

**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

**2012 NATIONAL REPORT (2011 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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FOREWORD

We are proud to present the “*2012 Turkish Drug Report*,” which includes the most up-to-date and reliable data and analyses on almost every aspect of substances and substance addiction in Turkey, from policies for countering drugs to usage prevalence, from prevention activities to treatment data, and from substance-related deaths to the trafficking of these substances.

Having information sources that are comparable, being able to observe the increases and decreases in data, and following the most recent developments in this area are the first and foremost conditions for conducting accurate analyses and for developing the proper strategies for countering substances and substance addiction. This general rule is applicable for the activities of many individuals and institutions, from academicians to public officials involved in substance addiction and addictive substance-related fields, and from policy-makers to those in charge of implementing these policies. This Report, prepared in accordance with the criteria of the European Monitoring Center for Drugs and Drug Addiction (EMCDDA), has become a reference book for the abovementioned groups, with its data quantity and quality that is increasing every year. Through its English translations, the report is contributing to Turkey's visibility with regards to the fight against substances and substance addiction not only within the country, but also within the international community.

Following the proposal of the Ministry of Foreign Affairs in 2002 and the approval of the Office of the Prime Minister concerning this assignment, the task of acting as EMCDDA's National Focal Point in Turkey is being carried out by the Turkish Monitoring Center for Drugs and Drug Addiction (TUBİM) within the TNP KOM Department. The preparation and presentation of the Turkish Drug Report is one of the most important tasks of TUBİM.

Since 2006, this Report fulfills an important role with its standard sections as well as the selected issues changing each year. This Report, which is the concrete expression of the fight conducted against addictive substances and substance addition, and the stance all of institutions and officials in Turkey towards this sensitive subject, is also the product of great devotion and diligence. In addition to the activities of TUBİM officials, officials working in other institutions and universities that are TUBİM's stakeholders and partners contributed to preparation of this report.

The report is now being shared with all our citizens through the relevant institutions and organizations, through universities, through international institutions and through the

www.tubim.gov.tr website. With its content that is more comprehensive and scientific each year, we believe that the Turkish Drug Report will be of great benefit and assistance. I sincerely would like to thank all those who have contributed in its preparation.

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SUMMARY

Drug Policies: Laws, Strategies and Economic Analyses

The proper determination and identification of concepts is important for the development of drug policies. Approaches towards drug addiction can be subject to change over time. In terms of drug regimes, it is possible to say that a transition from a prohibitive regime to a medical intervention regime is being observed for Turkey. This distinction is also apparent in the Penal Code. Prevention-related activities conducted in 2011 particularly for children are described in this section. A general overview of the policies regarding treatment, prevention and countering the drug supply was provided, and the importance of Non- Governmental Organizations was emphasized. Within the context of the fight against drug addiction, it is necessary to increase the treatment capacity in the country. It is also necessary to discuss whether treatment for drug addiction should be obligatory for individuals under the age of 18 by taking into account the effects of addiction. Moreover, it should be ensured that prevention activities become more widespread nation-wide, and the fight against drug supply should continue.

Another topic included in the first section is the legislation in Turkey. The legislative changes requested during and after 2011 by the institutions involved in the fight against drugs and drug addiction have been included in this report, to the extent they were reported to TUBİM. The projects and cooperation agreements that were performed in this context are also described in this section.

Under the titles for the National Drug Strategy Document, the National Drug Action Plan and Coordination, it was described that the activities conducted within the scope of both the National Drug Strategy Document and the National Drug Action plan will be completed by the end of 2012, and that a new Strategy Document and Action Plan will be drafted during this period. In this section, the results of assessment of the National Drug Strategy Document and the National Drug Action Plan are also presented. Documents prepared by other institutions and organizations are also described.

In this section, information was also provided on the coordination structure between the urban and rural divisions that are active in the fight against drug addiction. It was also described that, by the end of 2011, the National Drug Coordination Committee has met for 13 times, that Provincial Drug Action Plans have been prepared and implemented for 78 provinces, and that Provincial Drug Coordination Committees have been established in all of the 81 provinces.

The results and outcomes of the congress, conferences and symposiums held in 2011 on drug addiction are also described in this section.

Finally, drug related public expenses were also mentioned. Studies regarding public expenses have commenced in recent years. As such, by using a form prepared with the contribution and input of the relevant institutions, data on this topic was collected, and the results were analyzed and reported. While difficulties were encountered in obtaining clear data regarding the substance-related expenses of institutions for reasons such as the incorporation of the relevant data into the institutions' general budgets, it was still possible to determine a sum of 372638683 TL for the year 2011. It is expected that it will possible to obtain numbers and data with greater clarity over time. Obtaining such budget-related numbers will contribute to the effectiveness of policies developed and implemented within the context of the fight against drugs.

Prevalence of Drug Use

The most comprehensive drug use prevalence survey conducted in Turkey so far, was performed by TUBİM in 2011. The study was conducted on a cross-sectionally selected sample that represented Turkey. In the provinces determined by the General Population Survey Study Group founded within TUBİM, the survey was conducted with the "face to face meeting" method at the addresses obtained from TURKSTAT (Turkish Statistical Institute).

A total of 8045 persons were reached during the survey. The questionnaire response rate was calculated as 43.9%. 49.0% (3943) of the participants were women, while 51% (4102) were male. Their age average was 36.10 ± 13.38 , while the median age was 34.00.

51.8% (4169) of the participants have used a tobacco product such as the cigarette, cigar, pipe, shisha, etc. and 28.3% (2280 individuals) have used alcoholic drinks. 10.5% (843) among those who were surveyed have used sedative/tranquilizer medication.

In Turkey, the use rate of any illicit drug on at least one occasion was 2.7%. This rate was 3.1% among men and 2.2% among women. The prevalence of drug use is higher among young adults (15-34 age group) compared to the general population (15-64 age group). While the lifetime use rate of any drug in young adults was 3.0%, it can be seen that this rate was 2.7% in the general population. When we divide the young adults group into sub-branches, the lifetime use rate of any drug was calculated as 2.9% for the 15-24 years old age group, and as 3.1% for the 25-34 years old age group.

The prevalence of lifetime cannabis use was determined as 0.7%. This rate was 1.1% among men and 0.2% among women. The average age for first time use of cannabis was 20.89 ± 3.99 , and the median age was 20.00. While 14% of cannabis users consider that they cannot control their cannabis use, 14% mention that the possibility of skipping even a single dose causes anxiety, 19.3% are anxious about their cannabis use, and 35.1% wish to quit using cannabis.

In 2011, TUBİM conducted the most comprehensive drug use prevalence survey in schools to date. The sTNPental attitude and behavior survey on alcohol, tobacco and drug use in Turkey was conducted within the 2011-2012 education year, on a sample that was selected to be representative of the 877730 individuals receiving their education in the 2nd grade of high school. A total of 11812 persons were reached during the survey. A total of 129 schools were visited in this study conducted in 32 provinces. Of these schools, 63 were general high schools while 66 were technical high schools. 49.0% (5783) of the students were women, while 51% (6029) of the students were male. The age average was 15.23 ± 0.69 , while the age median was 15.00. The age range was recorded as 14-19.

26.7% of the students (3151 individuals) have used a tobacco product such as the cigarette, cigar, pipe, shisha, etc. 19.4% of the students (2297 individuals) have used alcoholic drinks. 2.2% of the students (258 individuals) have used a medication for reasons other than disease.

The rate of any drug use among students was observed 1.5% within the last year. This rate was 2.3% among male students and 0.7% among female students. The average age for first time drug use was 13.88 ± 2.39 , and the median age was 14.00. The drug use rate within the age group investigated by the survey was 1.0%. This rate was 1.5% among male students and 0.5% among female students.

Prevention

Among the different studies conducted against drug use problem, preventive studies are becoming increasingly important. In addition to TUBİM, prevention activities in Turkey are coordinated by many institutions and organizations including the Ministry of National Education, the Ministry of Justice, the Ministry of Family and Social Policies, the Universities, the Department of Religious Affairs, the Radio and Television Supreme Council (RTÜK), the Municipalities and various Non-Governmental Organizations.

The İLTEM personnel assigned at the “Bureaus for Counteracting Drug Use”, which are provincial branches of TUBİM, have conducted a total of 2519 prevention-related activities such as conferences, seminars and plays in 2011. These activities in 2011 were organized for 397996 participants, which included 320504 students, 23267 families, 18175 public officials, 17613 teachers and 18407 individuals from other groups. The large number of prevention activities that have been performed especially towards students can be considered as an indication of the emphasis being placed on groups that are under risk. Prevention activities conducted by other institutions are also detailed in the relevant sections of the report.

Problem Drug Use

The EMCDDA has defined problem drug use as "Injecting or long-term/regular use of opiates, cocaine and/or amphetamine" .While this definition may vary between the member counties, it is generally accepted as the "Injecting or regular use of opium and derivatives," and activities are organized according to this definition. The definition of problem drug use adopted in Turkey includes opium and its derivatives, as well as cannabis.

Using the data for drug-related deaths, the number of problem drug users in Turkey was calculated as 12733 (11126 – 26537) based on the estimations of the mortality multiplier method.

Based on the studies completed in 2011 that calculated PDU by using capture-recapture method, an estimation was made regarding *the number of individuals experience judicial or medical problems due to drug use*. According to the results, there are 5800 opium and opium derivatives users and 28500 cannabis users in Ankara, 25000 opium and opium derivatives users in İstanbul, and 33400 cannabis users in İzmir.

Treatment of Drug Addiction

There are currently 22 treatment centers in 13 provinces in Turkey, and the bed capacity of these centers is 544. Four of the current 22 centers accept child patients for inpatient treatment. Due to the insufficiency of the number of treatment centers and the concentration of these centers in certain regions, various problems are being encountered in attaining and continuing treatment in Turkey. The necessary activities have been initiated by the Ministry of Health to remedy this problem. However, social support systems and rehabilitation activities in Turkey with regards to addiction are not at the desired levels. Support and rehabilitation

practices in Turkey have been successful at a local level. However, it has not been possible to transform them into a nation-wide program.

For individuals under the coverage of the general health insurance, coverage includes the expenses associated with the inpatient and outpatient drug addiction treatments received from health service providers that have agreements in place with Social Security Institution. Coverage also includes the expenses related to the medication and medical materials involved in these treatments. In the event that patients who are brought for treatment as part of their judicial sanction and processes do not have a health insurance, all necessary services are covered by the Ministry of Health.

As of 01.07.2012, Turkey has begun to implement the e-prescription system. This system enables the prescription of medication in an electronic environment.

According to the data provided from 21 of the existing 22 addiction treatment centers, 5214 individuals were admitted for inpatient treatment within 2011 (however, duplicate records could not be identified). In 11 of these centers, detailed information could be collected for 2117 patients. On the other hand, the total number of applications for outpatient treatment was 155,099. This number does not include the alcohol-related data. The identification of duplicate records was also not possible. It was reported that 53.9% (83611) of 155,099 patients who received outpatient treatment and 6.3% (327) of 5214 patients who received inpatient treatment were treated within the context of their probation.

Out of 2117 patients who received inpatient treatment and about whom information was collected in detail, 46.2% had received treatment previously, 51.20% of the patients were treated for the first time. More than half of the patients (52.50%) who applied for treatment were within the 20-29 age group. The average age of the patients receiving treatment was 27.31. The youngest patient was 13, while the oldest was 65. 0.24% of the patients were less than 15 years old. The average age of for the first drug use was 20.8. The age of first drug use was less than 15 for 11.67% of these patients, 15-19 for 34.67% of the patients, 20-24 for 28.72% of the patients, 25-29 for 12.56% of the patients, 30-34 for 5.38% of the patients, and 35-59 for 6.99% of the patients.

It was observed that 64.81% of those who received treatment had elementary school-level education. It was also determined that 49.31% of the patients were unemployed, that 31.93% had regular occupations, and that 2.26% were students. 88.24% lived with their families. 78.28% of the patients resided in İstanbul, Adana, Mersin, Gaziantep, Antalya, Hatay, Kayseri,

İzmir, Elazığ and Ankara. It was observed that 62.16% were receiving treatment of their own volition, while 28.44% had applied for treatment as a result of their families' or friends' influence. 66% of those who received inpatient treatment in 2011 were treated for heroin. Thus, two-thirds of all patients receiving inpatient treatment were heroin addicts.

Health Correlates and Consequences

First identified in 1985, HIV infections in Turkey have increased by 11.8% from 2011 (627 patients) to 2012 (699 patients). The number of patients in 2011 is the highest number since the disease was first time identified. The possible means of transmission for 1.14% (8) of these individuals was Injecting drug use.

Of the 886 individuals using Injecting drug users and receiving inpatient treatment at drug addiction treatment centers in 2011, 716 were tested for HIV, and a positive result was obtained for 2 patients (0.3%). These 2 individuals were male, and the possible means of transmission was described as Injecting drug use.

Among the 866 Injecting drug users in 2011 707 were tested for Hepatitis B markers and a positive result was obtained for 53 (7.5%) of the patients; 722 were tested for Hepatitis C markers and a positive result was obtained for 351 (48.6%) of the patients.

In 2011, there were 105 direct and 260 indirect drug related deaths with a total of 365 deaths. Direct drug related deaths refer to the deaths occurring immediately after taking one or more of a substance or deaths at the hospital after a coma; and indirect drug related deaths refer to all the cases where non-toxic amounts of a substance or more substances are present in the samples taken in the autopsy but the cause of death is not substance intoxication.

95.2% of direct drug related death cases were male and 4.8% were female. These figures show that drug use is more common among men. The mean age of the patients were 33.5 for men (min:13 – max.: 79) and 43.2 for women, the overall average is 34. 25–29 age group was the most frequent. Unlike in previous years, a case of death under the age of 15 was discovered; there was a significant increase in the number of cases for 65 ages or more. The majority of the causes of the deaths were high dose or poly drug use. In 81% of the cases there was at least one opium derivative and in 19% of the cases substances were opiate free. 4.8% of the cases were due to inhaling of inhalants/solvents, with 3 deaths from solvent (toulene) and 2 deaths from lighter fluid (n – butane). Deaths were observed in a total of 28 provinces. The highest mortality rates respectively were in the provinces of; İstanbul (42.9%),

Adana (8.6%), Mersin (5.7%), Antalya (4.8%), Ankara (4.8%), Gaziantep (3.8%), Nevşehir (2.9%) and Van (2.9%). 16.2% of direct drug-related deaths were of foreign nationality. Among the deaths of foreign nationals in the last 5 years, Georgia and Turkmenistan nationalities were the most frequently encountered.

95.4% (n:248) of indirect drug related cases were male and 4.6% (n:12) were female. The average age was 33.9 (min:14 – maks:79) for men, 33.7(min 21 – max 61) for women and the average age of all patients was 33.9. 20 – 24 age group was the most frequent. Most common causes of death were respectively; firearm injuries, traffic accidents, cardiovascular disease, stab wounds and hanging. Traffic accident mortality rate of 13.8% in 2009, rose to 13.9% in 2010 and to 15.8% in 2011. This increase highlights the importance of drug control of suspected cases of drivers. In 75.8% of the cases cannabis was detected. While there were 87 cases of cannabis in 2008, this number rose to 107 in 2010 and 108 in 2010 and to 197 in 2011. These data indicate that cannabis use in Turkey is increasing. Compared to previous years an increase in the use of amphetamine and derivatives use was observed. Deaths were seen in a total of 39 provinces. The highest mortality rates were respectively; İstanbul (%37.7), İzmir (5.8%), Ankara (5.4%), Antalya (5%), Diyarbakır (4.6%), Adana (3.8%), Bursa (3.8%), Sakarya (3%), Tekirdağ (3%), Samsun (2.7%), Aydın (2.3%), Manisa (2.3%) and Balıkesir (1.9%). 3.8% of indirect cases were of foreign nationality and those from Turkmenistan and Azerbaijan were in the first place.

The use of opium-free substances increased 6% for indirect drug related deaths and 8% for direct drug related deaths in comparison to 2010. Ecstasy use shows a significant increase in direct and indirect drug related deaths compared to previous years. Again in 7 of these cases methamphetamine use was found. Methamphetamine use is expected to continue in the coming years. Along with İstanbul, direct drug related deaths are most commonly encountered in the provinces along the heroin route; the ranking of the provinces where most of the indirect drug related cases are observed are in line with the population density. Direct drug related deaths in Mersin province had been increasing and ranked 3rd in 2011 in terms of drug related deaths. In all of the cases opium and derivatives were involved. Mersin was the 6th province in Turkey in terms of the amount of heroin seizures in 2011. In İzmir province, while no drug related deaths had been encountered in previous years, there were 2 deaths in 2011. İzmir has been one of the cities where most indirect drug related deaths take place.

Social Correlates and Social Reintegration

While the medical aspect of drug addiction is very important, its psychological, social and economical aspects and consequences are also of great importance. If this is not taken into account when developing solutions for the issue of drug use, problems associated with relapse and the inability to provide lasting solutions will be encountered.

First and foremost among the important problems encountered by addicted individuals during their process of reintegration into society is the absence of a location where they can reside. In other words, they are faced with a lack of domicile. The next most important problems among addicts are their low level of education, as a consequence of their lack of education or the discontinuation of their schooling, and also the very limited employment opportunities that available for them due to the lack of any vocational education. Such problems in Turkey generally emerge immediately after the treatment or during the treatment process of the addicted individual. For this reason, services for the resolution of these issues according to the individual's needs are also provided during the social reintegration of drug addicts. It is observed that these services are primarily provided by the Ministry of Family and Social Policies, the Turkish Employment Institution, and by municipalities, which are units of local governance.

Drug-related crimes, the Prevention of Drug-related Crimes and Penal Institutions

In 2011, a total of 67099 drug-related offences occurred in Turkey, and 105665 suspects were arrested during these offences. 87% (58204) of these offences were crimes related to the use/possession of drugs, while 13% (8895) were crimes related to the dealing/trafficking/production of drugs.

In 2011, there were 3306 heroin-related, 58727 cannabis-related, 1457 cocaine-related, 2587 ecstasy-related and 123 captagon-related offences in Turkey. In comparison to 2010, a significant decrease was observed in 2011 in the number of heroin, cannabis and captagon offences, while an increase was observed in cocaine, ecstasy and methamphetamine offences.

According to the data from the "User Profile in Drug Crimes Questionnaire U-Form" applied by the personnel at the TUBİM Provincial Contact Points (İLTEM), the main reason for start using among drug users was curiosity (40.3%), followed by peer influence (23.89%), personal issues (15.23%), and family issues (14.31%). 41.16% of users described that they were obtaining drugs from their friends. More than half of the individuals (55.68%) who answered the questionnaire were within the 20-29 age group. The most preferred location for drug use

among the users were abandoned places (44.57%), followed by the users own homes (31.13%) Drug use is more common among single persons compared to married persons. The most frequently used drug in Turkey is cannabis. According the sequence with which drug use begins, the first drug use is generally cigarettes, which is followed by the use of cannabis. It is considered that cigarettes constitute the first step in the transition towards illicit drug use.

Between 1984 and July 2012, 874 individuals were arrested within the context of 367 operations conducted by law enforcement agencies which combat with narco-terrorism. During 60 of these operations, a large quantity drug were seized in safe houses and shelters belonging to the PKK-KCK. As a result of the operations conducted against terrorist organizations, 4253 kg of heroin, 24205 kg of cannabis, 5442253 cannabis plants, 4305 kg of morphine base, 8 kg of opium gum, 710 kg of cocaine, 337412 synthetic drugs, 26910 liters of acetic anhydride seized and 2 illicit laboratories were determined.

Nowadays, a significant portion of the large-volume proceeds of crime obtained by means of organized crimes activities, such as drug trafficking, are being used to ensure the continuation of organized crime activities. Moreover, such proceeds of crime can be used for financing terrorist activities, which is one of the most significant issues on the agenda of countries worldwide. As a result of the analyses, evaluations and investigations conducted by MASAK (Financial Crimes Investigation Board) in 2011 for the identification of crimes related to the laundering of proceeds of crime, complaints regarding criminal activities were reported for the prosecution of 34 individuals identified as committing laundering in relation to drug trafficking.

As of 2011, there are 23638 inmates in penal institutions for crimes related to drugs. Among those who were in the penal institutions due to drug related crimes, were at the top with 18.38% of the total number.

The Adult Investigation and Evaluation Form (Y-ARDEF), which was initiated in 2011 as a pilot study, was used within the context of survey conducted in 10 penal institutions. These institutions included two penal institutions for women as well as a F-type penal institution. The prevalence of drug use for at least once was 53.6% among men and 25% among women. Nearly half of the male respondents described that they had used cannabis more than three times. The proportion of those who tried heroin was also high. The results also indicated that alcohol-substance use is common among inmates. For both genders, the proportion of those receiving addiction-related treatment was 7%. This result indicates that the need for treatment among inmates is significant. A close relation was identified between the severity of addiction, the personality risk index and mental problems. This result demonstrates that the problem of

addiction is more common among those with anti-social characteristics or mental problems. The 1125 inmates who participated in the study were asked "Have you ever used an Injecting drug?". Among 867 of those who answered this question, 833 (96.1%) answered that they have never used such substances, 5 (0.6%) answered that have they used them on one occasion, and 29 (3.3%) answered that they have used them two or more times. When the lifetime prevalence of drug use among inmates prior to their detention in penal institutions is evaluated, it was determined that 41.4% used cannabis, 12.6% used cocaine, 8.2% used heroin, 1.8% used amphetamine, 26.6% used ecstasy, and that 46.2% used of any other illicit drug.

The Supply Dimension of Drugs (Drug Market)

The Balkan Route, which passes through Turkey, is still being used actively by heroin trafficking organizations. Following the disease that occurred in 2009 and 2010 in the cultivation areas of Afghanistan, a decrease in seizures occurred in Turkey in parallel to the decrease in production. A total of 7293 kg of heroin was seized in Turkey in 2011. However, following the 61% increase in opium production that took place in Afghanistan in 2011, an increase in the seizures of heroin in the first six months of 2012 was reported to TUBİM.

Cannabis is also the most commonly produced and consumed illicit drug in Turkey. In parallel to the legal cultivation of cannabis, illicit cultivation is also taking place in almost every province of Turkey. While there are no indications of locally produced cannabis being exported to other countries, it is known that a considerable quantity of cannabis is entering Turkey from other countries, especially from the Islamic Republic of Iran. The cannabis that enters the country is generally in cannabis resin. In 2011, 76932 kg of cannabis was seized in Turkey. Over the past 5 years, a significant increase of 140% was observed in the seizures of cannabis. The increase in the number of seizures is in parallel with the increasing domestic demand for drugs.

Western Europe, and especially Spain, has continued for many years to act as an entry point into Europe for cocaine originating from South America. However, in recent years, the seizures carried out in Eastern Europe and to the north of the Black Sea demonstrated a newly emerging trend. The large amounts of cocaine seizures that took place in Romania, the Ukraine and Turkey provide a general impression regarding the outlines of this trend. In 2011, 592 kg of cocaine was seized in Turkey. In the past three years, there has been a 572% increase in the amount of cocaine seized in Turkey. This increase in recent years is associated with Turkey's position as a target country, as well as its newly arising role as a

transit route. In addition to this, a significant amount of cocaine was seized from the bodies and luggage of couriers of different nationalities as a result of law enforcement activities conducted in airports.

Turkey continues to be a target country for the trafficking of ecstasy originating from the Netherlands and Belgium. In 2011, a total of 1364253 tablets of ecstasy were seized in Turkey. This number reflects a significant increase of 45.7% compared to 2010.

Turkey is both a transit country and a market for captagon trafficking. In 2011, a total of 1094770 captagon tablets were seized in Turkey. This number reflects a 2.4% increase from 2010. There is currently no captagon production in Turkey. The captagon laboratories that are still encountered in Turkey are centers in which tableting activities are conducted. According to studies conducted regarding the production of captagon, it was determined that production is shifting towards Syria and Lebanon. In addition to this, captagon tablets originating from Southeastern Europe are still being delivered to Middle-Eastern countries through Turkey.

As a drug, methamphetamine's global popularity has become prominent in recent years. The amount of methamphetamine seized was 103 kg in 2009, 125 kg in 2010, and 350 kg in 2011. It was reported to TUBİM that, during the first six months of 2012, the amount of methamphetamine seized has exceeded 300 kg. With regards to both production and trafficking of methamphetamine, the Islamic Republic of Iran is the leading actor in the Asian market. Just as it was the case in 2009 and 2010, the majority of suspects arrested in 2011 during offences related to methamphetamine were Iranians. The methamphetamine produced in the Islamic Republic of Iran is delivered to Northwestern Asia, Southwestern Asia and Western Europe. Taking into account the fact that methamphetamine seizures generally occur in Istanbul and in provinces neighboring the Islamic Republic of Iran, it appears that Turkey is being used as an alternative transit route. During the methamphetamine seizures that were performed across Turkey, it was observed that the drug was being generally sent to Far East countries by means of airways, and to Syria by means of land routes. In addition to this, it was identified that attempts are made to deliver relatively low number of methamphetamine to Europe by means of land routes and railways to the west of the country.

The JWH-18 group of synthetic cannabinoids, which have the street name bonsai, and which are absorbed by the leaves of the bonsai tree as part of their preparation process, are composed of green-colored plant pieces that have an appearance similar to cannabis. First seized in 2010, Bonsai is mostly brought to Turkey from Europe, the Turkish Northern Republic of Cyprus and China. In 2011, 42945 kg of bonsai was seized in Turkey. Custom

authorities have informed that the entry of synthetic cannabinoids into the country during the trafficking occurs by means of airway cargoes and by land transportation through the highways from Bulgaria.

As a result of the Cabinet of Ministers' decision, which was put into effect after its publication in the Official Gazette dated 22 March 2012 and number 28241, the substances of α -PVP, MDPV, TFMPP, Mephedrone, Methyldone, Ethylamphetamine, AM-2201, RCS-4, JWH- 201, JWH-302, Salvinorin A, Salvinorin B and the Salvia Divinorum Plant became subject to the Law Regarding the Control of Drugs number 2313. This measure was taken as a result of the monitoring activities of the EWS (Early Warning System) National Study Group, which was established within TUBİM in order to assess which new psychoactive substances should be considered within the scope of the laws regarding drugs.

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
ASDEP	: Family and Social Support Program
ASMEK	: Antalya Art and Vocational Training Courses
ASPB	: Ministry of Family and Social Policies
ATK	: Institution of Forensic Medicine
ATS	: Amphetamine-Type Stimulant
BMK	: Benzil Metil Keton
BSRM	: Care and Rehabilitation Centers
CEBAP	: The Penitentiary Addiction Project
CEDIA	: Cloned Enzym Donor Immuno Assay
CICA	: Conference on Interaction and Confidence-Building Measures in Asia
CTEGM	: General Directorate of Prisons and Detention Houses
ÇEMATEM	: Research, Treatment and Training Centre for Substance Addiction in Children and Adolescents
ÇİM	: Children Monitoring Centers
DRD	: Drug-Related death
DRID	: Drug Related Infectious Diseases
EAH	: Training and Research Hospital
ECAD	: European Cities Against Drugs
EMCDDA	: European Monitoring Center for Drugs and Drug Addiction
EMQ	: European Model Questionnaire
ESPAD	: European School Survey Project on Alcohol and Other Drugs
EU	: European Union
EUROPOL	: European Police Office
EUROSTAT	: European Union Statistical Office
EWS	: Early Warning System
GMGM	: General Directorate of Customs Enforcement
GPS	: General Population Studies
HIV	: Human Immunodeficiency Virus
INCB	: International Narcotics Control Board
IPA	: Instrument for Pre-Accession Assistance
İGEM	: İstanbul Youth Education and Counseling Center

İLTEM	: TUBİM Provincial Contact Points
İSMEM	: Youth Rehabilitation and Vocational Training Centre of the Metropolitan Municipality of İstanbul
İŞKUR	: Turkish Employment Agency
JGK	: General Command of the Gendarmerie
KBRM	: Care and Rehabilitation Centers (BSRM) and Protective Care and Rehabilitation Centers
KHK	: Decree Having the Force of Law
KOM	: Anti-Smuggling and Organized Crime
MAKEP	: Development Project for Culturally Compatible Protective HIV/AIDS Education Program for Adolescent and Adult Drug Users
MASAK	: Financial Crimes Investigation Board
MATRA	: Pre-Accession Projects Program
mCPP	: meta-Chlorophenylpiperazine
MDA	: 3,4-methylenedioxyamphetamine
MDEA	: Metil dietanolamin
MDMA	: 3,4 methylenedioxymethamphetamine
MEB	: Ministry of Education
MMDMG	: 3,4-MDP-2-P methyl glycidate
NGO	: Non Governmental Organization
PDU	: Problem Drug Use
PMK	: Proponil Metil Keton
RAM	: Counseling and Research Center
RTÜK	: Radio and Television Supreme Council
SAK	: Strategic Research Committee
SAMBA	: Intervention Program for Tobacco, Alcohol and Drug Addiction
SGK	: Coast Guard Command
SODES	: Social Support Project
SRO	: Safrole-Rich Oil
STN	: Suspicious Transaction Notifications
TAPDK	: Tobacco and Alcohol Market Regulatory Authority
TBMM	: Turkish Grand National Assembly
TCK	: Turkish Penal Code
THC	: Tetrahydrocannabinol
TMO	: Turkish Grain Board
TNP	: Turkish National Police
TRT	: Turkish Radio and Television Institution

TUBİM : Turkish Monitoring Centre for Drugs and Drug Addiction
TURKSTAT : Turkish Statistical Institute
UNICEF : United Nations Children's Fund
UNODC : United Nations Office on Drugs and Crime
USA : United States of America
Y-ARDEF : Adult Investigation and Evaluation Form

SECTION A

NEW DEVELOPMENTS AND TRENDS

SECTION 1

DRUG POLICIES: LAWS, STRATEGIES AND ECONOMIC ANALYSES

Nadir KOÇAK^{1,2}

1.1. Introduction

Prior to beginning a discussion on drugs and the current policies for counteracting drugs, it would be helpful to briefly address an problem of *concept*. Although the word “*uyuşturucu*” is commonly used for drugs in Turkish, it does not satisfy a specific scientific definition. This is because the word in question includes stimulants as well as hallucination-inducing drugs known as hallucinogens. In its given sense in Turkish, the word “*uyuşturucu*” for drugs would only describe opium and its derivatives. For this reason, the most appropriate term should be “*yasadışı bağımlılık maddeleri*” in Turkish, or *illicit addictive substances*. However, due to its widespread use, the word “drugs” instead of “illicit addictive substances”, and “drug policies”, instead of “illicit addictive substance policies” may be used in Turkish. Likewise, the Turkish Criminal Law uses both of the terms *drugs* and *illicit addictive substances*. Other concepts associated with this subject are addiction, addictive substance and drug use.

Addiction: the continuation or the inability to cease the intake of substances that induce an artificial sense of well-being in order to experience a distinct effect, despite the physical, psychological, or social issues caused by substance intake.

Addictive substance: all natural and synthetic substances not essential for life that induce an artificial sense of well-being by affecting brain functions and the entire structure of the body, causing permanent changes to organ systems over time and leading to psychological and behavioral problems.

Drug use: the consumption pattern of the individual in terms of quantity, frequency and time, without considering whether addiction is involved (Action Plan for the Implementation of the National Policy and Strategy Document for Counteracting Addictive Substances and Addiction (2007-2009), 2007).

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² Deputy Head of TUBİM

One of the most important ways for understanding the significance of the drug problem in Turkey is to review the importance of Turkey's geographical location. Turkey's location on the route of illicit drugs and stimulant substances necessitates the implementation of effective policies with regards to the prevention of trafficking and the prevention of individual substance use. 50.50% of Turkey's population is less than 30 years old (Turkish Statistical Institute, 2012). As of 2011, the 14-to-29-year-old population constitutes 19 million of the country's population. An increasing population, the weakening of cultural and social ties, rapid urbanization and population movements, and the potential use of technology, especially of the internet for negative ends, are factors that contribute to drug use. These factors increase the risk for Turkey, which is located on an important crossroad. Thus, the measures to be implemented must be rapid, effective, and resolute.

As a candidate to the European Union, Turkey is inherently influenced by the policies, legal regulations, lifestyle and entertainment culture of the Union. At this point, the question of how Turkey, with its own cultural texture, will be affected by this interaction, is noteworthy. Are the drug policies implemented in many European countries suitable for Turkey? To be able to answer this question, it would be helpful to review the drug regimes adopted across the world and in Turkey.

Drug Regimes in the World and Turkey

Policies worldwide for counteracting drugs show variations within the spectrum formed between two main concepts and approaches. These policies can be summarized in three main categories (MacCoun et al., 1996):

- Prohibitive regimes (zero tolerance policies),
- Medical intervention regimes and
- Regulatory regimes.

Table 1-1: Transition from Prohibitive Regimes to Regulatory Regimes and Control

Regime Type			Model	Indicates Decreasing Control ↓
Prohibitive Regimes			Full Prohibition Model: Considers the use of any drug as a crime in an absolute sense, and treatment is only possible during imprisonment.	
	Medical Intervention Regimes		Prohibitive and Medical Intervention Model: Although their use is prohibited, medical intervention under doctor control is possible.	
			Substitution Model: Method involving the use of medical intervention under strict control, and the supervision of experts.	
Regulatory Regimes		Regulatory Medical Treatment Model: Regulating the use of Drugs for the treatment of certain diseases on a prescription basis.		
		Positive License Model: Model involving the legal supply of drugs, in the case that safe use can be guaranteed.		
		Adult Market: Similar to alcohol and cigarettes, legalizing use above a certain age.		
		Free Market: Model involving the legalization of use for all individuals, in a manner similar to coffee or other similar addictive substance.		

As it can be seen in this table, control decreases as a transition is made from a *prohibitive regime* to a *regulatory regime*. Tolerance towards illicit drugs decreases the control over both the addicts and the used drugs. When the current policies are reviewed, it is possible to say that a transition from a *prohibitive regime* to a *medical intervention regime* is currently in place in Turkey. The judiciary system's decisions that have paved the way for probation and treatment for addicts, in other words its emphasis that addicts should be in treatment centers and not in prisons, as well as the recognition of addiction as a disease and an important public health issue in the National Drug Strategy Document (2006-2012), are among the indications of this transition. Naturally, this transition process engenders the necessity to immediately reinforce Turkey's existing treatment and rehabilitation capacity.

The penal provisions regarding illicit drugs are included in the 188th and 192nd articles of the Turkish Criminal Code (TCK) number 5237, dated 2004. In the 4th subsection of the 188th article entitled “production and trafficking of drugs and stimulating substances,” a classification regarding these addictive substances, can be seen. According to this classification: “the fact that the drug is heroin, cocaine, morphine or morphine-based...” is an aggravating cause in regard to the sentence. Although the absence of any mention regarding a highly addictive substance, such as methamphetamine, represents a current shortcoming of this article, it is envisaged that this substance will also be listed among the aggravating causes within a regulation that will soon be issued. The 8th subsection also mentions that the sentences for the crimes defined within this article will be increased by half in the event that they are perpetrated by physicians, dentists, pharmacists, chemists, veterinaries, health officers, laboratorians, midwives, nurses, dental technicians, caregivers, health service providers, and individuals involved in chemistry or pharmacy-related trafficking.

Child Addict Policies within the Context of Information Technologies

Aside from their countless benefits, the misuse of the internet and information technologies can also engender irremediable harm. The uncontrolled use of information technologies by children in particular can lead to the access of harmful content, and identification among children with inappropriate lifestyles that affect the relations within the family in a negative way. Children and adolescents that spend a significant part of their day by using the internet, detached from social life and family members, are able to remove familial barriers and to bring themselves closer to the risk of drug use. In fact, the weakness of family bonds is considered as one of the reasons for drug use.

With the advances in the information technologies, the internet has led the children to drug addiction and also a new phenomenon called “internet addiction” emerged. In particular constitute the group that is the most exposed to the harms of this phenomenon. One of the main reasons for internet addiction among children is the prominence of the digital game sector, which has a market share of 70 billion USD, and a community of nearly 1 billion across the world. When the digital game sector is considered from a risk perspective, games with violent content in particular contribute to the development of aggressive emotions, thoughts, and behaviors, and the allocation of less time to activities such as studying, reading, and sports. As a result of excessive gaming, issues such as anti-social behavior, the elicitation of inappropriate values by certain games, the child's inability to distinguish reality from fantasy, the decrease of academic performance, and attention deficiency-related problems are

observed.³ It is considered that a correlation exists between these issues and the transition to drug addiction.

On April 24-25, 2012, the 4th “International Symposium on Children at Risk and in Need of Protection” with the “Children and Informatics” theme was held in Ankara by the Public Security Department of TNP (Turkish National Police) under the auspices of the Turkish Grand National Assembly (TBMM). The Final Declaration of the Symposium emphasized the relation between “children – drug – informatics”: *“With regards to leading children to crime, the internet and information technologies represent a risk, in that they allow children to obtain information regarding illicit activities, to participate in such activities, to obtain drugs, to become sexually active at a young age, to gamble, and to commit bullying activities against their peers with greater ease.”*

By referring to the crimes listed in the 190th article of the TCC (Turkish Criminal Code), the 8th article of the “Law on the Regulation of Publications On The Internet And The Suppression Of Crimes Committed By Means Of Such Publications” number 5651 mentions that the decision to block access can be made for internet publications in the case that there is sufficient suspicion of perpetrating the crime of *facilitating the use of drugs and stimulants*. The existence and implementation of this law is of vital importance.

Treatment Policies

There were no changes in the number of addiction treatment centers in 2011. There are currently 22 treatment centers. In the current situation, a more balanced approach should be followed by researching the means for providing treatment and rehabilitation services that are more effective, and towards reducing the supply and demand for drugs. The number and profile of patients receiving treatment is critically important for the preparation of policies that will be developed in this area. Treatment for drug addicts younger than 18-years-old should be obligatory, and the extent to which the treatment stages will be obligatory for drug addicts who

³ In order to counter the detrimental effects of the internet and the problem of internet addiction, the Informatics and Internet Research Commission was founded on March 15, 2012 following 7 resolutions issued within the Grand National Assembly of Turkey (TBMM). Prof. Dr. Necdet Ünüvar, the chairman of the “TBMM Research Commission on Drug Trafficking and Substance Addiction”, founded in 2008, was appointed as the chairman of this new commission. During the foundation process of the said commission, discussions were held with representatives from 60 institutions, during 35 meetings, a workshop was organized with the participation of 55 individuals, and interviews were performed with 10 representatives of the mainstream media, 20 representatives of the internet media, and 21 representatives of internet content providers. Also to counter the issues associated with internet addiction, the “Internet Addiction Polyclinic” was founded at the Bakırköy Psychiatry Hospital on November 17, 2011. (Prof. Dr. Necdet Ünüvar, interview published in the Yeşilay periodical in July 2012)

are 18-years-old or older should be discussed between scientists and the relevant experts. The revision of the directive that regulates the treatment of substance addicts should be finalized. In addition, the number of AMATEM should initially be increased in public hospitals, and afterwards their numbers should be increased by providing the necessary incentives to private treatment centers. Divisions on addiction should be opened as a sub-specialization in the psychiatry departments of medical faculties, and measures should be taken such that new doctors would be interested in these divisions.

Following treatment, expert personnel under the coordination of the Ministry of Family and Social Policies should consider the individual with substance addiction, evaluate all of his/her problems, and endeavor to eliminate the factors that might lead the person to addiction once again. The current data in Turkey indicates that a significant portion of patients receiving substance addiction treatment are admitted once again for treatment after a certain period of time. However, further scientific studies are necessary in order to augment the existing information regarding the treatment and rehabilitation period and process. In certain EU countries, it is known that this period can reach 7 years.

The collection of data from all substance addiction treatment centers by the Ministry of Health should be ensured through the establishment of an online data collection system. In order to develop proper policies for drug use, it is also necessary to collect data in the proper way. The inability to fully provide the number of outpatients and inpatients at all of the substance addiction treatment centers in 2011 has negatively affected the development of these policies.

As of the end of 2010, all provinces have adopted the family practice application. Considering that the physician-patient relation is more enduring and intimate, within the context of the family practice application, it would be more appropriate to provide primary care services to psychiatric patients and to transfer them to secondary and tertiary care when necessary. As it is planned that cooperation with homecare services, community mental health centers, community based treatment centers for substance addiction, youth homes and community centers become even more widespread in future, it is necessary for family doctors to work in coordination with the centers in questions.

Medication abuse emerges as a factor that contributes to an increase in substance addiction. It is of great importance to establish a medication tracking system for medications that present an addiction risk. The e-prescription application that will be implemented in Turkey starting from the second half of 2012 will facilitate such tracking.

It is known that the successfully conducted “smoke free zone” campaign has led to a decrease in tobacco consumption. The “171 Smoking Cessation Hotline” has also become an important resource that smokers can use in the process of smoking cessation. Organizing a similar campaign and hotline for illegal substance addicts is one of the steps that urgently need to be implemented in Turkey. Currently, many substance addicts or the relatives of addicts do not have a clear idea on what they need to do to combat this problem. A mechanism that would provide them with information regarding the addiction process, guide them towards the competent authorities, and even provide them the means to contact these persons is urgently needed. Operating this mechanism will also contribute to the Ministry of Health’s aim to *decrease tobacco, alcohol, and substance use by 25% by the year 2013*.

Prevention Policies

Prevention policies in Turkey were not able to progress beyond informative activities performed on a local level. TUBİM is not able to receive information about certain individual and institutional activities conducted on prevention. Aside from the informative activities performed at the Provincial Contact Points (İLTEM) under the coordination of TUBİM, there are no nation-wide information and awareness raising activities being conducted. These activities should be organized and implemented in a more systematic way, in a manner that encompasses the rural organizations, and by using the proper format. The most important stages in the drug addiction process are the stages that include the steps prior to the acquisition of substances by the individual.

Policies for Counteracting Supply

Turkey is currently leading an intense and determined fight against drugs and stimulants. However, it would be beneficial to increase the number of personnel working within the narcotic divisions, as well as the technical and physical means that are available. These personnel should have in-depth knowledge about new addictive substances, and necessary training should be provided to this end. Successfully conducted risk analysis trainings should be known and implemented by all officials working in this field. The fight against drug cartels (street sellers) should be continued, and measures that increase personnel motivation should be implemented.

Supporting NGOs

In recent years, an increase has been observed in the quality and quantity of services provided by NGOs that are considered pressure groups. The limited number of NGOs that conduct activities on drug addiction can carry out their operations in a manner that is far more flexible than public institutions. There are a limited number of NGOs that are closely involved in the treatment, rehabilitation, and social reintegration of addicts when they receive information about such individuals. Such NGOs must be supported financially. A solution that involves the transfer of certain State funds to these NGOs might be considered.

1.2. Legal Framework

Especially in the legal regulations prepared in recent years regarding illicit addictive substances (starting from the constitution), the contribution and opinion of non-governmental organizations, bar associations, associations, and trade unions can be discerned to a greater extent.

It is possible to say that there is a transition in the general legislation from an approach and regulation that focuses on the offences following the crime, to an approach that focuses on offences preceding the crime. When considered from the perspective of drug addiction, this transition is very appropriate. The steps that can be taken once drug trafficking or use have occurred are limited. However, taking *preventive* measures before these crimes are committed is both more economic and effective.

1.2.1. National Laws and Regulations

Occupational Health and Safety Law

The Law number 6331 codified on June 20, 2012 possesses a broad scope, mentioning that it is applicable in all work and workplaces that belong to the public and private sector, for the employers and their representatives in these workplaces, and for all employees including apprentices and interns, regardless of their areas of activity, and with only certain divisions being considered as exceptions.

In the 28th article entitled “Prohibition on the Use of Addictive Substances,” it is stated that: *It is prohibited to go to the workplace under the influence of alcohol or drugs, and to use alcoholic beverages or drugs in the workplace.* Although the subsections of the article bring several exceptions regarding the use of alcohol, no exceptions are made concerning the use of drugs.

Law Regarding the Establishment and Broadcasting of Radio and Television Services number 6112

Within the context of the previous regulation (Law number 3984), there had been no principles on broadcasting services that directly mentioned topics relating to drugs and drug addiction. In order to promote the sensibility of the audio-visual media towards drugs and drug addiction, and to ensure the organization of broadcasts that are more conscious by the broadcasters, a number of regulations were put into effect within the context of law number 6112. Within the context of the fight against drugs and drug use, in order to prevent any broadcasts that might promote imitative behaviors, and to increase the awareness of broadcasters in this regard, the following provision was added to the third section entitled the “Broadcasting Service Principles” of the Law Regarding The Establishment and Broadcasting of Radio and Television Services number 6112, which came into effect following its publication in the Official Gazette number 27863 and dated March 3, 2011.

Article 8 – (1) ... Broadcasting services, h) may not be of a nature that promotes the use of addictive substances such as alcohol, tobacco products, and drugs, as well as gambling.

In addition, the provision in the tenth section of the law in question, entitled *Sanctions*, which encourages the broadcasting of replacement programs on the fight against drugs and detrimental habits is as follows:

Article 32 – (4): In the place of programs for which the broadcast was ceased due to administrative measures, programs provided by the supreme council on subjects that serve the public good, such as programs on education, culture, traffic, women’s and children’s rights, the physical and moral development of the youth, the fight against drugs and detrimental habits, the proper use of the Turkish language, education on the environment, issues encountered by the disabled, health-related topics and similar subjects, will be broadcast at the same airing time, and without interruption by advertisements. In the event that the decision to discontinue a broadcast is made as an administrative measure due to a violation of the obligations and prohibition, the producer or presenter of the program responsible for committing the act that lead to the enforcement of the sanction will not be allowed to produce or present programs under any other name in the same or different institution that provides media services for the duration for which the broadcast will remain discontinued (The Radio and Television Supreme Council, 2012).

In accordance with the line (h) of the 1st subsection of the 8th article of Law number 6112, the rule that broadcasting services will not encourage the use of addictive substances, such as alcohol, tobacco products, and drugs, as well as gambling, was established. Concerning the broadcast service violations that took place in 2011, the decision to enforce the sanction of “Warning” for 6 broadcasting organizations was taken in line with this provision of the law. These sanctions were due to the violations committed in their broadcasts between March 3, 2011 and December 31, 2011 (The Radio and Television Supreme Council Activity Report, 2011 p.55).

Law for the Protection of the Family and Prevention of Violence against Women

According to Law number 6284 codified on March 8, 2012, judges can decide to implement preventive measures against persons who commit violence against women by *“preventing the person from using alcohol or drugs in the presence of the individuals under protection, or from approaching the individuals under protection or their locations while under the influence of these substances, and ensuring that the person is examined and receives treatment including hospitalization in case of addiction.”*

In the 15th article entitled “Support Services,” among the support services that will be provided by centers for the prevention and monitoring of violence, it is mentioned that: *“In event that the person has an alcohol, drug, volatile substance or stimulant addiction or a mental disorder, activities that are encouraging, informing and guiding will be undertaken for the treatment and examination of this person in a health institution”.*

Law for the Protection of Children

In the 5th article entitled “Protective and Supportive Measures” of the Law for the Protection of Children number 5395, it is mentioned that: *“Applicable health measures may involve the temporary or permanent medical care or rehabilitation of the child in order to protect and treat the child's physical and mental health, and also the treatment of those who are using addictive substances”.* Identifying and monitoring children with such needs and ensuring that they benefit from such opportunities are of vital importance. The Ministry of Family and Social Policies General Directorate of Child Services is conducting several studies within the context of this law. The follow up of the implementation of the health measures are conducted by Provincial Health Directorates within the scope of this law.

The Law on Probation Services

The Law on Probation and Help Centers and Protection Committees number 5402 and dated July 3, 2005 was amended by the Law number 6291 and dated April 5, 2012. With the 6/1th article of the Law number 6291, the name of this law was changed to "The Law on Probation Services". With the 6/3rd article of the same law and the 2/1st article of the Law number 5402, the title "Help Centers and Protection Committees Advisory Board" was changed to "Probation Services Advisory Committee," the title "The Department Responsible for Probation and Supportive Services" was changed to "The Department of Probation and the title "Directorates of Probation and Help Center" was changed to "Directorates of Probation."

Accordingly, "to provide special care for children and youth within the scope of its tasks, and to implement protective and treatment-related measures with care in the case that drugs, stimulants or any substance that is causing such effects are being used, and domestic violence is involved..." has remained among the tasks of the Department of Probation.

The Highway Traffic Law and the Use of Motorized Vehicles under the Influence of Drugs

A number of issues are encountered in Turkey with regards to the use of motorized vehicles under the influence of drugs and the identification of this situation. Despite mention by the 48th article of the Highway Traffic Law number 2918 that, "It is forbidden to drive a vehicle under the influence of alcoholic beverages, drugs or pleasure-inducing substances, individuals who do not abide by the provision of this article will be immediately banned from driving vehicles," TUBİM has been informed of uncertainties that are encountered in practice. This subject was considered by the National Drug Coordination Committee.

A presentation and briefing were provided regarding this subject during the Highway Traffic Safety Symposium held on May 10-12, 2011. Moreover, an important meeting was held by the Republic of Turkey Highway Safety Supreme Council on May 30, 2012 with the participation of the Prime Minister, the relevant Ministers from the cabinet and high-ranking bureaucrats. In the 17th article of the proceedings, an important step for the resolution of the issue was taken by stating that, "the necessary legal arrangements should be made on the Law of Criminal Procedure, such that the inspection of individuals who disturb the public order or drive vehicles under the influence of narcotic and psychotropic substances can be performed by security personnel without the need of prior permission from the judicial authorities..."

Law on the Prevention of the Laundering of Proceeds of Crime number 5549

In the transactions performed either directly or as intermediaries by obligants within the frame of the provisions of the Law number 5549, a suspicious transaction notification must be relayed to the Financial Crimes Investigation Board (MASAK) in the event that there is suspicion that the property subject to the transaction was obtained by illicit means or that the property was used for illicit ends. This notification serves as a source of financial intelligence for revealing laundering activities and other crimes. These notifications are also an indication of the awareness of obligant groups towards the crime of laundering. As a consequence of the regulations that were issued, and the training and inspection activities that were carried out by MASAK, the number of Suspicious Transaction Notifications (STN) that were performed is following the trend observed in the table below.

Table 1-2: The Breakdown of the Number of Suspicious Transaction Notifications Reported to MASAK on a Yearly Basis

Years	2004	2005	2006	2007	2008	2009	2010	2011
Number of NST	290	352	1140	2946	4924	9823	10251	8739

Source: MASAK Activity Report, 2011.

Based on the analyses, evaluations, and reviews performed by MASAK between 2007-2011 for the identification of crimes related to the laundering of proceeds of crime, when an observation is made regarding the breakdown of the crimes for which recourse to prosecution is followed, it can be seen that *drug trafficking* ranks first, with a share of 21%.

Statutory Decree regarding the Organization and Tasks of the Ministry of Youth and Sports

In the Statutory Decree regarding the Organization and Tasks of the Ministry of Youth and Sports number 638 and dated June 3, 2011, line (e) of the 7th article of includes the provision, "To conduct studies that would protect the youth from bad habits and to conduct activities to this end," and line (b) of the of the 8th article includes the provision, "To support, as a priority, projects for youth who are disadvantaged, and for the mobility of the youth" with regards to the tasks and responsibilities of the Ministry.

Ministry of Youth and Sports Directive on Project Support Programs

Subsection (1) of the 4th article of the Ministry of Youth and Sports Directive on Project Support Programs number 28250 and dated March 31, 2012, includes the provision that, “In areas that are related to education, culture, research, art, science, entrepreneurship, sports, volunteering, mobility, participation, social adaptation, and other subjects within the scope of the tasks, the authority and responsibility of the Ministry, regional, national and international project support programs can be developed with the approval of the Minister, and by taking into account the target and priorities described in government programs, political documents and strategic plans.” The intention of these provisions is to provide support within the context of this article for projects *on youth with drug addiction*.

Directive Regarding the Principles and Procedures for Controlled Delivery Applications

The Directive Concerning the Amendment of the Directive Regarding the Principles and Procedures for Controlled Delivery Applications came into effect following its publication in the Official Gazette number 27864 and dated March 4, 2011.

Law Regarding the Protection of Human Health from the Harms of Volatile Materials number 5898, and the Relevant Directive

It was described in the 2011 Turkish Drug Report that a “Volatile Material Scientific Advisory Board” was formed through the participation of academicians and representatives from the relevant units of the Ministry of Health in order to carry out the tasks described by the directive of the Ministry of Health and to provide consultation to the relevant units within the Ministry. The report also described that studies for ensuring the conduct of these nation-wide inspections were ongoing, with forms being developed for the inspection activities to be executed within the context of the Directive. In order to ensure the continuation of the procedures within the context of the directive, trainings were provided to medical staff from 81 provinces. TUBİM was informed that the relevant trainings have been provided to the medical staff on these inspection activities.

Directive on Hemp Cultivation and Control

The Directive Regarding Hemp Cultivation and Control came into effect following its publication in the Official Gazette number 20672 and dated October 21, 1990. According to

this directive, the cultivation of hemp is permitted in 20 provinces⁴. As a result, information regarding the areas in which hemp cultivation is permitted for the purposes of obtaining fiber, seeds, or both, the amount of product harvested, the illicit products identified during inspections, and the products that are destroyed, are regularly reported to the General Directorate of Plant Production in accordance with the provisions of the aforementioned directive.

Directive on Opium Poppy Cultivation, Control, Collection, Evaluation, Destruction, Purchase, Sale, Export, and Import

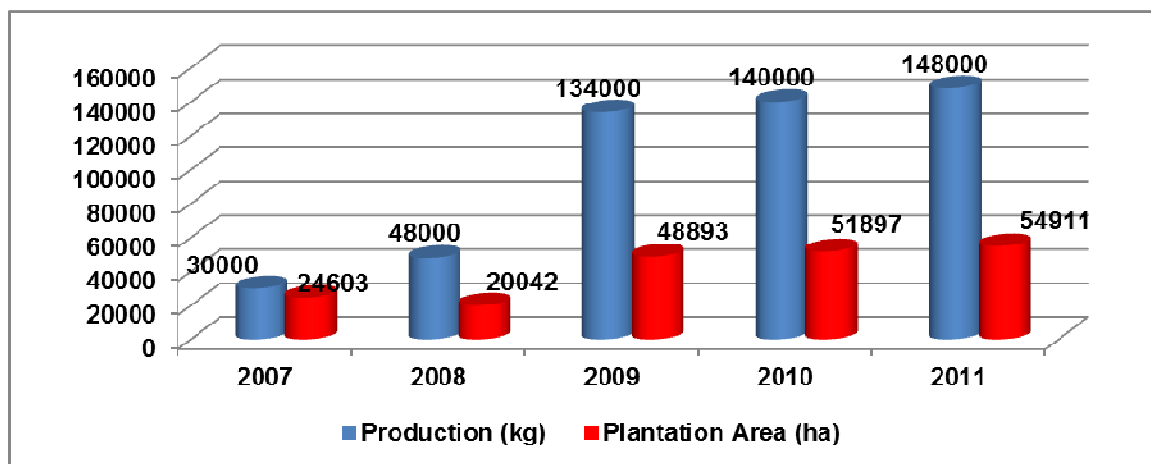
Under the supervision of the United Nations' Organization, opium poppy cultivation is currently being performed in Turkey, India, Australia, France, Spain, Hungary and Slovakia. Turkey is accepted in the world as a country that is a traditional opium poppy producer and a supplier of medical opium poppy-based alkaloids. The locations for opium poppy cultivation in Turkey are determined each year by the Cabinet of Ministers. Outside the regions identified by the Cabinet of Ministers, planting opium poppies is strictly prohibited, regardless of the reasons for planting. The opium poppies that are cultivated are subject to control according to the provisions of the "Law Regarding Drugs" number 3298 and the "Directive on Opium Poppy Cultivation, Control, Collection, Evaluation, Destruction, Purchase, Sale, Export, and Import" that is based on this law. Furthermore, these opium poppies are monitored by the Turkish Grain Board and law enforcement agencies.

According to the "Decision Regarding Opium Poppies and Seed Purchase and Sale" number 2012/3544, dated July 25, 2012 of the Cabinet of Ministers, published in the Official Gazette number 28406 and dated September 9, 2012, the following locations are granted permission, on condition that the necessary licenses are obtained by the producers, to plant opium poppies and to produce unscratched opium pods as of Fall 2012: The provinces of Afyonkarahisar, Amasya, Burdur, Çorum, Denizli, Isparta, Kütahya, Tokat and Uşak in their entirety; the counties of Balya, Bigadiç, Dursunbey, İvrindi, Kepsut, Savaştepe and Sındırgı in the province of Balıkesir; the counties of Alpu, Beylikova, Çifteler, Günyüzü, Han, Mahmudiye, Mihaliççık, Seyitgazi and Sivrihisar in the province of Eskişehir; the counties of Ahırılı, Akören, Akşehir, Beyşehir, Derbent, Doğanhisar, Hüyük, Ilgın, Kadınhanı, Seydişehir, Tuzlukçu, Yalılıyık and Yunak in the province of Konya; the counties of Merkez, Demirci, Gördes, Köprübaşı, Kula, Sarıgöl and Selendi in the province of Manisa.

⁴ Amasya, Antalya, Burdur, Çorum, İzmir, Kastamonu, Kayseri, Kütahya, Malatya, Ordu, Samsun, Sinop, Tokat, Uşak, Urfa, Yozgat, Rize, Zonguldak, Bartın, and Karabük

The opium pods produced in legal cultivation areas will be purchased from the producers by the rural organizations of the Turkish Grain Board. These pods will then be dispatched to the Afyon Alkaloid Factory for processing. The morphine and morphine derivatives produced at the Afyon Alkaloid Factory are provided as alkaloid raw materials to both domestic and overseas pharmaceutical factories.

Graph 1-1: The Amount of Opiate Raw Material Equivalent to Morphine Produced in Turkey and the Legal Opium Poppy Plantation Areas



Source: The Ministry of Agriculture and Livestock, Turkish Grain Board, 2012.

1.2.2. International Legislation and Cooperation

In 2011, a large number of personnel assigned in the relevant institutions of Turkey have participated in meetings, conferences and workshops that were held overseas. The necessary briefings are performed by sharing, with all relevant divisions, the return from assignment reports that were prepared following such activities. The participation of national experts in the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) and Pompidou Group meetings was ensured under the coordination of TUBİM.

Pre- Accession Assistance Program - IPA-3 Project

Pre- Accession Assistance Program - IPA-3 Project was performed between 2009 - 2011, and 4 activities were performed during the project. One of the most significant outputs of the project was that it allowed Turkey to perform the first drug use estimation study in Turkey based on the “capture-recapture” method. The IPA-EMCDDA Scientific Closure Meeting was

held in Lisbon on October 3-4, 2011, and the IPA 3 Evaluation Meeting was held at TUBİM on October 6-7, 2011.

Conference on Interaction and Confidence-Building Measures in Asia (CICA)

As one of its founding members⁵, Turkey figures among the most influential members of the CICA. With the 3rd CICA summit held in İstanbul on June 7-9, 2010, Turkey has taken over the Presidency from Kazakhstan until 2012. It is expected that Turkey will hand over the Presidency to another country during the CICA meeting of Foreign Ministers planned in 2012. Following the recommendation of the Ministry of Foreign Affairs, TUBİM has become the contact point of CICA in the area of drugs on August 25, 2011.

A high level visit to Turkey was conducted by the International Narcotic Control Boards (INCB) on November 28, 2011. Information regarding addictive substances and the fight against drug addiction in Turkey was presented to the committee by TUBİM.

EU Twinning Project on Strengthening the Turkish Monitoring Center for Drugs and Drug Addiction

The “EU Twinning Project on Strengthening the Turkish Monitoring Centre for Drugs and Drug Addiction,” for which the offer was approved in 2007, began to be implemented starting from March 2009 in order to ensure the full membership of The Turkish Monitoring Centre for Drugs and Drug Addiction (TUBİM) in European Monitoring Centre for Drugs and Drug Addiction (EMCCDDA) and to strengthen the capacity of TUBİM. The project was completed successfully following an implementation period of 24 months. The closure of the project was performed with a closing ceremony on March 4, 2011.

Consisting of 5 main components, 78 different activities were organized during the project for the development and strengthening of the legal, institutional and technical capacity of Turkey, such that it would be able to consolidate its compliance with the EU acquis regarding its fight against drugs.

⁵ CICA Member Countries: Afghanistan, Azerbaijan, Bahrain, Cambodia, Egypt, India, Iraq, Iran, Israel, Jordan, Kazakhstan, Kirgizstan, Mongolia, Pakistan, Palestine, People's Republic of China, Russia, South Korea, Tajikistan, Thailand, Turkey, United Arab Emirates, Uzbekistan and Vietnam

The Approval of the Republic of Turkey's Participation in EMCDDA Studies by the TBMM

Following its signature between Turkey and the European Union on October 30, 2007 and its transfer to the TBMM by the Office of the Prime Ministry on March 9, 2009, the "Law Regarding The Suitability of the Approval of the Agreement Between the European Community and the Republic of Turkey concerning the Participation of the Republic of Turkey in the Studies of the European Monitoring Centre for Drugs and Drug Addiction" was approved in the session of the TBMM held on June 29, 2012. The agreement came into effect following its publication in the Official Gazette on July 12, 2012. Turkey had been conducting its activities since 2007 as a candidate country in the EMCDDA, and with the signature of this agreement, Turkey achieved the status of a full member in this institution. As the National Focal Point of EMCDDA in Turkey, Turkish Monitoring Centre for Drugs and Drug Addiction (TUBİM) will continue to execute and increase its activities as a member of an EU institution. Thus, TUBİM has acquired the status of one of the first Turkish institutions to become a member of the European Union.

Cooperation Agreements

With the *Security Cooperation Agreement (GİB)* signed between Turkey and Serbia on March 10, 2011, cooperation *for counteracting the illicit production and trafficking of psychotropic substances and the precursors used in their production* was established.

The *Internal Security Agreement* was signed between Turkey and France on October 7, 2011. As mentioned in the 4th subsection of the 1st Article, one of the provisions of the agreement is to, "counteract the illicit production and trafficking of psychotropic substances and the precursors used in their production."

According to the information received from TNP, Department of Anti-Smuggling and Organized Crime, Turkey was involved in a total of 328 activities in 2011, 176 of which were conducted at a bipartite level on an international or EU platform, and 152 of which were conducted at a multipartite level. With contact officers from 26 different countries in Turkey, and Turkish Security Advisors in 22 countries, it is ensured that effective and productive bilateral cooperation against transnational crimes is achieved between countries (TNP – KOM Department, 2011 Report, 2011).

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

1.3.1. National Drug Strategy Document (2006 - 2012)

Although it is the first national document prepared in this area, it can be seen that the National Drug Strategy Document prepared under the coordination of TUBİM, with the contribution of the relevant institutions and organizations, is a very comprehensive document. As of 2006, this document has acquired the status of a reference document and book regarding drugs and drug addiction in Turkey.

1.3.2. National Drug Action Plan (2010 - 2012)

Following the 1st National Drug Action Plan, which was implemented between 2007 – 2009 and completed with an applicability rate of 84% (2007-2009 National Drugs Action Plan Evaluation Report, 2010), the 2nd National Drug Action Plan was prepared again with the contribution of the relevant institutions and organizations, and put into effect in way that encompasses the years 2010-2012. Certain shortcomings that were observed in the 1st National Drug Action Plan were evaluated with the relevant institutions, and the necessary revisions were performed for the 2nd National Drug Action Plan. By revising the second section of the new document, five new headlines were organized. These headlines are can be listed as follows:

- Coordination
- Demand Reduction
- Supply Reduction
- International Cooperation
- Information Gathering, Research, and Evaluation

The 2nd National Drug Action Plan (2010 - 2012) Interim Evaluation Analysis

The annual evaluation of the 2nd National Drug Action plan was discussed as the main agenda item during the 14th National Drug Coordination Committee meeting held on February 8-9, 2012, and the results of the analysis performed pursuant to the activity evaluations forwarded to TUBİM by the relevant institutions/organizations are provided below:

- There are a total of 72 activities in the 2nd National Drug Action Plan, with 11 activities under the “Coordination” heading, 19 activities under the “Demand Reduction” heading, 15 activities under the “Supply Reduction” heading, 7 activities under the “International

Cooperation” heading, and 20 activities under the “Information Gathering, Research and Evaluation” heading.

- 33 institutions/organizations are responsible for the activities described in the Action Plan.
- Among the different activities, the minimum number of activities for an institution is 1, while the maximum number of activities for an institution is 25.
- When the level of completion of the Action Plan activities are considered, it was observed that among the activities for which institutions were responsible, 48.7% had been completed, 17.1% were still ongoing, 10.5% had not been completed, and no information was provided for 23.7%.
- It was observed that a total of 22 out of 72 activities (30.56%) had been fully completed by the relevant institutions.

1.3.2.1. Other Plans and Documents

Among the newly prepared or currently effective plans and documents, the ones that have been forwarded to TUBİM and obtained from open sources are listed below:

Strategic Plan of the Ministry of Customs and Commerce for 2010-2014

According to the currently effective Strategic Plan, some of the aims of this plan are: to reduce the loss of income by preventing smuggling, to guarantee human and environmental health, and to prevent the financing of terror. In this context, aims such as the development of the capacity to counteract smuggling, the improvement of the functionality of the intelligence system, and the development of risk management have been set.

Strategic Plan of the Ministry of Health (2010 - 2014)

In the currently effective Strategic Plan, aims such as *increasing the percentage of non-smokers above 15 years of old to 80% by 2014, implementing an alcohol control program, and reducing the use of addictive substances* have been determined.

National Mental Health Action Plan of the Ministry of Health (2011-2023)

The action plan in question includes important observations regarding substance addiction. Some of these observations can be listed as follows:

- While the problem of addiction is observed at rates of up to 3.5% in European countries, it is estimated that the rate of addiction in Turkey is around 0.1-0.5%. This difference can be attributed to Turkey's socio-economic and cultural structure and its prevailing religious beliefs. However, as a consequence of increasing communication and interaction, the problem of addiction in Turkey is increasing at a rate that is greater in comparison to European countries. It is considered that this increase can cause addiction to become a very important problem for Turkey within a few decades.
- Substance addiction is not an issue that only involves a health aspect. Aside from its health-related aspect, substance addiction also has many aspects that are public, social, legal, and administrative. As the frequency of addiction displays regional differences, local approaches should be more prominent in the fight against addiction instead of a centrally organized structure. There are currently many municipalities, district governorships, and private sector representatives that are conducting projects in this area. As this issue requires a multi-dimensional approach, it would be more appropriate for planning to be performed not by a single institution or center, but instead through the participation of all local stakeholders under a single roof.
- Drug addiction requires long-term and continuous treatment. In the hospital-based treatment model, the majority of the treated cases are not able to follow their treatment program after returning to home following discharge. This significantly reduces the success of treatment. Around the world, the transition is being made to a model involving community-based intervention centers instead of the provision of health services in hospitals. The most important reasons for this transition are:
 - The ease with which treatment can be obtained,
 - The ability to ensure treatment continuity,
 - Ensuring cooperation and communication with local actors,
 - Greater ease with which environmental factors can be controlled (National Mental Health Action Plan of the Ministry of Health (2011-2023), Ankara, 2012).

The Ministry of Health has informed TUBİM that the draft document of the “The Ministry of Health Action Plan for Counteracting Substance Addictions Other than Alcohol” was prepared in accordance with the National Policy and Strategy Document for Counteracting Addictive Substances and Addiction and the action plans prepared based on this document, and that this document was presented for the opinion of the relevant divisions.

National Tobacco Control Program and Action Plan (2008 - 2012)

It is possible to say that this program, prepared and executed successfully by the Ministry of Health, has played an important role in saving many tobacco addicts in Turkey from this addiction. The Action Plan, which makes references to provisions mentioned in other laws, such as the individual's right to health and safety and the right to live in a healthy environment, makes an important observation by mentioning that the rapid dissemination of tobacco products and water pipe cafés lays the foundations for future substance addiction (National Tobacco Control Program and Action Plan 2008 – 2012, 2008). It is known all too well that tobacco products act as an important step in the transition towards illicit drugs addiction. According to 2011 data from TUBİM, it was determined that 89.4% of illicit drug users are smokers (2011 Turkish Drug Report).

National Youth and Sports Policies Document

In order to ensure coordination and cooperation between the public institutions and organizations that conduct the policies and activities that directly or indirectly affect the youth and sports, the “National Youth and Sports Policies Document” is being prepared by the Ministry of Youth and Sports. With the approval of this document, the intention is to conduct, starting from 2013, activities *regarding substance addiction* that will be more effective.

Strategic Plan of the Department of Religious Affairs (2012 - 2016)

In this Strategic Plan, “*to engage in activities that will contribute to the unity and solidarity of society*” was determined as a strategic goal. Assuming an effective role in the resolution of social problems that are caused by moral and spiritual issues, such as terrorism, honor killings, domestic violence, substance use, and environmental issues, is among the goals of the Department of Religious Affairs. It also important that this Strategic Plan includes the education of religious officials regarding social issues, such as substance use, in order to raise social awareness.

Implementation Plan for Counteracting Drugs in Rural Areas (2010 - 2012)

As an output of the EU project conducted by the General Command of the Gendarmerie with the United Nations Office of Drugs and Crime (UNODC), the Implementation Plan for Counteracting Drugs in Rural Areas (2010 – 2012) prepared in parallel with the National Drugs Strategy document and the National Drug Action Plan, which was put into effect following its signature on April 30, 2010, is an another important document. With this document, the aim is

to strengthen the fight against drugs and stimulants in rural areas. The 18 goal-oriented studies described in the plan are currently being conducted by coordinating institutions.

Counteracting Organized Crime National Strategy Document (2010-2015)

One of the aims of this currently effective document is to more efficiently counteract the crimes committed with drugs and stimulants. As mentioned in this document, since Turkey's geographical location is not going to change, the importance of this location with regards to drug and stimulant trafficking and organized crime will also remain unchanged.

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

In this Action Plan, it is mentioned that the increasingly widespread use of alcohol and drugs among youth in Turkey is one of the reasons for the increase in the tendency for violence. The relation between drug use and violent behavior was demonstrated with different examples. Among the outputs of the documents, it is mentioned that the aim is to raise students' awareness regarding protection from drug use. It is planned that Support Services will be provided by identifying children that are under developmental risk, as well as children with drug addicts in their family. Performing a risk analysis in the educational settings and environments with regards to drug use, increasing the awareness of the student, family, teacher and managers on drug use, and its outcomes (conferences, seminars, booklets, brochures, posters and movies, TV shows, computer games, etc.), and ensuring and effective coordination in the orientation of students using substances and their families, to institutions and organization that provide support services, are listed among the other goals.

1.3.3. Coordination

As the focal point of European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Turkey at an international level, TUBİM also conducts activities at the national level, such as reducing the supply and demand for illicit drugs, the monitoring of services such as treatment and rehabilitation, the monitoring of the fight against drugs, ensuring the necessary coordination activities, and conducting preventive measures. This task was assigned to TUBİM following the recommendation of the Ministry of Foreign Affairs, and the approval of the Office of the Prime Ministry. The National Drug Strategy Document (2006-2012) and the National Drug Action Plans also make references to this assignment (National Policy and Strategy Document for Counteracting Addictive Substances and Addiction 2006-2012, 2006). Pursuant

to this assignment, TUBİM invites the relevant institutions and organizations at the headquarters for a meeting three times a year, and hosts meetings of country-wide relevance in which drug and stimulant-related subjects are discussed. From the time these tasks were assigned until the end of 2011, the National Drug Coordination Committee has met 13 times. The numerous institutions and organizations that are involved in counteracting the demand of illicit drugs and stimulants, as well as the areas of prevention and treatment, are participants of these meetings. The advisory decisions of the TUBİM Scientific Committee are also provided during the meetings.

The “*Study Groups*” formed in parallel to the EMCDDA studies have also conducted their 2011 meetings. These study groups are:

- National Study Group for Countering Supply
- National Study Group for an Early Warning System
- National Study Group for the Treatment Demand Indicators
- National Study Group for Drug-related Deaths and Death Rates
- National Study Group for Problem Drug Use
- National Study Group for Drug Related Infectious Diseases
- National Study Group for the Prevalence of Substance Use Among the General and Young Population
- National Study Group for Prevention

1.3.3.1. Provincial Drug Coordination Committees and Provincial Drug Action Plans

In the Fourth Chapter, and under the heading entitled “Action Plan”, of the National Drugs Strategy Document (2006-2012), the statement: “*To develop and implement Provincial Action Plans in accordance with the existing national strategy and action plan*” can be found.

In addition, it is described in the 2010-2012 Action Plan that, “*Provincial Coordination Committees for Counteracting Drugs that commence their activities within their governorship will ensure that committees will be established in other provinces. The Committees will convene under the presidency of the Deputy Governor, and with the participation of one representative from the Office of the Mayor, the Provincial Health Directorate, Provincial National Education Directorate, TUBİM Provincial Contact Points, Provincial Gendarmerie Command, Provincial Youth and Sports Directorate, Provincial Social Services Directorate,*

Probation and Help Center, the universities in the Province, and Non-Governmental Organizations and other institutions and organizations, which the Committee president will consider as suitable. In accordance with the Committee Chairman's views, the secretariat will be assumed by the Provincial Health Directorates. The report that will be prepared every six months by the institution that assumes the role of the secretariat of the Committee will be sent to the central organization, and the central organization will later forward the report to TUBİM. In the Provincial Drug Coordination Committee, established within the context of the 1st Action Plan, the task of secretariat that is performed by obligation by the Provincial Security Directorates and Provincial National Education Directorates will be eventually handed over to the Provincial Health Directorates.”

The necessary correspondence has been performed with the relevant provincial governorships regarding the preparation of the Provincial Drug Action Plans and the establishment of the Provincial Drug Coordination Committees. The Provincial Drug Action Plans have been prepared in 78 provinces and are currently in effect. The Provincial Drug Coordination Committees, on the other hand, have been established in all 81 provinces. The tasks of the secretariat for the Provincial Action Plan and the Provincial Coordination Committees are assumed by the Provincial Health Directorates in 70 provinces, by the Provincial Security Directorate in 7 provinces, and by the Provincial National Education Directorate in 4 provinces. Due to the reorganization of the Ministry of Health, the Provincial Health Directorates, as well as the Provincial Public Health Directorates of the rural divisions have also been organized. Thus, the secretariat tasks of the Committee have been handed over to the Provincial Public Health Directorate.

In 2011, the TUBİM committee has performed visits to the provinces of Eskişehir, Bilecik, Bursa, Balıkesir, Çanakkale, Bolu, Düzce, Sakarya, Kocaeli and İstanbul in order to observe onsite the activities of the Provincial Drug Coordination Committees, and to investigate the activities of the Provincial Contact Points.

1.3.4. TUBİM Scientific Committee

The TUBİM Scientific Committee was formed pursuant to the 1st National Drug Action Plan in order to provide scientific support to the activities performed in the area of counteracting drugs and drug addiction. The membership of the Scientific Committee, which has conducted 13 meetings as of the end of 2011, is composed of scientists from different areas regarding drug addiction. The subjects discussed and the decisions taken by the Scientific Committee are shared with the National Drug Coordination Committee.

1.3.5. Other Developments

Institutional Changes and New Organizations at a National Level

Starting from 2011, organizational changes were put in effect at certain ministries and institutions. These organizational changes that can directly affect the fight against illicit addictive substances were generally considered positive. For example, the Undersecretariat of Customs, which was previously conducting its activities in affiliation with the Ministry of the State, was changed into the Ministry Customs and Trade. The Ministry of Customs and Trade formed the Office for Counteracting Narcotic Drug Trafficking within the General Directorate of Customs Enforcement, and by reorganizing the Regional Directorates, the number of Custom Protection Smuggling and Intelligence Directorates within the rural organizations has increased from 18 to 29. It is considered that this change will contribute in the fight conducted against drug supply. The names of ministries and institutions that have been newly formed, or which have been subject to organizational changes by having their names revised, are as follows:

Table 1-3: The Ministry and Institution Names that have been Newly Formed or which have been Subject to Organizational Changes by Having their Names Revised

OLD NAMES	NEW NAMES
Undersecretariat of Customs General Directorate of Customs Enforcement	Ministry of Customs and Commerce General Directorate of Customs Enforcement
Ministry of Health General Directorate of Pharmaceuticals and Pharmacy General Directorate of Treatment Services General Directorate of Basic Health Services	Ministry of Health Turkish Pharmaceuticals and Medical Devices Agency General Directorate of Health Services Turkish Public Health Agency
Ministry of Agriculture and Rural Affairs General Directorate of Agricultural Production and Development	Ministry of Food, Agriculture and Livestock General Directorate of Plant Production
General Directorate of Family and Social Studies General Directorate of Social Services and Child Protection Agency	Ministry of Family and Social Policies General Directorate of Family and Social Services
General Directorate of Youth and Sports	Ministry of Youth and Sports
Ministry of National Education	Ministry of National Education

General Directorate of Special Education, Guidance and Counseling Services	General Directorate of Special Education and Guidance Services
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Community Oriented Policing Practices

With the Ministry Memorandum number 49 and dated May 31, 2006, the implementation of the pilot of Community Oriented Policing Practices began on June 15, 2006. Based on its efficiency, this measure later began to be implemented nationwide, and is being continued successfully. The overall aim of Community Oriented Policing Project is to conduct security services efficiently and rapidly by ensuring the participation and support of society, to improve society-police relations, to strengthen the fight against crime, and to carry out activities that increase the security satisfaction of society with regards to policing services. This project, which involves the provision of services directly to the citizens, is also part of the necessity of being a social state. With these types of measures, information on social issues are obtained in a timely manner, and it becomes possible to intervene at an early stage in many issues, including those related to drug addiction.

Social Family Support Program (ASDEP)

The task of developing, implementing and monitoring the implementation of national policies and strategies regarding social services, and updating these policies and strategies according to new services models that may arise, was assigned to the Family and Social Policies Ministry, based on the Statutory Decree number 633. The Social Family Support Program (ASDEP) was planned in order to improve the quality, speed and efficiency of the family social services and support, and to provide assistance to disadvantaged families in dealing with the difficulties they encounter.

Congresses and Conferences

TUBİM Drug Conference (TÜK) / February 16-18, 2011

The TUBİM Drug Conference (TÜK 2011) was held with a large number of participants, consisting of representatives from the governorships, the relevant ministries, the police, the gendarmerie, customs, coast guard, universities, municipalities, and non-governmental organizations. Within the scope of *the EU Twinning Project on Strengthening TUBİM*, more than 400 participants had the opportunity to discuss the developments on subjects relating to counteracting drugs, demand, prevention, treatment and rehabilitation, data collection and coordination with experts from European Union countries, and EMCDDA.

The aim of the conference was not only limited to the presentation of certain results regarding the fight against drugs, but also focused on ensuring the unity of central and provincial divisions that are involved in this fight by allowing them to gather and meet within the context of this meeting. At the same time, this conference allowed for the actors of the main elements of the fight against drugs, which are “prevention, treatment and law enforcement,” to assemble in a meeting of this scale.

During the three day conference, examples for treatment and rehabilitation in three different EU countries were presented. These presentations provided important information with regards to the studies conducted by the Ministry of Health for the treatment of substance addicts and for the strengthening of rehabilitation activities. The EMCDDA-Reitox and the Head of the Department of International Cooperation, Alexis Goosdel, described the developments that took place following 2006 within the context of Turkey’s participation in EMDDCA studies and the relevant processes.

The contribution provided by the conference participants will be considered in the preparation process of “National Drug Action Plan and Strategy Document”. TUBİM, which organized this conference, aimed to discuss the new trends for the prevention of drugs, for treatment, for rehabilitation and for counteracting supply, to share the new ideas and plans in these areas with the public, and to conduct both central and local coordination in the most productive way.

Some of the decisions taken in the Final Declaration prepared at the end of the conference are as follows:

- Drug use and addiction is a very serious problem that affects life and institutions within the society-family-individual triangle. In order to achieve a concrete and enduring success in the fight against this issue, which involves a multitude of aspects, the activities within the context of this fight must be conducted with the same determination in the areas of law enforcement, prevention, and treatment-rehabilitation. In this context, all of the relevant institution must carry out their own duties and responsibilities with regards to the scope of their tasks.
- In addition to ensuring coordination and cooperation between institutions in the fight that is lead against the drug problem in Turkey, TUBİM is also ensuring the conduct of this fight on scientific grounds, and within the context of a strategic plan and action plans by gathering and analyzing all of the national data regarding the drug problem at a single center. However, for TUBİM to be able to determine the best evidence-based strategies

and to develop suitable action plans within the context of the drug problem, it is vitally important that all of the institutions involved in all stages of the activities related to this problem provide TUBİM with their most correct and up-to-date data regarding their assigned responsibilities.

- National Drug Coordination Committee meetings have been held regularly under the coordination of TUBİM since 2007. These meetings contribute to common discussions and the determination of policies for the resolution of many problems.
- Parallel to this central coordination, it is necessary to increase the functionality of the Provincial Coordination Committees that were established to develop solutions according to special circumstances, by identifying and analyzing at the level of governorships the drug problem in the provinces.
- In the activities conducted, in order to prevent drug use, generalized preventive measures, consisting of only informational activities, are not sufficient. This is because there is insufficient evidence regarding the positive effect of these types of applications. Instead of these, emphasis should be placed on group-based preventive activities.
- For use in the preventive activities to be conducted in Turkey, it is necessary to develop educational guides of a certain standard that have passed scientific scrutiny directed at different age groups.
- In the studies conducted for identifying the main reasons for the commencement of drug use, it is observed that curiosity and peer pressure rank among the foremost reasons. In this context, by taking into account the effect of peers, it is necessary to emphasize educational programs between peers in Turkey, and to ensure that these programs become widespread in all provinces.
- In addition to their international drug trafficking activities, the criminal organizations involved in drug trafficking in-country also have activities directed towards the internal local market. It is necessary to continue and increase the activities for fighting these cartels that provide drugs to the citizens of Turkey, especially to our children and youth.
- It necessary to increase the existing capacity for the treatment and rehabilitation of drug addicts in Turkey and to prioritize the establishment of treatment centers in provinces in which the issue is the most significant.
- Regulations that would allow non-governmental organizations and municipalities to provide treatment and rehabilitation services are necessary. The directive on treatment centers of the Ministry of Health will serve as an opportunity to issue such regulations.
- The post-treatment care programs that exist in Germany, Poland and Czech Republic should also be developed in Turkey. These programs are necessary to ensure the success and continuation (prevention of relapse) of the treatment.

- Primary counseling centers for drug users and/or their families should be established and developed.
- A total of 157 individuals have participated in the evaluation questionnaire performed at the end of the conference. Among those who completed the questionnaire, 83.4% have expressed the opinion that, “The conference has been very informative for me,” while 86.6% have expressed that, “A repetition of this conference will contribute to the fight against drugs.”

The 1st Children’s Rights Congress in Turkey (February 25-27, 2011) and the 1st Children’s Rights in Turkey Strategic Document (2012 – 2016)

In the section entitled *Supportive and Special Protection Services for Family and Children* of this strategy document, it is described that these services, “Include health and education services for children in difficult conditions who need protection against all types of drug use or drug addiction, as well as for refugee children.”

In the *Strategies and Actions* heading of this document, it is described that, “The prevention and treatment-related education and rehabilitation services that are necessary for the protection of all children from drug addiction must be provided, and measures should be taken to ensure that these services become more widespread.”

The 3rd International Symposium on Children at Risk and in Need of Protection (April 20-22, 2011)

Approximately 600 participants from 40 different countries, including Turkey, participated in this symposium, organized for the 3rd time by TNP, and based on the theme of the “Protection of Children from Substance Addiction”. During this symposium, 93 oral and 25 poster presentations were given. It can be seen in the final declaration of the Symposium that important decisions were taken as well. Some of these decisions are as follows:

- In the fight against drug addiction, it is important that all institutions, organizations and individuals in a position to influence public opinion, and especially written and visual media, act more sensibly concerning this issue by refraining from any messages that might encourage drug use. It is also important that prejudices and stigmatizing attitudes towards drug using children in society are prevented, and that the press organizations act with greater sensibility on this subject.

- In the family environment, it is extremely important that the child's emotional development is fostered, that the child develops a resistance against the potential of drug use, and that the development of social skills within the family are nurtured.
- Within the context of primary studies to prevent drug use in schools, it is imperative that the relevant institutions and organizations act in cooperation around a common understanding.
- Prevention of the accessibility of cigarettes and alcohol for the youth is an important preventive measure with regards to interrupting the stages that lead to drug addiction.
- The treatment and rehabilitation of drug addiction is important. However, protecting children from drug addiction is even more important.
- It is necessary to improve the treatment and rehabilitation services for children and to provide psycho-social and developmental support.
- To overcome the issue of drug addiction, it is necessary to develop new social policies and regulations. We consider that developing solution-oriented social policies, and ensuring that their expected positive values are adopted by the society, is very important for resolving this issue. In this context, activities for countering drug addiction should be based on scientific data, and evidence-based policies should be developed.
- The current regulations and protocols regarding drug use should be effectively implemented.
- Care should be taken such that children who are led to crime are not victimized once again when the judicial system becomes involved.
- Probation and injunction decisions should be implemented in a manner that is effective and rehabilitative, and in a way that enables the reintegration of the individual into society.
- In prevention and protection against drug use, local governance and NGO activities and resources should be utilized more effectively.
- It is anticipated that the "Action Plan for Protection of Child Substance Addicts" for the development of short, medium, and long-term applicable and solution-oriented policies and strategies for the protection of children from drug addiction and other detrimental habits, and to prepare a better future for children will be prepared and approved by countries worldwide.

The 7th National Alcohol and Substance Addiction Congress (December 8-11, 2011)

In the congress declaration document of the meeting held in Antalya between December 8-11, 2011, it is mentioned that, "...Substance use and addiction is a biopsychosocial disease that requires action in many different areas, such as prevention, treatment and rehabilitation. In

Turkey, where drug use and addiction are gradually increasing, it is necessary to develop policies in these areas...” Furthermore, “New Horizons in the Treatment of Addiction: Policy Development and Clinical Application” was selected as the main theme of the congress.

Independent Generations for a Strong Future Symposium in Bursa (September 8, 2011)

The “Independent Generations for a Strong Future Symposium” was held in Bursa on September 8, 2011. Many academicians, local officials and experts from TUBİM participated in this symposium.

2011 European Union Progress Report

The sections of the report in question regarding illicit drugs and drug addiction are as follows:

Turkey is reporting and submitting annual reports in accordance with the guiding principles of European Centre for Monitoring Drug and Drug Addiction (EMCDDA)

- The regulations regarding the improvement of the Reitox National Focal Point (TUBİM) should be accepted, and its human resources should be developed.
- A more balanced approach should be followed towards reducing the supply and demand of drugs by using approaches that also involve the provision of treatment and rehabilitation services that are more effective.
- Generally, the preparations in regard to drug-related areas are at an advanced level.

Strategic Research Committee (SAK) Meetings

Strategic Research Committee (SAK) meetings are of great importance with regards to the coordination of police units that counteract all forms of smuggling and organized crime activities. In 2011, the 44th and 45th meetings of the Committee were held in order to determine the service policies that identify and specify the methods for effectively countering smuggling and organized crime, and to ensure coordination between the central organization and the 81 provincial divisions. The targets for the year 2012 were also determined.

The Ministry of Internal Affairs, the Director General of Public Security and the Assistant Director participated in the SAK meeting held on December 2011, and have contributed to the importance of these meetings.

1.4. Economical Analyses

Having access to information regarding the spending involved in the fight against illicit addictive substances, as well as information on the manpower that is assigned to these tasks, and the amount of time allocated for these activities, is essential for gaining a perspective of the larger picture. From the perspective of decision-makers, having information about costs provides a basis for determining future steps, using resources in the proper places and times, and implementing policies based on a balance between productivity-efficiency. For TUBİM, which collects data on drug prices, drug purity, and the profile of users, it is also very important to have information about the resources spent in the fight against drug addiction. Ultimately, the policy steps to be taken will be determined by the reports that are prepared and presented to the governments.

1.4.1. Public Expenditures

In a large country such as Turkey, determining public expenditures with regards to drugs, and demonstrating an economic analysis of the expenses is not an easy task. The difficulties involved in this area and in data collection are observed and known within the context of meetings performed under the coordination of EMCDDA. In addition to this, the positive results of TUBİM's cooperation with public institutions and organizations have begun to become apparent. While no information was provided on the 2009 Turkish Drug Report in this area, efforts were made to provide figures based on the health and social expense budgets as a beginning. Further progress was made in the 2011 report, and the 2010 expenses made for counteracting drugs and drug use were requested from the relevant institutions as estimation. According to this, it was reported by the institution and organizations that provided information to TUBİM that a total of 563835266 TL was spent in 2010. Thus, a specific figure was obtained and disclosed for the first time.

In order to obtain better figures on this subject, a form was developed and provided to the National Drug Coordination Committee. The form in question was then finalized and forwarded to the relevant institutions for completion. To ensure that the form would be completed more correctly, explanations were provided under each heading, and contact information was provided in the final section for use in case of uncertainty. The forms in Annex-1 were completed by the Ministry of Education, Ministry of Health, Ministry of Food, Agriculture and Livestock, Ministry of Customs and Trade, Ministry of Family and Social Policies, and the Turkish National Police, the General Command of the Gendarmerie, the Coast Guard Command, the General Directorate of Turkish Radio Television Corporation, the Department

of Religious Affairs, the İstanbul Metropolitan Municipality, and the Gaziantep Metropolitan Municipality, and the forms were forwarded to TUBİM. According to the forms that were provided, 372,638,683 TL were spent in 2011 (as shown of Table 1-4). It was learned that the reason for the decrease in 2011 compared to the total expenses in 2010 of 563835266 TL was due to the erroneous data sent from one of the institutions, which included a calculation of the 2010 expenses not only for the units involved in narcotic divisions, but the expenses for all of the divisions within the Ministry.

Table 1-4: Public Expenses and Percentages in 2011

ITEM NO.	EXPENSE TYPE	AMOUNT(TL)	PERCENT
1	Legal Expenses	88,657	0.02
2	R&D Study Expenses	300,500	0.08
3	Preventive Activity Expenses	1,111,107	0.30
4	Training Expenses (Personnel)	1,925,732	0.52
5	Analysis Expenses	2,065,983	0.55
6	Rehabilitation and Support	5,254,320	1.41
7	Equipment and Infrastructure Expenses	10,116,580	2.71
8	Premium Expenses	12,004,266	3.22
9	Operational Expenses	15,654,505	4.20
10	Medication Expenses	16,408,140	4.40
11	Inpatient Treatment Expenses	20,508,548	5.50
12	Outpatient Treatment Expenses	21,675,090	5.82
13	Personnel Expenses	224,596,615	60.27
14	Other Expenses	40,928,641	10.98
TOTAL		372,638,683	100.00

1.4.2. Budget

1.4.3. Social Expenses

Nation-wide studies are necessary in order to demonstrate the social costs of drug addiction. This necessity can be satisfied with the contribution of universities, located in almost every province these days. The Public Expenditure Form mentioned above can only demonstrate

certain figures. Furthermore, through such endeavors, it is far more important to demonstrate the damages and social ills caused by addictive drugs and drug addiction in society. There are currently no studies in this area that have been provided to TUBİM.

SECTION 2

PREVALENCE OF DRUG USE

Tolga TUNÇOĞLU⁶

2.1. Introduction

Determining the prevalence of drug use is of great importance for the development, implementation and measurement of the country policy. The prevalence of drug use, determining the addiction trends in the country and measuring the risk perception towards drug use are matters of interest in every area from health to education, and from finance to security, and which affects the activities conducted in these areas.

The prevalence of drug use in the general population is measured with statistical surveys conducted in the adult and youth population As one of the 5 key indicators determined by EMCDDA for the monitoring of drug use, the “General Population Studies” (GPS) assists in tracking the progress made with regards to achieving the targets determined within the context of drug policies in Europe and member countries.

In Turkey, the institution that is assigned and authorized to announce official statistics is the Turkish Statistical Institute (TURKSTAT). Health surveys are conducted by TURKSTAT parallel with the surveys of European Union Statistical Office (EUROSTAT), and questions are asked regarding drug use within the context of these studies. However, studies that are more detailed, and that focus solely on the subject of drug use, have been occasionally considered by institutions that conduct activities for counteracting drug use and addiction, and some of these studies have been carried out.

2.2. The Prevalence of Drug Use Among General Population

Until now, no nationwide survey has been conducted in Turkey regarding the prevalence of drug use in the general population.

In 2003, a survey with a sample design that included households, students, and the population in prison was conducted in 6 provinces in Turkey with the support of the United Nations Office on Drugs and Crime (UNODC) (UNODC 2003). Based on the survey results, it was determined that between the ages of 15-64:

⁶ TNP, Department of Aviation, Statistician

- The rate of trying opium and derivatives at least once was 0.05%
- The rate of trying solvent and depressant substances at least once was 0.05%

In the pilot “Determination of The Prevalence of Drug Use In General Population” survey conducted in 2010 in the province of Ankara under the coordination of TUBİM, it was calculated that⁷:

- The rate of trying cannabis at least once was 1.6%
- The rate of use of cannabis was 0.8% within the last year.

When the responses to the questions on drug use, which were asked during the health survey conducted by TURKSTAT in 2010, were evaluated, it was determined that:

- The rate of trying drugs/stimulants at least once was 0.93%,
- Among men, the rate of trying drugs at least once was 1.26%, and rate for women was 0.61%.

Table 2-1: Drug Use Rate in the Last 12 Months (%)

	Total	Men	Women
Any drug	0.37	0.46	0.27
Tranquilizers	0.24	0.21	0.27
Cannabis	0.15	0.30	_*

**Not provided, as the observed values are very low ($p < 0.1$)*

Source: TURKSTAT Health Survey 2012.

2.2.1. The 2011 Attitude and Behavior Survey on Tobacco, Alcohol and Drug Use in the General Population (TUBİM GPS Survey)

⁷ In the survey conducted in the province of Ankara, the sample was obtained from the Turkey Statistical Institute and was designed to be representative of the urban and rural population of the province of Ankara. Among the 700 addresses that were received, 600 (91.4%) were selected from the urban center, while 100 (8.6%) were selected from the villages and counties. The researchers visited 700 of the addresses that were selected and had the questionnaire forms completed. In the field survey, 589 (84.1%) of the addresses were determined as valid. In the survey conducted based on the valid addresses, 250 questionnaires were completed successfully and the response rate was calculated as 42.6%.

In 2011, TUBİM conducted the most comprehensive survey to date on the prevalence of drug use. A survey, which aimed to include 20,000 individuals in the 26 regions determined by TURKSTAT, was planned. However, due to the earthquake that occurred in Van in October 2011, the sample of this province was not included, and the survey was conducted in 25 regions/provinces. The survey was conducted on a cross-sectionally selected sample that represented Turkey in 2011. In the provinces determined by the General Population Survey Study Group founded within TUBİM, the survey was conducted by using the “face to face meeting” method at the addresses obtained from TURKSTAT. The survey was conducted between the months of September-December 2011.

When developing this questionnaire, EMCDDA European Model Questionnaire (EMQ) and the questionnaires applied in Europe were considered, and a questionnaire was prepared that was parallel to these questionnaires, yet designed specifically for Turkey.

A total of 8045 persons were reached during the survey. The questionnaire response rate was calculated as 43.9%. Forty-nine percent of the participants (3943 individuals) were women, while 51% (4102 individuals) were male, and the age average was 36.10 ± 13.38 , while the median age was 34.

When the use of tobacco products was reviewed, it was observed that 51.8% of the participants (4,169 individuals) have used a tobacco product such as cigarettes, cigars, pipes, or hookahs. The average age for trying tobacco products for the first time was 19.77 ± 13.40 , and the median age was 17. 40.1% of women and 63.1% of men have tried tobacco, and 23.8% of women and 42.1% of men are currently using tobacco.

When the questions on the use of alcoholic beverages were reviewed, it was observed that 28.3% (2,280 individuals) have tried alcoholic beverages. The average age for trying alcoholic beverages for the first time was 20.93 ± 9.90 , and the median age was 19. 14.9% of women and 41.2% of men have tried alcohol, and 4.2% of women and 15.8% of men are currently using alcohol.

Table 2-2: TUBİM 2011 GPS Survey Prevalence of Medication Use without Doctor's Recommendation (%)

	%	n
Lifetime	10.5	843

Last 12 Months	5.1	408
Last 1 Month	3.7	300

Source: EMCDDA Standard Table 1, 2012.

10.5% of those who were evaluated (843 individuals) have used a sedative/tranquilizer medication. The average age for trying the medication for the first time was 34.66±14.42, and the median age was 33.00. 9.2% of men and 18.2% of women have tried using a sedative/tranquilizer without a doctor's recommendation.

Table 2-3: TUBİM GPS Survey, Prevalence of Lifetime Drug Use According to Gender in the 15-64 Age Group

Drug Used	Total	Men	Women
Any drug	2.7	3.1	2.2
Cannabis	0.7	1.1	0.2
Cocaine	0.05	0.1	_*
Amphetamines	0.3	0.5	0.1
Other	2.0	2.0	2.0

Source: EMCDDA Standard Table 1, 2012.

**Not provided, as the observed values are very low ($p<0.1$)*

Table 2-4: TUBİM GPS Survey, Prevalence of Lifetime Drug Use According to Gender in the 15-34 Age Group (%)

Drug Used	Total	Men	Women
Any drug	3.0	3.7	2.2
Cannabis	1.0	1.6	0.3
Heroin	0.05	0.1	_*
Cocaine	0.05	0.1	_*
Amphetamines	0.4	0.7	0.2
Other	2.0	2.1	1.9

Source: EMCDDA Standard Table 1, 2012.

**Not provided, as the observed values are very low ($p<0.1$)*

In Turkey, the rate of trying any illicit addictive substance at least once was 2.7%. This rate was 3.1% among men and 2.2% among women. The prevalence of drug use is higher among young adults (15-34 age group) in comparison to the general population (15-64 age group). While the lifetime use rate of any drug in young adults was 3.0%, it can be seen that this rate was 2.7% in the general population. When we divide the young adult group into sub-branches, the lifetime use rate of any drug was calculated as 2.9% for the 15-24 age group, and as 3.1% for the 25-34 age group. In addition, when the results of prevalence surveys in countries worldwide are evaluated, it is observed that the drug use rate of men is higher than the drug use rate of women. It is possible to say that drug use in women is higher among middle-aged women. When considering the prevalence of any drug's lifetime use according to the age groups of women, the prevalence was calculated as 1.6% for the 15-24 age group, 2.5% for the 25-34 age group, 2.5% for the 35-44 age group, 1.6% for the 45-54 age group, and 3.1% for the 55-64 age group. However, when the medication use without doctor recommendations were reviewed, a higher use of sedative/tranquilizer medications without doctor recommendation was observed for women. The lifetime use of medication without doctor recommendations was calculated as 6.2% in men and 14.9% in women.

It is described in various international reports that cannabis is the most commonly used drug in Europe and around the world. In the 2012 World Drug report, it is estimated that the use rate of cannabis worldwide is between 2.6% and 5.0%, and that the number of users is approximately between 119 million and 225 million.

Table 2-5: TUBİM 2011 GPS Survey, Prevalence of Cannabis Use (%)

	%	n
Lifetime	0.7	56
Last 12 Months	0.3	23
Last 1 Month	0.2	13

Source: EMCDDA Standard Table 1, 2012.

When cannabis is examined in greater detail, the prevalence of lifetime cannabis use was determined as 0.7%, and this rate was 1.1% among men and 0.2% among women. The average age for first time use of cannabis was 20.89 ± 3.99 , and the median age was 20. While 14% of cannabis users consider that they cannot control their cannabis use, 14% mention that

the possibility of skipping even a single dose causes anxiety, 19.3% are anxious about their cannabis use, and 35.1% wish to quit using cannabis.

When considering the results of the Global Tobacco Study (TURKSTAT, 2008), the Health Study conducted in 2010 (TURKSTAT 2010), and the TUBİM Determination of the Prevalence of Substance Use in the General Population, it can be seen that the use prevalence of illicit addictive substances in particular are nearly the same. In the answers provided to the questions regarding drug use, it was observed that individuals stated whether they used drugs. However, they refrained from providing the name of the drug they used. It is considered that the main reason for this observation was the fact that the possession, use and trafficking of drugs constitute a crime (See Section 1).

Although the studies that were performed were not repetitions of one another in terms of procedure and methods, the closely similar results obtained in different studies performed in the same area is one of the factors that indicates their validity.

When the studies that were conducted are evaluated, it can be observed that the drug use rate in Turkey is very low in comparison to other countries. It is considered that these observed rates could be due to Turkey's location on a transit route in drug trafficking and the orientation of individuals or groups performing drug trafficking towards more profitable markets, the protective mechanism provided by the Turkish family structure and traditions, and the result of the effective activities conducted by law enforcement units on this subject.

2.3. The Prevalence of Drug Use Among The Young Population

Conducting surveys among youth is relatively easier than surveys among the general population. In addition, when drug use worldwide is evaluated, it can be seen that addiction begins at younger ages and that the rates of drug use are higher in younger ages. For this reason, the high school and university years were considered as the years that involved a greater risk for students. This group was called the risk group, and researches and surveys have particularly focused on these groups.

When the studies that have been conducted from the past to the present:

The ESPAD (Hibell et al., 1995) questionnaire was performed in the province of İstanbul in 1995, and it was determined that:

- Lifetime use rate of cannabis at least once was 4%.
- The lifetime use rate of any illicit drug other than cannabis at least once was 1%.

The ESPAD (Hibell et al., 2003) questionnaire was performed in 6 provinces in 2003, and it was calculated that:

- Lifetime use rate of cannabis at least once was 4%.
- The lifetime use of any illicit drug other than cannabis at least once was 3%.

In 1998, a survey was conducted in 15 provinces with students in the 15-17 age group (Ögel et al., 2001). According to the results of this study, it was determined that:

- Lifetime use rate of cannabis at least once was 3.6%
- Lifetime use rate of heroin at least once was 1.6%

In 2001, a survey was conducted in 9 provinces with students in the 15-17 age group (Ögel et al., 2004), and it was determined that:

- Lifetime use rate of cannabis at least once was 3%
- Lifetime use rate of heroin at least once was 1.6%

In the surveys that were performed, it can be seen that the rate of drug use is higher in comparison to the rates observed in general population surveys. It is necessary to conduct broader surveys on this subject that represent Turkey in general. A questionnaire with questions that are in accordance with the standards of the Ministry of Education (MEB) was prepared by TUBİM, and this questionnaire was approved by the TUBİM Scientific Committee. The survey was conducted in 2011 following the MEB approval for its application.

2.3.1. The 2011 Attitude and Behavior Survey on Tobacco, Alcohol and Drug Use in Schools in Turkey (TUBİM SPS Survey)

In 2011, TUBİM conducted the most comprehensive survey to date on drug use prevalence in schools. The sTNPental attitude and behavior survey on alcohol, tobacco and drug use in Turkey was conducted within the 2011-2012 academic year on a sample that was selected to be representative of the 877,730 individuals receiving their education in the 2nd year of high school. As determined by the School Survey Study Group organized within TUBİM, the survey was planned to be conducted with 9,500 individuals, with a confidence interval of 95% and an

error margin of 1%. Since the students were to complete their own questionnaires during the survey, and by taking into account unfavorable circumstances, such as the instances in which the student families would not consent to the survey or the students would not provide answers, the survey was planned to be conducted with a group three times the size of the initially determined sample (28,500 individuals). The aim was to include 11,400 students within this group (40% for each province), and a total of 11,812 were included. A total of 129 schools were visited in this study conducted in 32 provinces. Of these schools, 63 were general high schools while 66 were technical high schools. The field survey was performed between September and December 2011.

The survey was performed on 2nd year high school students. However, students who commenced their schooling early or who had lost an academic year were also included. A total of 11,812 persons were reached during the survey. Forty-nine percent of the students (5,783 individuals) were women, while 51% of the students (6,029 individuals) were men, and the age average was 15.10 ± 13.38 while the median age was 15. The age range was recorded as 14-19 years.

48.2% of the students (5,690 individuals) had one person in their family who used tobacco, and with 98.5% of the students (5,512 individuals) this person was either their mother, their father or a sibling. Of those who were evaluated, 26.7% (3,151 individuals) have used a tobacco product such as cigarettes, cigars, pipes, or hookahs. The average age for using tobacco products for the first time was 13.11 ± 2.50 , and the median age was 14.

15.2% of the students (1791 individuals) had one person in their family who used alcohol, and with 97.4% of the students (1422 individuals) this person was either their mother, their father or a sibling. Of those who were evaluated, 19.4% (2,297 individuals) have used alcoholic beverages. The average age for using alcoholic beverages for the first time was 13.46 ± 2.64 , and the median age was 14.

Table 2-6: TUBİM 2011 GPS Survey, Prevalence of Medication Use Outside of Doctor Recommendation (%)

	%	n
Lifetime	2.2	258
Last 12 Months	0.4	52
Last 1 Months	0.4	47

Source: EMCDDA Standard Table 2, 2012.

Of the students evaluated, 6.5% (770 individuals) had one person in their family who used medications for reasons other than disease treatment, and with nearly 98% of the students this person was either their mother, their father or a sibling. Of those who were evaluated, 2.2% (258 individuals) have used a medication for reasons other than disease treatment. The average age for using medication for the first time was 12.46 ± 3.46 , and the median age was 14.

Table 2-7: TUBİM GPS Survey, Prevalence of Lifetime Use of any Drug According to Gender in the 15-16 Age Group

	Total	Men	Women
All Ages	1.5 (11,812)	2.3 (6,029)	0.7 (5,783)
15 Years Old	1.0 (8,365)	1.5 (4,039)	0.5 (4,326)

Source: EMCDDA Standard Table 2, 2012.

The use rate of any drug among students was determined as 1.5%, and this rate was calculated as 2.3% for men and 0.7% for women. Of the students, 1.1% (130 individuals) had one person in their family who used a substance other than tobacco and alcohol, and with 87.4% of the students this person was either his/her mother, father or a sibling. The average age for using drugs for the first time was 13.46 ± 3.46 , and the median age was 14. The drug use rate within the age group targeted by the survey was 1.0%. This rate was 3.1% among men and 2.2% among women.

In an open-ended question regarding drug use, the students were asked to write the names of the substances they have used. When these answers were reviewed, it was observed that drug users tended to avoid revealing the names of the substances they used in a way that was also observed with the TUBİM GPS study in 2011. The answer most commonly provided to the open-ended questions was cannabis. Written in the various street names for cannabis, the cannabis answers were evaluated together with experts and their names were coded. The use rate of cannabis in schools was calculated as 0.3%.

When compared with the drug use rates around the world and in Europe, it can be seen that the drug use rate in Turkey is very low. It is considered that the underlying reasons for this observation are the tighter familial and social structures, the targeting of more profitable

markets by drug suppliers due to our location on a transit route for drug trafficking, and the effective preventive and seizing activities of law enforcement.

2.4. The Prevalence of Drug Use Among Special Groups

Nationwide surveys on groups that are special and under risk have not been conducted. However, it is possible to mention certain regional studies that have been performed on university students.

In 2002, in a survey that was performed on medical faculty students group in three provinces (Akvardar et al., 2003), it was determined that:

- Lifetime use of any substance at least once was 3% among 1st year students.
- Lifetime use of any substance at least once was 6.3% among 6th year students.

In the “Adolescent Profile” survey (ASAGEM 2010) conducted in 65 provinces in 2008, the lifetime use rate of cannabis at least once in the 13-18 age group was calculated as 1.9%.

SECTION 3 PREVENTION

Bünyamin ÖZTAŞ⁸

3.1. Introduction

Drug addiction is one of most important issues faced by all countries worldwide. In conjunction with the increase in drug addiction observed in Turkey over the recent years, it can be seen that this problem will become one of the most serious issues faced by Turkey in the near future. Drug addiction cannot be considered as a single-faceted issue that only involves a health aspect. Aside from the health-related aspect, drug addiction also involves many aspects that are public, social, legal, and administrative. To be able confront this multifaceted problem, it is necessary for the prevention measures to be multifaceted as well.

The concept of “prevention” is a fundamental concept that includes the necessary precautions and actions that need to be taken against any type of threat or situation that presents the risk of adversely affecting the physical and mental health of all individuals in society. The possible threats and risks affect not only the individuals, but also the lives of all those with whom the individual interacts. For this reason, organizing prevention activities at the level of schools, families, streets, and community is of great importance.

Prevention activities are based on identifying risk factors or risky behaviors that might lead to the problems, and determining how these factors and behaviors can be counteracted. The aim of these activities is to take certain preliminary precautions in order to prevent and reduce the chances of occurrence of future offences or situations that are undesirable. In basic prevention studies, the aim is to *reduce the factors that lead the individual towards negative behaviors or increases their chances of engaging in risky behaviors, and to strengthen protective factors by providing the individual a set of personal-social skills.*

When the legal basis of prevention activities are considered, it can be seen that the prevention of drugs and drug use is, in regard to its importance, considered by the country policies at the highest level, and mentioned by the Constitution and other laws. Prevention activities are mentioned in the Constitution of the Republic of Turkey, by means of the 58th Article that describes that “... the State takes the necessary measures to protect the youth from alcohol use, drugs, crime, gambling, and similar bad habits and ignorance.” The State’s responsibility

⁸ TUBİM (Turkish Monitoring Centre for Drug and Drug Addiction)

for prevention is mentioned in the Fundamental Law on Health Services, and also described among the duties of the Ministry of Health, within the scope of the 2nd article of the Statutory Decree Regarding the Organization and Tasks of the Ministry of Health. This article states that Ministry of Health has the authority "...to protect the health of individuals and society to ensure that all individuals can lead their lives in a full state of physical, mental and social well-being, and prepare nationwide plans and programs, to implement these or to have them implemented, and to take all kinds of measures to this end..."

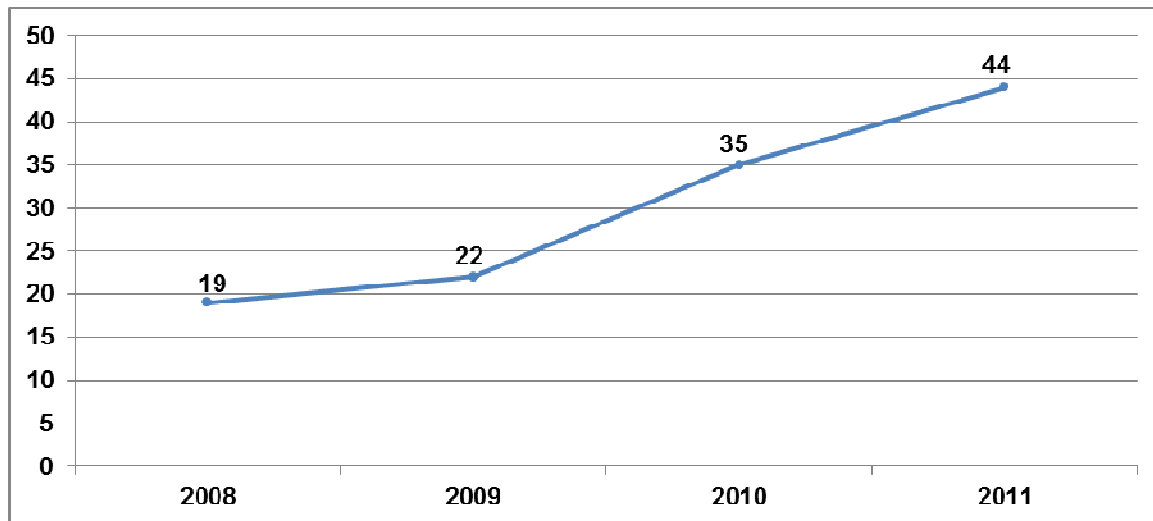
As prevention activities are topics that need to be considered in a multifaceted way, it is necessary for a number of actors to be involved in the fight against this issue. For this reason, the laws have assigned tasks and responsibilities to a number of state institutions. One of these institutions is the Security Organization (the Police Force). This assignment is described in the 1st Article of the Law on Police Authority number 2559, with the phrase, "The police, ... provide assistance to children, to the diseased, and to the disabled who request aid, or who are in need of aid."

Among the different activities that are conducted against the problem of drug addiction, prevention activities are increasingly gaining in importance. One of the main reasons for the increasing emphasis on prevention activities is due to the far greater efforts and expenses involved in the treatment and social reintegration of addicts, in comparison to the efforts and expenses required within the context of prevention activities.

TUBİM, the focal point of the EMCDDA (European Monitoring Center for Drug and Drug Addiction) in Turkey, provides support to other institutions by coordinating activities on drug addiction prevention between them. On the other hand, in 2011, TUBİM has organized the following activities within the context of the fight against drug use and addiction:

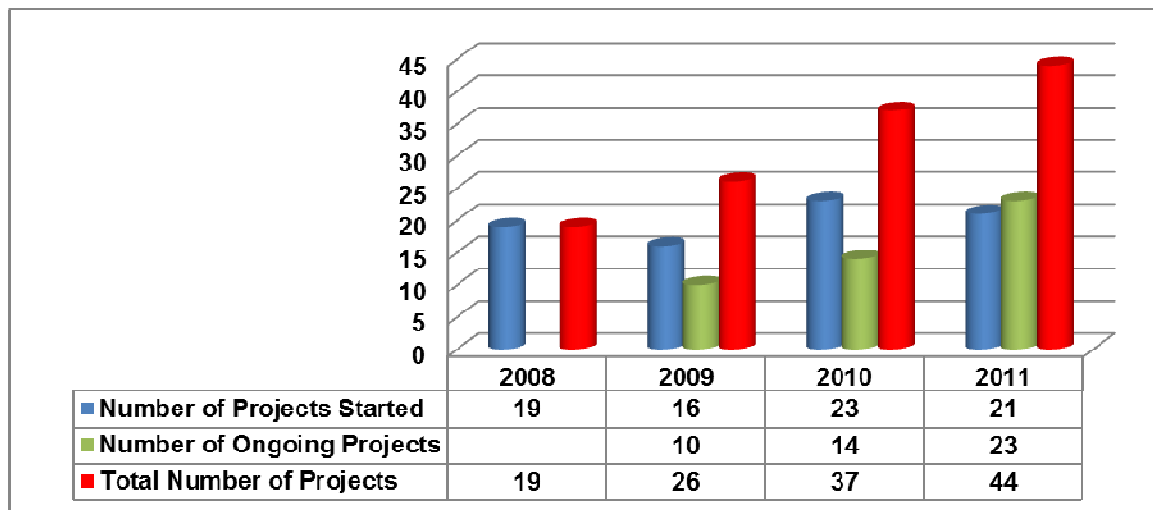
- 1 Drug Conference in Turkey,
- 5 National Study Group Meetings,
- 3 Coordination Committee Meetings,
- 3 Science Committee Meetings,
- "Fundamental Training Course for Counteracting Drug Use" for the personnel of 38 Provincial Contact Points.

Graph 3-1: The Number of Projects Performed between 2008-2011 by TUBİM Provincial Contact Point Officers



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

Graph 3-2: The Number of Projects Performed between 2008-2012 by TUBİM Provincial Contact Point Officers According to their Continuation or Completion Status



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

Along with TUBİM prevention activities in Turkey are conducted by many other institutions. These institutions primarily include the Ministry of National Education, the Ministry of Health,

the Ministry of Justice, universities, the Ministry of Family and Social Policies, the Department of Religious Affairs, the Radio and Television Supreme Council, the municipalities, and various non-governmental organizations.

The section entitled “Prevention” of the 2012 Turkish Drug Report, prepared as part of the support provided by TUBİM to the other public institutions and organizations, was organized with the data obtained from the TUBİM Contact Point Officers, who work in coordination with TUBİM for the prevention of drug addiction. The report also included data from the projects and studies conducted by the institution and organizations listed above that were completed within 2011 or which commenced in 2011, and are currently ongoing. When these data were being collected and their inter-institutional communication was being performed, attention was paid to ensure that the numbers and indicators were precise information that included current data.

3.2. Environmental Prevention

Environmental prevention strategies aim to change the cultural, social, physical and economical environments in which individuals take decisions concerning drug use. In 2011, the prevention of tobacco and alcohol addiction was the area in which most steps were taken in Turkey with regard to environmental prevention.

The Tobacco and Alcohol Market Regulation Authority is the institution in Turkey that is authorized to make regulations regarding the production, control, and public supply of alcohol and tobacco. As such, the majority of the prevention activities with regards to tobacco and alcohol are conducted under the lead of this institution.

Instead of leaving the policies that will be implemented with regards to tobacco and alcohol to the institutions’ own initiative, these policies have been guaranteed and organized by means of laws and directives. For example, in the 30th article of the Directive on the Opening of Workplaces and Work Permits number 25902, which regulates the opening and operation of recreation and entertainment locations open to the public (where the use of addictive substances such as alcohol and tobacco is the most frequent), it is stated that “[the location] cannot be set within 100 meters of public or private school buildings, student dormitories where elementary and secondary school students reside, and kindergartens.” The 32nd article of the directive states that, “It is obligatory for pubs, cafés, coffeehouses, bars and video game arcades to be located at least 100 meters away, door to door, from public or private school buildings, student dormitories where elementary and secondary school students reside, and

kindergartens.” In addition, the 36th article states that, “Without prejudice to legal exceptions, individuals less than 18 years old cannot work in publically open locations dedicated to entertainment, gaming, alcohol and similar purposes.” These phrases are strong indications of the importance placed by the State in providing “environmental protection” to students and children against alcohol and tobacco addiction, since they represent a high risk group. Furthermore, an amendment was performed in January 19, 2008 on the Law Regarding the Prevention and Control of the Harm Caused by Tobacco number 4207, in order to protect all sTNPents of the society and especially future generations from the detrimental effects of cigarettes and tobacco products used by others. The 2nd article entitled the “Prohibition of Tobacco Products” that was added to this law states that:

Tobacco products cannot be used:

- In enclosed areas of public service buildings,
- In the enclosed areas of buildings, including corridors, belonging to private legal entities, which are used for education, health, production, trade, social activities, cultural activities, sports, entertainment and similar purposes, and to which more than one person may enter (excluding residential houses),
- All highway, railway, seaway and airway public transportation vehicles, including those providing taxi services,
- In the enclosed and open areas of preschool education institutions, private training centers, elementary and secondary education institutions including private education and teaching institutions, and cultural and social service buildings.
- Businesses that provide entertainment services such as restaurants, cafés, cafeterias and pubs.

The addition of these phrases to the law is an indication of the responsibility assumed by the State for the prevention of addiction, as well as the prevention of the harms that are also caused by these products to third parties.

The laws and directives articles mentioned until now form the basis of the policies followed by the Republic of Turkey for the protection of risk groups from addictive substances such as tobacco and alcohol, and for minimizing the detrimental effects caused by these substances for users, as well as passive users. The current regulations and activities performed in Turkey are provided under the header entitled “Regulations Performed on Tobacco and Alcohol Control Policies.”

3.2.1. Regulations Performed on Tobacco and Alcohol Control Policies

In the Directive on the Procedures and Principles Regarding the Sale and Display of Tobacco Products and Alcohol, published in the Official Gazette number 27808 and dated January 7, 2011, important regulations have been put into effect regarding the sale and display of tobacco products and alcoholic beverages. The aim of this Directive was to monitor and control the market activities related to the advertisement, publicity, sale, and presentation of tobacco products and alcoholic beverages, by putting into effect regulations that would protect public and individual health, determine the conditions applicable for advertisement, and bring commercial activities under record.

The term "youth" used in the directive was defined according to the definition accepted by international scientific authorities and the World Health Organization as "an individual in the 15-to-24-year-old age group." The effectiveness of the control policies was thus increased.

3.2.1.1. Prevention Regulations with regards to Tobacco Control Policies

According to the Directive on the Procedures and Principles Regarding the Sale and Presentation of Tobacco Products and Alcoholic Beverages:

- ✓ Tobacco products cannot be sold in locations that provide health, education, teaching, culture and sports services.
- ✓ Tobacco products should be kept and sold under the supervision and control of employees in a separate section of the workplace that cannot be seen from the exterior, by ensuring that the necessary measures are taken to prevent direct access of individuals less than 18 years old.
- ✓ The selling units or areas cannot be designed in a way that can be seen from the exterior of the workplace.
- ✓ With the exception of the buffets from which shopping can be performed without entering, tobacco products cannot be presented for sale in areas that are adjacent to materials for children, to periodicals, to books and publications for children, to children's clothing, to stationery, to toys, and to products that are mostly consumed by children such as chips, chocolate, candies.
- ✓ Campaigns that encourage or promote the use of these materials cannot be organized.

3.2.1.2. Prevention Regulations with regards to Alcohol Control Policies

According to the directive, in stores that retail or sell open alcoholic beverages:

- ✓ Student dormitories, sport clubs, all education and teaching institutions, cafés, coffeehouses, confectionaries, bezique and bridge saloons cannot sell alcoholic beverages. Gas station shops and restaurants cannot sell alcoholic beverages with an alcohol content of more than 5%.
- ✓ Campaigns, promotions, advertisements and publicity cannot promote or encourage the use and sale of alcoholic beverages.
- ✓ Advertisement for all types of alcoholic beverages by television broadcasts, cable broadcasts, radio broadcasts and public broadcasts is prohibited. Aside from these limitations, the advertisement and publicity to be performed should be of a content that does not contribute to any of the detrimental public, social and medical effects caused by the consumption of alcohol. The advertisement and publicity should present the features of the product, provide accurate information to the consumer and facilitate brand selection, without being exploitive, encouraging, and promoting. Advertisements cannot be performed by targeting children and youth, or by making associations with athletic activities.
- ✓ Youth and children cannot be the target audience for advertisements for alcoholic beverages. Youth and children cannot be used in advertisements for alcoholic beverages, nor can individuals who present or are endowed with such an image, despite the fact that they are not a youth or child.

3.2.2. Activities Led by the Tobacco and Alcohol Market Regulatory Authority (TAPDK)

3.2.2.1. Fight against the Trafficking of Tobacco Workshop

Fighting against the trafficking of tobacco products refers to the prevention of illicitly traded products from reaching the consumers, and also to the protection of risk groups from the supply of drugs that are subject to trafficking. In order to carry out prevention activities by counteracting the supply of tobacco through trafficking, the “Action Plan for Counteracting Tobacco and Tobacco Products Smuggling (2011-2013)” was prepared within the context of studies conducted with the high-ranking participation of all relevant institutions and organizations. This action plan was put into effect as of January 2011 by the Prime Ministry’s circular letter number 2011/18.

The “Fight against the Trafficking of Tobacco Workshop” hosted by TAPDK was performed between February 5-8, 2012 in Afyonkarahisar. In this workshop, the review and evaluation of the tasks of the relevant public institutions to which tasks and responsibilities have been assigned by the Action Plan, as well as studies for the determining approaches that might assist TAPDK in its fight against the tobacco trafficking were performed. In addition to the relevant division representatives from TAPDK, representatives from the Ministry of Justice, Ministry of Economy, Ministry of Customs and Trade, Ministry of Finance, Ministry of National Education, Ministry of Health and the Ministry of Transportation, Maritime Affairs and Communications have participated in the workshop. During the workshop, concrete recommendations and policies regarding the steps to be followed in the next periods were discussed.

3.3 Universal Prevention

3.3.1 School-Based Prevention

The most suitable environments for the conduct of prevention activities are the educational institutions. The prevention-related education provided to students of all ages regarding drug and drug addiction is provided by the TUBİM Provincial Contact Officers (İLTEM) and by the counselor teachers and psychological counselors in schools.

As of 2012, there are 19016 counselor teachers/psychological counselors in the Counseling and Research Centers (RAM) and the Counseling and Psychological Consulting Services of schools affiliated with the Ministry of National Education. By taking into account the needs of their local region, Counseling and Research Centers prepare annual framework programs for school-based guidance counseling and psychological counseling services, and provide these programs to education and teaching institutions that have such activities within the scope of their responsibilities. Counseling and psychological counseling services are updated and implemented by taking into account the requirements of educational institutions. In this context, informative and awareness-raising activities are generally performed through methods such as individual interviews, individual psychological counseling, in-class group counseling, life skills education programs and trainings, seminars, panels, and conferences.

Within the scope of fundamental prevention activities, the Ministry of National Education has also developed a “Life Skills Education Program” based on the peer education model for children and youth within the 10-19 age group. The peer educators who are assigned by means of this program, and who continue their 7th and 10th grade class education, are

providing education in their own schools to peer groups with the assistance of the school's counselor teachers/psychological counselors.

Within the context of the life skills education, the aim is to strengthen the skills of children and youth such as communication, self-expression, coping with stress, negotiation, children's rights and future planning.

Until the end of the 2011-2012 academic year, 230 peer educators and 115 peer education counselors have been trained. The number of children and adolescents reached by peer education within the 2011-2012 academic year is 5783⁹.

When the prevention activities conducted by the İLTEM personnel assigned at the "Departments for Counteracting Drug Use," which are also the provincial representatives of TUBİM, are considered, it can be seen that the target group is largely composed of students. A large variety of activities such as plays, film screenings, conferences, presentations, bulletin boards, poster presentations, slogans, and drawing and caricature contests are performed by these personnel for the students and teachers at school regarding the fight against drug use. In this context, İLTEM personnel have performed prevention activities such as symposiums, conferences and plays for 320504 students and 17613 teachers in 2011. The large number of prevention activities that have been executed, toward students in particular, can be considered as an indication of the emphasis on groups that are under risk.

Among the province-based prevention activities conducted in 2011, is the "Friendly Hand" project, conducted under the coordination of the Antalya Provincial Directorate of Security. The project is conducted by the Antalya Provincial Directorate of Security, and is supported by the Directorate of the European Union Education and Youth Programs of the State Planning Organization. The project aims to protect individuals by preventing them from being exposed to any substance. Within the scope of the project supported by the Akdeniz University, the Turkish Employment Agency, the Antalya Provincial Directorate of Youth Services and Sports, the Directorate of the Antalya E-Type Penitentiary, the Antalya Metropolitan Municipality, the Kepez Office of the Mayor, and the Antalya Provincial Directorate of Health:

- An awareness raising seminar was performed for 5300 students,
- 200 teachers and 600 parents were informed,

⁹ Developments regarding the life skills education program are being regularly updated and published at the <http://oncecocuklar.meb.gov.tr> internet address.

- 30000 materials were distributed regarding the subject of prevention,
- With the collaboration of the Akdeniz University, a seminar was organized for 24 psychological counselors, such that they would be able to provide education in schools,
- 25 peer educators were trained at Akdeniz University and in secondary education institutions,
- Posters for the Antalya Friendly Hand Project was displayed at various locations in the city,
- In addition, surveys were performed with 2500 students in order to assess the prevalence of drug use.

3.3.2. Family-Based Prevention

In the protection of children from drug addiction, families have an undoubtedly important role. The strength of the ties of affection within the family is of vital importance in allowing children to overcome all of their issues without having recourse to drug use. In the family environment, it is extremely important starting from early childhood for the child's emotional development to be fostered, for the child to develop a resistance against the eventuality of drug use, and for social skills to be developed within the family.

Just as it is the case with certain other subjects, there might be false notions regarding drugs and drug use in society. One of the main reasons for these false perceptions among individuals is the false information they receive from their family and parents. To prevent this, the Ministry of National Education has developed the "Family Education Program for 7-to-19-year-olds." Implemented by expert counselors and psychological counselors, this program provides education to mothers and fathers on topics such as knowing adolescents, communication, growing together, family attitudes, risk management, instilling positive behavior in children and adolescents, compromising, and planning for the future.

In 2011, the "Family Education Program for 7-to-19-year-olds" has reached 102973 parents¹⁰.

In this context, İLTEM personnel have performed prevention activities such as symposiums, conferences, and presentations for 23267 families.

In the "National Mental Health Action Plan" (2011-2023) Document prepared by the Ministry of Health, targets were set for the prevention of domestic violence by indicating that domestic

¹⁰ Developments regarding the family education activities are published at the <http://oncecocuklar.meb.gov.tr> internet address

violence is the cause of problems such as organ traumas, transient or permanent disabilities, malnutrition, the increase in chronic diseases, drug addiction, chronic pain, and unprotected sexual intercourse. Within the context of this action plan, the “The Program for Counteracting Domestic Violence against Women” was initiated by the Ministry of Health’s Turkish Public Health Institution. The main goal of this program was to “reduce the effects of violence on women and their health, and the preventing future cases of violence against women.”

3.3.3. Community-Based Prevention

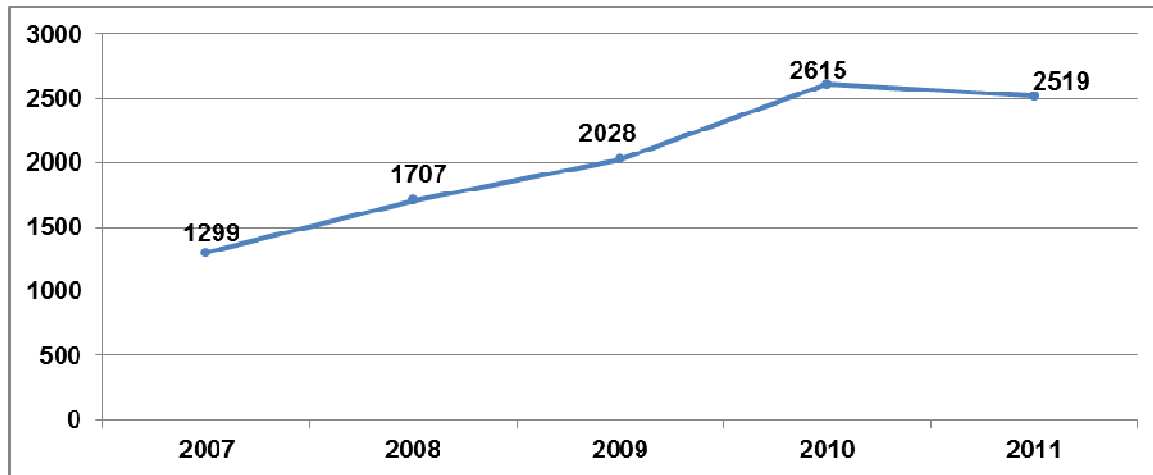
There are more institutions conducting community-based prevention activities than institutions conducting family and school-based prevention activities. With the aid programs and projects that are prepared in accordance with their areas of activity, public institutions and organizations are conducting activities to counteract drug addiction and to raise social awareness on subjects pertaining to the prevention of addiction. TUBİM, the Ministry of National Education, the Ministry of Family and Social Policies, the Ministry of Health, the Department of Religious Affairs, TAPDK, and various non-governmental organizations are the leading actors of community-based prevention studies.

Within the context of nationwide educational programs provided by the Ministry of National Education during the 2011-2012 academic year:

- 80704 teachers, 1505 educational administrators, and 163252 mothers and fathers were reached.
- A total of 70603 TL was spent for the materials to be used during these studies.
- Within the scope of services to be provided to children for whom counseling measures have been enacted in accordance with the Law on Child Protection number 5395, the “Handbook for the Implementation of Counseling Measure Decisions” was prepared by the Ministry of National Education.
- In this handbook, two separate modules of eight, semi-structured sessions for children and their parents regarding drug use were developed.
- In order to provide training regarding the said handbook, 24 counseling teachers/psychological counselors were trained as implementing educators.

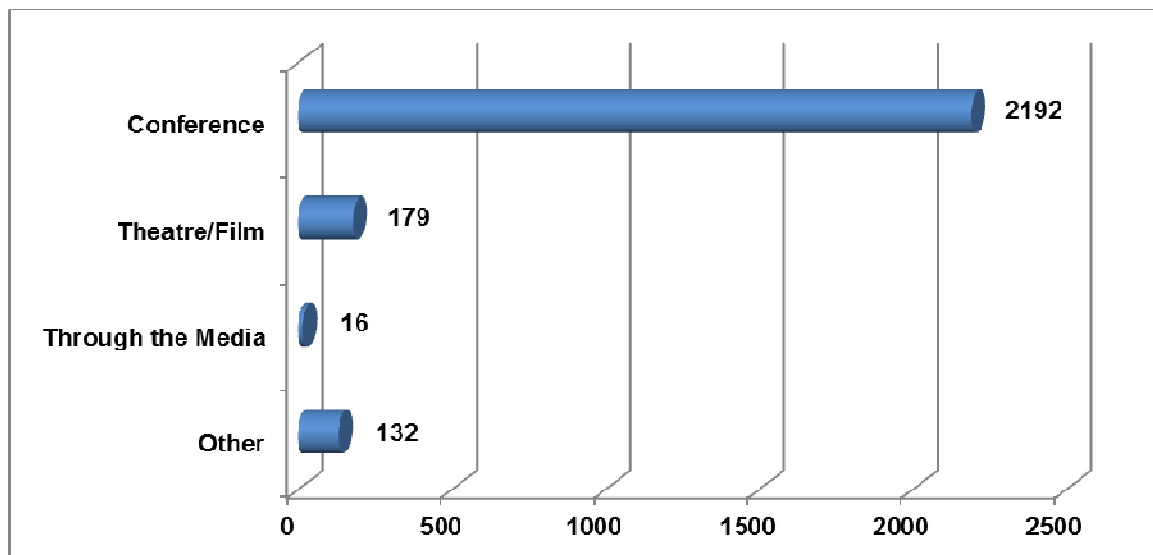
Many activities pertaining to community-based prevention were performed by TUBİM Provincial Contact Officers in 2011. The table and graphs regarding these activities are provided below:

Graph 3-3: The Breakdown of the Number of Activities According To Years performed by TUBİM Provincial Contact Officers



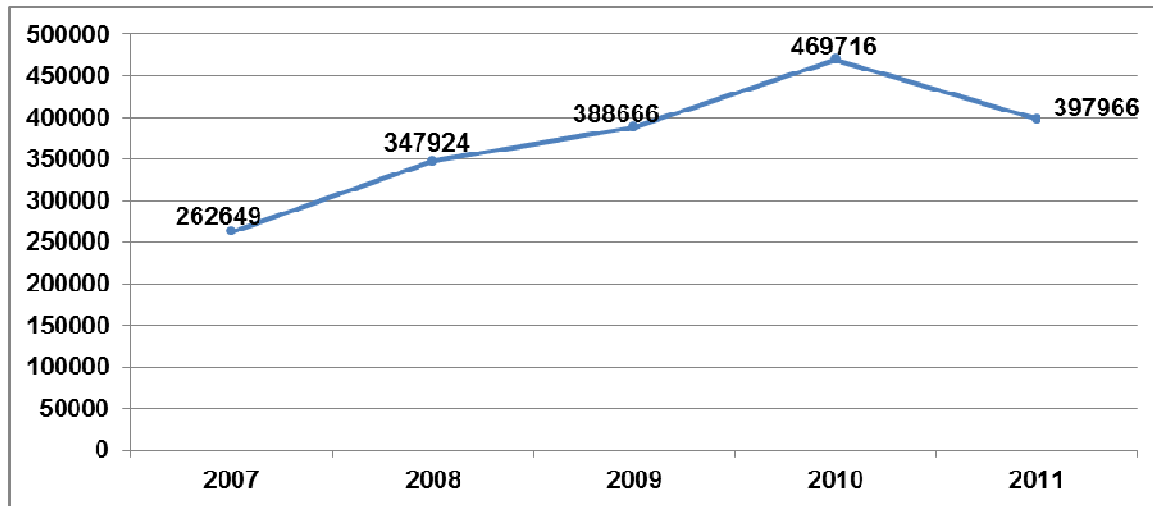
Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

Graph 3-4: The Breakdown of the Number of Activities According To Years performed by TUBİM Provincial Contact Officers



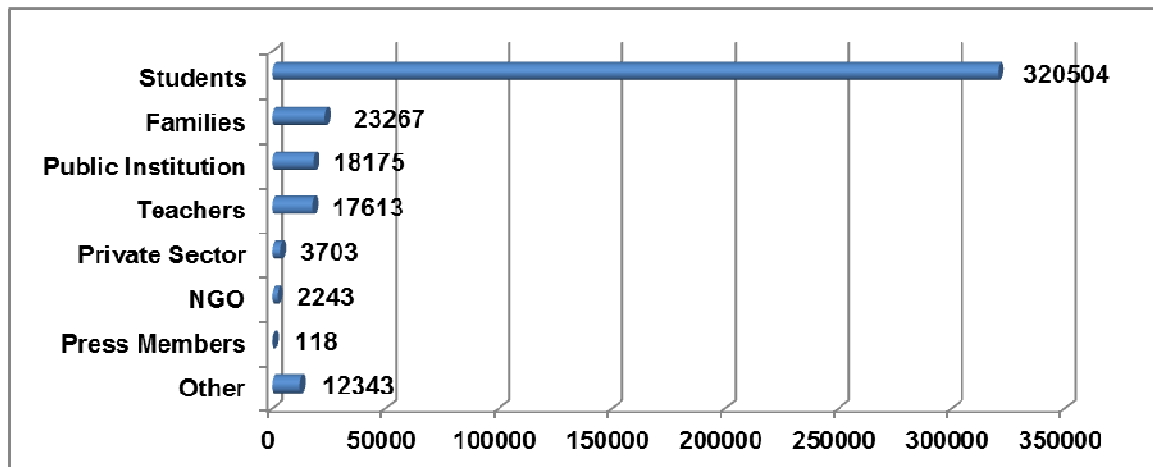
Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

Graph 3-5: The Number of Individuals Participating in the Activities According To Years Performed by TUBİM Provincial Contact officers



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

Graph 3-6: The Number of Individuals Participating in the Activities Performed by TUBİM Provincial Contact officers in 2011



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

Another division that is involved in the conduct community-based prevention activities is the Provincial Directorates of Public Health. Examples of these activities are the currently ongoing projects that were initiated between 2011-2012 by the Rize Directorate of Public Health in the area of drug addiction prevention. Within the context of these projects, many drug addicts were led to treatment, and informative and awareness-raising education regarding drug addiction and the means for protection against addiction were also provided across the province.

The pilot project entitled “Happy Family, Strong Turkey” was jointly conducted by the Ministry of National Education and the Şereflikoçhisar Municipality in the 2011-2012 period with the participation of the Association for Counteracting Substance Addiction (UMUD), and the project was completed in May 2012. Within the context of this project, education on subjects such as family education, communication within the family, domestic violence, school violence, and drug use were provided to 1325 teachers, 63 administrators, 2325 students, 1135 families, 105 families of handicapped individuals, 17 village leaders, and 28 religious officials. In addition, a Family Counseling Center and a Teacher Support Service was also established within the county.

In addition to the activities of the institutions listed above, the Department of Religious Affairs is also continuing its own prevention activities by means of preachings given at mosques about the detriments of drug addiction. Within 2011, 3 seminars, 9 radio programs, 3 TV programs, 16 conferences, 17 sermons and 2031 preachings were performed. In addition, 8 conferences and preachings were also performed for women. Seminar programs entitled “Drugs and Effective Activities against Drugs by Religious Officials” were initiated in 2011, and 180 religious officials nationwide have participated to these seminars.

In the strategic plan of the Department of Religious affairs that encompasses the 2012-2016 period, the “strategic goal – 3” mentions that “an effective role will be assumed in the resolution of social problems that are caused by moral and spiritual issues, such as terrorism, honor killings, domestic violence, drug use, and environmental issues.” This phrase is an indication of the Department of Religious Affairs’ intention to formulate its activities against drugs into a permanent policy.

3.4. Prevention at Risk Groups

The term risk groups refer to individuals who are more likely to experience the problem of drug addiction due to their condition. These groups include: children who have not yet developed

the faculty to distinguish right from wrong; youth, who in addition to experiencing a period of transition from adolescence to adulthood, become gradually more inclined to engage in detrimental behaviors; children who live/work on the streets because the environment in which they live or due to impoverishment; and convicts who are serving a sentence in penitentiaries for various reasons. The prevention activities for the risk groups in question are led by the Ministry of Youth and Sports, the Ministry of Justice and the Ministry of Family and Social Policies, by municipalities, and by the Turkish National Police.

3.4.1. Prevention for Children and Youth

Forestalling the accessibility of cigarettes and alcohol for youth is an important preventive measure with regards to interrupting the stages that lead to drug addiction. The treatment and rehabilitation of drug addiction is important; however, far more important is the protection of children from drug addiction. It is necessary to improve the treatment and rehabilitation services for children and to provide psycho-social/developmental support.

In regards to its significance, the protection of children at risk for drug and drug use is part of the United Nations Convention on the Rights of the Child, which is binding for the state parties. Article 33 of the convention describes that “State Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances.” As a consequence of this article, the party states are under obligation to take the necessary precautions. As one of the institutions engaged in prevention activities for children, the Ministry of Family and Social Policies is currently conducting its activities with 8 General Directorates, orphanages, nursery schools, play houses, children and youth Centers, Care and Rehabilitation Centers (BSRM) and Protective Care and Rehabilitation Centers (KBRM). Within the context of the activities its conducts, the Ministry aims to ensure that children are raised as individuals who are of benefit to society and to themselves, to support their social-cognitive-psychological development, and to prevent them from being exposed to drugs.

Studies for the establishment of the branches of the Ministry of Family and Social Policies Sports Club in all provinces are ongoing. These clubs are established in order to ensure that children will enjoy sports, stay away from detrimental habits by engaging themselves in sports activities, and eventually become licensed sportsmen. Within the context of community-based studies, various activities are being organized at children and youth centers every year for the

occasion of the “June 12– World Day against Child Labor.” Within 2011, 8424 children and youth have received services in this context. The Department of Protective and Preventive Services that was established within the General Directorate of Child Services is ordered to identify risks for children beforehand, and to develop policies regarding these problems. The “183 Family, Women, Children, Handicapped and Social Services Hotline” affiliated with the Ministry of Family and Social Policies is a hotline that provides cost free services in order to provide counseling and guidance on legal and economical subjects to women, children, handicapped and elderly individuals who have been abused, are at risk of being abused, or need assistance. Every caller is attended to, and the necessary support is provided depending on the type of service that is required.

The 3rd Assembly of the “International Symposium on Children at Risk and in Need of Protection,” organized on a yearly basis by the Turkish National Police, was held in Ankara on April 20-22, 2011. Participation in this symposium included high-ranking and expert representatives from UNICEF (United Nations Children’s Fund), the TBMM, the Turkish National Police, universities, public institutions, local governments, and non-governmental organizations (STK), as well as respectable scientists and representatives from institutions for children from different countries at a regional and international level. The theme of this symposium changes every year, and the theme for 2011 was chosen as “Protection of Children from Substance use.” Nearly 600 participants from 40 different countries have taken part in this symposium, and 93 oral and 25 poster presentations were given.

3.4.2. Prevention for Children who Live/Work on the Streets

The reasons for the condition of children who live or work on the street are fundamentally economical. The majority of these children work on the streets to contribute to their family’s income. In underdeveloped or developing countries, street children are an issue caused by unemployment, poverty, migration, and unstable family structures. In industrialized countries, street children are more the result of social exclusion and isolation. Children who begin to live on the streets for any reason are exposed to the violence and physical and sexual abuse that is a part of street life. They may also become exposed to drugs and be led to commit crimes.

The most significant support for children who live in the streets or who cover their needs with the income they earn on the streets is provided by the General Directorate of Child Services. In the “General Directorate of Child Services’ Directive on Children and Youth Centers,” the task described with the phrase “To prepare and implement the necessary social service programs for the protection of children who live and/or work on the streets from all kinds of

threats they might encounter on the streets” was listed as one of the priority assignments of these centers. Thus, nationwide prevention-related activities are continuously being conducting in these centers. Within the General Directorate of Child Services, there are 37 children and youth centers, and 4 affiliated observatory that are dedicated to providing services to children who live and work on the streets, and to children who are substance addicts, and to their families.

Regarding children who live on the streets, within 2011:

- 271 children were removed from their lives and work on the streets,
- 906 children who were at risk of working the streets were reintroduced to the educational system,
- Social aid was provided to the impoverished families of 1097 children,
- 59 children who lived on the streets and had drug addiction were taken into treatment.
- The participation of 5153 children in social, artistic, sportive and cultural activities was ensured.

3.4.3. Prevention for Convicts

Considering their environments, one of the groups that are under the highest risk of drugs and drug use are convicts in penitentiaries. All individuals who, because of any crime, remain in penitentiaries for a short or long period of time become exposed, to a greater extent, to the threat of drug use than the other individuals in society. In addition to the fact that penitentiaries are the institutions where prevention activities are the least organized, the reintegration of individuals who were sentenced for whatever reason is becoming more of an important issue day by day. Therefore, the Ministry of Justice increased its efforts on the issue.

The efforts to establish the Intervention Program for Tobacco, Alcohol and Drug Addiction (SAMBA) which includes the group study for drug addicts, to be used in the Directorate of Probation Services within the MoJ has been started.

Within the scope of the “Friendly Hand” project conducted by the Antalya Provincial Directorate of Security, and supported by the State Planning Organization and the Center for European Union Education and Youth Programs, seminars were organized for the personnel and convicts of the Antalya E-Type Closed and Open Penal Institution, the trainees at the Antalya Art and Vocational Training Courses (ASMEK), and to the trainees of the Antalya Kepez Vocational Training Courses (AKMEK), and information was provided regarding drug

use during these activities. Nearly 1600 individuals were reached within the context of these seminars. Informative activities that were organized within the scope of this project are currently ongoing.

3.5 Individual-Based Prevention

The current system in Turkey is experiencing problems with regards to the identification, treatment, notification, monitoring and the judicial processes of abused and neglected children. These problems further intensify the trauma experienced by children, and may themselves lead to further traumas. As a result, the mental health of these children is adversely affected by these traumas, and these children become more prone to drug use and drug addiction. Individuals in judiciary and medical institutions who are in contact with children are generally not able to supervise the mental state of children, and have no training on how to communicate with children. In order to resolve this issue, a study was initiated in 2009 with the participation of the Ministry of Justice, the Ministry of Internal Affairs, the Ministry of National Education, the Ministry of Health, the Ministry of Family and Social Policies (Repealed, the Social Services and Child Protection Agency), the Supreme Court of Appeals, the Institution of Forensic Medicine, Turkish National Police, the General Command of the Gendarmerie, the Department of Religious Affairs, and the Ankara Bar Association. With this study, two pilot Children Monitoring Centers (ÇİM) were founded in 2010. In the observations regarding these ÇİMs, it was identified that their activities were of considerable benefit for the children, and a decision was jointly taken by the relevant institutions to increase the number of ÇİM. In the meantime, studies are being conducted by the relevant institutions for new regulations that are necessary in the relevant legislation regarding these centers.

According to the data of the Ministry of Health, there are 206 active child and adolescent psychiatry specialists in Turkey as of March 2011. Of these child and adolescent psychiatry specialists, 82 are providing services within the Ministry of Health, 87 within university hospitals and 37 within the private sector. The number of active child and adolescent psychiatrists in Turkey per 100000 persons is 0.28 (Ministry of Health, 2011-2023 National Mental Health Action Plan).

Organizations such as “youth centers” and “community centers” are of great importance for the development of activities regarding the mental health of children. Providing information to families regarding the mental health of children and adolescents is also important for the healthy development of children and the early diagnosis and treatment of diseases. Until recently, only physically and mentally handicapped individuals could benefit from the services

of the existing private care centers and the inpatient care centers of the Ministry of Family and Social Services General Directorate of Handicapped and Elderly Services. However, as of 2007, Both General Directorate of Handicapped and Elderly Services and public and private care centers, began to accept mentally handicapped individuals in gradually increasing numbers. Of the 4500 handicapped individuals currently staying at the institutions of the General Directorate of Handicapped and Elderly Services, approximately 800 are mentally handicapped. There are 84 care centers belonging to the private sector as of March 2011.

The Ministry of Health intends to develop an institutional policy for the protection of children from drugs and drug use. In accordance with the National Mental Health Action Plan prepared by the Ministry of Health, which encompasses the 2011-2023 period, the goals of “establishing training clinics that will provide education for child and adolescent psychiatry specialization” per Strategic Goal 6 of the Action Plan, and the aim of “improving and developing the psychiatry services for children and adolescents” per Strategic Goal 7, were adopted. Based on these goals, the Ministry of Health has established the aims of integrating psychosocial development programs into child health monitoring programs, and of improving the treatment and rehabilitation of children with growth retardation and mental-psychological disorders.

3.6 Campaigns in National and Local Media

Nowadays, with the increasing influence of the media, it is well known that the audio - visual media such as television can serve as an effective means of communication, entertainment, and education. As such, audio - visual media has the potential to be of great influence on the audiences. Considering that the visual and audio media are instruments capable of shaping the lifestyle of all sTNPents of society, it can be seen that benefiting from the power of the media in the fight against drug use constitutes an effective method.

In this respect, the currently effective protocol signed between the Ministry of National Education and RTÜK in 2003, aims to take advantage of the influence of the visual media. This protocol organizes the broadcast of educational and cultural programs that are educative and informative for the public on subjects, such as the fight against drugs and detrimental habits. These programs are broadcast in place of the programs for which broadcasting was ceased or banned.

As the public organization that monitors the broadcasts of all radio and television organizations in Turkey, RTÜK's tasks and powers are determined by the Law on the Establishment and Broadcasting Services of Radio and Television Organizations number 6112, which was

codified on February 15, 2011. In order to reduce the negative effects that the audio and visual media might have with regards to drug addiction, the phrase “broadcasts cannot be of a nature that promotes gambling and the use of addictive substances such as alcohol, tobacco products, and drugs” was added to the 8th article entitled “Broadcasting Service Principles” of this law.

According to the “Law on the Amendment of the Law Regarding the Prevention of the Harms of Tobacco Products” number 5727, the Turkish Radio and Television Institution (TRT), as well as the television organizations and radios that broadcast on a national, regional and local level are under obligation to devote at least 90 minutes each month to the broadcast of programs that are educational and cautionary regarding the health hazards of tobacco products and the harms of other addictions. These programs are broadcast between 08:00 and 22:00, with at least 30 minutes between 17:00 and 22:00, and copies of these broadcasts are forwarded each month to the Radio and Television Supreme Council.

The “171 Smoking Cessation Hotline” established by the Ministry of Health provides assistance to many cigarette addicts. The ongoing public interest and recourse to the smoking cessation hotline is significant.

In addition to television and radio broadcasts, informative activities conducted by newspapers and internet sites have also become important. However, the prevention activities in these areas are very limited.

The “2011-2012 Intercollegiate Advertisement Contest” was held between January 13, 2012 and March 20, 2012 under the organization of the International Advertising Association and the participation of 15 universities. The aim of this contest was to increase social awareness regarding drug addiction and to provide information to the relevant sTNPents of the society.

In order to provide information to students and families, the Ministry of National Education is currently conducting studies for commercial films that will contribute to the development of a social consciousness against drug addiction. These commercial films, broadcast on television on a daily basis, are prepared with the support of the Ministry of Education and aim to increase the consciousness of the youth and children against drug use.

SECTION 4

PROBLEM DRUG USE

Tolga TUNÇOĞLU¹¹

4.1. Introduction

While all forms of drug use and addiction represent a problem, the detrimental effects caused by certain substances emerge more rapidly in comparison to other substances. The Problem Drug Use (PDU) indicator, which is defined by the European Monitoring Center for Drugs and Drug Addiction (EMCDDA), is one of the 5 key indicators used in Europe for the monitoring of drug problems, and is used in the monitoring of those drugs for which the detrimental effects emerge within a shorter period of time.

The EMCDDA has defined problem drug use as "Injecting or long-term/regular use of opium derivatives, cocaine and/or amphetamine" (EMCDDA 2009). While this definition may vary between the member countries, it is generally accepted as the "Injecting or regular use of opium and derivatives," and activities are performed according to this definition. In Turkey, the definition of problem drugs includes the use of opium and its derivatives, as well as the use of cannabis.

The methods used for PDU studies and prevalence estimations are subject to variation depending on the data sources in the country, and the studies that are conducted. While there are a range of different methods that can be used for the estimation of hidden populations, the "multiplier," the "multivariate indicator" and the "capture-recapture" methods are generally used.

The Institution of Forensic Science has been collecting data regarding drug-related deaths in Turkey since 2007. For this reason, estimations are made with the multiplier method by using the data for annual drug-related deaths. Furthermore, a PDU estimation was also calculated in 2010 by using the capture-recapture method based on the data received from different institutions.

4.2. Prevalence Estimation for Problem Drug Use

4.2.1. Mortality Multiplier Method in the Calculation of the Prevalence of Problem Opium and Derivatives Users in Turkey

¹¹ TNP - Department of Aviation, Statistician

The Institution of Forensic Medicine records the numbers pertaining to drug-related deaths in Turkey from special death registries. While the comprehensive collection of the numbers of drug-related deaths is an issue encountered in all countries in Europe and around the world, the numbers collected by experts of the Institution of Forensic Medicine in 81 provinces are considered a truthful representation of the situation in the country. In Turkey, an estimation for problem drug use was performed with the mortality multiplier method for the first time in 2009 by using the drug-related mortality data. Since 2007, the number of problem drug users has been calculated annually using this method, in light of the data collected by the Institution of Forensic Science. By using the crude mortality rates calculated in a study conducted in Europe in 2005 (Bargagli et al., 2006), an estimation could be performed for the number of problem drug users in Turkey. In that study, conducted in eight large European cities, the crude mortality rates for these cities were calculated, and the average of these rates was accepted as a crude mortality rate applicable for Europe in general.

Aside from being a frequently used method for the calculation of PDU, the mortality multiplier method has its own limitations. The limitations that arise when this method is used in Turkey are also taken into consideration. These limitations are:

- Official death rates for Turkey have not been announced. For this reason, the values from a study performed in Europe are used for the estimations.
- The numbers for drug-related deaths are collected from special death registries. Collecting these numbers from general death registries will provide results that are more accurate.
- As the data are collected from a single data source, the estimations are affected by problems that might occur in the data source, or by sudden changes in the data regarding these sources.

Table 4-1: EMCDDA Study on Mortality; the Number of Subjects Recorded in Eight Cohorts and the Crude Mortality Rates (thousand/year)

Study Location	Study Period	Subject Number	Person-Years	Number of Deaths	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
Rome	1992–1997	5924	21248.39	425	20.00	19.92	20.37

Vienna	1990–1998	4150	14834.62	195	13.14	16.41	6.01
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Source: Bargagli et al., 2006

Comment: The 15-69 Age Group was used in the calculation of both the Number of Individuals at Risk and the Number of Deaths According to the Year.

Table 4-2: EMCDDA Mortality Study – Phase 2; Number and Rates of Death, Mortality Rates According to Cause, All Ages (15-69), According to Cohort Groups

Survey Location	Drug-related Deaths			AIDS-related Deaths			Other Causes			Unknown Causes 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	10	28.6	3.51	4	11.4	1.40
Rome	141	33.2	6.64	135	31.8	6.35	142	33.4	6.68	7	1.7	0.33
Vienna	98	50.3	6.61	37	19.0	2.49	60	30.8	4.04	0	0	0

Source: Bargagli et al., 2006

*: No information available regarding the causes of death.

Prior to performing estimations by using the multiplier method, the highest and lowest mortality rates of the study (Lisbon and Barcelona, respectively) were excluded. Among the 8 cities that were included in the study, as the mortality rates according to the causes of death were not known for one of the cities (Amsterdam), and as two of the cities were excluded from the study (Lisbon and Barcelona), the mortality rates of the remaining five cities were pooled, and an average mortality rate value applicable for Turkey was obtained. The 2007-2011 estimation regarding problem drug users that use opium and opium derivatives in Turkey is provided on Table 4-3.

Table 4-3: Mortality Multiplier Method – Estimation of the Number of Problem Opiate Users in Turkey in 2007-2011

Year	Number of Opiate-related Deaths in Turkey	Drug-related Mortality Rate (per 1000 users between 15-69 years of age)			Estimation of the Number of Problem Opiate Users in Turkey		
		Lowest	Highest	Pooled	Lowest	Highest	Pooled
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
2011	82	3.09	7.37	6.44	26537	11126	12733

82 opium and opium derivate-related deaths were reported in 2011 (See Section 6.3). Based on the estimations performed using the opium-related mortality rates within the drug-related deaths, the number of problem drug users at the end of 2011 was calculated as 12733 (11126-26537). When performing estimations, a point estimation was used on the pooled rate. The lowest and highest rates between countries were accepted as the estimate's confidence interval.

The results of the multiplier methods are generally stable. The horizontal trend in the estimations is due to the horizontal trend in the number of deaths. However, it is observed that drug use prevalence studies conducted in 2011 have rates that are similar to those observed in past studies. For this reason, it is considered that the addiction trend in Turkey is nearly horizontal (See Section 2). The horizontal trend observed in the drug-related death data collected between 2007-2011, and in the PDU estimations supports this view.

4.2.2. Capture-Recapture (C-RC) Method in the Calculation of the Prevalence of Problem Opium and Derivatives Users in Turkey.

4.2.2.1. Estimation on Problem Opium and Opium Derivatives Users

The C-RC is a statistical method used in order to obtain a complete population list from an incomplete population list. It can be used in situations in which data on the same subject is collected, on an individual-basis, from data sources that are independent from one another. This method fundamentally involves the estimation of the population number by developing a

log-linear model based on the number of duplicate records between independent sources. Evaluation between the models is based on the Akaike Information Criterion (AIC¹²) and the models' simplicity.

In the 2008 Turkish Drug Report, a PDU estimation was calculated by using the capture-recapture (C-RC) method. This study, which was conducted by using the data from Turkish National Police and the Ministry of Health, was the first study performed in Turkey. However, as the data was obtained from only two sources, and due to the wide confidence interval that was involved, the study was not considered representative of Turkey.

For this reason, the study was commenced in 2010 based on the data collection protocol signed between the Ministry of Internal Affairs, the Ministry of Justice and the Ministry of Health. In this context, a special code was developed for the identification of the same individual from different data sources, which ensured both the protection of the individuals' rights and the applicability of the study data. The boundaries of the study were delineated according to the three largest provinces of Turkey, which are İstanbul, Ankara, and İzmir. The study was completed in these provinces within 2011 (Kraus et al., 2011).

In this study, data were obtained from the five different sources indicated in Table 4-4. The obtained data includes the person code (initials, date of birth, gender), which was designed to protect personal information, and characteristics such as the diagnosed drug use-related diseases, drug-related crimes, and the article of law based for which a sentence was enacted.

Table 4-4: Table on the Data Sources of the PDU Estimation Study

No	Data Source	Year	Scope
1	Ministry of Interior (Turkish National Police)	2008, 2009, 2010	81 Provinces
2	Ministry of Justice (General Directorate of Prisons and Detention Houses)	2009	Ankara, İstanbul, İzmir
3	Ministry of Justice (Department of Probation)	2009	Ankara, İstanbul, İzmir
4	Ministry of Health (General Directorate of Treatment Services)	2009	Ankara, İstanbul, İzmir
5	Ministry of Labor and Social Security	2009, 2010	81 Provinces

¹² The Akaike Information Criteria (AIC) was proposed by Hirotogu Akaike in 1974 as a criterion that measures the relative goodness of fit of a statistical model.

	(Social Security Institution)		
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Source: Kraus et al., 2010.

As there is no information in the data obtained from the Ministry of Justice regarding the article of law for which these persons were sentenced, or on whether these persons were subject to probation, an estimation in accord with the EMCDDA's definition of problem drug use could not be performed based on the available data sources. However, as the problem opium use in Turkey could be considered for an estimation in accordance with the EMCDDA definition, an opium-related data selection was performed from data sources in which the relevant drug type could be distinguished. The problem use of opium and opium derivatives was calculated in these estimations.

For this study, problem use was defined as "*use that leads to judicial or medical problems*" For this estimation, the Ministry of Health, Social Security Institution and TNP records for 2009 were used. The 2010 Social Security Institution data were used, as well, in order obtain a more reliable estimate.

Table 4-5: The Number of Problem Opium Users in the Provinces of Ankara and İstanbul

Province	Gender	Number Observed	Estimated Number	Total	95% Confidence Interval		Proportion in the Population (per mille)
					Lower Limit	Upper Limit	
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

Source: Kraus et al., 2010.

As shown on Table 4-6, the number of users for which the use of opium and derivatives led to judicial or medical problems was calculated as 5844 (4109 – 12601) for Ankara and as 25035 (17968 – 39949) for İstanbul. When the collected data were reviewed, it was not possible to make any estimation for İzmir due to the disparity between the data sources for this city.

4.2.2.2. Estimation on Problem Cannabis Users

Prior to the study that was initiated in 2010, it was mentioned by experts during meetings that the use of cannabis also led to problems, and that it was necessary for the study to focus on cannabis, due to the greater prevalence of cannabis use in Turkey. The data sources were reviewed, and based on the data sources listed on Table 4-6, it was possible to obtain data regarding the cannabis use in the studied provinces.

Table 4-6: Data on Cannabis Use in the Provinces of Ankara, İzmir and İstanbul

Province	Data Source			
	Social Security Institution – 2009	Social Security Institution – 2010	TNP – 2009	TNP – 2010
Ankara	137	322	1466	1736
İstanbul	534	744	3020	2343
İzmir	114	185	2822	2952
Total	785	1251	7308	7031

Source: Kraus et al., 2010.

When the obtained values were evaluated, it was observed that the extent of the overlap between the data sources for Ankara and İzmir was sufficient for estimation; however, the overlap between the data sources for İstanbul was not sufficient for reliable estimation. An estimation for problem cannabis use was performed only for Ankara and İzmir. In the estimations that were performed, data obtained for different years from the same source were considered independent and separate data sources.

Table 4-7: The Number of Problem Cannabis Users in the Provinces of Ankara and İzmir

Province	Gender	Number Observed	Estimated Number	Total	95% Confidence Interval		Proportion in the Population (per mille)
					Lower Limit	Upper Limit	
Ankara	Male	3279	23149	26428	21879	30978	15.6
	Female	217	1847	2064	1102	4071	1.2
	Total	3496	24996	28492	23738	33223	8.4
İzmir	Male	5465	24675	30140	27043	33231	24.4
	Female	282	2962	3244	1713	6411	2.3
	Total	5747	27637	33384	29526	38246	11.9

Source: Kraus et al., 2010.

As data was obtained from the data sources for both 2009 and 2010, the estimations actually represented a two-year period. One aspect regarding these estimations that was noteworthy, is that the number of users estimated for İzmir is larger than the number of users for Ankara, despite İzmir's smaller population. The number of problem cannabis users in Ankara was calculated as 28492 (23738 – 33223), while the number of problem users in İzmir was calculated as 33384 (29526 – 38246). When a comparison was performed based on rates within the population, the proportion of problem cannabis use was 0.8% for Ankara and 2.4% for İzmir. Similar to the definition used for the estimation of “problem opium and derivatives use,” problem use in this study was also defined as “*use that leads to judicial and/or medical problems for the individual.*”

4.2.2.3. Conclusion

This study performed in 2011 can serve as a model in Turkey for inter-institutional data sharing, for joint studies conducted with data from different institutions, and for the estimation

of problem drug use. The study was designed, carried out, and reported over a period of 2 years.

Table 4-8: Summary of the Estimations for Problem Opiate and Cannabis Users in Ankara, İzmir and İstanbul

Province	Description	
	Problem Opiate User	Problem Cannabis User
Ankara	5844 (4109 - 12601)	28492 (23738 - 33223)
İstanbul	25035 (17968 - 39949)	-*
İzmir	-*	33384 (29526 - 38246)

Source: Kraus et al., 2010.

*Estimations could not be performed.

The results of the study are summarized in Table 4-3. According to these results, there are 5800 opium and opium derivatives users and 28500 cannabis users in Ankara, 25000 opium and opium derivatives users in İstanbul, and 33400 cannabis users in İzmir.

In 2011, a study was initiated by the EMCDDA that aimed to revise the Problem Drug Use Indicator. In this study, further elaboration of the definition of problem drug use, by amending it such that it included two or more stages, was considered. By means of this study initiated in 2010 and completed in 2011, estimations were obtained in accordance with a new potential definition and procedure for problem drug use. In addition, when the numbers are evaluated, it can be seen that the estimates for problem cannabis users are much higher. For this reason, in addition to surveys on prevalence, monitoring the use of cannabis by using methods such as PDU will be useful in revealing the overall picture for the country. The PDU update activities conducted by the EMCDDA are also supported by Turkey, and it is considered that this method will also be applicable in Turkey.

4.3. Problem Drug User Data Obtained From Sources Unrelated to Treatment

In 2009, interviews were performed with Injecting opium and derivatives users within the context of the sero-behavioral study conducted in Gaziantep (Altan and EMCDDA, 2009). During the interviews performed with 168 individuals, it was identified that:

- 97% of the participants were male, while 3% were women.
- The average age of the participants was 31.5.

- 41.1% of the participants had only an elementary school education.
- The average period of use for addictive substance(s) was 6.14 ± 3.12 years.
- The average period of use for Injecting substance is 3.03 ± 1.94 years.
- The age of first injection was 28.37 ± 4.37 .

SECTION 5

TREATMENT OF DRUG ADDICTION

Dr. Mehmet AKGÜN¹³

Dr. M. Kemal ÇETİN¹⁴

5.1. Introduction

Addiction treatment in Turkey is provided by public hospitals affiliated with the Ministry of Health, the psychiatry clinics of university medical faculties, public + university partnerships, and the relevant units of private hospitals. Such services are provided as both outpatient and inpatient treatment.

Due to the insufficiency of the number of treatment centers and the concentration of these centers in certain regions, various problems are encountered in obtaining addiction treatment in Turkey, and also in ensuring the continuity of such treatment. However, within the scope of a recent reorganization of treatment centers, it is envisaged that the current treatment capacity will increase and that new centers will be opened especially in regions where there is need for such services. The necessary activities have been initiated to implement this plan. Within the context of this new reorganization, the number of treatment centers will increase from 22 to 33. 4 of the current 22 centers accept children as patients for inpatient treatment.

In Turkey, the need for centers that provide addiction treatment is increasing with each passing day. In addition to the plans for increasing the number of current treatment centers and ensuring that they become more widespread, a certificate training program has been initiated to increase the quality of service and the standards of these centers, and also to guarantee that services of the same level of quality are provided at all centers. The personnel who are employed or will be employed in these centers will receive this training for 6 months. The training is provided both on a theoretical and practical level.

In the fight against substance addiction, the rehabilitation services that are provided following medical treatment are essential for ensuring the success of the treatment. However, social support systems and rehabilitation activities in Turkey, in regards to addiction, are not adequate. For this reason, the necessary efforts have been initiated with the support of other institutions to support the reintegration of addicts into society during the post-treatment period, and for the provision of employment opportunities in order to instill a sense of responsibility.

¹³ Ministry of Health - General Directorate of Health Services

¹⁴ Ministry of Health - General Directorate of Health Services

Such practices have been successful at a local level; however, it has not yet been possible to transform them into a nationwide program. Currently, support is only being provided at a local level for these practices, which have been initiated only recently.

For the assessment of the service and treatment being provided in these centers, the proper maintenance of patient records is of great importance. The planning of nationwide treatment programs for drug use and addiction, as well as the measures that will be taken and the services that will be provided in this regard, is carried out by taking these records into account. However, patient data collection from treatment centers is not currently at the desired level. In 2011, data concerning inpatient treatment could only be retrieved from 11 of the 22 treatment centers. Regarding the number of outpatient applications to these treatment centers, only the total number of applicants is known, and it is currently not possible to identify duplicate records.

The data concerning patients receiving inpatient treatment in these treatment centers are collected by means of forms designed to that effect. These forms include demographic information regarding the patient, the substance he/she is using, and also the methods of substance intake employed by the patient. The forms completed by the treatment centers are sent directly to the Ministry of Health's General Directorate of Health Services, where the data on these forms are collected in a data pool.

The necessary activities have been initiated to ensure that these data can be reached from *Sağlık-NET*, and the plan is to maintain online records until the end of 2012. Thus, it will be possible to maintain records not only of patients receiving inpatient treatment, but also of patients receiving outpatient treatment. This approach will serve to prevent any data loss regarding these patients.

5.2. General Description, Conformity and Quality Assurance

5.2.1. Strategy and Policy

Concerning drug use, which is an important issue worldwide, and which necessitates a multidisciplinary approach to be effectively counteracted, the Ministry of Health conducts its activities for drug treatment and against drug addiction in accordance with the existing national action plans and policies. These activities are conducted in cooperation with other institutions and organizations.

The National Mental Health Action Plan (2011-2023) was prepared by the Ministry of Health and published in 2011.

The action plan also makes reference to drug addiction, by mentioning that: *“Drug addiction is not an issue that only involves a health aspect. Aside from its health-related aspect, drug addiction also has many aspects that are public, social, legal, and administrative. As the frequency of addiction displays regional differences, local approaches should be more prominent in the fight against addiction, instead of a centrally organized structure. There are currently many municipalities, district governorships and private sector representatives that are conducting projects on this subject. As this issue requires a multi-dimensional approach, it would be more appropriate for planning to be performed not by a single institution or center, but instead through the participation of all local stakeholders under a single roof. Drug addiction requires long-term and continuous treatment. In the hospital-based treatment model, the majority of treatment cases are not able to follow the treatment program after returning home following discharge. This significantly reduces the success of treatment. All around the world, the transition is being made to a model involving community-based intervention centers, in place of the provision of health services from hospitals.*

The Action Plan emphasizes the importance of the transition to a model with community-based treatment centers. The reasons for the importance of this transition are listed as:

- To ensure access to treatment.
- The ability to ensure treatment continuity.
- Ensuring cooperation and communication with local actors.
- Greater ease with which environmental factors can be controlled.

Furthermore, in the “National Policy and Strategy Document for Counteracting Addictive Substances and Addiction (2006-2012),” drug addiction is considered a disease and a significant public health problem. In this context, the following objectives were adopted for the fight against drug addiction:

- To increase the number and quality of treatment centers.
- To establish and operationalize outpatient treatment and counseling centers.
- To develop treatment and social reintegration programs.
- To develop treatment and social reintegration services for suspects and inmates.

In this perspective, the activities of the various divisions of the Ministry of Health for the preparation and development of service models, in accordance with the current and future requirements and conditions of Turkey, are currently ongoing.

5.2.2. Treatment Systems

The treatment of drug addiction is a field which provided by experienced personnel that are part of a multidisciplinary team. In addition, treatment services for drug addiction necessitate the presence of a proper infrastructure, such as the areas/locations, tools, devices and equipment necessary for the conduct of these activities. Finally, the administration of treatment for drug addiction requires a continuous assessment of the effectiveness and performance of the services that are provided.

According to the 280th article of the Turkish Penal Code, healthcare professionals are under obligation to report any case of drug use they encounter to the competent authorities, and the failure to fulfill this obligation is grounds for penal sanctioning. On the other hand, treatment for drug addicts is imposed as a sanction by various statutes. In this context, the following articles are applicable:

Line (h) of the 5th article of the **Law for the Protection of the Family and Prevention of Violence against Women number 6284** aims to “Prevent the person from using alcohol or drugs in the presence of the individuals under protection, prevent the individual from approaching those under protection or their locations while under the influence of these substances, and ensuring that the person is examined and receives treatment, including hospitalization, in the case of addiction.”

Line (d) of the 5th article of the “Law for the Protection of Children number 5395” mentions that the “applicable health measures may involve the temporary or permanent medical care or rehabilitation of the child in order to protect and treat the child's physical and mental health, and also provide for the treatment of those who are using addictive substances.”

The 432nd Article of the “Turkish Civil Law number 4721” mentions that, “Every adult that presents a threat to society due to mental illness, mental infirmity, alcohol or drug addiction, vagrancy or hazardous infectious diseases can be placed or detained in an institution suitable for his/her treatment, education, or rehabilitation in the event that there are no other means to ensure the personal protection of the said individual.”

Line (e) of the 109th Article of the “Law on Criminal Procedures number 5271” mentions “being subject to and accepting any treatment or examination procedure, including hospitalization, for rehabilitation from drug, stimulant or volatile substance addiction and alcohol addiction.”

Line (7) of the 57th Article of the “Turkish Penal Code number 5237” mentions that “As a safety measure, alcohol, drug, or stimulant addicts who have committed crimes will receive treatment in health institutions, particularly for alcohol, drug, or stimulant addicts.” The treatment of these individuals will continue until they are rehabilitated from their alcohol, drug, or stimulant addiction. These individuals may be released only pursuant to a court or judge order based on a report prepared by the health committee of the institution in which they have been placed for treatment.

Treatment Approach and Principles for Drug Addicts

The Ministry of Health’s “Guide to the Diagnosis and Treatment of Drug Addiction” is currently in the process of being issued. In this guide, topics pertaining to treatment principles are provided under the section entitled “**Protection from Drug Addiction and Treatment Principles.**”

Considering that many different substances can lead to addiction, the treatment methods for these substances are also different. In addition, the treatment approach may also vary according to the individual and the issues associated with drug use. The presence of concurrent mental, professional, medical, and social issues in many patients complicates the treatment process for addiction. Drug addiction treatment can be administered through behavioral treatment (counseling, cognitive treatment, and other psychotherapies), medication treatment, or a combination of these treatment methods.

Determined motivation during addiction treatment is a factor that accelerates the treatment process; however, treatment is not always performed on a voluntary basis. Sometimes, the obligations or constraints imposed on the individual by his/her family, his/her workplace, or the law can increase the chances for the individual to enter and remain in treatment, as well as the chances for the treatment to be successful. Aside from the problems related to drug use, support must also be provided for the relevant medical, psychological, social and legal issues encountered by the individual. In the event that concomitant diseases such as depression, anxiety disorders, bipolar disorders, and psychosis are observed in the patients, antidepressants, mood stabilizers and antipsychotic medication can be prescribed.

As it will be necessary to administer different treatment methods throughout the treatment process, the patients must be constantly monitored during their treatment period. In addition to counseling or psychotherapy, certain patients may require medical treatment, familial support/treatment, or occupational rehabilitation. Moreover, it is important for the treatment to be suitable for the age, gender, and culture of the individual. Relapses may also occur during the treatment process. Monitoring the patient's blood and urine samples for drugs and alcohol may be an effective means of deterring the patient from further drug use.

Another important factor that affects the effectiveness of the treatment is its duration. Treatment duration depends on the problems and needs of the patient. Many patients are able to achieve significant improvement within a treatment period of three months. Additional treatment following this stage may contribute to the recovery of the patient.

Whether a patient continues a treatment program depends on both the patient and the program itself. Considering that many patients discontinue their treatment at an early stage, it is necessary to implement additional procedures to ensure that patients will remain in treatment for longer periods.

Therapies should be oriented towards increasing the patient's motivation and problem-solving skills, improving his/her skills for resisting drug use, and ensuring that the patient concentrates more on constructive activities, instead of activities related to drug use. Moreover, addiction treatment should also involve behavioral therapy for improving the individual's interpersonal relations, as well as his/her functionality within his/her family and society.

For many patients, counseling and behavioral therapy, in addition to medical therapy, constitutes an important part of the treatment process. As addiction and mental diseases are often observed concurrently, both conditions need to be assessed in patients, and treatment for mental diseases should be commenced if necessary.

Detoxification is the first step of treatment, which aims to treat the physical withdrawal symptoms that occur following the discontinuation of the substance. Detoxification on its own is not sufficient for ensuring the long-term cessation of drug use. Recovery from drug addiction is a long process, and full recovery is achieved following many stages of treatment. Participation in self-help groups during and following the treatment period will assist the individual in remaining "clean" of substances.

Many drug addicts such as heroin and cocaine especially Injecting users are at risk of HIV/AIDS, hepatitis, tuberculosis, and sexually-transmitted diseases. During their treatment programs, patients should be assessed for HIV/AIDS, hepatitis B and C, tuberculosis and other contagious diseases, and counseling services should be provided to patients in order to prevent situations that might present a risk for themselves and others. This approach constitutes a disease prevention program within the context of the addiction treatment for both drug addicts and society.

Drug Addiction Treatment Programs

As drug addiction is a complex disease that affects the individual's functioning on many levels (family-wise, professionally and socially), its treatment involves many requisite components.

Detoxification treatment: Involves the systematic detoxification of the individual in an inpatient or outpatient setting under the supervision of a physician. As it is designed to treat the acute physiological effects of substance discontinuation, and is considered the first step of treatment.

Agonist continuation treatment: This program, which is generally provided to opiate addicts in an outpatient setting, involves the oral administration of medication such as methadone, LAAM (not used as a treatment method in Turkey), and buprenorphine at a dose and for a period that would preclude the occurrence of symptoms associated with opiate withdrawal. Patients stabilized by means of this treatment will be able to function normally. They will be able to work, and to avoid crime and violence. As they use less Injecting drugs, there may be a significant decrease in their risk of becoming affected by diseases transmitted via Injecting injections. Patients stabilized through opiate agonist treatment are better able to adjust to the counseling and behavioral treatment methods that are necessary for recovery and rehabilitation.

Narcotic antagonist Naltrexone treatment: This treatment, which is administered following the medical detoxification performed at the hospital, is generally provided to the patient in an outpatient setting. Prior to the intake of the long-acting synthetic opiate antagonist naltrexone, the patient must first be detoxified and kept clean of substances for several days. When used in such a manner, naltrexone blocks many of the effects of opiates, and especially the effects associated with the sensation of euphoria. The concept underlying this treatment is to prevent the patient from obtaining the desired effects from opiates and instilling a sense of futility in regard to opiate use, will, in time, end the patient's opiate addiction. One significant problem

encountered in this treatment method is the irregular use of medication by the patients. Ensuring a favorable patient attitude towards the therapy, effective counseling or treatment, and careful patient monitoring can contribute to a positive treatment outcome.

Drug free treatment for patients receive outpatient treatment : This constitutes the suitable method of treatment for individuals who are currently working or have significant social support. On their own, low-intensity treatment programs are far less effective than education on drugs, or programs that target the harmful effects of drugs. In terms of effectiveness, treatments in outpatient settings, such as extensive therapies in day hospitals are comparable to treatments provided during hospitalization.

Short-term residential treatment: An intense yet brief treatment model based on a 12-step approach. This model includes a 3-6 week inpatient treatment phase, followed by an extended outpatient treatment period, and the patient's participation in self-help groups, such as AA (Alcoholics Anonymous).

Long-term residential treatment: A treatment method that generally involves 24 hour-a-day care outside a hospital setting. For 6-12 months, treatment communities (TC) focus on the reintegration of the individual. Other drug addiction patients are active participants of the treatment team and the social context of the treatment. Addiction is considered within the context of the individual's own social and psychological shortcomings, and the treatment focuses on instilling a sense of self-worth and responsibility in the patient, and in following a socially productive process for the individual (Guide for the Diagnosis and Treatment of Drug Addiction, 2012).

5.3. Treatment Access¹⁵

In accordance with the Law on Social Security and General Health Insurance number 5510, citizens who (pursuant to Law number 3816) are unable to afford their own health expenses, have been included as of January 1, 2012 under the general health insurance coverage. Currently, the health services of 98% of Turkey's population are provided by the Social Security Institution.

The Social Security Institution has signed agreements pertaining to the provision of health services with 1792 private hospitals, 1008 hospitals affiliated with the Ministry of Health, 98

¹⁵ The information in this section has been obtained from the Administration of the Social Security Institution, General Directorate of General Health Insurance.

university hospitals, and 50 health centers affiliated with other institutions. Individuals under the coverage of the general health insurance can apply to all health service providers that have agreements with Social Security Institution, and all of their health-related expenses are covered by the Institution.

For individuals under the coverage of the general health insurance, coverage includes the expenses associated with inpatient and outpatient drug addiction treatments received from health service providers that have agreements with the Social Security Institution. Coverage also includes expenses related to the medication and medical materials that are part of these treatments. In this context, the expenses of individuals with general health insurance who receive treatment at the AMATEMs are covered by the Social Security Institution. In addition, for individuals within the scope of the insurance coverage, family therapy and rehabilitation services provided in the psychiatry department of all health service providers with agreements with Social Security Institution (including the AMATEMs), as well as the psychiatric services provided as part of outpatient treatment, are among the health services for which expenses are covered by Social Security Institution. Furthermore, the examinations, psycho-education for the patient and his/her family, social skills training, group psychotherapy, occupational therapy, hospital bed space, and other services that are provided as part of the inpatient treatment at psychiatric centers are also included in the coverage of Social Security Institution for those within the scope of the general health insurance.

In case of patients, who have been brought to treatment as part of their judicial sanction and processes, do not have any health insurance, all the necessary services are covered by the Ministry of Health

E-Prescription Application

The e-prescription system was put into effect as of July 1, 2012 by the Social Security Institution. In this system, following every health examination of individuals benefiting from health services, the medications that are considered necessary by physicians are registered onto an electronic prescription system. This is performed for individuals who apply to health service providers that have agreements with the Social Security Institution.

Thus, with the exception of health service providers that are not integrated with the MEDULA (the web system used by the Social Security Institute for health services), the medications that are necessary for treatment are listed electronically by the health institution. Pharmacists that

supply medication can access these prescriptions via the electronic system, and provide the medication to the relevant persons.

The aim of this e-prescription system is to benefit the citizens of the country, the Social Security Institution, and the country's economy, by precluding potential medication abuse, by preventing medication waste and the preparation of false prescriptions, and by removing the chances of erroneous medication appropriation due to handwritten prescriptions.

Biometric Identity Verification Procedure

For individuals benefiting from Social Security Institution -related health services, identification with "identity cards, driver's license, marriage certificate, passport, or one of the Institutional health card documents" and by a biometric system known as "palm vein scanning" has become obligatory during admissions to health institutions and organizations that have agreements with the Social Security Institution (in cases of emergency, identification is performed after the emergency is resolved).

Beginning July 1, 2012, and gradually until the end of 2012, the "Palm Vein Identity Verification System" will be initially adopted by all private and university hospitals across Turkey that have agreements with Social Security Institution, and palm vein scanning devices will be installed in these institutions. The system will afterwards be adopted by pharmacists and opticians.

The operation of the system involves placing the hand inside the aforementioned scanning device. The device takes an image of the palm, and the system generates an algorithm based on the individual's venous structure and the features of his/her venous blood. For the person to be examined at a health institution, this code consisting of numbers and letters must be scanned from his/her right hand. When an individual applies to the hospital for an examination, no health services will be provided in the case that the system does not recognize the hand or the individual cannot be matched with his/her identification number. It is thereby ensured that no individual can receive health services by using the identification number and information of other persons.

5.3.1. The Profile of Addicts Receiving Treatment

According to the data provided from 21 of the 22 addiction treatment centers, 5214 individuals were admitted for inpatient treatment in the year 2011. It was not possible to identify duplicate records. The data used for the analyses performed in this section includes the 2117 patients

from 11 of the 22 treatment centers for whom the “Treatment Notification System Form for Drug Users in Turkey” was completed. The completed forms are encoded, and the identity of the individuals is kept confidential.

The data analyzed in this section is not comparable between different years. This is because the treatment centers, as well as the total number of centers that provided data, varies from one year to the next. Thus, while the number of treatment centers that provided data on patients receiving inpatient treatment (by completing the relevant forms) was 13 in 2010, this number was 11 in 2011.

Table 5-1: The Treatment Centers for Drug Addiction in Turkey and their Bed Capacities

NO.	NAME OF INSTITUTION	YEAR OF ESTABLISHMENT	NUMBER OF BEDS
Hospitals Affiliated with the Ministry of Health with Specialized Treatment Centers			
1	Bakırköy Prof. Dr. Mazhar Osman Psychiatry Training and Research Hospital (AMATEM)	1983	84
2	Bakırköy Prof. Dr. Mazhar Osman Psychiatry Training and Research Hospital (ÇEMATEM)	1995	21
3	Manisa Psychiatry Hospital (AMATEM)	1996	31
4	Elazığ Psychiatry Hospital (AMATEM)	1997	11
5	Samsun Psychiatry Hospital (AMATEM)	1997	12
6	Adana Dr. Ekrem Tok Psychiatry Hospital (AMATEM)	2000	80
7	Denizli Public Hospital (AMATEM)	2000	16
8	Ankara Numune Training and Research Hospital	2004	31*
9	İzmir Atatürk Psychiatry Hospital (AMATEM)	2006	28
10	Diyarbakır Public Hospital (ÇEMATEM)	2007	10
11	Kayseri Psychiatry Hospital (AMATEM)	2007	25
12	Gaziantep 25 Aralık Public Hospital	2010	9
13	Bursa Public Hospital (AMATEM)	2010	48
University Hospitals with Specialized Treatment Centers			
14	Ankara University Medical Faculty (AMATEM)	1984	18
15	Gazi University Medical Faculty (AMATEM)	1984	27
16	Ege University Medical Faculty (AMATEM)	1994	13
17	Dokuz Eylül University Medical Faculty (AMATEM)	2000	2**
18	İstanbul University Medical Faculty (AMATEM)	2001	10**
19	Maltepe University Medical Faculty (AMATEM)	2007	12
Centers based on Public-University-NGO Partnerships that Provide Specialized Treatment			
20	EGEBAM	2003	12

21	AKDENİZBAM	2006	20
Private Hospital with Specialized Treatment Center			
22	Private Balıklı Rum Hospital (AMATEM)	1994	24
TOTAL			544

Source: Ministry of Health - General Directorate of Health Services, 2012.

* In the Ankara Numune Training and Research Hospital, 4 of the beds are used for the addiction treatment of children under 18 years old.

** As necessary, the beds of the psychiatry clinic can be used for the treatment of addiction.

Table 5-2: The Number of Patients Receiving Outpatient and Inpatient Treatment at Drug Addiction Treatment Centers According to Year*

	2007		2008		2009		2010		2011	
	O	I	O	I	O	I	O	I	O	I
Ankara Numune TRH	4464	317	4316	314	5740	314	6358	172	15121	1
Kayseri TRH	31	15	12	86	18	172	35	129	52	105
Samsun Psy. Hosp.	3296	19	2129	0	1812	21	1733	10	3132	-
Manisa Psy. Hosp.	961	311	4304	208	3115	256	6095	283	5857	177
Adana Psy. Hosp.	1828	249	2129	206	7611	498	30756	655	24861	896
Ege Uni. Med. Fac.	1494	145	1741	6	1941	0	400	32	2450	17
Denizli Public Hosp.	95	16	365	42	990	21	2391	19	1567	45
Gazi Uni. Med. Fac.	21	9	360	0	502	25	-	51	0	-
Bakırköy TRH ÇEMATEM	3944	143	124	104	5291	146	6124	155	7969	28
Bakırköy TRH AMATEM	16163	374	33346	317	54459	323	47317	377	60613	-
Diyarbakır Public Hosp. ÇEMATEM	13	7	91	13	312	2	621	9	2159	-
Elazığ Psy. Hosp.	1171	227	1023	238	710	271	3016	203	2268	123
İzmir Atatürk TRH	996	74	7995	15	12803	50	21742	29	15304	-
Dokuz Eylül Uni. Med. Fac.	539	6	350	4	16	3	84	-	-	-
Private Balıklı Rum Hosp.	1443	557	3484	500	5733	465	-	774	-	636
İstanbul Med. Fac.	63	-	-	-	1252	0	-	-	-	80
Akdeniz Uni. Med. Fac.	200	-	169	56	748	0	2710	-	3488	-
Ankara Uni. Med. Fac.	67	4	240	-	-	0	-	-	99	-
Maltepe Uni. Med. Fac.	-	-	60	13	90	9	249	1	55	9
Gaziantep 25 Aralık Public Hosp.	-	-	-	-	-	-	1007	1	1010	-
Bursa Public Hosp.	-	-	-	-	-	-	1649	1	7006	-
EGEBAM (İzmir)	1494	145	1741	6	1941	0	400	32	1594	-
TOTAL	38569	2492	65148	2145	106093	2594	134287	2900	155099	2117

Source: Ministry of Health - General Directorate of Health Services, 2012.

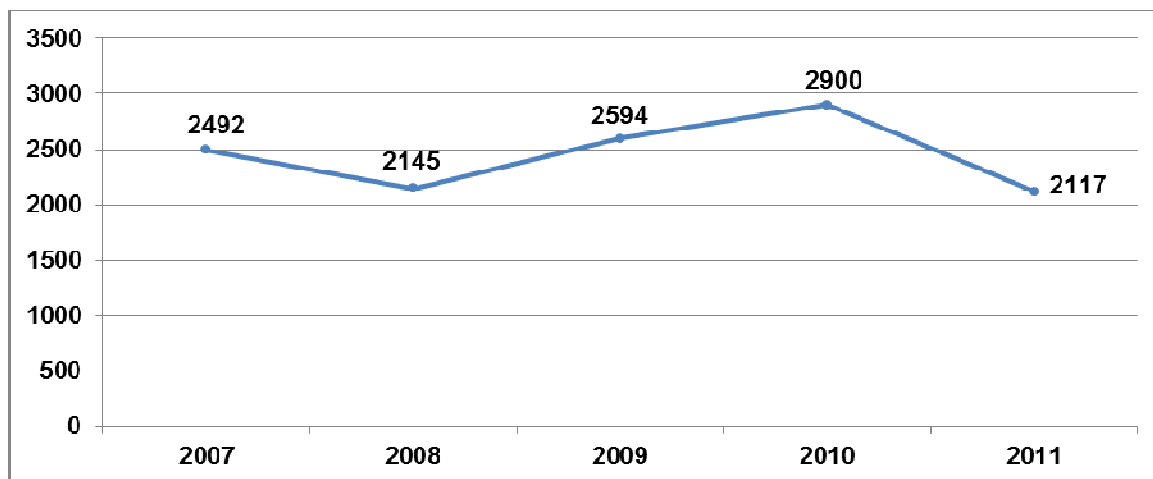
** The data in this table regarding patients receiving inpatient treatment represents “the number of patients for whom the forms were completed” in the centers that provided data.*

In contrast to previous years, the outpatient treatment numbers for 2011 do not include the data for alcohol-related treatment. According to this, the total number of applications for outpatient treatment was 155099. However, it is not possible to identify the duplicate records within this data.

It was reported that 53.9% (83611) of 155099 patients who received outpatient treatment and 6.3% (327) of 5214 patients who received inpatient treatment received treatment within the context of their probation.

Treatment Status

Graph 5-1: The Yearly Breakdown of Individuals Receiving Inpatient Treatment

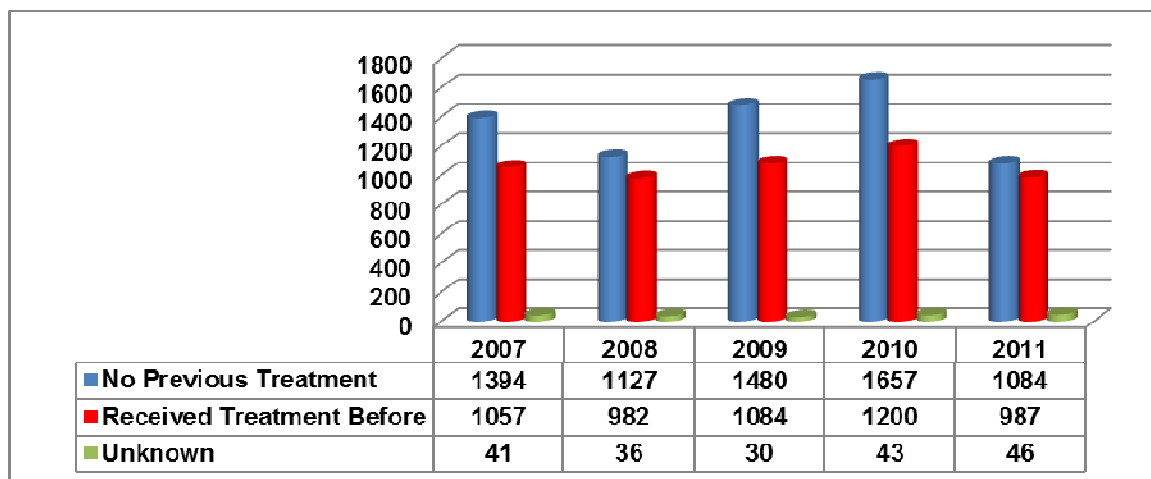


Source: Ministry of Health - General Directorate of Health Services, 2012.

The number of patients who received inpatient treatment in 2011 and also completed the form was 2117.

Previous Treatment Status

Graph 5-2: The Yearly Breakdown of Individuals Who Applied for Treatment for the First Time and Individuals Who Previously Received Treatment



Source: Ministry of Health - General Directorate of Health Services, 2012.

In 2011, 51.20% (1084) of patients who received treatment described that they were being treated for the first time, while 46.62% (987) described that they had been treated before. For 2.17% (46) of the patients, it was not possible to obtain information on whether they had or had not received any prior treatment.

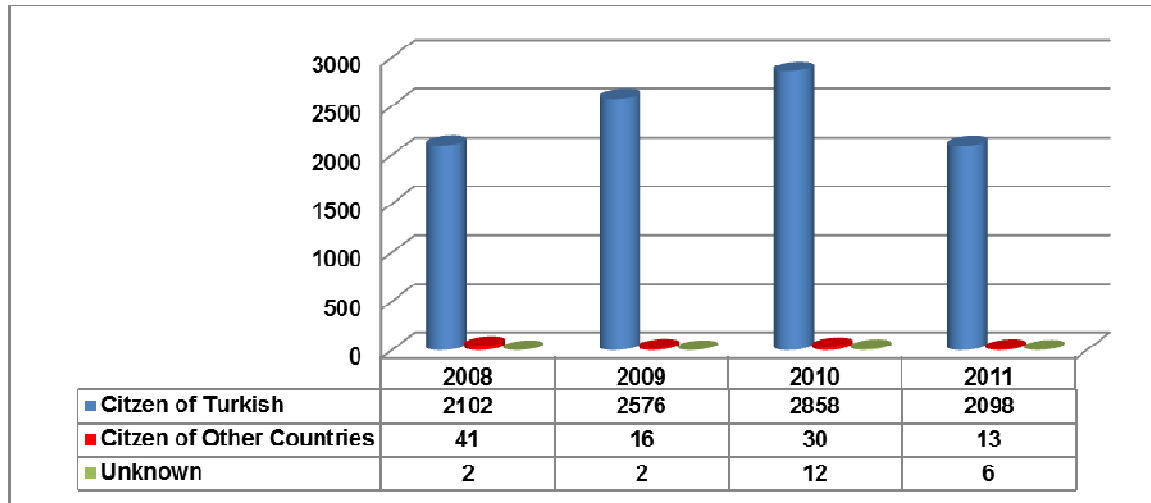
It was observed that among patients who received treatment for the first time in 2011, 93.54% (1014) were male, 6.46% (70) were female; among patients who received prior treatment, 92.81% (916) were male, 6.99% (69) were female, while the gender could not be identified for 0.20% (2) of these patients.

Among patients receiving treatment for opium and opium derivatives (1488 in total), 47.11% (701) conveyed that they were being treated for the first time, 51.08% (760) described that they received prior treatment, and 1.81% (27) did not provide information on whether they had or had not received prior treatment.

Among patients treated for heroin addiction (1398), 47.14% (659) conveyed that they were being treated for the first time, 50.93% (712) conveyed that they had been previously treated, and 1.93% (27) did not provide information on their treatment status. Among patients treated for cannabis addiction (363), 66.12% (240) conveyed that they were being treated for the first time, 31.40% (114) conveyed that they were treated before, and 2.48% (9) did not provide information on their treatment status.

Nationality

Graph 5-3: The Breakdown of Individuals Receiving Treatment According to Nationalities.

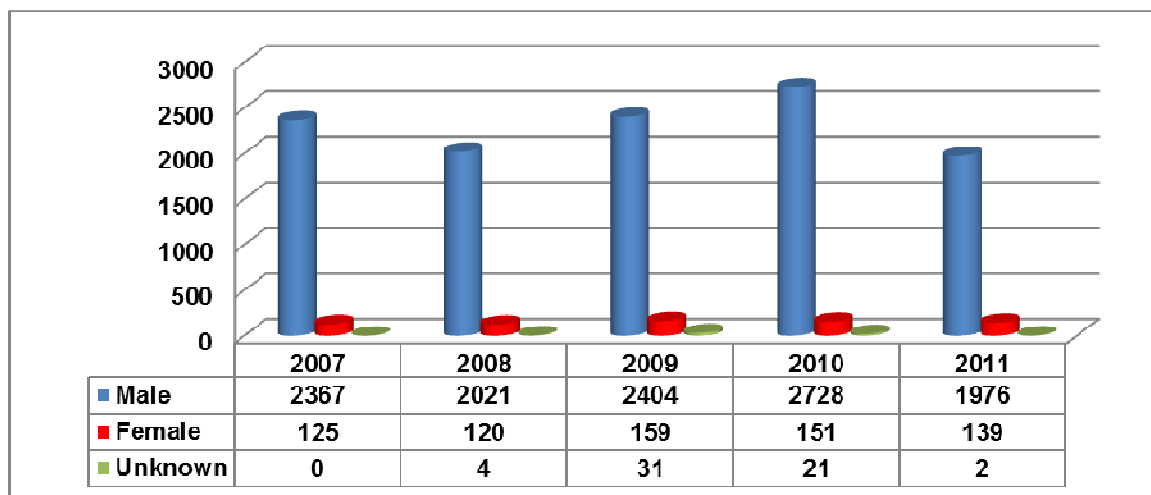


Source: Ministry of Health - General Directorate of Health Services, 2012.

Among patients receiving treatment in 2011, 99.10% (2098) were citizens of the Republic of Turkey, while 0.61% (13) was citizens of other nationalities.

Gender

Graph 5-4: The Breakdown of the Individuals Receiving Treatment According to Gender

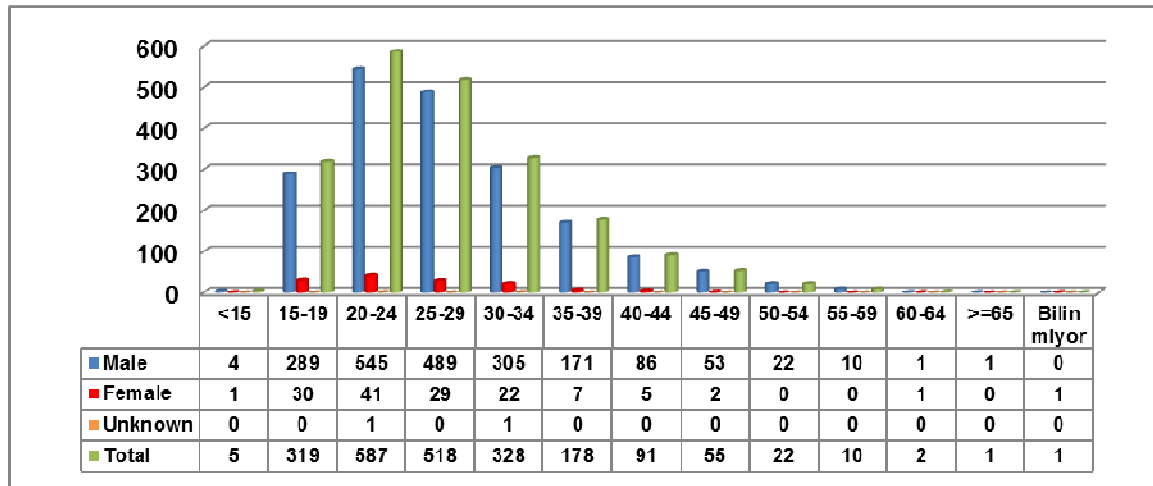


Source: Ministry of Health - General Directorate of Health Services, 2012.

When the breakdown of patients receiving inpatient treatment in 2011 was evaluated according to gender, it was observed that 93.34% (1976) were male, while 6.57% (139) were female. It is unknown whether this observation was due to the lower frequency of drug use among women, or whether it was due to the lower number of women applying for drug addiction treatment.

Age

Graph 5-5: The Breakdown of Individuals Receiving Treatment According to Age.



Source: Ministry of Health - General Directorate of Health Services, 2012.

It was observed that the age of patients applying for treatment was concentrated in the 20-to-29-year-old age group. Patients from this age group represented 52.20% (1105) of all the patients.

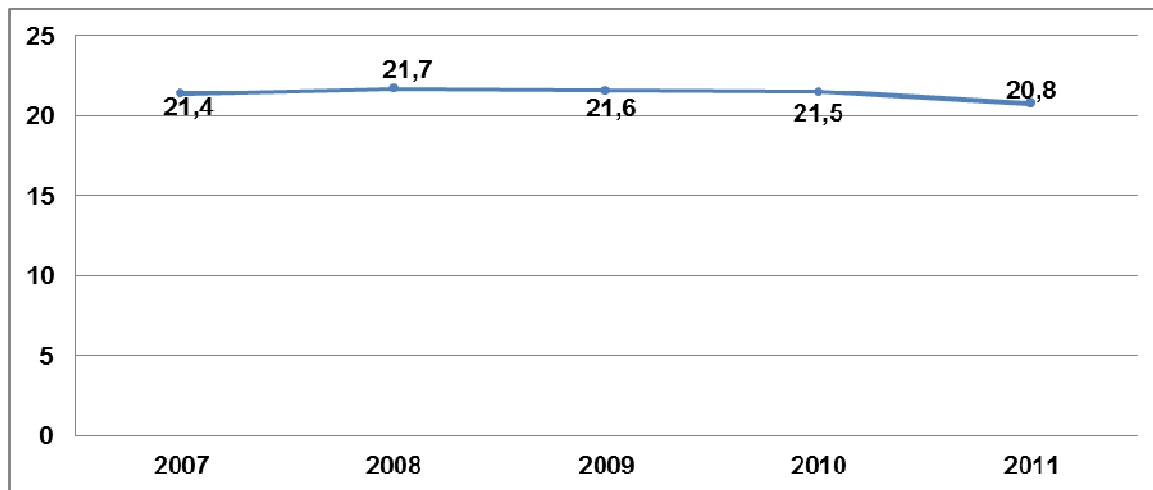
When a categorization was made according to age groups, it was observed that among the patient receiving treatment:

- 27.73% (587) were in the 20-to-24-year old age group.
- 24.47% (518) were in the 25-to-29-year old age group.
- 15.49% (328) were in the 30-to-34-year old age group.
- 15.07% (319) were in the 15-to-19-year old age group.
- 8.41% (178) were in the 35-39 years old age group.

The average age of patients receiving treatment was determined as 27.31. The youngest age for drug use was 13, while the oldest age was 65. It was identified that only 0.24% (5) of the patients receiving inpatient treatment were less than 15 years old.

Age of First Use

Graph 5-6: The Yearly Breakdown of Individuals Receiving Treatment According to their Age of First Drug Use.



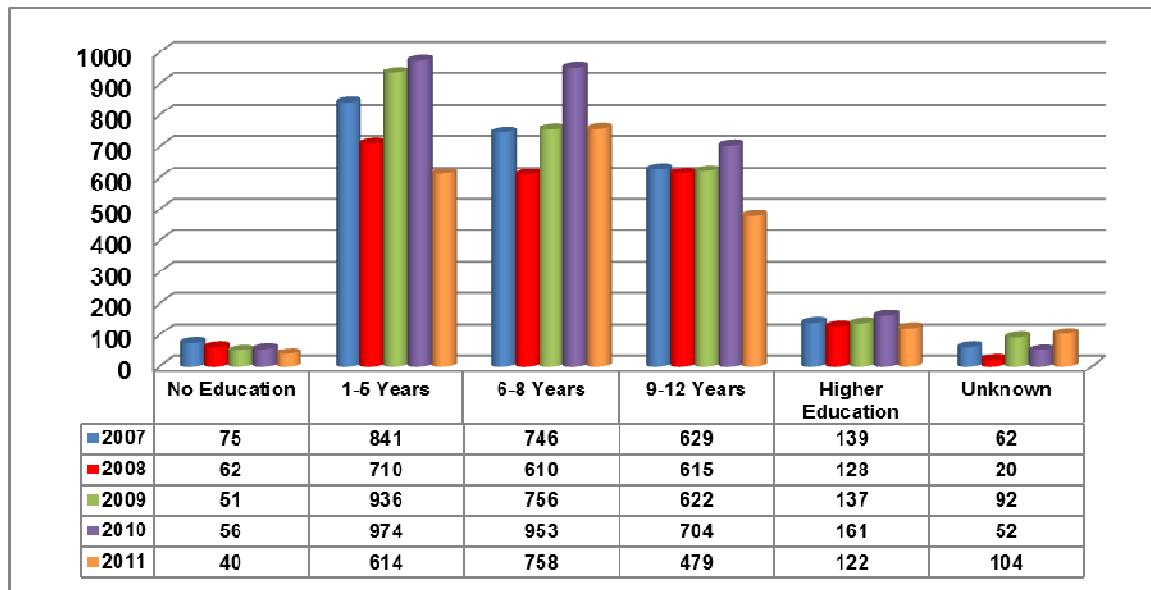
Source: Ministry of Health - General Directorate of Health Services, 2012.

The average age of first use was determined as 20.8 among the individuals receiving treatment. The age of first drug use was:

- Less than 15 for 11.67% (247) of the patients.
- 15-19 for 34.67% (734) of the patients.
- 20-24 for 28.72% (608) of the patients.
- 25-29 for 12.56% (266) of the patients
- 30-34 for 5.38% (114) of the patients.
- 35-39 for 6.99% (148) of the patients.

Education Status

Graph 5-7: The Breakdown of Individuals Receiving Treatment According to their Education Status.



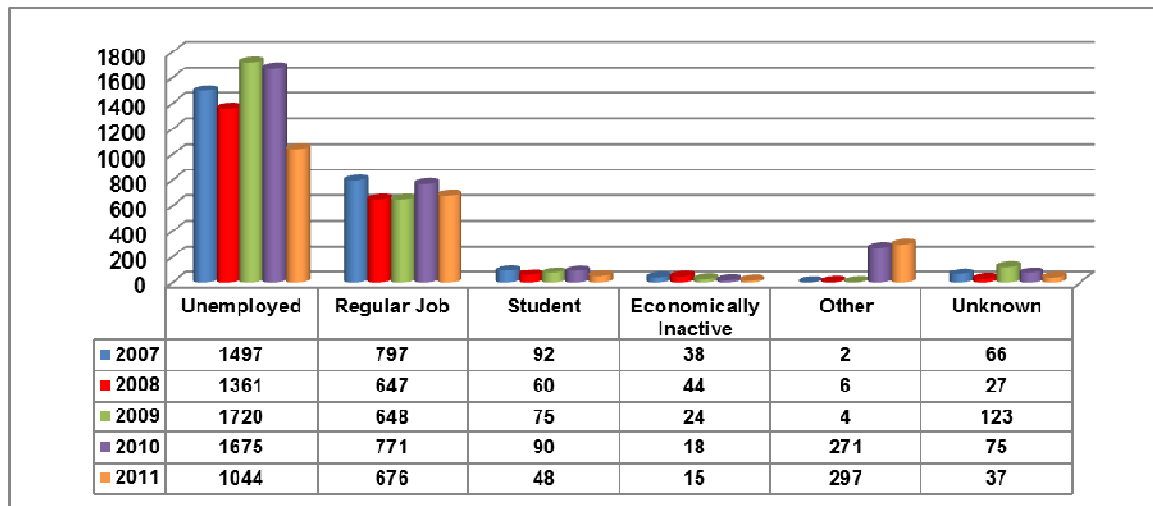
Source: Ministry of Health - General Directorate of Health Services, 2012.

When the level of education was evaluated among patients receiving treatment in 2011, it was observed that:

- 64.81% (1372) had an elementary school education.
- 22.63% (479) had a high school education.
- 5.76% (122) had graduated from vocational high schools.
- 1.89% (40) had no education.

Employment Status

Graph 5-8: The Breakdown of Individuals Receiving Treatment According to their Employment Status.



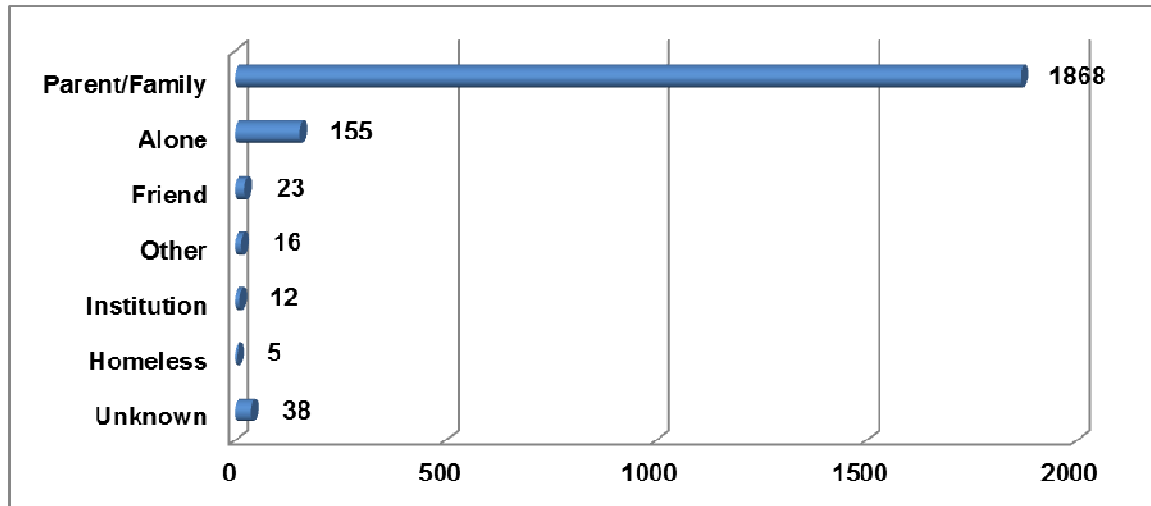
Source: Ministry of Health - General Directorate of Health Services, 2012.

When the employment status was evaluated among patients receiving treatment in 2011, it was identified that:

- 49.31% (1044) were unemployed.
- 31.93% (676) had regular professions.
- 2.26% (48) were students.

Life Style

Graph 5-9: The Breakdown of Individuals Receiving Treatment According to their Lifestyle.



Source: Ministry of Health - General Directorate of Health Services, 2012.

When the individuals applying for treatment are evaluated according to their lifestyle, it can be seen that 88.24% (1868) lived with their parents/family, 7.32% (155) lived alone, 1.09% (23) lived with their friend(s), and that 0.24% were homeless/living on the streets.

Province of Residence

Table 5-3: The 2010 and 2011 Breakdown of Patients Receiving Inpatient Treatment According to their Province of Residence

Province of Residence	2010		2011		Increase/Decrease	
	Number	%	Number	%	Number	%
İstanbul	1084	37.38	607	28.7	-477	-44
Adana	388	13.38	404	19.1	16	4.12
Mersin	189	6.52	195	9.2	6	3.17
Gaziantep	99	3.41	149	7	50	50.5
Antalya	241	8.31	100	4.7	-141	-58.5
Hatay	60	2.07	59	2.8	-1	-1.66
Kayseri	54	1.86	59	2.8	5	9.25
İzmir	74	2.55	44	2.1	-30	-40.54
Elazığ	68	2.34	37	1.7	-31	-45.58

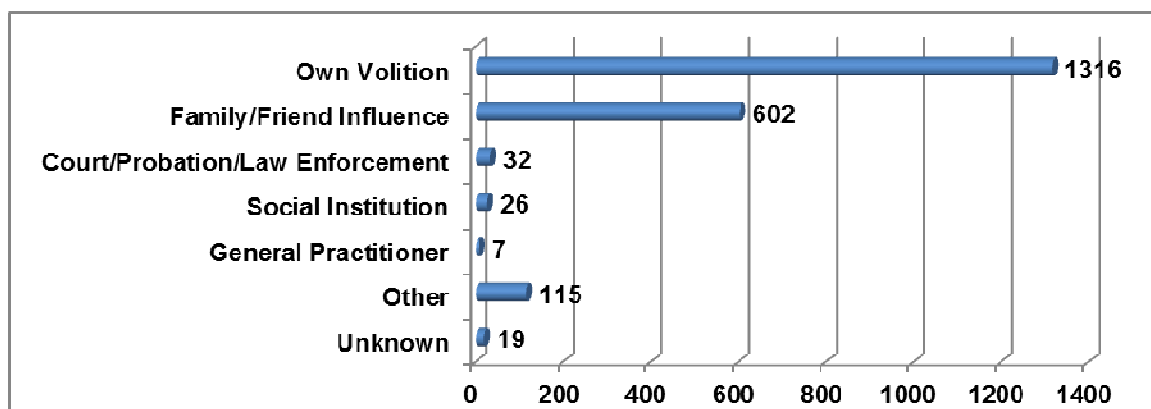
Ankara	104	3.59	5	0.2	-99	-95.19
Other Provinces	529	18.24	429	20.26	-100	-18.9
Overseas	10	0.34	31	1.46	21	210
Total	2900	100	2117	100	-783	-27

Source: Ministry of Health - General Directorate of Health Services, 2012.

Among the individuals receiving inpatient treatment at the treatment centers, 78.28% resided in the 10 provinces listed in the table above.

Method of Transfer to Treatment

Graph 5-10: The Breakdown of Individuals Receiving Treatment According to their Method of Transfer to Treatment.

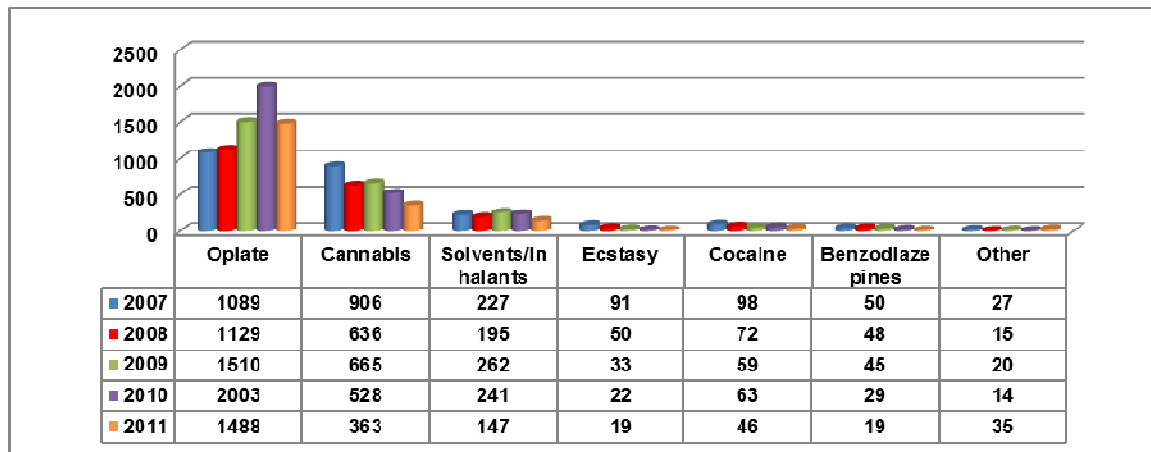


When the method of transfer to treatment was evaluated among patients receiving inpatient treatment in 2011, it was observed that:

- 62.16% (1316) applied for treatment of their own volition.
- 28.44% (602) applied for treatment as a result of the influence of their family/friends.
- 1.51% (32) applied for treatment due to court order, probation or law enforcement.
- 1.23% (26) applied for treatment by means of social institutions.
- 0.33% (7) applied for treatment by means of their general practitioner.
- 5.43% (115) applied for treatment through other means.

Preferred Drug

Graph 5-11: The Yearly Breakdown of Individuals Receiving Treatment According to their Preferred Drug.



Source: Ministry of Health - General Directorate of Health Services, 2012.

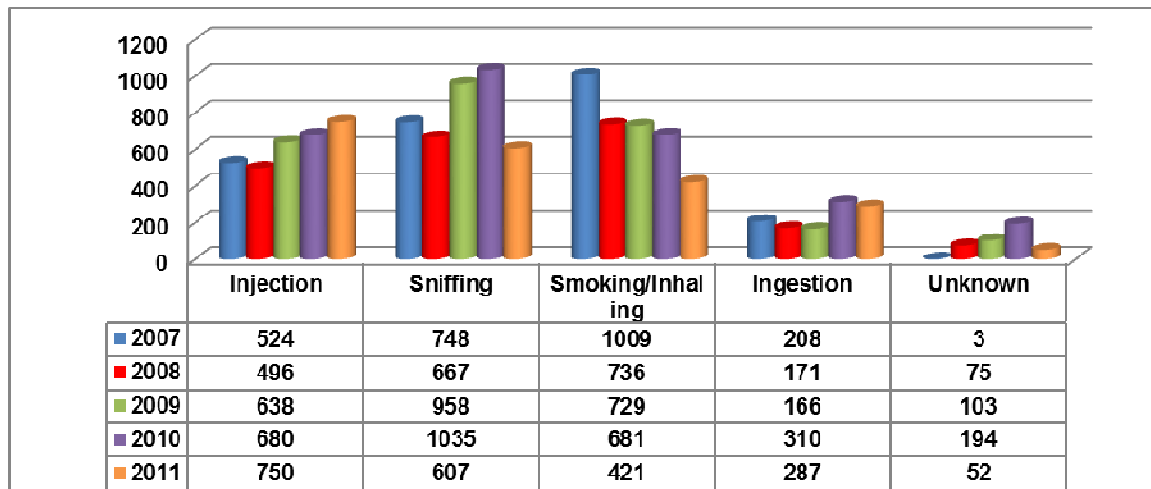
When the preferred drugs among patients receiving inpatient treatment in 2011 were considered, it was observed that:

- 70.29% (1488) used opiates (93.95% (1398) of these were heroin users).
- 17.15% (363) used cannabis.
- 6.94% (147) used volatile substances.
- 2.17% (46) used cocaine.
- 0.90% (19) used benzodiazepine.
- 0.90% (19) used ecstasy.
- 1.6% (35) used other substances.

In 2011, two out of three of patients who stayed in treatment centers were heroin users.

Use Method of the Preferred Drug

Graph 5-12: The Yearly Breakdown of Individuals Receiving Treatment According to their Methods of Drug Use.



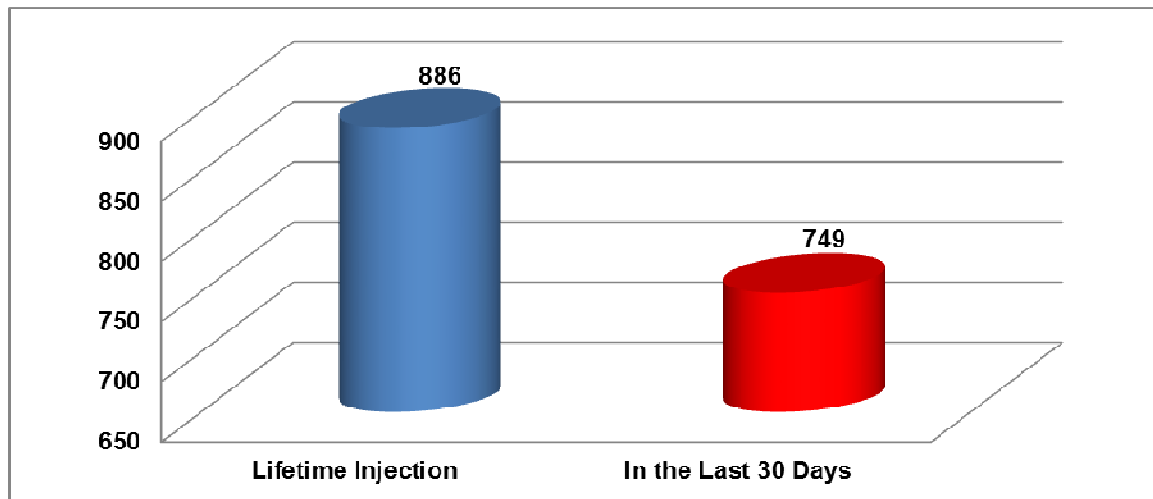
Source: Ministry of Health - General Directorate of Health Services, 2012.

When the use method for preferred drugs was evaluated among patients receiving inpatient treatment in 2011, it was observed that 35.43% (750) used drugs by injection, 28.67% (607) used drugs by sniffing, 19.89% (421) used drugs like cigarettes (by smoking), and that 13.56% (287) used drugs by ingestion (eating/drinking).

Among 1398 patients receiving treatment for heroin, 50.21% (702) used heroin by injection, 26.97% (377) used heroin by sniffing, 15.16% (212) used heroin by ingestion (eating/drinking), and 6.08% used heroin like cigarettes (by smoking).

Injection Use

Graph 5-13: The Breakdown of Individuals Receiving Treatment According to their Use of Injection



Source: Ministry of Health - General Directorate of Health Services, 2012.

When lifetime drug use by means of injection was evaluated, 41.85% of the 2117 patients (886) described that they have used a drug by injection at least once during their lives, while 53.94% (1142) described that they never used any drugs by injection throughout their lives.

When the breakdown of the initial age of use was evaluated among individuals using drugs by means of injection, it was noted that 743 of the 886 users have answered this question. Among patients using drugs by means of injection, the average age for the first injection was determined as 24.

SECTION 6

HEALTH CORRELATES AND CONSEQUENCES

Dr. Elif MUTLU¹⁶

6.1. Introduction

Data on individuals receiving treatment for drug addiction are collected by the Branch of Medical Treatment, which is a division within the Ministry of Health - General Directorate of Health Services. Of the 22 centers that purvey treatment services for drug addiction in Turkey, 11 have provided data for this study. These data were entirely limited to patients receiving inpatient treatment. However, no limitations were set in regard to age. For the cases participating in the study, ages varied between 13 to 65 years old.

A standard form was used for data collection. The sections within the form were completed by specialists at the treatment centers, based on the patients' medical records. Records were obtained for a total of 2117 patients. Among these cases, 886 (41.85%) described that they have used a drug by injection at least once in their lives. Nearly all Injecting drug users were opiate addicts.

On the data collection for infectious diseases, information such as gender, age, previous treatment history, method of drug use, period of Injecting use and prison sentence history were obtained for the patients. In addition, serological information such as Hepatitis C antibody, HIV antibody, HBs antigen, and HBV antibody were also recorded.

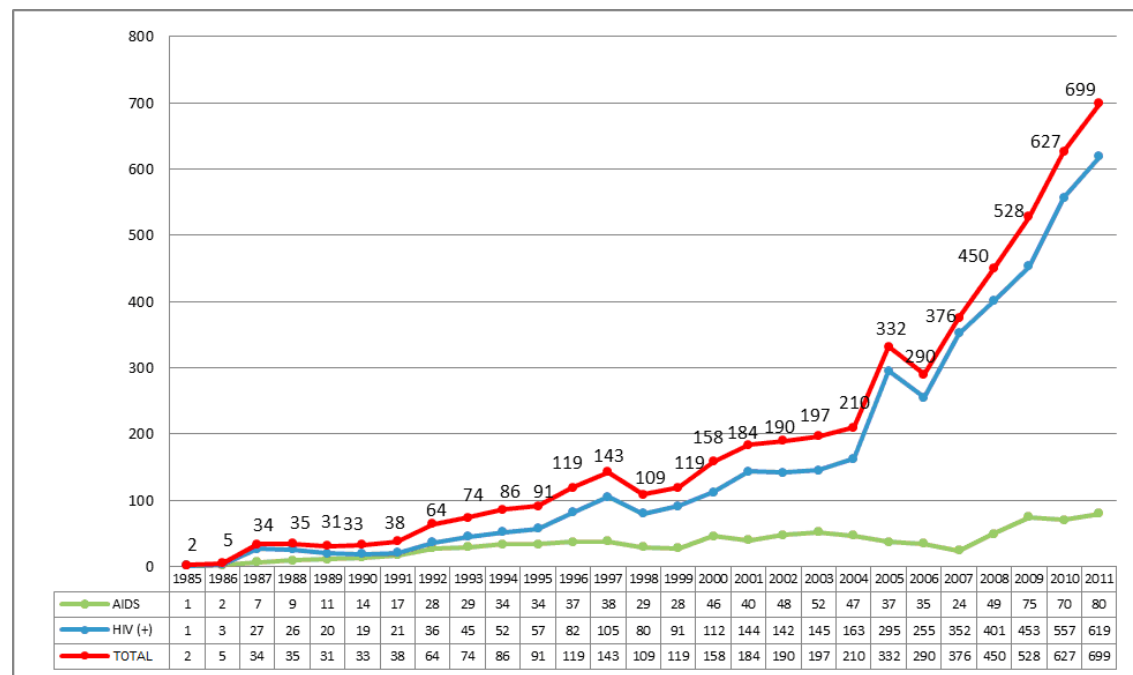
6.2. Drug-Related Infectious Diseases

6.2.1. Incidence of HIV/AIDS

HIV infection was identified for the first time in Turkey in 1985. Two individuals with HIV infections were reported in 1985, one of whom had AIDS. In 2011, the number of HIV-infected individuals has reached 699, which is the highest number since the disease was first identified. The number of HIV/AIDS cases has increased by 11.8% from 2010 (627 cases) to 2011 (699 cases).

¹⁶ Bakırköy Prof. Dr. Mazhar Osman Psychiatry Training and Research Hospital, Psychiatrist

Graph 6-1: The Breakdown of Reported HIV/AIDS Cases and Carriers According to the Years



Source: Ministry of Health, Turkish Public Health Institute, 2012.

From 1985 until the end of 2011, a total of 5224 HIV/AIDS cases have been identified. Of these individuals, 921 were diagnosed with AIDS, while 4303 are currently being monitored as HIV positive patients.

Table 6-1: The Breakdown of HIV/AIDS Cases According to the Means of Transmission

POSSIBLE MEANS OF TRANSMISSION	2011		1985-2011 Cumulative	
	n	%	n	%
Homosexual/bisexual intercourse	62	8.87	443	8.48
Injecting drug use	8	1.14	152	2.91
Homosexual/Bisexual intercourse+Injecting drug use	1	0.14	10	0.19
Hemophilia	0	0	11	0.21
Blood Transfusion	2	0.29	57	1.09
Heterosexual intercourse	262	37.48	2753	52.7
Mother to infant transmission	5	0.72	70	1.34
Nosocomial transmission	1	0.14	24	0.46
Unknown	358	51.22	1704	32.62
TOTAL	699	100	5224	100

Source: Ministry of Health, Turkish Public Health Institute, 2012.

Among the 699 individuals reported with HIV infection in 2011, the possible means of transmission was reported as Injecting drug use for 1.14% of these cases (8 individuals).

Table 6-2: The Breakdown of HIV/AIDS Cases and Carriers in Turkey According to Age and Gender

Age Groups	2011			1985-2011 Total		
	Male	Female	Total	Male	Female	Total
0	2	0	2	19	7	26
1-4	1	1	2	11	18	28
5-9	0	1	1	7	11	18
10-14	0	0	0	6	4	10
15-19	5	1	6	36	43	74
20-24	42	19	61	282	260	502
25-29	72	34	106	504	299	742
30-34	97	31	128	632	246	811
35-39	87	29	116	594	158	684
40-49	128	32	160	795	196	868
50-59	60	13	73	408	131	503
60+	34	2	36	225	49	258
Unknown	0	0	8	210	100	304
Total	528	163	699	3729	1495	5224

Source: Ministry of Health, Turkish Public Health Institute, 2012.

When the 699 cases of HIV/AIDS reported in 2011 are evaluated according to age and gender, it can be seen that 75.54% (528) were male and that 23.32% (163) were female. For 1.14% (8) of the cases, no information was available regarding gender. It was observed that 72.96% (510) of these cases were between 25-49 years old, and that 75.29% (384) of the cases within this age range were male.

Table 6-3: The Annual Breakdown of HIV Scan Test Results among Injecting Drug Users Receiving Inpatient Treatment at Addiction Treatment Centers

HIV	2006	2007	2008	2009	2010	2011
Tested patients (n)	263	223	462	696	644	716
Negative result (n)	255	221	458	694	641	714
Positive result (n)	8	2	4	2	3	2
Positive result (%)	3.04	0.90	0.87	0.29	0.47	0.28

Source: Ministry of Health - General Directorate of Health Services, 2012.

Of the 886 individuals using Injecting drugs and receiving inpatient treatment at drug addiction treatment centers in 2011, 716 were tested for HIV, and a positive result was obtained for 2 (0.3%) individuals. These 2 individuals were male, and the possible means of transmission was described as Injecting drug use.

6.2.2. Incidence of Viral Hepatitis

The Hepatitis B and C tests performed on Injecting drug users receiving inpatient treatment at drug addiction treatment centers were scanning tests. Serum samples were used for both markers, and HbsAg (Hepatitis B virus surface antigen) was assessed for Hepatitis B, while Anti HCV (Hepatitis C virus total antibody) was assessed for Hepatitis C. As HCV-RNA and genotype determination were not performed systematically, HCV-RNA and genotype information were not included in the collected data.

Among the 886 Injecting drug users receiving inpatient treatment in 2011:

- Positive results for Hepatitis B markers (indicators) were identified in 53 (7.5%) of the 707 tested individuals.
- Positive results for Hepatitis C markers (indicators) were identified in 351 (48.6%) of the 722 tested individuals (Table 6-4, Table 6-9).

6.2.2.1. Incidence of Hepatitis B

Table 6-4: The Annual Breakdown of HBV Tests Results among Injecting Drug Users Receiving Inpatient Treatment at Addiction Treatment Centers

HBV	2006	2007	2008	2009	2010	2011
Tested patients (n)	184	198	425	687	618	707
Negative result (n)	151	166	391	651	596	654
Positive result (n)	33	32	34	36	22	53
Positive result (%)	17.93	16.16	8.00	5.24	3.56	7.50

Source: Ministry of Health - General Directorate of Health Services, 2012.

In Turkey, a decrease in the prevalence of Hepatitis B is observed in the general population. While the number of individuals identified with HBV in Turkey was 8593 in 2006, this number decreased to 2848 in 2011. A similar decrease was also identified in the rate of HBV among Injecting drug users. While the proportion of HBV positive individuals was 17.93% among

Injecting drug users in 2006, this proportion decreased to 7.50% in 2011. It is considered that this decrease in HBV infection may be associated with the increasing frequency of vaccines.

Table 6-5: The Breakdown of HBV Tests Results According to Gender among Injecting Drug Users Receiving Inpatient Treatment at Addiction Treatment Centers

HBV	Male	Female
Tested patients (n)	656	51
Negative result (n)	600	48
Positive result (n)	50	3
Positive result (%)	7.62	5.88

Source: EMCDDA Standard Table 9/2, 2012.

According to these data, 50 out of 53 patients identified with a positive result for HBV were male, while 3 of the patients were female. Hence, the rate of positive test results was 7.62% among males and 5.88% among females.

It is known that the number of women patients applying to treatment centers is less than the number of men. It is unknown whether this is due to the lower frequency of drug use problems among women, or whether it is due to the lower number of women applying for treatment (Ögel K, 2011). Studies conducted with addicts in Turkey have demonstrated that needle sharing among Injecting drug using women is higher, and that comorbidities are also observed more frequently in these women (Evren et al., 2003; Ögel K., 2005). In general, the number of female patients receiving inpatient treatment is lower than the number of male patients. While it is not statistically significant, the higher rate of HBV among male patients in comparison to female patients is in agreement with previous data.

Table 6-6: The Breakdown According to Age of 2010 and 2011 HBV Tests Results among Injecting Drug Users Receiving Inpatient Treatment

HBV	<25		25-34		>34	
	2010	2011	2010	2011	2010	2011
Tested patients (n)	721	305	673	306	352	96
Positive result (n)	13	19	15	24	16	10
Positive result (%)	1.80	6.23	2.23	7.84	4.55	10.42

Source: EMCDDA Standard Table 9/2, 2012.

When the HBV results are evaluated according to the age range of the Injecting drug users, it can be seen that the rate of infection increases with age. With increasing age, the period of Injecting drug use and, consequently, the chances of being exposed to the virus also increase. The higher prevalence of positive HBV results within the group above 25 years old in comparison to the younger population is an expected result (Levine OS et al., 1995; Margolis HS et al., 1991).

Table 6-7: The Breakdown of HBV Tests Results According to the Time of First Injection among Injecting Drug Users Receiving Inpatient Treatment

HBV	<2 years	2-5 years	5-10 years	>10 years
Tested patients (n)	44	285	250	123
Positive result (n)	4	11	28	10
Positive result (%)	9.09	3.86	11.20	8.13

Source: EMCDDA Standard Table 9/2, 2012.

Among drug users receiving treatment in an inpatient setting, the high rate of HBV infection in patients with less than 2 years of Injecting drug use was noteworthy. It is mentioned in the literature that the risk of HBV transmission among drug users is highest during the first year of Injecting use (Levine OS et al., 1995).

Table 6-8: Treatment History and HBV Results Among Injecting Drug Users Receiving Inpatient Treatment

HBV	First Application For Treatment	Previous Treatment History	Unknown Treatment History
Tested patients (n)	311	391	5
Positive result (n)	21	31	1
Positive result (%)	6,75	7,93	20,00

Source: EMCDDA Standard Table 9/2, 2012.

When the cases are categorized according to their application for treatment, it is observed that 44% (311) of the 707 cases tested for HBV applied for treatment for the first time, while 55% (391) of the cases applied for treatment on previous occasions.

Among the 311 tested individuals who applied for treatment for the first time, 6.75% were identified with a HBV positive result. Among the 391 tested individuals with previous treatment history, 7.93% were identified with a HBV positive result.

6.2.2.2. Incidence of Hepatitis C

Table 6-9: The Annual Breakdown of HCV Tests Results Among Injecting Drug Users Receiving Inpatient Treatment at Addiction Treatment Centers

HCV	2006	2007	2008	2009	2010	2011
Tested patients (n)	339	270	741	709	666	722
Negative result (n)	152	153	297	504	447	371
Positive result (n)	187	117	174	205	219	351
Positive result (%)	55.16	43.33	23.48	28.91	32.88	48.61

Source: Ministry of Health - General Directorate of Health Services, 2012.

In 2011, the number of individuals identified with HCV in Turkey was 650. In the same year, among injecting drug users receiving inpatient treatment for drug addiction, 48.61% (351) of 722 the tested individuals had positive HCV results.

Table 6-10: The Breakdown of HCV Tests Results in 2011 According to Gender among Injecting Drug Users Receiving Inpatient Treatment at Addiction Treatment Centers

HCV	Male	Female
Tested patients (n)	668	54
Negative result (n)	339	32
Positive result (n)	329	22
Positive result (%)	49.25	40.74

Source: EMCDDA Standard Table 9/2, 2012.

Based on an evaluation of Table 6-10, it can be seen that 329 of the 351 patients identified with a positive HCV result were male and 22 were female. The rate of positive results was 49.25% among males, while the rate of positive results was 40.74% among females. In the breakdown according to gender of cases identified with HCV infection, it is observed that the rate of HCV infection is higher among male patients. However, due to the low number of female patients receiving treatment, it is difficult to make an inference regarding the relation between HCV infection and gender.

Table 6-11: The Breakdown According to Age of 2010 and 2011 HCV Tests Results Among Injecting Drug Users Receiving Inpatient Treatment

HCV	<25		25-34		>34	
	2010	2011	2010	2011	2010	2011
Tested patients (n)	748	309	731	308	385	105
Positive result (n)	53	147	101	141	85	63
Positive result (%)	7.09	47.57	13.82	45.78	22.08	60.00

Source: EMCDDA Standard Table 9/2, 2012.

* Due to the difference in sample sizes, the results for HBV and HCV according to the year are not comparable.

When the HCV results are evaluated according to the age range of Injecting drug users, it can be seen that the rate of infection increases with age (Table 6-11). This could be related to the period of Injecting drug use. In fact, when the patients were categorized according to the time since their first injection, it was determined that the rate of positive HCV results was 65.15% for patients who were Injecting drug users for more than 10 years (Table 6-12). It is known that longer periods of Injecting drug use increases the risk of contracting infectious diseases. A higher rate of HCV among patients above 34 years old and with more than 10 years since their first injection is an expected observation (Chang et al., 1999; Garfein et al., 1996, Garfein et al., 1998).

Table 6-12: The Breakdown of HCV Tests Results According to the Time of First Injection among Injecting Drug Users Receiving Inpatient Treatment

HCV	<2 years	2-5 years	5-10 years	>10 years
Tested patients (n)	44	293	253	132
Positive result (n)	12	124	126	86
Positive result (%)	27.27	42.32	49.80	65.15

Source: EMCDDA Standard Table 9/2, 2012.

Table 6-13: Treatment History and HCV Results Among Injecting Drug Users Receiving Inpatient Treatment

HCV	First Application For Treatment	Previous Treatment History	Unknown Treatment History
Tested patients (n)	314	403	5
Positive result (n)	134	217	0
Positive result (%)	42.68	53.85	0.00

Source: EMCDDA Standard Table 9/2, 2012.

When the cases are categorized according to their application for treatment, it is observed that 43.49% (314) of the 722 cases tested for HCV have applied for treatment for the first time, while 55.82% (403) have applied for treatment on previous occasions.

Among the 314 tested individuals who have applied for treatment for the first time, 42.68% were identified with a HCV positive result. Among the 403 tested individuals with previous treatment history, 53.85% were identified with a HCV positive result.

Table 6-14: Prison Sentence History and HCV Test Results among Injecting Drug Users

HCV	Previous Prison Sentence History	No Prison Sentence History
Tested patients (n)	58	245
Positive result (n)	24	80
Positive result (%)	41.38	32.65

Source: EMCDDA Standard Table 9/2, 2012.

The prison sentence histories of the patients were recorded based on their own testimonies. HCV was identified in 41.38% (24) of the 58 tested patients who expressed serving a previous prison sentence (Table 6-14).

According to the data from the Ministry of Justice, 20.7% of all detainees and convicts in penitentiaries are individuals who have committed drug-related crimes. These data also indicate that drug-related crimes rank first among the crimes of those who are in penitentiaries (Turkish Drug Report, 2011).

Opiate substitution treatment is currently not being used in penitentiaries in Turkey. The high rate of HCV and previous prison histories among Injecting drug users highlights the importance of harm reduction methods in penitentiaries, such as the opiate substitution treatment and the syringe program.

6.3. Other Drug Related Health Correlates and Consequences

No new data

6.4. Drug-related Deaths and Mortality Rates Among Addicts

Assoc. Prof. Dr. Bülent ŞAM^{17,18}

Drug-related death (DRD) data are collected and reported by the Ministry of Justice Department of the Institute of Forensic Medicine (ATK) from the existing special death registries (ATK autopsy records). ATK maintains archives of all autopsies performed across Turkey.

In accordance with the “Selection D” definition proposed by the EMCDDA for direct drug related deaths, the 2012 Turkish Drug Report was prepared by taking into consideration deaths that occurred immediately after the intake of one or more illegal substances (opium and its derivatives, cocaine, cannabis, amphetamine and derivatives, hallucinogens) with or without alcohol and/or psychoactive drugs, and deaths that occurred in hospitals following coma that developed due to the use of these substances. Suicide deaths associated with the intake of psychoactive medication were excluded.

All DRDs considered within the scope of this report have been evaluated together with official investigation reports, crime scene investigation reports and autopsy findings; in this context, the events were interpreted as occurring accidentally in association with drug use. Cases related to homicides were excluded.

Indirect cases of DRD includes all cases in which one or more of the abovementioned substances were identified in non-toxic quantities in blood, urine, nose swabs, skin or internal organ samples, but for which the main cause of death was not substance intoxication.

¹⁷ Ministry of Justice Department of the Institute of Forensic Medicine

¹⁸ National Expert of Drug-related Deaths and Mortality Rates

All DRD data were obtained from autopsies.

During toxicological analyses, verification tests (GC/MS and LC/MS/MS) were used for all cases with positive or negative results in scanning tests (CEDIA). Analyses for synthetic cannabinoids in bodily fluids were previously not being performed in Turkey. However, as of August 2012, analysis scanning and verification tests began to be performed for JWH-18 and JWH-73, and the data for these substances will be presented in the 2013 Report.

6.4.1. Direct Drug-related Deaths

105 cases of direct DRDs were observed in 2011. As the general death records from TURKSTAT have not yet been published, a comparison could not be performed with the general death records of 2011.

Table 6-15: The 2007-2011 Breakdown of the Average Ages of Direct DRD Cases according to 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
	Total (n:136)	34.2	18-70
2008	Male (n:140)	34.5	15-70
	Female (n:7)	34.8	17-60
	Total (n:147)	34.5	15-70
2009	Male (n:133)	34.8	15-71
	Female (n:20)	33.2	15-66
	Total (n:153)	34.6	15-71
2010	Male (n:119)	34.4	16-65
	Female (n:7)	31.3	23-42
	Total (n:126)	34.2	16-65
2011	Male (n:100)	33.5	13-79
	Female (n:5)	43.2	22-75
	Total (n:105)	34	13-79

Source: Ministry of Justice, Department of the Institute of Forensic Medicine, 2012; EMCDDA Standard Table 6, 2012

When the direct cases of DRD in 2011 were evaluated according to gender, it was identified that 95.2% (n:100) were male, while 4.8% (n:5) were female. As was the case in previous

years, the breakdown of cases according to gender demonstrates a higher prevalence of drug use among males. The proportion of female cases was similar to the values observed in 2007, 2008 and 2010 (Table 6-15).

The average age for direct DRD cases was 33.5 among males (min:13—max:79), 43.2 among females (min:22 – max:75). The general average, on the other hand, was determined as 34 (Table 6-15). The average age for males was relatively lower compared to the previous years. While an increase was observed for the average age among females, the very low number of cases precludes any further interpretation on these figures for females. However, the average age for all cases is similar to the values observed in previous years.

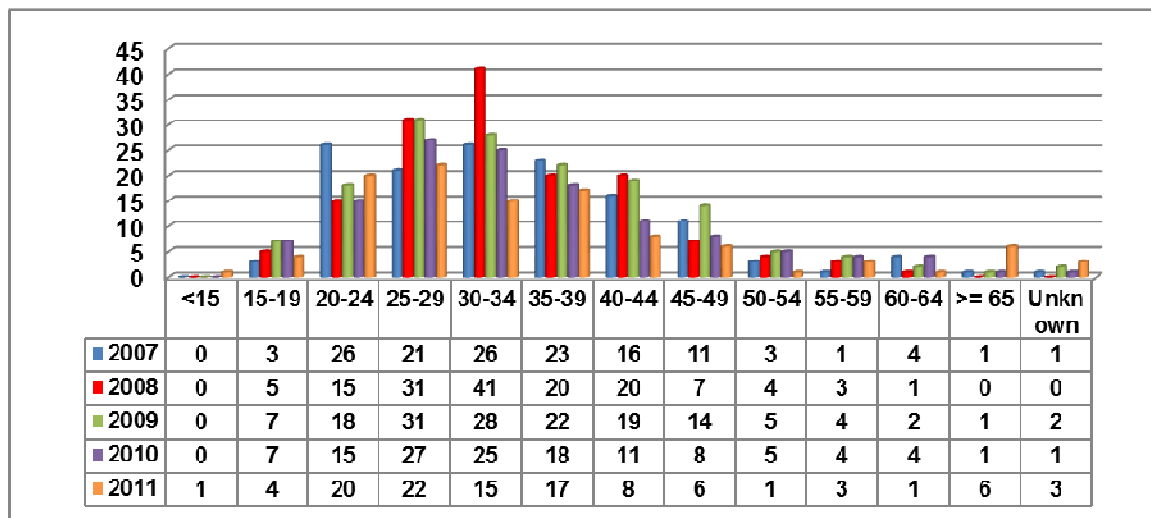
Table 6-16: The 2011 Breakdown of the Age Groups of Direct DRD Cases According to Gender

Age Group	Male	Female	Total
<15	1	0	1
15-19	4	0	4
20-24	18	2	20
25-29	22	0	22
30-34	15	0	15
35-39	16	1	17
40-44	8	0	8
45-49	6	0	6
50-54	1	0	1
55-59	2	1	3
60-64	1	0	1
>=65	5	1	6
Unknown	1	0	1
Total	100	5	105

Source: Ministry of Justice, Department of the Institute of Forensic Medicine, 2012; EMCDDA Standard Table 5, 2012

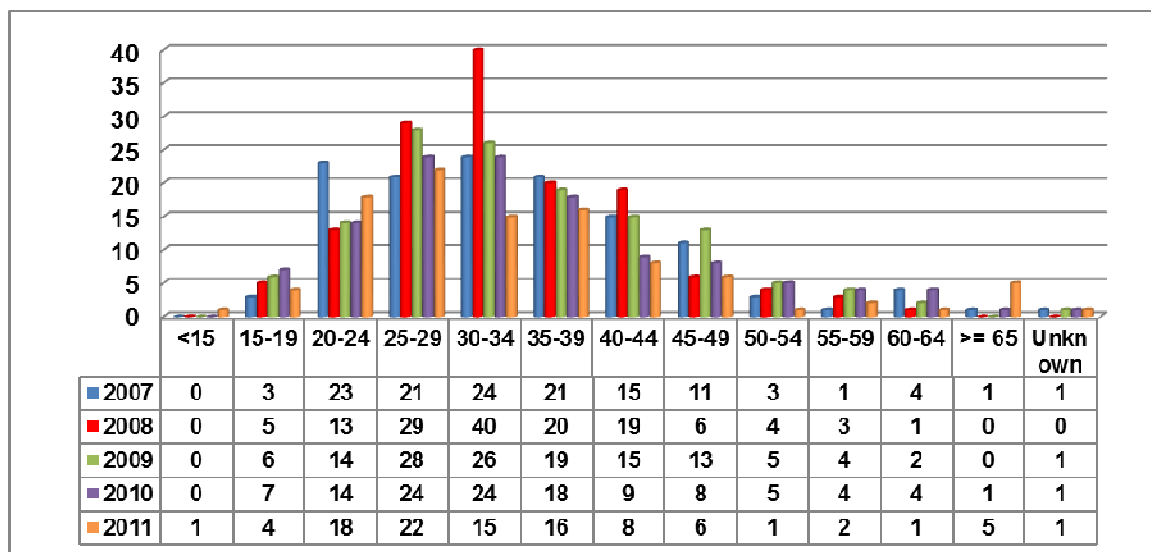
When the breakdown of direct DRDs were evaluated according to age groups, it was determined that 1% of the cases were less than 15 years old, 3.8% were 15-19, 19% were 20-24, 21% were 25-29, 14.3% were 30-34, 16.2% were 35-39, 7.6% were 40-44, 5.7% were 45-49, 1% were 50-54, 2.9% were 55-59, 1% were 60-64, and that 5.7% were 65 years or older. Age was unknown for 1% of the cases (Table 6-16).

Graph 6-2: The 2011 Breakdown of the Age Groups of Direct DRD Cases According to Year



Source: Ministry of Justice, Department of the Institute of Forensic Medicine, 2012; EMCDDA Standard Table 5, 2012.

Graph 6-3: The 2011 Breakdown of the Age Groups of Male Direct DRD Cases According to Year



Source: Ministry of Justice, Department of the Institute of Forensic Medicine, 2012; EMCDDA Standard Table 5, 2012.

The 25-29 years old age group was identified as the group with the highest frequency of direct DRD cases. The ranking, in decreasing order, of the frequency of direct DRDs among the age groups is as follows: the 20-24, the 35-39, the 30-34 and the 40-44 age groups. When the data for the past 5 years were evaluated, it was observed that the frequency ranking among the age groups had the following sequence (in decreasing order): the 30-34, the 25-29, the 35-39, the 20-24 and the 40-44 age groups. In contrast to the previous years, a case of death was identified at less than 15 years of age; a significant increase was also observed in the number of cases that were 65 years or older (Graph 6-2). The breakdown of age among male cases was very close to the total observed for both genders (Graph 6-3); it was not possible to make further comments regarding the breakdown of age among female cases due to the relatively low number of cases.

Table 6-17: The Data for the Past 5 Years Regarding the Provinces with the Highest Frequency of Deaths

	2007	2008	2009	2010	2011
İstanbul	86	93	77	57	45
Adana	4	8	8	14	9
Mersin	0	1	3	3	6
Antalya	8	6	18	15	5
Ankara	3	2	1	4	5
Gaziantep	10	10	9	9	4
Elazığ	0	8	2	1	1
Van	3	10	4	1	3

Source: Ministry of Justice, Department of the Institution of Forensic Medicine, 2012.

When direct substance-related deaths were evaluated according to the provinces, it was identified that the cases of death occurred in a total of 28 provinces, and that the highest death rate (42.9%) was observed in İstanbul. In terms of the frequency of substance-related deaths, the provinces with the highest rates after İstanbul were (in decreasing order): Adana (8.6%), Mersin (5.7%), Antalya (4.8%), Ankara (4.8%), Gaziantep (3.8%), Nevşehir (2.9%) and Van (2.9%). 2 cases (1.9%) of direct DRDs were identified in each one of the provinces of Aksaray, Batman, Bursa, İzmir and Samsun, while only 1 case (0.95%) was identified in each one of the provinces of Amasya, Aydın, Balıkesir, Bingöl, Diyarbakır, Elazığ, Hatay, Kahramanmaraş, Kayseri, Kilis, Kocaeli, Mardin, Osmaniye, Sinop and Trabzon.

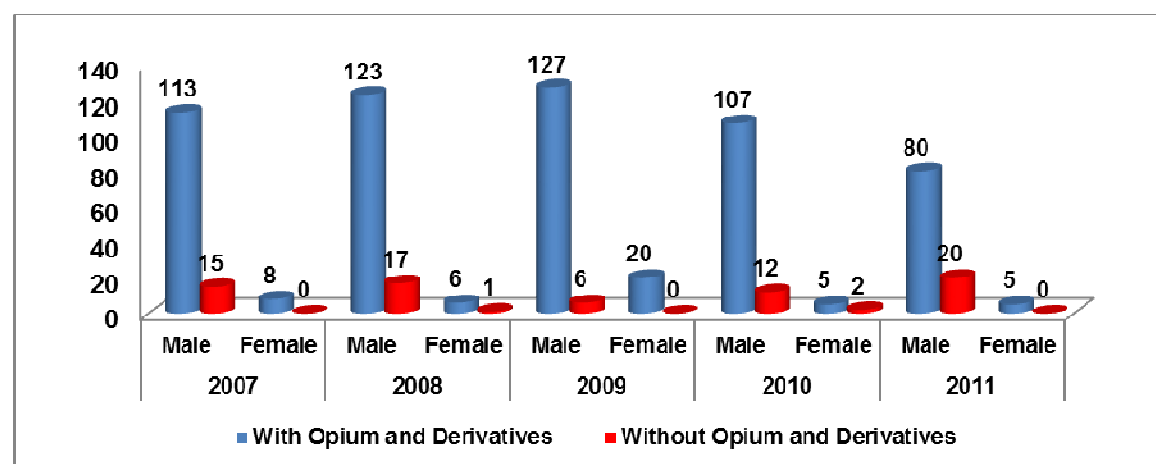
In comparison to the number of direct DRDs in İstanbul in 2010 (n:57), the number of direct cases of DRD decreased by 21.1% to 45 in 2011. A consistent decrease was observed since 2008 in the number of direct DRDs in İstanbul. The ranking of provinces according to the number of direct DRD cases has changed in 2011. The number of deaths in the province of Mersin has been increasing since 2008, and this province now ranks 3rd with regards to the frequency of direct DRDs. Adana, Mersin and Antalya are provinces that are sequentially neighboring one another on the east – west axis, and the frequency of death in these provinces displays an increase in parallel with this sequence. A significant decrease was observed in 2011 for Gaziantep, which in previous years was one of the provinces with the highest death rates (Table 6-17).

Table 6-18: The Breakdown of Direct Drug-related Deaths According to Gender when only Opium Derivatives are considered in 2011

Intoxication	Male	Female	Total
Only opium derivatives (except methadone)	56	5	61
Only methadone	0	0	0
Poly drug use including opium derivatives	24	0	24
Poly drug use without opium derivatives	20	0	20
Total	100	5	105

Source: Ministry of Justice, Department of the Institution of Forensic Medicine, 2012

Graph 6-4: The 2007-2011 Breakdown of Direct Drug-related Deaths According to Gender when only Opium Derivatives are considered



Source: Ministry of Justice, Department of the Institute of Forensic Medicine, 2012; EMCDDA Standard Table 5, 2012.

In parallel with previous years, the cause of death observed among the majority of cases in 2011 was high dose or poly drug use. Among 81% of the cases (n:85), the use of at least one opium derivative substance (in some cases with another substance or more substances and with only fentanyl in 1 case) was identified. Among 19% of the cases (n:20), the use of substances without opium derivatives (with 5 cases using volatile substances, 1 case using only cocaine, 1 case using cocaine, MDMA and MDA, 1 case using cocaine, cannabis, MDMA and MDEA and 12 cases using MDMA, MDA, MDEA (with 4 cases also using cannabis) were identified (Table 6-18) (Table 6-19) (Graph 6-4).

With the exception of 2009, the number of deaths related to opium derivatives use has been steadily decreasing since 2008. In 2011, a 25.2% decrease in the number of male cases (n:80) was identified in comparison to the previous year; the number of female cases (n:5), on the other hand, has remained the same. Compared to the previous year, a 43% increase was observed in the number of deaths caused by intoxication with non-opium derivative drugs (Graph 6-4).

Table 6-19: The 2007-2011 Breakdown of the Substances Identified in the Toxicological Analyses of the Cases

	2007 (n)	2007 (%)	2008 (n)	2008 (%)	2009 (n)	2009 (%)	2010 (n)	2010 (%)	2011 (n)	2011 (%)
6-MAM*	97	71.3	82	55.8	93	60.8	76	60.3	42	40
Morphine	21	15.4	45	30.6	38	24.8	34	27	42	40
Codeine	34	25	78	53.1	101	66	75	59.5	64	61
Other opioids	0	0	5	3.4	3	2	5	4	4	3.8
Cocaine	10	7.4	15	10.2	5	3.3	15	12	10	9.5
Benzodiazepine	14	10.3	14	9.5	16	10.5	23	18.3	17	16.2
Methamphetamine	0	0	0	0	0	0	6	4.8	2	1.9
Amphetamine	0	0	0	0	0	0	0	0	4	3.8
MDMA/MDA/MDEA	18	13.2	10	6.8	0	0	1	0.8	19	18
Anti-depressants	3	2.2	18	12.2	13	8.5	7	5.6	3	2.9
Neuroleptics	3	2.2	1	0.7	3	2	3	2.4	3	2.9
Other psychotropic medication	5	3.7	3	2	4	2.6	2	1.6	6	5.7
Volatiles	3	2.2	7	4.8	6	3.9	7	5.6	5	4.8

Cannabis	18	13.2	20	13.6	20	13.1	21	6.3	20	19
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* Note: 6-MAM is a heroin metabolite.

Source: Ministry of Justice, Department of the Institution of Forensic Medicine, 2012

Table 6-19 provides a detailed list of the substances identified in the toxicological analyses performed for the cases of direct DRDs that have occurred within the last 5 years. Only 6-MAM was listed for cases in which 6-MAM and morphine were identified together. For this reason, the number of cases in 2009 in which morphine was identified was reduced.

Together with opium derivatives, the following substances, listed in the order of frequency, were also used: cannabis (n:16), cocaine (n:7), ecstasy (MDA, MDMA, MDEA), methadone (n:3), methamphetamine (n:2) and amphetamine (n:2).

The substances identified within heroin were, in the order of frequency: paracetamol (n:19), benzodiazepine derivatives (n:16), dextromethorphan (n:12), chlorpheniramine (n:7), pseudoephedrine (n:6) and lidocaine (n:4).

In contrast to the previous years, 12 cases of deaths related to ecstasy (MDMA/MDA/MDEA) use were identified, with 2 cases also having used amphetamine. 3 cases of death related to cocaine use were identified, with 2 of these cases also having used ecstasy. 3 cases of death related to solvent (toluene) inhalation and 2 cases of death related to lighter fluid (n-butane) identified were also identified in 2011.

A case of death was identified in a Body-Packer (a person carrying substances in his/her stomach/intestines) of Dominican nationality in 2011. Packs of cocaine, among which one had ruptured, were extracted from this Body-Packer's gastrointestinal system.

When the direct cases of DRD in 2011 were evaluated according to nationality, it was identified that 16.2% (n:17) were of foreign nationality. Among the cases with foreign nationality, it was identified that 5 were of Georgian nationality, 4 were of Turkmenistan nationality, and 2 were of Iranian nationality. In addition, cases of German, Azerbaijani, Dominican, Moroccan, British and Pakistani nationality were also identified, with a single case for each one of these nationalities. Except for one of these cases (the Body-Packer), the drug used in all of these direct DRDs were opium derivatives. 14 of these death cases have occurred in İstanbul, while the remainder have occurred in Aydın and Van.

The number of cases involving foreign nationals was 13 in 2007, 32 in 2008, 33 in 2009 and 30 in 2010. In the cases of death among foreign nationals over the past 5 years, cases involving individuals of Georgian and Turkmenistan nationality are the most frequent.

6.4.2. Indirect Drug-related Deaths

260 cases of indirect DRDs were observed in Turkey in 2011.

Table 6-20: The Breakdown of the Average Ages of Indirect DRD Cases according to 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
2011	Male (n:248)	33.9	14-79
	Female (n:12)	33.7	21-61
	Total (n:260)	33.9	14-79

Source: Ministry of Justice, Department of the Institution of Forensic Medicine, 2012.

95.4% (n:248) of the cases were male, while 4.6% (n:12) were female. The proportion of female cases was 6.7% in 2008, 2.8% in 2009 and 3.5% in 2010. The average age for males was calculated as 33.9 (min-max: 14-79), the average age for females was calculated as 33.7 (min-max: 21-61), and the average age for all cases was calculated as 33.9 (min-max: 14-79). The average age for males was similar to its value in the previous year. However, the age average for females was considerably below its previous values for the past 2 years, and quite close to the age average observed for males. As the number of female cases is significantly higher in comparison to the previous years, the age average reflects more accurately the actual values that are applicable for females (Table 6-20).

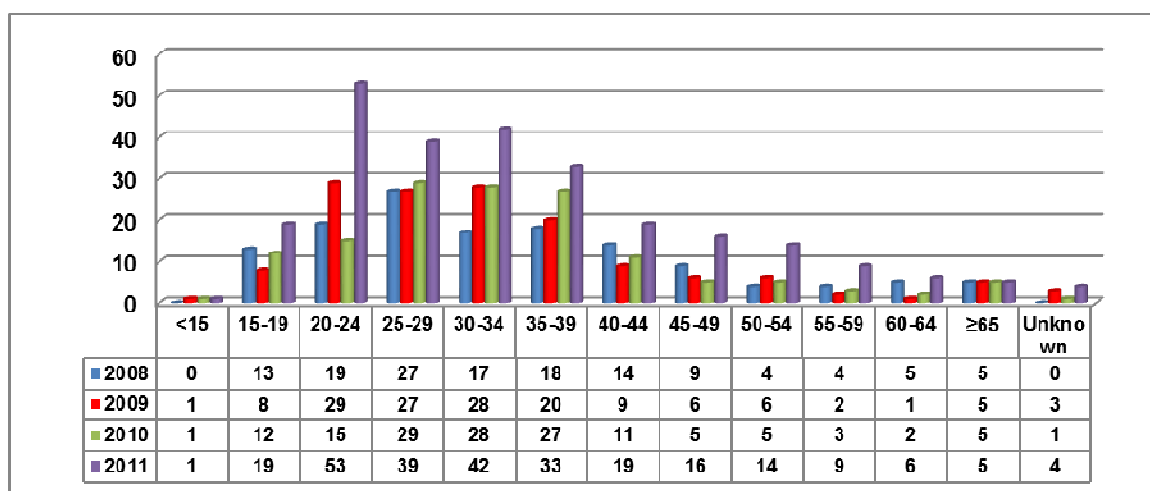
Table 6-21: The Breakdown of the Age Groups of the Cases According to Gender

Age	Male	Female	Total
<15	1	0	1
15-19	19	0	19
20-24	51	2	53
25-29	37	2	39
30-34	38	4	42
35-39	31	2	33
40-44	18	1	19
45-49	16	0	16
50-54	14	0	14
55-59	9	0	9
60-64	5	1	6
≥65	5	0	5
Unknown	4	0	4
Total	248	12	260

Source: Ministry of Justice, Department of the Institution of Forensic Medicine, 2012.

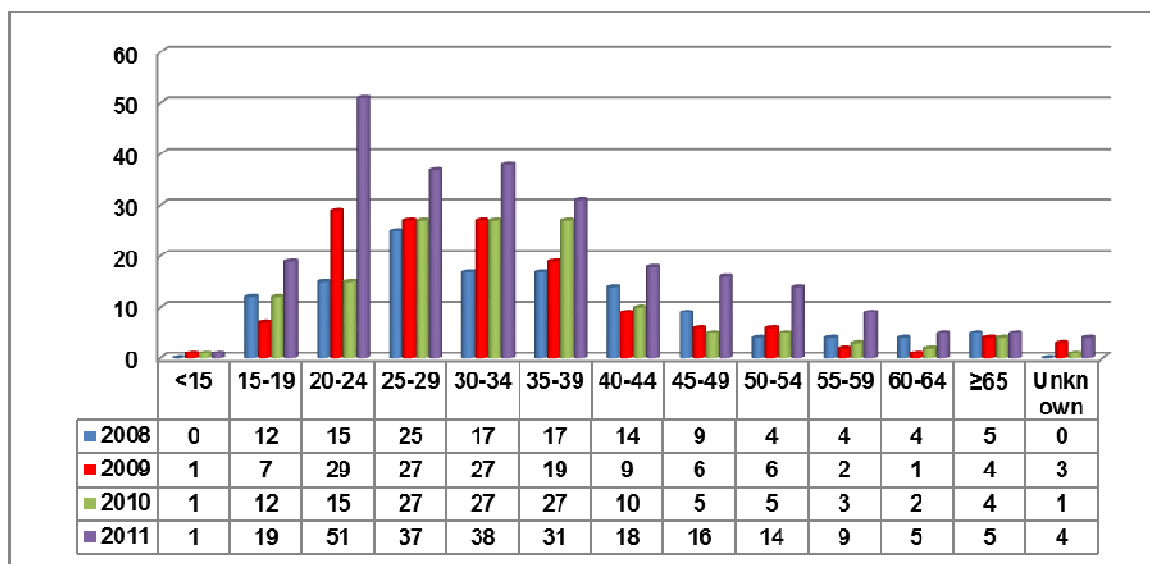
When indirect Drug-related deaths were evaluated according to the age groups, it was determined that 1 case was less than 15 years old, 19 cases were within the 15-19 age group, 53 cases were within the 20-24 age group, 39 cases were within the 25-29 age group, 42 cases were within the 30-34 age group, 33 cases were within the 35-39 age group, 19 cases were within the 40-44 age group, 16 cases were within the 45-49 age group, 14 cases were within the 50-54 age group, 9 cases were within the 55-59 age group, 6 cases were within the 60-64 age group and that 5 cases were 65 years or older. Age was unknown for 4 of the cases (Table 6-21).

Graph 6-5: The 2011 Breakdown of the Age Groups of Indirect DRD Cases According to Year



Source: Ministry of Justice, Department of the Institution of Forensic Medicine, 2012.

Graph 6-6: The 2011 Breakdown of the Age Groups of Male Indirect DRD Cases According to Year



Source: Ministry of Justice, Department of the Institution of Forensic Medicine, 2012.

The 20-24 years old age group was identified as the group with the highest frequency of indirect DRD cases. The ranking, in decreasing order, of the frequency of indirect DRDs

among the age groups is as follows: the 30-34, the 35-39, the 30-34 and the 40-44 age groups. When the data for the past 4 years was evaluated, it was observed that the frequency ranking among the age groups had the following sequence (in decreasing order): the 25-29, the 20-24, the 30-34, the 35-39, the 40-44, the 15-19, the 45-49, the 50-54, the ≥65, the 55-59 and the 60-64 age groups. Age was unknown for 8 of the cases (Graph 6-5). The breakdown of age among male cases was very close to the total observed for both genders (Graph 6-6); it was not possible to further comment regarding the breakdown of age among female cases due to the relatively low number of cases.

Table 6-22: The Breakdown of Indirect Drug-related Deaths According to Gender when only Opium Derivatives are considered

CAUSE OF DEATH	MALE		FEMALE		TOTAL	
	OPIATE	OPIATE	OPIATE	OPIATE	N	%
	+	-	+	-		
Firearm injury	5	52	0	3	60	23.1
Traffic accident	10	29	1	1	41	15.8
Cardiovascular disease	3	34	1	0	38	14.6
Penetrating stab wounds	3	25	0	1	29	11.2
Unknown	0	21	2	0	23	8.8
Hanging	5	17	0	0	22	8.5
Falling from height	1	11	0	0	12	4.6
Drowning	0	11	1	0	12	4.6
Pathological cerebral hemorrhage	1	2	0	0	3	1.2
Electrical injury	2	1	0	0	3	1.2
Medication intoxication	0	3	0	1	4	1.2
Exposure to an environment in fire	1	2	0	0	3	1.2
Carbon monoxide intoxication	0	2	0	0	2	0.8
Pulmonary infection	1	1	0	0	2	0.8
Blunt head trauma (homicide)	1	0	0	0	1	0.4
Cyanide intoxication	0	1	0	0	1	0.4
Glider accident	0	1	0	0	1	0.4
Strangulation	0	0	1	0	1	0.4
Alcohol intoxication	1	0	0	0	1	0.4
Occupational accident	0	1	0	0	1	0.4
Total	34	214	6	6	260	100

Source: Ministry of Justice, Department of the Institution of Forensic Medicine, 2012

When the breakdown of the causes of death among the cases were evaluated, it was observed that, in parallel with previous years, the most frequent cause of death was firearm injuries. In terms of frequency, the following causes of deaths were, in decreasing order: traffic accidents, cardiovascular diseases, penetrating stab wounds, and hanging (Table 6-22).

Table 6-23: The 2008-2011 Breakdown of Substances Identified as a Result of the Toxicological Analyses of the Cases

	2008 (n)	2008 (%)	2009 (n)	2009 (%)	2010 (n)	2010 (%)	2011 (n)	2011 (%)
6-MAM*	3	2.2	8	5.5	17	11.8	8	3
Morphine	15	11.1	17	11.7	13	9	30	11.5
Codeine	12	8.9	10	6.9	15	10.4	29	11.2
Other opioids	0	0	2	1.4	1	0.7	0	0
Cocaine	12	8.9	12	8.3	9	6.3	19	7.3
Benzodiazepine	2	1.5	0	0	4	2.8	0	0
Methamphetamine	3	2.2	2	1.4	4	2.8	5	1.9
Amphetamine	0	0	0	0	0	0	20	7.7
MDMA/MDA/MDEA	10	7.4	0	0	9	6.3	35	13.5
Anti-depressants	2	1.5	0	0	2	1.4	0	0
Neuroleptics	0	0	1	0.7	0	0	0	0
Other psychotropic medication	1	0.7	4	2.8	1	0.7	5	1.9
Volatiles	1	0.7	3	2.1	0	0	0	0
Cannabis	87	64.4	107	73.8	108	75	197	75.8

* Note: 6-MAM is a heroin metabolite.

Source: Ministry of Justice, Department of the Institution of Forensic Medicine, 2012

Toxicological analyses identified opium derivatives or opium derivatives with another substance or substances in 15.4% (n:40) of the cases. Cannabis, cocaine and one or several amphetamine derivatives were identified in 84.6% (n:220) of the cases, with some of the cases also having used alcohol and other psychotropic medication along with these substances (Table 6-23). In 2010, opium derivative or opium derivatives with another substance or substances was identified in 21.5% (31) of the cases (Turkish Drug Report, 2011).

Cannabis was identified in 75.8% (n:197) of the cases, heroin in 3% (n:8) (with codeine in of the 6 cases), morphine in 11.5% (n:30) (with codeine in of the 20 cases), cocaine in 7.3% (n:19) of the cases, ecstasy in 13.5% (n:35) (with methamphetamine in 2 of the cases, and

with amphetamine in 13 of the cases), methamphetamine in 1.2% (n:3) and amphetamine in 2.7% (n:7) of the cases. An increase in the use of amphetamine derivatives was observed compared to the previous years (Table 6-23).

Table 6-24: The Breakdown of Indirect Drug-related Deaths According to Gender when Origins are considered

Type of Death/Origin	Male	Female	Total
Natural/internal reasons	42	1	43
Accidents excluding intoxication	70	3	73
Suicide excluding intoxication	29	1	30
Homicide excluding intoxication	78	5	83
Unknown causes excluding intoxication	29	2	31
Total	248	12	260

Source: Ministry of Justice, Department of the Institution of Forensic Medicine, 2012

When the cases were evaluated according to the method of death (origin), it was identified that 31.9% died as a result of homicide, 28.1% as a result of accidents, 16.5% as a result of natural deaths and 11.5% as a result of suicides. The type of death could not be identified for 11.9% of the cases (Table 6-24). This ranking among the different types of death is similar to the one observed in previous years.

The number of cases of foreign nationality was 10 (3.8%); the nationality of cases was determined as Turkmenistan (n:3), Azerbaijan (n:2), Romania (n:2), Morocco (n:1), Palestine (n:1) and Russia (n:1).

When indirect DRDs were evaluated according to the provinces, it was identified that the cases of death occurred in 39 provinces, and that the highest death rate (37.7%) was in İstanbul. In terms of the frequency of Drug-related deaths, the provinces after İstanbul with the highest rates were (in decreasing order) İzmir (5.8%), Ankara (5.4%), Antalya (5%), Diyarbakır (4.6%), Adana (3.8%), Bursa (3.8%), Sakarya (3%), Tekirdağ (3%), Samsun (2.7%), Aydın (2.3%), Manisa (2.3%), Balıkesir (1.9%), Gaziantep (1.5%), Malatya (1.5%), Mersin (1.5%) and Trabzon (1.5%) The provinces of Kayseri, Kırklareli and Osmaniye had 3 (1.2%) cases each; the provinces of Erzurum, Kocaeli, Mardin and Siirt had 2 (0.8%) cases each; the provinces of Aksaray, Artvin, Batman, Bilecik, Çanakkale, Denizli, Düzce, Edirne, Eskişehir, Kilis, Konya, Muğla, Nevşehir, Rize and Tunceli had 1 (0.4%) case each.

6.4.3. Comparison and Tendency Analysis

In 2011, the number of direct DRDs has continued to decrease as it had in 2010. The rate of decrease in 2011 was 16.7% in comparison to 2010 (2007: 136, 2008: 147, 2009: 153, 2010: 126, and 2011: 105). The main reason for the decrease is the 33.7% reduction in direct DRDs observed in the provinces of İstanbul, Antalya, Adana and Gaziantep, which are normally provinces in which the majority of direct DRDs are observed (direct DRDs 2010: 95, 2011: 63). In İstanbul, 74 Turkish citizens were identified with direct DRD in 2007, while 65 were identified in 2008, 53 were identified in 2009, 36 were identified in 2010 and 31 were identified in 2011. In İstanbul, there is rapid decreasing trend in direct DRDs that has been ongoing for the last 5 years.

It is believed that there are various different reasons underlying this decrease in the number of direct DRD cases, which is associated with the decrease in the use of opium derivatives. Following the 48% decrease in the production of opium in Afghanistan in 2010 (UNODC Afghanistan Opium Survey, 2010:12), the availability of heroin in the Turkish markets was affected. Furthermore, the increased risk associated with the transfer of heroin produced in Afghanistan through Turkey, the increase in heroin prices, the transportation of heroin to Europe via airways and seaways from Pakistan and via Airways from Iran, and the adoption of different trafficking methods by organizations in Turkey are considered as significant factors that have affected availability of heroin in Turkey (See Section 10 and the UNODC 2011 World Drug Report).

In parallel to the adoption of different types of trafficking by organizations in Turkey, the rate of using drugs without opiate derivatives increased 6% in indirect drug related deaths and 8% in direct related deaths compared to 2010 (Graph 6-4, Table 6-22).

Cannabis was the most frequently used (75.8%) drug in indirect DRDs and the second most frequently used (19%) drug in direct DRDs. According to the results of the Problem Cannabis Users Estimate Survey conducted by TUBİM, the number of cases which was 785 in 2009 in 3 major cities (İstanbul, Ankara, İzmir), was estimated to be 1251 in 2010 (See section 4). Indirect DRD data shows that there has been an increase in cannabis use over the years; the number of cases which was 87 in 2008, increased to 107 in 2009, to 108 in 2010 and to 197 in 2011.

Both in cases of direct and indirect DRDs, a very significant increase is being observed in ecstasy use compared to the previous years. Among cases of direct DRD, ecstasy use was identified in 9 individuals (6.3%) in 2010, and in 35 individuals (13.5%) in 2011. Among cases of indirect DRD, ecstasy use was identified in 1 individual (0.8%) in 2010, and in 19 individuals (18%) in 2011. In support of this observation regarding the increase in ecstasy DRDs, the number of ecstasy tablets seized in 2011 in Turkey was 45.7% higher in comparison to the 2010. As a result of the use of cheaper alternative chemicals, the ecstasy tablets introduced into the market at lower prices have revived the demand for this substance (TNP KOM Report, 2011:40). It is known that some of the ecstasy tablets seized in recent times also contain amphetamine (See Section 10). In parallel with this information, amphetamine was identified together with MDA/MDMA/MDEA in 17 of the direct and indirect DRD cases in 2011 (Table 6-19 and Table 6-23).

In 2010, methadone use together with other opium derivatives was identified in 3 direct DRD cases. One of these cases was of foreign nationality. As of 2010, the suboxone (buprenorphine + naloxone) preparation began to be used in Turkey for the treatment of drug addiction. No cases of death associated with suboxone use have been identified.

Methamphetamine use was identified in 7 of the direct and indirect DRD cases that occurred in 2011. One of these cases was observed in Gaziantep, while 6 cases were observed in İstanbul. It is considered that the use of methamphetamine will continue in the ensuing years. The amount of methamphetamine seized was 103 kg in 2009, 125 kg in 2010, and 350 kg in 2011 (See Section 10).

The substances identified within heroin (paracetamol, benzodiazepine derivatives, dextromethorphan, chlorpheniramine, pseudoephedrine and lidocaine) are adulterants used in order to decrease the purity of heroin.

With three cases due to toluene and two cases due to lighter fluid (n-butane) in 2011, a 4.8% increase was identified in the direct DRD cases associated with the inhalation of volatiles. There have been claims in recent years regarding deaths related to lighter fluid use in Turkey. Data regarding such deaths were observed in DRD data for the first time in 2011. Thus, the use of lighter fluids was confirmed by these cases. While attempting to solve the complexities associated with the countering of solvent inhalation-related deaths (such as controlling the sale of such substances), Turkey is now faced with a new and serious volatile substance problem due to widespread availability and attainability of lighter fluid and the quasi-absence of means to prevent its use as a substance.

One of the itineraries followed in heroin trafficking in Turkey is the Southern Route. After passing through Hakkari - Şırnak - Mardin - Şanlıurfa - Gaziantep - Osmaniye - Adana, one of the branches of this route follows the southern coastline and reaches the provinces of Mersin and Antalya (EGM KOM 2010 Report). In fact, as was the case in previous years, confirmed cases of direct DRDs have been identified in all provinces that are crossed by this route. Moreover, 26.7% (n:28) of all direct DRDs have occurred in provinces along this route. In 2010 and 2011, the breakdown of patients who received inpatient treatment according to their residential province supports this information and the first 4 provinces in this group are along this route. Although there have been significant decreases in 2011 in the provinces of Gaziantep, Adana and Antalya, which are crossed by the Southern Route and have the highest frequency of DRDs, a considerable increase was also observed in the province of Mersin. While no direct DRD cases were observed in the province of Mersin in 2007, 6 cases were identified in 2011, and the cause of death for all of these cases was determined to be associated with opium and opium derivative use. In 2011, Mersin was the 6th ranking province in Turkey in terms of the amount of heroin seized (See Section 10).

While direct DRD cases are mostly observed in İstanbul as well as the provinces along the Southern Route, the ranking of provinces with respect to the frequency of indirect DRD cases is in parallel with population density. While direct DRD cases have not been observed in İzmir in previous years (2 cases of death reported in 2011, one related to ecstasy use and the other related to heroin use), it is the province with the highest frequency of indirect DRD cases. Among the cities with a population more than 300000, after Bursa, İzmir is the second large province in Turkey with the least heroin seized (See Section 12). In 2010, a PDU (Problem Drug Use) Study was conducted by TUBİM in the provinces of Ankara, İstanbul and İzmir within the context of the IPA-3 Project. During the interviews conducted within the scope of this study with specialists working in drug-related fields in the province of İzmir, it was reported that İzmir and its territories did not have any issues pertaining to problematic substance use according to the definitions of the EMCDDA. It was also reported that there is common consensus regarding cannabis's role as a substance that leads to problems and problematic drug use (Turkish Drug Report, 2011).

As it was the case in previous years, the majority of the cases of foreign nationality in 2011 were citizens of countries on the Northern Black Sea Route (Georgia, Turkmenistan, and Azerbaijan).

While the proportion of indirect DRDs involving females has increased (to 4.6%) in comparison to 2010 (3.5%), the proportion of direct DRDs involving females has decrease (to 4.8%) in comparison to 2010 (5.6%). According to the data obtained by the Ministry of Health regarding patients receiving inpatient treatment: it was observed that among those who received treatment for the first time in 2011, 93.54% (1014) were male, 6.46% (70) were female; among those who received treatment before, 92.81% (916) were male, 6.99% (69) were female (See Section 5). The limited availability of death-related data precludes any proper comparisons.

In 2011, direct DRD cases were most frequently observed in the 25-29 years old age group, while indirect DRD cases were most frequent observed in the 20-24 years old age group. In terms of ranking with regards to the frequency of direct DRDs, age groups can be listed, in decreasing order, as: the 20-24, the 35-39, the 30-34, the 40-44, the 45-49 and the 15-19 age groups. With regards to the frequency of indirect DRDs, on the other hand, age groups can be listed, in decreasing order, as: the 30-34, the 25-29, the 35-39, the 15-19, the 40-44 and the 45-49 age groups. The data of the Social Security Institution supports this outlook and it was determined that the breakdown of the age groups of people who received drug addiction treatment continued to be 20 – 24, 25 – 29, 30 – 34, 15 – 19 in terms of frequency (See. Section 5) Among the direct and indirect DRD cases observed in 2011, a significant increase was observed within the 20-24 years old age group in comparison to the previous years. The ratio of the 15-24 years old age group to the 25-34 years old age group was $24/37 = 0.65$ for direct DRD cases, and $72/81 = 0.88$ for indirect DRD cases. These findings are in accordance with the results of the TUBİM 2011 GPS Study, where the lifetime usage rate of any substance was calculated as 2.9% for the 15-24 years old age group, and as 3.1% for the 25-34 years old age group (See Section 2).

The age average was 34 among direct DRD cases, while the age average among indirect DRD cases was 33.9. According to the results of the TUBİM 2011 GPS Study, the age average was 36.10 ± 13.38 , while the median age was 34.00 (See Section 2).

Among indirect DRDs, while the rate of death associated with traffic accidents was 13.8% (n:20) in 2009, it increased to 13.9% (n:20) in 2010 and to 15.8% (n:41) in 2011. 15.8% (n:41) in 2011. This rate was 13.9% in 2010 (n:20) and 13.8% (n:20) in 2009. This increase emphasized the importance of performing substance control on drivers in suspicious cases. By enacting the necessary regulations, substance screening tests should be introduced and implemented in highways, with verification tests being performed for cases with positive results.

SECTION 7

RESPONSES FOR HEALTH CORRELATES AND CONSEQUENCES

7.1. The Prevention of Drug-related Emergencies and Deaths

No new data.

7.2. Prevention and Treatment of Drug-related Infectious Diseases

Dr. Elif MUTLU¹⁹

Various programs are currently being conducted by both treatment centers and non-governmental organizations for the prevention of infectious diseases in drug users.

SAMBA (Cigarette, Alcohol and Drug Addiction Treatment Program) is a program designed from the treatment of drug addiction. It consists of 17 sessions, and includes program subunits on topics such as general information, increasing motivation, relapse prevention, anger management, and coping with stress and communication. The session in the SAMBA program on harm reduction entitled “the methods for staying healthy” aims to provide fundamental knowledge and skills on protection against infectious diseases. This session describes the relationship between infectious diseases and drug use, protection, and treatment. Other infectious diseases such as HIV, Hepatitis B, Hepatitis C, tuberculosis and influenza are discussed. SAMBA is currently implemented in certain drug addiction treatment centers and in the Probation Offices affiliated with the Ministry of Justice. Plans are made to render the SAMBA program more common.

MAKEP (Development Project for Culturally Compatible Protective HIV/AIDS Education Program for Adolescent and Adult Drug Users) is a project that aims to provide information to drug using adolescents and adults, who are under high risk for the spread of sexual diseases and other problems. This project is conducted by the Yeniden Health and Education Association, with the grant funding provided by the Ministry of Health within the context of the HIV/AIDS Prevention and Support Project, and with the contributions of the Fight Against AIDS Association. The main objectives of the MAKEP project are as follows:

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1. To develop a protective educational program and various training materials on HIV/AIDS that are culturally compatible and applicable to different groups for drug using adolescents and adults.
2. To present these programs to those who deal with drug users, and to provide education regarding the application of the programs.
3. To have the programs implemented for adolescents and adults by these workers.
4. To ensure that protective information on HIV/AIDS as well as quality services are provided to drug using adolescents and adults.

The materials developed within the context of the MAKEP project are currently being used in penitentiary institutions.

In another harm reduction project conducted for penitentiaries by the Ministry of Justice with the support of MATRA (Pre-Accession Projects Program) funds, various training materials have been developed for the convicts, the workers in these penitentiaries, and for the families of the convicts. The implementation of the program was initiated in penitentiaries in İstanbul.

7.3. Responses to Other Health Correlates Among Drug Users

No new data.

SECTION 8

SOCIAL CORRELATES AND SOCIAL REINTEGRATION

Bülent ÖZCAN²⁰
Oğulcan KAYHAN²¹

8.1. Introduction

Addiction is an important social issue that adversely affects the social functioning of individuals and has social repercussions. While the medical aspect of this social issue is very important, the psychological, social and economic aspects of addiction are also important from a determinist perspective. If such as perspective is not taken into account when developing solutions for the issue of drug addiction, problems associated with relapse and the inability to provide lasting solutions will be encountered, as is the case in practice. As such, this process will affect not only the individual who is experiencing the problem of addiction, but also the individual's family and, in general, the members of the society in which he/she lives (Erbay E., Sevin Ç., 2008).

When considered within the context of social issues, it would be incorrect to think of drug addiction as a single-faceted issue with linear consequences. This is because drug addiction is interrelated and intertwined with many other social issues. It is both the cause and the consequence of many social issues (Erbay E., Sevin Ç., 2008).

Among the 2,117 drug addicts treated in 2011 as inpatients in treatment centers affiliated with the Ministry of Health, 49.3% (1044) expressed that they were unemployed, while 64.8% (1372) expressed that they had only an elementary school education (EMCDDA, Standard Table 34, 2012)

It was not possible to obtain information on whether the drug users had lost their jobs due to addiction or they began to use drugs because of unemployment. However, it is considered that both cases could be possible. Considering the high rate of unemployment among drug users, providing vocational training to drug users receiving treatment and ensuring that they find jobs will facilitate the reintegration of addicts into society.

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When the data collected regularly and annually by TURKSTAT, regarding children who were taken to security institutions are evaluated, the importance of rehabilitation services for children who are led to crime becomes apparent.

In the study in question conducted by TURKSTAT, when a review was performed on the data for 84916 children according to the crime they were charged with and according to the number of times they were in security institutions, it was observed that:

- 48.96% (41576) of the children expressed that they had not been taken to security institutions previously, 0.07% (62) expressed that they had been in a security institution on a single occasion, and 50.96% expressed that they had been in security institutions more than once.
- 37.74% (32048) of the children used an addictive substance (cigarette, alcohol, drugs). 75.29% (24130) of these were cigarette users.

Among the reasons for being taken to security institutions, the proportion of crimes related to the use, dealing, or purchase of drugs or stimulants was 5.16% (4388). Of these children:

- 36.71% (1611) expressed that they had not been taken to security institutions before, while 63.29% (2776) expressed that they had been taken to security institutions more than once.
- 72.92% (3200) expressed that they used addictive substances (cigarette, alcohol, drugs), while 27.08% (1188) expressed that they did not use any substances (TURKSTAT, Children Who Are Taken to Security Institutions, 2011).

63.29% of the 4388 children who have been taken to security institutions for the use, dealing, or purchase of drugs or stimulants have been brought to these institutions more than once, and 72.92% of these children were addictive substance users (cigarettes, alcohol, and drugs). These data are strong indications of the importance that must be placed on rehabilitation services for children who are led to drug-related crimes.

In 2011, topics related to the rehabilitation of children were discussed during the International Symposium on Children at Risk and in Need of Protection. The 2011 theme of the symposium was selected as the "Protection of Children of from Drug Addiction." Nearly 600 participants from 40 different countries participated in this symposium, organized in Ankara on April 20-22, 2011. In the final declaration that was prepared at the end of the symposium, it was mentioned that:

- “The treatment and rehabilitation of drug addiction is important... but that the protection of children from drug addiction is far more important...”
- It is necessary to improve the treatment and rehabilitation services for children and to provide psychosocial and developmental support.
- Prejudices and stigmatizing attitudes towards drug using children in society should be prevented, and it is of great importance for the media to act with greater sensibility on this subject...
- To overcome the issue of drug addiction, it is necessary to develop new social policies and regulations... developing solution-oriented social policies, and ensuring that their expected positive values are adopted by society, is very important to resolve this issue... In this context:
 - Coordination between institutions must be ensured and strengthened, concerning the activities against drug use among children...
 - Care should be taken such that children who are led to crime are not victimized once again from the moment the judicial system becomes involved...
 - Probation and injunction decisions should be implemented in a manner that is effective and rehabilitative, and in a way that enables the reintegration of the individual into society...²².

In 2011, 1963 individuals have participated to the survey performed by the personnel at TUBİM's provincial contact points, which included drug-using individuals for whom legal procedures were being followed by the police for the possession/use of drugs. The survey was performed through face-to-face meetings with these individuals. When the results of the survey are evaluated, it can be seen that 49.47% of the 1963 individuals (971) had a previous criminal record, while 64.16% of these 971 individuals (623) had criminal records for drug-related crimes. It was not possible to obtain information on whether the drug users committed crimes in order to obtain drugs, or whether the crimes were committed as a consequence of the influence of these drugs. However, the fact that nearly 50% of those who committed crimes had previous criminal record demonstrates the necessity of post-penitentiary rehabilitation programs in order to prevent the tendency towards crime.

Turkey has adopted an approach that considers drug addiction a disease and an important public health issue. In the National Drug Policy and Strategy Document, which especially emphasizes treatment and post-treatment processes, the development of improvement and social reintegration programs were considered one of the main objectives.

²² http://www.asayis.pol.tr/belge/2011_sempozyum_sonuc_bildirgesi.pdf

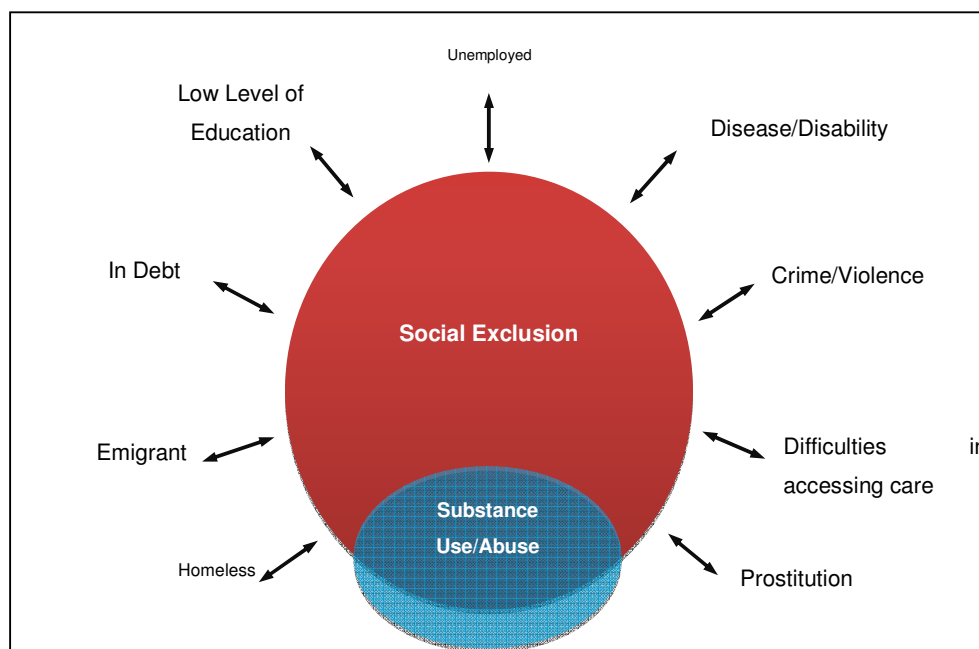
The 1st and 2nd National Drug Action Plans for the implementation of the National Drug Policy and Strategy Document (2006-2012) also cover in detail the topics pertaining to post-treatment rehabilitation and social reintegration.

The currently effective 2nd National Drug Action Plan covers the activities for rehabilitation and social reintegration, as well as the studies conducted by the institutions for these activities. These activities will be evaluated at end of the term of the Action Plan in 2012, and the results of these activities will be demonstrated during this evaluation.

8.2. Social Exclusion and Drug Use

Drug use and social exclusion can be seen as each other's cause. Drug use may lead to a deterioration in living conditions, and social marginalization processes may be an underlying reason for the beginning drug of use. On the other hand, drug addiction and social exclusion are not definite causes of one another. This is because social exclusion is not applicable for all drug users. By considering these complex interrelations, it is possible to analyze drug use among socially excluded communities, and the social exclusion among drug users²³.

Figure 8-1: Relation Between Social Exclusion and Drug Use



²³ <http://ar2003.emcdda.europa.eu/en/page073-en.html>

8.3. Social Reintegration

Services provided during the reintegration of drug addicts into society include the provision of shelter, education, employment opportunities, or psychosocial support alone.

The inability to consider and implement the process of rehabilitation in its entirety may sometimes lead to problems. These issues require separate yet parallel action plans. Otherwise, the inability to provide lasting solutions can result in a process that leads to the relapse of drug addiction. In other words, the insufficiency or absence of post-treatment social rehabilitation leads the individual to drug use once again, and the treatment process becomes a vicious cycle for the addict.

In order to provide enduring solutions for the issues that are encountered following the treatment of drug addiction, the individual must be considered within the context of a holistic approach during rehabilitation. As such, the individual must be systematically monitored within society, and the institutions must provide a coordinated support system. The implementation of such an approach will ensure the success of the rehabilitation process.

8.3.1. Provision of Shelter (Housing)

First and foremost among the important problems encountered by addicted individuals during the process of social reintegration is the absence of a location where they can reside. In other words, they are faced with a lack of domicile. The next most important problems that are listed are their low level of education, as a consequence of their lack of education or the discontinuation of their schooling, and also the very limited employment opportunities that are available for them due to the lack of any vocational education. The problems generally emerge immediately after the treatment or during the treatment process of the addicted individual. For this reason, services for the resolution of these issues according to the needs of the individual are also provided during the social reintegration of drug addicts. It is observed that these services are primarily provided by the Ministry of Family and Social Policies, Turkish Employment Agency and by municipalities, which are units of local governance.

Social rehabilitation services are provided by the Ministry of Family and Social Policies for children who have been led to crime or who have been the victims of crime. As of the end of

December 2011, 29 Care and Social Rehabilitation Centers²⁴ and 9 Protective care and Rehabilitation Centers²⁵ were established, and these centers are currently providing services. The centers were established following the enactment of the Law for the Protection of Children number 5395, by taking into account the requirements of different provinces and the university hospitals in these locations (Ministry of Family and Social Policies 2011 Activity Report, 2011). In these centers, the following activities are conducted:

- The psychosocial evaluation of the children's families.
- Studies for supporting psychosocial development, and the provision of shelter, care, clothing, and nutritional needs.
- Informational activities regarding the importance of education, reintegration of individuals into the educational system, and activities to support the educational needs of the children.
- Activities for acquiring jobs, and social, cultural and artistic activities, as well as athletic and hobby-related activities.
- Treatment and rehabilitative services.

Among children who are led to criminal activities or were victims of crime, court decisions for health measures are obtained for children who are identified with drug addiction, and these children are provided with treatment in addiction treatment centers²⁶. Following treatment, these children are taken to the Protective care and Rehabilitation Centers to benefit from rehabilitation services. During the process of rehabilitation, all of the children's needs concerning shelter, food, clothing, health, and education are covered by the institution. In order to ensure that these children become productive members of society, suitable social service models will be provided to children who complete their rehabilitation process on an ongoing basis. Education to raise awareness is provided to the children under the care of the institution and to its personnel in order to ensure that the children are protected from potential risks (Ministry of Family and Social Policies, General Directorate of Child Services, 2012).

²⁴ Boarding social service institutions, organized separately for boys and girls, which provide temporary care and protection to children who have been identified as having been subject to emotional, sexual and/or physical abuse, until the rehabilitation process for the treatment of trauma and/or behavioral disorder caused by negative life experiences were established. During this process, activities are conducted to readjust the child's relations with his/her family, immediate environment, and society.

²⁵ Boarding social service institutions, organized separately for 7-to-18-year-old boys and girls, which provide temporary care and protection to children who were identified as having turned towards crime until the rehabilitation process for the treatment of their behavioral disorders were established. During this process, activities are conducted to reorganize the child's relations with his/her family, immediate environment and society.

²⁶ Treatment for children who use volatile and drug substances is provided the in Children and Adolescent Substance Addiction Research Treatment and Education Centers and/or Drug Substance Treatment Centers (Ministry of Family and Social Policies, 2011 Activity Report, 2011:87)

Table 8-1: Social Rehabilitation Organizations in 2011 According to the Type of Service Provided, the Numbers, and the Individuals Who Benefit from their Services.

Type of Service	Number of Organizations	Individuals Who Benefit From Services		
		Female	Male	Total
Protective Care and Rehabilitation Centers	9	19	99	118
Care and Social Rehabilitation Center	29	405	--	405
Children and Youth Center²⁷	37	1559	6865	8424

Source: Ministry of Family and Social Policies, 2011 Activity Report, 2011.

By the end of 2011, services were provided to 8424 children (1559 girls and 6865 boys), who lived/worked on the streets, by the Children and Youth Centers affiliated with the General Directorate of Child services. In addition, 59 children were provided with drug addiction treatment (Ministry of Family and Social Policies 2011 Activity Report, 2011).

The İstanbul Youth Education and Counseling Center (İGEM) affiliated with the Metropolitan Municipality of İstanbul provides care services during the day to 7-to-18-year-old children who have not yet started a life on the streets, but who are forced to work in the streets, subject to domestic neglect and/or abuse, evade from home-school, or might start a life in the streets due to factors such as the influence of peers. By providing activities for the social, physical, cognitive and rehabilitation to the children, these centers aim to keep children away from the risks of the streets (İstanbul Metropolitan Municipality - İSMEM, 2012).

814 youth from at risk groups have received shelter, education, vocational training, and employment-related services from the İstanbul Metropolitan Municipality Youth Rehabilitation and Vocational Center (İSMEM). Within the 2011-2012 educational year, 357 children have received shelter-related services (İstanbul Metropolitan Municipality – İSMEM, 2012).

²⁷ Boarding and daytime social service institutions founded for the temporary rehabilitation and social reintegration of children and youth who work on the streets, or who fell to the streets due to disagreement between couples, negligence, disease, detrimental habits, poverty, abandonment, or similar reasons and thereby became exposed to a social threat (Ministry of Family and Social Policies, 2011 Activity Report, 2011:87).

8.3.2. Education and Teaching

One of the most important problems encountered during the process of drug use is the inability of the individual to continue his/her education/teaching.

Individuals who are drug addicts isolate themselves from society and prefer to spend their time with other drug addicts. Society is also responsible for leading the individual to this kind of grouping. The individual who is excluded by society becomes unable to attend work in the case that he/she is working, or unable to attend school if he/she is receiving education. In addition, the individual experiences dysfunctional relations with both his/her family and his/her social environment (Erbay E., Sevin Ç., 2008). The effects of addiction on the education/teaching process manifest themselves through the dissociation of the individual from school life, poor performance in classes, and exclusion from social circles.

During the social reintegration of drug addicts, continuing their education or acquiring an occupation (which are considered as another aspect of rehabilitation) serves to provide a purpose and meaning to their future (Turkish Drug Report, 2011). This facilitates their social reintegration after treatment.

In Turkey, there are no special rehabilitation programs for allowing drug addicts to continue their education. However, drug addicts can participate in the education and vocational training activities that are provided for risk groups. These risk groups consist of groups that have a comparatively higher rate of drug use, such as children who are living/working on the streets and convicts/ex-convicts.

By the end of 2011, services have been provided to 8424 children living/working on the streets by the Children and Youth Centers affiliated with the Ministry of Family and Social Policies General Directorate of Child Services. Support was provided to 2277 of these children within the context of the education and teaching system. 271 children were removed from the streets and occupational life, as well as 906 children who were under the risk of working in the streets were integrated into the education-teaching system. 5153 children have participated in socio-cultural activities (Ministry of Family and Social Policies 2011 Activity Report, 2011).

According to the 2011 Activity Report of the Turkish Employment Agency, vocational courses that facilitate the employment of convicts/ex-convicts, which represent one of the disadvantaged elements of the labor market, should be organized through the cooperation of the Ministry of Justice and Non-Governmental Organizations. These courses should be

organized to ensure that convicts who will soon be released, as well as ex-convicts, would be able to work in occupations for which there is a need in the labor market. Within the context of the activities conducted for the vocational training of convicts/ex-convicts, 335 courses were opened in 2011, and vocational training was provided to 4438 convicts/ex-convicts (of which 149 were women, and 4238 were men).

Concerning the convicts/ex-convicts who are receiving vocational education, no information could be obtained regarding the crimes for which they had been sentenced.

With the Turkish Criminal Law number 5237 that was put into effect in June 1, 2005, the “penal policy” for drug users or non-users who have drugs with them was changed. Within the context of this law, it was envisaged that the measures for this crime would include not only penalties, but also the application of treatment and probation. The main goal of this regulation was to direct drug or stimulant users to receive treatment, to prevent these individuals from committing crimes once again, and to ensure the social reintegration of these individuals. In 2011, 86542 individuals benefited from probation services.

In 2011, 20 training programs were organized for the development of probation services. Within the context of these trainings, 487 personnel, consisting of 79 directors and 408 specialists, have received training (Ministry of Justice 2011 Activity Report, 2012)

In addition to the institutions that perform rehabilitation activities at a national level for the reintegration of the risk groups into society, there are also municipalities that contribute to these rehabilitation activities at a local level.

İSMEM of the İstanbul Metropolitan Municipality contributes to the rehabilitation and social reintegration of youth who live on the street, or are at risk of going to the streets, by providing them with shelter, food, and health services, along with services in areas such as education and vocational training.

The youth who are received by İSMEM are included in programs of informal education. They attend the alternative education programs that are suitable for their educational level provided within the institution. The educational programs provided by teachers at İSMEM include 1st and 2nd level, elementary school level, and high school level education. In addition to the education programs provided within the institution, students who are capable or suitable are also directed towards open vocational schools and university preparatory courses (İstanbul Metropolitan Municipality – İSMEM, 2012).

Such that the youth may benefit from the expressive aspects of arts and remedy their shortcomings concerning the development of social and physical skills, they are provided with various courses on folk dance, painting, instrument playing, theater, English, and woodwork carving during the education period. In addition, the youth may also be oriented towards various sports such as football, canoeing, and swimming. Support is received from the Public Education Centers for these activities.

In 2011, vocational training courses were organized and professional certificates were given to 550 youth in the areas of woodwork, gardening, barbering, computers, painting, carton-pierre crafting, CNC lathing machines, electric, electronics, and sanitation piping (İstanbul Metropolitan Municipality – İSMEM, 2012).

8.3.3. Employment

One of the most important problems encountered by drug addicts during the post-treatment period is unemployment. Sometimes, it can be discrimination within society against a previous drug addict. An individual who cannot participate in the employment processes within society is unable to fully carry out his/her social functions. This situation leads to a number of negative psychosocial effects for the individual. These psychosocial effects include a lack of confidence, depression, feelings of inadequacy, helplessness, exclusion from society, and isolation. These listed psychosocial effects, and fundamentally the inability to gain acceptance by society, can lead the individual to seek solutions once again through the use of drugs (Erbay E., Sevin Ç., 2008)

The most significant effects of drug addiction manifest themselves within the family. For adults, an individual who has experienced drug addiction and who, in this sense, is unable to provide support for his/her family *loses his/her position as a role model and leads his/her family to experience serious economic difficulties*. This is especially valid with families of low socio-economic status, for which the issue of poverty within the family can be far more complex. In this process, the women of the family assume the role of the leading adult and shoulder the weight and responsibilities of the family (Erbay E., Sevin Ç., 2008).

By the end of December 2011, among the 8424 children and youth receiving services from the 37 Children and Youth Centers within the General Directorate of Child Services, the families of 1097 children who were identified as economically poor were provided with social aid. As such, the risk of working in the streets in order to support their families was thwarted for these

children. Additionally, 168 children were provided with occupation, and employed in protected jobs (Ministry of Family and Social Policies 2011 Activity Report, 2011).

Furthermore, the conduct of a 23-month IPA Project has been planned by Turkish Employment Agency for the purpose of removing the obstacles for the participation of disadvantaged individuals to the workforce, ensuring the integration of such individuals into the workforce in a permanent way, and supporting an inclusive labor market with many opportunities. In addition, the IPA project aims to improve the operation and coordination between the institutions and mechanisms involved in areas pertaining to the labor market and social protection. This project will be implemented in 46 provinces on a national level, and implementation studies have been initiated in three pilot provinces (İstanbul, İzmir, and Mersin). The targeted group, which also comprises drug addicts, includes handicapped individuals, individuals living in poverty, or who are under the risk of poverty, ex-convicts and ex-detainees, victims of domestic violence, mothers and fathers of working children, children who become involved in crime and their families, and other disadvantaged groups.

While the number of ex-convicts who applied to the Turkish Employment Agency to find employment was 270 in 2010 (223 public sector, 54 private sector applications), this number increased by 6.8% 2011 to reach 292 (237 public sector, 54 private sector). It was not possible to obtain information regarding the crime for which the employed ex-convicts had been sentenced, nor on whether these ex-convicts were drug addicts (Turkish Employment Institution 2011 Activity Report, 2011).

The “Star of Hope” project, conducted cooperatively by the Turkish Employment Agency and Turkish National Police, aims to provide vocational skills and employment opportunities for children who have been led to crime. The project thereby intends to reintegrate these children as healthy members of society. Within the scope of this project, the intention is to provide children with vocational education and informative activities, such that they are protected from crime and detrimental habits. The funding allocated by Turkish Employment Agency to this project was 90,564 TL in 2009, 2,662,563 TL in 2010, and 2,450,016 TL and 2011. By the end of 2011, 1536 individuals, including 184 women and 1352 men, have benefited from this project (Turkish Employment Agency, 2012).

In addition, the “Children and Youth Social Protection and Support Program for a Safe Life and a Safe Future” aims to contribute to the personal and social development of children, to implement the relevant measures for their social protection, to contribute to their upbringing as productive members of society by providing them with social and education support, to

integrate individuals into urban life, who have emigrated to the cities but were unable to adapt as well as other individuals who are disadvantaged, and to reduce the impoverishment that adversely affects the conditions for a safe life. This program was initiated in 17 provinces in 2012 with the cooperation of Turkish National Police, the Ministry of Labor and Social Security, the Ministry of Family and Social Policies, the Ministry of Youth and Sports, the Ministry of Development, the Ministry of National Education, the Ministry of Health, the Union of Turkish Bar Associations, and the Union of Chambers and Commodity Exchanges.

In the scope of active labour programs, which will be implemented for the groups requiring special policy through an amendment on Turkish Employment Agency Regulation, procedures and principles for protocols and projects will be conducted with Turkish Employment Agency, were determined by the Ministry of Labour and Social Security.

SECTION 9

DRUG-RELATED CRIMES, THE PREVENTION OF DRUG-RELATED CRIMES AND PENAL INSTITUTIONS

Dr. Ali ÜNLÜ²⁸

Psychologist Serap GÖRÜCÜ²⁹

9.1. Introduction

Humans are social beings that interact with their environment. As part of their attempt to find a place within society, humans oblige themselves to follow social, religious, and legal rules. This is because such rules often conflict with individual drive. Such conflict may ultimately lead to the concept of crime.

Every person assumes a certain role in society. These social roles form restraints on the individual, compelling him/her to adhere to social norms. Individuals who wish to distance themselves from their current social environment, who wish to forget certain aspects of their lives, or who wish to further indulge in novel forms of entertainment might seek different means to achieve these goals. It is often observed that such circumstances may lead to the problem of drug use. Initially used for health purposes, these drugs in question were later prohibited after their harms were proven scientifically, their addictive effects were identified, and it was understood that they lead to a desire for continuous use among its users. They were prohibited because the addicted individual becomes someone who can harm him/herself and others, and his/her condition may become even more dangerous in the advanced stages of the addiction. In order to obtain drugs, these individuals can commit various crimes such as prostitution, theft, armed robbery, and murder. As many countries worldwide consider the use, production and dealing of drugs as a crime, drug use leads individuals to be entangled in the judicial system.

In the preparation of this section, data from the following sources and documents were employed: published national and international reports regarding the drug problem; data from Turkish National Police, the General Command of the Gendarmerie, General Directorate of Customs Enforcement, and the Coast Guard Command, which are the law enforcement agencies in Turkey; the reports of the General Directorate of Prisons and Detention Houses (CTTNP); data from the Standard Tables of the EMCDDA; academic studies; and the “User

²⁸ Istanbul Directorate of Security

²⁹ Ministry of Justice, General Directorate of Prisons and Detention Houses

Profile in Drug Crimes Questionnaire (U-Form)”, used by specialists at Turkish National Police regarding drug use.

9.2. Drug-Related Crimes

Different regulations and laws are applicable around the world within the context of the fight against drugs. Moreover, the fight against drugs is being carried out by multiple laws in Turkey. The Turkish Penal Code number 5237 in Turkey determines the sentences for individuals who are arrested with illicit drugs. However, for a seized drug to be accepted as a drug/stimulant drug, it must be one of the drugs listed in the 188th and following articles of the Turkish Penal Code, the Law Regarding Drugs number 3298, the Law Regarding the Control of Drugs number 2313, the Council of Ministers’ decisions, based on the authority conferred by these laws, and on Tables I and II of the 1961 Single Agreement Regarding Drugs.

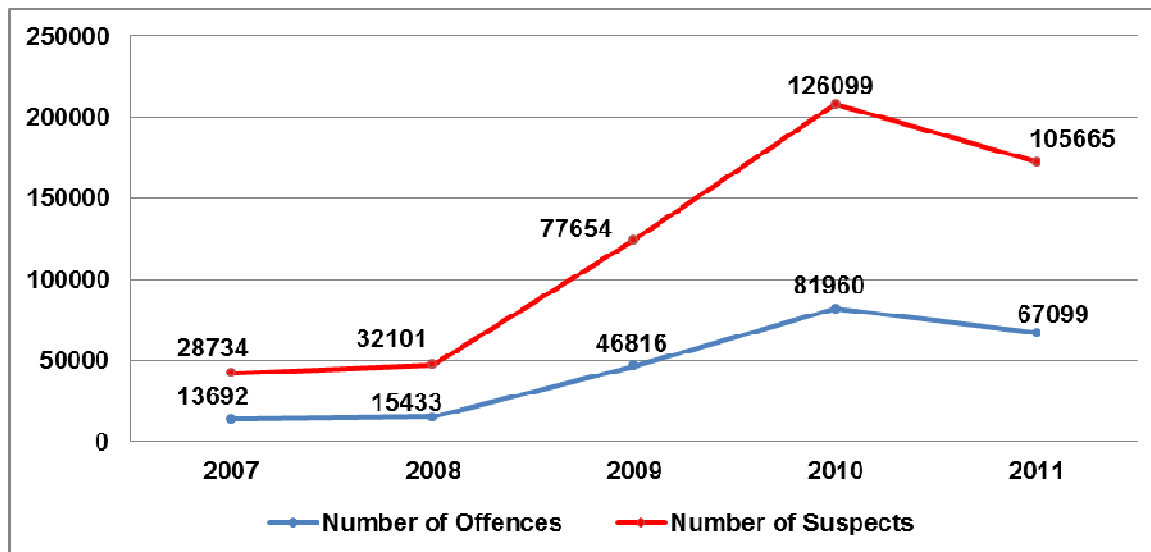
Illicit drug users may sometimes begin to use different drugs. Moreover, users may attempt to use novel drug combinations and different methods of intake, or may use legal stimulants/drugs. Such novel approaches and combinations in drug use are observed in many countries. As a consequence of these developments, many new drugs are included each year in the list of drugs.

When considered in general, there are significant differences between the penalties/sentences for drug users and individuals who are involved in the trafficking of these drugs. As is the case in Turkey, legislation around the world generally envisages lower penalties/sentences for users. The intention behind this approach is to impose penalties/sentences that will not alienate the individual from society, and ensure that the individual will be ultimately reintegrated into society. For drug users in Turkey, the provisions described in the lines of the 191st article of the Turkish Penal Code (TCK) are initially applicable. These provisions envisage the application of probation services. The aim in this context is to first sentence/penalize individuals for opposing the laws by using an illicit drug; later, in order to ensure the peace and well-being of society, individuals who have committed such crimes are rehabilitated, and the necessary assistance is provided to ensure that the individual once again becomes a productive member of society and assumes his/her place among other people with dignity.

9.3. Violation of Anti-Drug Law

In regard to drug-related crimes, the data for 2011 regarding the number of offences for which legal action was taken by law enforcement in accordance with the Turkish Penal code number 5237 are provided below.

Graph 9-1: The Number of Offences and Suspects According to Year

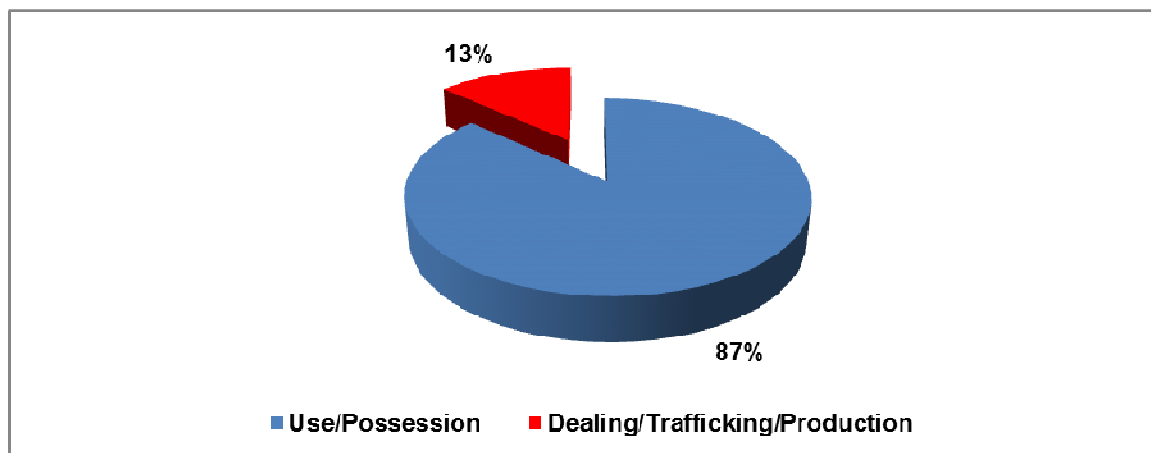


Source: 2011 Turkish Drug Report, EMCDDA Standard Table 11, 2012.

In 2011, a total of 67099 drug-related offences occurred across Turkey³⁰, and a total of 105665 suspects were arrested in relation to these offences (EMCDDA Standard Table 11, 2012) (Graph 9-1). Compared to previous years, there has been a decrease in both the number of crimes and the number of persons arrested. As a result of the emphasis on drug-related crimes by law enforcement officials, their control over the streets and various regions has increased. Consequently, it has become more difficult for drugs to reach inner cities. However, the decrease in the number of crimes and suspects should not be interpreted as a decrease in demand.

Graph 9-2: The Breakdown of Drug-Related Offences According to the Type of Crime (%)

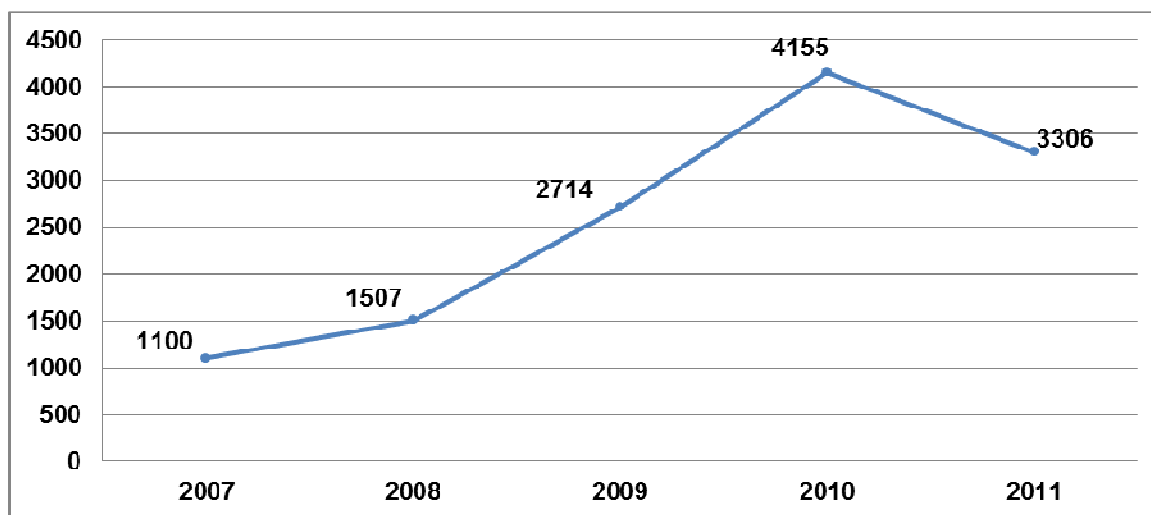
³⁰ In this section, both the total number of offences and the numbers provided according to the type of substance includes only the offences that "resulted in the seizure of drugs." Offences that do not result in the seizure of any drugs are not reported.



Source: EMCDDA Standard Table 11, 2012.

Of the 67099 offences related to drugs that occurred across Turkey in 2011, 87% (58204) were crimes related to the use/possession of drugs, while 13% (8895) were crimes related to the dealing/trafficking/production of drugs (EMCDDA Standard Table 11, 2012) (Graph 9-2). It can be seen that law enforcement officers are conducting activities against drug users as much as they are conducting activities against drug traffickers.

Graph 9-3: The Total Number of Heroin-related Offences According to Year



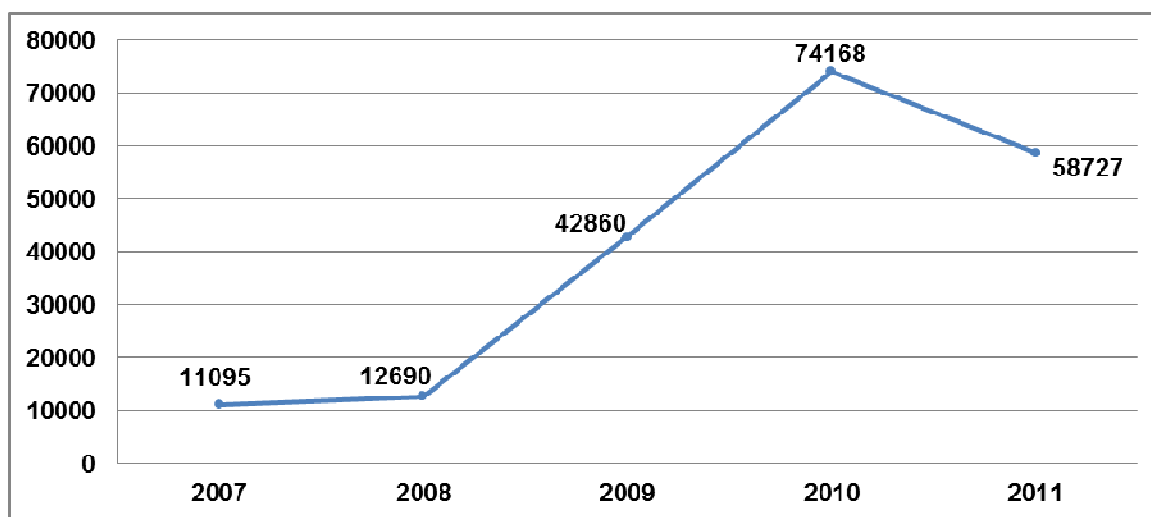
Source: 2011 Turkish Drug Report, EMCDDA Standard Table 11, 2012.

While 76 tons of heroin were seized worldwide in 2009, this number increased to 81 tons in 2011. In addition to this, a new route that stretched from Afghanistan to Russia, Central

Europe, and Western Europe was identified in 2010, while a decrease was observed in the number of seizures on previously known routes (UNOCD World Drug Report, 2012).

While a constant increase was observed in heroin-related numbers starting in 2007, a decrease can be seen in 2011 compared to 2010 (Graph 9-3). The decrease in opium production in Afghanistan and the changes that occurred in the routes and methods of trafficking have directly affected the number of offences (TNP KOM Report, 2011). In 2011, a 20% decrease was observed in the number of heroin operations compared to 2010.

Graph 9-4: The Total Number of Cannabis-related Offences According to Year

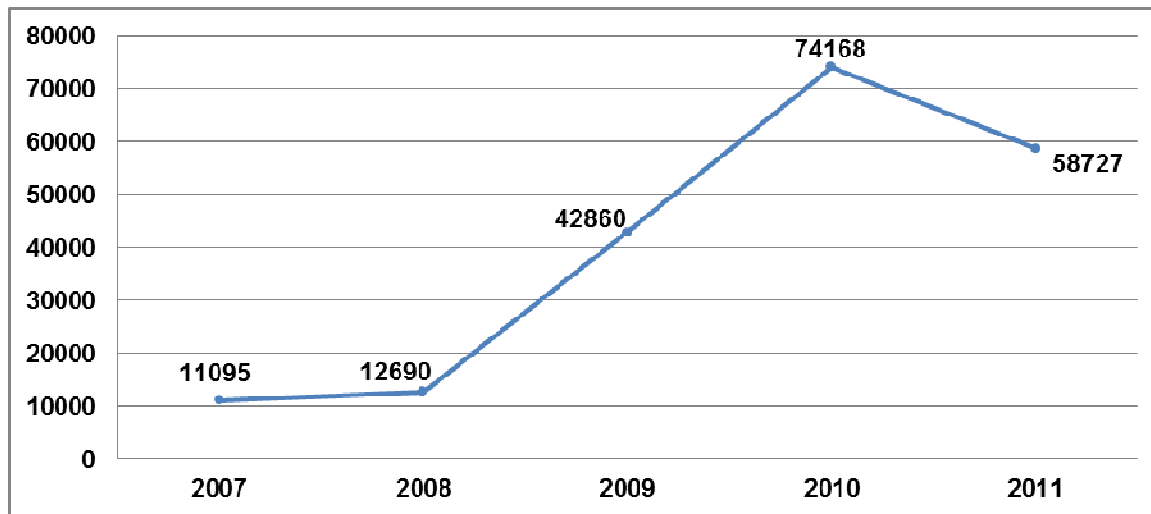


Source: 2011 Turkish Drug Report, EMCCDA Standard Table 11, 2012.

While a constant annual increase was observed in the number of cannabis-related offences until recently, a decrease was observed in 2011 compared to 2010. The decrease in the number of cannabis offences in 2011 was 21% compared to the previous year (Graph 9-4)

In Turkey, the majority of the operations performed by law enforcement are carried out against cannabis. Among the different drugs seized in Turkey, cannabis ranks first both in regard to the number of offences and the amount that is seized. This is due to the high number of cannabis users, the ability for cannabis to be planted in almost any location, and the ease with which cannabis can be obtained from the plant (no chemical processes being necessary to obtain cannabis).

Graph 9-5: The Total Number of Cocaine-related Offences According to Year

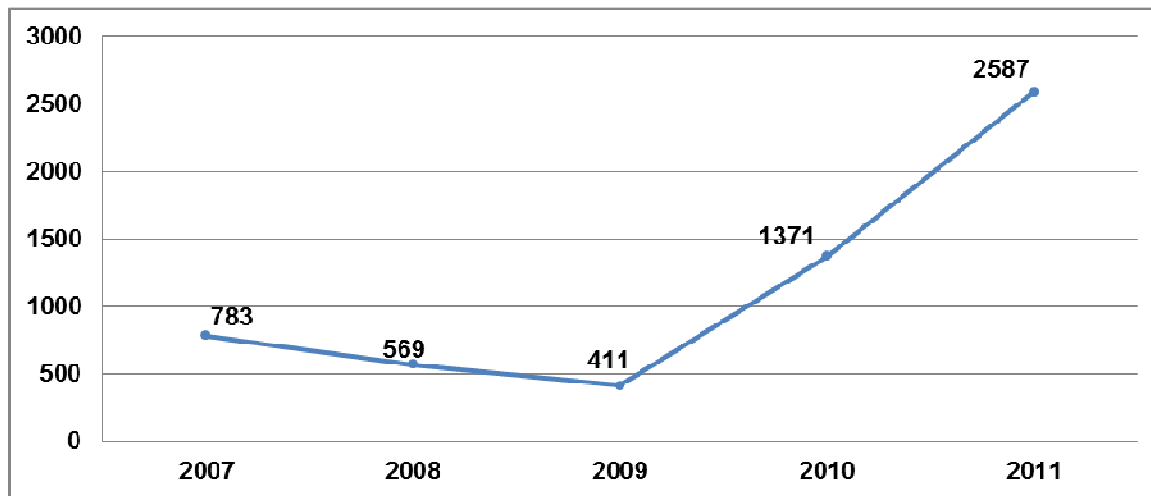


Source: 2011 Turkish Drug Report, EMCCDA Standard Table 11, 2012.

According to the 2012 UNODC report, it is estimated that there are between 13.3 million and 19.7 million cocaine users worldwide. When the amount of cocaine seized worldwide is reviewed, an increase is observed in the amount of cocaine seized in containers, despite the general trend towards a decrease in cocaine seizures. Furthermore, there has been a constant increase in Turkey in the number of operations carried out against cocaine. In 2011, the number of cocaine offences increased by 17% compared to 2010.

In regard to the cocaine trafficking, Turkey is both a target and a transit country. It is known that the demand for cocaine use is generally increasing within the country. As described in the section regarding the retail prices of drugs, dealing of cocaine was reported in 14 of the 21 provinces that have provided drug price information. On the other hand, it is also observed in many seizures carried out in airports that cocaine trafficking occurs through Turkey with other countries as the final destination.

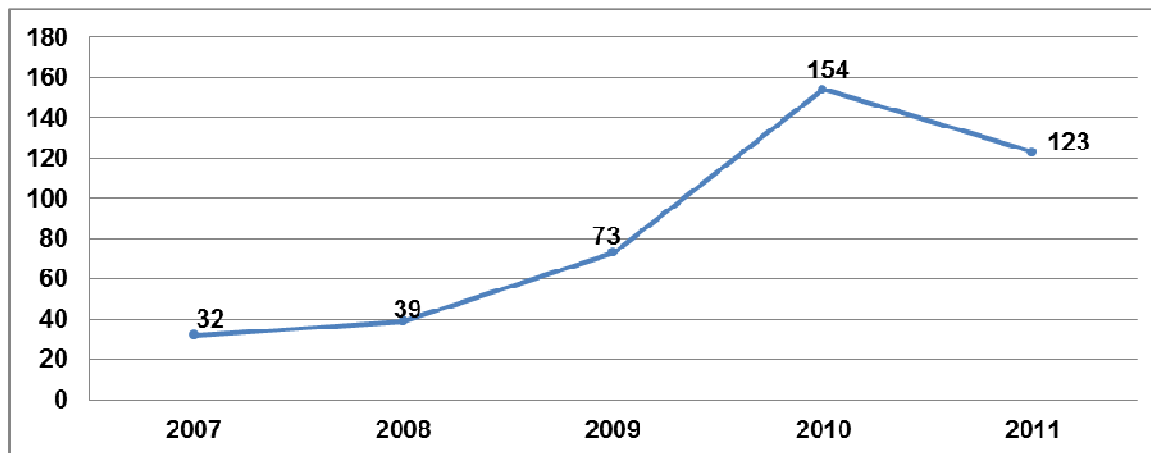
Graph 9-6: The Total Number of Ecstasy-related Offences According to Year



Source: 2011 Turkish Drug Report, EMCCDA Standard Table 11, 2012.

A decrease in the number of offences and seizures was observed in Turkey during periods in which ecstasy use decreased worldwide. The reason for this decrease is considered as the introduction of alternative synthetic tablets to the market. However, international reports mention a worldwide increase in ecstasy seizures over the past two years. In this context, a 31% increase was reported in ecstasy seizures in East and Southeast Asia and Oceania (UNODC World Drug Report, 2012). Parallel to global trends, the number of ecstasy-related offences in Turkey has increased by 89% in 2011, compared to 2010 (Graph 9-6). Parallel to this development, an increase was also observed in the number of ecstasy tablets that were seized (See. Graph 10-7).

Graph 9-7: The Total Number of Captagon-related Offences According to Year

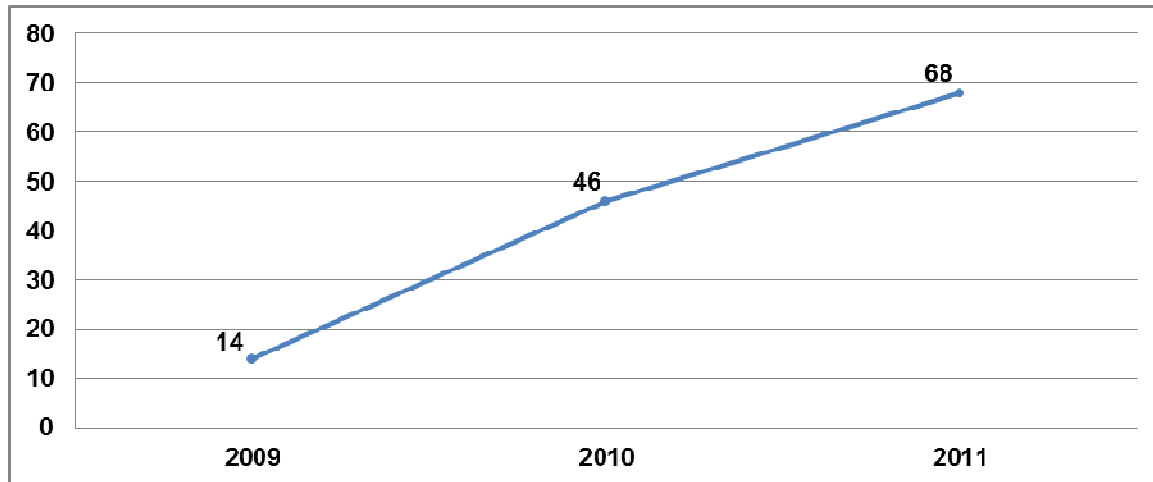


Source: 2011 Turkish Drug Report, EMCCDA Standard Table 11, 2012.

A total of 123 captagon³¹ seizures occurred in 2011 (Graph 9-7). In 2011, a 20% decrease was observed in the number of captagon offences compared to 2010. This decrease in the number of offences is considered as an indication of the effectiveness of the operations carried out against large-scale captagon cartels. In 2011, the amount of captagon seized during operations performed by the provincial divisions of the TNP KOM Department against domestic street dealers was 46207. This represents a 283% increase from the amount seized in 2010, which was 12051 (TNP KOM Report, 2012:51). The increase in the amount of captagon seized in these operations can be considered as an indication of the increase in the number of users.

³¹ Captagon are tablets with logos and a specific appearance. These tablets contain amphetamine as an active substance.

Graph 9-8: The Total Number of Methamphetamine-related Offences According to Year

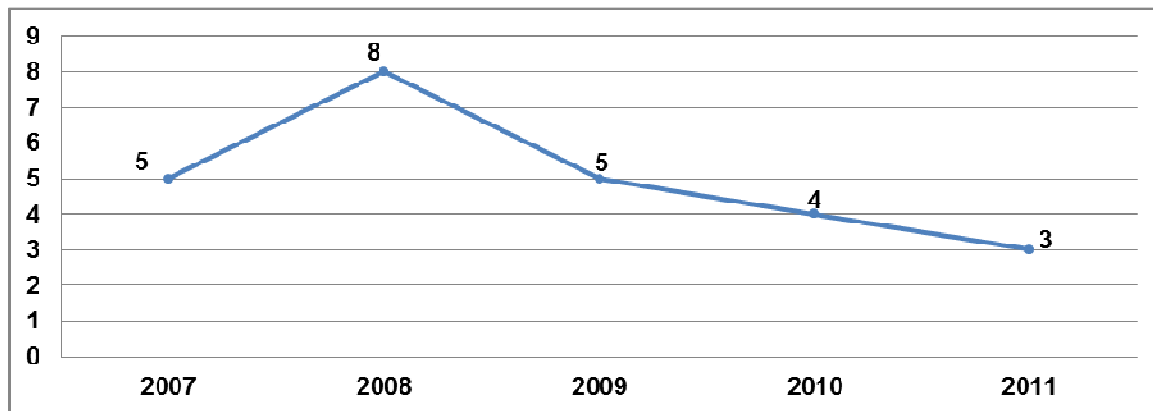


Source: 2011 Turkish Drug Report, EMCCDA Standard Table 11, 2012.

Methamphetamine is a derivative of amphetamine. Around the world, amphetamine-derivative drugs are the most commonly used drugs after cannabis. A total of 45 tons of methamphetamines were seized worldwide in 2010 (UNODC World Drug Report, 2012).

Methamphetamine began to be observed in Turkey in 2009. The number of methamphetamine offences in 2011 increased by 48% compared to the previous year. It can be seen that Turkey generally assumes the role of a transit country in regard to methamphetamine trafficking. By means of couriers and cargo deliveries through Turkey, methamphetamine originating from Iran is delivered to Far Eastern countries, such as Thailand and Japan. On the other hand, methamphetamine drugs seized by TNP KOM divisions during operations carried out against street dealers indicate that there are also methamphetamine users in Turkey.

Graph 9-9: The Total Number of Acetic Anhydride-related Offences According to Year



Source: 2011 Turkish Drug Report, EMCCDA Standard Table 11, 2012.

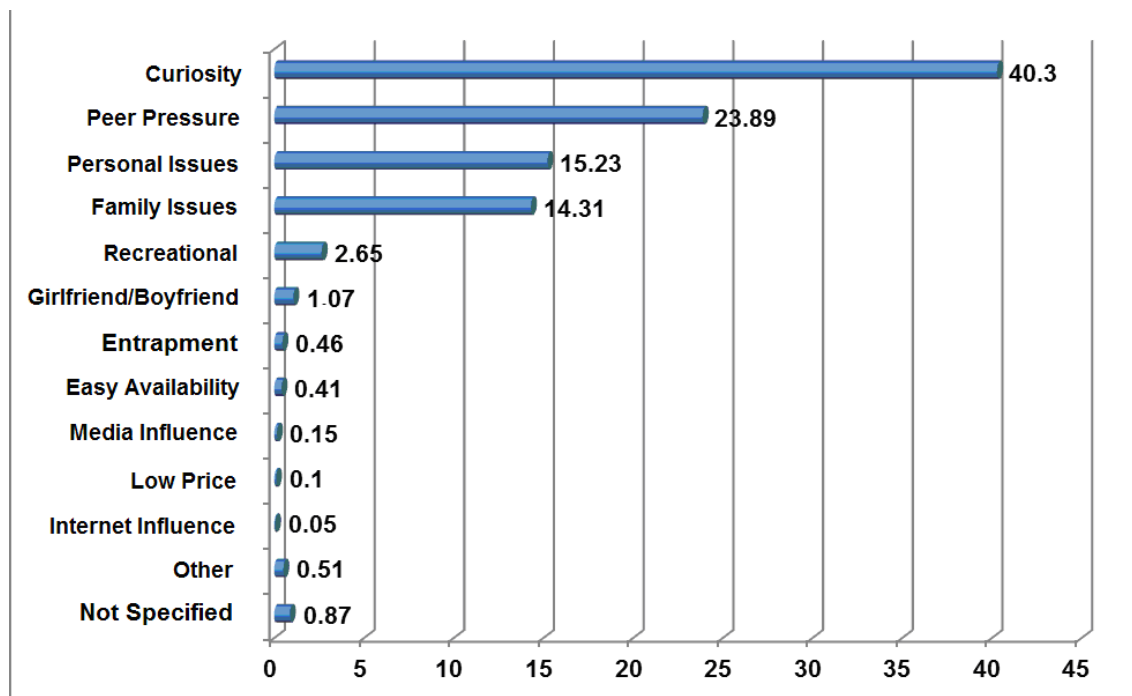
For many years, the seizure of acetic anhydride in Turkey consisted of only a few offences and the arrest of a few number of suspects (Graph 9-9). In 2011, 3434 liters of acetic anhydride was seized across three offences (Graph 10-10). No heroin production has been observed in Turkey. These seizures within the country are considered to have taken place within the context of the transit of this drug to producer countries.

9.3.1. User Profile in Drug Crimes Questionnaire (The U-Form)

A questionnaire study is being conducted by the personnel in the provincial contact points of TUBİM (İLTEM). The study includes individuals for whom judicial processes have been initiated within the year by the police for drug possession/use-related crimes, and who have also volunteered to take part in the study. As a data collection method, the study utilizes face-to-face interviews. This study aims to delineate the general profile of drug users in Turkey. This study entitled the “User Profile in Drug Crimes Questionnaire – U-Form” is considered an important means for scientifically identifying the underlying reasons for drug use. The results obtained through this questionnaire are being used in the planning of strategies pertaining to the fight against drug use, particularly regarding prevention strategies.

The data regarding the “User Profile in Drug Crimes Questionnaire – U-Form” study conducted in 2011 with 1963 individuals is provided below.

Graph 9-10: Reason for Starting Drug Use (%)

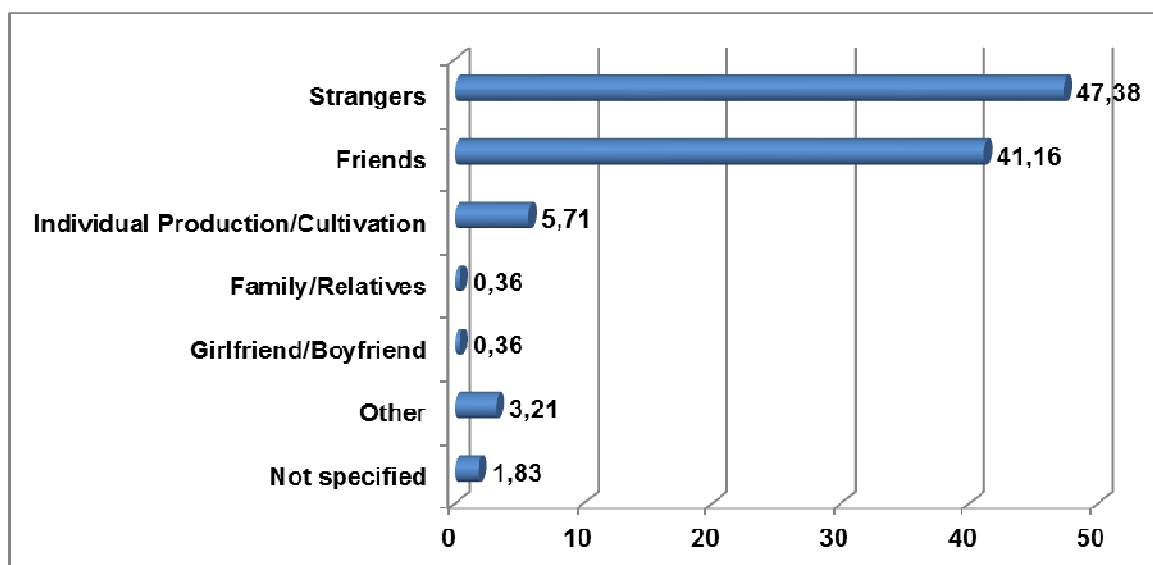


Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

It is observed that the leading causes for drug use are listed as “curiosity” (40%) and “peer pressure” (24%) (Graph 9-10). Based on this observation, attention must be paid within the scope of prevention activities conducted by families and by all relevant institutions and organizations in precluding any curiosity or interest towards drugs among the target population. The same situation is valid for preventing activities that are conducted within the context of news programs or series, and film scenarios.

Similarly, considering the influence of peers that could lead to drug use, children must be made aware of their social environment. In addition, it must be ensured that children keep a distance from friends who might ultimately cause them harm. On the other hand, given the influence of peers in leading to drug use, it is considered that this influence can be harnessed in a positive way by further emphasizing the “peer education” program activities conducted by the relevant institutions.

Graph 9-11: Ways to Obtain Drugs (%)

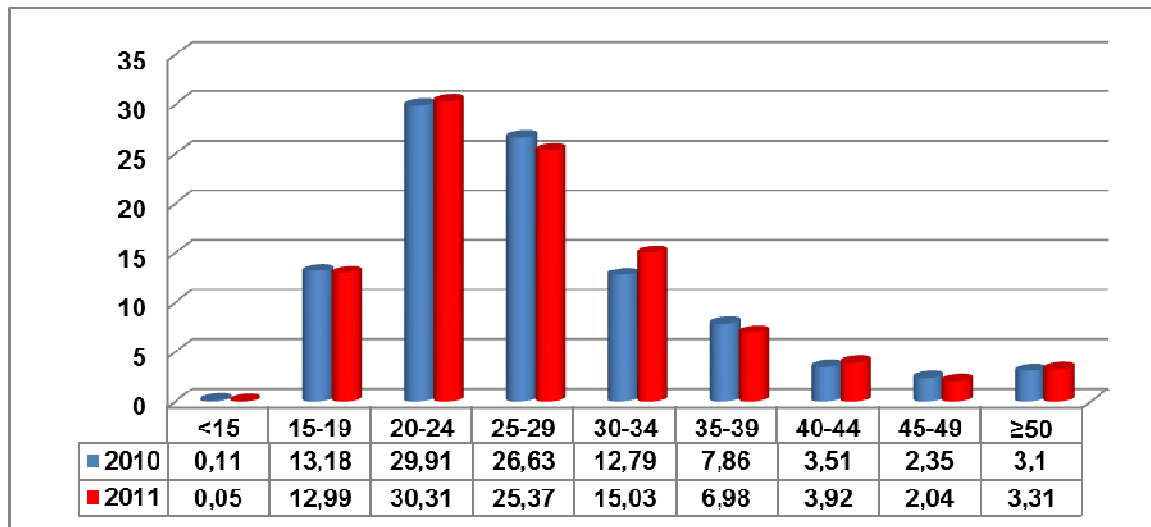


Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

It is observed that friends also have a prominent role regarding the means of drug procurement, in a manner similar to the reasons for starting use (Graph 9-11). It is considered that the reason for drug users to describe “strangers” as a mean of drug procurement is due to their intention of protecting their “friends,” who are their actual sources. As the individuals who took part in the questionnaire were under custody at the time, it was natural for them to think

that providing information on their friends could lead to a new investigation. Hence, their responses were driven by a fear of losing their source for drug procurement.

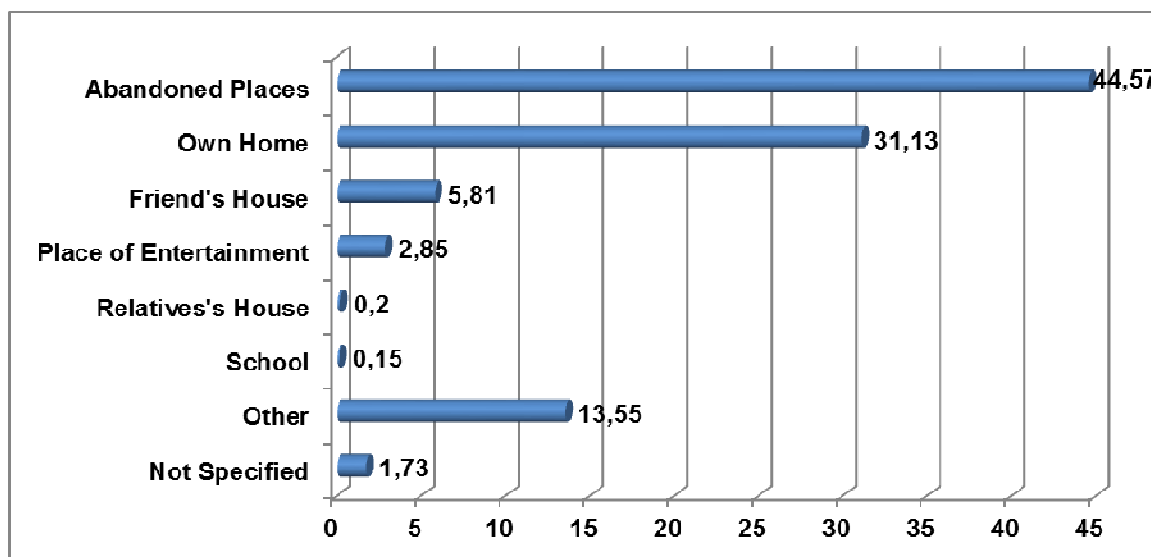
Graph 9-12: Age Range of Drug Users (%)



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

It appears, more than half of the individuals (55.68%) who answered the questionnaire were within the 20-29 age group. Observations made during police seizures also confirm that the 15-25 years-old age group is the target population for drug/stimulant use. When developing programs and/or projects for the prevention of addiction, it is necessary to take this age group into particular consideration.

Graph 9-13: Location of Drug Use (%)

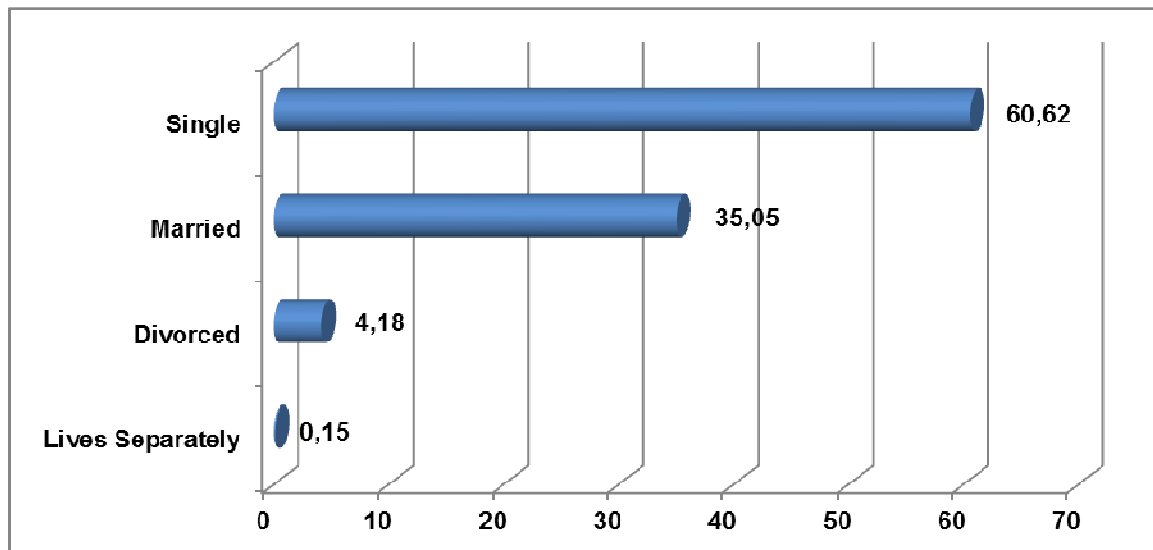


Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

When the location of drug use is reviewed, it is observed that the primary locations are abandoned places, with a 44.57% rate. The second-ranked locations are the drug users' own homes, with a rate of 31.13% (Graph 9-13). Based on these observations, it appears that the relevant institutions, and municipalities in particular, have the important task of ameliorating abandoned places in cities, which are the most frequent locations of drug use. In this context, it is also necessary for law enforcement officers to increase their inspections in such locations.

Furthermore, placing children under the supervision of adults during work hours will be an effective preventive measure for working parents in particular. Due to the long hours that these parents are absent from their homes, it is observed that these houses are preferred as safe locations for drug use. It is also necessary for parents to be more cautious by considering that their children might use drugs in their homes. In the event that parents find any indication of drug use (e.g. materials necessary for drug use), they should again be cautious and first consult with a specialized institution to obtain support and more information. Reaching hasty or rapid conclusions can lead to dangerous outcomes. In fact, certain cues that are identified may not necessarily be an indication of drug use. Accusing a person based on certain cues despite of the fact that he/she is not using any drugs can lead to unfavorable consequences. It should not be forgotten that the goal is not the "catch" the person, but to provide him/her with help.

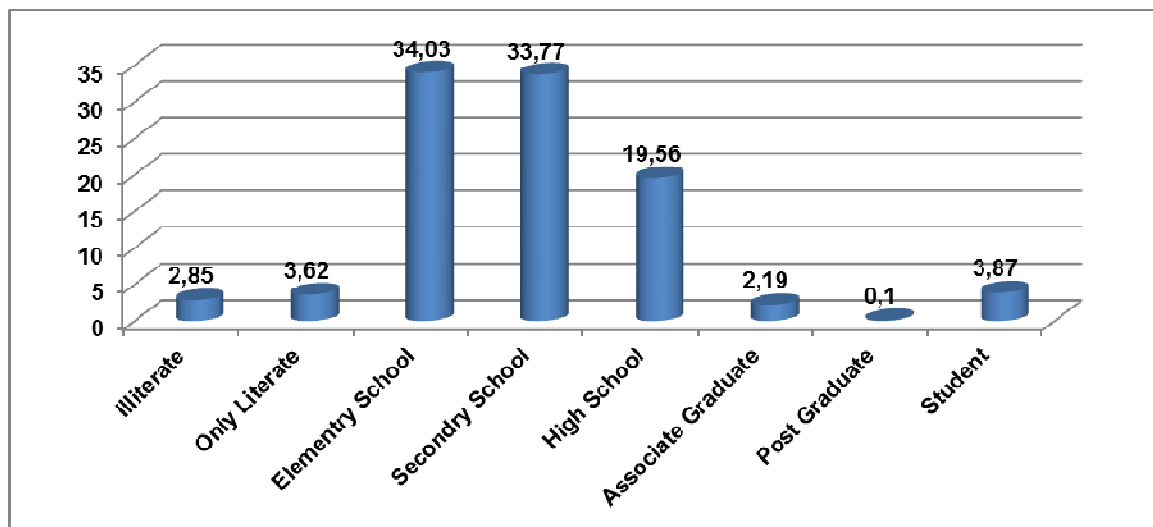
Graph 9-14: The Breakdown of Drug Users According to their Marital Status (%)



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

According to the data from the U-Forms, 60.62% of drug users are individuals who were never married. According to the data from TURKSTAT (Turkish Statistical Institution), the proportion of individuals 15 years and above who were never married is 27.44%. Thus, the observation that the large majority of drug users are individuals who were never married despite the fact that the large majority of the country's population is married (64.13%) is considered as an indication that the prevalence of drug use is higher among single persons than married persons.

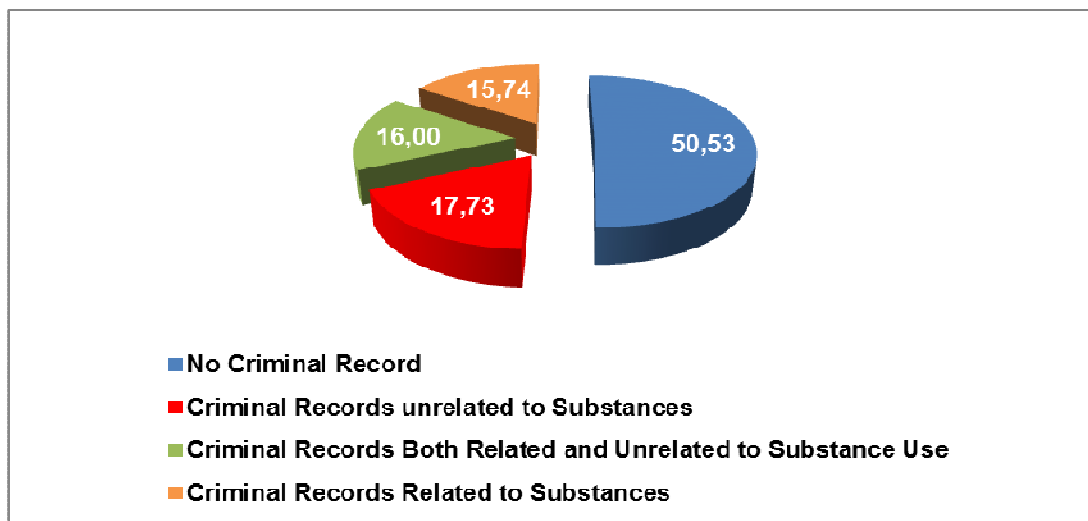
Graph 9-15: Education Status of Drug Users (%)



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

When Graph 9-15 is evaluated, it can be seen that 34.03% of drug users are elementary school graduates, while 33.77% are graduates from secondary or equivalent schools. However, these observations should not be interpreted as indication that drug use is more prevalent among individuals with a lower level of education. In fact, according to the results of the “Prevalence of Drug Use among the General Population” survey conducted in 2011 by TUBİM, no statistically significant relation was identified between drug use and the level of education

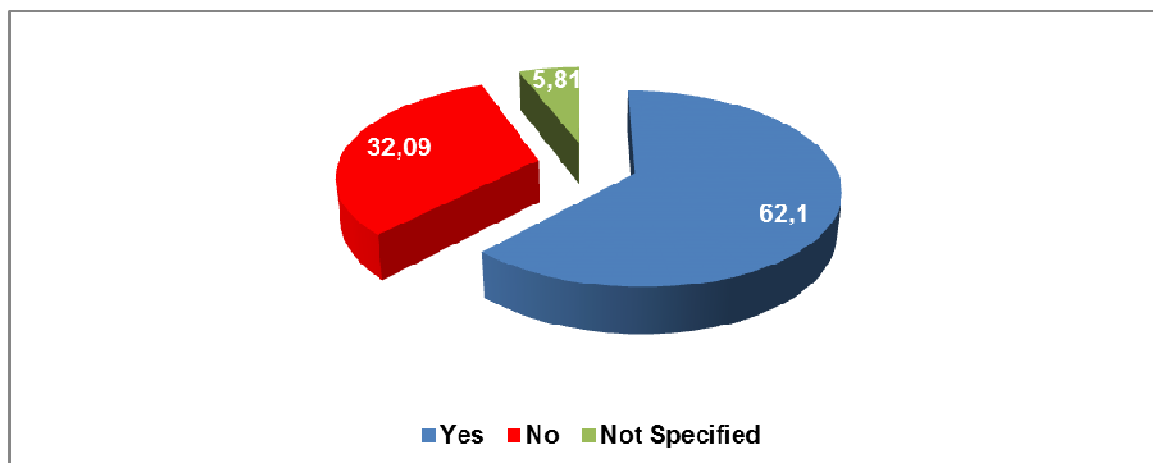
Graph 9-16: The Breakdown of Drug Users According to their Criminal Records (%)



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

It was observed that 50.53% of drug users had no previous criminal records (Graph 9-16). This observation disproves the generally held belief that drug use is more common among individuals with criminal tendencies or with a prior criminal record.

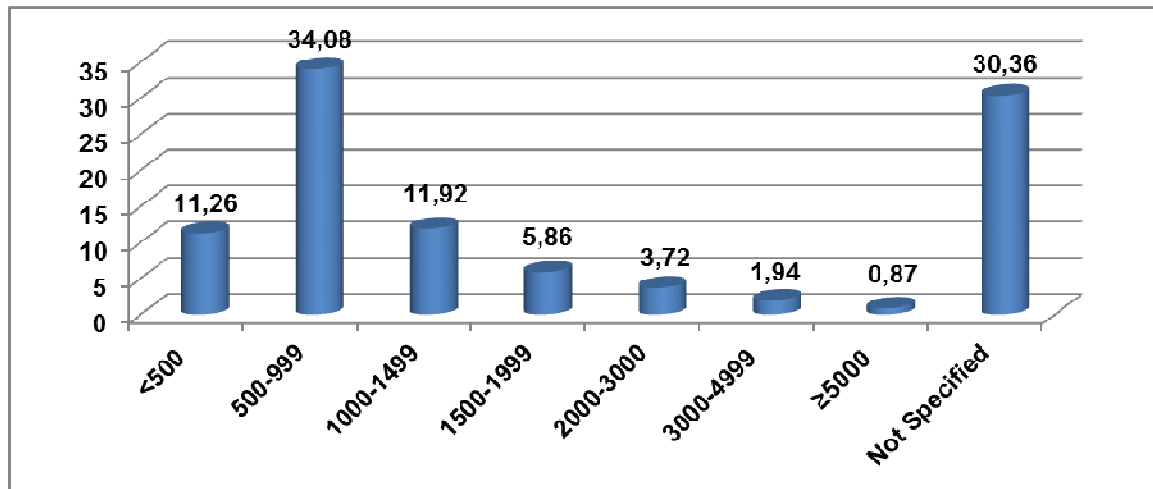
Graph 9-17: The Employment Status of Drug Users for the Last 6 Months (%)



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

Within the last 6 months, 62.1% of drug users were working in an occupation that provided them with a source of income. In a manner similar to the data on criminal records, this observation also disproves the common belief that drug use is mostly prevalent among unemployed individuals (Graph 9-17). On the other hand, the reasons for unemployment among the 32.09% are not known. It is hence not known whether they were previously employed, or whether their loss of employment was related to drug use.

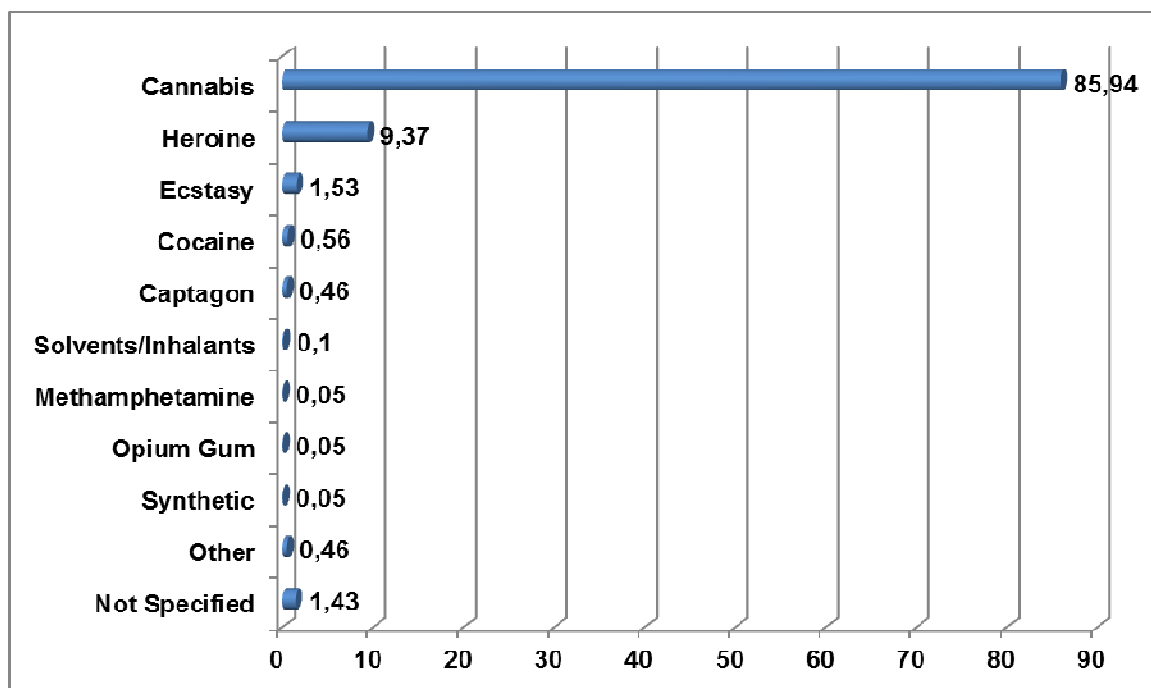
Graph 9-18: Income Level of Drug Users (%)



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

According to the data from the U-forms, 45.34% of drug users described a monthly income of less than 1,000 TL (Graph 9-18). However, the fact that 30.36% of drug users (which represents a significant portion) have not provided an answer to this question should not be overlooked.

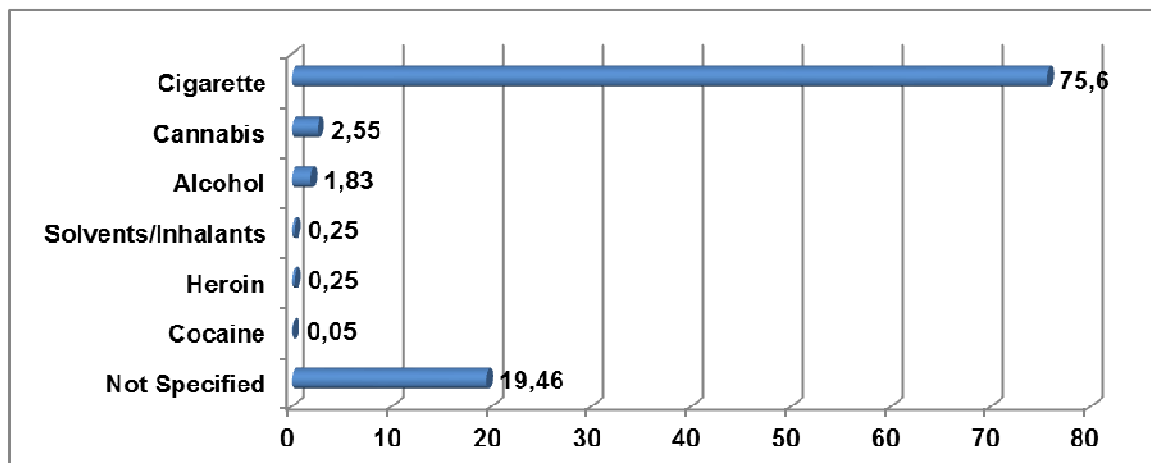
Graph 9-19: The Most Frequently Used Drug in Turkey (%)



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

According to the data from the U-form, the most commonly used drug in Turkey is cannabis (Graph 9-19). The number of offences as well as the amounts seized in Turkey supports the observation that the most commonly used drug is cannabis.

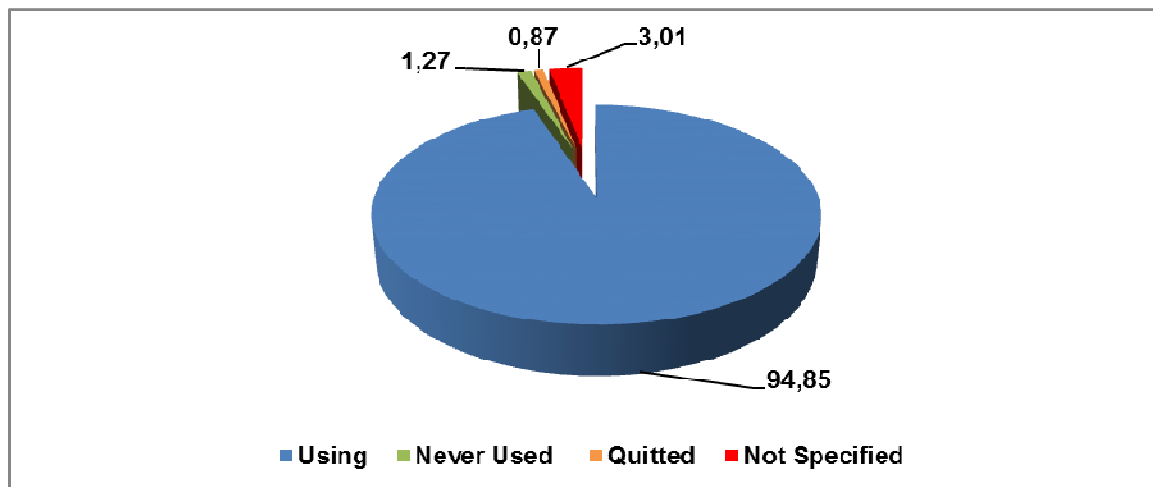
Graph 9-20: The First Used Drug According to Sequence (%)



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

It is considered that the sequence of drugs used by drug users is an indication of the transitions they experienced towards drug use. According to the data from the U-forms, the primary drug with regards to the use sequence was cigarettes, which are a legally available drug. Among the participants in the questionnaire, the rate of first use was 75.6% for cigarettes. The second-ranking drug was cannabis, which is an illicit drug. Among the participants, its rate of first use was 2.55% (Graph 9-20). Based on this observation, it is possible to consider that cigarettes constitute the first step in the transition towards illicit drug use.

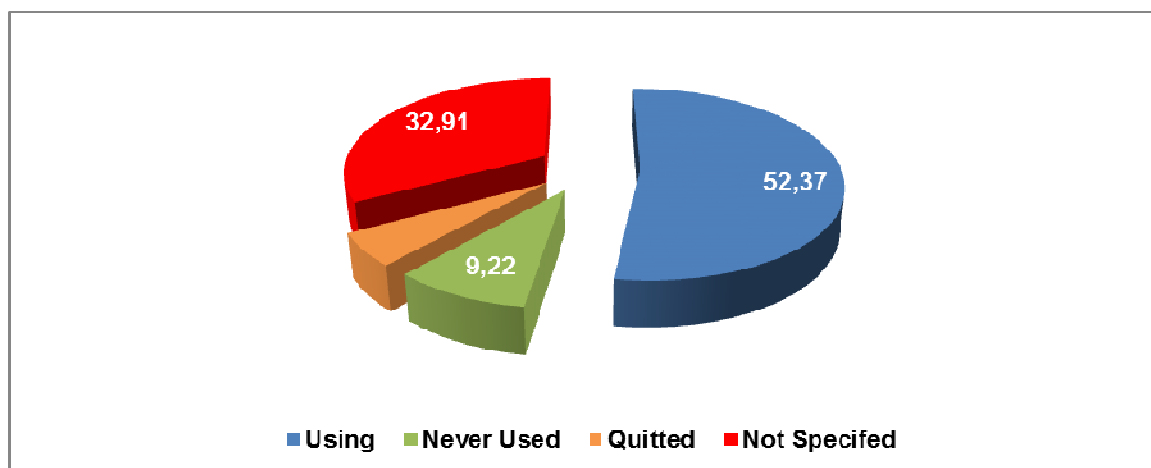
Graph 9-21: Smoking Status of Drug Users (%)



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

The fact that 94.85% of illicit drug users were also smokers (Graph 9-21) supports the observation that cigarettes constitute the first step in the transition towards illicit drug use. It can be clearly seen that drug use is a process, and that this process is initiated with cigarette use. It is therefore considered that the first preventive measure to be taken by families against drug use should involve the prevention of cigarette use among children.

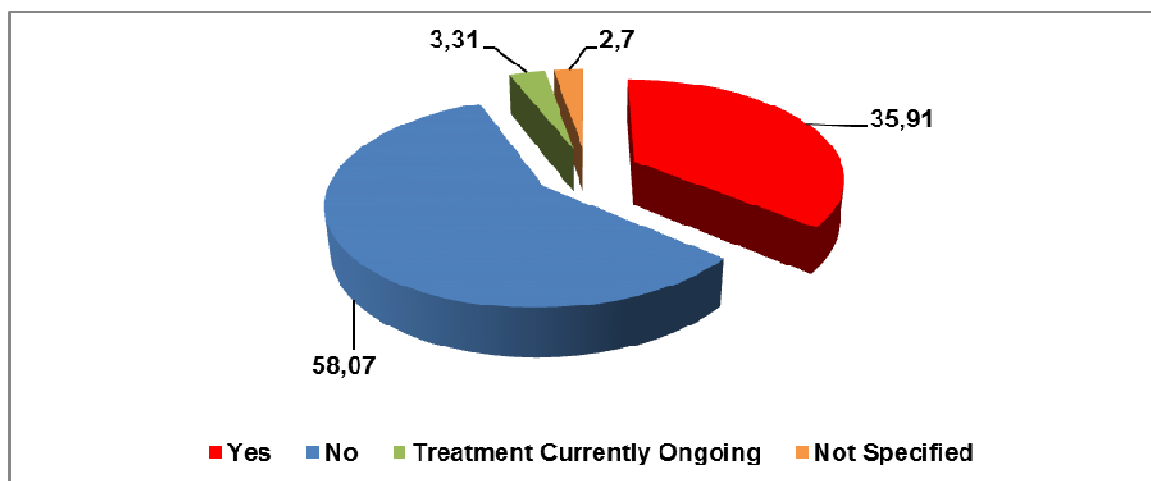
Graph 9-22: Alcohol Use Among Drug Users (%)



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

It is believed that the observations described above for cigarettes are also valid for alcohol. In this context, it can be seen that 52.37% of illicit drug users also consumed alcohol (Graph 9-22). Furthermore, considering that alcohol use could also be present within the 32.91% group that did not provide an answer, it is believed that the rate of alcohol use may be even higher than 52%.

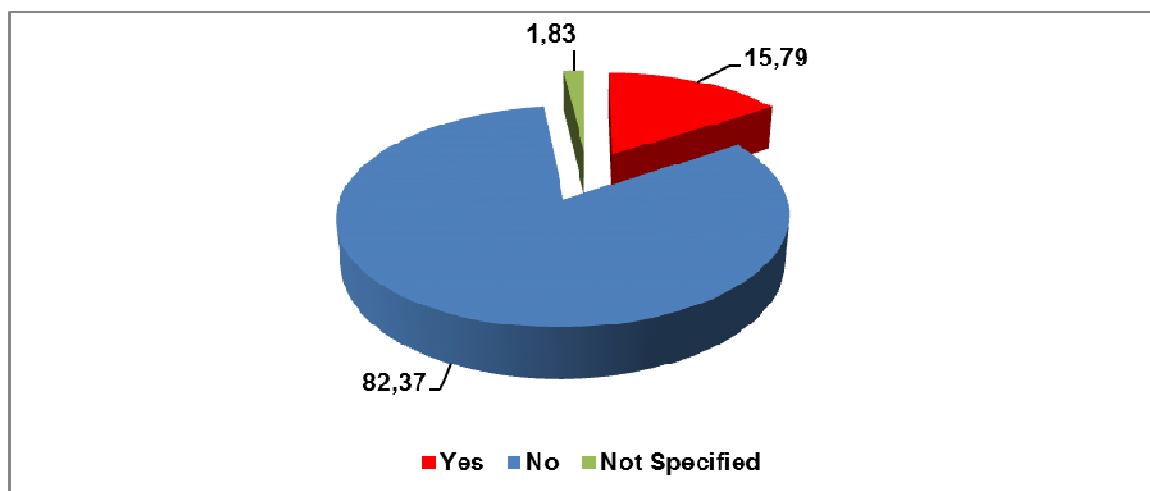
Graph 9-23: Treatment Demand Among Drug Users (%)



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

It is observed that 58.07% of drug users answer to the question, “Would you like to receive treatment?” was “no” (Graph 9-23). According to the data from the U-forms, the most commonly used drug in Turkey is cannabis (See Graph 9-19). One of the most important reasons why more than half of the users express that they do not wish to receive treatment is the generally common and false belief among users that cannabis is harmless, or that it is less harmful than most drugs. This false notion among users represents an obstacle with regards to demands for treatment. Thus, despite the fact that cannabis is the most commonly used and seized drug in Turkey, it does not rank first among the drugs that lead to a demand for treatment (EMCDDA Standard Table 34, 2012).

Graph 9-24: Previous Treatment of Drug Users (%)



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

The answer of 82.37% of drug users to the question, “Have you received treatment before?” was “No” (Graph 9-24).

9.3.2. Narco-Terrorism

Dr. Fazlı GÖKÇEGÖZ³²

Enes USTA³³

For terrorist organizations, the continuation of terrorist activities is largely dependent on the sufficiency of financial resources. The requirements and activities of these organizations, such as weapons, shelter, food supplies, communication, and propaganda, require considerable financial resources. While the means through which a terrorist organization ensures its funding varies according to the organization's ideology and size, drug trafficking is one of the most important sources of income for certain terrorist organizations. Drug trafficking, which involve an annual global proceeds of crime of 320 billion USD (UNODC Drug Report, 2012:60, 67), is an appealing economic resource for all criminal organizations, as well as terrorist organizations.

While it was generally known that terrorist organizations worldwide ensure their financing with drugs, it had not been possible to demonstrate significant evidence in support of this assumption until recently. Within the context of studies that have been conducted, starting in 2003, important evidence attesting to the connection between PKK-KCK and various organized crime syndicates, as well as individual drug traffickers was obtained. Testimonies from detained terror organization members and drug traffickers, official reports of offences associated with terrorist organizations, drugs seized from shelters/cell houses belonging to terrorist organizations, and the financial records listed in seized documents clearly demonstrate that terrorist organizations (PKK-KCK, DHKP/C, TKP-ML, DEVSOL and ASALA) ensure their financing by means of drug trafficking.

Within the scope of the analyses performed by the Turkish National Police KOM Department, it was identified that the PKK-KCK is involved not only in drug trafficking, but in all stages associated with the drug trafficking. It was determined that the PKK-KCK:

- Racketeers from drug traffickers.
- Coordinates the trafficking of drugs.
- Is active in the distribution of drugs in Europe.
- Launders money obtained from drugs.

Between 1984 and July 2012, 874 individuals were arrested within the context of 367 operations conducted against narco-terrorism. During 60 of these operations, a large amount of drug was seized in cell houses and shelters belonging to PKK-KCK. As a result of these operations conducted against terrorist organizations, 4253 kg of heroin, 24205 kg of cannabis,

³² TNP KOM Department, Director of the Division of Counteracting Narcotic Crimes

³³ TNP KOM Department, Division for Counteracting Narcotic Crimes

5,442,253 cannabis plants, 4305 kg of morphine base, 8 kg of opium gum, 710 kg of cocaine, 337412 synthetic drugs, 26910 liters of acetic anhydride seized and 2 drug illicit laboratories were determined.

Parallel to the operational activities conducted to prevent the financing of terrorism through drugs, activities to ensure the international recognition of the organization's drug connections and the implementation of economic measures against the organization are currently ongoing. The most significant endeavors in this respect are the activities conducted by the American authorities within the context of the Kingpin Law.

The Kingpin Law was signed on December 03, 1999 by the former US President Bill Clinton. This law fundamentally aims to identify the leading drug organizations and traffickers, and to implement strict economic sanctions against their assets. These sanctions include black listing the individual or organization, the freezing of assets, and the prohibition of all American citizens from engaging in transactions/money transfers with this individual and organization. Criminal and legal liabilities that are far more serious can be brought into effect in the event that the sanctions in question are infringed.

As a result of the activities conducted together with the Department of Treasury and the Drug Enforcement Administration (DEA), the PKK-KCK was declared as a "First Class Significant Drug Trafficking Organization" in June 2008. Such declarations lay the ground for the implementation of economic sanctions by judicial authorities worldwide against drug trafficking organizations such as PKK-KCK. This announcement by the US Government has played a significant role in the international acceptance of the connection between PKK-KCK and drugs, which had been stressed by Turkey for many years.

Within the scope of these activities, PKK-KCK was not only declared as a drug trafficking organization, but coordinated activities also continued with US authorities to ensure that important PKK-KCK leaders were brought within the scope of the Kingpin Law. During the period between 2009 and 2012, 13 individuals, including important PKK-KCK leaders, were considered within the scope of the Kingpin Law. Thus, the decision was taken to freeze all assets in the US that belonged to these individuals, and to prohibit, on a worldwide level, the conduct of any economic or commercial activities by American citizens with these individuals. At the same time, the identification of PKK-KCK at an international level as a drug trafficking organization has damaged its image and severely impacted the funding of its organization.

Within the context of the “Action Plan for Counteracting the Financing of Terrorism,” activities and processes against the drug-related financing of terrorist organizations continue in coordination with the relevant institutions and organizations.

9.3.3. Money Laundering³⁴

Nowadays, a significant portion of the large proceeds of crime obtained by means of organized crimes activities, such as drug trafficking, are being channeled to ensure the continuation of organized crime activities. Moreover, such revenues can be used to finance terror activities, which is one of the most significant issues faced by countries worldwide.

The proceeds of crime obtained through crime, and/or laundered and injected into the financial system, engender negative effects at many levels on the economic, financial and legal system of the country. Such proceeds of crime also damage the general social and moral fabric of society.

In the fight against organized crime, it is accepted that directly targeting proceeds of crime (in other words, the tracking, identification and seizing of proceeds of crime) is a more effective approach than arresting and sentencing individuals who directly commit crimes such as drug trafficking. In this context, preventive and suppressive measures against the laundering of proceeds of crime, as well as measures for their identification and confiscation, figures prominently on the agenda of policy makers in many countries.

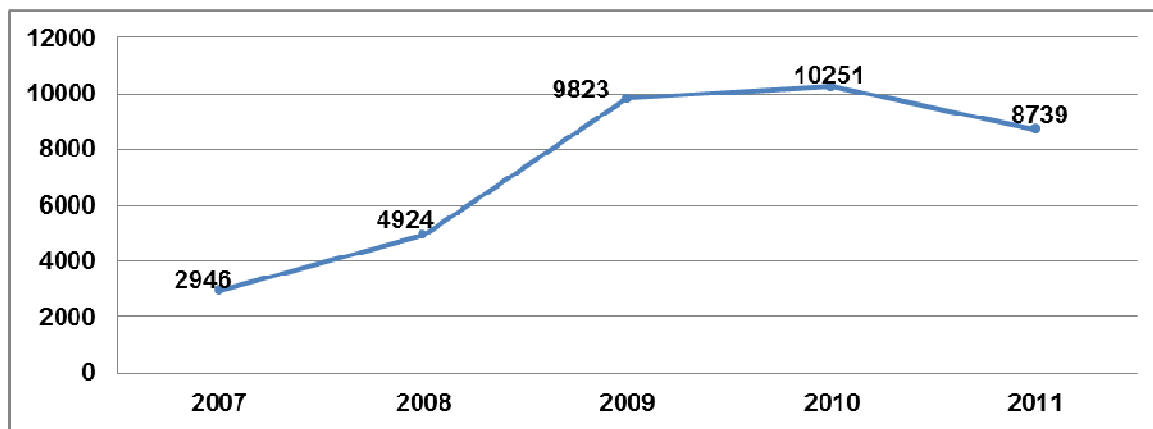
Turkey has adopted a strategy against the crime of laundering that is in accord with international standards. Within the scope of this strategy, suppressive and preventive legal regulations have been put into effect, and progress has been made in practice especially with regards to preventive measures.

Preventive measures in particular have been put into effect for financial institutions by means of the obligations listed in the 2nd article of Law number 5549 and the relevant statutes of the same law (measures including the identification of customers, suspicious transaction notifications (STN), and continuous data provision). These measures serve to prevent the introduction of proceeds of crime into the legal financial system, and ensures the tracking, identification and confiscation of such proceeds that have entered the system. In the transactions performed either directly or as intermediaries by obligants, a suspicious

³⁴ This section was prepared by MASAK (Financial Crimes Investigation Board).

transaction notification must be submitted to the Financial Crimes Investigation Board (MASAK) in the event that there is suspicion that the property subject to the transaction was obtained by illicit means or that the property is being used for illicit ends. This notification serves as a source of financial intelligence for revealing laundering activities and other crimes. These notifications are also an indication of the awareness of obligant groups towards the crime of laundering. As a consequence of the regulations that were issued and the training and inspection activities that were carried out by MASAK, the number of Suspicious Transaction Notifications (STN) that was performed is increasing, as shown below in the graph below.

Graph 9-25: The Number of Suspicious Transaction Notifications According to Year



Source: MASAK Activity Report 2010 and 2011, www.masak.gov.tr.

Activities concerning the laundering of proceeds of crime were first considered as a crime within the context of the Law Regarding the Prevention of Money Laundering number 4208, codified on November 19, 1996. The relevant provisions of the law in question were later repealed, and the 282nd article entitled “The Crime of Laundering Assets Originating from Criminal Activities” of the Turkish Penal Code number 5237, codified on June 1, 2005, was brought into effect instead. According to the first subsection of this article: *“with regards to assets originating for a crime that necessitates a prison sentence of at least six months; individuals who transfer these assets overseas, or who perform various acts either to conceal the illicit sources of these assets or to create the impression that they were obtained by legal means, will be sentenced from three to seven years of imprisonment and will be imposed a judicial fine of up to twenty thousand days”*. The ensuing subsections of the same article lists the conditions that aggravate the applicable sentence. This regulation has an important

function in the fight against crimes that constitute a source of proceeds of crime, and especially against drug trafficking. As a result of the analyses, evaluations and investigations conducted by MASAK in 2011 for the identification of crimes related to the laundering of proceeds of crime, criminal complaints were reported for the prosecution of 34 individuals who were identified as committing laundering activities in relation to drug trafficking (MASAK Activity Report, 2011: s:45).

The confiscation of proceeds of crimes, regardless of whether they have been laundered or not, is another important measure in the fight against crime. With the “Confiscation of Proceeds of Crime”, regulated within the context of the 55th article of the Turkish Penal Code number 5237, financial assets that were obtained through crime, or which constitute the basis for criminal activities, or that are provided for the conduct of criminal activities are subject to confiscation. Any economic gains obtained through the valuation of these assets are also confiscated. As the effective tracking, identification and confiscation of proceeds of crimes will eliminate the motivation for committing crimes to obtain financial gains, the success in implementing confiscation measures will lead to decrease in the prevalence of the initial crimes.

9.4. Other Drug-Related Crimes

No new data.

9.5. Prevention of Drug-Related Crimes

No new data.

9.6. Interventions in the Criminal Justice System

9.6.1. Alternatives to Penitentiaries

In 2005, the probation system was put into effect in Turkey. In this system, individuals who use drugs or stimulants, as well as individuals who, in addition to using them, also purchase, accept, or possess these drugs or stimulants, are placed under probation as an alternative to being taken to penal institutions within the context of their sentence.

Following the establishment of the probation system, various European Union projects were conducted to improve the quality of services being provided. Within the context of the “Development Work with Juveniles and Victims by the Turkish Probation Services Project,” completed in October 2010, national standards in this regard, as well as four intervention

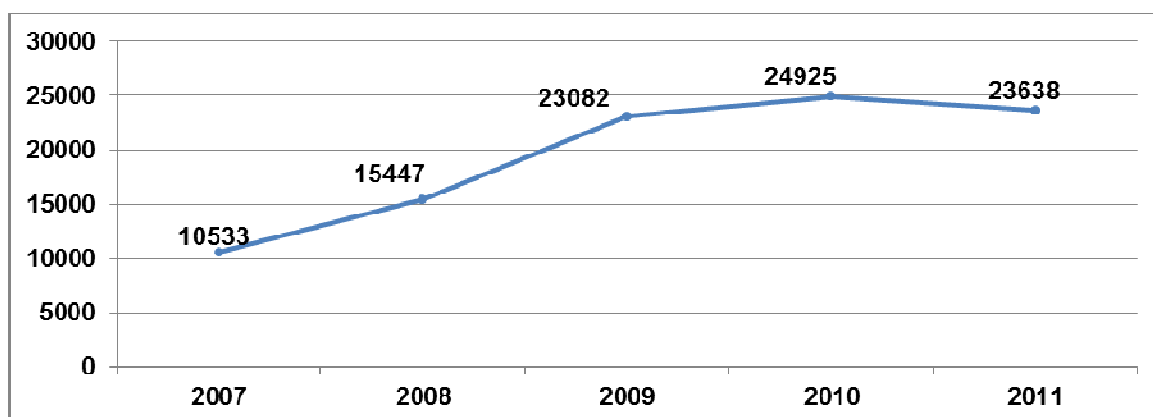
programs entitled “General Approach,” “Alcohol and Drugs,” “Children with Aggressive Behavior” and “General Criminal Behavior” were developed. Studies were also performed for increasing inter-institutional cooperation. Trainings were provided for each intervention program, and the Directorate of Probation has begun to implement these programs. Intervention Program Trainings against Alcohol and Drugs for Children continued in 2011, and 32 probation officers were trained within the scope of these programs. Activities regarding the preparation of intervention programs against alcohol and drugs for adult convicts have also been initiated.

In addition, the Directive on Probation and Help Centers and Protection Committee will be reviewed within the context of the current requirements and international regulations. New regulations are planned in this context with regards to the implementation of treatment and probation decisions given by courts.

9.6.2. Other Interventions in the Criminal Justice System

The 2011 data of the Ministry of Justice - General Directorate of Prisons and Detention Houses (CTEGM) highlights the significance of drug and drug-related crimes in Turkey. As of 2011, there are 23638 inmates in penal institutions for crimes related to drugs. Although there has been a decrease in drug-related crimes compared to previous years, there is still a considerable number of inmates in penal institutions.

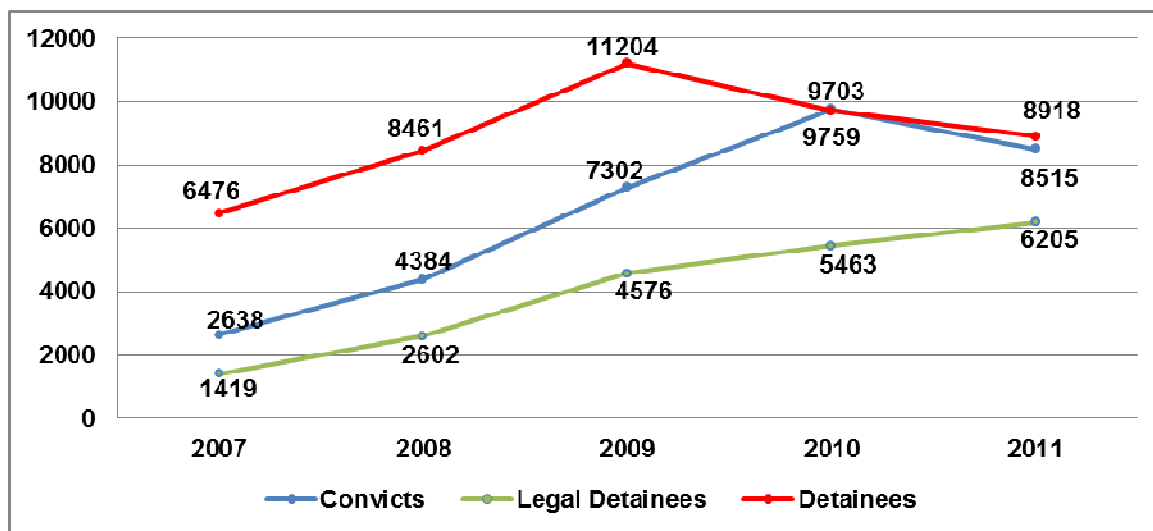
Graph 9-26: The Number of Individuals in Penal Institutions for Drug-related Crimes According to Year



Source: Ministry of Health General Directorate of Prisons and Detention Houses, 2012.

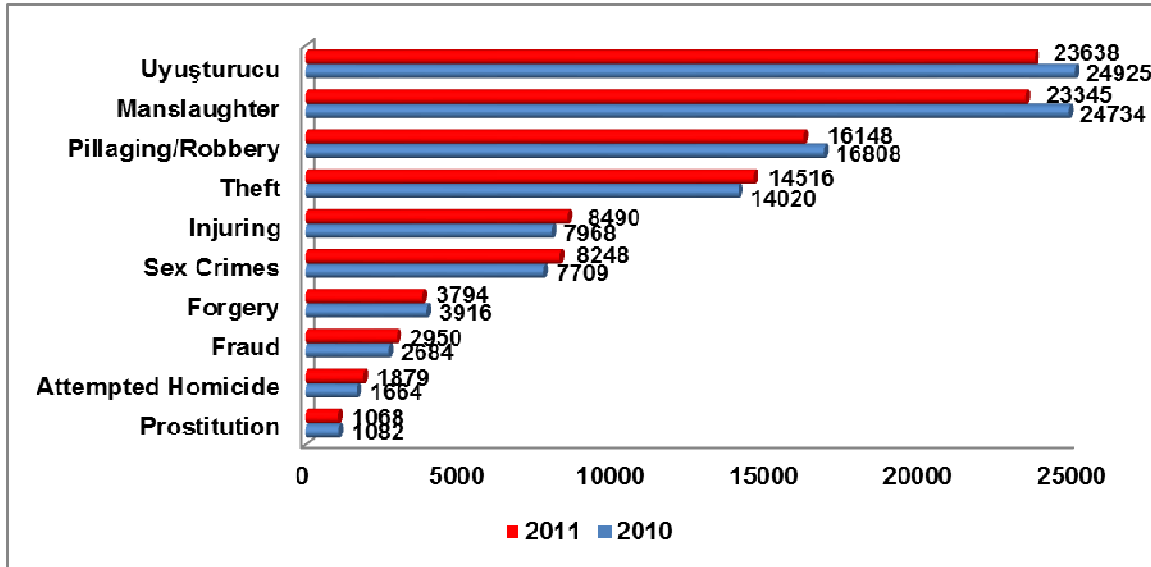
According to the 2011 data of the Ministry of Justice - General Directorate of Prisons and Detention Houses (CTEGM), as of 2011, there are 23638 inmates in penal institutions for crimes related to drugs (Graph 9-26). In the same period the total number of inmates is 128604. In this context, inmates who are involved to drug crimes consist of 18.38 of the total number.

Graph 9-27: The Breakdown of the Number of Detainees, Legal Detainees and Convicts in Penal Institutions for Drug-related Crimes According to Year



Source: Ministry of Health General Directorate of Prisons and Detention Houses, 2012.

Graph 9-28: Comparison Between 2010 and 2011 According to the Type of Crime



Source: Ministry of Health General Directorate of Prisons and Detention Houses, 2012.

The Ministry of Justice is responsible for coordinating the fight against drugs and drug addiction through the activities of its General Directorates. The General Directorates and institutions of the Ministry of Justice that conduct prevention and rehabilitation activities against drug addiction can be listed as follows:

- The General Directorate of Prison and Detention Houses and the Penal Institutions affiliated with this institution.
- The Department Responsible for Probation and Support Services of the General Directorate of Prison and Detention Houses, and its affiliated Branch Offices

Nowadays, drug addiction is considered a disease, and its treatment continues parallel to the legal processes. Drug users are directed to treatment services through probation, while in penal institutions there are individuals convicted and detained for drug trafficking and related crimes.

Changes in the law on criminal enforcement, the establishment of a probation system and the developments in treatment services are significant factors in the prevention of drug addiction. Parallel to these developments that took place in recent years, projects initiated and

conducted within the context of the European Union accession process have significantly accelerated the activities in these areas.

In penal institutions, “The Alcohol and Substance Addiction Program” is the leading psycho-social support service provided for convicts/detainees who are alcohol and substance addicts. The Alcohol and Substance Addiction Program in penal institutions is a 4-week program that consists of 16 sessions of nearly 1.5 hours each. This program is based on a treatment model that aims to minimize the harms of addiction through cognitive-behavioral therapy. The program intends to raise awareness among drug users with regards to receiving treatment. The program also includes activities for convicts who used drugs or were involved in drug-related crimes, with an emphasis on activities regarding the harms of drug use and the skills for minimizing these harms.

Between September 19-23 and September 26-30, 2011, a group consisting of 45 psychologists and social workers received practical training at the Ankara Personnel Training Center. These training programs as well as the application of the program at an institutional level are currently ongoing. The training programs will continue in 2012, and revision studies for the program as well as instructor trainings are also planned.

The Adult Investigation and Evaluation Form (Y-ARDEF) Study was initiated as a pilot study in 2011 and conducted in 10 penal institutions. These institutions included two penal institutions for women as well as a F-type penal institution. A total of 1,125 forms were used, and 1,087 of these forms were included in the study (96.62%). Female convicts constituted 25% of the study sample (Ögel K., Başabak A., Y-ARDEF Pilot Study Report, 2011).

The study included 1.18% of all male convicts and 1.2% of all female convicts in Turkey. The average age within the sample was determined as 33.4. The proportion of individuals who were never married was 41.7%, while the proportion of divorcees was 13.8%. More than half of the convicts had children. The proportion of illiteracy was 4.9%, while the proportion of university graduates was 4.8%. The proportion of convicts with an elementary education was 76.8%. This result indicates that the majority of convicts have an elementary education. The proportion of convicts who wished to continue their education if given the means was 28.5%. This result indicates that nearly one-third of the convicts would like to continue their education. The prevalence of drug use on at least one occasion was 53.6% among men and 25% among women. Nearly half of the male participants described that they had used cannabis on more than three occasions. The proportion of convicts who tried heroin was also high. The results also indicated that alcohol-drug use is common among convicts. For both genders, the

proportion of those receiving addiction-related treatment was 7%. This result indicates that the need for treatment among convicts is significant. A close relation was identified between the severity of addiction, the risk-taking personality index and the convict's mental problems. This result demonstrates that the problem of addiction is more common among those with anti-social characteristics or mental problems. In the evaluation performed within the context of the Y-ARDEF study to collect data regarding Injecting drug users, 867 of 1125 convicts provided an answer to the question, "Did you ever use an Injecting drug?" Among these 867 individuals, 833 (96.1%) answered that they never used such drugs, 5 (0.6%) answered that they used it once, and 29 (3.3%) answered that they used in two or more times. When the lifetime prevalence of drug use among convicts prior to their detention in penal institutions was evaluated, it was determined that 41.4% used cannabis, 12.6% used cocaine, 8.2% used heroin, 1.8% used amphetamine, 26.6% used ecstasy, and that 46.2% use of any illicit drugs (Ögel K., Başabak A., Y-ARDEF Pilot Study Report, 2011).

The Penitentiary Addiction Project (CEBAP), initiated in 2010 and continued throughout 2011, assessed the drug use habits as well as the severity of addiction among convicts, and attempted to direct convicts to the drug addiction activities that were the most suitable for them. The project has been implemented at the Ümraniye T-Type Penal Institution.

The Project was designed by Prof. Dr. Kültegin ÖGEL, the founder of the YENİDEN Health and Training Association. The developers of the project, as well as those in charge of implementing it, were the part-time specialist psychologists and the volunteer psychologists and psychological counselors at the YENİDEN Health and Education Association. Support and supervision for the project was provided by the psychosocial service of the association.

The project was first initiated with research that was designed to serve as a guide for the study. For this research, previously used and newly developed scales for drug addiction were administered by means of face-to-face interviews with 99 males sentenced for drug-related crimes. A standardization of the scales was performed in this context. The scales were conducted by psychologists assigned at the YENİDEN Health and Training Association and by correction officers who were trained in the use of these scales. The scales served to identify the frequency of drug use, the drugs being used, and the moods that lead to drug use among the convicts. The 2nd phase of the project consisted of a group study entitled the Cigarette, Alcohol, and Drug Addiction Treatment Program (SAMBA). SAMBA is psychological training provided in a group format. The SAMBA sessions were conducted interactively, and included didactic elements and activities.

The first study was performed on November 10, 2011 with the participation of 14 convicts. Throughout the project, a total of 5 group studies were performed, and 68 convicts participated in the program. The last session was completed on May 24, 2012. In addition, a video activity was performed by the theater team composed of convicts from the institution, with the intention of using it within the context of the SAMBA project.

SAMBA, which was finalized according to the feedback received from convicts and institution specialists during the project, consist of 17 sessions based on the following subjects:

1. Effects of drugs and drug addiction
2. Drug use and your life – the whirlpool game
3. The brain and addiction
4. Harm reduction – methods for staying healthy
5. Gaining motivation - 1
6. Gaining motivation - 2
7. Developing awareness
8. Knowing and defining emotions
9. Defining inclination to drugs, and overcoming desires, emotions and thoughts
10. To recover, you must change-2
11. To recover, you must change-2
 - a. Identifying and overcoming risky situations
 - b. Defining anger
12. Anger management
13. Stress management
14. Communication skills
15. Thought entrapment

Based on this project, the study will be included in the “Individualized Recovery Programs,” which are currently being conducted by the Ministry of Justice and implemented in every penitentiary.

Aside from these studies, there have been important developments in regard to the availability and enrollment of qualified personnel who will assist with these recovery activities. The number of psychologists and social workers has also increased in this context. As of August 2012, there are 351 psychologists and social workers assigned to penal institutions, and 156 psychologists and social workers, as well as 116 sociologists assigned to the Directorates of Probation. Moreover, psychologists, social workers and sociologists are receiving trainings

regarding these programs and recovery activities. The reports that are prepared following these trainings serve as a guide for the conduct and developments of these activities.

Seminars on alcohol and drug use are also being organized in penal institutions in cooperation with the Provincial Security Directorates and Provincial Health Directorates. The necessary support and permissions are also being granted to penal institutions for the conduct of scientific studies.

9.7. Drugs and the Problem Drug Use in Penitentiaries

Problem Drug Use is defined as “the Injecting use of drugs, or the long-term or regular use of heroin, cocaine and/or amphetamine/methamphetamine.” Substitution treatment provides an important opportunity for identifying the number of heroin and other injecting drug users. This is because heroin users are obliged to become involved in the health system in order to receive treatment services and to continue their treatment.

As described in the 2010 Turkish Drug Report, treatment centers provide a large variety of psychological treatment methods in addition to medication therapies. Furthermore, these centers also provide support through training and social programs. In 2010, buprenorphine + naloxone (suboxone) began to be administered as a substitution treatment for the treatment and stabilization of opiate addicts.

The health services provided in penal institutions are coordinated and conducted by the Ministry of Health, and the treatment services and judicial services are parallel to one another. For this reason, penal institutions are also affected by the developments and changes that take place in health services. Consequently, more comprehensive data and epidemiological studies regarding the health services for convicts are necessary.

9.8. Responses for Drug-Related Health Problems in Penitentiaries

The organization of health services in Turkey has entered a new period with the codification of the “Law Regarding the Pilot Implementation of Family Practice” number 5258 on November 24, 2004. According to this law, village clinics were removed and primary healthcare services began to be provided by “family doctors.”

According to the protocol signed between the Ministry of Health and the Ministry of Justice in 2009, penal institutions were also defined as locations in which family doctors would provide

mobile treatment services. In this context, detainees and convicts will also receive their primary healthcare services in their penal institution from family doctors. In addition, in case the penal institution is organized as a campus, the detainees and convicts will be allowed to receive health services from the district polyclinics in their regions. For penal institutions, the other divisions that can provide health-related services are the community health centers for another issues in that province (Handbook on Health Services in Penal Institutions, 2012).

Primary healthcare services in penal institutions are provided by family doctors; for medical conditions that require advanced tests and treatments, transfers are performed to the relevant health institutions. In this context, treatment services for drug users are generally provided by transferring them to health institutions. Furthermore, the Extended Immunization Program Circular number 18607-2006/120, dated November 30, 2006 encompasses the application of routine Hepatitis B vaccination by the Ministry of Health for the prevention of infectious diseases in penal institutions. Within the context of the program's strategies for controlling Hepatitis B, vaccines are provided by the Provincial Health Directorates, and all convicts, detainees and institution personnel are routinely administered with vaccines.

As infectious diseases as well as other forms of diseases are problems are related to all society, the Ministry of Health, which is in charge of the health services in the country, issues circulars concerning disease control, and coordinates various control programs. Thus, activities pertaining to the control of infectious diseases in penal institutions are conducted parallel to the policies and practices of the Ministry of Health (Handbook on Health Services in Penal Institutions, 2012).

9.9. The Social Reintegration of Drug Users Following Discharge from Penitentiaries

One of the regulations pertaining to the prevention of crime involves the activities performed for the post-release period of convicts. The discharge plan following release is important for allowing convicts to reorganize their lives, as convicts face many problems during their transition to social life. Following release, economic support systems, social services and health services are greatly needed by convicts. Drug addicts who have become involved in the criminal justice system may encounter various problems following their sentence when attempting to return to their normal social life. Many of these convicts have lost their social support systems, lost their professions, and are faced with many health problems. Activities for the post-release period are hence of considerable importance. One of the most important activities conducted in this area is the introduction of probation services.

Within the context of the amendments performed on the Law Regarding the Execution of Sentences, emphasis has been placed on providing educational and vocational programs in open correctional facilities. These programs aim to facilitate the re-adaptation of convicts to social life.

Within the scope of the Y-ARDEF study conducted in 2011 in 10 penal institutions, it was noted that one-tenth of the convicts had no regular occupations, that two-thirds were underemployed in the past 2 years, that nearly half of them did not have social security, and that two-thirds did not have a profession. Moreover, it was observed that a large portion of the convicts wished to acquire a profession (63%). These results indicate the importance of professional training. Concerning the results on family-friendly relations and the social environment: it was identified that one-fifth of the women convicts had no one to take care of them after their release from prison. It was also noteworthy that one-fourth of the convicts lived in environments where criminal activities were rife, and that they had friends or relatives who were also involved in crime (Ögel K., Başabak A., Y-ARDEF Pilot Study Report, 2011).

SECTION 10

THE SUPPLY DIMENSION OF DRUGS (DRUG MARKETS)

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10.1. Introduction

The main institutions that are involved in the fight against drug trafficking are the Turkish National Police (TNP), the General Command of the Gendarmerie (JGK), the Coast Guard Command (SGK), and the General Directorate of Customs Enforcement (GMGM). Aside from these institutions, the Turkish Grain Board (TMO), the Institute of Forensic Medicine, the Financial Crimes Investigation Board (MASAK) and the Turkish Institute of Pharmaceuticals and Medical Devices perform significant tasks for the monitoring of the addictive drugs. The tasks and responsibilities of the institutions are defined by laws and inter-institutional protocols.

The trafficking of drugs is counteracted in urban areas by police forces, by gendarmerie forces in rural areas, by customs personnel in the Turkish customs territory (within the political boundaries of the Republic of Turkey), and by the coast guard in all coastal regions and territorial waters of Turkey.

The TNP, which assumes the general responsibility of maintaining security in provincial centers and districts, is organized on the basis of a central and regional structure. The same organizational structure is applicable for the departments within the TNP that are involved in the fight against drugs. The (Central) Division for Counteracting Narcotic Crimes is organized within the Department of Anti-Smuggling and Organized Crime (KOM), while the Division of Anti-Smuggling and Organized Crime of Provincial Security Directorates are organized within the Bureau for Countering Narcotic Crimes.

The General Command of the Gendarmerie performs its duties within the scope of the Law and Directive number 2803 Regarding the Organization, Duties and Authorities of the Gendarmerie. The General Command of the Gendarmerie conducts its activities against drug trafficking through the KOM divisions within the Provincial Gendarmerie Commands

³⁵ TNP KOM Department, Director of the Division for Countering Narcotic Crimes

³⁶ TNP KOM Department, Division for Counteracting Narcotic Crimes

and Narcotic Divisions affiliated with the Department of Anti-Smuggling and Organized Crime (KOM).

The Coast Guard Command, established by the law number 2692, published in the Official Gazette on July 13, 1982, carries out its duties in affiliation with the Ministry of Internal Affairs during peacetimes, and in affiliation with the Naval Forces Command in states of emergency and war. Activities within the context of the fight against drugs are conducted by all divisions affiliated with the Coast Guard Command. These activities are coordinated at the central headquarters by the Directorate of Smuggling within the Intelligence Department, while coordination at the Coast Guard Regional Commands is performed by the Intelligence Directorates.

Among the divisions involved in the activities against drugs, the Undersecretariat of Customs was reorganized in 2011 as the Ministry of Customs and Trade. Within this Ministry, the Department of Narcotic Drug Trafficking was created, and the organization of the Regional Directorates was renewed. During this process, the number of Directorates of Customs Enforcement, Smuggling, and Intelligence were increased from 18 to 29.

The trafficking of drugs is a complex and dynamic process that includes the cultivation, production, distribution, and dealing of drugs at the street level. There are many dynamic variables that affect this process. For example, following the diseases that emerged in 2009 and 2010 in the opium fields of Afghanistan, there were significant decreases in the number and amount of heroin seizures. Issues encountered in the period following 2005 in regard to the provision of PMK, the main chemical used in the production of ecstasy, led to a shortage of MDMA (UNODC World Drug Report, 2012:80). In this process, the organizations that produced ecstasy began to decrease the amount of MDMA in the tablets, and to use alternative drugs instead. Furthermore, the UNODC 2012 Drug Report mentions that due to the increasing use of container transportation for commercial activities between South America and Europe, the African route has begun to lose its previous importance. It can be seen that there are many predictable and/or unpredictable problems/changes that can affect the various stages of drug trafficking, such as the cultivation, production, and transportation processes.

A certain level of organization is necessary to ensure that the drugs reach the consumers. It is possible to claim that at every stage, drug trafficking operates according to a certain organized structure. In particular, the production of drugs such as heroin and cocaine in specific regions for trafficking requires the highest level of international organization on a global level. The drug trafficking groups carry out the cultivation, production, procurement, delivery, and street

dealing of drugs within the context of a certain system. The activities of these organized groups, which take shape according to the demands of the markets, are evidenced through certain trends. For example, the Balkan Route was formed in the 1980s for transporting to Europe the heroin produced in the Golden Triangle, consisting of the countries of Afghanistan-Pakistan-Iran, which have the highest share in the world production of heroin. According to the UNODC, this route still ranks as one of the most active heroin routes. The same report also describes that Turkish and Balkan organizations have been active in the past 20 years in the trafficking of heroin through this Balkan Route.

Depending on the type of drug, drug trafficking may occur at a local, regional, and global level. For example, cannabis, which is produced and consumed in almost every country around the world, is mostly subject to local and regional trafficking. The ATS (Amphetamine-Type Stimulants) group of drugs were previously produced in certain centers and hence subject to regional trafficking. However, the production of these types of drugs has become more widespread in recent years, and their trafficking now occurs on a narrower regional scale. Drugs such as heroin and cocaine, on the other hand, are produced solely in certain geographical regions, and are delivered to centers of consumption from these regions. As it can be understood from the examples, geographical factors have a significant effect on the production and trafficking processes of drugs.

Due to its location, Turkey is geographically interconnected with Asia, Central and Western Europe, the Balkans, Trans-Caucasia, the Indian Ocean/Indian Subcontinent, and Africa through the Eastern Mediterranean region, and with Russia and Northeastern Europe through the Black Sea region. This geographical position places Turkey under the threat of drug and chemical trafficking that takes place along the east-west and west-east routes. In addition to the trafficking of opium and derivatives originating from Afghanistan, the trafficking of synthetic drugs originating from Europe and drug production chemicals which have a declining trend in recent years also occurs through Turkey. In addition to being used as a transit route in drug trafficking, Turkey has also experienced an increase in recent years in the local production of cannabis.

10.2. Availability and Supply

10.2.1. Opium and Derivatives

Afghanistan singly contributed to 63% of the global opium production in 2011, maintaining its leading position in this area. The production of opium increased from 4700 tons in 2010 to 7000 tons in 2011, while production in Afghanistan decreased to 3600 tons in 2010. This

number increased to 5800 tons in 2011. When these numbers are taken into consideration, it is estimated that a total of 467 tons of heroin were produced worldwide in 2011 (UNODC World Drug Report, 2012:26). Despite several changes that took place within the illicit drug market, no significant changes were observed in the amount of heroin seized in 2010. While 76 tons of heroin was seized worldwide in 2009, this number was 81 tons in 2010 (UNODC World Drug Report, 2012:27). While the amount seized in Southeast Asia, Central and South America increased, a decrease was observed during the same period in the amounts seized on established routes passing through Russia, Central and Western Europe.

The Balkan Route, which passes through Turkey, is still being used actively by certain organizations. However, the 2012 World Drug Report has described a decrease in the number of heroin seizures performed on this route.

Of the 81 tons of heroin seized worldwide in 2010, 40 tons were seized by Iran and Turkey. In 2011, Iran seized 27 tons (33%) and Turkey seized 13 tons (16%) of heroin. The amount of heroin seized in Iran was 25 tons in 2009, 27 tons in 2010, and 23 tons in 2011. During the same years, the amount of heroin seized in Turkey was 16, 12.5 and 7.2 tons, respectively.

Two different trends have been observed over the last five years in regard to the heroin seizures in Turkey. The increase in seizures that began in the early 2000s continued until 2009. In 2009, a record amount of 16,059 kg of heroin was seized. Following the diseases that occurred in the cultivation areas of Afghanistan in 2009 and 2010, a decrease in seizures occurred parallel to the decrease in production.

The Afghanistan Opium Questionnaire conducted by the UNODC reported that opium production in Afghanistan increased by 61% in 2011. This has engendered an increase in the availability of heroin in the markets (The Afghanistan Opium Questionnaire, Summary Results). The seizures performed during the first 6 months of 2012 have shown that this observation is correct.

It may take up to 1-2 years for the opium produced in Afghanistan to reach the streets as heroin. Consequently, the UNODC has explained that it will not be possible to fully anticipate the effects of the production issues encountered in Afghanistan in 2010 based on the available 2010 and 2011 data. The report mentioned two possible consequences for the period following 2010.

1. A general decrease in heroin seizures in 2010 in countries that are supplied with heroin from Afghanistan.
2. A general shortage of heroin in European countries between 2010 and 2011.

For the years 2010 and 2011, the UNODC has made certain predictions for the European market supplied with Afghan heroin and for Turkey. In the last two years, a gradual decrease was observed in Turkey in regard to the seizures of heroin: While 12,690 kg of heroin was seized in 2010, this number decreased to 7293 in 2011. However, it would not be realistic to attribute the cause of this decrease solely to the production-related problems in Afghanistan. It was determined as a result of several studies that the heroin produced in Afghanistan is delivered to Europe via air and sea transport from Pakistan, and air transport from Iran. On the other hand, the UNODC 2011 World Drug Report mentions that trafficking through the route that crosses Turkey has become more a risky route for traffickers, beginning in the early 2000s. Other factors that have contributed to the decrease in heroin seizures was the increase in heroin prices, and also the attempts by organizations based in Turkey to conduct trafficking through different and novel means.

10.2.2. Hemp and Derivatives

Cannabis is the most commonly produced and consumed illicit drug in the world. It is estimated that 119 to 224 million people around the world have used cannabis at least once. When considering the amount that is seized and destroyed, it is possible to claim that the planting of hemp is gradually increasing. However, as the plantations are scattered, regional, and small-scale, it is not possible to make a general assessment regarding the levels of global production (UNODC World Drug Report, 2012:8). Cannabis is also the most commonly produced and consumed illicit drug in Turkey. In 2011, over 76 tons of cannabis was seized in Turkey as a result of law enforcement operations. In recent years, the number of cannabis seizures has shown a gradual increase. Compared to the amount seized in 2007, the number of cannabis seizures has increased by 140%. This increase is observed to be parallel to the rise in consumption and demand.

Turkey is a country in which hemp cultivation is traditionally performed. In Turkey, the cultivation of hemp is performed on a license-basis and a controlled fashion, under the supervision of the Ministry of Food, Agriculture and Livestock. The cultivation areas are organized and regulated according to the Directive Regarding Cannabis Cultivation and Control, which came into effect following its publication in the Official Gazette number 20672 and dated October 21, 1990. According to this directive, the provinces for legal hemp

cultivation are: Amasya, Antalya, Burdur, Çorum, İzmir, Kastamonu, Kayseri, Kütahya, Malatya, Ordu, Samsun, Sinop, Tokat, Uşak, Urfa, Yozgat, Rize, Zonguldak, Bartın and Karabük (The Directive Regarding Cannabis Plantation and Control, published in the Official Gazette number 20672 and dated October 21, 1990).

Parallel to the legal cultivation of hemp, illicit cultivation also occurs in almost every province of Turkey. While these cultivations in certain regions are solely for individual use, cultivation in other regions may be organized on a larger scale. In general, the cannabis that is produced in Turkey is also consumed within the country. While there are no indications of locally produced cannabis being exported overseas, it is known that a considerable quantity of cannabis is entering Turkey from other countries, especially the Islamic Republic of Iran. The cannabis that enters the country is generally in powder form.

Similar to other countries worldwide, the illicit cultivation of hemp in Turkey is largely scattered, regional, and small-scaled. However, in 2002, with the end of the emergency state that was declared in 1987, and the reopening of rural areas to agriculture, the cultivation of cannabis under the control of the PKK-KCK terrorist organization has become more common in 13 provinces (Bingöl, Diyarbakır, Elazığ, Hakkari, Mardin, Siirt, Tunceli, Van, Adıyaman, Bitlis, Muş, Batman and Şırnak). The mountainous nature of the regional geography is also one of the obstacles encountered in the fight against illicit hemp plantation.

Domestically, cannabis is subject to local and regional trafficking. Trafficking and smuggling organizations are generally family-type structures consisting of 3 to 15 members. These organizations are in contact and liaison with organizations that conduct dealing on the street level.

10.2.3. Coca and Derivatives

Cocaine is a drug with an \$85 billion dollar market share that originates from South America (UNODC World Drug Report, 2012:60). Cocaine, which is only produced in this geographical region, is distributed by various organizations to the global market by means of different methods and routes. The European market, which has grown three-fold since the 1990s, has played an effective role in bringing cocaine trafficking to a different level. Until 2006, the South American cocaine cartels have used Western Africa as a transit center to supply the European market. However, as described in the UNODC 2012 World Drug Report, Africa began to lose its position as a transit route starting from the year 2006. The growing volume of legal commerce between South America and Europe, and the increase in container-based transport

between the two continents was an effective factor in decreasing Western Africa's role as a transit region.

In the report entitled "Overseas Cocaine Trafficking to Europe," prepared within the context of the COLA Project conducted by EUROPOL, it was described that the number of cocaine seizures in ships and boats had decreased, while no significant differences were observed in the availability of cocaine in Europe. This was interpreted as an indication of the increase in cocaine trafficking through containers with legal cargo from South America.

For many years Western Europe, and Spain in particular, have acted as an entry point for cocaine into Europe. However, the seizures performed in Eastern Europe and to the north of the Black Sea in recent years, have demonstrated a newly emerging trend. Following the seizure of 1.2 tons of cocaine at the Romanian Port of Constanta in 2009, an additional 3.8 tons of cocaine destined for Romania were seized in Brazil as a result of the cooperation between Romanian and Brazilian authorities. The 582.35 kg seized in Ukraine as well as the 281 kg seized in İstanbul in 2011 provides a general outline of the new trend that is emerging.

In recent years, significant increases have occurred in the amount of cocaine seized in Turkey. This increase in recent years is associated with Turkey's position as a target country, as well as its newly emerging role as a transit route. During this period, successful operations have been conducted in ports by the TNP and the General Directorate of Customs Enforcement. As a result of these operations, which resulted in the seizure of 281 kg of cocaine in İstanbul, it was determined that a portion of these drugs was to remain in Turkey, while the other portion was destined for Europe. In addition to this, as a result of the activities conducted in airports, a significant amount of cocaine was seized from the bodies and baggage of couriers of different nationalities. In this context, it was identified that part of the carried cocaine was destined for Turkey, while the remainder was destined for other countries.

10.2.4. Synthetic Drugs

10.2.4.1. Ecstasy

The continual decrease that was previously observed in ecstasy seizures worldwide has ended in recent years. The 2012 World Drug Report described that the amount seized has increased from 595 kg in 2009, to 1.3 tons in 2010. In this report, it was considered that the use of the production of chemicals not subject to international control might have been effective in triggering this increase. The initial data for 2011 demonstrate that this increase continues. Within 2010, 90% of the ecstasy seized across Europe took place in France, Germany, the Netherlands, Poland, Spain, and Turkey (UNODC World Drug Report, 2012:54). The largest share of ecstasy seizures in Europe belonged to the Netherlands.

Ecstasy production in Europe is generally concentrated in the Netherlands and Belgium. The EMCDDA has emphasized that the use of industrial equipment may have increased the production capacity for illicit ATS. The Netherlands and Belgium are able to obtain 30-40 kg of final product from 5-8 kg of amphetamine, while Poland is able to obtain 4-8 kg of final product from 3 kg of amphetamine (UNODC World Drug Report, 2012:54).

Turkey continues to be a target country for the trafficking of ecstasy originating from the Netherlands and Belgium. Following the decreases that were observed in 2008 and 2009, an increase in seizures has occurred across Europe (parallel to the developments in Turkey). The ecstasy tablets that enter Turkey satiate the domestic demand. Especially in the beginning of the summer months, a significant increase in the demand for synthetic drugs is observed in holiday centers located throughout the Mediterranean and Aegean coasts.

10.2.4.2. Captagon

Turkey is both a transit country and a market for captagon trafficking. While there were indications in the past that reflected domestic captagon production, the organizations that performed large-scale synthetic drug trafficking in Turkey were eliminated following captagon operations and seizures that reached a peak in 2006. The activities of the domestic captagon laboratories were terminated in this context. Following these developments, it was observed that captagon production gradually spread to the Middle East (UNODC 2011). Based on domestically conducted studies, it was determined that production is shifting towards Syria and Lebanon. In addition to this, captagon tables originating from Southeastern Europe are still delivered to Middle East countries through Turkey.

There is currently no captagon production in Turkey. The captagon laboratories that are still encountered in the country are centers in which only tableting activities are performed. Two illicit laboratories identified in İstanbul on December 8, 2011 and in Gaziantep/Adana on September 25, 2011 were locations in which amphetamine powder was being tableted.

10.2.4.3. Methamphetamine

Methamphetamine is a drug for which the global popularity has increased significantly in recent years. The amount of methamphetamine seized worldwide has increased from 22 tons of in 2008, to 44 tons in 2010 (UNODC World Drug Report, 2012:51).

The European methamphetamine market, which is still small compared to the global market, is gradually growing and spreading across the continent—especially its northern regions. Across Europe, the amount methamphetamine seized has decreased from 696 kg in 2009, to 576 kg in 2010. With 124 kg seized in Sweden and 126 kg seized in Turkey, these two countries contribute to nearly 44% of all seizures in Europe.

The first seizure of methamphetamine in the Islamic Republic of Iran took place in 2005. Within the first 9 months of 2009, 883 kg of methamphetamine was seized in Iran. This observation was interpreted as an indication of the methamphetamine-related threat that is emerging for Turkey. The description in the UNODC 2011 ATS Evaluation Report, that the Islamic Republic of Iran has become, from 2005 until today, the main actor of the production and trafficking of illicit drugs in Asia, demonstrates a growing threat for Turkey (UNODC World Drug Report, 2012:52).

The increase in the Near and Middle East in the legal annual demand for chemicals used in ATS production (such as ephedrine and pseudoephedrine) raises concerns regarding the allocation of these chemicals for trafficking in the region. The Islamic Republic of Iran has requested 55 tons of these chemicals, while Syria has requested 50 tons (UNODC World Drug Report, 2012:50). The quantities of requested chemicals, and the 1.4 tons of methamphetamine seized in the Islamic Republic of Iran in 2010, should be considered within the context of Turkey's drug policies.

The methamphetamine produced in the Islamic Republic of Iran is delivered to Northwest Asia, Southeast Asia, and Western Europe. Considering the target countries and the alternative routes for these deliveries, it can be seen that Turkey is under high risk of being affected by

this methamphetamine trafficking. Taking into account the fact that methamphetamine seizures generally occur in İstanbul and in provinces neighboring the Islamic Republic of Iran, it appears that Turkey is being used as an alternative transit route. Moreover, methamphetamine in few offences was tried to smuggle to Europe via western border gates was determined by Customs Authorities. The seizures of methamphetamine, which have been on the rise since 2009, have exceeded 300 kg within the first six months of 2012.

10.2.4.4. Synthetic Cannabinoid (Bonsai)

The drug known as 1-naphthalenyl (1-pentyl-1H-indol-3-yl) methanone, or as the JWH-18 group of synthetic cannabinoids, or as Bonsai, according to its street name, is absorbed by the leaves of the bonsai tree as part of its preparation process. As such, bonsai has the appearance of green colored plant fragments, similar to cannabis. Bonsai, which has been included into the list of drugs in Turkey, was first seized in 2010. Bonsai is mostly brought to Turkey from Europe, the Turkish Northern Republic of Cyprus, and China.

Like active chemical substances included in the law (JWH-018, JWH-210, CP-47 etc.), active substances are being encountered which are not yet within the law. The progress include substances in question in the law is ongoing.

Customs authorities have reported that the entry of synthetic cannabinoids into the country during trafficking occurs by air cargo, and by land transport through the highways from Bulgaria. The seizure of bonsai in customs territories generally occurs in quantities of 3 to 15 grams, found inside envelopes and packages.

10.2.5. Precursors

Precursors are chemical substances that can be used in many areas, from the production of synthetic drugs to heroin and cocaine. Hence, the monitoring of these chemical substances plays an important role in the fight against drugs. Regulating key drugs is a preventive measure against the processes that lead to drug production.

Undoubtedly, the most important and well-known of these chemical substances is “acetic anhydride,” which is necessary for the production of heroin. BMK, PMK, hydrochloric acid, formic acid, phenyl acetic acid, sulphuric acid, and formamide are other prominent chemicals that are used in the production of synthetic drugs. In this context, the production, import,

export, and distribution of 23 chemical substances are controlled in Turkey, as well as in the countries that have signed the 1988 agreement.

Acetic anhydride, which has widespread industrial use, is a substance that is not produced in Turkey. The need for acetic anhydride of the national industry is met through legal imports from overseas.

Turkey is involved as a transit country in the trafficking of acetic anhydride. It was identified that the majority of the acetic anhydride seized in recent years has been brought to Turkey from Central European countries through illicit means. Considering that the amount of base morphine seized in Turkey since 2007 is very low, it is understood that the acetic anhydride seized in Turkey is actually destined for laboratories in Southwest Asia (TNP KOM Report, 2010:30).

Turkey has always continued to support international projects for the control of precursors. Suspicious activity notifications are reported on a regular basis to the Prism, Cohesion, and PAAD projects conducted by the INCB. The necessary precautions and interventions are taken by Turkish authorities in the event of suspicious activity notifications by other INCB member countries.

10.3. Seizures

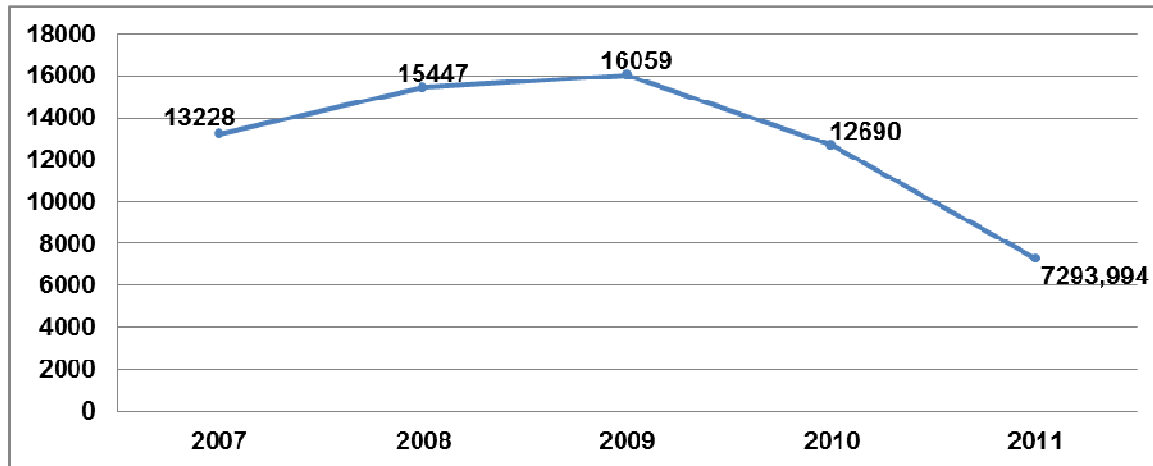
10.3.1. Opium and Derivatives

In 2011, 98% of the opium and opium derivatives that entered Turkey from overseas were in the heroin form (TNP KOM Report, 2011:33). Opium gum is seized in lower amounts. Nearly all of the opium gum was seized while being delivery by cargo. It has been determined that opium gum is generally sent to the USA and Canada by organized crime groups in Iran (TNP KOM Report, 2011:33).

Base morphine, which is a precursor in the production of heroin, has been seized in relatively lower amounts in recent years. The amount of base morphine seized between 2007-2011 in Turkey was 237 kg. The main reason for the low amount of seized base morphine is the local production of heroin in countries that perform illicit opium cultivation.

Heroin seizures, which gradually increased until the year 2009, began to decrease in 2010 and 2011 for various reasons. The amount of heroin seized, which was 16,059 kg in 2009, decreased to 12,690 kg in 2010, and to 7293 kg in 2011.

Graph 10-1: The Total amount of Heroin Seized According to Year (kg)



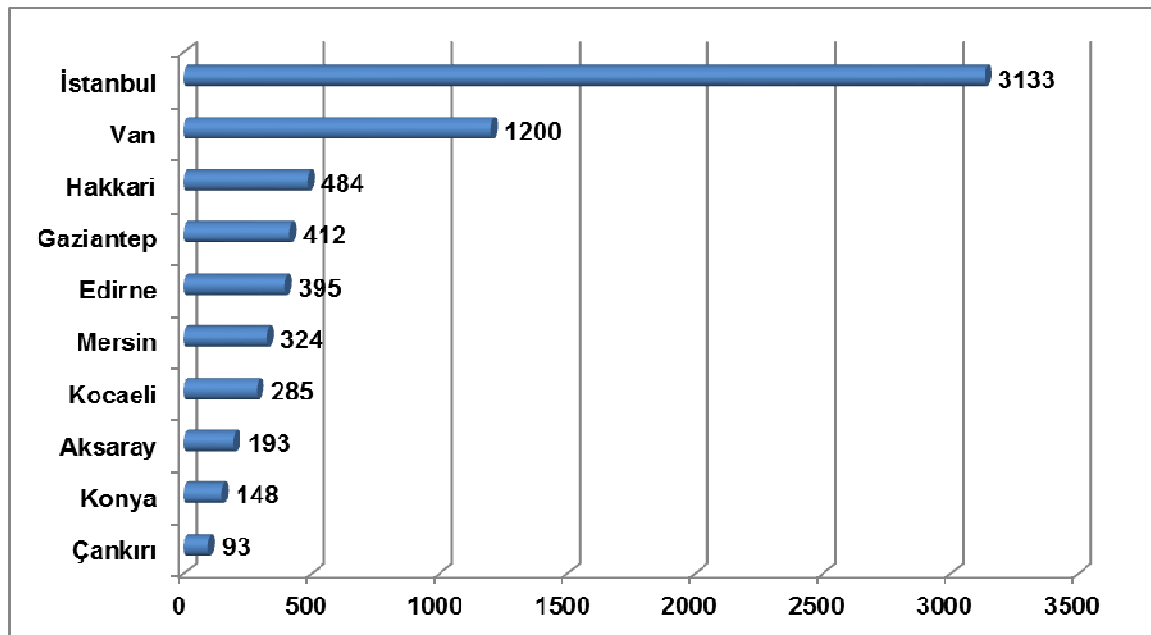
Source: 2011 Turkish Drug Report, EMCCDA Standard Table 13, 2012.

The reasons underlying the decrease in the amount of heroin seized in Turkey can be listed as follows:

1. Heroin originating from Afghanistan is first delivered to Pakistan and then sent to the target countries by means of sea or airways. In addition, a two-stage transport of heroin to Europe through the African transit route is also employed.
2. In recent years, the heroin seizures carried out by the Islamic Republic of Iran and Turkey, have increased the risks associated with drug trafficking in this region. Organizations that are trafficking heroin have changed their routes of shipment, in an attempt to avoid these regions that involve a higher risk.
3. With the increase in the prices of heroin/opium, parallel to the problems encountered in production, organizations located in Turkey have started trafficking drugs that involve lower financial risks.

As in previous years, it was observed that in 2011, the majority of the heroin that entered Turkey came from the Islamic Republic of Iran. However, during three separate operations carried out in 2011, a total of 306,928 kg of heroin that had entered Turkey from Northern Iraq was seized (TNP KOM Report, 2011:3). In the operations in question, it was determined that the heroin had entered Turkey through the province of Şırnak.

Graph 10-2: The Top Ten Provinces in Turkey with the Highest Heroin Seizures, and the Amount of Heroin that was Seized (kg)



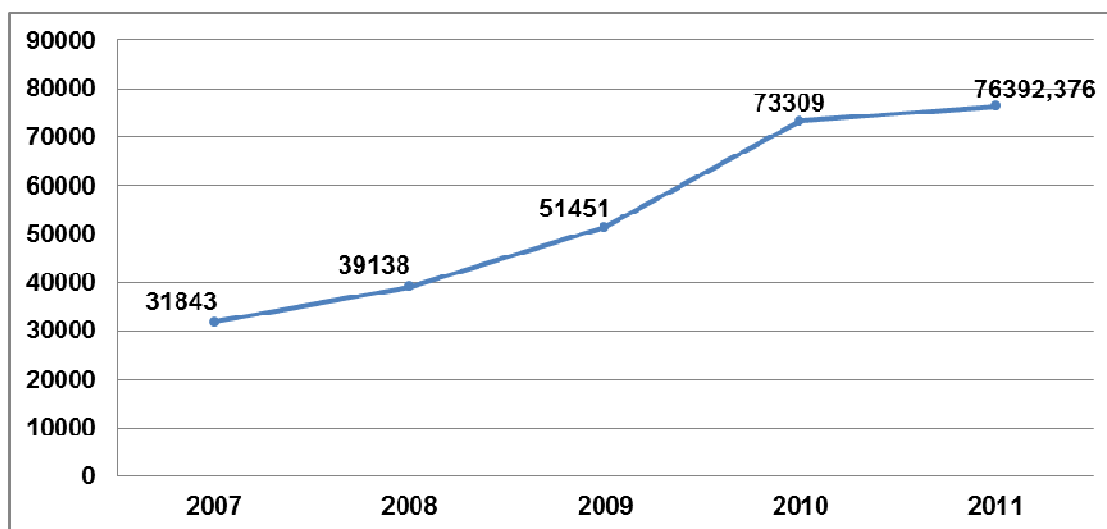
Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2012.

The provinces in Turkey in which the highest amount of heroin was seized reflects Turkey's position as a transit country in heroin drug trafficking. In fact, most of the heroin seized in 2011 was seized in provinces through which heroin entered and exited the country, and in the provinces through which they were being shipped as part of their route.

10.3.2. Hemp and Derivatives

Within the last five years, a consistent increase has been observed in the seizure of cannabis. This increasing trend in regard to the number and amounts of seizures has continued in 2011, and a total of 76,392 kg of cannabis was seized. When considering the numbers associated with the capture of heroin, it can be seen that a 140% increase has occurred within the last 5 years.

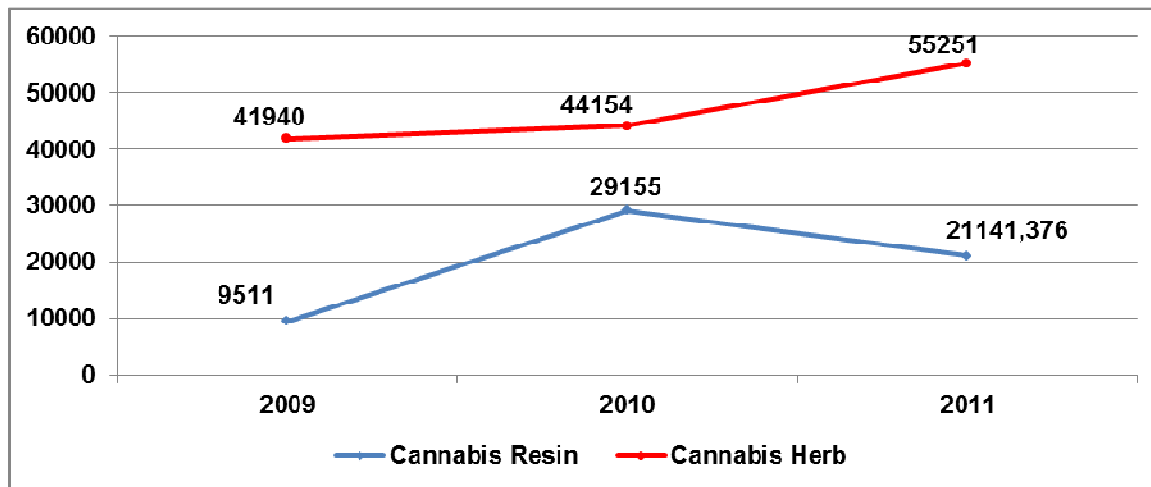
Graph 10-3: The Total Amount of Cannabis Seized According to Year (kg)



Source: 2011 Turkish Drug Report, EMCCDA Standard Table 13, 2012.

Cannabis is the most commonly consumed and seized drug in Turkey. The increase in the number of seizures is parallel to the increasing domestic demand for cannabis. In Turkey, cannabis is mostly produced and consumed in its herbal form. The majority of the cannabis resin that is seized in Turkey is of foreign origin. In recent years, fluctuations have been observed in the amounts of seized cannabis resin. It is considered that the fluctuations in the amount of seized cannabis resin are associated with the availability of heroin. In 2010, which is the year the number of heroin seizures began to decrease, a significant increase was observed in the amount of cannabis resin being received from other countries.

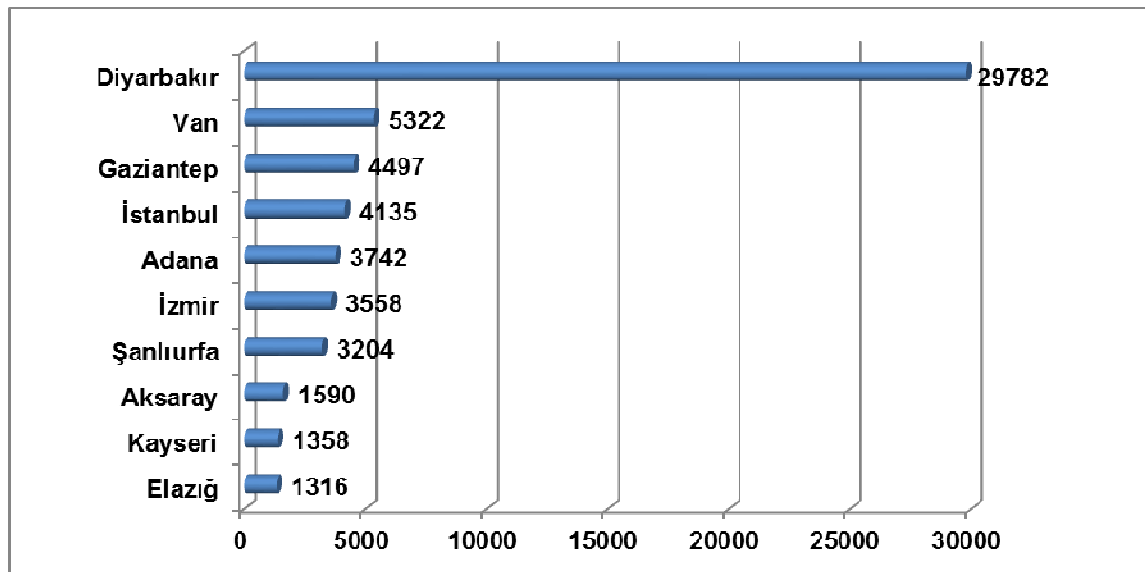
Graph 10-4: The Amount of Cannabis Resin and Cannabis Herb Seized in Turkey (kg)



Source: 2011 Turkish Drug Report, EMCCDA Standard Table 13, 2012.

It is considered that following the 48% decrease in the production of opium in Afghanistan in 2010 (UNODC Afghanistan Opium Survey, 2010:12), trafficking organizations that experienced difficulties in procuring heroin began to smuggle powdered cannabis into Turkey instead of from other countries. As such, large amounts of powdered cannabis originating from the Islamic Republic of Iran and Syria were seized in provincial centers such as Ağrı, Van, Hakkari, and Kilis. Similarly, the Islamic Republic of Iran has reported that a quarter of the cannabis resin trafficked through its territories were destined for the domestic market, while the remaining three-quarters were destined for Arab countries, Turkey, and European countries (UNODC World Drug Report, 2011:200).

Graph 10-5: The Top Ten Provinces in Turkey with the Highest Cannabis Seizures, and the Amount of Cannabis that was Seized (kg)

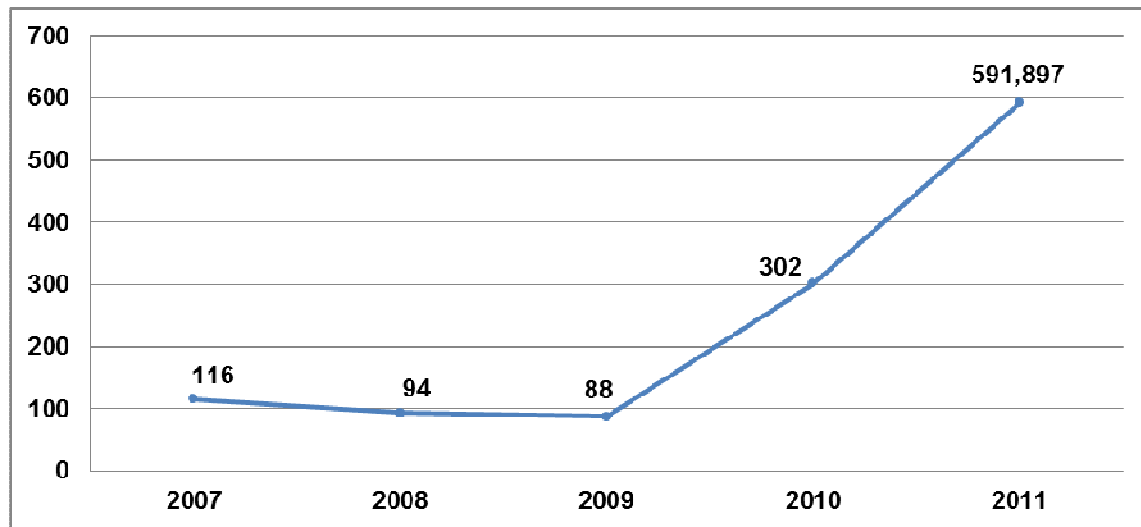


Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2012.

10.3.3. Coca and Derivatives

After a decreasing trend between 2007 and 2009, the number of cocaine seizures in Turkey began to increase once again after 2010. While the amount of seized cocaine increased to 302 kg in 2010, this amount increased to 592 kg in 2011. The large-scale seizures performed in İstanbul and Mersin have contributed significantly to this increase. In January 2011, 281 kg of cocaine was seized in İstanbul, and 82 kg of cocaine was seized in Mersin. These two seizures constitute 62% of the seized cocaine amount for 2011. The seizures performed in İstanbul, on the other hand, constitute 75% of the seizures performed across Turkey.

Graph 10-6: The Total Amount of Cocaine Seized According to Year (kg)



Source: 2011 Turkish Drug Report, EMCCDA Standard Table 13, 2012.

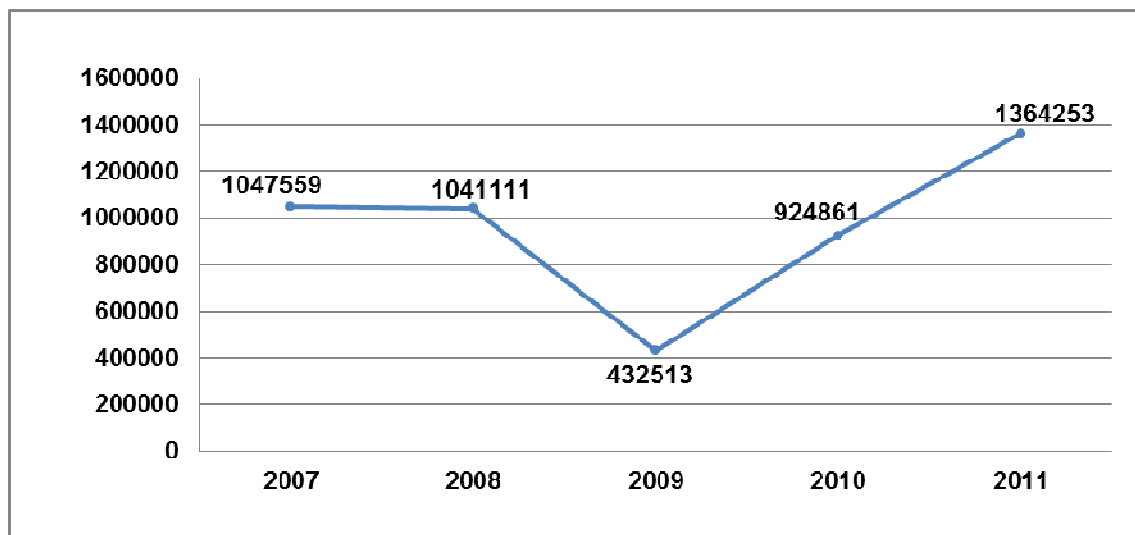
Cocaine for domestic use is largely introduced into the country by means of couriers. The cocaine brought to Turkey is generally introduced into the country in its powder form. On the other hand, cocaine seized from individuals is found in both the powder and crack form. As such, it is considered that powder cocaine is converted into the crack form within the country.

10.3.4. Synthetic Drugs

10.3.4.1. Ecstasy

In 2011, a total of 1,364,253 tablets of ecstasy were seized in Turkey. This number reflects a 45.7% increase from 2010.

Graph 10-7: The Total Amount of Ecstasy Seized According to Year (Tablet)



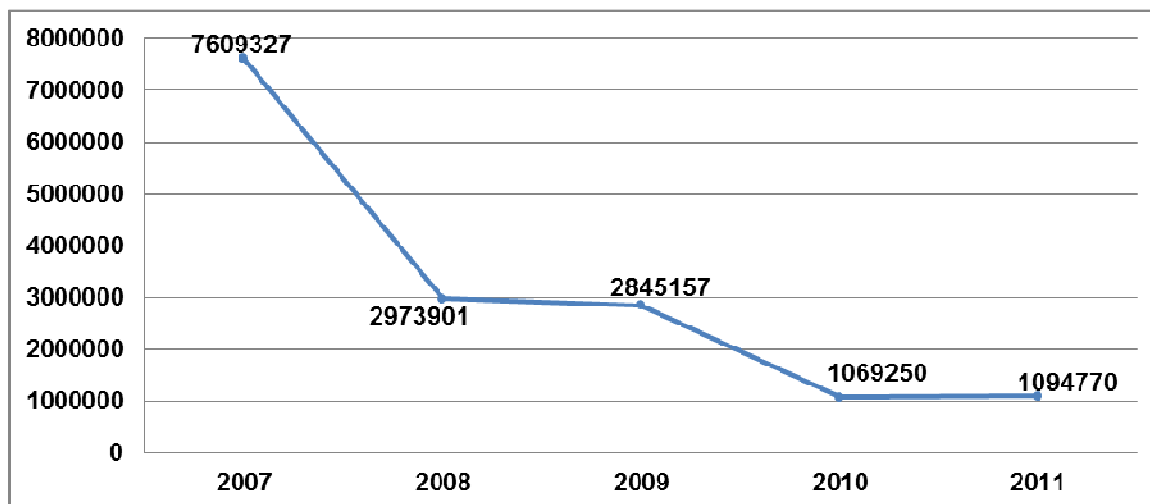
Source: 2011 Turkish Drug Report, EMCCDA Standard Table 13, 2012.

Parallel to the decreasing seizures in Europe, the number of ecstasy seized in Turkey has also decreased gradually between 2007 and 2009. The underlying reason for this decrease was the decreasing demand for ecstasy caused by the introduction of alternative synthetic tablets. However, during the police operations performed within the last two years, an increase was observed in the amount of ecstasy that was seized. The decrease in the production costs of ecstasy through the use of lower priced alternative chemicals has played a significant role in triggering this increase. SRO (Safrole-Rich Oil) and MDMG (3,4-MDP-2-P methyl glycidate) were used as an alternative to the expensive PMK, and this has led to a decrease in production costs. Ecstasy tablets introduced into the market at lower prices have revived the demand for this drug, thereby leading to an increase in the number of seizures (TNP KOM Report, 2011:40). In addition, amphetamine was also identified in seized tablets with the ecstasy logo.

10.3.4.2. Captagon

The continuous decrease observed since 2006 in the amount of seized captagon came to an end in 2011. In 2011, a total of 1,094,770 captagon tablets were seized in Turkey. The number of captagon seizures that took place in 2011 has increased by 2.4% in comparison to the previous year.

Graph 10-8: The Total Amount of Captagon Seized According to Year (kg)



Source: 2011 Turkish Drug Report, EMCCDA Standard Table 13, 2012.

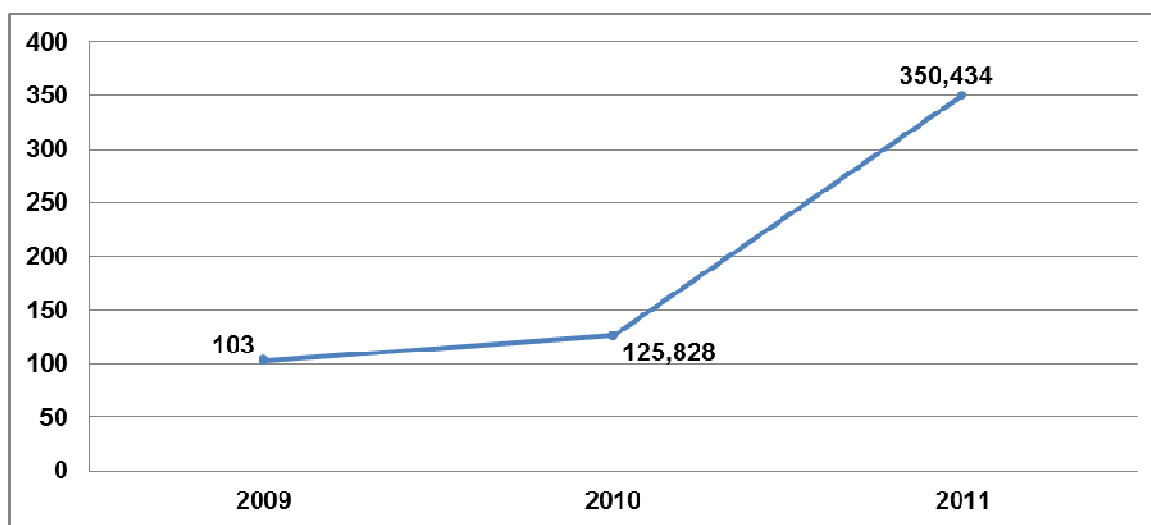
Turkey, which was previously a transit country for captagon trafficking due to its geographic location, has become a final destination and market for captagon in recent years. Tablets with the captagon logo generally contain the active drug amphetamine. In the past five years, a significant decrease was observed in the seizures of captagon.

10.3.4.3. Methamphetamine

Methamphetamine was first seized in Turkey in 2009. Methamphetamine was seized in increasing amounts during 2010 and 2011. The amount of seized methamphetamine was 103 kg in 2009, 125 kg in 2010, and 350 kg in 2011. Just as was the case in 2009 and 2010, the majority of suspects arrested in offences related to methamphetamine in 2011 were Iranians. In 2010, Turkey ranked first in Europe in regard to the seizure methamphetamine. During the first six months of 2012, the amount of methamphetamine seizure exceeded 300 kg.

Customs authorities have reported that there has been a significant increase in the amount of methamphetamine seized at the border gates on the transit points between the Islamic Republic of Iran and Turkey. These were mostly seized on individuals and their accompanying objects/wares. As such, methamphetamine was generally found among the objects of bus travelers. In the methamphetamine seizures that were performed across Turkey, it was observed that the drug was generally being sent to the Far East countries by airways, or to Syria by land routes.

Graph 10-9: The Total Amount of Methamphetamine Seized According to Year (kg)



Source: 2011 Turkish Drug Report, EMCCDA Standard Table 13, 2012.

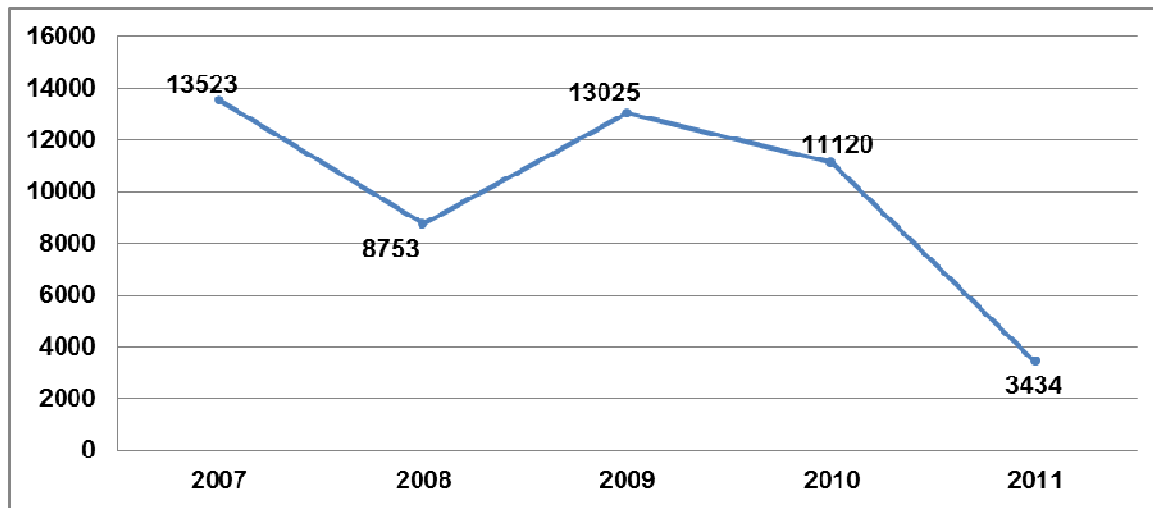
10.3.4.4. Synthetic Cannabinoids

Customs authorities have reported that the entry of synthetic cannabinoids into the country during the trafficking occurs by means of air cargo and land transport through the highways from Bulgaria. The seizure of bonsai in customs territories generally occurs in small quantities of 3 to 15 grams, found inside envelopes, packages and parcels. In 2011, 42,945 kg of bonsai was seized in Turkey. A majority of the seizures took place in the western parts of Turkey.

10.3.5. Precursors

In recent years, with the heroin production centers procuring their acetic anhydride (AA) from countries that are geographically closer, Turkey has started to lose its position as a transit country for this chemical. Parallel to this development, there has been a considerable decrease in the seizures of acetic anhydride in Turkey. In 2011, only 3434 liters of acetic anhydride was seized in Turkey. In comparison to the previous year, this represents a 69% decrease in the seizure of acetic anhydride.

Graph 10-10: The Total Amount of Acetic Anhydride Seized According to Year (Lt)



Source: 2011 Turkish Drug Report, EMCCDA Standard Table 13, 2012.

As there are no recipients for acetic anhydride in Turkey, acetic anhydride is generally seized with drivers involved in its transportation. No connection was identified between the drug organizations active in Turkey and the seized drivers and drugs (TNP KOM Report, 2010:31).

10.4. Price and Purity

10.4.1. Drug Prices at the Street Level

Dr. Ali ÜNLÜ^{37,38}

Ferit USLU³⁹

Since 2007, TUBİM regularly collects data regarding drug prices. In previous years, nationwide data was collected twice a year through the notifications of the Directorates of Smuggling and the General Command of the Gendarmerie. However, due to reasons, such as the use of different methods for different provinces, and the low level of participation in these reports, a new method was developed in order to collect data in a faster, better organized, and more scientific way. Under the coordination of TUBİM, the wholesale and retail prices of drugs are collected from selected provinces through the “Drug Price Project.” This project has been developed by the İstanbul Security Directorate, Division for Countering Narcotic Crimes.

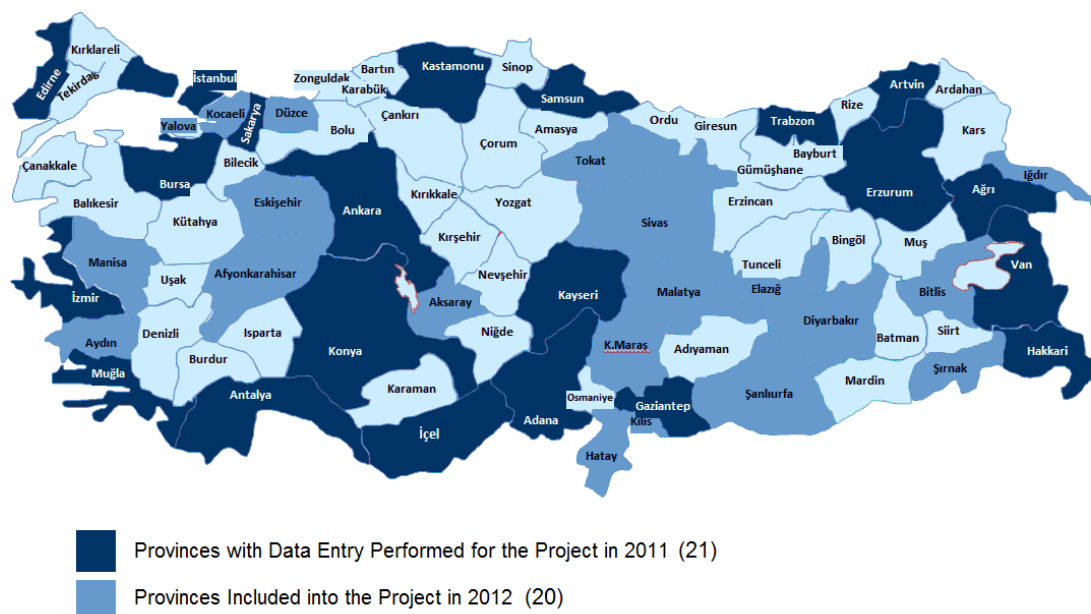
By means of the web-based program developed within the context of the project, it was ensured that the necessary data would be collected digitally three times a year on the POLNET electronic system. Twenty-one pilot provinces were included in the first stage of this project. These provinces were selected according to geographic location, the amount of drug seized, the variety of seized drugs, and the number of drug-related offences that were observed. In April 2011, training was provided in 21 provinces to the TUBİM Branch Office personnel who would perform data entry. In 2012, the project was moved onto a more advanced stage, and the number of provinces for which data entry was performed increased to 41 (Figure 10-1).

³⁷ İstanbul Security Directorate

³⁸ TUBİM Drug Prices Expert

³⁹ İstanbul Security Directorate

Figure 10-1 Map Displaying the Provinces for which Data Entry was performed during the Drug Price Project



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2012.

The number of provinces was increased in order to ensure that data encompassing the entire country would be collected rapidly and reliably at a single center. As only the Turkish National Police can currently perform data entry for this project, the data from the General Command of the Gendarmerie were not taken into consideration. This shortcoming will be remedied by including the General Command of the Gendarmerie in the project in the future.

The monitoring of the changes in drug prices will assist the relevant institutions in tracking the balance between supply and demand. By reporting the regional, as well as the nationwide periodic changes in drug prices and the introduction of new drugs, it will be possible to assess the prevalence of drug use, the supply level/rate of drugs, and the operational effectiveness of law enforcement agencies. Moreover, courts that are conducting trials on drug-related crimes have requested reports on prices recently. Identifying the value of the seized drugs based on reliable data will assist judges in determining the appropriate sentences for drug dealers. Furthermore, with the new data collection system, it will be possible to share data that are in agreement with the standards of the EMCDDA and the UNODC. It will also be possible to compare the collected data with the data from other countries.

As data began to be collected by using a different method in 2011, comparisons with previous years were avoided. Evaluations were performed based on a compilation of data that was sent from the 21 provinces in 2011. The provinces reported the wholesale and retail prices of the drugs identified in their own regions. These prices were reported as maximum and minimum values on a gram basis. Among the data reported by the provinces during the year, the minimum values were accepted as the lowest prices, while the maximum values were accepted as the highest prices.

When the year 2011 was evaluated, a considerable difference was observed between the lowest prices and the highest prices of drugs/stimulants (Graph 10-9). It was observed that factors such as geographical reasons, availability, and the supply-demand balance were responsible for the significant difference observed between the prices. On occasion, the seizures performed by law enforcement officers and the changes in the level of purity of street drugs have also affected the prices.

While the most reported drug in 2011 was cannabis herb, the least reported drug was methamphetamine. With the change in the data collection system, an increase was observed in the drugs reported from the provinces. While only 7 provinces reported prices for heroin in 2011, the number increased to 15 in 2011. Five provinces have provided price information regarding methamphetamine, which was a previously unreported drug.

When the retail prices of heroin were evaluated, the lowest prices at the street level within the country were reported by the province of Van. In the province of Van, the lowest price was reported as 9 TL, while the highest price was reported as 30 TL. Within the year, the highest retail price was reported as 100 TL in the province of Hakkari. Hakkari was followed by Gaziantep with 90 TL, İstanbul and Sakarya with 80 TL, and Kayseri and Ankara with 70 TL. It is surprising that the retail prices in Hakkari would be the highest in the country, considering that Hakkari is one of the most important entry points for heroin into Turkey. This result indicates that while Hakkari has an important role in the trafficking of heroin, the actual number of users in this province is very low.

Reported by 20 provinces, cannabis herb and cannabis resin were the drugs that were reported in most provinces. Based on the results, it was seen that every province within the country has its own market as well as its own potential users. The lowest price for cannabis resin was 2 TL, which was reported by the province of Trabzon. Other provinces that reported low prices were Ağrı, Edirne, Iğel and Van with 5 TL, Antalya and Gaziantep with 7 TL, and

Artvin with 8 TL. The highest price for cannabis resin was reported as 100 TL by the province of Muğla.

While the lowest price data for cannabis herb was reported as 2 TL by the provinces of Ağrı, İçel, and Trabzon, the highest price data was reported as 50 TL by the provinces of Bursa, Muğla, and Samsun. The provinces of Adana, Antalya, Edirne, Gaziantep, Hakkari, İstanbul, İzmir, Konya, and Van reported a price of 5 TL. It was also determined that 5 TL was the price that was reported by the majority of provinces. While the price of cannabis resin displayed regional differences, the price of cannabis herb was more stable. One of the main reasons for this observation is the fact that a majority of the cannabis resin in Turkey is imported from overseas. While cannabis cultivation exists in all provinces, the trafficking of cannabis resin naturally affects the prices.

The street price for cocaine was reported as 80 TL for Erzurum, İzmir and Sakarya, 90 TL for İstanbul and Kayseri, and 100 TL for Bursa, Hakkari, İçel, and Muğla. Among the 14 provinces that provided price information, the highest price for was reported as 300 TL by the province of Muğla. Compared to previous years, the number of provinces that provided price information for cocaine was higher. While cocaine was only encountered in some of the larger cities until a few years ago, the fact that more and more provinces report price information for cocaine is an indication that the use of this drug is becoming more widespread.

Price information for ecstasy was reported by 13 provinces. Among the reported prices, the lowest price of 5 TL was reported by Adana, Gaziantep, İçel, and Konya. The highest price was reported as 35 TL by the province of Trabzon. Based on the collected data, ecstasy appears to be one of the most widely used drugs in Turkey.

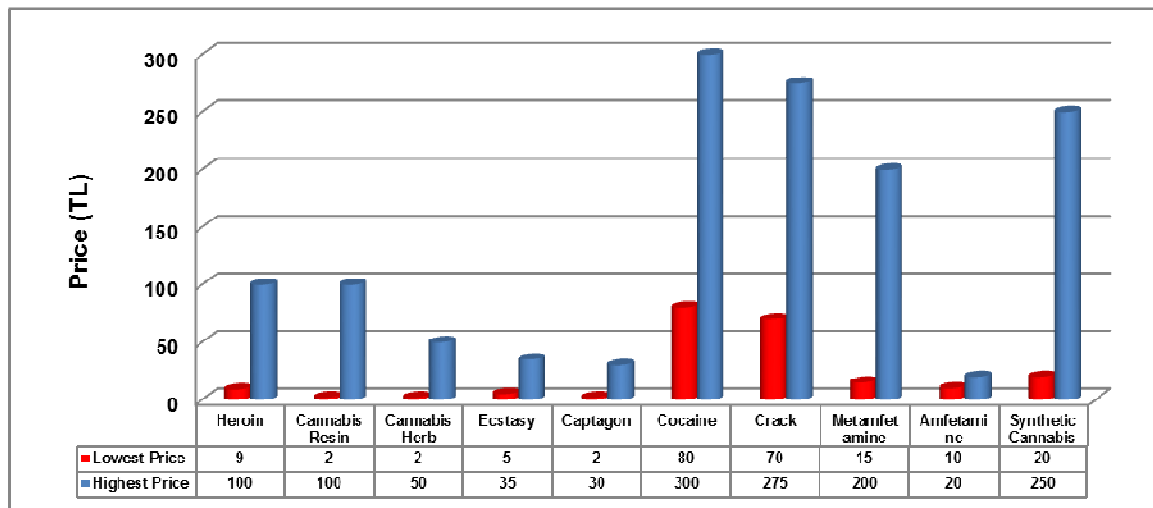
Among the 11 provinces that provided price information for captagon, the highest prices were reported by Kayseri and Sakarya as 30 TL, while the lowest price was reported as 2 TL by Gaziantep.

As the number of methamphetamine users at the street level is very low, price information for this drug was provided by only 5 provinces. The lowest-highest street prices for methamphetamine were respectively: 15-20 TL for Sakarya, 25-85 TL for Van, 100-120 TL for Antalya, 160-200 TL for Hakkari and 180-200 TL for Kayseri. While no methamphetamine was seized in Turkey until a few years ago, there has been a rapid increase in the number of seizures in recent times. Methamphetamine brought to Turkey through Iran is being smuggled into Far East countries by means of couriers. The organizations coordinating this

methamphetamine trafficking are under the control of Iranians, and these organizations use Iranian citizens in target countries as couriers. The price list at a retail level for five provinces demonstrates that Turkey is not only a transit route used for drug trafficking, but also a target country for these trafficking activities.

It was observed that the nationwide use of bonsai is gradually increasing. This drug was included into the list of drug in Turkey based on the publication of the Official Gazette dated February 13, 2011. The lowest price for bonsai was reported by Bursa, while the highest price was reported by Antalya.

Graph 10-11: 2011 Drug Prices at the Street Level



Source: EMCDDA Standard Table 16, 2012.

10.4.2. Drug Purities at the Street Level

Chemist Şenol KORKUT⁴⁰

The names of drugs/stimulants are listed within the 188th article of the Turkish Penal Code (TCK) number 5237. According to this same article, drugs/stimulants not listed in the TCK can be brought within the scope of this law following a resolution of the Ministry of Health and a decision of the Cabinet of Ministers in case the effects described in the relevant article are identified following a scientific evaluation of the drug/stimulant. Therefore, in order to determine whether the illicit drugs seized by security forces are the drugs listed and named in the TCK, the seized drugs should be sent by the prosecution or by the courts to the relevant laboratory for analysis. Identifying the nature of the drug is also necessary to determine the penal sanctions/sentences that are applicable. The institutions in Turkey that analyze the characteristics, origins, and purity of drugs and provide the obtained results to the judicial authorities are the Institutes of Forensic Medicine (which are located across the country in many different regions and provinces), the Gendarmerie Criminal Laboratory, and the Police Criminal Laboratory. In this way, assistance is provided to the relevant authorities by identifying whether the seized drugs are legal or illicit, and by purveying important evidence in regard to the legal sentences that will be applicable. On behalf of Turkey, The Narcotic Drug Analysis Laboratory, which performs its activities within the Criminal Department of the Gendarmerie, carries out its duties in accordance with the Law Regarding the Control of Drugs number 2313 and the directive prepared in accordance with this law for its implementation has been authorized to make determination of origin of narcotic and psychotropic substances. More than 500gr seizures in Turkey, analysis of quality and purity of opium, morphine, heroin, cocaine, amphetamine, methamphetamine - type stimulants and quantification of cannabinoids (THC, CBN ve CBD) exist in cannabis are performed by this laboratory.

Information regarding the content and purity of drugs/stimulants is obtained, under the coordination of TUBİM, from the data that have been collected by the Institute of Forensic Medicine, the Gendarmerie Criminal Laboratory, and the Police Criminal Laboratory. This section was prepared by the said laboratories in 2011, and encompasses the purity analysis of drugs at the level of street/retail dealing (EMCDDA Standard Table 14). When the analysis results are reviewed, variability is observed in regard to the purity of drugs.

⁴⁰ Department of the Institute of Forensic Medicine

The purity of cannabis resin/herb is expressed as a percentage of the Tetrahydrocannabinol (THC) content. For the cannabis resin seized in 2011, the THC content varied between 0.42% and 14.88%. For cannabis herb seized in 2011, the THC content varied between 0.8% and 3.82% (EMCDDA Standard Table 14, 2012). When a comparison is performed on an annual basis (2009, 2010 and 2011), it can be seen that while the lower purity limit of cannabis resin has increased in 2011 compared to 2010, it is still lower than the levels that were observed in 2009 (2009 limits: 1.05-17.27%; 2010 limits 0.12%-10.67%). When the upper limit in 2011 for cannabis resin was evaluated, an increase was observed compared the 2010 level; yet the value for 2011 was less than 2009. For cannabis herb, on the other hand, an increase in the lower limit was observed, while the upper limit of the purity level tended to decrease in 2009, 2010, and 2011 (2009 limits: 0.04%-11.13%; 2010 limits 0.02-6.35%)

The lower and upper limits of the purity for brown heroin seized in 2011 at the street/dealing level is highly similar to that of the heroin seized in 2010 (purity limits were 0.18% and 79.81% in 2010; and 0.2% and 79% in 2011) (EMCDDA Standard Table 14, 2012). The adulterants used to reduce the purity of heroin were drugs such as caffeine, paracetamol, griseofulvin, and dextromethorphan.

For cocaine drugs, while the lower value of purity was 10% in 2010, it decreased to 6% in 2011. Similarly, it was also observed that the upper limit of purity decreased to 94% in 2011 (95.5% in 2010). The adulterants used included caffeine, paracetamol, phenacetin, lidocaine and levamisole.

Considerable variations are observed in the level of purity of amphetamine. When the lower limit of purity is evaluated for the previous three years (2009, 2010 and 2011), a significant increase was observed in 2011 in comparison to 2009 and 2010 (lower purity limits: 0.8% in 2009; 0.002% in 2010; 8.3% in 2011). While there was a significant difference in the upper limit, this difference mainly involved a decrease in purity (Upper limits of purity: 71.6% in 2009; 88.75% in 2010; 29.4% in 2011) (EMCDDA Standard Table 14, 2012). The adulterants used to reduce the purity were caffeine, paracetamol, theophylline, and diphenhydramine.

When the lower limit of purity was evaluated for methamphetamine in 2011, it was observed that it has increased nearly to the level of the upper limit (lower limits of purity: 20% in 2010; 71% in 2011). The upper limit for purity was about 99%, which was also the case for 2010 (upper limit of purity: 99.6% in 2010; 99% in 2011) (EMCDDA Standard Table 14, 2012).

The MDMA, which is an amphetamine derivative more commonly known among street users as ecstasy, displays considerable variability in regard to lower and upper purities in 2011. While street level MDMA displayed a decrease in the lower purity level in comparison to 2010 (6mg in 2010, compared to 1 mg in 2011), it was reported that the upper purity level increased from 81 mg in 2010 to 216 mg in 2011 (EMCDDA Standard Table 14, 2012). In addition, the active drugs contained by the ecstasy tablets display a certain variability. These active drugs may be stimulants such as amphetamine, methamphetamine, MDMA, and similar drugs (MDA or MDEA), or mCPP. Furthermore, ecstasy tablets may contain other drugs/stimulants or medication active drugs. Different stimulant drugs and adulterants began to be added to the tablets that only and entirely contained MDMA, starting in the 1990s (*Parrott AC. Is ecstasy MDMA? A review of the proportion of ecstasy tablets containing MDMA, their dosage levels, and the changing perceptions of purity. Psychopharmacology (Berl) May 2004; 173(3-4):234-41*). The shapes, colors and logos of the tablets may have very different characteristics. (*What's in a label? Ecstasy sellers' perceptions of pill brands. Duterte M, Jacinto C, Sales P, Murphy SJ. Psychoactive Drugs. Mar 2009; 41(1):27-37*). For the tablets, size, weight, and the amount of drug they contain vary greatly.

In the categorization performed according to the main active drug of the tablets seized in 2011 that contained drugs-stimulants, it was identified that 66% of the tablets contained amphetamine or methamphetamine, that 20% contained MDMA and similar drugs (MDEA, MDA, or drugs such as caffeine or mCPP), that 2% contained MDMA and similar drugs together with methamphetamine, and that, in addition to these, the tablets contained other (1%) and various drugs (11%) (Drugs-Stimulants such as caffeine, diazepam and alprazolam, which were not listed in Tables 1 and 2 of the 1971 Psychotropic Drugs Agreement) (EMCDDA Standard Table 15, 2012).

The trends of drugs in the drug market according to their purity and prices is important for evaluating, at the level of the users, the results of legal practices and measures. In addition, the high variability in the concentrations of drugs can lead to toxicity, particularly among users who expose themselves to higher concentrations.

Table 10-1: Drug Purities at Street Level, 2011(%)

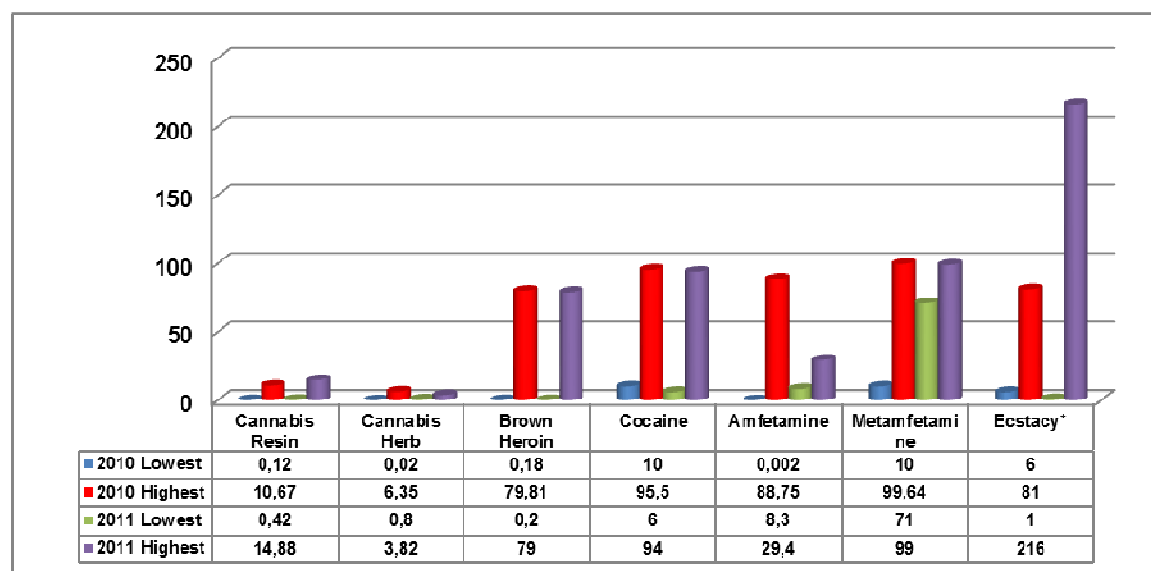
	2010 Lowest	2010 Highest	2011 Lowest	2011 Highest
Cannabis Resin	0.12	10.67	0.42	14.88

Cannabis Herb	0.02	6.35	0.8	3.82
Brown Heroin	0.18	79.81	0.2	79
Cocaine	10	95.5	6	94
Amphetamine	0.002	88.75	8.3	29.4
Methamphetamine	10	99.64	71	99
Ecstasy*	6	81	1	216

Source: Ministry of Justice, Department of the Institute of Forensic Medicine, 2012

* While the purity for the ecstasy drug is given in terms of mg, the purities for other drugs are expressed as percentages (%).

Graph 10-12: Drug Purities at Street Level



Source: EMCDDA Standard Tables 14-15, 2012.

* While the purity for ecstasy is given in terms of mg, the purities for other drugs are expressed as percentages (%).

10.5. EWS (Early Warning System)

Chemist Ali BERTAN⁴¹

As is the case in other countries around the world, novel psychoactive drugs are becoming more common in Turkey. These drugs are considered separately from the already known and legally regulated narcotic and psychotropic drugs, yet they have similar effects without being subject to any legal limitations or constraints. Due to the absence of legal limitations and the ease with which they can be procured, these drugs are becoming increasingly more common in the market.

As such, for the effective conduct of the fight against drug addiction and drug use, it is of great importance for these novel psychoactive drugs to be considered and brought within the scope of the applicable laws as soon as possible.

The EWS (Early Warning System) Study Group in Turkey is one of the National Study Groups formed in 2006 within the scope of the Phare Project, initiated between the EMCDDA and TUBİM. This group, founded in 2006, has been organizing and conducting regular activities since then.

During EWS meetings, the evaluation of new psychoactive drug(s) is performed by specialists. In the case that these specialists conclude that the psychoactive drug(s) represent a threat to society, EWS takes an advisory decision requesting the drug to be included/considered within the context of the applicable laws.

The advisory decision is then reported by TUBİM to the Ministry of Health along with an official letter. This initiates the necessary procedures for ensuring that the drug in question is made subject to legal limitations.

By the end of 2011, the EWS National Study Group has performed a total of 8 study meetings. As a result of these meetings, a total of 34 new psychoactive drugs were included/considered within the context of Law number 2313.

Finally, through the implementation of this process in Turkey, the 8th Early Warning System (EWS) National Study Group assembled under the coordination of TUBİM, and submitted an advisory decision to the Ministry of Health on February 6, 2012. This advisory decision listed

⁴¹ TUBİM (Turkish Monitoring Centre for Drugs and Drug Addiction), EWS Coordinator

the drugs that should be subject to the Law Regarding the Control of Drugs number 2313 and the Cabinet of Ministers' decision dated February 17, 2012, number 2012/2861, which was put into effect by its publication in the Official Gazette March 22, 2012, number 28241.

1. α -PVP
2. MDPV
3. TFMPP
4. Mephedrone
5. Methylone
6. Ethylamphetamine
7. AM-2201
8. RCS-4
9. JWH 201
10. JWH 302
11. Salvinorin A
12. Salvinorin B
13. Salvia Divinorum Plant

PART B
SELECTED ISSUES

SECTION 11
RESIDENTIAL TREATMENT FOR DRUG USERS IN EUROPE

No new data.

SECTION 12

DRUG POLICIES OF MAJOR EUROPEAN CITIES

Ahmet TAŞDEMİR⁴²

In this section of the national report, EMCDDA requires the reporting of *anti-drug policies* in about 130 cities identified across EU member states, Croatia, Turkey and Norway. EMCDDA requires the countries to draft this section in consideration of cities with populations exceeding 300,000. EMCDDA has identified 10 major cities in both Italy and Poland, and more than 10 major cities in Germany, Spain, United Kingdom and Turkey, suggesting that Germany, Spain, United Kingdom and Turkey should consider only the top 10 major cities when drafting this section. Based on this suggestion, the 10 major cities taken into consideration for Turkey were: Adana, Ankara, Antalya, Bursa, Gaziantep, İstanbul, İzmir, Kayseri, Konya and Mersin.

12.1. Major Cities

Duties and Responsibilities of Major Cities in Drug Policies

Turkey is divided into various provinces in consideration of administrative and geographical conditions. The country has been divided into provinces organized under the central government, the provinces into counties, and the counties into villages. These are called “Public Administration Divisions”. Geographical factors, economic conditions, public service requisites and transportation conditions are being taken into account in identifying administrative divisions. Provinces are the largest administrative units in Turkey. A province consists of a city center, county centers and all villages organized under these counties. There are 81 provinces, 957 counties, 1977 towns and 34.247 villages in Turkey. Turkey’s population is 74,724,269 according to the 2011 Address-Based Population Registry System⁴³. The total population of the most populated 10 major cities is 36000217. The population of these cities represents nearly 48% of the country’s population.

⁴² Police Academy

⁴³ www.tuik.gov.tr

Table 12-1: 10 Cities having the Highest Population in Turkey in 2011

No	Cities	Population	Ratio to the Country's Population (%)
1	İstanbul	13624240	18.23
2	Ankara	4890893	6.55
3	İzmir	3965232	5.31
4	Bursa	2652126	3.55
5	Adana	2108805	2.82
6	Antalya	2043482	2.73
7	Konya	2038555	2.73
8	Gaziantep	1753596	2.35
9	Mersin	1667939	2.23
10	Kayseri	1255349	1.68
Total		36000217	48.18

Source: Turkish Statistical Institute, 2011.

Provincial Drug Coordination Committees are drafting “*Provincial Drug Action Plans*” in line with the

- National Drug Strategy Document,
- National Drug Action Plans, and
- Local priorities and needs of the province in question. As of 2011, Provincial Drug Action Plans have been drafted in 78 of the 81 provinces.

For the purposes of this section of the report, data collection was carried out in relation to the drug policies of top 10 major cities out of the 78 cities that have drafted their Provincial Drug Action Plans.

To collect data, a meeting titled “Drug Policies of Major European Cities” has been organized at TUBİM in May with the participation of 14 representatives working as Provincial Drug Coordination Committee officers in Adana, Ankara, Antalya, Bursa, Gaziantep, İstanbul, İzmir, Kayseri, Konya and Mersin. Sub-headings of the section titled The Drug Policies of Major European Cities, which will be included in the highlights of the 2012 Turkey National Drug Report, and issues under these headings have been discussed at this meeting. In the

aftermath of the meeting, forms drafted for data collection by the Provincial Drug Coordination Committees have been sent to the units handling the secretarial functions of these Committees. After completion of the forms sent by relevant agencies, they have been sent back to TUBİM, where necessary evaluations have been made. For evaluation purposes, EMCDDA Standard Tables collected from Provincial Drug Coordination Committee Files at TUBİM's archives and from Central Organizations (Ministries) and sent to TUBİM, and data provided from open sources have been used in addition to the questionnaire forms filled out by the Provincial Drug Coordination Committees.

Before making a detailed evaluation about these 10 cities, it has to be noted that our examination of the Provincial Drug Action Plans in Turkey has revealed that 65.38% (51) of the Provincial Drug Action Plans prepared in 78 cities were still valid, 34.62% (27) of them have expired and that efforts were underway to draft new plans.

It has been found that 61.54% (48) of these drafted action plans covered three years, 17.95% (14) covered two years, 14.10% (11) covered four years, 5.13% (4) covered one year, and 1.28% (1) covered five years.

The validity of the Action Plans drafted in the 10 cities with the highest population vary from one city to the other.

Table 12-2: Table Showing the Implementation Times of the National Drug Action Plan and the Provincial Drug Action Plans

	2007	2008	2009	2010	2011	2012	2013	2014	2015
National	1. National Drug Action Plan			2. National Drug Action Plan					
Adana				Provincial Drug Action Plan					
Ankara				Provincial Drug Action Plan					
Antalya				Provincial Drug Action Plan					
Bursa			Provincial Drug Action Plan						
Gaziantep					Provincial Drug Action Plan				
İstanbul				Provincial Drug Action Plan					
İzmir		Provincial Drug Action Plan				Provincial Drug Action Plan			
Kayseri		Provincial Drug Action Plan			Provincial Drug Action				

					Plan		
Konya						Provincial Drug Action Plan	
Mersin						Provincial Drug Action Plan	

Source: Turkish Monitoring Center for Drugs and Drug Addiction, 2012.

Identification and measurement of the prevalence of drug use gives insights about the existence and dimensions of nationwide illicit drug use and are helpful to anti-drug agencies in their efforts.

The “Attitude and Behaviour Survey Towards Tobacco, Alcohol and Drug Use Among General Population in Turkey” commissioned by TUBİM in 2011 contained the cities Adana, Ankara, Antalya, Bursa, Gaziantep, İstanbul, İzmir, Kayseri and Konya among sample cities identified by TURKSTAT (Turkish Statistical Institute). Likewise, another study titled “Attitude and Behaviour Survey Towards Tobacco, Alcohol and Drug Use at Schools in Turkey” conducted in 2011 included Ankara, Antalya, Bursa, Gaziantep, İstanbul, İzmir, Kayseri, Konya and Mersin in the sample cities (See Section 2).

Within the scope of the IPA-3 Project conducted by TUBİM in Ankara, İstanbul and İzmir in 2010, PDU (Problem Drug Use) Survey was carried out in addition to studies towards the prevalence of drug use. The study reached a PDU estimate in conformity with the description of EMCDDA.

The study estimated the number of users where opiate use led to legal or medical problems to be 5844 (4109-12601) in Ankara, and 25035 (17968-39949) in İstanbul. In interviews made before the study with anti-drugs experts working in İzmir region, there was a shared opinion that there existed no problem drug use in and around İzmir according to EMCDDA descriptions, and that cannabis was the drug that led to problems and problem use. Based on the collected data, it has not been possible to make any estimates in İzmir as there was no overlap between the data sources (Turkish Drug Report, 2011).

In 2009, “Prevalence and Behaviour Study for HIV, Hepatitis B, Hepatitis C and Tuberculosis in Injecting Drug Users” has been carried out in Gaziantep within the scope of the IPA Project conducted by TUBİM (EMCDDA Standard Table 9, 2010).

In Turkey, drug dependence treatments are offered by a total of 22 treatment centers in 13 cities as of 2011. 77.27% (17) of the treatment centers are based in 8 of the 10 major cities. With regards the numbers of drug dependence treatment centers in these 10 major cities, there are 5 treatment centers in İstanbul, 4 in İzmir, 3 in Ankara, and one in each of Adana, Antalya, Bursa, Gaziantep and Kayseri.

Project-based efforts are underway in our cities in order to reduce social damage caused by drug use, create rehabilitation and social integration programs, increase the accessibility and practicability of treatment programs, and make sure addicted individuals are rehabilitated and accepted into the social life. In 2011, a total of 8 projects funded by SODES and resources have been/are being carried out in İstanbul, Antalya, Bursa, Gaziantep, Kayseri, Mersin and Konya and the total cost of these projects is about 815,000 TL.

Top 10 Turkish cities by population are located in the western, central and southern parts of the country.

Having an important place in heroin trafficking, the Balkan Route starts in Afghanistan and ends in the European states through Iran, Turkey and the Balkan countries. It is seen that in 2011 as well, most of the heroin seizures in police jurisdictions are made in cities on the eastern border and in cities over the dispatch route to Europe (TNP KOM Report, 2011). Nine out of the 10 major cities (excluding Bursa) are over the heroin trafficking route. Located at the junction of different routes from the east, İstanbul is the city where the police makes the biggest seizures in Turkey. 47% of heroin seizures were made in İstanbul alone (TNP KOM Report, 2011).

Table 12-3: Quantities of Drug Seized by Police Units in 10 Major Cities in 2011

	Cannabis (kg)	Heroin (kg)	Cocaine (kg)	Ecstasy (tablets)
Adana	2903	78	15	11335
Ankara	1233	51	1.5	30596
Antalya	608	36	1.8	5568
Bursa	667	0.053	0.050	32965
Gaziantep	4129	412	19	75571
İstanbul	4128	3107	443	815783
İzmir	1683	0.147	0.5	96567

Kayseri	1358	21	0.127	109931
Konya	319	148	0.102	832
Mersin	1311	324	92	4946

Source: TNP KOM Report, 2011

Table 12-4: Operations by Police Units in 10 Major Cities in 2011 and Number of Suspects Arrested in Such Operations

	Number of Incidents	Number of Suspects
Adana	1220	2306
Ankara	728	2399
Antalya	866	1540
Bursa	730	1243
Gaziantep	1120	2022
İstanbul	781	2403
İzmir	1088	2015
Kayseri	387	682
Konya	666	1052
Mersin	1234	2368

Source: TNP KOM Department, 2012.

According to the TNP KOM Report, 39409 suspects were arrested in 18783 operations in the police jurisdiction by KOM units in 2011. A comparison of the number of incidents and suspects in 10 major cities across Turkey shows that the number of incidents in these cities represent 47.11% (8820) of the total number of incidents, and the number of suspects represent 45.45% (18030) of the total number of suspects in Turkey.

All agencies and institutions in cities, within the scope of their regulated legal responsibilities, take active part at all stages of the struggle from anti-drug trafficking to training and occupational programs, from drug dependence treatment to rehabilitation. Although this is a service financed solely by cities, following agencies and institutions have active roles in all areas related with drugs.

Issues concerning the “Provincial Drug Coordination Committee” which has been set up under the 1st National Drug Action Plan (2007-2009) were addressed in the 2nd National Drug Action Plan, which set the target as *“the implementation of a coordination structure similar to the one implemented at the Central Organization”*. Following activities have been planned towards the realization of this target:

“... The Committees shall meet under the chair of the Deputy Governor with the participation of one representative from each of the Municipality, Provincial Health Department, Provincial National Education Department, TUBİM Provincial Contact Points, Provincial Gendarmerie Command, Provincial Youth and Sports Department, Provincial Social Services Department, Probation and Assistance Center Division, Universities and NGOs in the City and from other agencies and institutions at the discretion of the Chairman of the Committee. In parallel with the affirmative opinions of the Chairman of the Committee, the Provincial Health Department shall undertake the Secretarial tasks. A biannually report to be drafted by the agency handling the Secretarial works shall be sent to the Central Organization, which will then be submitted to TUBİM...”

The “Provincial Drug Coordination Committees” set up under the Governor’s Offices of cities based on these facts in the Action Plans ensures the coordinated conduct of anti-drug efforts at the city level. These committees submit reports of their efforts and the meetings they have held to TUBİM either directly or via central organizations throughout the year.

The number of agencies/institutions (Public, Municipal, NGOs) in the Provincial Drug Coordination Committee is 18 in İstanbul and Konya, 17 in Ankara and Adana, 16 in Gaziantep and İzmir, 15 in Antalya, 14 in Bursa and Kayseri and 13 in Mersin. The coordination committees in these cities have gathered 5 times (min:2- max: 12) on average in 2011.

The number of agencies and institutions in the Coordination Committee vary from one city to another. Although the National Drug Action Plan identifies which agencies will be represented in the Provincial Drug Coordination Committee, it has also been noted that one representative from other agencies and institutions, identified in the discretion of the Chairman of the Committee, can also be represented in the Committee.

The local action plans in the 10 major cities are being implemented in consideration of local characteristics within the framework of the National Action Plan. Although the struggle against

drugs is being coordinated in line with local action plans, they are parts of the National Action Plan and they form a leg of the anti-drug efforts at the national level.

Table 12-5: Breakdown of the Activities of the 10 Major Cities Included in the Provincial Anti-Drug Action Plans

Cities	Number of Targeted Activities	Number and Areas of Activities						
		Activities against Supply	Prevention	Treatment	Social Rehabilitation	Coordination	Information Gathering, Research and Evaluation	Number of Total Activities
Adana	34	9	27	2	3	6	7	54
Ankara	34	15	27	4	5	5	3	58
Antalya	33	9	22	5	5	5	3	49
Bursa	36	9	26	4	6	3	1	49
Gaziantep	33	7	22	4	4	5	2	44
İstanbul	28	7	30	4	2	5	2	50
İzmir	32	8	23	4	4	6	4	49
Kayseri	34	9	23	4	6	5	2	49
Konya	52	5	37	3	6	1	1	53
Mersin	24	10	21	2	3	2	1	39

Source: Provincial Drug Action Plans-TUBİM, 2012.

An evaluation of the activities in the action plans of 10 major cities based on the areas of anti-drugs struggle in their action plans shows that almost half of the activities of all cities (min: Antalya 44.90%-max: Konya 69.81%) are aimed at prevention. Struggle against supply ranks second (min: Konya 9.43% - max: Mersin 25.64%) in all cities.

12.2. Case Study: Ankara

In this section, the coordination structure formed within the context of the fight against drugs and drug addiction of the capital city in compliance with EMCDDA guidelines, has been elaborated.

Basic Characteristics of the Drug Policy in the Capital City

Anti-drugs efforts in the capital city gained a momentum with the setting up of the “Ankara Provincial Drug Coordination Committee” where city-level problems are discussed and

solutions are developed, for fight against drugs and drug addiction within the scope of the National Drug Strategy Document and Action Plan. Ankara Provincial Drug Coordination Committee are made up of representatives from public agencies and institutions, universities, the municipality, NGOs and the bar association. Local problems of the capital city are identified by representatives of organizations attending the coordination committee and the most effective solutions are produced to remedy such problems.

The Provincial Drug Action Plan covering the period 2010-2012 and drafted in written form, has been prepared with the joint review and consensus of all agencies and institutions in the Coordination Committee and entered into force upon approval by the Governor's Office. The basic purpose of Ankara Provincial Drug Action Plan is the prevention of the use of illicit addictive drugs in the society and of drug-related crimes, as well as reducing the public damages and public health effects of drugs and improving treatment facilities. To this end, the aim is to devise a provincial action plan aimed at the fight against drugs and addiction and producing plans that will increase future awareness and seek for solutions.

17 strategic targets have been set in Ankara's Provincial Drug Action Plan. Under these strategic targets, 34 goals and 58 activities towards the realization of these goals have been projected. It is seen that 45.76% (27) of activities in Ankara's Provincial Drug Action Plan are related with prevention, whereas 25.42% (15) are related with the fight against supply, 8.47% (5) with social rehabilitation, 8.47% (5) with coordination, 6.87% (4) with treatment and 5.08% (3) with information gathering, research, and evaluation. 17 agencies (public agencies, local governments and NGOs) have been held responsible for the implementation of issues included in the document. Coordinators and agencies in charge were identified towards the implementation of each activity, and evaluation tools/indicators aimed at the measurement of projected implementations have been set.

As in other cities, Ankara, the capital city, also has no budget for its drugs policy at the city level. Expenditures to be made towards the realization of activities included in the action plan are made from the general budgets of agencies (in the case of public agencies) in question. A special study has been conducted in 2011 with regards to the expenditures made by public agencies towards the fight against drugs at the national level (See Section 1).

Despite the lack of a drug monitoring system at the city level; in this respect a Provincial Drug Level/Status Form drafted by TUBİM is filling an important gap. Sharing of information on efforts at the local level are made through the Provincial Drug Coordination Committee. Besides, the headquarters of public agencies (Ministry of Health, Turkish National Police, and

Gendarmerie General Command etc.) are based in Ankara. These central organizations monitor their units in 81 cities, via their intranet.

- About 43% response level was achieved in the pilot research titled “Estimation of the Prevalence of Drug Use in the General Population” conducted in Ankara by TUBİM in 2010 (Turkish Drug Report, 2011). The study found lifelong cannabis use to be 1.6%.
- In a study conducted in Ankara, İstanbul and İzmir in 2010 aimed at problem drug use; the number of users where opiate use caused legal or medical problems was estimated as 5844 (4109-12601) for Ankara (Turkish Drug Report, 2011).
- 3⁴⁴ (13.6%) of the 22 treatment centers in Turkey are based in Ankara. In 2011, 219 patients were hospitalized and 13450 patients received outpatient treatment in these three treatment centers, which have a total capacity of 73 beds. It has been reported that heroin and cannabis are the main drugs for which patients apply for treatment.
- In 2011, Ankara Provincial Security Directorate - Anti-Smuggling and Organized Crime Department;
 - 51 kg heroin in 79 incidents,
 - 1233 kg cannabis in 553 incidents,
 - 1.5 kg cocaine in 34 incidents,
 - 30596 ecstasy pills in 53 incidents (TNP-KOM Report, 2011).

There are no drug policies where the Capital City is a party, except for Turkey’s National Drug Policy and Strategy Document and the National Drug Action Plan Strategy drafted towards the implementation of this document. Out of these 10 major cities, only İstanbul is a member of ECAD⁴⁵ (European Cities Against Drugs).

⁴⁴ Ankara Numune Training and Research Hospital (AMATEM), Hospital of Faculty of Medicine, Ankara University, Hospital of Faculty of Medicine, Gazi University

⁴⁵ ECAD is one of the leading European organizations towards the struggle against drugs. Since 1994, it has been organizing activities in over 250 cities in Europe and conducting anti-drug projects.

12.2.1. Four Areas of Drug Policy in Capital Cities

Local Law Enforcement Strategies Against Drug-Related Offences/Drug Trafficking⁴⁶

Efforts against the supply of drugs in Ankara are being conducted by the Ankara Provincial Security Directorate - Anti-Smuggling and Organized Crime Department.

According to the 2011 TNP KOM Report, and considering the number of seizures made by KOM units as well as the number of incidents in 2011 in Turkey, Ankara ranks;

- 6th with regards to cannabis-related incidents, and 12th in the quantity of seizures,
- 7th with regards to heroin-related incidents, and 14th in the quantity of seizures,
- 2nd with regards to cocaine-related incidents, and 8th in the quantity of seizures, and
- 2nd with regards to ecstasy-related incidents, and 7th in the quantity of seizures

Located over the east-to-west route of heroin and cannabis smuggling, Ankara has carried out successful operations towards the drug networks in the city and during police checks on the roads and highways.

In 2011, 824 operations were made in 78 cities towards local drug networks. With 42 operations (5.09%), Ankara ranked 2nd among cities where the highest number of operations were made. 858 suspects were arrested in the operations. This shows the importance of planned efforts towards the struggle against street sellers (TNP KOM Report, 2011). It can easily be seen in the 2011 KOM Report that KOM units put emphasis on street sellers and project-based efforts in Ankara.

In 2011, 7th Regional Evaluation Meeting has been held under the coordination of TNP KOM Department. One of such meetings organized with the purpose of increasing the exchange of information and cooperation between the Central Organization and the city units and between the city units themselves, identify the new methods of struggle, produce joint solutions to existing problems, and ensure sustained and effective struggle with a new approach has been held in Ankara on June 21-22, 2011.

⁴⁶ In this section, Activities had been performed by TNP were mentioned as example among activities of law Enforcement exist in Ankara.

When organizing operational activities towards crimes aimed at the supply of drugs by Ankara KOM units, awareness-raising information activities, aimed at risk groups, are also being planned towards the prevention of drug use.

Interventions in Nightclubs

Nightclubs are being inspected by different units under Ankara Provincial Security Directorate (Division for Countering Narcotic Crimes, Public Security Division, others) based on court orders. In these inspections, checks are made for smuggled liquor, individuals sought by security forces, foreign nationals with expired Turkish visas, and individuals involved in prostitution in addition to various anti-drug controls in nightclubs. Such inspections towards nightclubs are made spontaneously. If any elements of crime are encountered in such inspections, legal and administrative proceedings are initiated towards the nightclubs in question. Inspections are also made towards these nightclubs by health units and the municipalities under their authority.

Security measures are taken by Private Security guards in festivals and music events, and body searches are made at festival/concert entrance points. Necessary legal proceedings are initiated by the police towards individuals detected in possession of drugs during the concert/festival event.

Assisted Services for Problem Drug Users:

Turkey has no currently implemented policy for the reduction of damages. To this end, there are no supporting assisted services (assisted drug injection or syringe programmes etc.) in Ankara.

PART C

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ANNEXES

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PUBLIC EXPENDITURES FORM ON THE FIGHT AGAINST DRUGS (For 2011)

Institution Filling in The Form:	
Individual Filling in the Form:	
Name – Surname :
Telephone :
E-mail address :

Item No	Expenditure	(TL)
1.	Staff Expenditures ¹	
2.	Equipment and infrastructure expenditures ²	
3.	Education Expenditures (Staff) ³	
4.	R&D Expenditures ⁴	
5.	Outpatient treatment expenditures	
6.	Inpatient treatment expenditures	
7.	Rehabilitation and support expenditures ⁵	
8.	Medicine expenditures ⁶	
9.	Prevention Activities expenditures ⁷	
10.	Court expenditures ⁸	
11.	Autopsy expenditures ⁹	
12.	Convict/detainee expenditures ¹⁰	
13.	Probation expenditures ¹¹	
14.	Operation expenditures ¹²	
15.	Analysis expenditures ¹³	
16.	Premium expenditures ¹⁴	
17.	Other (Please specify.....)	
18.	Other (Please specify.....)	
19.	Other (Please specify.....)	
20.	Other (Please specify.....)	

¹ All expenses of staff

² All equipment bought for the services

³ Trainings for staff

⁴ All studies towards research and developments

⁵ Shelter and education of the addicts and social help and family therapies

⁶ Expenses for the medication used in treatment

⁷ Publishing expenditures (film, web, book etc.)

⁸ All expenditures in the judicial process

⁹ Autopsy expenses for DRDs

¹⁰ Expenses of prisons and detention houses

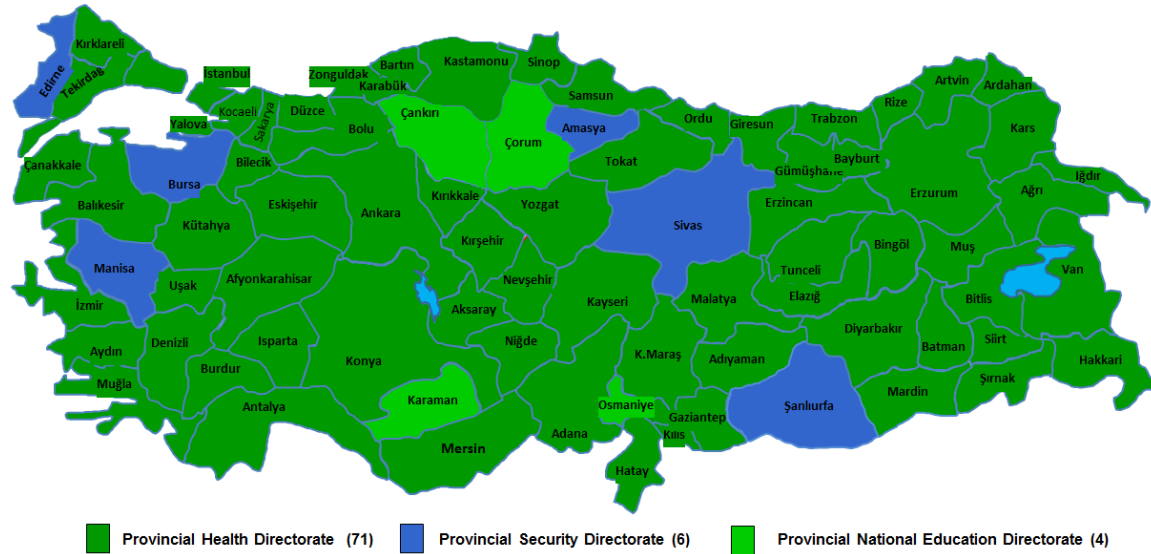
¹¹ Expenses by Ministry of Justice in the process of probation

¹² Operational costs of law enforcement

¹³ Analysis expenses of Forensics

¹⁴ Rewards to the staff

ANNEX 2: MAP SHOWING THE PROVINCES IN WHICH THERE IS A PROVINCIAL ACTION PLAN AND AGENCIES PREPARING THEM



PROVINCES WHICH HAVE COORDINATION BOARD BUT NOT ACTION PLAN	
1	Bitlis
2	Burdur
3	Muğla

Turkish National Police - Department of Anti-Smuggling and Organized Crime
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