2008 NATIONAL REPORT TO THE EMCDDA
by the Reitox National Focal Point

TURKEY
New Developments, Trends and Selected Issues

Annual Report Submitted to EMCDDA By Turkey

ANKARA 2008
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ABBREVIATIONS and ACRONYMS

EU : European Union
USA : United States of America
AMATEM : Alkol ve Madde Bagimliligı Arastirma, Tedavi ve Egitim Merkezi (Research, Treatment and Training Centre for Alcohol and Substance Addiction)
ASAGEM : Aile ve Sosyal Arastirmalar Genel Mudurlugu (Directorate General for Family and Social Studies)
ATS : Amphetamine-Type Stimulant
BAM : Bagimlik Merkezi (Addiction Centre) BIDEM : Bilgisayar Destekli Egitim Merkezi (Computer-Aided Learning Centre)
STI : Sexually Transmitted Infections
ÇEMATEM ....... : Çocuk ve Ergen Madde Bagimliligı Arastirma, Tedavi ve Egitim Merkezi (Research, Treatment and Training Centre for Substance Addiction in Children and Adolescents)
MoH : Ministry of Health
MoJ : Ministry of Justice
MoLSS : Ministry of Labour and Social Security
MONE : Ministry of National Education
IDU : Injecting Drug User
EAH : Egitim Arastirma Hastanesi (Training and Research Hospital)
TNP : Turkish National Police (General Directorate for Security)
ESPAD : The European School Survey on Alcohol and Other Drugs
GEM : Güvenli Eglence Mekanlari (Safe Recreational Settings)
GSGM : Gençlik ve Spor Genel Müdürlüğü (General Directorate for Youth and Sports)
IEEP : Ibadethanelerde Ebeveynler Icin Egitim Projesi (Training Program for Parents in Places of Worship)

VI
GCG : General Command of Gendarmerie
KHK : Kanun Hükmünde Karamname (Decree Having the Force of Law) ASOC : Anti-Smuggling and Organized Crime
MAKEP : HIV/AIDS Koruyucu Eğitim Programı Geliştirme (Project to Develop a Training Program to Protect Against HIV/AIDS) MONE : Ministry of National Education

NGO : Non-Governmental Organization
SYDGM : Sosyal Yardımlasma ve Dayanışma Genel Müdürlüğü (General Directorate of Social Assistance and Solidarity) TADOC : Türkiye Uluslararası Uyusturucu ve Organize Suçlarla Mücadele Akademisi (Turkish International Academy Against Drugs and Organized Crime) TGNA : Turkish Grand National Assembly

TIMKEP : Tiyatro İle Madde Kullanımını Önleme Projesi (Project to Prevent Substance Abuse via Theatre)

TISK : Türkiye İşveren Sendikaları Konfederasyonu (Turkish Confederation of Employer Associations)
TÜRKİYE UYUSTURUCU VE UYUSTURUCU BAGIMLILIGI İZLEME MERKEZİ

TRT : Türkiye Radyo Televizyon
(Turkish Radio and Television Corporation)

TUBIM : Türkiye Uyusturucu ve Uyusturucu Bagimliligı İzleme Merkezi ..............
(Turkish Monitoring Centre for Drugs and Drug Addiction)

TURKSTAT ................................................................. : Turkish Statistical Institute

UAK : Ulusal AIDS Komisyonu (National AIDS Committee) UMGED : Uyusturucu
ile Mücadele ve Gençlik Derneği........................................

(Drug Abuse Prevention and Youth Association) UMUD : Madde Bagimliligı ile
Mücadele Derneği......................................................

(Substance Abuse Prevention Association) YÖK : Yüksek肇retim Kurumu (The
Council of Higher Education of the Republic of Turkey)
AIDS : Acquired Immune Deficiency Syndrome
CRA : Capture-Recapture Analysis
CRM : Capture-Recapture Method
DEA : Drug Enforcement Administration
EMCDDA : European Monitoring Centre for Drugs and Drug Addiction
HDA : Huntington’s Disease Association
HIV : Human Immunodeficiency Virus
INCB : International Narcotics Control Board
IPA : Instrument for Pre-Accession Assistance
LAAM : Levo-Alpha Acetyl Methadol
LSD : D-lysergic acid diethylamide
MDMA : 3,4 methylenedioxymethamphetamine
PANDORA : Preventing Transfer of Substances via Cargo
PDU : Problem Drug Use
UNICEF : The United Nations Children's Fund
UNODC : United Nations Office on Drugs and Crime
<table>
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<th>INSTITUTE</th>
<th>INSTITUTE REPRESENTATIVE</th>
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<td>MINISTRY OF JUSTICE</td>
<td>Assoc. Prof. Bülent SAM</td>
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<tr>
<td>Council of Forensic Medicine</td>
<td>Serpil KARAYAKA</td>
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<tr>
<td>General Directorate of Prisons and Detention Houses</td>
<td>Hülya SAYIN</td>
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<tr>
<td>Department of Controlled Freedom and Welfare Services</td>
<td>Ahmet Muhammet KOCAMAN</td>
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<td>DIRECTORATE OF ANKARA CRIMINAL POLICE LABORATORIES</td>
<td>Nalan PEKER</td>
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<td>MINISTRY OF LABOR AND SOCIAL SECURITY</td>
<td>Taner BORA</td>
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<td>TURKISH NATIONAL POLICE</td>
<td>Koray ELBISTAN</td>
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<tr>
<td>Anti-Smuggling and Organized Crime Department</td>
<td>Hülya TEKIN</td>
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<td>DIRECTORATE GENERAL FOR YOUTH AND SPORTS</td>
<td>Erol AKAR</td>
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<td>Department of Anti-Smuggling and Organized Crime</td>
<td>Fatos OKTAY</td>
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<td>Directorate for Special Training Guidance and Consulting Services</td>
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<td>General Directorate for Treatment Services</td>
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<td>General Directorate of Fundamental Health Services</td>
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<td>TURKISH COAST GUARD COMMAND</td>
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<td>DIRECTORATE GENERAL FOR SOCIETY FOR THE PROTECTION OF CHILDREN</td>
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<td>MINISTRY OF AGRICULTURE AND RURAL AFFAIRS</td>
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<tr>
<td>TURKISH GRAIN BOARD</td>
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<td>TURKISH STATISTICAL INSTITUTE</td>
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PREFACE

As the title suggests, the 2008 National Report on Counteracting Addictive Substances and Substance Addiction aims to tackle the phenomenon of substance abuse in Turkey in its all aspects. This report also forms an essential part of all sorts of countering actions against substance addiction. With this conviction, TUBIM takes it as a moral obligation to produce far more distinctive and comprehensive national reports every coming year. It is a great pleasure for us to present you the third national report prepared by a limited number of dedicated TUBIM personnel together with the support of our stakeholders.

In the light of the existing data, the report strives to portray the magnitude and nature of the substance addiction problem in Turkey through data analyses, while providing topical arguments in a rational and scientific manner yet with benevolence. Essentially being a Monitoring Centre, TUBIM works with facts and figures. What lie beneath all these data is the people whose lives are severely affected, even destroyed in some cases. Those people include particularly the children raised in insecure environment, the young people neglected by their society and government, shattered families, convicts having spent all their lives in a jail; in broader sense this would mean lost potentials, societies facing a dark future and a nation that lost its social character. In this respect, the importance of public agencies and experts that provide data to TUBIM becomes once again evident. This product in your hands has been prepared in full awareness of such values.

The report containing two main chapters, sixteen sections and a “selected issues” coverage is much richer and more authentic thanks to the direct contribution made by academics and representatives from certain organisations. In this regard, the aim to secure direct contribution – a commitment made in the 2007 National Report – has been achieved. On this occasion, we would like to give you the good news that there will be an increased number of expert contributions in the next report. We are confident that 2008 National report will be found satisfactory just as the 2007 National Report, which had been prepared in compliance with the EMCDDA Guideline, successful in passing the necessary tests and duly approved by the EMCDDA evaluation committee. What’s more important is the report’s capacity to support the overall struggle of people working in this field. For all the contributions you will see on the coming pages, we would like to express our deepest gratitude to each and everyone who shared their exclusive studies and assessments, who even came to our office for the preparation of specific sections, and those who guided us with their valuable remarks and criticism.

TUBIM
PART A
NEW DEVELOPMENTS AND TRENDS

1. NATIONAL POLICIES AND CONTEXT

Turkey treats crimes associated with supplying illegal substances as crimes of humanity, and accepts substance addiction as a disorder that requires treatment. In this line, our country carries out a multitude of studies and projects that encompass all dimensions of the issue of drugs and drug abuse. Turkey also engages in large-scale activities carried out with regard to the supply and demand aspects of drugs within the framework of national and international cooperation, and always supports cooperation in this field. In this context, Turkey's policy on counteracting drugs and drug addiction can be summarized as follows: "A balanced approach to counteracting the supply and demand of addictive substances, and treatment and rehabilitation of addicts, through national and international cooperation". There are ongoing efforts to make the necessary legal, administrative and legislative adjustments in order to ensure achievement of the above-mentioned policy objectives. Some of the most important projects in this scope can be listed as follows:

- Ensuring that TUBIM (Turkish Monitoring Centre for Drugs and Drug Addiction), as the national focal point, ensures interagency coordination in the field of addictive substances and substance addiction, develops national policies in these areas and, in this framework, collects data in a way that will cover all aspects of drugs and drug-related issues in concordance with the criteria of EMCDDA (European Monitoring Centre for Drugs and Drug Addiction),

- Supporting any and all kinds of studies/projects in this field at national level and taking part in, and providing the necessary support to, working groups set up for policy-making purposes,

- Executing the Twinning Project and the Instrument for Pre-Accession Assistance,

- Ensuring implementation of the National Action Plan prepared in parallel to National Strategy Document.

1.1. Legal Framework

As expressed in Article 58 of the Constitution of the Republic of Turkey, “...The State shall take necessary measures to protect youth from addiction to alcohol and drugs, crime as well as gambling, and similar vices, and ignorance.” In this line, protection of the society from smoking and abuse of alcohol and drugs is accepted as a duty of the State. Due to its geographical location, Turkey has gained significant experience and success in the field of illicit drug trafficking. Therefore, Turkey endeavours to bring a solution to this problem and works within the framework of national and international legal instruments (the European Union, United Nations and other relevant legislation).

*Bu bölüm, Dr. Cüneyt GÜRER, Dr. Arif AKGÜL, Dilek AYHAN ve Bülent ÖZCAN tarafından yazımıştır.*
1.1.1. Legal framework on drug supply and demand

A list of the general legal framework regarding drugs and drug addiction in Turkey is presented in Annex 1.

1.1.2. Implementation of Laws

It is considered that, overall, the currently available legislation in Turkey on drugs and protection against drug addiction is comprehensive. It is seen that in practice, some of the agencies are indirectly involved in this area (Directorate General of the Social Services and Child Protection Agency, General Directorate for Youth and Sports, Turkish Radio and Television Supreme Council etc.), while some agencies and organizations have direct powers and responsibilities (Turkish National Police, the Ministry of Health etc.).

The jurisdictions of agencies and organizations are set forth by laws and through protocols signed between agencies.

1.2. Institutional Framework, Policies and Coordination

1.2.1. Coordination Framework

In the National Strategy Document that came into effect in 2006, it is foreseen that agencies and organizations working in the fields of supply, demand and treatment act simultaneously and in a coordinated way so as to effectively counteract addictive substances, their use and addiction. It is also stated that protective, preventive, therapeutic and rehabilitative actions should be carried out in a systematic, holistic, interdisciplinary, multi-sectoral structure based on interagency communication, with an emphasis on the importance of national coordination, whereas the Action Plan Document that came into effect in 2007 does not clearly specify the arrangements required to ensure such coordination.

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

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

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

Agencies and Organizations included under the Demand Reduction, Treatment and Rehabilitation Group are given in Annex 2.

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

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

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

In the Action Plan prepared for the implementation of the national strategy, the roles that will be fulfilled by relevant agencies are described in detail, in line with the national priorities. It is also foreseen that all activities in this regard are carried out in harmony with practices undertaken at the international level. In general, the Action Plan covers preventive and protective measures against the use and smuggling of substances as well as the treatment, rehabilitation and re-integration aspects of substance addiction, and aims to ensure that the combat against substances and substance addiction is planned in the most effective way.

1.2.3. Implementation of Policies and Strategies

All agencies and organizations listed under the heading “1.2.2. Coordination Framework” are responsible for the implementation of the actions set forth by the Action Plan Document prepared to ensure the implementation of the National Strategy Document, and also for complying with the said document.

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

1.2.4. Evaluation of Policies and Strategies

The first evaluation regarding the Action Plan which came into effect in the last period of the year 2007 and which serves as a guide for agencies and organizations working in the field of counteracting addictive substances, substance use and addiction, will be carried out in the first period of 2009.

The general evaluation of the 2007-2009 National Action Plan will take place within two months following the implementation of the Action Plan, through an evaluation report that will assess the results and impacts. These reports will be prepared under the coordination of TUBIM, by the representatives of agencies which are assigned with duties in the Action Plan. Any progress that is identified as to have not been achieved in the first action plan will have its implementation continued in the second action plan.
1.3. Budget and Public Expenditure

1.3.1 Law Enforcement, Health and Social Care, Research, International Cooperation and National Strategies

The causes and consequences of substance abuse and addiction involve many disciplines and sectors. Every sector has included in their policy and strategy documents the activities they will carry out at an institutional level in their own fields of activity.

These policy and strategy documents are directly related to counteracting addictive substances, substance use and addiction; moreover, they indirectly support the activities foreseen in this field in general policies and action plans, and are in harmony with the current documents. In this framework, the policies and action plans developed by the relevant agencies are given in Table 1-1.

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<tr>
<th>Agency</th>
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<tr>
<td>Ministry of Health</td>
<td>National Psychological Health Policy</td>
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Table 1–1: Policy and Strategy Documents developed by agencies and organizations working in the field of counteracting addictive substances, substance use and addiction

1.3.2. Funding Arrangements

In ASAGEM’s (Directorate General for Family and Social Studies) “A Case Study on the Budget of Turkey’s Anti-Drug Policy for 2008–2017”, it was stated that the combat against drug addiction is a process that will be carried out in cooperation by various agencies and organizations as well as public and civil initiatives, and that it would be a long-term process with its effects becoming visible in the long run. It was also stated that as per the analyses conducted, the cost of drug addiction to the state is huge.

1.4. Social and Cultural Context

1.4.1. Initiatives in Civil Society and Parliament

In 2007, a motion calling for an all-out research on all aspects of drugs and drug addiction in Turkey was presented at the TGNA (Turkish Grand National Assembly), and it was proposed that a Commission be set up with the participation of representatives from several agencies and organizations working in this field. The Commission started working on the issue in 2008.
1.4.2. Mass Media Campaigns

According to Balseven et al. (2002), the media should be the most effective tool of a national policy based on the concept of protection and prevention, not only because of the media ethics, but also in view of civil responsibility. The role that the media, with its determining power in shaping the social discourse and creating visual models, will take on automatically becomes apparent. Media is not an educative force, yet its importance as a steering force is indisputable.

As provided for in Article 58 of the Constitution of the Turkish Republic, protection of the youth from using narcotic substances is an obligation of the State. To this end, in Article 4 of the Law no. 3984 on Radio and Television Corporations and their Broadcasts, the broadcasting principles for radios and televisions are set forth. In accordance with this law, broadcasts cannot include elements that may have an adverse effect on the physical, psychological, mental, emotional and moral development of children and young people, and it is prohibited to broadcast any materials that constitute an abuse of children and young people. In the regulation on the principles regarding educational, cultural and music programs of private radios and televisions, it is specified that;

“private radio and television channels cannot air narratives that may disrupt a child's psychological health or affect his/her personal development or that may cause fear and contradictory feelings for no apparent reason, or productions that encourage violence in children or that portray those representing violence as heroes. Ensuring that children and young people are protected against addictive substances and other harmful habits should be a main concern”.

However, despite all these statutory requirements, careless acts are observed in the published and visual media. According to Dogan et al. (2002), programs on sexual behaviour, criminal tendencies, suicides or substance abuse can very well act as information sources for children and adolescents, who are not yet old enough to adequately distinguish between right and wrong, and can negatively effect young people.

In the context of mass media campaigns at international level, an assessment of the US Government on a cannabis campaign established that the campaign did not have a direct effect on the attitudes towards using cannabis of young people not using it. Moreover, the same assessment revealed that exposure to the campaign had an effect on young people's perceptions about those using cannabis, and that these young people adopted a negative approach towards users. In parallel, some media campaigns focused more on providing social-emotional information rather than adopting an awareness-raising mission, covering contents oriented to create an emotional reaction to using cannabis. In other words, rather than awareness-raising, the efforts were concentrated more on changing perceptions on using cannabis. For example, a campaign in the Netherlands reaches out to young people with the message “If you are not smoking pot, you are not crazy because 80% of young people do not either”, emphasizing that not using cannabis is not abnormal, and, on the contrary, using it is actually abnormal. In some subcultures, especially among
those created by young people, things like smoking, drinking or using substances are considered normal, usually as a result of the feeling of acceptance it brings, and those who do not use these substances are usually cast out. Therefore, the campaign in the Netherlands attempted to put a reign on the negative perceptions created by this subculture. Furthermore, some elements of the national anti-drug campaign in Ireland aims to put an end to some misguided beliefs that cannabis is an “organic” and “natural” substance (EMCDDA Report, 2007:31). When evaluated from this framework, it was established that media campaigns are oriented mostly to affecting a change in perceptions rather than raising awareness.

Within the scope of the “Güller Solmasin, Analar Aglamasin” (Let No Rose Fade, No Mother Cry”) Project carried out by the staff of TUBIM Antalya Provincial Focal Point1, a survey was conducted in 28 high schools and equivalent secondary education schools located within the provincial centre of Antalya, in which students were asked where they get information on counteracting substance use. Half of the students (50%) said they get their information from newspapers, books and magazines, whereas 19% said they were informed through conferences and seminars. In this framework, it becomes clear that the published media has an important role in creating awareness on substance addiction.

As a result, children and young people who are open to steering in all directions should be informed accurately by the media, and the media should cover information and news stories oriented to encourage positive attitudes and behaviours. For this purpose, there is a need to undertake more extensive studies on the media’s role in counteracting substances and substance use, and it is also necessary to exchange information in this line with media corporations.

At National Level

There are over 450 television and over 1000 radio broadcast corporations that have nationwide coverage in Turkey. In 2006 and 2007, the Radio and Television Supreme Council received around 400 complaints related to “Substance Use and Addiction”, and prepared reports on (64) of the filed complaints and executed various sanctions in accordance with the RTÜK law (RTÜK, 2007). In addition, RTÜK has the following projects: “Koruyucu Sembol” (Protective Symbols), “Akıllı İşaretler Uygulaması” (Smart Signs), “Medya Okuryazarlığı” (Media Literacy) and “Madde ve Madde Kullanımında Görsel-İsitsel Medyanın Rolü” (Role of Audio-Visual Media with regard to Substances and Substance Use) (Turkey National Report, 2007:20; RTÜK, 2007).

At Regional Level

In 2007, the Provincial Focal Points of Mugla, Samsun, Antalya and Kocaeli have carried out drama activities oriented to prevent substance use and addiction. Moreover, TUBIM provincial focal points occasionally appear on live programs on local and national radio and television channels, contributing to raising public awareness.

1 Provincial Focal Point: The staff carrying out activities on behalf of TUBIM, who are trained on addiction and drug dependency, and who work at Police Departments, Narcotics Bureaus in provinces.
2. DRUG USE IN THE GENERAL POPULATION

Substance addiction has become a major public health issue almost all around the world. Apart from psychiatry, substance addiction involves all general branches of medicine, due to medical problems such as lung cancer and AIDS, and also the disciplines other than general medicine due to socio-cultural and economic components accompanying substance use in addition to its effects on individuals and on the society as a whole. Arikan et al. (2007) suggests that the ability to measure characteristics such as age, gender and culture-specific risk factors will contribute in developing an effective protection and prevention program against substance use, which is recognized as a public health issue. The media frequently covers news stories reporting that the substance abuse issue is escalating in Turkey and that the age of users is dropping. However, there are no comprehensive and detailed epidemiological data that would be required to be able to make such a claim directly. In the recent years, various data have been obtained through some school surveys carried out in pilot cities. This section will address two surveys that are being carried out in Turkey and the results of which have not yet been published.

2.1. Drug Use in the General Population

No studies were carried out in 2007 on drug use in the general population in Turkey. As stated in the 2006 and 2007 TUBIM National Reports, the first such survey was carried out in 2002 by the public sector and the Turkish Psychologists’ Association. The survey was done on 7681 people in their home environment. The use rate for addictive substances other than alcohol and cigarettes was found to be 0.3% (25), and the percentage of substance use at least once through lifetime was found to be 1.3% (97).

Another survey conducted in Turkey in this field was in 2003, and was coordinated by UNODC. According to this survey, the ratio of opium-derived substance users in the 15-64 age range in the general population is estimated to be at an average of 0.05%, and the average of volatile substance (inhalant) users is estimated to be at 0.06% (Turkey National Report, 2007:22).

2.2. Drug Use in the Youth Population

Survey on Substance Use and Characteristics among Young People Studying in the Province of Ankara

The survey carried out on primary (grade 6, 7 and 8), secondary (grade 9, 10 and 11) and tertiary (university) education students, reached 13,438 students.

The survey revealed the following findings.

Median age is 15.328, where s.d.=2.885 (median: 15) and age range is 11-48. 48.8% of the sample group (6559) consisted of males, and 51.1% (6862) females. There are no age-related differences between the two genders (p=0.833). 4.7% (630) of the whole sample group both studies and works at a job. 1.3% (80) of those in primary education, 7.6% (437) of those in secondary education and 8%

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2 This survey was done by Prof. Zehra Arikan, Assoc. Prof. Asli Çepik Kuruoğlu, Prof. Vildan Sümüşüloglu, Assoc. Prof. Ender Taner, Prof. Erdal Isik.
(112) of those in tertiary education are employed. 49.7% (276) of the employed group have been employed for less than a year. In the whole group, those with mental and physical disorders are 2.4% (322) and 4.4% (530), respectively. Of the respondents, 98.3% (13,210) attend public schools and 1.7% (228) are in private schools. 42% (5562) of the students are first-borns, 33% (4364) second-borns and 14.5% (1952) are third-borns of their families.

a. Family Characteristics

Income: Family income was determined according to minimum wage raised in 2006. In this respect, the income of 38.3% (3195) of the families was below minimum wage, while 43.4% (3930) of the families had an income between 1 to 2 minimum wages, and 18.3% (1522) earned more than 2 minimum wages.

Education: The educational status of parents surveyed was as follows: 13.2% (1759) of mothers were university graduates, 19.6% (2906) high school graduates, 12.6% (1678) secondary school graduates and 44.6% (5938) were graduates of 5-year primary education schools; and of the remaining, 4.7% (619) were literate and 5.3% (700) were illiterate. When it comes to fathers, 25% (3295) were university graduates, 26.7% (3519) high school graduates, 19.9% (2619) secondary school graduates and 25.6% (3375) 5-year primary school graduates, and 2.1% (272) were literate and 0.7% (89) were illiterate.

Employment Status: The employment statuses of parents were reported by students as follows: 77% (10,227) of students said their mothers were unemployed, while 9.5% (1261) reported their mothers were employed as civil servants, 2.7% (357) as workers, 3.2% (423) as self-employed, and 5.2% (688) said their mothers were retired. As to fathers, 26.9% (3513) were civil servants, 19.1% (2490) workers, 32.3% (4213) self-employed, and 13.7% (1786) were retired.

Health Status: The health status of parents was as follows: 19.4% (2552) of the students reported that their mothers had a physical illness, and 1.9% (245) reported their mothers having mental disorders. For fathers, it is 14.6% (1874) for physical and 1.1% (141) for mental disorders.

37.9% (5026) of the respondents reported that their mothers smoked, while 72.9% (9503) reported their fathers as smokers.

10.4% (1375) of the students reported their mothers as alcohol consumers, and 41.4% (5394) said their fathers take alcohol.

b. Data on Nicotine, Alcohol and Substance Use

<table>
<thead>
<tr>
<th>Substance</th>
<th>n</th>
<th>%</th>
<th>Alcohol</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>9449</td>
<td>73.8</td>
<td>9757</td>
<td>77.46</td>
<td>11814</td>
</tr>
<tr>
<td>Tried</td>
<td>1353</td>
<td>10.6</td>
<td>1044</td>
<td>8.28</td>
<td>120</td>
</tr>
<tr>
<td>Regular Use</td>
<td>2000</td>
<td>15.6</td>
<td>1795</td>
<td>14.26</td>
<td>164</td>
</tr>
<tr>
<td>Overall</td>
<td>12802</td>
<td>100</td>
<td>12596</td>
<td>100</td>
<td>12098</td>
</tr>
</tbody>
</table>

Table 2-1: Characteristics of Alcohol, Nicotine and Substance Use for the whole Sampling Group

3The minimum wage for 2006 is roughly 530 YTL.
**Nicotine Use**

59.6% (1126) of the nicotine users reported using it regularly on an everyday basis, 17.2% (324) reported smoking a few times a week, and 8.4% (159) reported smoking a few times a month while 4.8% (279) reported that they rarely smoke. 886 respondents stated they smoke at least one packet of cigarettes a day, whereas 350 respondents said they smoke a few cigarettes a day.

<table>
<thead>
<tr>
<th>School Status</th>
<th>Gender</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
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<tr>
<td>Education</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>2550</td>
<td>202</td>
<td>3.4</td>
<td>227</td>
<td>3.9</td>
<td>2979</td>
<td>50.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>2676</td>
<td>129</td>
<td>2.2</td>
<td>83</td>
<td>1.4</td>
<td>2888</td>
<td>49.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>5226</td>
<td>331</td>
<td>5.6</td>
<td>310</td>
<td>5.3</td>
<td>5867</td>
<td>100</td>
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</tr>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>1578</td>
<td>361</td>
<td>6.5</td>
<td>759</td>
<td>13.7</td>
<td>2698</td>
<td>48.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>1991</td>
<td>441</td>
<td>8.0</td>
<td>417</td>
<td>7.5</td>
<td>2849</td>
<td>51.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>3569</td>
<td>802</td>
<td>14.5</td>
<td>1176</td>
<td>21.2</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>214</td>
<td>87</td>
<td>6.3</td>
<td>263</td>
<td>19.2</td>
<td>567</td>
<td>41.1</td>
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<tr>
<td></td>
<td>Female</td>
<td>430</td>
<td>132</td>
<td>9.6</td>
<td>245</td>
<td>17.9</td>
<td>807</td>
<td>58.9</td>
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</tr>
<tr>
<td></td>
<td>Total</td>
<td>644</td>
<td>219</td>
<td>15.9</td>
<td>508</td>
<td>37.1</td>
<td>1371</td>
<td>100</td>
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</tr>
</tbody>
</table>

**Alcohol Use**

<table>
<thead>
<tr>
<th>School Status</th>
<th>Gender</th>
<th>Overall</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td></td>
<td></td>
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<tr>
<td>Education</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>2607</td>
<td>154</td>
<td>6.2</td>
<td>199</td>
<td>3.6</td>
<td>2850</td>
<td>50.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>2665</td>
<td>89</td>
<td>3.5</td>
<td>295</td>
<td>5.1</td>
<td>5810</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>5272</td>
<td>243</td>
<td>4.6</td>
<td>295</td>
<td>5.1</td>
<td>5810</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>1674</td>
<td>337</td>
<td>6.2</td>
<td>632</td>
<td>11.6</td>
<td>2643</td>
<td>48.7</td>
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</tr>
<tr>
<td></td>
<td>Female</td>
<td>2151</td>
<td>275</td>
<td>5.1</td>
<td>358</td>
<td>6.6</td>
<td>2784</td>
<td>51.3</td>
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</tr>
<tr>
<td></td>
<td>Total</td>
<td>3825</td>
<td>612</td>
<td>11.3</td>
<td>990</td>
<td>18.2</td>
<td>5427</td>
<td>100</td>
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<td></td>
</tr>
<tr>
<td>University</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>197</td>
<td>77</td>
<td>5.7</td>
<td>276</td>
<td>20.6</td>
<td>550</td>
<td>59.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>454</td>
<td>109</td>
<td>8.1</td>
<td>230</td>
<td>17.1</td>
<td>793</td>
<td>59.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>651</td>
<td>186</td>
<td>13.8</td>
<td>506</td>
<td>37.7</td>
<td>1353</td>
<td>100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
When data on alcohol use is examined, it is seen that 52.5% (1338) of the students took their first alcohol with friends, 34.4% (877) with their families and 8.4% (214) alone. The reason for drinking alcohol is curiosity for 849 (40.3%; 2839 trial plus drinker, 29.9% of total), emulation for 558 (27.2%; 19.65% out of a total of 2839), grief for 405 (20.5%; 4.26% of a total of 2839), anger for 193 (10%; 6.79% in a total of 2839), and fun for 1474 (66.7%; 51.91% in a total of 2839).

33.2% (796) of those using alcohol reported that their families did not know of their alcohol use, 12.8% (308) said their families got angry about their alcohol use, 6.7% (160) said their alcohol use made their families sad, 26.9% (644) reported their families remained insensitive, and 4% (95) reported their families liked the fact that they use alcohol. 38.1% (755) said they liked drinking, 29% (552) imparted they wished to quit it soon, 2.6% (48) reported they do not think of quitting, and 4.9% (90) said they will quit in the future; 70.7% (1541) of those drinking alcohol said they consume it in small quantities and that this quantity is negligible. Experience of having consumed alcohol in the past was observed in 8.3%, while regular alcohol consumption was observed in 14.3%. 6.1% (120) of the students take alcohol every day, while 15.5% (295) drink a few times a week. Of these students, 11.2% (227) take more than 5 standard drinks every time, while the others consume around 3-4 standard drinks.

With regard to problems they encounter when they drink too much, 15.1% (390) reported being aggressive when they are drunk, 29.8% (764) said they have black outs when they drink too much, and 8.8% (256) said they experience problems with family and school.

When we look at the median age of first alcohol use, as displayed in Chart 2-2, there is a concentration around age 14 and 15.

**Use Data for Other Substances**

Table 2-4 shows substance use by gender and school. 52 respondents reported regularly using cannabis, 3 respondents reported regularly using anti-cholinergic drugs, 26 respondents reported opioids, 5 respondents sedatives, 24 respondents hallucinogens, 22 respondents stimulants and 35 respondents inhalants. 60.6% of the students using substances use only one substance, while 16.5% reported using three or more substances together.
Substance use frequency among students who use substances are as follows: 31.1% (61) use substances every day, 21.4% (42) several times a week, 26% (51) a few times a month, and 21.4% (42) a few times a year. Of the whole sampling group, 1% reported having used substances in the past, whereas 1.4% reported using substances regularly.

In the non-using group, 14.5% (1709) stated witnessing substance use in their close environment. When this group was asked what they can recommend for their friends who use substances, 18% (1851) said they could stop using substances on their own, 25.6% (3440) said they could seek help from their families, 6.5% (872) suggested they could ask for help from those who have experienced the same problems in the past, and 52.1% (7005) suggested they could seek help from experts working in this field.

In the whole sampling group, 52.7% (6466) of the respondents think one should go to a psychiatrist for substance, alcohol or smoking problems; 36.1% (4426) say they have no idea on the matter, and 11.2% (1378) say a doctor should be sought for professional assistance. 2.7% (339) of the students reported having gone to a psychiatrist before because of a psychological problem, 0.4% (46) for alcohol use and 0.3% (34) for substance use; 1.7% (205) did not want to disclose why they went to a psychiatrist.

2.3. Drug Use among Specific Groups

Data is not available
3. PREVENTION

As in all around the world, substance use and addiction have started to become an important problem also for Turkey in the recent years. Preventing this multi-dimensional problem requires a scientific and interdisciplinary approach. As in many countries, preventive activities in Turkey are also categorized under two groups in practice:

1. Reducing substance demand in the society.
2. Reducing substance supply, i.e. availability.

The second method involves, to a large extent, the police and other law enforcement units.

This section will mainly address activities that can be carried out to reduce substance demand in the society. Scientifically, all activities to counteract and prevent substance use are considered under three main categories:

a. Primary prevention: Target is groups who have never used but are at risk of using. At this stage, endeavours are made to prevent substance use through education. Using means of mass media to this end is of major importance. Any activity oriented towards individuals who have not yet met the substance but who are very likely to come across it due to their age groups are called primary prevention activities. Turkey has a large population of young people. Therefore, activities to be carried out in our country on the axis of protection and prevention carry great importance in protecting the youth.

b. Secondary prevention: This stage requires early diagnosis. It includes the preventive activities undertaken before the individual who has somehow come across substances develops a dependency or addiction.

c. Tertiary prevention: At this stage, the purpose is to get users to quit using substances and prevent them from restarting. Another aspect is the prevention of damages associated with substance use. The purpose here is to protect against communicable infections, alleviate the reasons that push people into committing crime, and protect individuals from other types of physical harm, or at least minimize these harmful effects. Educational programs for substance users and the Methadone therapy are included in this group.

Treatment of substance addicts is an expensive process. In addition, considering the damages inflicted on the society by substance users and the problems arising due to their involvement in criminal activities, treatment and rehabilitation, -or correction, in judicial terms- of individuals who have become involved in substances is very difficult. Therefore, primary prevention comes as a much more effective and affordable method.

Addiction is a multi-faceted problem. Hence, it is necessary to know the problem from all angles and assess it multi-dimensionally. Such assessments build on etiological studies and include the most basic concepts such as diagnosis, treatment,
prevention and rehabilitation. In societies like Turkey, which are completely open to global influences and which are likely to be influenced from the western culture, counteracting drugs cannot be thought independent from protection and prevention (Dogan et. al, 2002).

Dogan et. al. (2002) identifies the 12-22 and 15-24 age range as the risk groups for protection and prevention programs, and suggests that the most basic characteristic of this age group is their structural tendency that is open to all kinds of influences at the socialization phase, and that young people are often dragged into using substances in order to get acceptance into a group using substances, and hence protection and prevention means protecting the young people in this age group.

In the survey carried out in 28 high schools and equivalent secondary education schools located in the provincial centre of Antalya under the “Güller Solmasin, Analar Aglamasin” Project carried out by the TUBIM Antalya Provincial Focal Point staff, students were asked the question “Have you ever used any substances to date?”; 95.5% of the respondents said: “I have never used substances”. The percentage of those who had used substances once was 2.2%, and those using regularly was 0.8%. According to these results, it is important to undertake protective and primary prevention activities for 95.5% of the survey group, secondary prevention activities for 2.2% and tertiary prevention activities for 0.8%. As a result, this is an important survey that supports the idea that there is a need to give weight to protection and primary prevention in Turkey.

When we look at the international dimension when assessing prevention programs, we see that most prevention programs cannot be evaluated completely. Those that are evaluated are usually subjected to assessments on “the scope and acceptance of counteracting” rather than “the extent to which the objectives were achieved”. In the recent years, reviews on the effectiveness of prevention have been carried out by Germany, the UK and the World Health Organization. These help in identifying the best practices in prevention strategies.

3.1. Universal Prevention

Since the factors leading to its occurrence and the problems it causes are multi-dimensional, substance addiction should be addressed not only by the general medicine and psychiatry sciences but also from an economic, social and political perspective (Arikan et. al., 2005). Therefore, for a nationwide primary and secondary prevention policy, it is necessary to find out first of all the age and ways of getting acquainted with substances, individual and social factors that push people into substance use, which substances are preferred in which groups, and the factors that lead individuals to continue using substances after their first encounter and hence make it develop into an addiction; in short, it is necessary to draw a national substance use profile. In general, in all societies it is possible to obtain quantitative data on substance use through social works, hospital application logs and police records. Yet, the results of various studies conducted via various methods in Turkey are far from being able to provide complete enlightenment regarding these issues.
At the international level, it was seen that interactive programs based on social impact or life-skills competences were effective in schools, whereas stand-alone individual measures (e.g., only conveying information, effective education and training, or other non-interactive measures) were assessed negatively. Due to institutional reasons, school-based prevention is usually under the responsibility of local authorities particularly in Northern countries, France and Poland. Some researchers suggest that complementary universal health/life-skills programs lead to a greater change compared to skill-based education and training programs (EMCDDA Report, 2007:33).

When the preventive actions in Turkey are reviewed in general, it can be said that various different agencies and organizations are engaged in education and awareness-raising programs. The Turkish National Police, the Ministry of National Education and the Ministry of Health are the foremost of these agencies. Among these activities, the Project “Agri Dagi Kardelen Projesi” (Mount Ararat Snowdrops Project) by TUBIM Agri Provincial Focal Point is important (Turkey National Report, 2007:28). A survey was carried out on 1063 students in the province of Agri in order to determine whether the activities carried out in this scope had been effective and had achieved their objectives. After the end of the programs, a second survey was carried out on 1000 students, which focused on the related subject-matters of the program and its objectives. According to survey results, the most important factors in starting substance use included curiosity, peer influence and domestic problems. The survey also established that the students were given information on all of these three topics and had a visible awareness regarding these issues. There is a more marked increase with regard to the importance of peer influence. Therefore, it can be concluded that the program played an important role in counteracting any influences from circle of friends regarding substance use, the adversities occurring as a result of domestic problems, and also in counteracting the feeling of curiosity.

The survey also revealed a meaningful result, establishing that counteracting substance use requires not only policing measures but also some measures to raise public awareness. Before the program, the students tended to advocate police measures more and listed the police among the most important agencies in preventing substance use; whereas, after the program, it was observed that the students were ready to admit that everyone has a role to play in preventing substance use, that the responsibility cannot be left solely on the shoulders of governmental agencies, and that it is absolutely necessary to take individual, familial and social responsibilities regarding this issue.

3.1.1. School-Oriented Prevention

Protection and prevention activities require continuous education focusing on the school, family and instructors. In this scope, the Ministry of National Education still carries out the education and awareness-raising activities listed in Table 3-1, within the framework of the “Action Plan for the Implementation of the 2007 –2009 National Policy and Strategy Document on Counteracting Addictive Substances and Addiction.”
Starting the implementation of the “Hayata Sahip Çıkmak” Program, and spreading it in 81 provinces

<table>
<thead>
<tr>
<th>Activities</th>
<th>Indicators</th>
<th>Duration</th>
<th>Responsible agency/unit</th>
<th>Supporting agency/unit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of students reached</td>
<td>3 Years</td>
<td>MONE Directorate General for Special Education, Guidance and Counselling</td>
<td>MONE In-Service Training Department, Ministry of Interior TNP/ASOC</td>
</tr>
</tbody>
</table>

Including “Harmful Habits” in the Guidance Program Attainments of Primary and Secondary Education Schools

<table>
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<th>Activities</th>
<th>Indicators</th>
<th>Duration</th>
<th>Responsible agency/unit</th>
<th>Supporting agency/unit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>End-Of-Year Reports of Guidance and Research Centres</td>
<td>Continuous, until the program is revised</td>
<td>Counselling MONE Directorate General for Special Education, Guidance and Counselling</td>
<td></td>
</tr>
</tbody>
</table>

Raising awareness in parents through the “7-19 Effective Parenting Program”

<table>
<thead>
<tr>
<th>Activities</th>
<th>Indicators</th>
<th>Duration</th>
<th>Responsible agency/unit</th>
<th>Supporting agency/unit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Implementation of the education program, Number of Trainers, Number of applications and participants</td>
<td>3 Years</td>
<td>MONE Directorate General for Special Education, Guidance and Counselling</td>
<td>MONE SHÇEK, UNICEF</td>
</tr>
</tbody>
</table>

Supporting Life-Based Skills of Students through a program to be developed

<table>
<thead>
<tr>
<th>Activities</th>
<th>Indicators</th>
<th>Duration</th>
<th>Responsible agency/unit</th>
<th>Supporting agency/unit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of students reached</td>
<td>3 Years</td>
<td>MONE Directorate General for Special Education, Guidance and Counselling</td>
<td>MONE SHÇEK, UNICEF</td>
</tr>
</tbody>
</table>

Tablo 3-1: 2007 Activities currently being carried out by the Ministry of National Education.

Within the scope of the “Strategy and Action Plan to Prevent and Reduce Violence in and Around Schools” (Turkey National Report, 2007:9) aiming to eliminate the risks and take the necessary measures against risks that may have negative influence on children and youth, such as substance use and addiction, provincial steering committees chaired by deputy governors have been established at the local level. These committees prepare an action plan in line with the needs of their provinces and put these action plans into practice; the committees report on their activities every three months.

Examples of School-Oriented activities by the MONE

- Preschool Education Program (for 36-72 month children)
- School counselling program for primary and secondary education schools
- Education programs for primary and secondary education schools
- Psychosocial protection, prevention and counteracting programs
The activities listed above reach out to students, teachers, school administrators and parents throughout the country.

One of the most important factors in the prevention process is the opportunity for children to acquaint themselves with effective leisure activities and have access to professional guidance services that will help them in getting to know themselves and setting up personal targets. Therefore, the MONE carries out professional guidance and social club development activities.

Moreover, the “Substance Use Prevention Guide” prepared by MONE’s Department of Special Education, Guidance and Counselling Services in Istanbul aims to be an effective tool in counteracting substance use and addiction. Furthermore, this report aims to be a source of reference for instilling the necessary awareness in the education of our children and youth and raising a healthy generation. The guide consists of activities oriented to school administrators, school counsellors, psychological consultants and families.

**Awareness-Raising Activities by TUBIM**

Preventive activities carried out by TUBIM Provincial Focal Points are given in Table 3-2 and 3-3.
As shown in detail in Table 3-3 and Table 3-4, in 2007, a total of 1299 activities were carried out for 292,649 people by 274 personnel working at TNP/ASOC/Anti-Drug Operation and Liaison Units.

When these figures are compared to 2006 data (Turkey National Report, 2007:27), a 26.1% increase in teacher-oriented seminars and 48.7% increase in student-oriented seminars is seen.

Provincial Focal Points work on raising awareness levels in the combat against substance use, through conferences and theatre plays targeting young people in particular. Also, TUBIM Science Council’s decisions include recommendations for including sports activities in activities or events organized for young people. In line with these decisions, the personnel of Provincial Focal Points put their signature under many projects (sports contests, drawing/painting competitions etc) in cooperation with local governments. In addition, the Provincial Focal Point personnel also develop posters, banners and brochures to raise public awareness, together with representatives of other agencies and organizations.

Within the scope of the “Action Plan for the Implementation of the 2007–2009 National Policy and Strategy Document on Counteracting Addictive Substances and Addiction”, TUBIM organizes briefing and review meetings once a year for NGOs working in the field of substance use and addiction. Additionally, TUBIM also holds information meetings for the personnel of other Public Agencies and Organizations.

**School-Oriented Activities by TUBIM Provincial Focal Points**

Activities carried out by TUBIM Provincial Focal Points in various provinces are given in Table 3.4.

---

<table>
<thead>
<tr>
<th>Year</th>
<th>Conferences</th>
<th>Theatres</th>
<th>Contests</th>
<th>Via Media</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Published</td>
<td>Visual</td>
</tr>
<tr>
<td>2006</td>
<td>893</td>
<td>29</td>
<td>18</td>
<td>46</td>
<td>23</td>
</tr>
<tr>
<td>2007</td>
<td>1125</td>
<td>110</td>
<td>12</td>
<td>27</td>
<td>9</td>
</tr>
</tbody>
</table>

*Table 3-3: Number of activities by TUBIM Provincial Focal Points in 2006-2007.*
<table>
<thead>
<tr>
<th>Province</th>
<th>Project Title</th>
<th>Target Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adana</td>
<td>Supporting the Development and Future of Students (Ögrencilerin Gelsim ve Gelecegini Destekleme Projesi)</td>
<td>Secondary education school students</td>
</tr>
<tr>
<td>Agri</td>
<td>Mount Ararat Snowdrops (Agri Dagi Kardelen) Project</td>
<td>Secondary school and university students</td>
</tr>
<tr>
<td>Ankara</td>
<td>Enlightened Faces (Aydinlik Yüzler) project</td>
<td>Risk groups and opinion leaders in 12-22 and 15-24 age range</td>
</tr>
<tr>
<td>Gaziantep</td>
<td>A Friendly Hand (Dost Eli) Project</td>
<td>Students, Teachers, Parents, School Administrators</td>
</tr>
<tr>
<td>Istanbul</td>
<td>Bay Ex (Mr. X), Baska Günesin Çocukları (Children of Another Sun), Gazete Kokusu (Smell of Newspaper), 18 Yasim Tiyatrolari (My 18 Theatres) and Bay Ex (Mr. X) Cartoon Strips Series</td>
<td>Students and Adults</td>
</tr>
<tr>
<td>Istanbul</td>
<td>School Bus Drivers Training project</td>
<td>School Bus Drivers</td>
</tr>
<tr>
<td>Istanbul</td>
<td>Safe Recreational settings project</td>
<td>Personnel working at recreational settings</td>
</tr>
<tr>
<td>Mersin</td>
<td>Yenigün (New Day) Project</td>
<td>Students, teachers,</td>
</tr>
<tr>
<td>Izmir</td>
<td>Counteracting Substance Use-Short Film Project</td>
<td>Secondary education students</td>
</tr>
<tr>
<td>Samsun</td>
<td>Project to Prevent Substance Use via Theatre (TIMKEP)</td>
<td>15-24 age group</td>
</tr>
<tr>
<td>Düzce</td>
<td>Ben de Varim (I am in, too) Project</td>
<td>Secondary education students</td>
</tr>
</tbody>
</table>

Family-Centred Activities by TUBIM Provincial Focal Points

3.1.2. Family-Oriented Prevention

Universal family-oriented prevention consists mainly of parent meetings, information meetings and intensive training seminars for parents. TUBIM Provincial Focal Points conducted awareness-raising activities oriented to prevent substance use and addiction for 45,256 student parents in 2007. When compared to 2006 data, these figures indicate a 191.6% increase.

<table>
<thead>
<tr>
<th>Province</th>
<th>Project Title</th>
<th>Target Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aksaray</td>
<td>Yarinlarimiz, Gençlerimiz için El Ele (Joining Hands for our Tomorrows, Our Youth)</td>
<td>Addicted young people</td>
</tr>
<tr>
<td>Amasya</td>
<td>Gözünüzdeki Isik Sönmesin (Don't Let the Light in Your Eyes Fade)</td>
<td>Parents</td>
</tr>
<tr>
<td>Denizli</td>
<td>Huzur Yaka Social Support Program</td>
<td>Criminally inclined families and their children</td>
</tr>
<tr>
<td>Istanbul</td>
<td>Parent Training in Places of Worship</td>
<td>Families</td>
</tr>
</tbody>
</table>

Tablo 3-5: Family-Oriented Activities
The “Yarinlarimiz, Gençlerimiz için El Ele” (Joining Hands for our Tomorrows, Our Youth) Project of the province of Aksaray was developed by public agencies and organizations working on counteracting substance addiction, and aims to reintegrate addicts into society. The Project is carried out by the provincial security directorate (TNP) with the support of the Governorate and an NGO (UMUD Association).

Under the “Gözünüzdeki Isik Sönmesin” (Don’t Let the Light in Your Eyes Fade) Project in the province of Amasya, written and visual brochures describing the model family and informing about substance addiction and changes seen in addicted people were prepared for the purpose of informing parents and teachers who act as models in protecting young people who use addictive substances.

The “Huzur Yaka” social support project of the province of Denizli was prepared under the coordination of the Provincial Security Directorate (TNP) in cooperation by public agencies and organizations, NGOs, businessmen, universities and national and local media; the Project aims to reduce crimes associated with substances. The target audience of the Project is families and family members involved in substance-related crimes, and the general project objective is to ensure reintegration of these people.

The Training program for Parents in Places of Worship (“Ibadethanelerde Ebeveynler İçin Egitim (IEEP)”) Project of Istanbul aims to increase public sensitivity in preventing substance use.

3.1.3. Community-Oriented Prevention

At the national level, TUBIM Provincial Focal Points undertook anti-drug awareness-raising activities for 3352 NGO employees, 25,554 public employees and 1725 private sector employees in 2007. Since informing through the media is considered important as it reaches out to all segments of the society, 64 information activities were carried out through the media in 2007.

In the survey conducted in the provincial centre of Antalya in 28 high school and equivalent secondary education schools on 14,643 students within the scope of the “Güller Solmasin, Analar Aglamasin” Project by the Antalya Provincial Security Directorate (TNP), the students were asked what should be done in counteracting substance use and how to counteract more effectively; 55.7% said that the public awareness should be raised and undertaking activities to this end would be more effective. 22.2% of the respondents said policing measures would be more effective. And 15.4% of the students said that supply and demand should be reduced simultaneously.

Students were asked their opinions on substance addiction and use, and were given four selective choices. 43.6% of the respondents stated that all segments and sectors of the society have responsibilities in combating substance use. 35.5% said the public awareness on counteracting substance addiction and use should be increased. In the same survey, 15.3% of the students thought teachers, families and school counsellors have a responsibility in counteracting, while 4.9% thought counteracting substance use is the duty of the police only.
### Community-Oriented Activities by TUBIM Provincial Focal Points

<table>
<thead>
<tr>
<th>Province</th>
<th>Project Title</th>
<th>Target Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antalya</td>
<td>Public Awareness-Raising Project</td>
<td>General public</td>
</tr>
<tr>
<td>Balikesir</td>
<td>“El Ele Gönül Gönüle” Project</td>
<td>Parents and young people</td>
</tr>
<tr>
<td>Denizli</td>
<td>“Huzur Yaka” Social Support Project, Gülen Yüzler (Smiling Faces) Project</td>
<td>General public</td>
</tr>
<tr>
<td>Mersin</td>
<td>Yenigün (New Day) Project</td>
<td>General public (incl. Schools and families)</td>
</tr>
<tr>
<td>Istanbul</td>
<td>“Preventing Cargo-Transferred Substances” Project</td>
<td>Cargo/logistics employees</td>
</tr>
<tr>
<td>Kahramanlaras</td>
<td>Sevgi Baglari (Love Ties) Project</td>
<td>General public</td>
</tr>
<tr>
<td>Mugla</td>
<td>Bir Avuç Sevgi (A Handful of Love)</td>
<td>General public</td>
</tr>
</tbody>
</table>

**Tablo 3-6: Community-Oriented activities**

In addition to above-listed activities, the General Directorate for Youth and Sports also carries out community-centred activities. In the youth centres operating under Provincial Directorates for Sports and Youth, events oriented to young people are organized within the scope of guidance and counselling services. Training seminars and courses oriented to contribute to the individual and social development of young people and ensure their adaptation to the community are carried out at youth centres. These events are carried out in cooperation with other relevant agencies and organizations, mainly with TUBIM’s Provincial Focal Points.

In 2007, 3253 young people took part in the activities on counteracting substance use, addiction and other harmful habits organized in 12 provinces (Amasya, Artvin, Bartın, Çorum, Diyarbakır, Erzincan, Isparta, Kayseri, Kocaeli, Konya, Tokat, Zonguldak), and 430 young people participated in activities focusing on first-aid, intra-family communication, personality development, tolerance, youth issues and youth participation organized in 2 provinces (Kayseri and Konya). Moreover, various other activities on harmful habits were organized (painting, caricature and essay competitions).

### Protection Activities by Provincial Health Directorates

In 2007, Provincial Health Directorates also undertook some activities targeting schools, families and the general public. These activities can be summarized as follows:

1. Adult education on “narcotic and euphoria-inducing substances” under “Adult Public Education Activities”,
2. “Alcohol and substance addiction” seminars to parents, teachers and students,
3. Training seminars for convicts (on substance and substance addiction),
4. Activities to inform citizens via TV, radio, local media and other educational activities on the harmful effects of addictive substances, alcohol and smoking,
5. Ensuring the delivery of sermons on “Islam’s attitude towards smoking, drinking and other substance addictions”, in cooperation with Provincial Mufti Offices in mosques in Adana,

6. Supporting associated activities of relevant NGOs,

7. Distribution of posters, banners and brochures in cooperation with related agencies and organizations,

8. Ensuring that those applying to directorates due to addiction problems are referred to treatment and rehabilitation centres for treatment,

9. Informing addicted persons applying for primary health care services about coping methods and treatment methods, and referring them to relevant health institutions for psychological support and therapy,

10. Informing pregnant women who are monitored under primary health care services and who are identified as having addiction problems, providing them with psycho-social support, and referring them for treatment.

3.2. Selective Prevention

Selective prevention and other prevention strategies mentioned above are dependent on public health policies. These policies allow focusing on groups that are more likely to be negatively affected, thereby making it possible to determine selective prevention strategies. In the international arena, EMCDDA member states are concentrating more and more on preventive strategies targeting the entirety of vulnerable communities. In 2007, selective preventive actions targeting recreational settings, at-risk groups and families were taken in Turkey.

Recreational Settings

In the survey conducted in the provincial centre of Antalya in 28 high school and equivalent secondary education schools within the scope of the “Güller Solmasin, Analar Aglamasin” Project by the TUBIM Antalya Provincial Focal Point personnel, it is seen that students reported the following settings as their first place of substance use: 46.9% recreational settings; 38.1% schools; and 7.9% friend’s house. In the light of these results, it becomes important to raise awareness in employees of recreational settings. Moreover, with regard to recreational settings, the Safe Recreational Settings (“Güvenli Eglence Mekanları (GEM)”) Project in Istanbul aims to raise awareness among security personnel of recreational settings.

At-Risk Groups

In the survey conducted under the “Mount Ararat Snowdrops Project” by TUBIM’s Agri Focal Point, it was established that 4% of the surveyed students smoke on a regular basis. Around 5% of the students reported using cigarettes on an occasional basis. The numbers for alcohol use are lower. Almost 92% of the students stated they have never used alcohol in their lives, around 1% said they use alcohol on an occasional basis, and 0.3% reported using alcohol on a regular basis. Regular use of non-alcoholic addictive substances was reported by around 0.1% of the
respondents. On the other hand, 8.8% of the students reported that addictive substances other than alcohol and tobacco are used in their families, 13% in their circle of relatives, 9.6% among their friends, and 8.3% by their neighbours.

Considering that substance use in the family and close environment is a risk factor that influences substance use, it can be concluded that around 10% of the students are at-risk in terms of substance use. On the other hand, there is a more marked relation between substance use and alcohol-cigarette use. In other words, those using alcohol and smoking are at a higher risk of using substances. Therefore, it can be said that the program was highly relevant as it aimed directly at ensuring that students had the ability to say NO to smoking, alcohol and substance use. Also, substance use in the immediate environment is an important risk factor that needs to be evaluated.

The target audience of the “Enlightened Faces” Project in Ankara consists of risk groups in the 12-22 and 15-24 age range, and groups that are likely to influence the community (mukhtars, teachers, imams, doctors etc.). The “Emin Eller” project of Mugla aims to raise awareness on addictive substances and substance addiction among individuals working in the tourism sector. In this Project, the people of Bodrum were selected as the target audience.

Within the scope of the MoH Project to Develop a Training Program to Protect Against HIV/AIDS (MAKEP), training modules were prepared for adolescents and adults, and informative activities were carried under the Project to Ensure Cultural Adaptation of Adolescent and Adult Substance Users.

In the context of international cooperation, in addition to cooperating with international agencies, a series of seminars on “Substance Addiction and Intra-family Communication” targeting Turkish youth and their families living in Austria were conducted upon the demand by the Chief Consular Office of Bregenz, Austria in 2007; the seminars reached out to 600 families and 100 young individuals. Since it was observed that drug use among Turkish youth living in the said Austrian state was becoming a major problem, ensuring the continuation of these seminars which play an important role in raising awareness among students and families is a meaningful indicator of Turkey’s commitment to counteracting drug addiction.

At-Risk Families

According to the results of the “Substance Use Risk Analysis Questionnaire” conducted on 803 people in 2007 by TUBIM, the first channel of acquiring the substance is the family, with a percentage slice of 2%. Moreover, it was identified that 14% of the respondents started using substances as a result of domestic problems. In the light of these results, it is considered that at-risk families constitute an important factor that may increase the number of children starting to use substances.
4. PROBLEM DRUG USE AND TREATMENT DEMAND

4.1. Overview

Problem Drug Use (PDU) is defined by EMCDDA as “injecting drug use or long duration/regular use of opioids, cocaine and/or amphetamines”. This definition covers both amphetamines and methamphetamines. However, cannabis and synthetic drugs are not included under this definition. Within the framework of EMCDDA’s definition, heroin is the most widely used drug in Turkey. However, in general, the most widely used substance in Turkey is cannabis. For the sake of standard evaluation purposes, the prevalence of problem drug use for Turkey will be estimated in accordance with the EMCDDA definition.

4.2. Prevalence and Incidence Estimates of PDU

Based on the available data on countries, 3 different methods are used in estimating PDU. These are:

1. Data generated by law enforcement units
2. Treatment and health data
3. Data on drug-related deaths

However, CRM (capture-recapture method) is the most comprehensive method for PDU. This method was first used on researches on animal populations, but is used in a wide variety of areas today (Domingo-Salvany, 1996).

In the past years, no CRM-based studies were conducted in Turkey due to several reasons such as failure to keep sound drug-related data, communication problems between agencies and insufficiency of scientific works in the field. CRM was first used during the preparation of the 2008 Turkey National Report to calculate prevalence estimates for problem drugs and number of problem drug users (Table 4–1). However, CRM also has specific limitations. For example, PDU estimations cover narcotic substances such as heroin, crack and amphetamine, within the scope of the EMCDDA definition; yet it does not cover cannabis, which is the most widely used substance in Turkey.

Relevant data were acquired from the following sources:

**Police Data**: A profile of drug users was created using the U-forms filled out by drug users detained by the police through judicial procedure. However, these forms, which are filled out on a voluntary basis, represent only a small portion of all users detained (around 10%).

**Health Data**: This includes data from drug users applying to health organizations for treatment. The data cover all drug-related treatment areas, either as inpatient or as outpatient.

**Drug-Related Deaths**: Explained in detail under Section 6.1. However, these were not included in the CRM calculations.
Capture-Recapture Analysis

Capture-Recapture analysis requires at least two sources. In this line, the formula and data to be used are given below.

1. Health data (Ministry of Health etc.)
2. Criminal or police records (Police, Gendarmerie, Criminal Labs, Forensics etc.)

Also, other than these two sources, any data can also be included in this analysis.

<table>
<thead>
<tr>
<th>Suç Verileri</th>
<th>Health Data</th>
<th>Data Available</th>
<th>Data N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data /A</td>
<td>e</td>
<td>A</td>
<td>b</td>
</tr>
<tr>
<td>Data N/A</td>
<td>C</td>
<td>d</td>
<td>a+b</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a+c</td>
<td></td>
</tr>
</tbody>
</table>

Tablo 4-1: CRM Table (Domingo-Salvany, 1996).

Formula for the Capture-Recapture Analysis:

\[ N = a + b + c + \frac{(b \times c)}{a} \]

A = data in both criminal (police, criminal etc.) records and health records (Health and criminal data)

b = Data included in criminal records but not in health records, (Criminal data)

C = Data included in health records but not in criminal records, (health data)

d = Data not included in any of the two sources (not in health or criminal records) but which is obtained from another source.

In this line, an analysis based on data currently available for Turkey will include:

a: Data under probation procedures

a: Data from U-forms filled out by addicts detained by Police Narcotics Units

c: Data obtained by excluding the probation data from treatment data

b: 214

c: 1186 (Health data) - 960 (Probation data) = 226

N = 960 + 214 + 226 + \frac{(214 \times 226)}{960} = 1450

It is estimated that the number of Problem Substance Users in Turkey, as defined by EMCDDA, is around 1450 in the light of currently available data.
4.3. Treatment Demand Indicators

4.3.1. Profile of Clients in Treatment

In Turkey, data related to substance addiction treatments are provided by the Ministry of Health Directorate General for Curative Services. These data represent the information related to clients admitted for inpatient treatment after their application to rehab centres in 2007. Data collected in 2006 represent 15 of the 17 registered centres. In 2007, the number of centres in compliance with standards was raised to 19, and the number of centres from which data can be obtained was raised to 17.

**Number of Clients Treated:** The inpatient treatment demand, which was 2078 in 2005 and 2853 in 2006, was identified as 2492 for 2007. There is a 12.6% decrease in the total number of clients able to get inpatient treatment, compared to previous year. This decrease is mainly due to the AMATEM unit of the Istanbul Bakirköy Prof Dr Mazhar Osman Psychological Health and Nervous Disorders Education and Research Hospital working in a small building due to repair and maintenance works, and the Samsun Psychological Health and Disorders Hospital shutting down operations due to a fire that broke out. It was established that in 2007, 13,720 people, for whom a judicial treatment or probation measure was decreed due to using narcotic or stimulant substances, received treatment, mostly as outpatients.

![Chart 4-1: Breakdown of treated clients by years](chart.png)

In addition, the introduction of probation procedures in 2006 and the referral of users to treatment centres rather than prisons by courts caused a heavy traffic at treatment centres, and as a result outpatient treatment procedures became more preferable and more widely applied. The decrease in the number of inpatients and the increase in applications for outpatient treatment make it impossible to make an exact interpretation about the changes in the number of addicts in Turkey. It would not be accurate to say that the number of addicts or substance use tendencies
are lower in view of the decrease in the number of inpatients due to reduced bed capacity, or to say that the number of addicts and substance use tendencies are higher or lower in view of the increasing applications to treatment centres as a result of referral of users for mandatory treatment by courts in accordance with the new probation procedures. A healthy evaluation requires a more comprehensive data collection system.

Breakdown by Gender: For 2007, of those receiving treatment, 95% are male and 5% are female (n=2492).

Previously Treated Return Clients and First-Timers: In 2007, 56% of the inpatients reported being in the centre for their first treatment, while 42.4% stated they had received addiction treatment before.

Chart 4-2: Breakdown by years of those who have previously received treatment and those receiving treatment for the first time

Due to probation procedures and increased awareness on procedures for referrals to treatment, the number of clients coming for their first-time treatment in 2006 and 2007 is higher than those treated before.

**Treatment referral procedure:** Of those clients receiving treatment, 27.3% were referred to treatment by their families/friends, and 1.6% by social services, whereas 52.1% applied for treatment through their own decisions. Around 18% of the clients applied to treatment via/due to probation/court order/police.

**Residence (Place of Living):** When examined according to place of living, 95.7% of the clients have a fixed place of living; 0.6% do not have a regular living place (living on the streets etc) and 1.3% live in institutions (prisons, clinics etc). The place of residence for 2.4% of the clients is unknown. Of those applying for treatment, 7.4% reported living alone, 87.2% reported living with parents, and 1%
reported cohabiting with friends. In 2006, 87.7% of the clients were living with their families, whereas this figure is 87.2% for 2007.

The top 10 cities where clients receiving treatment live are shown in Table 4-2. Looking at these data, it is seen that 35.4% of the clients live in Istanbul and 11.8% in Izmir.

<table>
<thead>
<tr>
<th>Order</th>
<th>Provinces</th>
<th>Number Of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Istanbul</td>
<td>884</td>
</tr>
<tr>
<td>2</td>
<td>Izmir</td>
<td>295</td>
</tr>
<tr>
<td>3</td>
<td>Gaziantep</td>
<td>119</td>
</tr>
<tr>
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</tr>
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<td>99</td>
</tr>
<tr>
<td>8</td>
<td>Manisa</td>
<td>80</td>
</tr>
<tr>
<td>9</td>
<td>Van</td>
<td>77</td>
</tr>
<tr>
<td>10</td>
<td>Hatay</td>
<td>67</td>
</tr>
</tbody>
</table>

Table 4-2: Cities where Clients Receiving Addiction Treatment Live 59

First Use Age among Treated Clients:

Looking at the data on the age of first substance use among those receiving treatment, it is seen that a big majority (54.5%) used their first substances in the 15-24 age bracket.
Age Breakdown for Treated Clients:

- **Chart 4-4:** Ages of treated clients

  It is seen that most of the applicants are in the 25-29 age range. This is parallel to the data for the previous year. 22.7% of clients treated in 2006 were in the 25-29 age group while this rate is 22.2% for 2007.

- **Employment Status of Treated Clients:** The employment statuses of clients receiving treatment in 2007 are as follows: 60% unemployed, 32% on regular job, 3.7% student, and 1.5% economically inactive. On the other hand, the employment status of 2.6% of the clients remains unknown, and 0.8% are engaged in other occupations.

  The unemployment rate among treated clients, which is 64.6% in 2006, is 60% in 2007.

- **Educational Status of Treated Clients:**

  - **Chart 4-5:** Educational status of treated clients
It is seen that 63.6% of the clients receiving treatment are primary school graduates. This is 62.9% for 2006. When interpreting education levels and substance use percentages, the ratio of primary school graduates and other educational levels within the whole population should be taken into consideration (Turkey National Report, 2007:41).

**Breakdown of Treated Clients byr Substances they Use**

With regard to substances used, among 2492 treated clients, it was established that 1038 were heroin addicts, 4 were methadone addicts, 47 were addicted to other opium derivatives, 98 were cocaine addicts, 91 were addicted to MDMA and derivatives, 50 were using benzodiazepine, 227 were using inhalants, 906 were using cannabis, and 27 were using other substances. 43.6% of the clients were treated for opioid use and 36.3% for cannabis use.

**Breakdown by Method of Using the Substance:** With regard to substance use methods, 21% of the users reported using by intravenous injection, 30% by inhaling, 41% by mixing in tobacco and smoking, and 8% by oral consumption.
**Substance Use Frequency:** An average of 65.9% of the users reported their frequency of use in the recent months as “every day”. In this respect, 86.9% of the heroin users, 75% of the methadone users, 57.7% of the inhalant users, 72.3% of users of other opioids, 64% of benzodiazepine users, 47.5% of cannabis users and 56.1% of cocaine users reported using every day.

**Secondary Substance:** 57% of heroin users reported using cocaine and 333 reported using cannabis as secondary substance. 33 cocaine users reported using cannabis as secondary substance. 56 MDMA users reported their secondary substances as cannabis, 231 cannabis users as MDMA and derivatives, and 58 inhalant users as cannabis.

**Substance use via intravenous injection:** With regard to injecting drug use (IDU), 6% of the clients reported having used substances intravenously in the past; 21% reported still using intravenously, and 67% reported they have never used intravenously. Injecting drug use histories of 6% of the clients are unknown.

**Chart 4-8:** Injecting drug use prevalence among treated clients

4.4. **Profile of Problem Drug Users from Non-Treatment Sources**

No new data is available.

4.5. **Intensive or Frequent Patterns of Use**

Profile of Treated Heroin Addicts:

It is seen that out of 2492 clients applying for treatment in 2007, 1038 (41.65%) are heroin users. Among those applying for treatment, the number of heroin users is higher compared to users of other substances. The main reason behind this is the fact that heroin addicts are treated as inpatients (Treatment data represent records for inpatients). 57% of them report having come for treatment before, while 41.5% state they have never received treatment before. Out of 1038 clients receiving
treatment for heroin addiction, 69 are females and 969 are males; and they are mostly in the 25-34 age group. Injection is the most widely used method for using heroin, followed by inhaling. Injecting drug use is the hardest phase in heroin use. Considering that users mostly apply for treatment at this phase, it is clear why injecting drug use is the most common pattern of use for heroin in the records of treatment centres.
5. SUBSTANCE ADDICTION TREATMENT

The Ministry of Health has adopted the target to increase the capacities, in terms of both quality and quantity, of institutions serving in this field for the purpose of preventing drug use, ensuring treatment and rehabilitation of addicted people and preventing them from encouraging the use of drugs in others, and thereby reducing the substance demand in the country. In order to ensure easy access to services, it is planned to spread drug-related services nationwide with more effective public announcements.

Although substance addiction is defined as a state of illness, penal sanctions are foreseen in the current law with regard to possession of substances; yet these penalties are not implemented under the probation procedures. This approach is effective in diverting substance users to treatment centres in stead of prisons.

5.1. Treatment System

Services such as opening substance addiction treatment centres, following up works and activities carried out in this field, personnel training, data collection, determination of diagnosis and treatment criteria and planning for provision of more effective services to addicts are carried out by the MoH Directorate General for Curative Services.

Principles and procedures related to establishment and activities of treatment centres to be opened independently or under private or public agencies and organizations, diagnosis and treatment of substance addiction, administration of replacement therapies for addicts and establishment of the Substance Addiction Treatment Procedures Science Commission are governed by the provisions of the Regulation on Substance Addiction Treatment Centres that came into effect on 16.02.2004.

In line with the provisions of this same Regulation, a Science Commission has been established under the chair of the Undersecretary for the Ministry of Health; the Commission has 15 members, which include the Directors General of Pharmacy and Pharmaceuticals, Primary Health Care Services and Curative Services, representatives of Ministry of Justice and Turkish Medical Association, six psychiatry specialists from the Main Science Branches of Mental Health and Disorders at Faculties of Medicine and the Ministry of Health, two pharmacologists from Main Science Branches of Pharmacology of Faculties of Medicine and one psychiatric specialist working at a substance addiction clinic. This Commission is assigned with the duties of preparing substance addiction diagnosis and treatment guides and organizing staff trainings, carrying out annual assessments of the activities of the centres and, when necessary, determining any measures to be taken regarding the activities of these centres, and submitting opinions to the Ministry of Health regarding the opening, closing down or licence or authorization amendment requests of the centres.
There are 19 active substance addiction treatment centres in Turkey; 11 of them operate under MoH hospitals, 5 under university hospitals, 2 operate under a public-university-NGO partnership and 1 under a private hospital. In Istanbul, Izmir and Diyarbakir, there are centres specializing in children and adolescents. The substance addiction treatment centres in Manisa and Ankara also have separate departments dedicated to children and adolescents. In the rest of the centres, treatment services are provided to both adults and juveniles by making the necessary clinical arrangements in accordance with the situation at hand.

In the survey carried out in 1991 by the Ministry of Health on 1500 high school students, the percentage of lifetime substance use was determined as 3%. When the same survey was conducted in 1994 using the same methodology on 2850 high school students, the result was 7%, which gave rise to a concern that a picture similar to the drug problems faced by some countries is imminent in Turkey. Acting on the idea that the numbers and capacities of treatment centres is considerably important in counteracting substance addiction, new treatment centres have started to be opened throughout the country in mental health hospitals, which have a regional hospital status, and also in some state-run hospitals.

Although two new treatment centres were added to the treatment system in 2007, there has been a decrease in the overall number of beds due to repair and maintenance works in some centres and as a result of some new bed arrangements. Therefore, services were provided with a total bed capacity of 469 throughout Turkey.

As in the period before 2004, the approach that it is necessary to provide substance addiction treatments in individual and inpatient treatment centres was dominant in the preparation of the currently effective Regulation on Substance Addiction Treatment Centres. In line with this approach, the Regulation that came into effect in 2004 for the purpose of ensuring more effective and safe service provision to addicts raised the bar with regard to physical conditions and personnel standards of treatment centres.

The available treatment centres, which have met the service demands of volunteer applications until 2006, started to face challenges in meeting the demand with the onset of probation services as statutory applications based on court orders started to increase. In order to ensure that statutory applications do not have a negative effect on service provision in currently available treatment centres and in order to prevent unnecessary referrals of patients, the Circular dated 15.02.2006 and numbered 2713 which allows for diagnosis and treatment of substance users within the scope of probation procedures in State-run hospitals was published. Since it is known that not all users are addicted to a degree requiring treatment in specialized centres, the circular enabled initial examinations and follow up procedures related to cases referred to treatment and therapy by courts to be carried out in State hospitals located near the place of residence of the patients.

Problems encountered by those applying for addiction treatment such as appointments being given for dates too far in the future and the long distance between the treatment centre and the place of residence dampens the desire
to receive treatment. From the angle of bed capacity, it is said that the bed capacity currently available in Turkey can serve more than 5000 patients a year in accordance with calculations that also take into account the average duration of stays by patients at the centres. Considering that the number of inpatients in 2007 was 2492, it is thought that this number will be sufficient for the near future.

However, the fact that patients show more preference towards some centres and the applications for treatment get more concentrated during specific periods (especially during winter), can sometimes lead to appointments being given for later dates in some centres. Moreover, the long distance between treatment centres and the place of residence of patients has a negative impact on treatment applications, on rate of attending and continuing the treatment as well as on social and psychological supports that are a part of the therapy (such as education and training, family interviews, job placements, counselling etc.). Centres serving to special groups such as children and women, and centres specializing on certain substance types and treatment procedures are inadequate.

Although in Turkey inpatient treatment is foreseen as the basic approach for addiction therapy and although it is foreseen that substance addiction treatments are undertaken at inpatient treatment institutions established for this purpose, outpatient treatment and psychosocial techniques have become quite common at the centres in the recent years.

Activation of social support programs to ensure that those who receive treatment do not enter remission after therapy and do not relapse and become substance addicts/users again is also an approach that receives wide acceptance in the public. During the ongoing process, it is expected that post-treatment education, training and job replacement and etc projects will increase. (Turkey National Report, 2007:46).

The Ministry of Health has included the opening of new treatment centres in the coming years in its investment budget. When the data for Turkey obtained from available centres and the data from EU countries are evaluated, it is seen that treatment of drug users usually takes place through outpatient treatment programs. Works have been started to make the necessary amendments in the Regulation on Substance Addiction Treatment Centres in order to enable the opening of new outpatient treatment centres and make them widespread throughout the country and to attract the interest of the private sector in this field at a time when the founding philosophy and the therapy procedures implemented by inpatient treatment centres start to raise questions as demand undergoes changes throughout the years. It has been included in the agenda to define new centres where inpatient treatment, long-term treatment, replacement therapy and rehabilitation programs can be administered.

The criterion of “increasing accessibility and applicability of treatment programs” has been added to the 2006 National Policy and Strategy Document, and works have started for the planning of activities that will be carried out in the 2006-2012 period; as of 2007, two new treatment centres have been opened. Efforts are continuing on the preparation of a guide for diagnosis and treatment criteria that will also be used.
as the training curriculum for doctors, psychologists and nurses working at treatment centres, and it is planned that the guide will be in print by 2009.

It is not possible to provide treatment and support services in an institutionalized structure for addicts who continue to use substances in the community. Injectors, condoms etc cannot be distributed, and simple medical, legal or social counselling and consultancy services can not be provided. Diversion to treatment and social counselling services are provided locally and in a limited fashion by some non-governmental organizations. At some Alcoholics Anonymous or Narcotics Anonymous groups set up by some patients, group meetings are organized for a clean life away from substances after treatment.

Substance Addiction is defined as a state of illness in the “Regulation on Substance Addiction Treatment Centres”. Also, in Article 191 of the Turkish Penal Law (TPL), it is set forth that in case legal substance addicts refuse treatment, the courts can decide on a probation order in stead of criminal procedures. Those who are substance addicts/users are identified in line with the provisions of the Regulation on Implementation of Protective and Supportive Measures issued in accordance with the Child Protection Law that came into force on 23.12.2006, and it is ensured that juveniles for whom a “Probation” order is decreed are treated and followed up.

Based on the approach that addiction is an illness, expenses related to diagnosis and treatment of substance addicts are covered by the social security institutions of the patients, while the diagnosis and treatment expenses of those referred to treatment by courts and who have no social security are covered by the Ministry of Health. The costs accrued for the treatment of addicts who have no social security and who do not have the means to pay their health expenses are covered by the Social Assistance and Solidarity Foundations located in the province/districts where the patient resides. As a result, the adopted approach is to eliminate economic problems regarding access to addiction treatment and ensure that addicts can access the specialized treatment they require (Turkey National Report, 2007:45).

**Substance Addiction Treatment Centres**

<table>
<thead>
<tr>
<th></th>
<th>Number of Substance Addiction Treatment Centres</th>
<th>Substance Addiction Treatment Centres- Bed Capacities</th>
<th>Substance Addiction Treatment Centres- Number of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministry of Health</td>
<td>11</td>
<td>316</td>
<td>307</td>
</tr>
<tr>
<td>Universities</td>
<td>5</td>
<td></td>
<td>75 4</td>
</tr>
<tr>
<td>Private Sector</td>
<td>1</td>
<td></td>
<td>46 2</td>
</tr>
<tr>
<td>Public-University Partnership</td>
<td>232 49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>469</td>
<td>425</td>
</tr>
</tbody>
</table>

*Table 5-1: Number, Bed Capacities and Total Personnel Numbers of Substance Treatment Centres in Turkey*
<table>
<thead>
<tr>
<th>No</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adana Dr. Ekrem Tok Mental Health and Disorders Hospital</td>
<td>Adana Dr. Ekrem Tok Mental Health and Disorders Hospital</td>
<td>Adana Dr. Ekrem Tok Mental Health and Disorders Hospital</td>
</tr>
<tr>
<td>2</td>
<td>Ankara Numune Training and Research Hospital</td>
<td>Ankara Numune Training and Research Hospital</td>
<td>Ankara Numune Training and Research Hospital</td>
</tr>
<tr>
<td>3</td>
<td>Ankara University Faculty of Medicine</td>
<td>Ankara University Faculty of Medicine</td>
<td>Ankara University Faculty of Medicine</td>
</tr>
<tr>
<td>4</td>
<td>Denizli State Hospital</td>
<td>Denizli State Hospital</td>
<td>Denizli State Hospital</td>
</tr>
<tr>
<td>5</td>
<td>Elazig Mental Health and Disorders Hospital</td>
<td>Elazig Mental Health and Disorders Hospital</td>
<td>Elazig Mental Health and Disorders Hospital</td>
</tr>
<tr>
<td>6</td>
<td>Bakirköy Prof. Dr. Mazhar Osman Mental Health and Nervous Disorders Training and Research Hospital</td>
<td>Bakirköy Prof. Dr. Mazhar Osman Mental Health and Nervous Disorders Training and Research Hospital</td>
<td>Bakirköy Prof. Dr. Mazhar Osman Mental Health and Nervous Disorders Training and Research Hospital</td>
</tr>
<tr>
<td>7</td>
<td>Özel Balikli Rum Hastanesi, private hospital</td>
<td>Özel Balikli Rum Hastanesi, private hospital</td>
<td>Özel Balikli Rum Hastanesi, private hospital</td>
</tr>
<tr>
<td>8</td>
<td>Istanbul University Faculty of Medicine</td>
<td>Istanbul University Faculty of Medicine</td>
<td>Istanbul University Faculty of Medicine</td>
</tr>
<tr>
<td>9</td>
<td>Manisa Mental Health and Disorders Hospital</td>
<td>Manisa Mental Health and Disorders Hospital</td>
<td>Manisa Mental Health and Disorders Hospital</td>
</tr>
<tr>
<td>10</td>
<td>Samsun Mental Health and Disorders Hospital</td>
<td>Samsun Mental Health and Disorders Hospital</td>
<td>Samsun Mental Health and Disorders Hospital</td>
</tr>
<tr>
<td>11</td>
<td>Gazi University Faculty of Medicine</td>
<td>Gazi University Faculty of Medicine</td>
<td>Gazi University Faculty of Medicine</td>
</tr>
<tr>
<td>12</td>
<td>EGBAM</td>
<td>EGBAM</td>
<td>EGBAM</td>
</tr>
<tr>
<td>13</td>
<td>Ege University Faculty of Medicine</td>
<td>Ege University Faculty of Medicine</td>
<td>Ege University Faculty of Medicine</td>
</tr>
<tr>
<td>14</td>
<td>Bakirköy Prof. Dr. Mazhar Osman Mental Health and Nervous Disorders Training and Research Hospital (ÇEMATEM)</td>
<td>Bakirköy Prof. Dr. Mazhar Osman Mental Health and Nervous Disorders Training and Research Hospital (ÇEMATEM)</td>
<td>Bakirköy Prof. Dr. Mazhar Osman Mental Health and Nervous Disorders Training and Research Hospital (ÇEMATEM)</td>
</tr>
<tr>
<td>15</td>
<td>Dokuz Eylül University Faculty of Medicine</td>
<td>Dokuz Eylül University Faculty of Medicine</td>
<td>Dokuz Eylül University Faculty of Medicine</td>
</tr>
<tr>
<td>16</td>
<td>İzmir Atatürk Training and Research Hospital</td>
<td>İzmir Atatürk Training and Research Hospital</td>
<td>İzmir Atatürk Training and Research Hospital</td>
</tr>
<tr>
<td>17</td>
<td>Akdeniz BAM</td>
<td>Akdeniz BAM</td>
<td>Akdeniz BAM</td>
</tr>
<tr>
<td>18</td>
<td>Kayseri Training and Research Hospital</td>
<td>Kayseri Training and Research Hospital</td>
<td>Kayseri Training and Research Hospital</td>
</tr>
<tr>
<td>19</td>
<td>Diyarbakır State Hospital (ÇEMATEM)</td>
<td>Diyarbakır State Hospital (ÇEMATEM)</td>
<td>Diyarbakır State Hospital (ÇEMATEM)</td>
</tr>
</tbody>
</table>

Table 5-2: The names and Provinces of Drug Addiction Treatment Centers in Turkey.

5 Ankara Numune Eğitim ve Arastırma Hastanesinin 10 yatağı çocuk ve ergen bagimsılığında kullanılmaktadır
6 İhtiyaç duyularında psikiyatri kliniği yatakları kullanılarak sayı arttırılmaktadır.

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5.2. Treatment Practices

Treatment-oriented practices implemented at substance addiction treatment centres in Turkey aim at reducing and eliminating substance use, overcoming the problems related to deprivation, preventing patients from relapsing and achieving improvement in psychological and social functionality.

The Regulation on Substance Addiction Treatment Centres sets forth provisions to ensure that treatment services oriented to substance addicts are not provided by units serving in different fields (education, shelter, social etc) and that the treatment services are provided at centres licensed/authorized by the Ministry of Health in line with the defined purposes (Turkey National Report, 2007:45).

The Regulation on Substance Addiction Treatment Centres defines a single centre type. In these centres, which have an obligation to have inpatient sections, outpatient and inpatient treatments as well as detoxification therapies are provided. At the Treatment Centres, psychological problems such as depression occurring as a result of substance use are researched and treated. The centres also research and explore the reasons of substance use by the patient, his/her social environment and family structure, according to which the appropriate addiction therapy to be administered is determined. Individuals are informed about the substances they use and their effects, and instructed on what to do in order to prevent them from restarting drug use.

In the treatments implemented at the centres, psychiatric drugs (antidepressants, antipsychotics etc) and psychological therapy methods are used. These are endeavoured to be supported with education and social programs. Since substance abuse is still accepted as a crime in the laws, early diagnosis and treatment or support services cannot be implemented for those who continue to use substances and there are no independent centres that provide these services.

When the cases that refer to treatment centres are evaluated for previous treatment, it is seen that between 2006 and 2007, the rate of those with previous treatment histories show a decrease compared to first-timers. The decrease in this figure can be associated with an increase in new applications, as well as an increase in the number of those successfully treated in the previous years. Post-treatment follow up programs and treatment quality indicators are still not being used, which prevents a deeper interpretation of the situation. It is planned that in the coming years, guides on treatments according to addiction type and treatment quality indicators will be prepared on a national level.

5.3. Pharmacologically assisted treatment

The Regulation on Treatment Centres prepared in 2004 allows for use of Methadone, Buprenorphine, Naloxan, LAAM and similar opium-derived agonists, antagonists, partial agonist and partial antagonists which are used in many EU countries but which were not allowed for use during treatment in Turkey. However, since the MoH has not yet prepared and published an implementation guide for replacement treatments, pharmaceuticals such as Methadone, Buprenorphine and
similar drugs could not be brought into Turkey and therefore could not be used in treatment of patients.

In Turkey, some pharmaceuticals are used against the effects of addictive substances, such as Antabus for alcohol and Naltrekson for cocaine and heroin. Although it is reported that acupuncture is used as a method to treat addicted pregnant women in particular in some countries, there are no centres implementing such a procedure in Turkey.

5.4. Health Services in Prisons

Examination and treatment services for convicted and remand prisoners are provided at prisons, while serious cases that require advanced diagnosis and treatment are referred to state hospitals and university hospitals. According to the law, all kinds of medical examinations and addiction treatments are under state guarantee and are provided free of charge.

With regard to examination and treatment rights, first of all the medical requirements and the person’s request are sought as prerequisites (principle of voluntary treatment). However, as stated in paragraph 2 and 3 of article 82 of the Law no. 5275 (Ceza ve Güvenlik Tedbirleri Hakkında Kanun) with the wording,

“With regard to convicted prisoners who have a health problem but refuse examination or treatment, in case their health and lives are in serious danger or in case of existence of a situation that constitutes a danger for the health and lives of those staying in prisons”,

treatment can be delivered without the consent of the subject in obligatory and exceptional cases.
6. HEALTH CORRELATES AND CONSEQUENCES

6.1. Drug Related Deaths and Mortality of Drug Users

In this section, the definition suggested by EMCDDA for drug-related deaths is taken as a basis. According to this definition, deaths occurring immediately after consumption of illegal substances (opium derivatives, cocaine, cannabis, amphetamine and derivatives, hallucinogens) or one or more of the psychoactive substances together with alcohol, and deaths occurring at the hospital following a state of comma developing after the intake of such substance(s) are taken into consideration. Deaths related to psychoactive drug intake due to suicidal purposes are not taken into consideration. All drug-related deaths included under the scope of the report have been evaluated with facts determined through police investigation records, crime-scene investigations and post-mortem findings and interpreted as ‘drug-related death by accident’.

Data on drug-related deaths have been compiled from the records of the Ministry of Justice-Council of Forensic Medicine (CFM), Turkish National Police – Anti-smuggling and Organized Crime Department and General Command of Gendarmerie – Anti-smuggling and Organized Crime Department. There is not a big difference between the number of drug-related deaths occurring in previous years and in 2007. The number of cases, which was 51 in 2006, climbed up to 147 in 2007. It is thought that the differences in the death figures between these years are due to 2006 data being incomplete. And it has been determined that the data compiled for 2006 are incomplete due to two main reasons:

- Inadequate interagency data collection systematics,
- Failure to detect substances and metabolites in urine due to inability to routinely collect urine samples (because of empty bladder) while internal organ samples, stomach contents and blood are routinely taken and examined in post-mortems.

The reason why 2007 data are higher is that most of these shortcomings have been rectified to a great extent through the following efforts:

- In the recent years, the results obtained are more final and high quality as a result of the weight attributed to bringing the Council of Forensic Medicine’s Chemistry Specialization Laboratories to the EU levels.
- The Council of Forensic Medicine has delivered in-service training on accurate sample collection in crime scene investigations, autopsies and various analyses to judges and prosecutors throughout the country in 2006–2007. Therefore, it has become possible to send sounder materials and reach accurate analysis results.
- Since late 2006, all autopsies in Turkey have started to be carried out by Forensic Medicine Specialists and collection of internal organ samples, stomach contents and blood samples as well as urine samples for systematic toxicological and systematic soporifics and stimulants analyses have been made routine.
- The functioning of the working group established under TUBIM and assigned to obtain data from relevant agencies and coordination between agencies
have reached the desired level, and the number of specialists participating from agencies have been increased.

It has been established that 0.106% (139555) of the overall death cases in the 15-69 age group (147) occurring in 2007 are drug-related deaths. When overall deaths were evaluated according to gender, it was seen that the cause of deaths in 0.150% of the male deaths (137 in 91507) and 0.021% of the female deaths (10 in 48048) were drug-related.

93.2% (137) of the cases are male and 6.8% (10) are female, and the median age is 34.61 (min-max: 18-70) for men and 31.25 (min-max: 23-44) for women. The overall median age for all cases was established as 34.41 (min-max: 18-70).

When the distribution of drug-related deaths by age groups is examined, it is seen that there are three deaths in the 15-19 age group, 25 deaths in the 20-24 age group, 21 deaths in the 25-29 age group, 27 deaths in the 30-34 age group, 23 deaths in the 35-39 age group, 17 deaths in the 40-44 age group, 12 deaths in the 45-49 age group; four deaths in the 50-54 age group, one death in the 55-59 age group, four deaths in the 60-64 age group, and one death in the 65+ age group (Table 6-2). There are also nine unidentified cases with undetermined ages; in autopsy reports, 2 of these unidentified cases are established to be in the 20-25 age group, 3 in the 30-35 age group, 2 in the 35-40 age group and 1 in the 40-45 age group, whereas the estimated age of one of the cases could not be determined (Table 6-3).

<table>
<thead>
<tr>
<th>Age</th>
<th>Male (n=130)</th>
<th>Female (n=8)</th>
<th>Total (n=138)</th>
</tr>
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<tbody>
<tr>
<td>&lt;15</td>
<td>0</td>
<td>0</td>
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<tr>
<td>15-19</td>
<td>3</td>
<td>0</td>
<td>3</td>
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<td>20-24</td>
<td>22</td>
<td>3</td>
<td>25</td>
</tr>
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<td>25-29</td>
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<td>21</td>
</tr>
<tr>
<td>30-34</td>
<td>25</td>
<td>2</td>
<td>27</td>
</tr>
<tr>
<td>35-39</td>
<td>21</td>
<td>2</td>
<td>23</td>
</tr>
<tr>
<td>40-44</td>
<td>16</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>45-49</td>
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<td>0</td>
<td>12</td>
</tr>
<tr>
<td>50-54</td>
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<td>0</td>
<td>4</td>
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<tr>
<td>55-59</td>
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<td>0</td>
<td>1</td>
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<tr>
<td>60-64</td>
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<td>4</td>
</tr>
<tr>
<td>=65</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>137</td>
<td>10</td>
<td>147</td>
</tr>
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Table 6–2: Distribution of age ranges by gender
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<th>Age</th>
<th>Male</th>
<th>Female</th>
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</tr>
</thead>
<tbody>
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<td>&lt;15</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>15-19</td>
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</tr>
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<td>30</td>
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<td>50-54</td>
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<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>137</strong></td>
<td><strong>10</strong></td>
<td><strong>147</strong></td>
</tr>
</tbody>
</table>

Table 6–3: Distribution of age ranges by gender after adding the estimated ages of unidentified cases.

When drug-related deaths are examined in terms of months of occurrence, it is seen that 11 deaths took place in January, five in February, six in March, 17 in April, 15 in May, 13 in June, 15 in July, 20 in August, 9 in September, 11 in October, 10 in November and 15 in December. 54.4% of the deaths took place between April and August.

When drug-related deaths are examined according to provinces, it is seen that 86 of the death cases were in Istanbul, 10 in Gaziantep, eight in Antalya, five in Rize, four in Adana, three each in Ankara, Tekirdag and Van, two each in Aydin, Duzce, Kayseri, Konya, Sakarya and Trabzon, and one each in Aksaray, Diyarbakir, Erzincan, Eskisehir, Hakkari, Hatay, Izmir, Karabuk, Kocaeli, Ordu, Sinop, Sivas and Yalova. It was also established that the deaths occurred only in 27 provinces and the highest mortality is in Istanbul (58.5%), followed by Gaziantep (6.8%) and Antalya (5.4%).

It was established that five of the cases were from Georgian origin, four from Turkmenistan and one from Romanian, one from Moldovan, one from Iranian and one from Algerian nationalities.

In the majority of the cases, cause of death is either overdose (OD) or multiple substance use. In 84.4% of the cases (124), at least one opium derivative was found in blood and/or urine. Only three cases involved the effect of a facilitating factor such as lung infection. Table 6-4 shows the breakdown of drug-related deaths by gender, based on the opium derivatives involved.
### Table 6–4: Breakdown of drug-related deaths by gender, based on opium derivatives

A detailed list of substances detected in the blood or urine as a result of toxicology analyses of the cases are given in Table 6-5, broken down by gender.

<table>
<thead>
<tr>
<th>Substance(s)</th>
<th>Male (n)</th>
<th>Female (n)</th>
<th>Total (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heroin</td>
<td>32</td>
<td>2</td>
<td>34</td>
</tr>
<tr>
<td>Heroin+Lung Infection</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Heroin+Benzodiazepine</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Heroin+Benzodiazepine+Olanzepin</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Heroin+Carbamazepine</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Heroin+Chlorphenamine+Naproxen</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Heroin+Clozapine</td>
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<td>1</td>
</tr>
<tr>
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<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Heroin+Cannabis</td>
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<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Heroin+Cannabis+Ethanol</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Heroin+Cannabis+Cocaine</td>
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<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Heroin+Cannabis+MDMA</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Heroin+Ethanol</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
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<td>Heroin+Codeine</td>
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<td>12</td>
</tr>
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<td>1</td>
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</tr>
<tr>
<td>Heroin+Codeine+Benzodiazepine</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Heroin+Codeine+Citalopram</td>
<td>0</td>
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<td>1</td>
</tr>
<tr>
<td>Heroin+Codeine+Cannabis</td>
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<td>3</td>
</tr>
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<td></td>
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<td>Heroin+Codeine+Ethanol</td>
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<td>2</td>
</tr>
<tr>
<td>Heroin+Codeine+Cocaine+Benzodiazepine</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Heroin+Codeine+MDA+MDMA</td>
<td>1</td>
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<td>1</td>
</tr>
<tr>
<td>Heroin+Codeine+MDA</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Heroin+Codeine+MDA+Mirtazepine</td>
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<td>2</td>
</tr>
<tr>
<td>Heroin+Cocaine+Lung Infection</td>
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<td>1</td>
</tr>
<tr>
<td>Heroin+MDMA</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Heroin+MDMA+Mirtazepine+Mianserin</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Heroin+Mirtazepine</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Heroin+Naproxol</td>
<td>1</td>
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<td>1</td>
</tr>
<tr>
<td>Morphine</td>
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</tr>
<tr>
<td>Morfin+Benzodiazepine</td>
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<td>2</td>
</tr>
<tr>
<td>Morfin+Chlorphenamine</td>
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<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Morfin+Cannabis+Benzodiazepine</td>
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<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Morfin+Ethanol</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Morfin+Codeine</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Morfin+Codeine+Lung Infection</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Morfin+Codeine+Chlorphenamine</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Morfin+Codeine+MDMA</td>
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</tr>
<tr>
<td>Morfin+Cocaine+Ethanol</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
Morfin+Pethidine  1  0  1
Codeine  2  0  2
Metadon+Benzodiazepin+Citalopram  1  0  1
Metadon+Cannabis+Benzodiazepine+Doxep in  101
Cocaine  3  0  3
Cocaine+MDMA  1  0  1
MDMA  2  0  2
MDMA+Cannabis  2  0  2
MDMA+Strychnine  1  0  1
Cannabis+Ethanol+Complications  1  0  1
Benzodiazepine  1  0  1
Benzodiazepine+Ethanol  5  0  5
Benzodiazepine+Amitriptiline  0  1  1
Benzodiazepine+Ethanol+Amitriptilin  1  0  1
Benzodiazepine+Quetiapine Fumarate  1  0  1
Midazolam+Norcuron  0  1  1
Toluene  3  0  3
Total  137  10  147

Table 6–5: Detailed break down by gender of substances detected in blood or urine as a result of Toxicological Analyses of cases.

Evaluation

It has been established that 0.106% of the common deaths occurring in the 15-69 age bracket in 2007 were drug-related. However, prevalence of substance use in death cases is way higher than what these figures show. In Istanbul, in 6.2% (167) of the cases involving death due to injury by fire arms between 2005 and 2007, the samples taken demonstrated existence of substances, some together with alcohol (Sam, B. et. al, 2008). Again in Istanbul, in 22.2% (6) of the transvestite cases autopsied between 2003 and 2007, most of whom were murder victims, substances were detected in toxicological analyses (Özdemir, M. et. al., 2008). These studies imply that substance use is more prevalent among subgroups, and that there is a strong relationship between substance use and risk-taking behaviours.

The breakdown of cases by gender shows that substance use is more common among males. Similarly, in Turkey, in 2007, 95% of the cases applying to health institutions for inpatient treatment were males, while only 5% were females.

Data related to substance addiction treatments in Turkey are provided by MOH General Directorate of Curative Services. When we look at the age of first use in 52% of the patients treated (according to 2006 data), we see that the age of first substance use is in the 15-24 age range, and the majority of the applicants are in the 25-29 age group. Moreover, it is established that most of the drug-related death cases were in the 30-34 age group in 2007, followed by 20-24, 35-39 and 25-29 age groups.

*Please see “4.3.1. Profile of Clients in Treatment”*
According to Darke et al (1996), a typical case of death by overdose is an experienced user at the end of his/her 20s or in his/her 30s (not young and inexperienced) (Toprak, S. et al, 2007).

Although it may be thought that deaths are more common in the 20-39 age bracket due to increased tolerance in chronic daily users, there are also studies that demonstrate that the risk is relatively higher in irregular users due to intolerance (Brugal et al, 2002).

There are 13 death cases with foreign nationalities in Turkey; most of these are cases with Georgian and Turkmenistanian nationalities. In 2007, 34 Georgians in 26 operations and 30 Turkmenistanians in 23 operations were arrested for possession of drugs. In 2007, the most arrested foreign nationalities in Turkey were Iranians, Georgians and Turkmenistanians (TNP ASOC Department Report, 2007:30-31). In UNODC’s 2007 World Drug Report, it is stated that since 2005, the Balkan Route has partially lost its significance, and that the Northern Black Sea Route has started to be used as an alternative (TNP ASOC Department Report, 2007).

It was found that 84.6% of the foreign nationality death cases and 58.5% of the overall cases took place in Istanbul. This finding was found to be associated with Istanbul being a city with a population over 13 million, where people with different lifestyles from all provinces of Turkey and from many different countries live, and with a cosmopolitan structure and a busy touristic capacity. Similarly, drug related mortality rates were also found to be high in Antalya, which has a resident population of almost 2 million but which receives a very high number of tourists and boosts a cosmopolitan structure. Another province with a high drug-related mortality rate is Gaziantep. When we examine the substance seizures in these three provinces, we see that they are included among the top 10 provinces with the most substance seizures. (TNP ASOC Department Report, 2007). In all three of these provinces, the high number of drug addicts in the population (Ministry of Health, 2007) absolutely affects mortality rates.

In most of the cases, the cause of death is overdose or multiple substance use. In only three of the cases, lung infection which is seen frequently in substance addicts had a contribution in the deaths.

In 40.2% of the cases, cause of death is the use of only opium and its derivatives, while in 44.2% of the cases the cause of death is the consumption of opium and derivatives together with alcohol and other substances. Drugs most used with opium derivatives are benzodiazepine derivatives, cannabis, ethanol and MDMA (3,4 methylenedioxymethamphetamine). In the results of the Substance Use Risk Analysis Questionnaire (U Form) completed on a voluntary basis by individuals reporting themselves as drug users and for whom judicial procedures have been initiated by the police, which was used in the 2006 Turkey National Report, it is seen that the substances most widely used in Turkey are cannabis, heroin and amphetamine derivatives.

The purities of narcotic and psychotropic substances sold on the street show a high variability. The purity of the end product reaching users is usually very low. It is believed that purity levels are kept low in order to prevent users from dying
to overdose. Hence, various additives such as caffeine, paracetamol, procaine, lactose, mannitol etc are added to substance compounds. (General Command of the Gendarmerie, 2008). However, there are studies showing that no relationships were found between the heroin purity levels and heroin-related deaths (Risser D. and et al, 2007). As we see in the 2007 cases in Turkey, adding substances such as benzodiazepine derivatives so as to reduce the purity (to minimize risk of death and maximize the amount of heroin to sell) or to boost the impact will also increase the risk of death. Using opium derivatives together with benzodiazepine derivatives increases the mortality rate – due to respiratory depression. When benzodiazepine derivatives enter the body through intravenous injection, the risk of respiratory depression is higher (Sam et al, 2002; Gutiérrez-Cebollada et al, 1994).

Using opium derivatives together with other substances and alcohol also increases risk of death, independent from dosage, as the central nervous system inhibitors generate the same effect (Polettini et al, 1999). A multiple substance user is uninformed and aims to achieve high impact. The finding that MDMA is frequently used with opium derivatives and cannabis makes us think that there is a different drug use ritual among substance users. The rate of mortalities due to using only MDMA is very low (1.4%). The real reason causing the death is the use of mixed substances. It was found that eight of the cases (5.4%) died due to use of cocaine with other substances, and two of the cases (1.4%) due to cocaine intoxication. These results were associated with the geographical distance between Turkey and South America where cocaine is produced, and the likely raise in the prices due to such distance, as well as with the weak nature of cocaine toxicity.

Methadone treatment is not done in Turkey. Therefore, it is possible that the two cases detected for methadone have likely brought the substance in from abroad. It was found that one of these two cases was living in the Netherlands.

In 2% of the cases, cause of death is volatile substance. The actual rate among all deaths may be higher, as due to their nature, volatile substances cannot always be detected in post-mortem samples. Volatile substance addicts can easily switch to other substances.

6.2. Drug-related Infectious Diseases

In Turkey, cases of HIV (Human Immunodeficiency Virus) infections are encountered since 1985. The number of cases, which was two in 1985 with one AIDS (Acquired Immune Deficiency Syndrome) and one carrier, has reached 647 AIDS cases and 2273 carriers, making a total of 2920 cases as of 2007 (Table 6–6). Men constitute 69.5% of the cases, whereas the numbers are also increasing among women (Table 6–7). According to the same data, more than half of those infected have contracted the disease through unprotected sexual intercourse, mainly from heterosexual intercourses (56.0%), and also from homosexual/bisexual sexual intercourses (8.4%). 5% of the cases were intravenous drug addicts, while cases due to blood transfusions remain at a low level of 1.5% (Table 6–8). Number of those who have lived or travelled abroad constitute 20% of the whole cases. In Turkey, the population segment most affected from infection is in the 25-39 age group (Table 6–7). 16% of the reported cases are of foreign nationality. In the recent years, an increase is seen in the number of cases with Ukrainian and Moldovan nationalities (SBTSHGM, 2008).
<table>
<thead>
<tr>
<th>Years</th>
<th>Number of Case</th>
<th>Carrier</th>
<th>Total</th>
</tr>
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<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1986</td>
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<td>74</td>
</tr>
<tr>
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<td>105</td>
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</tr>
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</tr>
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<td>647</td>
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<td>2920</td>
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</table>

Source: (Ministry of Health Directorate General for Primary Healthcare Services) 2008

Table 6-6: Breakdown of AIDS Cases and Carriers reported in Turkey by years, December 2007.

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
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<td>1-4</td>
<td>7</td>
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</tr>
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<td>5-9</td>
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<td>9</td>
<td>12</td>
</tr>
<tr>
<td>10-12</td>
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<td>5</td>
</tr>
<tr>
<td>13-14</td>
<td>1</td>
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</tr>
<tr>
<td>15-19</td>
<td>24</td>
<td>37</td>
<td>61</td>
</tr>
<tr>
<td>20-24</td>
<td>171</td>
<td>185</td>
<td>356</td>
</tr>
<tr>
<td>25-29</td>
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<td>169</td>
<td>445</td>
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<td>126</td>
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<td>64</td>
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<td>50-59</td>
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<td>79</td>
<td>449</td>
</tr>
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<td>31</td>
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</tr>
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<td></td>
<td>203</td>
<td>87</td>
<td>290</td>
</tr>
<tr>
<td>Total</td>
<td>(% 69,5) 2028</td>
<td>(% 30,5) 892</td>
<td></td>
</tr>
</tbody>
</table>

Source: (Ministry of Health Directorate General for Primary Healthcare Services) 2008

Table 6–7: Breakdown of AIDS Cases and Carriers reported in Turkey by age and gender, December 2007.
It is possible that there are hundreds of undiagnosed carriers in the society due to reasons such as the fact that the infection can progress without any symptoms for a long time after the virus is acquired, as well as the general tendency to avoid applying for tests due to the social aspects of the disease, people vanishing after the screening tests without getting a confirmation test, and infection specialists diagnosing the cases and failing to report a portion of the patients they follow up (SBTSHGM, 2008).

In line with the data prepared by the MoH General Directorate of Primary Health Care Services, a total of seven Injecting Drug Users (IDU) carry the HIV virus as of 2007 in Turkey. When analyzed in terms of gender, it is understood that 6 of the IDUs carrying the HIV virus are male and only one female. When analyzed according to age groups, it was found that 3 of the IDUs carrying the HIV virus are in the 25-34 age group, and 4 are over 34 years of age (SBTSHGM, 2008).

Moreover, it has been established that as of 2007, there are 979 Hepatitis C and 6461 Hepatitis B cases in Turkey. However, the number of individuals with Hepatitis B or Hepatitis C who are IDUs is not known (SBTSHGM, 2008).

According to the data produced by the MoH General Directorate of Curative Services, 21% of the 2492 patients treated in substance treatment centres in 2007 are IDUs (SBTHGM, 2008).

### 6.3. Drug-related Psychiatric Disorders

No new data is available.

### 6.4. Other Drug-related Health Correlates and Consequences

No new data is available.
7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

7.1. Prevention of Drug-Related Deaths

In Turkey, drug-related mortality rate is lower compared to most European countries. It is seen that 84.4% (124) of the drug-related death cases in Turkey are due to opium and its derivatives. Considering that 42% of the 2492 individuals receiving treatment in Substance Addiction Treatment Centres in 2007 in Turkey are heroin users, increasing access to treatment for heroin addicts can be regarded as a measure to prevent deaths from overdose.

Acute and continuous treatment and therapy options are provided at Substance Addiction Treatment Centres in Turkey in order to prevent drug-related deaths. In addition, the emergency rooms (ER) of fully equipped hospitals perform necessary interventions in case of drug-related crises.

7.2. Prevention and Treatment of Drug-related Infectious Diseases

Intersectoral cooperation is an undeniable fact in HIV/AIDS/STI (Sexually Transmitted Infections) surveillance. In line with this fact, UAK (National AIDS Committee) was set up in 1996 under the chair of the Ministry of Health, with thirty two national stakeholders from public agencies, academics and NGOs involved in this field.

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

Another Project carried out by the Ministry of Health in the field of HIV and other major sexually transmitted infections is the “Operational Research on STI/ HIV Surveillance”. The Project was realized as a result of the cooperation between the Ministry of Health and the European Commission, and the set targets were to identify the STI/HIV prevalence in vulnerable communities under HIV risk and in pregnant women applying to gynaecology and obstetrics clinics of the selected hospitals in the major cities of Turkey, and the associated demographic and behavioural components. Said Project was implemented between March 2006 and March 2007 in the provinces of Ankara, Istanbul, Izmir, Trabzon and Gaziantep.

Among the Groups Demonstrating HIV Risk Behaviours included in the survey, 72.2% of the women sex workers and 79.5% of men engaging in homosexual intercourse are in the 20-34 age group. The under 19 age group has a higher rate of IDU. The education level of the survey group is above the Turkish average (Altan, P. et al, 2007:17-19).

Moreover, condom use rate was found to be 36% and the rate of “not” sharing injectors was found to be 72% in the survey carried out on 25 IDUs which measured...
the HIV/AIDS-related behaviour changes in injecting drug users (IDU) –and which did not have the capability to represent this group- in the provinces of Istanbul and Gaziantep under the scope of the “Turkey HIV/AIDS Prevention and Support Program” that ended in January 2008. It was seen that a large majority of the IDUs interviewed during this survey were aware of HIV/AIDS and the risk of acquiring the disease, yet had hesitations and misguided information on how it is transmitted (Ministry of Health, 2007).

7.3. Interventions Related to Psychiatric Co-Morbidity

No new data is available.

7.4. Interventions Related to Other Health Correlates and Consequences

No new data is available.
8. SOCIAL CORRELATES AND CONSEQUENCES OF SUBSTANCE ADDICTION

8.1. Social Exclusion

The strategy to counteract social exclusion covers in its scope the disadvantaged people in the society (the unemployed, uneducated or undereducated, homeless, disabled, addicts, women, children and the old-aged etc) and aims to reintegrate these people into the society.

The strategy to counteract social exclusion addresses a wide area and in this framework encompasses a lot of fields such as social services and social welfare policies and the social security system, including employment, income distribution and monetary poverty, education, housing, health and reach-out policies. Just as the European Employment Strategy, the European Strategy Against Social Exclusion also describes the soft law route that regulates the general objectives determined by the Commission with regard to these issues that fall under the jurisdiction of the countries, and the paths to be followed in order to achieve these objectives.

The Treaty of Amsterdam signed in 1997 and entered into force in May 1999 points at a turning point for the European employment and social policy. Article 137 of the Treaty includes “combating social exclusion” (TISK, 2005). Article 137 of the Treaty of Amsterdam addresses the combat against social exclusion in the European dimension. Additionally, at the Lisbon Summit of March 2000, it was decided to “firstly, support endeavours by Members States in the combat against poverty and social exclusion, and secondly, build a Europe that provides more opportunities for social inclusion” in order to achieve the objectives set forth at the summit.

Creating employment is the best way to combat social exclusion. It is necessary to develop skills and support life-long learning, especially in order to encourage qualified employment. The European Employment Strategy also makes significant contributions to the combat against social exclusion (TISK, 2005).

At the European Summit held in March 2000 in Lisbon, it was decided to establish an “Open Method of Coordination” (OMC) in order to eliminate poverty and social exclusion until 2010 (TISK, 2005). Said Open Method of Coordination has five major elements:

1. Defining common objectives for the Union,
2. Defining common indicators to identify best practices and evaluate progress,
3. Mainstreaming the EU objectives on social inclusion into national/regional policies through developing Social Inclusion National Action Plans with two-year cycles,
4. Preparing reports that analyze and assess National Action Plans,
5. Developing a Community Action Plan to increase international information exchange on best practices and improve policy cooperation.
These five objectives were updated in November 2002, and the following were added:

1. To stress the need for Member States to set targets in their National Action Plans for significantly reducing the number of people at risk of poverty and social exclusion by 2010,

2. To emphasize the importance of taking the role of gender fully into account in the development, implementation and monitoring of National Action Plans,

3. To highlight more clearly the high risk of poverty and social exclusion faced by some men and women as a result of immigration.

These indicators are used by the Member States and the Commission in monitoring the progress with regard to the elimination of poverty until 2010, raising awareness on poverty and social exclusion in Europe and ensuring the exchange of best practices (TISK, 2005).

Social protection systems play an important role in the EU system. In December 2000, the Nice European Council adopted significant objectives regarding the combat against poverty and social exclusion, and a “Social Protection Committee” consisting of experts from EU Member States was set up in the following process in order to take the necessary measures in the combat against social exclusion. In order to develop a benchmarking method between the member states, the Social Protection Committee came to an agreement on 18 indicators and adopted a common list of indicators to be used in Annual National Programs.

These indicators are as follows:

Primary Indicators:

1. Low income rate after transfers with low-income threshold set at 60% of median income,
2. Distribution of income,
3. Persistence of low income,
4. Median low income gap,
5. Regional cohesion,
6. Long term unemployment rate,
7. People living in jobless households,
8. Early school leavers not in further education or training,
9. Life expectancy at birth,
10. Self perceived health status.
Secondary Indicators:

11. Dispersion around the 60% median low income threshold,
12. Low income rate anchored at a point in time,
13. Low income rate before transfers,
14. Distribution of income,
15. Persistence of low income,
16. Long term unemployment share,
17. Very long term unemployment rate,
18. Persons with low educational attainment

2001 is a turning point for the social inclusion strategy. The Social Protection Committee and the Commission have identified a series of objectives, as they did with the European Employment Strategy, and asked the member states to prepare annual National Social Protection Reports covering the main policies, similar to the National Employment Plan, for the implementation of these objectives (NAPs/incl-National Action Report /Social Inclusion). And candidate countries are expected to prepare Joint Inclusion Memorandums (JIM) in the field of combat against social exclusion. JIM, which is a joint document prepared jointly by the candidate country and the Commission, identifies the main policies of the candidate country in the combat against poverty and social exclusion.

Country strategies were established within a framework based on 4 common objectives on poverty and social exclusion adopted at the Nice European Council in December 2000. These objectives are as follows:

1. To facilitate participation in employment and access by all to resources, rights, goods and services,
2. To prevent the risk of exclusion,
3. To help the most vulnerable,
4. To mobilize all relevant bodies.

Member States are required to adopt a balanced approach to each of these four objectives and focus their efforts on the areas which they wish to improve. In addition, it is necessary to mainstream equality of men and women in all actions aimed at achieving these objectives.

It was emphasized that the two priority areas of the “Social Agenda”, which is like a road map for the EU’s social policy for the 2005-2010 period and which was published in March 2005 in connection with the Lisbon Strategy by the European Commission are (i) moving towards full employment, and (ii) promoting fairer societies by combating poverty and exclusion, by modernizing social protection systems and extending equal opportunities to everyone in the society.
At the national level, the social benefits which used to be provided through multiple channels have now been gathered under a single umbrella with the Social Security Institution Law (no. 5502) and the Social Insurance and Universal Health Insurance Law (no. 5510), in line with the aim to provide welfare services to disadvantaged groups in the society (the unemployed, vulnerable children, homeless, the old-aged, and those whose livelihoods are dependant on others).

Since the entire population is now under the Universal Health Insurance coverage in accordance with the Social Insurances and Universal Health Insurance Law no. 5510, substance addicts who do not have any insurance schemes will be able to receive treatment under the coverage of the Universal Health Insurance. Furthermore, in Article 63 of the said law, “protective health services oriented to prevent substance addictions that are harmful for human health” are listed among the health services to be funded.

Moreover, through the campaign launched by the Police Department of Aksaray together with the UMUD Association for the reintegration of substance addicts, 64 young people have been treated at the treatment centres until 2007. The young people who receive treatment are also provided with financial and psychological volunteer support by the businessmen of the district of Aksaray.

8.2. Drug-related Crimes

The breakdown by years of inmates incarcerated due to drug-related crimes according to the statistics of the Ministry of Justice is given below:
The number of inmates in prisons and correction institutions due to drug-related crimes, by years

According to the data given in Chart 8-2, it is observed that the number of inmates convicted from drug-related crimes between 1997-2007 as of ‘end-of-December’ data have gradually increased, particularly in the last 2 years. This increase in the numbers can be associated with the amendments to the Turkish Penal Law, to the Probation Provisions being implemented since 2006, and to the increased number of planned operations conducted against drug networks in the country since 2005.

The chart below shows the data compiled from the results of the survey conducted on a voluntary basis on 803 individuals reporting themselves as substance users after being detained by the Narcotics Units of the Anti-Smuggling and Organized Crime departments of 81 Provincial Security Departments (TNP).

Chart 8-3: Breakdown of substance users by criminal record
When we look at the criminal records of substance users, we see that 48.7% had no prior criminal records, 18.7% had criminal records only for offenses not related to drugs, 15.3% had criminal records only for drug-related offenses, and 14.3% had criminal records for offenses that are both related and unrelated to drugs.

Turkey does not limit its combat against drugs to international substance trafficking, and carries out Project-based actions against street sellers/users who are particularly engaged in activities oriented to internal consumption. In 2007, the Turkish police has undertaken a total of 444 operations in 66 provinces. In these operations, a total of 4842 street dealers were apprehended and delivered to judicial bodies (TNP/ASOC Report, 2007).

<table>
<thead>
<tr>
<th>Substance Type</th>
<th>Male User</th>
<th>Female User</th>
<th>Male Seller</th>
<th>Female Seller</th>
<th>Male Courier</th>
<th>Female Courier</th>
<th>Male Possession</th>
<th>Female Possession</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Esrar</td>
<td>4,559</td>
<td>168</td>
<td>5,591</td>
<td>226</td>
<td>78</td>
<td>4</td>
<td>187</td>
<td></td>
<td>2,202</td>
<td>189</td>
<td>17.884</td>
</tr>
<tr>
<td>Afyon</td>
<td>371</td>
<td>20</td>
<td>1,308</td>
<td>39</td>
<td>141</td>
<td>8</td>
<td>60188</td>
<td></td>
<td>9</td>
<td>399</td>
<td>98</td>
</tr>
<tr>
<td>78 Kokain</td>
<td>4</td>
<td>-</td>
<td>18</td>
<td>-</td>
<td>18</td>
<td>-</td>
<td>14</td>
<td></td>
<td>-</td>
<td>20</td>
<td>4</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>545</td>
<td>12</td>
<td>609</td>
<td>27</td>
<td>16</td>
<td>4</td>
<td>219</td>
<td></td>
<td>13</td>
<td>180</td>
<td>34</td>
</tr>
<tr>
<td>Captagon</td>
<td>7</td>
<td>-</td>
<td>41</td>
<td>1</td>
<td>16</td>
<td>-</td>
<td>24</td>
<td></td>
<td>1</td>
<td>12</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5,559</strong></td>
<td><strong>206</strong></td>
<td><strong>7,914</strong></td>
<td><strong>312</strong></td>
<td><strong>287</strong></td>
<td><strong>23</strong></td>
<td><strong>5,242</strong></td>
<td><strong>219</strong></td>
<td><strong>3,037</strong></td>
<td><strong>369</strong></td>
<td><strong>23,168</strong></td>
</tr>
</tbody>
</table>

Looking at the roles of the individuals against whom judicial proceedings have been initiated by the Narcotics Units of the Provincial Security Directorates of the TNP in 2007, it is seen in Table 8-3 that 59% of those apprehended were either in the role of dealers or were in possession of substances. Furthermore, it was established that of those apprehended for using addictive substances, 82% were cannabis users, 6.8% were heroin users, 0.1% were opium users, 1.4% were cocaine users, 9.7% were ecstasy users and 0.1% were captagon users.

**8.2.1. Narco-Terrorism**

“International terrorism” and “drug trafficking” are two intertwined problems that threaten humanity and democratic values with the consequences they lead to, in addition to the material and immaterial damages they inflict on the society. Many researches in the field have demonstrated that illicit drug and arms trafficking is the...
main funding source for most of the terrorist organizations in the world. For example, in the report “Patterns of Global Terrorism” published by the US Department of State in October 1997, it is emphasized that there are 30 major terrorist organizations in the world and that these organizations are associated with illicit drug trafficking (Sezer, 2008). Similarly, in the review report by the UN Drug Control Program (UNDCP) drafted in Beirut between 29 June - 03 July 1998, it was emphasized that narco-terrorist organizations have very obvious and close relations with each other and with other crime groups, and the terrorist organization PKK was given as an example (Sezer, 2008).

In its efforts to acquire the funding it needs to continue its terrorist acts, PKK/KONGRA-GEL has turned towards drug trafficking, which is a regular and huge financial resource and which involves engaging in a lot of illegal acts. As PKK/KONGRA-GEL came to hold a certain portion of the drug market in Europe, the monetary resource it gains from this trafficking also increases. In the 1996 report of the International Narcotics Control Board, it is stated that PKK/KONGRA-GEL sustains itself through drug trafficking.

With the financial resources it obtains –particularly from drugs-, PKK procures weapons through international arms trafficking networks and thereby continues its terrorist acts. In order to ensure a permanent success in the combat against drug trafficking and terrorism, which has become an international issue, there is a need for real cooperation between countries. The drug-terrorism connection has started to see acceptance within the framework of the theses previously suggested by Turkey in active international policies and new definitions (Pek, 2008).

National Security and Law Enforcement Forces have apprehended 783 individuals in a total of 350 drug trafficking operations conducted since 1984 which were established to be linked to the terrorist organizations of KADEK, ASALA, TKP/ML and DHKP/C in addition to PKK (TNP/ASOC Report, 2007d).

8.3. Drug Use in Prisons

According to the results of the survey conducted on inmates by MoJ Directorate General for Prisons and Detention Houses, the drug use percentages by inmates in the last 1-year period prior to incarceration are as follows: cannabis 0.4000%, cocaine 0.0177%, heroin 0.0797%, ecstasy 0.1088%, LSD 0.0202% and use of any other illegal drugs is 0.0949%.

And the drug use percentages by inmates in the last 1-month period prior to incarceration are cannabis 0.3177%, cocaine 0.0190%, heroin 0.0444%, ecstasy 0.1091%, LSD 0.0137% and use of any other illegal drugs is 0.1334%.
9. RESPONSES TO SOCIAL CORRELATES AND CONSEQUENCES OF SUBSTANCE ADDICTION

9.1. Social Reintegration

9.1.1. Housing

The Social Services and Child Protection Agency provides services to families, children and elderly people who are in need of protection, care or aid, in accordance with the Agency’s founding law (the SHÇEK Law no. 2828) and the related legislation. Through its services, the Agency, which delivers services to a wide segment of the population in need of social services, ensures that people stay away from harmful habits. With its protective and preventive services and institutional services, the Agency focuses on actions to prevent people from acquiring harmful habits.

Social Service Institutions Defined in the SHÇEK Law no. 2828

Child Centres: Residential social service units with the obligation and duty to ensure that children in the 0-12 age group and, when necessary, girls aged 12+ who are in need of protection gain a healthy personality and good habits with healthy physical, educational, psychosocial development.

Orphanages: Residential social service units with the obligation and duty to ensure that children in the 13-18 age group in need of protection receive protection and care, are provided with employment or professions and are raised as productive members of the society.

Child Homes: Home units where children in need of protection between ages of 0-18 stay.

Child and Youth Centres: Boarding and day-care social service units established to ensure that children and young people working on the streets or facing social dangers as a result of being left on the streets due to conflict between parents, neglect, disease, bad habits, poverty, abandonment or similar reasons are rehabilitated and reintegrated into society through short-term stays.

Care and Social Rehabilitation Centres: Residential social service units structured separately for boys and girls where temporary care and protection for the duration of their rehabilitation process is provided to children exposed to emotional, sexual and/or physical abuse so as to heal their traumas and/or rehabilitate their behavioural disorders, together with activities to regulate relations with family, close environment and society.

Protection, Care and Rehabilitation Centres: Residential social service organizations structured separately for boys and girls aged 7-18 where temporary care and protection for the duration of their rehabilitation process is provided to children established to have turned towards crime, so as to rehabilitate their behavioural disorders, together with activities to regulate relations with family, close environment and society.
Community or Family Consultation Centres: Day-care social service units assigned with the duty to provide, in cooperation with other organizations and volunteers, protective, preventive, educative, developmental, counselling and rehabilitating functions for the development of the society and the family and for the purpose of ensuring that children become participating, productive and self-sufficient members of the society.

Guesthouses for Men or Women: Residential social service units where men or women exposed to physical, emotional, sexual or economic abuse can stay for a temporary duration, with their children if any, to meet their needs while solving their psychosocial and economic problems.

Nursing Homes for the Old-Aged: Residential social service units established to meet the social and psychological needs of old-aged people in need, and to provide them with care and protection in a peaceful environment.

Service Centres for the Old-Aged: Service centres for the old-aged providing day-care and home-based care services to old-aged individuals in order to increase their quality of life.

Care and Rehabilitation Centres: Social service units established to provide those who cannot lead a normal life due to physical, mental or psychological disabilities with services to treat their functional losses and equip them with skills that will render them self-sufficient in the society, or to provide long-term care to those who cannot gain these skills.

Family Counselling and Rehabilitation Centres: Day-based social service units that provide services to disabled children and their families in order to ensure that disabled children become self-sufficient, and to prepare them for school education and ensure domestic cohesion.

All necessary measures are taken to prevent children under SHCEK care from harmful habits such as substance addictions etc. Through educational, social, cultural activities and sports activities carried out within this framework, children are protected from all kinds of harmful habits. Of those children admitted into institutional care, those who are substance users are provided with treatment by contacting relevant health institutions, and followed up before and after the treatment, with all costs related thereto covered from the SHCEK budget. In order to ensure that children who complete their therapies do not relapse, various social rehabilitation programs are implemented.

In addition, some activities are also carried out for children working on the streets and in the locations they spend time during their works, through child and youth centres. As of this year, there are 38 Child and Youth Centres serving to these purposes.

In Turkey, the “Service Model for Children Working/Living on the Streets” prepared by SHCEK for the purpose of bringing a solution for the issue of children living and/or working on the streets has come into effect with the Circular no. 2005/5.
of the Prime Ministry. The service model has started to be implemented first in the cities where this issue is most common, namely Istanbul, Izmir, Ankara, Antalya, Diyarbakir, Adana, Mersin and Bursa. The works under the scope of the new service model are being carried out in cooperation with all related public agencies and organizations, universities and NGOs in the provinces.

Children under 18 living in the streets are identified by mobile teams working in connection with Child and Youth Centres (social workers, psychologists, sociologists, teachers, child development experts and child leaders), and then persuaded to come to first-step stations. Substance user children are persuaded and diverted to treatment centres of the Ministry of Health.

In order to ensure that the principles and provisions of the UN Convention on the Rights of the Child are learned and brought to life in all segments of the society including both adults and children, many works and projects have been carried out under the coordination of the Social Services and Child Protection Agency. In this scope, Provincial Child Committees for the Rights of the Child have been set up in every province. Provincial Child Committees for the Rights of the Child have been carrying out the “Training of Trainers on the Rights of the Child” via the peer-to-peer technique in cooperation with UNICEF under the coordination of SHCEK since 2004. The Training of Trainers (ToT) on the Rights of the Child includes “Communication Skills, Expression and Sharing of Feelings, Rights of the Child, Defining Violence and How to Protect Against Violence as well as Problem-Solving Skills”. Moreover it is planned to expand children’s rights educations to parents and those working with children, in cooperation with UNICEF.

Additionally, the “Life Skills-Based Education Program” (LSBE) implemented for children via the peer-to-peer technique in cooperation with UNICEF under the coordination of the Ministry of National Education is also being carried out by SHCEK’s child centres, orphanages, child and youth centres and the child representatives of the Provincial Child Committees for the Rights of the Child.

9.1.2. Education and Training

Vocational Training Courses

The following activities have been carried out under the Vocational Training Courses of the Turkish Employment Organization (Is-Kur) in 2007 (Is-Kur Report, 2007):

- A total of 201 vocational training courses with guaranteed employment for the unemployed have been organized, and 6940 unemployed individuals participated in these training courses.
- A total of 67 vocational training courses have been organized for unemployed individuals planning to start up their own businesses, and a total of 1270 unemployed individuals participated in these training courses.
- A total of 162 vocational training and rehabilitation programs have been organized for the disabled, and a total of 2133 disabled individuals participated in these courses.
A total of 48 vocational training and rehabilitation programs have been organized for ex-convicts, and a total of 626 ex-convicts participated in these courses.

A total of 292 vocational training and rehabilitation programs have been organized for convicted prisoners, and a total of 4416 convicts participated in these courses.

A total of 247 vocational training courses have been organized for the unemployed covered under the unemployment insurance, and a total of 4082 unemployed individuals participated in these courses.

There are also other activities covering the 2006-2009 period within the framework of the “Youth Social Development Program”.

9.1.3. Employment

According to the 2007 activity report of the Ministry of Justice, the legal framework for the probation and assistance centres in Turkey is based on the provisions included in the Turkish Penal Law no. 5237, Code of Criminal Procedures No. 5271, Law on the Execution of Penal and Security Measures no.5275 and the Child Protection Law no. 5395.

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

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

In this scope, the protection councils have provided 731 assistances to those released from prisons and those injured due to crimes. 45 vocational training projects designed for ex-convicts have been completed, through which 495 ex-convicts have received training.

In accordance with Article 30 of the Labour Law no. 4857, every year ISKUR finds employment for ex-convicts. This year, 1016 ex-convicts applied to seek employment through IS-KUR, and the job placements of 811 ex-convicts have been realized successfully (Is-Kur Report, 2007). However, the related report does not state how many of the ex-convicts placed in jobs were convicted for drug-related crimes.

9.1.4. Basic Social Assistance

The main objective is to build an effective social protection network that covers the entire population, takes into consideration the conditions of the county and the region, and integrates the disadvantaged groups into the society, that gives responsibilities to all segments of the society thereby minimizing the risk of poverty.
and social exclusion, in view of all socioeconomic and cultural areas. The aim is to increase the active participation of individuals and groups exposed to or at risk of poverty and social exclusion in the economic and social life, and increase their quality of life, in order to achieve social solidarity and integration (SYDGM Report, 2007).

The public agencies and organizations involved in the main social assistance programs in Turkey were listed in previous reports (Turkey National Report, 2007:63). Furthermore, the social assistance works of the “Centre for Children Working in the Streets of Ankara” operating under the Municipality of Greater Ankara are still continuing.

9.2. Prevention of Drug-related Crimes

In the National Policy and Strategy Document on Counteracting Addictive Substances and Substance Addiction that came into force in 2006, a measurable reduction in substance use, addiction and drug-related social risks is aimed. In this scope, it is aimed to effectively take all necessary measures to prevent demand while combating the supply of addictive substances. In this framework, priority has been given to ensure a balanced approach at the point of counteracting supply and demand. This balanced approach has been specified clearly in the Action Plan that came into effect for the implementation of the Strategy Document in 2007.

In the supply reduction chapter of the Action Plan which consists of two chapters, it is suggested that law enforcement units continue their activities to counteract drug-related crimes at an effective level, while the second chapter includes improvement and social integration programs with regard to demand reduction.

9.2.1. Assistance to Drug Users in Prisons

In line with the data provided by the Ministry of Justice, the “Culture Adaptive HIV/AIDS Protective Education Program for Adolescent and Adult Substance Users” developed in cooperation with the “Yeniden Health and Education Society” was launched. This Project also covers young offenders in its scope.

Moreover, seven psychosocial assistance programs were initiated under the scope of the “Judicial Modernization and Penal Reform”

Programs developed to prevent convicted and remand prisoners from becoming recidivists after they are conditionally released following necessary trainings and rehabilitations have started to be implemented in all institutions.

Between February and November 2007, psychologists, social workers and prison personnel from all institutions were provided with a series of trainings on “Preventing Suicide and Self-Inflicted Harm”, “Anger Management”, “Inmate Development Prior to Release” and “My family” programs. “Lifetime Imprisonment”, “Sexual Crimes” and “Drugs” programs are being implemented in nine correction institutions selected for piloting.

Issues regarding the employment of substance addicts are included under “9.1. Social Reintegration, Employment”.
Also, within the scope of prevention efforts, TUBIM Provincial Focal Points have delivered awareness-raising trainings on substance use and addiction to 1610 convicted and remand prisoners and 959 prison personnel in 2007.

### 9.2.2. Urban Security Policies in the Prevention of Drug Related Crimes

The National Strategy Document called for the preparation of local action plans in parallel to the National Action Plan in order to effectively counteract substance use and addiction.

In this line, Provinces have started working on developing Local Action Plans that are parallel to the National Action Plan that came into force in 2007. To date, local action plans have been developed by the provinces of Aksaray, Bingöl, Denizli, Edirne, Kırıkkale, Kütahya, Siirt, Sakarya, Sinop, Tunceli and Van. Other provinces are still continuing to work on developing their local action plans.

As in the national action plan, the local action plans also include actions to be taken by agencies and organizations to prevent drug-related crimes in the field of counteracting supply and demand.
10. DRUG MARKET (THE SUPPLY SIDE)

Counteracting the supply of drugs (anti-smuggling) encompasses all kinds of counter-action against addictive illicit substances. This combat covers a vast area, including the prevention of the production and cultivation of these substances and the illicit entry into country of precursors and chemicals used in drug production, tackling drug sales at street level and all kinds of apprehensions related thereto. According to the Anti-smuggling Law no. 5607, which has a very important place in this area in Turkey, the main agencies assigned are the Turkish National Police, the General Command of Gendarmerie, Directorate General of Customs Enforcement and the Turkish Coast Guard Command. The Ministry of Finance’s financial intelligence unit called Financial Crimes Investigation Board (MASAK), the Ministry of Justice Directorate General for International Law and External Affairs and Council of Forensic Medicine, the Ministry of Health General Directorate of Pharmacy and Pharmaceuticals and the Ministry of Agriculture and Rural Affairs Turkish Grain Board are the other agencies that directly or indirectly contribute in the combat against drugs.

Turkey is a transit country for addictive substances making their way from east to west and from west to east. However, as a result of the dedicated and joint efforts of the abovementioned agencies, a significant increase was achieved in the number of drug seizures in 2007. As will be explained in the following pages, the increase in seized quantities continues in 2007, especially with regard to opium and its derivatives. Interagency harmony, cooperation and information exchange have a major role in this increase. In addition, the strengthened technical capacity, the determined combat against drug dealers in the country, international operations and the political support lent to these operations are also among the other factors that contributed to this success.

Turkish law enforcement units that see all substance addicts, be it national or foreigner, as individuals in need of rehabilitation and that continue the combat against substance addiction and trafficking in this line are also aware of the relationship between substance availability and substance use.

Supply reduction, one of the most important elements of the phenomenon of substance addiction, continued in 2007 with increased efforts marked especially with the strengthened coordination between agencies fighting in this field under the coordination of TUBIM. These developments were noted in the 2007 EU Progress Report as follows:

- “Progress has been made in the area of fight against drugs.
- A number of successful operations were carried out by the Turkish National Police in cooperation with Member States and other countries. A considerable amount of seizures was made.
- Joint actions for controlled deliveries continues.
- Some progress has been made in the area of customs cooperation. An increase of drugs was registered resulting from cooperation between police and customs authorities” (European Commission Report, 2007:67).
10.1. Turkey’s Geographical Location In Terms of Drug Routes

Turkey, serving as a bridge between Asia and Europe and therefore claiming a strategic value in almost all areas, continues to be an important country in terms of illicit drug trafficking due to its geographical location. According to internationally accepted risk assessments and analyses, the impact from the risk element increases as the distance to the risk element decreases. Therefore, being close to countries such as Afghanistan, Pakistan and Iran where opium and its derivatives are produced heavily feeds the existing risk in Turkey. Turkey continues to be affected from existing routes in the east-to-west trafficking of opium and its derivatives and west-to-east smuggling of amphetamine and its derivatives.

Turkish law enforcement units monitor these routes and develop their combat strategies accordingly, although it has also been noted that traffickers sometimes keep track of the locations of seizures and change their shipment routes accordingly. The increase in the number of seizures of opium and derivatives in Eastern Anatolia, Southern and Central Anatolia can sometimes cause these routes to shift towards Northern Anatolia. Similarly, the intensive seizures achieved on the Balkan route, on which the world’s largest opium and opium derivatives are seized (WDR, 2008:48), have caused an increase in the use of the Northern Black Sea route. Strengthened border controls by Turkey and Bulgaria have a huge impact on these ‘route shifts’ (WDR, 2008:48). Likewise, in the 26th Annual International Drug Enforcement Conference (IDEC) organized in Istanbul by the Turkish National Police and the US Drug Enforcement Agency (DEA), it was emphasized that the Balkan Route passing from Turkey was shifted to the North of the Black Sea region as a result of the operations undertaken. This was further confirmed in the 2008 UNODC report. In short, successful action by Turkey on the supply side has caused the route to shift to the north.

Role of Education in Supply Reduction

The education and training received by security and law enforcement forces play a major role in the increase seen in seized quantities of illegal addictive substances. When the existing experiences of law enforcement forces are supported with practical trainings on the field, the result is a more effective combat against drugs. TADOC (Turkish International Academy Against Drugs and Organized Crime), established under the TNP ASOC Department has an important place in national and international trainings. The UN Office on Drugs and Crimes (UNODC) Project Coordinator included the following expressions in the briefing to the TGNA Drugs Research Committee: “TADOC is a source of pride not only for Turkey but also for the United Nations. TADOC has increased its national and regional education/training capacity. We link the increase in the number of seizures achieved in neighbouring countries and in Central Asia to the successful trainings undertaken by TADOC. TADOC has been used as a model and has inspired establishment of similar structures in Russia and in Nigeria.” (TGNA Commission Minutes, 2008).

The Computer-Aided Learning Centre (BIDEM), which is one of the most important projects by TADOC, has been used in the trainings of not only the TNP personnel
but also of the Gendarmerie, Customs and Coast Guard personnel, especially with regard to trainings on illicit addictive substance seizures. On-the-field applications of courses such as Risk Analysis, Risk Assessment and Behaviour-Based Indicators, included among the BIDEM modules, have been extremely effective especially in drug seizures based on weak intelligence. From the start of the Project in 2004 until 2007, a total of 15,300 staff members have successfully completed BIDEM modules (TNP–ASOC Report, 2007).

10.1.1. Evaluation In Terms of Main Drugs Affecting Turkey

10.1.1.1. Cannabis

![Chart 10–1: Breakdown of seized cannabis quantities by years](image)

As can be seen in Chart 10–1, the increase in cannabis seizures continued in 2007. Cannabis is the most common drug in Europe (INCB, 2007:98) which enjoys the largest illicit drug user group in Turkey. The cannabis (hemp plant) is grown in many countries of the world; illegal cultivation of the plant is also observed in Turkey on some terrains that are difficult to control.

There has been a striking increase in cannabis seizures in 2005 thanks to the amendments made to the criminal code of procedure in 2005 and improvement in the operational capacity of the law enforcement bodies. Since 2006, the law enforcement bodies, in particular the police, have achieved great success in provinces and regions through their planned operations and long-term surveillance. In this way, criminal networks have been entirely exposed and dismantled, and there has been an increase in the quantity of seizures.

According to the production table (Annex 3) of the Turkish Grain Board, which is the authority undertaking and controlling the legal production of cannabis in Turkey, there is also a huge decrease in the legal production of the cannabis plant (Ministry of Agriculture Report, 2007).
The report produced by the Ministry of Agriculture explains the reasons for this decline as follows.

- Use of synthetic nylon instead of hemp fibres,
- Failure to market the fibres on good prices,
- Decrease in the demand for hemp fibre in the weaving and textiles sector,
- Hemp seed fibre not being economic,
- High labour demand and a challenging working area,
- Production of more economically valuable vegetables in the former cannabis production areas in the recent years

### 10.1.1.2. Opium and Opium Derivatives

As addressed under the section on routes, Turkey continues to be the country providing the shortest route between Europe and Afghanistan, which is the source of 97% of the world’s opium production. The quantity of opium produced in Afghanistan in 2007 made a peak, reaching the highest level of all times (WDR, 2008). Illegal opium production in Afghanistan, which was 165,000 hectares in 2006, reached 193,000 hectares in 2007 with a 17% increase (INCB, 2008). This situation increased the number of operations, apprehensions, and hence, the quantity of opium and derivatives seized by Turkish law enforcement units. The quantity of heroin seized in 2007 was increased by 28.27% compared to 2006. Yet this increase was not entirely due to the increased opium production in Afghanistan. Another strong factor was the increased countering capacities of the law enforcement units. The increase in seized quantities can be seen clearly in the Graph 10-2. It is possible to connect the partial decrease in 2005 to the period of adaptation to the new legislation by law enforcement units as a result of the amendments in criminal and procedural laws. On the other hand, these new amendments as well as the pre-planned operations of the law enforcement bodies have paved the way for this significant increase in the ongoing process.

![Chart 10–2: Breakdown of seized heroin quantities by years](image)
10.1.1.3. Cocaine

Cocaine, which is observed to be seized in smaller quantities compared to opium and opium derivatives in Turkey, shows variations through years. It is striking that seizures of cocaine coming to Turkey from South America take place especially during summer months and that the smuggling is usually carried out through airports. In line with this, 67.5% of the cocaine seizures made in Turkey in 2007 were in airports and in the months of July, August and September. Another point worth noting is that 35 out of 65 foreign-nationality individuals apprehended for cocaine smuggling were of African origin (TNP–ASOC Report, 2007: 14).

![Chart 10–3: Breakdown of seized cocaine quantities by years](image)

10.1.1.4. Synthetic Narcotic and Stimulant Drugs

Different applications and approaches between countries continue to dominate the efforts to counteract synthetic narcotic and stimulant drugs. However, adopting different approaches towards these substances does not alleviate their harm, and on the contrary causes damage to the young generations to continue with increasing severity. A high prevalence in the use of Amphetamine-type Stimulants (ATS) is seen in Turkey, Iran and the Arabian Peninsula (INCB, 2008:87).

The tolerant approach towards synthetic substances and their production in some countries can easily be abused by citizens of other countries. Demonstrating a clear attitude against these substances that will prevent their trafficking will eliminate such abuses.

There is not a significant change on the route through which Captagon and Ecstasy enter Turkey. Yet significant changes in the quantities seized with regard to these substances is seen, which is normal, since one tabletting unit seized can increase the seized figures considerably.
The Graph 10-4 illustrates a decline in ecstasy seizures. An important reason for such a decline stems from smugglers’ attempt to develop chemical formulae with the intention of by-passing the current legislation. As can be clearly observed in major apprehensions, various active ingredients are currently being used, which are similar to that of ecstasy (MDMA) yet not subject to any legal restrictions. There are ongoing efforts to take necessary legal measures to avoid this problem.

Chart 10–4: Breakdown of seized Ecstasy quantities by years

Chart 10–5: Breakdown of seized Captagon quantities by years
10.1.1.5. Evaluation

The quantities seized in Turkey in 2006 with regard to heroin continued to be more than the total seizures achieved in all EU countries, also in 2007. As regards cannabis, the trend seen in the past four years is also on the increase. Moreover this particular rise is much more dramatic as compared to other substances. Even though there are no large scale cocaine seizures in Turkey, it is a well-known fact that law enforcement bodies are carefully tracking cocaine as well. Cocaine is particularly seen during the arrival–departure at metropolitan airports and are carried by people of African origin; nevertheless cocaine has not yet enjoyed a wide spread availability. The decline in the quantity of seized ecstasy and captagon can be explained by the increased awareness of people on the dangers of those substances.

Turkey continues its efforts to prevent the supply of all kinds of illicit narcotic and stimulant drugs with increased cooperation at both national and international levels. At the international level, Turkey is open to cooperation with any and all countries and organizations that recognize drugs as a crime against humanity; and at the national level, Turkey also exchanges information and intelligence with all units working on supply reduction within the country. Figures related to seizure of certain drugs mentioned above, the number of operations and the number of people apprehended are given in Table 10-1.

<table>
<thead>
<tr>
<th>Substance Type</th>
<th>2007, Turkey nationwide</th>
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<tbody>
<tr>
<td></td>
<td>Operations</td>
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<td>Cannabis</td>
<td>11095</td>
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<tr>
<td>Heroin</td>
<td>1100</td>
</tr>
<tr>
<td>Morphine base</td>
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</tr>
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<td>Opium</td>
<td>65</td>
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<td>418</td>
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<tr>
<td>Acetic Anhydrite</td>
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<tr>
<td>Synthetic Drugs</td>
<td>189</td>
</tr>
<tr>
<td>Captagon</td>
<td>32</td>
</tr>
<tr>
<td>Total</td>
<td>783</td>
</tr>
</tbody>
</table>

Table 10-1: Seizures of Narcotic and Stimulant Drugs in 2007 Nationwide in Turkey

10.2. International Dimension in Combating Supply

In 2007, Turkey continued its international cooperation in the combat against trafficking of narcotic and stimulant substances. As a result of this cooperation, 370 foreigners were apprehended for involvement in drug-related crimes in 2007 in the territories included under the jurisdiction of the Turkish police, while 389 Turkish nationals were apprehended abroad. Iran, Georgia and Turkmenistan are the first three countries of origin for the foreigners apprehended in Turkey (TNP-ASOC Report, 2007).

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Counteracting illicit addictive substances, which have very diverse production and consumption areas, is sustainable only through trans-border approaches. Concordantly, combating crime organizations that are internationally networked is only possible through continuing international cooperation. In this scope, providing all the necessary support and cooperation to Turkey, which is one of the most important transition points for these substances, is in the best interests of Europe and America, both being affected severely from the damages caused especially by opium and its derivatives. Currently, this cooperation already exists.

As a result of this cooperation, 47 pre-planned operations were carried out between Turkey and the USA, Germany, Belgium, Bulgaria, the Netherlands, the UK, Spain, Iran, Kazakhstan, Hungary, Macedonia, Norway, Poland, Romania, Serbia, Slovenia, Saudi Arabia and Ukraine in 2007. And as a result of these operations, 125 individuals were taken into custody abroad in 17 operations, with 958 kg heroin, 2,680,000 captagon tablets and 250,000 ecstasy tablets seized. At home, again through pre-planned international operations, 188 individuals were apprehended in 30 operations, with 1121 kg heroin, 17 kg cocaine, 34 g opium, 4,718,765 captagon tablets, 214,715 ecstasy tablets, 216 kg amphetamine, 12,960 lt acetic anhydride seized (TNP-ASOC Report, 2007: 39-40).

10.2.1. Controlled Delivery Practices

Controlled delivery practices, the value of which are gradually becoming better understood around the globe, were continued in 2007 in Turkey. Controlled delivery practices that are in conformity with Turkey’s anti-smuggling policy aims to tackle drug trafficking organizations in all aspects.

As a result of 134 controlled deliveries performed between 1997 and 2007 under the coordination of the Department of ASOC, a total of 363 individuals who were illicit drug suppliers, buyers, dealers, transporters or hiders (stashers) were apprehended. In 2007, 16 controlled deliveries were made. A ranked list of countries according to the number of controlled deliveries realized can be summarized as follows: Germany, US, Bulgaria, Romania, Holland, Russia, Georgia, UK, Italy, Greece, Austria, Belgium, France, Canada, Slovenia (TNP-ASOC Report, 2007:40).

10.3. Price / Purity

The narcotic and stimulant drugs market does not undergo huge changes as long as there are no extraordinary developments with regard to price and purity. On the other hand, the variations in price and purity values that can be seen in all countries apply also for Turkey. Price and purity continues to be directly related to the “availability” of the drug, the distance to source country, the policies of the countries located on the transit routes and the risks involved. It is possible to say that there is a linear relation between price and purity. The price goes up as the purity increases. Naturally, there are also differences in the retail and wholesale prices of substances. Thanks to the modern and precise devices and equipment used in the criminal laboratories in Turkey, it is now possible to identify purity rates.

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with sounder results compared to past years. And drug users constitute one of the groups that keeps the best track of drug prices and purity rates. Drug users might become important source of information for the law enforcement in keeping an eye on drug prices and learning the purity rates of substances used in the drug market. In general, factors having direct or indirect impacts on the prices of narcotic and stimulant drugs are as follows:

- If the substance can easily reach the place of consumption from its place of production, substance price decreases.
- Success of law enforcement units causes an increase in substance prices.
- The price of amphetamine and its derivatives increase as they go from west to east, and the price of opium and derivatives increase as they go from east to west.\(^8\)

10.3.1. Price of Drugs at Street Level

Tracking drug prices at street level has huge benefits both for the law enforcement and for judicial authorities. Keeping track of prices provides information on the market status of the substance, its accessibility and its characteristics, which can be used in judicial decision-making processes. Methods used to identify illicit addictive substance prices (forms sent by police units every six months, investigation files, depositions and statements from interrogations/interviews, etc) continued to be employed in 2007. As can be understood from the table below, a significant decrease is seen in cocaine prices. From the data submitted by 21 countries in the 2000 – 2005 period, it was also understood that there is a decease in the price of cocaine (EMCDDA, 2007:57).

[Chart 10–5: Breakdown of narcotic and stimulant drug prices by years]

\(^8\) Data from the meeting on Price of Drugs at Street Level organized by EMCDDA in Lisbon, Portugal on 18-19 October 2007.
10.3.2. Purity

When data obtained from Police and Gendarmerie Criminal Laboratories and the Council of Forensic Medicine on “purity of various substances at the street level” and “contents of illicit tablets” are examined, it is seen that healthier assessments were made in 2007, compared to previous years, with regard to the purity of cannabis in particular. The decrease in the purity ratio of cannabis as shown in Chart 10-6 is a result of the said assessment. And a certain amount of increase compared to 2006 data in the purity of heroin is seen. The purity of cocaine, which is the most widely trafficked substance in the world after cannabis (EMCDDA, 2007:57) demonstrated a slight fall in Turkey. While a slight increase in the purity of Amphetamine is observed, a striking decrease is seen in the purity of ecstasy.

Chart 10-6: Breakdown of the purity ratios of narcotic and stimulant drugs
PART B
SELECTED ISSUES
JUDICIAL STATISTICS

Turkey has a well rooted history in terms of the judicial system that is currently in effect. As a benefit of this long history, the current legislation has been created as a result of experiences gained in a long run. Moreover, the basis of the criminal justice system does not overlook the human rights and freedoms and the crime-victim balances.

As of 24.02.2008, there are 94,277 prisoners (convicted and on remand) in our 382 correction facilities. 13,280 of these prisoners are convicted or under arrest due to drug-related crimes. The ratio of drug-related crimes is 14.09%.

The table below gives the number of inmates incarcerated in prisons due to drug-related crimes between 2004 and 2007. There are a few reasons that can be suggested as to why the number of inmates increased in the last 3 years. The most important reason for the increase in the number of individuals incarcerated due to drug-related crimes is the project-based activities developed by the law enforcement units that cover more than one provinces, and the operations oriented to collapse crime organizations as a whole regardless of the quantity of drugs seized.

The tradition of statistics goes a long way back at the Ministry of Justice. The first publication of statistics goes back to 1937 (Dönmezer, 1994: 30). Judicial statistics have a heterogeneous character that makes it difficult to process information. In addition to their vast diversity, judicial statistics pose the following challenges:
1. Shortcomings and limitations of the statistical data,

2. Interruption of the continuity between law enforcement statistics and judicial statistics, and consequent failure to follow up,

3. Other difficulties encountered during the process from the establishment of the crime until the decision by the judge.

However, the aim here is not to express the challenges faced in the field of statistics. Criminal provisions related to illicit drug trafficking and drug addiction are regulated under the articles 188 through 194 of the Turkish Penal Law (TPL). Sentences included under this scope vary in direct proportion with the nature of the crime committed. Production of drugs, trafficking of precursors and other chemicals used in drug production and dealing in drugs by individuals, organizations and public employees are all addressed separately in the legislation. The relevant legal framework covers the following:

**Crimes related to production and trading of narcotic and stimulant drugs**

are regulated under article 188. In paragraph 1 of article 188, it is provided that those who produce, import or export narcotic or stimulant drugs without licence or in violation of their licences shall be sentenced to imprisonment for minimum 10 years and a judicial fine of up to 20,000 Liras.

In art.188/para.3, imprisonment for five to fifteen years and a judicial fine of up to 20,000 days is foreseen for those who sell, supply for sale, give to others or transport, store, buy or accept or posses narcotic or stimulant drugs without licence or in violation of their licences.

In TPL art.188/para.4, it is stated that in case the narcotic substance is heroin, cocaine, morphine or morphine base, the sentences to be decreed in accordance with above paragraphs shall be increased by half; and TPL 188/5 states that in case the crime of producing, importing, exporting or trading in drugs is committed within the framework of the activities of an organization set up for the purpose of committing crime, the sentence shall be increased by half.

The Highway Traffic Law no. 2918 includes provisions regarding driving under the influence (DUI): “Those who have lost their ability to drive safely due to consumption of narcotic or euphoric substances or alcohol are prohibited from driving on highways … Drivers who fail to comply with the provisions of this article shall immediately be banned from driving ….Those who drive under the influence of narcotic or euphoric substances shall be sentenced to 6 months of light imprisonment together with a light fine of 532,600,000 Liras and their driver’s licences shall be revoked for an indefinite time, independent from any other offence that their actions may constitute.

Penal provisions regarding those who use drugs or have drugs in their possession are in parallel with the principle of accepting drug addicts as “individuals in need of treatment” adopted by Turkey. Hence, TPL’s Article 191 concerning drug users states that “those who buy, accept or have in
possession narcotic or stimulant substances for the purpose of using shall be sentenced to imprisonment for one to two years”, and clears the path for probation procedures with the following provision: “In the action filed due to such crime, the court may, before deciding in accordance with paragraph one, decide on treatment and probation measures for the narcotic or stimulant drug user, or may decide on a probation measure for those who buy, accept or have in possession narcotic or stimulant substances for the purpose of using”.

A total of 13,720 treatment and probation measures have been decreed by courts in 2007 with regard to individuals using narcotic or stimulant drugs. As a result of effective probation services, 1164 suspects and convicts have successfully completed their treatment and minimum 1-year probation in 2007. In other words, these convicts have completed their treatments at health institutions within the scope of the therapy program prepared for them, and in addition have received counselling services for 1 year after their treatment within the framework of the probation plan prepared for them.

A total of 2227 probation measures (no treatment) have been decreed by courts in 2007 with regard to individuals using narcotic or stimulant drugs. And, 231 suspects and convicts have successfully completed their minimum 1-year probations.

Finally, article 192 of the TPL covers provisions oriented to reintegrate substance traffickers and addicts into society under the title “Effective Remorse”.

In Turkey, positive developments are experienced in all dimensions of addictive substances every new day. The cooperation between public agencies and organizations and NGOs increases, the political authority continues its determination in counteracting drugs, and objective approaches are adopted in all phases from treatment to rehabilitation. In parallel, developments take place also in the criminal justice system, and legal frameworks are restructured to ensure a more effective combat against drug trafficking while highlighting provisions oriented to reintegrate substance addicts.
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1909 Shanghai Opium Convention,
1912 The Hague Opium Convention,
(In which drugs were classified under different categories and described individually, and decisions related to controlling production, import and export of drugs were taken)
1925 Geneva Opium Convention
(Adopts the principles and descriptions included in the Hague Convention, and led to the establishment of an effective system to control international trading of narcotic substances)
1931 Geneva Opium Convention,
1936 Geneva Convention, (For the Suppression of the Illicit Traffic in Dangerous Drugs) 1948 Paris Protocol, (On Synthetic Drugs) 1953 New York Opium Protocol, (For Limiting and Regulating the Cultivation of the Poppy Plant, the Production of, International and Wholesale Trade in, and Use of Opium)
1961 United Nations Single Convention on Narcotic Drugs (The Convention was ratified via Law no.812 dated 27/12/1966, and Turkey’s participation in the Convention was decided via the Resolution of the Council of Ministers dated 14/02/1967 and no 6/7732; the text of the Convention was published in the Official Gazette dated 12/05/1967 and numbered 12596),
1971 United Nations Convention on Psychotropic Substances (Published in the Official Gazette dated 07.03.1981 and numbered 17272),
1988 United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (Published in the Official Gazette: 25.11.1995 / 22474),
Turkish Penal Law no. 765
Law no. 984 on Stores Selling Toxic and Effective Chemical Substances Used in Pharmaceutical Firms, Arts and Agriculture
Law no. 1262 on Pharmaceutical and Medical Preparations,
Martial Law no. 1402,
Law no. 2313 on Control of Narcotic Drugs,
Constitution of the Republic of Turkey no. 2709 (Article 58/2),
Law no. 2559 on the Duties and Powers of the Police,
Law no. 2659 on the Council of Forensic Medicine,
Law no. 2692 Son the Turkish Coast Guard Command,
Law no. 2803 on the Organization, Duties and Powers of the Gendarmerie,
Highway Traffic Law no. 2918
Turkish Radio and Television Law no. 2954,
Law No. 3201 on Security Organization
Law No. 3298 on Narcotic Substances, Regulation no. 88/12850  and Resolution of the Council of Ministers no 87/11703,
Anti-terrorism Law no. 3713,
Law no. 3984 on the Establishment of Radio and Television Enterprises and their Broadcasts,
Law no. 4207 on the Prevention of Harmful Effects of Tobacco Products,
Law no. 4208 on the Prevention of Money Laundering,
Law no. 4320 on the Protection of the Family,
Customs Law no. 4458,
Law no. 4810 on the Council of Forensic Medicine,
Law no. 5584 on Postal Services,
Law no. 5607 on Anti-smuggling,
Turkish Penal Law no. 5237,
Code of Criminal Procedures no. 5271,
Law no. 5275 on the Execution of Penal and Security Measures,
Law no. 5326 on Misdemeanours,
Child Protection Law no. 5395,
Law no. 5402 on Establishment of the Probation and Help Centres and Protection Boards,
Law no. 5549 on Prevention of Laundering of Proceeds from Crime,
Law no. 6197 on Pharmacies and Pharmacists,
Resolution of the Council of Ministers on the Principles Concerning Purchase, Sale, Production, Export and Import of Narcotic Substances (O.G.: 17/05/1987)
By-Laws on the Administrative and Judicial Duties of the Coast Guard Command,
Regulation on the Implementation of Court Decisions on Protective and Supportive Measures in accordance with the Child Protection Law,
Regulation on Pharmacy Warehouses and Products Handled in Pharmacy Warehouses,
Regulation on the Implementation of Law no. 4208 on Money Laundering,
Regulation on the Working Principles and Procedures of the Coordination Board for Combating Financial Crimes,
Regulation on Controlled Deliveries and related Implementation Principles and Procedures,
Regulation on the Organization, Duties and Powers of the Gendarmerie,
Regulation on Cultivation and Control of Cannabis,
Regulation on Cultivation, Control, Harvesting, Production, Consumption, Sale, Export and Import of Hashish,
Regulation on Probation and Help Centres and Protection Boards,
Implementing Regulation on Chemicals Subject to Control,
Regulation on Substance Addiction Treatment Centres,
Regulation on Free Zones,
Regulation on Improving Driver Behaviours,
Communiqué on Standardization in Foreign Trade and Import Regime
Communiqué on the Training and Certification of Personnel Working at Substance Addiction Centres,
ANNEX 2: AGENCIES AND ORGANIZATIONS INVOLVED IN DEMAND REDUCTION, TREATMENT AND REHABILITATION AND SUPPLY REDUCTION

Agencies and Organizations involved in Demand Reduction, Treatment and Rehabilitation:

- Ministry of Justice (Directorate General for Prisons and Detention Houses, Department of Probation and Assistance Services),
- Ministry of National Education (General Directorate of Special Education, Guidance and Counselling Services, Department of Education Research and Development),
- Ministry of Health (General Directorate of Pharmacy and Pharmaceuticals, Presidency of the Refik Saydam Hygiene Centre, General Directorate of Curative Services, General Directorate of Primary Health Care Services),
- Ministry of Industry and Trade,
- Turkish Statistical Institute,
- Ministry of Labour and Social Security,
- General Directorate for Youth and Sports,
- Social Services and Child Protection Agency,
- Presidency of Religious Affairs,
- Directorate General for Family and Social Studies,
- Directorate General of the Turkish Radio and Television Corporation,
- Turkish Radio and Television Supreme Council,
- The Council of Higher Education of the Republic of Turkey,
- Municipalities of Greater Ankara and Istanbul,
- Substance Abuse Prevention Association (UMUD).

Agencies and Organizations involved in Supply Reduction:

- Ministry of Justice (The Council of Forensic Medicine)
- Ministry of Interior (Turkish National Police – Anti-Smuggling and Organized Crime Department, Department of Criminal Police Laboratories)
- Ministry of Interior (General Command of Gendarmerie – Anti-Smuggling and Organized Crime Department, Department of Criminal Police Laboratories)
- Ministry of Interior (Turkish Coast Guard Command)
- Undersecretariat of Customs (Directorate General of Customs Enforcement)
- Ministry of Health (General Directorate of Pharmacy and Pharmaceuticals)
- Ministry of Agriculture and Rural Affairs (Turkish Grain Board)
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1. 88

2. 107