

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



European Monitoring Centre
for Drugs and Drug Addiction



Turkish Monitoring Centre
for Drugs and Drug Addiction

**2011 NATIONAL REPORT (2010 data) TO THE
EMCDDA
by the Reitox National Focal Point**

“TURKEY”

**New Development, 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
BIDEM	: 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
EMA	: 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- <u>tetrahydrocannabinol</u>

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

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FOREWORD

Turkish Monitoring Centre for Drugs and Drug Addiction (TUBİM) operates under Turkish National Police Department of Anti-Smuggling and Organised Crime. It is a centre which nationally monitors the problem of drugs and stimulant substances smuggling, ensures coordination between relevant organisations,



creates solutions to problems through supporting awareness and prevention activities and sets Turkey's drugs policies by the authority of the Prime Ministry. Sharing the data collected about illicit addictive substances and substance abuse with national and international partners is another task of TUBİM.

An indicator of this sharing is the 2011 Turkish Drug Report you have now. Thanks to the report; ten separate chapters such as Turkey's policies in this field, the prevalence of substance abuse in the general and youth population, prevention activities, treatment opportunities, drug-related deaths and combating the distribution of these substances are available. Every new report presents the latest information about all the aspects of illicit addictive drugs while allowing comparison of information. In light of evidence-oriented approaches, this makes the report a source of reference for policy makers and researchers.

This report, containing important information pertaining to illicit addictive drugs and substance abuse, has a value proportionate to the support given by contributor organisations and institutions. In other words, the Turkey's picture will be drawn much more clearly based on the amount of contributions to the report provided by organisations and institutions. Therefore, support from relevant organisations is expected to increase for the future Turkish Drug Reports just like in the past. A similar expectation is in question in terms of developing an information system by the relevant organisations so that the chapters in the report can be prepared better. These efforts will reveal the strong and weak aspects of Turkey's fight against illicit substance abuse and smuggling and as a result, relevant policies will be better made and implemented.

Through this report, detailed information and analyses concerning the current situation, prevention, treatment, rehabilitation, interventions in criminal justice system and activities conducted in Turkey in terms of substance abuse are shared with all organisations and institutions. I sincerely believe that 2011 Turkish Drug Report will be found successful just like the previous Turkish Drug Reports which were evaluated by the European Monitoring Centre for Drugs and Drug Addiction according to objective criteria and got better marks with each passing year.

I would like to thank all the people and organisations who contributed to the preparation of this important work and sincerely hope that the report will inform future activities.

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SUMMARY

Drug Policy: Laws, Strategies and Economic Analyses

In 2010 several legislative amendments have been made in Turkey. One of the most important amendments among these has been made on The Constitution of Turkish Republic. Important amendments among these that should be transferred into this report are: *“The measures to be taken for children, old people, handicapped people, widows and children of martyrs, war veterans shall not be deemed to be in breach of the principle of equity. The government shall take preventive and protective measures for children against all types of abuse and violence.”* In addition to this, “Law on Establishment of Radio and Televisions and Press Services” No 6112 was published on the Official Gazette and put into force on 03.03.2011; “Regulation on Procedures and Principles Regarding Production and Trade of Tobacco Products” on 04.04.2010 and “Regulation on Protection of Human Health against Harms of Volatile Substances” on August 5th 2010.

The convention signed in 2007 between European Union and Turkish Republic regarding the involvement of Turkish Republic in studies of European Monitoring Center for Drugs and Drug Addiction (EMCDDA) was evaluated by TGNA Foreign Affairs Commission and put on the agenda of the General Meeting.

The National Drugs Strategy Document (2006-2012) that was prepared with contribution of all relevant institutions under coordination of TUBİM and that is still in force is the most important document that determines the guiding principles and objectives for and of the counteracting activities to be implemented. The document that is the first National Drugs Action Plan and that was implemented between 2007 and 2009 was finalized as of 10.01.2010 with an applicability percentage of 84 %. Then the 2nd National Drug Action Plan was prepared with the participation of all of the relevant agencies and institutions and has been put into effect to cover 2010-2012.

Providing coordination between agencies and institutions that fight against all aspects of illicit addictive substances in Turkey is one of the essential tasks of TUBİM. The National Coordination Board that is composed of representatives of central units of relevant institutions convened three times in 2010 under the coordination of TUBİM. Provincial coordination, on the other hand, is executed through Provincial Drug Coordination Boards that were established in accordance with the 1st National Drug Action Plan under relevant provincial governorships. Provincial Coordination Boards were established in 80 provinces of

81 to provide provincial coordination that was supported by TUBİM; in addition, in 74 provinces Provincial Drug Actions Plans have been prepared.

In order to provide scientific support to the counteracting activities to be performed, TUBİM Scientific Board that was established in accordance with the 1st National Drug Action Plan carried out its studies and convened 10 times as of the end of 2010.

Drug Use In The General Population And Specific Targeted-Groups

TUBİM, with the Scientific Board's contribution, carries out studies on nation-wide drug use prevalence, also monitors the studies carried out at a provincial level and provides technical assistance, when necessary.

There has been no drug use prevalence study conducted at a national level for "general population" and "youth population" yet. One study for each field is being conducted by TUBİM in 2011 and site study part of these studies will be completed by the end of 2011.

According to the pilot study "Determination of Drug Use Prevalence in the General Population" was conducted in Ankara in 2010 under the coordination of TUBİM and last month prevalence of cannabis use was found to be 0.8 %.

Regarding the drug use prevalence among youth population, according to the outcomes of the European School Questionnaire Project for Alcohol and Drug Use (ESPAD) lifetime prevalence of cannabis use was calculated to be 4 %.

Prevention

Under the scope of preventive studies in Turkey many institutions and establishments namely TUBİM, TUBİM Provincial Focal Points, Ministry of National Education, Ministry of Health, Ministry of Justice, SHÇEK, Department of Religious Affairs and Metropolitan Municipalities carry out many activities such as educational activities to raise awareness, seminars, theatre plays, bill board and brochure studies, sports activities, support in education and training system, providing vocational skills, psychosocial support activities, etc.

On the other hand, there is not any scientific study on the sufficiency of these prevention activities conducted by many institutions and organizations and on the effects of

these activities, on the number of persons reached with these activities. TUBİM also supports the studies regarding the measuring and evaluation of prevention activities conducted by institutions at local level.

Under the scope of activities conducted for the media, a booklet “Role of Visual-Auditory Media in Fight against Narcotic Substances and Drug Use¹” in association with TUBİM and RTÜK to address the critical points on TV programs that are deemed insignificant but might do serious harm in terms of its effects and to raise awareness of visual and auditory media personnel in preparing news, films, TV serials, etc. Introduction meeting of this booklet that includes guiding principles for media personnel and points that must be taken into consideration when preparing TV shows was convened on June 28th, 2010 in İstanbul with significant participation of visual and auditory media personnel. In addition to this, Ministry of Health has started several media campaigns in order to raise awareness of community about harms of tobacco and tobacco products and to assist people in quitting smoking.

Problem Drug Use

Problem Drug Use (PDU) is defined as “injecting or long-term/regular heroin, cocaine and/or amphetamine/methamphetamine use”. There are some methods that are used to estimate the problem drug use. PDU estimations have been calculated in Turkey by use of mortality multiplier method that uses data on drug-related deaths since 2009. According to a study conducted in Europe by use of opiate and opioid-related death rates the number of problem drug users in 2010 was calculated to be 17391 (15197-36246).

Making estimations by using different statistical methods would test the reliability of the results. For this purpose, a study that commenced in 2009 was completed in 2011. In the pilot study conducted by use of capture-recapture method in Ankara, İstanbul and İzmir the problem drug use was defined as “opiate or opioid use that causes criminal or health-related problems”. It was estimated, by use of results obtained for İstanbul and İzmir, that there were 25035 (17968-39949) and 5844 (4109-12601) problem opiate and opioid users in İstanbul and Ankara, respectively.

¹ http://www.tubim.gov.tr/Dosyalar/haber/medya_kitap.pdf

Drug-Related Treatment: Treatment Demand and Treatment Availability

Inpatient and outpatient drug addiction treatment expenses of those in health services providers with contract and who are under general health insurance in Turkey are covered by the Social Insurance Institution. Drug addiction treatment services are delivered by use of 525 beds, in total, in 22 treatment centers in 13 provinces that are under structure of the Ministry of Health, universities and private sector establishments.

41.48 % of suboxone (8 mg/2 mg and 2 mg/0.5 mg) sales in 2010 and the first six months of 2011 took place in Adana, 19.71 % of which was in Ankara, 16.23 % was in İstanbul and 22.58 % of were in 38 different provinces.

The number of those who received inpatient treatment in 2010 increased by 11.79% and reached 2900 in comparison with 2009 (2594). On the other hand, the number of applications for outpatient treatment services increased to 134287 with a percentage of 26.57 % in comparison with 2009 (106093). However, data on outpatient treatment includes the data on alcohol-related treatment and it is not possible to identify repeated contacts with the centers. 57.14 % of those who received treatment services had already received treatment services before while 41.38 % of whom had never received any treatment service (that they were receiving service for the first time). It can be observed that 66.45 % of those who received treatment services were primary and secondary school graduates. 56.67 % of those whose received inpatient treatment services in 2009 received heroin-related treatment while this ratio increased to 68.07 % in 2010. Two of each three clients who received inpatient treatment services in 2010 were heroin addicts.

The average age of clients who received inpatient treatment services in 2010 was 28.34. The ages of youngest and the oldest clients were 12 and 66, respectively. Average age at first use was 21.5. Age of first use of 10.72 % of those who received services were less than 15, and value for 31.59 %, 28.55 %, 14.17 %, 6.97 % and 4.83 % of whom was 15-19, 20-24, 25-29, 30-34 and 35-59, respectively.

Health Correlates and Consequences

In 2010 604 Hepatitis C and 3099 Hepatitis B cases were identified in Turkey. However, how many of these Hepatitis B and C cases were injecting drug users is not known. The number of HIV/AIDS cases in Turkey reached 4525 in 2010 increasing four

times than what it was in the last 10 years. It is evaluated that the transmission routes of 3.25 % of these cases was injecting drug use.

Among injecting drug users who received inpatient treatment services in 2010, 0.47 % of 644 clients (3) on whom HIV test was performed tested positive. The number is 3.56 % of 618 clients (22) on whom HBV test was performed and 32.88 % of 666 clients (219) on whom HCV test was performed.

The number of direct drug-related death (DRD) cases that was 153 in 2009 decreased to 126 with a percentage of 17.6 % in 2010. 24.6 % of these cases were foreign nationals (31). It was found that the average age of the cases was 34.2 and that the highest death prevalence was in the age group 25-29. The first five provinces in which the highest number of deaths was observed were İstanbul (57), Antalya (15), Adana (14), Gaziantep (9) and Ankara (4). Heroin-related deaths are found mainly in the provinces that are the trafficking routes. In 88.9 % of the cases (112) at least one substance that was an opioid was detected. As a difference from previous year's methamphetamine/amphetamine were detected in 6 cases. In 2009 there was not any ecstasy (MDMA/MDA)-related death case while there was one case in 2010.

In 2010 144 indirect DRD cases were observed in Turkey. Average age of the cases was calculated to be 33.9 while the highest number of death cases was in the age group 25-29. Cause of death of 27.8 % of these cases was injury by a firearm followed by cardiovascular diseases and traffic accidents. After toxicological analyses; opioids or other substance(s) in combination with opioids were detected in 21.5 % of the cases (31), one or more cannabis, cocaine and amphetamine derivatives and these substances in combination with alcohol and psychotropic medicines were detected in 78.5 % of the cases (113). Cannabis was detected in 75 % of the cases (108).

It is thought that the main reasons of the decrease observed in the direct DRD cases in 2010 may be the decrease in the availability of heroin resulting from the decrease of 48 % in opium production in Afghanistan in 2010 and high demand of addicts for suboxone.

Social Correlates and Social Reintegration

If drug addicts are not subjected to a well-organized integration process after the treatment process everything can go back to beginning and individual who cannot see any change in his/her life can start using substances again. Immigration and population increase

caused by fast expansion of industry in larger cities in recent years brings up economic and social problems that affect families. The need for social services and assistance in Turkey is continuously increasing due to reasons such as immigration, urbanization, changes in family structure, population increase and unemployment.

Services for providing accommodation, education facilities and employment needs that are among the most important problems faced by addict individuals in the course of social reintegration process in Turkey is mainly met by SHÇEK and municipalities. On the other hand, studies for convicts and prisoners are conducted by the Ministry of Justice General Directorate of Prisons and Detention Houses and Turkish Employment Agency.

On the other hand, it is not possible to say that drug addicts in Turkey are monitored after the treatment process and are assisted because there is not any autonomous institution that provides such services in Turkey. In this sense, there is a need to make several arrangements to allow Non-Governmental Organizations and Municipalities for delivering treatment and rehabilitation services, to enhance the existing capacity for rehabilitation of drug addicts and to extend the scope of social insurance to cover the rehabilitation process of drugs addicts after the treatment services.

Drug-Related Crime, Prevention Of Drug Related Crime and Prison

81960 drug-related incidents, in total, were recorded in Turkey in 2010 and 126099 suspects were arrested during these offences. 89 % of 81960 drug-related incidents (72826) were constituted by narcotic drug use/possession and 11 % of which (9134) were constituted by drug sales/trafficking/production.

In 2010, 4155 heroin-related, 74168 cannabis-related, 1249 cocaine-related, 1371 ecstasy-related and 154 captagon-related incidents were recorded in Turkey.

The number of those who were in penitentiaries due to drug offences was 4125 in 2009 while this value increased to 24925 in 2010 with a percentage of 504 %. As of 2010 those who are in penitentiaries because of drug offences constitutes 20.7 % of the total number of prisoners.

According to the data of the “Drug User Profiling Questionnaire in Drug Crimes – U Form” that is implemented by TUBİM Provincial Focal Officers, “curiousness” and “effect of friends” are the two main reasons of starting using drugs almost for every year. Drug users

prefer abandoned places followed by their homes. Drug use is more common among bachelors in comparison with married people. The most commonly used substance in Turkey is cannabis. Regarding the substance use legal substances such as cigarette and alcohol are the most prevalent substances while among illicit substances cannabis has the first place. In this sense, smoking and alcohol use can be considered as a step to starting using illicit substances.

839 persons who were identified to be in connection with DHKP/C, TKP-ML, DEVSOL and ASALA in addition to PKK/KongraGel terrorist organizations by security forces have been captured in 363 operations under the scope of narco-terrorism from 1984 to April 2011. During 60 of these operations, high amounts of narcotic drugs were seized in safe houses and shelters of PKK/Kongra-Gel. During the operations carried out against terrorist organizations 4253 kg heroin, 22830 kg cannabis, 4305 kg base morphine, 8 kg poppy gum, 710 kg cocaine, 337412 pieces synthetic drugs, 26190 liters acetic anhydride and 2 manufacturing facilities were seized.

Drug Markets

Illegal production of opiate and opioids are not performed in Turkey. The main source of opiate, base morphine and heroin that are brought to Turkey is Afghanistan. The decrease of 48 % occurred in poppy plant production in Afghanistan in 2010 caused also a decrease in number of seizures in Turkey. However, Turkey which is on the Balkan Route has been continuing large quantities of heroin seizures. 12690 kg heroin was seized in Turkey in 2010. The decrease in the amount of heroin seized was 21 % in comparison with 2009.

Cannabis is the most common narcotic drug produced and smuggled in Turkey. Turkey is a traditional cannabis cultivator as well as opium poppy. However, no farmer applied to get license for hemp cultivation. Thus, whole amount of cannabis that was seized in Turkey in the same year was produced by illegal means or brought to Turkey from foreign countries. 73309 kg cannabis was seized in 2010 in Turkey. This value means an increase of 42.5 % in comparison with 2009 (51451). A significant increase (206.5 %) could be observed in cannabis resin seizures in 2010 in comparison with 2009. It is thought that the main reason of this was the smuggling of cannabis resin from foreign countries to Turkey by trafficking organizations that suffered from problems in heroin supply after the decrease of 48 % in the opium production in Afghanistan in 2010.

Turkey has been exposed to cocaine trafficking activities with an increasing trend especially in recent years. Cocaine seizures in Turkey mainly take place on air couriers and in 2010, 302 kg cocaine was seized in total. This value points out a significant increase (243.2 %) when compared with the amount seized in 2009 (88 kg).

Ecstasy tablets seized in Turkey is mainly brought from the Netherlands and Belgium and it is a known fact that almost whole amount targets the domestic market. 924861 ecstasy tablets were seized in Turkey in 2010. This value points out an increase of 113.8 % in comparison with the amount seized in 2009.

Turkey suffers from captagon trafficking as being both transit country and market. 1069250 captagon tablets were seized in Turkey in 2010. This value points out a decrease of 62.4 % in comparison with the amount of captagon tablets seized in 2009 (2845157). One of the main reasons of this decrease in the amount of captagon seized is thought to be the decrease in the amount of captagon transferred through Turkey due to captagon production started in Armenia and Syria.

In general, an increase in the substance prices could be observed in 2010 in comparison with 2009. The highest increase was in heroin prices (150 %). A slight increase could be observed in the heroin purity.

2C-B, 2C-P, JWH-018, CP 47, 497, JWH-073, HU-210, JWH-200, JWH-250, JWH-398, JWH-081, JWH-073 methyl derivate, JWH-015, JWH-122, JWH-203, JWH-210, JWH-019, Cathinone, Cathine and the plant named Catha Edulis that were being monitored by the EWS National Working Group that was established under coordination of TUBİM within the scope of Early Warning System (EWS) were made subject to provisions of the Law on Supervision of Narcotic Drugs No 2313 by the Cabinet Decision that was published on the Official Gazette of 13.02.2011.

PART A

NEW DEVELOPMENTS AND TRENDS

SECTION 1

DRUG POLICY: LAWS, STRATEGIES AND ECONOMIC ANALYSES

Nadir KOÇAK^{2,3}

1.1. Introduction

In recent years, wordings such as “*threat of drug, drug problem*” have become familiar in Turkey as well as the terms such as *drug policies, active prevention activities* and *rehabilitation*. Also it is possible to say that more reasonable and effective policies have been developed for determination of steps to be taken in challenging drug problem. In consequence, each policy to be developed for drug addiction from treatment to prevention, from supply reduction to social reforms has been started to be developed more consciously.

While developing these policies, data/information from all agencies and institutions working on drug field are needed. Thanks to National and Provincial Drug Coordination Boards, it is widely known that there is a Monitoring Center (TUBİM-Turkish Monitoring Centre for Drugs and Drug Addiction) in Turkey and it is widely known that strategy documents and action plans are prepared by evaluating this data via this center; also TUBİM has been given support.

The 1st National Action Plan completed with a higher implementation rate such as 84% have provided a great experience. It is obvious that the latter Strategy Documents and Action Plans to be prepared will be more comprehensive and effective. These documents are most important documents that determine and support Turkish drug policies.

Early Warning System (EWS) aimed at controlling the addictive substances newly introduced to the market acts in coordination with EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) and these substances are tracked internationally by use of the common database (EDND – European Database on New Drugs).

Probation implementation went on also in 2010. It is understood that majority of those subjected to this application are addictive substances user. Thanks to Probation application,

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³ Deputy Head of TUBİM

the approach “*addiction is a disease and drug users are people in need of treatment.*” that is a state policy has come into life. Thus, patients now are treated in treatment centers, not punished in prisons. Moreover, some drug users think that “*now drug users are not punished*”. With the necessary interventions and disclosure studies, this misunderstanding is tried to be eliminated.

As the virtual world becomes an important part of real life, follow-up of sales of illicit addictive substances via the internet and internet publications that mislead people become essential. When the difficulty level of controlling such publications and reactions given to the interventions made on the virtual world are taken into consideration, it can be seen that well-reasoned regulations and policies must be developed against this problem. This problem is another issue on which new policies should be developed.

1.2. Legal Framework

Drug policies in Turkey are now based on more scientific, interdisciplinary and mutual communication and interaction in comparison with the past. The studies to be conducted are in accordance with the relevant national and international regulations, within the frame of new policies and strategies and include effective and efficient approaches.

Moreover, for example the Drug Control Law No. 2313 has been issued in 1933. The Pharmaceutical and Medical Medicines Law No 1262 has come into force in 1928. The Police Mission and Power Law No 2559 has been issued in 1934. These laws are already in force and from the most important laws. Although they are amended in time their frameworks are the same as on their issuing dates. This can be considered normal for a period in which Non-Governmental Organizations, associations and unions are not effective. However, for example Turkish Penal Code No 5237 has come into force in 2004; Probation, Help Centers and Prevention Boards Law No 5402 in 2005. Examining the grounds of these two laws it can be seen that Non-Governmental Organizations, bars, associations and unions have participated in these laws. Again amendments in Police Duty and Power Law No 2559 have introduces pre-offence (proactive) policing applications. Thus, drug policies have also been affected from these amendments and preventive activities are started to be focused on.

1.2.1. National Laws and Regulations

Also in 2010 several legislative amendments on fight against illicit drugs have been made in Turkey. One of the most important amendments among these were the ones made on The 1982 Constitution of Turkish Republic. With this amendment, *“The measures to be taken for children, old people, handicapped people, widows and children of martyrs, war veterans shall not be deemed to be in breach of the principle of equity. The government shall take preventive and protective measures for children against all types of abuse and violence.”* was added to Article 10. Thus, notwithstanding that all citizens are equal against laws, the measures to be taken for children have been placed into the amendments with the provision that the measures to be taken for the abovementioned groups are not in breach of laws. With this amendment, Article 58 of The Constitution of Turkish Republic *“The government shall take necessary measures in order to prevent and protect children from alcohol indulgence, drug substances, criminal activities, gambling and other similar bad habits and ignorance”* have been strengthened.

Changes made on national legislation on narcotic drugs and stimulants in 2010 and some other legal arrangements that were not mentioned before are given below.

Law on Radio and Television Institution and Press Services No 6112

The Law on Radio and Television Institution and Press Services No. 6112 which has come in to effect after being published in the Official Gazette dated 03.03.2011, aims at preventing and protecting children and youth viewers regarding broadcast services rendered by the television and radio. It has been stated that broadcasts shall not be in favor of offensive activities, attackers and criminal organizations; shall not teach criminal techniques; shall not encourage use of addictive substances such as alcohol, tobacco products and drugs and gambling. Article 11 of this law forbids to advertisement and tele-shopping of prescription drug and treatments and tobacco products and alcohol drinks.

As an administrative sanction, it has been proposed to broadcast programs provided by RTÜK (Radio and Television Supreme Council) and whose contents are beneficial for society such as education, culture, traffic, women and children rights, physical and moral development of youth people, fight against drug and harmful habits, Turkish language, raise of environmental consciousness, problems of handicapped people, health and similar subjects at the same time of the program whose broadcast is suspended.

Turkish Penal Code

In the Article 57, Para. 7 of the Turkish Penal Code No. 5237 it has been decided to treat those who are alcohol or drug or stimulant-addict offenders in health centers for alcohol or drug or stimulant-addict people as a security precaution. Treatment of these people goes on until they become non-addict. These persons may be released with the decision of the relevant court or judge upon a report issued by the relevant health center and states that the person can be released.

Turkish Civil Code

In Article 406 of the Turkish Civil Code No 4721 it has been stated that each adult who imposes risk for him/herself and his/her family in terms of causing poverty or financial problems due to his/her extravagancy, alcohol or drug addiction, bad life style or managing his/her assets badly and thus who need continuous protection and care or who threatens others' safety and security will be restrained. In Article 432 of the same Code it has been stated that any adult who poses a threat for society due to mental problems, mental weakness or alcohol or drug addiction may be placed into a suitable center appropriate for his/her treatment, training or education or may be detained in case his/her personal protection cannot be obtained in any other ways.

Highway Traffic Code

In Article 48 of the Highway Code No 2918, it has been stated that "Driving under the influence of alcohol drinks, drugs or pleasure-inducing substances is forbidden. Drivers who are in breach of this provision are immediately banned from driving any vehicle.". In accordance with the Article 97 of the Highway Traffic Regulation that provides implementation details of this code, those who used natural or synthetic psychotropic substances that are drugs, soporific or pleasure-inducing in nature or who cannot drive vehicles safely as being used alcohol should not drive any vehicle on public roads.

Law on Prevention of Crime Revenue No 5549

Preventive measures taken by laws and relevant regulations (know your clients, notification of doubtful transactions (NDT) etc.) have an important role in prevention of entrance of crime revenue to legal financial system or in follow-up, detection and seizure of

the proceeds. Especially in case of transactions performed or mediated by obligants, if it is suspected that the assets subject of the transaction have been obtained illegally or are used for illegal purposes then the doubtful transaction notifications that must be made to MASAK (Financial Crimes Investigation Board) become important financial intelligence sources that are useful for discovering laundering activities and other crimes. These notifications, in addition, are indicators of awareness of obligant groups about the crime of laundering. The number of notifications regarding doubtful transactions has a continuously increasing trend as can be seen in the following table⁴ obtained from the training and control activities performed by MASAK with the relevant regulations.

Year	2004	2005	2006	2007	2008	2009	2010
No of NDT	290	352	1140	2946	4924	9823	10251

According to the analysis, evaluation and examination studies conducted to detect crimes of laundering crime revenue by MASAK between 2006 and 2010, when the classification of criminal complaints filed to prosecutor offices by predicate offences are examined it can be seen that drug trafficking is in the first place with the percentage of 38%⁵ (MASAK Annual Report, 2010:46).

Road Transport Regulation

Qualifications and conditions for drivers have been specified in the Article 36, Employees in Transportation Works, of this regulation of 11.06.2009 while in Para. (f) of the same regulation it has been stated that: *“drivers who work/are employed in the activities under this regulation shall not be previously have been sentenced or punished because of drug, ... related crimes that restrict personal freedom.”*

Law on Prevention of Human Health from Harms of Inhalant/Solvents No 5898 and the Relevant Regulation,

“Regulation on Prevention of Human Health from Harms of Inhalant/Solvents” that regulates the application procedures and principles of the Law on Prevention of Human Health from Harms of Inhalant/Solvents No 5898 has come into force by being published in the Official Gazette on August 5th, 2010. “Scientific Advisory Board on Inhalant/Solvents” has been established with the participation of academicians and representatives from the

⁴ MASAK Activity Report 2010, www.masak.gov.tr

⁵ MASAK Activity Report 2010, www.masak.gov.tr

relevant departments of the Ministry of Health to perform the tasks stated in the regulation and to render advisory service to the relevant departments of the relevant ministry. Under the scope of this regulation, forms aimed at controlling implementations have been developed and studies on making these controls nation-wide are still going on.

Regulation on Procedures and Principles Regarding Production and Trade of Tobacco Products

With this regulation that has come into effect by being published in the Official Gazette on April 4th, 2010 relevant arrangements on production and trade of tobacco products have been introduced. In Article 25 of this regulation it has been stated that those who, without any permission, established or operate any plant, factory or facility to produce tobacco products and those who carry out activities other than the category permitted in their facilities shall have Production and Activity Conformity License.

Regulation on Cultivation, Control, Picking, Evaluating, Disposal, Purchase, Sale, Import and Export of Poppy Plant

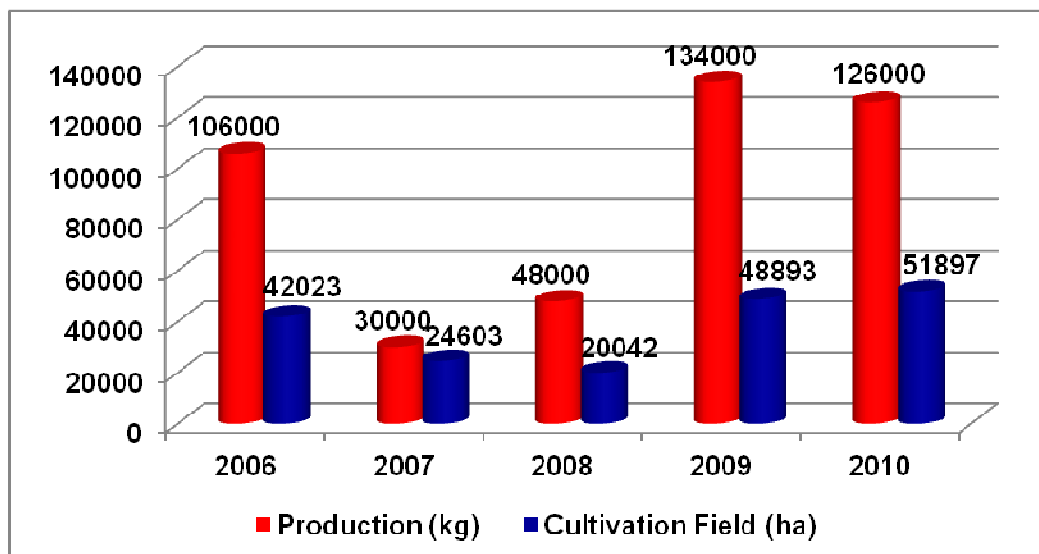
Poppy plant is legally cultivated in Turkey, India, Australia, France, Spain, Hungary and Slovakia under the control of United Nations. Turkey, world-wide, is accepted as a traditional poppy producer and a medical purpose poppy-origin alkaloid supplier. Fields on which poppy will be cultivated in Turkey are determined by the Council of Ministers every year. Poppy cultivation is forbidden on any area other than places determined by the Council of Ministers regardless of the purpose of the cultivation activities. Poppy plant cultivated is controlled in accordance with the provisions of the Regulation on Cultivation, Control, Picking, Evaluating, Disposal, Purchase, Sale, Import and Export of Poppy Plant based on the Law on Narcotic Drugs No 3298 and the control on this plant is implemented by Turkish Grain Board and law-enforcement officers.

According to the Decision on Purchase and Sale of poppy capsule and seed" of 08.08.2011 and numbered 2011/2106 of the Council of Ministers that has been published in the Official Gazette of 18.08.2011 and numbered 28029; cultivation of poppy plant and production of unscored poppy capsule is permitted, in the presence of a permission certificate, in the provinces Afyonkarahisar, Amasya, Burdur, Çorum, Denizli, Isparta, Kütahya, Tokat, Uşak and Balya, Bigadiç, Dursunbey, İvrindi, Kepsut, Savaştepe and Sındırgı districts of Balıkesir Province and Alpu, Beylikova, Çifteler, Günyüzü, Han, Mahmudiye, Mihaliççık, Seyitgazi and Sivrihisar districts of Eskişehir Province and Ahırılı,

Akören, Akşehir, Beyşehir, Derbent, Doğanhisar, Hüyük, Ilgın, Kadınhanı, Seydişehir, Tuzlukçu, Yalınözü and Yunak districts of Konya; Demirci, Gördes, Köprübaşı, Kula, Sarıgöl, Selendi districts and Manisa City of Province Manisa after 2011 autumn.

Poppy capsules produced in the legal cultivation areas are purchased by field service of Turkish Grain Board from the manufacturers and transported to Opium Alkaloids Plant to be treated. Alkaloid raw material need of domestic and foreign pharmaceutical plants are met by the morphine and its derivatives produced in Opium Alkaloid Plant.

Graph 1-1: Morphine-Equivalent Opioids and Derivatives Raw Material Production Amounts and Legal Opium Poppy Cultivation Areas



Source: INCB Narcotic Drugs, 2010:96, 97.

Regulation on Hemp Cultivation and Hemp Control

Several industrial products such as rope, bag and sack, etc. are produced by use of hemp fibers. Turkey is one of traditional hemp cultivators of the world as in the case of opium poppy. Hemp cultivation in Turkey is carried out under supervision of the Ministry of Food, Agriculture and Livestock in the presence of relevant licenses and under control. Cultivation areas are regulated in accordance with the provisions of “Regulation on Hemp Cultivation and Hemp Control” that came into force by being published on the Official Gazette of 21.10.1990 and numbered 20672. In accordance with this regulation our legal hemp cultivation areas are: Amasya, Antalya, Burdur, Çorum, and İzmir, Kastamonu, Kayseri,

Kütahya, Malatya, Ordu, Samsun, Sinop, Tokat, Uşak, Urfa, Yozgat, Rize, Zonguldak, Bartın and Karabük⁶. Hemp cultivation is strictly forbidden in other provinces and district regardless of its purpose.

1.2.2. International Legislation and International Cooperation

Turkey participates in the activities of almost all international agencies and institutions in the field of illicit narcotic drug trafficking, treatment and addiction and also gives support. United Nations Office on Drugs and Crime (UNODC), Organization of Security and Cooperation in Europe (OSCE), World Customs Organization (WCO) and Southeast European Cooperative Initiative (SECI/SELEC), World Health Organization (WHO), EMCDDA and Interpol can be given as examples for these agencies and institutions. In 2010, two operations that are based on simultaneous information exchange have been made in order to prevent trade of narcotic drugs under the scope of bilateral cooperation with Azerbaijan and Bulgaria Customs Offices and regional cooperation with the member states of SECI/SELEC. Also, *Modernization of Turkish Customs – European Union Project VIII* by the Ministry of Customs and Trade is still going on.

In 2011, the agreement signed in 2007 between EU and Turkish Republic about Turkey's participation in the works of EMCDDA passed the Foreign Affairs Sub-committee of Turkish Grand National Assembly and was included on the agenda of General Council.

European Network of Forensic Science Institutes (ENFSI) membership is dealt by Turkish Gendarmerie Criminal Department and relevant officers are attending the activities of the sub-working groups under this organization. Within this scope, the 17th Annual Meeting of ENFSI working group(DWG) on narcotic and psychotropic substances was held in the premises of Gendarmerie General Command in Ankara between 24th and 26th of May, 2011.

Social Services and Child Protection Agency (SHÇEK), with technical assistance of Turkish Representative of UNICEF, had performed several workshops on “Evaluation of Provincial Action Plans of the Service Model Developed for Homeless Children and Children who Works on Street” in İstanbul, İzmir, Ankara, Antalya, Diyarbakır, Adana, Mersin and Bursa. The studies conducted in this context have been compared with international studies, evaluated and reported. In the light of these studies, it has been aimed at decreasing the number of children who work on street/homeless children and to extend the scope of these

⁶ Regulation on Hemp Cultivation and Hemp Control published on the Official Gazette of 21.10.1990 and numbered 20672, Ar. 5

provincial action plans to all cities. With the studies conducted within this scope, 8934 children and youth people received services in 2010 in Children and Youth Centers in which preventive-protective activities are carried out for children and youth people who work on street and are drug users.

In general, no problem is seen in adaptation and implementation of international legislation to Turkey. The forms and questionnaires requested by relevant international agencies are filled in accordance with the desired format.

EU Twinning Project “Strengthening Turkish Monitoring Center for Drugs and Drug Addiction”

Under the coordination of Turkish National Police Anti-Smuggling and Organized Crime Department and in cooperation with Germany – Greece, in order to empower legal, corporate and technical capacity of Turkey against drugs EU Twinning Project “Strengthening Turkish Monitoring Center for Drugs and Drug Addiction” that includes 2009 – 2011 has been finalized in March 2011. With this project within which more than 78 activities conducted, experiences of native and foreign experts in many aspects of illicit substance addiction have been obtained.

1.3. National Drug Strategy Document, National Drug Action Plan and Coordination

On the other hand, TUBİM contributes much in improving the cooperation in anti-drug activities thanks to inter-institutional coordination mechanism established by TUBİM. Also National Reports on Drugs⁷ issued by TUBİM each year by collecting and analyzing all national data related to narcotic drugs clearly show the size of drug problem in Turkey. National Strategy Document on Drugs⁸ prepared with contribution of all of our institutions that are coordinated by TUBİM is the most important document that determines the guiding principles and targets for anti-drug activities to be carried out. National Drug Action Plan documents⁹ that define activities that should be carried out by our relevant institutions in order to achieve targets determined by this document and National Drug Strategy Document allows implementing activities to be carried out against drug problem in Turkey within a certain strategy and plan.

⁷ http://www.kom.gov.tr/Tr/Dosyalar/ulusal_rapor_tr.pdf

⁸ http://www.tubim.gov.tr/Dosyalar/Strateji_ve_Eylem_Planlari/Strateji_Tr.pdf

⁹ http://www.kom.gov.tr/Tr/Dosyalar/2_ulusal_uyusturucu_eylem_plani.pdf

1.3.1. National Drug Strategy Document (2006-2012)

It can be seen that aims, priorities and obligations of this document that has an important role in terms of being the first National Drug Strategy Document of Turkey have been observed and adopted by relevant agencies and institutions. All the relevant agencies and institutions have been informed of this document that will be in effect until the end of 2012 and this document has been delivered to the relevant places. As the National Drug Strategy Document and the National Drug Action Plan that has been prepared for implementation of the Strategy Document will expire as of the end of 2012 it will be tried to prepare new versions of these documents that are more comprehensive, versatile and specific to actual needs.

1.3.2. National Drug Action Plan (2010-2012)

The document that is the first National Drug Action Plan of Turkey and that was implemented between 2007 and 2009 has been finalized with an applicability percentage of 84%. Many agencies and institutions have performed the activities proposed by them and showed awareness on the responsibilities given to them with this document. Then the 2nd National Drug Action Plan has been prepared with the participation of all of the relevant agencies and institutions and has been put into effect to cover 2010-2012. Within the scope of the EU Twinning Project “Strengthening Turkish Monitoring Center for Drugs and Drug Addiction” the 1st National Drug Action Plan has been evaluated and several studies on preparation of the 2nd National Drug Action Plan have been conducted. In addition, European Drugs Action Plan has been used more effectively in the preparation of the 2nd Drug Action Plan. Implementation of some activities and statements has been simplified. Moreover, National Drugs Strategy Document has not been forgotten and actions have been determined in the light of this document. In the 2nd National Drug Action Plan it has been requested from many agencies and institutes to improve and enhance their capacities and service quality.

Other Plans and Documents

Ministry of Interior’s Strategic Plan for 2010-2014

In the Ministry of Interior’s Strategic Plan for 2010 – 2014 it has been stated that “*All kinds of administrative, legal and physical regulations will be continued to be formed regarding the increasing the efficiency of trans-national crimes such as organized crimes, drugs, human trafficking, fraud and money laundering, financial crimes, terrorism and*

financing terrorism; all kinds of cooperation between the relevant institutions will be strengthened and international cooperation will be enhanced.” The Strategic Plan that has been issued by the Ministry of Interior of which Turkish National Police, Gendarmerie General Command and Coast Guard Command are sub-units is an important document especially for fight against the “supply” of illicit addictive substances.

Ministry of Customs and Trade Strategy Plan (2010 - 2014)

Among the aims of this Strategy Plan are expressed as reducing income loss by preventing smuggling, safeguarding human and environmental welfare and contributing to the prevention of terror financing. Within this framework, the goals of developing of capacity of fight against smuggling, improving the function of intelligence and developing of risk management have been determined.

Strategic Plan by Social Services and Child Protection Agency (2010 – 2014)

The Agency that performs the most comprehensive implementations in the field of Social Services in Turkey is the Social Services and Child Protection Agency. This plan is important because this is the first strategic plan of this Agency. In this document in which increasing preventive and protective studies in social services is the essential aim, it has been explicitly aimed at performing studies on prevention of social deterioration and protection of family integrity, field scanning activities, rendering guidance and consultancy services more extensively, reaching 3 500 000 people and increasing the number of people whom preventive and protective services are rendered to 1 161 105 individuals at the end of 2014 that was 285 000 individuals at the end of 2009. It has been stated that several modifications must be made on the organization model of the agency and nature of the services rendered in order to achieve these goals and increase the efficiency.

It can be understood that interviews have been conducted with many agencies and institutions during the preparation stage of this plan. In addition, face-to-face interviews with 650 families whose children accommodate in SHÇEK facilities, 412 SHÇEK persons who accommodated in and left these facilities, 522 handicapped relatives who receive outreach work and people who reside in Ankara, İstanbul, Diyarbakır, İzmir, Mersin, Samsun, Edirne, Erzurum and their comments and advises on the strategic plan have obtained.

The Strategic Plan also includes important surveys. For instance, families that live in shantytowns, state that their children have bad habits with percentages of 20.2 % for cigarette, 3.8 % for alcohol and 1.3 % for drugs/inhalants/solvents substances.

National Rural Area Implementation Plan (2010 – 2012)

The National Rural Area Implementation Plan (2010-2012) which was prepared in line with the National Drug Strategy Document and National Drug Action Plan, is an outcome of an EU project conducted by Gendarmerie General Command together with United Nations Office on Drugs and Crime (UNODC) is another document that came into effect on April 30th 2010. It has been aimed at strengthening the fight against drugs and inhalant/solvent in rural areas with this document. 18 studies specified in this Plan are still being carried on by coordinator agencies.

National Strategy Document on Organized Crimes (2010-2015)

One of the aims of this document that is still in effect is to fight against drug/stimulant-related crimes more effectively. As mentioned in this document; the geographical location of Turkey will not change. Thus, importance of this location will not change in terms of narcotic drug and stimulant trafficking and organized crime.

Ministry of National Education Strategy and Action Plan on Prevention and Reduction of Violence in Educational Environments (2006-2011+)

In this document that is still in effect it has been stated that alcohol and drug consumption that continuously increases among Turkish youth is one of the reasons of violence. Relation between drug use and violence has been demonstrated with different examples. Outcomes of this document include aiming at students who are aware of protection from drug addiction. It has been planned to detect children who are at risk in terms of development and who has a member in his/her family who uses drugs and to render support to these children. Other targets of this document include performing a risk analysis in educational environments in terms of drug use; raising the awareness of students, families, teachers and administrative officers in terms of drug use and its results (conferences, seminars, booklets, brochures, posters and films, TV serials, PC games etc.); having an

effective cooperation in directing students who use drugs and their families to agencies and institutions that render treatment and support services¹⁰.

1.3.3. Coordination

Providing coordination between agencies and institutions that fight against all aspects of illicit addictive substances in Turkey is one of the essential tasks of TUBİM that is the focal point of European Monitoring Center for Drugs and Drug Addiction. This task has been assigned by the proposal of the Ministry of Foreign Affairs and the approval of Prime Ministry. Several references have been made to this assignment in National Drugs Strategy Document (2006-2012) and National Drug Action Plan¹¹. Regarding this assignment, TUBİM convokes relevant agencies and institutions three times a year and provides significant contribution in fields of drug and stimulant substances that concern whole population. From the date of this assignment to the end of 2010, National Coordination Board has been convened 10 times. Numerous agencies and institutions that deal with fight against supply, prevention of illicit drugs and stimulant substances and also drug treatment contributes to these meetings at senior level. The decisions which have the characteristics of advisory of Scientific Board are also discussed in these meetings.

“Working Groups” that have been established in parallel with the studies conducted by EMCDDA have also convened in the meetings in 2010 for several times. Working Groups and national expert should be developed.

1.3.3.1. Provincial Coordination Boards and Provincial Action Plans

It is also important to establish coordination that is necessary for fighting effectively against drugs in rural areas as well as in larger cities. It has been tried to establish provincial Drugs Action Plans and Provincial Coordination Boards and make them work effectively in order to be able to establish this coordination. As of June 2011, Provincial Coordination Boards have been established in 80 provinces of 81 and 74 Provincial Action Plans have been prepared in all of these provinces. It cannot be said that individual development and achievement levels are same in all these cities. On the other hand, these local activities will contribute to coordination expected to realize in long-term and on local basis. For instance, Bursa Provincial Drug Coordination Board. In accordance with the decision taken by this

¹⁰ Strategy and Action Plan on Prevention and Reduction of Violence in Educational Environments (2006-2011+), Ankara 2006 p. 13-36.

¹¹ National Policy and Strategy Document on Addictive Substances and Fight Against Addiction (2006-2012) Ankara 2006, p. 13

Board a treatment center has been established to treat drug addicts under Provincial Directorate of Health in 2010

1.3.4. TUBİM Scientific Board

It is obvious that scientific support should be provided for fight against drugs and stimulant substances in Turkey, like in all other countries. In order to meet this need, referring to the National Drugs Action Plan, TUBİM Scientific Board has been established. Members of this Board that has convened 10 meetings as of the end of 2010 are from scientists from different fields in connection with drug addiction. One of the most important outcomes of Scientific Board meetings conducted in 2010 is the establishment of Questionnaire for Prevalence of Drug Use among Youth People. This form was later approved by the Ministry of National Education for application at schools.

1.3.5. Other Developments

EU Progress Report 2010

In this report it has been stated that "... Some progress has been made in the area of the fight against drugs. Following the adoption of a national policy and strategy document on counteracting addictive substance and substance addiction (2006-2012), provincial action plans have been adopted in 63 provinces

... The agreement concerning Turkey's participation in the European Monitoring Center for Drugs and Drug Addiction (EMCDDA) has still not been ratified. Turkey continues to attend Reitox meetings of heads of focal points as an observer. As regards the status of the national Reitox focal point (TUBİM), draft legislation on the establishment of a national drugs monitoring center has been prepared and needs to be adopted. TUBİM human resources capacity increased has no autonomous budget in particular for full data collection. The capacity of TUBİM should be further strengthened and stabilized."

1.3.5.1. Strategic Studies Board (SAK) Meetings

Strategic Studies Board (SAK) meetings conducted by Turkish National Police Anti-Smuggling and Organized Crime Department have an important role especially in coordinating police forces that fight against smuggling. In 2010, 42nd and 43rd meetings of Strategic Studies Board that is responsible for delivering opinions on determination and identification of effective fight methods against smuggling and organized crimes and

determination of service policies and on providing coordination between the relevant forces has been conducted. In the 42nd meeting, the Report of 41st SAK Meeting has been evaluated for the first six months and targets related to the second six months have been determined.

In the 43rd Meeting conducted in Afyonkarahisar between 21 and 24 December 2010 in which Anti-Smuggling and Organized Crime Department and Unit Leaders of Anti-Smuggling and Organized Crime Divisions of 81 provinces have participated annual evaluation of the reports of 41st and 42nd meetings and principles and targets for 2011 have been established (EGM KOM Report 2010:161).

1.4 Economic Analyses

1.4.1. Public Expenditure

In accordance with the Social Insurances and General Health Insurance Law No 5510, Medical care of all persons in Turkey apart from convicts and the imprisoned, those who are doing their compulsory military service as privates, students of officer cadet schools have been met by Social Insurance Institution since 01.10.2008

In accordance with the Article 63 of the law No 5510, protective health services having the aim preventing addiction to substances that are harmful for people, treatment costs in case persons get ill and medical materials and medicines necessary for treatment are of health services that are financed.

Within this scope, expenses of those who are treated in the facilities of Alcohol and Drug Addiction Research and Training Centre (AMATEM) and who are under the scope of general health insurance are met by the Social Insurance Institution. Presently, although there is not any arrangement regarding the expenses of protective health services having the aim preventing substance addiction that is harmful for people, studies on this subject are still going on.

1.4.2. Budget

It was tried to observe the size of expenditure made nation-wide for all aspects of fight against drugs of the previous year for the first time in 2011 and several correspondences were made with relevant institutions. It not easy to determine the size of expenditure made for this purpose. The information obtained from several institutions is not

uniform. On the other hand, information from many institutions has been obtained and this is important in terms of having a picture of expenditures. For instance, one of the institutions have notified TUBİM of only premium expenditure as within the scope of “fight against drugs and drug addiction” while another institution have added personnel expenditure also. Thus, overall expenditure amount of institutions and establishments that was notified to TUBİM has been calculated to be 562672 TL for 2010.

The institutions that made notices in this sense are KOM Departments of Turkish National Police and Gendarmerie General Command, General Directorate of Turkish Grain Board, Coast Guard Command, Directorate of Ankara Criminal Police Laboratory, Turkish Radio - Television Corporation, Gendarmerie General Command, General Directorate of Customs Enforcement, Ministry of Education, Ministry of Health General Directorate of Pharmaceuticals and Pharmacy, General Directorate of Primary Health Care Services and SHÇEK.

After these expenditures, in 2010 12690 kg heroin, 73309 kg cannabis, 924861 ecstasy tablets, 1069250 captagon tablets, 302 kg cocaine and 125 kg methamphetamine were seized and it was tried to prevent illegal opium poppy cultivation, to raise awareness of society on harms of drug addiction, and also technical equipment were procured and maintained and personnel and premium¹² expenditures were met, while meeting the treatment and rehabilitation expenses of addicts.

1.4.3. Social Expenses

In institutions affiliated with SHÇEK a total of 1925064 TL was spent for 81 addict children working in the streets with poor family and social ties and for 39 addict children and youngsters were forced into crime and were in need of protection, according to 2010 child expenditure standard.

¹² The money paid in drug seizures to law enforcement officers and to informants who took part in the seizures.

SECTION 2

DRUG USE IN THE GENERAL POPULATION AND SPECIFIC TARGETED-GROUPS

Tolga TUNÇOĞLU^{13,14}

2.1. Introduction

Determining and measuring the prevalence of drug use will give an idea about the existence and size of illicit drug use in a country. It is not possible to define a critical and concealed matter such as illicit drug use with only one research or a single method. However, each research conducted and each method developed is an important step taken into identifying the size of this problem.

TUBİM is conducting researches at a nationwide level by means of working groups established under Scientific Board, General Population Surveys Working Group (GPS) and School Population Surveys Working Group (SPS), also monitoring and providing technical support to researches that are conducted by Provincial Drug Coordination Boards established under the Governorships.

2.2. Drug Use in General Population

No general population survey on drug use prevalence that represents Turkey in whole has been conducted yet. A research is being conducted by TUBİM with this purpose in 2011. Site studies of the research will be completed by the end of 2011. Research results are planned to be published in Drug Report of Turkey 2012.

Questions regarding the drug use prevalence had also been asked in a research that had been conducted in 6 cities in 2003 in coordination with United Nations Office on Drugs and Crime (UNODC 2003). According to the results of this study, for ages between 15 and 64 it has been found that

- Lifetime prevalence for use of Opiate and its derivatives at least once is 0.05 %.
- Lifetime prevalence for use of solvents and sedative substances at least once is 0.06 %.

¹³ TUBİM (Turkish Monitoring Center for Drugs and Drug Addiction), Statistician

¹⁴ General Population Surveys National Expert

A response ratio of about 43% has been reached in the pilot research “Determination of Prevalence of Substance Use in General Population”¹⁵ conducted in Ankara province under the coordination of TUBİM in 2010.

Table 2-1: Lifetime, Current and Recent Use of Substance (%)

	Lifetime	Last 12 Months	Last 30 Days
Tobacco	57,0	38,7	35,1
Alcohol	44,0	17,1	12,1
Cannabis	1,6	0,8	0,8

Even though studies on Prevalence of substance in general population are avoided due to costs, implementation time and difficulties in implementation, these studies aiming at determination of drug problem in Turkey are conducted with government’s support.

2.3. Drug Use in Young Population

A nation-wide study on this matter has not been conducted in Turkey yet. However, as young population surveys are easier to apply than general population surveys and as determining the size of the problem among young people will provide guidance for prevention activities to be performed, several studies have been conducted on this matter.

In 1995 European School Survey Project on Alcohol and Other Drugs (ESPAD) survey (Hibell B. ESPAD 1995) that was applied in İstanbul:

- Lifetime (at least once) cannabis use was 4 %;
- Lifetime (at least once) use of any illicit drug other than cannabis was 1 %.

In 2003 ESPAD (Hibell B. ESPAD 2003) survey was applied in 6 provinces:

- Lifetime (at least once) cannabis use was 4 %;
- Lifetime (at least once) use of any illicit drug other than cannabis was 3 %.

In 1998, a research conducted in 15 provinces for students between the ages of 15 and 17 (Ögel et al. 2004), it was found that:

¹⁵ The sample used in the study was taken from TURKSTAT and it represents urban and rural areas of Ankara. 600 out of 700 addressees (92.4%) taken were from urban areas, 100 (7.6%) were from rural areas. 589 (84.1%) valid addresses were identified in the field study. In the study conducted with the valid addresses 250 questionnaires were filled successfully. The response rate was calculated to be 42,6%

- Lifetime (at least once) cannabis use was 3.6 %;
- Lifetime (at least once) heroin use was 1.6 %.

In 2001, in a research conducted in 9 provinces for students between the ages of 15 and 17 (Ögel et al. 2004), it was found that:

- Lifetime (at least once) cannabis use was 3 %;
- Lifetime (at least once) heroin use was 2.1 %.

In 2004, in a research conducted only in İstanbul (Ögel et al. 2006) it was found that:

- Lifetime (at least once) cannabis use was 5.8 %;
- Lifetime (at least once) heroin use was 1.6 %.

These studies conducted raised awareness on the extent of the drug problem in media and schools. This awareness has been evaluated in the Scientific Commission of Ministry of National Education and it has been concluded that asking questions that include the names of drugs to children will impose a negative effect on children. Thus, TUBİM, in coordination with the work group established under TUBİM scientific commission, prepared the “Youth Questionnaire” which is composed of open-ended questions and takes into consideration the concerns of the Scientific Commission of Ministry of National Education in 2010. The permissions necessary for conducting researches in schools have been obtained from MNE and the studies were commenced. The questionnaire is planned to be applied in 31 provinces in 2011.

2.4. Drug Use Prevalence in Special Groups

There is not any study that has been conducted for special groups or groups at risk. However, there are a couple of regional studies conducted for university students.

In a study conducted in 2002 for Medical school students in 3 provinces (Akvardar et al. 2003):

- Life time (at least once) use of any kind of substance among Class 1 students was 3%;
- Life time (at least once) use of any kind of substance among Class 6 students was 6.3%.

In a study conducted only in İzmir in 2003 (Akvardar et al. 2003):

- Life time (at least once) use of any kind of substance among Class 1 students was 2.6%;
- Life time (at least once) use of any kind of substance among Class 6 students was 5.7%.

In a study conducted in Trabzon in 2008 (Görgün et al. 2010), lifetime (at least once) use of any substance was been found to be 5.6%.

In the research “Adolescent Profile”(ASAGEM 2010)¹⁶ conducted in 65 provinces in 2008, lifetime (at least once)cannabis use among those between the ages of 13 and 18 was calculated to be 1.9%.

¹⁶ http://aile.gov.tr/files/turkiyede_ergen_profil_2008.pdf

SECTION 3

PREVENTION

Arzu ÖZER¹⁷

3.1. Introduction

Drugs and drug use is one of the most significant problems in Turkey as in all other countries. Importance and necessity of fight against addictive substances has been mentioned in Article 58 of the Turkish Constitution: "... Government shall take the measures necessary to protect young people from alcohol problem, narcotic drugs, crimes, gambling and other similar bad habits and ignorance."

TUBİM, the focal point of EMCDDA in Turkey, has prepared the "Turkey's National Policy and Strategy Document on Counteracting Addictive Substance and Substance Addiction" covering 2006-2012, to have a more effective fight against narcotic drugs and substance addiction in coordination with all the relevant institutions in Turkey.

After the expiry of implementation period of 1st National Action Plan on Drugs that covers 2007 – 2009 and activities necessary for being able to achieve the goals of National Strategy Document, 2nd National Action Plan on Drugs that includes 2010-2012 has been prepared in coordination and association with all relevant institutions.

Several projects are being developed in the field of prevention in coordination with all the relevant parties for counteracting narcotic drugs and drug use. Many of these projects are designed and implemented by Ministry of Internal Affairs, Ministry of Education, Ministry of Health, Ministry of Justice, Ministry of Religious Affairs, Radio and Television Supreme Council (RTÜK), Municipalities and Non-Governmental Organizations.

Within the scope of universal prevention by relevant institutions nation-wide and within the scope of community-oriented, family-oriented, school-oriented and group-oriented prevention activities several prevention activities are being carried out for groups and families under risk. However, there is not any scientific study on the sufficiency of these prevention activities conducted by many institutions and organizations and on the effects of these activities on the people reached with these activities. TUBİM also supports the studies

¹⁷ TUBİM (Turkish Monitoring Center for Drugs and Drug Addiction)

regarding the measuring and evaluation of prevention activities conducted by institutions at a local level.

Definitions about Combatting Addictive Substances and Addiction (Action Plan 2010-2012)

Prevention: Measures that must be taken against all kinds of circumstances that have the risk to affect physical and mental health of individuals negatively form the basis of prevention concept.

Addiction: Condition in which drug use continues and the desire to take narcotic drugs cannot be stopped despite physical, mental or social problems arisen due to using addictive substances to obtain a certain effect.

Addictive Substances: All natural or synthetic substances that cause permanent changes in systems of a human being, that causes mental and behavioral problems by affecting brain functions and all the structures in a human and that are not essential for life.

Drug Use: Regardless of existence of addiction, drug use is the consumption pattern of an individual in terms of amount, quantity, frequency and time period of an addictive substance. In other words, drug use is use of illicit addictive substances and uncontrolled use of legal substances out of their purposes.

Demand Reduction: Activities carried out to reduce the demand of an individual for the addictive substance and to keep the individual apart from such substances.

Drug: Substances that unbalance mental, physical and psychological structure of an individual; cause economic and social problems for individuals and society; cause addiction when used for a certain dose; use, possession and sale of which have been banned by laws and that are also defined with the words “narcotic” and “psychotropic”.

3.2. Universal Prevention

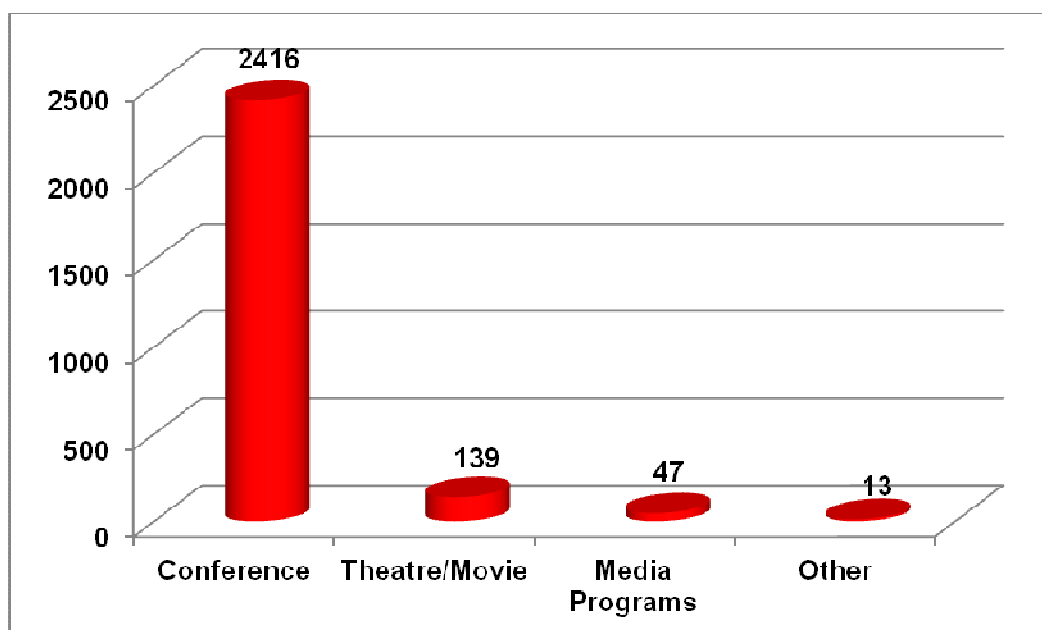
EMCDDA arranges the studies under universal prevention in 3 main groups which are school-oriented, family-oriented and community-oriented prevention studies. In this part, studies being conducted in Turkey are evaluated under these topics.

3.2.1. School-Oriented Prevention

The most appropriate environment for implementing prevention studies in a systematical manner is school environment and school-oriented prevention studies are the most important studies conducted by TUBİM Provincial Contact Officers in the field of prevention. These studies are conducted for high schools and equivalent schools, universities, students' parents, prison and detention house personnel and institutions/agencies requested in coordination with Provincial Education Directorates and Health Directorates.

School-oriented prevention studies conducted in 2010 by TUBİM Provincial Contact Officers are given in Graph 3-1.

Graph 3-1: Classification of Number of Activities Performed by Tubim Provincial Contact Officers in 2010



Source: TUBİM, 2011.

Preventive guidance and psychological counseling services are rendered in schools of Ministry of Education by guidance/psychological counselors. There are 17038 guidance/psychological counselors in Guidance and Research Centers (RAM) of Ministry of Education and guidance and psychological counseling services in schools.

RAMs prepare school guidance and psychological counseling services annual frame program by considering the need of the region in which they are located and send this program to educational and training institutions in their responsibility area. In this sense, in general the following studies are conducted by RAMs and school guidance and psychological counseling services:

- One-to-one interviews;
- One-to-one psychological counseling;
- In-class group guidance;
- Package program implementations (Life Skills Training Program);
- Information and awareness raising activities with methods such as trainings, seminars, panels, conferences; and
- Posters, brochures and booklets.

Awareness raising group guidance activities have been performed to achieve the targets and attainments structured individually for from 1st to 12th classes by class guidance counselors in cooperation with guidance/psychological counselors.

Within the scope of basic prevention studies, Ministry of Health has developed “Life Skills Training Program” based on peer-led training for children and young people between 10 and 19 years old. Peer trainers who are in 7th and 10th classes who were trained under this program provide training services for peer groups in their own schools in cooperation with school guidance/psychological counselors.

Aim of the Life Skills Training Program is to improve the following skills of children and young people:

- Communication;
- Self-expression;
- Coping with stress;
- Reconciling;
- Children rights; and
- Planning the future.

Under this program six different posters have been designed and 30000 copies of each poster have been distributed to provinces.

Another study conducted under prevention activities is the peer-led training. Under this study, 230 peer trainers and 115 peer trainer counselors have been trained. The number of peers reached by peer trainers is 2989.

Ministry of Education evaluates the risk factors with an integral approach. Within the frame of “Strategy and Action Plan on Prevention and Reduction of Violence in Educational Environments (2006 – 2011+)” that was put in affect in 2006 execution boards have been established at province and district levels. Province/district action plans for all the risk factors have been designed and put into action by these boards. This board that plans the prevention studies includes Directorate of Education, Directorate of Health, Security Directorate, and Provincial Directorate of Social Services, universities and other relevant institutions and establishments.

Ministry of Education, in addition, has developed the “Early Warning Model” to be able to identify the risks beforehand and to take measures against them. Pilot implementation of the model has been conducted in Bursa province and extension studies for this implementation are still going on.

Ministry of Education has prepared a component of training of educators composing of educational director-oriented, guidance/psychological counselor-oriented, teacher-oriented and parent-oriented books in terms of counteracting addictive substances. The first implementation of the educational component had been realized in Antalya province. After the trainings on counteracting narcotic substances 13973 teachers, 429 guidance/psychological counselors, 601 educational directors and 10032 parents were reached.

Düzce Provincial National Education Directorate, in the Educational Year 2009-2010, realized “Peer Training Model Project” whose aim was to improve young people in terms of knowledge, attitude, skills and behavior and to raise awareness of young people in terms of protecting their health performed by trained and willing young people together with their peers in the relevant schools. With this project 450 students were reached.

3.2.2. Family-Oriented Prevention

Ministry of Education has developed “7-19 Years Old Family Training Program” in order to support parents in bringing up their children in a more qualified manner by correcting

their wrong knowledge. Parents are receiving trainings on the following topics in the program conducted by guidance/psychological counselors:

- Recognizing adolescents;
- Communication;
- Growing up together;
- Family attitudes;
- Managing risks;
- Fostering positive attitudes;
- Being able to reconcile; and
- Planning the future.

Under this program eight different posters have been designed and 30000 copies of each poster have been distributed to provinces.

Under 7-19 Years Old Family Training Program, 81583 parents were reached between January 2010 and December 2010.

Ministry of Education gives importance to developing programs that can be implemented as both a package and modules for children, young people and parents and has developed several programs by taking properties and requirements of target groups into consideration.

One of the best examples of family-oriented prevention studies is “Family Teaching Project” (AÖP) of Düzce Provincial Education Directorate. The aim of this project is to enhance the educational cooperation between school and family and to enhance the academic successes of students by making parents of primary and secondary schools students participate in education. This project has been conducted for 61268 students and their parents in 233 primary schools and 38 secondary schools in Düzce province.

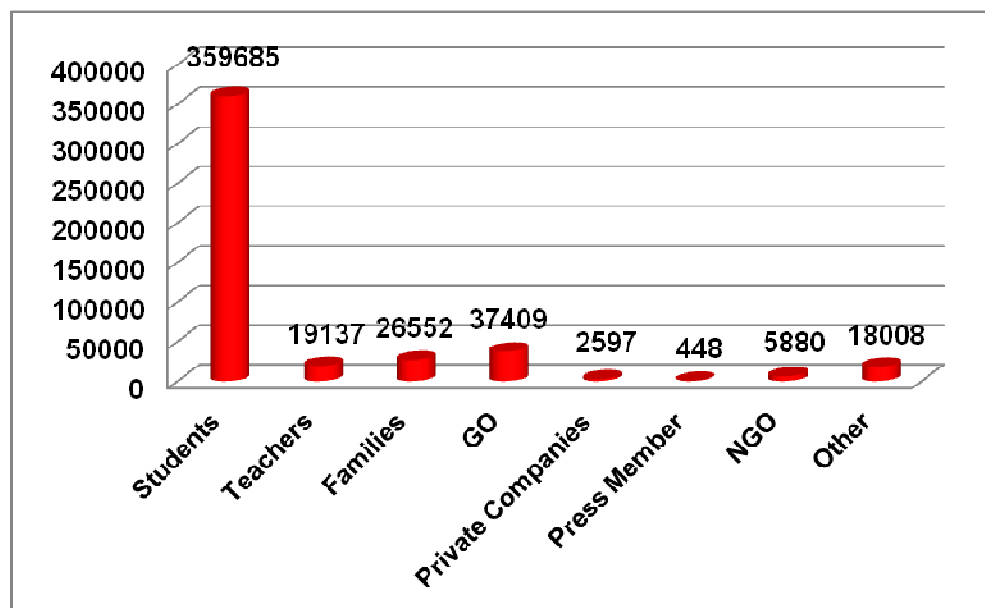
3.2.3. Community-Based Prevention

TUBİM, in addition to effective fight against substances and substance addiction, provides trainings for personnel who are working in the field of counteracting substance addiction in both Turkey and foreign countries in order to improve effectiveness of prevention and to point out the importance of studies to be conducted in the field of prevention. TUBİM arranges training activities in October every year for both non-governmental organizations

and public institutions in addition to provincial contact officers in Turkey. TUBİM had arranged substance use training program for 433 persons in 22 national training programs and 61 officers from foreign countries in 4 different training programs by 2011 and prevention studies conducted by these persons after these training programs in 81 provinces had been followed up.

Studies conducted by TUBİM provincial Contact Officers have an important role in the fight against addiction. Project studies for prevention are being conducted by 149 Provincial Contact Officers who have attended training programs arranged by TUBİM in Turkey by considering the circumstances in relevant regions.

Graph 3-2: Number of Persons Who Attended The Activities Conducted by TUBİM Provincial Focal Points in 2010



Source: TUBİM, 2011.

In addition, project studies are being conducted in provinces by TUBİM Provincial Contact Persons. These projects conducted for prevention reach a large number of population. Aims of these projects conducted are;

- To raise the knowledge level of young people and their families on substance use;
- To make especially the groups that are under risk feel that they are part of community by making them participate in social projects;

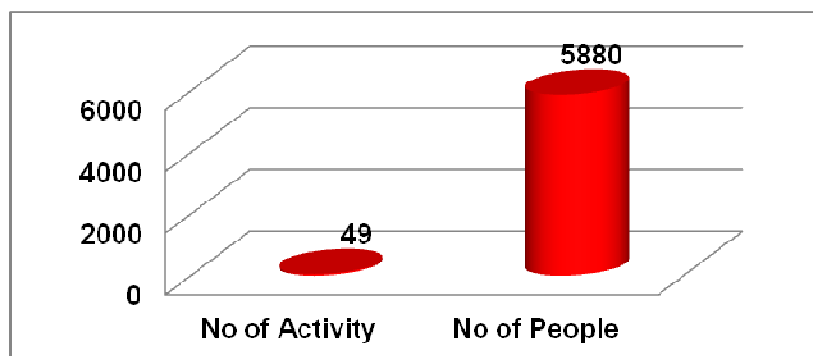
- To conduct scientific studies that are able to reveal substance use profile of provinces; and
- To reveal problems in provinces and to provide an opportunity for relevant institutions and organizations to be a part the solutions to these problems.

TUBİM Provincial Contact Officers, in project studies conducted by them, are able to reach whole community by arranging briefing seminars, theatre plays, bill board, brochure studies and sport activities.

In order to make the project studies conducted by TUBİM in provinces known by relevant institutions and organizations at both local and international levels, a booklet “Best Projects” has been issued. This booklet contains 47 prevention-oriented projects by 36 Provincial Contact Officers in 2010.

Taking into consideration the contribution of Non-Governmental Organizations to the studies conducted for prevention, the graph showing briefing activities conducted for non-governmental organizations and the number of persons reached is given below.

Graph 3-3: Prevention Activities Conducted by TUBİM Provincial Focal Points in 2010 for Non-Governmental Organizations and Number of persons Participated in These Activities



Source: TUBİM, 2011

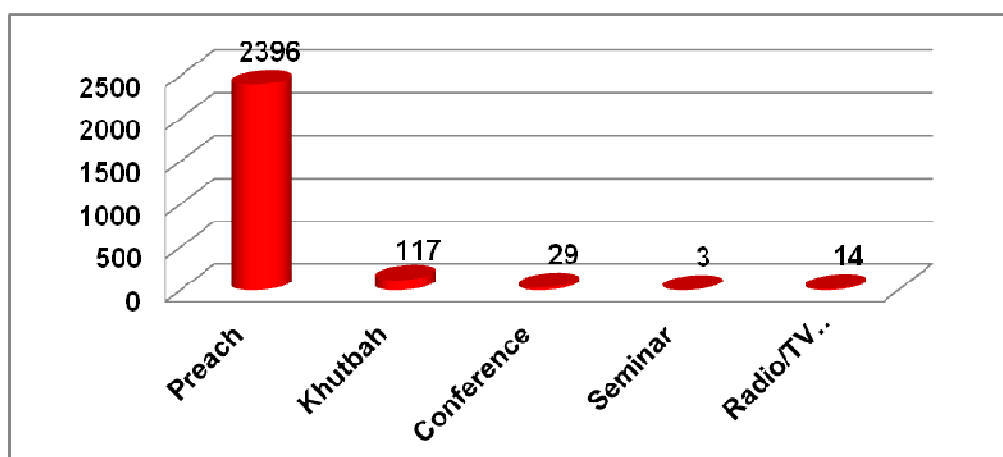
Non-Governmental Organizations have an important role in reaching whole community. TUBİM also supports Non-Governmental Organizations to participate in prevention activities conducted by institutions.

It is possible to mention the studies of Anti-terrorism Branch Directorates (TEM) and Children Department Directorates of Provincial Police Forces among the prevention activities conducted by Turkish institutions. TEM conducted studies to raise people's awareness about terrorism and its relationship with narcotic drugs reaching 420163 people with 801 activities. Children Department Directorates carried out 27 activities reaching 31511 persons, to prevent the population under the age of 17 from substance use and crimes.

The third "International Symposium on Children at Risk and in Need of Protection" that is arranged each year by Turkish National Police was conducted on 20-22 April 2011 in Ankara. "Protection of Children from Substance Addiction" which is one of the most important risks for children today and in the future, was adopted as the theme of the symposium in 2011.

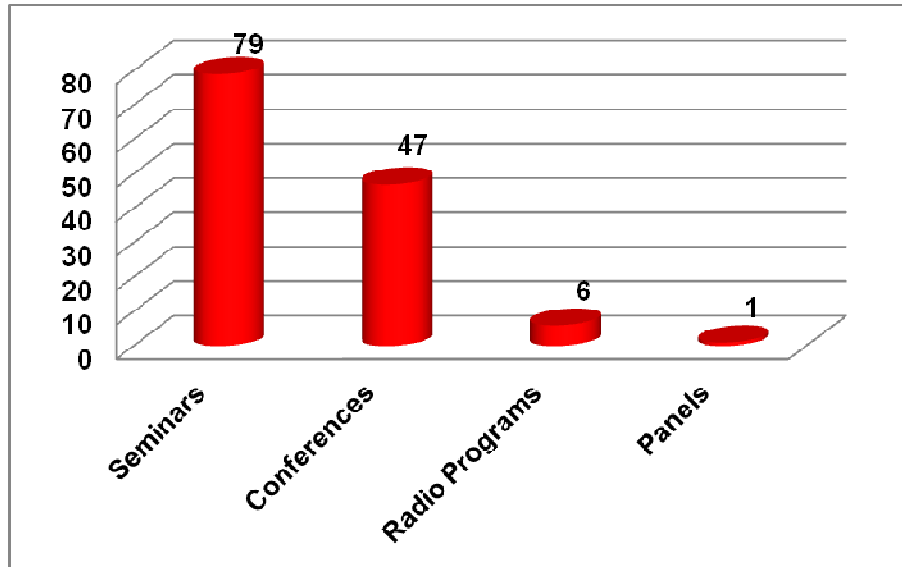
One of the institutions that contribute to community-oriented prevention studies is the Department of Religious Affairs. A preventive activity on bad habits and prevention of these was conducted by Department of Religious Affairs Directorate of Religious Services nationwide in 2010. "Alcohol Drinks, Cigarette and Others", "Substance Addiction", "Problems of Youth and Suicide", "Street Children", "Violence and Our Children", "Harms of Cigarette, Alcohol and Narcotic Drugs and Decretals" from periodicals of Department of Religious Affairs and "Harms of Alcohol Use and Substance Addiction" in Islamic Cathetism of Department of Religious Affairs have been published as books. Several articles have been published on prevention from bad habits in Diyanet Aylık (Religious Affairs Monthly) and Diyanet Avrupa (Religious Affairs Europe) magazines.

Graph 3-4: Activities Conducted by Department of Religious Affairs on Bad Habits and Prevention in 2010



Source: Presidency of Religious Affairs - Department of Religious Services, 2011.

Graph 3-5: Activities Conducted by Department of Religious Affairs on Prevention of Women-Oriented Bad Habits and Women Health in 2010



Source: Presidency of Religious Affairs - Department of Religious Services, 2011

Moreover, a new study was commenced on 10.02.2010 between Department of Religious Affairs and Ministry of Justice under the title “Moral and Spiritual Support Project in Minimizing Crime and Criminals”.

The web site www.madde.gov.tr prepared by the Ministry of Health, General Directorate of Primary Health Care Services within the scope of the “Fight against substance addiction other than alcohol” was put into service. Again, 100000 copies of the brochure “Knowing Addiction, Protecting Our Children” were printed and distributed by means of Provincial Directorates of Health, to inform the community especially parents.

3.3. Selective Prevention

Target group of selective prevention is risk groups. Activities for groups and families at risk and groups in places of amusement are mentioned in selective prevention. Many groups including Ministry of Health, Social Services and Children Protection Institution (SHÇEK) and Ministry of Education are conducting selective prevention studies.

3.3.1. Selective Prevention in At Risk Groups

İstanbul Metropolitan Municipality (İBB) is conducting several protective and preventive studies for all individuals; especially for children and young people. İSMEK (İBB Art and Occupational Training Courses) also provides training services, in the frame of social responsibility for handicapped people, clients in psychiatric and mental problems hospitals, elders and those who are in a dependent state in nursing homes and workhouses, convicts and arrestee in prisons in İstanbul who are considered at risk. İSMEK, in 2010-2011, has reached 705 trainees with the trainings for convicts, 574 trainees with the trainings for handicapped people and 1450 trainees with the trainings for those who have psychiatric problems who are from groups at risk.

In 2010, women and family health services had been rendered with 325 personnel, in total, in 33 Women and Family Health Centers and 5 imaging centers. In addition, 2698 interviews had been done during the smoking cessation counseling service of Women and Family Health Centers. And psychological guidance service had been rendered for 38149 people.

Data that shows family structures, street lives, criminal backgrounds, cigarette and substance use status of 151 young people who received service in 2010 in İSMEM of İBB (İBB Youth Rehabilitation and Vocational Centers) in which rehabilitation services are rendered for street children is given below.

Table 3-1: Family Structures of Young People who Received Services from İSMEM in 2010

	Number	%
With family	30	19,87
Not with family	118	78,15
Not known	3	1,99
Total	151	100

Table 3-2: Street Life of Young People who Received Services from İSMEM in 2010

	Number	%
Street background	104	68,87
No street background	47	31,13
Total	151	100

Table 3-3: Criminal Background of Young People who Received Service from İSMEM in 2010

	Number	%
Criminal background	103	68,21
No criminal background	48	31,79
Total	151	100

Table 3-4: Substance and Cigarette Use Status of Young People who Received Service from İSMEM in 2010

Substance and cigarette use	Number	%
No cigarette or substance use	25	13,62
Only cigarette use	43	29,16
Both cigarette and substance use	78	46,32
Substance but not cigarette use	5	10,90
Total	151	100

Table 3-5: Cigarette Use of Young People who Received Service from İSMEM in 2010

Substance and cigarette use	Number	%
Cigarette use	121	80,13
No cigarette use	30	19,87
Total	151	100

Table 3-6: Substance Use of Young People who Received Service from İSMEM in 2010

Substance and cigarette use	Number	%
Substance use	83	54,97
No substance use	68	45,03
Total	151	100

Table 3-7: Distribution of Young People who Received Service from İSMEM in 2010 and who Use Substance According to Type of Substance

Substances	Number	%
Alcohol	11	13,25
Volatile	8	9,64
Narcotic Drugs	6	7,23
Pills	0	0,00
Alcohol, volatile	3	3,61
alcohol, narcotic drugs	9	10,84
alcohol, pills	0	0,00
Alcohol, volatile, narcotic drugs	7	8,43
Alcohol, volatile, pills	0	0,00
Alcohol, volatile, narcotic drugs, pills	22	26,51
Alcohol, narcotic drugs, pills	5	6,02
Volatile, narcotic drugs	5	6,02
Volatile, pills	0	0,00
Narcotic drugs pills	1	1,20
Volatile, narcotic drugs, pills	6	7,23

Source: Istanbul Metropolitan Municipality, 2011.

According to the data in Table 3-7, the biggest portion among those who received service from İSMEM in 2010 is those who use poly-substances composing of alcohol, volatile, narcotic drugs and pills (26.51%). Second largest portion is those who use alcohol (13.25%) and third largest portion is those who use alcohol and narcotic drugs (10.84%).

General Directorate of Social Services and Children Protection Institution (SHÇEK) is about to put into commission “Social Centers” in order to render protective-preventive, instructive-formative, guidance and rehabilitative services for individuals, groups, families and society to be able to cope with problems arisen due to fast social change, urbanization and immigration and to make individuals participative, productive and self-sufficient.

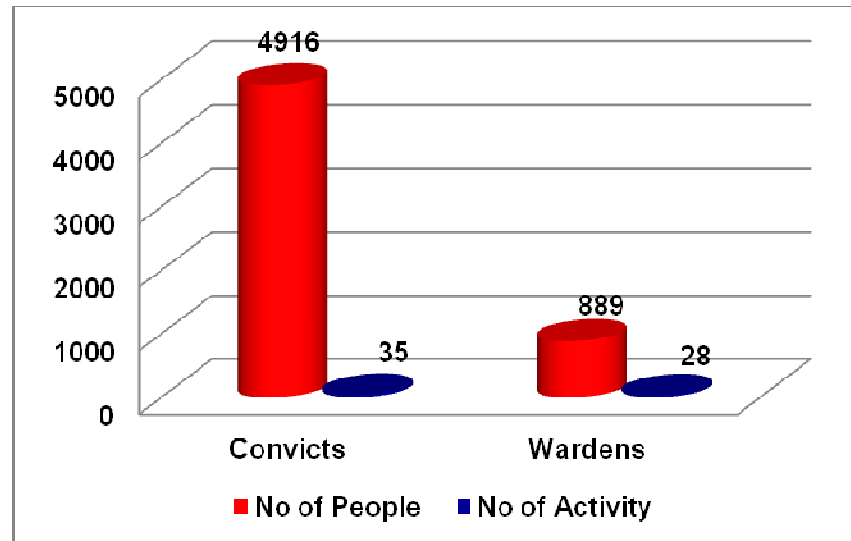
General Directorate of SHÇEK renders services for street children who live and work on streets and their families through 38 Children and Youth Centers and 6 Observatories as of December 2010 and through these centers conducts accommodation, health, directing to education-training system, supporting in education-training system, vocational skilling, supporting in psychosocial development, directing children who use substances to treatment and post-treatment social rehabilitation studies in order to protect children who live and/or work on streets from dangerous items and support their social rehabilitation.

In 2009 and 2010 workshops “Assessment of the Service Model Targeting Children Living and/or Working on the Streets and Provincial Action Plans” had been conducted in association with UNICEF in İstanbul, İzmir, Ankara, Antalya, Diyarbakır, Adana, Mersin and Bursa.

With these studies conducted within this scope 8934 children and young people had received service in Children and Youth Centers in which protective-preventive studies are conducted targeting children and young people who work/live on the streets and are substance addicts as of December 2010. 246 of those children had been directed to education system and 948 children who were at risk to work on the streets had been directed to education system.

One of the other risk groups is those in prisons and detention houses. Awareness raising briefing activities for these people targeting prevention of substance use had been conducted in 81 provinces by TUBİM Provincial Contact Officers. Graph that provides data on these studies is given below.

Graph 3-6: Preventive Activities Conducted for Convicts and Wardens in Prisons and Detention Houses by TUBİM Provincial Contact Officers in 2010



Source: TUBİM, 2011

Studies conducted for convicts and execution protection officers are performed in coordination with Ministry of Justice General Directorate of Prisons and Detention Houses and other relevant institutions. You can find detailed information about these studies in Section 9.

The personnel from the Presidency of Religious Affairs working in prisons assisted the rehabilitation of about 120000 imprisoned and convicts.

With the project “Gülümseyen Yüzler (Smiling Faces)” by Şanlıurfa Police Department Anti-smuggling and Organized Crimes Department and financed by SODES (State Planning Organization Social Support Program) with the aim to perform briefing and preventive activities for substance addiction especially for substance addicts and families of these people, 280 substance addicts and their family members were reached.

Gaziantep Metropolitan Municipality renders several services for children and adolescents who live and/or work on the streets, through Münir Onat Children and Youth Center, Akınal Children and Youth Center and Oya Bahadır Yüksel Children and Youth Center.

Children who are in education system and who are at risk to use substances are accepted by Münir Onat Children and Youth Center while children who will be directed to business life or vocational trainings are accepted by Akınal Children and Youth Center. The Center renders service for 12+ years old and has 33 beds.

These two centers had accepted 68 children in 2010. 6 of 11 children who were in need of protection had been sent to orphanage and 2 of them had been put under temporary protection. 64 children who worked on the streets had been registered to boarding schools. 142 children and young people received service from these centers, vocational training courses in 2010.

3.3.2. Selective Prevention at Risk Families

Family Counseling Centers rendering services under Social Services and Children Protection Institution (SHÇEK) renders treatment and rehabilitative services on family problems by use of scientific methods and techniques. In addition to individual guidance services rendered for family members in these centers, there are other package programs such as 0-6 Years Old My Family, 7-19 Years Old Effective Parent Training, Mother-Child Training Program, and Father Guidance Program. Services such as guidance, counseling and directing to relevant health centers are rendered for individuals who apply to Family Counseling and Society Centers due to substance addiction.

“Alo 183 Family, Children, Handicapped and Social Service Counseling Line” is an application that renders free service in order to provide psychological, legal and economic guidance and counseling services for women, children, handicapped people and elders who are victims of abuse or who are at risk to be victims of abuse and/or who are in need of support. Each person who calls this line is listened to and relevant services that he/she needs is determined and these people are directed to these relevant services. 24398 phone calls, in total, were made to Alo 183 in 2010 in relation to services rendered by SHÇEK.

TUBİM Provincial Contact Officers also conduct lots of activities for families at risk. You can find two examples on these activities in Hatay and Diyarbakır provinces.

With the project “Defne” conducted in the province of Hatay by Division of Anti-smuggling and Organized Crimes, those who have a peculiar life style and having grown up

in a different sub-culture who have a tendency to use or sell illicit drugs, 2021 people from 494 families have been reached. This project is still going on.

The project “Diyarin Renkleri” targeting preventive activities against substance addiction for young people and their families at risk was commenced in 2010 by Diyarbakır Police Forces Anti-smuggling and Organized Crimes Department. Within the scope of this project families of 100 substance addicts had been reached.

3.3.3. Selective Prevention for Recreational Settings

No new data.

3.4. Indicated Prevention

No new data.

3.5. National and Local Media Campaigns

It is a well-known fact that audio - visual media especially television is a significantly effective communication, entertainment and educational tool for audiences and listeners. Researches conducted by RTÜK showed that Turkey is one of the countries in which television is watched most commonly.

In this sense, in order to use the power of media for anti-drug use activities, a booklet “Role of Audio-Visual Media in the Fight against Substances and Substance Use¹⁸” in association with TUBİM and RTÜK to mention the critical points in TV programs that are seen unimportant but might cause significant damages in terms of its effects and to raise awareness of visual and auditory media personnel in preparing news, films, TV serials, etc. Introduction meeting of this booklet that includes guiding principles for media personnel and points that must be taken into consideration when preparing TV shows was convened on June 28th, 2010 in İstanbul with significant participation of visual and auditory media personnel.

¹⁸ http://www.tubim.gov.tr/Dosyalar/haber/medya_kitap.pdf

Monitoring and supervision activities for national media in Turkey are conducted by RTÜK. The law on tasks of RTÜK regarding monitoring and supervision was amended in 2011.

The principles to which content of media and publication service are subject in the grounds of Article 8 that is about new publication service principles of the Law on Radio and Television Establishment and Publication Services No 6112 that has been made on 15/02/2011 and that was published in the Official Gazette of 03/03/2011 and numbered 278636112. In this new arrangement common principles to which publication services will be subject while special provisions have been put into force for radio and television publication services and optional publication services.

The aim of this arrangement is to protect children and young people from harmful aspects of especially radio and television publication services.

While preparing the article lots of ambiguous principles in Article 4 of the Law No 3984 were not mentioned. Theme and content freedom of publishing bodies are protected while basic provisions targeting the protection of generally accepted value judgments of community and especially children and young people have been put into force.

Information on the new arrangements made on law articles that includes harmful publication content regarding narcotic drugs and that are in the Law No 6112 have been given in Section 1 in details.

In addition, Ministry of Health General Directorate of Basic Health Services arranges several campaigns in order to raise awareness of community about harms of tobacco and tobacco products and to assist people in quitting smoking. It can be said that advertorials published through visual media have an important role in quitting smoking and raising awareness of people.

It's tried to assist cigarette addicts through the "Alo 171 – Smoking Cessation line" which was established by Ministry of Health. People give close attention to the smoking cessation line.

SECTION 4

PROBLEM DRUG USE

Tolga TUNÇOĞLU^{19,20}

4.1. Introduction

Problem drug use measures a specific way and prevalence of drug use rather than health or social problems caused by drug problem. Use of each kind of illicit substances harms the individual him/herself; his/her close relatives and whole community by causing addiction. However, some of these illicit substances harm those people faster and deeper in comparison with other substances. Problem drug use indicator determined by EMCDDA (European Monitoring Center for Drugs and Drug Addiction) and that is one the five basic indicators for monitoring drug problem in Europe is used to monitor these substances that are more harmful than others.

EMCDDA has defined problem drug use (PDU) as “injecting or long-term/regular opioid, cocaine and/or amphetamine use”. Although this definition varies among member states, in general problem drug use is defined as “injecting or regular opium and opioid use” and related studies are being conducted with this definition. Our country has also adopted this definition.

Without knowing the size of the problem being monitored it is not possible to know the damages to be caused by the problem and its effects very well. The existence of two different indicators that measure prevalence among 5 basic indicators determined by EMCDDA shows the attention paid to this matter. The difference between the problem drug use indicator and general population survey (GPS) indicator is the narrower scope of problem drug use indicator due to the definition and different method it uses. It can be said that target group of PDU indicator is the lowest class of community and drug addicts. It is not possible to determine this target group precisely by use of questionnaire-based researches to be applied to special groups or by country-wide household researches. In addition, in

¹⁹ TUBİM (Turkish Monitoring Center for Drugs and Drug Addiction)

²⁰ Problem Drug Use Indicator Coordinator

sensitivity studies conducted for the GPS indicator it has been identified that people tend to keep opium and opiate, cocaine and amphetamine use secret. Target group of PDU indicator has a tendency to be hidden and in general is a group that GPS indicator cannot monitor.

Methods used for prevalence estimations and PDU researches to be performed vary according to researches and conditions of data sources in a country. Although methods that can be used for estimating the hidden groups vary, multiplier, multiple indicator and capture-recapture methods are used commonly.

Problem drug use prevalence in Turkey has been calculated by use of data regarding drug-related deaths and mortality multiplier method since 2009. Problem drug use prevalence in Turkey will also be calculated by use of capture-recapture method in a study by TUBİM in 2010 and which started with financial support from EMCDDA.

4.2. Estimation of Problem Drug Use Prevalence

4.2.1. Mortality Multiplier Method in Prevalence Calculation for Problem Opium and Opiate Users

PDU prevalence in Turkey has been calculated by use of capture-recapture method in 2008. However, it has been thought that this method does not reflect the actual conditions in Turkey due to conditions and insufficiency of data sources. In 2009, an estimation study was performed by use of multiplier method for the first time. Although this method has also some problems it can be said that the estimation is approximately the same as actual conditions as the estimations and confidence intervals of the estimations match up with expert opinions and expectations. The most important problem in making estimations by use of drug related deaths in Turkey is that official number of deaths has not been announced yet. For the estimations made, crude mortality rates calculated in a study conducted in 2005 in Europe (Bargagli et al. 2006) are used.

Table 4-1: Number of subjects registered to eight cohort and crude mortality rates (1/1000/Year)

Research Site	Research Period	Number of Subjects	Person-Years	Number of Death	Crude Mortality Rate		
					General	Male	Female
Amsterdam	1996–2002	2575	10576.31	174	16.45	16.72	15.39
Barcelona	1992–2001	5037	30237.06	1137	37.60	38.94	33.38
Denmark	1996–2002	8808	40317.80	701	17.39	18.33	14.78
Dublin	1994–1997	5285	10345.27	114	11.02	13.17	5.30
Lisbon	1992–2003	3275	28619.70	440	15.37	16.13	12.35
London	1997–2001	881	2850.39	35	12.28	13.82	7.97
Roma	1992–1997	5924	21248.39	425	20.00	19.92	20.37
Vienne	1990–1998	4150	14834.62	195	13.14	16.41	6.01

Table 4-2: Number and Rate of deaths and Mortality Ratios by Cause of Death (15–69)

Research Site	Drug-related deaths			AIDS-induced deaths			Other causes			Unknown cause of death		
	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
Roma	141	33.2	6.64	135	31.8	6.35	142	33.4	6.68	7	1.7	0.33
Vienne	98	50.3	6.61	37	19.0	2.49	60	30.8	4.04	0	0	0

Before making estimations by use of multiplier method, the lowest and the highest death ratios (Lisbon and Barcelona, respectively) have been taken out of consideration. As death rates according to cause of death related to Amsterdam that is one of the 8 cities included in this study are unknown and as two cities (Lisbon and Barcelona) are taken out of consideration then death rates of the remaining 5 cities have been combined and an average

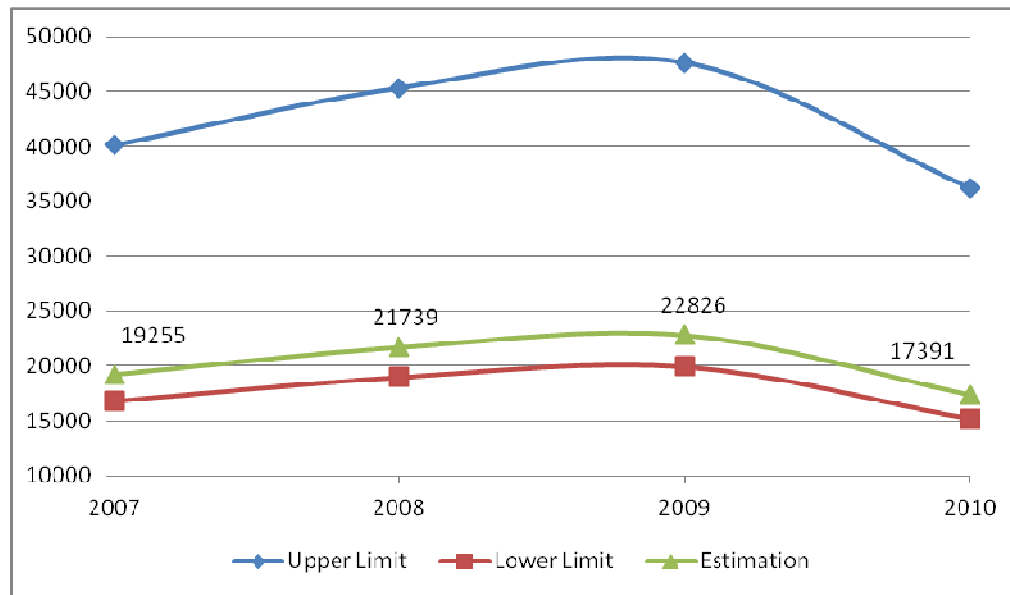
death rate has been calculated by this way to be used for Turkey. Validity of the study conducted by use of this death rate is controversial. This value may vary significantly from country to country and as this calculation has been performed by use of a number that is mean value for Europe then significant deviation may arise. Estimation of problem drug users who use opium and opiate substances between 2007 and 2010 in Turkey are given in Table 4-3.

Table 4-3: Estimation of the Number of Problem Opiate Users in Turkey between 2007 and 2010 in Turkey – Mortality Multiplier Method

Year	Number of Opiate-related Deaths in Turkey	Drug-related Mortality Ratio (per 1000 users between 15 and 69 years old)			Estimation of Problem Opiate Users in Turkey		
		Minimum	Maximum	Combined	Maximum	Minimum	Mean Value
2007	124	3.09	7.37	6.44	40129	16825	19255
2008	140	3.09	7.37	6.44	45307	18996	21739
2009	147	3.09	7.37	6.44	47573	19946	22826
2010	112	3.09	7.37	6.44	36246	15197	17391

In 2010, 112 drug related deaths caused by opiates and derivatives were reported (See Section 6.3). Estimation done by using opiate related death ratios shows that number of problem drug users in 2010 is 17 391 (15 197 – 36 246). Estimation of exact number was done by using pooled opiate induced death ratio, minimum and maximum numbers were considered as a confidence interval for the estimate. As opiate induced mortality ratio was taken from a research conducted in Europe, instead of calculating normal confidence interval using these minimum and maximum numbers as confidence interval is sensible.

Graph 4-1: PDU Estimations Using Mortality Multiplier Method By Years



Results of mortality multiplier method seems consistent and is usually around 20 000. It is believed that this consistency results from the fact that data collection system is same for 4 years. Because, death numbers not obtained from general mortality register, the fact that this method uses only one data source to estimate PDU, and using mortality ratio from Europe study might have adverse effects on estimations, resp. underestimation. The validity of the estimates will be able to be tested with researches done with different methods.

Considering the data collected on drug-induced death it can be easily seen that most of the data have been collected in İstanbul. Considering that 20% of Turkish population lives in İstanbul this number which can be accepted as reasonable should be examined in order not to cause any bias or invalidity. In addition, reliability of PDU estimations to be made would be increased by calculating rough death rate and death rates by causes of death for Turkey.

4.2.2. Capture- Recapture (C-RC) Method in Prevalence Calculation for Problem Opium and Opiate Users

In 2008 Turkish Drug Report, for PDU estimation capture-recapture (C-RC) method was used for the first time. The study that was conducted by use of two different data sources (Turkish National Police, Ministry of Health) has not been used in the later years as

it does not reflect the actual conditions in Turkey due to both insufficiency of data sources and problems in data collection systems.

C-RC method is used in order to estimate a target group in cases in which lists in which target group is recorded but none of these lists could record whole of the target group. Excess number of data sources in these studies to be conducted in order to have a complete universe list from imperfect universe lists would increase the reliability of the study. There are two important points in this method: one of which is data sources collecting data for the same subject matter and the independency of these data sources of each other and the other one is being able to determine the same persons in different data sources.

Thus, by this reason, foundation of the study to be conducted in 2011 has been laid by use of a data collection protocol prepared in 2010 among Ministry of Internal Affairs, Ministry of Justice and Ministry of Health; and by use of a special code established for determination of the same person in different data sources, which is one of the most sensitive points of the study, personal rights have been taken under protection and also applicability of the study has been improved.

Implementation boundaries of the study have been determined to be İstanbul, Ankara and İzmir which are the largest three provinces in Turkey. This study conducted in association with Gazi University, İstanbul University and Marmara University has been financed under the IPA-3 (Pre-Accession Financial Assistance) project conducted together with EMCDDA(Kraus et al.,2011).

Data was obtained from the 5 relevant Ministries shown in Table 4.4. The data consist of features like personal ID code designed to protect personal information(initials of name and surname, age, gender and region) and depending on data source, diagnosis of substance use disorders , type of drug use, drug offences or article of the criminal sentence.

Table 4-4: PDU Estimate Research Data Sources

No	Data Source	Year	Coverage	Registered In
1	Ministry of Interior – Turkish National Police	2008, 2009, 2010	81 Provinces	Arrest
2	Ministry of Justice – DG of Prisons and Detention Houses	2009	Ankara,Istanbul,Izmir	Incarceration
3	Ministry of Justice – DG of Probation Services	2009	Ankara,Istanbul,Izmir	Probation
4	Ministry of Health	2009	Ankara,Istanbul,Izmir	Residence
5	Ministry of Social Affairs – Social Security Institution	2009, 2010	81 Provinces	Treatment

Some data holders agreed to share more than one year's data(TNP, SSI), but all of that data was not included in analyses, it was only used to test validity of the results. Year of data collection and area of registration are depicted in Table 4.5. In the analyses, number of data sources were tried to be maximized. Because of the data properties, the study was modified/broadened according to the EMCDDA PDU definition.

Table 4-5: Breakdown by data collection year, data source and province

		Ankara			Istanbul			Izmir		
Source	Year	Any Substance	Opium	Cannabis	Any Substance	Opium	Cannabis	Any Substance	Opium	Cannabis
Ministry of Health	2009	192	192	--	486	487	--	17	16	--
Social Security	2009	816	137	137	2578	472	533	1184	20	114
Social Security	2010	1287	436	322	3666	884	743	1672	57	185
Police	2008	1506	34	--	4497	724	--	802	15	685
Police	2009	1580	209	1466	3904	670	3019	2887	9	2822
Police	2010	2085	497	1736	3151	633	2342	3094	35	2952
Prison	2009	61	--	--	85	--	--	86	--	--
Probation	2009	1178	--	--	7066	--	--	7246	--	--

Because data from Ministry of Justice does not contain drug specific breakdown, no PDU estimation could be conducted according to EMCDDA definition with these sources. In Turkey, EMCDDA PDU definition can be described as problem opiate users, so estimation

was done with the data sources which has drug specific breakdown. Without the data form MoJ, EMCDDA defined PDU estimation was reached. The estimation shows problem opiate users, but problematic use is defined as “type or intensity of use which can lead an individual to health related or legal problems”. For this estimation MoH, SSI and TNP data for 2009, and to reach a more reliable estimate SSI data for 2010 was used.

Table 4-6: The Estimated Number of Problem Opiate Users in Ankara and İstanbul

City	Gender	Observed Cases	Estimated Number	Total	%95 confidence interval	%95 confidence interval – Upper Limit	Rate per 1000
Ankara	Male	755	4483	5238	3454	11833	3.1
	Female	109	497	606	327	2431	0.4
	Total	864	4980	5844	4109	12601	1.7
İstanbul	Male	1927	21911	23849	16772	38655	5.1
	Female	270	916	1186	735	3235	0.3
	Total	2197	22838	25035	17968	39949	2.7

As seen in Table 4.6 the number of users who experienced legal or health problems due to opiate use was estimated as 5844 (4109 – 12601) for Ankara and 25035 (17968 – 39949) for İstanbul. The experts working in the field of drugs in İzmir area before the study, stated that there wasn't a problem drug use in İzmir area fitting in the description of EMCDDA and that the drug which causes problems and problem drug use was cannabis. When the data gathered is examined it was not possible to make any estimates since the data sources in İzmir don't overlap.

4.2.3. Comparison of the Different Methods Used in Calculating The Number of Problem Opiate Users in Turkey

Different statistical methods cannot be expected to yield the same results. Every method does its estimates with the strong and weak sides it has, so 100% identical results are not to be expected. However, similar results from different methods or similar results from studies done on the same subjects are important in terms of the reliability of the study.

The weak point of the mortality multiplier method is that depends on one data source whereas its strong point is that it can identify problem drug use completely. Records of drug related deaths only point out to problem drug use. When the capture –recapture method is taken into consideration, it is seen that the most challenging and weakest point of the method is that it holds the data source independent and the population close. It is difficult to apply the basic assumptions of the method into daily life. But when we consider the method, the fact that it draws on more than one source and that it can choose the most reasonable one among different models makes this method stronger.

The most reasonable way of seeing similar results or in other words specifying comparable results is through evaluation over confidence intervals. Even though the models may yield different results in point estimations, overlapping confidence intervals should be accepted as similar. What really matters is the proximity of the confidence interval ratios in order to be accepted as similar. The similarity a 50% confidence interval and a 90% confidence interval show that the models are not in the same quality category.

When comparing the PDU estimates done in Turkey, the first thing to take into account is the difference between confidence interval definitions. Since the death rates used in the mortality multiplier method are the rates resulting from a Europe study, the lowest and the highest opiate related death rates calculated in Europe were adopted as the confidence interval. Since the data of capture – recapture method is completely Turkey data, the confidence interval was calculated to be 95%. Even though the trust interval is different, comparisons can be made because of the features of the methods used.

Because the estimates done with the capture – recapture method were done in the three cities (Ankara, İstanbul, İzmir) determined , the number of problem opiate users was calculated for İstanbul with mortality multiplier method and the results were compared on the basis of İstanbul. The reasons for comparing results only on the basis of İstanbul are that:

- Neither multiplier nor capture – recapture method can make an estimate for İzmir.
- Although estimate through capture – recapture method is possible for Ankara, the necessary number of samples to make a valid estimate with mortality multiplier method could not be reached.

Table 4-7: The comparison of the number of problem opiate users calculated for İstanbul province

Year	Method	Observed	Estimate	Confidence Interval
2007	Mortality Multiplier	80	12423	10854-25890
2008	Mortality Multiplier	83	12889	11262-26860
2009	Mortality Multiplier	74	11491	10041-23949
2009	C-RC	2197	22838	17968-39949

It can be seen in table 4.7 that point estimates are not close but there is overlap between the confidence intervals. The results seem consistent when looked at as a summary. The overlap between confidence intervals is in a limited range and the estimates are much higher in capture – recapture method. When the scientific publications on the subject in Europe are examined, it is observed that the multiplier method usually yields less results than the capture – recapture method (Hickman et al). The reasons for the difference observed in Turkey might be;

1. The fact that the general mortality multiplier method rates of Europe were used specifically in Turkey, in one province.
2. The fact that drug related death numbers are gathered from private records of death in Turkey may result in loses in drug related death numbers.
3. The change in the definition of PDU in capture – recapture method. Estimates made with capture – recapture method are based on the definition “ *the use of substance that leads to legal or health problems*”. Since the estimates found with the multiplier method are drug related deaths, it only includes health problems.

All or some of the reasons above might have affected the results and the connection of the results with each other. The repeated analysis to be conducted in the future and forward analyses on the studies done will contribute to the discovery of the factors influencing the results.

4.3. Data on PDUs Obtained from Non-treatment Sources

In sero-behaviour research (Altan and EMCDDA, 2009) conducted in 2009 in Gaziantep, interviews with injecting opium and opiate users have been made. In these interviews made with 168 persons it has been found that;

- 97 % of the participants were male and 3% of those were female;
- Average age of the participants was 31.5;
- 41.1 % of the participants have only received primary school education;
- Average time period of addictive substance(s) use was 6.14 ± 3.12 years;
- Average time period of injecting drug use was 3.03 ± 1.94 years; and
- Average age of first injection was 28.37 ± 4.37 years.

SECTION 5

DRUG-RELATED TREATMENT:

TREATMENT DEMAND AND TREATMENT AVAILABILITY²¹

Bülent ÖZCAN²²

Fikret DENİZ²³

5.1. Introduction

Drug-related treatment in Turkey is carried out in and by:

- AMATEM facilities and psychiatry clinics of public hospitals that are rendering service within the structure of the Ministry of Health;
- Treatment units of medical faculty hospitals rendering service within the structure of universities;
- Public sector-university partnership; and
- Private sector.

Data on drug addicts that receive inpatient treatment services are collected through these centers and then sent to Ministry of Health General Directorate of Treatment Services to be analyzed.

Data on clients in inpatient treatment can be obtained more easily while problems related to collection of data on drug users in outpatient treatment are still going on. In this sense, how many of those who receive outpatient treatment services are receiving treatment services for alcohol and how many for other addictive substances is not known. Only the total number of outpatients is available, detailed information and number of repeated contacts cannot be gathered.

One of the objectives of the 2nd National Drugs Action Plan (2010-2012) is the establishment of data collection system that is necessary for treatment centers for narcotic drug addiction to be able to assess outpatient treatment data and number of applications. Studies on collection of these data are still carried out by the Ministry of Health.

²¹ Data provided to TUBİM by the Ministry of Health General Directorate of Treatment Services for EMCDDA Standard Tables was used in the course of preparation of this chapter.

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5.2. Strategy and Policy

Turkey has adopted an approach that considers drug addiction a disease and an important public health problem in the “National Policy and Strategy Document on Counteracting Addictive Substances and Addiction (2006-2012)”. The parts that are related to treatment are given under the topic “demand reduction” in this Strategy Document and its objectives are as follows:

- To enhance availability and applicability of the treatment programs;
- To establish rehabilitation and social reintegration programs; and
- To reduce drug-related social harms.

In addition, in the 1st and 2nd National Drugs Action Plans that were prepared for implementation of the issues mentioned in the Strategy Document activities to be performed for treatment were given in detail. In the 2nd National Drugs Action Plan that is still in force the objectives have been stated as follows:

- To improve the treatment centers in terms of quality and number;
- To operationalize outpatient treatment and guiding centers;
- To establish rehabilitation and social integration programs; and
- To improve the treatment and social reintegration services for suspects and convicts.

Addiction treatment was also mentioned in the “National Mental Health Policy” that was put into effect in 2006 by the Ministry of Health. For implementation of the Policy Document “National Mental Health Action Plan” was released in September 2011.

5.3. Treatment Systems

Inpatient and outpatient drug addiction treatment expenses of those in health services providers with contract and who are under general health insurance in Turkey are covered by the Social Insurance Institution.

Revision studies on the “Regulation on Drug Addiction Treatment Centers” which was put into effect in 2004 went on in 2010 also. This Regulation has been revised by taking views of the members of “Scientific Commission on Drug Addiction Treatment Procedures” under the structure of the Ministry of Health General Directorate of Treatment Services and relevant establishments into consideration.

With the revised regulation

- Treatment centers have been re-defined;
- It has been proposed to establish new treatment centers that includes also the rehabilitation concerns;
- Professional definitions of employees/future employees have been re-made and certificate granting process for these people have been re-defined;
- Private sector involvement in addiction treatment and establishing addiction treatment centers were encouraged.

This Regulation is waiting to be signed and it is estimated that it will be put into force by the end of 2011.

Treatment Approach: There are three main approaches:

1. Intervention for withdrawal symptoms and physical and mental problems of clients are carried out. In this process, clients and their relatives are educated about the problem; complaints of the clients are removed by use of medicines and, if necessary, behavior modifications are applied.
2. Knowledge and skills necessary for adaptation of the client to sober life are tried to be enhanced.
3. Psychotropic approaches and medical drug treatment are applied when necessary to prevent recurrence. This stage is carried out by use of also support groups (AA, NA, etc.). Several treatment models are used in our country. These models exhibit multidimensional approaches by combining both pharmacological methods and psychotherapeutic methods. Self-help groups are also important in this process.

Approaches used in both outpatient and inpatient treatment services are the same (Turkish Drug Report, 2010).

Quality of Treatment: Treatment applications are not the same in all treatment units. Various treatment models are used in addiction units of educational institutions. Thus, these institutions have structured models and significant standards (Turkish Drug Report, 2010).

Drug-Free Treatment: Behavioral and cognitive therapies are mainly used. In addition, supportive psychotherapeutic approaches, interactive group therapies, family therapies, support groups (AA, NA) are among the drug-free treatment methods (Turkish Drug Report, 2010).

Medical Treatment: is applied for;

- Elimination of withdrawal symptoms (For instance; benzodiazepines in alcohol addiction, suboxone in opiate addiction, etc.);
- Substance-related intoxication (antagonists or temporary treatment depending on the substances);
- Prevention of relapse and treatment of co - morbidities.

These treatment procedures vary depending on the substances used. In case of alcohol addiction medicines such as naltroxene, acamprosate, disulphirame and also SSRIs, buspiron, bupropion, ondansetrone are used for prevention of relapses and also for reduction of cravings while in case of heroin addiction buprenorphine+naloxane (suboxone) preparation was started to be used for both substitution treatment and detoxification as of 2010 (Turkish Drug Report, 2010).

According to data from the Ministry of Health General Directorate of Pharmaceuticals and Pharmacy 8531 boxes of Suboxone 2 mg/0.5 mg (sublingual tablet) and 7600 boxes of Suboxone 8 mg/2 mg (sublingual tablet) were imported in 2010.

In 2010 and the first six months of 2011;

- 3525 boxes of Suboxone 8 mg/2 mg were sold. Examining the sales on provincial basis it has been found that 36.17% of the medicine (1275) was sold in Adana, 29.82% in Ankara (1051), 10.81% in İstanbul (381), 4.91 % in Konya (173), 3.21 % in Antalya (113) and 15.09 % in 30 different provinces (532).
- 5248 boxes of Suboxone 2 mg/0.5 mg were sold. Examining the sales on provincial basis it has been found that 45.05% of the medicine (2364) was sold in Adana, 19.87% in İstanbul (1043), 12.92 % in Ankara (678), 12.06 % in Antalya (663), 1.49 & in Mersin and 8.16 % in 27 different provinces (428).

When distribution of Suboxone (8 mg/2 mg) and 2 mg/0.5 mg) sales in 2010 and in the first six months of 2011 is examined it has been found that 41.48% of the medicine (3639) was sold in Adana, 19.71 % in Ankara (1729), 16.23% in İstanbul (1424), and 22.58 % in 38 different provinces (1981).

Table 5-1: Breakdown of Bed Capacities of Treatments Centers for Drug Addiction

NO	INSTITUTION	ESTABLISHMENT YEAR	NO OF BEDS
Hospitals that have Specialized Treatment Centers and that are under the Structure of the Ministry of Health			
1	Bakırköy Prof. Dr. Mazhar Osman Mental Health and Neurological Disorders Training and Research Hospital (AMATEM)	1983	84
2	Bakırköy Prof. Dr. Mazhar Osman Mental Health and Neurological Disorders Training and Research Hospital (ÇEMATEM)	1995	21
3	Manisa Mental Health and Mental Disorders Hospital (AMATEM)	1996	31
4	Elazığ Mental Health and Mental Disorders Hospital (AMATEM)	1997	11
5	Samsun Mental Health and Mental Disorders Hospital (AMATEM)	1997	12
6	Adana Dr. Ekrem Tok Mental Health and Mental Disorders Hospital (AMATEM)	2000	80
7	Denizli Public Hospital (AMATEM)	2000	16
8	Ankara Numune Training and Research Hospital (AMATEM)	2004	43*
9	İzmir Atatürk Training and Research Hospital (AMATEM)	2006	28
10	Diyarbakır Public Hospital (ÇEMATEM)	2007	10
11	Kayseri Training and Research Hospital (AMATEM)	2007	25
12	Gaziantep 25 Aralık Public Hospital (ÇEMATEM)	2010	9
13	Bursa Public Hospital (AMATEM)	2010	17
Training (University) Hospitals that have Specialized Treatment Centers			
14	Ankara University Faculty of Medicine (AMATEM)	1984	18
15	Gazi University Faculty of Medicine (AMATEM)	1984	27

16	Ege University Faculty of Medicine (AMATEM)	1994	13
17	Dokuz Eylül University Faculty of Medicine (AMATEM)	2000	2**
18	İstanbul University İstanbul Faculty of Medicine (AMATEM)	2001	10**
19	Maltepe University Faculty of Medicine (AMATEM)	2007	12
Public-University-NGO Partnership Centers that Deliver Specialized Treatment			
20	EGEBAM	2003	12
21	AKDENİZBAM	2006	20
Private Hospitals that have Specialized Treatment Center			
22	Private Balıklı Rum Hospital (AMATEM)	1994	24
TOTAL			525

* 6 beds of Ankara Numune Training and Research Hospital are allocated for treatment of U-18 children.

** Beds of Psychiatry clinic are used when necessary.

Source: Ministry of Health – General Directorate of Treatment Services, 2011.

The number of treatment centers that was 20 in 2009 increased to 22 in 2010. An increase of 3.1 % in the number of beds of the Treatment Centers happened and the number of beds which was 509 increased to 525.

5.4. Characteristics of Clients in Treatment

Data on treatment of drug addicts in Turkey belonging to the persons who received inpatient treatment services in drug addiction treatment centers, is collected from the Ministry of Health General Directorate of Treatment Services. Information on the treatment system in Turkey have been compiled by use of data collected as of 2010 from 16 of 22 treatment centers in 13 provinces.

2900 data forms that belong to clients who received inpatient treatment services in treatment centers were assessed in 2010. Data on clients who receive inpatient treatment services are collected through “Drug Addicts Treatment Notification System in Turkey” and this data is sent to the Ministry of Health General Directorate of Treatment Services in which

relevant data is analyzed. By use of a coding system used for the forms that are used in the course of data collection process, personal info of the clients is not disclosed.

There is an ongoing study that will allow the forms that are filled in the course of collection of data on clients who receive inpatient treatment services to be filled online by Sağlık-Net (intranet) that is used by central and provincial organizations of the Ministry of Health. However, any positive outcome could not be achieved yet.

Data on clients who receive inpatient treatment services among the data collected manually are collected in detail while it is not possible to collect in-detail data on those who receive outpatient treatment services.

The number of outpatient applications to and the number of clients who received inpatient treatment in addiction treatment centers between 2006 and 2010 are given in Table 5-2.

Table 5-2: Breakdown of Outpatient Applications to and Clients who Received Inpatient Treatment Services by Year

	2006 Client Data		2007 Client Data		2008 Client Data		2009 Client Data		2010 Client Data	
	Outpatient Application	Inpatient Treatment	Outpatient Application	Inpatient Treatment	Outpatient Application	Inpatient Treatment	Outpatient Application	Inpatient Treatment	Outpatient Application	Inpatient Treatment
Ankara Numune T&R Hosp.	2525	363	4464	317	4316	314	5740	314	6358	172
Kayseri T&R Hosp. AMATEM	-	-	31	15	12	86	18	172	35	129
Samsun Mental Health Hosp.	826	35	3296	19	2129	-	1812	21	1733	10
Manisa Mental Health Hosp.	520	271	961	311	4304	208	3115	256	6095	283
Adana Mental Health Hosp.	1484	332	1828	249	2129	206	7611	498	30756	655
Ege Uni. SoM (EGEBAM)	1117	-	1494	145	1741	6	1941	0	400	32
Denizli Public Hosp.	87	16	95	16	365	42	990	21	2391	19
Gazi Uni. SoM	10	10	21	9	360	-	502	25	-	51
Bakırköy ÇEMATEM	3445	154	3944	143	124	104	5291	146	6124	155
Bakırköy AMATEM	13827	735	16163	374	33346	317	54459	323	47317	377
Diyarbakır ÇEMATEM	-	-	13	7	91	13	312	2	621	9
Elazığ Mental Health Hosp.	712	129	1171	227	1023	238	710	271	3016	203
İzmir Atatürk T&R Hosp.	-	18	996	74	7995	15	12803	50	21742	29
Ege Uni. SoM	1312	172	1780	19	2910	23	2950	18	2000	-
Dokuz Eylül Uni. SoM	267	-	539	6	350	4	16	3	84	-

Private Balıklı Rum Hosp.	687	600	1443	557	3484	500	5733	465	-	774
İstanbul Uni. SoM	65	3	63	-	-	-	1252	0	-	-
Akdeniz Uni. Tıp Fak. (AKDENİZBAM)	-	-	200	-	169	56	748	0	2710	-
Ankara Uni. SoM	39	15	67	4	240	-	-	0	-	-
Maltepe Uni.	-	-	-	-	60	13	90	9	249	1
Gaziantep 25 Aralık Public Hosp.	-	-	-	-	-	-	-	-	1007	1
Bursa Public Hosp.	-	-	-	-	-	-	-	-	1649	-
TOTAL	26923	2853	38569	2492	65148	2145	106093	2594	134287	2900

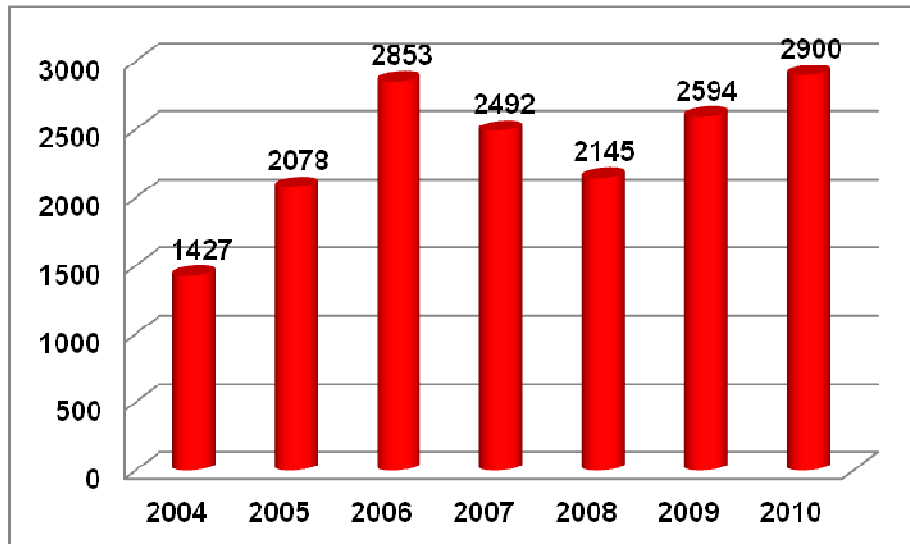
Source: Ministry of Health – General Directorate of Treatment Services, 2011.

The total number of outpatient treatment applications in 2009 was 106093 while this number increased to 134287 in 2010 with a percentage of 26.57% (28194). Data on outpatient treatment includes the data on those who receive treatment for alcohol.

In addition to this, 52,3% (70236) of 134287 persons who received outpatient treatment were treated within the scope of probation.

Treatment Status

Graph 5-1: Breakdown of Those in Inpatient Treatment by Year



Source: Ministry of Health – General Directorate of Treatment Services, 2011.

The number of those who received inpatient treatment increased to 2900 by 11.79% compared to the previous year (2594). When an assessment is made by taking the type of

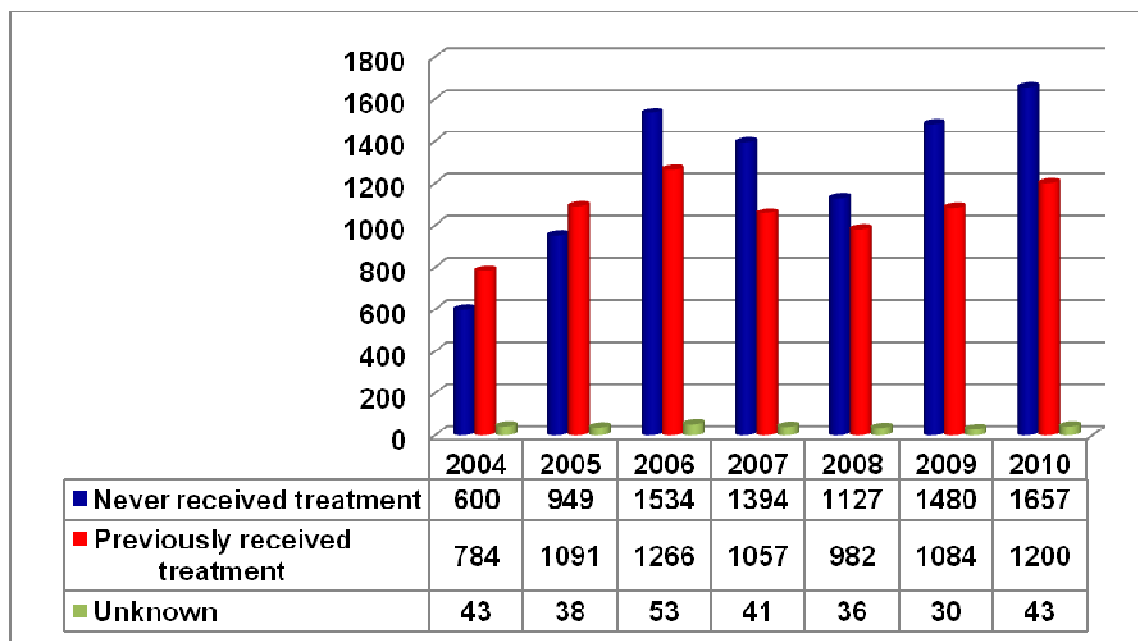
substance used into consideration the most important increase was in the number of applications made by those who used opiate and opioids.

The reason of this increase in the number of applications made for treatment since April 2010 in drug treatment services might be the use of Suboxone which is a Buprenorphine+Naloxone combination. It also thought that the increase in the number of treatment centers from 20 to 22 in 2010 is effective in the increase of the number of clients who received inpatient treatment services in 2010.

As the goal of such substitution treatments is to make the current addicts get in touch with treatment institutions and to keep them away from illegal activities, it can be said that this type of treatment may contribute much to reaching the hidden population.

Previous Treatment Status

Graph 5-2: Breakdown of Those who Have Never and Ever Received Treatment Services by Year



Source: Ministry of Health – General Directorate of Treatment Services, 2011; EMCDDA Standard Table 34, 2011.

57.14 % of those who received treatment services in 2010 (1657) stated that they had never received any treatment service (that they were receiving service for the first time) while

41.38% (1200) of them stated that they had already received treatment services before. On the other hand, it is not known whether 1.48% of the patients (43) had received any service or not.

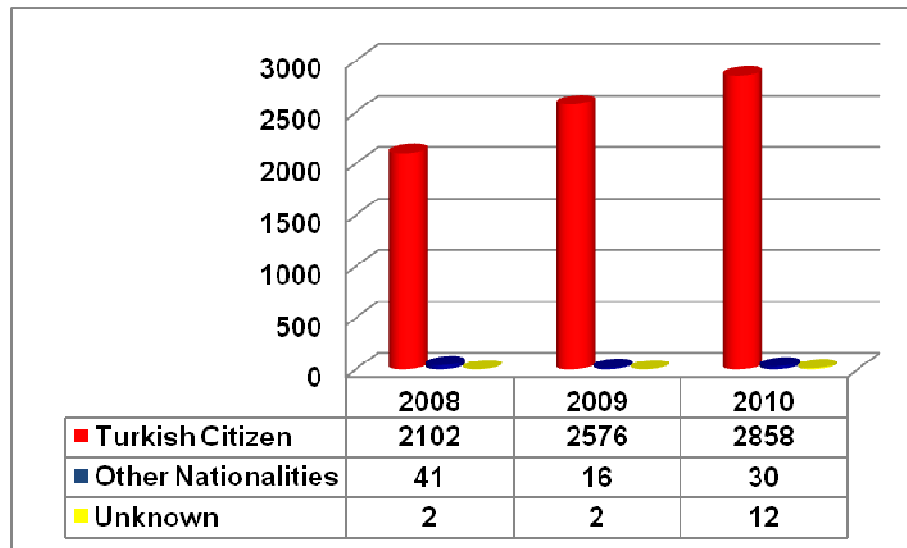
It can be seen that the number of those who applied for treatment for the first time in 2010 increased by 11.96% in comparison with the previous year and the number of those who have already received treatment before increased by 10.70% in comparison with the previous year.

It has been understood that 95.77% of those who received treatment services for the first time (1587) were male and 3.62 % of them (60) were female and 0.60 % of them (10) did not state their genders while 92.08 % of those who had received treatment services before (1105) were male, 7.33 % of them (88) were female and 0.58 % of them (7) did not state their genders.

54.12 % of those who were receiving services for opiate and opioids (1084) stated that they were receiving such services for the first time and 44.73 % of them (896) stated that they had already received such services and 1.15 % of them (23) did not state whether they had received such services before or not. 54.20 % of those who received treatment services for heroin addiction (1070) stated that they were receiving service for the first time and 44.63 % of them (881) stated that they had received service before and 1.17 % of them (23) did not state whether they had ever received such services.

Nationality

Graph 5-3: Breakdown of Those who are in Treatment

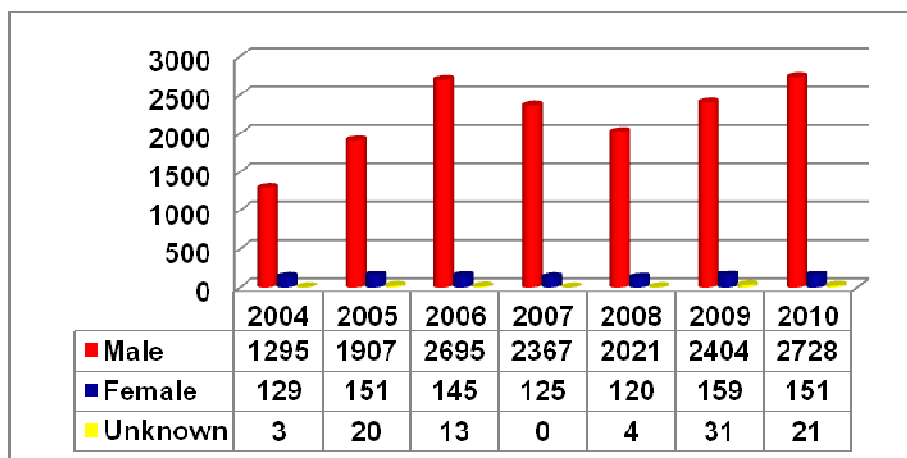


Source: Ministry of Health – General Directorate of Treatment Services, 2011.

98.55 % of those who received treatment services in 2010 (2858) were Turkish while 1.03 % of them (30) were foreigners. There is not any info on the nationality of 0.41 % of them (12).

Gender

Graph 5-4: Breakdown of Genders of Persons who Received Service by Year



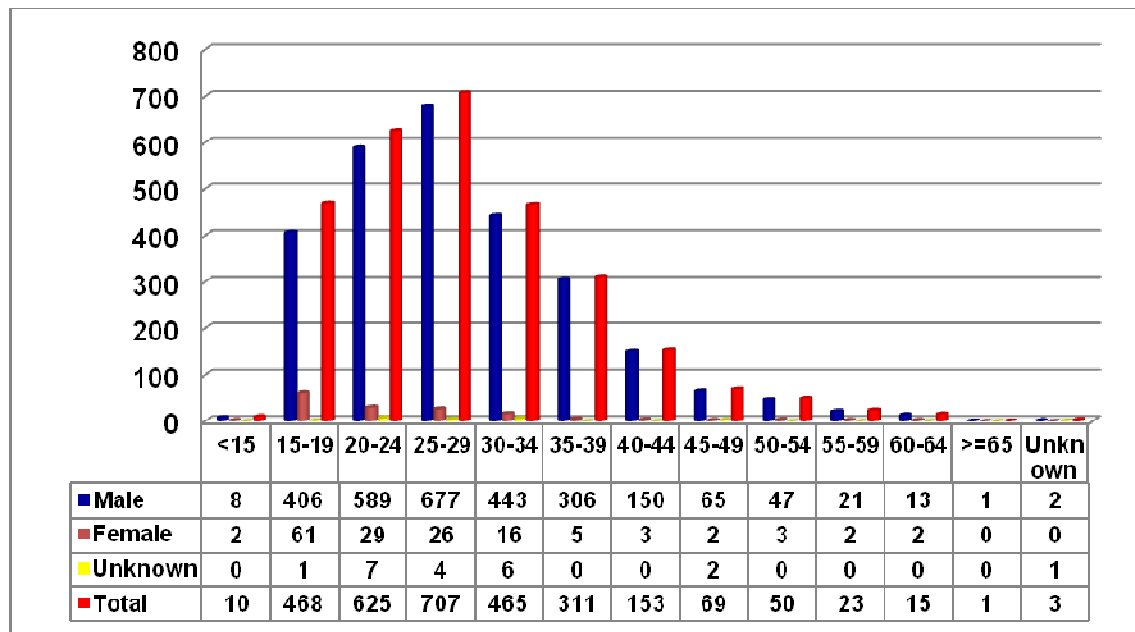
Source: Ministry of Health – General Directorate of Treatment Services, 2011.

When distribution of those who received inpatient treatment services in 2010 is examined it was seen that 94.07% of them (2728) were male, 5.21 % of them (151) were female and genders of 0.72 % (21) have not been stated.

It can be easily seen that treatment demand by women was significantly low while treatment demand by men was significantly high when the breakdown of persons who were in treatment is examined.

Age

Graph 5-5: Breakdown of Ages of Those who Received Treatment Services



Source: Ministry of Health – General Directorate of Treatment Services, 2011.

When the breakdown of those who received such services is examined, clients who applied for treatment concentrated in the age group 15-29. The ratio of clients between 15 and 29 years old to the total number of clients was 62.07 % (1800).

Classifying according to age groups it can be seen that:

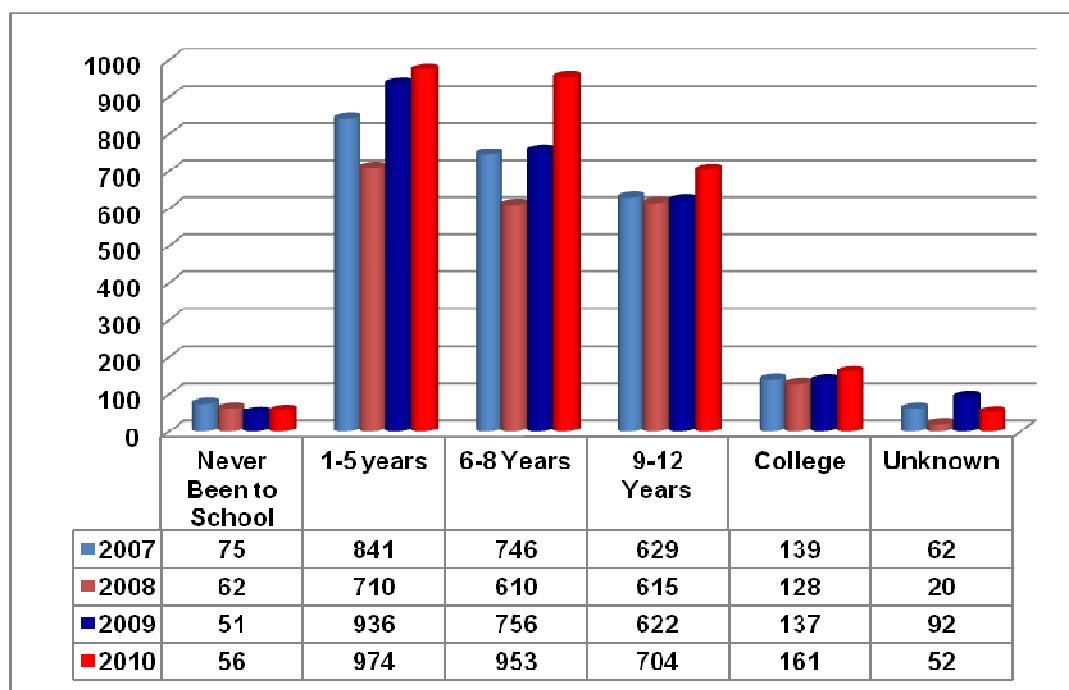
- 24.38 % of those who received services (707) were between the ages of 25 and 29;
- 21.55 % of those who received services (625) were between the ages of 20 and 24;
- 16.14 % of those who received services (468) were between the ages of 15 and 19;
- 16.03 % of those who received services (465) were between the ages of 30 and 34.

It has been calculated that the average age of those who received such services in 2010 is 28.34. The age of the youngest and oldest ones among those who received such services were 12 and 66, respectively. It was seen that only 0.34 % (10) of 2900 people who received such services in 2010 were under the age of 15.

It has been observed that 40.40 % of women clients who received services in 2010 (61) were between 15 and 19 ages.

Education Status

Graph 5-6: Breakdown of Education Status of Persons in Treatment



Source: Ministry of Health – General Directorate of Treatment Services, 2011.

When education status of those who received treatment services in 2010 is examined it was observed that:

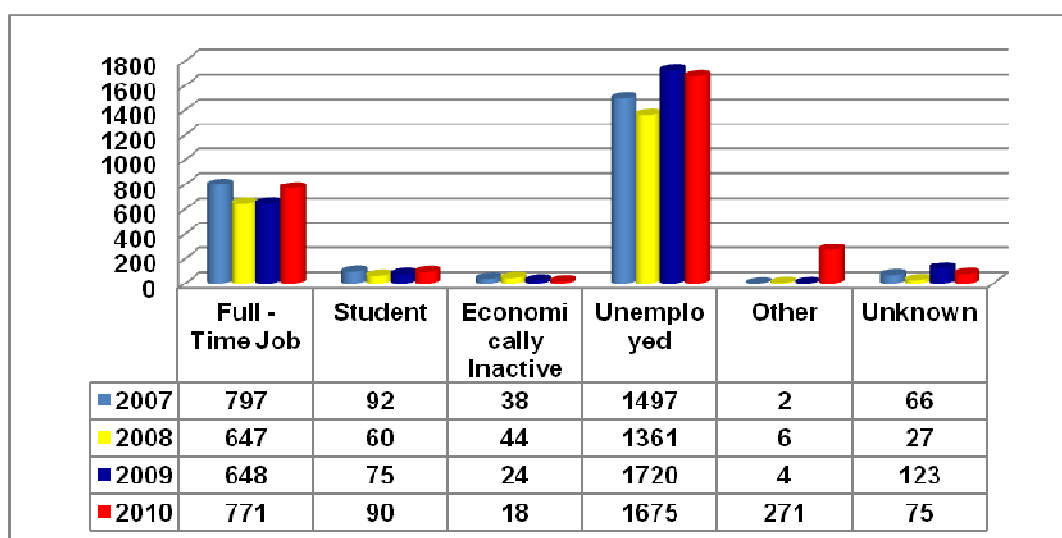
- 33.59 % (974) were primary school graduates;
- 32.86 % (953) were secondary school graduates;
- 24.28 % (704) were high school graduates;
- 5.55 % (161) were academy graduates;
- 1.93 % (56) never attended to school; and
- There is not any info on the education status of 1.79 % of them (52).

It has been observed that education status of 66.45 % of those who received such services (1927) were at the primary school level.

When education status of those who applied for treatment in 2010 is compared with the previous year it was observed that the increase in the number of secondary school graduates was 26.06 %, which was 17.52 % for college graduates, 13.18 % for high school graduates, 9.80 % for those who never attended to any school, 4.06 % for primary school graduates who applied for treatment. It has been observed that in 2010 application (undergone treatment) ratio of those who graduated from primary school increased more than that of those who have a different education level in comparison with the previous year.

Employment Status

Graph 5-7: Breakdown of Employment Status of Those who Received Treatment



Source: Ministry of Health – General Directorate of Treatment Services, 2011.

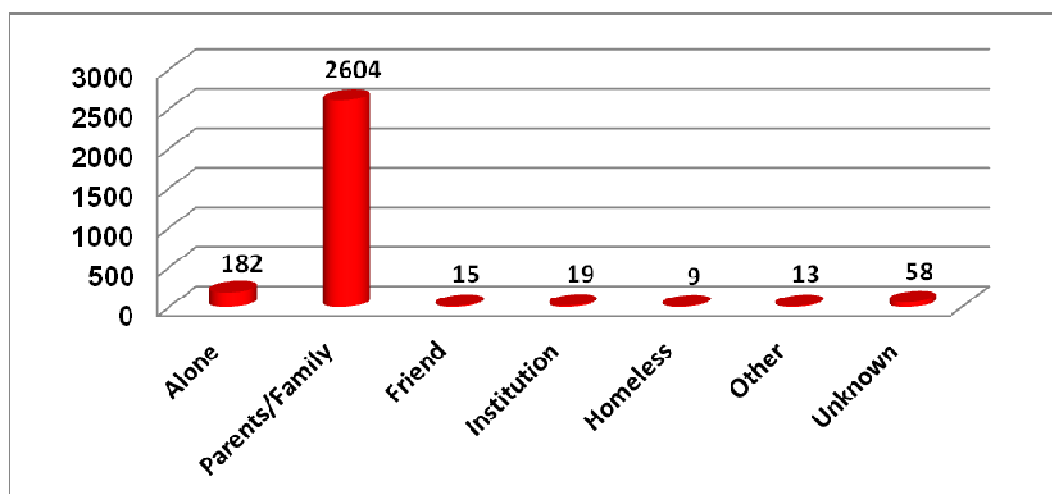
When those who received treatment in 2010 according to their employment status were examined, it was observed that:

- 57.76 % of whom (1675) were unemployed;
- 26,59 % of whom (771) had a regular job; and
- 3,10 % of whom (90) were students.

Since there are no details about the data on Graphic 5.3, further comment cannot be made on the relationship between substance use and employment status.

Lifestyle

Graph 5-8: Breakdown of Lifestyles of Those who Received Services



Source: Ministry of Health – General Directorate of Treatment Services, 2011.

When those in treatment were assessed according to their lifestyles it was observed that 89.79 % of them (2604) lived with his/her family/parents, 6.28 % of them (182) lived alone, 0.52 % of them (15) lived together with his/her friends. It has been stated that 0.66 % of them (19) accommodated in an institution, 0.31 % (9) were homeless and lived on the streets. It has been mentioned that 0.45 % of those who received treatment (13) had a lifestyle different from above-mentioned status while 2 % (58) did not state their living status.

The percentage of those who lived together with his/her family/parents were 85.96 % (2230) in 2009 while this percentage increased to 89.79 % in 2010 (2604).

Province Resided

Table 5-3: Breakdown of the First Ten Provinces and Abroad in which Those in Inpatient Treatment Resided in 2009 and 2010

Province Resided	2009		2010		Increase/Decrease	
	n	%	n	%	n	%
İstanbul	793	30,6	1084	37,38	291	36,69
Adana	278	10,7	388	13,38	110	39,56
Antalya	191	7,4	241	8,31	50	26,17
İçel	166	6,4	189	6,52	23	13,85
Ankara	107	4,1	104	3,59	-3	-2,80
Gaziantep	166	6,4	99	3,41	-67	-40,36
İzmir	96	3,7	74	2,55	-22	-22,91
Elazığ	78	3,0	68	2,34	-10	-12,82
Hatay	79	3,0	60	2,07	-19	-24,05
Kayseri	59	2,3	54	1,86	-5	-8,47
Other provinces	549	21,2	529	18,24	-20	-3,64
Foreign country	32	1,2	10	0,34	-22	-68,75
Total	2594	100	2900	100	306	11,79

Source: Ministry of Health – General Directorate of Treatment Services, 2011.

81.41 % of those who received inpatient treatment services in treatment centers resided in the provinces mentioned in the table above. The percentage of those who resided in other provinces and who applied for treatment was 18.24 %.

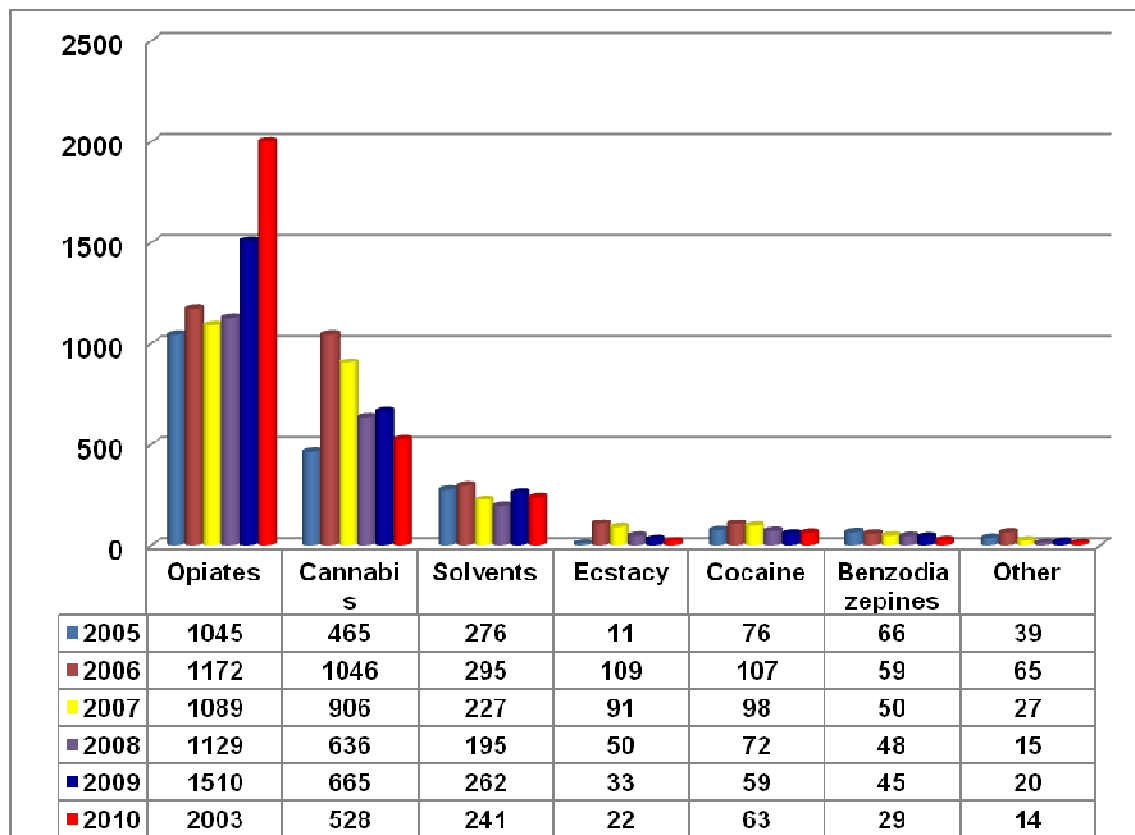
When the clients applied/referred to inpatient treatment services in 2010 according to the type of referral to treatment are examined, it was observed that:

- 62.14 % (1802) applied with his/her own will;
- 27.62 % (801) applied with his/her friends' influence;
- 4.76 % (138) were referred by courts, probation and public prosecutors;
- 2.82 % (82) were refereed by social services;
- 0.24 % (2) were referred by hospitals and other treatment centers (EMCDDA Standard Table 34, 2011).

It has been observed that the number of those who applied for treatment as a result of his/her friends' advices in 2010 increased by 40.77 % in comparison with the previous year while the number of those who applied for treatment with his/her own will in 2010 increased by 8.29 %.

Main Substance

Graph 5-9: Breakdown of Main Substance Used by Those in Treatment by Year



Source: Ministry of Health – General Directorate of Treatment Services, 2011

When the characteristics of clients who received inpatient treatment services in 2010 are examined according to the essential substance they used it was observed that:

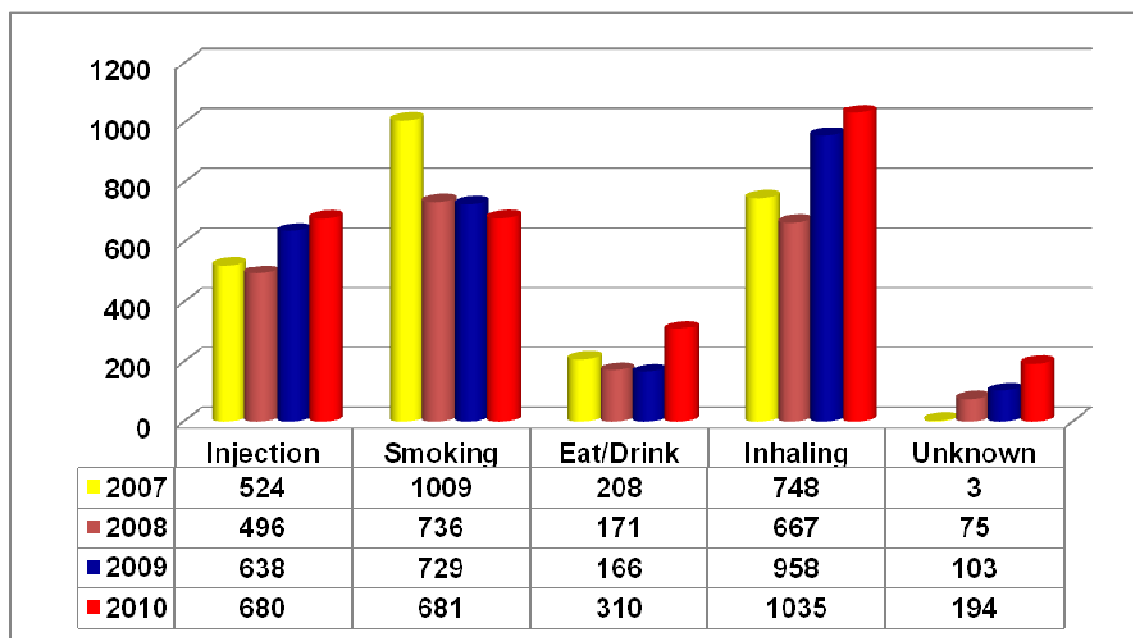
- 69.06 % of them (2003) were opiate and opioid users (98.55 % of opiate and opioid users (1974) were heroin users);
- 18.21 % (528) were cannabis users;
- 8.31 % (241) were inhalant/solvent users;

- 2.17 % (63) were cocaine users;
- 1 % (29) were benzodiazepine users;
- 0.76 % (22) were ecstasy users;
- 0.48 % (14) used other substances.

In 2009 56.67 % of those who received inpatient treatment services were treated for heroin addiction (1470) while the percentage increased to 68.07 % (1974) in 2010. It can be understood that 2 of each 3 persons who received inpatient treatment services in 2010 were heroin users.

Route of Essential Substance Use

Graph 5-10: Breakdown of Those who Received Treatment Services by the Route of Substance Use and Year



Source: Ministry of Health – General Directorate of Treatment Services, 2011.

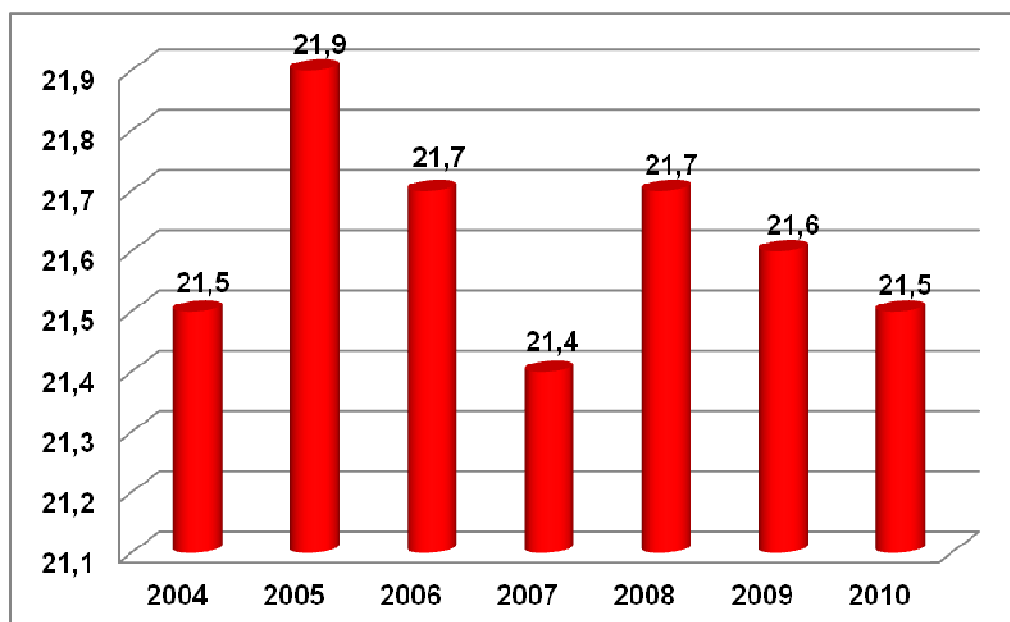
When the route of substance use of clients who received inpatient treatment services in 2010 is examined it can be observed that 35.69 % of the patients (1035) stated that they use such substances through sniffing, 23.48 % (681) through smoking, 23.45 % (680) through injecting and 10.69 % (310) through eating/drinking.

Regarding the route of substance use, when 2010 data is compared with 2009 data, it can be seen that the increase in terms of the route of substance use is 86.75 % for eating/drinking, 8.04 % for inhaling and 6.58 % for injecting while the route of substance use through smoking decreased by 6.58 %.

32.57 % of 1974 clients receiving treatment for heroin addiction (643) stated that they used heroin through injecting while 38.45 % used (759) through sniffing, 11.25 % through eating/drinking and 9.37 % (185) used heroin through smoking. On the other hand, 8.36 % of them did not state the route of heroin use.

Age of First Use

Graph 5-11: Breakdown of Age of First Substance Use of Those in Treatment by Year



Source: Ministry of Health – General Directorate of Treatment Services, 2011.

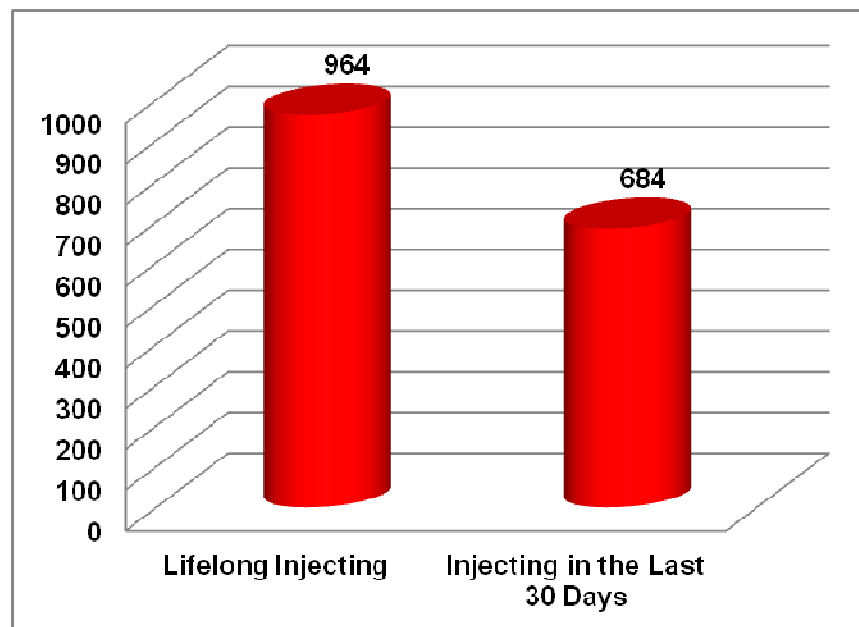
It has been calculated that the average age of first use of those who were in treatment is 21.5. It can be seen that this age interval of 21 and 22 remained stable between 2004 and 2010.

10.72 % (311) of 2900 clients who received inpatient treatment services in 2010 stated that their ages at first substance use was under 15, 31.59 % (916) stated that it was

between 15-19, 28.55 % (828) between 20-24, 14.17 % (411) between 25-29, 6.97 % (202) between 30-34 and 4.83 % (140) between 35-59 (EMCDDA Standard Table 34, 2011).

Injecting Status

Graph 5-12: Breakdown of Those in Treatment by Injecting Status



Source: Ministry of Health – General Directorate of Treatment Services, 2011.

When lifetime injecting drug use status is examined it was seen that 33.24 % of 2900 clients (964) stated that they had used substance through injecting it at least once in their lifetime while 64.14 % of them (1860) stated that they had never used substances through injecting. Injecting status of 2.62 % of the clients (76) is not known.

When distribution of ages of first use of injecting drug users is examined it can be seen that 870 of 964 persons did not answer this question and it has been observed that the average age of first injecting drug use of drug users was 23.94.

SECTION 6

HEALTH CORRELATES AND CONSEQUENCES

Murat SİNİK²⁴

6.1. Introduction

This section is compiled from data that were received from researches conducted at a local level by Ministry of Health, General Directorate of Treatment and Primary Health Care Services together with Non-governmental Organizations.

Data received from General Directorate of Treatment Services represent the data on inpatient drug users in treatment centers. These data have been collected by use of the form “Treatment Notification System for Drug Users in Turkey” by experts in addiction treatment centers.

In this form that is applied for clients it is also asked whether client has an infectious disease or not. These forms are filled in based on declarations while questions about infectious diseases are answered by experts by taking results of blood tests into consideration in many treatment centers but not in all treatment centers.

6.2. Drug-related Infectious Diseases

In 2010 2900 people, in total, received inpatient treatment services(See Sec. 5) due to drug addiction in Turkey and 33.24 % of them (964) declared that they had used drug by injecting the substance into blood vessel for at least once in their lifetimes (EMCDDA Standard Table 34, 9-P1, 2011).

In 2010, 3099 Hepatitis B and 604 Hepatitis C cases were identified in Turkey. However, how many of these cases are injecting drug users are not known (General Directorate of Primary Health Care Services, 2011).

6.2.1. Incidence of HIV/AIDS and Viral Hepatitis

In 2010, HBV, HCV and HIV tests were applied to 964 injecting drug users who received inpatient treatment service in AMATEM facilities and positive results were observed

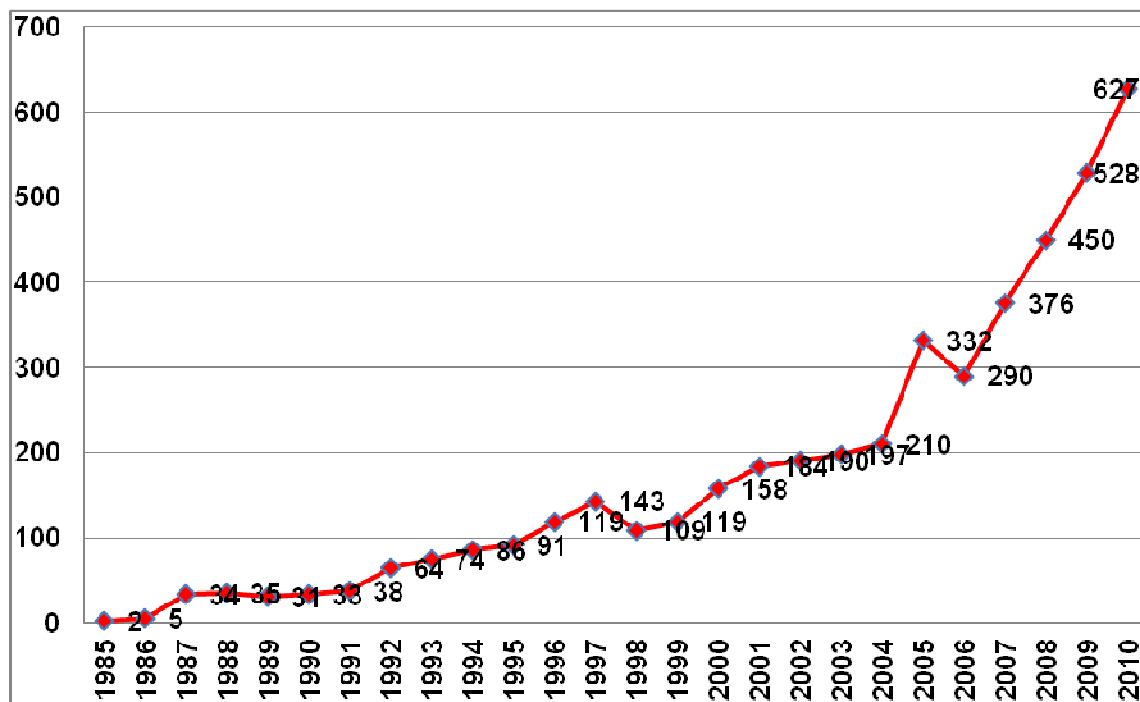
²⁴ TUBİM (Turkish Monitoring Center for Drugs and Drug Addiction)

for 244 cases (EMCDDA Standard Table 9-P2, 2011).

6.2.1.1. Incidence of HIV

The first HIV/AIDS case in Turkey was identified in 1985 and Turkey is considered among countries in which HIV prevalence is low²⁵. The number of HIV/AIDS cases in Turkey reached 4525 in 2010 by being multiplied by 4 in the last 10 years. It was reported that the number of people on whom HIV/AIDS case was identified for the first time was 528 in 2009 while this value increased to 627 in 2010 with an increase of 19 %.

Graph 6-1: Classification of AIDS Cases and Carriers Declared in Turkey by Year



Source: Ministry of Health General Directorate of Primary Health Care Services, 2011.

Table 6-1: Breakdown of HIV/AIDS Cases by Potential Transmission Means

POTENTIAL TRANSMISSION MEANS	No	%
Homosexual/bisexual intercourse	382	8.44%
Injecting drug use	147	3.25%

²⁵ AIDS Prevention Society, Bio-Behavioral Research on HIV for Vulnerable Groups İstanbul, 2010.

Homosexual/bisexual intercourse + injecting drug use	7	0.15%
Hemophilia	11	0.24%
Blood transfusion	55	1.22%
Heterosexual intercourse	2493	55.09%
Transmission from mother to baby	65	1.44%
Nosocomial infection	23	0.51%
Unknown	1342	29.66%
TOTAL	4525	

Source: Ministry of Health General Directorate of Primary Health Care Services, 2011.

Examining classification of 4525 HIV/AIDS cases notified between 1985 and 2010 by potential transmission means, injecting drug use corresponds to a portion of 3.25% (147).

Table 6-2: Breakdown of HIV/AIDS Cases in Turkey by Age and Gender

AGE GROUPS	MALE	FEMALE	TOTAL	%
0	17	7	24	0.53%
1-4	10	17	27	0.60%
5-9	7	10	17	0.38%
10-14	6	4	10	0.22%
15-19	31	42	73	1.61%
20-24	240	242	482	10.65%
25-29	432	265	697	15.40%
30-34	536	214	750	16.57%
35-39	508	128	636	14.06%
40-49	666	138	804	17.77%
50-59	348	118	466	10.30%
60+	191	46	237	5.24%
Unknown	205	97	302	6.67%
TOTAL	3197	1328	4525	

Source: Ministry of Health General Directorate of Primary Health Care Services, 2011.

29.34 % of persons with HIV/AIDS diagnosis were female and the remaining 70.65 % were male. In addition, 98.28 % of persons with HIV/AIDS diagnosis (4447) were older than 15 years old and the remaining 1.72 % (78) was between 0 and 14 years old.

Table 6-3: Breakdown of HIV Test Results Applied to Injecting Drug Users Receiving Inpatient Treatment Services in Addiction Treatment Centers by Year

Infectious Diseases		2004	2005	2006	2007	2008	2009	2010
HIV	Number of Clients Tested	237	345	263	223	462	696	644
	Negative Result	230	335	255	221	458	694	641
	Positive Result	7	10	8	2	4	2	3
	Positive %	2.95	2.90	3.04	0.90	0.87	0.29	0.47

Source: Ministry of Health General Directorate of Treatment Services, 2011.

Out of 644 HIV tested injecting drug users in addiction treatment centers in 2010, 0.47 % (3) tested positive, one of them is male, 2 are females.

6.2.1.2. Incidence of Viral Hepatitis

Examining tests and their results applied for and of injecting drug users receiving inpatient treatment service in addiction treatment centers in 2010,

- Results of 3.56 % of 618 clients (22) for whom HBV test was applied were positive; and
- Results of 32.88 % of 666 clients (219) for whom HCV test was applied were positive.

Table 6-4: Distribution of HBV and HCV Test Results Applied for Injecting Drug Users receiving inpatient Treatment Service in Addiction Treatment Centers by Year

Infectious Diseases		2004	2005	2006	2007	2008	2009	2010
HBV	Number of Clients Tested	11	97	184	198	425	687	618
	Negative Result	10	89	151	166	391	651	596
	Positive Result	1	8	33	32	34	36	22
	Positive %	9.09	8.25	17.93	16.16	8.00	5.24	3.56
HCV	Number of Clients Tested	236	372	339	270	741	709	666
	Negative Result	129	179	152	153	297	504	447
	Positive Result	107	193	187	117	174	205	219
	Positive %	45.34	51.88	55.16	43.33	23.48	28.91	32.88

Source: Ministry of Health General Directorate of Treatment Services, 2011.

According to data received from General Directorate of Treatment Services 210 of 219 clients whose HCV test results were positive among injecting drug users receiving inpatient treatment service in addiction treatment centers were male and the remaining 8 people were female. It has been observed that 21 of 22 clients whose HBV test results were positive were male and the remaining 1 person was female.

6.2.2. Bio-Behavioral Research on HIV for Vulnerable Groups²⁶

HIV Prevention project for vulnerable groups was developed in mid 1990s and commenced in December 2009 with financial and technical support by United Nations Population Fund. In this study that was planned initially for only sex workers, Human Resources Development Foundation and Fight against AIDS Organization served as executive organizations. According to recommendation from Project Guidance Committee executive organizations have taken an extension decision so that target group would include also men having sex with other men and injecting drug users in order to cover all the vulnerable groups in İstanbul. As the last component, this joint study reached to the third vulnerable group (drug users) when AMATEM joined to the team as an executive organization in March 2010.

²⁶ This research was conducted in 2010 by AIDS Prevention Society in İstanbul.

It has been observed that 10.07 % of 655 people participating in the study (66) were injecting heroin users, 7.17 % of whom (47) were inhaling heroin users.

Examining socio-demographical properties of injecting and inhaling heroin users, it has been found that

- 90.9 % of injecting heroin users (60) were male and the remaining 9.1 % (6) were female; and 91.5 % of inhaling heroin users (43) were male and the remaining 8.5 % (4) were female;
- 50 % of injecting heroin users (33) and 55.3 % of inhaling heroin users (26) were between 20 and 29 years old. Average age of injecting heroin users was 31.32 (between 19 and 55 years old) while average age of inhaling heroin users was 37.30 (between 18 and 56 years old).
- 68.2 of injecting heroin users (45) were bachelors, 15.2 % of them (10) were married and 16.7 % of them (11) were divorced). It has also observed that 59.6 % of inhaling heroin users (28) was bachelors, 34 % of them (16) were married and 6.4 of them (3) were divorced.
- 3 % of injecting heroin users (2) were only literate, 33.3 % of them (22) were primary school graduates (five years), 30.3 % of them (20) were middle school graduates (8 years), 22.7% of them (15) were high school graduates, 6.1 % of them (4) were university students and 4.5 % of them (3) were university graduates. On the other hand, it has been observed that 2.1 % of inhaling heroin users (1) were only literate, 27.7 % of them (13) were primary school graduates (five years), 36.2 % of them (17) were middle school graduates (8 years), 27.7% of them (13) were high school graduates, 4.3 % of them (2) were university students and 2.1 % of them (1) were university graduates.
- 81.8 % of injecting heroin users (54) was unemployed while 18.2 % of them (12) had a job. Regarding inhaling heroin users, employment rate is higher than that of among injecting heroin users. 40.4 % of inhaling heroin users stated that they were employed and 59.6 % of them were unemployed. Unemployment rate of injecting heroin users is higher than that of inhaling heroin users. Only one fifth of the group stated that they had a job.
- 43.9 % of injecting heroin users (29) stated that they did not have any income,

22.7 % of them (15) stated that they did not have any fixed income, 4.5 % of them (3) stated that they had an income less than 500 TL, 24.2 % of them (16) stated that they had an income between 500 and 1500 TL, 4.5 % of them stated (3) that they had an income more than 1500 TL. When unfixed income response is not taken into consideration it can be understood that more than half of heroin users (56.8 %) did not have any income. Examining inhaling heroin users in terms of their income; it has been observed that 34 % of inhaling heroin users (16) stated that they did not have any income, 25.5 % of them (12) stated that they did not have any fixed income, 2.1 % of them (1) stated that they had an income less than 500 TL, 25.5 % of them (12) stated that they had an income between 500 and 1500 TL, 12.6 % of them stated (6) that they had an income more than 1500 TL.

When data on injectors and drug paraphernalia share among injecting and inhaling heroin users is examined:

- 32.8 % of injecting heroin users (21) shared their injectors with other while 67.2 % of them (43) stated that they did not share injectors with others;
- When underlying reasons of injector sharing is examined 68.4 % of them (13) stated that they suffered from some problems in finding sterilized injectors. 21.1 % of them answered “other” and when asked to explain its reason they stated that they believed that their partners are not infected; that this application was a social ritual; that they took more pleasure and that peer pressure is affective on them. None of the respondents mentioned economic reasons.
- 2/3 of injecting heroin users (66.7 %) stated that they shared injecting drug paraphernalia other than injector (such as heater, cleaning water, cotton filter, cotton with alcohol and the substance itself) with others for at least once. 72.1 % of them (31) defined common use with more than one persons while average number of persons with whom paraphernalia was shared was calculated to be 2.16 (distribution 1.0-5.0). 27.9 of them (12) stated only one common use.
- Almost all of the injecting heroin users 97 % (64) were aware of health risks posed by drug paraphernalia sharing while this percentage among inhaling heroin use was 80.9 % (38). 93.9 % of injecting heroin users (62) were aware of Hepatitis and HIV risk when sharing drug paraphernalia. This ration among inhaling heroin users was 60.3 % (70).

6.3. Other Drug-Related Health Correlates and Consequences

No new data.

6.4. Drug-Related Deaths and Mortality of Drug Users

Assoc. Prof. Bülent ŞAM^{27,28}

Data on drug-related deaths (DRD) has been collected and reported by the Ministry of Justice Forensic Medicine Institution.

Turkish National Report 2011, in accordance with the definition of Selection D proposed by the EMCDDA for deaths directly related to drugs, has been prepared by taking into consideration deaths just after the consumption of one or more illicit substances (opiate and opioids, cocaine, cannabis, amphetamine and its derivatives, hallucinogens) or sometimes in combination with alcohol and/or psychoactive medicines and deaths in hospitals after comatose case after taking one or more of these substances. Deaths related to psychoactive substance use for suicide-purposes are excluded. All the drug-related deaths included in the report have been evaluated by considering police investigation records regarding the cases, crime scene investigation reports and autopsy findings and interpreted as accidental drug-related deaths. Murder-origin cases were excluded.

On the other hand, indirect DRD cases are the cases in which one or more abovementioned substances are found in the blood, urine or innards samples at a non-toxic amount but cause of death is not substance intoxication.

All the data on DRDs have been obtained from full autopsies.

Spots tests, CEDIA, GC/MS, HPLC, LC/MS/MS were used for toxicological analyses.

6.4.1. Direct Drug-Related Deaths

The number of direct drug-related death cases which was 153 in 2009, decreased to 126 with 17.6% in 2010. Since the general death registers provided by the Turkish Statistical

²⁷ Ministry of Justice Forensic Medicine Institution

²⁸ Expert on Drug-Related Deaths and Mortality Rates

Institute (TUIK) have not been published yet it is not possible to make a comparison with the 2010 general death registers.

Examining the DRD cases according to gender it was found that 94.4 % of them (119) were male and 5.6 % of them (7) were female. Breakdown of direct DRD cases by gender, as in the previous years, shows that drug use is more common among males in comparison with females. Female death cases in 2010 decreased in comparison with the previous year and this showed that the increase of 150 % in 2009 was a deviation (Table 6-5).

Regarding the average age of direct DRD cases; the average age of males was 34.4 (min: 16 – Max: 65) and that of females was 31.3 (min: 23 – max: 42) and that for overall direct DRD cases was 34.2 (Table 6-5). Average age of males decreased in comparison with the previous year but reached a value approximate to the value observed in 2007 and 2008. Average age of females also decreased. On the other hand, the number of cases among females is not sufficient to make a detailed assessment.

Table 6-5: Breakdown of Average Age of Direct DRD Cases by Gender and Year

Year	Gender	Average Age	Min. Max. Age
2007	Male (n:128)	34,3	18-70
	Female (n: 8)	32,7	23-44
	<i>Total (n:136)</i>	<i>34,2</i>	<i>18-70</i>
2008	Male (n:140)	34,5	15-70
	Female (n:7)	34,8	17-60
	<i>Total (n:147)</i>	<i>34,5</i>	<i>15-70</i>
2009	Male (n:133)	34,8	15-71
	Female (n:20)	33,2	15-66
	<i>Total (n:153)</i>	<i>34,6</i>	<i>15-71</i>
2010	Male (n:119)	34,4	16-65
	Female (n:7)	31,3	23-42
	<i>Total (n:126)</i>	<i>34,2</i>	<i>16-65</i>

Source: Ministry of Justice Forensic Medicine Institution, 2011; EMCDDA Standard Table 6, 2011.

When the breakdown of direct DRD cases by age groups is examined it was found that 5.6 % of the cases were between 15 and 19 years old, 11.9 % were between 20 and 24, 21.4 % were between 25 and 29, 19.8 % were between 30 and 34, 14.3 % were between 35 and 39, 8.7 % were between 40 and 44, 6.4 % were between 45 and 49, 4 % were between 50 and 54, 3.2 % were between 55 and 59, 3.2 % were between 60 and 64 while there were no case whose age was equal to or more than 65 or whose age was not known (Table 6-6).

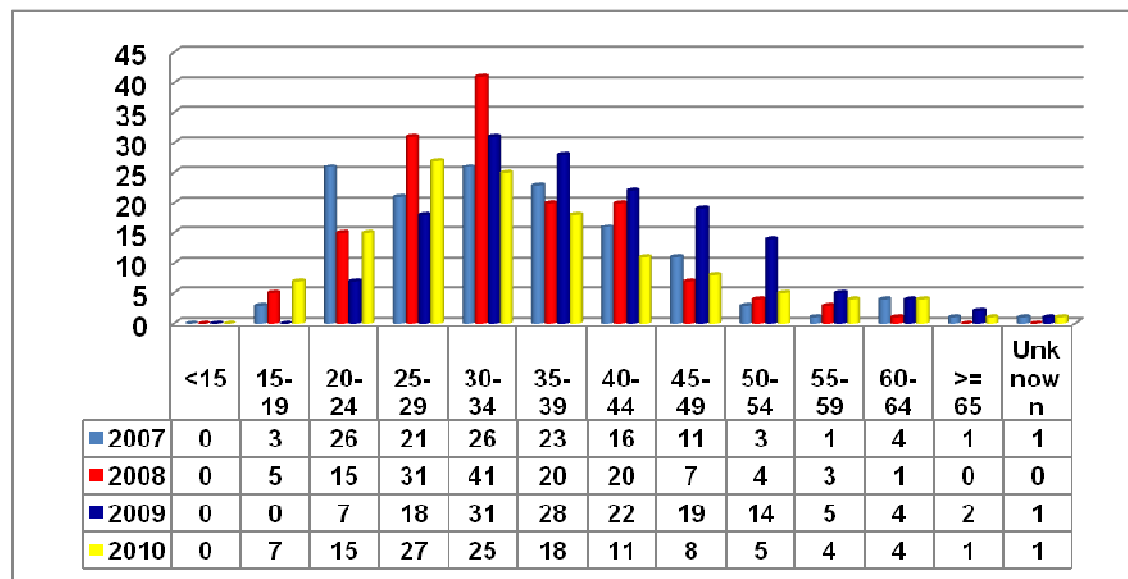
Table 6-6: Breakdown of Age Intervals of Direct DRD Cases by Year

Age Group	Male	Female	Total
<15	0	0	0
15-19	7	0	7
20-24	14	1	15
25-29	24	3	27
30-34	24	1	25
35-39	18	0	18
40-44	9	2	11
45-49	8	0	8
50-54	5	0	5
55-59	4	0	4
60-64	4	0	4
>=65	1	0	1
Not Known	1	0	1
Total	119	7	126

Source: Ministry of Justice Forensic Medicine Institution, 2011; EMCDDA Standard Table 6, 2011.

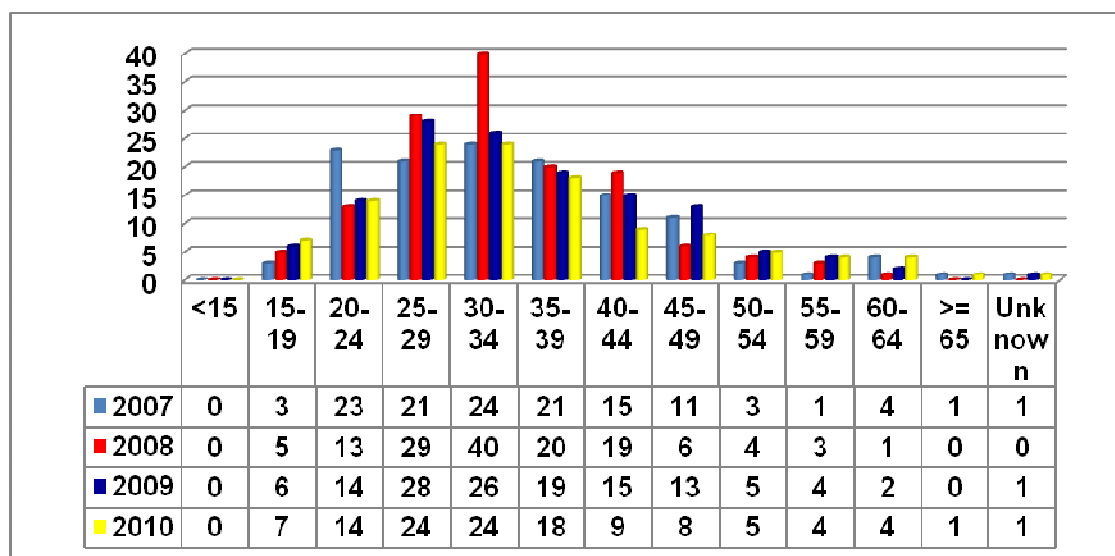
It was found that direct DRD cases concentrated in the age group 25-29 in 2010 while the rating of the age groups according to the possibility of direct DRD cases are: 30-34, 35-39, 20-24 and 40-44. When the data for the last four years are evaluated all together the order is found to be: 25-29, 30-34, 35-39, 20-24 and 40-44. The number of cases between 15 and 19 years old remained stable in comparison with the previous year (graph 6-2). Age breakdown of male cases is very similar to that of gender average of both genders (Graph 6-3) while it is not possible to make a detailed evaluation on the breakdown of female cases due the insufficient number of cases.

Graph 6-2: Breakdown of Age Intervals of Direct DRD Cases by Year



Source: Ministry of Justice Forensic Medicine Institution, 2011; EMCDDA Standard Table 6, 2011.

Graph 6-3: Breakdown of Age Intervals of Male Direct DRD Cases by Year



Source: Ministry of Justice Forensic Medicine Institution, 2011.

When direct DRD cases were evaluated in terms of provinces it was found that there were 57 DRD cases in İstanbul, 15 in Antalya, 14 in Adana, 9 in Gaziantep, 4 in Ankara, 3 in Bursa and Mersin, 2 in Düzce, Hatay and Kahramanmaraş, and 1 in Artvin, Bilecik, Diyarbakır, Elazığ, İzmir, Kayseri, Kilis, Kocaeli, Konya, Muğla, Rize, Sakarya, Siirt, Tokat and Van. It was observed that DRD cases were concentrated in only 25 provinces, that the greatest death rate was in İstanbul (45.2 %), that the second, third and fourth greatest death rate were in Antalya (11.9 %), Adana (11.1 %) and Gaziantep (7.1 %), respectively.

The number of direct DRD cases in İstanbul in 2010 decreased to 57 with a percentage of 26 % in comparison with the 2009 (77). The first four provinces in which the greatest amount of DRD cases exist did not change in this year also. However, it has been observed that DRD cases in Adana increased and Adana took the third place this year. The number of DRD cases decreased in many provinces while there is a significant increase in the number DRD cases in Adana. The number of DRD cases in Adana in 2009 was 8 that increased to 14 in 2010 and it has been found that all of these death cases were caused by opiate and opioid use.

Table 6-7: Breakdown of Provinces in which Direct DRD Cases are most Common

Province	2007	2008	2009	2010
Adana	4	8	8	14
Antalya	8	6	18	15
Elazığ	0	8	2	1
Gaziantep	10	10	9	9
İstanbul	86	93	77	57
Van	3	10	4	1

Source: Ministry of Justice Forensic Medicine Institution, 2011.

As in the previous years the causes of death for most cases were overdose drug use or poly-drug use. In 88.9 % of the cases (112) at least one substance that was a opioid was detected and in 11.1 % of the cases (14) a substances that was not a opioid was detected (solvents in 7 cases, cocaine in 4 cases and methamphetamine in 3 cases) (Table 6-8), (Table 6-9), (Graph 6-4).

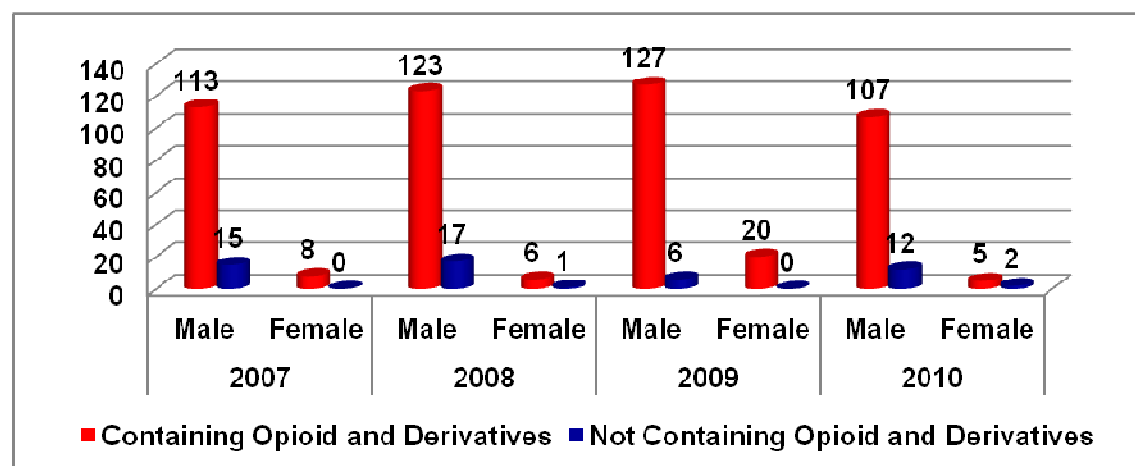
Table 6-8: Breakdown of Opioid-based DRD Cases by Gender

Intoxication	Male	Female	Total
Only with opioids (excluding methadone)	66	4	70
Only with methadone	2	0	2
Poly-drug use including opioids	39	1	40
Use of drugs not including opioids	12	2	14
Total	119	7	126

Source: Ministry of Justice Forensic Medicine Institution, 2011.

Among the opioid-related deaths in 2010 the number of male cases (107) decreased in comparison with the previous year but the number of female cases (5) was approximate to that in 2007 and 2008. The number of female cases observed in 2009 (20) is much greater than the average of the last four years. A significant decrease in the number of opioid intoxication-related cases was observed in comparison with the previous years (Graph 6-4).

Graph 6-4: Breakdown of Opioid-based Direct DRD Cases between 2007 and 2010 by Gender



Source: Ministry of Justice Forensic Medicine Institution, 2011; EMCDDA Standard Table 6, 2011.

The most common substances that were used in combination with opioids were benzodiazepine derivatives (23), cannabis (11) and cocaine (11). As a difference from previous years both methamphetamine and amphetamine were detected in 5 cases and only

methamphetamine was detected in 1 case. Only one Ecstasy (MDMA/MDA)-related death case was observed. The number of deaths related to substances other than opioids (cocaine, amphetamine and ecstasy) in 2009 decreased at a significant ratio while this value is near to the number of cases observed in 2007 and 2008 (Graph 6-4). A detailed breakdown of substances detected in the samples after toxicological tests performed on the DRD cases of the last four years are given in Table 6-9. For the cases in which 6-MAM and morphine is detected only the 6-MAM is indicated and thus, the number of cases in which morphine was detected in 2009 data decreased.

Table 6-9: Breakdown of Substances Detected in the Samples of Cases in 2007-2010 after Toxicological Tests

	2007		2008		2009		2010	
	n	%	n	%	n	%	n	%
6-MAM*	97	71,3	82	55,8	93	60,8	76	60,3
Morphine	21	15,4	45	30,6	38	24,8	34	27
Codeine	34	25	78	53,1	101	66	75	59,5
Other Opioids	0	0	5	3,4	3	2	5	4
Cocaine	10	7,4	15	10,2	5	3,3	15	12
Benzodiazepines	14	10,3	14	9,5	16	10,5	23	18,3
Methamphetamine/Amphetamine	0	0	0	0	0	0	6	4,8
MDMA/MDA	18	13,2	10	6,8	0	0	1	0,8
Antidepressants	3	2,2	18	12,2	13	8,5	7	5,6
Neuroleptics	3	2,2	1	0,7	3	2	3	2,4
Other Psychotropic Medicines	5	3,7	3	2	4	2,6	2	1,6
Inhalant/Solvents	3	2,2	7	4,8	6	3,9	7	5,6
Other	18	13,2	20	13,6	20	13,1	21	6,3

* 6-MAM is a heroin metabolite.

Source: Ministry of Justice Forensic Medicine Institution, 2011.

In 2010 an Iranian citizen Body-Packer was captured and methamphetamine packages were taken out of his digestive system.

When the direct DRD cases in 2010 was examined in terms of their nationalities it was found that 24.6 % of the cases were foreign nationals (31); and it was observed that 8 of these foreign nationals were from Georgia, 6 were from Turkmenistan, 2 were from French, 2

were from England, 2 were from Nigeria, 2 were from Russia, 1 was from USA, 1 was from Germany, 1 was from Azerbaijan, 1 was from Armenia, 1 was from Iran, 1 was from Sweden, 1 was from Kazakhstan, 1 was from Kenya, 1 was from Norway. The substance used by 27 of these cases was opioids and cocaine was detected in 2 cases and methamphetamine was detected in 1 case. 21 of these death cases were in İstanbul, 7 were in Antalya and others were in Kayseri, Artvin and Rize.

The number of foreign national cases that was 13 in 2007 was found to be 32, 33 and 30 in 2008, 2009 and 2010, respectively. Georgian and Turkmenistan nationals took the first place among foreign national death cases happened in the last four years.

5 Turkish nationals died in Germany and were sent to Turkey without making any autopsy; among these cases direct DRD was diagnosed for 3 of them and indirect DRD was diagnosed for the remaining 2 cases after autopsy performed in Forensic Medicine Institution. On the other hand, data on these cases was not taken into consideration since it will be used in Germany where the bodies were sent from.

6.4.2. Indirect Drug-Related Deaths

144 indirect DRD cases were detected in 2010 in Turkey. 96.5 % of the cases (139) were male and the remaining 3.5 % (5) were female. The ratio female/male remained almost stable in comparison with the previous year. Average age of males was 33.6 while average age of females was 43 and it was calculated that the average age of all cases was 33.9. Average age of males increased in comparison with the previous year. However, this value was smaller than that of 2008. Average age of females increased but the number of cases is insufficient to make a detailed evaluation (Table 6-10).

Table 6-10: Breakdown of Indirect DRD Cases by Gender and Year

Year	Gender	Average Age	Min Max Age
2008	Male (n:126)	34,5	15-70
	Female (n:9)	34,8	17-60
	Total (n:135)	34,5	15-70
2009	Male (n:141)	32,3	13-72
	Female (n:4)	40	19-69
	Total (n:145)	32,4	13-72
2010	Male (n:139)	33,6	13-84
	Female (n:5)	43	26-90
	Total (n:144)	33,9	13-90

Source: Ministry of Justice Forensic Medicine Institution, 2011.

When the breakdown of indirect DRD cases by age groups was examined it has been found that 8.3 % of them were between 15 and 19 years old, 10.4 % of them were between 20 and 24, 20.1 % of them were 25 and 29, 19.4 % of them were between 30 and 34, 18.8 % of them were between 35 and 39, 7.6 % of them were between 40 and 44, 3.5 % of them were between 45 and 49, 3.5 % of them were between 50 and 54, 2.1 % of them were between 55 and 59 and 1.4 % of them were between 60 and 64 and 1.4 % of them were 65 years old or older than 65. On the other hand, there was not any DRD cases whose age was smaller than 15 or whose age was not known (Table 6-11).

Table 6-11: Breakdown of Age Intervals of Indirect DRD Cases by Gender

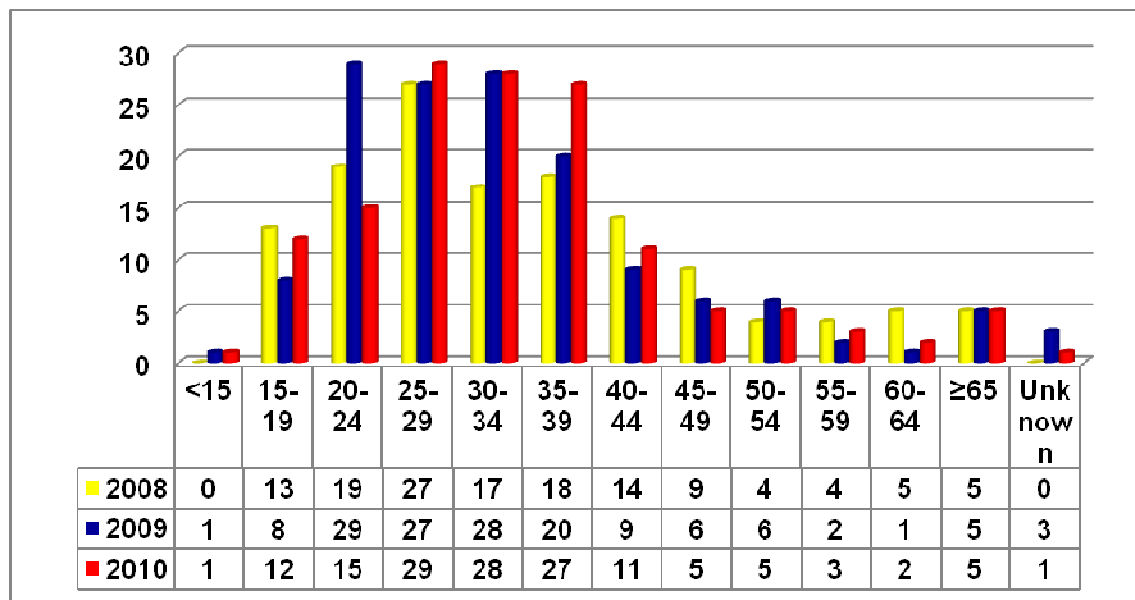
Age	Male	Female	Total
<15	1	0	1
15-19	12	0	12
20-24	15	0	15
25-29	27	2	29
30-34	27	1	28
35-39	27	0	27
40-44	10	1	11
45-49	5	0	5

50-54	5	0	5
55-59	3	0	3
60-64	2	0	2
≥65	4	1	5
Not Known	1	0	1
Total	139	5	144

Source: Ministry of Justice Forensic Medicine Institution, 2011.

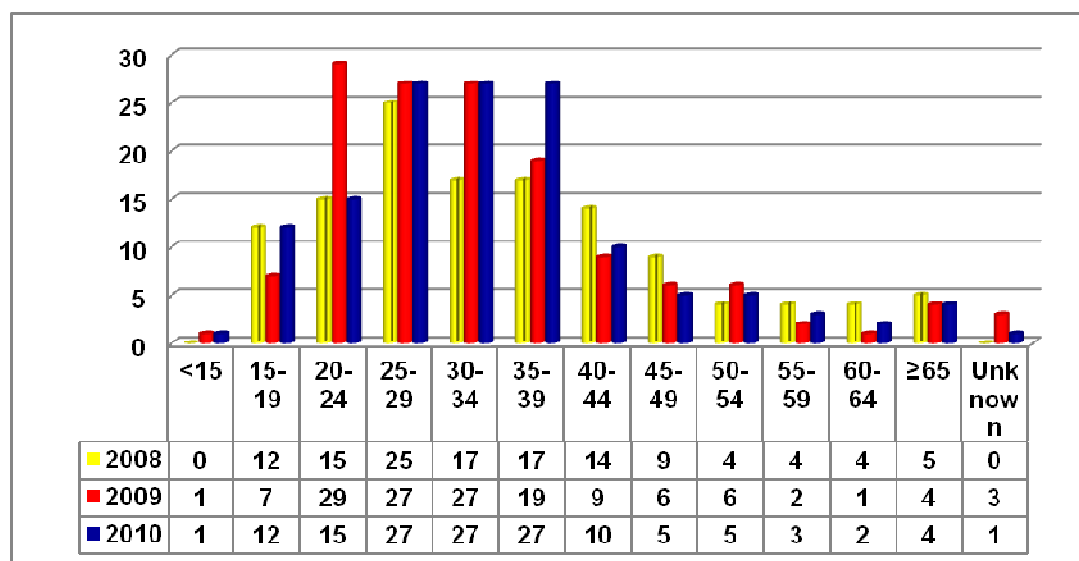
It has been found that the indirect DRD cases in 2010 were the most common between the ages 25 and 29 while this age interval was followed by the age intervals 30-34, 35-39, 20-24, 15-19 and 40-44, respectively. When the data of the last three years was evaluated all together it was found that the most common DRD cases were in the age intervals 25-29, 30-34, 35-39, 20-24, 40-44 and 15-19. It is seen that 33 indirect DRD cases were between 15 and 19 years old and 34 indirect DRD cases were between 40 and 44 years old in the last three years (Graph 6-5). Age distribution of males is very close to the age average of both genders (Graph 6-6) while a detailed evaluation could not be made about the distribution of female cases due to insufficiency in the number of female cases.

Graph 6-5: Breakdown of Age Intervals of Indirect DRD Cases by Year



Source: Ministry of Justice Forensic Medicine Institution, 2011.

Graph 6-6: Breakdown of Age Intervals of Male Indirect DRD Cases by Year



Source: Ministry of Justice Forensic Medicine Institution, 2011.

The cause of death for 27.8 % of the cases was being injured by a firearm followed by cardiovascular diseases, traffic accident, sharp object injury and commit suicide by hanging (Table 6-12). After toxicological analyses; opioids or other substance(s) in combination with opioids were detected in 21.5 % of the cases (31), one or more cannabis, cocaine and amphetamine derivatives and these substances in combination with alcohol and psychotropic medicines were detected in 78.5 % of the cases (113) (Table 6-13).

Table 6-12: Breakdown of Indirect DRD Cases by Gender when Cause of Death and Opioids are taken as Basis

Cause of Death	Male		Female		Total	
	Opiate (+)	Opiate (-)	Opiate (+)	Opiate (-)	n	%
Injury by a Firearm	5	32	1	2	40	27,8
Cardiovascular Diseases	3	19	0	0	22	15,3
Traffic Accident	6	13	0	1	20	13,9
Sharp Object Injury	4	15	0	0	19	13,2
Commit Suicide by Hanging	3	6	0	0	9	6,3

Submersion	1	5	0	0	6	4,2
Fall off	0	3	0	1	4	2,8
Electric Injury	1	3	0	0	4	2,8
Obtuse Had Trauma (murder)	1	2	0	0	3	2
Alcohol intoxication	1	2	0	0	3	2
Medicine Intoxication	0	3	0	0	3	2
Obtuse Trauma- Occupational Accident	1	1	0	0	2	1,4
Not Known	1	1	0	0	2	1,4
Carbon-monoxide Intoxication	0	2	0	0	2	1,4
Lung Infection	1	1	0	0	2	1,4
Bomb Explosion	0	1	0	0	1	0,7
Suffocate by Hand	1	0	0	0	1	0,7
Burn	1	0	0	0	1	0,7
Total	30	109	1	4	144	100

Source: Ministry of Justice Forensic Medicine Institution, 2011.

Cannabis was detected in 75 % of the cases (108), heroin (in combination with codeine in 8 cases) in 11.8 % of the cases (17), morphine (in combination with codeine in 7 cases) in 9 % of the cases (13), methadone in 0.7 % of the cases (1), cocaine in 6.3 % of the cases (9) and amphetamine derivatives (MDMA, MDA, amphetamine or methamphetamine) in 7.6 % of the cases (11). In comparison with the previous years, use of opioids increased. In contrary to the previous years, as detected also in indirect DRD cases, methamphetamine and amphetamine were detected in three cases. Ecstasy (MDMA/MDA) was detected in 9 cases in 2009 while this substance was not detected in any case in 2009 (Table 6-13).

Table 6-13: Breakdown of Substances Detected in the Samples of the Cases after Toxicological Analyses in 2008-2010

	2008		2009		2010	
	n	%	n	%	n	%
6-MAM*	3	2,2	8	5,5	17	11,8
Morphine	15	11,1	17	11,7	13	9
Codeine	12	8,9	10	6,9	15	10,4
Other Opioids	0	0	2	1,4	1	0,7
Cocaine	12	8,9	12	8,3	9	6,3
Benzodiazepines	2	1,5	0	0	4	2,8
Methamphetamine/Amphetamine	3	2,2	2	1,4	4	2,8
MDMA/MDA	10	7,4	0	0	9	6,3
Anti-depressants	2	1,5	0	0	2	1,4
Neuroleptics	0	0	1	0,7	0	0
Other Psychotropic Medicines	1	0,7	4	2,8	1	0,7
Inhalant/Solvents	1	0,7	3	2,1	0	0
Cannabis	87	64,4	107	73,8	108	75

* 6-MAM is a heroin metabolite.

Source: Ministry of Justice Forensic Medicine Institution, 2011.

When the ways of deaths (origin) was examined it was found that 40.3 % of them were murder-origin, 29.9 % of them were accident-origin, 16.7 % of them were natural deaths and 11.8 % of them were suicide-origin deaths (Table 6-14). This order was the same also in 2008 and 2009.

Table 6-14: Breakdown of Indirect DRD Cases by Gender when Origin of Death is taken into consideration

Way of Death/Origin	Male	Female	Total
Natural Causes	24	0	24
Accidents other than Poisoning	41	2	43
Suicide other than Poisoning	17	0	17
Murder other than Poisoning	56	2	58
Undetermined Causes other than Poisoning	2	0	2

Total	140	4	144
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Source: Ministry of Justice Forensic Medicine Institution, 2011.

It was found that the number of foreign nationals was 6 (4.2 %) and they were from Turkmenistan, Georgia, Hungary, Lebanon, England and Russia.

When indirect DRDs are examined according to provinces it was found that there were 66 DRD cases in İstanbul; 13 in Antalya; 12 in İzmir; 6 in Trabzon; 5 in Sakarya; 4 in Ankara and Rize; 2 in Adana, Ağrı, Aydın, Gümüşhane, Konya, Muğla and Samsun and 1 in Afyon, Balıkesir, Denizli, Edirne, Gaziantep, Iğdır, Kilis, Malatya, Manisa, Mardin, Mersin, Tekirdağ, Urfa and Uşak.

6.4.3. Comparison and Trend Analyses

The number of direct DRD cases in Turkey in 2010 fell to 126 by decreasing in comparison with the previous years (2007: 136, 2008: 147 and 2009: 153). The main reason of this fall is the decrease in the number of direct DRD cases in İstanbul in which major part of these cases are observed that means a decrease of 26 % (See Table 6-7). There is a significant downtrend in the number of direct DRD cases among Turkish citizens for the last four years. In İstanbul direct DRD diagnosis was made for 74 Turkish nationals in 2007, 65 in 2008, 53 in 2009 and 36 in 2010. This trend might have several reasons. It was observed that availability of base morphine in Turkey has been at very low levels for the last 4 years (see Chapter 10). Similarly, there is a decrease of 21 % in the amount of heroine seizures in 2010 in Turkey when compared with the previous year as a result of the decrease of 48 % observed in the poppy plant cultivation in Afghanistan in 2010 (UNODC Afghanistan Opium Survey, 2010:12) (EMCDDA Standard Table 13, 2011). It is thought that this decrease in the production in Afghanistan might reduce the availability of heroin in the market. However, there is not any confirmed information on this matter.

It is expected that another important reason might be the high demand of addicts for suboxone that was started to be used in drug treatment as of 2010. It is foreseen that suboxone abuse in Turkey might rise in a short time period and become more common unless necessary measures are not taken. According to data from the Ministry of Health General Directorate of Pharmaceuticals and Pharmacy, 8773 boxes of suboxone were sold in 2010 and in the first six months of 2011 (see Chapter 5).

The way on the Southern route that is one of the routes used for domestic heroin trafficking in Turkey is Hakkari-Şırnak-Mardin-Şanlıurfa-Gaziantep-Osmaniye-Adana-Ankara and İstanbul. Heroin, after arriving in Adana on this route, is sent to Mersin and Antalya provinces sometimes through coastline (TNA KOM Report, 2010). Heroin-related deaths are typically observed in the provinces that are on drug trafficking routes. As a matter of fact, 36.5 % of direct DRD cases (46) were observed in Kilis, Gaziantep, Kahramanmaraş, Adana, Hatay, Mersin and Antalya that are on this route.

Methadone use was detected in 3 direct and 1 indirect DRD cases in 2010 and it is known that 3 cases were foreign nationals and that they had brought the methadone substance from their own countries. It could not be determined how the Turkish citizen reached methadone substance that is not used in substance treatment in Turkey. As of 2010, in Turkey only Suboxone preparation (buprenorphine+Naloxan) was started to be used in drug treatment. No suboxone-related death case was detected in 2010.

Methamphetamine use was detected in 8 of the direct and indirect DRD cases in 2010 and causes of death of these 3 persons were methamphetamine intoxication. The source of methamphetamine that was not detected in any case in the previous years is Iran (See Chapter 10). Only one body-packer who was an Iranian citizen was captured in İstanbul in 2010 and 601 packages that contained 601 grams of methamphetamine was taken out of his digestive system. Methamphetamine is brought to Turkey from Iran via land and air transportation means and gets out of our borderlines through air couriers (see Chapter 10). It is thought that methamphetamine that is more dangerous than amphetamine in terms of its health consequences was started to be used in Turkey and may pose an important threat in the following years. 7 of 8 cases observed in 2010 were Turkish citizens. Moreover, 4 of these cases were in İstanbul and the others were in provinces in different regions such as Sakarya, Tokat and Van. As a matter of fact, methamphetamine seizures started in 2009 increased in 2010 (see Chapter 10).

Ecstasy use was detected in 20 direct and indirect DRD cases in 2008 while no cases were observed in 2009. However, there were 1 direct and 9 indirect DRD cases in 2010. The number of ecstasy-related cases in Turkey has been continuously decreasing since 2006 while it started rising in 2010 again and the value of this increase in 2010 was 233.6 % in comparison with the previous year (see Chapter 9).

Ecstasy use increases in summer season and this substance is demanded especially in İstanbul and other coastal provinces in Mediterranean and Aegean regions. It has been

observed that ecstasy seizures increased from the month June in 2009 and 2010 (TNP KOM Report, 2010). In 2010 in Turkey, the active ingredient ecstasy was detected in 10 cases (in combination with methamphetamine in 2 cases) and 9 of these cases died in İstanbul. 60 % of ecstasy-related deaths happen in summer season.

Foreign nationals arrested due to drug trafficking in Turkey were commonly from Iran, Georgia and Turkmenistan, as similar to DRD data (see Chapter 9). In addition, it is known that drug traffickers, in recent years, used Iran-Armenia-Georgia-Turkey route (TNA KOM Report, 2010). It has been observed that foreign national cases were mainly from the countries on the Northern Route in 2010, as in the previous years.

Regarding female cases, the number of direct DRD cases were 20 in 2009 and showed a significant deviation from that of 2007 (8), 2008 (7) and 2010 (7). The ratio of female indirect DRD cases (3.5 %) was near to that of in 2009 (2.8 %) and it was found that it is very near to the ratio of female clients who applied for addiction treatment for the first time in 2010 (3.6 %) (see Chapter 5).

It was found that the most common direct and indirect DRD cases in 2010 were in the age interval 25-29, followed by 30-34, 35-39 and 20-24. The age intervals 40-44 and 15-19 come after this order for direct DRD cases and the age intervals 15-19 and 40-44 come after this order for indirect DRD cases. In 2008-2010, 19 direct and 33 indirect DRD cases were identified in the age interval 15-19.

In 5.55 % of these cases (7) the cause of death was solvent inhalation. There were 3 solvent inhalation-related cases in 2007 and this value was 7 in 2008, 4 in 2009 and 7 in 2010.

The number of traffic accident-related deaths among indirect DRDs (20) is the same as that in the previous year. In Turkey, alcohol test is applied commonly for drivers but drug and stimulant control is not performed. It is necessary to have the required arrangements and start implementing substances detection tests on the roads.

According to the Drug User Profiling Questionnaire in Drug (U Form) that is filled in the course of interviews made with drug possession/use offenders by provincial focal officers and that is executed by TUBİM in order to show the general characteristics of drug users in Turkey, the most common substance used in Turkey in 2010 was cannabis followed by

heroin and ecstasy. 2010 indirect DRD data also shows that the most common substance used in Turkey was cannabis followed by opiate and opioids, ecstasy and cocaine.

Breakdown of relevant info by province shows significant differences for direct and indirect DRDs but the first two provinces did not change (İstanbul and Antalya, respectively). However, regarding indirect DRDs İzmir has the third place, followed by Trabzon, Sakarya and Ankara. It was evaluated that this difference between direct and indirect DRDs may be arisen from heroin trafficking routes and differences in social lifestyle.

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 Infectious Diseases

Now new data.

7.3. Responses to Other Health Correlates Among Drug Users

Now new data.

SECTION 8

SOCIAL CORRELATES AND SOCIAL REINTEGRATION

Nadir KOÇAK²⁹

Bülent ÖZCAN³⁰

8.1. Introduction

Drug addicts reach the stage “social reintegration” after the course of treatment process. In this phase, if they are not subjected to a well-organized integration process everything can go back to beginning and individual who cannot see any change in his/her life can start using substances again. Treatment, social reintegration of the individual and training him/her to gain life skills again are essential in the rehabilitation process (Yeltepe, 2010).

Desired success in treatment cannot be achieved due to lack of post-treatment social rehabilitation centers and being not able to follow up addicts in the social reintegration process. As a consequence, many individuals turn towards drug use again and the treatment becomes a “vicious circle”.

When it is considered that 68 % of drug users under inpatient treatment are primary school graduates and 58 % of them are unemployed (EMCCDA Standard Table 34), providing vocational trainings for drug users will facilitate social reintegration of addicts in treatment.

On the other hand, the fact that 44 % of clients who were in inpatient treatment between 2005 and 2010 stated that they have received treatment services before (See Chapter 5) clearly shows the vicious circle in drug addiction treatment and insufficiency of classical methods. This shows how the post-treatment social reintegration activities are necessary and important.

Turkey has adopted an approach that considers drug addiction a disease and an important public health problem in its National Policy and Strategy Document on Drugs. Treatment and post-treatment process are pointed out especially in the Policy and Strategy

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³⁰ TUBİM (Turkish Monitoring Center for Drugs and Drug Addiction), Specialized Social Researcher

Document. The following activities are mentioned in the part “necessities” of National Policy and Strategy Document on Drugs:

1. To strengthen present institutional structures in order to treat and reintegrate those who are acute or chronic addicts;
2. To improve the capacity of post-treatment services in order to prevent re-addiction in the course post-treatment period; and
3. To establish service units by commencing social support mechanisms that will be used to reintegrate addicts in treatment to social life.

Moreover, the following activities, among “main objectives” were mentioned in the section “demand reduction” of the Policy and Strategy Document:

1. To improve availability and applicability of post-treatment programs;
2. To establish improvement and social integration programs;
3. To reduce drug use-origin social damages; and
4. To increase the number of psychosocial studies necessary to minimize drug use risk in prisons.

These subjects were mentioned in detail in the 1st and 2nd “National Drugs Action Plans” prepared to be used in implementation of Policy and Strategy Document.

In the 2nd National Drugs Action Plan (2010-2012) it has been planned to improve treatment centers in terms of number and quality and to establish post-treatment rehabilitation and social reintegration centers.

The aim of the above mentioned action plan is “... to establish improvement and social reintegration programs...” and in line with this aim it has been stated that:

- ... Centers necessary to rehabilitate and reintegrate narcotic drug addicts to social life after the treatment process will be established...
- ... Vocational training programs will be arranged by Turkish Employment Agency in order to reintegrate drug addicts to social life after the treatment process...

In the Action Plan, new objectives were determined for the following subjects that are for children who work/live on the streets and suspects and convicts:

- ... To improve treatment and social reintegration services for suspects and convicts...
- ... To enhance measures to be taken for children who work/live on the streets...

8.2. Social Exclusion and Drug Use

The aim this section of the National Report is to report drug use among socially excluded groups (homeless, immigrants, etc.). However, studies and researches on social exclusion of drug users in Turkey are so limited.

Immigration and population increase caused by fast expansion of industry in larger cities in recent years brings about economic and social problems that affect families, in particular youth and children and also cause people to start using narcotic drugs.

After a study conducted in 2007 for families living in cities that let in and let out immigrants at the highest level released the following results³¹:

- Ratio of those who stated that they have attuned to the environment in which they live after immigrating is 58 %.
- 3 of each 10 people immigrated face economic problems after immigration.
- Child of 1 of each 4 people economically contributes to his/her family. 70 % of them make their living from social relieves or temporary/seasonal jobs.
- 10 % of them stated that their children stay frequently out of their homes; 5 % of them stated that their children had run away from home; 24 % of them stated that their children smoke cigarette (20%), use alcohol (3.8 %) and narcotic drug/inhalants/solvents (1.3 %).

In the course of European Union Harmonization Process, the need for social services and relief continuously increases in Turkey which attended “Action Plan for Combating Social Exclusion” in 2003 due to reasons such as immigration, urbanization, changes in family structures, population increase and unemployment. A significant increase in social relieves that can be linked to the above-mentioned subject, other economic and social needs can be observed easily.

According to data from Ministry of Family and Social Policies General Directorate of Social Assistance and Solidarity, the ratio of total social relieves to Gross Domestic Product (GDP) in 2002 was 0.50 % while this ratio increased to 0.62 % in 2004, to 0.92 % in 2006, to 1.18 % in 2008 and to 1.34 % in 2010. Such assistance that facilitates access of relatively poor people to educational and health services enhances quality of lives of these people.

³¹ <http://www.shcek.gov.tr/stratejik-planlama.aspx>

8.3. Social Reintegration of Drug Addicts

Services delivered to drug addicts in social reintegration process can be in the form of sometimes providing only housing and sometimes providing only educational or job facilities. In addition to this, interventions and services for more than one problem of drug addicts are delivered together at the same time or consecutively.

8.3.1. Housing Provided for Drug Addicts in the course of Social Reintegration Process

The most important problem faced by an addict in the course of social reintegration process is the lack of housing. The following problems are lower educational level due to not being educated or having left educational services and very less job or occupational opportunities due to not being vocationally trained. These problems, in general, arise just after the treatment of an addict or during the treatment process in Turkey. For that reason, services for meeting such individuals' needs in order to solve these problems are also rendered in the social reintegration process. It is observed that such services are rendered mainly by SHÇEK and municipalities which are local governance units (Turkish Drug Report, 2010:96).

General Directorate of SHÇEK, as of 2010, is delivering services for street children/children who work on the streets and their families by use of 38 Children and Youth Centers and 6 Observatories and through these centers several studies such as care, accommodation, health, directing to education system, supporting in education system, providing vocational skills, supporting their psychosocial developments, directing children who use substances to treatment facilities and post-treatment social rehabilitation are rendered and carried out in order to protect street children and/or children who work on the streets from dangerous habits and to socially reintegrate them (SHÇEK, 2011).

In 2009-2010 the workshops "Assessment of the Service Model Targeting Children Living and/or Working on the Streets and Provincial Action Plans" were conducted in association with UNICEF in İstanbul, İzmir, Ankara, Antalya, Diyarbakır, Adana, Mersin and Bursa. Studies conducted in this sense have been evaluated and reported by comparing them with international studies. The aim of these studies conducted was to generalize provincial action plans among all provinces and to reduce the number of children who live/work on the streets (SHÇEK 2011).

With these studies conducted within this scope, as of December 2010, 8934 children and young people had received service in Children and Youth Centers in which protective-preventive studies are conducted targeting children and young people who work/live on the streets and are drug addicts. 81 of those children who live/work on the streets and who are drug addicts were directed to treatment facilities and 93 children had been put under protection and sent to institutions appropriate for their genders and ages (SHÇEK 2010 Annual Report, 2010:66).

Rapid industrialization and migration to city centers it brought about, results in socio-economic problems. In Gaziantep that lets in immigration in recent years, the Metropolitan Municipality has established several counseling and assistance centers in order to cope with problems arisen due to migration. One of them is the children and youth center that was established to solve problems of children who live/work on the streets.

Studies on accommodation, treatment, rehabilitation, education, family services and preparation services for return to social life rendered for children who work/live on the streets are being carried out through Münir Onat Children and Youth Center, Akınal Children and Youth Center and Oya Bahadır Yüksel Children and Youth Center that were established under Gaziantep Metropolitan Municipality on several dates (Yancar, 2011).

In İSMEM of İstanbul Metropolitan Municipality in which rehabilitation services are delivered for children who work/live on the streets, accommodation services were rendered for 151 young people in 2010. 80 % of these people stated that they smoke cigarette while 68 % of them stated that they had used several substances at any time in their lives (İstanbul Metropolitan Municipality, 2011).

In 2010 2824 women benefited from 43 women guest houses³² of SHÇEK. In the course of interviews made with these women accepted to women Guest Houses 25 % of women stated that their husbands used alcohol, 7 % of them stated that their husbands had alcohol and gambling habits, 6 % of them stated that their husbands had alcohol, gambling and narcotic drug habits. 40 % of women stayed in these centers for less than 5 days.

³² Women Guest Houses are the social service institutions that accept women who left her home due to irreconcilable difference between her and her husband or who are in need of assistance due to being walked out, who are exposed to physical, sexual, emotional or economic abuse, who suffer from economic or social problems due to divorce or husbands' death, who are forced to undesired marriages, who are not married and not accepted by their families due to being pregnant or having an illegitimate child, who were treated for alcohol or drug addiction and quitted these habits, who are in need of assistance due to being newly released from prison, who suffers from economic or social problems due to environmental conditions with their children, if any.

Several studies were conducted to examine the general status of women and disagreements between them and their families or husbands and to solve their problems while the women were in these centers and they were directed to experts in Family Counseling Centers.

8.3.2. Educational Facilities Provided for Drug Addicts in the Course of Social Reintegration Process

Education maintenance and vocational courses that are considered as an integral part of rehabilitation in the course of social reintegration of drug addicts is a tool used for providing an aim for addicts for their future life.

By use of studies conducted in 2010 by 38 Children and Youth Centers within the structure of SHÇEK, 246 children have been drawn out of streets and business life and directed to education system. Also, 948 children at risk to work on the streets have been given the opportunity to go on their education careers. In addition, families of 903 children who identified to be suffering from economic problems have been supported and these children have been drawn out of street and business life (2010 SHÇEK Annual Report, 2010:66).

Families of 4967 children had participated in training services delivered for families by SHÇEK. 4799 children who received service from Children and Youth Centers had participated in social, sports and cultural activities provided during social rehabilitation process (2010 SHÇEK Annual Report, 2010:66).

The studies conducted by General Directorate of Prisons and Detention Houses for imprisoned and convicts who are considered as risk groups are summarized below:

In order to treat and rehabilitate those who are sentenced and imprisoned due to drug-related offences, these persons are accommodated in separate sections of buildings, in so far as capacities of penitentiaries permit. The aim of this implementation is to make employees become experts, to implement treatment and rehabilitation programs more wholesomely (TBMM, 2008:216).

Trainings on approaching those who are sentenced or imprisoned due to drug-related offences are provided for all employees, in particular psychosocial service personnel, in 4 Personnel Training Centers (Ankara, İstanbul, Erzurum and Kahramanmaraş). In accordance with the modern contemporary penal execution concept, several programs for fight against

drugs have been developed and put into practice in penitentiaries. It is tried to prevent offences by imprisoned and convicts after their release from penitentiaries by implementing several programs such as anger management, fight against drugs and drug addiction, sexual offence treatment programs (TBMM, 2008:216).

Vocational courses are provided for convicts who have a certain time period to their releases from penitentiaries and former convicts by Turkish Employment Agency in order to facilitate their reintegration to social life.

In order to facilitate employment of convicts and former convicts, one of the actors of labor market having disadvantage, labor training courses are organized in cooperation with Ministry of Justice and Non-governmental Organizations to make convicts who have a certain time period to their releases from penitentiaries and former convicts able to perform several professions that labor market needs³³.

Within the scope of studies conducted for vocational trainings of convict/former convicts 325 courses in which 4346 convict/former convicts participated was organized in 2009 and 414 courses in which 5483 people participated was organized in 2010. The number of those who participated in these courses in 2010 increased by 26.2 % in comparison with 2009³⁴. How many of those who participated in these courses are drug users is not known but it is thought that this ratio is proportional to type of crime committed by convicts in prisons. Examining distribution of those who were in Penitentiaries in 2010 by the type of crime committed, those who are in prisons due to drug-related crimes have the first place with the percentage 25 % (See Section 9).

İSMEK (İBB Art and Occupational Training Courses) also provides training services, in the frame of social responsibility for handicapped people, clients in psychiatric and mental problems hospitals, elders and those who are in a dependent capacity in nursing homes and workhouses, convicts and imprisoned persons in prisons in İstanbul who are considered disadvantageous people of community. İSMEK, in 2010-2011, organized several courses (such as computer, hairdressing, and kitchen maid, production of decorative home accessories, marbling art, and production of glass ornaments) for convicts before their releases from penitentiaries. 705 trainees participated in these vocational trainings (İstanbul Metropolitan Municipality, 2011).

³³ http://statik.iskur.gov.tr/tr/rapor_bulten/iskur_faaliyet.html

³⁴ http://statik.iskur.gov.tr/tr/rapor_bulten/iskur_faaliyet.html

Rehabilitation services are rendered for children who live/work on the streets by İSMEM (İstanbul Metropolitan Municipality Vocational Training Center for Unprotected Children) which is another service unit within the structure of İstanbul Metropolitan Municipality. Training studies that are carried out as a part of rehabilitation services are given in the form of academic and vocational trainings. Regarding courses provided by this institution, in the first week academic training is given for three days and vocational training is given for two days and in the following week academic training is given for two days and vocational training is given for three days. Regarding 151 young people received service from İSMEM in 2010:

- Young people who have been registered to open education program and who have required qualifications were directed to open primary schools and open vocational high schools.
- These young people were directed to one of the 12 different vocational branches (wood-working, gardening, hairdressing, computer, painting and papier-mache, turnery, electricity, electronics, tile ceramic laying, mechanics, automation and sanitary installations) by taking their requests, skills and qualifications into consideration by a board (İstanbul Metropolitan Municipality, 2011).

Relevant certificates were given to these young people who complete the social and vocational courses given in İSMEM with success in accordance with the protocol made with Public Education and they were directed to support business life.

68 children were accepted to Münir Onat and Akınal Children and Youth Centers that provide services for children who work/live on the streets under Gaziantep Metropolitan Municipality in 2010. 64 children who work on the streets were registered to regional boarding schools. In 2010 142 children got the advantage of these centers and vocational training courses (Yancar, 2011).

Within the scope of the SODES Project “Zero Tolerance for Drugs in Iğdır” by Iğdır Security Directorate, Department of Anti-Smuggling and Organized Crimes; music instrument, guitar, chess, computer operating and theatre courses were established and certificates were given to 115 trainees, including addicts, who were successful. Sanitary installations courses were given to 25 people under vocational training programs. In addition, under this project 10 heroin addicts were directed to treatment after coordination studies made together with Provincial Health Directorate.

8.3.3. Employment Opportunities Provided for Drug Addicts in the course of Social Reintegration Process

Reliable data on employment opportunities provided for addicts in the social reintegration process could not be obtained.

According to SHÇEK Annual Report 2010, a chance to have a career for 95 of children who received service in 2010 through children and youth centers were placed in protected jobs; and social assistance were provided for families of 903 children.

According to Turkish Employment Agency's report; in 2010 1458 former convicts applied to Turkish Employment Agency in order to find a job and 223 of these people were employed in public sector. Any information on which offences these former convicts punished for or whether these former convicts were drug addicts or not could not be reached.

It has been reported by CTE General Directorate that from 2005 in which probation³⁵ application was put into practice till the beginning of 2011, treatment and probation decision had been given for 146795 convicts and 24137 of these people have a probation decision given for possession of, buying or accepting substances although they were not using any drug and this process was carried out by 1239 personnel (Branch Director, Psychologist, Social Researcher, Sociologist, Teacher and officer) under the structure of 134 Branch Directorates of Probation and Assistance Center (Koç, 2011).

Several studies are being conducted at local level by "protection boards" established under Chief Public Prosecutor Offices in order to provide psychosocial assistance for crime victims, to make child and young convicts go on their educations, to help other convicts on the same purpose, to grant a profession to convicts who were released from penitentiaries, to assist convicts who were released from penitentiaries in finding a job (Kamer, 2008). It is evaluated that reporting the studies conducted at provincial level at national level by a central unit will make a significant contribution in determination of strategies to be used in fight against drugs.

The project study by Manisa Security Directorate is a good example for the studies conducted at a local level regarding employment and training of addicts after treatment.

³⁵ It has been reported by the Ministry of Health General Directorate of Treatment Services that the number of drug addicts who get use of probation service and under treatment in 22 treatment centers in 2010 was 70546 (inpatient and outpatient) (See Section 5).

Within the scope of this project that was carried out in association with Manisa Security Directorate KOM Department, Provincial Health Directorate, Provincial Agriculture Directorate and Probation Branch Directorate; a beekeeping course was organized for former drug users in order to give them a vocational training. After this course in which 15 people attended 10 bee hives were given to each trainee and it was decided to follow up these bee hives including bees in it given to the trainees for the next five years in accordance with the protocol made with the trainees.

In addition, in Oya Bahadır Yüksel Children and Youth Center that was established to provide accommodation, treatment, rehabilitation, training services and preparation services for returning to family and social life for children and young people who live on the streets with their families and who use drugs the following activities were carried out:

- In 2010 117 drug addict children, in total, were treated.
- 222 children and young people of 334 were treated between 2008 and 2010 and 166 of them are being followed up after their treatment process. 43 of these young people were employed in several jobs and they are working regularly.
- 166 of 366 clients treated between April 2008 and February 2011 were employed in several jobs (Yancar 2011).

8.4. Evaluation and Results

The understanding of implementing social assistance programs in order to prevent those who are in post-treatment remission period from start using narcotic drugs and becoming addict again is an increasing need that is accepted by whole community. However, it is not possible to say that drug addicts are followed up after their treatment processes and they are supported by several institutions because there is not any autonomous institution that delivers such services. Yet, in order to prevent addicts in treatment from becoming addicts again there is a need for an establishment or institution that assists addicts in completing their education processes by obtaining their families' support after the treatment process and in finding a job or, in short, guide drug addicts in social life.

Social reintegration studies that are at a local level and conducted only for risk groups (children who work on the streets, convicts, etc.) should be conducted at a national level and social rehabilitation studies should be conducted also in the course of post-treatment process.

Fight against drugs should be carried out synchronously in terms of demand, supply and treatment/rehabilitation aspects. Turkey is one of the leading countries in fight against supply, on the other hand, it could not develop itself in demand reduction, treatment and rehabilitation issues enough to have higher ranking in the world. This has been mentioned also in EU Progress Reports. As a matter of fact, it has been stated in 2008 and 2009 EU Progress Reports of Turkey that “it is necessary to develop a more balanced approach for drug demand and supply”, “...treatment and rehabilitation centers should be improved...”.

A conference “TUBİM Fight against Drugs – New Trends, Loopholes and Requirements” arranged with contribution of representatives from Ministry of Justice, Ministry of Education, Ministry of Health, urban and rural offices of Turkish National Police, universities, municipalities and non-governmental organizations was conducted on 16-18 February 2011 and the following activities were mentioned in the final declaration of the conference³⁶ and also in National Policy and Strategy Document on Drugs and Action Plans should be put into practice immediately:

- To improve the capacity of existing facilities for treatment and rehabilitation of drug addicts and to establish new treatment centers in provinces in which drug problem is significant;
- Non-governmental organizations and municipalities are in need of a legal arrangement that allows them to provide treatment and rehabilitation services; and
- There is a need to extent the treatment period of drug addicts to a more sufficient time period and to extent the scope of social insurance to make it include rehabilitation process of drug addicts after the treatment process.

³⁶ http://www.tubim.gov.tr/TUK/Duyuru_Detay.asp?Key=82

SECTION 9

DRUG-RELATED CRIME, PREVENTION OF DRUG RELATED CRIME AND PRISON

Bülent DEMİRCİ^{37,38}

Psych. Serap GÖRÜCÜ³⁹

9.1. Introduction

Human being in all societies has coincided crime concept that is a fact in historical development process. Crime fact that has been analyzed by several sciences such as psychology, psychiatry, criminology, pedagogy, sociology and legal science has not a common definition made by all of these sciences. This has been considered as a reflection of being relative as well as universal characteristic of the crime fact. On the other hand, as stated in Article 38 of our Constitution “No one can be punished because of an action that is not considered as a crime by laws in force when the action is committed; a heavier or excessive penalty cannot be inflicted to anyone than that determined for that crime he/she committed”. This statement shows that crime concept may change in time.

Considering drug use as a crime and drawing drug user before judge correspond to time when it was realized that drug use causes people become drug addicts that is much more later than people started using drugs. A lot of drugs had been used to be used in health sector initially but when the need to use these drugs frequently that arises because of addictive characteristic of drugs was realized drug users have become related with criminal behaviors in order to provide drugs. As use, sales and production of drugs are considered as criminal actions in a lot of countries today these actions cause people to be drawn before the judge.

When preparing this section; national and international reports published on drugs problem ,data from the law enforcement units in Turkey which are Turkish National Police, Gendarmerie General Command, Undersecretariat of; Customs and Coast Guard Command; Reports of General Directorate of Prisons and Detention Houses (CTEGM), data from relevant EMCDDA Standard Tables, academic researches and data from “Drug User Profiling Questionnaire in Drug Crimes (U-Form) prepared for drug use by experts of Turkish National Police have been benefited

³⁷ TUBİM (Turkish Monitoring Center for Drugs and Drug Addiction)

³⁸ National Expert on Supply Reduction

³⁹ Ministry of Justice General Directorate of Prisons and Detention Houses

After studies on increasing the national data collection capacity regarding drugs conducted by TUBİM number of drug-related crimes have been collected by distinguishing use/possession drugs and drug dealing/trafficking and production crimes from each other for the first time in 2010. By this way, it will be possible to see if there will be any increase or decrease according to drug use/possession and drug dealing/trafficking/production crimes to be recorded in Turkey as of 2012.

9.2. Drug-Related Crimes

Though there are various regulations in different laws related to drug-related crimes in Turkey the basic law that regulates these crimes is the Turkish Penal Code No 5237. Drug-related crimes have been classified in the following titles in Turkish Penal Code (TPC):

- Production and trade of drugs or stimulants (a. 188);
- Security measures implementation for legal persons (a. 189);
- Facilitation of drug or stimulant use (a. 190);
- Buying, accepting or possession drugs or stimulant to use (a. 191); and
- Contrition (a. 192).

To consider a substance as a narcotic drug/stimulant that is seized in Turkey that substance shall be one of the substances mentioned in Article 188 and the following articles of Turkish Penal Code, in Law on Drugs No 3298 and in Law on Supervision of Drugs No 2313 and in Cabinet Decisions taken in accordance with the authority granted by these laws and in Charts I and II of Single Convention on Narcotic Drugs, 1961⁴⁰.

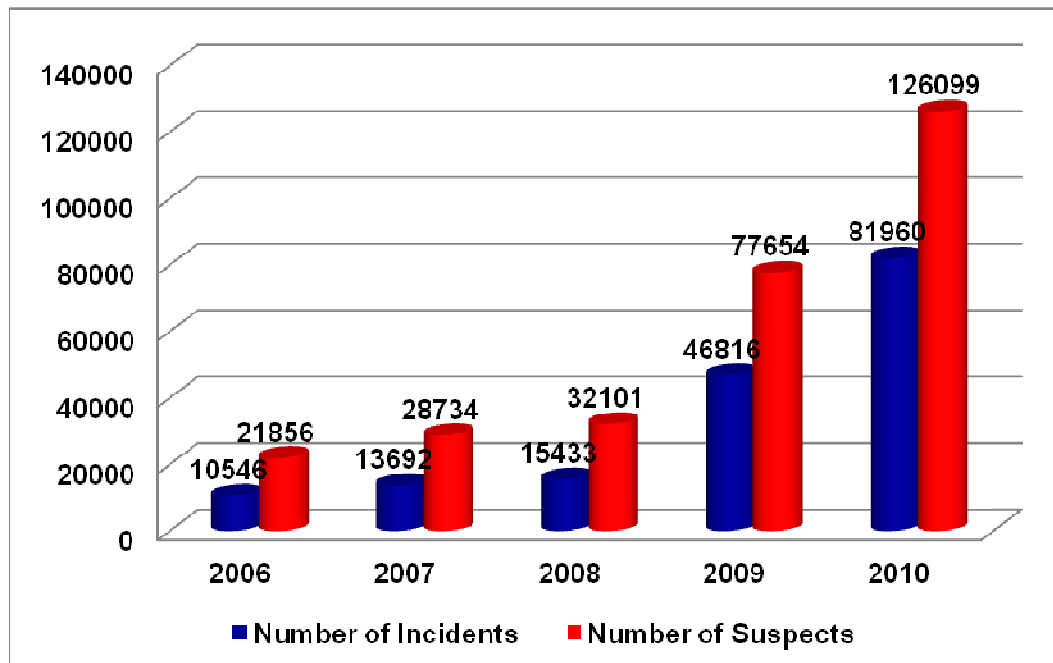
9.2.1. Violation of Anti-Drug Law

In 2010 81960 crime-related offences⁴¹ were occurred in Turkey and 126099 suspect, in total, were captured in relation to these offences (EMCDDA Standard Table 11, 2011) (Graph 9-1).

⁴⁰ Presentation by Representative of Ministry of Justice performed in “TUBİM Drug Conference” in Antalya on 16-18 February 2011.

⁴¹ The number of offences given according to both total and type of substances in this section is just the drug-related offences “ended with drugs seizure”. Offences at the end of which any substance is seized have not been reported here.

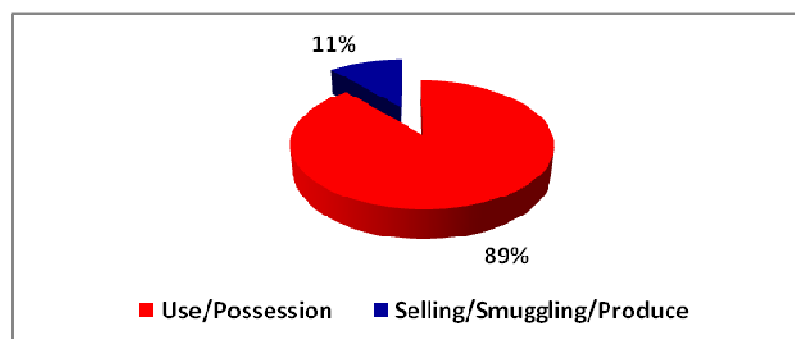
Graph 9-1 : Number of Offences and Suspects by Years



Source: Turkish Drug Report 2010, EMCDDA Standard Tables.

89 % of 81960 drug-related offences (72826), in total, occurred in 2010 in Turkey is composed of drug use/possession and the remaining 11% (9134) is composed of drug sales/trafficking/production (EMCDDA Standard Table 11, 2011) (Graph 9-2).

Graph 9-2 : Classification of the Number of Drug-Related Offences by the Type of Crime (%)

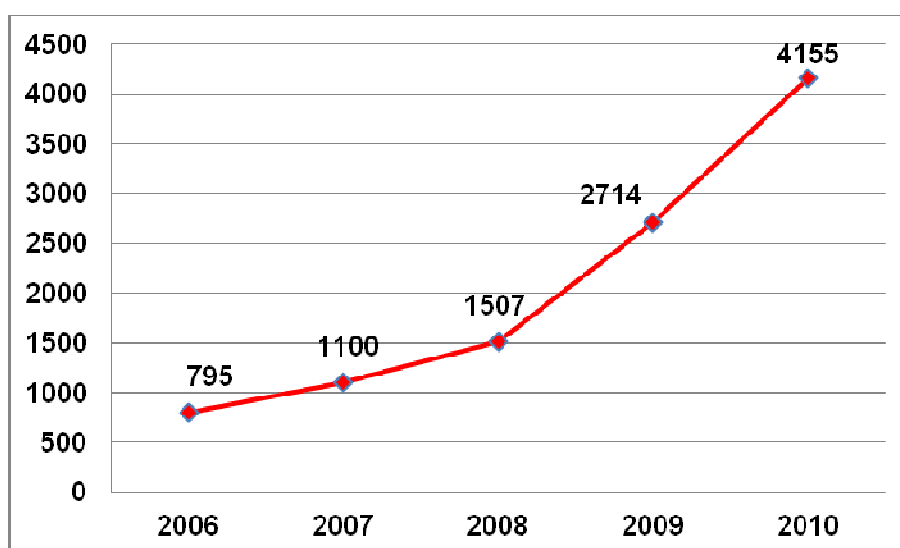


Source: EMCDDA Standard Table 11, 2011.

Graphs for the number of drug-related offences occurred in Turkey in 2010 by type of drugs are given below:

The number of heroin-related offences in Turkey has been increasing continuously and regularly for long years (Graph 9-3). However, it can be seen that amount of heroin seized in 2010 is less than that of in 2009 (See Graph 10-1). On the other hand, there is a 53.1% increase in the number of heroin-related offences in comparison with the previous year. It is thought that the main reason of this is the increase in the number of large-scale transit trafficking offences mostly to European countries as well as the increase in the number of small-scale heroin-related offences in purpose of heroin use in Turkey. Despite not being a scientific study, data on drug treatment applications and data from intelligence units of law enforcement forces show that there is a significant increase in heroin use. As a matter of fact, 70.8% of 4155 heroin-related offences is composed of heroin use/carrying (2945) and the remaining 29.2% is composed of heroin sale/trafficking/production actions (1210) (EMCDDA Standard Table 11, 2011).

Graph 9-3: Number of Heroin-Related Offences by Years

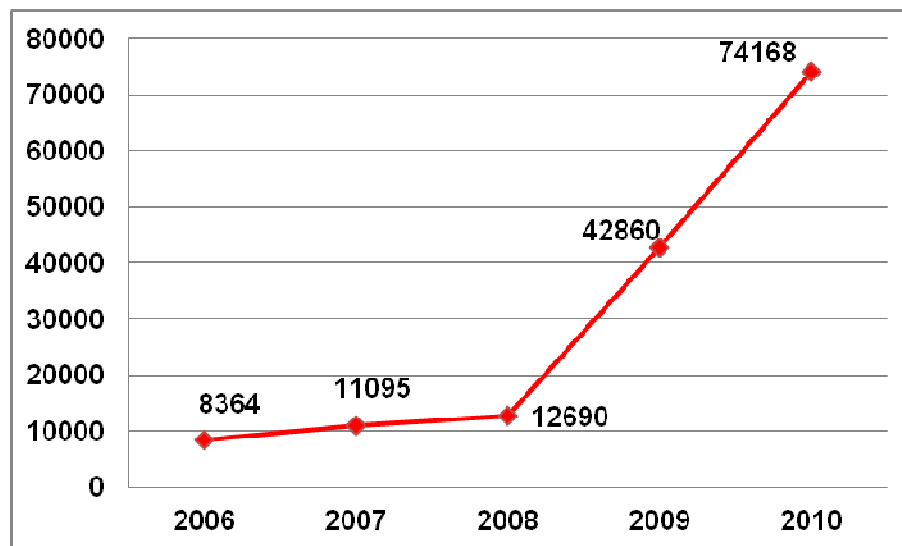


Source: Turkish National Report on Drugs 2010, EMCDDA Standard Tables.

The number of cannabis-related offences in Turkey increases every year in parallel with the significant increase in seized amounts (See Graph 10-3), (Graph 9-4). Increase in the number of cannabis-related incidents in 2010 is 73% in comparison with 2009. It is thought that the reason of this is the increase in the number of cannabis use that is produced

in Turkey by illegal cultivation almost completely for domestic consumption. As a matter of fact, it can be seen that 90.2 % of 74168 cannabis-related offences is composed of cannabis use/possession (66952) and the remaining 9.8 % is composed of cannabis sale/trafficking/production (7216) (EMCDDA Standard Table 11, 2011).

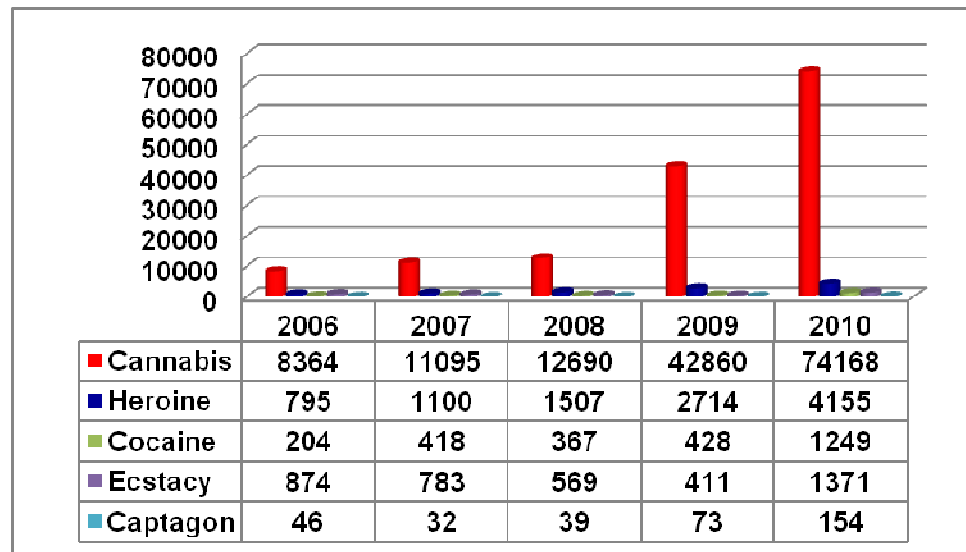
Graph 9-4: Number of cannabis-Related Offences by Years



Source: Turkish National Report on Drugs 2010, EMCDDA Standard Tables.

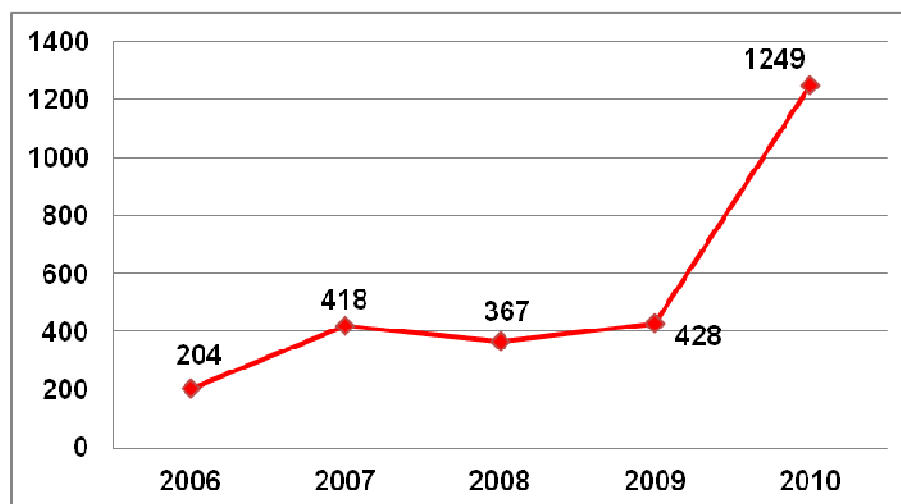
The most commonly used substance was cannabis in 2010 as in 2009 (See Graph 9-22). This causes cannabis to have the first place in terms of both number of offences by drug type (Graph 9-5) and amounts seized (See Graph 10-4)

Graph 9-5: Number of Offences by Drug Type by Years



The number of cocaine-related offences increased by 191.8% (Graph 9-6) in parallel with the increase in the amount of cocaine seized in 2010 in Turkey (See Graph 10-6). Major part of the cocaine seized in Turkey has been seized in airline couriers. On the other hand, it is thought that risk analysis and courier profiling studies conducted by the EGM (Turkish National Police) Department of KOM (Anti-Smuggling and Organized Crime) and its relevant units have a role in the increase in the number and amount of persons captured and hemp.

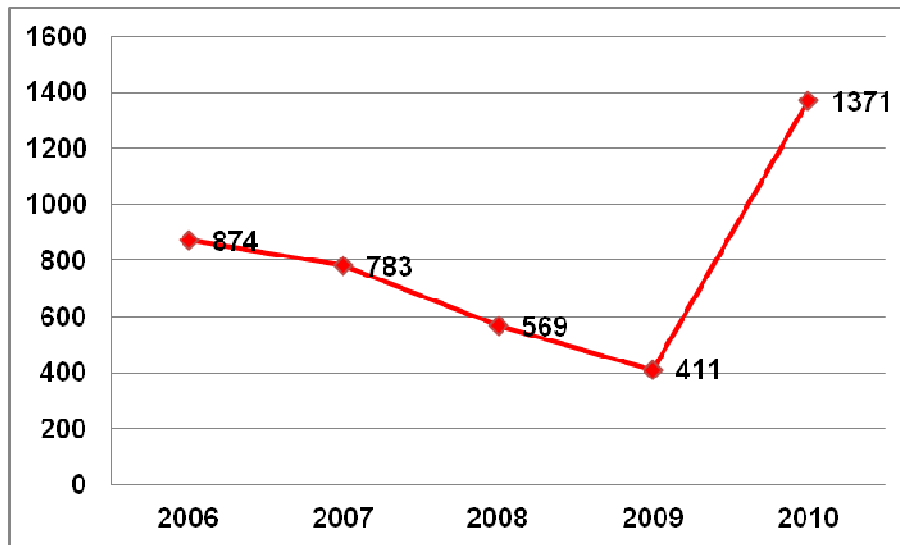
Graph 9-6 : Number of Total cocaine-Related Offences by Years



Source: Turkish National Report on Drugs 2010, EMCDDA Standard Tables.

233.6 % increase in the number of ecstasy-related offences occurred in 2010 in Turkey has been found in comparison with 2009 (Graph 9-7). In parallel there is an increase in the amount of ecstasy seized in 2010 (See Graph 10-7).

Graph 9-7 : Number of Total Ecstasy-Related Offences by Years

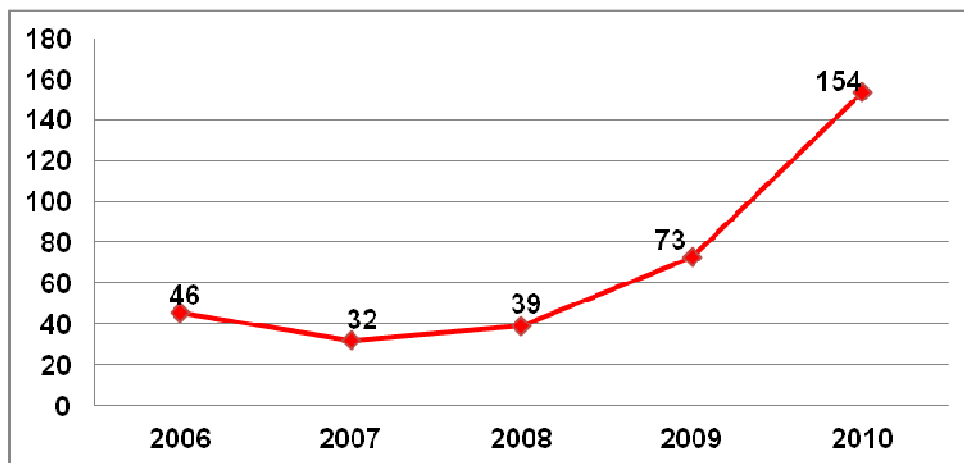


Source: Turkish National Report on Drugs 2010, EMCDDA Standard Tables.

In 2010, 154 captagon⁴²-related offences, in total, have occurred (Graph 9-8). This increase in the number of captagon-related offences observed especially from 2008 makes us think that captagon substance may be started to be used in Turkey. As a matter of fact, the number of captagon seized by operations carried out in our provinces by narcotic units of the Department of EGM KOM against domestic drug cartels has increased significantly from 811 in 2009 to 12051 in 2010 (EGM KOM Report, 2010:52).

⁴² Tablets that include amphetamine as active substance and with Captagon logo or similar.

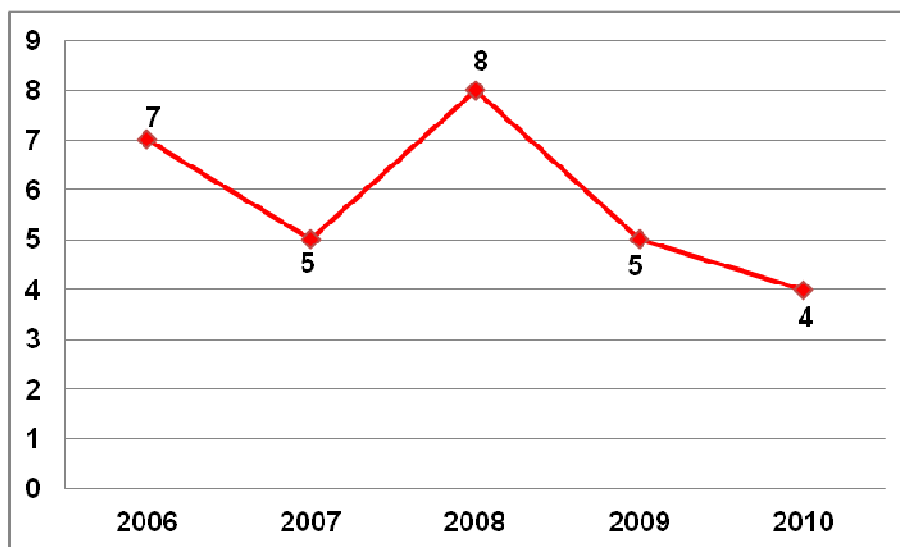
Graph 9-8: Number of Captagon-Related Offences by Years



Source: Turkish National Drug Report 2010, EMCDDA Standard Tables.

Acetic anhydrite acid substance seized in Turkey has been only seized by capture of a couple of suspects in a couple of offences for very long years (Graph 9-9). Whole of the acetic Anhydrite seized in also 2010 has been seized in just 4 offences and 4 suspects, in total, has been captured during these offences.

Graph 9-9: Number of Acetic Acid-Related Offences by Years



Source: Reports by the Department of EGM KOM.

The number of foreign persons captured in Turkey due to drug-related crimes in 2010 is 538 from 52 different countries. An increase in the number of foreign persons captured in Turkey can be observed in recent years. It is thought that main reasons of this are: conversion of the structure of drug-related organizations from family-rings to cosmopolite international networks that is observed in recent years and investigations carried out against couriers from Western Africa, Iran and South America as they transport several substances such as methamphetamine and cocaine which are more common nowadays (EGM KOM Report, 2010:43).

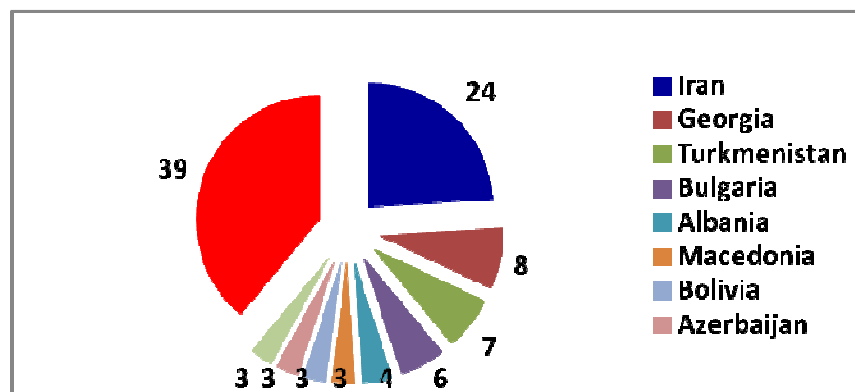
The most common substances transported by foreign persons who have captured in Turkey are heroin, methamphetamine, cocaine and hemp. 37.2 % of foreign persons involved in drug trafficking has involved in heroin trafficking; 18.4 % of those in methamphetamine trafficking; 18.2 % of those in cannabis, 7.4 % of those in opium, 1.5 of those in ecstasy, 0.7 % of those in amphetamine and 0.4 % of those in captagon trafficking.

The substance the most that has been seized from foreign persons is heroin (1480 kg) followed by cannabis (608 kg), cocaine (205 kg) and methamphetamine (123 kg)⁴³.

Though Iranian persons are involved in heroin trafficking normally some of them have been captured for methamphetamine trafficking in the last two years. Bulgarian, Georgian and Turkmenistanian persons have been captured mainly due to heroin trafficking. It can be seen that Nigerian persons are involved in both heroin and cocaine trafficking and distribution while Afghan persons are involved in both heroin and cannabis trafficking (EGM KOM Report, 2010:47).

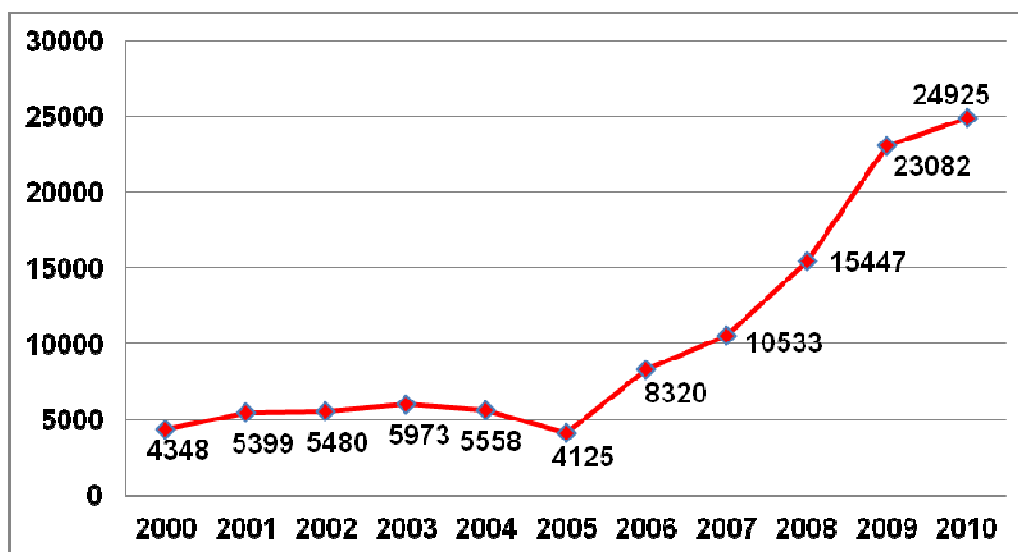
Graph 9-10: Foreign Persons Captured in Turkey in 2010 due to Drug-Related Crimes (%)

⁴³ Data from police and gendarmerie forces.



According to data from Ministry of Justice General Directorate of Prisons and Detention Houses, there are 24925 convict/imprisoned in penitentiaries because of drug-related crimes in 2010 (Graph 9-11). In the same time period the total number of persons in penitentiaries is 120500. According to these numbers it can be said that the percentage of the number of those who are in prison due to drug-related crimes is 20.7 % in total number of prisoners. On the other hand, the number of those who are in prison due to drug-related crimes continuously increases as of 2006 and increase in 2010 in comparison with 2009 is 8%.

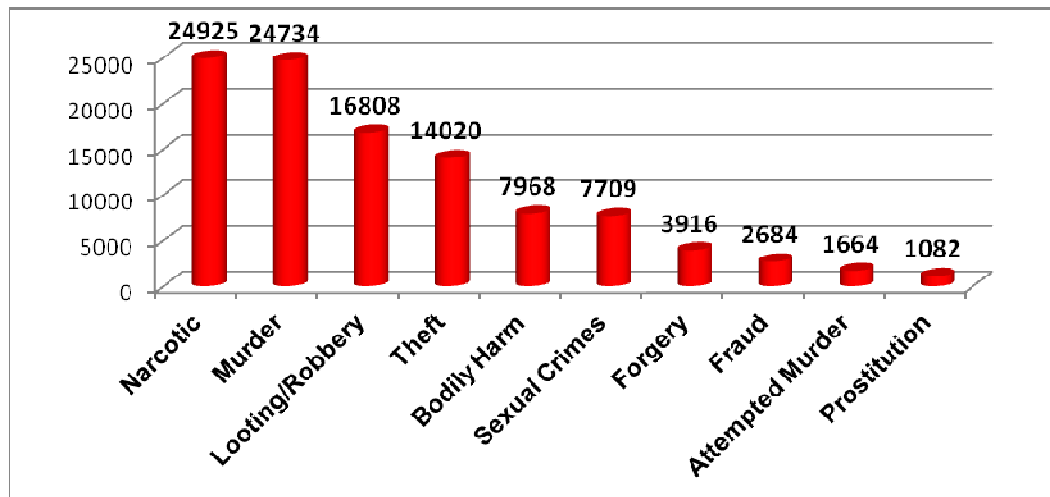
Graph 9-11: Number of Those who are in penitentiaries due to Drug-Related Crimes



Source: Ministry of Justice General Directorate of Prisons and Detention Houses, 2011.

As of 2010, when types of crimes committed by those who are in penitentiaries are examined it can be seen that the most common crime is drug-related crimes (Graph 9-12).

Graph 9-12: Comparison according to Crime Groups⁴⁴



Source: Ministry of Justice General Directorate of Prisons and Detention Houses, 2011.

9.2.1.1. Drug User Profiling Questionnaire in Drug Crimes – U Form

A questionnaire study is being carried out by personnel (İLTEM) who are focal points of TUBİM in provinces about use of/carrying narcotic drugs with face-to-face interviewing technique. The aim of this study that involves persons about whom legal proceedings have been started by police forces in the relevant year due to drug-related crimes and who have declared that they are drug addicts and who voluntarily involved in this study is to generate an overall profile of drug users in Turkey. It is thought that this study which is called “Drug User Profiling Questionnaire in Drug Crimes – U Form” is an important tool in scientific identification of underlying reasons of drug use. Thus, training activities, demand/supply reduction, treatment/rehabilitation and other policies can be determined in parallel with the results to be identified.

Data from Drug User Profiling Questionnaire in Drug Crimes – U Form, 2010 which includes 2594 persons are given below:

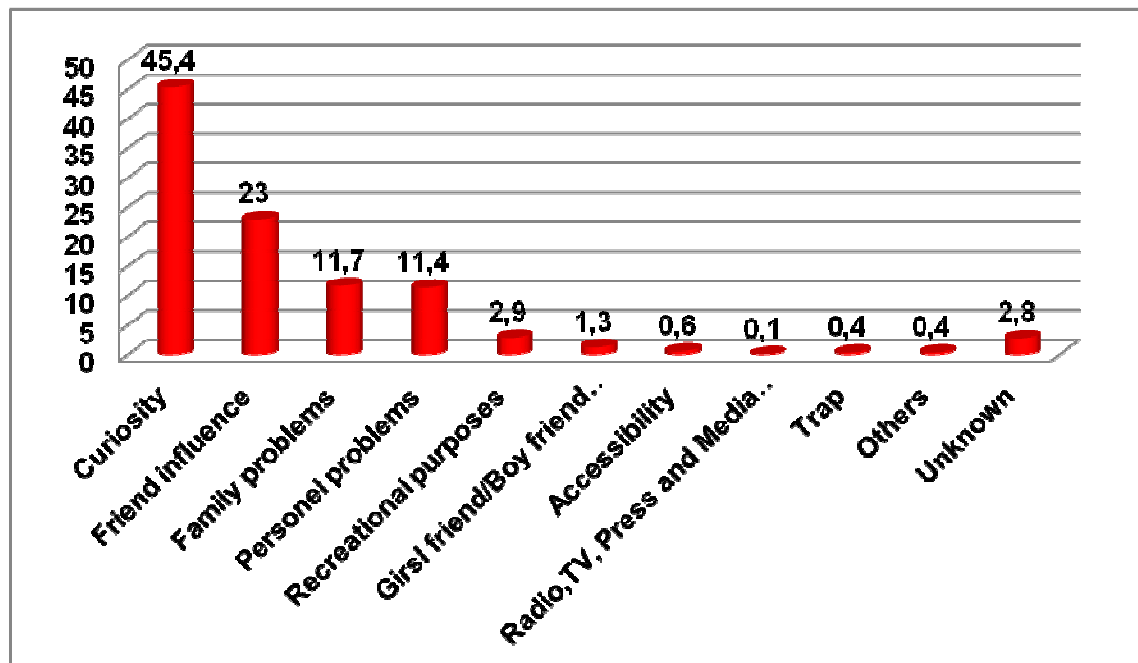
It can be seen that the main reasons of starting using drugs are “curiousness” and “entourage” (Graph 9-13). Accordingly, families as well as all relevant institutions and

⁴⁴ Data in this table are based on 10 crimes among those committed by those who were in penal institutions in December 2010.

organization should pay highest attention not to raise curiousness of target groups during the preventive activities to be carried out. The same is valid for, for example, news magazines or scenarios of films or TV serials.

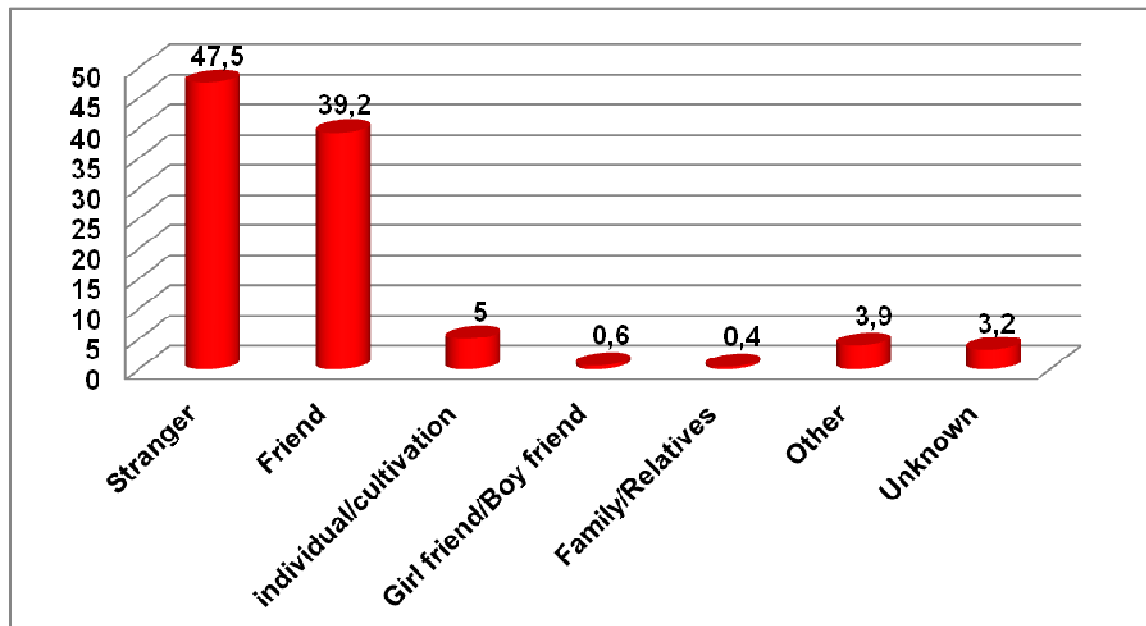
Similarly, by taking into consideration effect of friends in starting using drugs families should know entourages of their children well and keep their children away from those who may have harmful habits. On the other hand, by using effect of friends in starting using drugs in a positive manner it is thought that it will be useful to give weight to “peer-led training” activities in preventive activities to be conducted by relevant organizations.

Graph 9-13 : Reasons for starting using drugs(%)



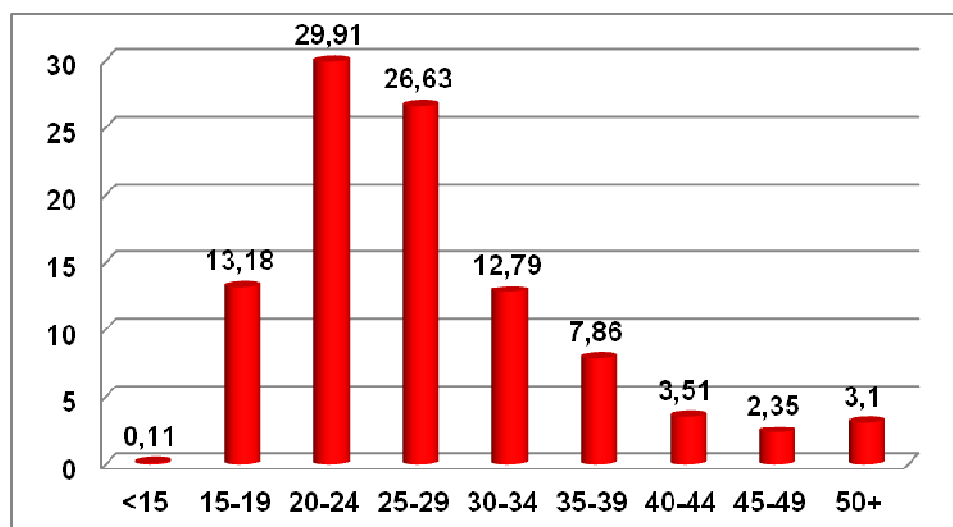
It can be seen that effect of friends also plays a role in drug supply as well as starting using drugs (Graph 9-14). It is thought that the underlying reason why drug users point “foreign” persons firstly is the aim to protect his/her “friend” who mainly provides him/her of drugs and the fear of losing his/her main drug supplier.

Graph 9-14 : Ways of Drug Supply (%)



Examining Graph 9-15 it can be seen that about 70 % of drug users are between the ages of 15 and 29. According data from TÜİK (TURKISH STATISTICAL INSTITUTE) population in this range of age correspond to 38.3 % of population in the range of age between 15 and 64 in 2010. In this case it is possible to say that drug users in Turkey are mainly composed of young population all in general population.

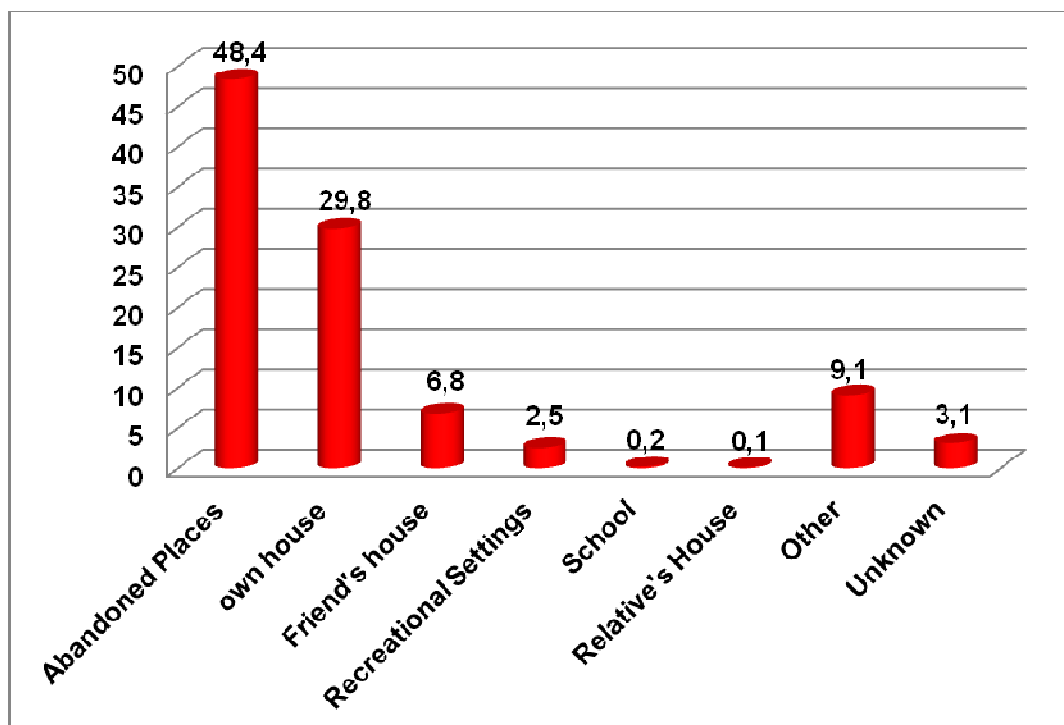
Graph 9-15: Age Range of Drug Users (%)



When place where drug users use drugs is examined, the first place is abandoned places with 48.2 % and the second one is homes of drugs users with 29.8% (Graph 9-16). Accordingly, it is an important task for municipal organizations and other relevant units to reclaim these abandoned places where are the first choice of drug users. In this frame, police forces also should perform more strict controls in such areas.

On the other hand, parents should be more careful as their children may be using drugs in their rooms and in case when any type of clue attributable to drug use is observed they should be calm and receive information and support from an expert organization. Being impatient and draw fast conclusions from the existing circumstances are considerably dangerous. Because some signs observed are not always evidences of drug use. Blaming someone even if he/she does not use drugs just because of a couple of misleading signs may cause undesired results to arise. People always should remember that the point is to support and assist drug users, not to capture them.

Graph 9-16: Places Drug Users Prefer (%)



According to U Form data 59.5 % of drug users have never got married (Graph 9-17). According to data from TÜİK, percentage of those who are 15 years old or older and never

got married is 27.5 % in Turkey in 2010. Thus, it thought that drug use is more common among bachelors in comparison with married people as major of drug users have never got married although major part of the population is married (64.2 %).

Graph 9-17: Classification of Drug Users by Their Marital Status (%)

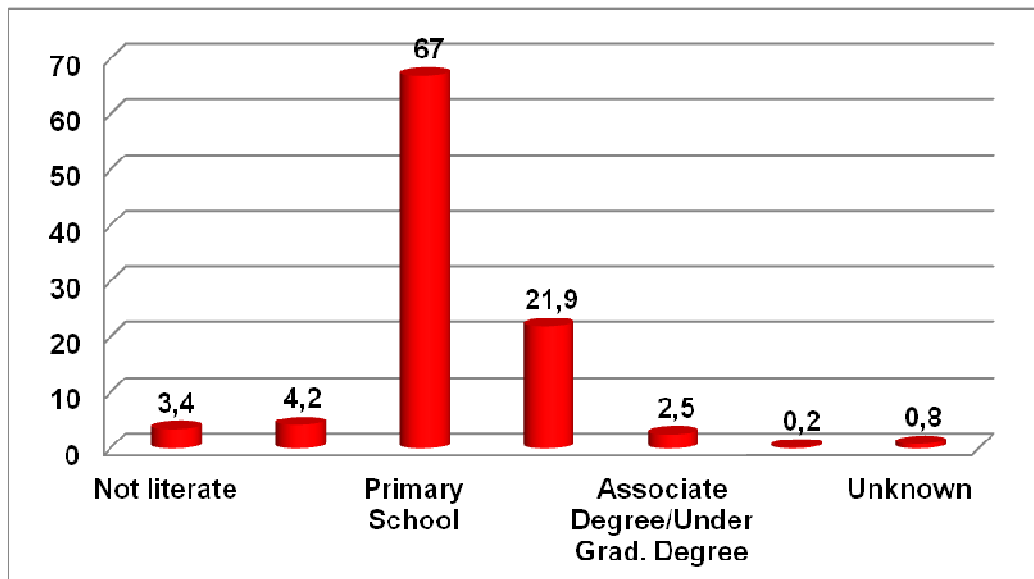


Examining Graph 9-18, it can be observed that 67 % of drug users are primary school graduate⁴⁵. On the other hand, according data from TÜİK in 2010 more than half of Turkish population older than 15 years old is primary school graduate (52.1 %) ⁴⁶. Thus, this should not be evaluated that drug use is more common among those with lower education level. Moreover, there is not any study on the relationship between drug use prevalence and education level that has been submitted to TUBİM.

⁴⁵ Primary school, middle school and equivalent of these are calculated together.

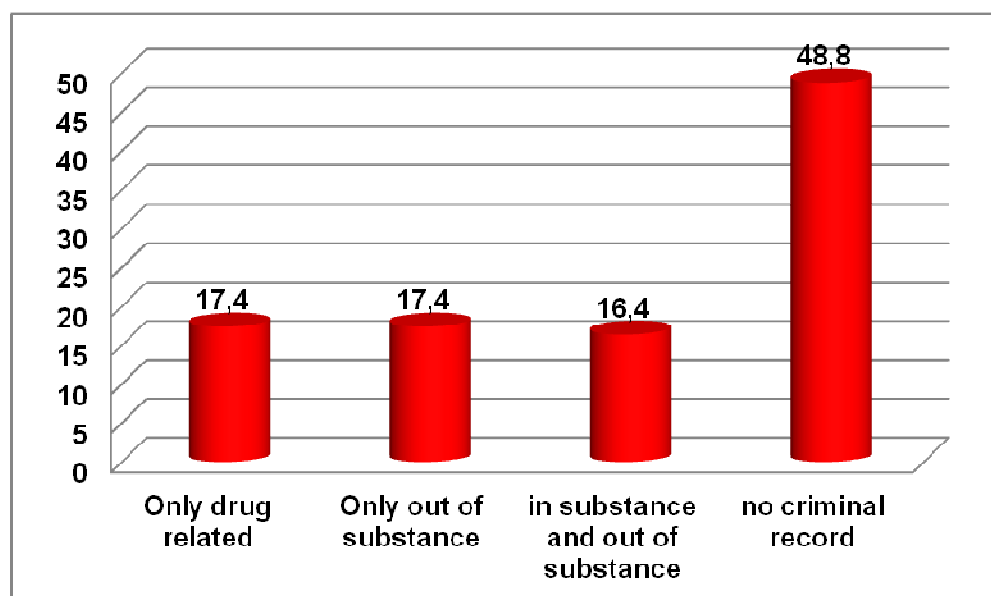
⁴⁶ Primary school, middle school and equivalent of these are calculated together.

Graph 9-18: Education Level of Drug Users (%)



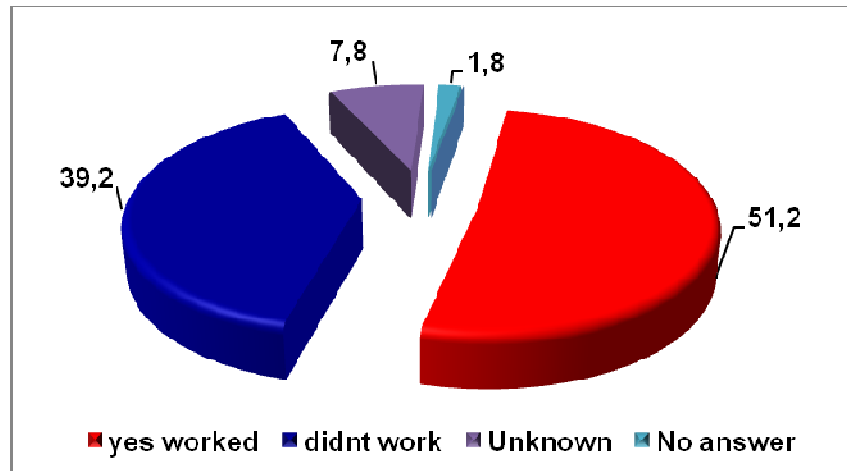
The fact that 48.8 % of drug users has not any prior criminal record (Graph 9-19) show that the belief drug use is more common among those who are prone to crimes or who have committed crimes before is not true.

Graph 9-19: Classification of Drug Users by Criminal Records (%)



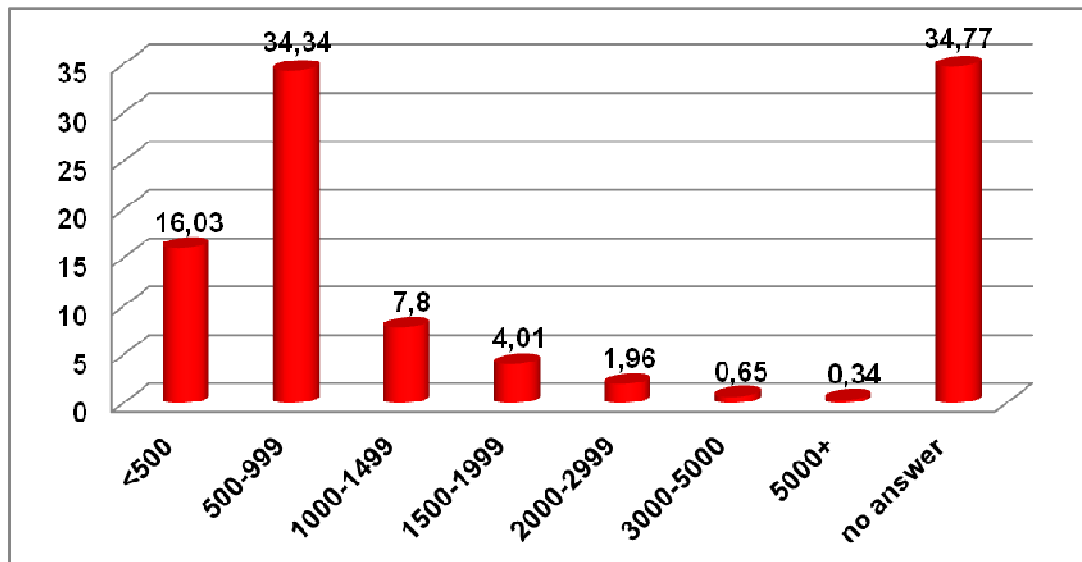
Similarly, the fact that 51.2 % of drug users have worked from which they earn money for the last 6 months shows that the belief drug use is more common among those who are unemployed is not true (Graph 9-20). On the other hand, the reason of unemployment ratio of 48.8% and whether drug use played a role in being removed from a job in case drug user had been working are not known.

Graph 9-20: Employment Status of Drug Users in last 6 months (%)



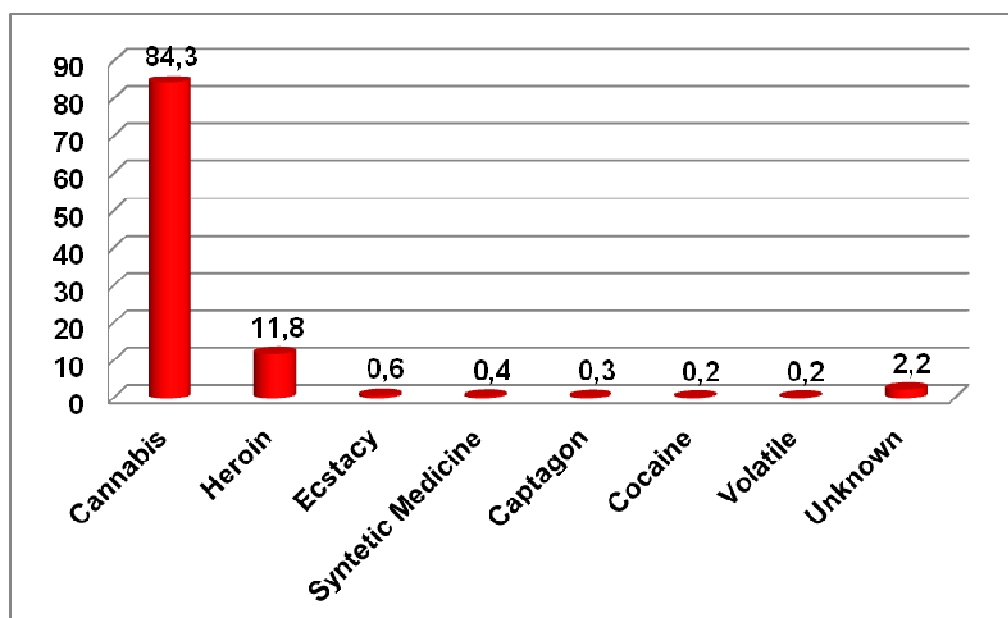
According to U Form data 60.6 % of drug users have stated that their monthly income is less than 1000 TL (Graph 9-21). This should not be evaluated as that drug use is more common among population with lower income level. In addition, there is not any study on the relationship between income level and drug use submitted to TUBİM as in the case of education level. On the other hand, the fact that a significant portion of drug users 34.77 % has not replied this question should not be ignored.

Graph 9-21: Income Level of Drug Users (%)



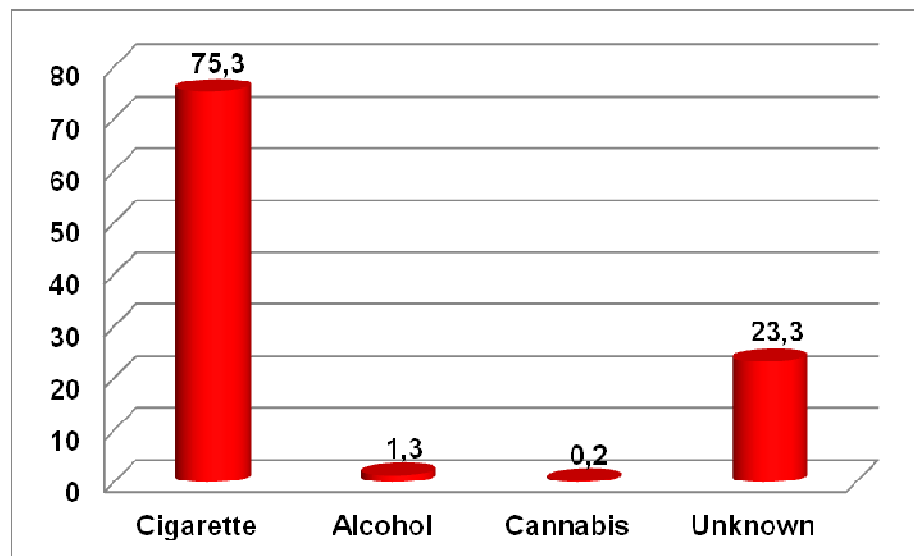
According to U Form data the most widely used substance in Turkey is cannabis (Graph 9-22). The fact that the number of incidents and captures for cannabis-related crimes is the largest one among all other substances supports this data (See Graph 10-4).

Graph 9-22: Most Widely Used Substance in Turkey (%)



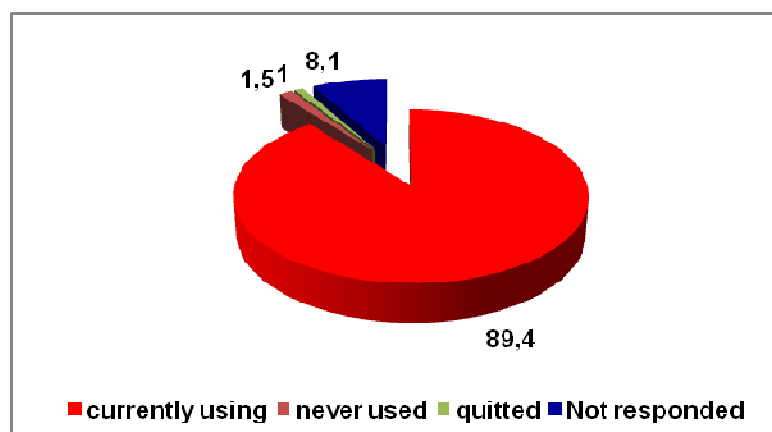
It is thought that the ranking on the substances used by drug users by age at first use reflects the transitions happen during drug use. According to U form data the first widely used substance is cigarette with the percentage of 75.3 % followed by alcohol (1.3 %) which are licit substances and then cannabis has the third place with a percentage of 0.2 % that has the first place among illicit substances (Graph 9-23). Accordingly, it is evaluated that cigarette is particularly the first step in transition to illicit substance use.

Graph 9-23: Substance First Used According to Starting Using Drugs (%)



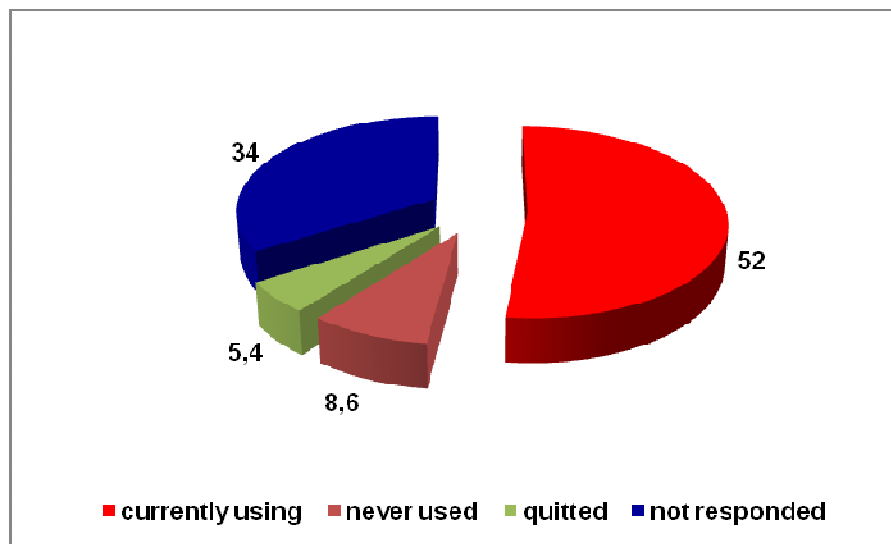
The fact that 89.4 % of illicit drug users also smoke cigarette at the same time (Graph 9-24) supports the statement, cigarette is the first step in transition to illicit drug use.

Graph 9-24: Cigarette Use among Drug Users (%)



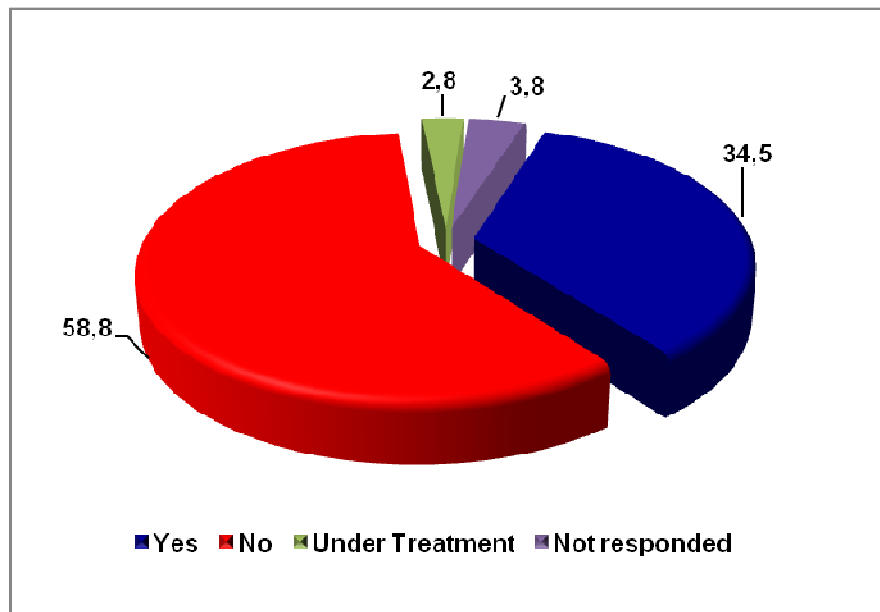
It is thought that the matter stated for cigarette above is also valid for alcohol. Because it can be seen that 52 % of drug users also consume alcohol at the same time with drugs (Graph 9-25). On the other hand, when considering that alcohol may be used by those who have not replied the question (34 %) it can be said that the ratio 52 % may increase a lot.

Graph 9-25: Alcohol Use among Drug Users (%)



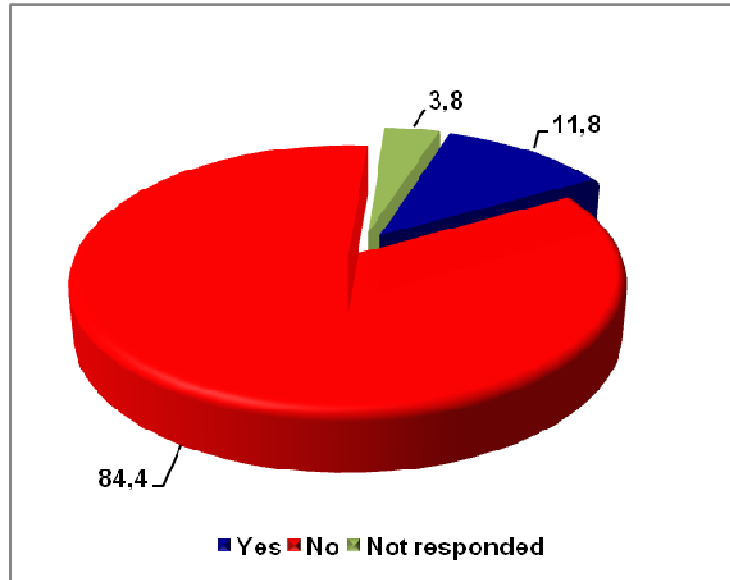
It can be seen that 58.8 % of drug users have given the reply NO to the question “Do you wish to be treated?” (Graph 9-26). According to data from U Form the most widely used substance in Turkey is cannabis (See Graph 9-22). It is thought that one of the most important reasons why more than half of drug users do not want to be treated is the common and false belief among drug users that is cannabis is not harmful or is relatively less harmful in comparison with other substances. In this sense, this wrong perception among drug users constitutes an obstacle against treatment demand. As a matter of fact, although the most commonly used and most commonly seized substance in Turkey is cannabis it is not at the first place according to treatment demand indicators (EMCDDA Standard Table 34, 2911).

Graph 9-26: Treatment Demand of Drug Users (%)



84.4 % of drug users have given the reply NO to the question “Have you ever received treatment before?” (Graph 9-27). According to data from the Ministry of Health 57.14 % of those who applied to treatment centers in 2010 has stated that they have already received treatment before and 41.38 of them have stated that they have never received any treatment (EMCDDA Standard Table 34, 2011).

Graph 9-27: Whether or not Drug Users have received Treatment Before (%)



9.2.1.2. Narco-Terrorism

PhD. Behsat EKİCİ⁴⁷

Permanence of terrorist acts mainly depends on sufficiency and permanence of financial sources. Needs and actions of terrorist organizations such as weapon, accommodation, food, communication, propaganda, etc. require large-scale financial sources. Although the way how a terrorist organization provides its findings varies according to the size and ideology of the organization for some terrorist organizations drug trafficking is the most important source of revenue.

Statements of members of terrorist organizations and drug traffickers captured by operations carried out by security forces in Turkey, incident records related to terrorist organizations, drugs seized in shelters/safe houses of such organizations and financial records in documents seized in these places clearly show that terrorist organizations (such as PKK/Kongra-Gel, DHKP/C, TKP-ML, DEVSOL and ASALA) are financed by drug trafficking (EGM KOM Report 2010:59).

It has been detected that terrorist organization PKK/Kongra-Gel has a role in not only drug trafficking but also each stages of drug trade and within this scope

- I) it gets commission from drug traffickers;

⁴⁷ Department of EGM KOM.

- II) perform illegal cultivation of hemp in Eastern and Southeastern Anatolian Regions;
- III) coordinates drug trafficking;
- IV) has an important role in drug distribution in Europe; and v) launders the money it earns by drug trafficking (EGM KOM Report 2010:3).

839 persons linked to PKK/Kongra-Gel, DHKP/C, TKP-ML, DEVSOL and ASALA terrorist organizations, had been captured during 363 operations carried out by Turkish security forces within the scope of narco-terrorism between 1984 and April 2011. During 60 of these operations high amounts of drugs had been seized in safe houses and shelters of PKK/Kongra-Gel. 4253 kg heroin, 22830 kg cannabis, 4305 kg base morphine, 8 kg poppy gum, 710 kg cocaine, 337412 synthetic drugs, 26190 l. acetic anhydride and 2 manufacturing laboratories had been seized during the operations carried out against terrorist organizations (EGM KOM Report 2010:59).

Funds are raised under the names “donation” and “subscription fee” from members of terrorist organization PKK/Kongra-Gel. However, this is, in fact, a way of illegal tax collection or collecting protection fees. In addition to organized protection fee collection there are some findings that show that terrorist organization PKK/Kongra-Gel actively is involved in money laundering, illicit drug and human trafficking and illegal immigration crimes in and out of European Union countries. In March 2010 a concurrent and joint operation was carried out against terrorist organization PKK/Kongra-Gel in Belgium, France, Holland and Turkey. Also several investigations were carried out in Italy, Romania and Slovakia against PKK/Kongra-Gel. The target of these investigations carried out against activities of terrorist organization PKK/Kongra-Gel was providing human force to the organization, finance, logistic support, propaganda and training camps (EUROPOL TE-SAT Report, 2011:22).

Connection of terrorist organization PKK/Kongra-GEL with drugs also has been confirmed by the United States of America at several dates. US Department of State has announced terrorist organization PKK/Kongra-Gel as specially-determined global terrorist organization in 2011 in accordance with Presidential Order No 13224 and as foreign terrorist organization in 1997⁴⁸.

⁴⁸ US Treasury has determined three leaders of Kongra-Gel as significant Foreign Drug Trafficker, http://turkish.turkey.usembassy.gov/hazine_kongragel.html.

Terrorist organization PKK/Kongra-Gel has been announced as significant foreign drug trafficker by US President in accordance with Foreign Narcotics Kingpin Designation Act, Kingpin Act⁴⁹ in short.

On 14.10.2009 US Ministry of Treasury Office of Foreign Assets Control (OFAC) announced Murat KARAYILAN leader of PKK/Kongra-Gel organization and Ali Rıza ALTUN and Zübeyir AYDAR⁵⁰ from top management of the organization as significant drug traffickers and on 20.04.2011 announced Remzi Kartal, Cemil BAYIK, Duran KALKAN, Sabri OK and Adem UZUN who are directors of the organization also as significant drug traffickers. In accordance with the Kingpin Act assets of these persons in USA have been freezed and economic and commercial activities between US citizens and these persons have been forbidden.

9.2.1.3. Money Laundering⁵¹

Nowadays, major part of proceeds of crime at high amounts obtained by committing organized crimes the most important one of which is illegal drug trade can be used to carry on organized crime activities. In addition, terrorist activities that are on the agenda of whole world can be funded by these incomes.

These incomes that are penetrated into financial system by laundering and/or obtained by use of crimes have lots of negative effects in social and moral structure of community as well as economic, financial and legal system of a country.

It has been realized that targeting revenue obtained by crimes or in other words tracking, identification and seizure of proceeds of crime is a more effective way anti-organized crime operations in comparison with capturing and sentencing those who commits primer crimes directly related to drug trafficking. In this sense, preventive and suppressing measures against laundering of revenue obtained from crime and measures for seizure of these incomes have an important priority in the agendas of many countries.

⁴⁹ Kingpin Act, became affective in November 1999, targets foreign drug trafficker, organization dealing with drug trafficking and World-wide branches of these organizations. Organizations and persons listed In accordance with this Act cannot get use of US financial system, commercial and banking facilities and cannot carry out business with neither American companies nor American citizens. Kingpin Act does not focus on countries in which above-mentioned organizations and persons exist or carry out several activities.

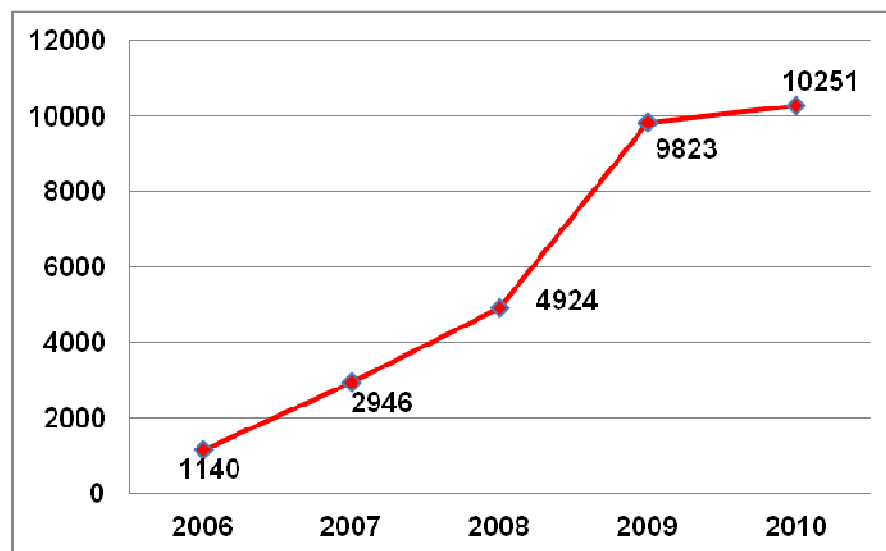
⁵⁰ Treasury Designates Three Leaders of the Kongra-Gel as Significant Foreign Narcotics Traffickers, <http://www.treasury.gov/press-center/press-releases/Pages/tg318.aspx>

⁵¹ This part has been written by MASAK (Financial Crimes Investigation Board).

A strategy against money laundering activities that is compatible with international standards have been adopted in Turkey and in this sense, preventive and suppressive legal arrangements have been established and significant progress has been achieved especially in preventive issues in implementing these strategy.

Preventive measures taken by Law on Prevention of Laundering Proceeds of Crime No 5549 and other relevant regulations against other convicts listed in the Article 2 of the same Law have important functions in prevention of proceeds of crime to penetrate into legal financial system or in tracking, identification and seizure of these incomes that have already penetrated into the legal financial system. These measures relate to financial institutions and the applications are such as know your client, doubtful transaction notice etc. for the transactions made or mediated especially by obligants doubtful transaction notices that should be made to MASAK (Financial Crimes Investigation Board) when it is suspected that the assets subject matter of the transaction has been obtained by illegal ways or are being used for illegal purposes is an important financial intelligence source in identifying money laundering or other crimes. These notices, in addition, are also an indicator of the level of awareness of obligants groups on laundering crime. With the regulations made after training and audit activities performed by MASAK number of doubtful transaction notices has and continuously increasing trend as can be seen in the table below.

Graph 9-28: Number of Doubtful Transaction Notices by Years



Source: MASAK Annual Report 2010, www.masak.gov.tr.

Money laundering acts have been accepted as crimes firstly by the Law on Prevention of Money Laundering that has been come into force on 19.11.1996. Some provisions of this law regarding money laundering were invalidated and “the crime laundering assets values obtained from crime” has been regulated by Article 282 of Turkish Penal Code No 5237 that has come into force on 01.06.2005. According to this, those who transfer assets values obtained from a crime that requires sentencing for at least and more than six months (including illegal drug trafficking) or who performs several activities to hide the illegal source of these values or to make people think that these values have been obtained through legal ways shall be punished with fine and imprisonment. This punishment also has some penalty raising factors. This regulation has an important role in fight against crimes that are sources of proceeds of crime one of the most important of which is illegal drug trafficking. After analysis, evaluation and examination studies conducted by MASAK between 2006 and 2010 with the purpose of identification of laundering of proceeds of crime when criminal complaints made to prosecutors are distributed by primary crimes, drug trafficking has the first place with a percentage 38%(MASAK Annual Report 2010:46).

Seizing incomes obtained from crimes regardless of whether or not they are laundered is another important measure taken against crimes. Seizure of financial profits that have been obtained generally from crimes, that are the subject matter of crime or that are provided for commitment of a crime and all kinds of economic profits that have been obtained by evaluating these financial profits are regulated by Article 55 of Turkish Penal Code No 5237. As commitment of crime with profit purpose will be eradicated with effective tracking, identification and seizure of proceeds of crime the success to be achieved in seizure applications will give rise to increase in primary crimes.

9.2.2. Other Drug-Related Crimes

For drug addicts, procurement of substances that they always need, in time, causes serious amount of monetary need. In this case drug addicts sometimes try to obtained money by illegal means and sometimes start drug sales to provide the substance they need. Drug addicts who are in breach of laws in both cases cause harm in terms of both general public security and general public health.

A drug addict person, in order to be able to find money to provide drugs for him/herself after a time sometimes becomes obliged to commit several crimes such as robbery, hijacking, theft, illegal prostitution.

On the other hand, sometimes several crimes are committed because of being under the effect of drugs (such as violence or sexual harassment) in addition to crimes committed to provide narcotic drugs. However, there is not any study on this subject that has been submitted to TUBİM.

According to Öztürk (2002); those who use psychoactive substances tend to heavy disbelief, dependence, ego anxiety, lower threshold for resistance against being blocked, weakness and objecting to authorities to hide failure, transgress rules and laws.

Many research results and different evaluations made show that major part of drug users tend to committing crimes in order to provide drugs or under the effect of drugs. And this clarifies the relationship between drug use and crime. These results also clearly show how drug use is important in directing individuals to tending to behaviors that collide with social norms such as crimes and violation.

In Turkey alcohol and narcotic drug-stimulant use is forbidden in traffic in accordance with para. 6, Article 48 of Highway Code No 2918 and Article 97 of the relevant regulation. However, although alcohol test is being applied to drivers on roads, narcotic drug and stimulant tests have not been put into practice yet. According to data from Ministry of Justice General Directorate of Penal Affairs several lawsuits were filed against 31 suspects in 31 lawsuit files in accordance with Article 48/6 of Highway Code No 2918 in 2010.

9.3. Prevention of Drug-Related Crimes

Characteristics of drug-related crimes such as

- Including lots of different elements;
- Being crimes without any victims, in general; and
- Providing an opportunity of gaining money although being illegal

Are factors that distinguish these crimes from other crimes, that make fight against these crimes very hard and that makes achieving success against these crimes very hard(Geleri, 1999).

In drug-related crimes there are lots of different factors that are related to each other such as illegal cultivation, production, manufacture, transfer, distribution and consumption of drugs substances. Although those who accomplish drug-related crimes are victims of this type of crime they are not willing to provide support to security forces in starting judicial

procedure by being victims in terms of justice or finalizing a proceeding that has already been started. On the other hand, it is known that there is an opportunity to obtain high amounts of money in each stages of the process related to illegal production and consumption of narcotic drugs even though risks are very high. This plays an important role in involvement of lots of people in drug-related crimes although security forces work really hard.

Law enforcement in Turkey (Turkish National Police, Gendarmerie General Command and Coast Guard Command of the Ministry of Internal Affairs and General Directorate of Customs of the Ministry of Customs and Trade) and other relevant Ministries and Institutions carry out effective fight against drug-related crimes (Ministry of Justice Health, Food-Agriculture and Livestock, Education, Finance).

Regarding the fight against criminal organizations dealing with drug trafficking that get maximum use of all kinds of advancing technology to improve their criminal capacities, law enforcement personnel also should improve and renew their skills and capacities. This can be achieved, of course, by trainings.

For this purpose, Turkish International Academy against Drugs and Organized Crime (TADOC) established under Turkish National Police-Department of Anti-smuggling and Organized Crime has been carrying out training activities since 2000.

Not only personnel of Turkish National Police but also other security forces and Ministerial personnel are trained and educated by TADOC. In this sense, 481 national training activities, in total, had been given between 2000 and 2010 by TADOC and 15895 law enforcement personnel, in total, had been trained during these activities. Numbers of personnel from several Ministries who received these training services are given below:

- From Ministry of Internal Affairs;
 - 15640 personnel from Turkish National Police,
 - 97 personnel from Gendarmerie General Command,
 - 27 personnel from Coast Guard Command,
- 51 personnel from Ministry of Justice,
- 80 personnel from Ministry of Customs and Trade.

TADOC also provides international training activities for law enforcement units of countries with which Turkey has signed bilateral security cooperation agreements. Within this scope, TADOC has performed 274 international training activities and 3847 law enforcement

personnel from 82 different countries have participated in these activities. In addition, it provides active contribution to training activities carried out by multinational associations and organizations of which Turkey is member such as United Nations Office of Drugs and Crime (UNODC), Organization for Security and Cooperation in Europe (OSCE), Economic Cooperation Organization (ECO), and Organization of the Black Sea Economic Cooperation (BSEC), NATO-Russia Council (NRC).

9.4. Interventions in Criminal and Justice System

Ministry of Justice with its General Directorates is a ministry that has duties and responsibilities regarding drug addiction and anti-drug activities. The General Directorates and relevant units carrying out prevention and rehabilitation studies against drug addiction under Ministry of Justice are as follows:

- General Directorate of Prisons and Detention Houses and penitentiaries under the General Directorate;
- General Directorate of Prisons and Detention Houses Department Responsible for Probation and Help Services and its relevant Offices.

Today drug addiction is considered as a disease and treatment process of this disease is carried out together with legal processes. Drug users are directed to treatment facilities by use of Probation. Convicts-imprisoned due to drug trafficking and other related crimes are placed in penitentiaries.

Amendments in Law on Punishment Execution, establishment of Probation system and developments in treatment services are of important factors for prevention of drug addiction. In parallel with these changes happened in recent years, projects that has been started and are being implemented under the EU harmonization process also contributes significantly to the relevant studies.

One-to-one interviews with convict/imprisoned inpenitentiaries who are alcohol or drug addicts are carried out by psychosocial support services and these persons are directed to several group studies implemented in penal institutions.

Regarding harm reduction, personnel and administrative personnel of relevant institutions are continuously informed in order to be able to take necessary measures to control communicable diseases.

“Alcohol and Drug Addiction Program” implemented in penitentiaries is a program that is composed of 16 sessions which lasts 1.6 hour each and 4 weeks in total. This program has been prepared by use of a model that aims to minimize the harm with cognitive-behavioral approach. The aim of the program is to raise awareness regarding being directed to treatment not to treat drug users. It is planned to carry out studies with convicts that have involved in drug use and drug related crimes and it is aimed to make studies on harms of drugs and the skill minimizing this harm.

Sessions of this program can be categorized into 3 topics which are;

Briefing Sessions: Alcohol and Substance Awareness, Harm Minimizing, Treatment Services among Society and in Prisons, Transformation Cycle;

Awareness Rising-Oriented Sessions: Map of Alcohol and Substance Addiction, Re-Use/Re-Start, High Risk Circumstances;

Life Skill Development-Oriented Sessions: Life Skills, Problem Solving Skills, Relation/Standing Aloof from Drug Users.

An applied training was provided for a group of 45 people from psychologists and social researchers in Ankara Personnel Training Center between 8 and 12 February and 18 and 22 October 2010. Together with the training services rendered institutional applications of the program goes on. Program trainings will be carried on in 2011 and trainings of trainer are being planned to be provided with program revision studies. 884, 1412 and 2584 convicts and imprisoned had attended to the program that was started in 2008 in 2008, 2009 and 2010, respectively.

Significant developments have been realized in recruitment of qualified personnel to support improvement activities in recent years. As of July 2011, 333 psychologists and social researchers work in Penal Institutions and 120 psychologists and social researchers work in Probation Branch Offices together with 102 sociologists. In addition, these psychologists, social researchers and sociologists receive trainings on these programs as well as other improvement activities and reports prepared after these trainings are used as guiding materials for developments regarding the execution of the studies.

In penitentiaries, in addition, seminars on alcohol and substance addiction are given in association with Provincial Police Directorates and Provincial Health Offices and necessary permits are granted by supporting scientific researches to be conducted in penitentiaries. In 2010 4916 convicts and arrestees and 889 execution and protection officers were informed within the scope of preventive activities implemented in penitentiaries by Provincial focal points who are part of organizational structure of TUBİM.

9.4.1. Applications Alternative to Prisons

With the implementation of Probation system in 2005, measures alternative to prisons have put into effect and significant contributions have provided for the projects implemented with EU support.

One of these projects “Project on Development of Studies on Children and Victims in Turkish Probation Services” had been conducted between January 2009 and October 2010 between General Directorate of Prisons and Detention Houses and National Probation Services of England and Wales. The aim of the project is to rehabilitate crime victims and prevent children from re-committing crime by reinforcing institutional capacities of probation services related to crime victims and children researches. Regarding the children component of the project, four intervention programs those are basic approach, prevention of drug use, overall criminal approach (for children who involved in more serious crimes) and prevention of aggression have been developed for children under probation services. Moreover, national standards and children policy document have been developed and several studies on improving cooperation between institutions in probation services for children have been conducted. Regarding the national standards and intervention programs probation personnel have been trained.

One of the intervention programs developed within the scope of the project is “Alcohol and Substance Intervention Program for Children”. Under this intervention program that had been developed between June and July 2009 relevant personnel have been trained in October and pilot implementation has been started. Enlargement trainings for the intervention program also carried out in 2010 and the personnel received training started applying the lessons learned from these activities.

9.5. Drug and Problem Drug Use in Prisons

There are several studies conducted on different subjects for convict/imprisoned in penitentiaries. For instance, distribution of crime types that are reasons for being sentenced among 355 convicts in Sivas Closed Penal Institution Type E by Adalı (not published thesis, 2010) is; 32.4 % murder, 19.2% robbery, 13 % injury, 8.5 % theft, 8.2 % drug-related crimes and 18.7 % other crimes. Regarding the relationship between the age and crime committed by the convicts, the age group in which crime is the most common is 25-34 followed by 35-44. Tendency to committing crime in all kinds of crimes decreases with the increasing age. When educational level is examined it can be seen that 57.4 % of robbery convicts, 51.7 % of drug-related crime convicts and 50 % of theft convicts are of primary school graduates.

In another study conducted by Peker (unpublished Thesis, 2008) on 225 convict/imprisoned it can be seen that 79.1 % of participants are male and the remaining 20.9 % are female and they are in the age group 26-35 that means major part of the convict/imprisoned are of male and female young adult population. It has been observed that 45.8% of convict/imprisoned are primary school graduates and number of those who are illiterate, only literate and university graduate is very small. Considering the type of crimes committed by convict/imprisoned, it can be seen that the most common crime committed is those include violence (60%) (offence against life, offence against body immunity and offence against sexual immunity) and that percentage of crimes that do not include violence is 40 %. Considering type of crimes committed by those who used drugs and are sentenced, it can be seen that 48.1 % of them committed crimes including violence and when data regarding substance use 49.7 % of them used drugs; 24.4 % of them used alcohol and 25.3 % used substances other than alcohol. 30.7 % of convicts/imprisoned have declared that they both sentenced before and used substances before being sentenced. It has been identified from the research that 37.3 % of them used a substance just before committing crime, 33.3 % of those who used substances just before committing crime that is the reason of being sentenced committed crime including violence and that the percentage of those who declared that they were under the influence of substance they used while committing crime is 26.6 %. According the findings of the research it has been found that those who use substances have more anxiety, negative ego and hostility symptoms in comparison with those who do not use substances. Another important finding of the research is that the percentage of those whose aim was to obtain substance while committing crime among those who use substances is 8.4 % and that the percentage of those who used substances just before committing crime and whose aim was to obtain that substance is 8 %.

Substitution treatment that is a harm reduction program is an alternative to the treatment policies aimed at permanent quitting of using substances and substance addiction.

One of the aims of this approach is to deal with the problems of individual caused by substance use while increasing the success of treatment process by supporting social aids to quit substance use permanently. Several researches show that implementation of substitution treatment together with psycho-social programs and supportive studies significantly increase the rate of success. A set of developments in Turkey has obtained regarding the substitution treatment that has been commenced in many European countries in 1980s.

Health services rendered in penitentiaries are implemented by Ministry of Health and it can be seen that treatment services are parallel with justice services. There are not any penitentiaries established only for substance addicts. However, in accordance with Article 18 of Law on Execution of Penal and Security Measures No 5275 studies for substance addicts are conducted in 5 centers (Elazığ, Manisa, Adana, Samsun and İstanbul Metris) established as rehabilitation centers for “Execution of Penalties of Those who have Psychiatric Problems other than Mental Diseases”. In addition to psychologists, social researchers and other officers working in penitentiaries, several health personnel such as psychiatrists, physicians, doctors, health personnel, psychologists and nurses are also employed in rehabilitation centers by Ministry of Health.

There is a need for epidemiological studies in Turkey in addition to data provision regarding treatment services. In addition, the way of how to give the drugs to be used for treatment of convicts and arrestees and how to control in penitentiaries is being discussed. All the health personnel employed in health units especially undertake the responsibility of prevention of misuse of drugs and taking measures against misuse of drugs and due diligence is shown in controlling drug delivery.

9.6. Interventions in Prisons for drug-Related Health Problems

Studies on controlling communicable diseases are social services that are related to all community as well as an individual service rendered to clients. In other words, when a communicable disease detected in a penitentiary all of convicts/imprisoned and personnel are under risk and measures to be taken for this case should be decided in this manner. As infectious diseases concern all the community, Ministry of Health that is responsible for the health services in the country publishes circulars on this matter and implements control programs. Thus, studies on controlling infectious diseases are implemented in parallel with policies and implementations of Ministry of Health (CTEGM Health Services, 2006).

Within the scope of Hepatitis (B) control program strategies with Circular on Extended Immunization Program of 30.11.2006 and numbered 18607-2006/120 of Ministry of Health that also includes routine vaccination applications against Hepatitis (B) disease, necessary vaccines are provided in coordination with Provincial Health Offices and all the convicts and imprisoned and personnel are made get use of these vaccination applications.

9.7. Post –Release Social Reintegration of Drug Users

One of the regulations issued for prevention of criminalism is the studies conducted post- releases. Release plan implemented after release is particularly important in terms of arranging lives of convicts who encounter many problems after being released. The most important services rendered after release and the most needed services are implementing economic support systems, social services and health services. Substance addicts who are involved in punishment - justice system face with many problems during comeback to social life after being released. These post-release studies for convicts/imprisoned most of whom lost social support systems, lost their jobs and faced with health problems are very useful.

The most important study on this matter commenced recently is the Probation Services that is being implemented.

Together with changes in executive law educational and occupational training programs in penitentiaries become very important in order to encourage convicts to get adapted to social life.

The results obtained from the evaluation questionnaire conducted after trainings in Midyat Closed penitentiary Type M provided by Midyat Probation Office in 2008 supports the idea to give weight to after-release studies. 92.2 % of convicts participated in the questionnaire were male and the remaining part 7.8 % were female. When educational status of them was examined it can be seen that 14.7 % of them were uneducated, 33 % were primary school graduate, 20.4 % middle school graduate and 18.3 % of them were high school graduate.

During the study 51.5 % of them declared that they have a profession and 58.4 % of them declared that they have no profession. Examining the type of professions it is seen that most of them preferred conventional professions. 23.20 % of them were drivers, 17.80% did not declare any profession by selecting the option “other”, 4.10 % house painter, 2.70 % cook, 4.10 % car repairer, 5.40 % tailor, 5.40 % electrician, 5.40 % iron worker, 6.80 baker

worker. 27.4 % of convicts who have a profession declared that they would return to their own professions after being released. 18.3 % of convicts declared that there is risk to get involved in another crime. Regarding the reason of the re-involving another crime, 44.9 % of them pointed out economic problems/unemployment, 14.5 % entourage, 16.6 % lack of education and 6 % family reasons. The percentage of those who would apply to probation offices after being released was 38 %, those who declared that they has no plans was 20.4 %, those who would try to establish their own workplace was 2.8 %. The percentage of those who has information on probation system was 42.9 %, and those who want to receive psycho-social support was 66.1 %. It has been stated that the percentage of those who declared that they would face with problems in getting adapted to social life was 47.8 % (Karaçam, 2009).

Results of the research show that there is a need for programs to be implemented by considering multi-dimensional and different variables in post-release studies for convicts. For this it is necessary to analyze high risk status of convicts very well and to design and implement the post-release studies for each convict/imprisoned in a custom manner.

SECTION 10

DRUG MARKETS

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PhD. Behsat EKİCİ⁵⁴

10.1. Introduction

Turkish National Police (EGM), Gendarmerie General Command (JGK), Coast Guard Command and General Directorate of Customs Enforcement (GMGM) are the most important institutions having tasks on fight against narcotic drugs in Turkey. In addition to these institutions other institutions such as Turkish Grain Board (TMO), Institution of Forensic Medicine (ATK), Financial Crime Investigation Board (MASAK) and General Directorate of Pharmaceuticals and Pharmacy (İEGM) also undertake very important tasks in proceedings of narcotic drugs. Tasks and responsibility areas of these institutions have been determined by laws and protocols between institutions.

Police forces fight against narcotic drug trafficking and illicit trade in urban areas while Gendarmerie forces in rural areas, in general, Customs personnel in Turkish customs region (Political Borders of Turkish Republic), Coast Guard forces all coasts of Turkey and territorial waters.

⁵² TUBİM (Turkish Monitoring Center for Drugs and Drug Addiction)

⁵³ National Supply Reduction Expert

⁵⁴ Department of EGM KOM

Each law enforcement unit in Turkey uses different data collection and storing methods regarding cases happening within its responsibility area. Thus, there is not any common data collection system into which all the units enter data. This sometimes causes some problems in generating, estimating and evaluating national data on the numbers of cases, seized amounts, numbers of suspects and prices to be collected from relevant units. On the other hand, significant improvement has been and is being obtained after the studies conducted by TUBİM on collection of national narcotic drugs data, improving quality of this data and providing compliance of this data with international standards.

One of the activities conducted in this sense is the “Narcotic Drug Price Project” that has been prepared and put into implementation to collect narcotic drug prices at street and wholesale level, on-line, through the intranet network “Polnet” that is very important for duly analyze the drug problem and thus determining the most appropriate and effective anti-drug strategies. It is planned that this project that will be used to collect data only from Turkish National Police initially will be structured so that other relevant units will be able to enter data into the system. This project will be used in preparation of the relevant sections of National Report on Drugs 2012.

While preparing the topics “Availability and Supply” and “Seizures” included in this section data from Turkish National Police, Gendarmerie General Command, Coast Guard Command and General Directorate of Customs Enforcement that are law enforcement units of Turkey and data from relevant EMCDDA Standard Tables, academic studies and national and international reports on this field have been used.

The part, substance purity, in “Substance Purity and Price” in this section has been compiled by use of data from Police and Gendarmerie Criminal Laboratories and Institution of Forensic Medicine.

Substance prices have been determined in accordance with data obtained from field studies conducted by Anti-drug officers of EGM and JGK.

10.2. Availability and Supply

10.2.1. Opium and Derivatives

In Turkey opium and derivatives are not produced through illegal means. Primary source of opium, base morphine and heroin in Turkey is Afghanistan. In general, these substances arrive in Turkey from Iran after Afghanistan. However, it has been observed that

packing and hiding methods of heroin are almost identical in the seizures in the east and west bordergates of Turkey.

Opium and derivatives differs from each other in terms of market availability. Poppy gum seized in Turkey is not for meeting the domestic demand but foreign demand. Thus, poppy gum is introduced to Turkish market at a low level. After the analyses of seizures little amounts of poppy gum in the bordergates, it is understood that poppy gum is being tried to be transferred to EU countries via Turkey.

Availability of base morphine in Turkey is at very low levels especially in the last 3-4 years. In this sense, any heroin laboratory has not been seized in Turkey in recent years.

The decrease of 48 % happened in opium production in Afghanistan in 2010 (UNODC Afghanistan Opium Survey, 2010:12) caused a significant decrease in the amount of heroin seized and availability of heroin in Turkey. However, Turkey which is on the Balkan Route has been continuing large quantities of heroin seizures.

Regarding the border gates, in general, heroin enters into Turkey from Ağrı-Gürbulak and Hakkari Esendere Border Gates that are at the border line between Turkey and Iran. On the other hand, trafficking organizations sometimes use secondary routes to reduce the risk. For instance, it has been found that in recent years drug traffickers pass to Northern Iraq from Iran and then enter into Turkish borders from Şırnak province. In addition, it has been found that in recent years, drug traffickers use the route Iran-Armenia-Georgia-Turkey (EGM-KOM Report, 2010:13)

Although Balkan Route remains its importance drug-related organizations have changed their directions to alternative routes in the North and South as effective anti-drug activities of Islamic Republic of Iran and Turkey pose significant risk for drug traffickers. These routes are:

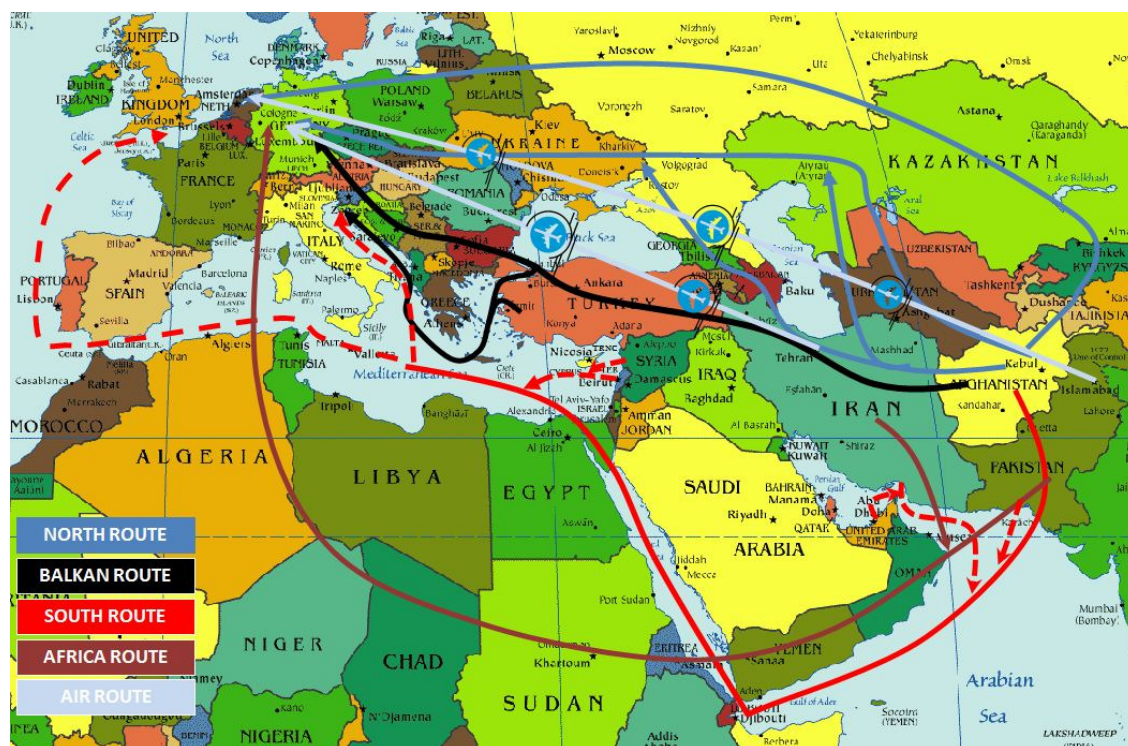
- “Northern Route” that starts from Afghanistan and ends in Europe through several routes across Russia and Eastern Europe; and
- “Southern Route” through which heroin from Iran is sent to Western European countries by sea.

However, amounts seized on this route are low as the counter drug trafficking activities carried out by the countries on this route is weaker than those carried out by the countries on

Balkan Route such as Turkey and Islamic Republic of Iran. Nevertheless, this lower seizure level does not mean that illegal drug trafficking activities are rarer on this route.

Apart from that, heroin is sent directly to Western Europe from Islamic Republic of Iran and Pakistan through airway couriers. In addition, illegal drug organizations send heroin directly to Europe by use of ports in Iran, Pakistan, United Arab Emirates, Syria and Lebanon (EGM-KOM Report 2010:10, 11). This shows that there is a significant increase in the use of alternative routes in recent years.

Figure 10-1 : Heroin Routes



10.2.2. Cannabis and Derivatives

Cannabis is the most common narcotic drug produced and trafficked in Turkey. Illegal cannabis cultivation is carried out especially in rural areas of Southeastern Anatolia Region to meet domestic demand. Cannabis produced here is delivered to whole domestic market through different ways. However, it has been identified that low amounts of cannabis

cultivation is carried out in rural areas, agricultural lands of other Regions as well as in flower pots.

There is not any concrete evidence that shows that cannabis produced in Turkey is sent to foreign countries. Because, there is no significant amount of seizures in border gates. However, it has been detected that significant amounts of cannabis resin are sent to Turkey from Islamic Republic of Iran and Syria.

A significant increase in domestic cannabis trafficking can be seen easily. Groups that deal with illegal cannabis trafficking, unlike those dealing with heroin trafficking, are not international organizations but local organizations targeting national market. It has been detected that several distribution networks have been established to meet increasing domestic cannabis demand and that these distribution networks have close relationship with production regions.

Turkey is a traditional cannabis cultivator as well as opium poppy. On the other hand, in previous Turkish Drug Reports it was stated that major part of cannabis seized in Turkey is out of legal cannabis cultivation areas thus, cannabis in Turkey is produced by illegal hemp cultivation. There is not any cultivator who applied to Provincial Directorates of the Ministry of Food, Agriculture and Livestock in 2010 which means that whole of cannabis seized in Turkey in the same year is produced by illegal cultivation activities or brought to Turkey from foreign countries.

10.2.3. Coca and Derivatives

Turkey suffers from cocaine trafficking that continuously increases in recent years. Although Turkey is far from cocaine production areas international organized crime groups aims to make profit from domestic market in Turkey.

On the other hand, it can be seen that some large organizations were dealing with heroin trafficking in the past started to deal with cocaine trafficking. These organizations are in contact with drug suppliers in Southern America rather than those in Afghanistan, Islamic Republic of Iran and Turkey.

Major part of cocaine seized in Turkey is seized on airway couriers. It can be seen that especially Nigerian, Bolivian, Somalian, Paraguayan, South African, Rwandan and Kenyan couriers are arrested in İstanbul Province (EGM KOM Report, 2010: 44-46). There are two ways of cocaine trafficking by couriers: The first one is hiding in luggage and the

second one is carrying on the body. Cocaine can be carried on human body by either hiding cocaine on outer surface of the body or hiding it in body cavities or in stomach or bowel.

Cocaine targeting Turkey is not directly sent from Columbia, Peru and Bolivia. It is seen that cocaine sent to Turkey is commonly originated from Brazil, Venezuela and Argentina. In addition, it has been detected that in many operations cocaine is firstly transported to Western African countries, the Netherlands and Italy and then shipped to Turkey.

Moreover, it can be seen that small amounts of cocaine enter into Turkish border from Syria and then transferred to our provinces on seaside via highway network.

Cocaine is a type of narcotic drug that is seized commonly in airports and during operations carried out against illegal domestic drug traffickers in recent years. Groups that carry out domestic cocaine distribution activities are mainly Western African organized crime organizations. Western African groups that pose significant threat against many regions of the world started to carry out active activities in Turkey in order to get a share from cocaine market.

10.2.4. Synthetic Drugs

10.2.4.1. Ecstasy

Ecstasy tablets seized in Turkey are brought to Turkey mainly from the Netherlands and Belgium. In Turkey it is very rare to seize an ecstasy shop. As a matter of fact, in 2010 only one ecstasy shop was seized in Turkey. Drug-related organizations transport ecstasy to larger cities and tourism centers in Turkey by use of various land and air vehicles. It has been detected that in some events these organizations exchange ecstasy with heroin.

It is known that almost all of ecstasy seized in Turkey targets domestic market. A significant increase in synthetic drug supply in vocational centers on Mediterranean and Aegean coasts can be seen especially in summer season.

10.2.4.2. Captagon

Turkey suffers from captagon⁵⁵ trafficking as being both a transit country and a market. Although sometimes it is heard that captagon is produced in Turkey, after captagon seizures hit peak in 2006, large-scale synthetic drug trafficking organizations are busted and domestic illicit captagon manufacturing laboratories are closed. After this process it was seen that captagon production is extended gradually through Middle East (UNODC 2011).

Captagon is sent to Turkey through three different routes:

- The first one is the route that starts in Eastern European countries and reaches Middle East countries. On this route captagon, that enters into Turkey from Edirne and Kırklareli leaves Turkey and enters into Syria through İstanbul-Ankara-Adana-Hatay-Kilis route. Captagon that is provided mainly from Eastern European countries by narcotic drug rings is transported to the countries in the Middle East and Arabian Peninsula through Turkey.
- The second route starts in Armenia, passes through Turkey and ends in Syria. With the proceedings carried out in recent years it is seen that there are captagon laboratories in Armenia and captagon produces here are transported to Syria and Arabian countries through Turkey.
- The third one enters into Turkey from Syria just opposite of the first route and captagon enters in Turkey through this route is distributed in the domestic market. Captagon becomes widespread in domestic market. Captagon enters into Turkey from Mardin, Şanlıurfa and Hatay provinces and reaches Antalya province through Mediterranean coastal road. (EGM-KOM Report, 2010:27).

10.2.4.3. Methamphetamine

Turkey, in parallel to trends in World's narcotic drug markets, suffers from methamphetamine trafficking that has continuously increased in recent years. It has been detected that narcotic rings that provide methamphetamine from Iran target Far East countries, especially Malaysia, Indonesia, Thailand, Australia and Japan through airway couriers by using Turkey as a transit country (EGM KOM Report, 2010:27) After the investigation of DRD's, it is understood that methamphetamine has been started to be used in Turkey (See Chapter 6).

⁵⁵ Tablets that include amphetamine, not phenethylamine, as active ingredient.

On the other hand, during the seizures in Far East it has been observed that methamphetamine is provided from Syria and transported to Far East countries through Gulf countries. Also, it has been detected that methamphetamine traffickers try to enter into Turkey from Armenia and transport this substance to Far East countries via airway instead of entering into Turkey from Iran (EGM KOM Report, 2010:29, 30).

10.2.5. Precursors

Precursors are the substances that are used from production of synthetic drugs to production of heroin and cocaine and supervision of these substances is an important component of anti-drug activities. Getting basic substances under control is a preventive measure that intercepts the way to narcotic drugs.

It is certain that the most important and well-known substance among these chemical is “acetic anhydride” that is necessary for heroin production. BMK, PMK, hydrochloric acid, formic acid, phenyl acetic acid, sulphuric acid and formamide are also important substances that are used to produce synthetic drugs. In addition, production, import, export and distribution of 23 chemicals, in total, are under control in Turkey and other countries that signed 1988 Act.

Acetic anhydride that is used commonly also in industrial applications is not produced in Turkey. Demand of national industry is met by acetic anhydride that is legally imported from foreign countries.

Turkey suffers from illegal acetic anhydride trafficking as a transit country. In recent years it has been detected that acetic anhydride seized in Turkey is brought into Turkey by illegal means mainly from Middle European countries. Considering that the amount of base morphine that has been seized in Turkey since 2007 is very low it can be understood that acetic anhydride substance seized in Turkey targets laboratories in Southwestern Asia (EGM KOM Report 2010:30).

There is a significant decrease in recent years in the availability of acetic anhydride in Turkey. In 1990s and early 2000s acetic anhydride substance produced in Europe and Russia was transported to Southwest Asia through Turkey. Between 1998 and 2008 Turkey was the world leader in seizure of acetic anhydride (UNODC 2011). However, in addition to Russia and Europe; India, Iran, South Korea and China became significant acetic anhydride production centers (UNODC 2011). The number of direct transports to heroin laboratories in Afghanistan and its surrounding from above-mentioned acetic anhydride production centers

has increased. Apart from that, it is seen that drug-related organizations started to use Iraq as a trafficking center. It is understood that these organizations try to direct high amounts of acetic anhydride substance to Iraq by preparing forged documents. INCB has reported that transport of 600 tons acetic anhydride substance targeting Iraq is intervened in 2010 on the grounds that this amount is suspicious (INCB 2010).

As ecstasy substance seized in Turkey is produced mainly in Western European countries and brought to Turkey small amounts of precursors necessary for the production of this substance can be found in Turkey. Captagon production is sometimes seen in Turkey but as the number of manufacture shops seized is very low, amounts of precursors used for this substance is also low in parallel with the number of shops.

Turkey supports international projects on precursors control today as well as in the past. The projects Prizm, Cohesion and PAAD conducted by INCB are continuously informed of suspicious activities. In addition, in case of notices from other countries members of INCB Turkish officers make necessary interventions and take necessary measures.

10.3. Seizures

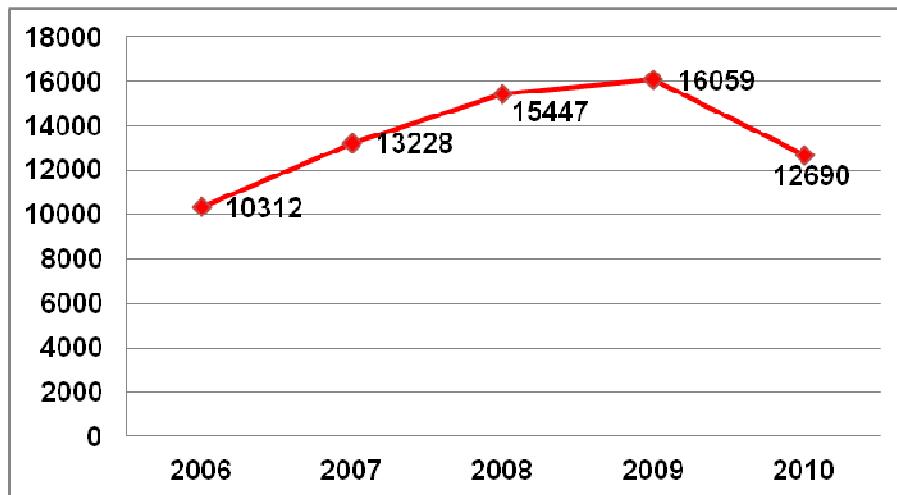
10.3.1. Opium and Derivatives

In 2010 520 kg opium was seized in Turkey (EMCDDA Standard Table 13, 2011). Opium that is not used commonly in Turkey is seized generally when it enters into Turkey through border gates in Eastern Region while especially in 2010 this substance was seized when it was being transported out of Turkish border gates in our western region.

In Turkey in which no heroine laboratory seized in recent years seizures regarding base morphine are also at lower levels. In 2010 20 kg of base morphine, in total, was seized in Turkey (EMCDDA Standard Table 13, 2011).

Upward trend of heroine seizures in Turkey that has been seen for a long time went on till the end of 2009 (Graph 10-2). However, in 2010 significant decreases in in seized amounts were seen. 12690 kg heroin, in total, was seized in Turkey (EMCDDA Standard Table 13, 2011). Decrease in heroin seizures in 2010, in comparison with 2009, was 21 %.

Graph 10-1: Total Amount of Heroine Seized by Years (kg)



Source: Turkish Drug Report 2010, EMCDDA Standard Table 13, 2011.

One of the fundamental reasons of the decrease in the amount of heroin seized is thought to be the decrease of 48 % in opium production in Afghanistan. Other reasons can be listed as follows:

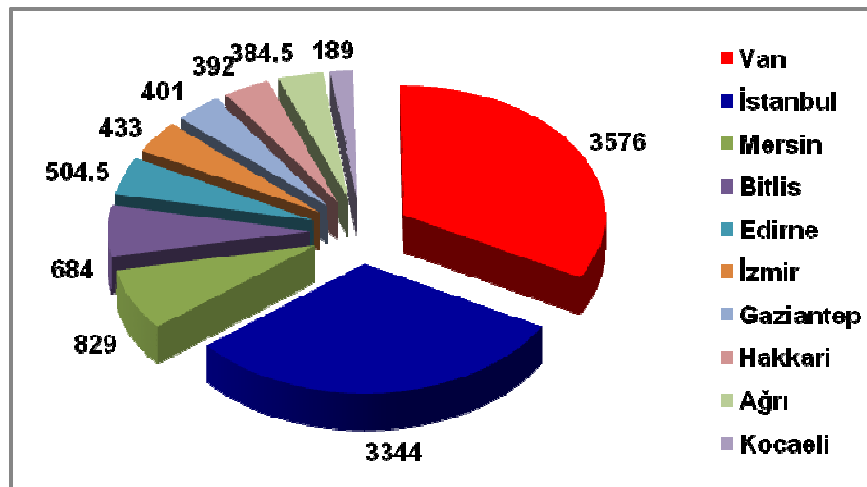
- Transport of heroin from Islamic Republic of Iran directly to Western Europe via air couriers;
- Changes in drug trafficking routes arisen from effective fight in Islamic Republic of Iran and Turkey against drugs,
 - Increase in efficiency of Northern and Southern Routes,
 - Transport of heroin provided from Islamic Republic of Iran and Pakistan to European countries through Africa;
- Preferences of drug traffickers in favor of cannabis and cigarette rather than heroin due to shortage in the heroin market and rise of prices (EGM-KOM Report, 2010:11).

According to data from General Directorate of Customs Enforcement there is a decrease in high-amount heroin seizures performed on large vehicles at our border gates at which seizures are commonly at higher levels. In this sense, it is thought that illegal opium and derivatives trafficking activities by use of large containers and lorries now prefer Northern and Southern Routes.

The provinces in which most heroine seizures take place show the heroin trafficking situation in Turkey. The fact that most heroin was seized in Van, Hakkari and Ağrı where it enters, İstanbul, Edirne and İzmir where it exits and Bitlis, Gaziantep and Kocaeli where it is

trafficked through, reveals Turkey's transit position (Graphic 10-2). Because 10737 kg heroin seized in these 10 cities constitute 84,6% of the total seizures of 12690 kg in 2010. On the other hand the fact that DRD (see sec 6) and treatment demand (see sec 5) are high in these cities is remarkable. In this respect, in places where there are more seizures we also see more cases of use, treatment demand and deaths.

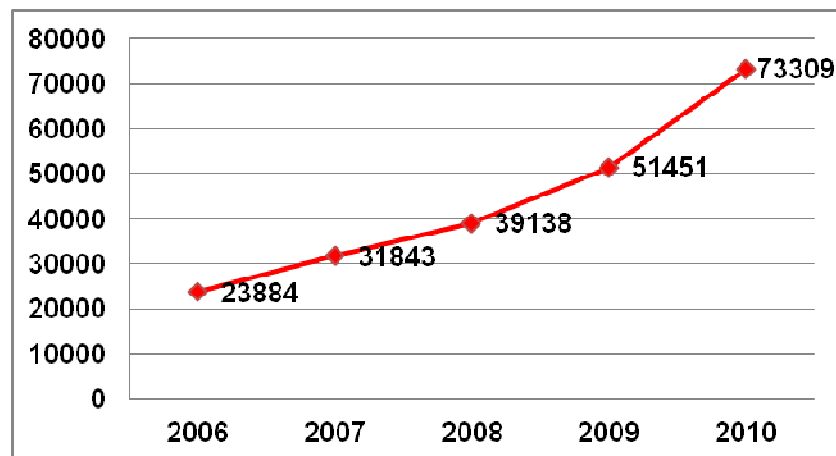
Graph 10-2: First 10 Provinces According to Heroin Seizures



10.3.2. Hemp and Derivatives

Persistent increase in the seizure of cannabis that is the most commonly used substance and seized at greatest amount went on in 2010. 73309 kg cannabis⁵⁶, in total, was seized in Turkey in 2010 and this number means a significant increase of 42.5% in comparison with the amount seized in 2009 that was 51451 kg (EMCDDA Standard Table 13, 2011) (Graph 10-3).

Graph 10-3: Total Amount of Cannabis Seized by Years (kg)

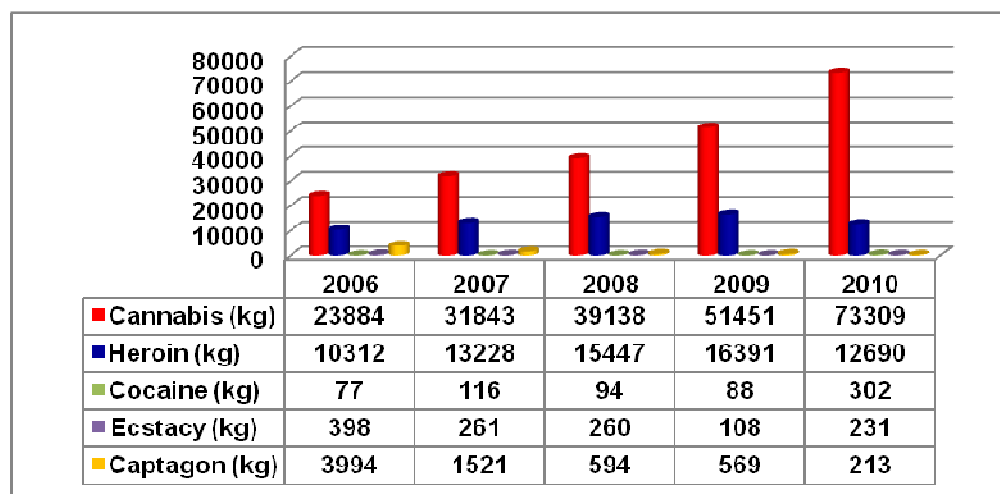


⁵⁶ Cannabis herb and cannabis resin has here calculated together.

Source: Turkish Drug Report 2010, EMCDDA Standard Table 13, 2011.

As the most commonly used narcotic substance in Turkey is the cannabis (see Graph 9-22) it has the first place in terms of amounts of substances seized⁵⁷ (Graph 10-4).

Graph 10-4: Amounts of Substances Seized by Years

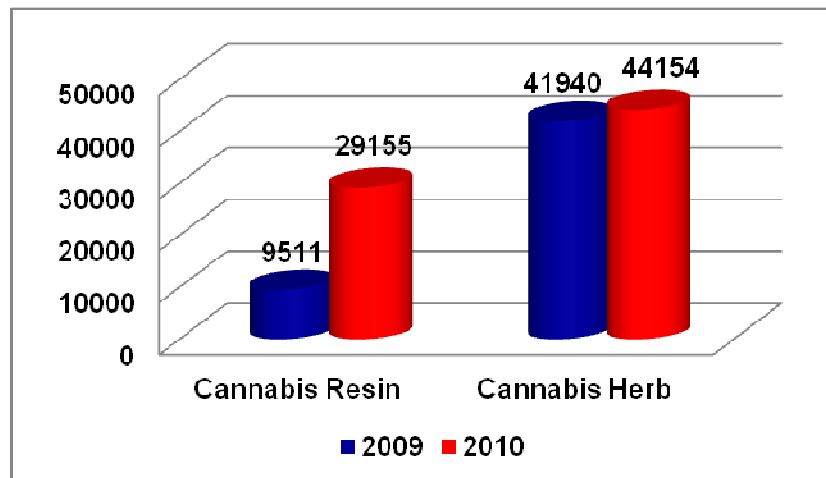


Source: Turkish Drug Report 2010, EMCDDA Standard Table 13, 2011.

29155 kg of cannabis that corresponds to 39.7% of cannabis seized in Turkey in 2010 was cannabis resin and the remaining portion, 44154 kg (60.3 %) was cannabis herb (EMCDDA Standard Table 13, 2011) (Graph 10-5). Actually cannabis is produced and consumed in cannabis herb. However, a significant increase, 206.5 %, in cannabis resin seizures was faced in 2010 in comparison with 2009. It is evaluated that the main reason of this is that trafficking organizations that suffered from heroin supply after the decrease of 48 % in opium production in Afghanistan in 2010 (UNODC Afghanistan Opium Survey, 2010:12) had performed cannabis resin trafficking to Turkey from foreign countries. As a matter of fact, high amounts of cannabis resin that was smuggled especially from Islamic Republic of Iran and Syria to Turkey through Ağrı, Van, Hakkari and Kilis provinces was seized in 2010. Similarly, Islamic Republic of Iran has declared that one fourth of cannabis resin that was smuggled within its borders was for the same country and remaining portion was for Arabian countries, Turkey and European countries (UNODC World Drug Report, 2010:200).

⁵⁷ For calculations 4000 ecstasy tablets and 5000 captagon tablet have been taken as 1 kg.

Graph 10-5 : Cannabis resin and cannabis herb Seized in Turkey (kg)

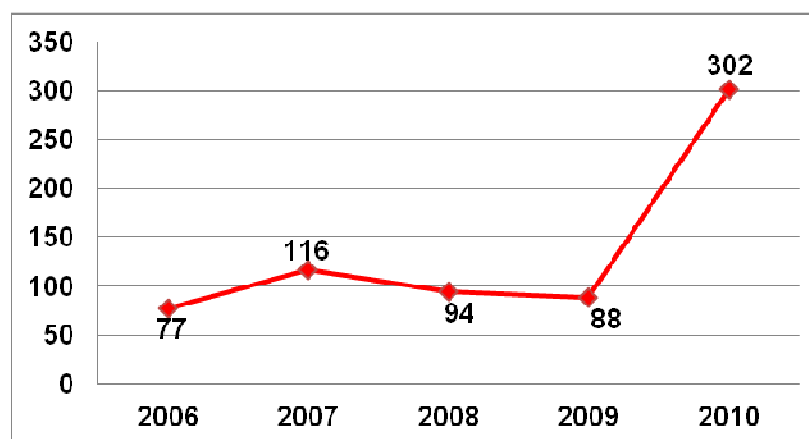


Source: Turkish Drug Report 2010, EMCDDA Standard Table 13, 2011.

10.3.3. Coca and Derivatives

Amounts of cocaine that has been seized in Turkey since 2007 decrease while 302 kg cocaine, in total, was seized in whole country in 2010 that means a significant increase, 243.2 %, (88 kg) in comparison with 2009 (EMCDDA Standard Table 13, 2011) (Graph 10-6). Data from law enforcement units regarding the first 6 months of 2011 show that increase in cocaine seizures in Turkey will continue in 2011, too.

Graph 10-6 : Total Amounts of Cocaine Seized by Years (kg)



Source: Turkish Drug Report 2010, EMCDDA Standard Table 13, 2011.

Major part of cocaine that is brought to Turkey for domestic use is transported through couriers and generally in stomach. Cocaine that is brought to Turkey passes through the border gates mainly in cocaine powder form. On the other hand, regarding seizures carried out at use level both cocaine powder and crack cocaine can be observed. In this sense, it is thought that cocaine powder is converted into crack form in Turkey.

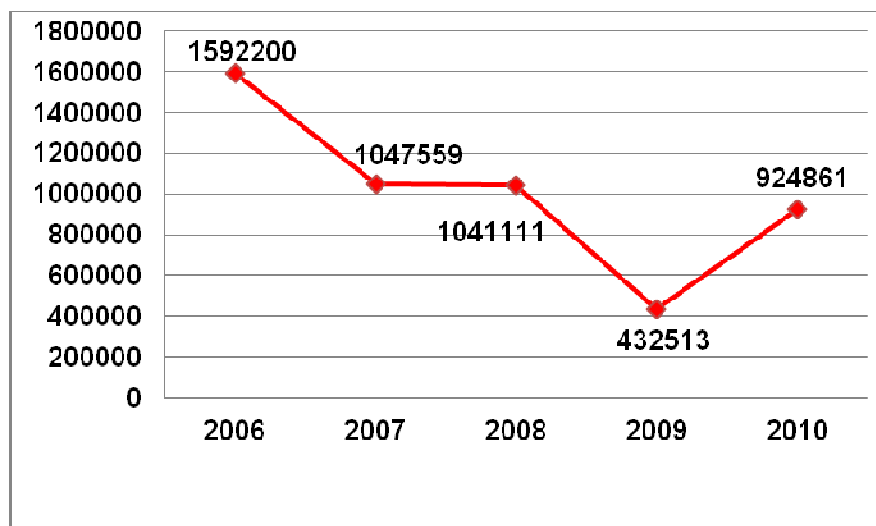
Major part of cocaine that is brought to Turkey is being seized during operations carried out in airports. On the other hand, recently cocaine is also seized during operations carried out especially in hotels during the delivery of the substance to domestic buyers.

10.3.4. Synthetic Drugs

10.3.4.1. Ecstasy

In 2010, 924861 ecstasy tablets, in total, were seized in Turkey (EMCDDA Standard Table 13, 2011). This value means an increase of 113.8 % in comparison with 2009 (Graph 10-10).

Graph 10-7: Total Amounts of Ecstasy Seized by Years (numbers)



Source: Turkish Drug Report 2010, EMCDDA Standard Table 13, 2011.

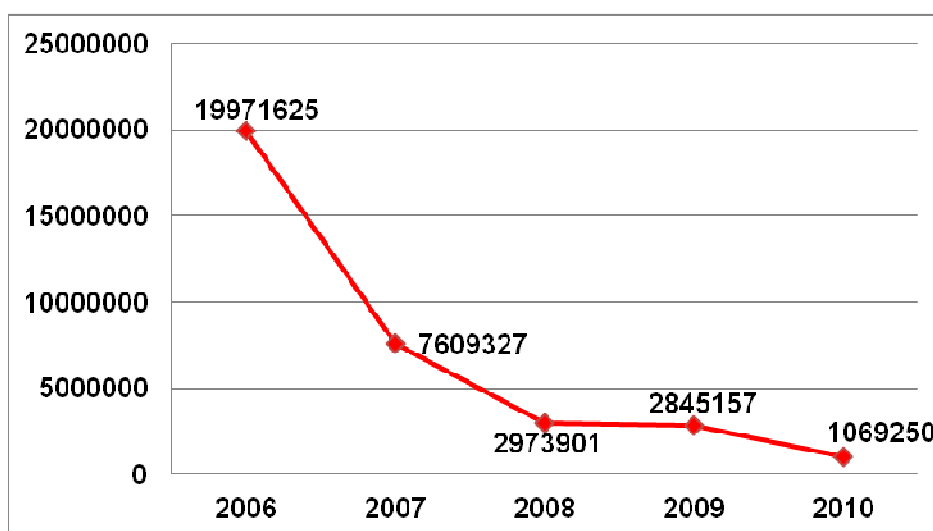
After drug producers started using MMDMG ((Methyl3-(methyldinedioxy) phenyl 2-methyl glycidate) and safrol-rich oil (SRO) that is cheaper and can be supplied more easily

instead of expensive PMK in ecstasy production because of the decrease in the number of ecstasy seizures caused by the increase in the amount of fake ecstasy⁵⁸ seized in Turkey in recent years and the decrease in the amount of ecstasy mainly produced in Western Europe (Turkish Drug Report 2010:163), an increase in supply of ecstasy that is introduced to the market is predicted and foreseen (EGM-KOM Report, 2010:21).

10.3.4.2. Captagon

Decrease in the amount of captagon seized in Turkey that can be seen since 2006 went on in 2010, too (Graph 10-8). In 2010, 1069250 captagon tablets, in total, were seized in Turkey (EMCDDA Standard Table 13, 2011). This value, in comparison with 2845157 captagon tablets that were seized in 2009, means a significant decrease of 62.4 %.

Graph 10-8: Total Amounts of Captagon Seized by Years (numbers)



Source: Turkish Drug Report 2010, EMCDDA Standard Table 13, 2011.

Main reasons of decreases in captagon seizures are decrease in the amount of captagon that passes through Turkey due to captagon production in Armenia and Syria, and significant decrease in the number of large-scale organizations which deal with narcotic drugs in Turkey after successful operations targeting organizations that perform captagon trafficking in recent years. Consequently, amounts of captagon seized in Turkey decreased

⁵⁸ Tablets that mainly include mCPP (meta-chlorophenylpiperazine) instead of MDMA (3,4 methylenedioxymethamphetamine) as active ingredient.

while amounts of captagon seizures in Arabian Peninsula increased (EGM-KOM Report 2010:24).

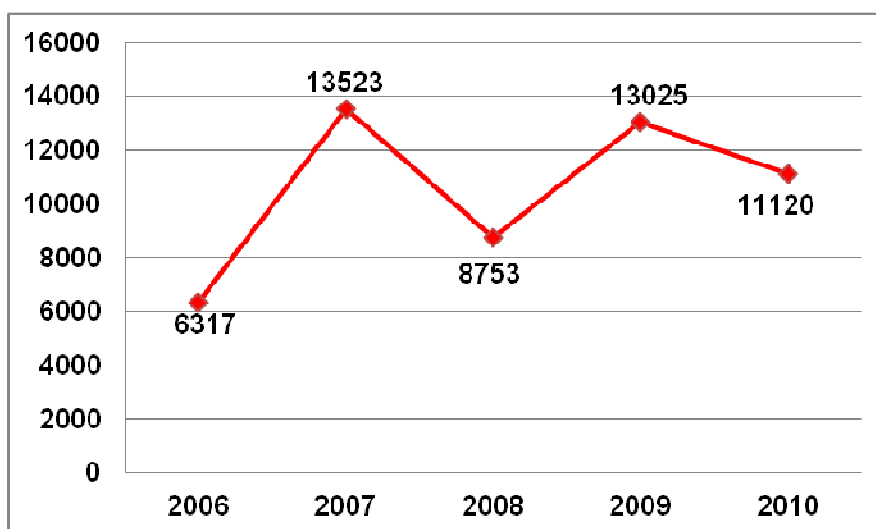
10.3.4.3. Methamphetamine

Seizures of methamphetamine in Turkey that was seized for the first time in 2009 continuously increase. Amount of methamphetamine (103 kg) seized in 2009 increased to 125 kg in 2009 and showed an increase of 21.4 % (EMCDDA Standard Table 13, 2011). Suspects taken into custody in both years are composed of mainly Iranian people.

10.3.5. Precursors

In 2010, 11120 liters of acetic anhydride was seized in Turkey. This value shows a decrease of 14.6 % in comparison with 2009. As there is not any acetic anhydride buyer in Turkey only drivers who transport acetic are caught. Connections of drug-related organizations with the drivers caught and substances seized could not be identified (EGM KOM Report, 2010:31).

Graph 10-9: Amount of Acetic Anhydride Seized by Years (Lt)



Source: Reports by EGM KOM Department

The largest acetic anhydride seizure in 2010 was made during an internationally controlled delivery operation performed under coordination of EGM KOM Department in

December in İstanbul. Buyer of the acetic anhydride that was brought to Turkey with a foreign driver could not be identified even though technical and physical interceptions performed and as it was understood that the drivers tried to unload the acetic anhydride substance to a storage facility to which unclaimed goods are left 10 tons of acetic anhydride was seized after the operation. In this case only the driver could be captured as the connection between the acetic anhydride substance and the drug-related organization in Turkey could not be identified (EGM KOM Report, 2010:31).

In 2010 only one small-scale ecstasy and one captagon manufacture shop were detected in Turkey and production capacities of these shops were so limited. Thus, small amounts of substances such as benzylmethylketone, phenyl acetic acid, hydrochloric acid, sulphuric acid and formamide that are used in production of above-mentioned narcotic substances were seized.

10.4. Price and Purity

10.4.1. Price of Drugs at Street Level

Dr. Ali ÜNLÜ^{59,60}

Ferit USLU⁶¹

Notifications concerning price of narcotic drug/stimulant at street level in Turkey are made by Turkish National Police and Gendarmerie General Command to TUBİM. Prices of drugs within Turkish National Police's responsibility area are reported to TUBİM by police forces that are focal points of TUBİM in the relevant province by use of structured forms for each six months. Gendarmerie General Command, on the other hand, shares price findings it collects within its own structure with TUBİM. In this sense, drug prices in Turkey at street level are prepared by TUBİM's drug price expert in the light of data gathered from these two units.

The most important factor that affects drug/stimulant prices is the ratio between drug demand and drug supply. The factor that disturbs this balance is the seizures performed by security forces and the change in purity levels of drugs on the streets due to these seizures. However, researches regarding identification of demand in Turkey are still insufficient. If these four variations are evaluated at the same time, the change in prices could be read correctly

⁵⁹ İstanbul Security Directorate

⁶⁰ TUBİM Narcotic Substance Prices Expert

⁶¹ İstanbul Security Directorate

Moreover, it is still impossible to track purity levels of district, province and region-based drugs. By this reason, the following evaluations have been made by predicating on supply and seizure rates.

In 2010; the least price data was reported about cocaine. Amphetamine seizures enough to make a price evaluation for this substance could not be made. The most reported drug was cannabis and derivatives followed by ecstasy. Regarding heroin, price reports were submitted only from 7 provinces.

According to provincial reports, drug prices increased in comparison with 2009 in general. The highest increase was in heroin (150 %) in comparison with the previous year. One of the most important reasons of this is the decrease of 48 % in the opium production in Afghanistan in 2010. As decrease in supply affects availability of heroin it is expected that heroin prices will increase.

Examining retail prices of heroin sent from provincial units, country-wide average price of heroin per gram was 52 TL. There was an increase of 10 % in minimum price of heroin per gram while increase in the maximum price was 150 %. Street price of heroin per gram was 22 TL in Malatya, 30 TL in İstanbul, 40 TL in Elazığ, 42 TL in Şanlıurfa, 50 TL in Düzce, 80 TL in Bursa and 100 TL in Aksaray.

Lower value of cannabis resin increased by 150 % in comparison with the previous year and reached the lowest prices in 2007 and the upper value increased by 100 %. The provinces that stated the lowest cannabis resin price that was 10 TL per gram were Elazığ, Eskişehir, Şanlıurfa and Bursa while İstanbul was the province that stated the highest price that was 28 TL per gram. Average price of cannabis resin in Turkey became 17 TL. Cannabis resin seizures in Turkey in 2010 reached its utmost level. Amount of cannabis resin seized in 2008 was 8 tons while this value was 9.5 tons in 2009 and 35.6 tons in 2010 (EMCDDA Standard Table 13, 2011). Effective counteraction activities by security forces have a real impact on substance supply.

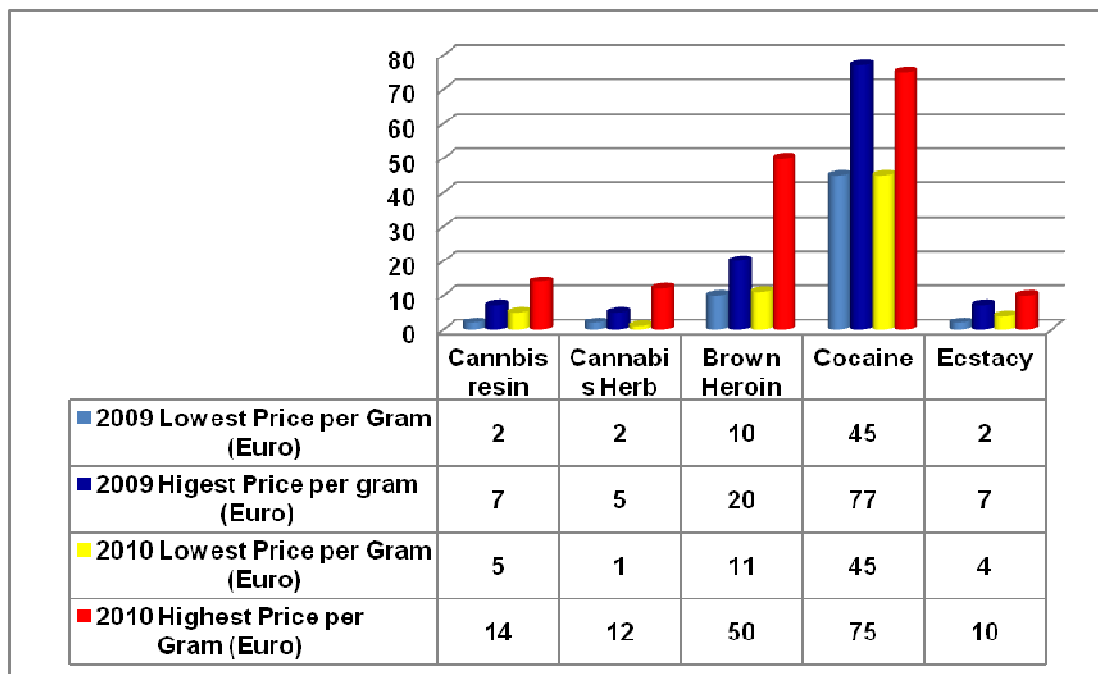
Lower value of cannabis herb showed a decrease by 50 % by lower value showed an increase of 140 % in comparison with the previous year. In 2010, the province that stated the lowest value that was 2 TL per gram was Şanlıurfa while Giresun stated the highest value that was 23 TL. Increase in the minimum values of price was regions in which illegal cultivation was performed, as expected. However, after effective counteraction activities by security forces in 2010 it became partially possible to hinder transportation of cannabis herb

from areas in which it was produced to areas in which cannabis herb consumption is more common. Price of demand surplus cannabis in production areas decreased while prices in consumption areas increased due to supply contraction. Rates in 2007 in which cannabis herb prices were the highest was re-reached in 2010. Average price in Turkey has been found to be 10 TL.

No change in minimum price of cocaine could be seen while its upper value decreased by 3 %. Street price of cocaine was reported as 90 TL by İstanbul, 130 TL by Bursa and 150 TL by Bolu. Cocaine seizures in Turkey are not performed in all of our 81 provinces. In 2010 cocaine seizures were made in about 30 provinces like in 2009. However, it is thought that cocaine demand exists in particular regions of Turkey but not in all regions of Turkey (Turkish Drug Report, 2010:142). On the other hand, amount of cocaine seized in Turkey increases every year. The amount of cocaine seized in Turkey in 2008 was 88 kg and this value increased to 95 kg in 2009 and to 302 kg in 2010. It is thought that this increase in the cocaine seizures is caused by the increase in cocaine demand. However, it is evaluated that increase rate of supply is greater than increase rate of seizures.

It has been stated that minimum price of ecstasy increased by 100% in comparison with the previous year and maximum price increased by 43 %. Bursa was the province that stated the lowest price that was 7 TL while Giresun, Adıyaman and Düzce reported the highest price that was 20 TL. Average price of ecstasy in Turkey was 14 TL. It is evaluated that the most important factor that influences ecstasy prices is the contraction in ecstasy supply. Source of the ecstasy seized in Turkey is European Union countries. Lesser amount of ecstasy is seized in members of European Union in comparison with previous years (EMCDDA, 2010). As the produced amount decreases, its unit price in Turkey increases. It is thought that one of the other reasons of increase in ecstasy prices is the increase, seen in recent years, in the price of PMK (Propionyl Methyl Ketone) that is subject to supervision in international markets and that is one of the raw materials of ecstasy. It can be seen that illegal narcotic drug producers who are negatively affected by that try to provide other chemicals whose prices are lower instead of PMK (EGM-KOM Report, 2010:21).

Graph 10-10: Drug Prices at Street Level



10.4.2. Purity of Drugs at Street Level

Assoc. Prof. Rezzan GÜLHAN^{62,63}

Dr. Elif Esra KÜÇÜKİBRAHİMOĞLU⁶⁴

Chem. Senol KORKUT⁶⁵

Chem. Fatma GÜRDAL⁶⁶

Illicit drugs seized by security forces in Turkey should be sent to relevant laboratories by prosecutors or relevant courts and their qualities should be identified in order to determine whether or not they are prohibited substances in accordance with relevant regulations and to apply necessary penal sanctions. These laboratories are the laboratories of Forensic Medicine Institution and Gendarmerie and Police Criminal Laboratories that serves for judicial authorities.

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⁶³ Marmara University, Medical Faculty, Department of Medical Pharmacology

⁶⁴ Forensic Science Institution

⁶⁵ Forensic Science Institution

⁶⁶ Forensic Science Institution

In Turkey, reports containing information on contents and purities of narcotic drug/simulants are obtained by compiling data from above-mentioned laboratories under coordination of TUBİM. Narcotic Drug Analysis Laboratory of Gendarmerie Criminal Department one of the above-mentioned laboratories has been authorized to perform studies on determination of origins of narcotic and psychotropic substances on behalf of Turkey in accordance with the regulation on implementation of the Law on Supervision of Narcotic Drugs No 2313. This laboratory determines amounts of cannabinoids (THC, CBN and CBD) contained in cannabis and performs quality and purity analyses for opium, morphine, heroin, cocaine, amphetamine and amphetamine-type stimulants seized in Turkey above 500 grams.

This part includes purity analyses of drugs at street level performed by above-mentioned laboratories in 2010 (EMCDDA Standard Table 14). Analyses show that purity values exhibit variances among each other and from year to year regardless of being natural or synthetic.

Purity of cannabis is expressed in terms of the percentage of THC (tetrahydrocannabinol) they contain. THC content of cannabis resin seized in 2010 in Turkey varies between 0.12 and 10.67 % while THC concentration in cannabis herb varies between 0.02 and 6.35 % (EMCDDA Standard Table 14, 2011). Having a year-based comparison, when it is considered that lower limit purity of cannabis resin in 2009 was 1.05 % and upper limit purity is 17.27 % then it can be said that both lower and upper limits decreased in comparison with the previous year.

Lower limit of purity of brown heroin seized at street level was 0.50 % in 2009 while this value was 0.18% in 2010. On the other hand, upper limit of heroin purity in 2010 (79.81 %) did not showed a significant change in comparison with 2009 in which the value was 80 % (EMCDDA Standard Table 14, 2011).

Regarding purity values of cocaine, it can be seen that lower values remained stable at 10 % in both 2009 and 2010. When upper values in 2009 and 2010 are compared this value increased to 95.5 % from 78 %.

It has been observed that lower limit purity value of amphetamine which were 1 % in 2008, 0.8 % in 2009 and 0.002 % in 2010 were at very low concentration value in the last three years while upper purity percentage in this year (88.75%) increased by 73.64 %, 71.6 % in comparison with the purity levels in 2008 and 2009, respectively (EMCDDA Standard Table 14, 2011).

Lower and upper purities of methamphetamine in 2009 varied between 20 % and 81.3 % while the values varied between 10 % and 99.64 % in 2010 (EMCDDA Standard Table 14, 2011). In this case lower and upper purity limits of methamphetamine are significantly greater in comparison with those of amphetamine.

Regarding retail lower limit purities of MDMA that is known as ecstasy on the streets, the amount of the active ingredient was recorded as 2 g in a tablet in 2009 and 6 mg in 2010 and it is possible mention a significant increase in terms of percentage values. Retail upper limits of MDMA were recorded as 144 mg and 81 mg in 2009 and 2010, respectively; and there is a decrease in the retail upper limit purity values in 2010 in comparison with the previous year. Actually, there is not any fixed active ingredient that is contained in the tablets that are known as ecstasy in street market. These tablets, from time to time, contain a stimulant-nature primary active ingredient such as amphetamine, methamphetamine, MDMA or mCCP and in general active ingredients of other narcotic substance/stimulant or medicines that are added to the primary active ingredient. Moreover, contents of this type of tablets also vary chronologically. In 1980s and 1990s in which these substances were newly introduced to the market tablets that include only MDMA could be found while other stimulant substances and adulterants were started to be added to these tablets in the mid-1990s (Parrot AC 2004). Shapes, colors and logos of the tablets have various properties (Duterte M et al. 2009). Size, weight and ingredients of the tablets also exhibit great variances.

During seizures of the tablets that contain narcotic substance/stimulant in 2010, primary active ingredients were classified and it has been detected that 69 % of the tablets included methamphetamine or amphetamine, 14 % of them included MDMA and similar substances (MDEA, MDA or together with substances such as caffeine mCPP), 3 % of them included MDMA and methamphetamine; and 2 % of them are classified as other substances and 12 % of them classified as various substances (narcotic substance/stimulant such as caffeine, diazepam, alprazolam and included in Tables 1 and 2 of the Convention on Psychotropic Substances, 1971) (EMCDDA Standard Table 15, 2011).

Purity and prices of drugs have an important role in monitoring trends in narcotic drug market, effects of legal implementations, measures and sanctions at users' level. In addition, great variances in the substance concentrations pose a risk especially for users who are exposed to high concentration in terms of toxicity.

Narcotic drugs marketed in the form of powder or tablet, in general, are found as combined with other substances. For instance, other active ingredients such as caffeine, paracetamol, griseofulvin, methorphan, diazepam can be found together with heroin; lidocaine, phenacetin, caffeine, paracetamol, levamisole with cocaine; caffeine, paracetamol, diphenylhydramine, theophylline with amphetamine; caffeine, paracetamol, phenobarbital, diphenylhydramine with the stimulants called ecstasy; and caffeine, paracetamol together with methamphetamine.

Additional substances that decrease purity levels of narcotic drugs are called as additives, adulterants or accessory. These additional substances can be added to the primary substance, intentionally or unintentionally, during production, packaging, transportation, storage or use stages. Accessories added to primary substance intentionally are classified into two groups called adulterants and diluents. Adulterants are pharmacologically active substances and are added to primary substances in order to get use of their synergistic and antagonistic influences. Diluents, on the other hand, are inert substances added to the primary substance in order to reduce the amount of primary active ingredient. Accessories added unintentionally are either byproducts of primary active ingredient in production stage or infectious agents that contain the substance. Toxic and adverse effects of these adulterants can emerge on users (Claire C. et al. 2010). For instance, it has been found that the substance named levamisole that is added to cocaine in recent years cause agranulocytosis (Centers for Disease Control and Prevention 2009). In a study conducted 48 different adulterants and 60 different adulterants were found in heroin and cocaine, respectively (Shesser R. et al. 1991). In a study conducted by Brunt et al., effects of adulterants contained in 172 cocaine samples on subjects were examined and it was found that phenacetin, hydroxyzine and diltiazemine that are used as adulterants can cause several problems such as nausea, vomiting, allergic reactions and cardiac arrhythmia (Brunt TM. Et al. 2009). In a study conducted in France by having one-to-one interviews with 373 cocaine users it has been found that users have some problems in identifying purity of cocaine and only 12 % of them realized at least one of adulterants in cocaine content that is the primary active ingredient (Isabelle et al. 2010). By those reasons, it has become important to determine qualities and nature of adulterants as well as to determine purity levels of narcotic drugs.

It is also important to determine plants from which substances are produced other than primary active ingredients in narcotic substances whose commercial introduction means are different from those of traditional substances such as synthetic cannabinoids that were

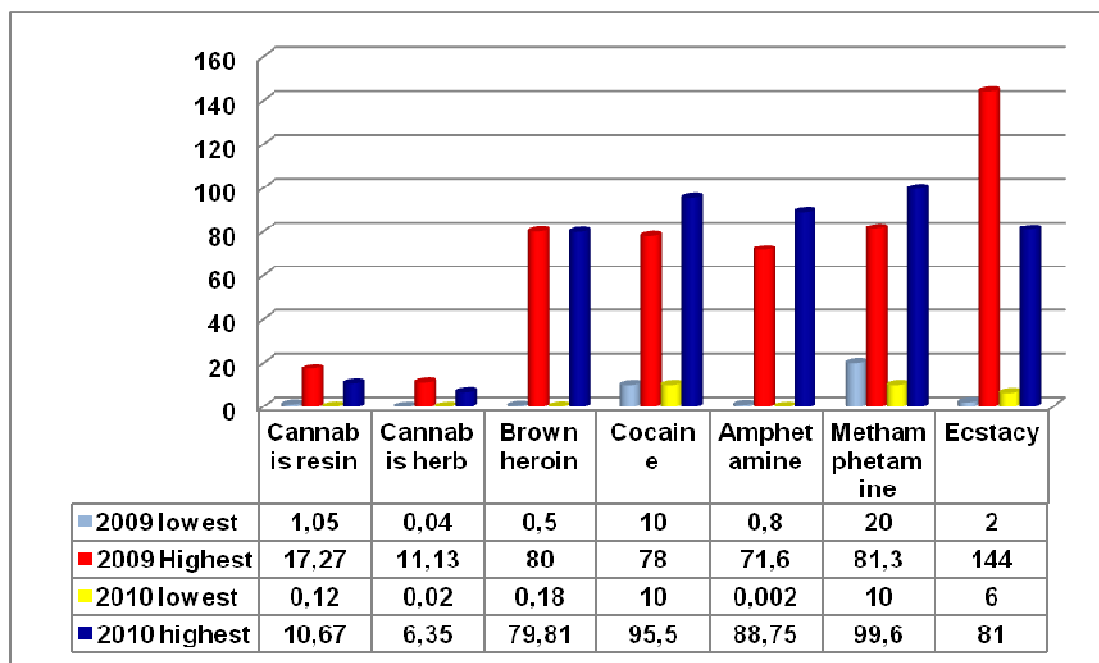
detected in Turkey and that compose 11 of 41 new psychoactive substances identified by EMCDDA in 2010.

Table 10-11: Purity of Drugs at Street Level

	2009 Minimum	2009 Maximum	2010 Minimum	2010 Maximum
Cannabis resin	1,05	17,27	0,12	10,67
Cannabis herb	0,04	11,13	0,02	6,35
Brown Heroin	0,50	80	0,18	79,81
Cocaine	10	78	10	95,5
Amphetamine	0,8	71,6	0,002	88,75
Methamphetamine	20	81,3	10	99,64
Ecstasy	2	144	6	81

Note: Purity of ecstasy is expressed in mg and purities of other substances are expressed in %.

Graph 10-11: Purity of Drugs at Street Level



Note: Purity of ecstasy is expressed in mg and purities of other substances are expressed in %.

10.5. EWS (Early Warning System)

Chem. Ali BERTAN^{67,68}

As in whole world also in Turkey, availability of new psychoactive substances on which there is no legal restrictions but that have effects similar to well-known narcotic and psychotropic substances that are under control by laws increases continuously. The lack of legal restrictions and the fact that these substances can be provided relatively easier encourage supply of these substances to the market. Sometimes several plant pieces are soaked with these substances although being synthetic substances and by use of this natural appearance users are made think that these substances are natural, harmless or less harmful. When the lack of penal sanctions for use of abovementioned substances due to not being under legal restrictions is added to the previous factor, serious and fast demand for these substances becomes inevitable.

For a more effective fight against these new psychoactive substances a system called EWS (Early Warning System) has been established under EMCDDA. This system has an important role in having a fast cooperation and communication between countries in the field of fight against new drugs. In this sense, EMCDDA arranges regular meetings each year under EWS.

In EWS meetings, several discussions are made on new psychoactive substances and notifications are made to member countries to include the relevant substance in the list of prohibited substances if it is decided that the substance pose a social risk after these evaluations and discussions. Member countries shall make the necessary legal arrangements within a year in the light of these notifications.

On the other hand, even if EMCDDA does not make a notification to include a newly identified substance into the list of prohibited substances of member countries after risk assessments, countries may apply their own legal sanctions.

According to the EMCDDA-Europol 2010 Report prepared after the annual meeting of EMCDDA Reitox Early Warning System (EWS) of May 11th, 2011; new psychoactive

⁶⁷ TUBİM (Turkish Monitoring Center for Drugs and Drug Addiction)

⁶⁸ TUBİM EWS Coordinator

substances multiply each year. In 2010 records high notifications were made to EMCDDA and EUROPOL via EWS. According to the report, these two institutions were informed of 41 new substances for the first time in 2010. This value, after 13 and 24 new substance notifications in 2008 and 2009, respectively, is the greatest number that was noticed to the relevant units in a single year. The drugs specified point out several groups such as synthetic cannabinoids and synthetic cathinones⁶⁹.

EWS working group was established in 2006 under TUBİM and has been carrying out its studies with regular meetings at least twice a year. This group has 20 representatives from Ministry of Health, Ministry of Justice, Ministry of Customs and Trade, Ministry of Food, Agriculture and Livestock, Gendarmerie General Command, Turkish National Police, Coast Guard Command, Hacettepe University, Marmara University and other relevant institutions. Communication between group members are provided by use of e-mails and a new notification made through EWS is shared with all of the group members.

When a new psychoactive substance is detected in Turkey this substance is reported to TUBİM by use of a structured form by the institution that detects the substance. EMCDDA officers are informed by TUBİM of this new substance reported to TUBİM and TUBİM requests information on this substance. In addition, TUBİM also collect other relevant information such as country-wide seizure information.

EWS Working Group is informed of the information gathered via e-mail and knowledge, opinions and suggestions of the Group on the substance are collected. In line with this data collected, TUBİM EWS Risk Assessment Board is convoked for a meeting. In case it is decided that the new psychoactive substance or substances that are evaluated in terms of all of their aspects pose a social risk, a Recommendation is prepared to introduce the relevant substances under legal sanctions.

The process necessary to put a new psychoactive substance into the list of prohibited substances in Turkey has been specified in Article 19 of the Law on Supervision of Narcotic Drugs No 2313. According to this article, substances whose narcotic effects are identified by scientific examinations and that are not from narcotic substances whose names are specified in relevant laws can be put under laws with recommendation by Ministry of Health and Cabinet Decision.

⁶⁹ <http://www.emcdda.europa.eu/publications/drugnet/online/2011/74/article1> (Last access date: 05.08.2011)

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 submits it to the Council of Ministers. Following this submission, the approval of the Council of Ministers is obtained and the decision takes effect upon its publication in the Official Gazette, thereby coming under the Law No: 2313.

The substances that are followed up by Early Warning System (EWS) National Working Group under coordination of TUBİM and whose names are given in the attached list that was sent to the Cabinet by Ministry of Health on 22.12.2010 are now subject to the Law on Supervision of Narcotic Drugs No 2313 with the Cabinet Decision of 07.01.2011 and numbered 2011/1310 that was published in the Official Gazette of February 13th, 2011 and numbered 27845.

- 1- From Phenethylamine group substances:
 - a) 2C-B (4-Bromo-2,5-dimethoxyphenethylamine)
 - b) 2C-P
- 2- From synthetic cannabinoids:
JWH-018, CP 47, 497, JWH-073, HU-210, JWH-200, JWH-250, JWH-398, JWH-081, JWH-073 methyl derivate, JWH-015, JWH-122, JWH-203, JWH-210, JWH-019
- 3- Cathinone
- 4- Cathine
- 5- The plant named Catha Edulis

PART B

SELECTED ISSUES

HEALTH POLICIES AND SERVICES IN PRISONS WITH REGARD TO DRUGS

Psych. Serap GÖRÜCÜ⁷⁰

Studies on psychosocial services closely related to health services and health services rendered in penal institutions of the Ministry of Justice have been defined in the Law on Execution of Punishments and Security Measures No 5275 and the Regulation on Management of Penal Institutions and Execution of Punishments and Security Measures. In line with these definitions, the health services rendered in penal institutions are carried out within the scope of approaches that deal with convicts and arrestees as well as personnel to protect, improve health status of them and to treat them. Regarding the health services rendered in penal institutions in general, strict attention is paid to the compliance of physical structures, life, working and common areas, lighting and aeration areas and training and psychosocial activity areas of these institutions with the health terms and conditions. Regarding protection and improvement of health lots of headings such as nutrition, hygiene of the environment and common areas and participation in sports activities are from the area of responsibility and duty of management of penal institutions and also all the relevant institutions. It is necessary to conduct studies for specific groups in penal institutions as well as studies on diversity of health services rendered and this also affects the quality of the services rendered and thus management of the institutions. In line with the health policies determined by studies conducted for drug addicts in penal institutions several health services are being rendered and studies on prevention of drug addiction are being carried out. There is a prison clinic in each penal institution and medical tools and equipment that shall be in these clinics and working procedures and principles are determined by internal regulations⁷¹.

⁷⁰ Ministry of Justice, DG for Prisons and Detention Houses, Psychologist.

⁷¹ Sağlık Hizmetleri El Kitabı, Adalet Bakanlığı Ceza ve Tevkifevleri Genel Müdürlüğü Yayınları, Ankara, 2006. (Health Services Manual, Ministry of Justice General Directorate of Prisons and Detention Houses, Ankara, 2006)

With the acceptance of a convict the evaluation period gets started and health personnel and psychosocial service experts in the penal institution identify health problems of each convict, inform him/her of his/her problems and treat him/her if necessary. In case any health problem is identified an evaluation is carried out by asking him/her if he/she has ever undergone any psychiatric treatment, is on medication, has ever used any drugs, has any suicide attempt, there is any psychiatric problem in members of his/her family.

In order to keep drug use under control, drug strategy to be implemented by each personnel of all penal institutions include the following measures:

Measures for Substance Supply Reduction: It is forbidden to keep and have drugs and stimulant substances in penal institutions and searches and internal controls are carried out to prevent entrance of these substances into penal institutions. If such substances are found in these institutions after search activities necessary legal procedure gets started and discipline punishments are given. Moreover, it is being planned to carry out studies on misuse of drugs prescribed by medical staff for convict/arrestee who are drug addicts and necessary attention to make the addicts use the drugs under the control of medical staff.

Measures for Substance Demand Reduction: As alcohol and drug addiction causes health problems as well as social problems, the period in which those addicts who cannot get use of treatment services are in penal institutions is used as an opportunity to treat them and they are directed to associations or non-governmental organizations dealing with alcohol and drug addiction upon their releases.

Treatment Programs for Substance Addicts: Treatment of substance addiction requires special attention and expertise and success of the treatment shall be supported by guidance activities in treatment period. Individual studies for convict/arrestees who are alcohol or drug addicts are being carried out by psychosocial services and those persons are made to participate in several group works applied in penal institutions

Harm Reduction Measures for Substance Addicts: Regarding the control of infectious diseases, management personnel are informed in order to be able to take the relevant measures.

Another issue that is as important as basic health services rendered in penal institutions is the preventive mental health services. In this sense, institution personnel who have enough information on the elements in penal institutions that positively affect mental

health would provide a significant advantage for close personnel-convict relationships and for estimating the potential problems that may arise. Factors such as well-balanced nutrition, spending time out of ward, occupational trainings, sport activities, being visited by relatives and friends, phone calls, receiving psychosocial support are of factors that positively affect the mental health.

Ministry of Justice, in addition, has started National Judicial Network Project (UYAP) in order to be able to keep all kinds of registration and recording transactions related to judicial services in electronic environment and all kinds of health services rendered in penal institutions have been transferred into this electronic environment within the scope of this project.

Under UYAP Examination Transactions Module includes Initial examination, Examination, Hospital, Prison Clinic and Medical Drug information; Psychosocial Service Module includes Acquaintance Interview and Psychosocial Evaluation and all kinds of transactions carried out with regard to convict/arrestees are recorded in this electronic environment. General evaluation of health and psychosocial services in penal institutions are made by use of this system and by this way it becomes possible to take measures to make further improvements on these services.

Scientific research activities in penal institutions are promoted and supported and research permits are given by General Directorate of Prisons and Detention Houses. The studies conducted include examination on knowledge, behavior against and response of penal institution personnel as well as convicts and arrestees and effects of conviction on persons.

Health educations provided in penal institutions are also among the effective factors in reduction of health related risks and among important factors of preventive health services. In 2010, 165 health officers were trained in training centers and at the same time, collective training and education activities provided by university hospitals and Provincial Health Directorates of the Ministry of Health were being carried out in penal institutions.

Health status of each convict is very important and there are some groups in penal institutions, as well as in social community, that really need health services and having high risk. These groups include women and older people, alcohol and drug addicts, those who have chronic systemic diseases and mental problems. Health education to be provided for

these groups include some topics such as infectious diseases, rational use of medical drugs, prevention of incidents and first aid, family planning, patient rights and human rights.

In addition to this study conducted, in 2010, it would be useful to mention the results of a research study conducted on health related risks that personnel and convicts in Ümraniye Penal Institution Type T face and factors that cause these risks. This study, at the same time, is a part of the project “Harm Reduction in Turkish Prison System” conducted in cooperation between Turkey and Holland. In this research that has been conducted by use of Rapid Assessment and Response method health related risks and problems in Ümraniye Penal Institution Type T, factors that arise these risks and potential solution suggestions have been examined⁷².

Method

“Rapid Assessment and Response” questionnaire has been adopted to be used for this study. The main characteristic of this questionnaire is that it provides a reliable frame for existing conditions by using different resources in a very short time period. This method allows determination of needs and potential solutions by obtaining information from different sources rapidly.

In accordance with the rapid assessment and response method the following steps have been taken:

- Assessment of present conditions in prisons
- Establishment of sampling
- Semi-structured interviews
- Focus groups (for approval of information obtained and development of potential solution suggestions)

Several basic questions have been developed in order to understand the present condition to configure the application. These questions compose the foundation and frame of information collection stage.

⁷² Ümraniye T Tipi Ceza İnfaz Kurumunda Personel ve Hükümlülerin Karşı Karşıya Oldukları Sağlık Riskleri ve Bu Risklere Neden Olan Faktörler, Adalet Bakanlığı Ceza ve Tevkifevleri Genel Müdürlüğü Ar-Ge Bürosu Araştırma Raporu, Ankara, 2011. (Health Related Risks that Personnel and Convicts in Ümraniye Penal Institution Type T Face with and Factors that Arise These Risks, Ministry of Justice General Directorate of Prisons and Detention Houses R&D Department Research Report, Ankara, 2011)

1. What are the health-related risks and problems for convicts and personnel?
2. What is the level of drug use prevalence among convicts in prison before being sent to prison and which substances are commonly used by these convicts?
3. What is the level of drug use prevalence in prison and which substances are commonly used in prison?
4. Which groups are under risk in terms of health problems?
5. What is the level of knowledge of convicts and personnel on health-related risks and problems and which sources have these people obtained information from?
6. What is level of knowledge of convicts and personnel on protecting themselves from health-related risks?
7. What do convicts and personnel do for protecting themselves from health-related risks?
8. Which interventions and services in prisons can be accessed to be protected from health-related risks?
9. Which interventions and services in prisons are needed to be protected from health-related risks?

Sampling

This research was conducted in Ümraniye Penal Institution Type T. When establishing the sampling procedure four criteria have been determined. These criteria are crime group, age, education level and crime frequency. Regarding the crime group, crime committed by 90% and 10 % of convicts in Ümraniye Prison Type T are drug-related and sex crimes, respectively. Regarding the age group distribution, 19%, 37%, 33% and 11 % of those convicts are between the ages of 18 and 25, 26 and 35, 36 and 50, and 50 and 50+, respectively. Regarding the education level the categories are illiterate, primary school, secondary school, high school and university graduate. Distribution of those convicts in the prison by these categories is 3%, 6%, 56%, 20%, 12% and 3%, respectively. Convicts who participated in this rapid assessment and response questionnaire have been selected randomly to reflect this distribution. As the identification of crime frequency is too hard to perform half of the sampling group has been selected among those who are in prison for the first time and the second half has been selected among those who are in prison because of committing more than one crime. 46 convicts, in total, have participated in this rapid assessment and response questionnaire.

Evaluating the results of the rapid assessment and response questionnaire, 4 focus groups have been established 2 of which with personnel and the remaining with convicts in order for better understanding of subjects on which different points of view exist and discussing the significant subjects.

Conclusion

Examining the health-related risks and problems the most important health related-risk has been found to be infectious diseases. In addition, it has been said that several conditions such as long working hours, working indoors all day and potential attacks of prisoners pose psychological problems risks. It has been stated that infectious diseases is the most important health-related risk also for convicts. Another important health-related risk and problem for convicts is psychological problems. Factors such as stress, lack of space due to over-crowded rooms, being not able to walk on earth and lack of social activities have been deemed to be reasons for suffering from psychological problems.

According to information gathered from personnel and convicts most of the convicts in the prison have used drugs before being sent to prison. The ratio of those people is estimated to be between 70 and 90 %. The most widely used substance is cannabis followed by drug pills, heroin, cocaine, crack, ecstasy, alcohol, volatile substances, rivotril and poppy gum.

Examining if social status composes a certain risk group or not, the most important determiner was family visits. It has been stated that those whose family do not visit or cannot visit the convict tend to suffer from psychological problems more in comparison with those whose family members visit the convict. It has been stated that social status of personnel does not compose a certain risk group.

It has been stated that as the poorly educated know less about hygiene rules, health problems and prevention from diseases, use of medical drugs, etc. they are in higher risk groups in terms of health problems. On the other hand, it has been found that attention paid by those with higher educational level to health and hygiene has a protective role and reduces health-related risks. The same can also be said for institution personnel. It has been reported that as the educational level gets low health-related risks tend to occur.

It has been found that knowledge of convicts and personnel regarding the health-related risks, problems and protection means are not sufficient. The most important point is

the lack of knowledge on how the infectious diseases infect other people and how can a person protect him/herself from infectious diseases. When the way of obtaining this knowledge is asked to convicts and personnel the most common answer was friends or media rather than seminars, trainings or courses. This raises a question mark about the accuracy of this knowledge obtained.

When opinions about the interventions and services made and rendered in the prison in order to be protected from health-related risks it has been stated that services such as social activities, health unit, training and seminars, etc. are accessible but these services were not sufficient.

Results, Discussions and Suggestions

Drug addicts suffer from several withdrawal symptoms as they cannot reach drugs when they are sent to prison. Insomnia, aggression, body pains, disinclination etc. are examples of these symptoms. Informing the convicts of drug addiction, bringing in coping with withdrawal symptoms and drug need skills to convicts and training them about relaxation methods may have an important role in minimizing problems faced and coping with withdrawal symptoms. In addition, family members also should be informed of drug addiction. By this way, the frequency of drug use-related problems in prisons might be reduced.

Insufficiency of social activities carried out prisons due to large number of convicts causes that convicts cannot do useful things in their spare time, become bored due to staying at over-crowded rooms and cannot consume their energy on various activities. For these reasons, the most common things that occur are that convicts suffer from psychological problems, tension in rooms rises and lots of convicts write petitions to be sent to prison clinic just to be able to get out of their rooms. By increasing the number of social activities convicts can spend their energy on useful things, get in contact with other convicts and use their energy effectively and productively. Personnel also need educations and seminars on this matter. If it can be showed that social activities have work-load reduction effect rather than work-load increasing effect, resistance of personnel against social activities will be minimized.

PART C

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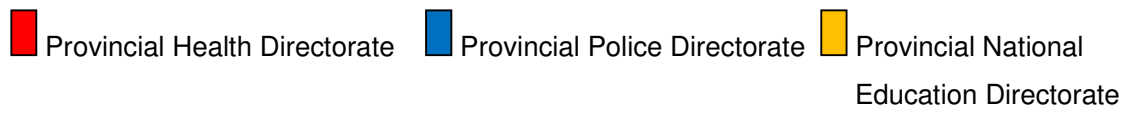
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Turkish National Police - Department of Anti-Smuggling and Organized Crime
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Turkey: New Development, Trends and in-depth information on selected issues
Ankara: Turkish Monitoring Centre for Drugs and Drug Addiction

ISBN: 978-605-359-474-1