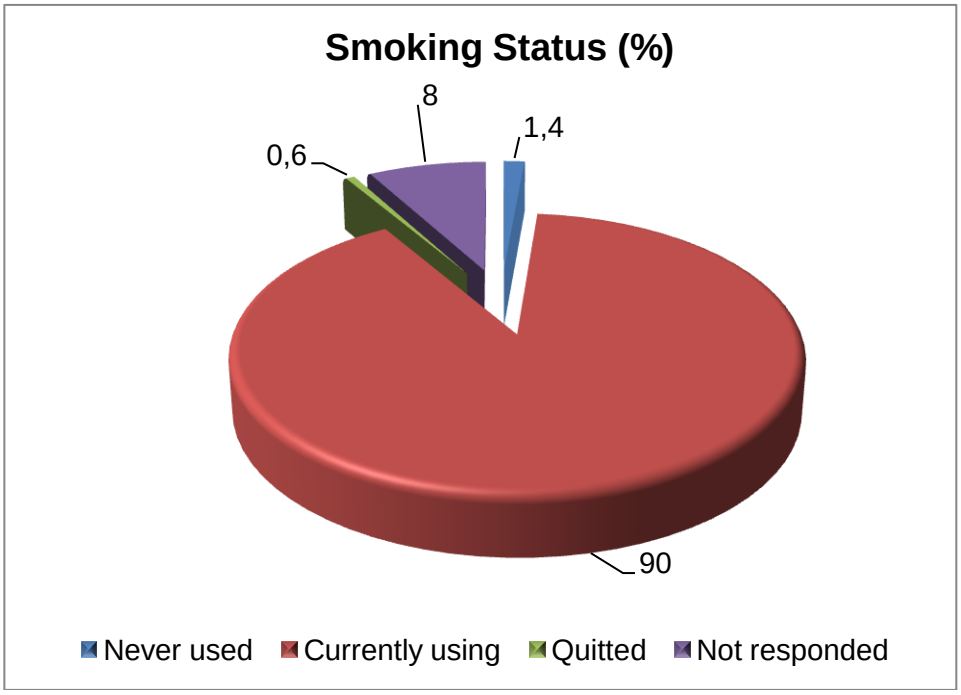
The sequence of substances used according to the sequence of start is considered to indicate the users' transitions in using other substances. According to the Substance Use Risk Analysis Survey Form - U Form data, as per the sequence of use, cigarettes at 73.1% rank the first, followed by legal substances such as alcohol at 1.3%, while cannabis ranks the first among illegal substances with a rate of 0.3% (Chart 9-18). Thus, it is considered that tobacco and alcohol use is the first step in the transition to illicit drug use.

Chart 9-18 : First Drug Used as per the Sequence of Start



The fact that the 90% of illicit drug users are smokers at the same time implies that the cigarette is the first step towards the transition to illicit drug use, as indicated in Chart 9-18.

Chart 9-19 : Smoking Status of Drug Users



It is though that the abovementioned issue with regard to smoking applies also to the alcohol. Yet, it is seen that almost half of the illicit drug users drink alcohol as well. (Chart 9-20).

Chart 9-20 : Alcohol Use Status of Drug Users

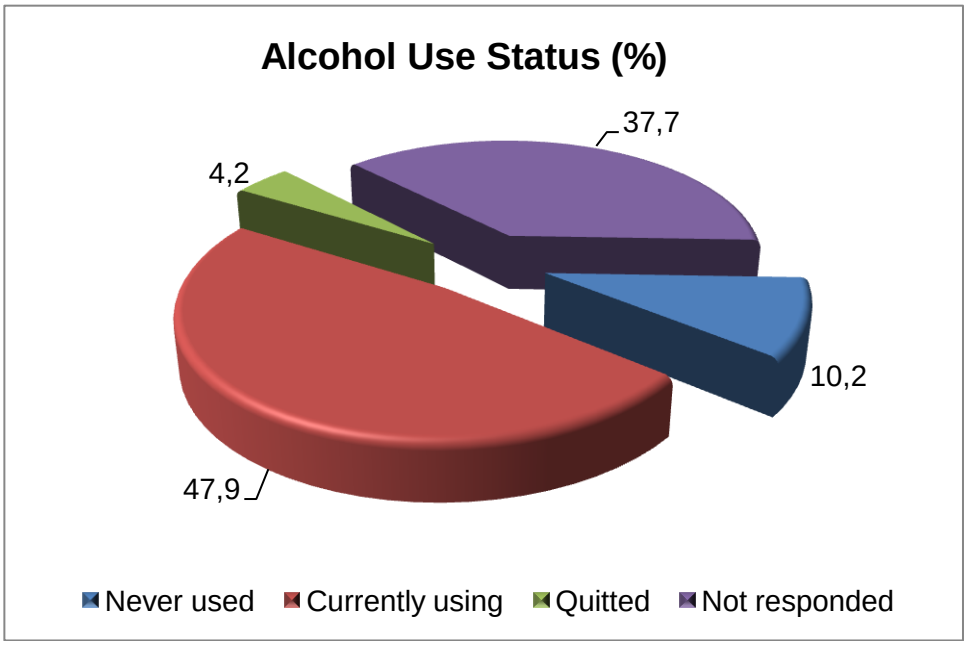
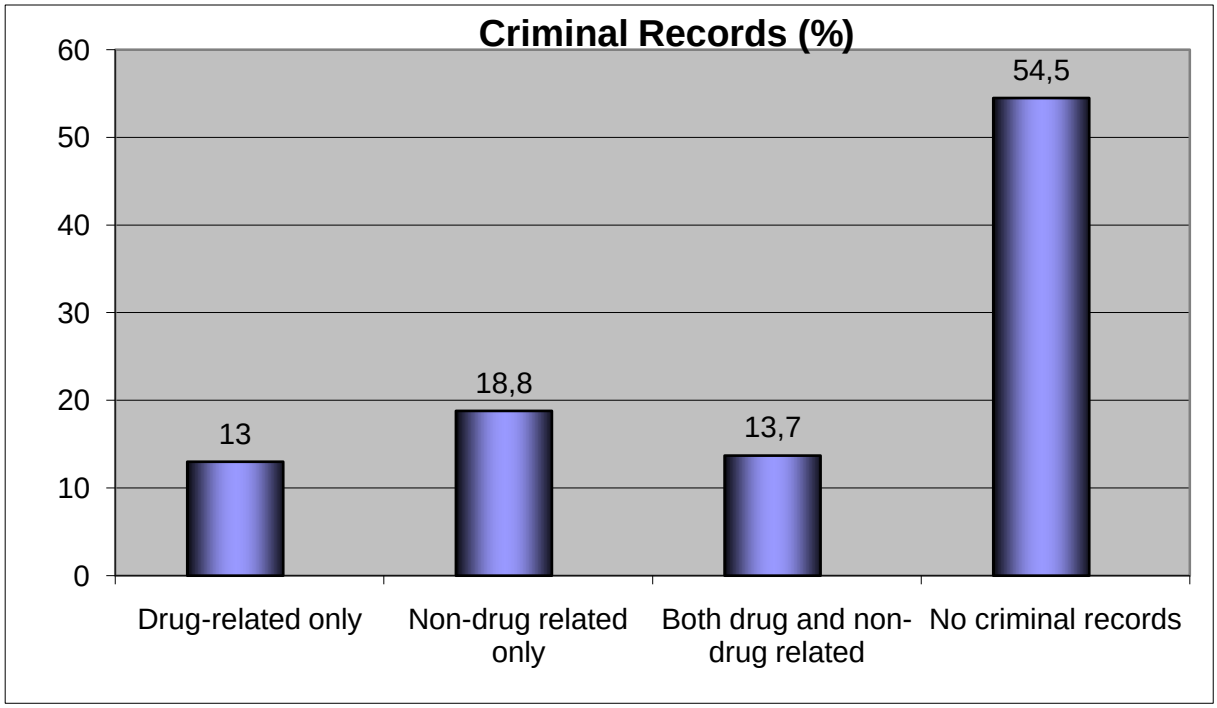
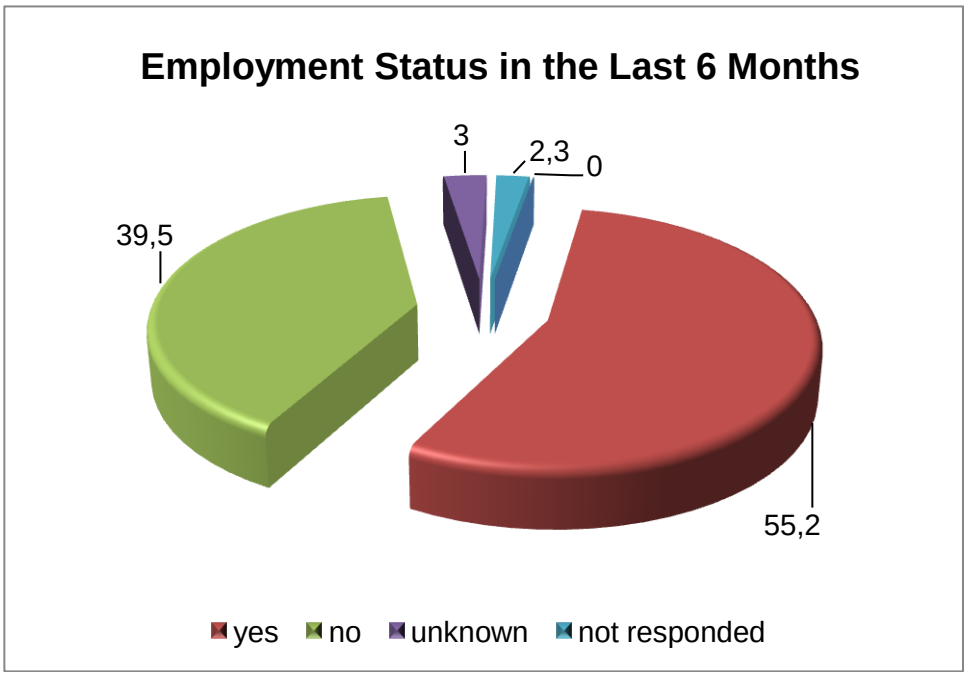


Chart 9-21 : Breakdown of Drug Users as per their Criminal Records



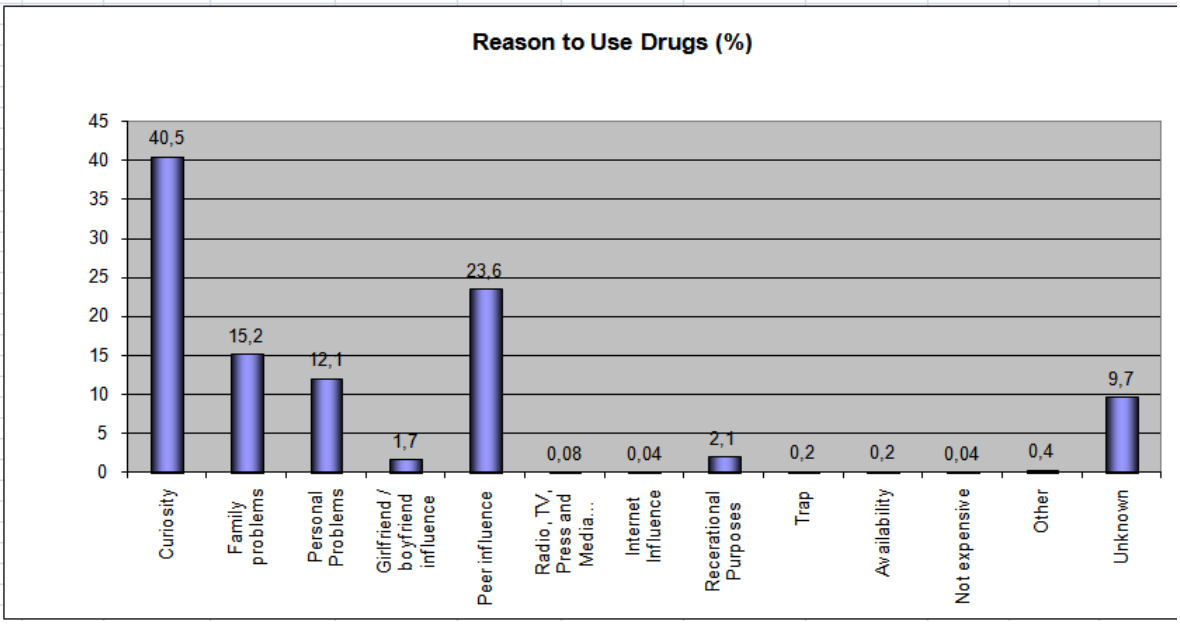
According to the U-Form data, 55.2% of drug users have worked in the last 6 months in an income generating job, which shows that there is a misperception that drug users are mainly unemployed individuals (Chart 9-22). Accordingly, drug use and addiction risk applies to each and every individual in the society.

Chart 9-22 : Employment Status of Drug Users in the Last 6 Months



"Curiosity" and "peer influence" rank first every year among the reasons to start using drugs. This information is shared with all agencies and experts, especially with ILTEM staff, that will carry out prevention interventions and they are recommended to take this issue into account during prevention interventions and projects (Chart 9-23).

Chart 9-23 : Reason to Start Using Drugs



Peer influence stands out again among the ways to obtain drugs, as it is the case for the reason to start using drugs (Chart 9-24). Behind the fact that drug users mention “strangers” as the first way to obtain drugs lays their idea to protect their “friends” as a source to obtain drugs and the fear that they might lose this source.

Chart 9-24 : Ways to Obtain Drugs

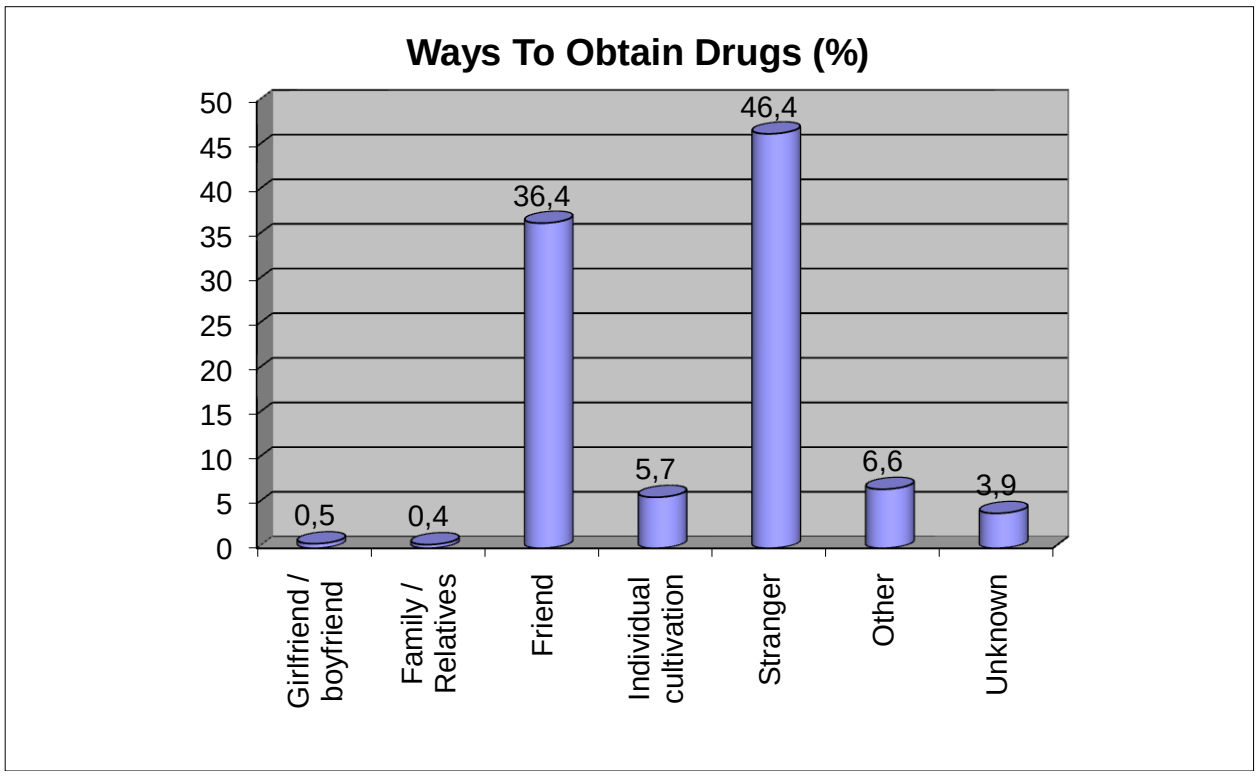
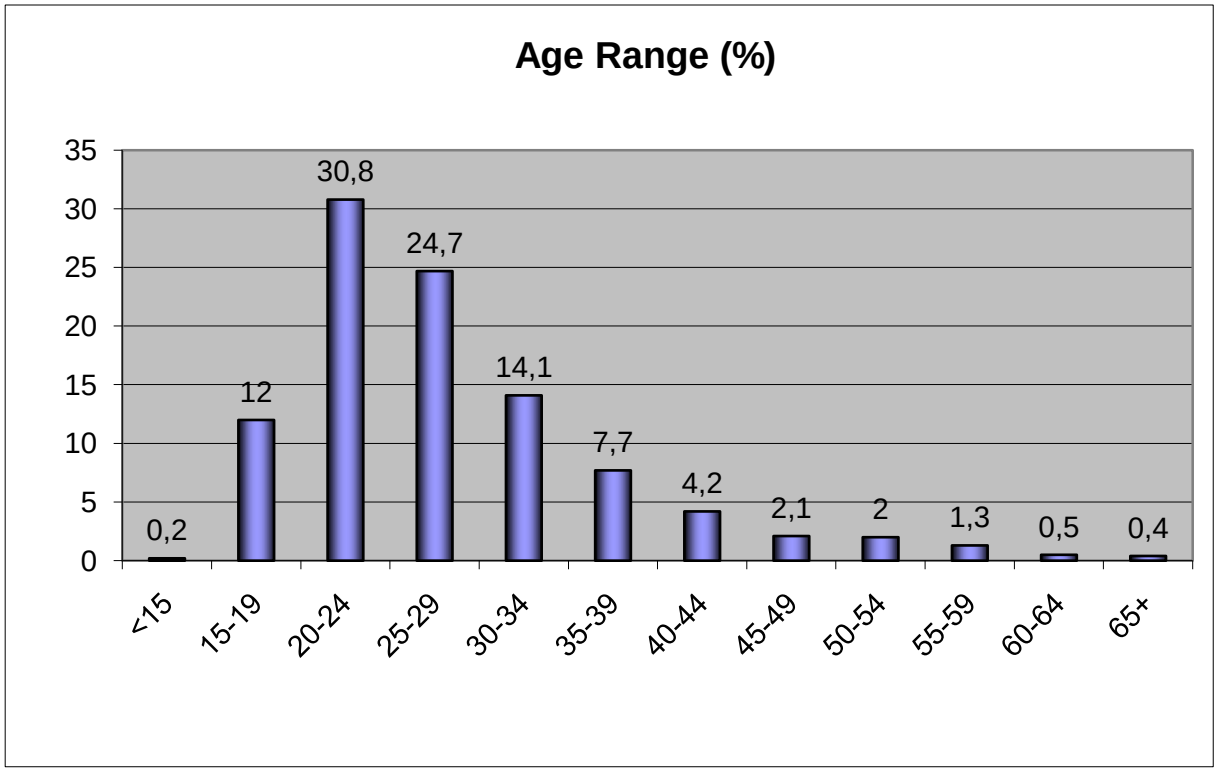
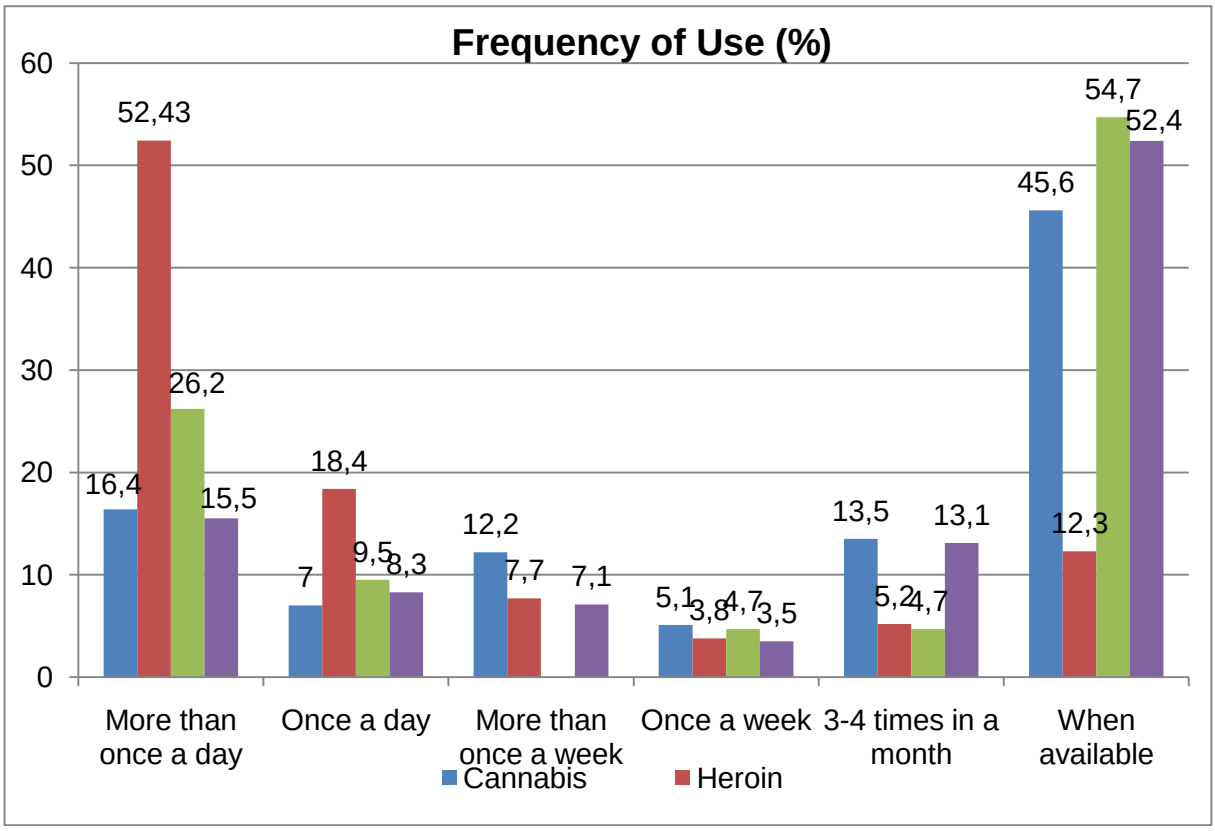


Chart 9-25 : Age Range of Drug Users



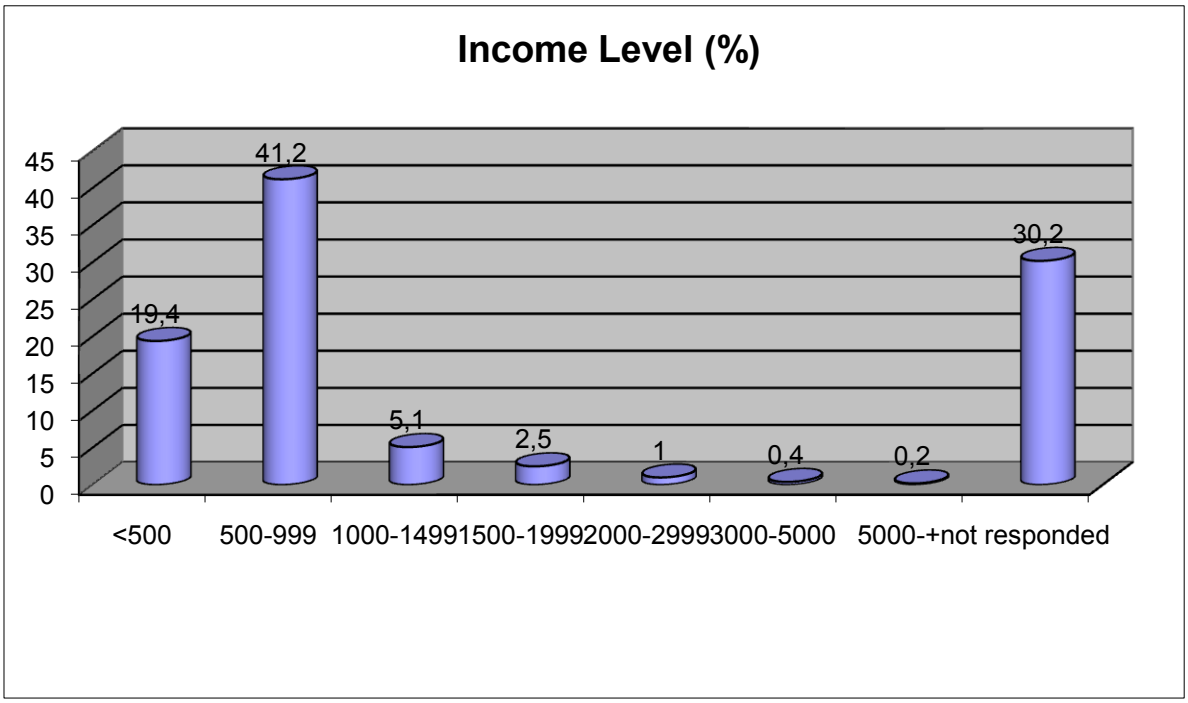
When the chart on the frequency of drug use is examined, heroin ranks the first among drugs that are used more than once in a day (Chart 9-26). The reason behind this is considered to be the fact that heroin leads to a strong physical addiction. On the other hand, cocaine seems to be used rarely compared to heroin due to its very expensive nature in Turkey. As of 2009, street level price for 1 gr cocaine at street level in Turkey changes between 90 to 145 TL (EMCDDA Standard Table 16, 2010).

Chart 9-26 : Frequency of Drug Use



The monthly income level of drug users in Turkey is below 1000 TL (Chart 9-27).

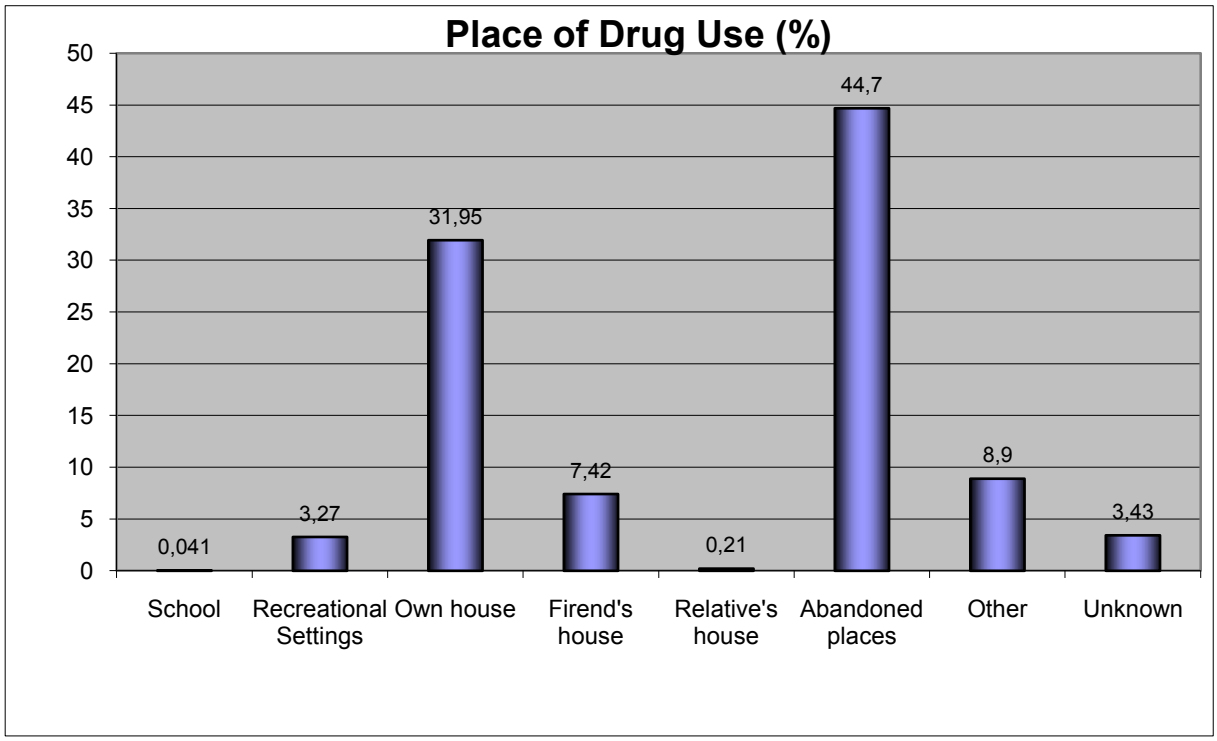
Chart 9-27 : Income Levels of Drug Users



When places of drug use are examined, abandoned places rank the first, followed by drug users' own houses at a rate of 32%. Accordingly, parents should pay more attention to their

children and whenever they find an indicator in the house (equipment to use drugs, etc.), they should contact directly the closest health institution in this regard.

Chart 9-28 : Places of Drug Use



It is considered that the reason why almost half of the drug users said “No” to the question of “Would you like to receive treatment?” stems from their unwillingness to accept themselves as patients (Chart 9-29). This leads to a low number of drug addicts under treatment.

Chart 9-29 : Treatment Demand of Drug Users

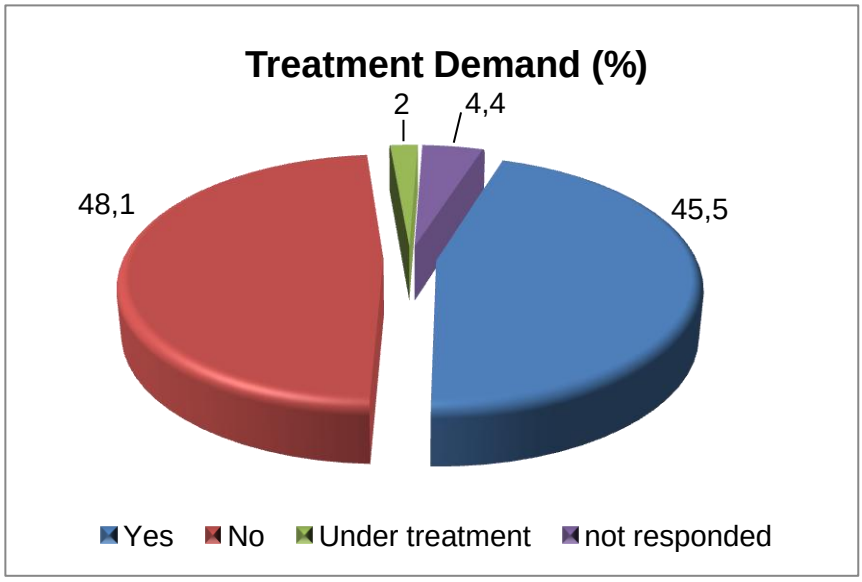
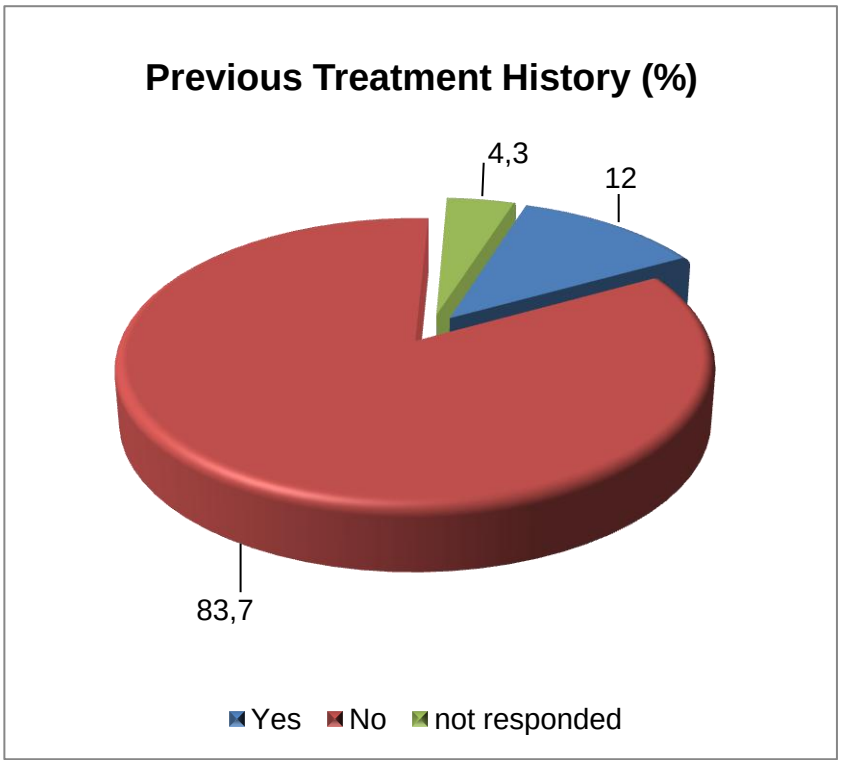


Chart 9-30 : Previous Treatment History of Drug Users



9.2.1.3. Narcoterrorism

Terrorist organizations act with a political agenda. This separates them from organized crime networks that act for profit. Although their primary aim is not to obtain income, they need significant amounts of funds for several reasons including the recruitment of new members, their training, travel costs, supply of arms, implementation of terrorist acts, propaganda activities, performing illegal activities[45].

The wider and more developed they become, terrorist organizations have bigger needs for accommodation, food, clothes, treatment, transport, communication, arms and munitions. Actions such as assault, robbery, theft, extortion, etc. to generate income do not suffice to cover the ever increasing needs of the organizations.

In this framework, organizations need financing resources through which they can earn large amounts with less effort. Easy and large amounts of income gained through drug trafficking attract the attention of not only those people and groups dealing with such activities but also terrorist organizations. Drug trafficking excessively covers such needs of organizations. Drug dealing is considered by terrorist organizations as the most attractive source of income for its high income, easy transportation, plenty of buyers, high and uncontrolled production and easily established marketing network.

Investigations made and information obtained in Turkey also show that terrorist organizations such as ASALA, TKPL/ML and DHKP/C and notably PKK/Kongra-Gel terrorist organization are involved in drug trafficking so as to finance their activities. Involvement of PKK/Kongra-Gel terrorist organization in drug trafficking crimes has been clearly presented through the testimonies of persons apprehended in drug operations, criminal records concerning terrorist organizations, drugs seized in shelters/ cell houses belonging to the organization and documented financial records of drug dealings (TNP-ASOC Report, 2009:12).

[45] Hasan Aykın, H.Kevser Sözmen, *Financing of Terrorism,* MASAK Publication, Ankara, 2009, s.11.

According to UNODC, PKK elements are reported to collect taxes while drugs pass through Iran and supposedly through Iraq to Turkey and they collect taxes (or accept donations) also from Kurdish heroin traffickers based in Europe. According to NATO intelligence analyzers, PKK, earn an annual income ranging between 50 to 100 million dollars through heroin trafficking. The place of PKK in the drug market has been marked more clearly when some of its members in Europe were found guilty of heroin trafficking in 2008 (UNODC TOCTA, 2010:123).

Connections of PKK/Kongra-Gel terrorist organization with drugs have been confirmed also by the United States of America on various dates. US Ministry of Foreign Affairs, as per Presidency order no 13224, designated PKK/Kongra-Gel as a specially designated global terrorist in 2001, and as a foreign terrorist organization in 1997[46].

Under the framework of Foreign Narcotics Kingpin Designation Act (in short Kingpin Act 47) US President designated PKK/Kongra-Gel terrorist organization as a significant foreign narcotics trafficker on 30, 05 2008.

On 14, 10 2009, US Department of Treasury Office of Foreign Assets Control (OFAC) designated PKK/Kongra-Gel organization leader Murat KARAYILAN, born on 05.06.1954 in Konak and high level directors Ali Rıza ALTUN, born on 01.01.1956 in Sobaçimen and Zübeyir AYDAR, born on 01.01.1961 in Yanıkses as significant foreign narcotics traffickers[48].

As per Kingpin Act, assets of the abovementioned 3 persons in USA were frozen and economic and commercial activities of US citizens with these persons were banned.

OFAC President Adam J. Szubin, stated that “We will continue to insistently trace and disclose the financial network of PKK/Kongra-Gel so as to disturb its trafficking activities”.

According to the related OFAC report, due to the long term involvement of PKK/Kongra-Gel in drug trafficking, which is more than 20 years, it was designated as a significant narcotics trafficker, narcotics dealing is one of the most profitable criminal acts of PKK/Kongra-Gel, in mid 1980s and early 1990s approximately 300 people having connections to PKK/Kongra-Gel –more than half based in Germany – were arrested and convicted of drug trafficking, in the past Turkish law enforcers had confiscated some narcotics shipments and narcotics laboratories belonging to PKK/Kongra-Gel, PKK/Kongra-Gel also gained significant income through the so-called taxes it collects from narcotics shipments in its own territory;

This decision, which is also supported by US DEA (Drug Enforcement Administration), concerning the abovementioned three persons, was a part of efforts sustained under the framework of Kingpin Act, which takes financial measures against globally significant foreign narcotics traffickers, as per Kingpin Act, more than 500 commercial establishments and persons linked to 82 narcotics gang leaders had been recorded on international level since June 2000, Penalties for Kingpin Act violations ranged between public penalty (up to 1.075 Million US dollars) to criminal penalty, for workers of commercial establishments criminal penalties may rise up to 30 years imprisonment and 5 Million US dollars fine, for commercial establishments criminal penalties may rise up to 10 Million US dollars fine, for others it may

[46] US Treasury Designates Three Leaders of the Kongra-Gel as Significant Foreign Narcotics Traffickers, http://turkish.turkey.usembassy.gov/hazine_kongragel.html.

[47] Kingpin Act which entered into force on November 1999 aims at foreign narcotics traffickers, organizations involved in such activities and their global branches. As per the law all persons and organizations included in the list, can in no way use US financial system, dealing and money transfer transactions, and their business activities with US companies and US citizens are banned. Kingpin Act does not aim at countries where related persons and organizations are located or operate.

[48] Treasury Designates Three Leaders of the Kongra-Gel as Significant Foreign Narcotics Traffickers, http://www.treas.gov/press/releases/tg318.htm.

be up to 10 years imprisonment and one of the fines provided for the violation of Kingpin Act by US Penal Code article 18[49].

National Security Forces have apprehended 807 persons, who were found to be linked not only to PKK/Kongra-Gel terrorist organization but also to ASALA, TKP/ML and DHKP/C terrorist organizations, in a total number of 359 drug trafficking operations realized since 1984 (TNP-ASOC Report, 2009:52).

Table 9-1: Drug Seizures Linked to Terrorist Organizations between 1984-2009

SEIZURES	QUANTITIES SEIZED		
	ITEMS	LITERS	KILOS
HEROIN			4.111
CANNABIS			22.729
BASE MORPHINE			4.305
ACETIC ANHYDRITE		26190	
COCAINE			710
POPPY GUM			8
SYNTHETIC TABLETS	377.412		
SODIUM CARBONATE			1.080
MANUFACTURING FACILITY	2		

Source : TNP-ASOC Report, 2009:53.

9.2.1.4. Money Laundering

Illicit drugs are the most income-generating activity among organized crime activities. In World Drug Report 2005, United Nations Office on Drugs and Crime (UNODC) assessed global narcotics dealing as 322 billion US dollars (UNODC World Drug Report, 2007:170).

UNODC Executive Director Antonio Maria Costa stated that 352 billion US dollars generated through drug trafficking were laundered via financial institutions and thus the financial sector having a hard time during the global crisis managed to keep afloat[50.]

In Criminal Law terminology confiscation defined as “termination of the criminal’s property on all or part of his/her assets and transfer of this property to a public organization in return for a crime that has been committed”, can be observed in almost all law systems.

Turkish Penal Code no 5237, which entered into force on 01.06.2005 regulated “Confiscation of Proceeds” in Article 55[51.] The law reads as follows “material benefits derived from or

[49] Treasury Designates Three Leaders of the Kongra-Gel as Significant Foreign Narcotics Traffickers, http://www.treas.gov/press/releases/tg318.htm.
[50] http://www.guardian.co.uk/global/2009/dec/13/drug-money-banks-saved-un-cfief-claims.
[51] Turkish Criminal Code no 5237 Article 55: (1) Material benefits derived from or provided for the commission of constituting the subject of crime as well as economic profits arising from the exploitation or conversion thereof shall be confiscated. Giving a confiscation order in accordance with this paragraph requires that material benefits can not be returned to the victims of crime.
(2) In case the article or material benefit which is the subject of confiscation cannot be restrained or delivered to the related authority, confiscation of same value assets shall be ordered.

provided for commission of constituting the subject of crime as well as economic profits arising from the exploitation or conversion thereof shall be confiscated" through which the following is meant to be prevented;

- Financing of the crime, (for example providing material benefits for drug dealing),
- Making materials benefits the subject of crime, (for example making income derived from drug dealing the subject of laundering activity)
- Derive income from crime, (for example derive material benefits from drug dealing).

Especially through the prevention of deriving income from crime, crimes committed for income generation purposes were hoped to lose their attractiveness; confiscation by force of material benefits derived through commitment of such crimes and economic profits arising from the exploitation or conversion thereof from offenders were provided for the relaxation of public conscious and full enforcement of criminal justice.

9.2.2. Other Drug-Related Crimes

The cheapest price for 1 gram of heroin in Turkey is 20 TL (10 Euro), and for 1 gram of cocaine it is 90 TL (45 Euro) (EMCDDA Standard Table 16, 2010) and according to the data provided by Substance Use Risk Analysis Survey Form – U Form; considering that 52.4% of heroin users use heroin more than once daily, it is clear that the current situation would bring up a huge financial burden for the addict.

According to the data in U Form, monthly income level of 60,6% of drug users in Turkey is below 1000 TL (Chart 9-27). With such an income level, which might be considered low for Turkey, it does not seem possible for the user to allocate/save a considerable amount of money for drugs in addition to his vital personal or family expenses. Since taking drugs turn into a serious need for a user having physical addiction, he/she will try to legally or illegally provide money so as to cover such a need.

A while later the drug addict would have to commit crimes such as theft, robbery, burglary or illegal prostitution so as to find money to buy drugs. However, there are no data referred to TUBIM in this regard, and those committing such crimes do not confess that they had committed the crime to find money for buying drugs since if they did so, proceedings concerning drugs would also be initiated for them.

On the other hand, although it is considered that some crimes might also be committed under the influence of drugs (such as violence and sexual harassment) in addition to crimes committed to find money for drugs, no tangible data are available in this regard.

Use of alcohol, drugs and stimulants in traffic has been banned in Turkey as per Law on Highway Traffic no 2918 article 48, paragraph 6 and article 97 of the related regulation. However, while alcohol tests are applicable to drivers on highways, there are no drug tests or other stimulant tests applicable.

9.3. Prevention of Drugs-Related Crimes

Increase in drug-related crimes is a significant indicator in measures and precautions to be taken by states.

States generally fight against drugs in two main areas. These are;

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(3) To confiscate articles under the scope of this article, person later acquiring the article shall not be entitled to benefit from provisions provided for the protection of good will under Turkish Civil Code no 4721 dated 22/11/2001.

- Prevention of addiction
- Prevention of drug trafficking.

Strategies and policies to fight against drugs on a nation-wide basis, which fall under the area of responsibility of institutions and organizations, are conducted in the abovementioned two domains, and institutions, associations and civil society organizations run the related activities.

Ministry of Justice and Ministry of Interior are the two leading ministries as regards drug trafficking and drug-related crimes. Ministries make recommendations to policy makers, work in contact with institutions of prevention, and conduct studies to facilitate measures for the exploration and prevention of drug-related crimes and illegal drug trafficking.

Prison culture is related to the criminal culture of a society. Strong rehabilitation regimes applied in prisons brought about by changes in recent years are suitable for and in compliance with social programs. One of the contributions provided both as a result and method of the rehabilitation regime is the decrease in prison population. The best example among alternatives presented to solve the problem is the realization of Probation Services.

Legal amendments aimed at the management of penitentiary institutions can be listed as examination of best practices, improve human rights and management approach in the light of international documents, work on effective alternative solutions, set up a transparent governance including media, increase cooperation with civil society and voluntary organizations, continuous updating of penitentiary system, and set up of independent control mechanisms. Studies on the selection and training of personnel as well as the improvement of working conditions also serve as a part of the process.

As important as the prevention of drug addiction is the prevention of drug-related crimes. As stated in EMCDDA 2009 report, giving priority to bans aiming at drug supply rather than drug use has become predominant in European policy discussions. Accordingly, in some countries legal penalties aiming at drug supply related crimes have been increased or minimum tariffs have been introduced. In general, the number of supply-related crimes has increased but number of crimes concerning drug possession or use has also increased, even at a greater scale.

As regards prevention of drug-related crimes in Turkey, strict security measures are taken especially in city center areas deemed risky in terms of access to drugs. Not only drug use or sales, but also preventive studies are undertaken as regards the organized commitment of this crime through apprehensions and seizures. Led by Ministry of Interior, Turkish National Police, ASOC Department and all other units affiliated thereto, all police units sustain their effective activities in this respect. Ministry of Justice has been observed to focus on activities in this respect.

Research into new trends in drug use is an important issue as regards fight against drugs. As regards new trends; users, substances, local markets, level of access to drugs, changing behaviors, attitudes and habits etc. are researched.

Smuggling and organized crime has an ever changing and dynamic structure, and given that organizations constantly change and improve their methods in crime commitment, law enforcement staff to deal with such types of crimes should also adapt to such changes, and even going one step ahead, he/she should be equipped with institutional knowledge, skills and projection so as to estimate the forms such crimes may take. Therefore, it is inevitable that law enforcement units make use of the most advanced opportunities available in the

information era. This is only possible through training and constant development of human resources.

Thus, as a result of such an approach, Under the leadership of United Nations and framework of Turkey-UNDCP cooperation, the first international academy for fighting against crimes in Turkey; "Turkish International Academy against Drugs and Organized Crime (TADOC)" affiliated to Turkish National Police Department of Smuggling and Organized Crime was established on 26.06.2000 in Ankara.

In TADOC which started implementing its training programs as of September 2000, in addition to national law enforcements units fighting against such crimes; economic cooperation organization, Black Sea Economic Cooperation, law enforcement units of Balkan countries and other countries party to bilateral agreements, which Turkey has concluded receive training courses on not only drugs but also illegal drug production, use, trafficking and fight against organized crimes.

Between years 2000 and 2009, 421 national training activities have been organized in TADOC, and a total number of 14016 law enforcement officers from the following institutions were trained in these activities;

- Ministry of Interior,
    - Turkish National Police 13,579,
    - Gendarmerie General Command 242,
    - Coast Guard Command 33,
- Ministry of Justice 51,
- Undersecretariat of Customs 111.

A total number of 3216 law enforcers from 64 countries have participated in the 230 international training activities organized in TADOC since its establishment.

"Narcotics Detector Dogs" are significant assistants of police forces in the fight against narcotics crimes. Like many other countries in the world, an effective use of narcotics detector dogs is made in Turkey to fight against drug trafficking. Data concerning substance apprehensions by use of detector dogs indicate the quality standards of training and the support provided to the fight against crimes.

Use of police dogs in Turkish National Police was initiated in 1990s in various units. However, later on with a view to sustain professional, effective and qualified task dog training services Dog Training Center affiliated to Turkish National Police Department of Training was established on 20, 11 1997, with contributions made by United Nations Drug Control Program (UNDCP), European Commission and Foundation to Strengthen Turkish National Police. In 2002, due to the requirements of service and changing conditions Dog Training Centre was affiliated to the Department of Smuggling and Organized Crime.

On national level Dog Training Centre has provided training courses to Gendarmerie General Command, Air Force Command, Land Forces Command, Directorate General of Customs Enforcement, TÜBİTAK and Ankara Metropolitan Municipality Fire Department; on international level security and training cooperation agreements have been signed and training courses have been provided to the security forces of Turkish Republic of Northern Cyprus, Palestine, Algeria, Belarus, Montenegro, Macedonia, Iraq and Jordan (TNP-ASOC Report, 2009:147).

Narcotics Detector Dog requirements of units fighting against drug trafficking under Gendarmerie General Command are covered through Gendarmerie Horse and Dog Training Centre (JAKEM).

Narcotics Detector Dogs are also used by Directorate General of Customs Enforcement, and the total number of detector dogs used at strategically important border gates has reached 30.

Under the scope of GÜMSİS (Customs Gates Security Systems) to ensure the supervision and control of Turkish Customs Region and customs areas, and to register and trace equipment; Vehicle and Container Scanning Systems, License Plate Reading systems, Closed Circuit Video Surveillance Systems (CCTV), Vehicle Tracking Systems, Nuclear Substance Identification and Sensing Systems and Cryptochart Correspondence Systems are used. Vehicle Tracking Systems and Closed Circuit Video Surveillance Systems (CCTV) are tracked 24 hours by the System Command and Control Center located at the headquarters. Moreover, for strengthening passenger controls 7 luggage X-ray systems capable of doing 2 source scanning were installed in İpsala, Kapıkule, Hamzabeyli, Sarp, Gürbulak, Esendere and Cilvegözü border gates in 2009.

Vessel Tracking Program used to control and track in line with the legislation, ships put in service in 2008 and ships arriving from harbours other than those in Turkish Customs Region or ships departing to foreign harbours from Turkish ports and harbours, to provide loading and shipment documents and information in advance to allow risk analysis, to ensure an environment suitable for conducting regional risk analysis and to fight effectively against smuggling is currently utilized at 30 Customs and Customs Enforcement Directorates.

9.4. Interventions in Criminal Justice System

Ministry of Justice with many of its General Directorates has roles and responsibilities concerning drug addiction and fight against it. Especially as regards drug addiction prevention and rehabilitation, General Directorates and units affiliated to the Ministry of Justice can be listed as follows;

- Penitentiary Institutions affiliated to Directorate General of Prisons and Detention Houses and the Directorate General
- Directorate General of Prisons and Detention Houses, Department of Probation and Assistance Services and Divisions affiliated thereto.

According to the new Penal Code, drug addiction is considered a disease today and its treatment runs parallel to the legal process. With Probation, drug users are guided to treatment services.

Amendment of the Law on Criminal Execution, establishment of Probation system, developments in treatment services are effective factors in the prevention of drug addiction. In parallel to these developments, projects initiated and sustained with respect to European Union harmonization process in recent years have significantly accelerated such activities.

In training courses delivered in Ministry of Justice Staff Training Centers (Ankara, İstanbul, Kahramanmaraş and Erzurum) all staff is being trained on principles of approaching drug addicted convicts and imprisoned in addition to psycho- social assistance programs. Moreover, as per Law no 5275 on the Execution of Sentence and Security Measures Article 18, activities focusing on drug addicts are sustained in 5 centers (Elazığ, Manisa, Adana, Samsun and İstanbul Metris R Type) set up as Rehabilitation Centers for the “criminal execution of convicts having mental problems other than mental diseases”. In rehabilitation centers, in addition to psychologists, social workers and other staff working in penitentiary institutions, medical staff such as psychiatrists, doctors, medical clerks, psychologists and nurses are employed by the Ministry of Health.

In the health control made while entering the penitentiary institution, all the convicts and imprisoned are asked about their alcohol or drug addiction histories and if deemed necessary in line with the information gathered, they are guided to the related health institutions.

So as to identify and evaluate addicts and to search for the required and appropriate treatment; research is made by health services and psycho-social assistance services to find out whether they used drugs or alcohol in the last seven days, how, how frequently and in what amounts they used the substance, whether there were any crisis symptoms when they had no access to that substance and whether time period and amount of use increased in time.

To control drug addiction in prisons, all penitentiary institution staff should be aware of the strategic plan to be implemented by each penitentiary institution and as regards its implementation health services and psycho social assistance services play an active role in addition to the administration. The related strategy must include the following;

- Measures to reduce drug supply
- Measures to reduce drug demand
- Treatment programs for drug addicts
- Harm reduction measures for drug addicts.

So as to reduce drug supply, possession of drugs or stimulants have been banned in penitentiary institutions, and entrance of drugs is prevented through searches and internal controls made. If any drug is found, the required legal process is initiated and related discipline procedures are implemented for the related persons.

Another issue to be considered as regards the reduction of drug supply is the prescription habits of doctors. Benzodiazepines can easily cause addiction and therefore there is a high demand for them in prisons. Therefore, prevention of abuse concerning the pharmaceuticals prescribed by doctors to the convicted/ imprisoned drug addicts is becoming important, attention is paid for the delivery of such medication under the supervision of medical staff.

Both convicts who are not drug addicts wishing to stay away from drugs and convicts who were previously drug addicts but got rid of it have stated that they refrained from using drugs in places where there are no drugs. Therefore, such persons who cannot effectively benefit from treatment services are put in penitentiary institutions, which is considered as an opportunity for the treatment process and when they leave the penitentiary institution they are guided to associations and civil society organizations working in the area of alcohol and drug addiction.

Individual interviews aimed at the convict/ imprisoned alcohol or drug addicts are provided by psycho social assistance services in penitentiary institutions, and their participation in various group activities organized in penitentiary institutions is ensured.

As regards the reduction of harms, staff and administration are informed so that necessary measures can be taken for infectious diseases.

In addition to the abovementioned studies, the imprisoned behavior programs to be implemented in penitentiary institutions, which is one of the activities proposed under the Project for the Modernization of Judiciary and Prison Reform run by the European Union, are worth mentioning. This activity also overlaps with article 73 of Law no 5275 on the Execution of Criminal and Security Measures focusing on the implementation of imprisoned recovery programs and prevention of the recommitting crimes after release. Under the scope of studies conducted in this respect, activities regarding imprisoned behavior programs to be implemented in penitentiary institutions were initiated in 2004. As regards

these programs; working groups have completed booklet activities in 2005, these booklets were published and sent to the institutions in 2006, in 2007 training courses were initiated including pilot implementation training courses. In 2007 and in the subsequent years both in 2008, 2009 and 2010 training of trainers and implementers have been sustained and program revisions have been realized.

Many prisoner behavior programs have been provided by different prison systems, translated into Turkish, the working groups tried to make them suitable for implementation in prisons and recommendations have been prepared for their effective implementation.

Studies regarding the current imprisoned behavior programs have been reevaluated as one of the activities under “Project to Disseminate Model Prison Practices and Support to the Judiciary Reform” and under the scope of this activity decision has been made to sustain program related efforts including program training courses in 2010.
Training courses delivered and main programs implemented in penitentiary institutions;

- Anger Management Program
- Creating Staff Awareness for Prevention of Suicides and Self-Harm
- Pre-Release Imprisoned Development Program
- Alcohol and Drug Addiction Program

Alcohol and drug addiction program, which will be organized for 4 weeks, comprises of 16 sessions lasting approximately for 1,5 hours. This program has a model aiming at minimising the harm through Cognitive Behavior Therapy. The objective of the program is not to treat drug users, but to create an awareness for their guidance towards treatment. Plans have been made for studies concerning drug use and convicts involved in drug related crimes, focusing on the harms of drug use and skills aimed at the minimization of harms.

Objectives of the program are;

- Help to reduce the rate of recommitting drug-related crimes,
- Create awareness on the reduction of drug use and cases of drug-related death,
- Set up an inception for an effective treatment of drug use.

Program sessions can be listed under three headlines. These are the following;

- Informative Sessions: Awareness on Alcohol and Drugs, Minimization of Harm, Treatment Services in the Society and Penitentiary Institutions, Change Cycle,
- Sessions to Raise Awareness: Map of Alcohol and Drug Addiction, Re-use/ re-start, High Risk Conditions,
- Sessions to Develop Basic Skills: Basic Skills, Problem Solving Skills, Relations/ Staying away from drug users.

In 2009 “Alcohol and Drug Addiction Program” Training for Enforcers was sustained in Ankara and İstanbul Staff Training Centers. A group of 100 comprising of psychologists and social workers was trained from May 04 to May 08 and from December 7 to December 11 2009 in Ankara, and from May 11 to May 15 and December 21 to December 25 2009 in Istanbul. In 2010 from February 08 to 12, a group of 20 comprising of psychologists and social workers received enforcer training in Ankara Staff Training Center. Institutional implementation of the program continued after the delivery of training courses.

Moreover, on November 26, 27 2009 with the participation of psychologists, social workers and medical clerks working in several penitentiary institutions in Ankara, TAIEX seminar on

“Harm Reduction Strategy in the Treatment of Drug Addiction in Penitentiary Institutions” was realized.

In recent years, significant progress has been made in the recruitment of qualified staff to assist the improvement activities and there has been an increase in the number of psychologists and social workers. Furthermore, psychologists and social workers receive training courses regarding both these programs and other improvement activities and reports prepared after such training courses provide guidance on the development of further activities.

Additionally, as regards the activities concerning alcohol and drug addiction in penitentiary institutions, seminars are organized in cooperation with Provincial Police and Provincial Directorates of Health, support is provided to scientific researches in penitentiary institutions and necessary permits are given.

9.4.1. Use of Drugs and Problem Substances in Prisons

As stated in EMCDDA Annual Report 2009, definitions, research questions and methodology used in researches concerning drug use in prisons have not been standardized yet, but current studies indicate that compared to the general public, drug use among the imprisoned still remain to be higher. Since 2002, data obtained from studies majorly realized in Western Europe indicate that between one third and half of those who participated in such studies reported to have used a type of illegal drug regularly before being put in prison. (EMCDDA Report, 2009)

Studies on substitution treatment and other harm reduction methods are sustained in penitentiary institutions, and staff is being informed. On November 26 and 27 2009, with the participation of psychologists, social workers and medical staff working in various penitentiary institutions in Ankara TAIEX seminar on “Harm Reduction Strategy in the Treatment of Drug Addiction in Penitentiary Institutions” was organized.

In addition to these, there are harm reduction sessions under Alcohol and Drug Addiction Programs of penitentiary institutions and the related convict/ imprisoned are informed. Treatment of drug users and problem substance users are performed in hospitals, the psycho-social assistance services and health services provide treatment and assistance activities. Moreover in 2010 through a study initiated in cooperation with YENİDEN Health and Education Society “Prison Addiction Services Project” in Ümraniye E and T Type Closed Prisons has been realized. Through this study, the project aims at providing psychosocial support to convicted and imprisoned drug addicts, and preparing training courses for staff and families of convicts.

In 2008, a research was made with the participation of 3528 convict and imprisoned due to drug-related crimes, in 32 penitentiary institutions. Having regard to drug use histories before entering the penitentiary institution, 73% of the convicted imprisoned stated that they had used drugs while 27% stated that they had not. As regards the types of drugs used by those who stated that they had used drugs before they were put in the penitentiary institution, the ratios are the following; 53% marijuana, 19% ecstasy, 13% cocaine, 9% heroine and 6% other substances. As regards the types of substances initially used by the participants, the ratio of marijuana was found to be 85%, whereas heroine was 5%, ecstasy 4%, cocaine 2% and other substances 4%. (DG for Prisons and Detention Houses, 2008)

9.4.2. Interventions in Prisons concerning Drug-Related Health Problems

Infectious disease control is both an individual service provided to patients and a social service concerning the whole society. In other words, when an infectious disease is identified

in a penitentiary institution, all the imprisoned and workers in that penitentiary institution are under risk and the measures to be taken should consider this fact. Since these diseases concern the whole society, Ministry of Health in charge of the health services in Turkey issues circulars and implement control programs. Therefore, infectious disease control is run in parallel to the policies and practices of the Ministry of Health. (DG for Prisons and Detention Houses, 2006)

Additionally, under the scope of Hepatitis B control program strategies and the Broadened Immunization Program Circular no 18607-2006/120 dated 30.11.2006 covering the routine vaccination program against Hepatitis (B) implemented by the Ministry of Health, Provincial Health Directorates are contacted for the supply of vaccines in addition to the routin vaccination of the convict, imprisoned and staff.

9.4.3. Post-Release Social Reintegration of Drug Users

One of the regulations in respect of crime prevention concern the activities performed after release. Release plan aimed at post-release period is of special significance for regulating the life of convicts who face several challenges in transition to social life. Mobilization of financial support systems, social services and health services are the most required services during post-release period. At the end of the execution process drug addicts included in the criminal justice system face many problems in reintegration to social life. For such convicts many of whom lost their social support services, jobs and face health problems, post release activities gain significance.

The most significant study recently conducted in this respect is the initiation of Probation Services.

With the amendments made on the law on execution, so as to facilitate the adaptation of convicts to the social life, training and vocational skills training courses conducted especially in open penitentiary institutions have gained significance.

Under the scope of post release adaptation programs, revision of “Pre-release development Program for the Imprisoned” has been initiated. Under the scope of “Project to Disseminate Model Prison Practices and Support to the Judiciary Reform” meetings were made on pre-release program and decision was made to implement training of trainers and enforcers for the revised program in 2011.

Although activities such as training and improvement activities, vocational training courses offered in prisons and provision of probation services to take measures for the post-release adaptation of the imprisoned, there is still a need for further study in this respect. In the social reintegration of ex-convicts issues such as finding a direction in life, going back to education and/or employment, use of treatment services lead to depression, which motivates the person to re-use drugs. Therefore high risk conditions need to be analyzed very carefully and post-release activities shall be set up and implemented for all the imprisoned.

SECTION 10

THE SUPPLY DIMENSION (DRUG MARKETS)

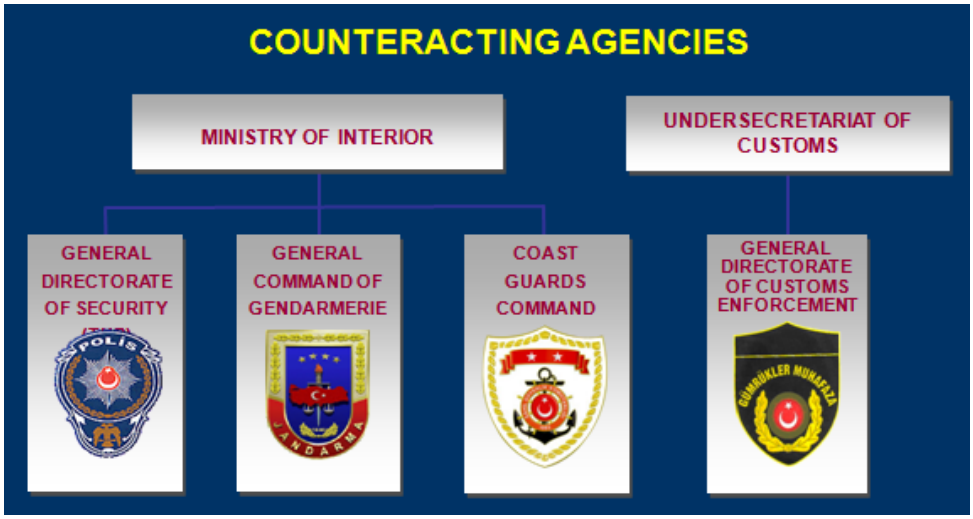
Bülent DEMİRCİ[52]-[53]

10.1. Introduction

In Turkey, the main institutions counteracting the trafficking in illicit drugs are General Directorate of Security (Turkish National Police), General Command of Gendarmerie, Coast Guards Command and General Directorate of Customs Enforcement. Other than these, Turkish Grain Board, Council of Forensic Medicine, Financial Crimes Investigation Board and General Directorate of Pharmaceuticals and Pharmacies perform significant tasks for the monitoring of the addictive substances. The duties and remit of the institutions are defined by laws and inter-institutional protocols.

Police forces are counteracting the smuggling and trafficking in illicit addictive substances in urban areas whereas Gendarmerie forces in rural areas, Customs Officers in customs area and Coast Guards in territorial waters. Intelligence sharing and operational cooperation among these institutions continue increasingly, which also increases the number of arrested individuals and the amount of seized illicit drugs.

Figure 10-1 : Agencies Counteracting the Illicit Drug Trafficking in Turkey



Turkish National Police, which assumes a general responsibility of maintaining the security in the centres of provinces and districts, has a central and regional structure. The same organisational structure exists also for the departments in the Turkish National Police. Under the Department of Anti-Smuggling and Organised Crime, the Division of Counteracting Narcotic Crimes is located, whereas under the Provincial Directorates of Police, the Division of Anti-Smuggling and Organised Crime exists, under which the Bureau of Counteracting Narcotic Crimes is located. In İstanbul Provincial Directorate of Police, which is the only exception of the above structure, the task of counteracting illicit drugs is assumed by the Division of Counteracting Narcotic Crimes. Furthermore, Anti-Smuggling and Organised

[52] TUBİM (Turkish Monitoring Centre for Drugs and Drug Addiction), Superintendent.
[53] National Expert on Supply Reduction.

Crime Head Offices have been established in 36 districts around Turkey which meet the criteria defined by the Department of Anti-Smuggling and Organised Crime and which have different levels of significance.

Assessment of the cooperation requests in the framework of bilateral and international agreements and national legislation coming from authorities of foreign countries and police liaison officers that work in Turkey on behalf of foreign countries, conduct/coordination of international operations and Controlled Delivery practices, successful analysis of the data extracted from crimes that fall under its remit and thus mapping of crimes and development of new strategies to be employed by provincial units during operations are under the responsibility of the Department of Anti-Smuggling and Organised Crime (ASOC).

General Command of Gendarmerie is operating under Law and Regulation no. 2803 on the Organisation, Duties and Responsibilities of the Gendarmerie. General Command of Gendarmerie counteracts illicit drug trafficking through the Narcotics Division under the Department of Anti-Smuggling and Organised Crime and the Anti-Smuggling and Organised Crime Units under Provincial Commands of Gendarmerie.

Provinces are separated into 17 groups according to their population, geographical features and intensity of trafficking incidents; in 54 Provincial Commands of Gendarmerie ASOC Divisions and in 27 Provincial Commands of Gendarmerie ASOC Sections have been created. Furthermore, ASOC Sections have also been established in Başkale, Yüksekova and Silopi District Commands of Gendarmerie, which are located at regions where incidents of illicit drug trafficking and illegal border crossing are intensely seen.

Coast Guards Command established by the Law no. 2692 published in the Official Gazette on 13 July 1982 operates under the Ministry of Interior during peacetime and under the Naval Forces Command during state of emergency and war. Actions of counteracting drugs are performed under the coordination of Anti-Smuggling Division within the Intelligence Department in the central headquarters, whereas in the Coast Guards Regional Commands, they are carried out under the coordination of Intelligence Divisions by all the units subordinate to the Coast Guards Command.

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General Directorate of Customs Enforcement is one of the five main service units of the Undersecretariat of Customs affiliated to the Prime Ministry and is organised both centrally and regionally. Actions of counteracting illicit drugs are performed through the Narcotics Division under the Anti-Smuggling Department. The regional organisation consists of Regional Directorates of Customs and Enforcement, Anti-Smuggling, Intelligence and Narcotics Customs Enforcement Directorates, Customs Enforcement Directorates and their subordinate units, which are the Regional and Branch Head Offices.

Anti-Smuggling, Intelligence and Narcotics Customs Enforcement Directorates have a special structure as a requisite of the tasks that they perform. In their composition, they have Anti-Smuggling and Narcotics Regional Head Office, which consists of Intelligence and Risk Analysis Branch Head Office, IT and Technical Services Branch Head Office, Intelligence and Risk Analysis Regional Head Office and Narcotics and Anti-Smuggling Branch Head Office. When the need arises, Anti-Smuggling, Intelligence and Narcotics Branch Head Offices are established in other Customs Enforcement Directorates, as well.

During the preparation of the “Availability and Supply” and “Seizures” parts under this section, data from Turkish National Police, General Command of Gendarmerie, Undersecretariat of Customs and Coast Guards Command as law enforcement bodies in Turkey, from the related EMCDDA Standard Tables, from addiction treatment centres, from national and international reports in the field and academic studies have been utilised.

Purity part under the “Purity and Price” section has been compiled through data obtained from Police and Gendarmerie Forensic Laboratories and Council of Forensic Medicine. Price part, on the other hand, has been prepared through the data obtained from the fieldwork carried out by counteracting drugs’ officers of the Turkish National Police and through the data from the General Command of Gendarmerie.

10.2. Availability and Supply

When we look, from a general perspective, at the narcotic drugs that have a certain impact on Turkey, it is clearly seen that Turkey is affected intensely by the trafficking in heroin originating from Afghanistan. Turkey is located on the Balkan Route which enables the distribution of heroin throughout Europe directly from Afghanistan or through Pakistan till Iran by land from whence it is brought into Turkey to be transferred afterwards to Europe through South-eastern European region. In 2009, on the basis of the number of incidents in the responsibility area of the General Directorate of Customs Enforcement, 67% of the total seizures were heroin, 17% were cannabis, 11% were opium and 5% were other narcotic drugs.

Europe, in which 250 kg of heroin is consumed on a daily basis, is the most important market for heroin originating from Afghanistan with a volume of consumption at the value of US$20 billion (UNODC TOCTA, 2010:111). Turkey’s location on the Balkan Route which is intensely used for the transfer of heroin to Europe as a lucrative market with high consumption levels increases also the availability of heroin in Turkey as well as drug addiction.

Turkey is affected as a destination country from the trafficking of ecstasy as one of the synthetic drugs originating mainly from Western Europe. Captagon[54] on the other hand, is produced in the illegal production plants generally located in Eastern Europe and enters into Turkey by land through the Bulgaria border and transferred by land or sea to the Middle-East and Arabic countries, where there is a demand.

While each country on the heroin traffic route struggles with partial problems stemming from illicit drug trafficking, Turkey is affected from both the illicit trafficking of natural drugs from east to west and Captagon and precursor chemicals from west to east. Ecstasy, cocaine and cannabis are brought to Turkey directly for domestic consumption.

Methamphetamine was seized for the first time in 2009 in Turkey. There has been no seizure so far which indicates that Methamphetamine, which is widely produced and used generally in Eastern and South-Eastern Asia, North America and Oceania, is also used in Turkey. Following the investigations on the 2009 seizures, it was found out that Methamphetamine was brought to Turkey from Iran and was being transferred by air to South-eastern Asia countries, where there is a demand, from Istanbul by means of drug couriers (TNP-ASOC Report, 2009:29, 30).

As it is not located on the cocaine trafficking route and due to its long distance from South America, Turkey is less affected from the trafficking of cocaine. On the other hand, although not nationwide, there is a demand for cocaine in certain regions of the country.

Cannabis is produced by illegal cultivation in the country for domestic consumption. Furthermore, it is also introduced to the domestic market through the illegal hemp cultivation especially in the rural areas of the eastern provinces done by the supporters of PKK/Kongra-

[54] Tablets with the logo and in the appearence of Captagon containing amphetamine as active substance instead of phenethilin.

Gel terrorist organisation to generate income for the organisation itself. Occasionally, cannabis is also trafficked into Turkey from Iran and Syria.

In Turkey, acetic anhydrite seizures take place, which is produced in Europe and trafficked therefrom. There is no clear evidence whether the destination of the acetic anhydrite seized in Turkey is a certain drug production plant. It is considered that the acetic anhydrite is transferred to Iran and Afghanistan through Turkey, being a transit route (TNP-ASOC Report, 2009:30).

The type of vehicles that are used to carry illicit drugs can give an idea with regard to the drugs that are available in the country. There has been an increase in the number of seizures in buses in 2009 as the domestic drug cartels have started to carry illicit drugs for domestic users via bus couriers. It is considered that the motorcycles are used for the delivery of illicit drugs that are for domestic consumption to the domestic users, whereas vans are preferred due to their convenience for hiding and transferring around 50 kg of illicit drugs inside the country.

Table 10-1 : Vehicles that are used for carrying illicit drugs in 2009 in Turkey[55]

Lorry and Truck	72
Car	695
Bus	522
Train	76
Pick-up	40
Motorcycle	44
Tractor-trailer	7
Minibus	36

It is thought that the type and amount of drugs seized in the vehicles give an idea concerning the situation of the country in illicit drug trafficking. In Turkey, while heroin, the destination of which is Europe, is seized in large vehicles such as lorries and trucks; cannabis, which is commonly used in Turkey, is seized in small ones.

10.2.1. Opium and Derivatives

Opium and derivatives affecting Turkey mostly originate from Afghanistan, which is the world's largest opium producer.

On the other hand, many international actors including the United Nations have not been able to find a solution to the illegal cultivation in Afghanistan. The continuation of the illicit drugs economy in Afghanistan leads, both in the neighbouring and developed countries, to the expansion of drug addiction, drug-related crimes and AIDS-like health problems, to considerable amount of illicit money inflow, thus upsetting the balances in the markets and to the emergence of unfair competition in economic/political life.

Elimination of the illicit drugs problem in Afghanistan concerns not only Afghanistan, but also all the countries that are affected from drug trafficking, consumption and problems thereof. In this respect, it is a must that the international community offers any kind of support to the solution of political, social and economic problems that Afghanistan, in its current status, cannot overcome with its own dynamics in the short run.

[55] Police and Gendarmerie regions' data.

It is obvious that as long as the reasons behind the Afghani drug economy are not handled seriously and demand for illicit drugs in drug-consuming countries continues, drug flow will also continue, no matter how successful are the transit countries, including Turkey, in counteracting the illicit drug trafficking through their territories. Therefore, it is necessary that the United Nations and European Union implement forthwith alternative agriculture projects efficiently and permanently in this country which would replace opium, being the principal source of income for the Afghan people. On the other hand, it should also be borne in mind that there is a possibility that the production might spread to another country or other countries around Afghanistan.

The use of opium alkaloids for scientific and medical puposes is legal in the world. To this end, opium cultivation is carried out in Turkey, India, Australia, France, Spain, Hungary and Slovakia under the supervision of the UN Organisation. Turkey is regarded in the world as a traditional poppy cultivator and alkaloid supplier for medical purposes. Poppy cultivation is under international supervision and control, especially by the UN Organisation.

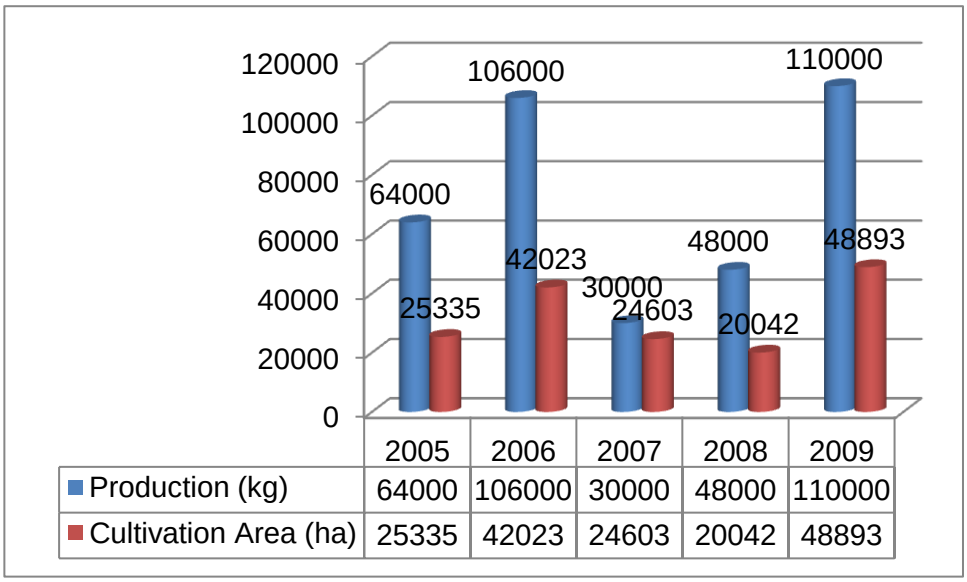
In Turkey, poppy cultivation and planning of its production is carried out on 70,000 ha determined by the UN Organisation, in such a manner that there will not be any overstock and by taking into account the annual capsule need of Opium Alkaloids Factory, current status of its stock, sales volume and cultivation and production loss due to unfavourable climate conditions.

Poppy cultivation in Turkey is carried out in small fields not for commercial purposes, but for traditional purposes and to utilise the domestic manpower of the family. In this framework, in order to meet the economic and social demands of the producers and the capsule need of Opium Alkaloids Factory, 70,000 ha cultivation limit is distributed (among villages and neighbourhoods) on the basis of residential units in July before the cultivation permit is issued. In Turkey, an average number of 100,000 producers from 13 provinces are given cultivation permit on the basis of winter and summer periods and 95% of the cultivation is carried out during winter, for which applications are made between July-October.

Areas where poppy will be cultivated are determined by the Council of Ministers every year. Poppy cultivation is strictly forbidden in areas other than the ones determined by the Council of Ministers no matter what the purpose is. The poppy cultivated is kept under control in accordance with “Law no. 3298 on Narcotic Drugs” and thence “Regulation on Cultivation, Control, Harvesting, Processing, Disposal, Purchase, Sale, Import and Export of Poppy”, and supervised by the Turkish Grain Board and law enforcement bodies. As a matter of fact, in the report entitled “The Globalisation of Crime - Transnational Organized Crime Threat Assessment-TOCTA” published in 2010 by UNODC, it is indicated that the illicit opium production has been virtually eliminated in Turkey (UNODC TOCTA 2010:126).

Finally, in accordance with the Council of Ministers’ latest decision dated 19.07.2010 and no. 2010/760 on “Purchase and Sale of Poppy Capsule and Seed” published in the Official Gazette dated 05.08.2010 and no. 27663, poppy cultivation and unscored poppy capsule production have been authorised as of autumn 2010, in return for a permit, in the totality of Afyonkarahisar, Amasya, Burdur, Çorum, Denizli, Isparta, Kütahya, Tokat, Uşak provinces; Balya, Bigadiç, Dursunbey, İvrindi, Kepsut, Savaştepe and Sındırgı districts of Balıkesir province; Alpu, Beylikova, Çifteler, Günyüzü, Han, Mahmudiye, Mihalıççık, Seyitgazi and Sivrihisar districts of Eskişehir province; Ahırlı, Akören, Akşehir, Beyşehir, Derbent, Doğanhisar, Hüyük, Ilgın, Kadınhanı, Seydişehir, Tuzlukçu, Yalıhüyük and Yunak districts of Konya province; Merkez, Demirci, Gördes, Köprübaşı, Kula, Sarıgöl and Selendi districts of Manisa province.

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



Source : INCB Narcotic Drugs, 2009:95, 96.

10.2.2. Coca and Derivatives

The decrease of coca cultivation by 8% in Colombia in 2008 has led to the decrease of cocaine production in the world by 15%. Despite this fall around the world, Colombia is still the largest cocaine producer in all over the world. It is followed by Peru and Bolivia, respectively. More than 99% of the cocaine laboratories in the world are located in these three countries (TNP-ASOC Report, 2009:4,5).

Cocaine is brought into Turkey mainly by air via couriers for domestic consumption. In 2009, cocaine was seized in 30[56] provinces in Turkey.

10.2.3. Hemp and Derivatives

In almost every country, at least in order to meet a certain amount of need in the country, cannabis cultivation is carried out. Due to the destruction of the hemp fields, hemp cultivation has decreased in Morocco, which is the largest hemp cultivator in the world (EGM-KOM Raporu, 2009:6). However, Morocco still remains as the main producer of cannabis resine in the world. Afghanistan is the second largest cannabis resine producer (EGM-KOM Raporu, 2009:7).

Ropes, sacks and similar industrial products are made from hemp fibre. As in poppy cultivation, Turkey is a traditional cultivator of hemp. Hemp cultivation in Turkey is subject to license and control and is supervised by the Ministry of Agriculture and Rural Affairs. Cultivation areas are regulated under the "Regulation on Hemp Cultivation and Control" published in the Official Gazette dated 21.10.1990 and no. 20672. Accordingly, legal hemp cultivation areas are; Amasya, Antalya, Burdur, Çorum, İzmir, Kastamonu, Kayseri, Kütahya, Malatya, Ordu, Samsun, Sinop, Tokat, Uşak, Urfa, Yozgat, Rize, Zonguldak, Bartın and Karabük[57].

Although there are no data as to whether the legal cultivation in Turkey is shifting towards illegal; 42954 kg of cannabis, which accounts for 83,5% of the total amount of 51451 kg of

[56] Police and Gendarmerie region data.
[57] Regulation on Hemp Cultivation and Control published in the Official Gazette dated 21.10.1990 and no. 20672, art. 5.

cannabis seized in Turkey, were seized outside the legal hemp cultivation areas according to the seizures data for 2009. Again in 2009, as it had been the case in 2008, most of the cannabis seizures took place in Diyarbakır (18631 kg), Van (5160 kg) and Hatay (3792 kg), all of which are provinces that are not cultivation areas for legal hemp. Cannabis seizures in 20 provinces of Turkey in which cultivation is authorised account for 16,5% of total seizures with an amount of 8497 kg; however, it is considered that the cannabis seized in these areas stems from illegal cultivation. These data show that cannabis in Turkey is produced through illegal hemp cultivation.

10.2.4. Synthetic Drugs

Synthetic drugs are artificial drugs that are produced by means of various chemical methods. Production is not made through the use of natural materials; on the contrary, chemicals are put into reaction according to certain synthesis methods. In contrast to the past, the production which used to take place in simple underground laboratories has shifted, today, towards illegal and large ones. The production of synthetic drugs is becoming more sophisticated, with production runs increasing in scale through the use of larger reaction vessels, industrial and custom-made equipment and mobile units (EMCDDA Annual Report, 2008:14).

Amphetamine, which is one of the main synthetic drugs, is produced in Netherlands, Belgium, Poland and the UK; ecstasy, on the other hand, is produced in Netherlands and Belgium. Canada has become one of the main production centres of MDMA tablets, which are sold illegally both on its own territory and in the USA. These tablets, raw material for which comes from China and which are produced in Canada, can even be seen in Japan and Australia (TNP-ASOC Report, 2009:9,10).

Ecstasy is brought into Turkey from Western Europe, particularly from the Netherlands. While brought into Turkey, ecstasy follows an opposite direction to the Balkan Route, which runs through Turkey till Western Europe. Therefore, occasionally, criminal organisations that are involved in heroin trafficking through Turkey bring ecstasy back into the country in return for the heroin they trafficked to the Western Europe (TNP-ASOC Report, 2009:24).

Captagon is produced in the illegal production plants located mainly in Eastern Europe and transferred to the Middle-Eastern and Arabic countries, transiting Turkey by land or sea. Furthermore, as a result of the investigations and operations conducted in Turkey, it has been understood that criminal organisations have shifted Captagon production to Syria at a considerable extent (TNP-ASOC Report 2008:8). According to the UNODC, 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 World Drug Report, 2009:127). Captagon, which is considered to be brought into Turkey through porterage from Syria, is trafficked back into the Middle-Eastern and Arabic Peninsula countries, transiting again Turkey through Syrian border.

Although there are not any production plants in Turkey that could carry out all stages of captagon production, tablet production devices are encountered from time to time in order for the transformation of amphetamine brought from eastern Europe in the powder form into tablets with captagon logo. However, their number is quite low and only 1 device was detected in 2008, while none in 2008 and again 1 in 2009.

There are not any data whether Methamphetamine is used in Turkey. 2009 seizures indicate that Methamphetamine is trafficked into the Eastern and South-eastern Asia countries, transiting Turkey.

10.2.5. Precursors

Precursors are chemicals that are used for the production of synthetic drugs as well as heroin and cocaine and thus, their supervision and control is an important element in counteracting illicit drugs. Supervision and control of the main precursors is a preventive measure which blocks the way to the illicit drugs.

Beyond any doubt, the most important and known one among those precursors is “Acetic Anhydride”, which is necessary for the production of heroin. BMK, PMK, sulphuric acid, hydrochloric acid, formic acid and formamide are the other main chemicals which are used in synthetic drugs. Additionally, production, import, export and distribution of a total number of 23 precursors are under supervision and control in Turkey and in the countries, which signed the 1988 UN Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

10.3. Drug-Trafficking Routes

The overview of the main drug-trafficking routes over the geographical location of Turkey indicates that this trafficking activity does not follow only a single route and that it deviates under the influence of the social, political and economic conditions of the country it passes over.

In this context, it is possible to mention three main heroin trafficking routes, which later on separate into branches, for the geographical area that Turkey is located: the Balkan Route, the Northern Black Sea Route and the Eastern Mediterranean Route[58].

The Balkan Route, which is also directly affecting Turkey, starts from the poppy cultivation areas in Southeast Asia, crosses over Iranian and Turkish territory which then separates into two main branches over the Balkan Peninsula:

- The first branch (Northern Path) reaches the European countries via Bulgaria-Romania-Hungary-Austria.
- The Second Branch (Southern Path) reaches Italy via marine transport over Turkey and Greece.

Figure 10-2 : Balkan Route

[58] *EMCDDA Turkey,* http://www.emcdda.europa.eu/html.cfm/index55167TR.html#dro.

After entering Turkey via Khavari province of Iran, heroin reaches Hakkari and Van provinces of Turkey and sent out following the below routes via Turkey:

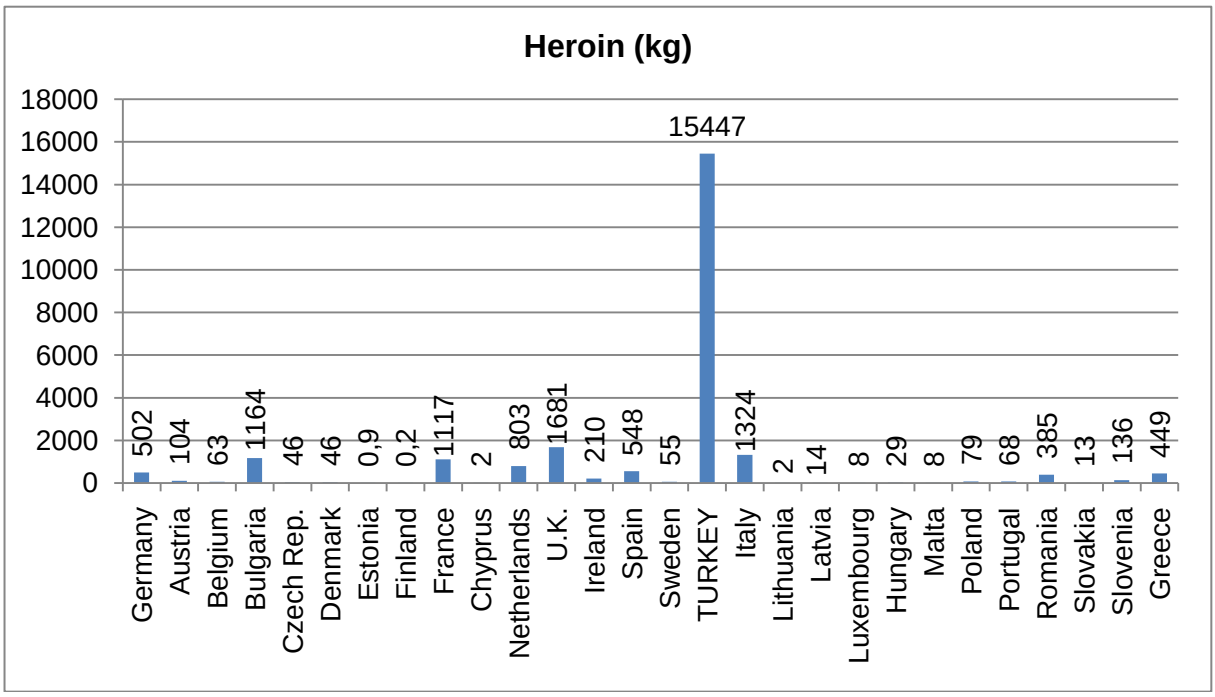
- Hakkari / Van – South-eastern provinces – Central Anatolian provinces – Istanbul – from Edirne to Bulgaria/Greece,
- Hakkari / Van- South-eastern provinces – via Southern/Western provinces through sea transport to Greece /Cyprus,
- Hakkari / Van - South-eastern provinces - Central Anatolian provinces – Northern Anatolian provinces - Ukraine (UNODC World Drug Report, 2010:54).

On the other hand, there are also occasions in which heroin enters into Turkey from Ağrı province, then transported through Black Sea provinces and brought into İstanbul and then exits the country from Edirne to be trafficked into Europe.

According to the assessment under the scope of combating drug-trafficking in our sea jurisdiction, it is determined that the trafficking is more intense over the Balkan Route and the Northern Black Sea Route, but not so intense on our seas. On the other hand, it is also observed that the seizures of the Coast Guards Command have become intense around İskenderun within the broad Mediterranean Region. Although there have been no heroin and cocaine seizures for the last two years, cannabis seizures continued.

The estimated global seizure rates are 20% of the total world heroin flow in 2008. Turkey ranks the second with its 16% share in total heroin seizures following Islamic Republic of Iran (23%) (UNODC World Drug Report, 2010:46). In 2008, the total amount of heroin seized by 45 countries in Western and Central Europe is 7.6 tons and this only corresponds to one fifth of the total heroin seized in Turkey and Iran (UNODC World Drug Report, 2010:57). In several operations in Istanbul, hundreds of kilograms of heroin were seized which is a seizure rate that no Middle Eastern city has been able achieve so far despite being located closer to the source (UNODC TOCTA, 2010:122).

Chart 10-2 : 2008 Heroin Seizures in Europe



Source: UNODC World Drug Report 2010.

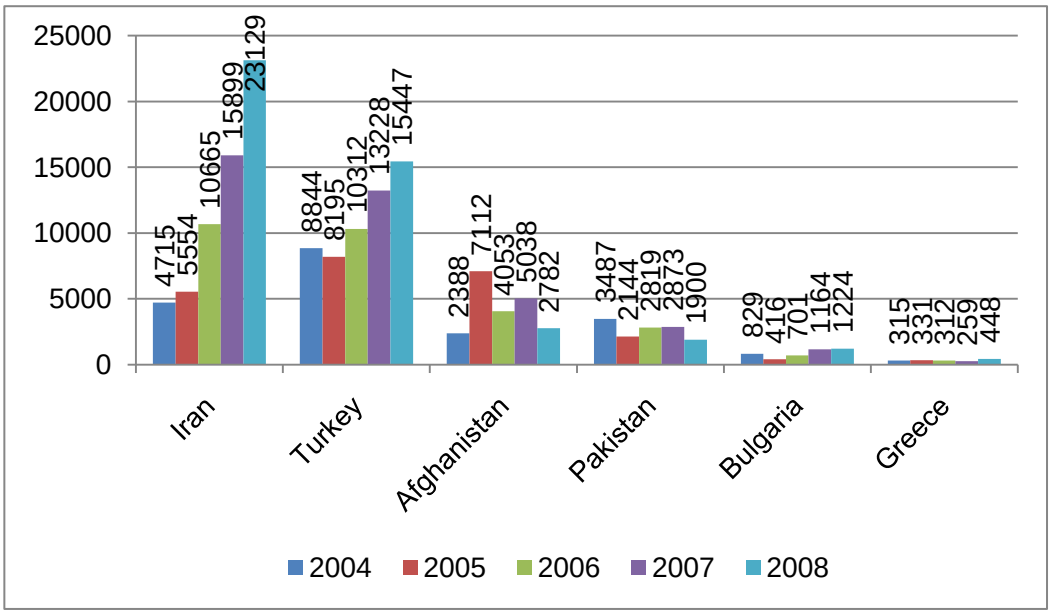
Heroin originating from Afghanistan follows the Balkan Route and reaches various destinations (in particular Germany, the Netherlands, Italy and the United Kingdom) in Western Europe via Turkey. According to UNODC assessment, it is considered that the Kurdish Ethnic Groups that have large populations in the joint border regions of Iran, Iraq and Turkey may be responsible for the border crossings and may be selling the drugs in Turkey or trafficking them to Europe by using their own networks (UNODC TOCTA, 2010:123).

The majority of the Balkan heroin firstly passes via Bulgaria which reported large amounts of heroin seizures in the past. However, despite the small shifts in heroin flow, the outlook in this country is unstable. For example, in 2008, Turkey seized around 15 tons of heroin. Bulgaria on the other hand seized 1.1 tons of heroin despite being the largest receiver of heroin flow on the Balkan Route (UNODC World Drug Report, 2010:57).

The heroin seizures in the Balkan region (2%) are very low when compared to Turkey (10%) and Iran (18%). This indicates the insufficient border controls and ineffective security forces in the Balkan countries where the unemployment rate is high and corruption is widespread (UNODC TOCTA, 2010:124).

Heroin facing the Western European market starts its path from Afghanistan, and enters to the countries of Islamic Republic of Iran, Pakistan and Turkey which, when combined, seize majority of the heroin in the world (40% of the total amount of seized heroin in 2008). Despite these significant efforts of the law enforcement units, smugglers still manage to take sufficient amount of heroin to European consumers through these countries in the last decades (UNODC World Drug Report, 2010:56).

Chart 10-3 : Regional Heroin Seizures (kg)



	2004	2005	2006	2007	2008
Iran	4715	5554	10665	15899	23129
TURKEY	8844	8195	10312	13228	15447
Afghanistan	2388	7112	4053	5038	2782
Pakistan	3487	2144	2819	2873	1900
Bulgaria	829	416	701	1164	1224
Greece	315	331	312	259	448

Source: UNODC World Drug Report 2010.

The Balkan routes also operate in the reverse direction with cocaine, precursor chemicals and amphetamine-type stimulants (ATS) moving eastward into Turkey and beyond. (UNODC World Drug Report, 2010:57). This exposes Turkey to a dual flow.

Figure 10-3 : Drug Flow over the Balkan Route

The Northern Black Sea Route has two separate branches:

- The first branch (Northern Path), originates from Afghanistan, passes over Central Asian Republics and reaches the Western European markets via Russia, Ukraine, Belarus and Poland.
- The second branch (Southern Path) also starts from Afghanistan passing over to Iran then ascending north to Azerbaijan, Armenia, Georgia and Russia continuing to its Western Europe destination.

Figure 10-4 : Northern Black Sea Route

The intense seizures on the Balkan Route with the highest seizure rates for opium and derivatives led to increased frequency in the use of the Northern Black Sea Route. Stronger border controls of Turkey and Bulgaria have a large effect in the shift of this route (UNODC World Drug Report, 2008:48).

The Eastern Mediterranean Route originates from Pakistani ports and reaches the Western European markets via the Indian Ocean, the Red Sea, the Suez Canal and Cyprus.

Figure 10-5 : Eastern Mediterranean Route

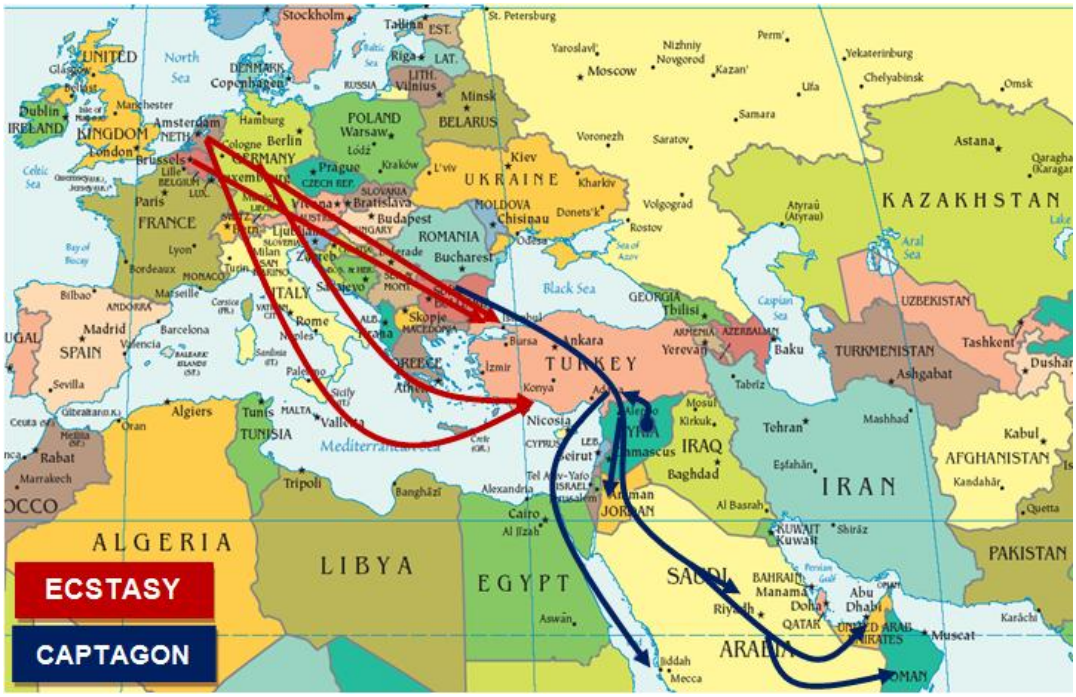
In terms of smuggling of captagon that affects Turkey as a transit country and ecstasy that affects Turkey as a destination country, there are different routes.

Ecstasy arrives Turkey from Holland and Belgium which are amongst the most important ecstasy producers on the world (TNP-ASOC Report, 2008:23).

The captagon tablets produced especially in illegal laboratories in Eastern Europe are transported to Turkey over the Bulgarian border and from here to Western Asia via Syria by land and sea transportation[59].

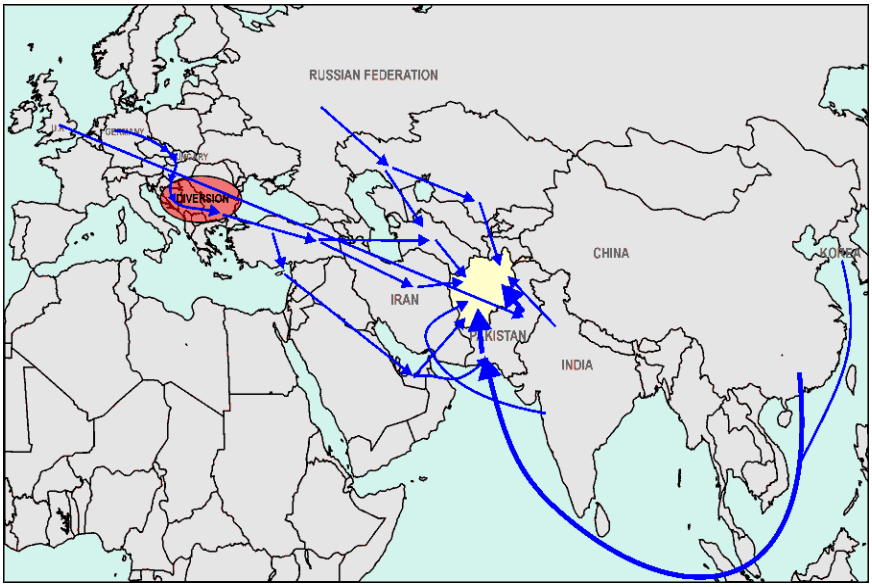
Figure 10-6 : Ecstasy and Captagon Routes

[59] INCB, *Report of the International Narcotics Control Board for 2009*, UN New York, 2010, s.104.



Acetic anhydride which is irreplaceably important in heroin manufacturing usually enters our country through our Bulgarian border or Zonguldak or Samsun sea ports. Acetic anhydride is brought in to Turkey by drug-trafficking networks to be dispatched over to South eastern countries where heroin manufacturing facilities are located.

Figure 10-7 : Acetic Anhydride Route



10.4. Structure of Organizations Engaged in Drug-Trafficking

Due to reasons such as involvement of very high amounts of money in drug trafficking, the closed nature of trafficking organizations and difficulty in infiltrating them, difficulties in reaching up to the top criminals due to the hierarchical structures of the organized criminal gangs and the familial tribe-like structure in our country, combating drug trafficking is a difficult task.

Drug trafficking crimes are those for which long and aggravated liberty binding penalties are stipulated. The drug market is the one that involves high amounts of money which in the case of seizure, leads the individual to bankruptcy both due to confiscation of assets and loss of the money paid for drugs. Due to these reasons, those to commit drug related crimes do all they can to hide their criminal acts and elements of crime.

Drug trafficking is a crime that is committed within an organization. As is known, according to our current legislation, a minimum of three persons should consciously come together to speak of the existence of an organization[60]. This cluster should be systemic and hierarchical. This means that there should be a leader at the top level that makes the plans and gives orders within the organization.

Drug trafficking organizations often use intermediaries in order to be able to prevent the prosecution authorities from accessing the leader. The communication within the group between the street level and top level is usually performed face to face. In line with this strict hierarchical structure, the lowest members of the hierarchy do not have sufficient information on the organization structure. Such form of hierarchical structuring serves for the internal and external protection[61]. This hierarchical structure creates various layers within the organization, therefore, it is mostly the members working at street level who can be apprehended while it is very difficult to reach the top members.

The drug trafficking organizations significantly restrict membership. Qualifications to become a member may be based on ethnicity, blood relation, race, criminal record or similar consideration. It is observed that the drug trafficking organizations in Turkey are organized in a family structure. The most important feature of family organizations is the trust and solidarity among the family members.

As a result of the hierarchical structure, there is also a dominant distribution of duties within the organization. Several individuals each specialized on certain areas share the tasks in committing the crime. Everyone from the top to the bottom in the organization has assumed roles and everyone is specialized in his/her own area.

10.5. Seizures

It is known that, parallel to the advancing technology, the international drug trafficking organizations are intensively benefiting from such opportunities for their own trafficking activities. Therefore, combat against drug trafficking should be carried out in a structure that is also in line with the ever changing and advancing technology. The state-of-the-art and the most advanced technological combating techniques should be employed in order to be able to reveal the new smuggling methods ever developed by the trafficking organizations thus apprehending the whole structure of the organization together with the elements of crime.

In this regard, Turkey is carrying out an efficient fight against drug trafficking by fully employing modern technological means such as modern crime analysis programs, manned and unmanned surveillance vehicles, remote interception systems and video surveillance system (MOBESE) as well as policing techniques and tactics such as controlled deliveries, covert investigation methods.

[60] Turkish Penal Code No 5237 m. 220/1: "…the number of members should be at least three for the existence of an organization".
[61] Mustafa Ruhan Erdem, *Covert Investigation Measures in Counteracting Organized Crimes in Criminal Procedures*, Seçkin Yayıncılık (Publishing House), Ankara, 2001, s. 38,39.

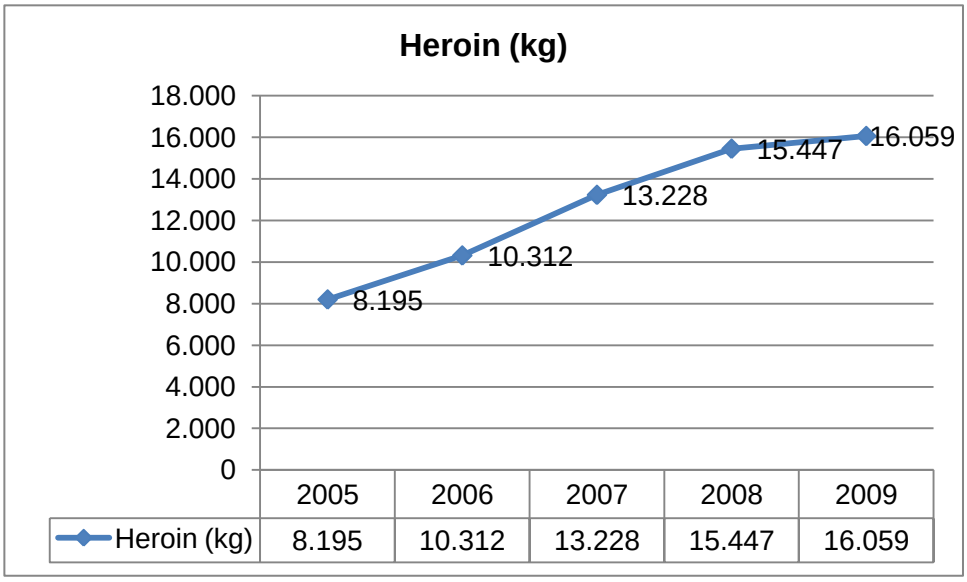
The Turkish law enforcement units do not focus only on seizing the substance, but rather work towards revealing the target organization with all its elements (the owner of the drugs, the intermediary, the stasher, the store keeper, the conveyor, the distributor, the buyer, etc.).

In Turkey, as a result of the activities performed against drug trafficking, significant increases have been achieved in 2009 particularly in the amount of seized cannabis, heroin and amphetamine; there has been a significant decrease in ecstasy seizures. On the other hand, in 2009, liquid heroin and methamphetamine substances were seized for the first time in Turkey.

10.5.1. Heroin

The increasing trend in the amount of heroin seized in Turkey since 2005 also continued in 2009 (Chart 10-4). In 2009, a total of 16059 kg heroin was seized in Turkey (EMCDDA Standard Table 13, 2010). The increase in heroin seizures in 2009 has been at 4% as compared to 2008.

Chart 10-4 : Amount of Seized Heroin by Years

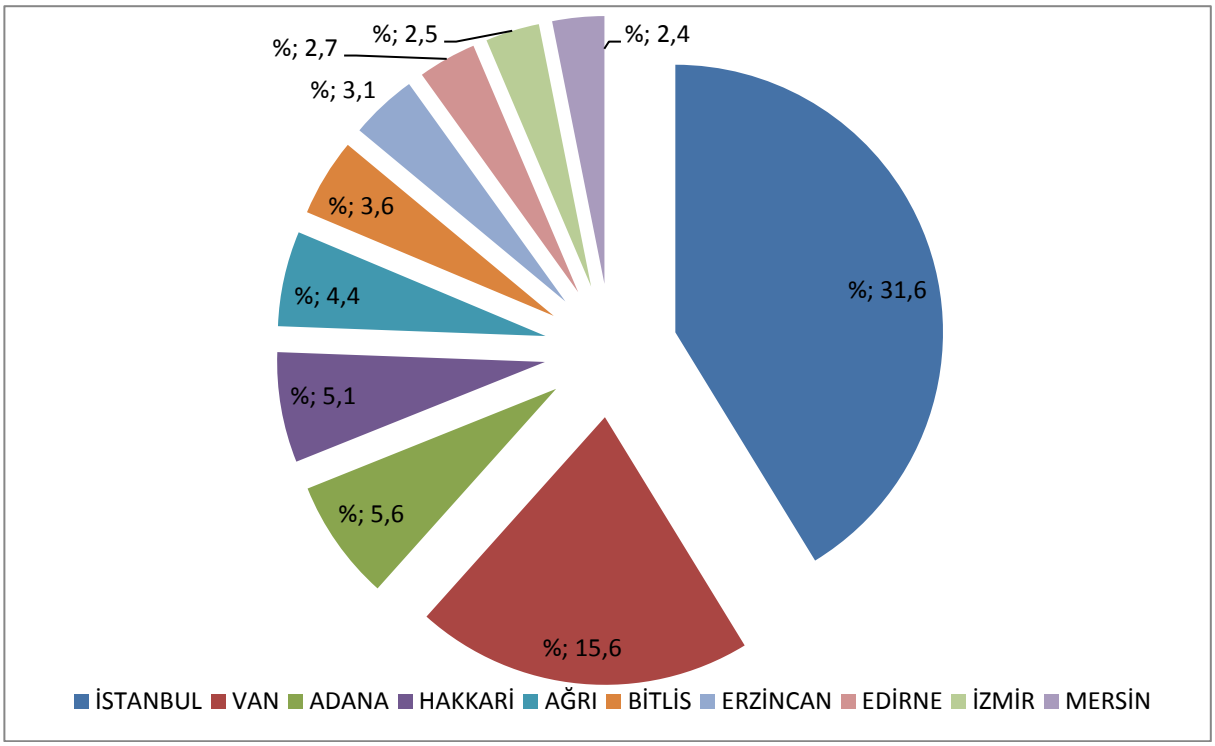


Source: EMCDDA Standard Tables, 2009 Turkish Drug Report.

The provinces with the highest amount of heroin seizures point out the Turkish situation in terms of heroin smuggling. Accordingly, the fact that, as was the case last year, the highest amount of heroin has been seized in provinces such as Van, Hakkari and Ağrı where it enters the country and in exit provinces such as Istanbul, Edirne, İzmir and Mersin and in provinces such as Bitlis, Erzincan and Adana which are on the heroin trafficking route within the country clearly displays Turkey's transit country status (Chart 10-5). 12.377 kg of heroin seized only in these ten provinces constitutes 77.1% of the total 16.059 kg of heroin seized in Turkey in 2009. On the other hand, the high numbers of heroin addicts in these provinces is remarkable.

Chart 10-5 : Top Ten Provinces in Heroin Seizures in Turkey[62]

[62] Data from Police and Gendarmerie jurisdiction.

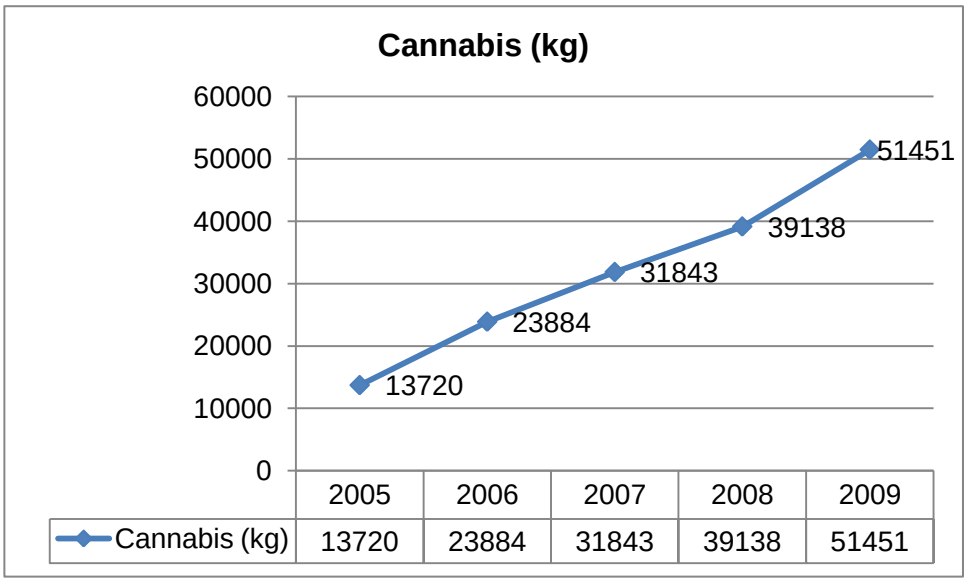


In 2009, the amount of heroin that has been seized during operations on domestic drug networks was 131 kg, which indicates a significant increase of 184,8% compared to 46 kg in 2008 (TNP-ASOC Report, 2009:47). Considering the fact that the substances seized in these operations are mostly for the self consumption of users, this increase in the level of heroin available on the street is a result of the heroin flow over Turkey and an indication of the increase in heroin use.

10.5.2. Hemp and Derivatives

The regular increase in the seized amount of cannabis, which is the most seized and used illegal substance in Turkey, also continued in 2009. In 2009, a total of 51,451 kg of cannabis was seized in Turkey, which represents a significant increase of 31.5% compared to the 39,138 kg seized in 2008. (EMCDDA Standard Table 13, 2010). (Chart 10-6).

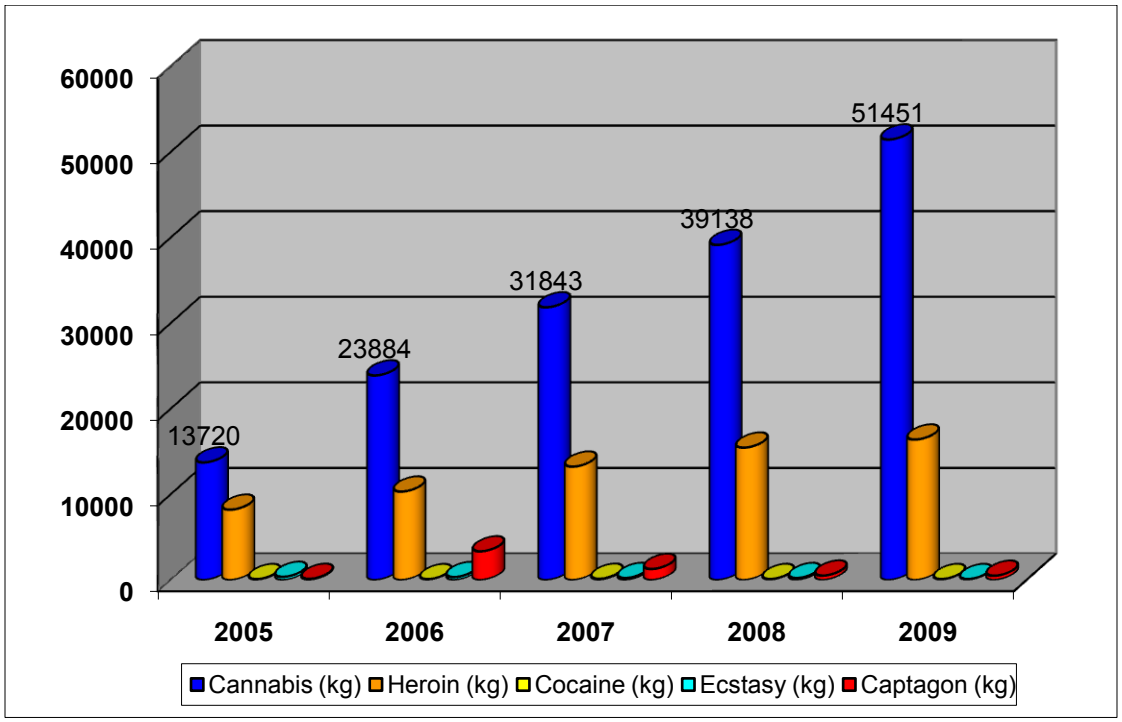
Chart 10-6 : Amount of Seized Cannabis by Years



Source: EMCDDA Standard Tables, 2009 Turkish Drug Report.

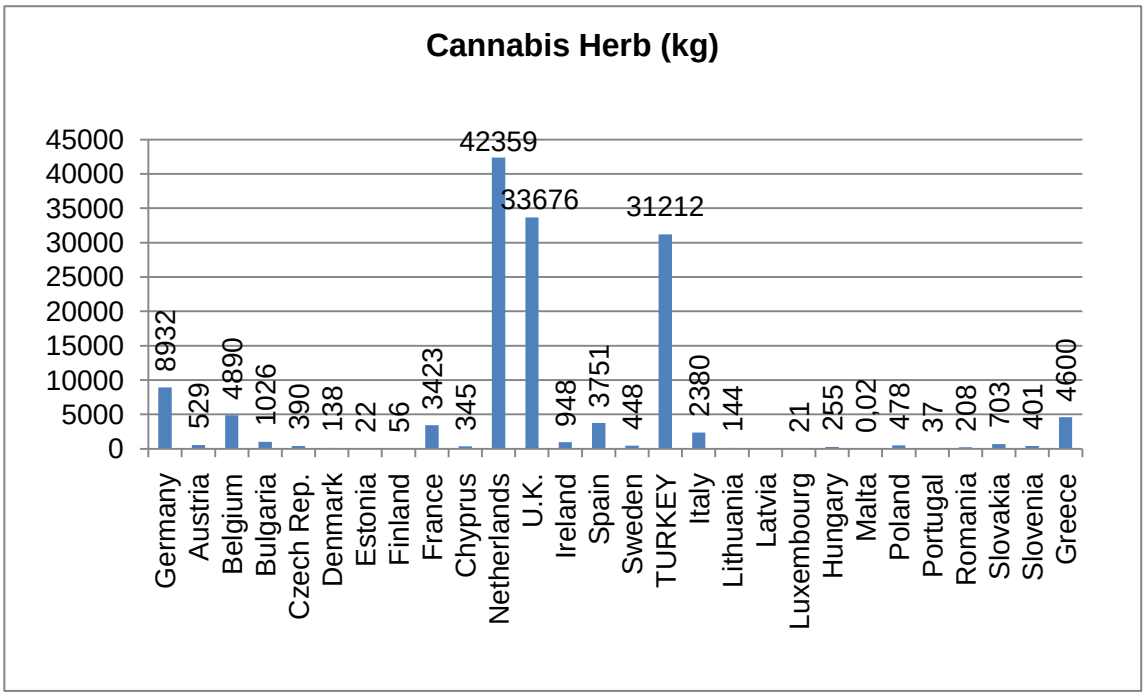
The fact that cannabis is the most commonly used drug in Turkey (see Chart 9-17) leads to the fact that it ranks the first concerning the amount of seized drugs (Chart 10-7).

Chart 10-7 : Amount of Seizures as per Drugs by Years



Following the Netherlands and UK, Turkey is the country that seizes the highest amount of cannabis herb in Europe (Chart 10-8). Turkey, which seizes by far the highest quantity of heroin among EU countries, is also one of the countries with the highest number of cannabis seizures in Europe. This is considered as a strong indicator of its capacity to combat drug trafficking.

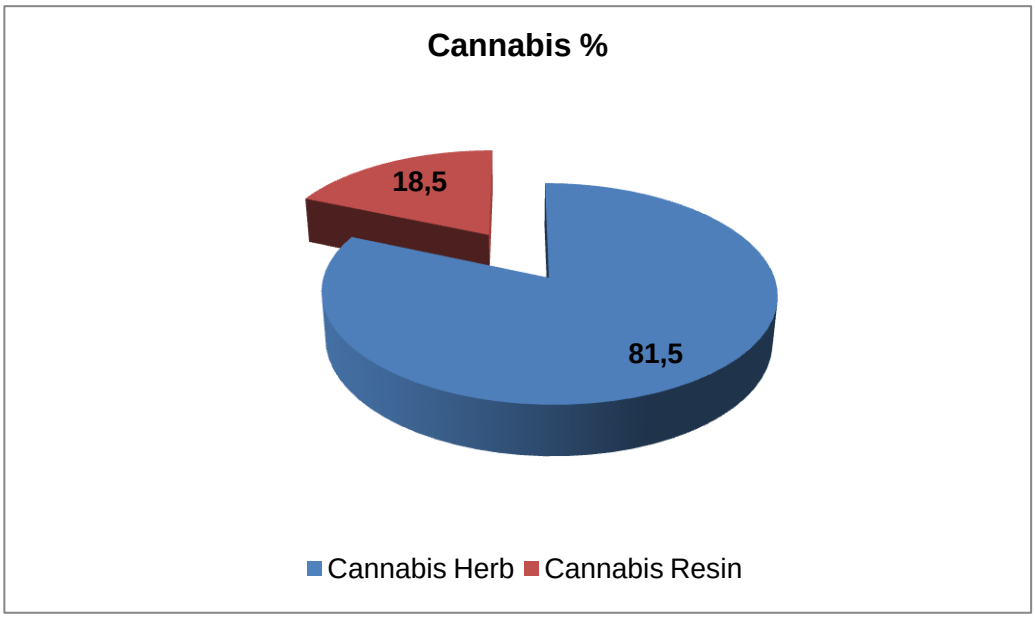
Chart 10-8 : 2008 Cannabis Herb Seizures in Europe



Source: UNODC World Drug Report 2010.

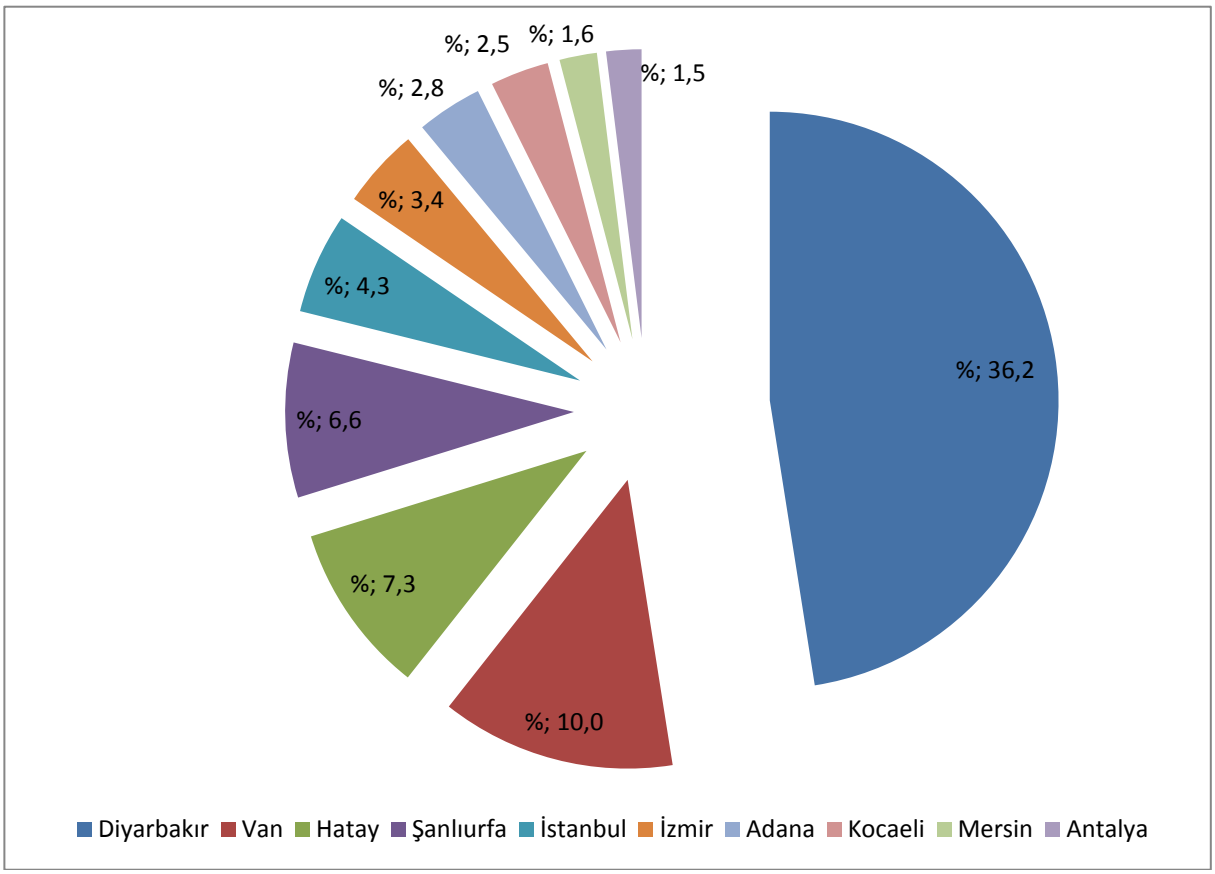
9,511 kg (18.5%) of the cannabis seized in Turkey in 2009 was cannabis resin (in powder form) while the remaining 41,940 kg making up 81.5% was cannabis herb, the form preferred by domestic users in Turkey (EMCDDA Standard Table13, 2010) (Chart 10-9).

Chart 10-9 : Cannabis Resin and Cannabis Herb Seized in Turkey



Considering that cannabis trafficking from Turkey has not been identified TTNP-ASOC Report 2009:22) and that the cannabis seized in Turkey are almost entirely intended for domestic consumption, this regular increase in cannabis seizure quantities and incidents can be interpreted as an indication of an increased use of cannabis in Turkey.

Chart 10-10 : Top Ten Provinces with Highest Seizures of Cannabis[63]

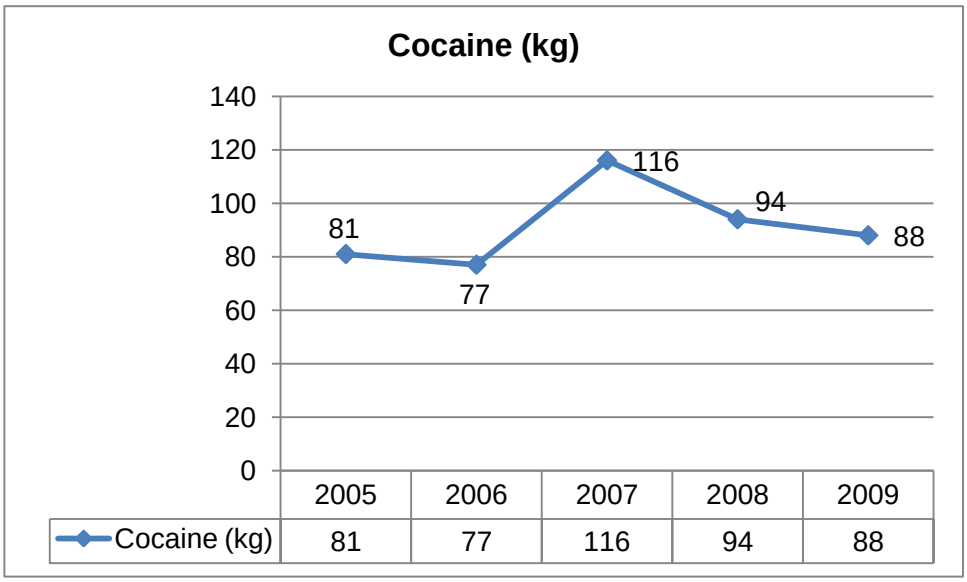


10.5.3. Cocaine

A decline in the amount of cocaine seized has been observed in Turkey since 2007. In 2009, a total of 88 kg of cocaine was seized in Turkey, representing a 10.6% of decreased compared to 2008 (94 kg) (EMCDDA Standard Table13, 2010) (Chart 10-11).

Chart 10-11 : Amounf of Seized Cocaine by Years

[63] Data from Police and Gendarmerie jurisdiction.



Source: EMCDDA Standard Tables, 2009 Turkish Drug Report.

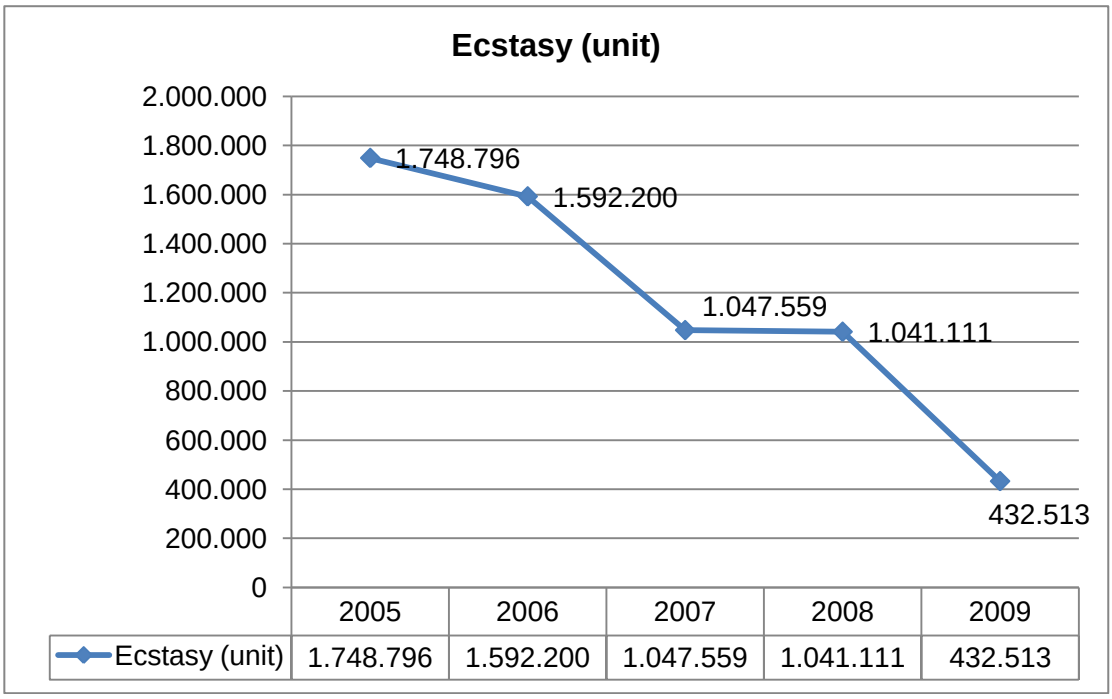
Almost 90% of total cocaine seized in 2009 was seized in Istanbul, which is the entry point into Turkey. Cocaine enters into Turkey from our airports among which the major entry point is Istanbul Ataturk Airport. The activities carried out as regards cocaine trafficking reported no indication of cocaine trafficking from Turkey out to other countries (TNP-ASOC Report, 2009:19, 20). In this regard, cocaine is brought into Turkey for domestic consumption.

10.5.4. Synthetic Drugs

10.5.4.1. Ecstasy

In 2009, a total of 432,513 ecstasy tablets were seized in Turkey (EMCDDA Standard Table13, 2010). This represents a significant decrease of 58.5% compared to 2008 (Chart 10-12).

Chart 10-12 : Amounf of Seized Ecstasy by Years



Source: EMCDDA Standard Tables, 2009 Turkish Drug Report.

It is suggested that the reasons for the decrease seen in the amount of ecstasy seized in Turkey particularly in the recent period can be due to;

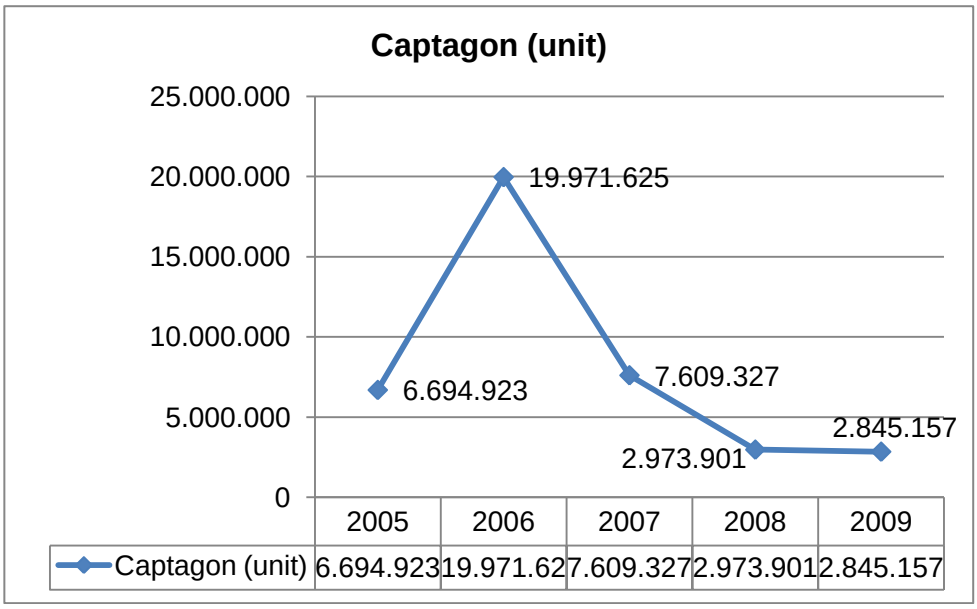
- Decrease in the amount of ecstasy produced in Western Europe,
- Increase in the amount of fake ecstasy seized in Turkey in recent years[64]
- Trends among users for different drugs,
- Users not experiencing the expected effect from these fake ecstasy drugs (TNP-ASOC Report, 2009:24).

10.5.4.2. Captagon

A decline has been observed since 2006 in the amount of captagon seized in Turkey (Chart 10-13). In 2009, a total of 2,854,157 captagon tablets were seized in Turkey (EMCDDA Standard Table13, 2010). This represents a slight decrease of 4.3% compared to 2,973,901 captagon tablets in 2008.

Chart 10-13 : Amount of Seized Captagon by Years

[64] Tablets containing mostly mCPP (meta-chlorophenylpiperazine) rather than the active substance MDMA (3,4 methylenedioxymethamphetamine



Source: EMCDDA Standard Tables, 2009 Turkish Drug Report.

In an operation carried out in Istanbul in February 2009, a tablet pressing facility has been discovered where amphetamine was transformed into captagon tablets. In this location, in addition to 2,147,000 captagon tablets, the press moulds and tablet making machines were seized (TNP-ASOC Report, 2009:29).

10.5.4.3. Methamphetamine

Methamphetamine was seized for the first time in Turkey in 2009. In 2009, in 14 incidents, a total of 103 kg methamphetamine was seized in Turkey (EMCDDA Standard Table13, 2010). The majority of the suspects arrested in these seizures were Iranian. It was further understood that methamphetamine for which there is no identified indication of domestic use in Turkey, was brought into Turkey from Iran and intended to be taken to demanding Eastern and South Eastern Asian countries by couriers through air travel from Istanbul (TNP-ASOC Report, 2009:30).

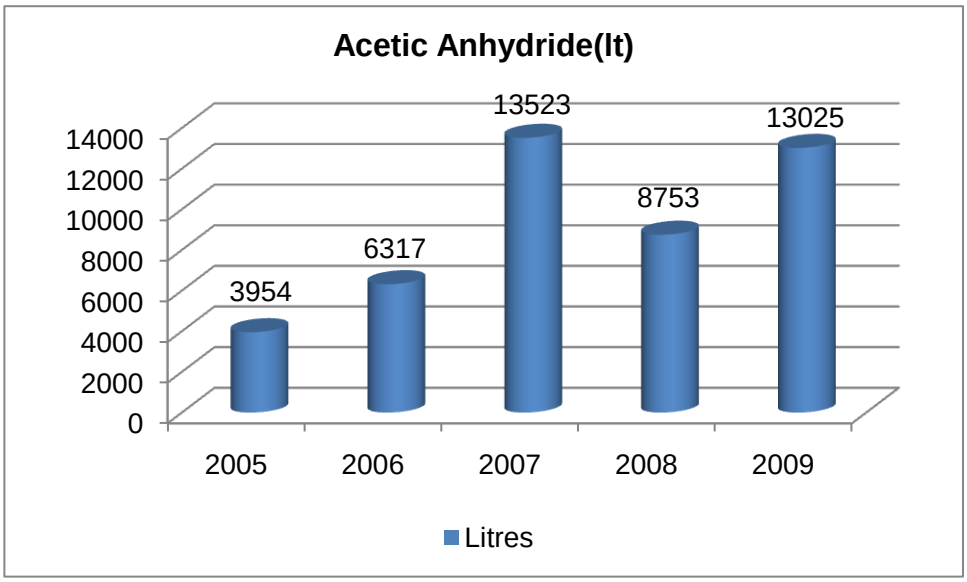
10.5.5. Precursors of Illicit Drugs

It is of utmost importance that the producer and distributor countries strictly follow and implement measures for the monitoring of legal trading of acetic anhydride and other precursors of illicit drugs that are used for drug manufacturing and for preventing their shift under unregistered trade (smuggling).

The acetic anhydride seizures in Turkey are not due to the shifting of legally imported acetic anhydrite under illicit trade but rather due to acetic anhydrite that is illicitly brought into Turkey.

So far, it has not been identified that the acetic anhydrite seized in Turkey will be used in a domestic manufacturing facility in Turkey. These substances are considered to be transferred to Iran and Afghanistan (TNP-ASOC Report, 2009:30).

Chart 10-14 : Amount of Seized Acetic Anhydride by Years



Source: Reports of Anti-Smuggling and Organized Crime Department of TNP.

10.6. International Cooperation

In order to efficiently counteract international drug trafficking organizations, the Turkish Narcotics Units carry out joint operational projects with their colleagues in other countries based on exchange of updated information/intelligence. These joint operations target deciphering all the elements of the organization, revealing the control mechanisms and illegally gained proceeds.

Based on this reality, Turkey has close cooperation with several international organizations as well as Security Cooperation Agreements and Memoranda of Understanding with more than 70 regional and international organizations.

Within this framework, in 2009, Turkish National Police launched joint operational work with Syria to counteract cannabis smuggling originating from Syria which has become remarkable in recent years; with Iran from where opium and derivatives are brought into Turkey; with Bulgaria to discover and arrest organizations smuggling captagon and amphetamine originating from Eastern European countries and with Germany and Netherlands to prevent ecstasy produced in Western European countries from being trafficked into Turkey (TNP-ASOC Report 2009:49).

Furthermore, in order to capture the couriers entering or leaving our airports, “Project on Increasing the Capacity to Counteract Drugs in Airports” with the Netherlands and the “Courier Project” with the UK were launched (TNP-ASOC Report 2009:49).

As part of the Pre-Accession Financial Assistance between Turkey and the European Union, IPA-III project has been signed on 1 December 2009 between EMCDDA and EMCDDA Turkish Focal Point, TUBİM (Turkish Monitoring Centre for Drugs and Drug Addiction). This project, which will be concluded in November 2011 includes 9 main activities to raise the combating against drug addiction in Turkey with EU support. The activity plan for the project and the activities to be carried out under the project in 2010 have been defined.

The General Directorate of Customs Enforcement has utilized 33 million Euros of resources since 2003 under EU Pre-Accession Financial Cooperation. Accordingly, in the recent period, in the “Procurement of Equipment to Strengthen Customs Administrations and Customs Surveillance Functions” under the Modernization of Turkish Customs Administration-III

project, Vehicle Surveillance System for TIR vehicles, 1250 Mobile Units, 14 Patrolling Vehicle and Narcotics and Explosives Trace Detector, Intensity Measurement Device, Videoscope, Mobile Surveillance System and Field Laptop have been purchased..

Within the scope of Twinning Projects between European Union and Turkey, “Project on Strengthening TUBIM” prepared and implemented by the Anti-Smuggling and Organized Crime Department of TNP is ongoing. The project to be implemented in 2009-2011 period aims on demand reduction, strengthening of treatment-rehabilitation and protection measures, improvement of data collection and interagency coordination.

Towards the aim of seizing the drugs brought by the drug trafficking organizations via couriers to Turkey at the country entry points and preventing the drug trafficking outward from Turkey, “Project on Increasing the Capacity to Counteract Drugs in Airports” under the “MATRA Pre-Accession Projects Program” has been launched and is being carried out jointly with the Netherlands with the objective of increasing the capacity to counteract of the TNP personnel stationed in Istanbul, Ankara, İzmir, Muğla and Antalya airports with high influx of international passengers.

The fact that the drug trafficking is mostly committed on an international scale requires fast and efficient information exchange among countries in order to be able to successfully combat such crimes.

Despite the services of the Interpol General Secretariat which has an important role in information exchange among national police organizations, currently many countries have started appointing Liaison Officers to ensure sounder and fast international police cooperation. The Liaison Officers are extremely important to ensure fast and direct exchange of information; to increase flexibility by minimizing bureaucracy to efficiently and decisively fight the crime and criminals and to fight jointly against drugs and also to prevent missing/misinformation.

Within the framework of cooperation agreements signed with other countries, Liaison Officers from TNP have been assigned to some European countries where Turkish citizens have been involved in drug crimes and drug incidents with Turkish connection are common. Our country currently has a Liaison Officer in Italy, France, UK, Austria, Belgium, the Netherlands, Denmark and Azerbaijan. In our country, Liaison Officers from USA, Germany, Austria, Australia, Albania, Belgium, Bulgaria, People’s Republic of China, Denmark, France, the Netherlands, UK, Iran, Spain, Israel, Sweden, Italy, Japan, Canada, Hungary, Norway, Pakistan, Russia, Saudi Arabia, Ukraine and Greece.

The General Command of Gendarmerie is acting as the member of Steering Committee of European Network of Forensic Science Institutes (ENFSI) which has 58 laboratories from 33 European countries among its members and actively participates in all the activities and annual meetings of ENFSI Narcotic and Psychotropic Substances Working Group. Furthermore, on 25-28 May 2009, the ENFSI Meeting of Presidents has been held in Ankara with the participation of 47 presidents of laboratories from 31 countries. Moreover, 2011 ENFSI Narcotic and Psychotropic Substances Working Group meeting will be held in Ankara hosted by the Criminal Department of the Gendarmerie.

The General Directorate of Customs Enforcement maintains international, regional and bilateral cooperation activities with primarily United Nations Office on Drugs and Crime (UNODC), the Organization for Security and Cooperation in Europe (OSCE), World Customs Organization (WCO) and Southeast European Cooperative Initiative (SECI/SELEC). Activities are carried out for sharing current seizure trends and anti-smuggling methods, joint workshops and seminars, study visits and operational cooperation.

In 2009, the General Directorate of Customs Enforcement performed two operations based on simultaneous exchange of information to prevent illegal trade of drugs on a regional level with SECI/SELEC member states and under bilateral cooperation with the Azerbaijani Customs Administration.

10.7. Controlled Delivery

Controlled Delivery practices play a very important role in cases where the destination and the actual recipient of drugs cannot be identified. Controlled delivery helps,

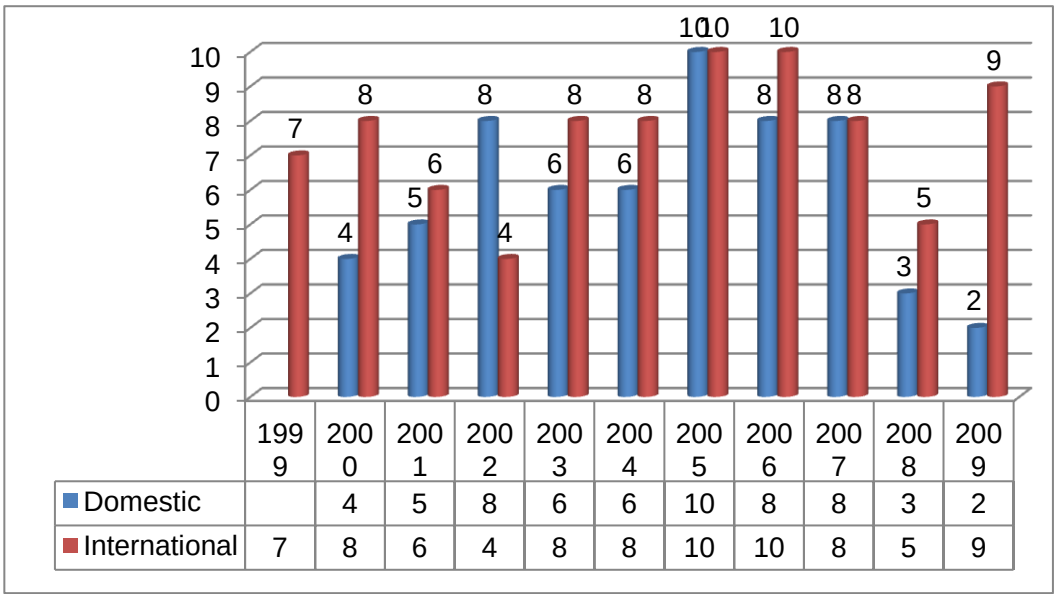
- Identification of all domestic and foreign connections of perpetrators,
- Identification of criminal evidences,
- Confiscation of drugs and illicit money,
- Transfer of drugs under the information and supervision of authorities.

Controlled delivery practices recommend by 1988 “United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances” was transposed into Turkish legislation with the Law dated 13.11.1996 and numbered 4208 on “Preventing Money Laundering” and Regulation dated 15.09.1997 on “Procedures and Principles on Controlled Delivery” published in Official Gazette numbered 23111.

According to the abovementioned Regulation, controlled delivery refers to “under the information and supervision of competent authorities and for the purpose of identifying perpetrators, identifying all kinds of evidence and the confiscation of contraband assets or assets suspected to be contraband or funds, the transfer of all kinds of substances included in Tables I and II annexed to the 1988 UN Convention against Illicit Traffic of Narcotic Substances and Psychotropic Drugs and connected funds or crime-related assets or contraband goods or goods suspected to be contraband that may be the source for crime-related assets as well as narcotic substances and psychotropic drugs to be domestically distributed or to be brought into Turkey and domestically distributed or to be prepared in Turkey to be taken outside abroad or passing through Turkey as a transit country”.

Since 1997 when controlled delivery practices was introduced in its legislation, Turkey has been successfully performing controlled deliveries both domestically and abroad and achieving successful results in terms of causing the collapse of crime organizations.

Chart 10-15 : Distribution of Domestic and International Controlled Deliveries by Years



Source: TNP-ASOC Report, 2009:51.

10.8. Price and Purity

10.8.1. Prices at Street Level

Dr. Ali ÜNLÜ[65]

The street level prices of drugs in Turkey were compiled from the data provided by law enforcement units working on 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.

The prices submitted by our provinces depend on the identification and seizure of drugs. Each substance cannot be found in each province and also the identification of some substances is not easy. According to current data, the most reported substances are types of cannabis and ecstasy while the least reported substances are amphetamine, methamphetamine and cocaine. Therefore, the increase in the reporting of substances is directly related to the identification of the substance in the particular province and the demand for that substance in the province.

Drug prices are mostly evaluated on the basis of three indicators: 1-Distance to the origin of the narcotic substance, 2-Supply-demand balance for the substance and 3- Purity levels. The retail prices of drugs in Turkey will be evaluated based on each indicator.

The most important factor setting the prices for drugs are led by the distance between the production and consumption areas. The reason is that the prices of narcotic drugs gain in value during their journey from the production areas towards the end-consumption areas. Therefore, it is meaningful for the traffickers when the demand for drugs is from long-distance areas. For example, while the greatest demand for opium and derivatives are from around 5 million users in Islamic Republic of Iran, Pakistan, Central Asian countries and India, the traffickers are targeting Western and Central European market with approximately 1.4 million users (UNODC, 2009: 44). In this sense, compared to European countries, heroin

[65] Turkish National Police, Istanbul Narcotics Division, Chief Inspector.

is cheaper in Turkey but more expensive than Iran.

This correlation also influences the retail prices of drugs which are called as street level prices; therefore the price of the same substance in Turkey varies among different regions. This variation is directly proportionate to the distance of that region to the entry point of the substance and its route of transfer: the longer the distance, the higher the price. The most concrete example would be the retail price of heroin in Turkey; although threes has been no change in the lower value of heroin as compared to the previous year, the upper value has increased by 33%. There is no reduction in supply in Turkey which is in the position of an international transit country because the seizures throughout the country are even higher than the total seizures in all EU countries. The price of heroin is lower in our provinces such as Van and Hakkari which are located on the Iranian border which is the entry point for heroin. Therefore, the areas where the retail price of heroin is high and has increased as compared to the previous year are in our provinces such as those on the Black Sea Region which are away from the transit route. For example, the highest price was reported by Artvin province.

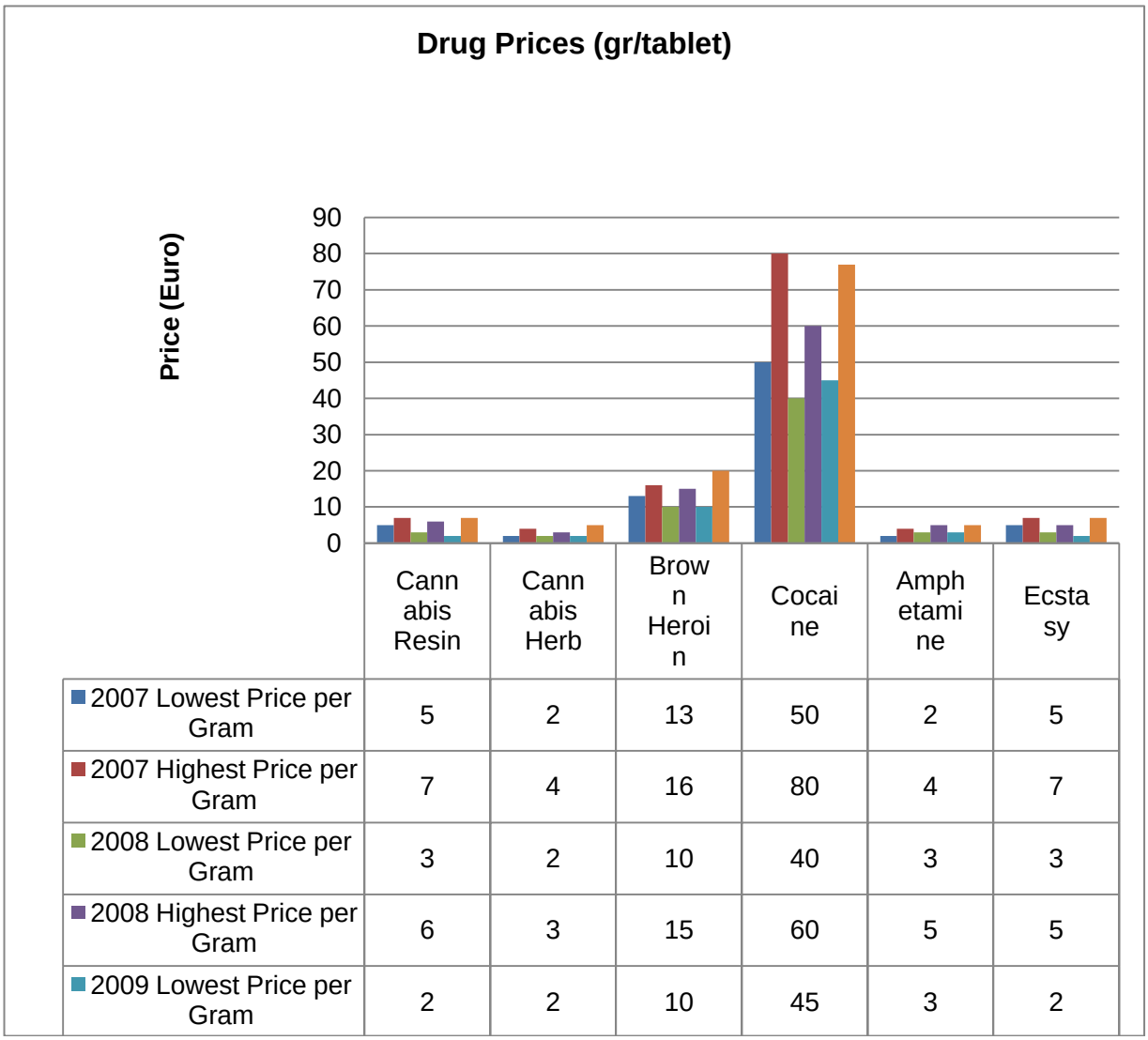
The second factor affecting the prices is the supply-demand balance. With the increase in supply parallel to the increasing demand, availability to such substances also becomes easier and more sellers compete with each others. Although there are no systematic researches on which areas in turkey has increasing demand, the most important indicators are the addresses of residence of those applying to get treatment and drug-related deaths. According to 2009 Turkish Drug Report; among the provinces where heroin addicts receiving in-patient treatment reside, Istanbul ranks the first, followed by Gaziantep, Adana, Antalya, Van, Hatay and Hakkari (TUBİM, 2009:109). Drug-related deaths also support these data: the distribution of death rates is highest in Istanbul (58.5%) followed by Gaziantep (6.3%), Van (6.3%), Adana (5%) and Elazığ (5%) (TUBİM, 2009:64). As can be observed, the substance is used most in the areas located on transit routes and consequently leads to more frequent deaths. Similarly, the retail prices of heroin reported by these provinces are the lowest throughout the country; prices per gram are 10 TL in Hakkari, 25 TL in Gaziantep and Bingöl, 40 TL in Elazığ, 45 TL in Van and 50 TL in Istanbul.

The last factor affecting retail prices is purity level. It is phenomenon observed throughout the world that where demand increases, purity level decreases. The method preferred by the sellers to be able to distribute the limited substance that they have to more users is to increase the volume of the substance using additives. As the purity level decreases so do the prices. On the other hand, those that profit most from this change of price and purity are the street sellers.

It was seen that the lower value for cocaine increased by 12% and the upper value by 28% as compared to the previous year. This increase is caused by the successful operations of the law enforcement and the increasing demand for cocaine. The regions with the highest price increase were again the remote provinces which are the entry points of cocaine; the highest price was in Gaziantep followed by Antalya and Adana.

The lower value of cannabis resin decreased by 33% while the upper value increased by 17% as compared to the previous year. While there has been no change in the lower value of cannabis herb, the upper value increased by 67% as compared to the previous year. While the price of cannabis falls in the eastern provinces which have illicit cultivation, the prices increase in the western provinces where there is consumption. Since cannabis is a plant based substance, increasing its volume by using additives like in heroin is not a preferred method. Therefore, the price of cannabis, which cannot be increased in volume using additives, increases according to the demand. However, the greatest reason for the price increase in cannabis is considered to be increased number of operations by the law enforcement against sellers and users in the cities.

Chart 10-16 : Street Level Drug Prices



	Cannabis Resin	Cannabis Herb	Brown Heroin	Cocaine	Amphetamine	Ecstasy
2007 Lowest Price per Gram	5	2	13	50	2	5
2007 Highest Price per Gram	7	4	16	80	4	7
2008 Lowest Price per Gram	3	2	10	40	3	3
2008 Highest Price per Gram	6	3	15	60	5	5
2009 Lowest Price per Gram	2	2	10	45	3	2

10.8.2. Purity

Asso.Prof. Rezzan GÜLHAN[66], Dr. Esra KÜÇÜKİBRAHİMOĞLU[67]

The substance purity levels in Turkey are compiled from the analyses of the seized substances by Police Criminal Laboratories, Gendarmerie Criminal Laboratories in various provinces and Council of Forensic Medicine's Chemistry Specialization Department Laboratory. The overall aim of the analyses in these laboratories is to identify the characteristics of the seized substances and whether they are illegal or not. Therefore, in addition to the detection of substance ingredients, purity analysis is also conducted for each seizure. This section covers all purity analyses conducted by such laboratories.

The purity analyses indicate that narcotics and stimulants have highly varying purity levels no matter if they have been seized at wholesale stage or sales stage. This variation is observed

[66] Forensic Medicine Expert.
[67] Forensic Medicine Expert.

in substances such as heroin, cocaine and amphetamine which are known for years and also in new synthetic stimulants such as mCPP.

Cannabis purity levels are defined by the percentage of THC (tetrahydrocannabinol) content. In Turkey, the THC content of cannabis resin seized in 2009 varies between 1.05% and 17.27% while the THC concentration in cannabis herb varies between 0.04% and 11.13% (EMCDDA Standard Table14, 2010). A comparison covering several years reveals that the lower limit purity of cannabis resin which was 2.48% in 2007 was 5.87% in 2008, therefore the purity lower limit percentage has decreased in 2009.

While the purity lower limit of brown heroin seized at wholesale stage was 0.27% in 2007 and 1.1% in 2008, it increased up to 13.30% in 2009, indicating an increase throughout the years. The purity upper limit of heroin went up to 88% which is the highest in the last 3 years (82% in 2007, 86.6% in 2008). The purity levels of brown heroin intercepted at retail stage are between 0.50% and 80% in 2009 (EMCDDA Standard Table14, 2010). This level is between 1-15% in 2008. This large difference between the two years is considered to be caused by the difference in data sources. On the other hand, this wide purity range at user level also poses a risk as indicated below. Active ingredients such as caffeine, griseofulvin and paracetamol may be mixed into the substance to reduce heroin purity.

As regards purity levels of cocaine, while there has been an increase in the lower values in 2009 (10%) as compared to 2008 (1%), the upper purity levels manifested a decrease (from 96,93% to 78%) (EMCDDA Standard Table 14, 2010). Substances such as caffeine, phenacetin and paracetamol are mixed into cocaine to reduce purity.

While a decrease has been observed in the lower purity limits of amphetamine compared to the last 2 years, this year's upper purity limit (71,6%) is closer to previous year's level (73,64%) (EMCDDA Standard Table 14, 2010). Methamphetamine purity levels are around %14 and %81 (EMCDDA Standard Table 14, 2010). In this case, the lower and upper purity limits are much higher than those of amphetamine.

Since the retail purity levels of MDMA which is known as ecstasy on the streets are indicated in terms of percentage (%) rather than milligrams for the data pre-2008, they cannot be compared to the previous years; however, when compared with 2008 data, the lower purity limit is observed to be remarkably decreased. Actually, there is no constant active ingredient contained in the tablets known as ecstasy on the street markets. These tablets sometimes contain a stimulant main ingredient such as amphetamine, methamphetamine, MDMA or mCPP and also mostly contain other narcotic-stimulant or pharmaceutical active ingredient added to the main active ingredient. The forms, colours, logos of these tablets may also manifest very different features. The sizes, weights, amount of ingredients are also quite variable. In a study of Gülhan and Biçer on such tablets received by the Council of Forensic Medicine in 2009, it is stated that although there are several logos such as two arches facing each other, Mitsubishi, dolphin, D&G, €, the most common ones are arches facing each other and Mitsubishi logos and the most common tablet colours are white and its shades, yellow and pink. This study also states that the tablet weights are between 100-337 mg and the various active ingredients vary between 1 mg and 178 mg per tablet.

The purity range of mCPP, which has been included under the definition of narcotic substances by the Decree of Council of Ministers in 2009 in Turkey, has been found to be between 4,82% and 6,5% in this year's seizures. mCPP, which is a newer stimulant compared to other substances, is a hallucinogenic stimulant with amphetamine-like effects and is contained in some of the tablets referred to as ecstasy.

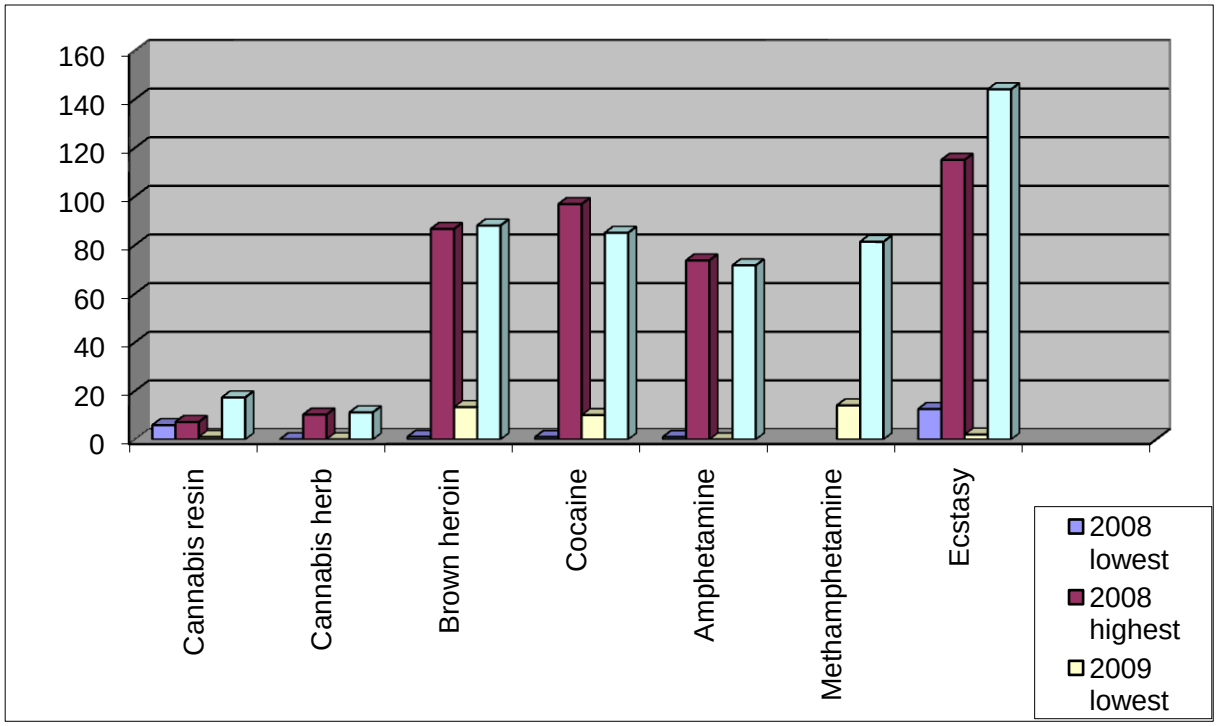
The main active ingredients found during seizures of tablets containing narcotic substances in 2009 have been classified and 36% of the tablets have been identified to contain

methamphetamine or amphetamine and 22% MDMA (EMCDDA Standard Table 15, 2010). On the other hand, it was also identified that under the categories of other and miscellaneous substances, the tablets contained the active ingredients of psychoactive pharmaceuticals given under green prescription such as clonazepam, biperiden and alprazolam with combined preparations of MDMA+mCPP, MDMA+mCPP+caffeine (EMCDDA Standard Table 15, 2010). If it is determined that such psychoactive substances are illegally used outside a physician's supervision, the users are penalized under Article 188/6 of the Turkish Penal Code no. 5237.

In Turkey, the purity levels of narcotic substances have a wide range of variation in drugs seized both at wholesale level and retail use level. While the purity and prices of the drugs are significant for monitoring the trends in the drugs market and the impact of enforcement of legislation and measures on the users, the large variation in the ingredient concentrations pose a risk in terms of toxicity especially on the users who have been exposed to high concentrations. Drugs marketed in the form of powder or tablets are mostly combined with other substances. For example, caffeine, griseofulvin, paracetamol with heroin; phenacetin, caffeine, paracetamol with cocaine; caffeine, benzocaine, paracetamol with amphetamines; caffeine, amitriptyline, haloperidol, lidocaine, metoclopramide, quinine, trimethoprim, GHB, trazodone with stimulants called as ecstasy. These additional substances are added sometimes to increase, decrease or imitate the effect of the main active ingredient or sometimes to dilute the main active ingredient and in some cases they may be contaminated in the production stage from the environment. The toxic and unwanted effects of these adulterants may also be seen on the users. An example could be the fact that benzocaine, which is mixed into cocaine, can cause a kind of hematologic disease known as methemoglobinemia *(Chakladar A, Willers JW, Pereskokova E, Beaumont PO, Uncles DR. White powder, blue patient: methaemoglobinaemia associated with benzocaine-adulterated cocaine. Resuscitation. 2010 Jan;81(1):138-9. Epub 2009 Nov 18.)* A study conducted in the Netherlands indicated that some unwanted or toxic effects manifested in cocaine users are caused by phenacetin, hydroxisine and diltiazem contained in the substance as adulterants *(Brunt TM, Rigter S, Hoek J, Vogels N, van Dijk P, Niesink RJ. An analysis of cocaine powder in the Netherlands: content and health hazards due to adulterants. Addiction. 2009 May;104(5):798-805.)*

It is of great importance that the users do not know that the drugs they are buying may not be the same every time. In a study conducted in France on cocaine users, contrary to assumptions, only 21% of the users could perceive that there were diluents in the cocaine and only 12% could identify at least one of the diluents that are determined through analysis (*Isabelle Evrard, Stéphane Legleye, Agnès Cadet-Taïrou.Composition, purity and perceived quality of street cocaine in France. International Gazette of Drug Policy 21 (2010) 399–406).*

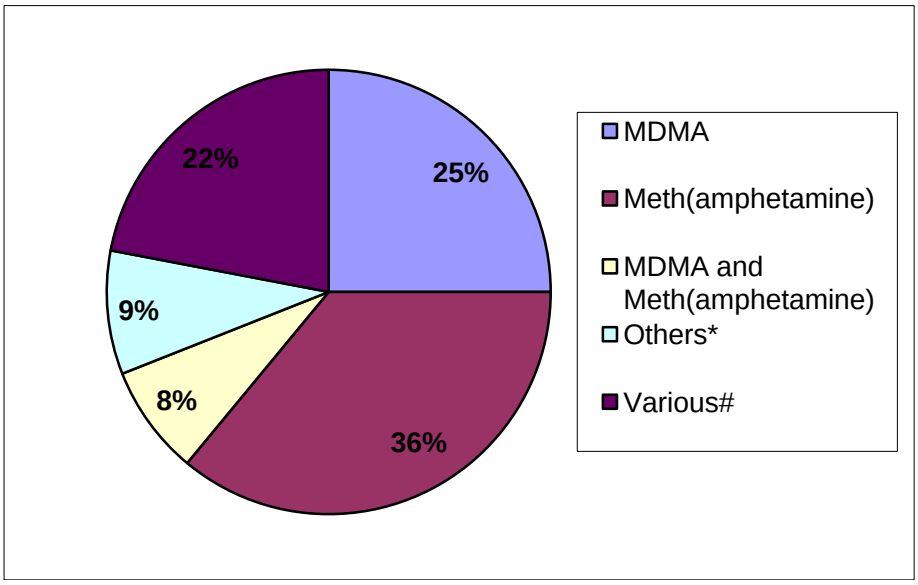
Chart 10-17 : Drug Purity Levels



Note: Although ecstasy purity is given in mg, the purity values for other substances are in percentages (%).

	2008 Lowest	2008 Highest	2009 Lowest	2009 Highest
Cannabis Resin	5,87	7,17	1,05	17,27
Cannabis Herb	0,02	10,2	0,04	11,13
Brown Heroin	1,1	86,6	13,3	88
Cocaine	1	96,83	10	85
Amphetamine	1	73,64	0,01	71,6
Methamphetamine	-	-	14	81,3
Ecstasy	12,5	115	2	144

Chart 10-18 : Contents of 1402 Synthetic Tablets Seized in 2009



* This group includes MDMA+mCPP, MDMA+mCPP+ caffeine.
# This group includes clonazepam, alprazolam, biperiden.

10.9. EWS (Early Warning System)

Asso.Prof. Faruk AŞICIOĞLU[68]

In the recent years, in addition to the known narcotic and psychotropic substances, new psychoactive substances have come up on the market that have similar effects to those of narcotic and psychotropic substances but are benefiting from a legal gap since they are not yet included in the banned substances lists. As a requirement of "legality in crime and penalty" which is a universal principle and sets the basis for criminal justice, since these substances are not yet defined under the national criminal laws, purchasing, sales, manufacturing, import and all kinds of trading of these substances are carried out without any fear of legal sanctions[69].

The fact that there are no criminal sanctions also affects the user preference and a group of users who refrain from getting into trouble with the law specifically follows and prefers these substances. Another reason for the preference towards these substances could be the individuals seeking different effects and aromas. Another reason for preferring these substances is that some of these substances are of plant origin or sold under such claim. Especially the psychoactive substances marketed under the name of "herbal drugs" are claimed to have no harmful effects or the users use the substances under the assumption that they are not harmful or only slightly harmful due to their plant origin[7071]. Easy access to such substances due to the lack of legal restriction yet and the relatively low prices due to the same reason are other factors leading to their wide use [72].

The increasing weight of the said substances in the drugs market sold under names such as new design drugs, new psychoactive substances, herbal drugs, etc. made it obligatory for new strategies to be developed in counteracting against these substances. The fact that several new psychoactive substances whose abuse have been identified for the first time can actually be created by making small changes in the chemical structure of substances and/or plants that have been known for years or that is legally permitted to be used also indicates the risk of abuse for potentially several other substances in the upcoming years.

To this end, EWS (Early Warning System) established under EMCDDA plays an important role in ensuring fast cooperation and communication in counteracting against new substances with psychoactive effect.

EMCDDA has five separately executed strategies. These can be listed as coordination among narcotics units, supply reduction activities, demand reduction activities, international cooperation, information supply/research/assessment. EWS is a sub activity under the supply reduction dimension of these basic activities. EWS has been established with the resolution of the European Council no 2005/387/HA dated 10 May 2005 on the exchange of information among countries, risk assessment and control of new psychoactive substances. Through this warning network, a total of 114 new psychoactive substances have been

[68] Forensic Medicine Expert & M.D. on Medical Biology, Council of Forensic Medicine, Head of 5th Expert Board - EWS National Expert

[69] Koca M, Üzülmez İ. General Provisions of Turkish Penal Code, 2nd Extended Edition, Ankara: Seçkin Yayıncılık San. ve Tic. A.Ş., 2009: 41.

[70] Uchiyama N, Kikura-Hanajiri R, Ogata J, Goda Y. Chemical analysis of synthetic cannabinoids as designer drugs in herbal products Forensic Sci Int 2010;198:31–38.

[71] Auwärter V, Dresen S, Weinmann W, Müller Pütz M, Ferreiros N, 'Spice' and other herbal blends: harmless incense or cannabinoid designer drugs? J. Mass.Spectrom. 2009;44: 832–837.

[72] Kipke I, Spice-German situation and the response to it.,EMCDDA EWS Expert Meeting 4-5 th June 2009, Lizbon.

reported since 1997 and 2009 has been the year with the highest number of reported cases (24)[73].

Following these notifications by National Focal Points to Europol ve EMCDDA, Europol (the European Police Office) and Reitox (EMCDDA) inform both their national focal points and the EC (European Commission) and EMEA (European Medicines Agency) about the substance and exchanges opinions. If a decision is made that there is a need for more detailed assessment on such substances, them a "Joint Report" is prepared on such substances that include reviews such as chemical and physical analyses, social and health risk indicators, illicit trade volume, its position in illegal drug trafficking and identification of chemical precursors. EMCDDA prepared a Joint Report on 1-(3-chlorophenyl)piperazine (mCPP) in September 2005 and on 1-benzylpiperazine (BZP) (February 2007) in February 2007[7475]. Following this assessment, if the overall assessment is that the substance carries a social risk, then the partner countries are notified for this substance to be included in the banned substances lists. The member countries are obliged to adopt the legislative provisions as required by the notification[76]. Following the risk assessment, if the EMCDDA does not consider that the new identified substance does not pose a social and community risk that would require its inclusion in the banned substances list, no enforcement decision is taken however this lack of action does not prevent the countries from applying legal sanctions in consideration of the specific conditions of their perspective countries and the level of abuse in the country.

The Early Warning System Working Group has been established in TUBİM in 2006. This group holds regular meetings every 6 months since 2006[77]. The working group includes 27 representatives from the Ministry of Health, Ministry of Justice, General Command of Gendarmerie, Turkish National Police, Undersecretariat of Customs, Ministry of Agriculture and Forestry, Turkish Doping Control Centre, Ministry of Industry and Trade and relevant departments of other institutions. The group communicates via e-mails and a new notification conveyed by the EWS system is immediately shared with all group members. The group members are expected to share this notification with colleagues in his department considered to be relevant to the topic and where information exchange is considered to be useful for the process.

The EWS concept seminar has been held in Ankara in 2007, 18-19 September. Since 2007, Turkey is represented in Reitox EWS meetings held in June every year in Lisbon, Portugal.

In Turkey, one of the most important problems faced in the operation of EWS system is the Forensic laboratories' difficulty in obtaining the reference substances to carry out the analysis of the new substance. This difficulty may be due to the commercial unavailability of the reference substance yet or it may be due to the long amount time needed for the procurement to be completed for those substances that are commercially available. Moreover, even though the reference substance is obtained, since the analysis cannot be conducted outside the Forensic laboratories, there is the difficulty of processing the biological samples taken from the user. Another problem is the possible delays in getting such substances under the scope of the law due to bureaucratic processes.

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[73] Sedefov R, Gallegos A. The Reitox EWS: implementation and results in 2009, 10th Annual meeting of the Reitox EWS network, Lisbon, 3-4 June 2010.

[74] Europol–EMCDDA Joint Report on a new psychoactive substance: 1-(3-chlorophenyl)piperazine (mCPP). http://www.emcdda.europa.eu/themes/new-drugs/early-warning (last access date: 15.09.2010)

[75] Europol–EMCDDA Joint Report on a new psychoactive substance: 1-benzylpiperazine (BZP). http://www.emcdda.europa.eu/themes/new-drugs/early-warning (last access date: 15.09.2010)

[76] (Art. 9(1) of the EU *Council Decision 2005/387/JHA)*.

[77] http://www.tubim.gov.tr (last access date: 15.09.2010).

Although the processes to be followed when including a new psychoactive substance in the banned substances list is more or less similar in all EU countries, there are partial differences among countries in the application of the standard procedure. The standard procedure is that following the detection of the substance, the Ministry of Health, by taking the opinion of scientists and Committees when necessary, assesses the chemical structure, its psychoactive effects, health problems that it may cause such as death, diseases and the social risks that may be created due to use or trading of the substance and presents it usually to the Council of Ministers or in some countries to the parliament and/or senate. Following this approval, usually the approval of the President is obtained and the decision takes effect upon its publication in the Official Gazette[7879].

In Turkey, this process is defined in Article 19 of the Law no 2313 on the Control of Narcotics. According to this article, It is also stated that narcotic substances, that are not listed in the Law yet found to be causing narcotic effects as a result of scientific evaluation can be included under the scope of said law with a decision of the Council of Ministers upon the proposal of the Ministry of Health.

Although the fact that implementation can be carried out directly by the Decree of Council of Ministers without any requirement for a parliamentary decision in Turkey may seem to be a facilitating factor, the lapse of approximately 1.5 to 2.5 years for the relevant items in the last two Decree of Council of Ministers to be adopted after their notification to the Ministry of Health indicates the need for remedial measures.

[78] Hughes B, Blidaru T. Legal Responses to New Psychoactive Substances in Europe, EMCDDA Legal report. 19 February 2009, Lisbon.
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PART B

SELECTED ISSUES

HISTORY, METHODOLOGY AND IMPLEMENTATION OF NATIONAL TREATMENT GUIDELINES

Treatment guidelines for treatment of addiction have been included in the agenda of the Scientific Commission on Drug Addiction Treatment Procedures of the Ministry of Health in the recent years and studies were launched in this area.

1. The first output on this issue has been the “Drug Addiction Diagnosis and Treatment Guideline” issued in 2010 by the MoH Directorate General for Curative Services, edited by Prof. Dr. Zehra Arıkan and Assoc. Prof. Nesrin Dilbaz. The preparation of this guideline was initiated in 2008 and the chapters were written by the members of MoH Scientific Commission on Drug Addiction Treatment Procedures and the experts appointed by this commission.

The guideline has the following content:

1. Protection and treatment principles in drug addiction
2. Toxicology analyses for detection of drug use
3. Opiate addiction
4. Alcohol abuse
5. Methyl alcohol intoxication
6. Mental and behavioural disorders due to sedative or hypnotic use
7. Mental and behavioural disorders due to cannabis use
8. Mental and behavioural disorders due to cocaine use
9. Mental and behavioural disorders due to solvent use
10. Mental and behavioural disorders due to caffeine and other stimulants
11. Hallucinogens
12. Mental and behavioural disorders due to tobacco (nicotine) use
13. Disorders related to the use of other substances
14. Poly-drug use
15. Substance intoxication
16. Motivational counselling
17. Challenges in addiction treatment and managing them
18. Self-help groups
19. Substance addiction, remission, relapse and its prevention
20. Psychotropic drug interactions
21. Laws on alcohol and illicit drug use

Annex-1 Notification on Training of Personnel to Serve in Drug Addiction Centres
Annex-2 Regulation on Drug Addiction Treatment Centres
Annex-3 Drug addicts treatment notification system in Turkey Tests used in alcohol addiction
Annex-4 CAGE test
Annex-5 Michigan Alcoholism Screening Test (MAST)
Annex-6 The Alcohol Use Disorder Identification Test (AUDIT)
Annex-7 Short alcohol withdrawal scale
Annex-8 Addiction Severity Index

The aim of this guideline is to serve as a fundamental reference book for the physicians treating addicts in their diagnosis and treatment practices.

2. Our country introduced Probation practices with a new legal arrangement in 2006. Those who are apprehended due to crimes related to substance use are referred to treatment under a probation order by the courts as per Article 191 of Turkish Penal Code (TPC).

The book entitled “Probation Addiction Program” written by Kültegin Ögel, Figen Karadağ, Yeşim Can, Ender Altıntoprak, Hakan Coşkunol and prepared by the Alcohol and Substance Use Disorders Working Group of the Psychiatric Association of Turkey has been published in April 2010. The approval of MoH, Scientific Commission on Drug Addiction Treatment Procedures has been obtained.

This book is a guide that has been prepared in connection with the Probation order practices. A treatment program consisting of six sessions has been prepared and these structured sessions aimed to standardize the practices in the field.

3. The Buprenorphine/Naloxone preparation used for treating opiate addiction was introduced for use in our country in 2010. The MoH, Scientific Commission on Drug Addiction Treatment Procedures decided for the preparation of a guidline for detoxification and maintenance treatment and Prof. Dr. Hakan Coşkunol and Assoc. Prof. Dr. Defne Tamar Gürol were assigned for the preparation of this guideline. The preparation work for this guideline is still ongoing and the guide is planned to be printed within 2010.

“Drug Addiction Diagnosis and Treatment Guideline”, which has been prepared to ensure application of diagnostic and treatment approaches required by modern medicine on drug addiction in our country, has been approved by the Publication Board to be printed. Following the final editorial work, the book was agreed to be approximately 300 pages and printed in A4 format. Planned to be printed in 1000 copies, the book will be distributed to psychiatry clinics, drug addiction treatment centres and the relevant places providing services in the area of addiction. This guideline, which will be used in trainings and by those serving in this field, is intended to bring unity in practice and increase in the quality of service.

There are no treatment protocols on drug addiction in Turkey. The Scientific Commission on Substance Addiction Treatment Procedures has only recently started its work on this field. However, with an aim to cover the information need of healthcare staff working in the area of drug addiction, the publication of Drug Addiction Diagnosis and Treatment Guideline has been planned and the publication work has progressed to final stages.

This book, aimed to be published in 2010, is composed of 21 chapters following the DSM-IV-TR (Disorders related to Substance Use) and ICD10 (F10-F19 Mental and Behavioural Disorders due to Psychoactive Substance Use) diagnostic criteria.

Scientific Commission on Drug Addiction Treatment Procedures members and the staff of Medical Services Division of Curative Services General Directorate have contributed to the work of 13 authors and editors in the preparation and publication of this book.

Drug Addiction Diagnosis and Treatment Guideline has been written for psychiatrists, general practitioners, family doctors, psychologists, social services experts and nurses working in the area of addiction.

The aim of this book is to help the diagnosis and treatment of drug use disorders. The diagnosis classification is done according to ICD10, which is officially adopted by our Ministry. The book will facilitate the practical work serving as a manual containing the diagnosis and treatment data for all drug use disorders. Moreover, considering the small availability of Turkish publications, this book will also fill a gap in this field.

PART C

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ANNEXES

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10th Penal Chamber 2006/12505 e.n , 2007/5296 k.n.

Summary

Medical detection of drug use in a person is actually a strong evidence of possession of drugs. In such a case, punishment due to the act of possessing drugs should be ruled and also treatment and probation order should be given for that person due to use of drugs. However, it is not right for the treatment period and the treatment institution to be specified.

10th Penal Chamber 2006/4978 e.n , 2008/1717 k.n.

Summary

In cases where the acts of unauthorized cultivation hemp for the purpose of producing cannabis and possessing cannabis for use constitute two separate offenses, where the quantity of hemp grown by the suspects are above the limit of personal use; the cases related to the acts committed by the accused should not be prosecuted and ruled together as per Article 27 of Law No. 2312 which was in effect at the date of the crime, as per Article 30 and Provisional Article 1 of Law No. 4926 was in effect at the date of ruling and as per Article 17 and Provisional Article 1 of Law No. 5607 which took effect afterwards.

1st Penal Chamber 2007/734 e.n , 2007/806 k.n.

Summary

The public case shall be abated in case of the fulfilment of the requirements of treatment and probation order ruled on the grounds of purchasing, accepting or possessing narcotics or stimulants with the purpose of using. Therefore, release on probation cannot be withdrawn.

In the event that the punishment is immediately enforced due to lack of fulfilment of the requirements of treatment and probation order, since there is a punishment restricting freedom, the release on probation should be withdrawn.

10th Criminal Chamber 2007/96 e.n , 2007/13851 k.n.

Summary

In the case where the accused was searched during his visit to his brother arrested in prison and was found to be possessing hemp containing cannabis, it should be considered that this act constitutes the crimes of attempting to bring narcotics into the prison and transferring narcotics and since it contains a more aggravated punishment, the punishment to be established as per Article 188/3 of Law No. 5237 should be increased by ½ as per the last sentence of Article 187/1.

10th Penal Chamber 2008/17 e.n , 2008/1718 k.n.

Summary

As per Article 191 of Law No. 5237 as amended by Law No. 5560 that was in effect at the date of the ruling, concerning the person who purchased, accepted or possessed narcotics or stimulants, there is an obligation to rule only probation order if the accused has not used

narcotics or stimulants and to treatment and probation order if the accused has used the narcotics or stimulants.

ANNEX 2: MAP SHOWING THE PROVINCES IN WHICH THERE IS A PROVINCIAL ACTION PLAN AND AGENCIES PREPARING THEM

Provincial Health Directorate

Provincial Police Directorate

Provincial National Education Directorate

ANNEX 3: 2009 NATIONAL BUDGET AND ITS BREAKDOWN

(Million TL)	2009 Budget	GDP Share %	Budget Share %
General Public Services	97.400	8,8	37,6
Defense Services	14.625	1,3	5,6
Public Order and Security Services	15.708	1,4	6,1
Economic Affairs and Services	25.920	2,3	10
Environmental Protection Services	257	0,0	0,1
Housing and Social Welfare Services	3.298	0,3	1,3
Health Services	13.479	1,2	5,2
Recreational, Cultural and Religious Services	4.193	0,4	1,6
Educational Services	34.523	3,1	13,3
Social Security and Social Solidarity Services	49.754	4,5	19,2

ANNEX 4: 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 Fire Arms	7	36	0	0	43	29,66
Traffic Accidents	4	17	0	0	21	14,48
Injury By Sharp Or Puncturing Tools	4	15	1	0	20	13,79
Falling From Heigth	1	11	1	0	13	8,96
Cardiovascular Disorders	2	11	0	0	13	8,96
Self-termination By Hanging	2	6	0	0	8	5,52
Drowning	1	5	0	0	6	4,14
Unknown	3	1	1	0	5	3,45
Head Trauma From Blunt Objects (Homicide)	1	3	0	0	4	2,76
Carbon Monoxide Intoxication	0	4	0	0	4	2,76
Lung Infection	0	3	0	0	3	2,07
Exposure To Fire	0	1	0	0	1	0,69
Cyanide Intoxication	0	1	0	0	1	0,69
Pathologic Cerebral Haemorrhage	0	0	0	1	1	0,69
Trapped In The Wreckage	1	0	0	0	1	0,69
Electric Injuries	0	1	0	0	1	0,69
TOTAL	**26**	**115**	**3**	**1**	**145**	**100**