



# Turkey

## Country Drug Report 2017

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### THE DRUG PROBLEM IN TURKEY AT A GLANCE

#### Drug use

in young adults (15-34 years) in the last year

#### Cannabis

0.4 %



0.1 % 0.7 %

#### Other drugs

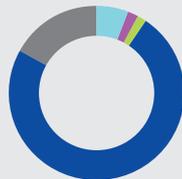
MDMA 0.1 %  
Amphetamines 0.1 %  
Cocaine No data

#### High-risk opioid users

12 733  
(11 126 - 26 537)

#### Treatment entrants

by primary drug



Cannabis, 6 %  
Amphetamines, 2 %  
Cocaine, 2 %  
Heroin, 73 %  
Other, 17 %

#### Opioid substitution treatment clients

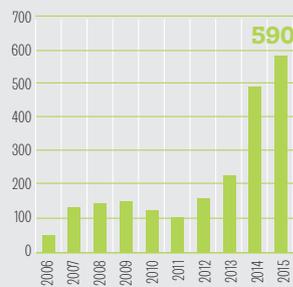
12 500

#### Syringes distributed

through specialised programmes

No data

#### Overdose deaths



#### HIV diagnoses attributed to injecting



#### Drug law offences

73 017

#### Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Herbal cannabis
2. Heroin
3. Cannabis resin
4. Amphetamine
5. Cocaine

#### Population

(15-64 years)

52 640 512

Source: EUROSTAT  
Extracted on: 26/03/2017

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

## About this report

This report presents the top-level overview of the drug phenomenon in Turkey, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2015 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

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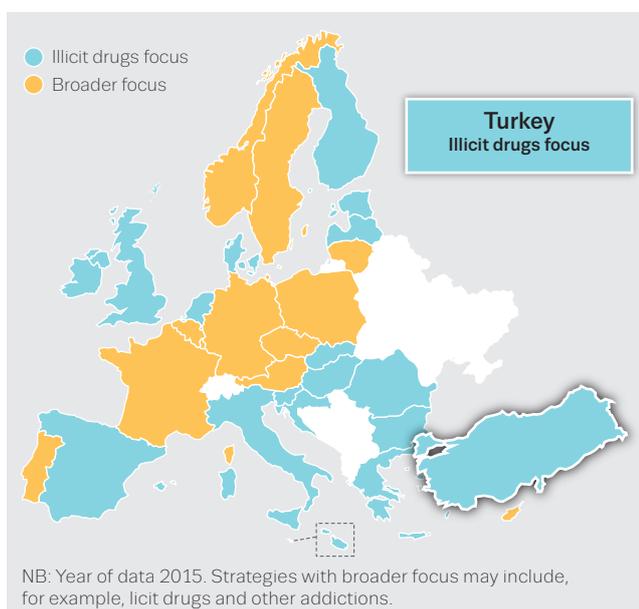
## National drug strategy and coordination

### National drug strategy

Launched in 2015, Turkey's National Anti-Drug Strategy Paper addresses illicit drugs (Figure 1). This strategy is built around the pillars of drug demand and drug supply reduction and addresses key issues across 12 thematic areas. These are preventing access to drugs; taking measures in relation to educational institutions; identifying target groups; anti-drug counselling units; strengthening treatment for drug dependence; social reintegration; scientific advisory boards for anti-drug activities; anti-drug decision support systems; legislation for anti-drug activities; coordination and cooperation; communication with the public; and diagnosis and laboratory services. The strategy is a long-term document with an open-ended timeframe. It is supported by the 2015 National Anti-Drug Action Plan. The Action Plan sets out a range of measures to implement the objectives of the 12 thematic areas of the National Anti-Drug Strategy Paper.

FIGURE 1

Focus of national drug strategy documents: illicit drugs or broader



In Turkey, drug policy and the National Anti-Drug Strategy Paper are evaluated through ongoing indicator monitoring and specific research projects.

### National coordination mechanisms

The High Council for the Fight Against Drugs is responsible for interministerial coordination on drug policy issues in Turkey. It is tasked with high-level strategy development, developing interinstitutional coordination and monitoring strategy implementation. The High Council includes ministers from all relevant ministries involved in delivering the objectives of the national drug strategy. The Board for the Fight Against Drugs supports the work of the High Council. It is responsible for national strategic and operational coordination and oversees the implementation and monitoring of the national drug strategy. The Technical Board for the Fight Against Drugs is an advisory body that assists the Board in its work and includes a range of specialised members. The Turkish Monitoring Centre for Drugs and Drug Addiction (TUBIM) is attached to the Ministry of Interior/Turkish National Police/Counter Narcotics Department. It is responsible for the coordination and implementation of the national drug strategy on behalf of the Ministry of Interior and for monitoring the drug situation in the whole country. There are currently 81 provincial and district Boards for the Fight Against Drugs throughout Turkey, covering all provinces.

**Launched in 2015,  
Turkey's National Anti-  
Drug Strategy Paper  
addresses illicit drugs**

## Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy.

In Turkey, the financing of drug-related activities is decided annually by the entities in charge of their implementation.

Until 2011, the reporting of drug-related public expenditure was very limited and incomplete. In 2011, a preliminary questionnaire was sent to drug-related public services for the first time and data reporting has been improved every year since 2012. Estimates suggest that drug-related public expenditure was almost TRY 744 million (EUR 293.7 million) in 2013 (0.05 % of gross domestic product (GDP)), which was partly boosted by investment in equipment and infrastructure. In 2014 and 2015, this expenditure was almost TRY 530 million (EUR 182.4 million) and TRY 646 million (EUR 213.5 million), respectively, which was approximately 0.04 % of the Turkish GDP.

**In 2015, total drug-related public expenditure represented 0.04 % of gross domestic product**

## Drug laws and drug law offences

### National drug laws

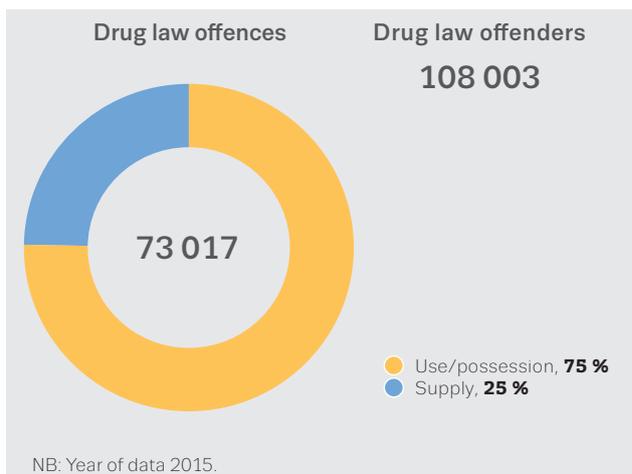
The Turkish Penal Code, which was updated in 2014, with further adjustments in 2015, specifies prison sentences of two to five years for those who use drugs or buy, receive or possess drugs for personal use (Figure 2). There is also the option of treatment and/or probation of up to three years, although, since 2014, probation as an alternative to prison cannot be used more than once. If drug users refuse treatment or do not comply with their probation requirements, the courts can impose a prison sentence.

The production and import or export of drugs are punishable by a prison sentence of 20-30 years, and sale or supply by a sentence of not less than 10 years, or not less than 15 years if drugs are supplied to a minor. In this case, punishments are linked to drug type, with a specific requirement to increase these sentences by 50 % if the drugs involved are cocaine, heroin, morphine or morphine base, or synthetic cannabinoids; a similar increase is imposed in cases in which a group of people is involved or in which those convicted held positions that are regulated by law, such as doctors, pharmacists, health officers, etc. If organised crime is involved, the penalty is doubled.

Since 2015, seven generic groups of substances have been added to the main drug control law, which covers the trafficking of new psychoactive substances (NPS) in Turkey.

FIGURE 3

Reported drug law offences and offenders in Turkey



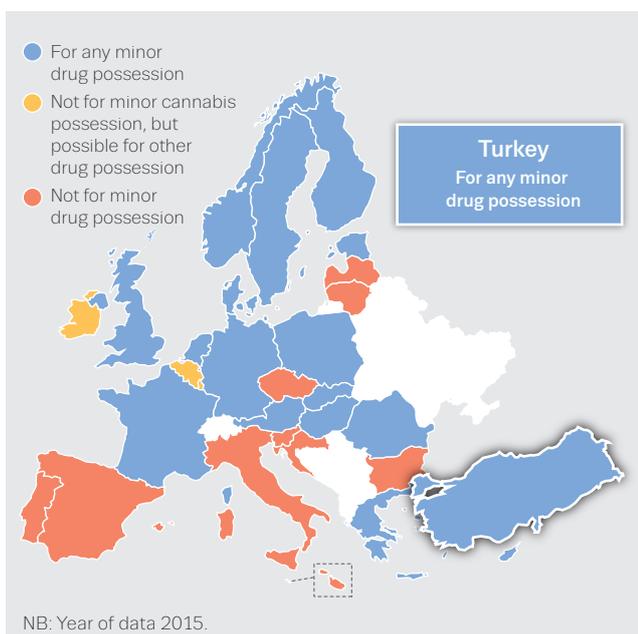
### Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

The statistical data on DLOs in Turkey indicate that there has been a reduction in reported DLOs since 2013. Most of the offences reported in 2015 were related to drug use or possession (Figure 3).

FIGURE 2

Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)



## Drug use

### Prevalence and trends

Data on illicit drug use among the adult general population in Turkey are available from a general population study conducted in 2011. The use of illicit substances among general population in Turkey appears to be rare. In 2011, cannabis was the most common illicit drug used by adults aged 15-64 years, followed by amphetamines and MDMA/ecstasy. The highest rates of illicit drug use were reported among young males aged 15-34 years.

Drug use data among students were reported in a 2011 attitude and behaviour survey on tobacco, alcohol and drug use among 14- to 19-year-old students in high school. About 1 % of 15-year-old students reported lifetime use of any drug, while the proportion increased to 1.5 % if all respondents were considered. About 0.3 % of all respondents reported having ever used cannabis, although this figure should be treated with caution, as it was calculated based on responses to open-ended questions and, as such, the results are not comparable with other similar studies in Europe.

**In 2011, cannabis was the most common illicit drug used by adults aged 15-64 years, followed by amphetamines and MDMA/ecstasy**

### High-risk drug use and trends

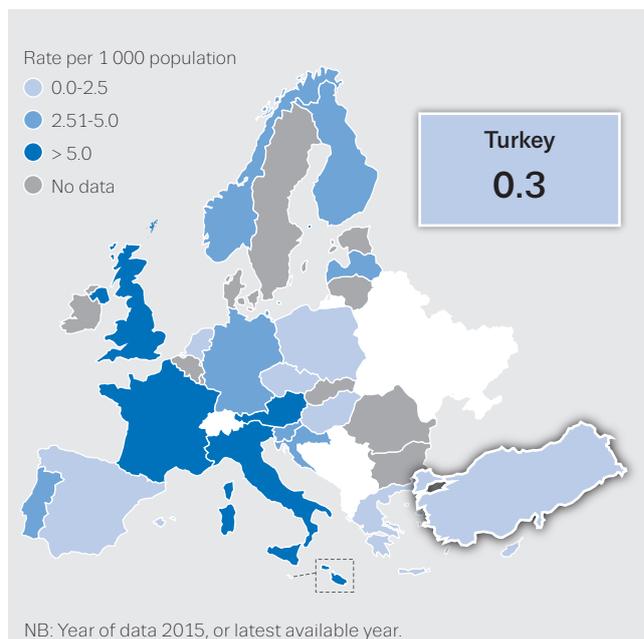
Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on the first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform understanding on the nature and trends in high-risk drug use (Figure 5).

High-risk drug use in Turkey is mainly linked to the use of opioids. In 2011, it was estimated that there were around 13 000 high-risk opioid users in Turkey (Figure 4).

**In 2011, it was estimated that there were around 13 000 high-risk opioid users in Turkey**

FIGURE 4

National estimates of last year prevalence of high-risk opioid use



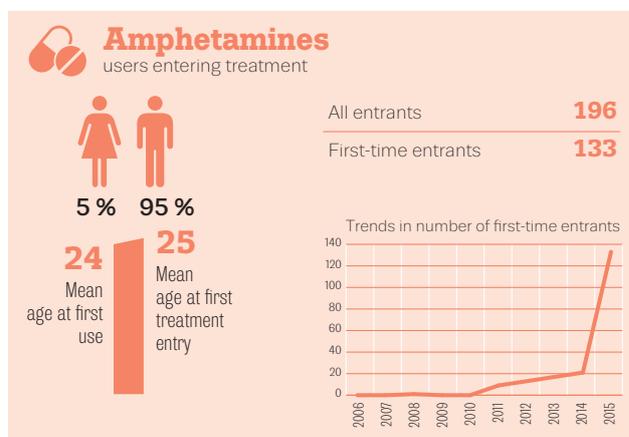
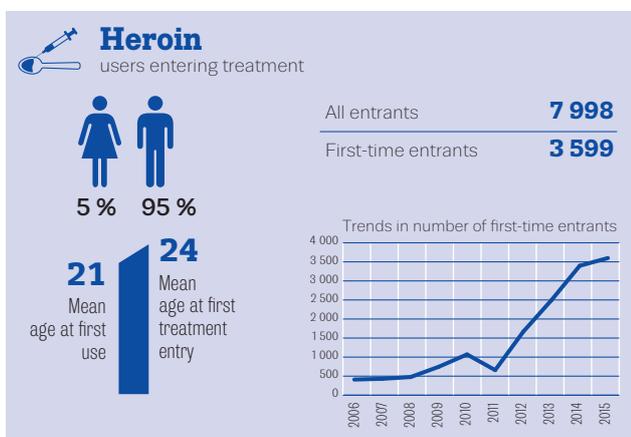
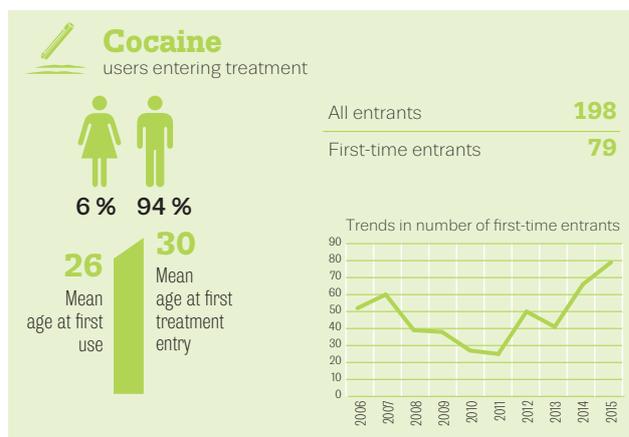
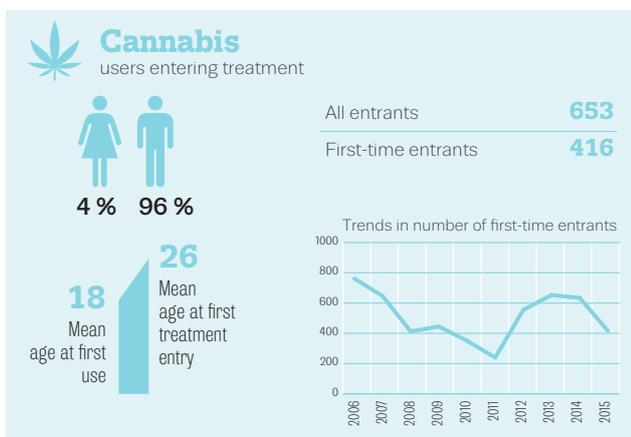
In the last five years, the number of treatment demands reported in Turkey has increased, and this trend is mainly attributed to increased coverage of reporting.

Data from the specialised treatment centres indicate that heroin is the most commonly reported primary substance for first-time clients entering treatment in 2015.

Injecting drug use was reported by about one quarter of all clients entering treatment, and there are indications of a continuous decline in heroin injecting in Turkey. The majority of drug treatment clients are male (Figure 5).

FIGURE 5

Characteristics and trends of drug users entering specialised drug treatment centres in Turkey



NB: Year of data 2015. Data is for first-time entrants, except for gender which is for all treatment entrants.

## Drug harms

### Drug-related infectious diseases

In Turkey, information on human immunodeficiency virus (HIV) infection is provided by the Public Health Agency of the Ministry of Health and the Directorate-General for Health Services of the Ministry of Health and is complemented by the results of hepatitis B virus (HBV), hepatitis C virus (HCV) and HIV testing among people who inject drugs (PWID) who have been admitted to specialised treatment centres.

The available data indicate that the incidence of new cases of HIV infection linked to drug injecting is low (Figure 6). None of the almost 3 000 treatment clients who were tested in 2015 was HIV positive. The results of testing PWID admitted to treatment indicate that HCV is the most common drug-related infectious disease in Turkey: 4 out of 10 treatment clients were HCV positive. (Figure 7) As in other countries, those older than 34 years and those who have injected drugs for more than 10 years are most frequently affected.

The prevalence of HBV infection among PWID who are in treatment is within the range of HBV prevalence among the general population, that is, about 3 % of females and 4 % of males are HBV positive.

FIGURE 6

Newly diagnosed HIV cases attributed to injecting drug use

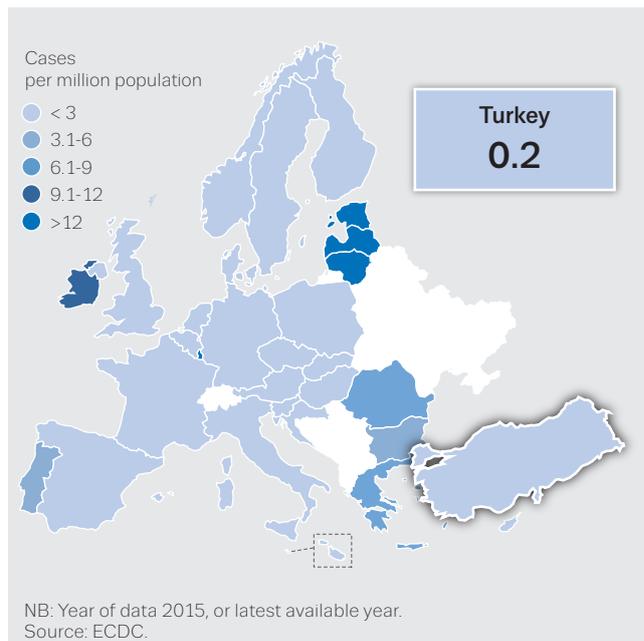
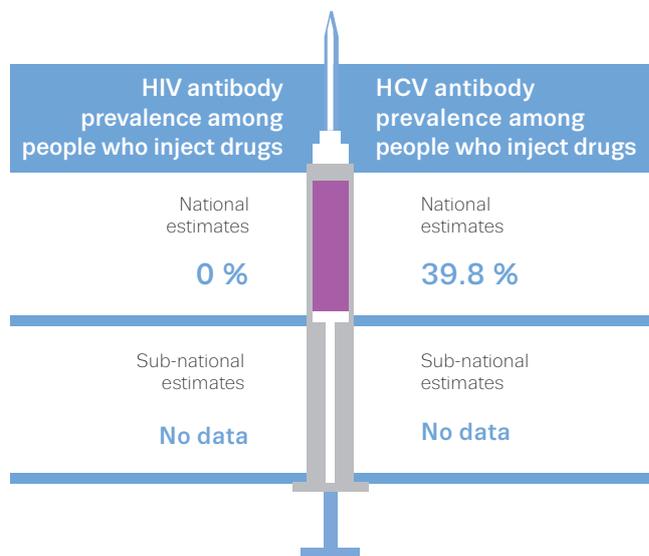


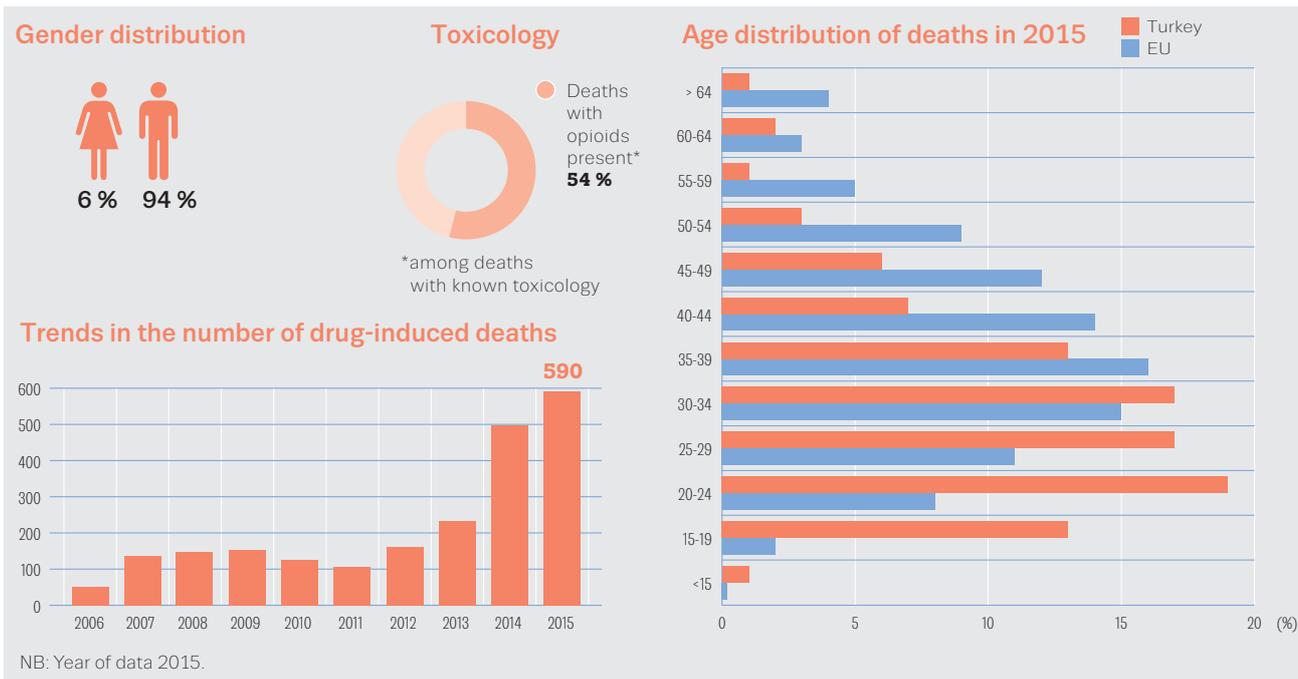
FIGURE 7

Prevalence of HIV and HCV antibodies among people who inject drugs in Turkey



**FIGURE 8**

**Characteristics of and trends in drug-induced deaths in Turkey**



**Drug-induced deaths and mortality**

Drug-induced deaths are deaths directly attributable to the use of illicit drugs (i.e. poisonings and overdoses).

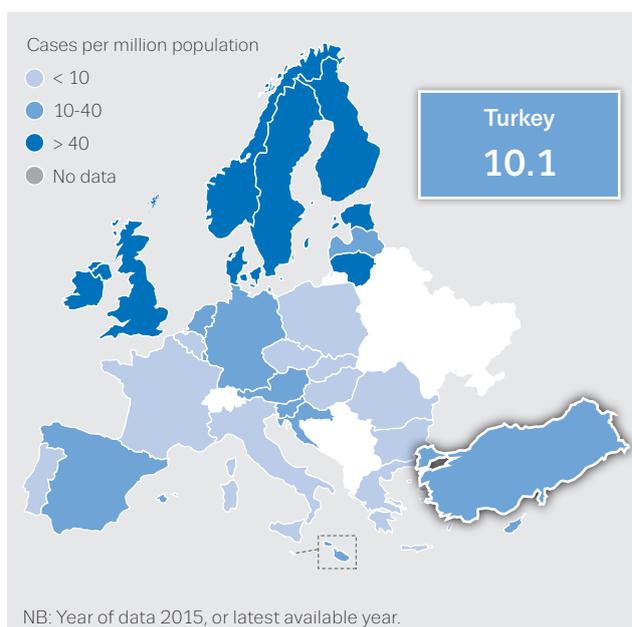
In 2015, the special death registry of the Ministry of Justice reported an increase in the number of drug-induced deaths in Turkey. The majority of the deceased were male (94 %) and the mean age was 31 years. Toxicological analysis was available for all confirmed drug-induced deaths, and showed that opioids, mainly heroin, were involved in slightly more than half of the deaths (Figure 8). More than one substance was detected in the majority of deaths. Synthetic cannabinoids were present in a significant number of cases. In addition to the increase related to heroin, an increase in deaths due to other opioids (methadone, tramadol, fentanyl, buprenorphine, pethidine and oxycodone) was recorded from 2012 on.

Excluding cannabis-induced deaths, deaths linked to the use of illicit substances have increased in Turkey in recent years. Part of the increase in the number of reported drug-induced deaths over the last five years might be due to improved detection and reporting capacities in Turkey.

The drug-induced mortality rate among adults (aged 15-64 years) was 10.1 deaths per million in 2015 (Figure 9), which is lower than the most recent European average of 20.3 deaths per million.

**FIGURE 9**

**Drug-induced mortality rates among adults (15-64 years)**



## Prevention

The 2015 National Anti-Drug Action Plan tasks the Ministry of National Education with coordinating all drug prevention activities in the country. The Ministry of Family and Social Policies, the Ministry of Health, the Ministry of Interior, the national focal point to the EMCDDA and the Turkish Green Crescent society are mentioned as the main implementing agencies for the prevention activities described in the plan. At a local level, provincial steering committees chaired by deputy governors have been established to prepare local action plans in line with the needs of their provinces.

### Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing drug use problems and indicated prevention focuses on at-risk individuals.

The main prevention activities undertaken in Turkey focus on increasing people's awareness of drugs and on the dissemination of information. Some initiatives that aim to increase individual and social skills among young people and to support environments that may deter drug-taking among vulnerable populations have recently been launched.

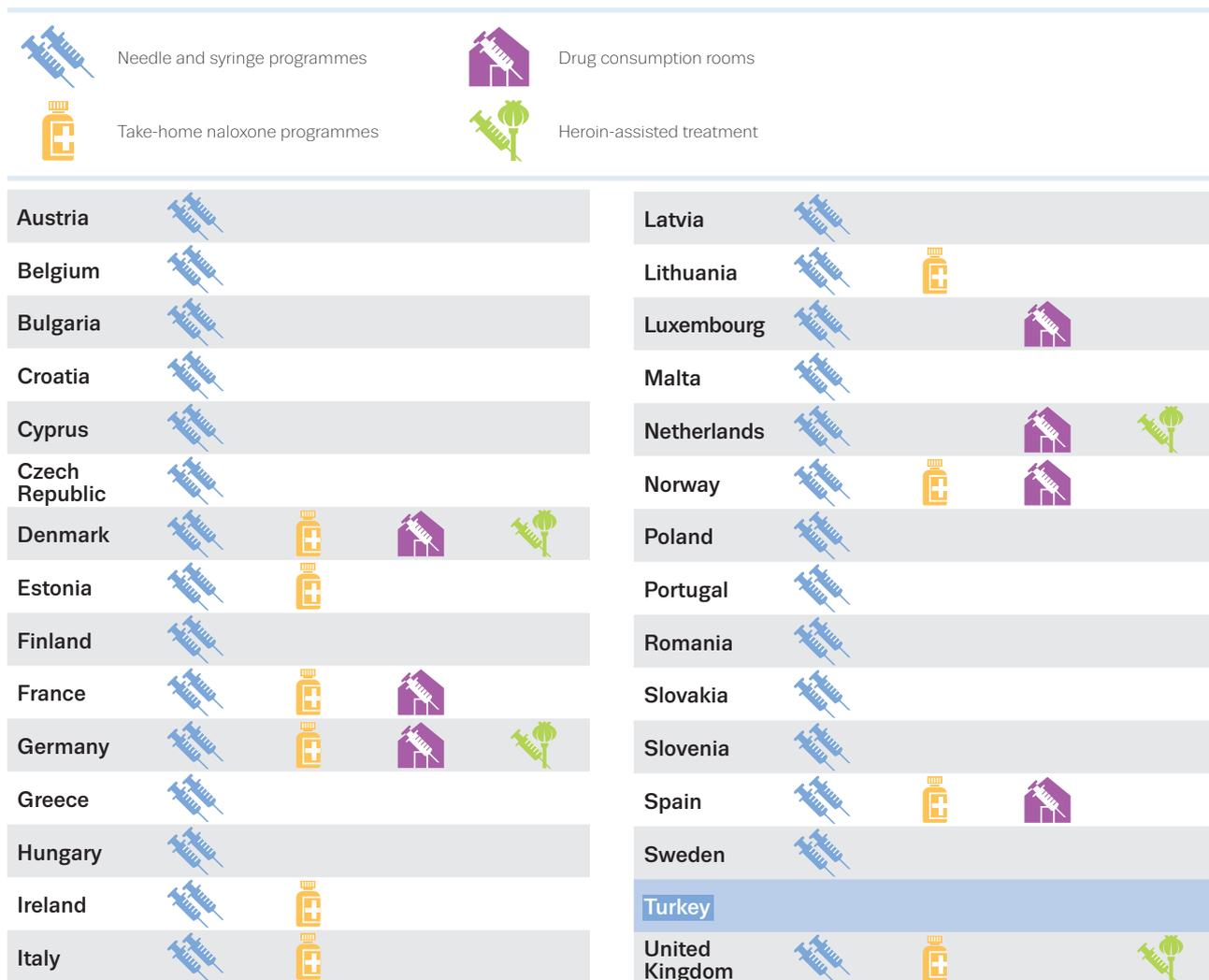
The Ministry of National Education is directly responsible for the implementation of universal drug prevention in Turkish schools. Prevention interventions targeting young people are also supported by non-governmental organisations (NGOs). The methods used include counselling support, seminars, discussion panels and conferences. Manual-based programmes are rare. Some family-oriented prevention projects are carried out in cooperation with school counselling centres. At the community level, prevention activities are mainly informative.

The few selective prevention interventions that are available focus on awareness-raising and information provision, while Social Services Centres provide some social assistance and referrals to treatment institutions for homeless children and young people. Indicated prevention has not yet been developed in Turkey.

**The main prevention activities undertaken in Turkey focus on increasing people's awareness of drugs and on the dissemination of information**

**FIGURE 10**

**Availability of selected harm reduction responses**



NB: Year of data 2016.

**Harm reduction**

Harm reduction interventions are not available in Turkey (Figure 10).

**Treatment**

**The treatment system**

The treatment-related objectives in the current national strategy place an emphasis on facilitating drug users’ access to treatment and care services that meet the established standards and protocols. The implementation of drug-related treatment in Turkey is the responsibility of the Ministry of Health, and the Science Committee for Substance Addiction is responsible for its national coordination, although, since the end of 2013, Provincial Healthcare Directorates have been authorised to license and supervise substance use treatment centres.

Drug treatment is provided through the Alcohol-Substance Addiction Research, Therapy and Education Centres (AMATEMs), psychiatric clinics of public hospitals under the Ministry of Health, university-based treatment units and some private hospitals. The majority of these institutions

provide both inpatient and outpatient treatment. Funding for drug treatment services is mainly provided by the state through social or health insurance funds. Most drug treatment services treat addiction in general, providing treatment for both alcohol and illicit drug use.

The primary approach of the treatment programmes is to help clients achieve a drug-free state. An essential part of the treatment is detoxification, which is complemented by other interventions consisting of motivational interviewing techniques and cognitive therapies that aim to prevent relapse. Pharmacological treatment with opioid agonists or an antagonist is also available. Some treatment centres offer short-term residential treatment and some NGOs offer treatment communities.

Opioid substitution treatment (OST) using buprenorphine-based medication has been available in Turkey since 2010 (it was approved in 2009), but methadone and levacetylmethadol (LAAM) are also available. All treatment centres that are licensed by the Ministry of Health can implement OST. Up to 80 % of OST medication costs are covered by general health insurance, while clients contribute 20 %.

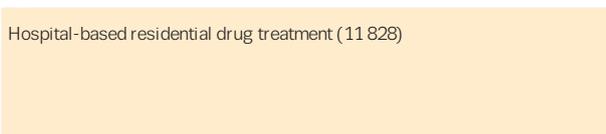
**FIGURE 11**

**Drug treatment in Turkey: settings and number treated**

**Outpatient**



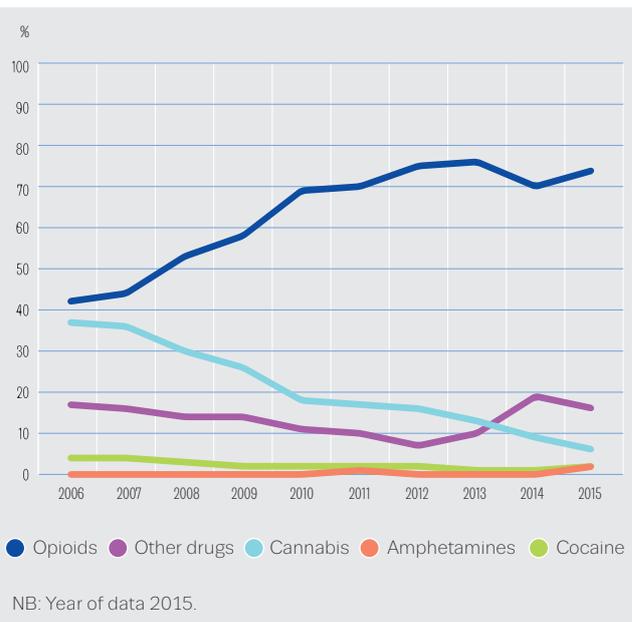
**Inpatient**



NB: Year of data 2015.

**FIGURE 12**

**Trends in percentage of clients entering specialised drug treatment, by primary drug, in Turkey**



**Treatment provision**

In 2015, the majority of drug-related treatment in Turkey took place in outpatient settings (Figure 11).

Treatment demand data in Turkey are reported from 3 treatment centres providing both outpatient and inpatient treatment. The remaining 13 outpatient centres do not report data on clients.

The majority of clients entering drug treatment services in 2015 required treatment for primary opioid use, mainly use of heroin. From 2006 to 2015, the number of clients entering treatment for opioid use, and heroin in particular, increased as a result of an expansion of the treatment system and an increased availability of OST. The latest available data from 2012 indicate that about 28 656 clients in Turkey received OST with a buprenorphine-based medication.

The proportion of cannabis-related treatment entries has decreased in the last decade, while, in recent years, the proportion of clients who entered treatment for the use of other illicit substances, mostly synthetic cannabinoids, has increased (Figure 12).

**In 2012, a total of about 28 656 clients in Turkey received OST with a buprenorphine-based medication**

## Drug use and responses in prison

In 2015, there were 364 penal institutions in Turkey, which were holding about 180 000 prisoners. In the last five years, there has been a significant increase in the overall number of prisoners, with a larger proportional increase in the number of prisoners convicted of drug offences. Drug-related offenders represent about 20 % of all offenders.

No data on drug use among prisoners are available in the country.

Drug treatment in prisons is managed by the Ministry of Health, following treatment guidelines, and must be carried out by Ministry of Health officials in accordance with the law. Family doctors are required to provide mobile/temporary healthcare services.

A project for the rehabilitation of those with mental health problems and drug dependence in Turkish prisons has been developed, with the objectives of ensuring that prisoners with mental health problems receive proper assessment and diagnosis; developing and implementing effective intervention programmes; creating a supportive environment for mental health; protecting the mental health of staff; and increasing employee awareness of mental health.

Drug treatment in Turkish prisons focuses on motivational interventions, information awareness and the management of withdrawal symptoms through relaxation techniques. No opioid substitution treatment is available in prison.

**In the last 5 years, there has been a significant increase in the overall number of prisoners, with a larger proportional increase in the number of prisoners convicted of drug offences. Drug-related offenders represent about 20 % of all offenders**

## Drug markets

Turkey is important as a transit country between Europe and the Middle East and also represents a large consumer market. Located on the Balkan route, it is a key transit point for illicit drugs, such as heroin that is being transported from Afghanistan to Europe, sometimes in exchange for acetic anhydride (the main precursor in the production of heroin) or synthetic stimulant drugs.

Heroin is the main illicit drug that is trafficked via the Balkan route. Exceptionally large seizures (100 kg or more) are now frequent in the European Union, and the number of seizures in Turkey is increasing (Figure 13).

Although, in 2014 and 2015, reports of cannabis seizures and the quantities seized decreased, the two types of cannabis remain the most common drugs on the Turkish market. Domestic cultivation has been reported, although domestic cannabis is rarely trafficked outside the country.

Cocaine enters Turkey from South America for domestic use and en route to other European countries, Azerbaijan and northern Iraq. In 2015, there were more cocaine

seizures than in 2014, and the amounts seized were larger. The majority of cocaine seizures were reported to have occurred in Istanbul.

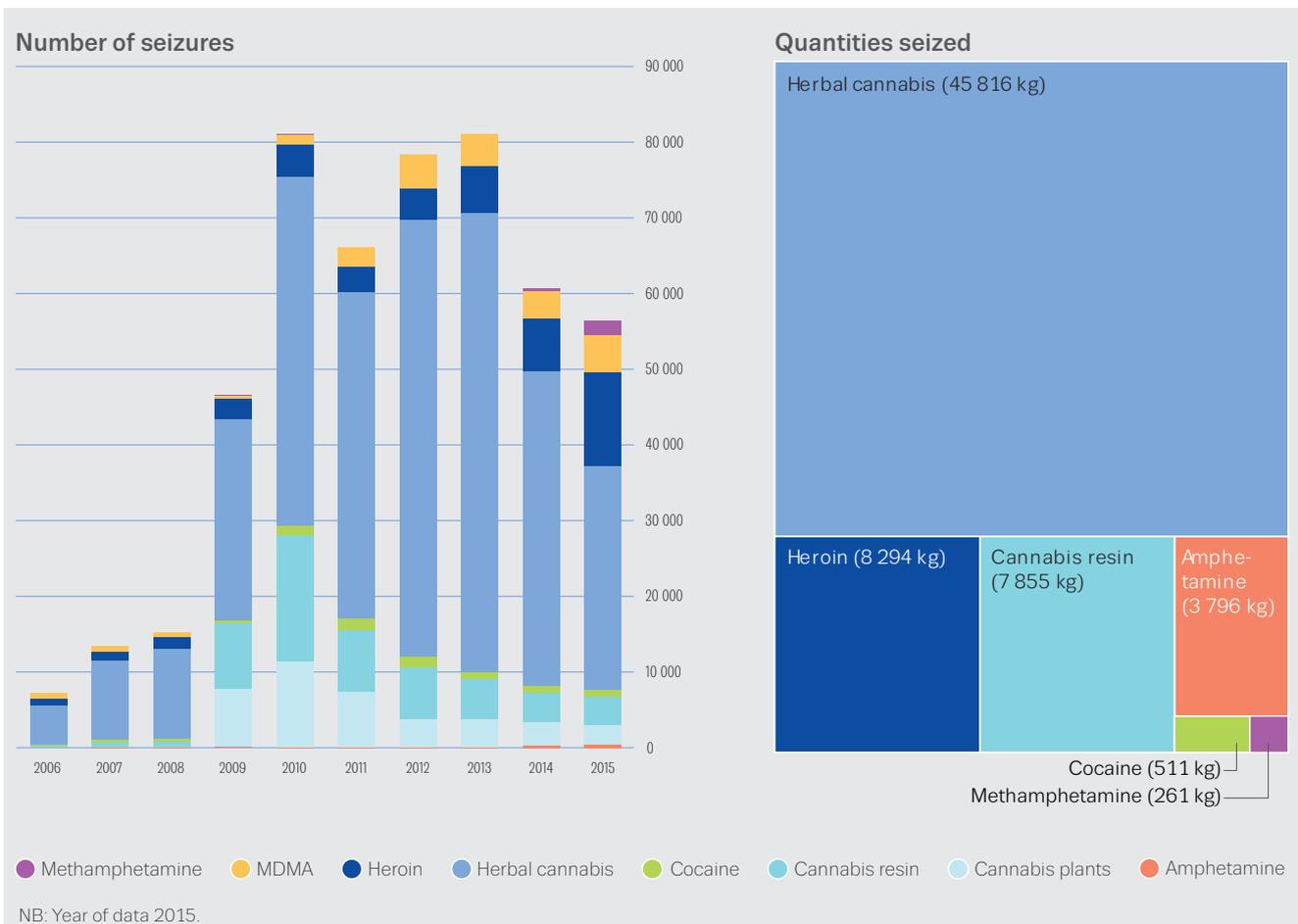
Captagon tablets (or, rather, tablets displaying a Captagon logo and appear to be Captagon but which contain amphetamine as their active ingredient) originating in south-east Europe are smuggled through Turkey en route to countries in the Middle East, although there are indications that, in recent years, the production of this substance has moved to the Middle East.

A small proportion of these Captagon tablets remain on the Turkish market. In 2015, a record number of 12 million Captagon tablets that were en route to countries in the Arabian Peninsula were seized in a single police operation.

Methamphetamine, which is produced in the Far East, enters Turkey through Iran or arrives directly by air. In 2015, a four-fold increase in methamphetamine seizures was reported, and concerns were raised over the increase in the quantity of this substance that was available on the retail market (i.e. street level). MDMA seized in Turkey originates in the Netherlands and Belgium and has traditionally been

FIGURE 13

Drug seizures in Turkey: trends in number of seizures (left) and quantities seized (right)



**FIGURE 14**

**Price and potency/purity ranges of illicit drugs reported in Turkey**



NB: Price and potency/purity ranges: EU and national mean values: minimum and maximum. Year of data 2015.

seized in the western parts of the country, although seizures of this synthetic stimulant in the eastern provinces have reportedly increased in recent years. In 2015, a record quantity of about 5.7 million tablets of MDMA was seized in Turkey, indicating the growing importance of MDMA in the country. Synthetic cannabinoids, which appeared on the Turkish drug market in 2010, originate reportedly from China, Europe and the United States of America. The number of seizures remained stable between 2013 and 2015.

The retail price and purity of the main illicit substances seized are shown in Figure 14.

## KEY DRUG STATISTICS FOR TURKEY

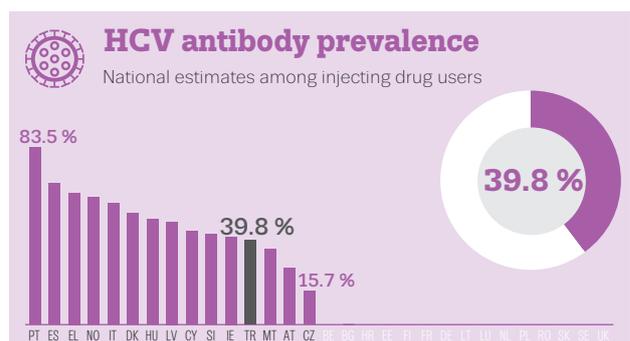
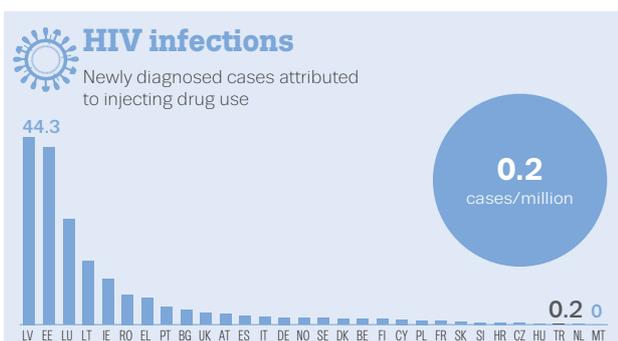
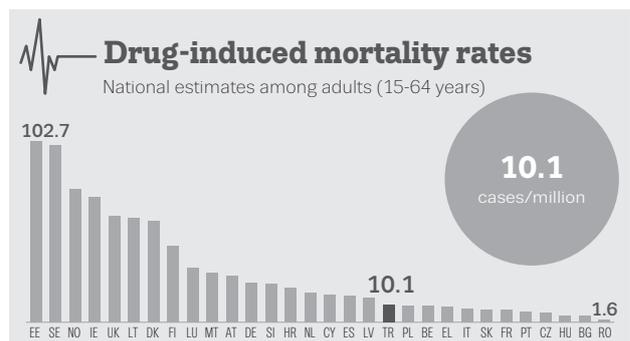
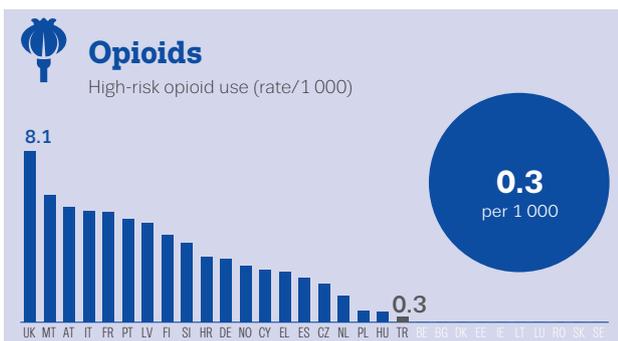
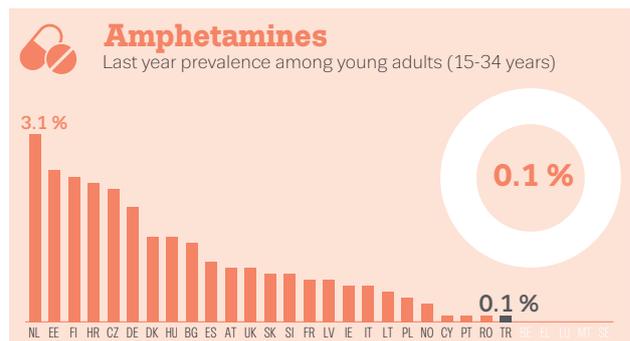
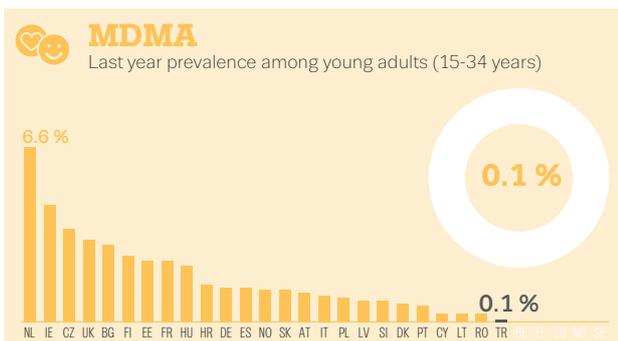
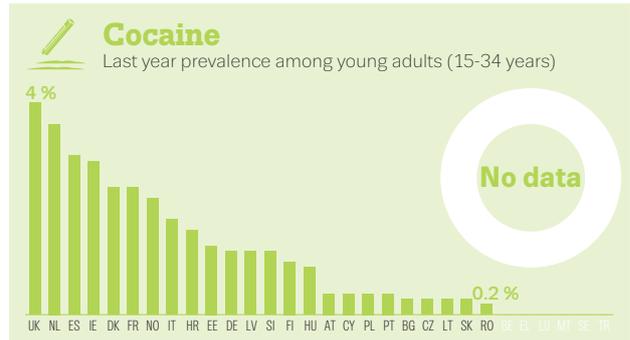
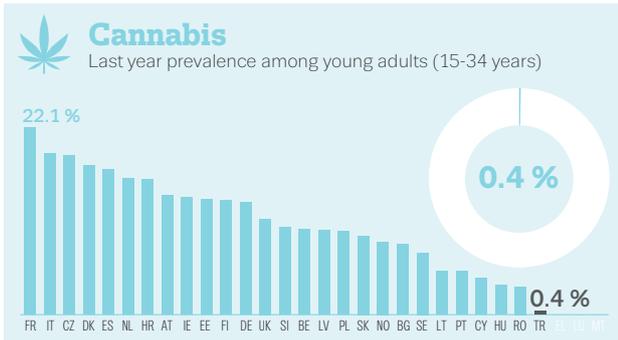
## Most recent estimates and data reported

	Year	Country data	EU range	
			Minimum	Maximum
<b>Cannabis</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	No data	No data	6.5	36.8
Last year prevalence of use — young adults (%)	2011	0.4	0.4	22.1
Last year prevalence of drug use — all adults (%)	2011	0.3	0.3	11.1
All treatment entrants (%)	2015	6	3	71
First-time treatment entrants (%)	2015	8	8	79
Quantity of herbal cannabis seized (kg)	2015	45 815.7	4	45 816
Number of herbal cannabis seizures	2015	29 652	106	156 984
Quantity of cannabis resin seized (kg)	2015	7 855.4	1	380 361
Number of cannabis resin seizures	2015	3 750	14	164 760
Potency — herbal (% THC) (minimum and maximum values registered)	2015	< 1-18.2	0	46
Potency — resin (% THC) (minimum and maximum values registered)	2015	0.7-12.2	0	87.4
Price per gram — herbal (EUR) (minimum and maximum values registered)	2015	0.6-31.1	0.6	31.1
Price per gram — resin (EUR) (minimum and maximum values registered)	2015	0.9-46.6	0.9	46.6
<b>Cocaine</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	No data	No data	0.9	4.9
Last year prevalence of use — young adults (%)	No data	No data	0.2	4
Last year prevalence of drug use — all adults (%)	No data	No data	0.1	2.3
All treatment entrants (%)	2015	2	0	37
First-time treatment entrants (%)	2015	1	0	40
Quantity of cocaine seized (kg)	2015	511	2	21 621
Number of cocaine seizures	2015	941	16	38 273
Purity (%) (minimum and maximum values registered)	2015	29-97.6	0	100
Price per gram (EUR) (minimum and maximum values registered)	2015	24.8-248.5	10	248.5
<b>Amphetamines</b>				
Lifetime prevalence of use — schools (% , Source: ESPAD)	No data	No data	0.8	6.5
Last year prevalence of use — young adults (%)	2011	0.1	0.1	3.1
Last year prevalence of drug use — all adults (%)	No data	No data	0	1.6
All treatment entrants (%)	2015	2	0	70
First-time treatment entrants (%)	2015	2	0	75
Quantity of amphetamine seized (kg)	2015	3796	0	3796
Number of amphetamine seizures	2015	421	1	10 388
Purity — amphetamine (%) (minimum and maximum values registered)	2015	1.5-42	0	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	2015	3.1-139.8	1	139.8

	Year	Country data	EU range	
			Minimum	Maximum
<b>MDMA</b>				
Lifetime prevalence of use — schools (%; Source: ESPAD)	No data	No data	0.5	5.2
Last year prevalence of use — young adults (%)	2011	0.1	0.1	6.6
Last year prevalence of drug use — all adults (%)	No data	No data	0.1	3.4
All treatment entrants (%)	2015	1	0	2
First-time treatment entrants (%)	2015	1	0	2
Quantity of MDMA seized (tablets)	2015	5 673 901	54	5 673 901
Number of MDMA seizures	2015	5 012	3	5 012
Purity (mg of MDMA base per unit) (minimum and maximum values registered)	2015	0.4-239.2	0	293
Price per tablet (EUR) (minimum and maximum values registered)	2015	1.6-23.3	0.5	60
<b>Opioids</b>				
High-risk opioid use (rate/1 000)	2011	0.3	0.3	8.1
All treatment entrants (%)	2015	74	4	93
First-time treatment entrants (%)	2015	67	2	87
Quantity of heroin seized (kg)	2015	8 294	0	8 294
Number of heroin seizures	2015	12 271	2	12 271
Purity — heroin (%) (minimum and maximum values registered)	2015	0.1-93	0	96
Price per gram — heroin (EUR) (minimum and maximum values registered)	2015	3.1-170.8	3.1	214
<b>Drug-related infectious diseases/injecting/deaths</b>				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2015	0.2	0	44
HIV prevalence among PWID* (%)	2015	0	0	30.9
HCV prevalence among PWID (%)	2015	39.8	15.7	83.5
Injecting drug use (cases rate/1 000 population)	No data	No data	0.2	9.2
Drug-induced deaths — all adults (cases/million population)	2015	10.1	1.6	102.7
<b>Health and social responses</b>				
Syringes distributed through specialised programmes	No data	No data	164	12 314 781
Clients in substitution treatment	2011	12 500	252	168 840
<b>Treatment demand</b>				
All clients	2015	10 884	282	124 234
First-time clients	2015	5 377	24	40 390
<b>Drug law offences</b>				
Number of reports of offences	2015	73 017	472	411 157
Offences for use/possession	2015	54 972	359	390 843

\* PWID — People who inject drugs.

## EU Dashboard



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

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## About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.



### About our partner in Turkey

The Turkish Monitoring Centre for Drugs and Drug Addiction (TUBİM) is attached to the Ministry of Interior/Turkish National Police/Counter Narcotics Department. It is responsible for the coordination and implementation of the national drug strategy on behalf of the Ministry of Interior and for monitoring the drug situation in the whole country. It does this through its network of provincial focal points around the country. TUBİM also manages Turkey's National Early Warning System for monitoring new psychoactive substances. Comprised of academics from a range of disciplines, TUBİM's Scientific Committee reviews evidence that is related to drug policy issues and provides advice to the government.

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