

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



European Monitoring Centre
for Drugs and Drug Addiction



Turkish Monitoring Centre
for Drugs and Drug Addiction

**2013 NATIONAL REPORT (2012 data) TO THE
EMCDDA**

by the Reitox National Focal Point

TURKEY

**New Development, Trends and in-depth information
on selected issues**

**TURKISH MONITORING CENTRE FOR DRUGS AND
DRUG ADDICTION (TUBİM)**

REITOX

TABLE OF CONTENTS

TABLE OF CONTENTS	2
TURKISH NATIONAL FOCAL POINT STAFF PREPARING THE REPORT	7
DATA PROVIDING AGENCIES AND AGENCY REPRESENTATIVES	9
ABBREVIATIONS	12
SECTION A	15
NEW DEVELOPMENTS AND TRENDS	15
SECTION 1	15
DRUG POLICY: LAWS, STRATEGIES AND ECONOMIC ANALYSES	15
1.1. Introduction	15
1.2. Legal Framework	24
1.2.1. New regulations in the Field of Fighting against Drugs (Laws, Directives, Notices, and Other Practices)	24
1.2.1.1. Laws	24
1.2.1.2. Directives	25
1.2.1.3. Circulars.....	26
1.2.1.4. Other Practices	27
1.2.1.5. Recommendations	28
1.3. Assessment of National Drug Policy and Strategy Document and Action Plans, and Coordination	29
1.3.1. National Drug Policy and Strategy Document and Action Plan	29
1.3.1.1. National Drug Policy and Strategy Document (2013-2018)	30
1.3.1.2. National Drug Action Plan Document (2013-2015).....	32
1.3.1.3. Provincial Drug Action Plans at Local Level	33
1.3.2. Implementation and Assessment of National Drug Policy and Strategy Document and Action Plan	33
1.3.3. Developments on Other Drug Policies	35
1.3.4. Coordination Related Adjustments	39
1.3.4.1. National Coordination.....	39
1.3.4.2. Local Coordination	42
1.4. Economic Analyses.....	44
1.4.1. Public Expenses	44
1.4.2. Budget.....	46

1.4.3. Social Costs	47
SECTION 2	48
PREVALENCE OF DRUG USE: RISK FACTORS AND PERCEPTIONS	48
2.1. Introduction	48
2.2. Drug Use In The General Population	48
2.2.2. Drug Use According to Tobacco, Alcohol and Pharmaceutical Drug Use without Physician Recommendation	51
2.2.3. Cannabis Use	52
2.2.4. Perception of Substance Use	54
2.2.5. Results	56
2.3. Use Of Substance In Schools And Among Young Population	57
2.4. Use Of Drugs Among Special Groups / National And Local Regulations	57
SECTION 3	58
PREVENTION	58
3.1. Introduction	58
3.2. Environmental Prevention	59
3.2.1. Regulations on Tobacco and Alcohol Control Policies	60
3.2.1.1. Regulations on Tobacco Control Policies	60
3.2.1.2. Regulations on Alcohol Control Policies	63
3.3. Universal Prevention	65
3.3.1. School-Based Prevention	65
3.3.2. Family-Based Prevention	67
3.3.3. Community-Based Prevention	68
3.4. Group Based Prevention in Groups and Environments under Risk	69
3.4.1. Risk Groups	69
3.4.2. Families at Risk	69
3.4.3. Recreational Settings	70
3.5. Individual-Based Prevention	70
3.6. Campaigns in National and Local Media	70
3.7. Prevention Activities throughout Turkey Carried Out by TUBİM Provincial Contact Points	71
SECTION 4	74
PROBLEM DRUG ABUSE	74
4.1. Introduction	74
4.2. Estimations on Prevalence of Problem Drug Use and Incidence	75
4.3. Problem Drug Users data Received from Sources Other Than Treatment	77

SECTION 5	78
DRUG ADDICTION TREATMENT	78
5.1. Introduction	78
5.2. Overview, Eligibility And Quality Assurance	79
5.2.1. Strategy and Policy.....	79
5.2.2. Treatment Systems	80
5.3. Access to Treatment	82
5.3.1. Characteristics of Patients under Treatment.....	84
5.3.1. Tendencies of Patients under Treatment.....	86
SECTION 6	96
HEALTH CORRELATES AND CONSEQUENCES	96
6.1. Introduction	96
6.2. Infectious Diseases Related to Drug Use	96
6.2.1. HIV/AIDS Incidence.....	96
6.2.2. Viral Hepatitis Incidence	99
6.2.2.1. Hepatitis B Incidence	100
6.2.2.2. Hepatitis C Incidence	102
6.3 Other Health problems Related to Drug Use and Results	105
6.4. Drug-related Deaths and Death Rate Among Drug Addicts.....	106
6.4.1. Directly Drug-Related Deaths	106
6.4.3. Comparison and Trend Analysis.....	119
SECTION 7	124
RESPONSES FOR HEALTH CORRELATES AND CONSEQUENCES	124
7.1. The Prevention of Drug-related Emergencies and Deaths	124
7.2. Prevention and Treatment of Drug-related Infectious Diseases.....	124
7.3. Responses to Other Health Correlates Among Drug Users.....	124
SECTION 8	125
SOCIAL CORRELATES AND SOCIAL REINTEGRATION	125
8.1. Introduction	125
8.2. Social Exclusion and Drug Use	128
8.3. Social Reintegration of Drug Addicts.....	128
8.3.1. Sheltering Opportunities Offered During the Process of Social Reintegration of Drug Addicts	128
8.3.2. Education Opportunities Offered During the Process of Social Reintegration of Drug Addicts	130

8.3.3. Employment Opportunities Offered During the Process of Social Reintegration of Substance Addicts.....	132
8.4. Evaluation and Result	133
SECTION 9	136
Bülent DEMİRCİ.....	136
9.1. Introduction	136
9.2. Drug Related Crimes.....	136
9.3. Violation of Anti-Drug Law.....	137
9.3.1. Number of Incidents and Suspects	137
9.3.1.1. Total Number of Incidents and Suspects.....	137
9.3.1.2. Heroin	141
9.3.1.3. Cannabis.....	143
9.3.1.4. Cocaine.....	145
9.3.1.5. Ecstasy	148
9.3.1.6. Captagon	150
9.3.1.7. Methamphetamine	152
9.3.1.8. Acetic Anhydride	154
9.3.1.9. Synthetic Cannabinoids (Bonzai etc.).....	156
9.3.2. User Profile Survey in Drug Crimes Questionnaire (Form U)	158
9.3.3. Narco-Terrorism: Role of PKK/KCK Terrorist Organization in Hemp Cultivation ..	176
9.3.3.1. A Summary of the Narco-Terrorism Incidents in Turkey	176
9.3.3.2. PKK/KCK Terrorist Organization's Role in Hemp Cultivation	177
9.3.4. Money Laundering.....	179
9.4. Other Drug Related Crimes.....	181
9.5. Prevention of Drug Related Crimes.....	181
9.6. Interventions in the Criminal Justice System	181
9.6.1. Alternatives to Penitentiaries	181
9.6.2. Other Interventions in the Criminal Justice System.....	185
9.7. Drugs and Problematic Drug Use in Penitentiaries.....	188
9.8. Solutions for Drug Related Health Problems in Penitentiaries	188
9.9. The Social Reintroduction of the Drug Users Following the Discharge from Penitentiaries.....	189
SECTION 10	191
THE SUPPLY DIMENSION OF DRUGS (DRUG MARKETS)	191

10.1. Introduction	191
10.2. Opium and Derivatives	193
10.2.1. Supply and Availability of Opium and Derivatives in Turkey.....	193
10.2.2. Seizures	193
10.2.3. Price and purity	196
10.3. Hemp and Derivatives.....	197
10.3.1. Supply and Availability of Cannabis in Turkey	197
10.3.2. Seizures	198
10.3.3. Price and purity	200
10.4. Cocaine and Derivatives	200
10.4.1. Supply and Availability of Cocaine in Turkey	200
10.4.2. Seizures	202
10.4.3. Price and Purity	204
10.5. Synthetic Drugs.....	204
10.5.1. Supply and Availability of Synthetic Drugs in Turkey	204
10.5.2. Seizures	206
10.5.3. Price and Purity	212
10.6. Precursor Chemicals.....	213
10.6.1. Supply and Availability of Precursor Chemicals in Turkey.....	213
10.6.2. Seizures	214
10.7. New substances.....	215
10.7.1. Khat.....	215
10.7.2. Synthetic Cannabinoids (Bonzai et.)	216
PART C.....	219
REFERENCES.....	219
TABLES.....	222
GRAPHS.....	225
FIGURES	229
ANNEXES.....	230

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ABBREVIATIONS

AA	: Acetic Anhydride
AB	: European Union
ABD	: United States of America
AIDS	: Acquired Immune Deficiency Syndrome
AMATEM	: Research, Treatment and Training Centre for Alcohol and Substance Addiction
ASPB	: Ministry of Family and Social Policies
ATK	: Institution of Forensic Medicine
ATS	: Amphetamine-Type Stimulant
BM	: United Nations
CDC	: Centers for Disease Control and Prevention
CEDIA	: Cloned Enzyme Donor Immune Assay
CTEGM	: General Directorate of Prisons and Detention Houses
DPT	: State Planning Organization
EDDRA	: Exchange on Drug Demand Reduction Action
EGM	: Turkish National Police
EMCDDA	: European Monitoring Center for Drugs and Drug Addiction
EU	: Euro
EUROPOL	: European Police Office
EWS	: Early Warning System
GPS	: General Population Survey
GSS	: General Health Insurance
HBs	: Immunized against Hepatitis B
HBsAG	: Hepatitis B Virus Surface Antigen
HBV	: Hepatitis B Virus
HCV	: Hepatitis C Virus
HIV	: Human Immunodeficiency Virus
ICD	: International Statistical Classification of Diseases and Related Health Problems
INCB	: International Narcotics Control Board
İLTEM	: TUBİM Provincial Contact Points
İSMEK	: İstanbul Metropolitan Municipality Art and Vocational Training Courses
İSMEM	: Youth Rehabilitation and Vocational Training Centre of the Metropolitan Municipality of İstanbul
İSTKA	: İstanbul Development Agency
İŞKUR	: Turkish Employment Agency

JWH-018	: Naphthalen-1-yl-(1-pentylindol-3-yl)methanone
JWH-073	: Naphthalen-1-yl-(1-butylindol-3-yl)methanone
KHK	: Decree Having the Force of Law
KOM	: Anti-Smuggling and Organized Crime
LSD	: Lysergic acid diethylamide
MASAK	: Financial Crimes Investigation Board
MATRA	: Pre-Accession Projects Program
MBÖ	: Drug Related Death
MDA	: 3,4-methylenedioxyamphetamine
MDEA	: Metil dietanolamin
MDMA	: 3,4 methylenedioxymethamphetamine
OST	: Opiate Substitution Program
PDU	: Problem Drug Use
REITOX	: The European Information Network on Drugs and Drug Addiction
RNA	: Ribonucleic Acid
RTÜK	: Radio and Television Supreme Council
SABİM	: Ministry of Health Communication Centre
SAMBA	: Intervention Program for Tobacco, Alcohol and Drug Addiction
SGK	: Social Security Institution
SPS	: School Population Survey
SQ	: Structured Questionnaire
ST	: Standard Table
STK	: Non-Governmental Organization
SUT	: Health Application Communication
SÜDGE	: Driver Behaviour Development Training
ŞİB	: Suspicious Transaction Notifications
TBMM	: Turkish Grand National Assembly
TCK	: Turkish Penal Code
THC	: Tetrahydrocannabinol
TİTCK	: Turkish Drug and Medical Device Institution
TMO	: Turkish Grain Board
TRSM	: Community Mental Health Center
TUBİM	: Turkish Monitoring Centre for Drugs and Drug Addiction
TUK	: Turkey Drug Conference
TÜİK	: Turkish Statistical Institute
TVYD	: Association of Broadcasters
UNODC	: United Nations Office on Drugs and Crime

UTSAM : International Center for Terrorism and Transnational Crime
WHO : World Health Organization

SECTION A

NEW DEVELOPMENTS AND TRENDS

SECTION 1

DRUG POLICY: LAWS, STRATEGIES AND ECONOMIC ANALYSES

Bülent AY¹

1.1. Introduction

People used drugs throughout the human history. In the history, the drugs were not only used in rituals by wizards, but they were also used for medical purposes. Due to their pleasure-inducing aspects they were started to be consumed for pleasure in time, and just like in economy, supply-demand equilibrium developed when the supply was structured to feed such consumption. Because of high-advantage, the countries started to attempt to take share from this cake, and they even took the risk of war, the best example of which is the 1st and 2nd Opium Wars between China and England in 19th century.

The concept of *drug* based on *narco*, a Greek word for sleep, and used as "narcotic" in English *is thought to refer to narcotizing substances, but the fact is that this concept should be thought in a wider aspect, as a great part of our society does, that includes exhilarating and stirring substances that also cause people to hallucinate and ensure that they are wide awake.*

Definitions

Drug:

There have been a series of discussions over the definition of drug and various definitions are presented in the reports and legislation.

In literature, different definitions of drug are available in several scientific disciplines such as medicine, chemistry, pharmacy, sociology, psychology, and law. As new substances are added every day to the current drugs and due to the fact that certain non-narcotizing addictive substances are addressed within the scope of this concept because of their addictive effects, it is very hard to find a definition that everyone can accept.

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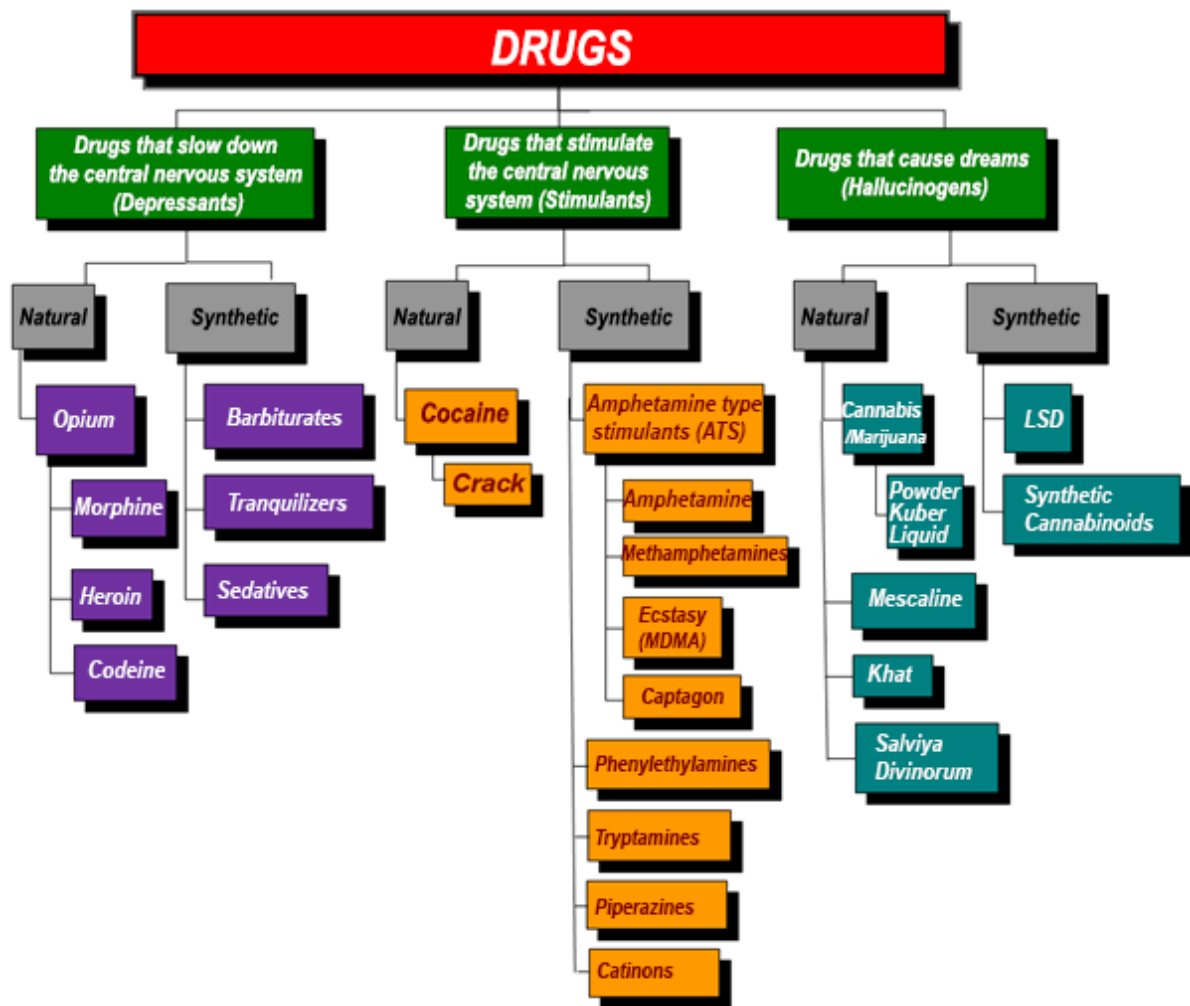
The most comprehensive definition in terms of medicine was done by the World Health Organization (WHO). In this definition it is said that "all substances, whether herbal or synthetic, effecting central nervous system causing physical and/or psychological addiction and creating indulgence are deemed to be drugs".

In this sense, drug; is the substances that effect the nervous system of the individual when used at certain doses, destroys the mental, physical and psychological balance of the person, causes financial and social collapse in the individual and society, causes addiction; and use, possession and trade of which are prohibited by the laws (National Drug Policy and Strategy Document, 2013-2018).

However, no matter how they are called, "substance", "addictive substance", "drug" or any other word, when the harms of drugs on human health, and as a result, on families, health of the society, and individual and country economy are taken into consideration, the focus point should be what to do to fight against this important problem in a more effective way, not the concept. In order to ensure this, the current defects should be determined and required efforts should be spent to avoid them urgently; while the current policies and strategies should be followed-up and required plans should be done to implement such policies and strategies.

There is no unique classification for drugs, just like its definition. In literature, there are several classification systems such as obtaining methods, effects on central nervous system, whether or not used in medicine, and addiction type.

Figure 1-1: A General Classification of Drugs



In order for a substance to be accepted as a drug in Turkey, this substance must be one of the substances included in Article 188 and following Articles of Turkish Criminal Law, Law No.3298 on Drugs and Law No.2313 on Control of Drugs, and Council of Ministers' Decision taken by the power vested by these laws, and in Tables I and II of 1961 Single Contract on Drugs. As drugs have negative effects on the social lives of individuals, create serious problems in mental and physical structure, and enslave individuals by curtailing his/her freedom, these substances put the health, level of welfare, and security of people in danger, and affect individual-community relationship in a negative way.

Today, there is almost no country that has not been affected from this global problem. Every country is affected from drug trafficking, use and related crimes based on its geographical location, socio-economic situation, life style, beliefs, social values and other factors.

Drug problem today has become a global problem exceeding the borders of countries. Increasing number of users and addicts, high profit share in drug trafficking, terrorist

organizations' being in quest of taking a share, and technological developments accelerated drug production and trafficking; and transformed this problem into a global one that requires a wide perspective for fighting against.

New trends in fighting against drug trafficking and addiction is accompanied by the necessity to change and develop fighting methods and structures according to the needs.

Fighting Against Drugs:

There are five aspects of "**fighting against drugs**":

1. Supply reduction
2. Demand reduction
3. International cooperation
4. Information collection, research, and evaluation
5. Coordination.

In order to "achieve real successful results" in fighting against drugs, the efforts on this fields should constitute a meaningful whole based on scientific pillars, and should be carried out on the basis of a strategic planning.

As the methods for fighting against drug demand and supply changes, developing new policies and strategies with new approaches is gaining priority in both of these two fields. The policy adopted in Turkey to fight against drug includes an integrated approach covering all above-mentioned aspects of the drug problem.

Supply Reduction

Due to its geographical location, Turkey is a trade and culture bridge between east and west. And as a result of this location the country is extremely affected by silk and spice trade and drug trafficking having the same characteristics in terms of supply and demand. The route defined as Balkan Route is the outlet of these historical routes to Europe.

Opium and opium products from Afghanistan, synthetic drugs from Europe, and chemical intermediates used in drug production, even they tend to reduce recently, are all trafficked through Turkey.

The most important factors affecting the development of drug market/supply include the closeness of the country to the production regions, its location on trafficking routes between production and consumption regions, and current demand in the country.

Turkey is close to Southwest Asian countries where illicit poppy cultivation and corresponding opium production are done. This situation possesses a great risk for Turkey to be affected from heroin trafficking and use. As it is referred to in international reports, the greatest part of opium and opium production seizures are done in locations close to the production centers.

Turkey, besides being located on a point close to opium and opium production drug productions areas, is neighbour with the European countries, which are the biggest opium products market in terms of economy. Turkey is located on the Balkan Route, one of the most commonly routes used between Afghanistan and European countries with high consumption rates, and is adversely affected by the drugs from Afghanistan, both as transit and target country.

When other drugs such as cannabis, methamphetamine, captagon and cocaine are taken into consideration, the results are very similar. This transit characteristic of the location of Turkey, as it is located between the production and consumption regions of several drugs, is a very important factor triggering drug availability and addiction in the country. In other words, drug trafficking through a country is assessed to be a factor increasing addiction.

As in throughout the world, cannabis is the most commonly produced and consumed drug in Turkey. In parallel to the legal cultivation, cannabis is cultivated illicitly in almost every region of Turkey, however this illicit cultivation is observed in certain regions at greater levels compared to other ones. The cannabis produced has never been detected to be exported abroad.

Western Europe, and especially Spain, has continued for many years to act as an entry point into Europe for cocaine originating from South America. Turkey is not close to Southern America Continent, cocaine production region, and is not located on the trafficking route of this substance; however, cocaine seizures in Turkey increased during the last few years.

The origin of ecstasy tablets seized in Turkey is generally Western Europe. Turkey is affected by ecstasy trafficking through air way, sea route, and highway, from European Countries, especially those trafficked from Belgium and Holland, as a final market.

Synthetic tablets called captagon in Turkey are included in amphetamine type drug group and have stimulant feature. Captagon tablets from Southeastern Europe are transferred to the Middle East Countries over Turkey. Captagon use has also been observed in the recent years in Turkey, due to its geographical location as the transit route of captagon trafficking.

In Turkey, the first methamphetamine seizure took place in 2009. Origin of almost all methamphetamine seized in Turkey is Islamic Republic of Iran. Methamphetamine is transferred to Malaysia, Thailand, Japan, Indonesia and Australia through Turkey via couriers. Turkey's transit location in methamphetamine trafficking remains the same; however, seizure rates have observed to be increase and deaths based on this substance have been encountered.

Incidence of new psycho-active substances is increasing not only in Turkey, but also throughout the world. Diversity and seizure rates of synthetic cannabinoids, first encountered by their street name "bonsai" in Turkey, are increasing. It is very important to include new psycho-active substances in Law No.2313, as they are becoming more and more widespread every day due to legal gaps, their availability rates and effects. The studies within this scope are followed up by the National Study Group for an Early Warning System, under TUBİM.

Demand Reduction

Depending on the drug use, the policies and practices to increase public health should be integrated with the criteria for increasing the knowledge to improve health, taking emergency measures under health-threatening conditions, and using health indicators in order to improve public health and to prevent drug use.

Demand reduction refers to "prevention", "treatment", "rehabilitation" and "harm reduction" activities under fighting against drug use and addiction.

Prevention

Among the different studies conducted against drug use problem, preventive studies are increasingly gaining importance. Efforts endeavoured, and the costs of treatment and reintegration into the society of drug addicts require a lot more than the efforts endeavoured for prevention and prevention costs.

According to the results of drug use prevalence research on the population in general, carried out by TUBİM in 2011, the rate of trying an illicit addictive substance for at least one time in 15-64 age group in Turkey is 2.7%. Lifelong cannabis use prevalence was found to be 0.7%, while the same prevalence was 0.05% for cocaine, and 0.1% for ecstasy.

TUBİM supports drug addiction prevention practices. In addition to TUBİM, prevention activities in Turkey are carried out by many institutions and organizations including the Ministry of National Education, Ministry of Health, the Ministry of Justice, the Ministry of Family and Social Policies, the Universities, the Department of Religious Affairs, the Radio and Television Supreme Council (RTÜK), the Municipalities and various Non-Governmental Organizations.

Drug addiction prevention studies in Turkey are carried out by different institutions and organizations for different target groups and with very different contents and objectives. Institutions and organizations are generally observed to carry out preventive actions independently. Besides, the records of the studies carried out are not kept regularly and do not meet the required criteria.

Drug use prevention studies in Turkey should be carried out using a definite standard and under the coordination of the relevant institutions.

Drug Addiction Treatment

Drug addiction treatment in Turkey is offered by public hospitals under the Ministry of Health, medicine faculty psychiatry clinics of the universities, public-university partnerships, and by the related units of private hospitals. The treatment may be outpatient and inpatient.

Due to the insufficient number of treatment centers in Turkey and the concentration of these centers in certain regions, various problems are being encountered in attaining and continuing treatment.

While in 2011, the number of treatment centers was 22 in 13 provinces, and this number scaled up to 25 in 15 provinces. It is necessary to increase the capacities of available treatment centers, and to open new treatment centers in the regions where it is needed.

For individuals under the coverage of the general health insurance, coverage includes the expenses associated with the inpatient and outpatient drug addiction treatments received from health service providers that have agreements in place with Social Security Institution. Coverage also includes the expenses related to the medication and medical materials involved

in these treatments. In the event that patients who are brought for treatment as part of their judicial sanction and in cases where the patient does not have a health insurance, all necessary services are covered by the Ministry of Health.

Reintegration of Drug Addicts into the Society

Rehabilitation offered after medical treatment for fighting against drug addiction is very important in terms of the success of such treatment. However, social support systems and rehabilitation activities in Turkey with regard to addiction are not at the desired levels. Hence, certain initiatives should take place with the support of the related institutions in order to increase the adaptation rates of the addicts to social life after such treatment, and to offer them an opportunity to work. Even though such practices are successful at local level, no national program is available on this issue.

First and foremost among the important problems encountered by addicted individuals during their process of reintegration into society is the absence of a location where they can reside. And the following problems are the low or no educational level, and very poor job opportunities.

Harm Reduction

Damage reduction programs are implemented in order to protect especially the health statuses of drug users and people close to them. The main approach in harm reduction is to protect the individual and society from the drug use-related health problems and harms likely to be faced at the second phase. The main objective is to cure the disease and death rate.

Harm reduction programs are implemented in European countries such as Germany, France, Italy, Finland, the Netherlands, Estonia, Ireland and Sweden.

Harm reduction programs in Turkey, to control drug use of people who did not apply to treatment program or whose treatment failed, to increase their treatment motivation in future, to avoid spreading of infectious diseases such as Hepatitis and HIV, and to prevent them from committing crimes, are not sufficient.

Preventive harm reduction services for drug users should be offered in accordance with the realities and needs of Turkey.

The following services should be offered and/or popularized in Turkey within the scope of harm reduction activities.

- Substitution treatment,
- Social service works,
- Offering psycho-social and medical support in emergencies,
- Shelters for addicts living in the streets,

International Cooperation

Globalization does not only offer great opportunities for humanity but it also causes the threats societies face to spread throughout the world. Today, the drug problem has reached to a very dangerous point that no country can overcome this problem with its own efforts. This is so serious that no country can be indifferent to the drug problem faced outside of its territories with an approach that can be summarized as "my country does not have such problem". International characteristic of the drug problem requires the whole world to fight against this problem in cooperation and in a determined manner.

To Turkey, international cooperation has great importance in the solution of drug problem, and therefore it strongly supports the efforts for strengthening the cooperation at regional and global level.

Information Collection, Research, and Evaluation

The objective of information collection, research and evaluation activities is to improve national data collection system in the field of drugs, and to develop fighting strategies upon having a good understanding of the problem of drugs with an approach based on scientific, measurable and comparable data. Turkey adopts the idea that research, information collection and monitoring system in the field of drugs are continuous processes, and that the information and data collection systems should continuously be improved in order to support strategic decision taking.

Coordination

Ensuring coordination between the units during the activities for fighting against drugs is required to intervene in unexpected situations rapidly and effectively. As structures and spheres of influence of the institutions expands, the coordination problems increase. For this

reason, "coordination" that defines what kind of cooperation to be established between each institution, and how they are to act in harmony is very important.

The main objective of coordination activities in Turkey is to maintain the activities for fighting against drugs under the coordination of one center, with the cooperation and support of national and international institutions and organizations concerned, and with broad participation.

1.2. Legal Framework

1.2.1. New regulations in the Field of Fighting against Drugs (Laws, Directives, Notices, and Other Practices)

The legislative regulations in the field of fighting against drugs are given under the title of Laws, Directives, and Notices.

1.2.1.1. Laws

Law No.2313 on Control of Drugs;

- Upon the Council of Ministers' Decision No.2012/2861 dated February 17, 2012, published on the Official Gazette No.28241 dated March 22, 2012, 13 new psycho-active substances were subjected to the Law No.2313 on Control of Drugs (Annex-1).
- Upon the Council of Ministers' Decision No.2013/4827 dated May 22, 2013, published on the Official Gazette No.28688 dated June 25, 2013, 60 new psycho-active substances were subjected to the Law No.2313 on Control of Drugs (Annex-1).

Occupational Health and Safety Law No.6331;

- In the Article 28 titled "Prohibition on the Use of Addictive Substances" of the Law No.6331, approved on June 20, 2012, it is stated that: *"It is prohibited to come to the workplace under the effect of alcohol or drugs, and to use alcoholic beverages or drugs in the workplace."*

Law No.6284 on Protection of the Family and Prevention of Violence against Women

- According to Article 5(h) of the Law No.6284 approved on March 8, 2012, judges can decide to implement preventive measures against persons who commit violence against women by *"Preventing the person from using alcohol or drugs in the presence of the individuals under protection, or from approaching the individuals under protection or their locations while under the influence of these substances, and ensuring that the*

person is examined and receives treatment including hospitalization in case of addiction."

- In the Article 15 entitled "Support Services," the support services to be provided by centers for preventing and monitoring the violence in order to prevent violence and to monitor whether the injunction decisions taken are implemented effectively, include: *"In event that the person has an alcohol, drug, volatile substance or stimulant addiction or a mental disorder, activities that are encouraging, informing and guiding will be undertaken for the treatment and examination of this person in a health institution."*

Law No.5402 on Probation Services

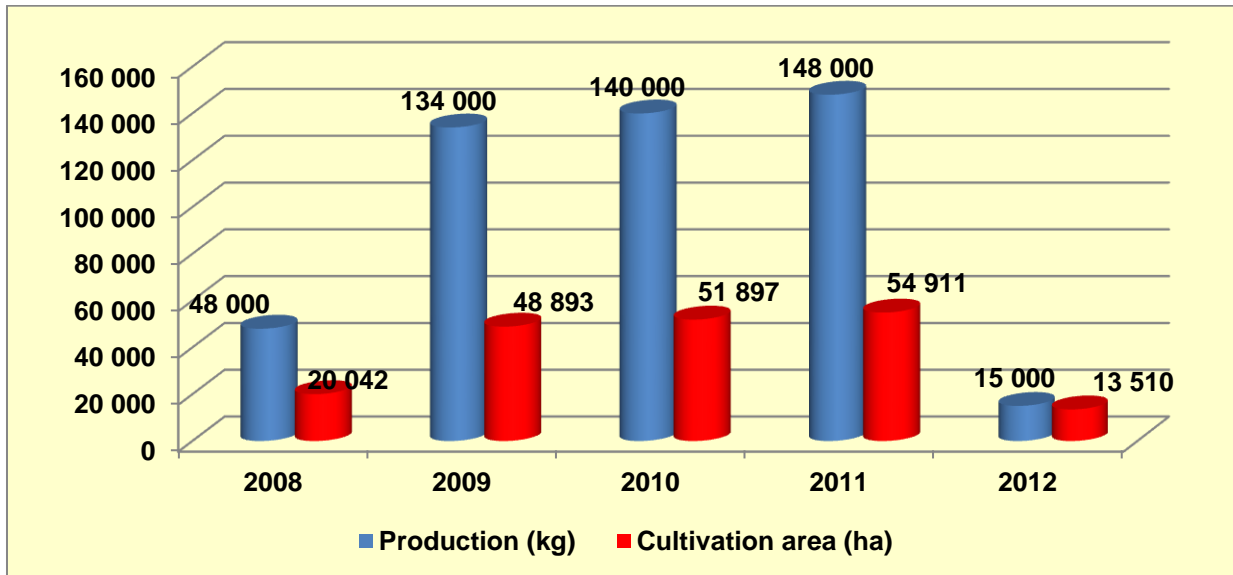
- The Law No.5402 on Probation and Help Centers and Protection Committees dated July 03, 2005, was amended by the Law No.6291 dated March 05, 2012. Article 6/1 of the Law No.6291 was amended and the title of the *"Law on Probation and Help Centers and Protection Committees"* was changed as *"The Law on probation Services"*. The following statements included in the Article 6/3 of the same Law and Article 2/1 of the Law No.5402 were amended as follows: The title *"Probation and Help Centers and Protection Committees Advisory Board"* was amended to *"Probation Services Advisory Committee"*; the title *"The Department Responsible for Probation and Supportive Services"* to *"The Department of Probation"*; and the title *"Branch Directorates of Probation and Help Center"* to *"Directorates of Probation."*

1.2.1.2. Directives

- According to the Council of Ministers' Decision No.2012/3544 on "Purchase and Sales of Poppy Capsule and Seed" dated July 25, 2012, published on the Official Gazette No.28406 dated 09.09.2012; as of the autumn of 2012 poppy cultivation and production of not sliced poppy capsule was permitted through the certification of permit in Afyonkarahisar, Amasya, Burdur, Çorum, Denizli, Isparta, Kütahya, Tokat, Uşak; in Balya, Bigadiç, Dursunbey, İvrindi, Kepsut, Savaştepe and Sındırgı districts of Balıkesir; Alpu, Beylikova, Çifteler, Günyüzü, Han, Mahmudiye, Mihaliççık, Seyitgazi and Sivrihisar districts of Eskişehir; Ahırlı, Akören, Akşehir, Beyşehir, Derbent, Doğanhisar, Hüyük, Ilgın, Kadınhanı, Seydişehir, Tuzlukçu, Yalılıyük and Yunak districts of Konya; and lastly Merkez, Demirci, Gördes, Köprübaşı, Kula, Sarıgöl and Selendi districts of Manisa (Turkish Grain Board (TMO), 2013). Poppy capsules produced in legal cultivated areas are purchased by the field services of the Turkish Grain Board from the producers, and transferred to Opium Alkaloids Factory to be processed. Alkaloid raw material needs of domestic and foreign pharmaceutical plants

are met with the morphine and morphine products produced in the Opium Alkaloids Factory (Turkish Grain Board (TMO), 2013).

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



Source: The Ministry of Food, Agriculture and Livestock, Turkish Grain Board, 2013.

- “Directive on Implementation of the Law on Prevention of Violence and Disorganization in Sports” entered into force as per the Council of Ministers' Decision No.2012/4018 dated November 28, 2012, published on the Official Gazette No.28505, dated December 12, 2012. This Directive includes provisions related to measures preventing those people, who are clearly under the effect of alcohol, drug or stimulant, from being in a sports hall, and taking out those supporters in the sports hall, who are under the effect of alcohol, drugs and stimulants. Furthermore, the authorities and responsibilities of provincial and district sports security committees, sports clubs, police departments, commands of gendarme, and sports game security administrators on preventing violence and disorder in sports were determined.

1.2.1.3. Circulars

- Notices of Turkish Pharmaceuticals and Medical Devices Agency (TİTCK) under the Ministry of Health for some medicines to be covered by the "Normal Prescription Medicines Subject to Monitoring", as they are abused by drug users for their contents;

- ✓ With the Notice No.2012/11 dated November 07, 2012, Sikloplejin Eye Drops 1%, Siklomid Sterile Eye Drops 1%, Mydriacyl Sterile Oftalmik Solution 0.5%, Tropamid Fort Sterile Eye Drops 1%, Tropamid Sterile Eye Drops 0.5%, Tropicamide Eye Drops 1%, Fenilefrin 10% Sterile Eye Drops and Mydfrin 2.5% Sterile Eye Drops were covered by the "Normal Prescription Medicines Subject to Monitoring" due to their potential to be abused because of their "Cyclopenat, Hydrochloride, Tropicamide and Phenylephrine" content (the Ministry of Health, 2013).
- ✓ With the Notice No.2012/13 dated November 21, 2012 of Turkish Pharmaceuticals and Medical Devices Agency, Tantum 50 mg 20 tablets, Tanflex 50mg 20 tablets, Benzidan 50 mg 20 film tablets were covered by the "Normal Prescription Medicines Subject to Monitoring" due to their potential to be abused (the Ministry of Health, 2013).

1.2.1.4. Other Practices

- In 2012, RTÜK, the institutions responsible for the inspection of broadcast services continued its inspection activities on preventing broadcasts encouraging drug use. Within this scope, RTÜK decided to apply "warning" sanction on 2 broadcasters in 2012, as they infringed the provision stating that *"Broadcasting services can neither encourage the use of addictive substances such as alcohol, tobacco products, and drug, nor they can encourage gambling."*
- Electronic prescription (e-prescription) is very important in monitoring the green and red prescription books, in which medicines for drug addiction are recorded.

As per the Communiqué Amending Health Implementation Communiqué of the Social Security Institution, published on the Official Gazette No.28331 dated June 22, 2012;

The electronic prescription (e-prescription) service, which enables physicians in contracted health care providers to electronically prescribe medicine required for the treatment of patients with medical benefits provided, was introduced on July 1, 2012 (SSI, 2013). Except for health care providers not integrated with the Social Security Institution's web system known as MEDULA² and used for health-care services, prescriptions are generated electronically by

² MEDULA application was started to be implemented by the Directorate of Social Security Organization to make available the information on the health care services offered by the Health Care Providers to those insured within the scope of Social Insurances and General Health Insurance No.5510 and their dependents. The practice was organized as 4 main web services where 1. Rights hold, 2. Refer,

physicians for medicaments deemed necessary for the treatment of patients and monitored electronically and dispensed by pharmacies (SSI, 2013). The objective of the e-prescription is to ensure benefits for individual, SSI and country economy by avoiding abuses, medicine waste and fake prescriptions, and the potential to give wrong medicine due to manual prescription (SSI, 2013).

- Upon the Letter No.2084 of the Ministry of Interior, dated July 03, 2012, and as per Article 23 of Law No.5607 on Fighting Against Trafficking; on August 13, 2012 the Council of Ministers decided to enter its "Decision No.2012/3652 on the Premiums to be Paid in Drug Seizures", published on the Official Gazette No.28430 dated October 03, 2013 into force. As per this decision, fixed amounts of drug unit rates to be a base for the premiums to be paid in drug seizures were changed.

1.2.1.5. Recommendations

The following points should be ensured and established for the Legislations on the field of fighting against drugs:

- Article 191 of the Turkish Criminal Code No.5237 should be amended to avoid indetermination and malfunctions in the implementation;
- Article 192/4 of the Turkish Criminal Code No.5237 should be amended to encourage substance addicts to apply for treatment,
- The concepts of analogue, homologue, isomer and products should be explained in the related article of the Law No.2313 on Control of Drugs.

Furthermore,

- The idea of obligating the treatment of addicts under the age of 18, and determining the obligation limits of the treatment of addicts over the age of 18 should be discussed;
- Fighting against drugs in terms of demand and supply should be maintained with the same determination;
- A rehabilitation system that can reintegrate drug addicts into the society as healthy people during or after their treatment should be developed, and rehabilitation centers should be opened at national level.

prescription and consultancy demand, 3. Payment information (in accordance with the current Implementation Communique on Treatment Support, until any further regulation), and 4. Invoicing (Seeing invoice information on the electronic environment) services are offered.

- Local action plans should be prepared and implemented in line with the National Drug Strategy Document and National Drug Action Plan, using the Notices of the Office of the prime Ministry and the Ministry of Interior, under the supervision of Central and Local Coordination Committees.
- Provincial Drug Action Plans should also be prepared and up-dated at local level and in accordance with the conditions of the province, together with the strategy and action plans, which cover the whole country and are prepared to fight against drugs.

1.3. Assessment of National Drug Policy and Strategy Document and Action Plans, and Coordination

Table 1-1: Implementation Periods of National Drug Strategy and Policy Documents and National Drug Action Plans

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
National Drug Policy and Strategy Document I	■	■	■	■	■	■	■						
National Drug Action Plan Document I		■	■	■									
National Drug Action Plan Document I					■	■	■						
II. National Drug Policy and Strategy Document II								■	■	■	■	■	■
III. National Drug Action Plan Document III.								■	■	■			

Source: Turkish Monitoring Center for Drug and Drug Addiction, 2013.

1.3.1. National Drug Policy and Strategy Document and Action Plan

Drugs, the biggest enemies of mental and physical health, alienates addicts from their families, society and social environment, and enslaves them in an irresponsible life. Therefore, drugs have a knock-on effect, irrecoverably damaging the addicts, and their family and business lives; *and threatens the present and future days of societies*. Within this scope, drug use and addiction, which is a worldwide great problem, has started to become an important problem of Turkey as well (National Drug Policy and Strategy Document, 2013-2018).

The first National Policy and Strategy Document including Turkey's policies for fighting against drugs and its aims and objectives within this scope entered into force in 2006. Then two

different Action Plans, each covering a three-year period including the activities required to be carried out to reach such objectives, was prepared and took effect (National Policy and Strategy Document on Drugs, 2013 – 2018).

As of 01.01.2013, the validity period of these documents, "*National Drug Policy and Strategy Document*" covering the years 2013-2018 and including the policies and strategies of Turkey in fighting against drug trafficking and addiction was prepared with the contributions and commitments of the institutions concerned (National Drug Policy and Strategy Document, 2013-2018).

With the National Drug Policy and Strategy Document, intended to be valid until the end of 2018, the deficiencies in fighting against drugs were envisaged to be removed, and a balanced approach was anticipated to be adopted in demand and supply reduction fields.

In parallel to the Strategy Document, a National Drug Action Plan was prepared under the coordination of TUBİM (Turkish Monitoring Center for Drugs and Drug Addiction) and with the joint efforts and commitments of the institutions/organizations concerned; and this Plan envisages the points included in the strategy document to be implemented as activities between 2013 and 2015.

The documents prepared were put into force upon the Approval of the Prime Minister, dated September 2, 2013.

1.3.1.1. National Drug Policy and Strategy Document (2013-2018)

The document is based on the "General Drug Policy" and on the provision of the Article 58 of the Constitution of the Republic of Turkey, describing "*... the State takes the necessary measures to protect the youth from alcohol abuse, drug substances, crime, gambling, and similar bad habits and ignorance.*"

- It emphasizes that the activities for fighting against drugs will be carried out with a balanced approach, adopting the same determination at all dimensions of the problems,
- That priority will be given to human rights and honor while implementing the scientific innovations and methods in this fight,
- And that the drug problem can only be solved with the joint practice of several different sectors and disciplines.

The "Supply Reduction Policies" in the Document include the following statements:

- The crimes for drug supply are approached to be the crimes against humanity.
- Zero tolerance principle will be adopted in fighting against drug trafficking.
- A rapid and effective intervention system will be developed against new psycho-active substances.
- Drug trafficking will be avoided to be used as a finance resource by terrorist organizations.

The "Demand Reduction Policies" in the Document include the following statements:

- Drug addictions is deemed to be a disease, while drug addict is approached as a patient, and this problems is observed as a significant public health issue,
- Prevention activities will be spread with the cooperation of the institutions concerned,
- Medical treatment of the addiction will be supported with reintegration activities.

The policies related to the other dimensions of this fight are highlighted in the document as follows:

- The following points will apply in the policy for fighting against drugs:
 - ✓ Cultural differences will be taken into consideration.
 - ✓ The practices will be in line with the fighting policies of international institutions, and their practices will be supported.
- The fight will be open to national and international cooperation.
- Research, information and data collection systems on research will constantly be improved.
- Fighting activities will be carried out with measurable and dynamic improvements based on information, and new approaches will be followed-up in this regard.
- National information network on drug will be strengthened.
- TUBİM under the Turkish National Police (EGM) Department of Anti-Smuggling and Organized Crime (KOM) ensures coordination and cooperation between all institutions fighting against drugs.
- The activities for fighting against drugs will be carried out
 - ✓ Under the coordination of a single center,
 - ✓ With the cooperation and support of national and international institutions and organizations concerned,
 - ✓ By ensuring broad participation,
 - ✓ And with an approach that is able to ensure expanding and harmonization at the same level.

This Document also includes the objectives intended to be reached under the scope of fighting against drugs between 2013 and 2018, the activities required to be carried out to materialize such activities, and 29 strategic objectives covered by the fight against drugs.

1.3.1.2. National Drug Action Plan Document (2013-2015)

The Action Plan covers 84 activities required to be carried out between 2013 and 2015 by each institution concerned in order to materialize total 29 strategic objectives included in the National Drug Policy and Strategy Document. These actions include several important points required to be carried out in fighting against drug in Turkey, such as:

- Increasing the inter-institutional cooperation against drug trafficking through couriers,
- Making an effective research on the relationship narcotics and terror,
- Increasing the effectiveness in fighting against illegal incomes from drug-related crimes,
- Focusing on control delivery practices,
- Increasing the number of practices against domestic drug networks,
- Developing strategies for fighting against drug sale on the internet,
- Increasing the number of prevention activities to be carried out with the cooperation of the institutions concerned, and preparing prevention materials,
- Preparing counselor curriculum for counselors, on the damages of drugs and prevention methods,
- Giving a more effective role to the family physicians in prevention activities,
- Establishing a free information/counseling line,
- Making drug use prevalence researches on population in general and youth,
- Organizing awareness raising trainings for school principals and teachers,
- Carrying out practices for the children living and/or forced to work on the streets,
- Preparing public service advertisements on prevention,
- Increasing the effectiveness of media on fighting against drugs,
- Increasing the number and quality of treatment centers,
- Increasing the number of treatment centers for children,
- Imposing new arrangements on certain articles of Turkish Criminal Code (TCK),
- Implementing rehabilitation services/programs in order to rehabilitate and reintegrate the drug addicts into society after their treatment,
- Developing assistance programs for drug addict convicts in penal institutions,
- Strengthening the data collection system in the field of drug,

- Re-regulating the establishment structures, duties and operation procedures of National and Provincial Drug Coordination Committees, in accordance with the Notices of the Office of the Prime Ministry and Ministries.

1.3.1.3. Provincial Drug Action Plans at Local Level

Provincial Drug Action Plans are prepared by the Provincial Drug Coordination Committees, in line with

- The National Drug Strategy Document
- The National Drug Action Plans

By 2012, Provincial Drug Action Plan was prepared for 78 out of 81 provinces (96.7%) The Plan was not prepared for Bitlis, Burdur and Muğla.

- Upon analyzing the Provincial Drug Action Plan of Turkey, 25.93% (21) of the Action Plans was observed to be valid, 70.37% (57) was invalid and studies for new ones continue; while 3.70% (3) of the provinces did not prepare such action plan at all.
- Upon analyzing the validity dates of the Provincial Drug Action Plans at local level, it was observed that 16.05% (13) of the Action Plans covers 4 and more years; while 59.26% (48), 3 years; 17.28% (14), 2 years; and 3.70% (3), 1 year; however, the remaining 3.70% (3) could not be analyzed as there were no action plans prepared.
- Provincial units did not make any studies on evaluation of the action plans prepared at local level.

1.3.2. Implementation and Assessment of National Drug Policy and Strategy Document and Action Plan

Assessment is important in several aspects. First of all, it is an important document that indicates the accountability and transparency of institutions and organizations working on drugs. Furthermore, with this document the institutions and organizations are able to see their achievements and failures within a definite time period, and therefore it is deemed to be a good guidance for decision makers in such institutions at short, medium and long term. And third point is that, this assessment report is very important as it increases inter-institutional cooperation and adds inter-disciplinary dimension to the issue.

Two different National Drug Action Plans, one covering 2007-2009 and the other 2010-2012, were prepared and entered into force to implement National Drug Strategy document covering 2006-2012.

National Drug Action Plan was prepared to present the institutions' task sharing and coordination for implementing the strategy document, in a clearer manner. The action plan includes protection, prevention, treatment and rehabilitation actions envisaged to be carried out by the institutions and organizations in detail.

Assessment of these action plans bears great significance as they will be the sources of the next strategy and action plan, ensure efficient resource allocation, and be useful in understanding the drug situation in the country. Considering these points, assessment-related points were included in the National Drug Action Plans I and II.

- National Drug Action Plan I "Section 4 Assessment Methods" includes the following statement *"... Within 2 months after implementation, the Action Plan will be analyzed in terms of its results and effects, and an assessment report will be prepared." These reports will be prepared by the representatives of the institutions assigned by action plans, under the coordination of TUBİM.*
- II.National Drug Action Plan I "Section 3 Assessment Methods" includes the following statement *"... Within 3 months after completion by duration, the Action Plan will be analyzed in terms of its results and effects, and an assessment report will be prepared by the institution representatives assigned by the action plan, under the coordination of TUBİM."*

As per the above-mentioned provisions, the assessments required were done upon completion of the validity durations of the action plans.

The documents were assessed using an assessment form (survey). Assessment form prepared to be used in the assessment of National Drug Action Plan I was revised, improved and referred to the institutions/organizations concerned in order to be used in the assessment of National Drug Action Plan II. "Assessment Form to be used in Action Plan for the Implementation of the National Strategy Document for Counteracting Addictive Substances and Addiction (2010–2012)" composes of 3 sections and 9 questions.

And whether the institutions/organizations fail to carry out the activities in the action plan assigned to them by coordinator institutions and responsible parties was observed while

assessing the activities included in the action plans. No assessment and evaluation procedure was carried out regarding the results of the activities.

Table 1-2: Comparison of National Drug Action Plan I and II Assessments

	<i>National Action Plan I (2007-2009)</i>	<i>II. National Action Plan II (2010-2012)</i>
<i>Number of Objectives</i>	73	33
<i>Number of Activities</i>	130	72
<i>Number of Institutions Responsible for the Implementation of Activities</i>	34	27
<i>Number of Institutions/Organizations Contributed to the Assessment</i>	30 (87%)	27 (100%)
<i>Level of Implementation of the Activities</i>	-33% (43) implemented, -51% (66) partially implemented, -15% (20) not implemented, -1% (1) immeasurable/unanswered activities,	-40% (29) implemented, -43% (31) partially implemented, -10% (7) not implemented, -7% (5) immeasurable/unanswered activities,

Source: Turkish Monitoring Center for Drug and Drug Addiction, 2013.

The realization rates of the activities included in the National Drug Action Plan were determined to be 84% in National Action Plans I and II.

The problems faced during performance of such tasks by the institutions/organizations responsible for the activities are almost the same. The following problems are prominent:

- Workload and insufficient number of specialist personnel,
- Not being able to use the information technology in data collection at desired level,
- Not being able to employ the specialist personnel at a definite unit for a satisfactory period of time,
- Lack of infrastructure,
- Insufficient scientific studies in the field of drugs and drug addiction,
- The fact that drug addiction is not preferred by medical staff and private sector,
- Changes in the corporate structure, and
- Budgeted-related problems.

1.3.3. Developments on Other Drug Policies

Reasons and results of drug use and addiction concern several disciplines and sectors. In the policy and strategy document, each sector addressed the studies they are to carry out at corporate level. These policy and strategy documents are not directly covered by the drug, drug use and addiction field; however they indirectly support the general policies and activities within the scope of action plan, and are in concordance with the current documents (Grand National Assembly of Turkey (TBMM), 2008).

National and corporate strategy documents and action plans prepared by the institutions working in the field of fighting against drugs are given in Tables 1-3 and 1-4.

Table 1-3: Other National Policy and Strategy Documents and National Action Plans, Together with the Main Points Included in These Documents Regarding Fighting Against Drugs

Name of the Document	Main Points in Fighting Against the Drugs included in the Document
<i>Strategy and Action Plan on the Prevention and Reduction of Violence in Educational Settings (2006-2011+)</i>	<p><u>Students with Raised Awareness in Prevention from Drug Addiction:</u></p> <ul style="list-style-type: none"> • Risk analysis will be carried out on the education environment and around in terms of drug use, the activities to improve the students' skills of having a healthy life and avoiding problems (such as case studies, role plays, and role models etc.) will be organized, training materials will be prepared and/or the current practices will be assessed. • Briefing and awareness raising studies will be done in the field of health life. • Awarenesses of the students, families, teachers and managers will be raised (conferences and seminars will be organized and booklets, brochures, banners, films, TV series and computer games etc. will be prepared). • Effective cooperation will be ensured in directing the drug user students and their families to institutions and organizations offering treatment and support services.
<i>National Tobacco Control Program and Action Plan (2008-2012)</i>	<ul style="list-style-type: none"> • Hubble bubble houses are spreading, and this is paving the way for addiction.
<i>Implementation Plan for Counteracting Drugs in Rural Areas (2010-2012)</i>	<ul style="list-style-type: none"> • The aim is to strengthen the fight against drugs and stimulants in rural areas. It was prepared in parallel with the National Drug Action Plan.
<i>National strategy for fighting Against Organized Crimes (2010-2015) and Action Plan (2010-2012)</i>	<p><u>Increasing the number and effectiveness of operational activities against organized crime activities.</u></p> <ul style="list-style-type: none"> • Implementing tracking procedure for materials trafficked (such as weapon and ammunition, drugs, tobacco products etc.).
<i>National Mental Health Action Plan (2011-2023)</i>	<p><u>Integration of Mental Health Services into Primary Care Services:</u></p> <ul style="list-style-type: none"> • ... as it is planned that cooperation with home care services, community mental health centers, community based treatment centers for substance addiction, youth homes and community centers become even more widespread, it is necessary for family physicians to work in coordination

	<p>with the centers in questions.</p> <ul style="list-style-type: none"> ... community based practices such as home care services and community mental health centers, and addiction treatment service model and ... should be integrated into the family physician system. In this sense, family physicians and primary care staff should be informed about these systems and institutions, and required measures should be taken for cooperation.
National Youth and Sports Policy Document (2012 -)	<p><u>Strengthening physical and human-related infrastructure at schools and universities.</u></p> <ul style="list-style-type: none"> Taking preventive measures to prevent young people from addictive substances, and carrying out practices for the treatment of addicted young people. <p><u>Taking preventive measures to prevent young people from addictive substances, and carrying out practices for the treatment of addicted young people.</u></p> <ul style="list-style-type: none"> Increasing the number and availability of the centers offering rehabilitation and treatment services for drug addicted young people. Offering psycho-social services for drug addicted young people and their families. Effectively supervising the encouraging broadcasts in the social media in fighting against addiction. Raising the awareness of families with the trainings to be offered by specialists through youth centers. Spreading and raising the effectiveness of the centers for treating the drug addictive young people. <p><u>Spreading the measures to protect the young people from harmful habits such as substance addiction, cigarette and alcohol.</u></p> <ul style="list-style-type: none"> Raising the awareness of young people and families about the harmful effects of substance addiction, cigarette and alcohol on health. Making contributions to the coordination between institutions concerned in the field of fighting against drug addiction. Developing projects for avoiding harmful substance use among young people.
Highway Traffic Security Strategy and Action Plan (2012-2020)	<p><u>Drug Inspection³:</u></p> <ul style="list-style-type: none"> The objective is to make legal regulations, purchase required technical devices, train the personnel and implement such control measures in order to determine drug or pleasure-inducing substance use, like alcohol control. By this means, drug or pleasure-inducing substance use controls will be applied on each driver, who is subject to alcohol control, and the number of drivers using such substances will be minimized (until 2020).
National Children Rights Strategy Document and Action Plan (2013-2017)	<p><u>Measures will be taken to prevent all children from addiction types.</u></p> <ul style="list-style-type: none"> Inter-institutional cooperation will be strengthened in order to spread protective-preventive and supportive services required to prevent all children from substance addiction. In this sense, inter-institutional coordination and cooperation will be ensured to put National Drug Policy Strategy Document (2013-2018) of TUBİM into practice. Substance addiction treatment centers to offer treatment and rehabilitation services for substance addict children will be spread throughout Turkey; and their quality will be improved.

³ **Current Situation:** The Highway Traffic Law includes a legal regulation for inspecting the drivers for drug and pleasure-inducing substance use; however, the Law of Criminal Procedure requires Public Prosecutor permit or ex-officio judge or court decision for taking samples of blood, urine or saliva from body. Hence during the traffic controls, the drivers cannot be examined by the traffic polices in terms of drug or pleasure-inducing substance use, as per the provisions of the Highway Traffic Law No.2918.

Corporate Strategic Plans

Table 1-4: National Strategy Documents and the Main Points Included in These Documents Regarding Fighting Against Drugs

<p>Strategic Plan of the Ministry of Family and Social Policies</p>	<p><u>Strengthening the family structure</u></p> <ul style="list-style-type: none"> The family structure is objected to be strengthened, while divorce and suicide rates, number of children in need of protection, volatile substance and drug use, and mother & child death rates are envisaged to be reduced by developing legislations, through coordination and cooperation, analysis and research planning, developing opinions, and with activities offered to public institution, organizations and NGOs such as training, committees and assessment meetings.
<p>Strategic Plan of the Department of Religious Affairs (2012-2016)</p>	<p><u>Carrying out activities likely to contribute to the unity and solidarity at social level.</u></p> <ul style="list-style-type: none"> Assuming an effective role in the resolution of social problems that are caused by moral and spiritual issues, such as terrorism, honor killings, domestic violence, substance use, and environmental issues. Educating religious officials regarding social issues, such as substance use, in order to raise social awareness.
<p>Strategic Plan of the Ministry of Interior</p>	<ul style="list-style-type: none"> Required administrative, legal and physical regulations will be maintained in order to make the fight against organized crime, drugs, human trafficking, fraud and money laundering, financial crimes, terrorism and financing of terrorism more active; all kind of cooperation between the institutions serving in this fields will be strengthened, and international cooperation will be enhanced.
<p>Strategic Plan of the Ministry of Youth and Sports (2013-2017)</p>	<p><u>The main objective of this plan is to ensure that the young people are active citizens, and spend their spare time in an effective manner; to offer educational, social, cultural, artistic and sports-related skills to those young people; to make contributions in their individual and social developments; to ensure that they embrace ethical and humanitarian values; to avoid their leading to violence and bad habits; to organize national and international events; to establish Youth Camps and Youth Centers; and to raise the effectiveness of such camps and centers.</u></p> <ul style="list-style-type: none"> In order to avoid the young people to be led to violence and bad habits, we are planning to reach 250.000 young people and carry out briefing and prevention activities with the cooperation of our shareholders, until the end of the planning period. Several studies are carried out to avoid young people's leading to violence and bad habits.
<p>Strategic Plan of the Ministry of Customs and Commerce (2013-2017)</p>	<p><u>Taking required administrative and structural measures to fight against trafficking in an effective manner.</u></p> <ul style="list-style-type: none"> The aim is to take required administrative and structural measures to effectively fight against trafficking, illegal commercial activities, acts and crimes in order to protect and improve economic, cultural and natural values of our country.
<p>Strategic Plan of the Ministry of Health (2013-2017)</p>	<p><u>Maintaining the fight against tobacco, reducing rate of tobacco exposure and addictive substance use.</u></p> <ul style="list-style-type: none"> Organizing national campaigns within the scope of fight against tobacco and addictive substances. Organizing events supported by role models of the society within the scope of fight against tobacco and addictive substances. Organizing activities such as seminars, conferences, competitions etc. for students and recruits/non-commissioned officers within the scope of fight against tobacco and addictive substances. Preparing, implementing, monitoring and assessing action plan for fight against substance addiction excluding alcohol.

	<ul style="list-style-type: none"> • <i>Improving the protection, treatment and rehabilitation services offered for other addictive substances.</i> • <i>Improving the protection programs for other addictive substances.</i> • <i>Improving the treatment and rehabilitation services offered by Treatment and Training Center for Alcohol and Substance Dependence (AMATEM).</i>
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1.3.4. Coordination Related Adjustments

1.3.4.1. National Coordination

The activities for fighting against drugs in Turkey are carried out by several institutions and organizations. The coordination ensured between the institutions and organizations does not only bring systematic work, but it also increases the success in this fight as a country.

In this sense, National Drug Coordination Committee, which composes of the representatives of all institutions and organizations concerned, and which was established under TUBİM in 2006 in order to ensure coordination in the field of fighting against drugs, gathered for 16 times as of the end of 2012.

National Drug Coordination Committee, comprising two different sections called "Fight against Supply" and "Demand Reduction, Treatment and Rehabilitation" convened for 3 times in 2012.

TUBİM Scientific Committee

In order to ensure scientific support to the practices carried out in Turkey in the field of fighting against drugs and drug addiction; TUBİM Scientific Committee was established as per National Drug Action Plan I. This Scientific Committee composes of scientists from different disciplines related to drug addiction, and as of the end of 2012, the Committee gathered together for 16 times. The Committee assesses the agenda of the country and takes scientific recommendation decisions for Coordination Committees.

Early Warning System (EWS)

As in any other part of the world, there are new psychoactive substances with no legal limitations, but having the effects similar to those narcotic and psychotropic substances known and controlled by the laws. And prevalence of such new psychoactive substances is increasing. As there is no legal limitation available and they are easier to be obtained, these substances are increasingly placed on the market.

In this sense, it is very important to cover these new psycho-active substances as soon as possible, for fighting against drugs and drug addiction.

Early Warning System (EWS) Working Group in Turkey was established in 2006, as one of the National Working Groups established under "Phare Project" initiated by EMCDDA and TUBİM; and has regularly continued its activities since.

Total 20 representatives from the Ministry of Health, the Ministry of Justice, the Ministry of Customs and Commerce, the Ministry of Food, Agriculture and Livestock, General Command of Gendarme, General Directorate of Security, Coast Guard Command, Hacettepe University and other institutions concerned participate in this working group. The group communicates via e-mail, and each new notification is communicated to the group members, through EWS.

The institutions included in the EWS fill *"Report Form for New Psycho-Active Substances (such as drugs, stimulants, hallucinogen etc.)"* when they encounter a new substance, and send this form to TUBİM. And in the following meetings on these substances, the following issues are assessed:

1. The possibility to develop addiction and the density of the potential addiction,
2. Social risks in terms of the user,
3. Relationship of disturbance and violence at society level.

In the EWS meetings, recommendations are given in order to ensure these new psycho-active substance(s) assessed by the specialists are covered by the law. Recommendation decision taken is submitted to the Ministry of Health via an official letter of TUBİM, and the procedure which is required to include such substances into legal limitations starts.

As a result of EWS Working Group meetings, 34 new psycho-active substances were included in the Law No.2313 on Control of Drugs between the years 2007 and 2012.

In order to fight these substances at an earlier stage, in other words to detect new psycho-active substances before they are brought to Turkey, to analyse the risks, and to include them within the scope of the law, at the 9th meeting of the EWS Working Group, held on October 03, 2012, it was decided to be a good approach to cover new psycho-active substances, which are included in the laws of at least one EU country, in the Law No.2313 upon being discussed at the EWS Working Group.

As a result of the discussions and analysis of the members of the working group, 60 new psycho-active substance were decided to be covered by the Law No.2313 on Control of Drugs; and they were subjected to this Law as per Council of Ministers' Decision No.2013/4827 dated May 22, 2013, published on the Official Gazette No.28688 dated June 25, 2013. As a result, the number of substances covered by the Law No.2313 rose up to 94, between the years 2007 and 2013.

Drug Conference in Turkey (TUK), 2013

The first Drug Conference in Turkey was held in Antalya on February 16-18, 2011 and the second was held in Ankara on June 3-4, 2013, in order to strengthen the coordination between institutions within the scope of drug and drug addiction, and to share the developments in this area.

Members of the parliament; senior authorities of the related ministries; lieutenant governors; officials from Provincial Health Institutions, Public Health Institutions, national Education Institutions and Police Department, TUBİM Institutional Contact Points, academicians, NGOs, media and foreign experts attended to these conferences.

During the conferences, recommendations for evaluating the activities of Provincial Drug Committees, determining the problems in implementation and recovering such problems were given within the scope of strengthening the fight against drugs.

Final declaration of the conference is given below.

Table 1-5: Final Declaration of Drug Conference in Turkey

Title	Decisions Taken
Coordination	1. <i>The fight against the drug should continue as a whole, preserving the determination; supply and demand dimensions of the drug problem should be addressed in a balanced manner; and the main factors of the coordination should be the duties and tasks of all institutions within their assigned position.</i>
	2. <i>National Drug Policy and Strategy Document (2013-2018) and National Drug Action Plans (2013-2015) should be put into practice as soon as possible.</i>
	3. <i>Local action plans should be prepared and implemented in line with the Strategy Document and Action Plan, using the Notices of the Office of the prime Ministry and the Ministry of Interior, under the supervision of Central and Local Coordination Committees.</i>
	4. <i>The name of the committees was changed with the new Strategy and Action Plan, and they are going to be called "Provincial Drug Coordination Committee".</i>
	5. <i>Provincial Drug Action Plans should also be prepared and up-dated at local level and in accordance with the conditions of the province, together with the strategy and action plans, which cover the</i>

	<p>whole country, and which are prepared to fight against drugs.</p> <p>6. Successful projects and studies on the drug problem that has different dimensions are carried out in several provinces. These projects and practices should be shared with the provinces on regular basis, and a system should be developed for this objective.</p> <p>7. Secretary of the Provincial Drug Coordination Committee and TUBİM should be able to be in direct contact.</p> <p>8. Employment continuity of the personnel working in Provincial Drug Coordination Committee should be ensured, and methods encouraging regular participation should be focused on.</p>
Demand Reduction	<p>1. Common acts should be done with media and NGOs in the fight against drugs, awareness of the society should be raised through local potentials.</p> <p>2. The risk factors affecting drug use should be determined in detail, and solutions should be developed in accordance with these factors.</p> <p>3. The number of family, child and school based approaches focusing on preventing drug addiction should be increased, the peer pressure which seems to be negative should be turned into a positive one, and the peers should be ensured to effect each other in a positive manner.</p> <p>4. Values system, the base dynamics of the society, should be benefited from in the prevention and treatment of drug addiction; while social environment features and individual fields of interests should be avoided.</p> <p>5. Prevention activities, in other words awareness raising activities to be carried out before people are lead to use such substances, which are the most effective approach in fighting against drug use should be discussed at national and local level; and materials such as seminars, presentations, banners, brochures and theatre texts etc, serving for this purpose, should be prepared and implemented with the support of the institutions concerned.</p> <p>6. There is a need to develop a rehabilitation system that can reintegrate drug addicts into the society as healthy people during or after their treatment, and to open rehabilitation centers at national level.</p> <p>7. Availability of the treatment should be increased for those individuals in need of treatment for drug addiction.</p> <p>8. A continuous and multi-dimensional treatment approach should be adopted for individuals.</p> <p>9. Capacities of the treatment centers for those under the age of 18 should be increased; and required studies should be done upon addressing the approach of obligating treatment at these age.</p>
Supply Reduction	<p>1. The determined fight against organized crime organizations that carry out drug trafficking activities, inter alia, should be maintained.</p> <p>2. Practices on supply reduction carried out under the coordination and cooperation of the institutions should increasingly continue.</p> <p>3. The practices focusing on drug seizure supports supply dimension of the problem; however, greater importance should be attached on the practices for fighting against drug incomes in order to be more effective.</p>

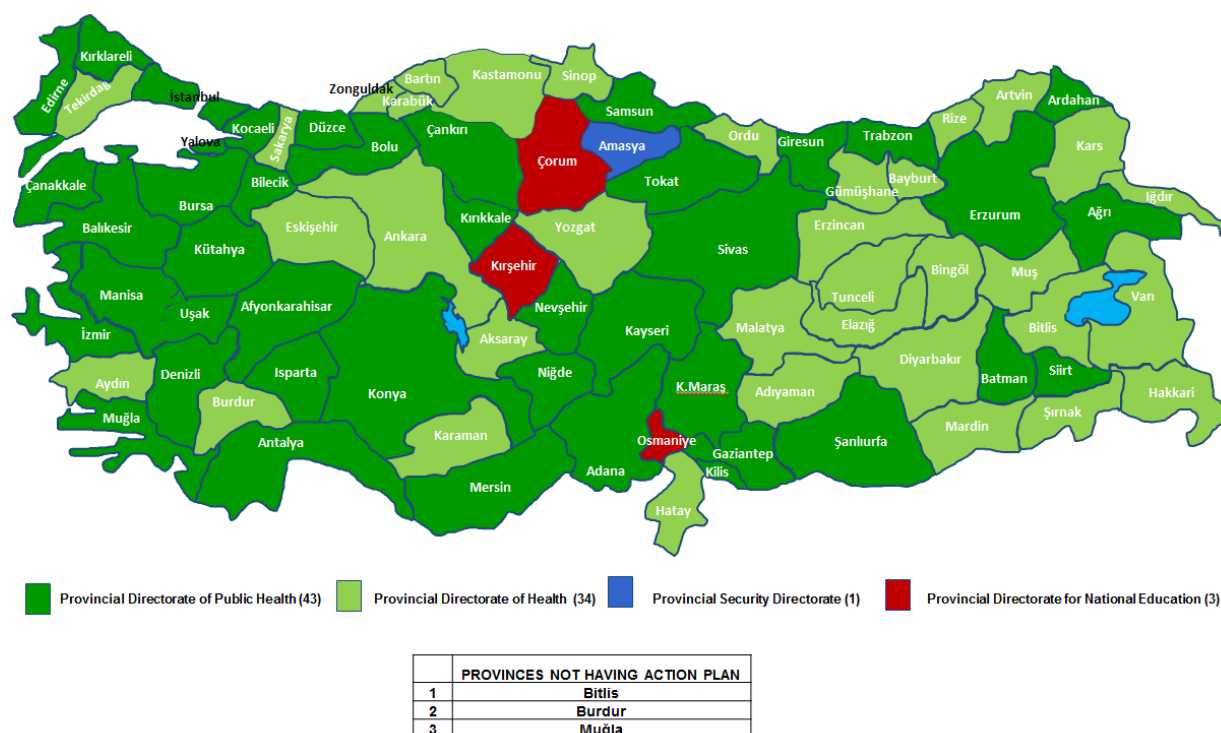
Source: Turkish Monitoring Center for Drug and Drug Addiction, 2013.

1.3.4.2. Local Coordination

Coordination of the studies for fighting against drugs at local level are ensured by the Provincial Drug Coordination Committees established under Governorships as per the National Drug Action Plan I (2007-2009).

Deputy Governors of the related provinces chair such committees that chase and determine drug use and trafficking problems at local level, offer and implement solutions for such problems, and ensure cooperation and coordination in the provincial practices carried out by the institutions.

Figure 1-2: Secretariat Institutions of Provincial Drug Coordination Committees



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2013.

Secretariat duties of the Provincial Drug Coordination Committee are carried out by Provincial Directorates of Public Health in 43 (53.09%) provinces, by Provincial Directorates of Health in 34 (42%) provinces, by Provincial Directorate of Security in one province (1.23%), by Provincial Directorates of national Education in 3 (3.7%) provinces, and by Governorship in one province (1.2%).

The reason why secretariat duties of Provincial Drug Coordination Committees are offered by health-care units in 76 provinces (94%) is the fact that secretariat duties of Provincial Drug Coordination Committees were transferred to Provincial Directorates of Health in 2010-2012 National Drug Action Plan; while these duties were given to Provincial Directorates of Security, Health or National Education to be deemed suitable by the Chairman of the Committee in the 2007-2009 National Action Plan.

In the National Drug Action Plan for 2013-2015, operation procedures and principles of the committees were objected to be re-defined in order to ensure that the Provincial Drug Coordination Committees work in a more active manner.

1.4. Economic Analyses

Drug costs can be divided into two main categories, which are direct and indirect categories. Direct costs are the payments done for the drugs, and typically include the expenses in the fields of prevention, treatment, damage reduction and law. Indirect costs are the production services that could not be offered due to drug use, and are typically composed of productivity loss originating from drug-related disease and deaths⁴.

1.4.1. Public Expenses

Public expenses mean the value of goods and services provided by the government (central, regional, local) to carry out the functions of a state (health services, justice, public order, education, social services). Analysis of public expenses of a state offers useful information on effective and efficient expending capacity of a government⁵.

Like several other countries, Turkey has certain expenses within the scope of fighting against drugs.

These expenses of several different institutions are covered by the general budgets of the related institutions. However, it is very hard to define what part of these expenses from the general budget is done in the field of fighting against drugs. Hence, the public expenses included in this section are added as approximate costs of the institutions.

The data on public expenses in the field of fighting against drug were first published in 2010 in Turkey. In 2011, "Public Expenses Form" was developed to collect such data in a more systematic manner. In the same year, the data were collected only from public institutions, while the next year the Municipalities submitted the data collected as well.

Table 1-6: Public Expenses in 2012

⁴ <http://www.emcdda.europa.eu/publications/online/ar2007/tr/diseases>

⁵ <http://www.emcdda.europa.eu/publications/online/ar2007/tr/diseases>

Serial No	Expense Type	Institutions		Provinces		General	
		TRY	Percentage	TRY	Percentage	TRY	Percentage
1	Personnel Expenses	227.181.218,50	58.19	3.875.680,00	72.14	231.056.898,50	58.38
2	Preventive Activity Expenses	45.570.256,00	11.67	162.500,00	3.02	45.732.756,00	11.55
3	Equipment and Infrastructure Expenses	26.807.284,79	6.87	537.023,00	10.00	27.344.307,79	6.91
4	Premium Expenses	20.333.948,40	5.21	0.00	0.00	20.333.948,40	5.14
5	Training Expenses (Personnel)	16.003.988,00	4.10	72.500,00	1.35	16.076.488,00	4.06
6	Outpatient Treatment Expenses	14.425.000,00	3.69	51.290,00	0.95	14.476.290,00	3.66
7	Inpatient Treatment Expenses	13.293.000,00	3.40	250.000,00	4.65	13.543.000,00	3.42
8	Medication Expenses	7.000.000,00	1.79	87.000,00	1.62	7.087.000,00	1.79
9	Operational Expenses	6.024.973,61	1.54	0.00	0.00	6.024.973,61	1.52
10	Analysis Expenses	2.545.038,00	0.65	0.00	0.00	2.545.038,00	0.64
11	Rehabilitation and Support Expenses	0.00	0.00	297.351,00	5.53	297.351,00	0.08
12	Autopsy Expenses	132.000,00	0.03	0.00	0.00	132.000,00	0.03
13	Probation Expenses	0.00	0.00	12.500,00	0.23	12.500,00	0.00
14	R&D Expenses	5.500,00	0.00	0.00	0.00	5.500,00	0.00
15	Legal Expenses	0.00	0.00	0.00	0.00	0.00	0.00
16	Convict/Detainee Expenses	0.00	0.00	0.00	0.00	0.00	0.00
17	Other	11.097.733,20	2.84	26.496,00	0.49	11.124.229,20	2.81
Total		390.419.940,50	100.00	5.372.340,00	100.00	395.792.280,50	100.00

Source: Turkish Monitoring Center for Drug and Drug Addiction, 2013.

Data on public expenses of 2012 were collected from the Ministry of Justice, the Ministry of Family and Social Policies, the Ministry of Food, Agriculture and Livestock, the Ministry of Customs and Commerce, the Ministry of Finance, the Ministry of National Education, the Ministry of Health, Turkish National Police, General Command of Gendarmerie, Coast Guard Command, Turkish Radio & Television Corporation, Department of Religious Affairs and 46 Municipalities.

The expenses of central institutions and Municipalities were assessed separately.

While the expenses spent by central institutions in 2011 were TRY 372.638.683, this expense raised up to TRY 390.419.940,50, with 4.77% increase in the rate. A significant increase was detected in the prevention action expenses, compared to the previous year.

More than half of the expenses of the central institutions are personnel expenses. The significant expense items are as follows:

- 58.19% (TRY 227.181.218,50) for personnel,
- 11.67% (TRY 45.570.256,00) for prevention activities,
- 6.87% (TRY 26.807. 284,79) for material and infrastructure,
- 5.21% (TRY 20.333.948,40) for premiums,
- 4.10% (TRY 16.003.988,00) for personnel training,
- 3.69% (TRY 14.425.000,00) out-patient treatment,

- 3.40% (TRY 13.293.000,00) in-patient treatment.

In 2011 and 2012, no data on the expenses of probation and convicts/detainee could be collected from the central institutions. In 2011 no data on autopsy expenses could be collected, while in 2012 certain data were collected for the same point.

In 2011, no data on municipalities were collected; however, in 2012, 81 municipalities were asked to submit data on public expenses. With the data submitted by 46 municipalities, assessment on public expenses at local level was done.

Personnel expenses, equivalent to TRY 3.875.680,00 (72.14%), are placed at the top of the municipality expenses, as they were in the central institution expenses.

The provinces having the highest expense rates are İstanbul and Gaziantep with the rates of 50.76% (TRY 2.727.000,00) and 43.39% (TRY 2.331.000,00) respectively. The expenses of those two provinces constitute 94.15% of the total expenses of 46 provinces.

A great part of the expenses of İstanbul (80.31%) was observed to be personnel expenses. Similarly, most of the expenses of Gaziantep (64.35%) were observed to be personnel expenses as well.

The municipalities did not only spend on the field of fighting against drugs, but they also reflected the principles of this fight on their corporate strategic plans, in order to ensure that such fight is carried out in a more systematic manner. For example, the Public Health Prevention SECTION of Gaziantep Metropolitan Municipality Strategic Plan (2010-2014) includes the statement "To determine children and young people, who are substance addicted or under risk, and to rehabilitate substance addicted children and young people".

1.4.2. Budget

The institutions do not have a special budget for the expenses of fighting against drugs, such expenses are covered by the central budgets of the institutions.

National Drug Action Plan, which was prepared to implement National Drug Policy and Strategy Paper, includes the activities for fighting against drugs, which are to be carried out by institutions between the years 2013 and 2015. The following statement was included for the expenses to be spent for the above-mentioned activities: *"The financial resources, which are*

required to implement the activities in the plan in accordance with the time schedules, shall be covered by the budgets of the institutions concerned. During their budget preparation phase, the institutions concerned shall consider the requirements of the Action Plan as well.”

1.4.3. Social Costs

Drug-related social costs cover all direct and indirect prices paid by the society due to drug use. When described in financial terms, this would mean an estimation of total costs on the society due to drug use⁶.

Determination of social cost of drug use provides certain benefits. First of all it determines the public expenses for drug-related issues, and the amount to be saved when drug problem is solved completely. Secondly, it defines the different components of costs, and contribution of each sector⁷.

No study was carried out on social costs in Turkey in 2012.

⁶ <http://www.emcdda.europa.eu/publications/online/ar2007/tr/diseases>

⁷ <http://www.emcdda.europa.eu/publications/online/ar2007/tr/diseases>

SECTION 2

PREVALENCE OF DRUG USE: RISK FACTORS AND PERCEPTIONS

Assoc. Prof. Dr. Mustafa N. İLHAN⁸

2.1. Introduction

Being a significant public health problem, drug use is not as prevalent in Turkey as it is in other European countries, yet a problem with medical, legal, security-related and social aspects, which needs to be revealed together with all dimensions and risk factors.

According to the results of Attitude and Behaviour Surveys on Tobacco, Alcohol and Drug Use in the General Population and the schools (TUBİM GPS Survey) and schools (TUBİM SPS Survey), that were carried out by TUBİM for the first time in Turkey in 2011, the percentage of people trying any narcotic drug at least once time (lifetime prevalence of drug use) is 2.7% in the age group 15-64 and 1.5% in the age group 15-16. The size of the problem was revealed in 2012 Turkish Drug Report, in which the drug use was analysed with variables of age and gender. This year the problem is even further analysed, and the perception of the public for the drug use will be presented with relevant risk factors.

2.2. Drug Use In The General Population

2.2.1. Risk Factors

The distribution of lifetime drug use of general population according to age, gender, education, marital status, and longest place of residence and income groups is presented in table 2-1, 2-2, 2-3, 2-4, 2-5 and 2-6.

Table 2-1: Distribution of Lifetime Drug Use of General Population According to Age Groups, 2011.

⁸ Gazi University - Faculty of Medicine Department of Public Health

Age Group	Lifetime Drug Use	
	Yes (%)	No (%)
15-24	2.9	97.1
25-44	2.8	97.2
45-64	2.3	97.7
	p=0.323	

Source: TUBIM GPS Survey, 2011.

Lifetime drug use is 2.9% in the age group 15-24; 2.8% in 25-44 and 2.3% in 45-64.

Table 2-2: Distribution of Lifetime Drug Use of General Population According to Gender Groups, 2011.

Gender	Lifetime Drug Use	
	Yes (%)	No (%)
Male	3.5	96.5
Female	2.6	97.4
	p=0.078	

Source: TUBIM GPS Survey, 2011.

Lifetime drug use is 3.5% in males, whereas 2.6% in females.

Table 2-3: Distribution of Lifetime Drug Use of General Population According to Education Groups, 2011.

Education	Lifetime Drug Use	
	Yes (%)	No (%)
Uneducated	2.6	97.4
Primary School Graduate	2.4	97.6
Secondary School Graduate	3.2	96.8
High School Graduate	2.6	97.4
University Graduate	3.1	96.9
	p=0.521	

Source: TUBiM GPS Survey, 2011.

While the lifetime drug use is 2.6% in the uneducated; it is 2.4% in primary school graduates; 3.2% in secondary school graduates; 2.6% in high school graduates; and 3.1% in university graduates

Table 2-4: Distribution of Lifetime Drug Use of General Population According to Marital Status Groups, 2011.

Marital Status	Lifetime Drug Use	
	Yes (%)	No (%)
Single	3.8	96.2
Married	2.4	97.6
Widow/Divorced/Living Separately	1.5	98.5
Living Together/Polygamous	-	100.0
p=0.005		

Source: TUBiM GPS Survey, 2011.

While the lifetime drug use is 3.8% in singles, it is 2.4% in married; 1.5% in widower, divorced or separately living. Being single, statistically, increases the drug use significantly (p=0,005).

Table 2-5: Distribution of Lifetime Drug Use of General Population According to Longest Place of Residence Groups, 2011.

Place of residence	Lifetime Drug Use	
	Yes %	No %
Town Center	2.6	97.4
District Center	2.9	97.1
Village/Borough	2.7	97.3
p=0.850		

Source: TUBiM GPS Survey, 2011.

While the lifetime drug use is 2.6% in people living in town center; it is 2.9% in district center; and 2.7% in village/borough center

Table 2-6: Distribution of Lifetime Drug Use of General Population According to Income Groups, 2011.

Income	Lifetime Drug Use	
	Yes %	No %
Less than TRY 500	5.6	94.4
TRY 500 -1.000	2.2	97.8
TRY 1.001 -2.000	2.6	97.4
More than TRY 2.001	2.9	97.1
	p=0.001	

Source: TUBİM GPS Survey, 2011.

Lifetime drug use is 5.6% among the people with an income of TRY 500 (200 EU) and less, this figure is 2.2% among people with an income of TRY 501-1000 (201-400 EU); 2.6% among people with income of TRY 1001-2000 (800 EU), and 2.9% among people with greater incomes. Having an income of TRY 500 (200 EU) and less, statistically, increases the drug use significantly (p=0.001).

2.2.2. Drug Use According to Tobacco, Alcohol and Pharmaceutical Drug Use without Physician Recommendation

Tobacco, alcohol and pharmaceutical drug use without physician recommendation are very important factors that affect drug use; and information on lifetime drug use according to the groups that have used tobacco, alcohol and pharmaceutical drugs for lifetime, the last 12 months and last 30 days are shown in table 7.

Table 2-7: Distribution of Lifetime Drug Use of General Population According to the Groups that have Used Tobacco, Alcohol and Pharmaceutical Drugs for Lifetime, Last 12 Months and Last 30 Days

	Lifetime Drug Use	
	Yes (%)	No (%)

Lifetime				
Tobacco	Yes	3.0	97.0	p=0.046
	No	2.3	97.7	
Alcohol	Yes	3.9	96.1	p=0.001
	No	2.2	97.8	
Pharmaceutical Drugs	Yes	3.3	96.7	p=0.260
	No	2.6	97.4	
Last 12 Months				
Tobacco	Yes	3.6	96.4	p=0.001
	No	2.2	97.8	
Alcohol	Yes	5.4	94.6	p=0.001
	No	2.2	97.8	
Pharmaceutical Drugs	Yes	3.4	96.6	p=0.344
	No	2.7	97.3	
Last 30 Days				
Tobacco	Yes	3.6	96.4	p=0.001
	No	2.3	97.7	
Alcohol	Yes	6.0	94.0	p=0.001
	No	2.3	97.7	
Pharmaceutical Drugs	Yes	3.0	97.0	p=0.715
	No	2.7	97.3	

Source: TUBIM GPS Survey, 2011.

Using tobacco and alcohol for lifetime, last 12 months and last 30 days, statistically, increases substance use significantly. Three percent of those who have used tobacco for their lifetime, and 3.6% for the last 12 months and for the last 30 days use significantly more substance compared to those who does not use tobacco (p=0.046, p=0.001, p=0.001).

3.9% of those who have used alcohol for their lifetime, and 5.4% for the last 12 months and 6% for the last 30 days use significantly more substance compared to those who does not use alcohol (p=0.046, p=0.001, p=0.001).

2.2.3. Cannabis Use

Due to the fact that in TUBIM Research on Prevalence of Substance Use among the General Population cannabis was determined to be the most commonly used substance, and the usage frequency of other substances was observed to be very low; as a result the cannabis use is analysed separately. Cannabis use prevalence for lifetime, for the last 12 months and for the last 1 month is given in Table 2-8.

Table 2-8: Substance Use Prevalence for Lifetime, for the Last 12 Months, and for the Last 3 Months, Last Month and During Research

	Cannabis Use Prevalence (%)	Number of people
Lifetime	0.7	56
Last 12 Months	0.3	23
Last Month	0.2	13

Source: TUBIM GPS Survey, 2011.

The average age for first time use of cannabis was 20.89 ± 3.99 , and the median age was 20.00.

Seventy six point eight percent of cannabis users did not use cannabis in the last month. Cannabis users generally use cannabis plant (bud, clover, grass) to obtain the drug, and it is mostly mixed to tobacco. Zero point two percent of the society stated that they regularly use cannabis, and nearly half of this group uses cannabis for 4 to 7 times a week. More than half of the cannabis users stated that they tried and were able to stop using the substance, while 1/5 of them were not.

The cannabis used for the last time is generally obtained from family and friends, and it is generally used in a friend's house. Half of the cannabis users stated that it is easy to find cannabis within 24 hours.

While 14% of cannabis users consider that they cannot control their cannabis use, 14% mention that the possibility of skipping even a single dose causes anxiety, 19.3% are anxious about their cannabis use, and 35.1% wish to quit using cannabis.

Eighty six point seven percent of cannabis users stated that they were drunk for 1 to 4 hours a day while using cannabis, and 7.3% stated they were drunk for at least 6 hours every day.

Nine point one percent of cannabis users stated that they could not stop using the substance, 10.9% could not perform what is expected from them under normal conditions, 9.1% used cannabis to start the day, 18% were regretful, and 35.1% were going through a concentration problem.

Six point nine percent of cannabis users were injured because of his/her own or others' cannabis use. Families, friends or doctors of 16.9% of cannabis users suggested them to reduce or cease the drug use.

2.2.4. Perception of Substance Use

This section indicates the perception of participants regarding tobacco, alcohol and substance use.

Table 2-9: Distribution of General Population based on their Perception of Crime regarding Substance Use, 2011.

Perception of Drug Addict	%
More criminal	14.9
Sicker	48.4
Neither criminal nor sick	6.0
Both criminal and sick	25.9
Abstaining	4.7

Source: TUBIM GPS Survey, 2011.

Substance users are generally defined as "sicker" (48.4%), and "both criminal and sick" (25.9%) by the society. In other words, 3/4 of the society thinks that substance users are sick.

Table 2-10: Distribution of the Views of General Population regarding Cannabis Use, 2011.

	Totally agree (%)	Agree (%)	Abstaining (%)	Not agree (%)	Totally not agree (%)	I do not know (%)
People should be able to use cannabis for	3.3	6.2	4.2	11.2	70.7	4.4

medical reasons						
People should be able to use cannabis for entertainment	0.4	0.6	0.8	9.9	86.5	1.7
People should be able to use cannabis	0.4	0.3	0.9	9.8	86.8	1.7

Source: TUBIM GPS Survey, 2011.

Eighty one point nine percent of the society does not agree with the statement of "People should be able to use cannabis for medical reasons", while the percentage of people who does not agree with the statement "People should be able to use cannabis for entertainment" is 96.4%, and the ratio of those who does not agree with the statement "People should be able to use cannabis" is 96.6%. The results show that the society has very limited tolerance for cannabis use.

Table 2-11: Distribution of the Tolerance of General Population regarding Tobacco, Alcohol and Substance Use, 2011.

	Tolerate (%)	Partially tolerate (%)	Do not Tolerate (%)	I do not know (%)
Trying ecstasy for 1-2 times	0.5	1.6	92.2	5.6
Trying heroin for 1-2 times	0.3	0.7	95.3	3.7
Having 10 cigarettes a day	8.1	16.4	73.1	2.4
Having 1-2 drinks a few times a week	7.4	12.9	77.1	2.7
Having cannabis once in a while	0.6	1.0	95.3	3.1

Source: TUBIM GPS Survey, 2011.

More than 90% of the society does not tolerate trying cannabis, ecstasy and heroin; while 73.1% does not tolerate having 10 cigarettes a day; and having 1-2 drinks a few times a week is not tolerated by 77.1% of the society. According to the results, toleration of the society which is relatively permissive for tobacco and alcohol decreases when it comes to substance use.

Table 2-12: Distribution of the Risk Perception of General Population regarding Tobacco, Alcohol and Substance Use, 2011.

	No risk (%)	Slightly risky (%)	Moderately risky (%)	Highly risky (%)	I do not know (%)
Having one or more boxes of cigarettes a day	0.3	2.3	9.6	86.0	1.8
Having 5 or more drinks at the weekends	0.8	3.0	11.7	82.0	2.4
Having cannabis regularly	0.1	0.2	1.6	95.8	2.3
Trying ecstasy for 1-2 times	0.2	0.5	2.3	92.3	4.7
Trying cocaine or crack for 1-2 times	0.1	0.3	1.8	93.6	4.1

Source: TUBİM GPS Survey, 2011.

Less than 1% of the society deems tobacco, alcohol and substance use as a non-risky activity, while more than 90% of the society thinks that such a use is moderately or highly risky. Perception of risk of the society is very similar for those three substances.

2.2.5. Results

Substance use is reducing on a global scale; however, the frequency remains the same for Turkey when the data of the last ten years are analyzed. Periodically repeating general population and school child researches, which was first done in 2011, will be a sound approach to determine the frequency of use in a realistic way and to evaluate the measures taken. Together with the above-mentioned groups, single individuals and people with low income were determined to be a risk group, and it would be appropriate to develop a policy focusing on these groups.

The fact that the great part of the society sees substance users as sick people is an important argument to be used in fighting against substance use and reintegration of addicts into the society. Besides, society does not tolerate substance use; and substance, alcohol and tobacco use is perceived to be risky, hence, fighting against tobacco and alcohol together with substance may be an effective prevention strategy.

2.3. Use Of Substance In Schools And Among Young Population

No new data.

2.4. Use Of Drugs Among Special Groups / National And Local Regulations

No new data.

SECTION 3

PREVENTION

Nadir KOÇAK⁹

3.1. Introduction

The best strategy against the misuse of narcotic drugs is the prevention strategy. Today, it is a widely accepted fact that the number of actions that can be taken is rather restricted (treatment, rehabilitation, social integration etc.), once drug addiction develops. And the best strategy is prevention.

Demand reduction, protection and prevention have recently been given voice to in Turkey. Now, agenda does not only include fighting against drug trafficking and narcotic operations, but it also refers to national and local projects to deter people from using drugs, together with activities and trainings. The reasons behind this include the fact that law enforcement measures and prevention measures in fighting against drug trafficking are jointly referred to, and the search of balance between supply reduction, which means drug trafficking, and demand reduction that also includes treatment and rehabilitation of drug users together with the measures to deter them from reaching the addiction substances.

Furthermore, national drug strategy document and national drug action plan including the implementation details of this document contributed to development and strengthening of prevention concept in Turkey. Another important factor is that United Nations Office on Drugs and Crime (UNODC) and European Center for Monitoring Drug and Drug Addiction (EMCDDA) share their experiences in prevention through their publications and meetings they organize. It is possible to say corporate awareness has increased throughout Turkey thanks to the Turkish experts sharing and reporting their knowledge and experiences gained through following up such publications and meetings.

The objective behind drug prevention studies is to prevent drug use, to delay early-age drug use, or to reduce drug use and other problems based on drug use.

The general idea that comes into mind when the issue is prevention in Turkey is to organize training activities in schools, to prepare projects to raise awareness of individuals, banner and brochures, and to warn people about the damages of drugs. However, according to certain approaches prevention is far beyond such activities, and includes above-mentioned demand

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reduction, drug trafficking and narcotic operations. However, this approach is not addressed within this framework in Turkey. This section is not about the trafficking aspect of prevention, but it is about preventing the development of addiction in individuals, and developing strategies and activities to ensure that community lives in a healthy and productive manner. The information transferred to Turkish Monitoring Center for Drugs and Drug Addiction (TUBİM) by the related institutions was used as data collection tool.

Upon the analysis of national and international literature, the importance of prevention activities is observed to be highlighted in several sources. The main reason behind this is the limited number of things to be done once drug addiction develops. This situation is a vicious circle for certain drugs and the addiction problem continues for lifetime. In terms of effectiveness and efficiency, it can be said that prevention activities are much more effective and efficient when it comes to efforts and expenses. The judicial and administrative services to be offered to the individual once drug addiction develops cause greater time and money to be spent on treatment and social supports. However, an individual with raised awareness on drug addiction and its damages, and who have been prepared for life since early ages will not only be more healthy on behalf of the future of his/her country, but the resources will be used more efficiently.

Drug addiction prevention policies in Turkey are generally composed of three steps:

- Primary Prevention: The studies for groups who are not acquainted with the substance yet but under the risk of using it;
- Secondary Prevention: The studies for groups who are acquainted with the substance but have not developed addiction;
- Tertiary Prevention: The studies for the substance users to stop using the substance, for protecting ex-substance users to re-develop addiction, and for reducing the damages arising from substance use (contagious diseases, being pushed to crime, physical damages) (Duman, 2009: 23-24).

In this section covers the activities carried out by related institutions and organizations in Turkey in 2012, which are shared with TUBİM. Headlines used were determined in accordance with an EMCDDA guideline used in 28 EU member countries besides Norway and Turkey.

3.2. Environmental Prevention

Prevention of tobacco and alcohol use is a significant factor of environmental prevention. According to the gateway theory accepted by national and international studies, tobacco and alcohol use is a step to start using other drugs (Beenstock and Rahav, 2002). In this sense, the regulations on tobacco and alcohol policies are important in preventing drug use.

3.2.1. Regulations on Tobacco and Alcohol Control Policies

The studies regarding fighting against tobacco and alcohol are coordinated by the Department of Fighting Against Tobacco and Other Addictive Substance under Ministry of Health Turkish Public Health Agency; and cooperation of other institutions and organizations are ensured.

3.2.1.1. Regulations on Tobacco Control Policies

Cigarette, leads to more than 50 health-related problems starting from prenatal period to childhood and adolescence, which even cause death. It is one of the leading causes of preventable diseases and death.

In Turkey, approximately 100.000 people pass away due to tobacco-related diseases every year. This substance affects the people in the social circle of the smokers as much as the smoker himself/herself. According to the estimations of the World Health Organization, 700 million children, in other words half of the children throughout the world, are exposed to cigarette smoke. Every year, more than 600.000 people die due to exposure to cigarette smoke. The only way to protect the society from the harms of passive cigarette smoke is to apply cigarette ban in all closed areas.

In this scope, "Law No.5727 on the Amendment of the Law Regarding the Prevention of the Harms of Tobacco Products" was approved by the Grand National Assembly of Turkey (TBMM) on January 3, 2008. With this law Turkey became one of the countries with prevailing legal regulation on tobacco, and even became a leader. The provisions on closed public domains entered into force on May 19, 2008, while the provision on banning tobacco product consume in restaurants of legal persons and in amusement centers such as coffeehouses, cafés and pubs took effect on July 19, 2009. As of this date, inspection activities against law infringements started throughout Turkey.

With the Law No.6354 dated July 12, 2012, brand share was prohibited; placing warnings or messages in Turkish stating the harms of tobacco products together with appropriate pictures within a frame covering at least 65% of each sides of tobacco boxes and hubble bubbles was

obligated; and it was stated that hubble bubbles, whether containing tobacco products or not, cannot be sold to or offered to be consumed by people under the age of 18; furthermore punishment authority was given to those inspectors without any need to give prior written notice.

With this legal regulation in July 2012, Turkey became the first and only country to implement all the criteria included in M-POWER policy pack recommended by WHO as a guide to tobacco control efforts. This success of Turkey, thanks to the legal regulations entered into force on July 12, 2012, was announced to all countries by European Region Director Zsuzsanna Jakab in WHO 62th Region Meeting held on September 10, 2012.

The last regulation of Turkey on Tobacco Control Policies is "Law No.6487 on Amendment on Certain Laws and Statutory Decree No.375", which was entered into force upon being published in Official Gazette No.28674 dated 11.06.2013. With Articles 26 and 27 of this law, certain amendments were made on the Law No.4207 on Prevention and Control of the Harm Caused by Tobacco.

Article 26 of Law No.6487 and Article 2, paragraph 1(c) of Law No.4207 was amended as *"All highway, railway, seaway and airway public transportation vehicles, including the driver's seat of personal vehicles and those providing taxi services,"; and all kinds of hubble bubbles and cigarettes, which are used in a similar way to tobacco products, shall be deemed to be tobacco products even if they do not contain such products.*" statement was added to the paragraph 6 of the same article.

Furthermore, Article 27 of Law No.6487 and Article 5, paragraph 16 of Law No.4207 states that *"Administrative fine shall be one fold provided that the acts requiring fines stated in article are repeated for one time within a one-year period, and two folds in case of second repetition. And in the third repetition within the same period, the related place of business shall be closed for 10 days to one month."*

The inspections within this scope should be

- More rapid and effective,
- The data from such inspections should be in a quality that ensures instant monitoring and evaluation;
- The infringement repetitions should be observed and followed up by the inspection teams through the system;

- They should indicate a GPS in order to ensure easy navigation of the address given in denunciation;
- And they should keep photos and video shots having evidential value in case of infringe, and send such photos and videos to the center. In order to ensure all of the above-mentioned points, in September 2012, online inspection system (Smoke Free Zone Inspection System) was started to be used through tablet PCs.

In the Smoke Free Zone Inspection System,

- Denunciations and complaints on infringement of the provisions of Law No.4207 are received by the operators working in ALO 184 the Ministry of Health Communication Center (SABİM) who received tobacco control training.
- Denunciations and complaints evaluated by the center are assigned to the inspection team closest to the address stated.
- The inspection team visits the address given, without losing time.

"International Protocol to Eliminate Illicit Trade in Tobacco Products" prepared within the scope of Article 15 of Framework Convention on Tobacco Control under Tobacco Control Policies was opened for signature by WHO on January 10, 2013; and Turkey was one of the 12 countries that signed the protocol on the first day.

In the World Health Organization 2013 Report on the Global Tobacco Epidemic submitted on July 10, 2013 in Panama, in which tobacco control policies of 195 countries were evaluated, it was stated that Turkey was the first and only country to meet all Tobacco Control Policies of the World Health Organization, and the number of countries to meet 4 out of 6 policies was expressed to be 3 (Brazil, Iran and Panama).

Preparations of National Tobacco Control Program and Action Plan covering 2013-2017 were completed and 2013-2017 Action Plan was developed.

Effectiveness of the program for combating tobacco was measured through researches done in 2008 and 2012 in cooperation of WHO Centers for Disease Control and Prevention (CDC) and Turkish Statistical Institute (TURKSTAT); and cigarette use rate was observed to scaled down to 27.1% in 2012, which was 31.2% in 2008. That means, for the last 4 years, the cigarette users over the age of 15 approximately reduced 2.2 million in the number. This rate is more dramatic when it comes to health professionals protecting the health of the community. Regular cigarette consumption rate among specialist physicians was 22.1% in 2007, and this rate was reduced to 12.7% in 2011; while the same rate reduced from 30.5% to 23.9% among

general practitioners; from 29.5% to 20.5% among nurses-midwives; and from 39.5% to 17.5 among the administrators in the health sector.

3.2.1.2. Regulations on Alcohol Control Policies

Preventing the availability of cigarettes and alcohol for the individuals is an important step in cutting the way that leads to addiction. For such reasons, reducing alcohol consumption has become an important objective throughout the world. Several countries apply alcohol control policies in order to reduce the availability of alcohol for young people and to ensure health, security and peace of the public; such policies include age limitations, ban on alcohol sales on hours defined, or ban on alcohol sales on certain days.

With the approval of Law No.6487 on Amendment on Certain Laws and Statutory Decree No.375 on May 24, 2013, legal basis was formed for several issues accepted to be criteria in evaluation of alcohol policies of the countries by the World Health Organization. With this law:

- All kinds of advertisements, sponsorship, promotion and publicity of alcoholic drinks were banned.
- Sale and offer of alcoholic drinks to people under the age of 18 were banned and the penal sanctions were increased.
- Retail sale of alcoholic drinks were banned between 22:00 and 06:00.
- Displaying the retail sale of alcoholic drinks was banned.
- Warning messages in Turkish were obligated to be placed on the packages of all alcoholic drinks sold in Turkey.
- Alcoholic drink sale and consumption was banned in all buildings and facilities on highways and state roads.
- Sale of alcoholic drinks were banned in dormitories, health care facilities, stadiums and indoor sports facilities where sports competitions are held, all education and training institutions, cafés, coffeehouses, patisseries, bezique and bridge game houses, and shops and restaurants of gas stations.
- At least 100 meters space was obligated to be available between the doors of the places that sell alcoholic drinks (retail and open) and formal education institutions and private teaching institutions, dormitories, and sanctuaries.
- Pleasure-inducing substance statement was removed from the text of law.

Furthermore, with the approval of the above-mentioned Law, new regulations for those who drink and drive were made, and these regulations are given below:

- Administrative fines and prison sentences on those who drink and drive were increased.
- The provision stating that other biological materials such as salivary, along with blood or urine samples, can also be used to determine whether the driver is under the effect of alcohol or drug was added.
- Private car drivers and other drivers were banned from driving provided that they are under the effect of 0.50 and 0.20 promile alcohol, respectively.
- A provision was included in Article 179 of the Turkish Criminal Law, sentencing those drivers, who were determined to be under the effect of 1.00 promile alcohol, up to two years of prison.
- Administrative fine given on those drivers who were detected to drive cars under the effect of drugs or stimulants were increased; furthermore, a provision was included in Article 179 of the Turkish Criminal Law, sentencing those drivers up to two years of prison. Another provision paving the way for applying administrative fine on and invalidating the driver's license for two years of those, who do not accept the investigation to determine whether s/he is under the effect of drug or stimulant or do not accept alcohol control, was included.

In line with such amendments on the law test, legislations followed by Tobacco and Alcohol Market Regulation Authority were updated.

National Alcohol Control Program prepared in order to inform the community about the individual, family and community related harms of alcohol; to raise awareness regarding the issue; to protect all individuals, especially young people, from the harmful effects of drugs with the cooperation of related sectors and NGOs; to develop a healthy life style within the society in order to prevent alcohol-related problems; and lastly to increase the quality of life. Action plan studies started at the beginning of 2013, and reached to the final phase. The main issues included in Draft National Alcohol Control Program are:

1. Briefing and raising the awareness of the society,
2. Prevention of problems that surface due to alcohol use,
3. Determination and treatment of people who abuse and are addicted to alcohol,
4. Regulations on alcohol products and sale,
5. Advertisement, promotion and sponsorship,
6. Measures to reduce the availability of alcohol for young people,
7. Following national alcohol control program and action plan.

As per the amended version of Article 48 paragraph 11 of Highway Traffic Law, those drivers whose driver's licenses were seized for driving the car under the effect of alcohol for the second time, Driver Behavior Development Training (SÜDGE) is offered in the units formed under Public Health Directorates. With these trainings information, attitude and behaviors on not driving under the effect of alcohol are offered in order to provide the consciousness of "not driving under the effect of alcohol" to those drivers who have no problem with the ability of driving but who threatened the traffic safety by driving under the effect of alcohol. In 2012, 13.734 drivers were offered this training.

3.3. Universal Prevention

Universal prevention covers prevention activities for schools, families and society. Prevention field, like many other fields, requires cooperation and coordination of several institutions. "National Study Group Meeting on Prevention" was held in TUBİM facility in May 2012, in order to ensure such coordination, determine the content of the prevention works, and to determine the target population.

The Ministry of Justice, Ministry of Family and Social Policies, Ministry of Youth and Sports, Ministry of National Education and Ministry of Health attended to this meeting. Prevention programs carried out by the above mentioned ministries were shared in the meeting, and a "Prevention Matrix Model" was attempted to be developed. With this model, prevention activities likely to be carried out at school, family and community level were approached.

3.3.1. School-Based Prevention

School environment is a very good opportunity to raise awareness of the young people for the possible risks likely to be faced in the upcoming years, to ensure that they are able to adopt a manner against harmful habits and to say "no" for drug offers etc. These environments can even become the locations where children from negative family environments are rehabilitated, positive attitudes are shared, and where children are integrated to the community in a psychologically and socially healthy manner under the guidance of well-educated teachers.

School-based prevention activities carried out by the Ministry of National Education in 2012 were not reported to TUBİM; however, certain protective and preventive activities are widely known to have been performed. Local efforts are carried out through Counseling Research

Centers, psychological counselors, and counselors. Preschool counseling training program was developed and training programs for increasing the life skills were started to be implemented. Some of these programs are:

- "Class Counseling" program from 1st to 12th grade;
- Rights and duties of the child;
- Stress management and avoiding the tendency to behave in a risky manner;
- Family training program for the ages between 7-19;
- 6 week long "**Peer**" training program applied by children and adolescents between the ages of 10-19 to their peers under the surveillance of counselors.

It is very important to increase the quality of these programs and generalize these programs throughout Turkey. While preparing the curriculum, character trainings including preparation to life, dealing with problems, attitudes against harmful offers such as drug use should take a greater part. In order to ensure this, the first thing to be done is to raise the awareness of the teachers.

Antalya was chosen to be the pilot city in prevention of substance use, and *Training Component for fighting Against Substance*, composing of 4 books, was completed and disseminated. Studies on another handbook on how to counsel to those children, who were decided to receive counseling services, are under the risk of substance use, and who currently use substance continues within the scope of "**Law on Child Protection No.5395**". The Ministry of National Education offers skill-based studies on substance addiction in children and families, instead of information-based ones.

On April 24-25, 2012, the 4th "International Symposium on Children at Risk and in Need of Protection" with the "Children and Informatics" theme was held in Ankara by the Public Security Department of the General Directorate of Security under the auspices of the Turkish Grand National Assembly (TBMM). The Final Declaration of the Symposium it was stated that "With regards to leading children to crime, the internet and information technologies represent a risk, in that they allow children to obtain information regarding illegal activities, to participate in such activities, to obtain drug substances, to become sexually active at a young age, to gamble, and to commit bullying activities against their peers with greater ease."

Within the framework of fighting against drug use and addiction, an important project for the students studying in high schools and their equivalents in 12 neighbourhoods, which are thought to have been under risk, was initiated in Hatay with the support of the school administrations and mukhtars, in order to raise awareness of those young people against the

harmful effects of drug addiction. Hatay Provincial Directorate of Security, Branch Directorate of Anti-smuggling and Organized Crime prepared a project called "Meet at Sports" in order to ensure that young people like sports, neighbourhood residents become integrated, and that young people are kept off of drug addiction risk by providing them with the opportunity to play sports during their spare time.

"You Are the Target - Say No To Drug Use" Project¹⁰

Several projects on drug use prevention were prepared by the İstanbul Branch Directorate of Fighting against Narcotic Crimes, Departments for Counteracting Substance Use Prevention and Monitoring in 2009 - 2010 academic year, upon the approval of the Governorship and Provincial Directorate of National Education. Pilot study was carried out with approximately 15.000 secondary school students in Zeytinburnu district, with the support of certain institutions such as Zeytinburnu Municipality, District Directorate of National Education, İstanbul Metropolitan Municipality youth Assembly etc.

The study was successful and became the first 'best prevention' study on drug use prevention of Turkey that was entitled to be included in Exchange on Drug Demand Reduction Action (EDDRA) of EMCDDA.

Financial support is required to ensure the continuity of the studies and to ensure detailed studies to be done throughout the city. Within this scope, State Planning Organization under the Office of the Prime Ministry submitted the project titled "You Are the Target - Say No To Drug Use" to the İstanbul Development Agency (İSTKA) in order to accelerate regional development in accordance with the provisions of national development plan and policies; and İSTKA accepted to support the project.

3.3.2. Family-Based Prevention

It is observed that the Ministry of Family and Social Policies continues its active activities after its new organization. The following statement was included in the duties of the Ministry section of the Statutory Decree No.633 "To carry out and coordinate protective, preventive, informative, constructive social service activities that also have guidance and rehabilitation aspects for families, community and children."

¹⁰ <http://www.hedefsensin.org/home>

In the 2013-2017 strategic plan of the Ministry, substance addiction is defined to be "one of the important social threats". Strengthening the family structure and development of policies for children and community in general were also included in order to avoid substance addiction and to protect the community from this threat. In addition to the strategic plan, preparations of "Action Plan on Counteracting Addictive Substances and Addiction of the Ministry of Family and Social Policies" (2013-2015) still continue. The Ministry of Family and Social Policies is planning the activities it envisages to carry out in 2013-2015 in the field of fighting against substance addiction. Within this scope, "To ensure that substance addiction prevention measures are taken, which are systematic at national level, measurable and more effective" is also included in the main aims and objectives of the Action Plan being prepared.

3.3.3. Community-Based Prevention

Within the scope of prevention studies of the Ministry of Health, several studies are being carried out to avoid any harm of volatile materials on human health. "*madde.gov.tr*" web page was activated in order to give information. Scientific Advisory Boards are supporting the studies on substance addiction. Provinces have several training programs prepared in cooperation with the Governorships and Directorates of national Education. Prevention trainings were included in "*Counteracting Substance Addictions Other than Alcohol*" plans.

In 2012, 7 television and 5 radio programs were broadcasted by the officials of the Department of Religious Affairs; furthermore, 1059 preaches, 33 sermons, 12 conferences and 19 seminars were organized; and within the scope of these seminars, 895 officials in the field of religion were informed about demand reduction. "Alcoholic Drinks, Cigarette and Others", "Substance Addiction", "Problems of Youth and Suicide", "Harms of Cigarette, Alcohol and Drugs, and Religious Aspects" are the books published by the Ministry. Several articles on substance addiction prevention were published in the monthly journal of the Directorate of Religious Affairs.

Antalya Provincial Directorate of Security, Branch Directorate of Anti-smuggling and Organized Crime did not only fight against placement of drugs on the market, but it also adopted the project titled "One Addict One Life" under the coordination of TUBİM Provincial Contact Point. Based on the drug operations of Antalya Directorate of Security, Drug Addiction Prevention and Health Life Consciousness Project titled "One Addict One Life", which focuses on the prevention of drug use, aims at conveying prevention activities to all parts of the society, is believed to contribute to individuals to make healthy choices and adopt healthy behaviors,

objects to have a long-term effect, and is supported with the cooperation of all related institutions, will be carried out until the end of 2013.

Within the scope of fight against drugs and addictive substances (including cigarette and alcohol) Hatay Provincial Directorate of Security, Branch Directorate of Anti-smuggling and Organized Crime prepared a project titled "Fighting for Tomorrows Starting Today" with the idea of the necessity to raise awareness of young people under risk about the harmful effects of drug addiction and use. This project aims at young people to spend their spare time with artistic activities, and to help them in avoiding drug offers.

3.4. Group Based Prevention in Groups and Environments under Risk

Under the coordination of the Ministry of Justice "Alcohol and Drug Addiction" training program composing of 16 sessions was offered to the adult groups in prisons by psychologists and social service specialists; with the cooperation of the Netherlands within the scope of Pre-Accession Projects Programs (MATRA), 6 penal institutions were chosen in İstanbul and several studies were done in order to develop and organize addiction services under these penal institutions, and to reach the employees of these institutions and their families; furthermore, with the cooperation of the MoNE, General Directorate of Special Education and Guidance Services, studies on training programs for the parents of children at the age between 7 and 19 were continued to be carried out in penal institutions.

3.4.1. Risk Groups

Prevention for Youth

As of August 2013, 162 Youth Centers and 14 Youth Camps offered awareness raising activities on drug addiction and negative effects of bad habits under General Directorate of Youth Services, the Ministry of Youth and Sports.

The Ministry of Youth and Sports (General Directorate of Project and Coordination) supports youth projects under several categories every year. Within the framework of 2012-2013 Youth Projects Support Programs, applications from public institutions or NGOs were assessed, and several projects for raising awareness on harmful substance use and bad habits were provided with financial support.

3.4.2. Families at Risk

The aim of the project titled "Hold My Hand", prepared and carried out by Hatay Provincial Directorate of Security, Branch Directorate of Anti-smuggling and Organized Crime with the contribution of Antakya Municipality and the Provincial Directorate of Family and Social Policies is to reintegrate the daughters of citizens in prison for drug addiction and trade into the society, to protect those children from violence and drugs, and to develop their self-confidence by leading them to taekwondo sport, a disciplinary sport, on a voluntarily basis.

3.4.3. Recreational Settings

Preventing drug use in recreational settings is a common method used in Turkey. Upon the approval of the Governor's Office, Nevşehir Provincial Directorate of Security, Branch Directorate of Anti-smuggling and Organized Crime implemented "Raising Awareness of Drug Use in Coffee Houses" in 2012. Coffee houses, an important part of Turkish society, were chosen as they are one of the best environments to reach especially the fathers.

A 30-minute awareness raising training, briefing about the project, and distribution of project materials were included in the program offered for those citizens playing games at the coffee houses. Playing cards prepared within the scope of the projects were given to the coffee house owners, stickers were placed on the back sides of the rummikub racks, and informative posters were placed on the visible points of the coffee houses. After the distribution of book markers, the participants were asked to fill the survey, prepared to define their profiles and awareness levels, on a voluntary basis. Upon completing the program, the questions of the citizens were answered; the visits were finalized after chatting with the citizens in order to receive different demands or statements.

3.5. Individual-Based Prevention

No new data.

3.6. Campaigns in National and Local Media

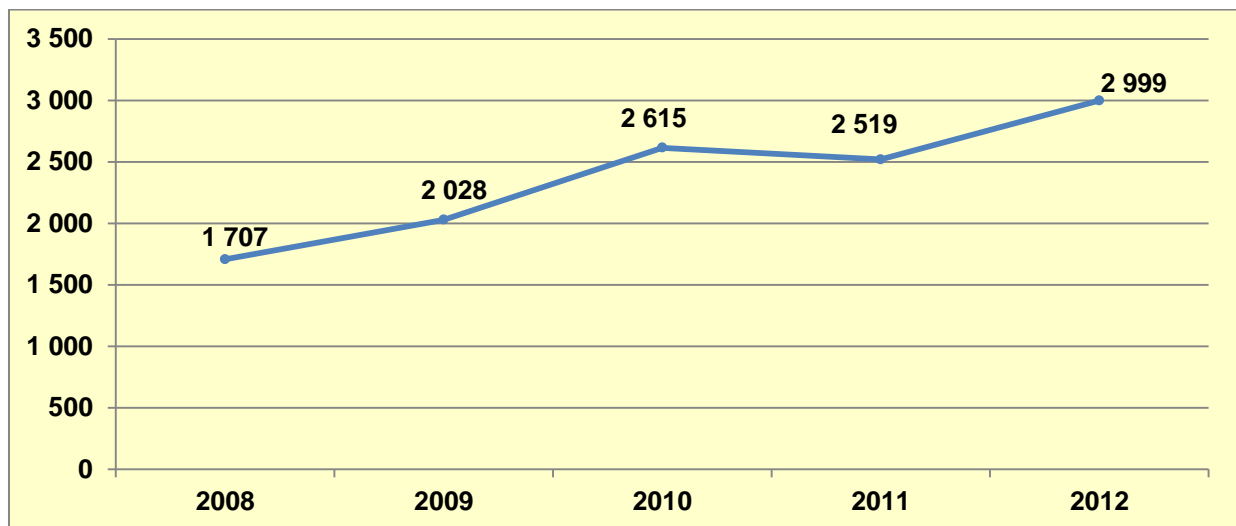
The booklet titled "role of audio-visual media in fighting against substance and substance addiction" prepared with the cooperation of the Radio and Television Supreme Council (RTÜK), General Directorate of Security (EGM) and the Association of Television Broadcasters (TVYD) was presented with a senior level meeting. The booklet includes the principles required to be obeyed by media organizations in order to avoid encouraging drug use.

In 2012, RTÜK continued its inspection activities on preventing broadcasts encouraging drug use. Within this scope, RTÜK decided to apply "warning" sanction on 2 broadcasters in 2012, as they infringed the provision stating that *"Broadcasting services can neither encourage the use of addictive substances such as alcohol, tobacco products, and drug, nor they can encourage gambling of the Law No 6112"*

3.7. Prevention Activities throughout Turkey Carried Out by TUBİM Provincial Contact Points

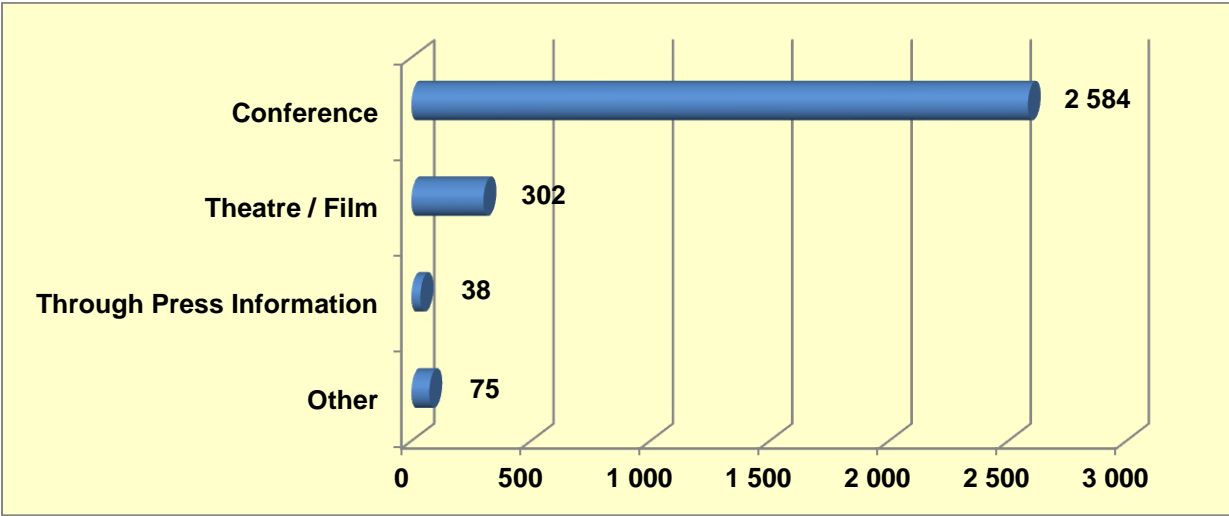
Since 2000, "Fundamental Trainings for Counteracting Substance Use" have been held under the coordination of TUBİM, and with the support of the experts. Through these trainings, the trainees are informed about how to carry out the prevention activities, the issues to be paid attention to, and the ways to determine the target group. Up to now, 551 officials were offered these trainings, and 168 of those officials, who received the training, are currently giving prevention training, due to inter-unit changes. As those officials have recently been requested to work more target-oriented, they concentrate on project-base studies. The prevention activities carried out by TUBİM in 2012 are given below, under certain groups.

Graph 3-1: Distribution of the Number of Prevention Activities under the Coordination of TUBİM in Years



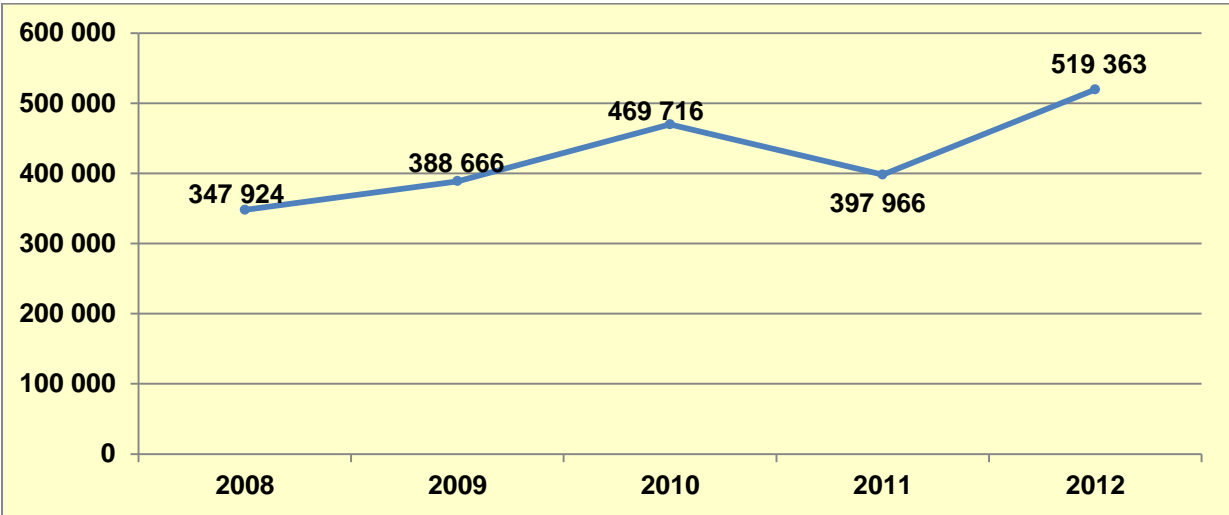
Source: Turkish Monitoring Center for Drug and Drug Addiction, 2013.

Graph 3-2: Distribution of the Prevention Activities under the Coordination of TUBİM in 2012, According to Their Types



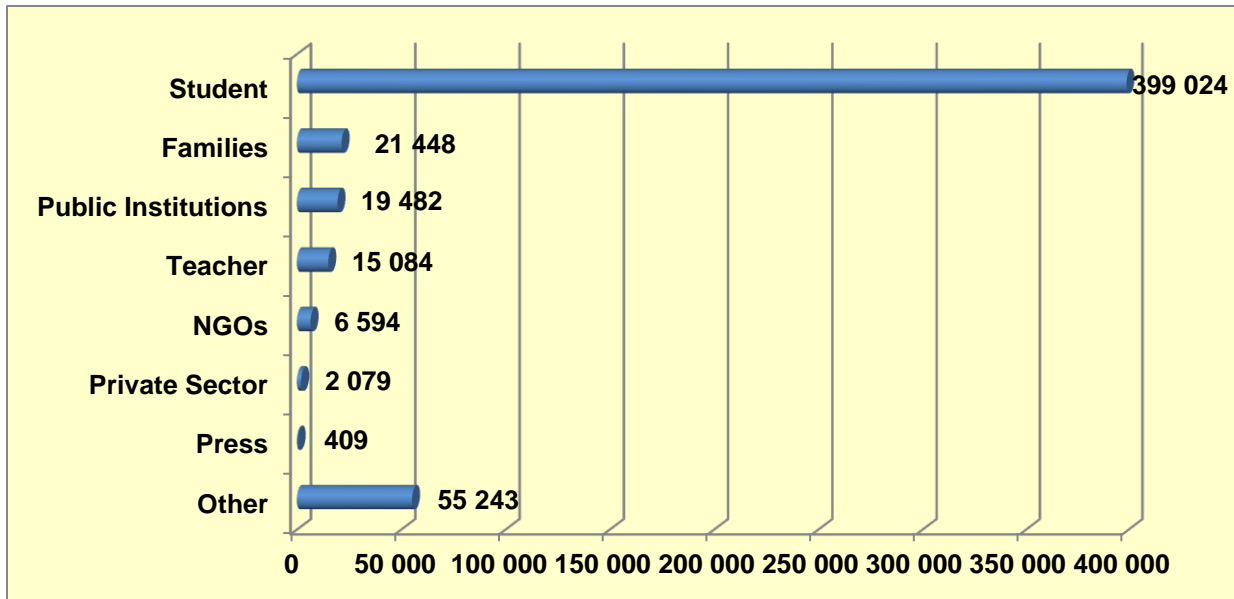
Source: Turkish Monitoring Center for Drug and Drug Addiction, 2013.

Graph 3-3: Distribution of the Number of People Reached Through Prevention Activities under the Coordination of TUBİM, in Years



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2013.

Graph 3-4: Distribution of the Number of People Reached Through Prevention Activities under the Coordination of TUBİM in 2012, According to Group Types



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2013.

Result

It is required to define the national framework of preventive actions carried out by different institutions (since what age, and with what kind of content), and to generalize them throughout the country.

It is observed that despite several legal regulations on drug trafficking, no specific regulation on prevention is available. Nevertheless, this need is attempted to be met by adopting some laws. Studies are required to fulfill this gap. It is also required to prepare separate prevention programs for primary schools, secondary schools, and high schools under the title of National Drug Prevention Program. And it is believed that including prevention activities structured to measure the effectiveness of the training offered, instead of one seminar or conference, is required.

An information line, like "Talk to Frank", a very successful line in England, should be established. With this line, drug users, their families and those under the risk of using such substances will be able to reach accurate information, and this line will contribute to the full understanding of the concept of prevention.

SECTION 4

PROBLEM DRUG ABUSE

Assoc. Prof. Dr. Arif AKGÜL¹¹

4.1. Introduction

Problem drug users usually constitutes a group of population that is hard to be reached and number of members is difficult to determine and estimate. As in several European countries, no Problem Drug Use definition (PDU) is available in Turkey. Turkey adopted the PDU definition determined by European Center for Monitoring Drug and Drug Addiction (EMCDDA), in order to ensure comparability to other countries. According to this definition PDU is "injecting drug use (intravenous) or long-duration/regular use of heroin, cocaine and/or amphetamines".

However, it is challenging to determine the number of Problem Drug Users within the framework of this definition. Likewise, prevalence calculations for risky use of drugs (e.g. intravenous use), use of multiple drugs or problem use of different kinds of drugs (such as amphetamine and cocaine) are also challenging. Even the data sources of several European country do not reflect the truth in this sense.

Prevalence of problem drug use in Turkey, which is determined by EMCDDA as one of the 5 basic indicators used in monitoring different types and fields of drug use in Europe, has been reported lately. The drugs to be regarded as problem, and problem use are determined according to certain criteria by EMCDDA. The definition introduced by EMCDDA changes from one member country to another. However, periodic use of drugs such as heroin, cocaine and amphetamine is defined as problem drug use. In other words, looking at the literature, the following users are included in the PDU:

- Intravenous drug users,
- Problem opium derivative users,
- Problem amphetamine users,
- Problem cocaine users,
- Multiple drug users.

Turkey does not have a unique drug definition. According to our policy, all illegal drugs are regarded as "problem." Because according to some experts provided that certain drugs are

¹¹ General Directorate of Security - Directorate of Police Academy

defined as "problem" would mean that others are directly "non-problem". *As a result, use of cannabis, which is not included in the definition introduced by EMCDDA, is defined to be a problem drug use in Turkey.*

Turkey adopted the EMCDDA definition for problem drug use in order to ensure that it is standardized and comparable in all European countries; and the estimations are done accordingly. Recently, it is frequently expressed in Turkey that researches should be done on problem drug use estimation methods, as cannabis and other certain synthetic substance use increases every day. As a result, last year cannabis, along with opium and derivatives, was agreed to be included in the definition and the calculations to be done accordingly; and in 2011 prevalence of use estimations are done in Ankara and İzmir. In consequence of this study, an estimated research was done revealing that there are approximately 28.500 problem drug user in Ankara, while this figure is 33.500 in İzmir.

4.2. Estimations on Prevalence of Problem Drug Use and Incidence

Several methods are available in the research method literature for calculation of problem drug use. These are surveys that can be done in certain region, enumeration, multivariate indicator method, capture-recapture and multiplier techniques. On the other hand new methods such as snowball technique and network analysis can also be used for PDU calculations. However, such methods are neither cost efficient nor practical. The methods frequently used at European scale in terms of comparability and dependability are "capture-recapture method" and "multiplier method". At least two data resources (personal data) are required for capture-recapture method. As a result of the protocol signed with related institutions in 2011, certain estimations were acquired at local scale, using capture-recapture method. However, no research was done in 2012 for PDU estimation, neither at national scale nor at local scale.

In 2008, the first PDU calculation in Turkey was attempted to be performed using capture-recapture method. However, in the light of the available data, the formula, method and the analysis used were determined not to reflect the exact PDU in Turkey. Estimations and researches done in 2009, 2010, 2011 and 2012 can be said to offer more dependable results on the prevalence of problem drug use (Turkish Drug Report, 2012). When the results obtained from problem cannabis use research done in 2011 are proportioned the entire population in Ankara and İzmir, it can be concluded that the problem cannabis use¹² is 11.9 per thousand (which is approximately 2%).

¹² Problem cannabis use is defined in a highly general way, which is "use that cause health-related problems and/or legal problems for individual".

For 2012, an estimation can be done over the number of recorded individuals receiving treatment. According to the records of the 2012 treatment data (including the repeating records), the number of individuals received treatment for opiates, benzodiazepines, cocaine and amphetamine is 3.687, within the framework of the definition introduced by EMCDDA.

Based on a rough calculation and on the assumption that approximately 8% and 12% of problem drug users in Turkey get or apply for treatment¹³, the number of total problem drug users is estimated to be between **30.725 and 46.087**.

Table 4-1: Prevalence of Problem Drug Use in Years

Years	Method	Scale	Estimated Problem Use
2009	Multiplier Method	National	25.500-36.500
2010	Multiplier Method	National	11.126-26.537
2011	Capture-Recapture	Local (Ankara)	4.109-12.601
	Capture-Recapture	Local (İstanbul)	17.968-39.949
2012	Multiplier Method (Estimated Value)	National	30.725-46.087

In the study initiated by EMCDDA in order to revise the Problem Drug Use Indicator, detailing the definition of problem drug use and modifications on such definition have recently been discussed.

In the recent studies in Turkey, estimated figures were revealed based on drugs that varies according to the definition and methods of problem drug use. When such figures are analyzed, it is observed that the estimations on problem cannabis use is a lot greater compared to other substances.

Hence, using PDU methods in monitoring cannabis use will be very useful in determining the user profile in the country. The PDU revision and methods that EMCDDA is currently working on is envisaged to be used in Turkey as well.

¹³ The official figures in the treatment centers represent a small population since the treatment centers are not available in all provinces and they are insufficient in terms of the number of centers and bed capacity, as the users do not want to be recorded, and lots of individuals avoid treatment, and due to the low number of individuals who can be treated (stay clear from the substance for one year).

In 2010, within the framework of European Union Twinning Project, data collection protocol signed by the Ministry of Interior, Ministry of Health and Ministry of Justice is a very important step for PDU researches. In order to make PDU research in the future, which was first done thanks to the above mentioned protocol, several studies needs to be done. Through this protocol and research, the personal data were protected and the study is concluded with success (Turkish Drug report, 2011 and 2012).

Based on the treatment data of 2012, it is observed that approximately 3.700 of the individuals received in-patient treatment applied to the treatment center for the drugs covered by PDU. These applications can be done more than once in a year. And this is the second application for nearly half of these people. Those who applied for the treatment represent a very small portion of hidden PDU users (hidden population).

Table 4-2: The Number of Individuals received Treatment for Problem Drugs in 2012

Substances	Number of Treatments
Opiates and Benzodiazepines	3.605
Cocaine	82
Amphetamine	0

Source: EMCDDA Standard Table 34, 2013.

4.3. Problem Drug Users data Received from Sources Other Than Treatment

When the data obtained from sources other than treatment (ST/SQ) are analyzed in general, problem drug use can be said not to increase significantly in 2012, within the framework of definition prevailing in Turkey, which was introduced by EMCDDA. However, the figure indicating problem cannabis use can be said to increase when cannabis and synthetic drugs are included (provided that the cannabis seizures and the increase of illicit cannabis cultivation are analyzed). More detailed national PDU studies are required to be done in line with the data to be collected from health and treatment centers, forms to be filled by polices on a voluntary basis, and data to be gathered from those against whom legal proceedings were started for using drugs (heroin, cocaine and amphetamine), and in line with the death rates.

SECTION 5

DRUG ADDICTION TREATMENT

Prof. Dr. Zehra ARIKAN¹⁴

Dr. Elif MUTLU¹⁵

Dr. M. Kemal ÇETİN¹⁶

Gamze SAÇAKLI¹⁷

5.1. Introduction

Addiction treatment in Turkey is offered by public hospitals under the Ministry of Health, medicine faculty psychiatry clinics of the universities, public-university partnerships, and by the related units of certain private hospitals. There are 25 centers which offer addiction treatment. Out of 678 beds provided for patients, 457 are found in hospitals under the Ministry of Health and 221 are in university and private hospitals. This is the total capacity for alcohol and substance addiction treatment.

New centers have been planned to open in order to increase the accessibility of addiction treatment throughout the country. Accordingly, 3 new centers went into service in 2012. A comprehensive plan has been developed to establish new treatment centers considering economic, cultural and social structure in regions with large migrant population and high population density in particular. A new structuring has been put on the agenda for the treatment of child and adolescent addicts.

The aim is not only to increase the capacity and accessibility of treatment centers but also to enhance the quality and ensure the standardization of the treatment. Thus, a standard training program was developed by the Ministry of Health for the personnel to be employed in addiction treatment centers. About 98 persons attended the training and were certified in 2012. This 6-month training consists of theoretical and applied parts.

It is essential to keep records of patients in order to assess the demand for service and treatment provided in treatment centers. The development of drug use and addiction treatment, measures to be taken and services to be provided throughout the country are planned accordingly. Data on the addicts are gathered and processed by the Ministry of

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¹⁷ Ministry of Health, General Directorate of Health Services

Health, General Directorate of Health Services. All 22 centers which offer inpatient drug addiction treatment throughout Turkey provided data in 2012.

5.2. Overview, Eligibility And Quality Assurance

5.2.1. Strategy and Policy

The Ministry of Health conducts addiction treatment services and the fight against drug addiction related to drug abuse, which poses a serious challenge and requires multi-disciplinary approach all over the world, in accordance with national action plans and policies and in cooperation with other institutions and organizations.

The National Mental Health Action Plan (2011-2013) was developed by the Ministry of Health and published in 2011.

Regarding the substance addition included in the action plan, it is said, *“Substance addiction does not have only an health-related aspect. Aside from its health-related aspect, substance addiction also has many aspects that are public, social, legal, and administrative. As the frequency of addiction displays regional differences, local approaches should be more prominent in the fight against addiction instead of a centrally organized structure. There are currently many municipalities, district governorships, and private sector representatives that are conducting projects in this area. As this issue requires a multi-dimensional approach, it would be more appropriate for planning to be performed not by a single institution or center, but instead through the participation of all local stakeholders under a single roof. Substance addiction requires long-term and continuous treatment. In the hospital-based treatment model, the majority of the treated cases are not able to follow their treatment program after returning to home following discharge. This significantly reduces the success of treatment. Around the world, there is an increasing transition to a model involving community-based intervention centers instead of the provision of health services in hospitals.”*

The importance of switching to a model involving community-based intervention centers is emphasized using the following reasons:

- The ease with which treatment can be obtained,
- The ability to ensure treatment continuity,
- Ensuring cooperation and communication with local actors,
- The ability to respond to environmental factors easier.

In this context, 18 new inpatient treatment centers have been planned considering regions' economic, cultural and socio-demographic characteristics.

5.2.2. Treatment Systems

The existing treatment centers provide service according to the Regulation on Substance Abuse Treatment Centers issued by the Ministry of Health in 2004. Inpatient and outpatient treatment services are offered.

With amendments introduced to the Regulation in 2012, the required conditions for opening new centers have been eased in order to enhance the accessibility of the treatment. Therefore it will be possible to have increased number of inpatient treatment centers and open individual outpatient treatment centers. This new legal arrangement is to finalized by the end of 2013.

Out of the addicts under treatment in Turkey, about 70% receive treatment in treatment centers under the Ministry of Health and their treatment expenses are covered substantially by the Social Security Institution. According to official data, 80.3% of the expenses incurred for patients who were admitted to treatment centers for any reason were covered by the Social Security Institution, 12.3% by the Universal Health Coverage and 4.3% by patients themselves (Turkish Statistical Institute, Health Survey, 2012).

On the other side, individual who use drugs have been imposed sanctions under the relevant laws. In the event that patients who are brought for treatment as part of their judicial sanction and processes do not have a health insurance, all necessary services are covered by the Ministry of Health.

Treatment Approach and Principles

Drug addiction treatment is largely provided in centers under the Ministry of Health. These centers with their inpatient and outpatient units provide treatment services for both alcohol and drug. There will be separate units for child and adolescent addicts. Individuals who sent to treatment under probation receive treatment in these centers as well.

In order to establish a national guideline on addiction treatment, "Diagnosis and Treatment Guideline for Substance Abuse" was prepared by the Ministry of Health and distributed to all treatment centers and psychiatrists of public and university hospitals during 2012. This guide

was prepared for psychiatrists, general practitioners, family physicians, psychologists, social workers and nurses.

Treatment centers mainly provide detoxification therapy as inpatient treatment. A detoxification therapy lasts on average 3 weeks.

Though there are centers which provide inpatient therapy, this therapy does not constitute the standard today. Among common methods are cognitive practices for relapse prevention using motivational interview methods. The SAMBA (Tobacco, Alcohol and Substance) treatment program introduced in a large part of addiction treatment centers in 2012 consists of 17 sessions is basically based on Cognitive Behavioral Theory and benefits from both Mindfulness and Acceptance Therapy and Dialectical Behavior Therapy. This program also includes activities for Emotional Regulation (Ogel K, 2011). Since it is a structured and standardized program, majority of the personnel from the treatment group can apply it. It is an efficient method for centers with limited means.

Rehabilitation programs are implemented in line with the means of treatment centers.

New Treatments

The Buprenorphine/Naloxone combination introduced in 2010 as an opioid partial agonist marks a significant development in the treatment of opioid dependence. This medication is still the first and only opioid (partial) agonist agent in Turkey. It is used in both withdrawal and maintenance treatments for opioid dependence. The number of opioid addicts admitted to addiction treatment centers has grown after the medication became available.

The Buprenorphine/Naloxone combination is used in addiction treatment centers under the Ministry of Health (Treatment and Training Center for Alcohol and Substance Dependence - AMATEM). The patients who are diagnosed with opioid dependence are given prescription by psychiatrists. A specially controlled red prescription and a medication report prepared by a specialist are required for this medication. There is still no structure other than AMATEMs which provides opioid substitution therapy (OST).

There is no standard guide regarding the use of Buprenorphine/Naloxone in Turkey. Clinics offer this treatment to the patients, who are diagnosed with opioid dependence and for whom this medication is not contraindicated, in line with their own programs. According to the model established by the AMATEM Clinic in Istanbul in 2011, opioid dependents are offered

outpatient or inpatient treatment based on the length of substance use, multiple-substance use and treatment history. Following the therapy for withdrawal period, patients who are on opioid for more than 2 years continue to take medication during maintenance period. Patients on maintenance treatment are considered high or low risk according to their relapse risks with their follow-up programs established accordingly (Evren C, 2012). The rate of patients who receive treatment as per this model during the studies and stay drug-free varied between 26.8% and 56.6% (Evren C, 2013, Mutlu E 2013). According to the data provided by the Social Security Institution (SSI), 3395 and 5278 people in 2011 were offered the Buprenorphine/Naloxone treatment program in 2011 and 2012 respectively, with the total number amounting to 6824.

Harm Reduction

There is still no structure other than AMATEMs which provides opioid substitution therapy (OST) in Turkey. There are on-going legislative efforts to ensure the opening of new centers in order to broaden the opioid maintenance treatment.

There is a syringe program for intravenous drug users.

Other Treatments

Besides the Ministry of Health, certain private clinics, universities and non-governmental organizations also play role in the prevention and treatment of addiction. The self-help group known as the Narcotics Anonymous (NA) has been organizing meetings since 1998 and is still active in four metropolitans.

5.3. Access to Treatment ¹⁸

As per the Law no. 5510 on Social Insurance and Universal Health Insurance, citizens who are deemed unable to pay premiums are also covered under the universal health insurance as of January 1st, 2012 (pursuant to the Law no 3816). Thus, medical benefits are provided for 98% of the population by the Social Security Institution (SSI).

The SSI has signed agreements with 1792 private health care facilities, 1008 health care facilities under the Ministry of Health, 98 universities and 50 health care facilities under other

¹⁸ The information grouped under this title has been provided by the Directorate of Social Security Organization, General Directorate of Universal Health Insurance.

institutions. Thus, individuals covered by the universal health insurance can apply to all contracted health care providers. Their medical benefits are provided by the SSI.

For individuals under the coverage of the general health insurance, coverage includes the expenses associated with the inpatient and outpatient drug addiction treatments received from health service providers that have agreements in place with Social Security Institution. Coverage also includes the expenses related to the medication and medical materials involved in these treatments. In this context, expenses incurred for the patients on treatment in AMATEMs and included in universal health coverage are covered by the Social Security Insurance. Family therapies, rehabilitation services and outpatient psychiatric services offered by psychiatric wards of all contracted health care providers including AMATEMs for the addicts covered by the universal health insurance; examinations, psychoeducation sessions for patients and their families, social skills training sessions, group psychotherapy, occupational therapy, beds and other related services provided as psychiatric services for inpatient treatments in community mental health centers are financed by the SSI in substance addiction treatment.

Electronic Prescription

The electronic prescription (e-prescription) service, which enables physicians in contracted health care providers to electronically prescribe medicine required for the treatment of patients with medical benefits provided, was introduced on July 1, 2012 by the SSI.

Except for health care providers not integrated with the Social Security Institution's web system known as MEDULA and used for health-care services, prescriptions are generated electronically by physicians for medicaments deemed necessary for the treatment of patients and monitored electronically and dispensed by pharmacies.

The main objective of the e-prescription system is to prevent abuse, avoid the waste of medicaments and counterfeit prescriptions and prevent the dispense of wrong medicaments on manual prescriptions thus enabling citizens, the SSI and Turkish economy benefit.

Biometric Identity Verification

It is mandatory for people included in the universal health coverage by the SSI to verify their identities and biometric identities in their applications to the contracted health care providers or

at the end of emergency cases by means of either "identity card, driver's license, marriage certificate, passport or documents of SSI's health-care card".

Health Care Providers will transit until September 9, 2013, to the Biometric Identity Verification System by adopting one of the biometric systems included in Annex-1 of the "Guideline on Identity Verification System by Biometric Methods" published on April 20, 2013 by the SSI. Thanks to the system, nobody can benefit from any health care service on their behalf using ID numbers of others.

5.3.1. Characteristics of Patients under Treatment

This part presents data on inpatients receiving treatment in addiction treatment centers in Turkey in 2012. Data on outpatients are not included.

The relevant data are collected by the Ministry of Health General Directorate of Health Services through the forms relevant to the "Notification System for the Treatment of Substance Abusers in Turkey". There are records of 4720 inpatients in total during 2012. The database consists of manually filled-out forms in 22 treatment centers. Since forms are completed by means of codes, individuals' ID details are kept confidential. All 22 centers providing service provided data in 2012.

Table 5-1 Number of Persons Receiving Service from Treatment Centers

January 1, 2012- December 31, 2012 Number of Polyclinics (Between ICD F10 and F19)		January 1, 2012- December 31, 2012 Number of Inpatients (Between ICD F10 and F19)	
ICD Codes	Number of Patients	ICD Codes	Number of Patients
F11	65.376	F11	3.895
F12	92.404	F12	409
F13	669	F13	56
F14	658	F14	42
F15	122	F15	6
F16	316	F16	1
F18	2.306	F18	184

F19	25.478	F19	1.252
Total	187.329	Total	5.845

*Probation data are included.

Source: Ministry of Health, General Directorate of Health Services, 2013.

According to the statistics regarding the patients who were admitted to treatment centers in 2012, out of 5845 inpatients in total, there were manually filled-out forms for 5009 inpatients. This results in a 15% data loss. With the repeated forms excluded, there were 4720 forms providing net data. Analyses were made using these net data. Since the manually filled-out form regarding the "Notification System for the Treatment of Substance Abusers in Turkey" include information gathered from drug addicts, Codes F10 and F17 have been excluded from the table above. Statistics regarding outpatients cannot be kept.

Out of 187329 outpatients, 90121 have applied to treatment centers as part of the Probation System.

Table 5-2: Distribution of Inpatients in 2012 According to Provinces of Residence

Serial No.	Provinces of Residence	Number	Percentage (%)
1	Istanbul	1.585	33.6
2	Adana	574	12.2
3	Mersin	398	8.4
4	Antalya	377	8.0
5	Gaziantep	332	7.0
6	İzmir	156	3.3
7	Kayseri	117	2,5
8	Konya	114	2.4
9	Şanlıurfa	102	2.2
10	Hatay	89	1.9
11	Osmaniye	68	1,4
12	Van	65	1.4
13	Elazığ	64	1.4
14	Samsun	57	1.2
15	Ankara	55	1.2
16	Other Provinces	529	11.2

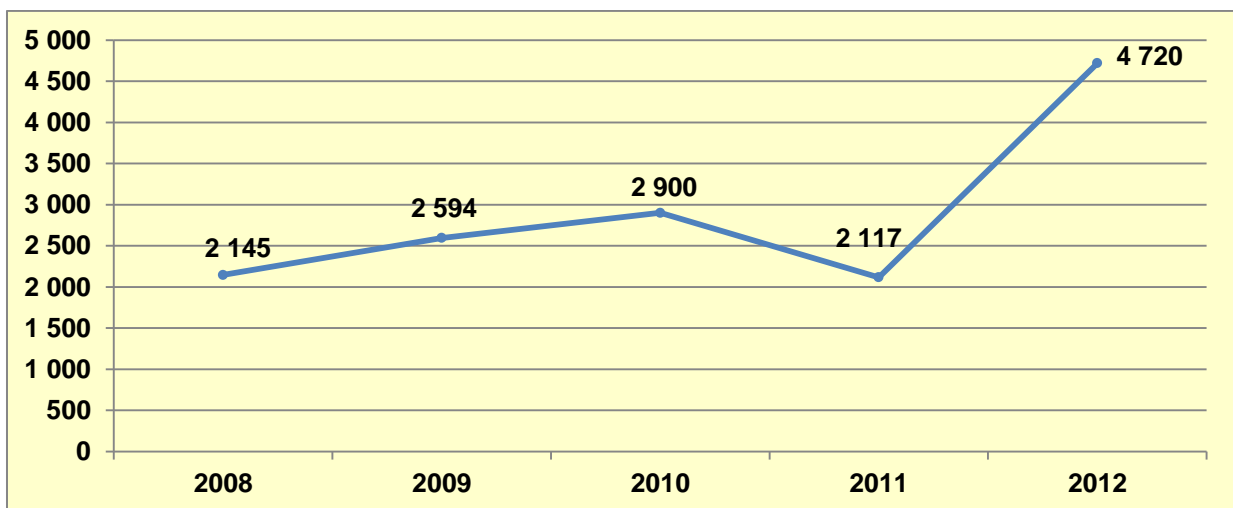
17	Abroad	38	0.8
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Source: Ministry of Health, General Directorate of Health Services, 2013.

According to the statistics regarding the inpatients' provinces of residence, Istanbul has the highest number of cases. This can be explained by its large migrant population and high population density. Table 5-2 includes data on provinces with 50 cases and above. Provinces with less than 50 cases are grouped under other provinces with a rate of 11.2. 38 foreign nationals were admitted to our treatment centers as inpatients during 2012. The highest rate was observed among patients from Austria (13 patients).

5.3.1. Tendencies of Patients under Treatment

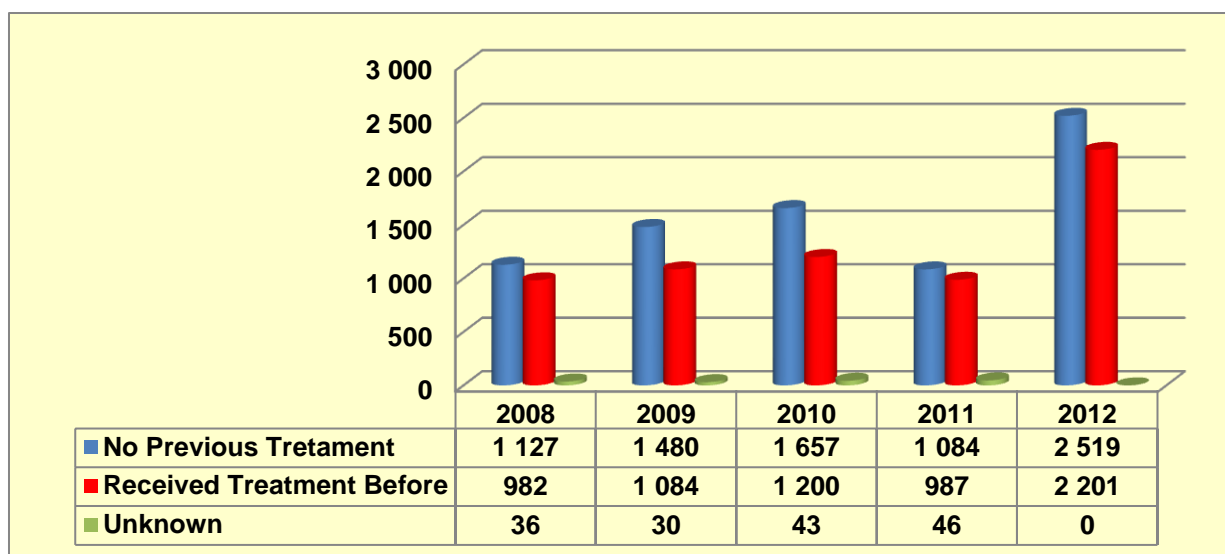
Graph 5-1: Distribution of Inpatients Under Treatment According to Year



Source: Ministry of Health, General Directorate of Health Services, 2013.

According to the relevant statistics, the number of patients was 2117 in 2011 while it went up to 4720 by a 123% rise. This dramatic rise can be explained by more regular collection of the manual filled-out forms and more careful processing of the relevant data.

Graph 5-2: Distribution of Patients Admitted for Treatment for the First Time and Those with Previous Treatment History

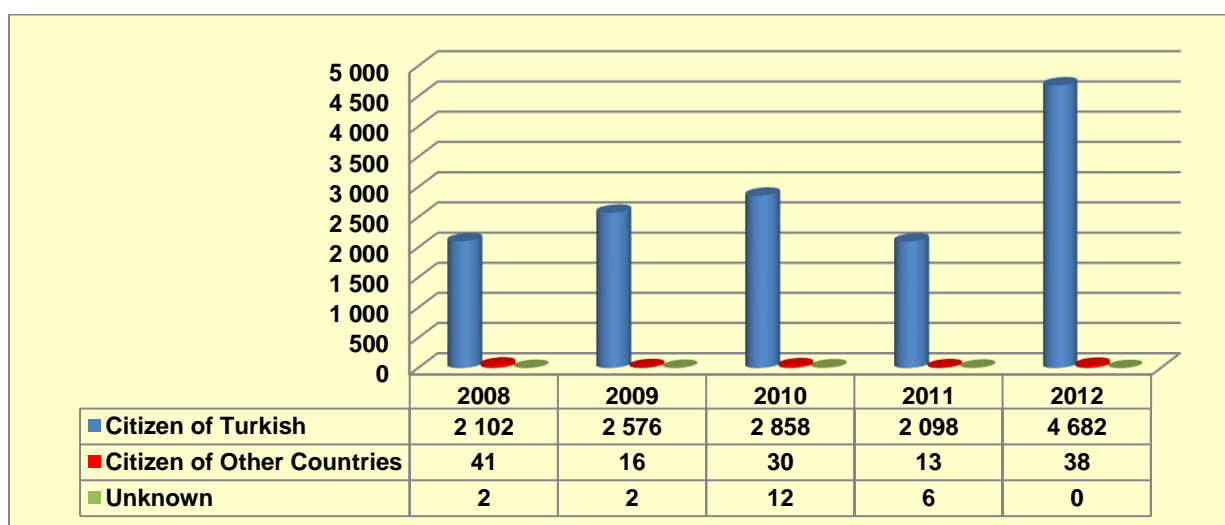


Source: Ministry of Health, General Directorate of Health Services, 2013.

53.4% (2519 patients) of the patients who received treatment in 2012 reported that they had not received any treatment before while 46.6% (2201 patients) said they had. There is no missing information on any of the patients among 2012 data.

The number of patients under treatment for the first time and of those with previous treatment history in 2012 increased by 132% and 123% respectively compared to 2011.

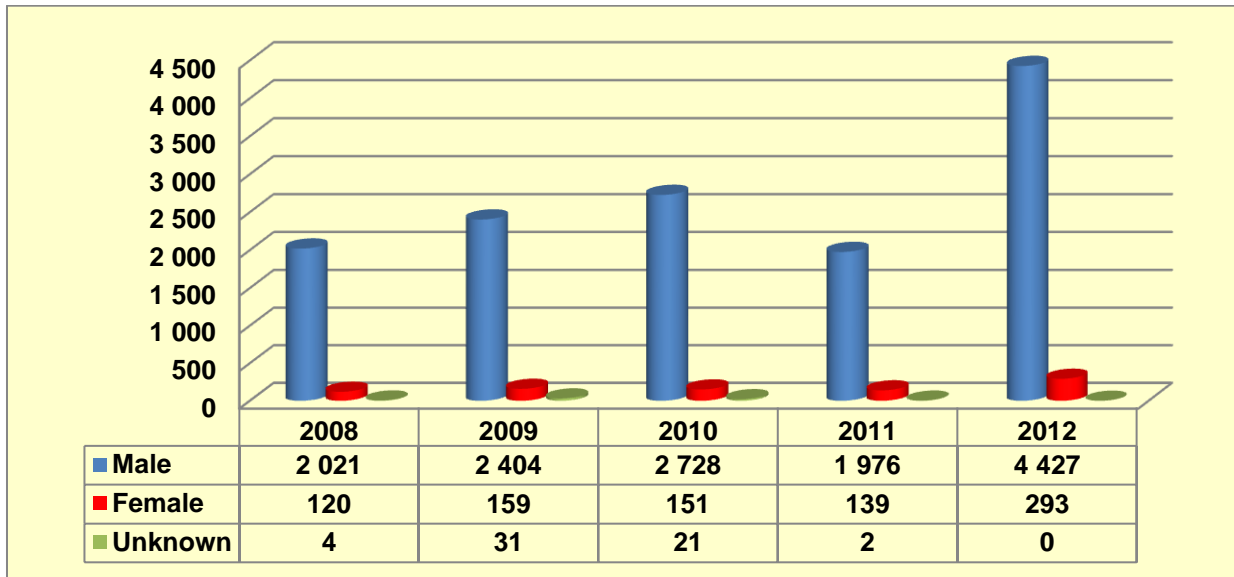
Graph 5-3: Distribution of Patients Under Treatment According to Nationality



Source: Ministry of Health, General Directorate of Health Services, 2013.

99.19% (4682 patients) of the patients who received treatment in 2012 were national of the Republic of Turkey while 0.81% (38 patients) were of foreign nationals. There is no patient with unknown nationality.

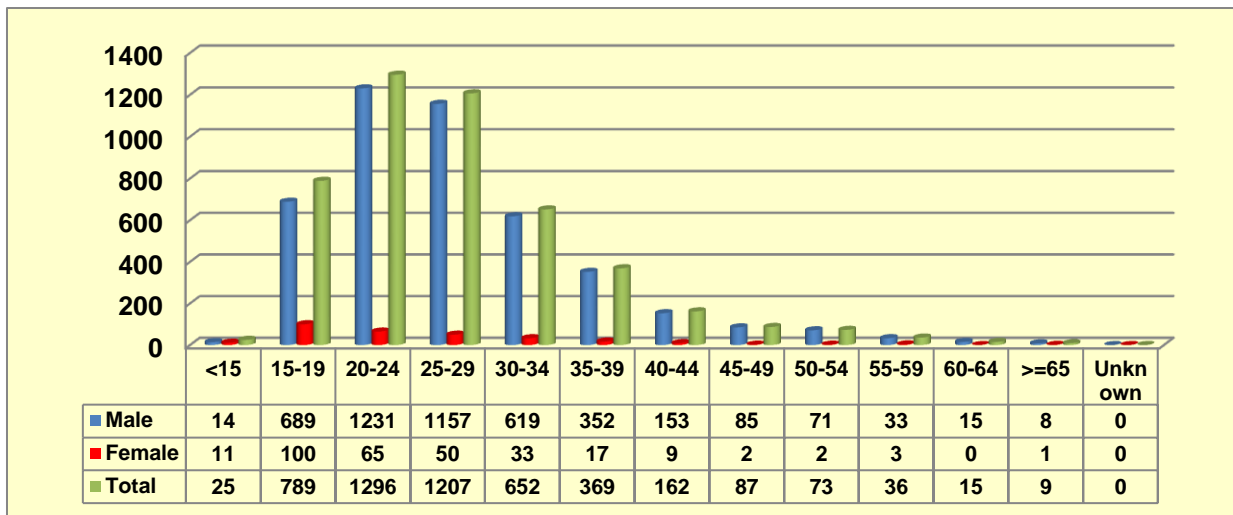
Graph 5-4: Distribution of Patients Under Treatment According to Gender



Source: Ministry of Health, General Directorate of Health Services, 2013.

AS per the statistics regarding the distribution of patients under treatment in 2012 according to their sex, 93.8% (4427 patients) of the patients were male and 6.2% (293 patients) were female. It is a controversial question whether the root of this lies under the lower number of drug use among women, or the low number of applications (Ögel K., 2011).

Graph 5-5: Distribution of Patients Under Treatment According to Age



Source: Ministry of Health, General Directorate of Health Services, 2013.

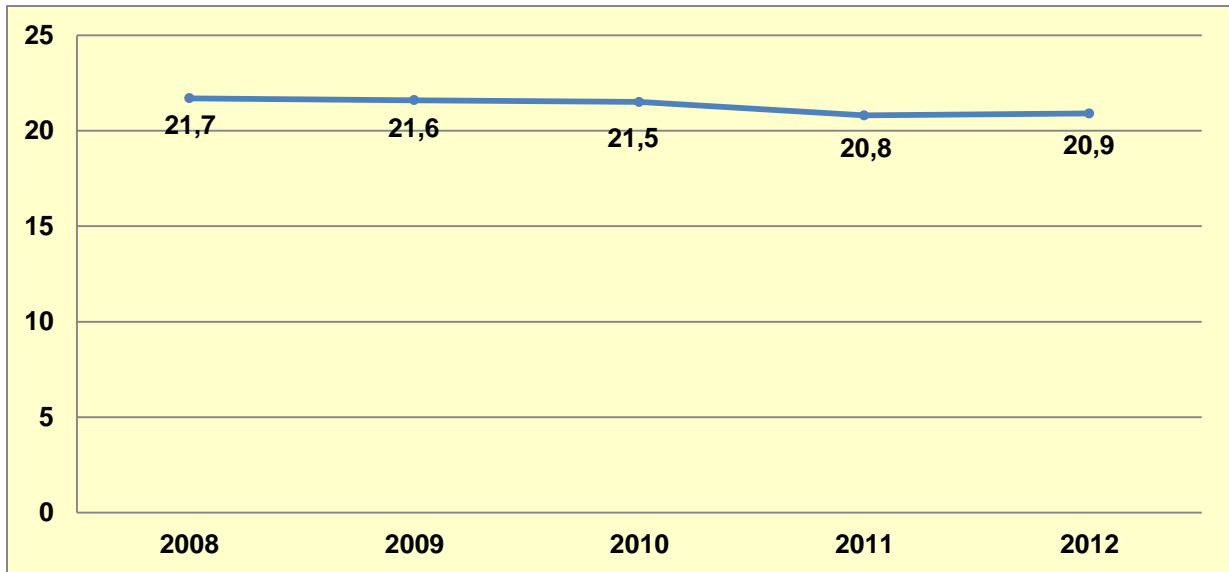
As per the statistics regarding the distribution of patients under treatment according to age, 53% (2503 patients) of all patients were between 20 and 29 years old.

Classified under age groups,

- 27.5% (1296 patients) of the patients under treatment were between 20 and 24 years old,
- 25.6% (1207 patients) were between 25 and 29 years old,
- 16.7% (789 patients) were between 15 and 19 years old,
- 13.8% (652 patients) were between 30 and 34 years old,
- 7.8% (369 patients) were between 35 and 39 years old.

The average age of patients who received treatment in 2012 was 27.13. The youngest patient was 11 years old while the oldest one was 71. Out of 4720 patients who received treatment in 2012, only 0.53% (25 patients) were under 15 years old.

Graph 5-6: Distribution of Patients Under Treatment According to Age of First Drug Use

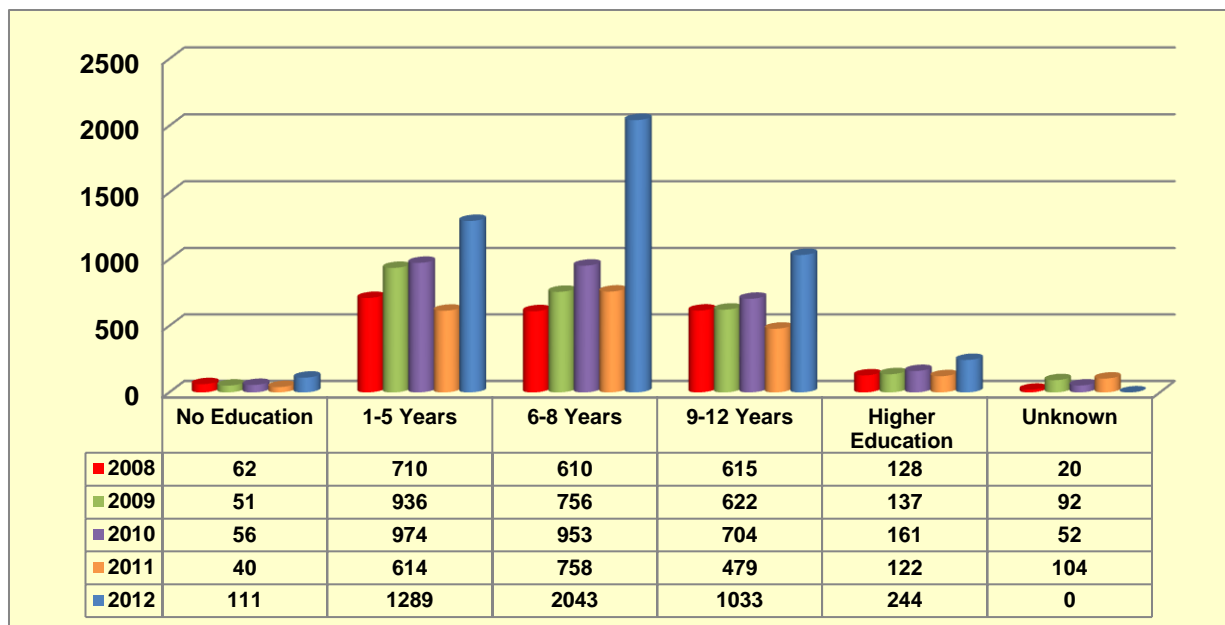


Source: Ministry of Health, General Directorate of Health Services, 2013.

The average age of first drug use among the patients under treatment was 20.9. This was reported to be between 21 and 22 for the period 2008-2010, and between 20 and 21 in 2011 and 2012.

As per the statistics regarding the age of first drug use of 4710 inpatients in 2012, 10.7% (506 patients) used drug for the first time before the age of 15 years, 36.9% (1742 patients) between the age of 15 and 19 years, 29.6% (1398 patients) between the age of 20 and 24, and 13.6% (640 patients) between the age of 25 and 29 years.

Graph 5-7: Distribution of Patients Under Treatment According to Educational Background

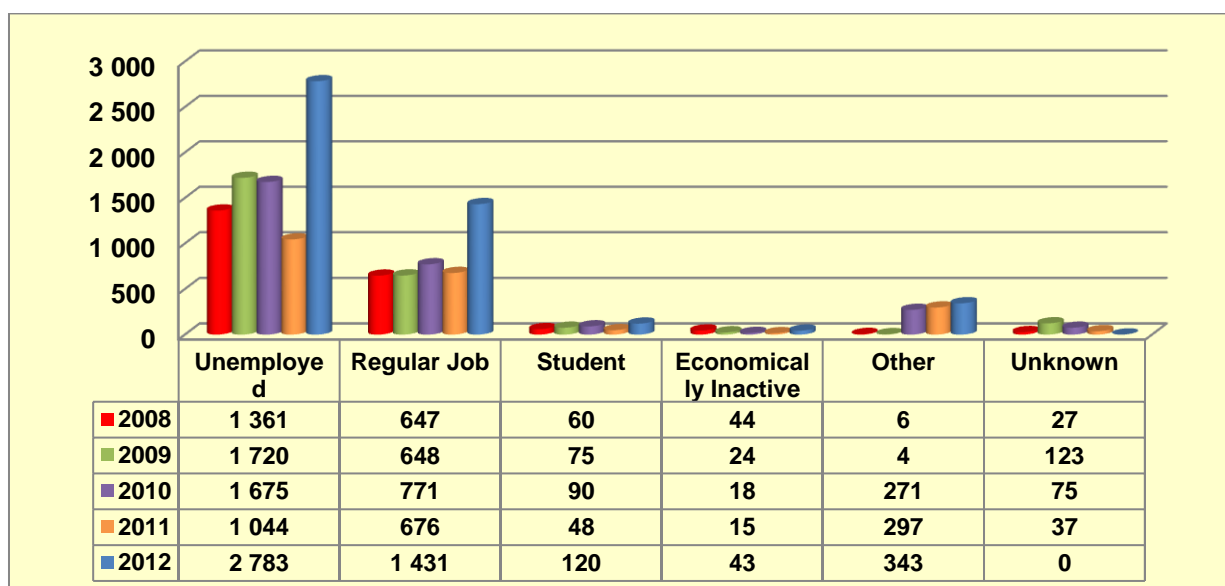


Source: Ministry of Health, General Directorate of Health Services, 2013.

As per the statistics regarding the distribution of patients under treatment in 2012 according to educational background,

- 70.6% (3332 patients) were primary school graduate,
- 21.9% (1033 patients) were secondary school graduate,
- 5.2% (244 patients) were college graduate,
- 2.4% (111 patients) never attended school.

Graph 5-8: Distribution of Patients Under Treatment According to Employment Status



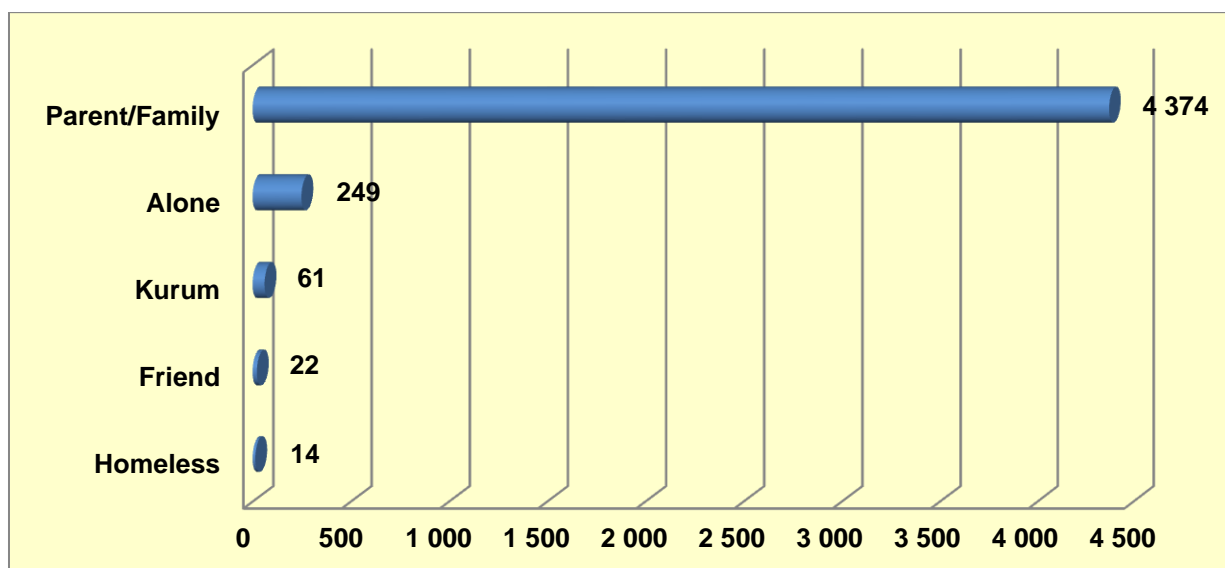
Source: Ministry of Health, General Directorate of Health Services, 2013.

As per the statistics regarding the distribution of patients under treatment in 2012 according to employment status,

- 59% (2783 patients) were unemployed,
- 30.3% (1431 patients) had regular jobs,
- 2.5% (120 patients) were students.

The data on the status of employment among patients under treatment in were compatible with the data from previous years. More than half of the patients were reported to be unemployed.

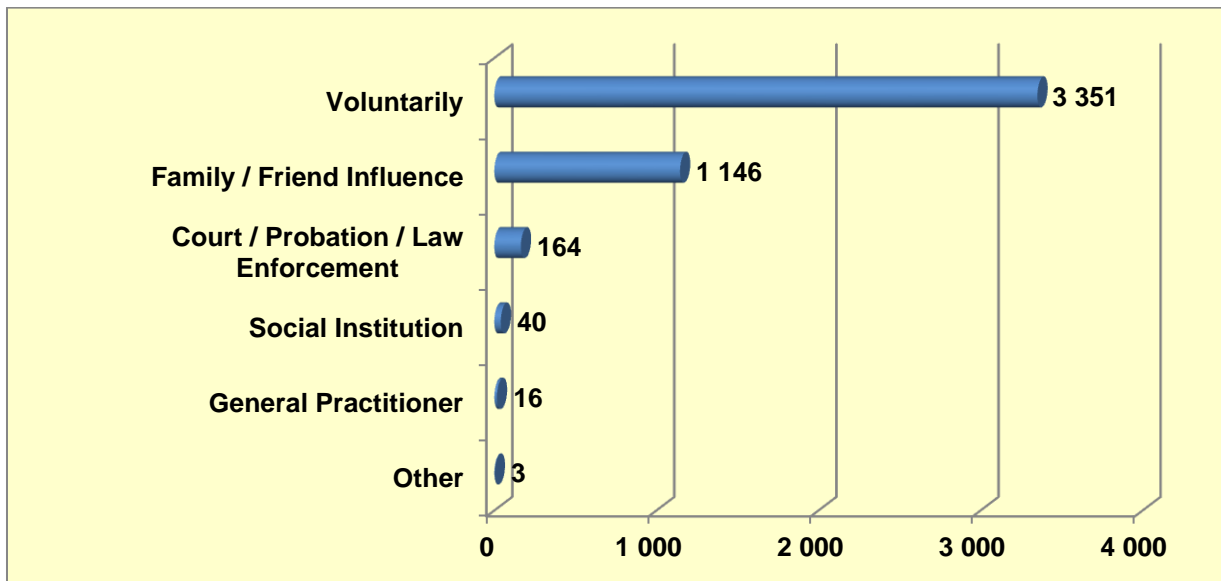
Graph 5-9: Distribution of Patients Under Treatment According to Life Style



Source: Ministry of Health, General Directorate of Health Services, 2013.

As per the statistics regarding the distribution of patients under treatment according to life style, 92.7% (4374 patients) were living with their parents/families, 5.3% (249 patients) alone and 1.3% (61 patients) in an institution. 0.5% (22 patients) of the patients were living with a friend and 0.3% (14 patients) were homeless/living on the streets.

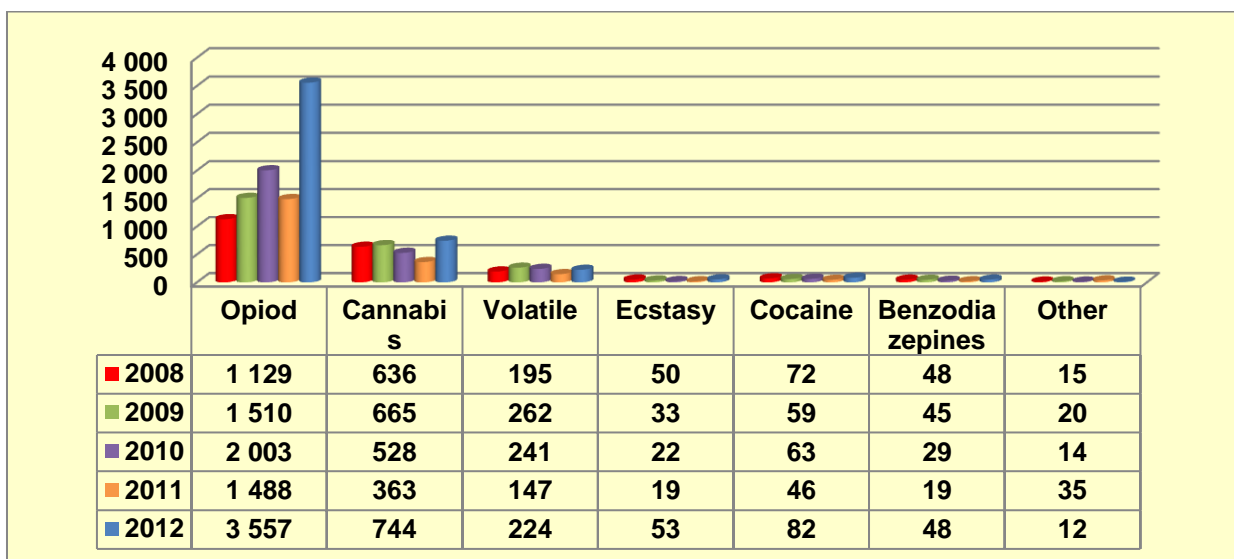
Graph 5-10: Distribution of Patients Under Treatment According to Way of Referral to Treatment



Source: Ministry of Health, General Directorate of Health Services, 2013.

As per the statistics regarding the distribution of patients who received treatment in 2012 according to way of referral to treatment, 71% (3351 patients) applied to a treatment center by their own will, 24,3% (1146 patients) under the guidance of their families/friends and 3.5% (164 patients) were directed by the relevant legal authorities.

Graph 5-11: Distribution of Main Substances Used by Patients Under Treatment According to Years

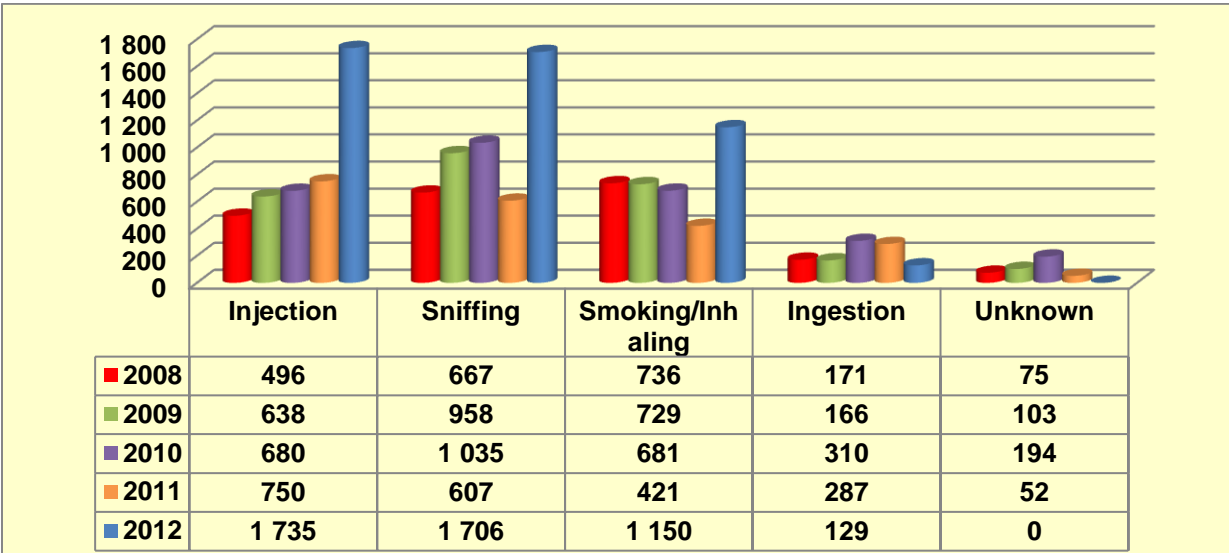


Source: Ministry of Health, General Directorate of Health Services, 2013.

As per the statistics regarding the distribution of main substances used by inpatients in 2012,

- 75.4% (3557 patients) of the patients used opioid,
- 15.8% (744 patients) cannabis,
- 4.7% (224 patients) volatile substance,
- 1.7% (82 patients) cocaine,
- 1.1% (53 patients) ecstasy,
- 1% (48 patients) benzodiazepines,
- 0.25% (12 patients) other substances.

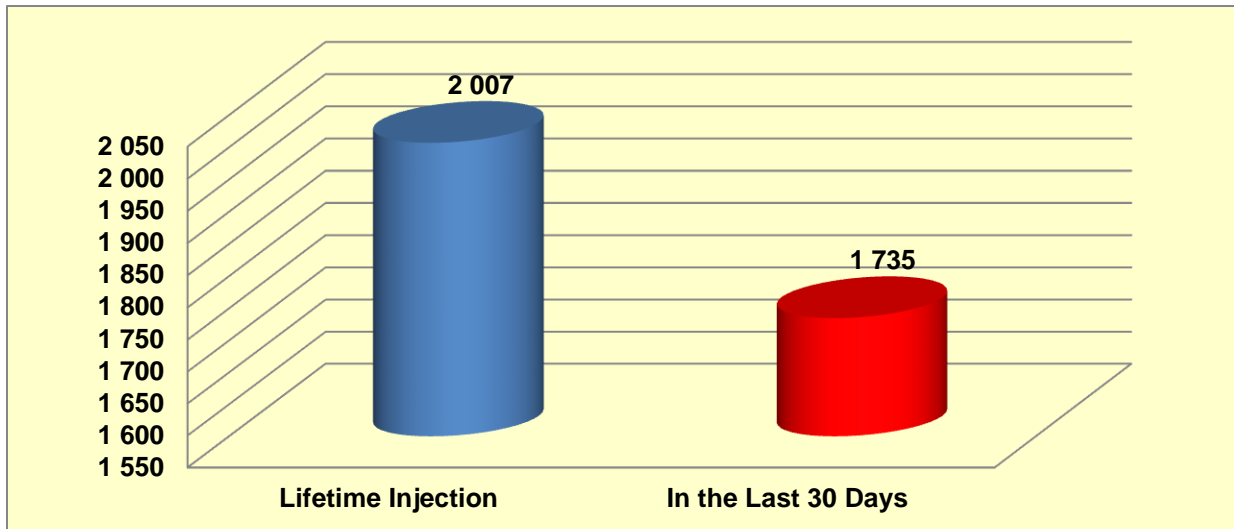
Graph 5-12: Distribution of Patients Under Treatment According to Ways of Use and Years



Source: Ministry of Health, General Directorate of Health Services, 2013.

As per the statistics regarding the distribution of inpatients in 2012 according to ways of using main substances, 36.8% (1735 patients) were using by injection, 36.1% (1706 patients) by sniffing, 24.4% (1150 patients) in the form of cigar, 2.7% (129 patients) by chewing and drinking.

Graph 5-13: Distribution of Patients Under Treatment According to Use of Injection



Source: Ministry of Health, General Directorate of Health Services, 2013.

As per the statistics regarding the distribution of patients according to substance use by injection, out of 4720 patients 42.5% (2007 patients) stated they used substance by injection at least once in a life time and 57.4% (2713 patients) did not report any used of substance by injection.

SECTION 6

HEALTH CORRELATES AND CONSEQUENCES

Dr. Elif MUTLU¹⁹

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6.1. Introduction

Data on persons under treatment for drug abuse were collected through the Ministry of Health, General Directorate of Health Services With the system called "Treatment notification system for substance users in Turkey", socio-demographic data, substance use histories and scan test results of the in-patients were collected from the center through standard forms. All 22 centers in Turkey offering in-patient drug addiction treatment for the year 2012 supported this research with the data. Data collected are on adolescent and adult patients.

A standard form was used for collecting the data. The sections in the form were filled by the specialists in the treatment centers, based on the medical records of the patients. Total 4720 patient record were collected. Within these cases, 2007 individuals (42.52%) stated that they used drugs intravenously for at least one time in their lives. And 1736 individuals expressed that they had used drugs intravenously within the last 30 days. All of the intravenous drug users are opiate addicts. And heroin is the most preferred drug among opiates. Number of individuals who used opiates other than heroin is 41 (2.04%). According to these data, it can be concluded that heroin is the most preferred drug by injection for those under treatment in Turkey, and other opiates are rarely preferred.

The data form for infectious diseases not only includes sex, age, previous treatment history, the way to use drug, and exposure time to intravenous drug but it also serological information such as Hepatitis C antibody, HIV antibody, HBs antigen and HBV antibody.

6.2. Infectious Diseases Related to Drug Use

6.2.1. HIV/AIDS Incidence

The data presented in this section were collected from two different units gathering data on infectious diseases. Turkish Public Health Agency collects data on patients with HIV (+) from treatment institutions all over Turkey. On the other hand, the data on inpatient injecting drug users were collected through "Drug Addiction Notification System" of General Directorate of Health Services.

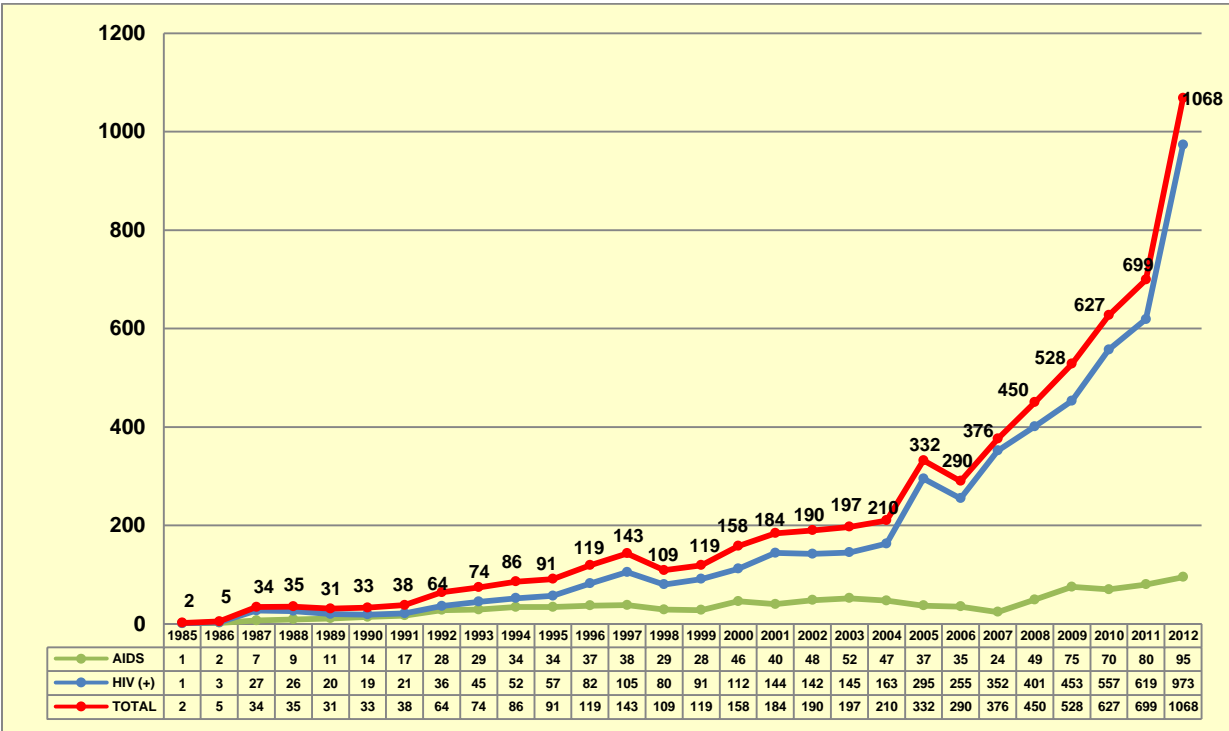
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²⁰ Ministry of Health, General Directorate of Health Services

In 2012, HIV and viral hepatitis scan tests were applied on 1998 out of 2007 in-patients receiving treatment in addiction treatment centers, who use drugs by injection. The number of valid result was found to be 1821 for all serological tests.

The first HIV infection was determined in 1985 in Turkey. In the same year 2 people were stated to have HIV infection, one of which was AIDS, and in December 2012 this figure reached out to 1068.

Graph 6-1: Distribution of Declared HIV/AIDS Cases and Carriers According to the Years



Source: The Ministry of Health, Turkish Public Health Agency, 2013.

This increase in the number of HIV/AIDS cases in 2012 is explained to be a result of increasing number of cases reached.

Table 6-1: Distribution of HIV/AIDS Cases According to Potential Means of Transmission

Potential Means of Transmission	2012		1985-2012 Cumulative	
	n	%	n	%

Homosexual/bisexual intercourse	142	13.3	585	9.3
Intravenous drug use	6	0.56	168	2.67
Heterosexual intercourse	376	35.2	3.129	49.73
Transmission from mother to infant	12	1.12	82	1.3
Nasocomial transmission	3	0.28	95	1.5
Unknown	529	49.53	2.233	35.49
TOTAL	1.068	100	6.292	100

Source: The Ministry of Health, Turkish Public Health Agency, 2013.

In 2012, a new implementation was adopted for statistical analysis introduced by the Ministry of Health Turkish Public Health Agency Department of Infectious Diseases; and the parameters to divide HIV/AIDS cases were reduced from 9 to 6.

In 2012, hemophilia and blood transfusion were included in nasocomial transmission; furthermore, homosexual/bisexual intercourse + injecting drug use were included in homosexual/bisexual intercourse.

Table 6-2: Distribution of HIV/AIDS Carriers in Turkey According to Age and Sex

Age Groups	Male	Female	Total
0	4	2	6
1-4	1	4	5
5-9	3	0	3
10-14	0	2	2
15-19	9	7	16
20-24	87	20	107
25-29	128	50	178
30-34	154	52	206
35-39	113	31	144
40-49	187	51	238
50-59	92	18	110
60+	40	8	48
Unknown	1	4	5
Total	819	249	1.068

Source: *The Ministry of Health, Turkish Public Health Agency, 2013.*

Nine hundred seventy three cases out of 1068 are HIV (+), while the rest has AIDS.

According to the data of Turkish Public Health Agency, 6 of those who were determined to have HIV (+) in 2012 got the disease due to injecting drug use. Twelve of the in-patients, who use drugs by injection, were determined to have HIV (+) (Table 6-1 and Table 6-3).

Table 6-3: Distribution of the Results of HIV Scan Tests Applied on Injecting Drug Users under In-patient Treatment in Addiction Treatment Centers According to the Years

HIV	2006	2007	2008	2009	2010	2011	2012
Patient tested (n)	263	223	462	696	644	716	1.821
Negative result (n)	255	221	458	694	641	714	1.809
Positive result (n)	8	2	4	2	3	2	12
Positive result (%)	3.04	0.90	0.87	0.29	0.47	0.28	0.66

Source: *Ministry of Health, General Directorate of Health Services, 2013.*

In 2012, HIV scan test was applied on 1821 out of 2007 injecting drug users receiving in-patient treatment, and positive results were determined in 12 of them. This figure means that, positive rate of injecting drug users receiving in-patient treatment is 0.65%.

6.2.2. Viral Hepatitis Incidence

In 2012, 1821 out of 2007 injecting drug users receiving in-patient treatment in Turkey were tested in terms of hepatitis markers. These tests are scan tests. Serum samples were used for each marker; HBsAg (Hepatitis B virus surface antigen) was assessed for Hepatitis B, while Anti HCV (Hepatitis C virus total antibody) was analyzed for Hepatitis C. As HCV-RNA and genotype determination are not applied systematically, they are not included in the data.

The results indicate that positive results were obtained in

- 912 (50.1%) out of 1821 people tested for Hepatitis C, and
- 156 (8.57%) out of 1821 people tested for hepatitis B (Table 6-4).

6.2.2.1. Hepatitis B Incidence

Table 6-4: Distribution of the Results of HBV Tests Applied on Injecting Drug Users under Inpatient Treatment in Addiction Treatment Centers According to Years

HBV	2006	2007	2008	2009	2010	2011	2012
Patient tested (n)	184	198	425	687	618	707	1.821
Negative result (n)	151	166	391	651	596	654	1.665
Positive result (n)	33	32	34	36	22	53	156
Positive result (%)	17.93	16.16	8.00	5.24	3.56	7.50	8.57

Source: Ministry of Health, General Directorate of Health Services, 2013.

According to the results of Hepatitis B, after 2006, this disease has been determined less in injecting drug users. A decrease is observed in terms of HBV in population in general. While in 2006, the number of HBV positive cases among injecting drug users was 8593, this figure reduced to 3099 in 2010. Slight increase in 2012 HBV positive rates may be due to sample size. Rate of vaccination could not be determined as the Anti-HBs (Hepatitis B antibody) values of the sample analyzed could not be reached. In the light of this data, the decrease in the HBV infection is thought to be in relation with spreading vaccination (Demirören K. et al, 2007). Turkey is among medium-high slice in terms of HBsAg prevalence in population in general. According to several researches on prevalence in general population, HBsAg positive sate ranges between 2.5% and 9.1% in accordance with the region and structure of the research. The most frequent genotype in the general population is known to be Genotype D, as in other Mediterranean countries (Leblebicioglu H. et al 2004).

Table 6-5: Distribution of the Results of HBV Tests Applied on Injecting Drug Users under Inpatient Treatment in Addiction Treatment Centers in 2012 According to Gender

HBV	Male	Female
Patient Tested (n)	1.740	81
Negative result (n)	1.595	70
Positive result (n)	145	11
Positive result (%)	8.33	13.58

Source: EMCDDA Standard Table 9/2, 2013.

Hepatitis B incidence in women injecting drug users receiving treatment in addiction treatment centers is 13.58%, while this rate is 8.33% for male. In the general population, HBV positive rate is greater in male than in female (Akcam FZ et al, 2009; Yildirim B. et al 2009). The fact that Hepatitis B rate of drug users is different from the general population can be explained with the high rate of comorbid diseases in drug user female and low socio-economic situation and living conditions.

Table 6-6: Distribution of the Results of HBV Tests Applied on Injecting Drug Users under In-patient Treatment in Addiction Treatment Centers According to Years and Age

HBV	<25			25-34			>34		
	2010	2011	2012	2010	2011	2012	2010	2011	2012
Patient tested (n)	721	305	729	673	306	822	352	96	270
Positive result (n)	13	19	72	15	24	57	16	10	27
Positive result (%)	1.80	6.23	9.88	2.23	7.84	6.93	4.55	10.42	10.0

Source: EMCDDA Standard Table 9/2, 2013.

Greater HBV positive rate was determined in in-patient injecting drug users over 34 years of age (10.0%). It is known that, hepatitis prevalence show correlation with the age in general population.

Table 6-7: Distribution of the Results of HBV Tests Applied on Injecting Drug Users under In-patient Treatment in Addiction Treatment Centers in 2012 According to First Injection Time

HBV	<2 years	2-5 years	5-10 years	> 10 years
Patient tested (n)	146	709	678	288
Positive result (n)	15	60	58	23
Positive result (%)	10.27	8.46	8.55	7.99

Source: EMCDDA Standard Table 9/2, 2013.

When analyzed in accordance with the sample treatment application, 9.11% 746 of those applying for a treatment for the first time was found to have HBV positive (Table 6-8).

Table 6-8: Treatment History and HBV Results of Intravenous Drug Users under In-patient Treatment in Addiction Treatment Centers in 2012

HBV	First Application	Previous Treatment History
Person tested (n)	746	1.075
Positive result (n)	68	88
Positive result (%)	9.11	8.19

Source: EMCDDA Standard Table 9/2, 2013.

6.2.2.2. Hepatitis C Incidence

Table 6-9: Distribution of the Results of HCV Tests Applied on Intravenous Drug Users under In-patient Treatment in Addiction Treatment Centers in Years

HCV	2006	2007	2008	2009	2010	2011	2012
Patient tested (n)	339	270	741	709	666	722	1.821
Negative result (n)	152	153	297	504	447	371	909
Positive result (n)	187	117	174	205	219	351	912
Positive result (%)	55.16	43.33	23.48	28.91	32.88	48.61	50.1

Source: Ministry of Health, General Directorate of Health Services, 2013.

HCV positive was found in 912 (50.1%) out of 1821 in-patient injecting drug users tested in 2012. In the researches on general population, HCV prevalence varies between 0.17% and 2.8% (Kurt H. et al 2003). This rate is similar to the rates in Eastern Mediterranean countries. HCV RNA was not tested in the data of injecting drug users. However, it was demonstrated that HCV RNA is positive in more than half of all HCV cases. It is known that the dominant genotype in the country is Genotype-1 (Genotype-1b: ~%80, Genotype-1a: ~ %9-20); while Genotypes 2, 3 and 4 are very rare (1-2%).

According to the data of 2012, 891 out of 912 HCV positive injecting drug users receiving in-patient treatment in addiction treatment centers were male, while 21 of them were female; and positive rate of male patients were 51.21%, while this rate is 25.92 for female patients (Table

6-10). It is known that the number of female patients applying to the treatment centers is less than the number of male patients. It is a controversial question whether the root of this lies under the lower number of drug use among women, or the low number of applications (Ögel K., 2011). In the epidemiological researches on population in general, no difference between genders were presented in terms of HCV positive rate (Badur S, Emiroğlu N 2010). The researches on the addicts in Turkey show that injector sharing rate is greater among intravenous drug user females compared to males; and this is accompanied by comorbid diseases at a greater rate (Evren et al, 2003; Ögel K., 2005). According to our data, the number of in-patient females is greater. Determination of HCV in female patients at similar rates to male patients is not statistically significant; however, it is compatible with the previous data.

Table 6-10: Distribution of the Results of HCV Tests Applied on Intravenous Drug Users under In-patient Treatment in Addiction Treatment Centers in 2012 According to Gender

HCV	Male	Female
Patient tested (n)	1740	81
Negative result (n)	849	60
Positive result (n)	891	21
Positive result (%)	51.21	25.92

Source: EMCDDA Standard Table 9/2, 2013.

Table 6-11: Distribution of the Results of HCV Tests Applied on Intravenous Drug Users under In-patient Treatment in Addiction Treatment Centers According to Years and Age

HCV	<25			25-34			>34		
	2010	2011	2012	2010	2011	2012	2010	2011	2012
Patient tested (n)	748	309	729	731	308	822	385	105	270
Positive result (n)	53	147	319	101	141	424	85	63	169
Positive result (%)	7.09	47.57	43.76	13.82	45.78	51.58	22.08	60.00	62.59

Source: EMCDDA Standard Table 9/2, 2013.

When the HCV results of injecting drug users according to their age are analyzed, a significant increase in the infection is observed in the age group over the 34 years of age (62.59%)

(Table 6-11). Increasing infection due to age may be the result of the exposure time to the drug. When the patients are grouped according to the time passed since the first injection, HCV positive rate was found to be 65.62% in those using the drugs by injection for more than 10 years. Exposure to intravenous drug use is known to increase the risk of infection. HCV rate is expected to be high in the group whose first injection was over 10 years ago, and in the patients over 34 years of age (Chang et al, 1999; Garfein et al. 1996, Garfein et al. 1998). Nevertheless, the group composing of people over the age of 35 was expressed to be the one to experience HCV positive the most in the general population (Kurt H. et al, 2003).

Table 6-12: Distribution of the Results of HCV Tests Applied on Intravenous Drug Users under In-patient Treatment in Addiction Treatment Centers in 2012 According to First Injection Time

HCV	<2 years	2-5 years	5-10 years	> 10 years
Patient tested (n)	146	709	678	288
Positive result (n)	54	291	378	189
Positive result (%)	36.99	41.04	55.75	65.62

Source: EMCDDA Standard Table 9/2, 2013.

Table 6-13: Treatment History and HCV Results of Intravenous Drug Users under In-patient Treatment in Addiction Treatment Centers in 2012

HCV	First Application	Previous Treatment History
Person tested (n)	746	1.075
Positive result (n)	283	629
Positive result (%)	37.93	58.51

Source: EMCDDA Standard Table 9/2, 2013.

When the cases are classified according to their treatment application, 746 out of 1821 patients tested for HCV were observed to apply the treatment for the first time; and 37.93% of those first applicers (283 people) were diagnosed with HCV positive. The number of patients

with previous treatment history was 1075, and HCV positive rate was found to be 58.51% (629) (Table 6-13).

6.3 Other Health problems Related to Drug Use and Results

No new data.

6.4. Drug-related Deaths and Death Rate Among Drug Addicts

Assoc. Prof. Bülent ŞAM^{21,22}

Data on drug-related deaths have been reported by the Council of Forensic Medicine (ATK) under the Ministry of Justice from special death records (autopsy reports of the ATK). The ATK archives records of autopsies kept throughout Turkey.

In accordance with the "Selection D" definition recommended by the EMCDDA for direct drug-related deaths, the Turkey Drug Report 2013 is based on the deaths occurring immediately after taking one or more of an illegal substance (opium and its derivatives, cocaine, cannabis, amphetamine and its derivatives, hallucinogens, and new substances which can be analyzed), in some cases together with alcohol and/or psychoactive medications, and deaths at the hospital after a coma occurring after taking one or more of these drugs. Deaths related to the use of psychoactive drugs to commit suicide are not included.

All direct drug-related deaths included in the report were assessed together with investigation reports of the police, and findings of crime scene investigation and autopsy reports and interpreted as accidental drug-related deaths. Deaths resulting from murder are excluded.

Indirect drug-related deaths refer to all cases where non-toxic amounts of one or more of the above mentioned substances are present in samples of blood, urine, intra-ocular fluid, bile, nose swab or internal organ, but the cause of deaths is not drug intoxication. All data on drug-related deaths were gathered from full autopsies.

Verification tests (GC/MS and LC/MS/MS) were used in all cases with negative or positive results in screening tests in toxicological analyses (CEDIA) and screening tests. As of August 2012, JWH-18 and JWH-73 analyses from synthetic cannabinoids have also been performed. Data relevant to these drugs were utilized in the 2013 Report.

6.4.1. Directly Drug-Related Deaths

162 cases of direct drug-related death were identified in 2012. Since general death records have not been published by the Turkish Statistical Institute yet, comparison with general death records of 2012 could not be made.

²¹ Ministry of Justice, Council of Forensic Medicine

²² National Specialist of Drug-related Deaths and Death Rates

While 105 direct drug-related deaths occurred in 2011, 162 cases were identified in 2012 with a 54.3% rise.

Table 6-14: Distribution of Average Age of Direct Drug-related Deaths between 2007 and 2012 According to Gender and Year

Years	Gender	Average Age	Min. Max. Age
2007	Male (n:128)	34.3	18-70
	Female (n:8)	32.7	23-44
	Total (n:136)	34.2	18-70
2008	Male (n:140)	34.5	15-70
	Female (n:7)	34.8	17-60
	Total (n:147)	34.5	15-70
2009	Male (n:133)	34.8	15-71
	Female (n:20)	33.2	15-66
	Total (n:153)	34.6	15-71
2010	Male (n:119)	34.4	16-65
	Female (n:7)	31.3	23-42
	Total (n:126)	34.2	16-65
2011	Male (n:100)	33.5	13-79
	Female (n:5)	43.2	22-75
	Total (n:105)	34	13-79
2012	Male (n:156)	30.1	12-66
	Female (n:6)	32	18-48
	Total (n:162)	30.2	12-66

Source: Ministry of Justice, Council of Forensic Medicine, 2013; EMCDDA Standard Table 6, 2013.

As per the statistics regarding the distribution of direct drug-related deaths in 2012 according to gender, 96.3% (n:156) were male and 3.7% (n:6) female (Table 6-14).

The average age for direct drug-related deaths among men was 30.1 (min:12 - max:66) and 32 among women (min:18 - max:48). The general average was 30.2 (Table 6-14).

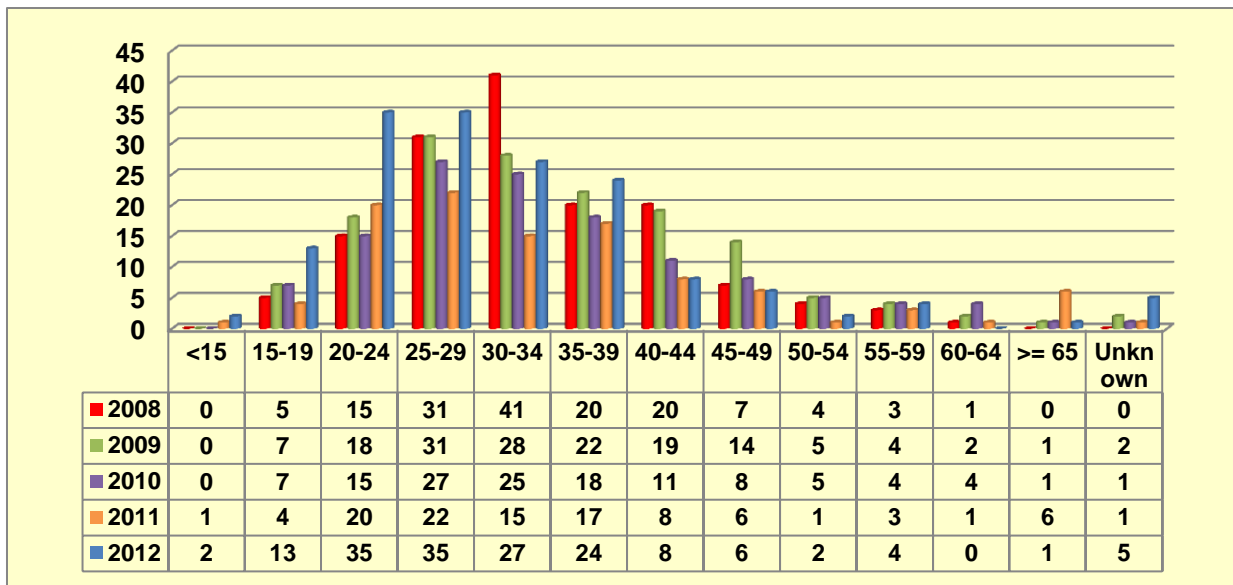
Table 6-15: Distribution of Average Age of Direct Drug-related Deaths in 2012 According to Gender

Age Group	Male	Female	Total
<15	2	0	2
15-19	12	1	13
20-24	34	1	35
25-29	34	1	35
30-34	27	0	27
35-39	22	2	24
40-44	8	0	8
45-49	5	1	6
50-54	2	0	2
55-59	4	0	4
60-64	0	0	0
>=65	1	0	1
Unknown	5	0	5
Total	156	6	162

Source: Ministry of Justice, Council of Forensic Medicine, 2013; EMCDDA Standard Table 6, 2013.

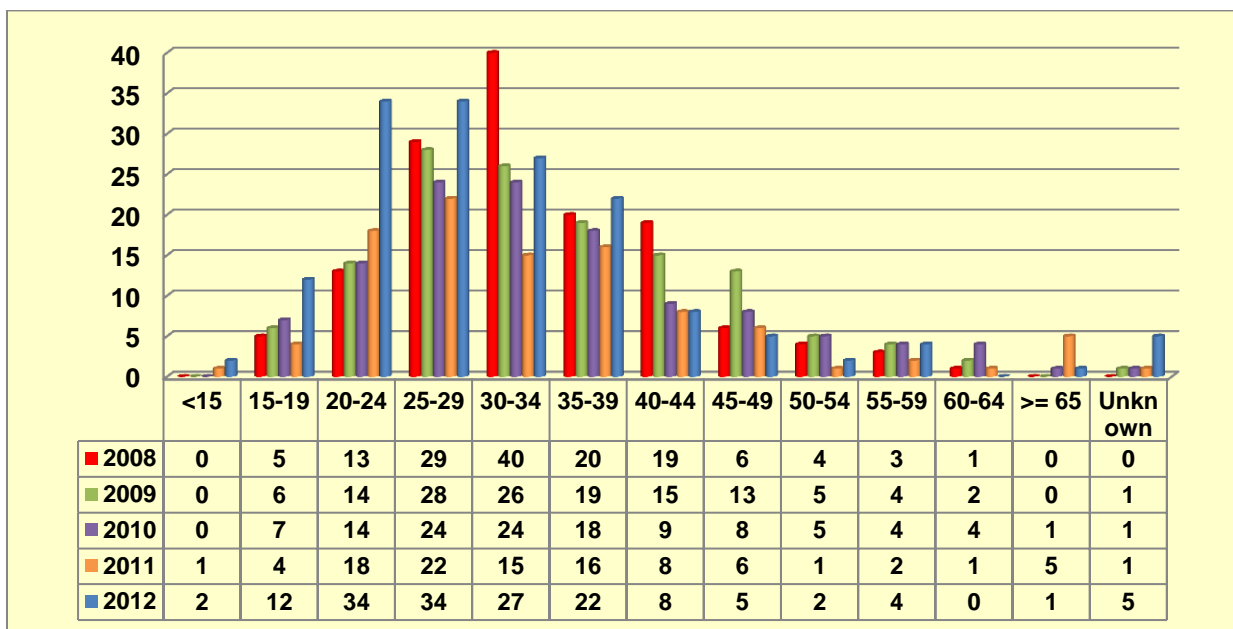
As per the statistics regarding the distribution of direct drug-related death according to age group, about 1.2% was under the age of 15 years, 8% between the age of 15 and 19 years, 21.6% between the age of 20 and 24 years, 21.6% between the age of 25 and 29 years, 16.7% between the age of 30 and 34 years, 14.8% between the age of 35 and 39 years, 4.9% between the age of 40 and 44 years, 3.7% between the age of 45 and 49 years, 1.2% between the age of 50 and 54 years, 2.5% between the age of 55 and 59 years, 0.6% 65 years and above. Age groups of 3.1% of the cases were not identified (Table 6-15).

Graph 6-2: Distribution of Age Groups of Direct Drug-related Deaths between 2008 and 2012 According to Years



Source: Ministry of Justice, Council of Forensic Medicine, 2013; EMCDDA Standard Table 6, 2013.

Graph 6-3: Distribution of Age Groups of Men Among Direct Drug-related Deaths between 2008 and 2012 According to Years



Source: Ministry of Justice, Council of Forensic Medicine, 2013; EMCDDA Standard Table 6, 2013

Cases aged between 20 and 29 years old were most frequent among direct drug related deaths in 2012, followed by those aged between 20 and 24, 25 and 29, 30 and 34, 35 and 39 (Graph 6-2). The age distribution of male cases was very close to the sum of both sexes (Graph 6-3). It was not possible to interpret the distribution of female cases further due to low number of cases.

Table 6-16: Data from the Last 6 Years on Provinces where Such Deaths Are the Most Frequency

	2007	2008	2009	2010	2011	2012
Istanbul	86	93	77	57	45	70
Adana	4	8	8	14	9	15
Mersin	0	1	3	3	6	9
Antalya	8	6	18	15	5	25
Ankara	3	2	1	4	5	7
Gaziantep	10	10	9	9	4	9

Source: Ministry of Justice, Council of Forensic Medicine, 2013.

As per the distribution of direct drug-related deaths according to provinces, such deaths were identified in 24 provinces in total with Istanbul having the highest death rate (n:70, 43.2%). Istanbul is followed by Antalya (n:25, 15.4%), Adana (n:15, 9.3%), Mersin (n:9, 5.6%), Gaziantep (n:9, 5.6%), Ankara (n:7, 4.3%), Kocaeli (n:4, 2.5%), Sakarya (n:3, 1.9%), Konya (n:3, 1.9%) and İzmir (n:3, 1.9%). 2 cases were recorded in Edirne and Artvin each (1.2%), and 1 case in Urfa, Bitlis, Bursa, Düzce, Kırklareli, İskenderun, Malatya, Kilis, Ağrı and Osmaniye each (0.6%). Compared to direct drug-related deaths in Istanbul in 2011 (n:45), there was a rise by 55.5% in 2012 (n:70) (Table 6-16).

Table 6-17: Distribution of Direct Drug-Related Deaths Based on Opium and Its Derivatives in 2012 According to Gender

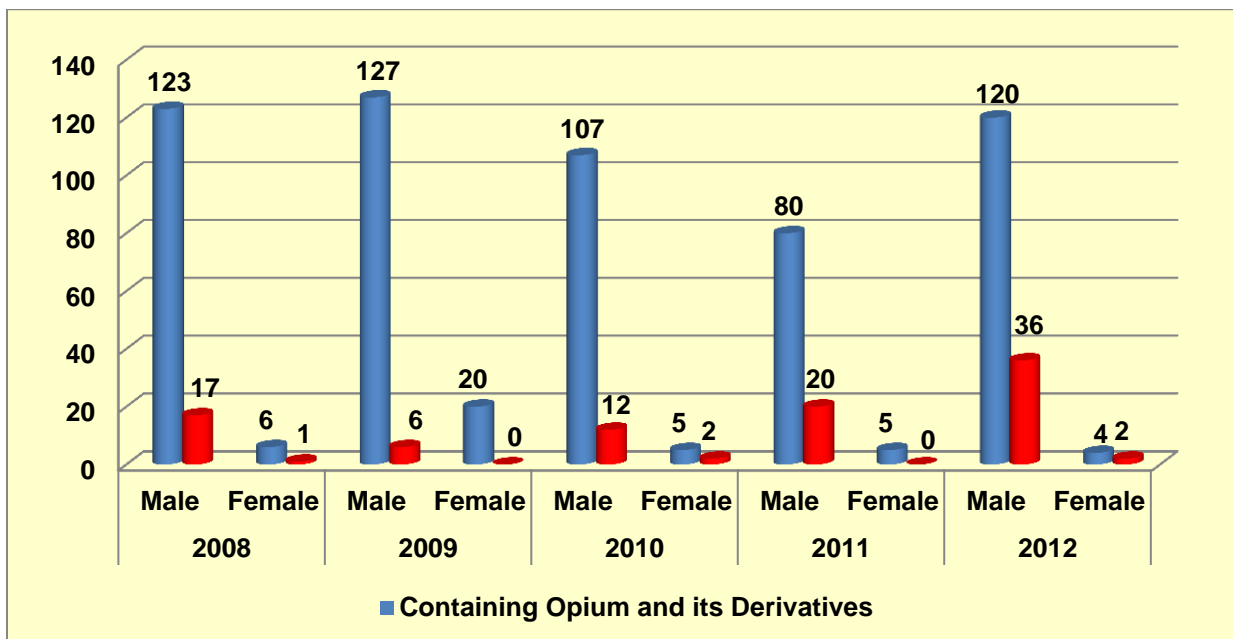
Intoxication	Male	Female	Total
Only by means of opium derivatives (except for methadone)	83	1	84
Only by means of methadone	0	0	0
By means of using multi-substance containing an	37	3	40

opium derivative			
By means of a substance not containing an opium derivative	36	2	38
Total	156	6	162

Source: Ministry of Justice, Council of Forensic Medicine, 2013.

At least one drug containing an opium derivative (with another substance or other substances in some cases and fentanyl in one case) was identified in 76.5% (n:124) of the cases, and drug not containing opium derivatives (with solvents in 12 cases) was detected in 23.5% (n:38) of the cases (Table 6-17, Graph 6-4).

Graph 6-4: Distribution of Drug-related Deaths based on Opium Derivative between 2008 and 2012 According to Gender



Source: Ministry of Justice, Council of Forensic Medicine, 2013; EMCDDA Standard Table 5, 2013.

While the cases of deaths related to the use of opium derivatives had regularly decreased since 2009, an increase by 45.9% was observed in 2012 compared to 2011. Compared to the previous year, the cases of deaths related to intoxication by drugs not containing opium derivatives increased by 90%. 6 female cases were identified in 2012 (Graph 6-4).

Table 6-18: Distribution of Substances Identified in Samples as a Result of Toxicological Analyses between 2008 and 2012

	2008 (n)	2008 (%)	2009 (n)	2009 (%)	2010 (n)	2010 (%)	2011 (n)	2011 (%)	2012 (n)	2012 (%)
6-MAM*	82	55.8	93	60.8	76	60.3	42	40	67	41.4
Morphine	45	30.6	38	24.8	34	27	42	40	56	34.6
Codeine	78	53.1	101	66	75	59.5	64	61	97	59.9
Other opioid	5	3.4	3	2	5	4	4	3.8	1	0.6
Cocaine	15	10.2	5	3.3	15	12	10	9.5	19	11.7
Benzodiazepines	14	9.5	16	10.5	23	18.3	17	16.2	23	14.2
Methamphetamine	0	0	0	0	6	4.8	2	1.9	1	0.6
Amphetamine	0	0	0	0	0	0	4	3.8	3	1.9
MDMA/MDA/MDEA	10	6.8	0	0	1	0.8	19	18	29	17.9
Antidepressants	18	12.2	13	8.5	7	5.6	3	2.9	11	6.8
Neuroleptics	1	0.7	3	2	3	2.4	3	2.9	2	1.2
Other psychotropic medications	3	2	4	2.6	2	1.6	6	5.7	18	11.1
Solvents	7	4.8	6	3.9	7	5.6	5	4.8	12	7.4
Cannabis	20	13.6	20	13.1	21	6.3	20	19	37	22.8
JWH-018/JWH-073**	-	-	-	-	-	-	-	-	7	4.3

* 6-MAM is a cannabis metabolite.

**Synthetic cannabinoids known as bonsai.

Source: Ministry of Justice, Council of Forensic Medicine, 2013.

A detailed break-down of substances identified in samples as a result of toxicological analyses among the cases of direct drug-related deaths in the last five years is presented in Table 6-18. In the cases where 6-MAM and morphine were found together, only 6-MAM were shown.

Alcohol use was detected in 21 cases (13%). Volatile substance was identified in one case. Volatile substance and cannabis derivatives were detected in one case, and ecstasy, cocaine and cannabis in one case. Cocaine was found in one case. Opium derivative with other substances (with cocaine in 2 cases, with cannabis in 3 cases and with cannabis and cocaine in one case) were identified in 17 cases (EMCDDA Standard Table 5, 2013).

Unlike from previous years, JWH-018-n-Pentanoic Acid and JWH-073-n-butanoic acid analyses have been performed from synthetic cannabinoids known as Bonsai at the

Laboratories of the Institute of Forensic Medicine as of August 2012. Thus though incomplete, data on the use of Bonsai are also included in the report. In the 2nd half of 2012, the use of Bonsai was established in 7 cases (4.3%). It was decided that death in one of these cases (0.6%) resulted from the used of Bonsai (EMCDDA Standard Table 5, 2013).

In terms of frequency along with opium derivatives, cannabis (n:27), cocaine (n:14), ecstasy (MDA, MDMA) (n:7) and Bonsai (n:1) were used (EMCDDA Standard Table 5, 2013).

The substances identified as they are contained in heroine in the order of frequency were paracetamol (n:33), benzodiazepine derivatives (n:19), lidocaine (n:10), dextromethorphan (n:8), chlorpheniramine (n:8), pseudoephedrine (n:6), hydroxyzine (4), citalopram (n:3), ephedrine (n:2) and diphenhydramine (n:2) (EMCDDA Standard Table 5, 2013). Additionally, papaverine and meconin were found in 15 and 33 of the cases respectively as they are naturally contained in opium gum.

The number of deaths related to the use of ecstasy (MDMA/MDA/MDEA/MBDB/PMMA) was 21. There were only n-butane in one case, only Bonsai in one case, only cannabis in four cases, and cannabis and Bonsai in three cases. 3 cases were found to result from the use of only cocaine, while one case from the use of cocaine with cannabis and ecstasy, and one case from the use of cocaine with ecstasy (EMCDDA Standard Table 5, 2013).

Out of the cases with the findings of volatile substances, five cases were toluene (related to the inhalation of thinner or glue) intoxication, six cases were n-butane intoxication (related to the inhalation of n-butane) and one case was "toluen and n-butane" intoxication. Ecstasy was found in one of these cases, cannabis in one case, and cannabis and Bonsai in one case (EMCDDA Standard Table 5, 2013).

As per the distribution of direct drug-related deaths in 2012 according to nationality, 13% (n:21) of the cases were of foreign nationality. Out of the all cases of foreign nationality, 14 were from Georgia, two from Turkmenistan, two from Russia, one from Azerbaijan, one from Kuwait and one from the UK.

6.4.2. Indirectly Drug-Related Deaths

163 cases of indirect drug-related deaths were identified in Turkey in 2012.

Table 6-19: Distribution of Average Ages of Indirect Drug-related Deaths According to Gender and Year

Years	Gender	Average Age	Min. Max. Age
2008	Male (n:126)	34.5	15-70
	Female (n:9)	34.8	17-60
	Total (n:135)	34.5	15-70
2009	Male (n:141)	32.3	13-72
	Female (n:4)	40	19-69
	Total (n:145)	32.4	13-72
2010	Male (n:139)	33.6	13-84
	Female (n:5)	43	26-90
	Total (n:144)	33.9	13-90
2011	Male (n:248)	33.9	14-79
	Female (n:12)	33.7	21-61
	Total (n:260)	33.9	14-79
2012	Male (n:158)	35.5	16-72
	Female (n:5)	27.8	22-39
	Total (n:163)	36.5	16-72

Source: Ministry of Justice, Council of Forensic Medicine, 2013.

96.9% (n:158) of the cases were male and 3.1% (n:5) were female. While the average age for men was 35.5 (min:16 - max:72), it was 27.8 (min:22 - max:39) for women. The average age of all the cases was 36.5 (min:16 - max:72) (Table 6-19).

Table 6-20: Distribution of Cases' Age Groups According to Gender

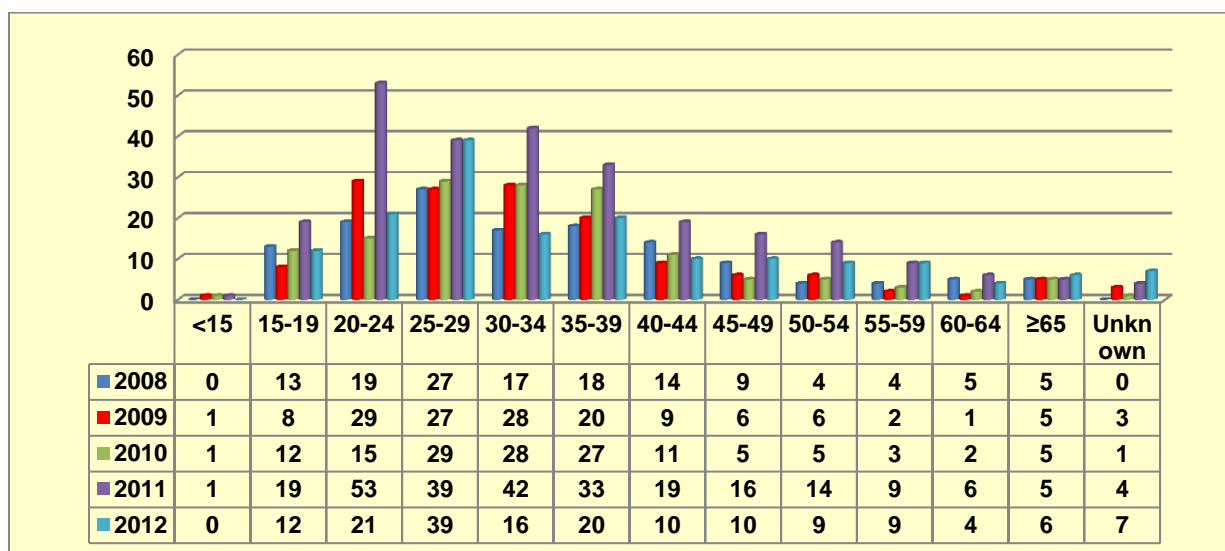
Age	Male	Female	Total
<15	0	0	0
15-19	12	0	12
20-24	19	2	21
25-29	37	2	39
30-34	16	0	16
35-39	19	1	20

40-44	10	0	10
45-49	10	0	10
50-54	9	0	9
55-59	9	0	9
60-64	4	0	4
≥65	6	0	6
Not known	7	0	7
Total	158	5	163

Source: Ministry of Justice, Council of Forensic Medicine, 2013.

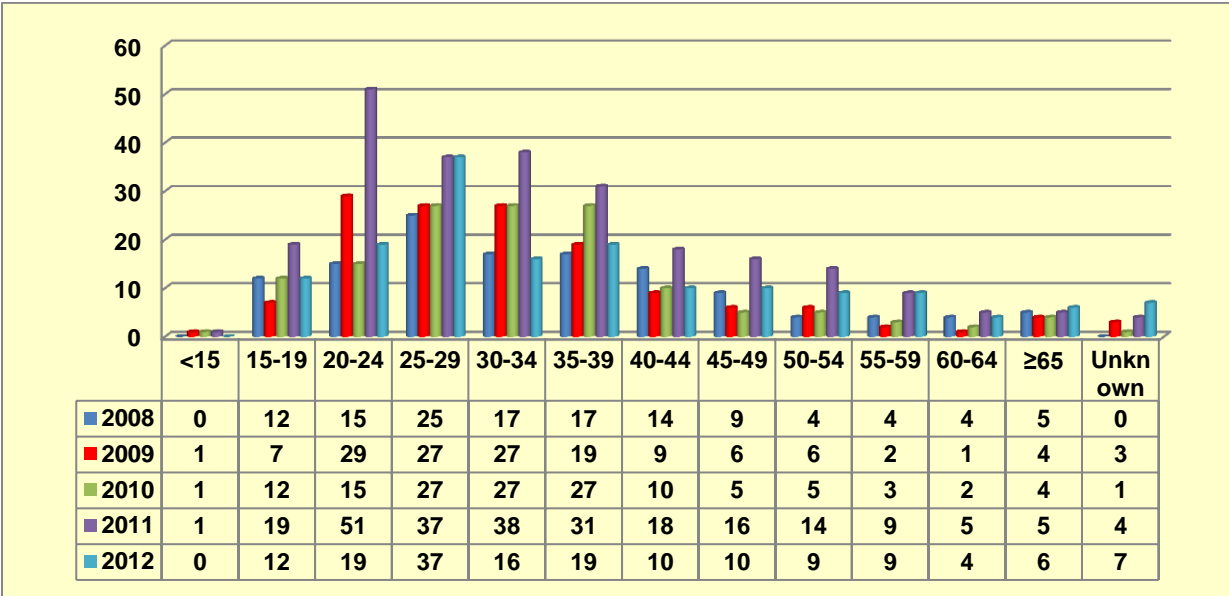
As per the statistics regarding the distribution of indirect drug-related deaths according to age groups, there was no case of death under the age of 15 years; there were 12 cases aged between 15 and 19; 21 cases aged between 20 and 24; 39 cases aged between 25 and 29; 16 cases aged between 30 and 34; 20 cases aged between 35 and 39; 10 cases aged between 40 and 44; 10 cases aged between 45 and 49; 9 cases aged between 50 and 54; 9 cases aged between 55 and 59; 4 cases aged between 60 and 64; and 6 cases aged above 65. Age groups of 7 cases could not be identified (Table 6-20).

Graph 6-5: Distribution of Age Groups of Indirect Drug-related Deaths in 2012 According to Years



Source: Ministry of Justice, Council of Forensic Medicine, 2013.

Graph 6-6: Distribution of Age Groups of Men Among Indirect Drug-related Deaths in 2012 According to Years



Source: Ministry of Justice, Council of Forensic Medicine, 2013.

Cases aged between 20 and 29 years old were most frequent among indirect drug related deaths in 2012, followed by those aged between 20 and 24, 35 and 39, 30 and 34, 15 and 19, 40 and 44, 45 and 49, 50 and 54, and 55 and 59. According to the data for the last 5 years assessed together, the order of frequency for age groups was as follows: 25-29, 20-24, 30-34, 35-39, 15-19, 40-44, 45-49, 50-54, 55-59, ≥65, 60-64. Age groups of 15 cases could not be identified (Graph 6-5). The age distribution of male cases was very close to the sum of both sexes (Graph 6-6). It was not possible to interpret the distribution of female cases further due to low number of cases.

Table 6-21: Distribution of Indirect Drug-Related Deaths in 2012 Based on Death Causes and Opium Derivatives According to Gender

CAUSE OF DEATH	MALE		FEMALE		TOTAL	
	OPIOID (+)	OPIOID (-)	OPIOID (+)	OPIOID (-)	n	%
	Firearm injury	4	26	0	1	31
Traffic accident	0	17	0	0	17	10.4
Cardiovascular disease	9	39	0	1	49	30.1

Stab wound	0	20	0	0	20	12.3
Unknown	2	7	0	0	9	5.5
Hanging	1	10	0	2	13	8
Falling from height	3	4	0	0	7	4.3
Suffocation in water	1	3	0	0	4	2.5
Being trapped under the wreckage	0	1	0	0	1	0.6
Electrical injuries	1	2	0	0	3	1.8
Drug intoxication	0	1	0	0	1	0.6
Burn	0	1	0	0	1	0.6
Pulmonary infection	0	2	0	0	2	1.2
Blunt head trauma (murder)	0	1	0	1	2	1.2
Positional Asphyxia	0	1	0	0	1	0.6
Strangulating	0	1	0	0	1	0.6
Alcohol intoxication	0	1	0	0	1	0.6
Total	21	137	0	5	163	

Source: Ministry of Justice, Council of Forensic Medicine, 2013.

Regarding the distribution of cases according to cause of death, the most frequent cause was cardiovascular diseases unlike the previous years, followed by firearm injury, stab wound, traffic accident, hanging, unknown, falling from height and suffocation in water (Table 6-21).

Table 6-22: Distribution of Substances Identified in Samples as a Result of Toxicological Analyses between 2008 and 2012

	2008 (n)	2008 (%)	2009 (n)	2009 (%)	2010 (n)	2010 (%)	2011 (n)	2011 (%)	2012 (n)	2012 (%)
6-MAM*	3	2.2	8	5.5	17	11.8	8	3	2	1.2
Morphine	15	11.1	17	11.7	13	9	30	11.5	19	11.7
Codeine	12	8.9	10	6.9	15	10.4	29	11.2	10	6.1
Other opioid	0	0	2	1.4	1	0.7	0	0	0	0
Cocaine	12	8.9	12	8.3	9	6.3	19	7.3	9	5.5
Benzodiazepines	2	1.5	0	0	4	2.8	0	0	11	6.7
Methamphetamine	3	2.2	2	1.4	4	2.8	5	1.9	2	1.2
Amphetamine	0	0	0	0	0	0	20	7.7	5	3.1
MDMA/MDA/MDEA/MDBD/PMMA	10	7.4	0	0	9	6.3	35	13.5	31	19
Antidepressants	2	1.5	0	0	2	1.4	0	0	2	1.2
Neuroleptics	0	0	1	0.7	0	0	0	0	0	0
Other psychotropic medications	1	0.7	4	2.8	1	0.7	5	1.9	0	0
Solvents	1	0.7	3	2.1	0	0	0	0	2	1.2
Cannabis	87	64.4	107	73.8	108	75	197	75.8	111	68.1
JWH-018/JWH-073**	-	-	-	-	-	-	-	-	8	4.9

* 6-MAM is a heroin metabolite.

**Synthetic cannabinoids known as bonsai.

Source: Ministry of Justice, Council of Forensic Medicine, 2013.

As a result of toxicological analyses, opium derivative or another substance or other substances with opium derivative were found in 12.9% (n:21) of the cases; one or more of cannabis, Bonsai, volatile substance, cocaine and amphetamine derivatives, with alcohol and psychotropic medications were identified in 87.1% (n:142) of the substances (Table 6-22).

Table 6-23: Distribution of Indirect Drug-related Deaths According to Gender Based on Their Origins

Way/Origin of Death	Male	Female	Total
Natural/internal causes	50	1	51
Accidents other than intoxication	32	0	32
Suicide other than intoxication	26	2	28
Murder other than intoxication	41	2	43
Uncertain causes other than intoxication	9	0	9
Total	158	5	163

Source: Ministry of Justice, Council of Forensic Medicine, 2013.

Regarding the distribution of cases according to way (origin) of death, 31.3% resulted from natural causes, 26.4% from murder, 19.6% from accident and 17.2% from suicide. Deaths origins of 5.5% could not be established (Table 6-23).

There were 3 cases (1.8%) with foreign (Georgian, Nigerian and Iranian) nationality.

As per the distribution of indirect drug-related deaths according to provinces, such deaths were identified in 37 provinces in total with Istanbul having the highest death rate (n:51, 31.3%). Istanbul was followed by İzmir 20 (12.3%), Ankara 10 (6.1%), Adana 10 (6.1%), Antalya 9 (5.5%), Manisa 6 (3.7%), Mersin 6 (3.7%), Gaziantep 6 (3.7%), Aydın 4 (2.5%). 3 cases were identified in Diyarbakır, Malatya, Muğla and Kocaeli each (1.8%), 2 cases in Trabzon, Bolu, Giresun, Edirne and Rize each (1.2%), one case in Adıyaman, Bursa, Tekirdağ, Aksaray, Amasya, Niğde, Düzce, Samsun, Iğdır, Isparta, Çorum, Kırşehir, Sakarya, Hakkari, Erzincan, Tunceli, Kayseri, Zonguldak and Osmaniye each (0.6%).

6.4.3. Comparison and Trend Analysis

The downward trend observed since 2009 came to end. While 105 direct drug-related death occurred in 2011, 162 cases with a rise by 54.3% were identified in 2012 (2007:136, 2008:147, 2009:153, 2010:126, 2011:105). One of the principal reasons of the upward trend is said to be the increase in heroin supply in Afghanistan in 2012, following the famine in 2010 and 2011. Thus heroin became more available again in the market. 7294 tons and 13301 tons of heroin

were reported to seized in 2011 and 2012 respectively (Drug Report of Turkey, 2013; See. SECTION 10). Similarly, the number of heroin cases increased by 25.68% in 2012 compared to 2011 (Drug Report of Turkey, 2012, EMCDDA Standard Table 11, 2013). Compared to the previous year, the number of cases for all drugs increased by 23.90% and the number of suspects rose by 23.08% in 2012 (Drug Report of Turkey, 2012, EMCDDA Standard Table 11, 2013).

Despite the rise in direct drug-related deaths, the number of indirect drug-related deaths fell by 37.3% in 2012 compared to 2011. While the number of cases was 135 in 2008, it was 145 in 2009; 144 in 2010; 260 in 2011 and 163 in 2012.

Istanbul ranked first (42.19%) with the highest number of incidents in terms of the distribution of heroin cases according to provinces in 2012. This rate of increase is very close to the death rate (43.2%) recorded in Istanbul in 2012. Istanbul is followed by Ankara, Adana, Mersin, Antalya, Şanlıurfa and Gaziantep (See SECTION 9). Such data is consistent with the rank of the provinces with the highest number of direct drug-related deaths in 2012 (Table 6-16). Gaziantep, Adana, Mersin and Antalya are neighbour provinces located on the Southern route as one of the routes followed in heroin trafficking in Turkey. Like in the previous years, cases of direct drug-related deaths were identified in all the provinces located on this route. The highest rate of increase was recorded in Antalya with five-fold rise in 2012 compared to 2011. The number of direct drug-related deaths increased by 55.5% in Istanbul, 66.7% in Adana, 40% in Ankara, 50% in Mersin and 125% in Gaziantep.

Indirect drug-related deaths occurred in 37 different provinces and direct drug-related deaths in 24 provinces. Cases of indirect drug-related deaths better reflect the prevalence of substance use.

Among all the cases of indirect and direct drug-related deaths, users of opium derivative drug are to a large extent in direct drug-related deaths. The provinces with the highest rate of opium derivative drug use are mainly located on the route followed by heroin traffickers in the country. In other words, the use of opium derivative drug is declining in the provinces situated out of the heroin trafficking route. The number of direct drug-related death cases in these provinces is also lower. Furthermore, habits of substance use vary according to regions. Only 3 (1.9%) cases of direct drug-related deaths were identified in Izmir which ranked the second (12.3%) after Istanbul in indirect drug-related deaths. The cause of death in all three cases was ecstasy intoxication.

There has been a steady rise in the last 3 years in cases of drug-induced deaths in Ankara.

The cause of death in the majority of direct drug-related death cases in 2012 was overdose or multi-substance use. In 76.5% (n:124) of all the cases and 12.9% (n:21) of the direct drug-related deaths in 2012, opium derivative drugs or one or more of other drugs with opium derivatives were found. In 21.5% (n:31) and 15.4% (n:40) of the indirect drug-related deaths in 2010 and 2011 respectively, opium derivative drugs or one or more of other drugs with opium derivatives were identified (Drug Report of Turkey, 2012).

In parallel to the assessment that the organizations based in Turkey have switched to different trafficking methods, the rate of use of drugs not containing opium derivatives among direct drug-related deaths increased by 90% compared to 2011 (Graph 6-4). Among the reasons for this rise were decline in their prices and increase in their purity/quality.

Cannabis was reported to be the most prevalent substance among indirect drug-related deaths (n:111, 68.1%) and second most prevalent substance among direct drug-related deaths (n:37, 22.8%) in 2012. Cases of direct drug-related deaths increased by 85% (n:20) compared to last year. However, in parallel to decline in general, the number of cannabis users among indirect drug-related death cases decreased by 43.7%, reported very close to that in 2010. The number of indirect drug-related death cases was 87 in 2008, 107 in 2009, 108 in 2010 and 197 in 2011. The number of cannabis-only users identified among indirect drug-related deaths was 164 in 2011 and 99 in 2012. The resulting difference (n:65) is in parallel with the decline in indirect drug-related deaths. The number of cannabis incidences increased by 16.3% and the number of people caught in cannabis incidences increased by 15.9% compared to the previous year (Drug Report of Turkey, 2012, EMCDDA Standard Table 13, 2013). The rise in the number of seizures explains the decline in the number of cannabis users among indirect drug-related deaths as it contributes to limited availability of cannabis in the market.

Out of 38 direct drug-related deaths and 111 indirect drug-related deaths, 21 (55.3%) and 69 (62.2%) cases were in the Aegean and Marmara Regions respectively. Istanbul ranks first in both groups and Izmir second in indirect drug-related death cases. The incidents involving cannabis in 2012 concentrated in Istanbul and Izmir, with Marmara and Aegean Regions witnessing the most prevalent incidents of cannabis. The number of incidents compared, cannabis is reported to be the most prevalent and available drug in the Turkish market (See Section 9 and 10).

There has been a steady rise in the number of incidents involving heroin in Turkey in recent years. However, there was a very slight decline (1.58%) in 2012 compared to 2011 (See SECTION 9). Similarly cocaine was identified in 29 cases and 28 cases among direct and indirect drug-related deaths in 2011 and 2012 respectively.

The use of ecstasy was still prevalent among the cases of both direct and indirect drug-related deaths like it was in 2011. Ecstasy was found in 54 and 60 cases among direct and indirect drug-related death cases in 2011 and 2012. There was a significant decline in the number of indirect drug-related death cases in 2012. The number of incidents involving ecstasy increased significantly in 2012 compared to 2011 (See Section 9 and 10).

The number of incidents involving the seizure of Bonsai increased in the country since 2010, with a significant 18-fold rise in 2012 compared to 2011. The number of provinces where Bonsai was seized went up to 47 from 21. The Institute of Forensic Medicine which provides special death records started to perform only JWH-18 and JWH-73 analyses from synthetic cannabinoids as of August 2012. However since all synthetic cannabinoids cannot be analyzed, it is not possible to find out the exact prevalence. Though only two types of Bonsai analyses were made, the use of Bonsai was identified in 15 cases among direct and indirect drug-related deaths.

The use of volatile substances was found in 4.8% of direct drug-related deaths in 2011, with three cases involving the use of toluen and two cases involving the use of n-butane. The number of deaths due to the use of volatile substances increased to 12 in 2012, with a 140% rise. The volatile substance use was also identified in one indirect drug-related death. The majority of the cases resulted from the inhalation of n-butane. It is foreseen that the use of volatile substances will increasingly continue.

As per the statistics regarding the distribution of direct and indirect drug-related deaths in 2012 according to gender, the use of drugs was more prevalent among men as it was in the previous years (Table 6-14). The very low number of direct and indirect drug-related death cases involving women and the lack of any case involving women under the age of 20 explained by the limited participation of women in social life and traditional life style.

The average age of men (30.1) involved in direct drug-related deaths was found to decline as it was for average age in general (30.2) compared to the last five years (Table 6-14, Table 6-19). The decline in the age average was affected by the increased number of cases under the

age of 20 and aged between 20 and 30. The average age of men (35.5) was reported to rise while that of women decreased (27.8) among indirect drug-related cases in 2012 (Table 6-19).

Direct drug-related deaths occurred most prevalently among the cases aged between 20 and 24, and indirect drug-related deaths among the cases aged between 25 and 29 in 2012. The most prevalent age groups in direct drug-related deaths in order were 25-29, 30-34, 35-39, 15-19, 40-44, 45-49, and in indirect drug-related deaths were 20-24, 35-39, 30-34, 15-19, 40-44, 45-49 (Graph 6-2 and Graph 6-5).

With all the cases of direct drug-related deaths in the last 6 years, the most prevalent age groups in order are 25-29, 30-34, 20-24, 35-39, 40-44, 45-49, 15-19. Unlike the previous years, two death cases under the age of 15 were identified. With all the cases of indirect drug-related deaths in the last 5 years, the most prevalent age groups in order are 25-29, 20-24, 30-34, 35-39, 15-19, 40-44, 45-49. The data provided by the Social Security Institution also support these findings. Regarding the age groups of cases who received treatment for drug use in 2012, those in the order of frequency were 20-24, 25-29, 15-19, 30-34, 35-39, 40-44 (See SECTION 5).

The substances contained in heroin (paracetamol, benzodiazepine derivatives, dextromethorphan, chlorpheniramine, pseudoephedrine and lidocaine) and those contained in cocaine (paracetamol, hydroxyzin, levamisole and lidocaine) are adulterants used to reduce to their purity. The combination of adulterants provides an important source of information about the origin of a drug.

Nationals of Georgia and Turkmenistan located on the Northern Black Sea Route ranked first and second respectively among the direct drug-related death cases involving foreign nationals in the last 6 years. The number of cases involving foreign nationals was 13 in 2007, 32 in 2008, 33 in 2009, 30 in 2010, 17 in 2011 and 21 in 2012.

SECTION 7

RESPONSES FOR HEALTH CORRELATES AND CONSEQUENCES

7.1. The Prevention of Drug-related Emergencies and Deaths

No new data.

7.2. Prevention and Treatment of Drug-related Infectious Diseases

No new data.

7.3. Responses to Other Health Correlates Among Drug Users

No new data.

SECTION 8

SOCIAL CORRELATES AND SOCIAL REINTEGRATION

Bülent ÖZCAN²³

8.1. Introduction

Addiction is an important public health issue that can be observed from adolescence to old age that decreases the quality of life of the individual. Decreasing drug use among the young population is one of the primary issues of the countries' substance use policies. Decreasing the demand occupies an important part in our policy for fighting against substance, and is accepted as a multifaceted strategy that includes treatment and rehabilitation as well (Polat, 2012).

EMCDDA defined reintegration with the society as the interventions that will help individual to be a full member of the society again through education, occupation, sheltering and social relations/environment. Briefly, reintegration with the society is to ensure that the ex-users are reintegrated with the society (Terzidou, 2009).

It is observed that reintegration with the society is also included in the basic legal texts on drug addiction to which Turkey is a party as well. Article 38 of the Single Convention on Narcotic Drugs of 1961 includes that "The parties should take necessary actions for the treatment and reintegration of the drug addicts to social life". This article is included in 1971 Convention on Psychotropic Substances as well. In the Article 3 of United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988, the necessity to offer aftercare services and to ensure reintegration together with treatment for the crimes related to drug is expressed. In European Union Drug Strategy Document (2005-2012), it is emphasized that the social integration is an important dimension of the integrated demand reduction approach. Demand reduction system that includes prevention, early intervention, treatment, harm reduction, rehabilitation and social integration is suggested to be developed and generalized in order to decrease drug use, health related risks and social risks in EU member countries. EU Drug Action Plan (2009-2012) aims at offering and developing all rehabilitation and social reintegration programs effectively.

In the National Drug Strategy Document and the National Drug Action Plan Document, post-treatment period has been specially emphasized; and development and implementation of rehabilitation and social integration programs have been included.

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Reintegration with the society is approached in rehabilitation process. And rehabilitation can be performed before, during or after treatment. In this sense, rehabilitation can be applied on those who still use drugs, are currently under treatment, and those ex-addicts who completed their treatment. Rehabilitation can be described as a structured process ensuring that the substance users are able to use all their capacities during their daily lives without being under the effect of the substance. In this period, health care services, sheltering, social services, employment, education and vocational training needs are approached. The general aim of rehabilitation can be expressed as increasing the quality of the life of the addict, his/her family, and the society s/he lives in. Within this integrated perspective, rehabilitation process focuses on strengthening the individual and ensuring that s/he enjoys the social, economic and cultural benefits of the social life, for his/her own needs. Rehabilitation of substance addicts is a process that not only covers the strategies for leaving the substance and harm deduction but it also covers meeting the individual's health-related and social needs. However, there are several variables that determine the effectiveness of the services in terms of social rehabilitation and social reintegration. Social reintegration requires the individual not to use the substance and to be able to live a life socially and psychologically away from such substance.

As there are no social rehabilitation centers after treatment in Turkey, and since they are not demanded in an effective way during social reintegration process of the addicts, desired success cannot be achieved with the treatment. As a result of this, several individuals tend to use substance again, and treatment becomes vicious circle.

Vicious cycle of the substance addiction treatment and inadequacy of the conventional method is very clear from the expressions of 44.58% of the individuals received in-patient treatment between 2008-2012 stating that they had received such treatment before (see Section 5). This shows the necessity and importance of social rehabilitation after treatment.

Among 4720 substance addict treated in 2012 as in-patients in treatment centers, 58.96% (2783) expressed that they were unemployed, while 70.6% (3332) expressed that they had only elementary school education (EMCDDA, Standard Table 34, 2013).

It was not possible to obtain information on whether the substance users had lost their jobs due to addiction, or whether they began to use substances because of unemployment. However, it is considered that both cases could be possible. Considering the high rate of unemployment among substance users, providing vocational training to substance users

receiving treatment and ensuring that they find jobs will facilitate the reintegration of addicts into society (Turkish Drug Report 2012).

In 2012, 2288 individuals participated to the face-to-face questionnaire survey, which included drug-using individuals above the age of 18 for whom legal procedures were being followed by the police for the possession/use of drug substances. When the results of the survey are evaluated, it can be seen that 44.62% of the 2288 individuals (1021) had a previous criminal record, while 69.83% of these 1021 individuals (713) had criminal records for substance-related crimes. It was not possible to obtain information on whether the substance users committed crimes in order to obtain substances, or whether the crimes were committed as a consequence of the influence of these substances. However, the fact that nearly 45% of those who committed crimes had previous criminal record demonstrates the necessity of post-penitentiary rehabilitation programs in order to prevent the tendency towards crime.

Substance addiction can be approached as a behavioural problem that emerges as a result of mutual interaction of different risk and protective factors that has both biological and psychosocial roots. If the aim of substance addiction treatment is expressed as alienating the person from the substance and extending the re-use period as much as possible, the social conditions of the addict gain importance during and after treatment. It is impossible to ensure a long-term success for the treatment as long as the social factors that push the addict to use substance are ignored. Hence, rehabilitation and social reintegration should be seen within the scope of treatment services (Polat, 2012).

There are some examples in which rehabilitation processes for substance addiction are carried out through criminal justice system. Probation service can be seen as an example for this. It is possible for substance addicts to receive substance addiction treatment and enjoy probation measure, while joining the society during rehabilitation (Polat, 2012). General Directorate of Prisons and Detention Houses reported that between the years 2008 and 2013, the number of individuals with an imposed sentence of drug and stimulant treatment and probation measure within the scope of Article 191 of the Turkish Criminal Law is 117.168. It was determined that 91.8% (107559) of these people were determined to be adults, while 8.2% (9609) of them were children.

No data on the services for those enjoying probation process (vocational training, employment) were available.

8.2. Social Exclusion and Drug Use

Substance use and social exclusion can be seen as each other's cause. Substance use may lead to deterioration in living conditions, and social marginalization processes may be an underlying reason for the beginning substance of use. On the other hand, substance addiction and social exclusion are not definite causes of one another. This is because social alienation is not applicable for all substance users. By considering these complex interrelations, it is possible to analyze substance use among socially alienated communities, and the social alienation among substance users (EMCDDA; <http://ar2003.emcdda.europa.eu/en/page073-en.html>). The aim of this section is to report the substance abuse among socially alienated groups. However, due to the limited number of studies and researches on social exclusion of substance addicts in Turkey, this section could not be reported.

8.3. Social Reintegration of Drug Addicts

Reintegration into the society after treatment can be approached at any phase of the treatment, and is a process that aims to ensure that the substance addicts can re-exist within the society they come back after treatment (Polat, 2012). Services provided during the reintegration of substance addicts into society sometimes only include the provision of shelter, education, or employment opportunities alone. Furthermore, several interventions and services are offered together and consecutively to the substance addict for more than one problem (Turkish Drug Report, 2011). In Turkey, no national structure or program is available to approach reintegration of addicts into society after treatment. However, studies focusing on risk groups, not directly to the addicts, are done by several public institutions and municipalities.

8.3.1. Sheltering Opportunities Offered During the Process of Social Reintegration of Drug Addicts

First and foremost among the important problems encountered by addicts during the process of social reintegration after their treatment is the absence of a location where they can reside. In other words, they are faced with a lack of domicile. The next most important problems that are listed are their low level of education, as a consequence of their lack of education or the discontinuation of their schooling, and also the very limited employment opportunities that available for them due to the lack of any vocational education. Such problems in Turkey generally emerge immediately after the treatment or during the treatment process of the addicted individual. For this reason, services for the resolution of these issues according to the

needs of the individual are also provided during the social reintegration of substance addicts (Turkish Drug Report, 2012).

It is observed that these services are primarily provided by the Ministry of Family and Social Policies and by municipalities, which are the units of local governance. In Article 40(e) of the Organization and Duties of The Ministry of Family and Social Policies General Directorate of Child Services the statement indicating the need to open child and youth centers; children monitoring and tracking centers; protection, care and social rehabilitation centers; care and social rehabilitation centers; to monitor, assess and develop the available centers; to prepare plans, programs and projects to increase effectiveness and performance of the service in order to take care of, nurse, protect and reintroduce those children in need of reintroduction to their families and society is included (Ministry of Family and Social Policies, General Directorate of Child Services, 2013).

In line with this provision, 12 organizations were opened in 2012; which composes of 6 Care and Social Rehabilitation Centers (Ankara, Denizli, Gaziantep, İstanbul, Kocaeli and Kırıkkale), 2 Protection, Care and Rehabilitation Centers (Adana and Diyarbakır), and 4 child and youth Centers (Antalya, Diyarbakır, Van and Muş) (Ministry of Family and Social Policies, General Directorate of Child Services, 2013).

Protective-preventive services and social rehabilitation services are offered for those children in need of protection who live/are forced to work out in the streets. Children who live/are forced to work on the streets is under risk because of the weak social support mechanisms and negative effects of the life in streets. With the above-mentioned protective and preventive services, the children are ensured to be taken away from the street life and the environments that drag him/her into substance use. Drug addict children who life/are forced to work out in the streets receive substance addiction treatments in the treatment centers affiliated to the Ministry of health and their social rehabilitation is ensured. The children are supported in terms of physical, cultural and emotional developments with the social, cultural and artistic activities carried out by the Ministerial organizations; and they are ensured to be held within the education system, continuity of training and education is maintained, and those children are prevented from going back to the streets and get negative habits (Ministry of Family and Social Policies, General Directorate of Child Services, 2013).

Thirty four care and social rehabilitation centers, 10 protection, care and rehabilitation centers, 39 child and youth centers and 4 monitoring centers, all of which are affiliated to the Ministry of

Family and Social Policies, General Directorate of Child Services provided services in 2012 (Ministry of Family and Social Policies, General Directorate of Child Services, 2013).

In these centers, the following activities are conducted:

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

And rehabilitation services (Ministry of Family and Social Policies, General Directorate of Child Services, 2013).

Thanks to the Child and Youth Centers of the general Directorate of Child Services offering services for those children who live/are forced to work out in the streets, 82 substance addict children were led to treatment. Furthermore, 27 substance addict children and youngsters under protection and care of Protection, Care and Rehabilitation Centers and Care and Social Rehabilitation Centers who have been led to crime/the victims of crime were led to substance addiction treatment.

Seven hundred forty one children were offered services between 2008 and 2012 by Oya Bahadır Yüksel, Münir Onat and Akınal Youth Centers established under Gaziantep Metropolitan Municipality in order to offer shelter, treatment, rehabilitation, education to children and young people who live in the streets with their families, and who use substances, and to prepare them for reintegration to family and social life. Four hundred and fifty seven of these children were assessed to be problem substance users (Gaziantep Metropolitan Municipality, 2013).

8.3.2. Education Opportunities Offered During the Process of Social Reintegration of Drug Addicts

During the social reintegration of substance addicts, continuing their education or acquiring an occupation, which are considered as another aspect of rehabilitation, serves to provide a purpose and meaning to their future.

According to the 2012 Activity Report of the Turkish Employment Institute, vocational courses that facilitate the employment of convicts/ex-convicts, which represent one of the disadvantaged elements of the labor market, should be organized through the cooperation of the Ministry of Justice and non-governmental organizations. These courses should be organized to ensure that convicts who will soon be released, as well as ex-convicts, would be able to work in occupations for which there is a need in the labor market (Turkish Employment Institute 2012 Activity Report, 2012).

In order to facilitate the employment of convicts/ex-convicts, one of the disadvantageous elements of the labor market, 334 courses were opened under the scope of Active Labor Market Programs organized by the Turkish Employment Institute in 2012 for vocational trainings of convicts; and 4483 (4284 male, 199 female) convicts attended these courses. Within the scope of the same program, 20 courses were opened for ex-convicts and 198 people attended those courses (Turkish Employment Institute 2012 Activity Report, 2012). Concerning the convicts/ex-convicts who are receiving vocational education, no information could be obtained regarding the crimes for which they had been sentenced.

Within the scope of social responsibility, İstanbul Metropolitan Municipality İSMEK (Artistic and Vocational Training Courses) offers trainings to handicapped people, patients in the psychiatric hospitals, elders and those requiring care currently residing in nursing homes and poor houses, and convicts and detainees in prisons, who are all approached as the disadvantageous part of the society. İSMEK offered 20 different branches in 2012-2013 training year for pre-release convicts, one of the disadvantageous groups. One thousand seven hundred and sixty five trainees attended to these vocational training courses (İstanbul Metropolitan Municipality, 2013).

The trainings, which are a part of rehabilitation, carried out in İSMEM, another service unit of İstanbul Metropolitan Municipality provide the youngsters, who are to acquire a vocation, with an opportunity to start their future life in a more qualified manner. In this sense, the youngsters who apply to the institution are enrolled to informal training programs and continue their alternative training programs suitable for their levels. One hundred and thirty seven youngsters were trained in the Vocational Training Courses opened in 2012-2013 (İstanbul Metropolitan Municipality, 2013).

With the help of Münir Onat Youth Center and Akınal Youth Center under Gaziantep Metropolitan Municipality; English, music, photography, handcraft, computer, mosaic courses and collage preparation courses were offered to 112 children under risk. Furthermore, within

the scope of Social Sensitivity Project, all the children residing in the institution were offered trainings on Nutrition, Hygiene and Healthy Life by the students of Gaziantep University Health Sciences. Besides all these, trainings on Religious Culture and Moral Ethics were offered to all children and youngsters residing in the institution (Gaziantep Metropolitan Municipality, 2013).

Oya Bayındır Yüksel Youth Center under Gaziantep Metropolitan Municipality ensured that the children receiving treatment stay in during their addiction treatment and at the same time continue their education; this was the very first time of such practice. Within this scope, in 2012, 11 children out of 118, who receive in-patient treatment regularly, went to their schools and continued their education. Furthermore, 27 children were led to vocational training courses (Gaziantep Metropolitan Municipality, 2013).

8.3.3. Employment Opportunities Offered During the Process of Social Reintegration of Substance Addicts

No dependable data regarding the employment opportunities for the addicts after treatment were available.

Three hundred and eight children were followed up after their treatment between 2008 and 2012 by Oya Bahadır Yüksel, Münir Onat and Akınal Youth Centers established under Gaziantep Metropolitan Municipality in order to offer shelter, treatment, rehabilitation, education to children and young people who live in the streets with their families, and who use substances, and to prepare them for reintegration to family and social life. And 91 of those patients were employed (Gaziantep Metropolitan Municipality, 2013).

The number of ex-convicts employed in 2012 is 233, and this figure scaled up at the rate of 13.92% and reached 270 in 2012 (2012 Activity Report of Turkish Employment Institute, 2012). It was not possible to obtain information regarding the crime for which the employed ex-convicts had been sentenced, nor on whether these ex-convicts were substance addicts (Turkish Drug Report, 2012).

Consultancy services are offered to those youngsters who have reached to a certain level thanks to the vocational trainings offered by İstanbul Metropolitan Municipality İSMEM during rehabilitation period. In this line, in 2012-2013, 26 youngsters were employed according to their vocational trainings thanks to İSMEM.

8.4. Evaluation and Result

The approach that adopts social support programs in order to avoid ex-addicts in remission period (observation of no symptoms) to be a substance addict/user again is acknowledged by the society and is an increasing need. However, in Turkey substance addicts are not monitored after treatment and do not receive any support, because, there is no distinct institution to offer such services. However, there is a need for an institution to help ex-addicts to complete their education, support them for acquiring a profession and job with the help of their families, in order to avoid such persons to get addicted to those substances again; in other words there is a need for an institution to guide such people.

United Nations Conventions presents a balanced approach that also supports and encourages prevention, law enforcement and treatment-harm reduction approach. 1988 Convention defines possession, production and purchase of drugs as a judicial crime; and in 1961 Single Contract Article 36(b) the parties are invited to take treatment, education, after-treatment care, rehabilitation and social reintegration measures for drug users (Pınarcı, 2013).

Several criticisms have been going on about the success of substance addiction and adequacy of treatment centers in Turkey. Substance addicts complain about the challenges of reaching the center for treatment and they state that they start to use substances again in a short span of time because after-treatment social rehabilitation phase is not followed up. The users under treatment can end their treatments when they feel to have the substance increase; and start to use the drug again (Pınarcı, 2013).

In 2000's Turkey was praised for its law enforcement upon seizing drugs at record high at international level; however it was unable to avoid being criticized by the European Commission Progress Reports for Turkey for being weak in treatment and prevention fields. And in 2012 European Union Progress Report for Turkey it is stated that *“There is a need to open treatment and rehabilitation centers with better conditions in order to adopt a more balanced and effective approach in fighting against drugs.”*²⁴

Both previous and new national drug policy and strategy documents include points regarding the constitution of new service units in order to meet the after-treatment rehabilitation need.

²⁴ <http://www.abgs.gov.tr/index.php?p=46224>

Turkey, a country that approaches drug addiction as a disease and an important public health issue, emphasized after-treatment period in National Drug Policy and Strategy Document and National Drug Action Plan. In the "Demand Reduction" section of the Strategy Document, *"Development and implementation of rehabilitation and social integration programs"* were included in the strategic objectives.

These issues were detailed in National Drug Action Plan III, prepared to implement the Strategy Document. In the above-mentioned action plan, the following activities were included for the objective of "Development and implementation of rehabilitation and social reintegration programs":

- Implementation of rehabilitation services/programs in order to rehabilitate and reintegrate the drug addicts into society after their treatment;
- To ensure that the drug addicts benefit from the Active Labor Services of İŞKUR in order for them to reintegrate into the society after their treatment;
- To give priority to social adaptation projects within the scope of Youth Projects Support Program covering drug addict youngsters.

The institutions to be in charge of treatment and rehabilitation according to the National Drug Action Plan are Ministry of Justice (General Directorate of Prisons and Detention Houses-Department of Probation-Training Department, General Directorate of Laws), Ministry of Family and Social Policies (General Directorate of Family and Social Services, General Directorate of Child Services) Ministry of Labor and Social Security (Directorate of Social Security Organization, General Directorate of Turkish Employment Institute) and the Ministry of Health (General Directorate of Health Services, Turkish Institution of Public Hospitals).

After-treatment rehabilitation issue was given voice to in meetings, symposiums and congresses. One of the conferences during which this issue was discussed is Turkey Drug Conference.

The first Turkey Drug Conference was held in Antalya on February 16-18, 2011 and the second was held in Ankara on June 3-4, 2013, in order to strengthen the coordination between institutions within the scope of drug and drug addiction, and to share the developments in this area. Members of the parliament; senior authorities of the related ministries; lieutenant governors; officials from Provincial Health Institutions, Public Health Institutions, national Education Institutions and Police Department, TÜBİTAK Institutional Contact Points, academicians, NGOs, media and foreign experts attended to these conferences.

During the conferences, recommendations for evaluating the activities of Provincial Drug Committees, determining the problems in implementation and recovering such problems were given within the scope of strengthening the fight against drugs.

In the final declaration that was prepared at the end of the conference, it was stated that *“There is a need to develop a rehabilitation system that can reintegrate drug addicts into the society as healthy people during or after their treatment, and to open rehabilitation centers at national level.”*

Development of the rehabilitation process is included in the National Drug Policy and Strategy Document, and discussed in meetings, symposiums, and congresses. Including the rehabilitation process into health implementation communiqué as it was included in addiction treatment process, will ensure the process to accelerate and to remove the current problems as soon as possible.

According to the Health Implementation Communiqué, health-related expenses are covered by the Social Security Institution (SSI). The payments for the treatment of addicts are done in accordance with the Health Implementation Communiqué of the SSI; however no expense item is available for after-treatment rehabilitation of the addicts. A modification is needed in processing the codes F10-19 (mental and behavioural disorders based on psychoactive substance use - excluding (F-15-Caffeine and F-17-Tobacco)) which expresses *(schizophrenic patients ... psycho-training, social skill training, group psychotherapy, and occupational therapy for the patient and his/her family)* which is included in the Services of Community Mental Health Centers of the Health Implementation Communiqué. As a result of such modification, substance addicts who were treated will be able to benefit from the Community Mental Health Centers, which offer services for schizophrenic patients during their rehabilitation; and a significant deficiency in the field of rehabilitation will be remedied.

SECTION 9

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

Bülent DEMİRCİ²⁵

9.1. Introduction

It is a known fact that drugs have been used either as exhilarating or pain-killing or illness curing substances, under and without control, since the beginning of human history. In primitive societies, such psychoactive substances as hallucinogenic plants, opioids, coca leaves and cannabis played a major role in treating hunger, thirst or sleep deprivation used to reach at the so-called “altered states of consciousness”, different areas of daily levels of consciousness during tribal rituals and rites of passage into manhood, along with such techniques as dancing, meditation, prayer and hypnotic suggestions.

Drugs were used initially for medical purposes and then started to be consumed illegally for their exhilarating properties, throughout the history. A line of supply to properly and permanently nourish such consumption was also formed accordingly, resulting in a supply-demand relation as typically observed in economic structures.

This aspect of drugs brought into prominence their potential use as a viable funding source for acts of terrorism, an ideological and political tool in international relations and means for causing mental and moral breakdown in the target state’s society, through socio-psychological degeneration, especially beginning with the second half of the 20th century.

During the preparation of this section, data held at and supplied in courtesy by the General Directorate of Police, the Gendarmerie General Command, the General Directorate of Customs Enforcement and the Coast Guard Command, in combination with data contained in relevant standard tables of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and supplied from a survey administered for staff members assuming roles as focal points (ILTEM staff) of Turkish Monitoring Centre for Drugs and Drug Addiction (TUBİM) through the “Drug Offences User Profile Survey - Form U” were utilised.

9.2. Drug Related Crimes

²⁵ TUBİM (Turkish Monitoring Centre for Drugs and Drug Addiction)

In Turkey, criminal offences that relate to the production, dealing and use of drugs are basically regulated by the Turkish Criminal Code, with enactment number 5237. However, the drug addicts get involved with attempts towards making money by accomplishing illegal deeds in some cases and become drug dealers, in others. Violating the laws in either case, the addicts do harm not only to their immediate surroundings in terms of communal health but also to the general order of the society.

A person who has addiction to drugs may feel compelled to commit such offences like theft, extortion, robbery and prostitution, in an effort to fetch his daily drug needs.

Beside offences committed to obtain drugs, there are reported incidents of some other offences, which may be committed under the influence of drugs (i.e. vandalism or sexual harassment).

9.3. Violation of Anti-Drug Law

9.3.1. Number of Incidents and Suspects

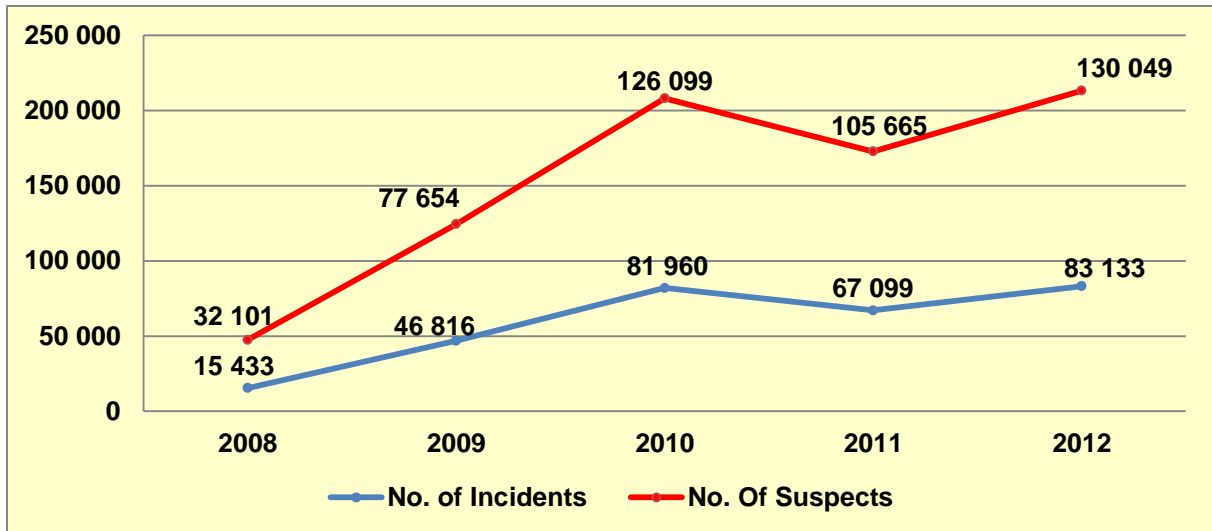
The types of crimes that belong to the drug incidents mentioned under this topic refer to the following offences that call for treatment by Turkish law enforcement units as drugs-related, as per the provisions of the Turkish Criminal Code with enactment number 5237:

- Production and dealing of drugs or stimulants (TCC Art. 188),
- Facilitation of use of drugs or stimulants (TCC Art. 190),
- Purchasing, acceptance or possession of drugs or stimulants (TCC Art. 191).

9.3.1.1. Total Number of Incidents and Suspects

There has totally been 83,133 drug incidents reported across Turkey in 2012, within which, 130,049 suspects were caught (EMCDDA Standard Table No. 11, 2013 (Graph 9-1)).

Graph 9-1: Total Number of Incidents and Suspects over Years

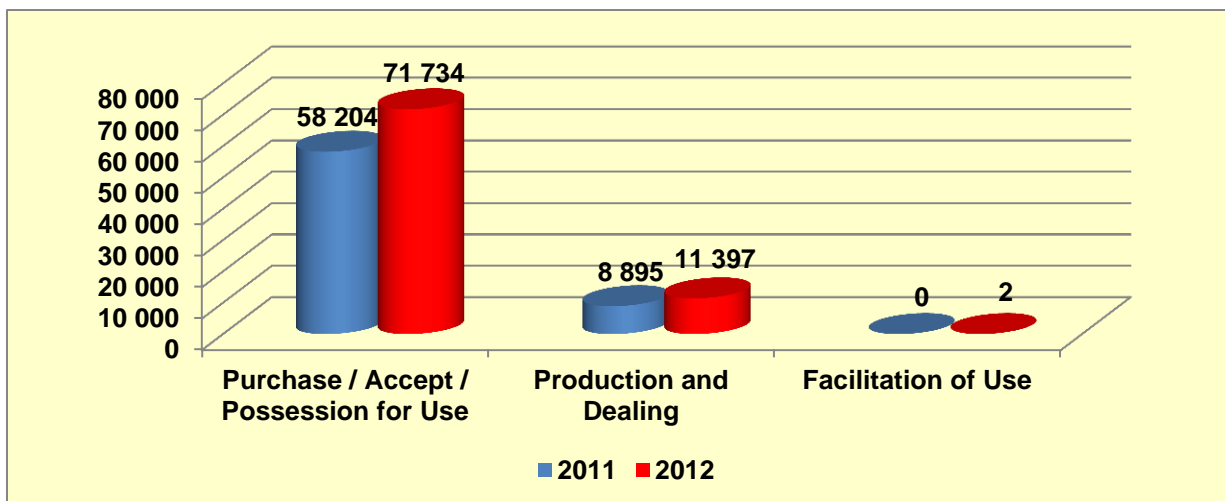


Source: 2012 Turkish Drug Report, EMCCDA Standard Table No. 11, 2013.

Compared to previous years, there has been an increase in both the number of offences and the number of persons arrested, in 2012. The total amount of increase with reference to the preceding year has been 23.90%, while the increase in number of persons arrested is recorded at 23.08% (Graph 9-1).

An examination of the total of 83,133 drug incidents that reportedly have taken place in Turkey, 2012, reveals that 71,734 incidents (86.29%) involved crimes related to purchasing/receipt/possession of drugs for the purpose of use (TCC Art. 191), with 11,397 incidents (13.71%) involving crimes related to dealing/trafficking/production (TCC Art. 188) and 2 incidents involving crimes related to facilitation of use of drugs (TCC Art. 190) (EMCCDA Standard Table No. 11, 2013) (Graphs 9-2 & 9-3).

Graph 9-2: Number of Drug Incidents by Types of Offences

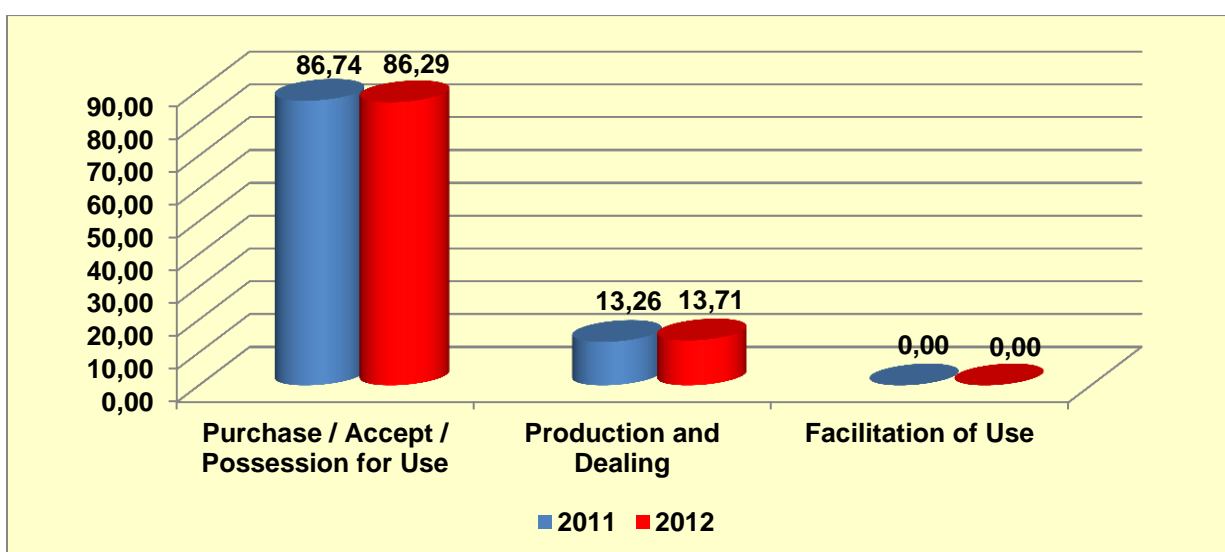


Source: EMCCDA Standard Table No. 2013; TUBIM, 2013.

Observations come to state that offences of purchasing/receipt/possession for use have increased by 23.25% and the number of incidents involving production and trafficking of drugs has risen by 28.13% during 2012, compared to previous years (Graph 9-2).

With a comparison of incidents that occurred during 2012 by types of offences, the ratio of offence types to total number of drug incidents appears to have remained unchanged (Graph 9-3).

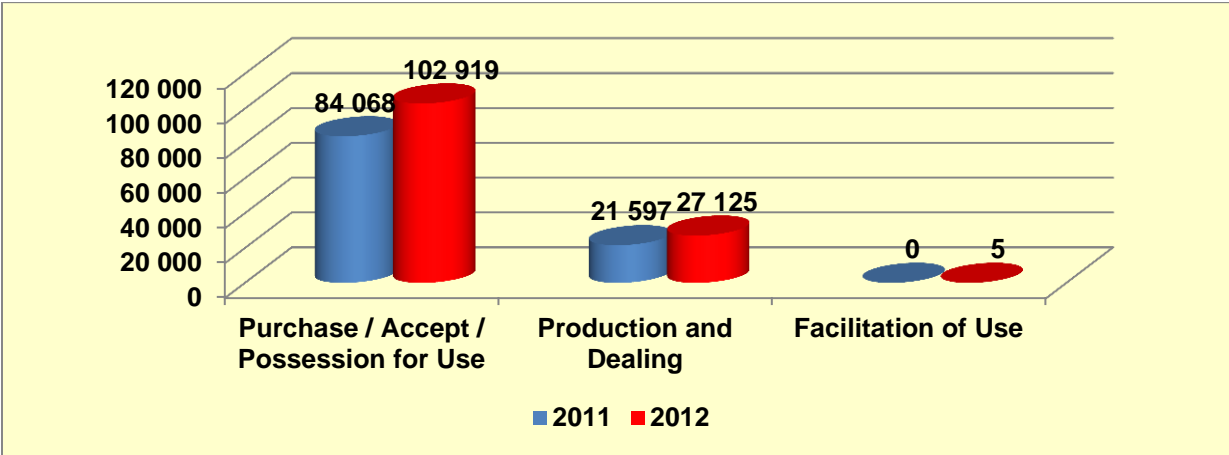
Graph 9-3: Number of Drug Incidents by Types of Offences (%)



Source: EMCCDA Standard Table No. 2013; TUBIM, 2013.

A review of the total of 130,049 suspects arrested in Turkey, 2012, by types of offences they have committed suggests that most of the arrests (102,919 - 79.14%) were made for the charges of purchasing/receipt/possession of drugs for the purpose of use (TCC Art. 191), while the remainder included arrests for production and trafficking of drugs (by 20,18%) (TCC Art. 188) and 5 arrests involved charges for facilitation of use of drugs (TCC Art. 190) (EMCCDA Standard Table No. 11, 2013) (Graphs 9-4 & 9-5).

Graph 9-4: Number of Persons Arrested by Types of Offences

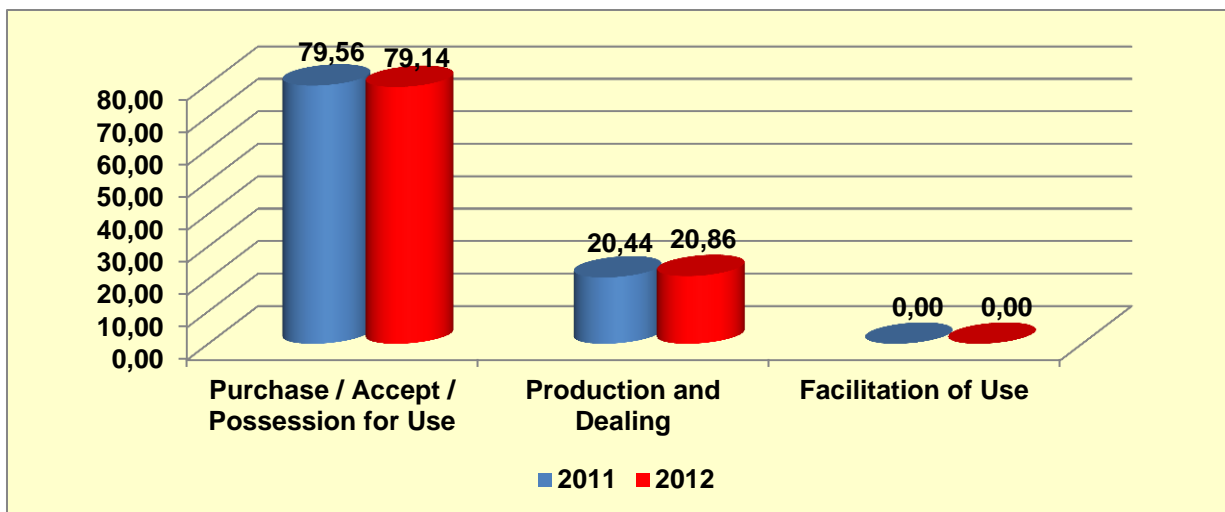


Source: EMCCDA Standard Table No.11, 2013; TUBIM, 2013.

It has been observed that there has been an increase in the total number of arrests for crimes related to the purchasing/receipt/possession of drugs and to dealing/trafficking/production of drugs by 22.42% and 25.60%, respectively, during 2012 (Graph 9-4).

With a comparison of incidents that occurred during 2012 by types of offences, the total number of arrests by types of offences also remained unchanged, similar to the case with number of incidents (Graph 9-5).

Graph 9-5: Number of Persons Arrested by Types of Offences (%)

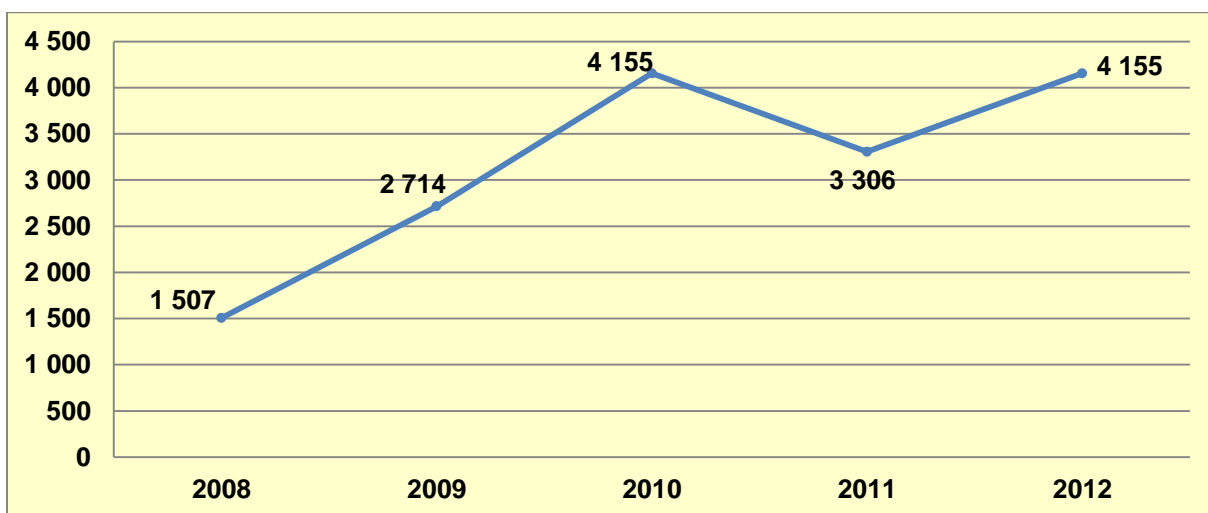


Source: EMCCDA Standard Table No.11, 2013; TUBIM, 2013.

9.3.1.2. Heroin

A total of 7,349 suspects were arrested in 4,155 incidents that occurred in Turkey, 2012, involving heroin.

Graph 9-6: Total Number of Heroin Incidents over Years



Source: 2012 Turkish Drug Report, EMCCDA Standard Table No. 11, 2013.

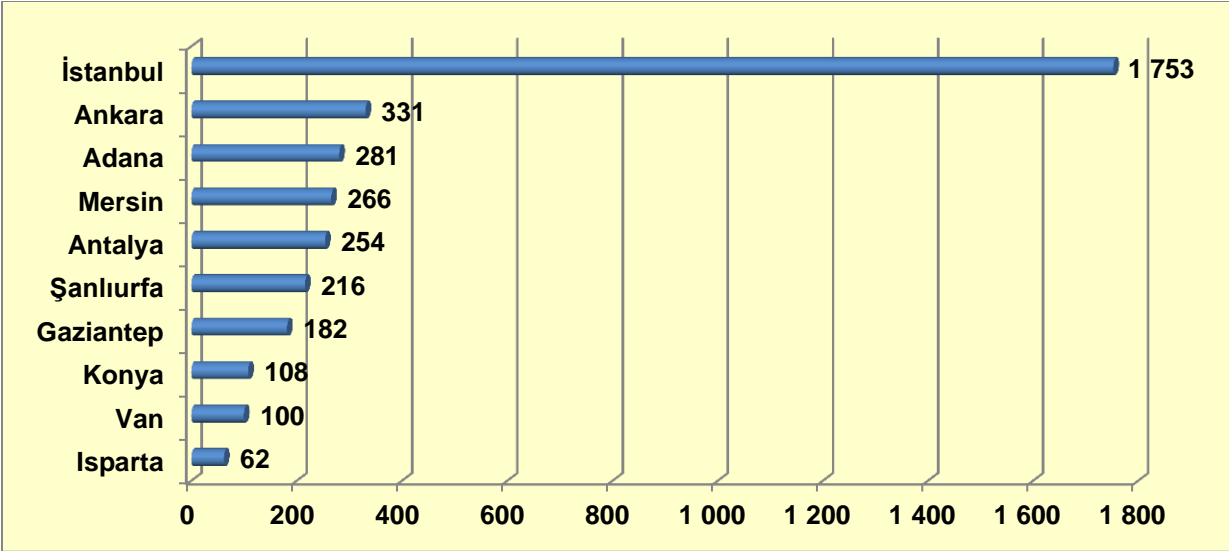
Taking a closer look into the number of heroin-related offences over years, a progressive increasing trend is observed, starting from 2008, while a drop appears to have taken place during 2011 compared to the previous year. In 2012, on the other hand, the increasing trend

seems to have been resumed for heroin-related incidents, plotting a rise of 25.68% compared to the preceding term (Graph 9-6).

Of the heroin-related offences reported in 2012, a 73.55% (corresponding to 3,056 cases) aimed at purchasing/receipt/possession for use of drugs while the remaining 26.45% (corresponding to 1,099 cases) involved dealing/trafficking/production of drugs.

There has also been a rise in the number of arrests vis-a-vis the increase in rates of heroin-related incidents in 2012, the rate of which has been recorded at 30.09%, compared to the previous year.

Graph 9-7: Top 10 Heroin-Related Offences and Number of Heroin Related Offences in 2012



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

A review of the spreading characteristics of heroin-related offences that have reportedly taken place in Turkey, 2012, by provinces reveals that most of the offences were concentrated in Istanbul, which has more population than any other province across the country, yielding an occurrence rate of 42.19% (1,753 incidents) (Graph 9-7).

Figure 9-1: Top 10 Heroin-Related Offences and Number of Heroin Related Offences in 2012

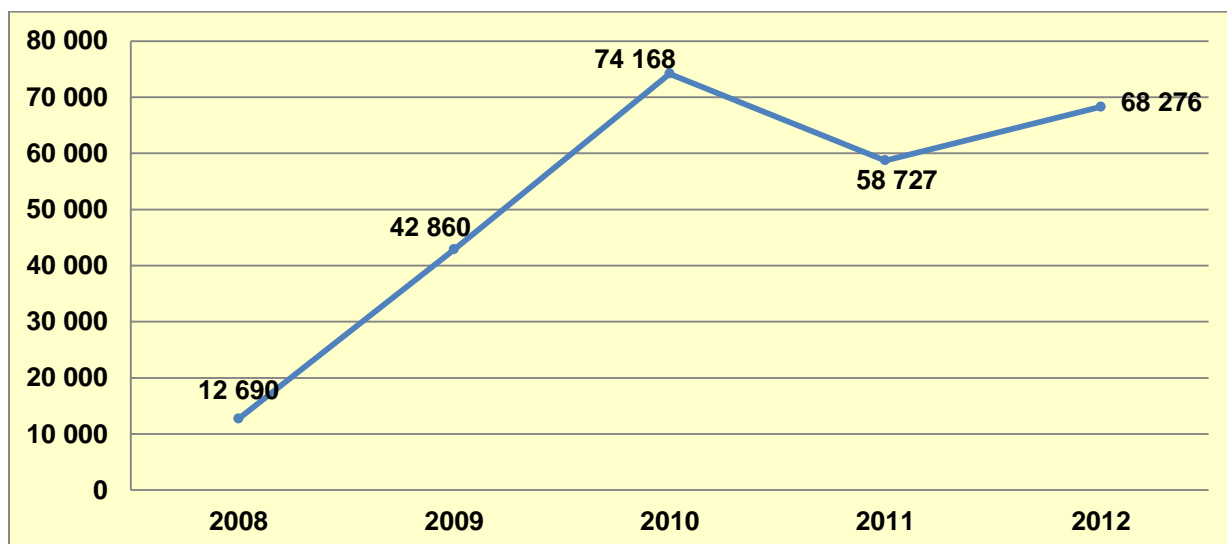


Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

9.3.1.3. Cannabis

A total of 107,485 suspects were arrested in 68,276 incidents that occurred in Turkey, 2012, involving cannabis.

Graph 9-8: Total Number of Cannabis Related Offences over Years



Source: 2012 Turkish Drug Report, EMCCDA Standard Table No. 11, 2013.

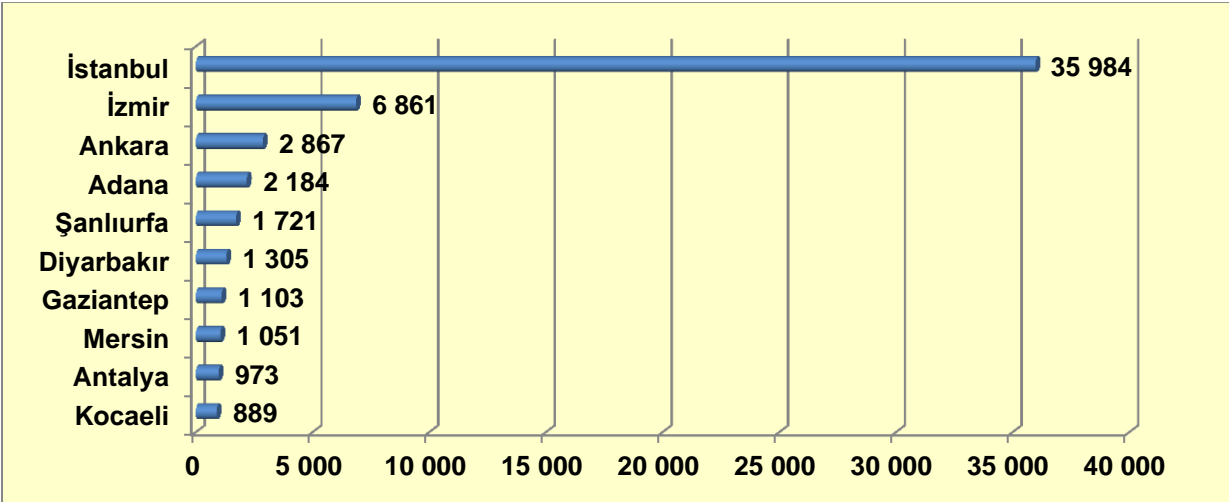
Of the cannabis-related offences reported in 2012, 86.95% (corresponding to 59,367 cases) aimed at purchasing/receipt/possession for use of drugs while the remaining 13.55% (corresponding to 8,907 cases) involved dealing/trafficking/production of drugs.

A vast majority of the cannabis-related offences that occurred in Turkey were committed for the purpose of purchasing/receipt/possession for use of drugs. The reason for this is that cannabis production of Turkey is consumed within the country. Since, there is not any sign or determined fact about exportation of Turkish cannabis product to abroad.

Taking a closer look into the number of cannabis-related offences over years, a progressive increasing trend is observed in the recent years, while a drop appears to have taken place during 2011 compared to 2010. The increasing trend resumed in the number of cannabis-related offences during 2012, resulting in an overall rise of 16.26% compared to the preceding year (Graph 9-8).

The rise in the number of cases that took place in 2012, involving cannabis has also led to an increase in the number of persons arrested, by 15.92% compared to the preceding year.

Graph 9-9: Top 10 Cannabis-Related Offences and Number of Cannabis Related Offences in 2012



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

It has been observed that most of the cannabis-related offences occurred in Istanbul and Izmir cities in Turkey, 2012, while a 52,70% (35,984) of the incidents took place in Istanbul and a 10.05% (6,861) in Izmir (Graph 9-9).

Figure 9-2: Top 10 Cannabis-Related Offences and Number of Cannabis Related Offences in 2012

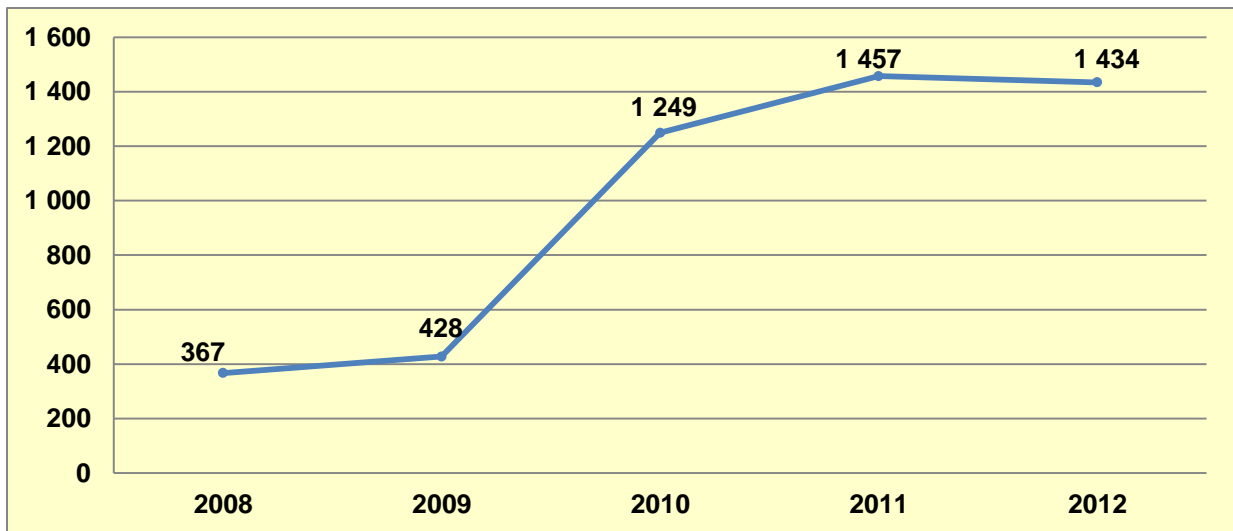


Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

9.3.1.4. Cocaine

A total of 1,989 suspects were arrested in 1,434 incidents that occurred in Turkey, 2012, involving heroin.

Graph 9-10: Total Number of Cocaine-Related Offences over Years



Source: 2012 Turkish Drug Report, EMCCDA Standard Table No. 11, 2013.

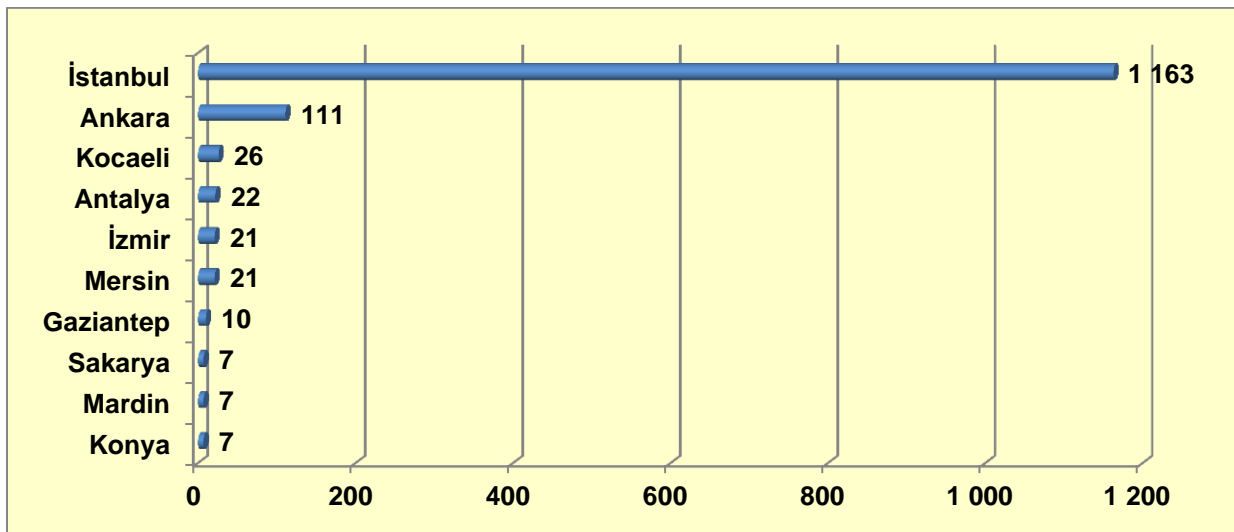
Of the cocaine-related offences reported in 2012, an 81.59% (corresponding to 1,170 cases) aimed at purchasing/receipt/possession for use of drugs while the remaining 18.41% (corresponding to 264 cases) involved dealing/trafficking/production of drugs.

A vast majority of the cocaine-related offences that took place in Turkey were committed for the purpose of purchasing/receipt/possession for use of drugs. This fact is attributed to Turkey's unique position as a target country for cocaine traffickers.

While there has been a progressively increasing trend observed in the number of cocaine-related offences during the recent years in Turkey, a slight drop has occurred at 1.58% in 2012 results compared to that of 2011 (Graph 9-10).

As a result of this reduction occurring in the number of incidents during 2012, a drop at a rate of 9.01% has been recorded in the number of persons arrested, compared to the preceding year.

Graph 9-11: Top 10 Cocaine-Related Offences and Number of Cocaine Related Offences in 2012



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

A review of cocaine-related offences that have reportedly taken place in 2012 by provincial settlements reveals that offences tended to concentrate in Istanbul and Ankara cities, with an 81.10% (1,163) of the incidents taking place in Istanbul and 7.74% (111) taking place in Ankara (Graph 9-11).

Figure 9-3: Top 10 Cocaine-Related Offences and Number of Cocaine Related Offences in 2012

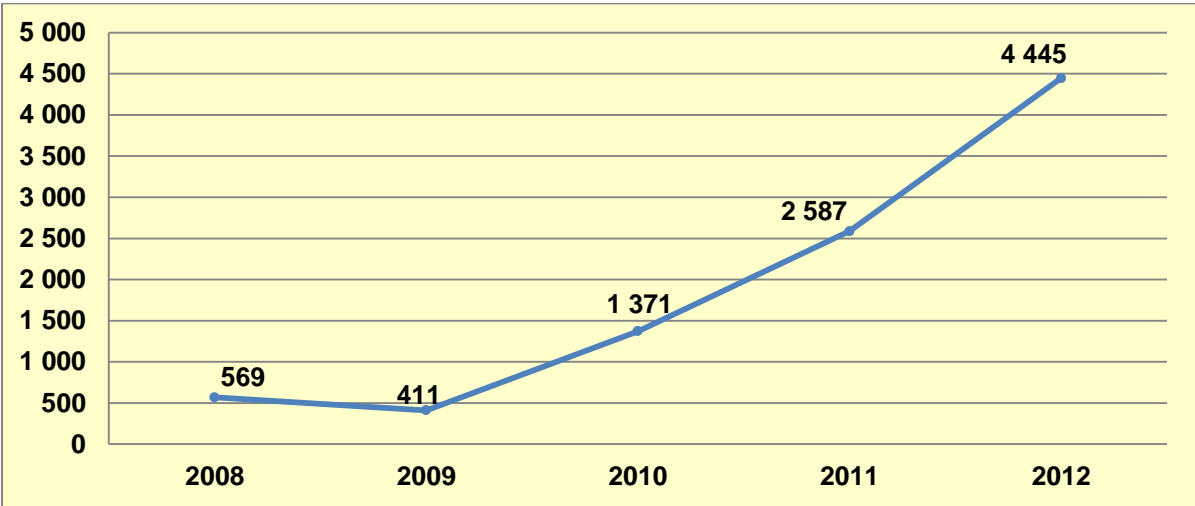


Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

9.3.1.5. Ecstasy

A total of 6,327 suspects were arrested in 4,445 incidents that occurred in Turkey, 2012, involving ecstasy.

Graph 9-12: Total Number of Ecstasy-Related Offences over Years



Source: 2012 Turkish Drug Report, EMCCDA Standard Table No. 11, 2013.

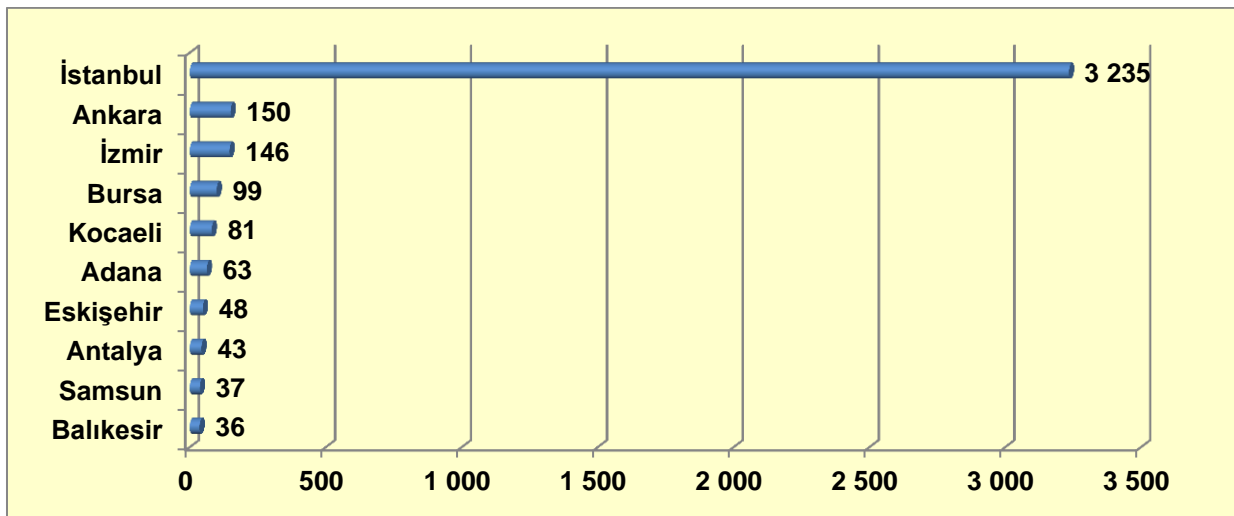
Of the ecstasy-related offences reported in 2012, an 87.13% (corresponding to 3,873 cases) aimed at purchasing/receipt/possession for use of drugs while the remaining 12.87% (corresponding to 572 cases) involved dealing/trafficking/production of drugs.

A vast majority of the ecstasy-related offences that took place in Turkey were committed for the purpose of purchasing/receipt/possession for use of drugs. This fact is attributed to Turkey’s unique position as a target country for ecstasy traffickers and the fact that most of the offences in record were targeted at domestic market.

The number of ecstasy-related offences that occurred in 2012 has shown a dramatic increase by 71.82%, compared to the preceding year (Graph 9-12).

In line with this increase observed in the number of ecstasy-related offences, the number of persons arrested has also increased by 67.78%.

Graph 9-13: Top 10 Ecstasy-Related Offences and Number of Ecstasy Related Offences in 2012



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

A review of the number of ecstasy related offences that took place in 2012 by provinces reveals that incidents concentrated mostly in Istanbul, Ankara and Izmir cities. A 72.78% (3,235) of incidents took place in Istanbul, while a 3.37% (150) took place in Ankara and 3.28% (146) in Izmir (Graph 9-13).

Figure 9-4: Top 10 Ecstasy-Related Offences and Number of Ecstasy Related Offences in 2012

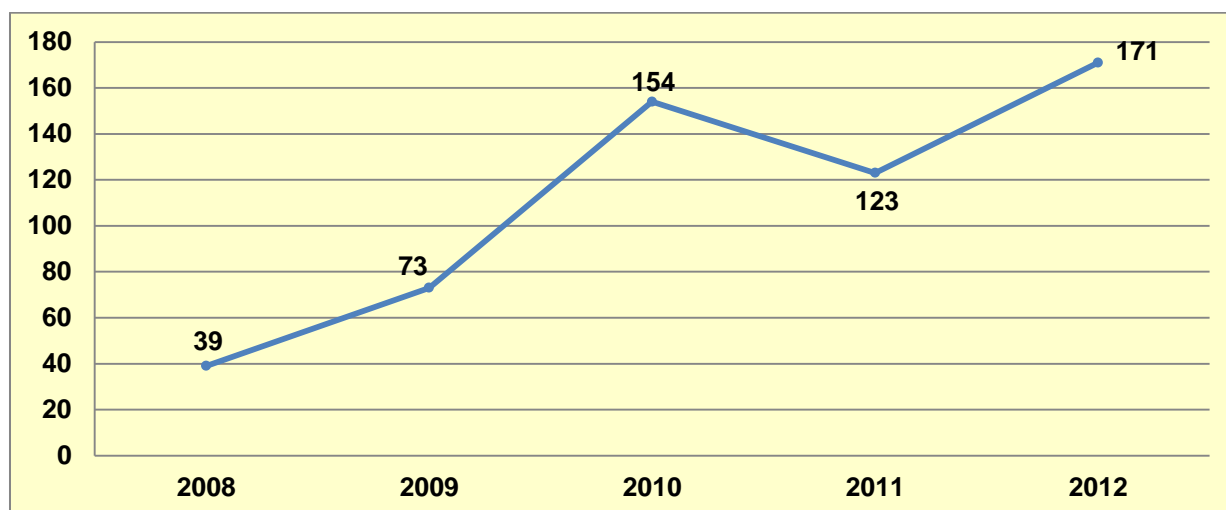


Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

9.3.1.6. Captagon

In 2012, a total 171 incidents were²⁶, in association with which, 278 persons were arrested.

Graph 9-14: Number of Captagon- Related Offences over Years



Source: 2012 Turkish Drug Report, EMCCDA Standard Table No. 11, 2013.

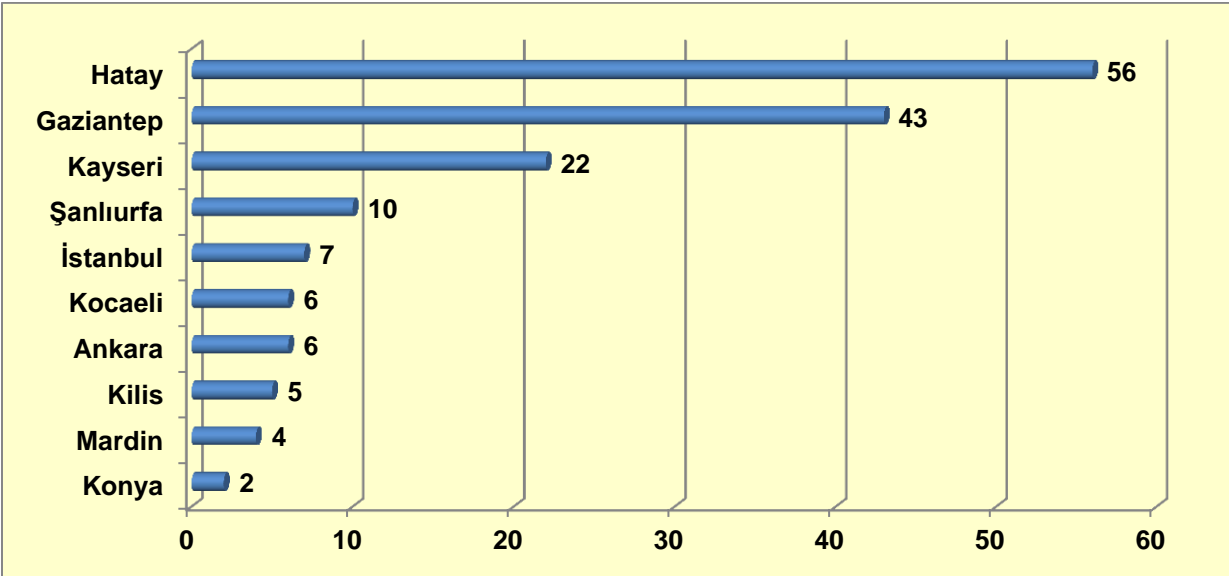
Of the captagon- related offences reported in 2012, an 54.39% (corresponding to 93 cases) aimed at purchasing/receipt/possession for use of drugs while the remaining 45.61% (corresponding to 78 cases) involved dealing/trafficking/production of drugs.

While a progressively increasing trend has been noted in the number of captagon- related offences during the recent years, a reduction by 20.13% has been observed in 2011 compared to 2010. The increasing trend resumed in the number of captagon- related offences during 2012, resulting in an overall rise of 39.02% compared to the preceding year (Graph 9-14).

The rise in the number of cases that occurred in 2012, involving captagon has also led to an increase in the number of persons arrested, by 42.56% compared to the preceding year.

²⁶ reported to have taken place, involving Captagon, a drug containing amphetamine as active agent, which is supplied and traded under this logo and in its known physical appearance

Graph 9-15: Top 10 Captagon-Related Offences and Number of Captagon Related Offences in 2012



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

A review of Captagon related offences that have taken place during 2012 by provinces reveals that these crimes were committed in the provinces of Hatay and Gaziantep most when compared to rest of Turkey and that the incidence rates were realised at 32.75% (56) in Hatay and 25.15% (43) in Gaziantep provinces.

Turkey is affected from captagon trafficking activities both as a transit route and a market. Although intelligence gathered from time to time suggests that Captagon is produced inside the country, Turkish law enforcement officers successfully captured all captagon stocks which hit their maximum point during 2006, after which, the big synthetic drug traffickers were blown and the captagon production labs found inside were locked permanently. In the aftermath, Captagon production was observed to gain a gradual increase with the drug’s wider spreading in the Middle East (UNODC, 2011).

69.01% (111) of the captagon- related offences that have reportedly taken place in Turkish provinces extending along the Syrian border, 2012 is attributable to the wide spreading of the production practices of this drug across the Middle East (Graph 9-15).

Figure 9-5: Top 10 Captagon-Related Offences and Number of Captagon Related Offences in 2012

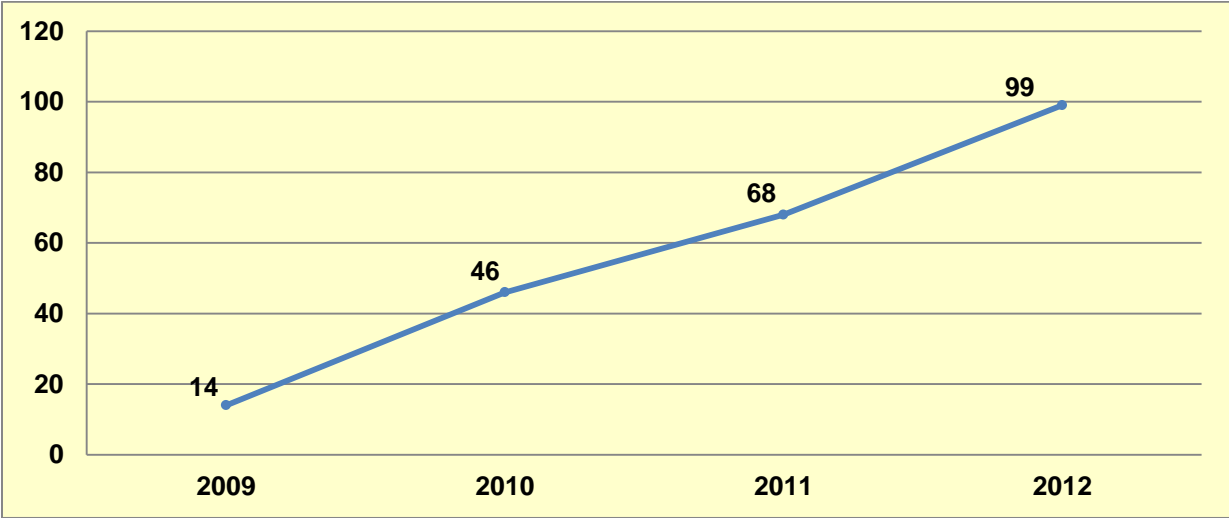


Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

9.3.1.7. Methamphetamine

Initially coming to the public’s plain sight from 2009 in Turkey, the number of incidents involving methamphetamine shows a continued increasing trend. A total of 193 suspects were arrested in 99 incidents that occurred in Turkey, 2012, involving methamphetamine.

Graph 9-16: Number of Methamphetamine-Related Offences over Years



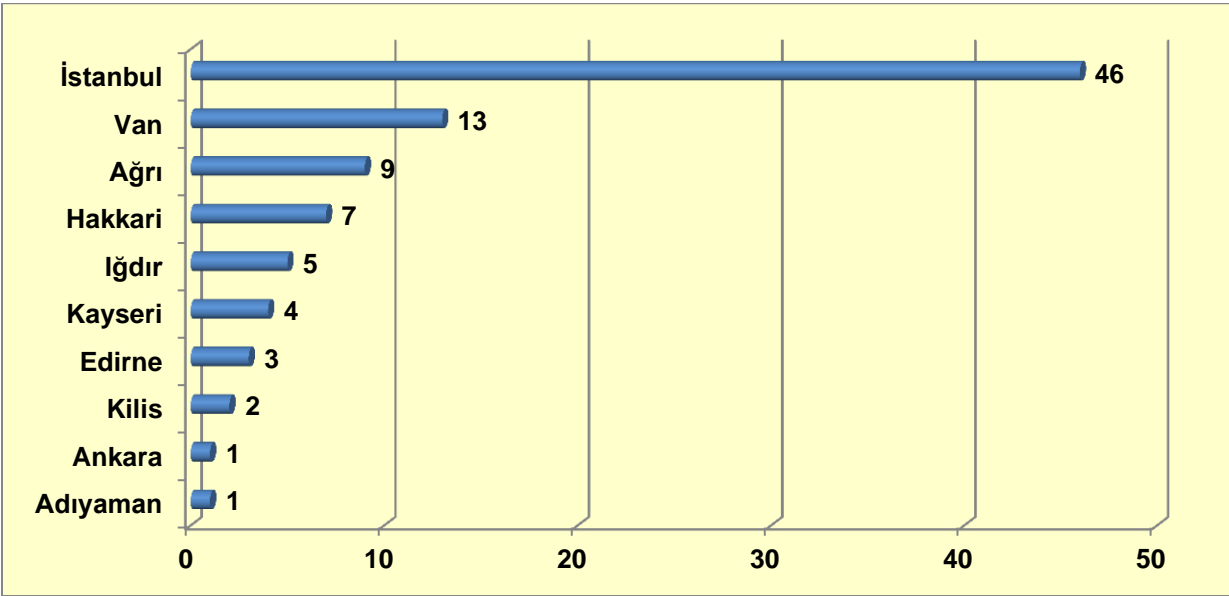
Source: 2012 Turkish Drug Report, EMCCDA Standard Table No. 11, 2013.

Of the methamphetamine-related offences reported in 2012, an 18.18% (corresponding to 18 cases) aimed at purchasing/receipt/possession for use of drugs while the remaining 81.82% (corresponding to 81 cases) involved dealing/trafficking/production of drugs.

The number of incidents that occurred during 2012, involving methamphetamine showed an increase by 45.59%, compared to the preceding year (Graph 9-16). Accordingly, there has been a rise in the number of persons arrested, at a rate of 17.68%, compared to the preceding year.

Because of this rise in the number of incidents and arrests, it is considered that this substance is a drug that imposes threat for Turkey in the forthcoming periods.

Graph 9-17: Top 10 Methamphetamine-Related Offences and Number of Methamphetamine Related Offences in 2012



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

A review of the methamphetamine-related offences that have reportedly taken place in 2012 by provinces in which they have been reported reveals that the incidents tend to concentrate in the cities of Istanbul and Van most, with absolute occurrence rates of 46.46% (46 cases) in Istanbul and 13.13% (13 cases) in Van provinces.

With an examination of the methamphetamine-related offence taking place in Turkey, it became clear that they followed a trafficking modality where, the methamphetamine produced

in the Islamic Republic of Iran enters into the Turkish territory through Van, to be dispatched to countries of the Far-East by flight on jets taking off from Istanbul.

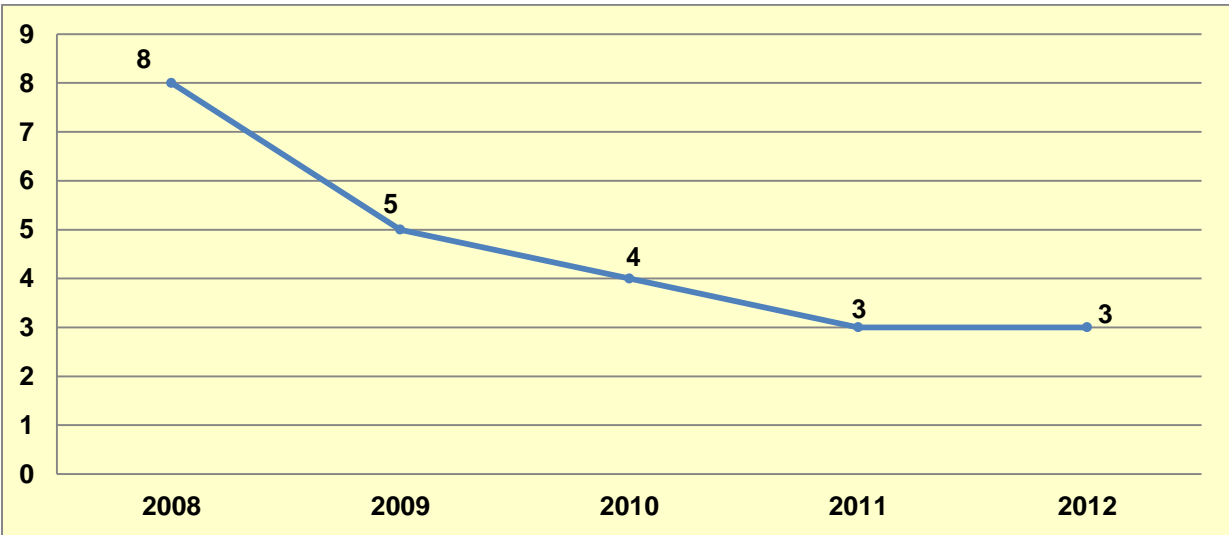
Figure 9-6: Top 10 Methamphetamine-Related Offences and Number of Methamphetamine Related Offences in 2012



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

9.3.1.8. Acetic Anhydride

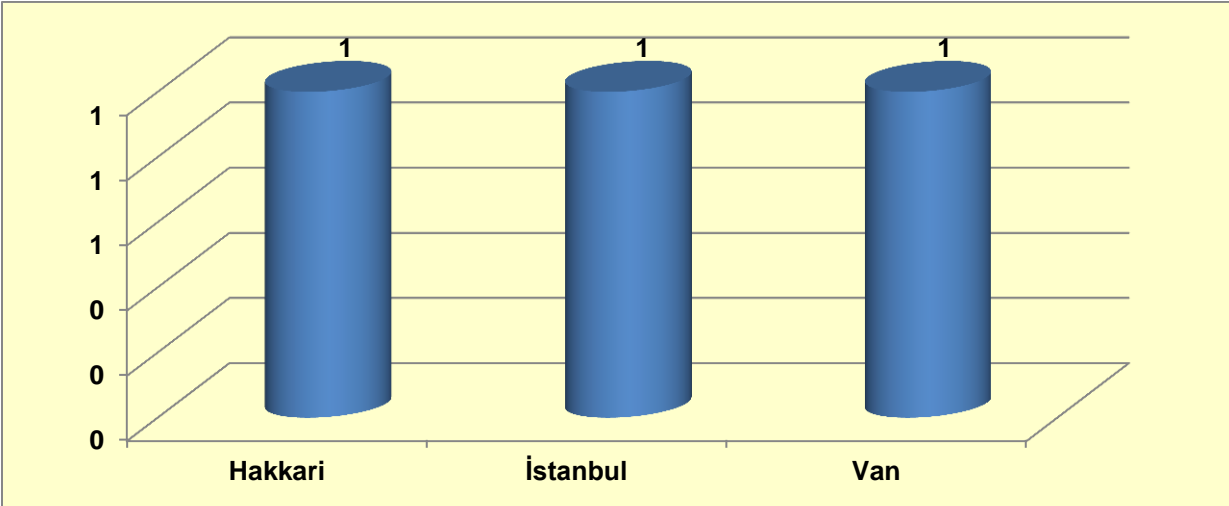
Graph 9-18: Number of Acetic Anhydride-Related Offences over Years



Source: 2012 Turkish Drug Report, EMCCDA Standard Table No. 11, 2013.

The acetic anhydride caught up in Turkey is captured in rare cases. There has been no change in the number of acetic anhydride related offences that took place in 2012 and 14 persons were arrested in a total of 3 incidents.

Graph 9-19: Top 10 Acetic Anhydride-Related Offences and Number of Acetic Anhydride Related Offences in 2012



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

The acetic anhydride related offences that have reportedly taken place in Turkey, 2012, took place in the provinces of Hakkari, İstanbul and Van (Graph 9-19).

Figure 9-7: Top 10 Acetic Anhydride-Related Offences and Number of Acetic Anhydride Related Offences in 2012

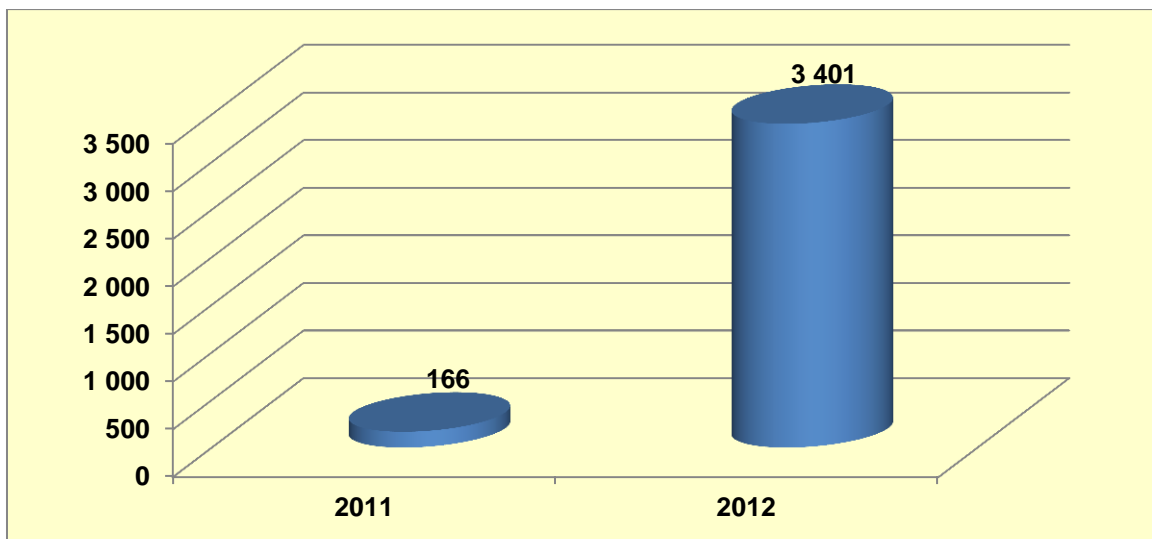


Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

9.3.1.9. Synthetic Cannabinoids (Bonzai etc.)

Initially encountered as “Bonzai” (JWH-018) as the streets called them and swiftly spread across Turkey with diverse types, the synthetic cannabinoids were included within scope coverage of the Law on the Control of Narcotic Drugs, with enactment number 2313 in 2011, as a result of the dedicated efforts of the National Working Group on Early Warning System (EWS), carried out under the coordination of TUBIM.

Graph 9-20: Number of Cannabinoids-Related Offences over Years

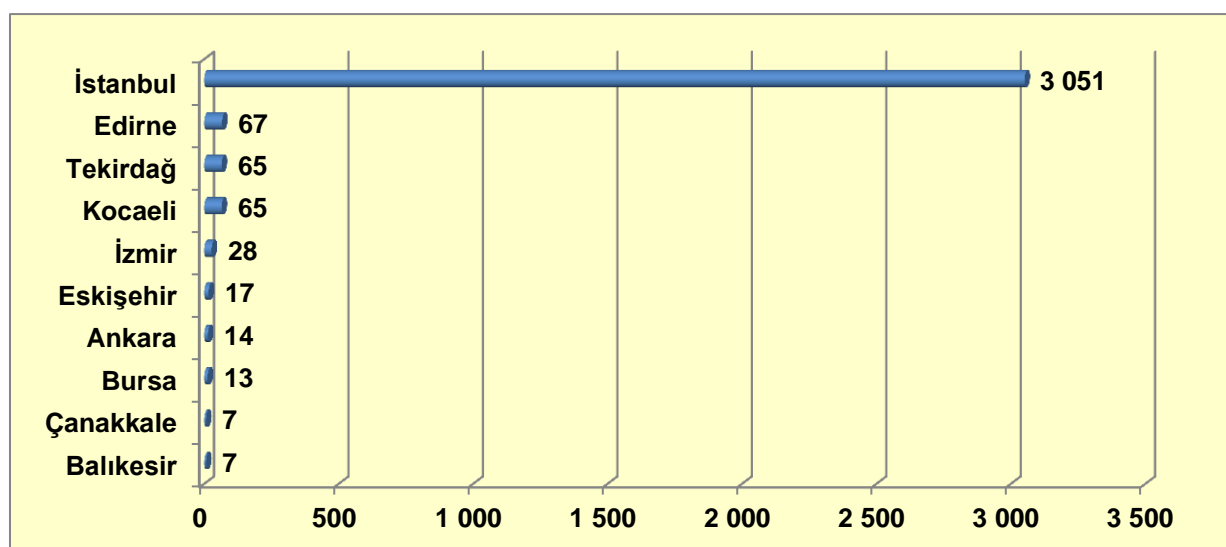


Source: EMCCDA Standard Table No.11, 2013.

A total of 4,784 suspects were arrested in 3,401 incidents that occurred in Turkey, 2012, involving synthetic cannabinoids. Of the cannabinoids-related offences reported in 2012, an 92.88% (corresponding to 3,159 cases) aimed at purchasing/receipt/possession for use of drugs while the remaining 7.12% (corresponding to 242 cases) involved dealing/trafficking/production of drugs.

There has been an approximately 19-folds increase in the number of incidents and an approximately 57-folds increase in the number of persons arrested, during 2012, compared to the preceding year. This rise observed in both the number of incidents and of arrests indicates that this substance is also getting spread in our country, which brings the conclusion that more attention should be paid to efforts for preventing the supply and demand for this substance, than ever before.

Graph 9-21: Top 10 Synthetic Cannabinoids-Related Offences and Number of Synthetic Cannabinoids Related Offences in 2012



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

Out of the synthetic cannabinoids related offences that have reportedly taken place in Turkey, 2012, an 89.71% occurred in the city of Istanbul. Besides, a 96.30% (3,275) of the incidents involving synthetic cannabinoids has been observed to take place in the provinces that fall within the Marmara Region, which is this substance's known entrance point from Europe to Turkey (Graph 9-21).

Figure 9-8: Top 10 Synthetic Cannabinoids-Related Offences and Number of Synthetic Cannabinoids Related Offences in 2012



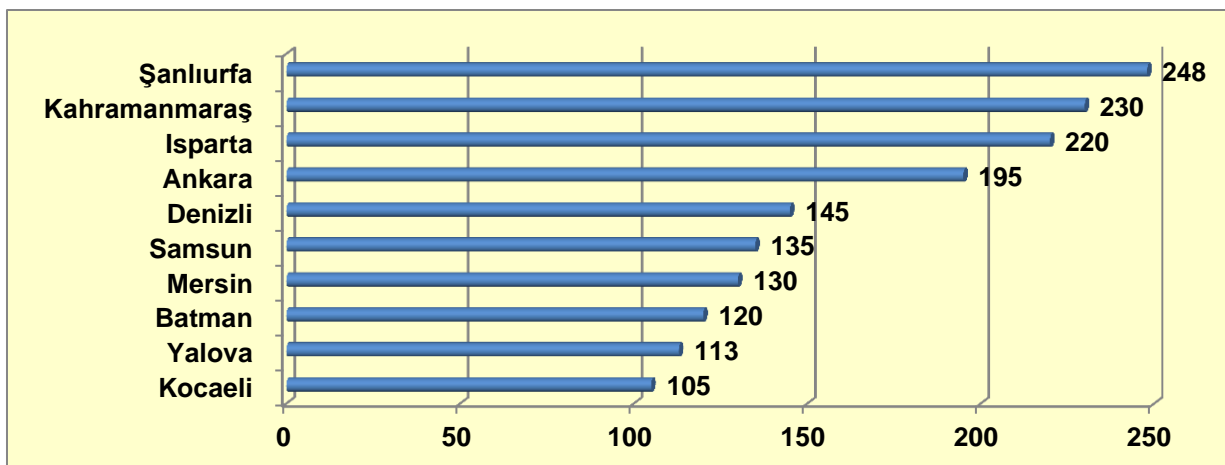
Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

9.3.2. User Profile Survey in Drug Crimes Questionnaire (Form U)

A survey study is being made by TUBIM staff appointed as provincial focal points, covering people with 18+ years of age, against whom investigative and prosecution procedures have been started by the police for charges of purchasing/receipt/possession of drugs or stimulants for use (TCC Art. 191) within the year and who have volunteered to partake in such study.

In this study so called “User Profile in Drug Crimes Questionnaire (Form U)”, face-to-face interview method is being employed. The main intent and purpose of this study is to develop a generic profile for drug users in Turkey. The study is also considered as an important tool for determining, in scientific terms, the underlying reasons of the use of drugs. The resultant findings obtained through these survey are used for determining strategies for the continued struggle against drugs, led particularly by prevention of their use.

Graph 9-22: Top 10 Form U Fillers and Number of Surveys Performed during 2012

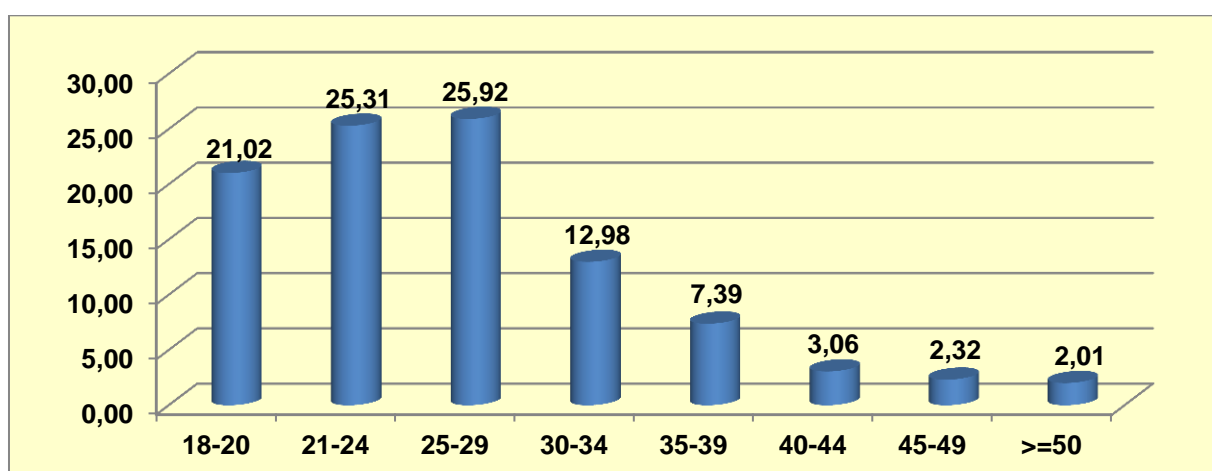


Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

Top 10 Form U Fillers and number of surveys performed during 2012 are as indicated in Graph 9-20. However, the excessive number of survey respondents doesn't mean that the number of drug users of a certain province is more than other provinces. Since, it is already known that this survey could not have been administered to each and every user who is detained and processed according to TCC Art. 191, within each province for several reasons, led, particularly, by excessive workload and lack of staff.

The "User Profile in Drug Crimes Questionnaire (Form U)" which covered 2,288 individuals in 2012 have included the following data:

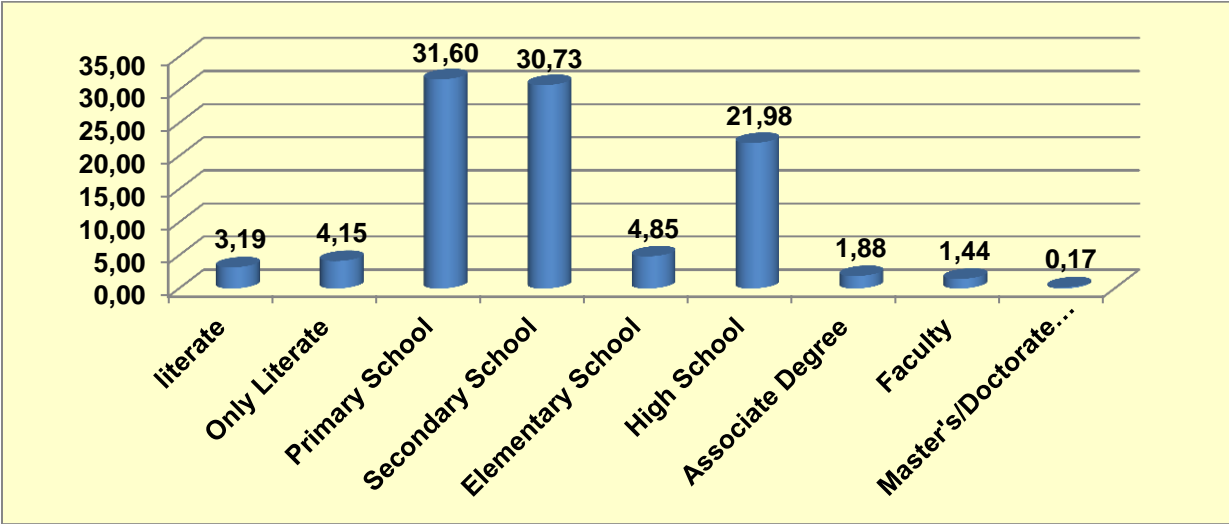
Graph 9-23: Drug Users by Age Groups (%)



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

According to the data obtained from Form Us, drug users are 26,95 years old, in average. However, it should be noted that a vast majority of drug users who have participated in the survey (72.25%) are in the age group of 18 to 29 years (Graph 9-23).

Graph 9-24: Drug Users by Levels of Education (%)

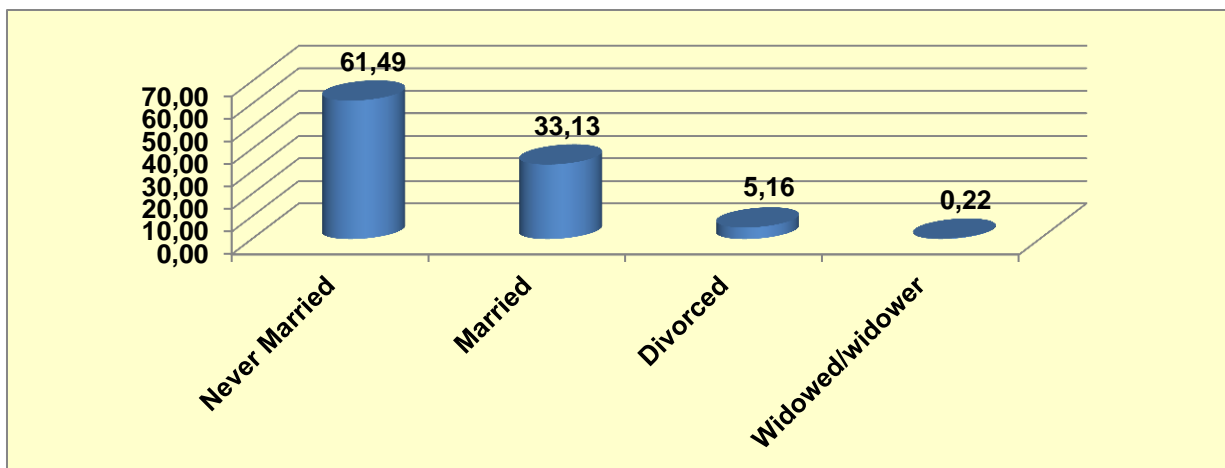


Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

It should be noted that a significant majority of drug users who have participated in the survey (67.18%) are primary school and junior high/elementary education graduates (Graph 9-24). Apart from this, TUBIM's GPS Research²⁷ According to the results obtained, there is a statistically significant relation between level of education and use of drugs. Therefore, it is considered inappropriate to interpret data supplied on U-Forms in advocacy of the argument that says "the drug usage rates are higher among people with lower levels of education".

Graph 9-25: Drug Users by Marital Status (%)

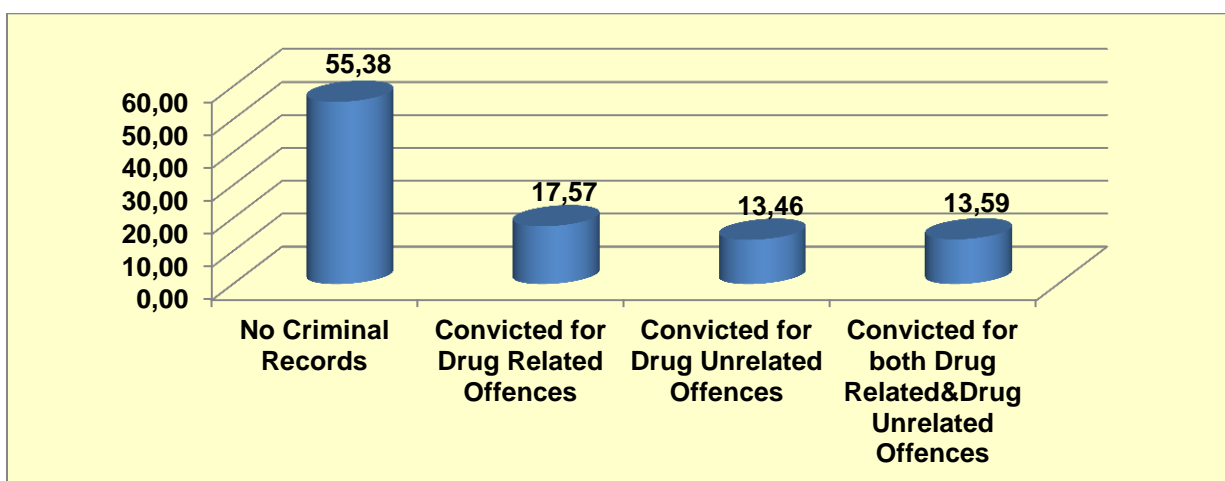
²⁷ has been conducted employing face-to-face interview techniques in 25 provinces designated by TUIK for the purpose in 2011, under the title "Attitudinal and Behavioural Research among General Population For Use of Tobacco, Alcohol and Drugs in Turkey". The study involved a total of 8,045 individuals.



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

According to the data obtained from Form Us, a vast majority (61.49%) of the drug users are comprised of people who have never married (Graph 9-25). Besides, according to the Turkish Statistical Institute (TURKSTAT) supplied data, a 27.41% of people above 15 years of age have never married, while a 64.02% are married, 3.14% divorced and 5.43% widowed. While the rate of people who have never married in individuals above 15 years of age across Turkey is 27.41%, the rate of drug users who have never married retains a pretty high level, in the data supplied on Form U (61.49%). However, according to the results obtained, there is a statistically significant relation between level of education and use of drugs. The results of the GPS research indicate that use of drugs is more common among singles.

Graph 9-26: Drug Users by Previous Conviction Statuses (%)

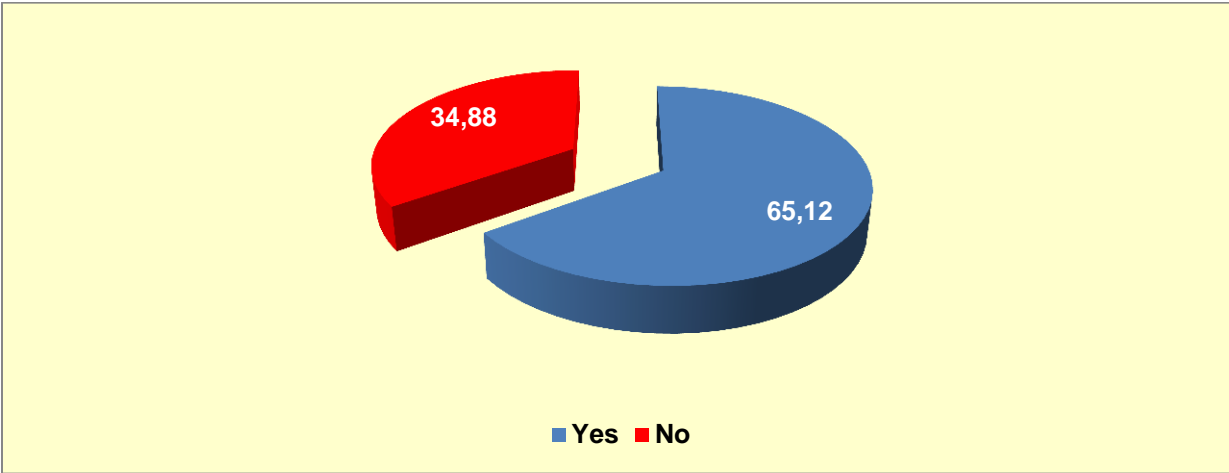


Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

It is apparent that 55.38% of the drug users have no criminal record while 44.62% are ex-criminals. This finding indicates that the belief that use of drugs is more common among ex-criminals is wrong (Graph 9-26).

On the other hand, a review of drug users with criminal records by types of conviction reveals that a 39.37% had been found guilty for drug-related offences, while a 30.17% had been found guilty for drug unrelated offences and a 30.46%, for both drug-related and unrelated offences. Nonetheless, it is also understood that a 69.83% of drug users who have criminal records, among individuals that have taken the survey had been convicted for crimes that were related to drugs.

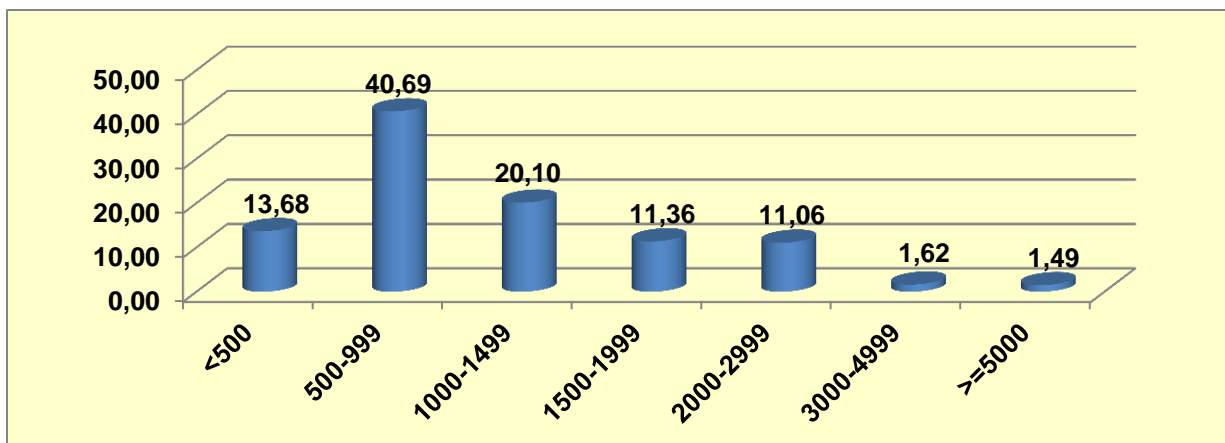
Graph 9-27: Drug Users by Employment Statuses (%)



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

A review of the job/employment statuses of drug users reveals that 65.12% is employed in an income-generating job, while the remaining 34.88% is unemployed (Graph 9-27).

Graph 9-28: Drug Users by Income Statuses (%)

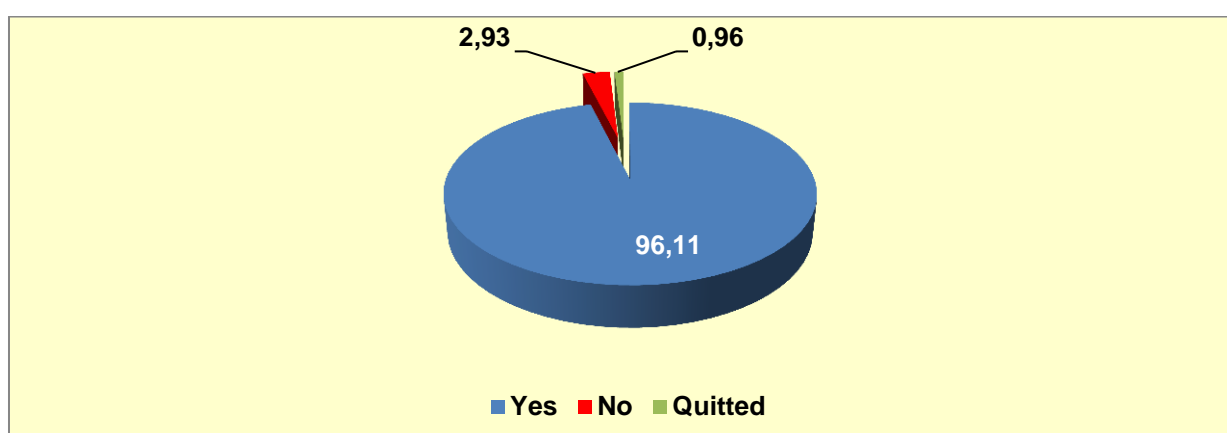


Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

It appears that a 54.37% of the drug users receive monthly wages below TRL 1,000, with 31.46% receiving an income between TRL 1,000 and TRL 2,000 and 14.17%, an income level above TRL 2,000 (Graph 9-28).

With an examination of the income levels of drug users by types of drugs, cannabis users seem to earn higher income than either of heroin, cocaine and ecstasy users, with the exception of cocaine users, whose income levels are considered to be much higher than any of the foregoing groups. It is considered that this is associated with the higher availability of drugs and street level pricing policies of dealers, and that the reason for why the use of cannabis is more common among lower income individuals may be the relatively lower pricing of this drug than other substances sold on streets in competition.

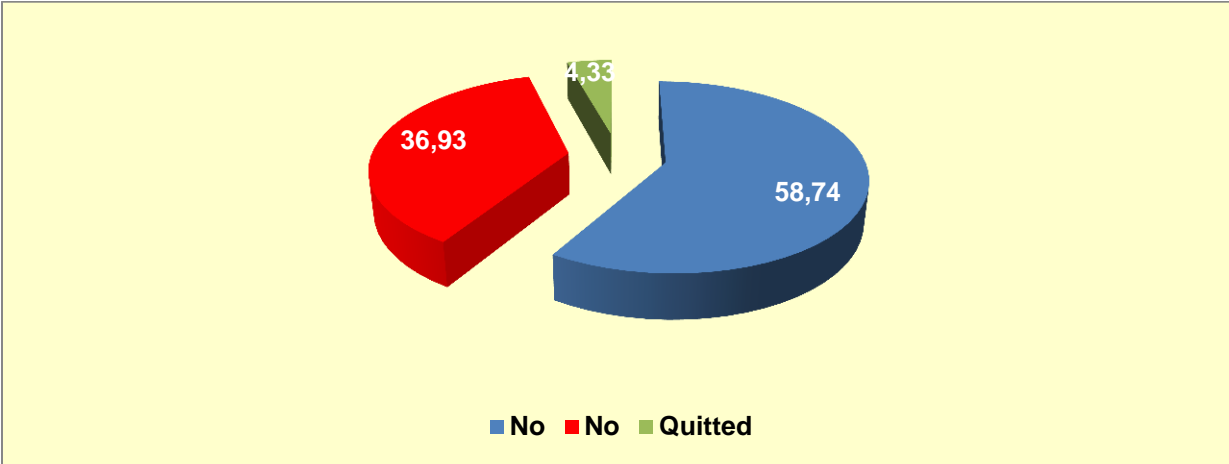
Graph 9-29: Smoking Status (%)



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

An examination of the smoking habits/statuses of drug users reveals that a 96.11% smokes, a 2.93 does not smoke and 0.96% already abandoned the habit of smoking (Graph 9-29).

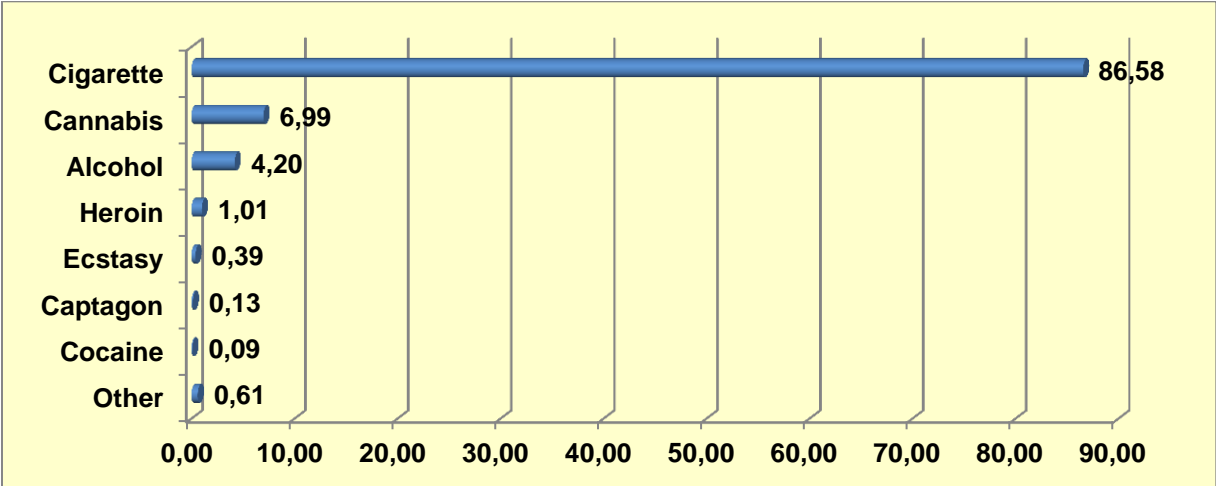
Graph 9-30: Alcohol Usage Status (%)



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

It is apparent that a 58.74% of the drug users also use alcohols while a 36.93% does not use any alcohols and a 4.33% has already quitted using alcohol (Graph 9-30). On the other hand, more-than-half of the drug users (57.17%) both smoke and use alcohols.

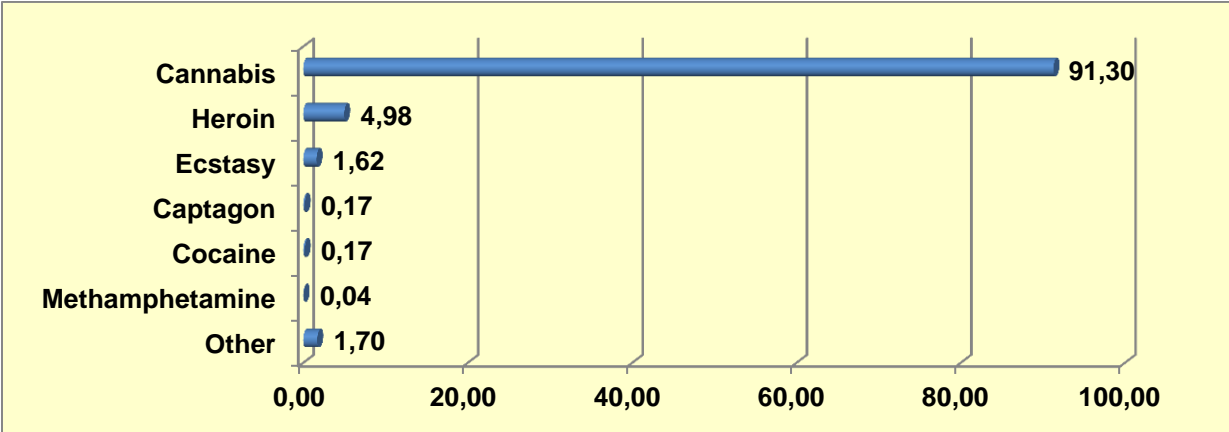
Graph 9-31: First Drug Used by Drug Users (%)



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

Redirecting the looking glass on the first drug ever used by drug users (including cigarettes and alcohol), it becomes clear that these users have started their involvement in drugs with smoking, by vast majority (86.58%) (Graph 9-31). It is therefore considered that smoking is a step taken in transition to becoming a drug user.

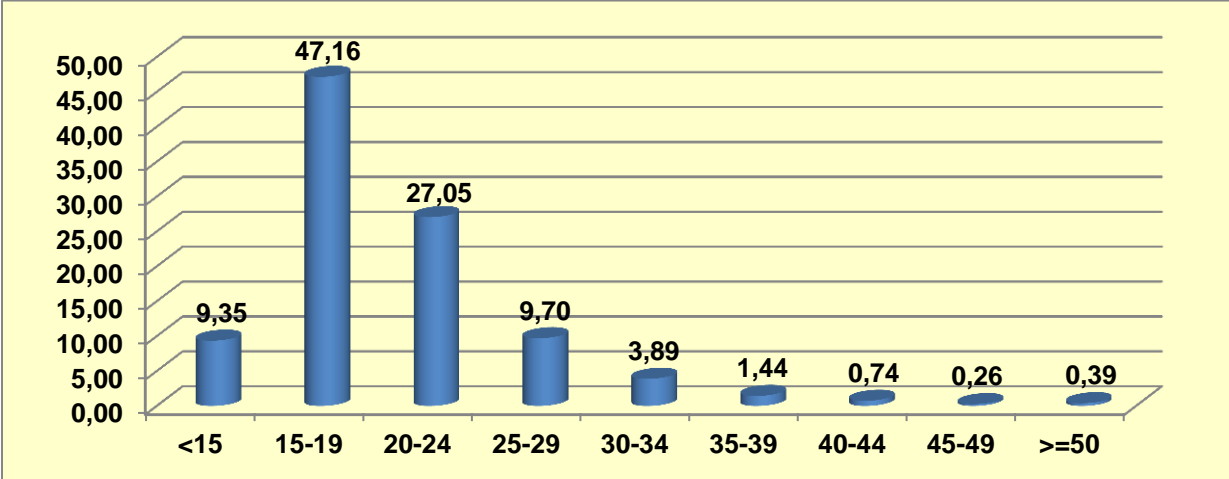
Graph 9-32: First Illegal Drug Used by Drug Users (%)



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

According to the data supplied on Form U, a 91.30% of drug users also use cannabis in addition to or other than the use of cigarettes and alcohol. It is observed that drug users start using drugs with the use of cannabis, following the use of cigarettes (Graph 9-32).

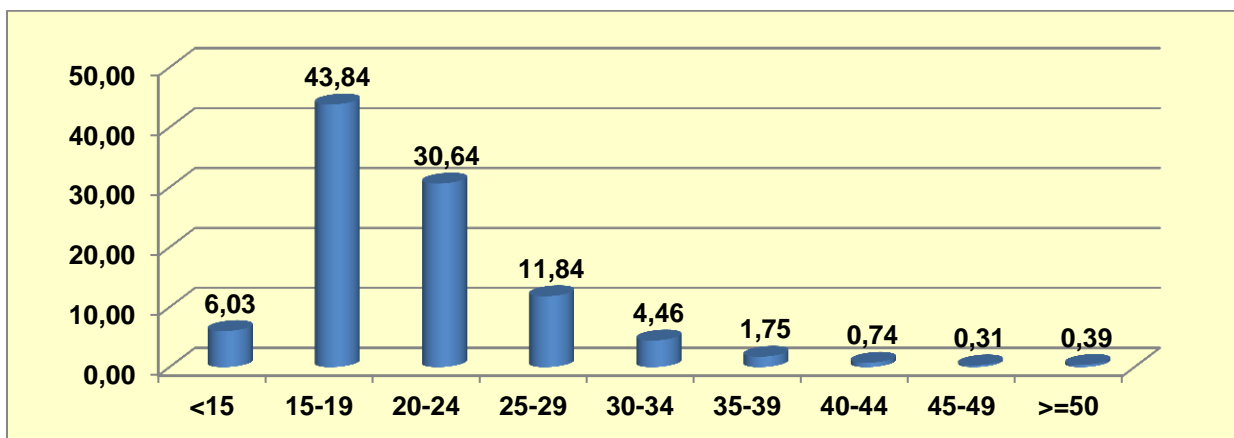
Graph 9-33: Age Ranges for First Trials of Drugs (%)



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

A review of the “first trial” of drugs by drug users by the category of age ranges, the minimum age of trial turns out to be 10 and the maximum, 67, yielding an average first trial age of 19.96 years. On the other hand, the age for first trial of drugs seems to concentrate at the age group of 15 to 24 years, where 74.21% of users are understood to have tried drugs for the first time in their lives (Graph 9-33). For this reason, there is an assessed need for paying special attention to this age group, when pursuing activities in the field of preventing drug addiction.

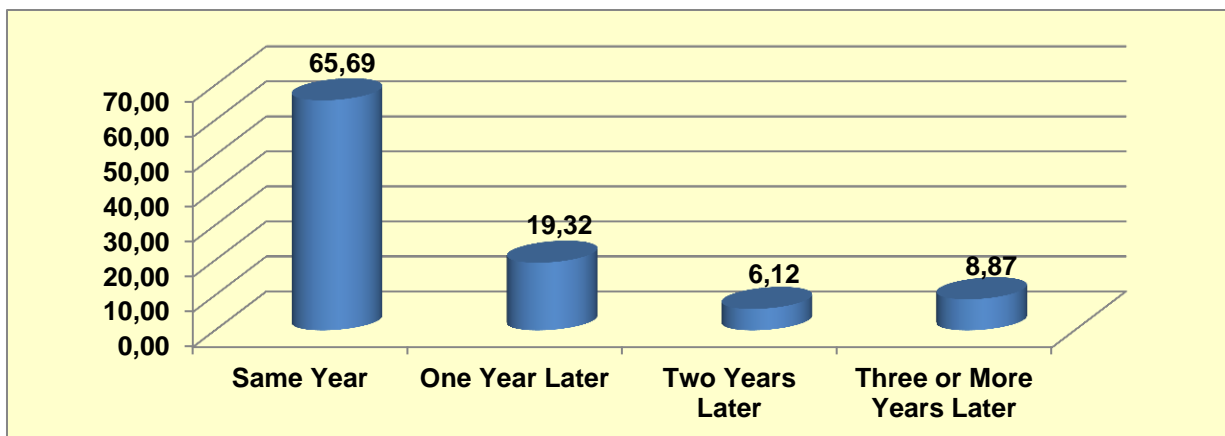
Graph 9-34: Age Ranges for Starting Use of Drugs (%)



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

A review of the “starting” ages of drug users to use drugs reveals that the minimum age of starting turns out to be 10 and the maximum, 67, yielding an average age of 20.75 years. As in the case for first-time trial of drugs, the ages of starting use of drugs by drug users seem to concentrate at the 15-24 interval and 74.48% of the drug users are observed to have started using drugs in a regular pattern, when in this age group (Graph 9-34).

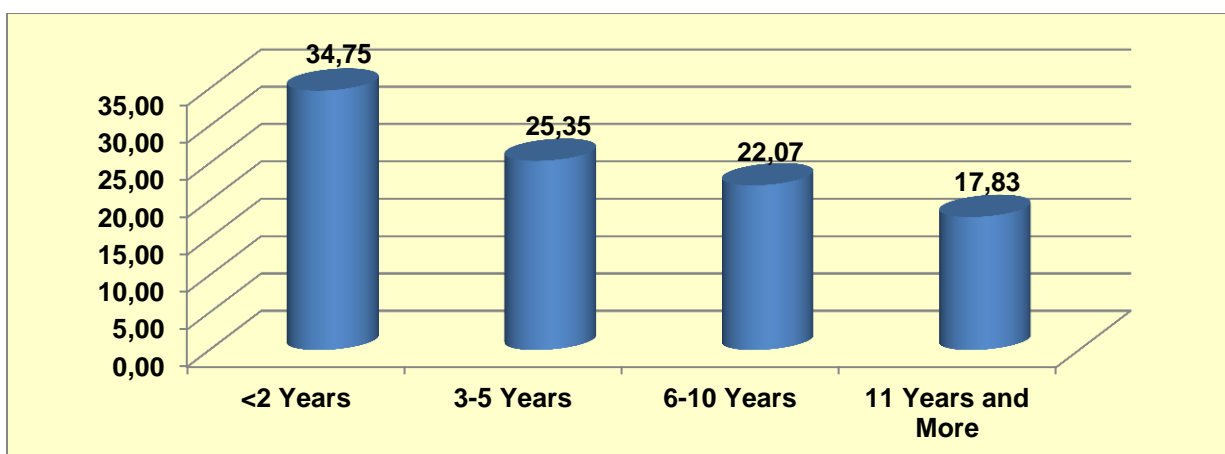
Graph 9-35: Time for Starting the Use of Drugs (%)



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

A review of the times of drug users for starting use of drugs reveals that a 65.69% started to use drugs within the same year of their first trial of it, 19.32% started the use of drugs one year after the first trial, 6.12% started the use of drugs two years after the first trial and 8.87% started the use of drugs three or more years after the first trial of drugs, on a regular basis (Graph 9-35). The drug users' starting their actual use of drugs within the same year of their trial of the same for the first time by vast majority suggests that drug addiction can develop in a considerably short period of time.

Graph 9-36: Time of Regular Use of Drugs (%)

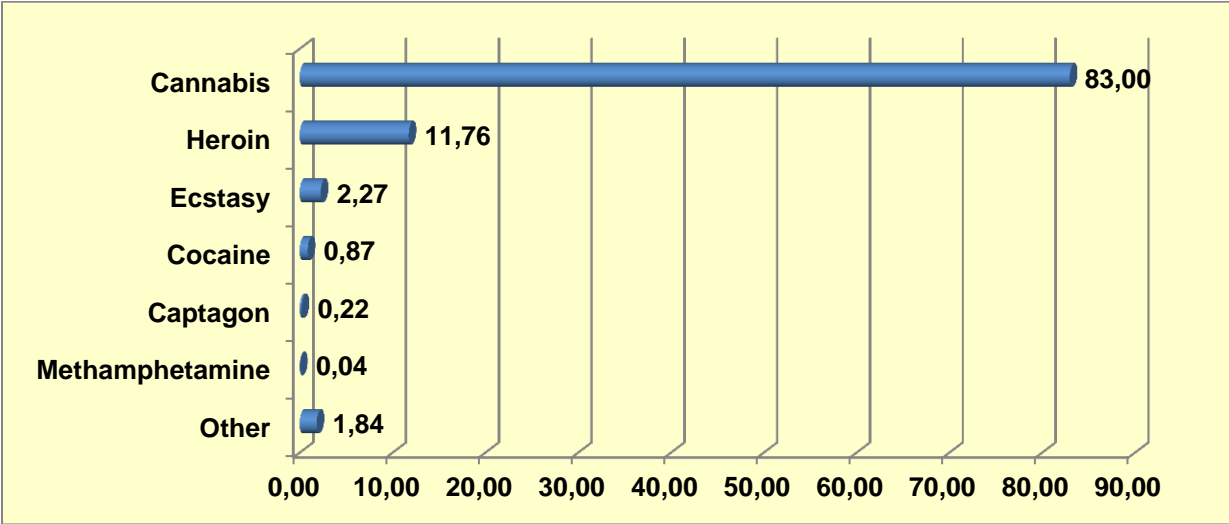


Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

According to the data supplied on Form U, the length of time by which drug users who have responded the questions included in this survey used drugs on a regular basis is two years or

less for 34.75%, 3 to 5 years for 25.35%, 6 to 10 years for 22.07% and 11 or more years for 17.83% (Graph 9-36). On the other hand, the average time of regular drug use among drug users included in this survey is found to be 6.20 years.

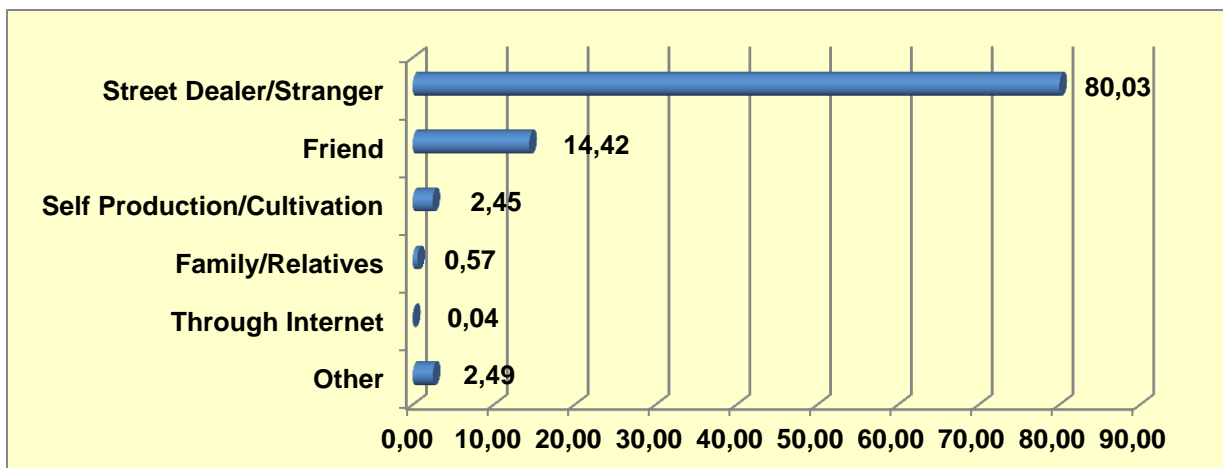
Graph 9-37: Most Frequently Used Drugs (%)



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

According to the data supplied on duly completed U-Forms, cannabis is the most frequently used drug by a vast majority (83%) of drug users (Graph 9-37). A review of the drugs-related offences that have reportedly taken place in 2012 reveals that the numbers of incidents and arrests have been much more in cannabis-related offences, than with any other drugs. The figures also indicate that heroin ranks as the second most frequently used drug after cannabis, with a rate of 11.76%.

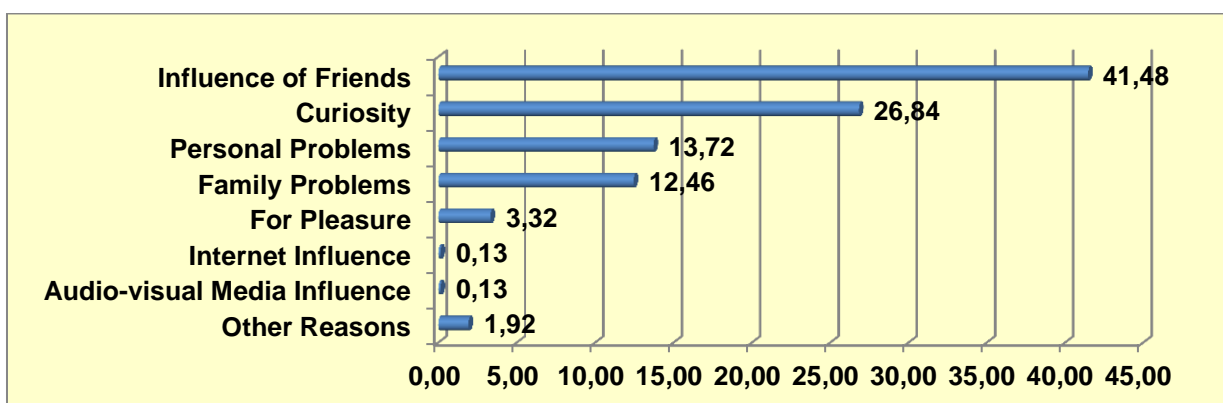
Graph 9-38: Ways of Obtaining Drugs (%)



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

A review of the ways chosen by drug users for obtaining the drugs reveals that a great majority (80,13%) of the users fetch drugs from street dealers or foreigners. Friends constitute the category of ways of obtaining drugs, ranking the second on the list (14.42%) (Graph 9-38). However, indication of street dealers / foreigners by most survey respondents as their main way of obtaining drugs might be a protective attitude as an outcome of the fear in these respondents of losing their sources or friends.

Graph 9-39: Reason for Starting of Drugs (%)



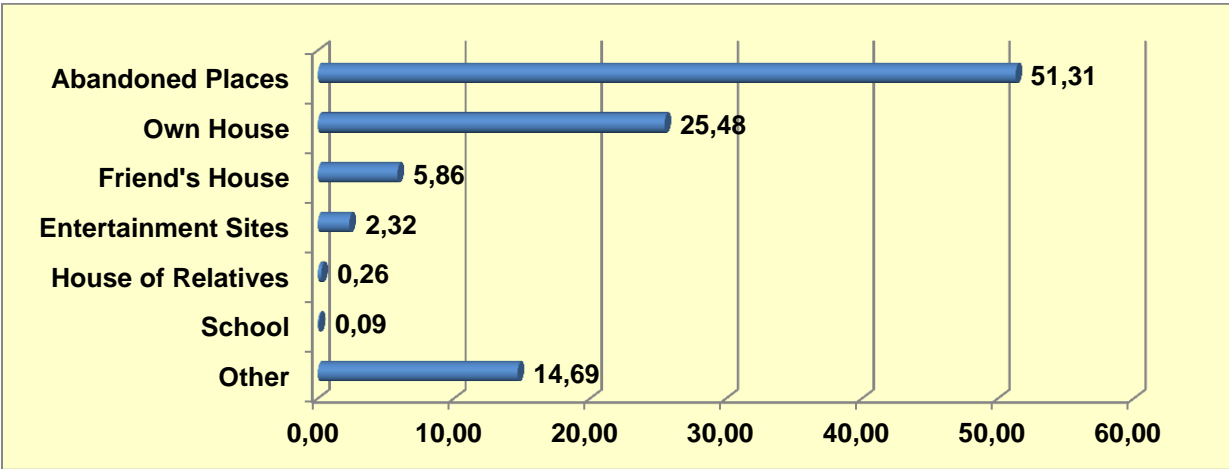
Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

Based on data supplied on Form U, influence of friends (41.48%) and curiosity (26.84%) fill in the top two rows, among the reasons of drug users for starting the use of drugs, respectively (Graph 9-39). With a retrospective look, the first position in the ranking of reasons for starting

the use of drugs is taken by curiosity, but, this seems to have replaced with influence of friends when reference is made to the data obtained in 2012.

At this end, utmost care should be exercised on the target group to avoid invocation of curiosity among them for drugs, when performing activities aimed at preventing the use of drugs. Apart from this, it is considered essential for families to pay special attention to whom their children befriend with, try to become familiar with them and prevent problems that may arise with influence of friends from occurring, at an early stage.

Graph 9-40: Drug Usage Location (%)

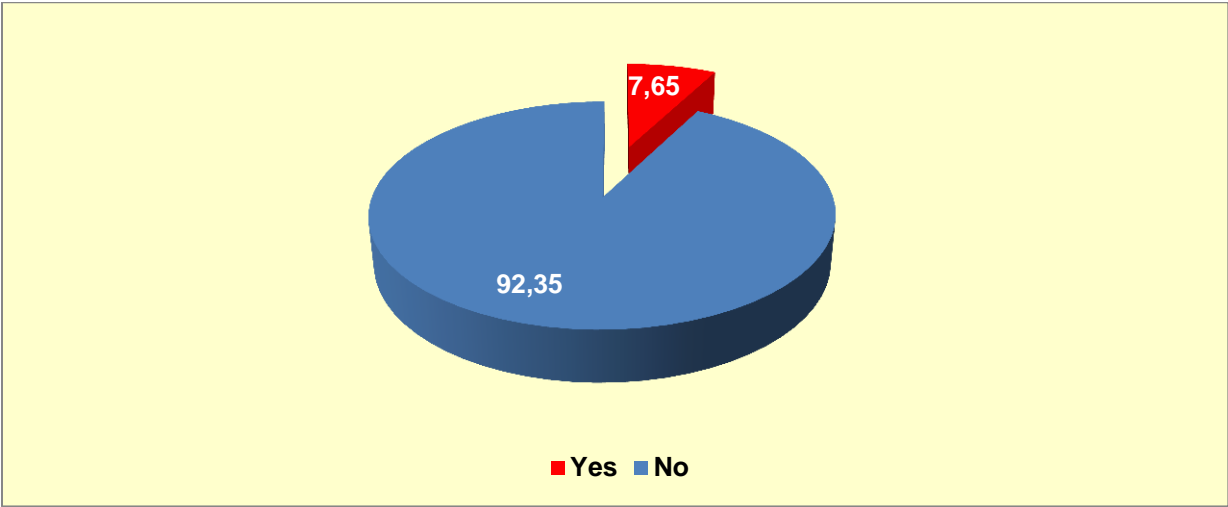


Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

A review of the locations where drugs are preferably used by drug users reveal that abandoned places ranks the top, with 51.31% of the users preferring out-of-sight, abandoned locations (Graph 9-40). The onus here is appraised to rest with the law enforcement forces to prevent use of drugs in abandoned locations, by increasing the frequency and number of controls they are accustomed to exercise in these places, along with municipal staff performing the necessary set of retrofitting and renovations.

The locations where drug users prefer to consume drugs include their own homes/personal quarters, ranking at the second place on the list (25.48%) (Graph 9-40). This is particularly why, it is considered a must for parents to exercise extreme care and whenever they happen to find a trace or other evidence of drug use, refrain from blaming their kids directly, but call a qualified expert for informed guidance and help.

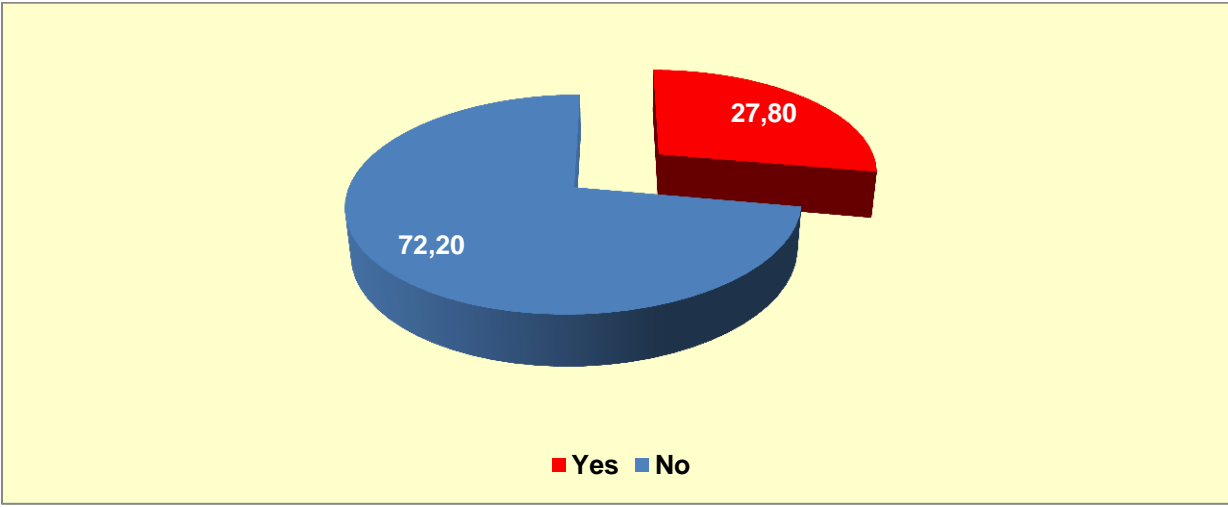
Graph 9-41: Participation Status in Awareness-Raising Activities (%)



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

According to the data obtained from Form U, a 92.35% of the drug users have not attended any informative organisations or awareness-raising activities (e.g. seminars, conferences, theatrical plays etc.) before they started using drugs (Graph 9-41). Therefore, it seems essential that scope and coverage of prevention efforts be extended and groups exposed to immediate risk, in particular, should be informed in a timely and proper manner by experts who have specialised knowledge on this matter.

Graph 9-42: Informed Status on Potential Harmful Effects of Drugs (%)

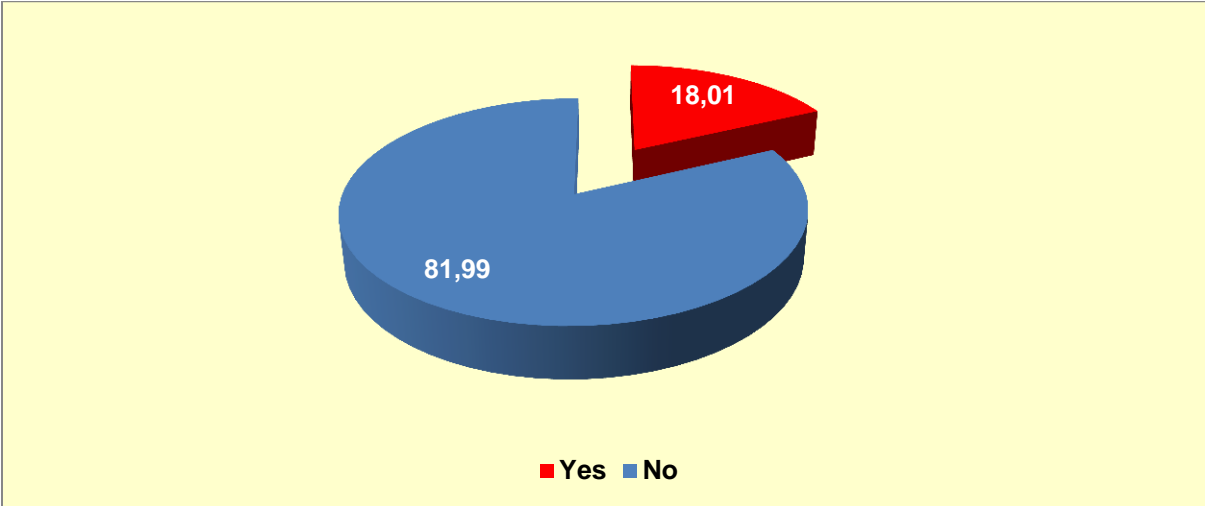


Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

Those drug users who have participated in the survey have expressed that they had little or no knowledge about the potential harmful effects of drugs before starting to use them by 72.20%, while a 27.80% affirmed adequate level of knowledge on the matter, when about to start using drugs (Graph 9-42).

On the other hand, a 94.49% of individuals who have started to use drugs without knowledge on their potential harmful effects have said, “I would’ve never started using drugs had i known about their harmful effects”, in their responses to the survey. For this reason, the preventive efforts to be pursued by experts are considered as an effective way in the struggle against use of drugs, along with effective and efficient societal awareness-raising campaigns on the potential harmful effects of drugs.

Graph 9-43: Prior Treatment Status (%)



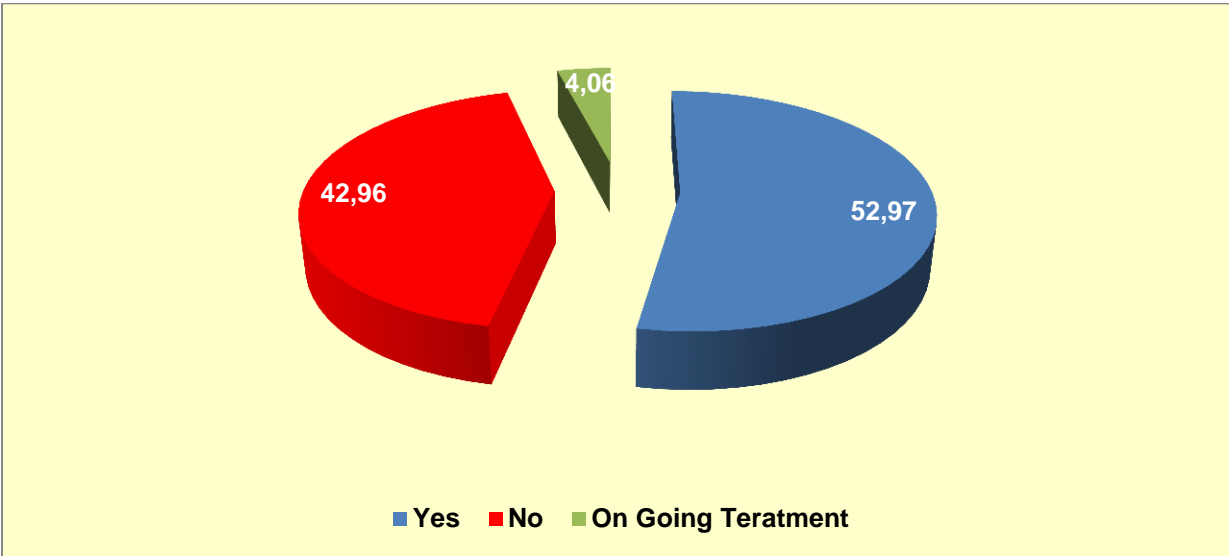
Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

According to the data obtained from Form U, a vast majority (81.99%) of the drug users are comprised of people who have never undergone any treatment for their drug addictions (Graph 9-43).

A review of the prior treatment statuses of drug users by types of drugs reveals that 85.94% of the cannabis users have not received any kind of treatment before. The same situation is also true for heroin users, where population that have not received any addiction treatment before retains a relatively higher level and the roughly one half (46.10%) of the users have undergone

prior treatments. The data obtained is particularly supported by the fact that a 25.40% of the cannabis-using inpatients and 52.33% of heroin-using inpatients of Turkish treatment centres in 2012 have received prior treatment for their addictions (EMCCDA Standard Table No.34, 2013).

Graph 9-44: Treatment Request (%)

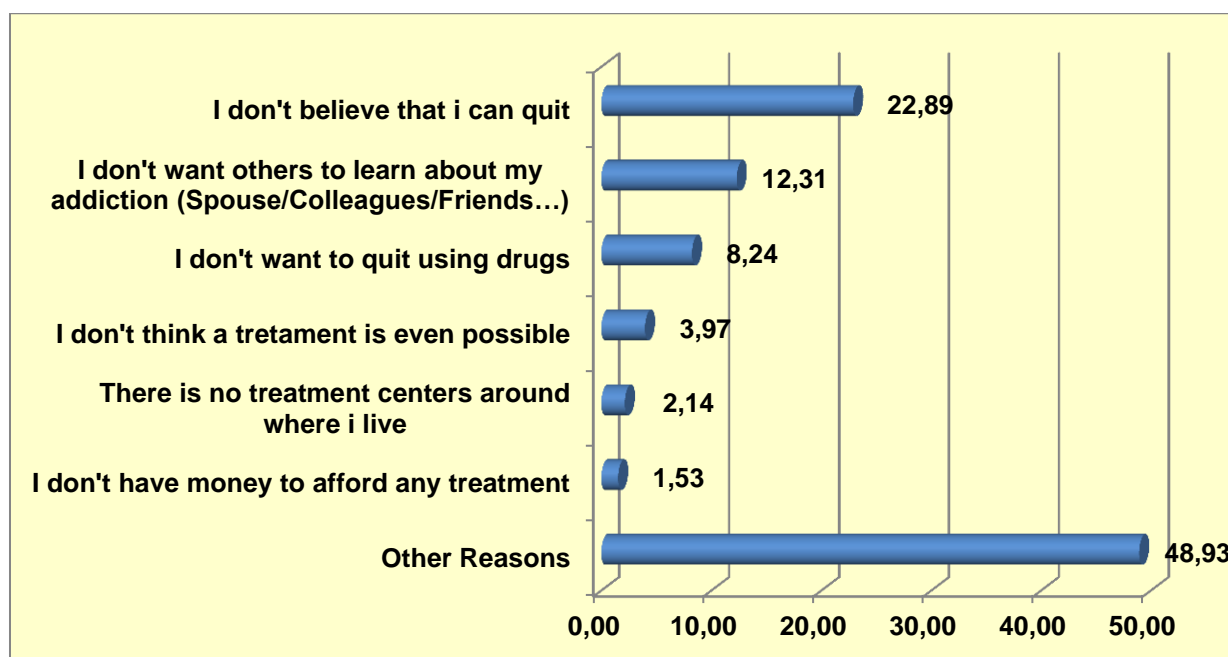


Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

The survey puts forth clearly that 52.97% of the drug users want to receive treatment, while a 4.06% has on-going therapies (Graph 9-44).

A review of the drug users for their responses about requests for treatment by most frequently used drugs reveals that cannabis users are less willing to take medical treatment than other drug user groups, with a 45.76% clearly not wanting to receive treatment. On the other hand, the tendency to take treatment sessions among heroin users is higher, with reference to 70.26% willing to take therapeutic sessions. The reason that underlies the unwillingness among heroin users to receive treatment can be attributed to a false belief among drug users that cannabis is harmless or less harmful than any other drugs. Despite the fact that cannabis is the most captured drug in Turkey, when reference is made to substances for the addiction of which drug users are being treated at Community Drug Addiction Rehabilitation Centres (AMATEMs), heroin takes the first place in the ranking, which is an indication of this fact (EMCCDA Standard Table No. 34, 2013).

Graph 9-45: Reason of Refusing Treatment (%)



Source: Turkish Monitoring Centre for Drugs and Drug Addiction, 2013.

Based on data obtained from Form U, the disbelief among users concerning their quitting use of drugs and their fear to become publicly known for their addictions following an application for treatment fill in the top two rows, among the reasons why drug users refuse to receive treatment (Graph 9-45).

In order to encourage and ensure application by drug users for addiction treatment,

- The Addicts should be convinced that drug addiction can be cured by scientific methods, adding, however, that treatments should be wielded by qualified experts and at special-purpose treatment wards/centres.
- Measures should be taken to ensure the delivery of treatment to drug users, keeping their identities strictly confidential from others in the society.
- The detrimental effects of drugs on human health should be described by experts on the matter and employing appropriate techniques.
- The number of treatment centres should be increased and their service output qualities further enhanced.
- Improvements have to be brought into practice for covering all needs (transportation, accommodation, medication, analyses etc.) of addicts by social security plans, in the

process of their reintegration with the society both during the treatment and post-treatment phases.

9.3.3. Narco-Terrorism: Role of PKK/KCK Terrorist Organization in Hemp Cultivation

Dr. Behsat EKİCİ²⁸

9.3.3.1. A Summary of the Narco-Terrorism Incidents in Turkey

The terrorist organizations active in Turkey have been obtaining finances from international narcotic trade for over 30 years. PKK/KCK terrorist organization specially is at every stage of drug trafficking, providing significant financing to the organization. PKK militants initially started to take commission from the traffickers at the border for financing from drug trafficking and later played an active role in every stage of this profitable trade (Ekici, Williams and Akbulut, 2012). The organization plays an active role in hemp plantation, heroin production, trafficking of all types of narcotics and street distribution.

Between the years of 1984-2013, it has been detected that the terrorist organizations have been involved in narcotics in 377 operations conducted by the security forces. A total of 1,232 individuals have been caught in these events. Large quantity of drugs has been seized in 60 safe houses and shelters belonging to PKK, by different security forces. As a result of the operations conducted against PKK until today, 4,584 kg of heroin, 36,550 kg of cannabis, 17,985,469 cannabis pants, 4,305 kg of morphine base, 22 kg of opium gum, 710 kg of cocaine, 344,135 synthetic drugs, 27,630 liters of acetic anhydride seized and 4 illicit laboratories were taken over.

The evidences of PKK/KCK terrorist organization's role in drug trafficking are as follows. i) the organization's role in drug trafficking has been exposed by many (375) operations. ii) the role of the organization in drug trafficking has been stated by approximately 1000 statements given by the caught/surrendered militants and drug traffickers. Individuals at the high level leader positions of PKK have stated that the organization is involved in drug trafficking after they were caught or after they surrendered. iii) Drugs have been seized from approximately 60 safe houses or shelters belonging to the PKK terrorist organization. iv) It was stated by UNDOC, Interpol, Europol and many more international institutions that PKK gains significant financing from drug trafficking. v) US Ministry of Treasury has put 13 PKK directors, 3 companies connected to PKK and the organization itself in the Kingpin list. vi) Many scientific articles and research reports published worldwide, clearly states the PKK/KCK terrorist organization's role in drug trafficking.

²⁸ Erzurum Provincial Police Department

9.3.3.2. PKK/KCK Terrorist Organization's Role in Hemp Cultivation

In the recent years, hemp production and use have been rapidly increasing in Turkey. This increase has been reflected on the seizures by the law enforcement and a record amount of cannabis has been seized by the year 2012. All of the cannabis seized in Turkey, targets the internal market, our country's people. Cannabis cultivation is concentrated in and around Diyarbakır city. Especially in Lice town's rural areas, cannabis plantation is carried out densely. 36 ton 550 kg cannabis and 17,956,469 cannabis plants have been seized from the PKK/KCK terrorist organization members since 1984.

The investigations, intelligence works and the statements of caught individuals show that the PKK terrorist organization plays an active role in the hemp plantation and cannabis production in the area. Many individuals caught during the cannabis plant and cannabis operations have stated that PKK encourages hemp cultivation in the area, directs for plantation of cannabis in all agricultural lands including the state lands in the rural areas, takes commission from the planters at the end of harvest and directs on the marketing of cannabis plant. These issues have been confirmed by the experts who attended the "Seminar on Countering Hemp Cultivation" organized by TNP KOM and UTSAM (International Terrorism and Transnational Crime Research Center) between the dates of 2-3 April 2013, and who personally directed the investigations. The experts emphasized that the hemp fields are protected by PKK militants especially in Diyarbakır's rural areas and that harassing fires are directed at the destruction squads.

Very important operations clearly showing the role of PKK/KCK terrorist organization in hemp cultivation and cannabis trafficking have been carried out in the recent years. The below operations can be shown as examples of the operations conducted by Security, Gendarme and MIT in coordination:

- In an operation carried out in Diyarbakır in August 2010, a trailer truck has been seized with 65 kg cannabis herb inside along with 65 kg of explosives hidden inside the LPG tank. 3 individuals caught were arrested and sent to the court for the crime of "Possession of Explosives belonging to a Terrorist organization".
- 24 kg 750 grams of cannabis was seized along with the high level PKK member caught and arrested in an operation conducted in Diyarbakır city on 21 December 2010. It was understood from the investigations carried out, that the PKK member was an expert on planning of bombings in Metropols and Large Cities, preparation of bomb set-ups and

dispatches, and has carried out the coordination of many sensational acts for PKK/KCK.

- Kayseri Provincial Security Directorate KOM Department has seized 433 kilos 060 grams of cannabis resin hidden under the house furniture inside a truck as a result of the works based on risk analysis on the date of 15.11.2011. 4 individuals were caught regarding the operation. Organizational documents belonging to the terrorist organization were seized amongst the personal items of the caught individuals and a second law suit was filed against them for being a follower of PKK/KCK.
- In the operation jointly conducted by the Security and Gendarme units on 18.07.2012, 2,958,353 root hemp plants, 1 ton 327 kilos 900 grams of cannabis and 32 individuals were caught in 12 villages of Lice, Hazro and Kocaköy towns of Diyarbakır vicinity. It was detected that 7 key individuals from these were carrying out activities under PKK.
- In a joint operation carried out on 12.12.2012, a total of 21 tons of cannabis, of which 16 tons is herb and 5 tons is resin, was seized during searches in 4 different villages under Lice town of Diyarbakır vicinity. A big shelter, a shelter used as a drug production facility and various materials used in drug production, 9 shelter style storages, 25 kilos of ammonium nitrate, 41 kalashnikov cartridges, one 7.65 diameter Vizer gun, 40 shotguns, one precision balance, One thousand 830 liras or money, 2 outfits worn by terrorists and 2 keffiyehs were seized. 3 individuals were caught at the first stage of the operation.
- In a joint operation conducted on 23.05.2013, 3 tons 200 kilograms of cannabis, 600,500 root cannabis plant, 1 kalashnikov rifle, 3 kalashnikov clips, 2 unregistered guns and 1 laptop were seized in villages under Lice and Kocaköy towns of Diyarbakır vicinity. PKK/KCK militants and followers carried out attacks against armed forces with stones and sticks during the operation.
- As a result of the joint operation organized in villages under Lice town of Diyarbakır vicinity on 20.06.2013, a total of 3,441,225 hemp plants were seized in 63 different points.
- As a result of the joint operation organized in villages under Lice town of Diyarbakır vicinity on 26.06.2013, a total of 2,010,000 hemp plants were seized in 7 different points.

The cannabis operations conducted between the years of 2010 and 2013 are evaluated as the most solid operations against PKK/KCK terrorist organization's financing. The conducted investigations clearly showed that PKK not only gains financing from drugs but also aims to collapse the Turkish society with common cannabis consumption.

9.3.4. Money Laundering²⁹

Nowadays, a significant portion of the large proceeds of crime obtained by means of organized crimes activities, such as drug trafficking, are being channelled to ensure the continuation of organized crime activities. Moreover, such revenues can be used to finance terror activities.

The proceeds of crime obtained through crime, and/or laundered and injected into the financial system, engender negative effects at many levels on the economic, financial and legal system of the country. Such proceeds of crime also damage the general social and moral fabric of society.

In the fight against organized crime, it is accepted that directly targeting proceeds of crime, in other words the tracking, identification and seizing of proceeds of crime, is a more effective approach than arresting and sentencing individuals who directly commit crimes such as drug trafficking. In this context, preventive and suppressive measures against the laundering of proceeds of crime, as well as measures for their identification and confiscation, figures prominently on the agenda of policy makers in many countries.

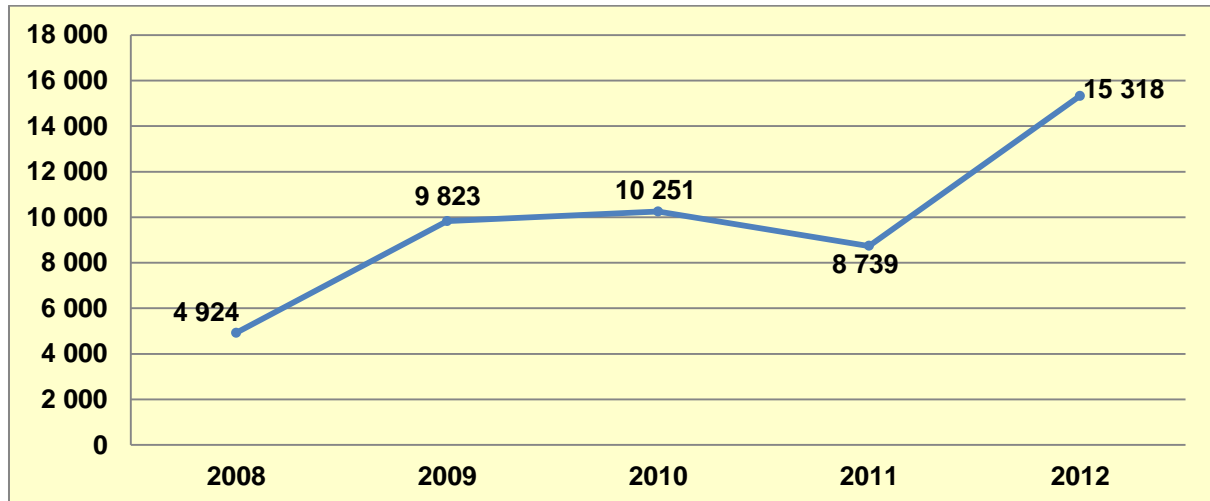
Turkey has adopted a strategy against the crime of laundering that is in accord with international standards. Within the scope of this strategy, suppressive and preventative legal regulations have been put into effect, and progress has been made in practice especially with regards to preventative measures.

Preventive measures in particular have been put into effect for financial institutions by means of the obligations listed in the 2nd article of Law number 5549 and the relevant statutes of the same law (measures including the identification of customers, suspicious transaction notifications (STN), and continuous data provision). These measures serve to prevent the introduction of proceeds of crime into the legal financial system, and ensure the tracking, identification and confiscation of such proceeds that have entered the system. In the transactions performed either directly or as intermediaries by obligants, a suspicious transaction notification must be submitted to the Financial Crimes Investigation Board (MASAK) in the event that there is suspicion that the property subject to the transaction was obtained by illicit means or that the property is being used for illicit ends. This notification serves as a source of financial intelligence for revealing laundering activities and other crimes. These notifications serve as an indicator of the liable groups' awareness of laundering crime.

²⁹ This part is written by MASAK (Financial Crimes Investigation Board).

As a consequence of the regulations that were issued and the training and inspection activities that were carried out by MASAK, the number of STN that was performed is increasing, as shown in Graph 9-46.

Graph 9-46: The Number of Suspicious Transaction Notifications According to Years



Source: MASAK Activity Report 2012, www.masak.gov.tr.

Activities concerning the laundering of proceeds of crime were first codified with the Law Regarding Prevention of Money Laundering number 4208 which came into force on 19.11.1996. The relevant provisions of the law in question were later repealed for being set in the 282nd Article of the Turkish Penal Code number 5237 which came into effect on 01.06.2005 under the topic of "Laundering assets originating from criminal activities", and the money laundering crime was placed in our general penal law. According to this, the first subsection of the 282nd article of TCK was stated as; "with regards to assets originating from a crime that necessitates a prison sentence of six months or more, individuals who transfer these assets overseas, or who perform various acts either to conceal the illicit sources of these assets or to create the impression that they were obtained by legal means, will be sentenced three to seven years of imprisonment and will be imposed a judicial fine up to twenty thousand days". The following subsections of the same article lists the conditions that aggravate the applicable sentence. This regulation has an important part in countering crimes, especially drug trafficking which source criminal income.

Another important regulation in criminal income laundering is the regulation brought with article 17 of the Law on Prevention of Laundering Criminal Income number 5549. According to this; in

cases where there is strong suspicion about the act of laundering and terrorism financing crime, the assets of the related persons will be able to be seized according to article 128 of Code of Criminal Procedure number 5271.

As a result of the analysis, evaluation and investigation works carried out by MASAK between the years of 2008-2012 on the detection of criminal income laundering, a criminal complaint was made to the prosecution office about 211 individuals who were found to have committed the laundering crime due to narcotics trafficking (MASAK Activity Report, 2012).

Confiscation of income obtained by criminal activities regardless of laundering, is an important prevention in countering crime. It was codified that all types of economic gains which are obtained by a general crime, which form the subject of the crime or which are obtained by the monetary benefits provided for the carrying out of a crime and their use, will be confiscated in the "income confiscation" regulated in article 55 of Turkish Penal Code number 5237. An effective tracking, detection and confiscation of criminal income will remove the purpose of crime being committed for revenue, thus the success to be gained in confiscation applications will directly create the decrease in primary crimes.

9.4. Other Drug Related Crimes

No new data.

9.5. Prevention of Drug Related Crimes

No new data.

9.6. Interventions in the Criminal Justice System³⁰

9.6.1. Alternatives to Penitentiaries

As a necessity of the followed crime politics, use of drugs and stimulants are not defined as crimes while the purchase, acceptance or possession of drugs and stimulants with intent to use is defined as a crime in Turkish Penal Law number 5237. The individual who uses drugs or stimulants is actually a person in need of treatment. Thus, a regulation which foresees, firstly the treatment of the individual and probation to provide protection from repeated use of drugs and stimulants is made on article 191 of Turkish Penal Law number 5237.

³⁰ This part is written by Ministry of Justice General Directorate of Prisons and Detention Houses.

If the individual does not accept treatment or does not behave according to the necessities of the probation, the individual shall be judged for penalty for purchase, acceptance or possession of drugs or stimulants with intent to use. In other words, in this case the court will decide on the treatment along with the probation or solely the probation about the individual who purchased, accepted or possessed drugs or stimulants with intent the use without judging on penalty.

The duration of the treatment needed by the person using drugs or stimulants is not determined by law. Because of the treatment is a simple medical case. The individual using drugs or stimulants is obliged to behave according to the needs of the treatment applied regarding the removal of the effects of this drug or stimulant. The individual is also subject to probation during the treatment.

If the treatment results positively and the treatment is ended because there is no longer need for it, the probation is continued to be applied. The probation is continued for a minimum of one year from the date of the end of the treatment. However, the court can decide to extend this period for a maximum of three years in total.

If the individual behaves according to the needs of the probation applied, at the end of this period, the court decides on the dismissal of the public case against the individual.

The guidance service and probation for the drug addict individual with the provision "To carry out the duties regarding guidance according to the third subsection of article 191 of the Turkish Penal Law number 5237" stated in the paragraph (d) of the first subsection of article "4 of Probation Law, are listed under the duties of the departments.

No duties were given to the probation departments regarding the treatment of drug users. The treatment of addicts is a medical subject and is carried out by the Ministry of Health.

The Ministry of Health Treatment Services General Directorate has the Memorandum dated December 22, 2009 and numbered 2009/82 about this subject. The treatment operations of the addicts shall be done according to the Memorandum. The duration and method of the treatment needed by the person using drugs is not determined by Law. The treatment and the psycho-social support and guidance services to be given regarding the addict shall be carried out according to Memorandum number 2009/82 by the Ministry of Health officials.

The main duty of the probation departments is to provide the addicts who completed their treatments to stay away from addiction for at least one year due to the law after treatment and to support the addicts by carrying out works to reintroduce them to the society. The guidance and healing works to be carried out for the addicts by probation departments are carried out according to articles 37 and 72 of Probation Services Bylaw dated 05.03.2013. According to this, the guidance and healing works carried out by probation departments are all types of activities which will keep the addicts away from drugs and reintroduce them to the society such as evaluation, individual meetings, group works, free time constitution, social and cultural activities, family and school visits, seminars and conferences.

Evaluation: After the treatment, the individuals who are sent to the probation department are evaluated by probation experts on what kind of a guidance program they should be taken in and what kind of support the individual needs. This evaluation is completed in the first or the second interview by a one on one interview carried out by the expert assigned for the individual. The guidance programs to be taken by the individual and the necessary support points are determined as a result of the evaluation and the individual is invited to the programs prepared about the individual in the framework of a plan.

Individual meeting: The works with addicts begin with individual meetings in probation. The first two sessions of individual meetings targets the evaluation of the individual and the determination of the individual's needs. If it is decided according to the evaluation, to continue the individual meetings with the person, an expert continues guidance works with this person throughout the meeting. The individual meeting consists of twelve sessions and each session consists of configured contents. The individual meeting sessions are revised according to the needs. There is cooperation with universities about this topic and the academicians are benefited from in forming of the individual meeting contents.

Configured group works: If it is evaluated that the individual is appropriate for group works as a result of the individual meetings with the addict individual after the treatment, the guidance and healing works continue with group works. Groups mean that the addicts in similar situations being taken into the guidance program together. Group works provide more contribution in the rehabilitation of addicts, and the individuals who no longer want to be addicted can motivate each other positively inside the group dynamic. Group works can be carried out inside or outside the institution by probation experts.

SAMBA (Cigarettes, Alcohol and Substance Addiction Program) which is one of the group work programs developed with the support of academicians in probation, is used commonly

and programs such as anger management, overcoming stress, general criminal behaviour are applied as an addition to this program. Positive feedback is taken from the attendees of the program and there are some who give up substance abuse this way.

Family meetings and school visits: Strengthening the family relations of the drug addict youth and their attendance to school has a significant importance in breaking the addiction. Thus, the families need to be incorporated inside the treatment and guidance process.

Probation personnel carry out cooperation with families to break the addiction of the individual by having family visits in the context of the guidance works. In this context, the families are informed about substance addiction and the family is supported about their approach to their addicted children. Cooperation is necessary with the guidance services of schools so that the addicts are not taken from the school medium and do not stay away from education. If the probation experts see necessary while working with the addicts, they contact the guidance service of the schools.

Free time constitution: It is very important to fill the free times of the drug addicts which completed the individual meeting and group works in probation departments and which do not have a job or work, are filled and these people are directed to educational, social, cultural, artistic or sports activities so that they stay away from drug use. Constitution of the free time of addicts with educational, social, cultural, artistic or sports activities changes the way these individuals' perspective to drug use and keeps them away from drugs. The services of other institutions are benefited from in order for the addicts to join the activities appropriate to their interests. During the process of constitution of free time, the related institutions or non-governmental organizations not excluding and not discriminating against addicts is very effective in reintroduction of these individuals into society. In this context, the facilities of Youth and Sports, Family and Social Policies, National Education and İşkur City Departments, municipalities, Yeşilay and related non-governmental organizations are benefited from for the addicts too.

Vocational courses and providing employment: The addicts slowly drift away from the society and social areas and can lose their jobs in the following stages of addiction. The direction of addicts who are unemployed or who lost their jobs towards vocational courses and providing them employment is important in regards of them staying away from addiction and not repeating the drug use. Thus, there are works for providing a vocation or job to the individuals who complete their guidance programs in context of probation to continue an orderly lifestyle and stay away from drug use. For this reason, vocational courses are

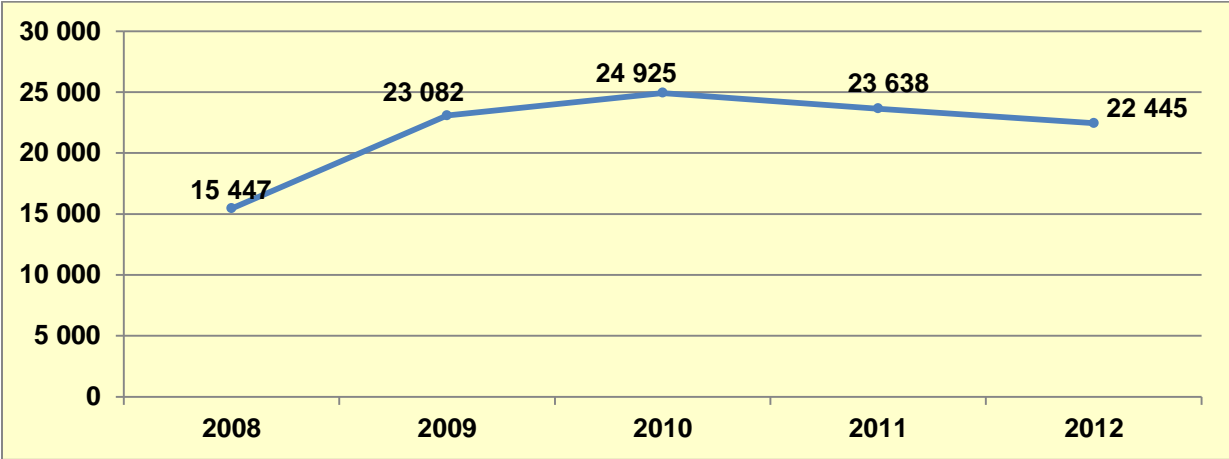
organized for addicts and certificates are given to the successful ones. The ones who have an occupation but not a job are supported to start their own business or find a job.

It is aimed to minimize the damage of the drug use to the individuals, their social circle and the society by providing the rehabilitation of the addicts with the activities carried out for the individuals who use drugs or stimulants. Thus, it is aimed for the crimes related to drug use to be decreased.

9.6.2. Other Interventions in the Criminal Justice System

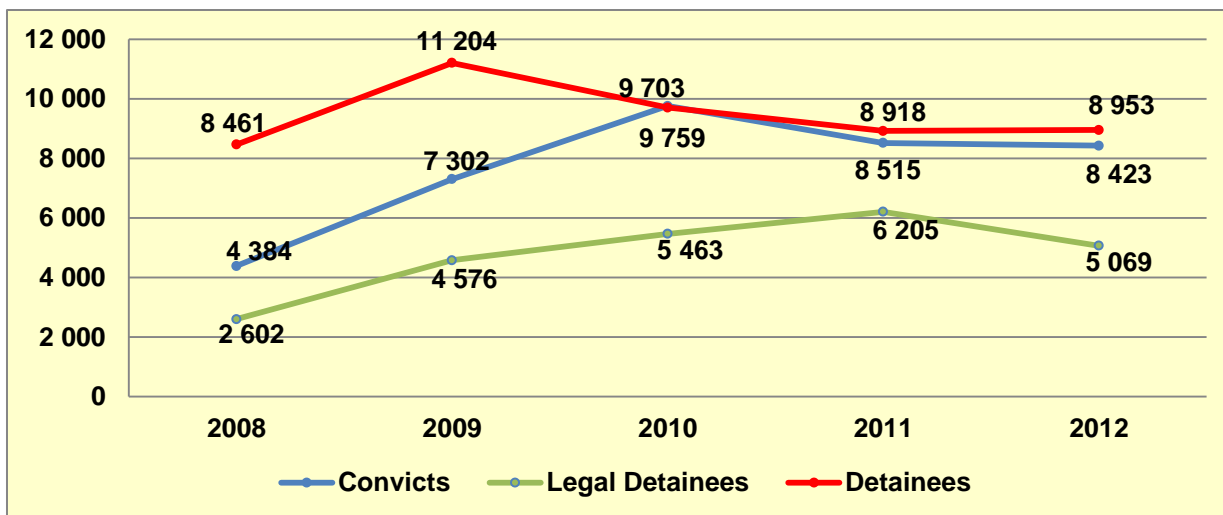
Ministry of Justice CTEGM 2012 data highlights the significance of drug and drug-related crimes in Turkey. As of December 2012, there are 22,445 inmates/detainees in penal institutions for crimes related to drugs. Although there has been a decrease in drug related crimes compared to the previous years, it can be seen that there is still a considerable number of inmates in penal institutions.

Graph 9-47: The Number of Individuals in Penal Institutions for Drug-Related Crimes According to Year



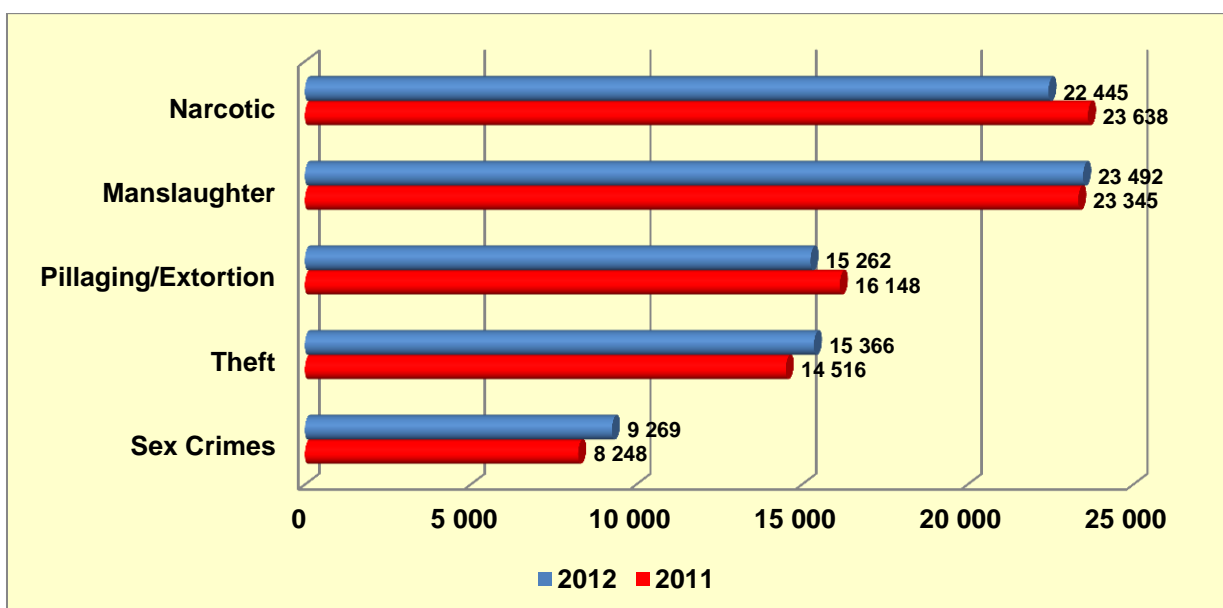
Source: Ministry of Justice General Directorate of Prisons and Detention Houses, 2013.

Graph 9-48: The Breakdown of the Number of Detainees, Legal Detainees and Convicts in Penal Institutions for Drug Related Crimes According to Years



Source: Ministry of Justice General Directorate of Prisons and Detention Houses, 2013.

Graph 9-49: Comparison Between the Years of 2011 and 2013 According to Crime Groups



Source: Ministry of Justice General Directorate of Prisons and Detention Houses, 2013.

According to the 2012 data of the Ministry of Justice General Directorate of Prisons and Detention Houses, there are 22,445 people in penal institutions for crimes related to drugs. In the same period, the total number of people in penal institutions is 136,020. In this context, the inmates who are involved in drug related crimes consist 16.5% of the total number.

The Ministry of Justice is a ministry which has duties and responsibilities in the area of drug addiction and fight against drugs. The General Directorates and units which specially carries out prevention and rehabilitation works related to drug addiction under the Ministry of Justice can be listed as below;

- The General Directorate of Prison and Detention Houses and the Penal Institutions Under the General Directorate
- The General Directorate of Prison and Detention Houses Probation Department and Affiliated Branch Offices

Nowadays, drug addiction is considered to be a disease and its treatment continues parallel to the legal processes. Drug users are directed to treatment services through probation while in penal institutions there are individuals convicted and detained for drug trafficking and related crimes.

Changes in the law on criminal enforcement, the establishment of a probation system and the developments in treatment services are significant factors in the prevention of drug addiction. Parallel to these developments that took place in recent years, projects initiated and conducted in the context of the European Union accession process have significantly accelerated the activities in these areas.

In penal institutions, the Alcohol and Substance Addiction Program is the leading psycho-social support service provided for convicts/detainees who are alcohol and substance addicts.

The Alcohol and Substance Addiction Program carried out in penal institutions is a 4-week program that consists of 16 sessions which are approximately 1.5 hours each. This program is based on a model that aims to Minimize the Harms through Cognitive-Behavioural Therapy. The purpose of the program is to raise awareness among substance users with regards to receiving treatment. The program also includes activities for convicts who used drugs or were involved in drug-related crimes, with an emphasis on activities regarding the harms of drug use and the skills for minimizing these harms.

Application training was given to psychologists and social workers in Ankara Personnel Training Center in the years of 2012 and 2013. Furthermore, the works for extension of Cigarette, Alcohol and Substance Addiction Treatment Program (SAMBA) within the penal institutions are continuing and it is aimed to begin giving the trainings within the year 2013.

There have been significant improvements in qualified personnel employment who will support the healing activities, and there has been an increase in the number of psychologists and social workers. Also, psychologists, social workers and sociologists are receiving training related to both these programs and other healing activities and the reports prepared after these trainings are instructive in the developments regarding the carrying out of the works.

Seminars on alcohol and drug use are also being organized in penal institutions in cooperation with the Provincial Security Directorates and Provincial Health Directorates, and the necessary support and permissions are also being granted to scientific studies to be conducted in penal institutions.

9.7. Drugs and Problematic Drug Use in Penitentiaries³¹

Problematic drug use is defined as "the use of drugs by injection method or long term or regular use of heroin, cocaine and/or amphetamine/methamphetamine". Substitution treatment provides an advantage for identifying the number of heroin and other intravenous drug users, because the heroin users are obliged to be involved in the health system in order to receive and continue treatment.

The health services provided in penal institutions are carried out by the Ministry of Health and the treatment services and judicial services are parallel to one another. Thus, penal institutions are also affected by the developments and changes that take place in health services and thus, more comprehensive data and epidemiological studies regarding the health services for inmates are necessary.

9.8. Solutions for Drug Related Health Problems in Penitentiaries³²

The organization of health services in our country has entered a new period with the "Law on Pilot Implementation of Family Practice" number 5258 which came into force on November 24, 2004. According to this law, community clinics will be removed and primary treatment services will be provided by "family physicians".

Due to the protocol signed between the Ministry of Health and the Ministry of Justice in 2009, the penal institutions are defined as locations which the family physicians must provide mobile services. According to this, the inmates and detainees receive the primary treatment services

³¹ This part is written by Ministry of Justice General Directorate of Prisons and Detention Houses.

³² This part is written by Ministry of Justice General Directorate of Prisons and Detention Houses.

from the family physicians which provide service to the penal institution they are located. Furthermore, if the penal institution is in the form of a campus, they can also receive healthcare services from the community polyclinics in the area. The unit to be applied to in health cases besides the treatment works in the penal institutions is the community health center in that town (Healthcare Services in Penal Institutions Guide, 2012).

The primary healthcare services in penal institutions are carried out by the family physicians and for the health problems which require further examination and treatment, dispatches to the related healthcare institutions are being made. In this context, the treatment services of the drug users are usually carried out by dispatching to healthcare institutions. Furthermore, the Extended Immunization Program Memorandum number 18607-2006/120 dated 30.11.2006 encompasses the application of routine Hepatitis (B) vaccination by the Ministry of Health for the prevention of infectious diseases in penal institutions. Within the context of the program's strategies for controlling Hepatitis (B), vaccines are provided by the Provincial Health Directorates and all inmates, detainees and institution personnel routinely benefit from the vaccination applications.

Since infectious diseases as well as other diseases are problems related to the whole of the society, the Ministry of Health, which is in charge of the healthcare services in the country, issues memorandums concerning disease control, and carries out control programs. Thus, the activities regarding the control of infectious diseases are conducted parallel to the policies and practices of the Ministry of Health (Healthcare Services in Penal Institutions Guide, 2012).

9.9. The Social Reintroduction of the Drug Users Following the Discharge from Penitentiaries³³

The article 105/A was added to the Law on Execution of Penal and Security Measures number 5275 with the Law number 6291 which came into force on the date of April 11, 2012. According to this article; in case of the request of the inmates which continue the last six months of their penalty in an open penal institution, and who has one year or less left until their release on probation, the execution of the part of their penalty until the date of release on probation can be decided by the judge of execution by the application of the probation measure.

³³ This part is written by Ministry of Justice General Directorate of Prisons and Detention Houses.

The execution of the penalty by the application of probation, is an alternative execution method which foresees the inmates to be discharged from the penal institution for a maximum of one year in advance in order to ease the inmates' orientation to society, decrease their risk of repeating to commit a crime, to provide their connection with their families to be continued and strengthened.

The inmate whose penalty was decided to be executed by probation must apply to the probation directorate stated in the inmate's application within three days after the discharge from the penal institution.

The risks and needs of the inmate, who applied to the probation directorate in time, are detected. If the inmate's addiction to drugs or stimulants is detected according to the risk and need evaluation of the inmate, breaking the substance addiction of the inmate with group works such as SAMBA (Cigarette, Alcohol and Substance Addiction Program) and protection of the inmate from the negative effects of the substance are supported.

All types of activities which will keep the addicts away from drugs and reintroduce them to the society under the scope of guidance and healing works such as individual meeting, group works, free time constitution, social and cultural activities, family and school visits, seminars and conferences are also carried out for the inmates whose penalty is decided to be executed by the application of probation and who are detected to be addicted to drugs or stimulants.

Treatment and social reintroduction of the drug addicts can be possible with the related institutions working in cooperation and with full coordination. The addicts being treated according to the procedure, giving support following the treatment and monitoring for a long period of time, are important in breaking these individuals' addiction and their reintroduction to society.

SECTION 10

THE SUPPLY DIMENSION OF DRUGS (DRUG MARKETS)

Dr. Behsat EKİCİ³⁴

10.1. Introduction

Because of its geo-strategic position Turkey is heavily influenced by international drug trafficking. The supply of drugs in Turkey is influenced significantly by the production and consumption trends observed in Europe, Southeast Asia and the Middle East. However, in recent years, Turkey has become increasingly a final market. Significant increases in seizures by law enforcement units have been observed especially in parallel with the increase in the use of marijuana and synthetic stimulants. Prices and availability of drugs in Turkey are taking shape in line with the work of the national law enforcement agencies as well as national/international supply-demand balance. As a reaction to the effective control of the traditional drugs, organized crime groups try trafficking such new psychotropic substances as synthetic cannabinoid and khat.

The determination of law enforcement units in Turkey continues to increase in the field of combating smuggling of drugs. In recent years, a significant increase has been observed in the number of drug operations and the number of arrested persons. 83,133 operations were carried out throughout the country in 2012 and 130,049 persons were arrested for drug-related crimes. Compared with the year 2011 the number of operations in the entire country increased 23.90% and the number of individuals captured increased 23.08%. Apart from seizures, major drug trafficking networks in Turkey have been caused to collapse in 2012. 856 organizations engaged in drug distribution in the country were also caused to collapse in addition to thousands of international drug transit networks, the activities of which were terminated.

This section discusses current developments in the supply of drugs in Turkey. The data used have been collected from the Directorate General of Security, General Command of Gendarmerie, Directorate General of Customs Enforcement and the Coast Guard Command. Each of the four institutions use special computer programs keeping information on the drug incident, the suspect and the evidence and detailed statistics. These programs are installed on the computers of all provincial offices of these organizations. When drugs are seized by a provincial or border unit, they are entered into the system and drug seizures by the organization are updated automatically. Before writing this section, information on production, trafficking, seizures, prices and purity level was collected from each of the institutions by

³⁴ Erzurum Provincial Police Department

questionnaires sent by TUBİM (Turkish Monitoring Centre for Drugs and Drug Addiction). National trends were presented by analyzing the data collected.

Quantities of narcotic drugs seized, number of seizures have been recognized as an important indicator of the availability of the drug on the market. Also the responses to the questionnaire sent to provincial units of TNP Department of Anti-Smuggling and Organized Crime have been considered to measure the availability.

The analysis of data shows that there have been significant changes in the availability, production, trafficking, prices and the purity of drugs in Turkey in the last five years. The availability rates of narcotic drugs varies by years and type of substances.

This section deals analyses on availability in five categories:

- i) Opium and its derivatives,
- ii) Hemp and derivatives,
- iii) Cocaine and its derivatives,
- iv) Synthetic stimulants and
- v) Precursor Chemicals.

Analyses for each drug substance have been examined under three main headings:

- i) Availability and supply,
- ii) Seizures,
- iii) Price and purity.

The systematic collection of data on prices and purity offers important clues about the transformation of drug markets in Turkey. This information provides an insight on the work of policy makers, operational units and the judicial authorities. Unlike in previous years, data on price and purity have been given immediately after the analyses on each drug substance in the supply section and analyses of drug substances have been integrated. The data on drug prices throughout Turkey have been collected under 'Drug Price Project' from 41 provinces which are considered important for the drug market. Data on the purity have been obtained from the Institute of Forensic Medicine, Police and Gendarmerie Criminal Laboratories. Certificates of analyses by the above-mentioned laboratories must be submitted to the judicial authorities to penalize drugs seized in Turkey. Certificate of analysis clearly states information regarding the content of drug substance, as well as purity. Purity analyses made in this section are based on the synthesis of all data obtained from three laboratories.

10.2. Opium and Derivatives

10.2.1. Supply and Availability of Opium and Derivatives in Turkey

Located on the Balkan route, Turkey continued to be subject to an intensive smuggling of opium and its derivatives in 2012 as well. The main source of opium, morphine base and heroin reaching markets in Turkey is Afghanistan. The availability of opium and its derivatives (opiates) in Turkey is in high correlation to production taking place in Afghanistan (0.93) (Ekici and Çoban, 2013).³⁵ The availability of heroin in Turkish markets and seizures increase after high-volume production in Afghanistan. The decline in production is reflected in seizures in the next year. Opium and derivatives follow the Islamic Republic of Iran to a great extent after Afghanistan and enter into Turkey through Hakkari, Van and Ağrı provinces. However, in recent years, there has been a significant increase in entry through Şırnak / Habur border gate connecting Iraq to Turkey.

Opium and its derivatives differ from each other in terms market availability. 98% of the heroin seized is in the form of opiates. The rate of opium use in Turkey is very low. Therefore, market supply of opium takes place in a low amount. Opium is usually seized during shipment to Europe and North America via cargo. Only 0,002 kg of morphine base was seized in Turkey in 2012, and base morphine demand in the domestic market is negligible.

Significant amount of heroin continues to be shipped via Turkey to meet the demand for heroin in European countries. However, although the Balkan route maintains its importance, there have been increases in the use of the North and South routes (UNODC, 2011). Drug trafficking organizations have turned to alternative routes in the North and the South after Islamic Republic of Iran and Turkey in particular started to pose a risk for the trafficking. Apart from that, air cargo directly sent to Western Europe via the Islamic Republic of Iran and Pakistan is abused and organizations bypass Turkey from time to time (EGM KOM Report 2010; 2012). Moreover, the drug organizations ship heroin directly to Europe by using the ports and trade routes in the Islamic Republic of Iran, Pakistan, United Arab Emirates, Iraq, Syria and Lebanon. This reveals that there has been a significant increase in the use of alternative routes in recent years.

10.2.2. Seizures

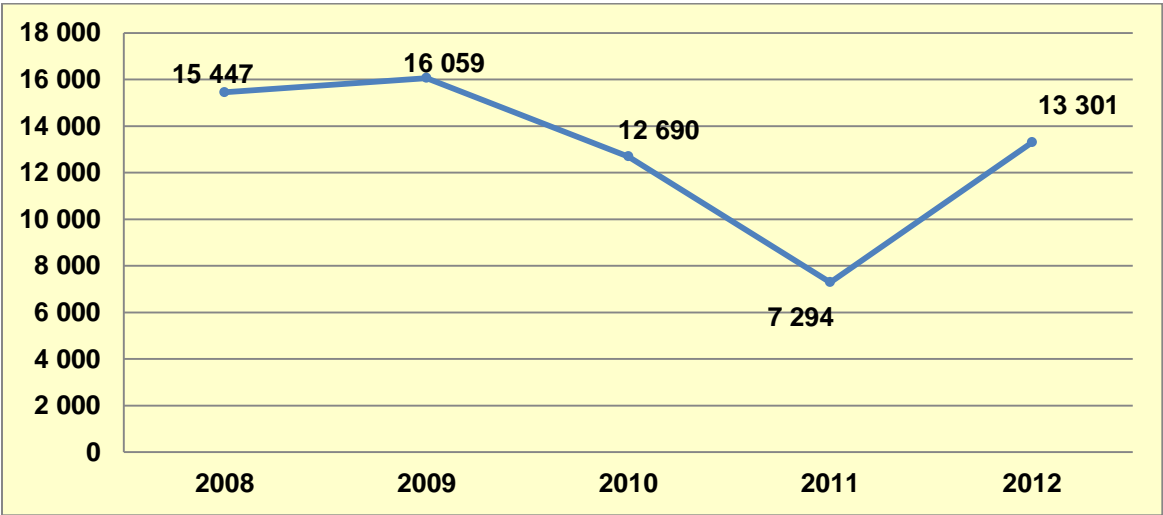
³⁵ Opium produced in Afghanistan enters into Turkish market, about 1 year later, as heroin. Correlations were calculated by considering one year's difference.

876 kg of opium was seized in Turkey in 2012. The demand for opium in the Turkish market is negligible. Almost all of opium captured in air cargo was to be shipped to Europe and North America. Smuggling of opium from Turkey to these areas is carried out by Iranian organized criminal groups. It has been found out that almost all buyers of opium are immigrants of Iranian nationality.

The upward trend in heroin seizures in Turkey after 2002, continued until the end of 2009. In this process, the availability of heroin in the market as well as seizures by law enforcement agencies has increased continuously. However, there was a serious decline in the availability of heroin on the market in the years 2010 and 2011. There was "heroin shortage" in Turkey as well as European markets (EGM ASOC Report, 2012). Both drug organizations and drug addicts had difficulty finding heroin on the market.

In 2012, there was an increase in the availability of heroin in the market in line with the increase in the supply of heroin in Afghanistan. 13,301 tons of heroin were captured by the Turkish security forces in the same year and Turkey rose to the leading position in the world heroin seizures. A total of 7349 persons were arrested in 4155 heroin operations. The number of operations increased by 25.68% over the previous year and the number of individuals captured increased by 30%. This shows the increase in the availability of heroin in the market.

Graph 10-1: Heroin Seized by Year (kg)



Turkish Drug Report 2012, EMCDDA Standard Table 13, 2013.

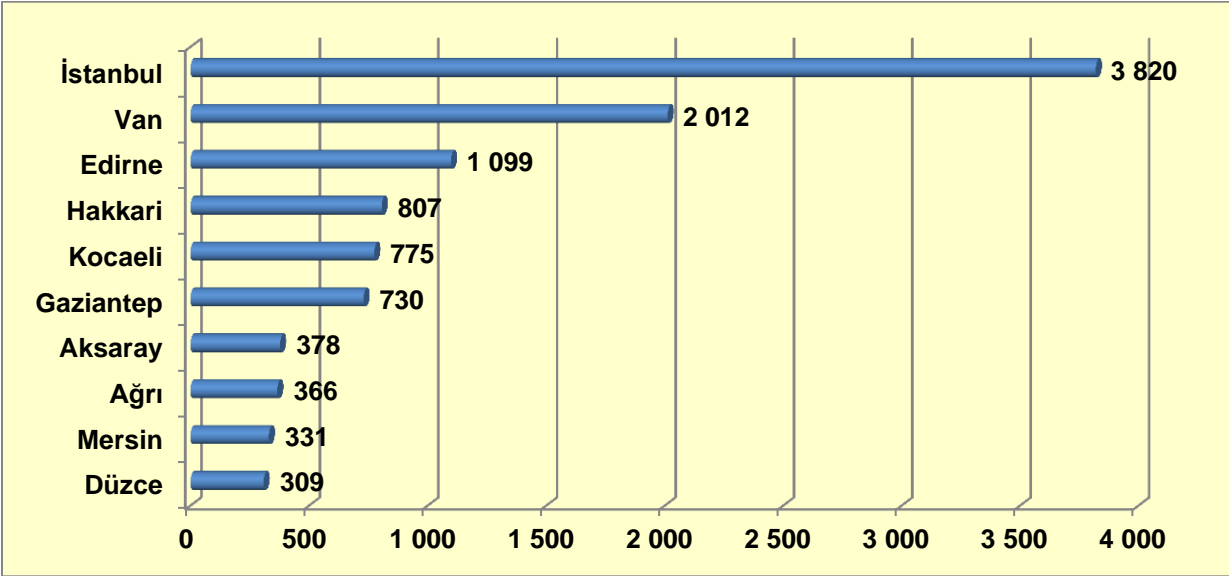
Drug traffickers continue to use alternative routes and methods in line with high seizures in Turkey. Some of these new routes and methods are as follows:

- There was a significant increase in the entrance of heroin into Turkey through Iraq in the period 2010-2012. It appears that drug organizations have started to use Iraq, instead of Iran, as a transit route for some shipments in order to reduce the risk. Especially the North of Iraq is considered to be used by the international heroin smugglers as the center of production, storage and shipment (Ekici and Çoban, 2013).
- There has been a significant increase in the shipments made by drug organizations through containers in addition to those made through the classic road. About 1 ton (942 kg) of heroin targeting European markets were seized in the process of shipment by sea by EGM KOM between the years 2010-2012. For example, a total of 250 kg of heroin was seized on May 11, 2012 in an operation carried out jointly by Turkey and Germany and the Netherlands (EMG ASOC Report, 2012). The heroin was transported in a container from Bursa Port via sea to the port of Bremerhaven, Germany.
- In recent years, there has been a significant increase in drug shipments made by cargo. In the last five years 1021 kg of heroin, 462 kg of opium and 71 kg of methamphetamine shipped by overseas cargo have been seized by EGM KOM. 354 kg of heroin seized in a cargo shipped from Van to Istanbul in 2012 has been the most valuable drug substance with the highest amount sent in a cargo so far (EGM ASOC Report, 2012).
- Traditionally, heroin organizations are engaged in only heroin trafficking. However, in recent years, it has been observed that some organizations have trafficked cannabis, opium, substances such as acetic anhydride and methamphetamine along with heroin (EGM ASOC Report, 2012; Ekici and Çoban, 2013).
- Netherlands has been found to be the centre of storage and redistribution of heroin smuggled to Europe.

In recent years there has been a significant increase in the number of foreign persons arrested in cases of heroin seized in Turkey. 492 foreign nationals who were involved in heroin trafficking over 1 kg of heroine were arrested between 2010 and 2012 (Ekici and Çoban, 2013). Iranians consisted 29% of persons arrested in cases of seizures in this process. A total of 2,211 kg of heroin was seized from Iranians. One of the most important developments is that increasing number of Europeans have been caught in the cases of heroin in Turkey. A total of 164 European citizens were caught in cases of heroin in the years 2010-2012 and 2628 kg of heroin was seized from these persons (Ekici and Çoban, 2013). Bulgarians, Albanians, Britons, Dutchmen, Greeks and Italians stand out among Europeans engaged in

smuggling of heroin in Turkey. In recent years, it has been observed that West African groups also started to play an important role in heroin trafficking through couriers (Ekici, 2013).

Graph 10-2: Ten Turkish Cities where Maximum Quantities of Heroin Have Been Seized and Quantities Captured (kg)



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2013.

Heroin seizures in Turkey concentrate in the provinces of neighbouring the Islamic Republic of Iran and the provinces on the transit route. Throughout the country, 28% of the heroin seized in 2012 was captured in Istanbul, 15% in Van, 8% in Edirne, 6% in Hakkari, 6% in Kocaeli and 5.4% in Gaziantep. 64% of the seizures in the entire country was captured in the first five provinces. The position of these cities on the route is considered to be an important role in the high seizures.

10.2.3. Price and purity

Because opium and morphine base do not have a significant market, exact prices could not have been determined. Prices per gram of heroin in Turkish retail market ranged between TL10 and TL200. The lowest price per gram in 2012 was reported to be TL10 in Van and Elazığ provinces, and the highest price was reported to be TL200 in Düzce province. Heroin prices in the wholesale market are of a different view. Kilogram price of heroin around Hakkari and Van is between TL10,000 and TL30,000, while it may find buyers in Istanbul for TL26,000

and TL35,000 during overseas shipment. While heroin is sold in TL for users in domestic market, it is priced in Euro for the overseas buyers.

Purity level of morphine base has not been calculated because a considerable amount has not been captured in Turkey in recent years. Purity of heroin in the last three years has ranged between 0.18% to 81%. A partial increase in heroin purity has been observed after 2010. It has been observed that organizations reduced the purity of heroin due to the general scarcity in the market in 2010. In 2010, the lower limit of purity in the retail market was 0.18% and the upper limit was 79.81%. Purity lower limit rose to 0.20% in 2011 and 0.40% in 2012. Purity upper limit rose to 79% in 2011 and 81% in 2012. It seems that the increase in the purity level of heroin in the last two years is directly proportional to the increased availability on the market. Purity of heroin in the wholesale and retail market in Turkey seems to have continued to be higher than that of the EU market.

10.3. Hemp and Derivatives

10.3.1. Supply and Availability of Cannabis in Turkey

A significant increase in the production, trafficking and use of cannabis in Turkey has been observed in recent years. As in Europe, cannabis use appears to be spreading throughout Turkey. In order to meet domestic widespread demand cannabis is cultivated in rural areas, especially the Southeast Anatolia region. Cannabis produced here is delivered in a variety of ways to all the domestic markets. However, it has been found that hemp is also cultivated in small amounts, from time to time, in agricultural areas and under the roof in the rural areas of other regions.

There is no reliable information that cannabis produced in Turkey has been exported out of the country. However, significant amounts of cannabis input from Iran to Turkey have been identified. Trafficking in cannabis resin has increased significantly, especially after 2010. It is not exactly known that Iran is region of production of cannabis which is brought from the Islamic Republic of Iran. It is considered to have been brought from Afghanistan to the Islamic Republic of Iran and then to Turkey.

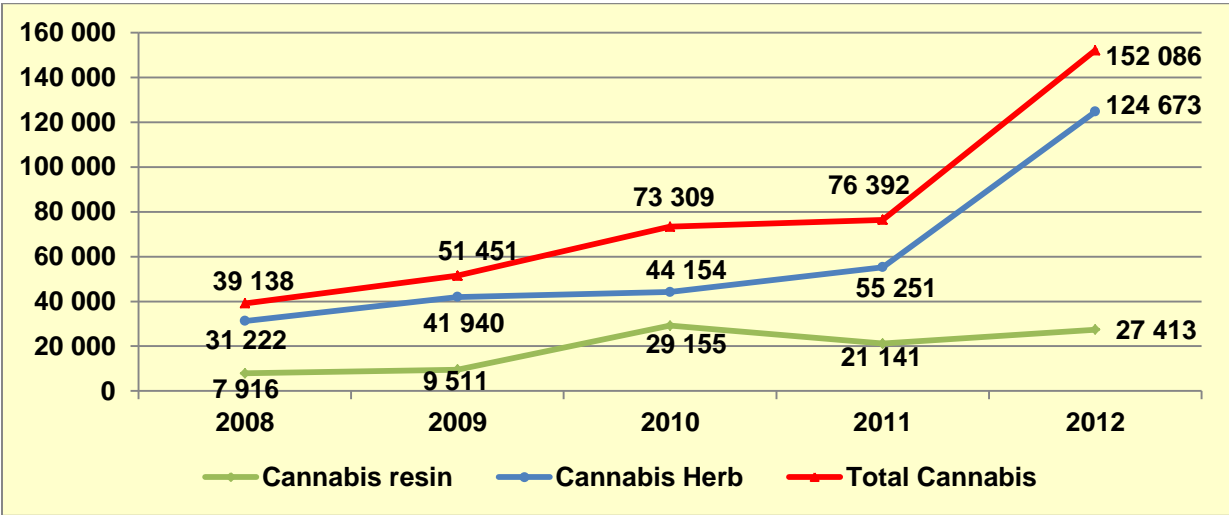
A significant increase has been observed in domestic trafficking of cannabis. Unlike international heroin trafficking networks, cannabis trafficking groups are local structures targeting the national market. It has been observed that distribution networks have been established in almost every region in order to meet the growing cannabis demand in the

domestic market. These distribution networks have been found to have intensive contact with producing regions.

10.3.2. Seizures

Cannabis continues to be the most captured drug in Turkey in line with the trends in the world and in Europe. 152,086 kg of cannabis seized in the country in 68,276 cases in 2012. Seizures of cannabis in the last five years have increased by 288%. As of 2012, cannabis seizures showed an increase of 99% over the previous year. Seizures of cannabis herb in Turkey have increased faster than the seizures of cannabis resin. Cannabis herb seizures have shown an increase of 299% in the last five years and 125% over the last year. Cannabis resin seizures increased by 246% in the last five years and 29.6% in the last year.

Graph 10-3: Amount of Cannabis Seized by Year (kg)

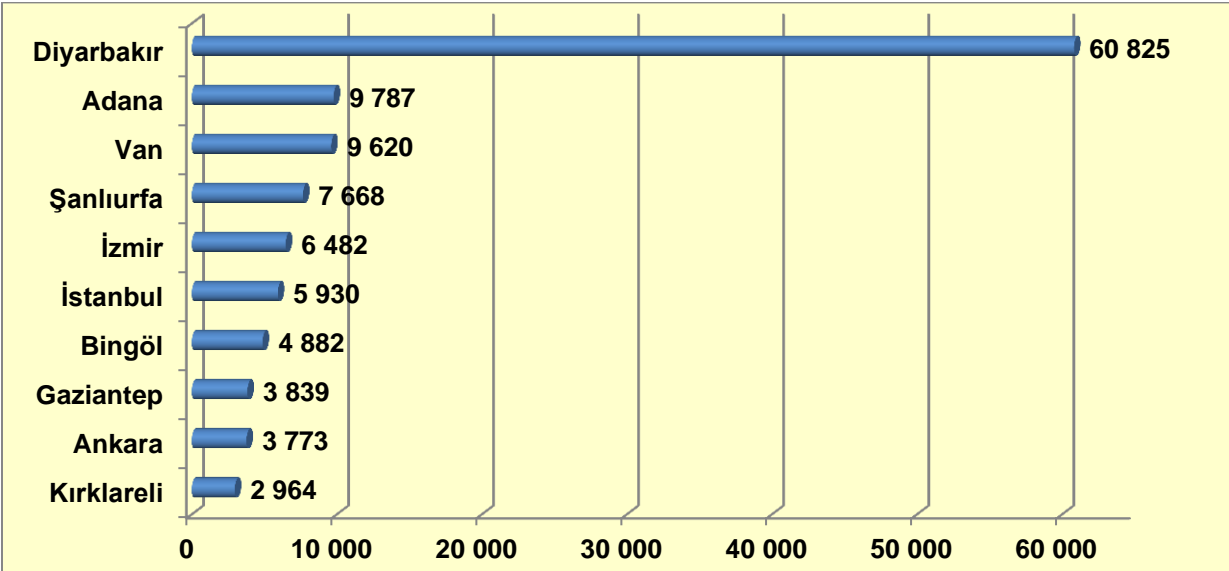


Source: Turkish Drug Report 2012, the EMCDDA Standard Table 13, 2013.

68,276 cannabis cases occurred across the country in 2012 and a total of 107,485 persons were arrested in these cases. The number of cannabis cases increased 16.3% over the previous year and the number of arrested persons increased by 15.9% the number of cannabis cases is observed to be very high compared to the number of heroin cases (4.155). The main reason for such high cases of cannabis in Turkey is that there is production and distribution for use.

Turkey is, to a great extent, the source of cannabis herb, however, part of the cannabis resin has been found to have been brought from the Islamic Republic of Iran, Syria and Africa. For the first time, it was observed that high quality cannabis was brought from Africa to Turkey and 39 kg of cannabis was seized in two cases in 2012. Iranians play the most important role among foreign nationals involved in cannabis cases. 1,427 kg of cannabis was seized with 79 Iranian citizens in 48 cases between 2010-2012. UK, Syria, Afghanistan, Georgia, Russia, and Turkmenistan nationals have also been involved in a significant number of cannabis cases.

Graph 10-4: Ten Cities in Turkey with Maximum Quantities of Cannabis Seized and Quantities Captured (kg)



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2013.

The largest amount of cannabis has been seized in the South-East region. 39.9% cannabis seized across the country has been captured in Diyarbakir and 6.4% in Adana, 6.3% in Van, 5% in Şanlıurfa, 4.2% in Izmir and 3.8% in Istanbul provinces. Diyarbakir has taken the first place in cannabis seizures in both resin (10,971 kg) and herb (49,854 kg). However, the Marmara and Aegean regions stand out as the regions where cannabis cases most intensely occur. These developments show that there are very significant increases in the rate of availability of cannabis in Turkey. When numbers of cases are compared it is obvious that cannabis is the drug most commonly available drug in the Turkish market.

10.3.3. Price and purity

Cannabis prices vary greatly across the country. Per gram of cannabis, herb or resin, at street level may find buyers for TL2 to TL100. The average price per gram of cannabis in retail market in Turkey can be between TL15.7 and TL24.9 and the price per gram of cannabis herb ranges between TL9.4 to TL16.7. Average price per kilogram of cannabis resin varies between TL850 and TL1250 in production areas such as Bitlis, Diyarbakır, while it is marketed for TL5000-6000 in Ankara and TL1750-7000 in İstanbul. The increased demand in the domestic market is considered to be the main reason for the significant rise observed in prices in recent years.

Purity levels of cannabis and its derivatives are measured by tetrahydrocannabinol (THC) they contain. Differences are observed between the purity levels of cannabis resin and cannabis herb. Purity levels of cannabis resin have ranged from 14.88% to 0.01% in the last three years. Significant fluctuations have been observed in the lower limit purity of cannabis resin. The lowest level purity seized in the national market in 2010 was 0.12%. This figure rose to 0.42% in 2011 and the figure went down to 0.01% in 2012. The upper limit purity of cannabis in 2010 was 10.67%. This figure rose to 14.88% in 2011 and fell to 11.10% in 2012. Cannabis resin brought from abroad has been observed to have higher average purity level than cannabis resin produced in Turkey. For example, THC substance in cannabis brought from the Islamic Republic of Iran in 2012 to Turkey was observed to be 50%. Purity level of in cannabis brought from South Africa to Turkey for the first time in 2012 ranged between 40% and 50%.

Purity level of cannabis herb in the last three years has ranged between 0.02% and 10,89%. Lower-level purity of cannabis herb in 2010 was 0.02%. This figure rose to 0.8% in 2011 and then remained at the same level in 2012, as 0.08%. The upper level purity of cannabis herb was 6.35% in 2010. This figure rose to 3.82% in 2011 and to 10.89% in 2012.

10.4. Cocaine and Derivatives

10.4.1. Supply and Availability of Cocaine in Turkey

Cocaine production, trafficking and abuse in the world remain widespread. In recent years, Turkey is increasingly exposed to cocaine trafficking in line with the expansion of the market and demand in Europe. Significant increase in the use of cocaine indicates that the trafficking between South America and Europe will maintain its importance for a long period of time. Although Turkey is far from cocaine production areas, transnational organized criminal groups seek to gain maximum profit from the growing domestic market.

Changes in demand in Europe and Turkey have led to changes in the operation areas of organized crime groups. Some of the largest organizations engaged in smuggling heroin in the past have been observed to have transformed and started cocaine smuggling (EGM ASOC Report, 2011; Ekici and Çoban, 2013). These organizations get into contact with drug dealers in South America rather than using classic Afghanistan, Iran and Turkey connections.

Cocaine targeting Turkey comes directly from Colombia, Peru and Bolivia. Smuggling organizations use different routes and methods to reduce the risk. The analyses made in 2012 showed that cocaine reached Turkey using 45 different routes (EGM ASOC Report, 2012). Turkey is the ultimate destination in 65% of these 45 routes, while it is used as a transit route in 35% of them. Cocaine starts its journey from Argentina, Brazil, Ecuador, and Venezuela in South America (EGM ASOC Report, 2012b). In addition, in many cases, it is found that cocaine first reaches West Africa, and then it is shipped to Turkey (EGM ASOC Report, 2012). Although a large part of the cocaine target Turkish markets, some continue its course to European markets.

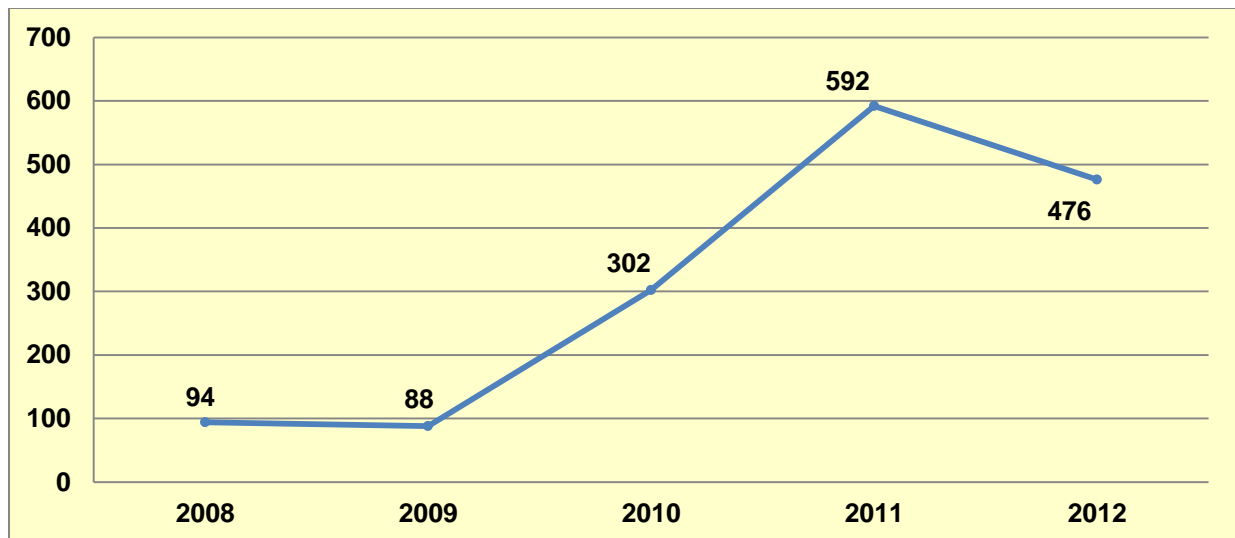
Operations conducted so far in Turkey show that drug organizations ship cocaine by air, sea and road. Cocaine organizations frequently change shipment method and routes to reduce the risk of seizure. Cocaine can be hidden in vehicles and legal cargoes or carried by couriers. Courier method can be examined under two main headings. The first is suitcase caching method, and the second is carrying in the body. Carrying cocaine on the body can be either hiding it on any external surface of the body, or in body cavities or swallowing and storing in stomach and intestines (Ünlü and Ekici, 2012).

The real important threat to Turkey is cocaine organizations targeting the domestic market. Investigations conducted by law enforcement agencies in 2012 in Turkey show that the growing domestic market provides an attractive profit opportunity for smugglers and street dealers. Cocaine is a type of drug which is more frequently encountered in Turkey in recent years both at airports and at the operations carried out against drug networks. Increasing amounts of cocaine seized especially from distribution networks in the country indicates that it has become a threat for streets in Turkey. West African organized crime groups have an important place in the groups engaged in the distribution of cocaine in the country (Ekici, 2013). West African groups which are a threat in many regions of the world have started to operate actively to get a share of the growing cocaine market in Turkey.

10.4.2. Seizures

In line with the expansion experienced in cocaine market, significant increases have been observed in the amount of cocaine seized in the last five years. As can be seen in Graph 10-5, cocaine seizures increased approximately 4-fold between in the period 2008-2012 and increased from 94 kg to 476 kg. Together with 281 kg of cocaine captured in a container, a record was broken in cocaine seizures in 2011. However, because there was not such a large-scale seizure, national cocaine seizures decreased by 19.5% in 2012. Although large amounts of cocaine seizures were rare in the past, nowadays, seizures on project basis, which are planned and systematically carried out are increasing.

Graph 10-5: Amounts of Cocaine Seized by Year (kg)



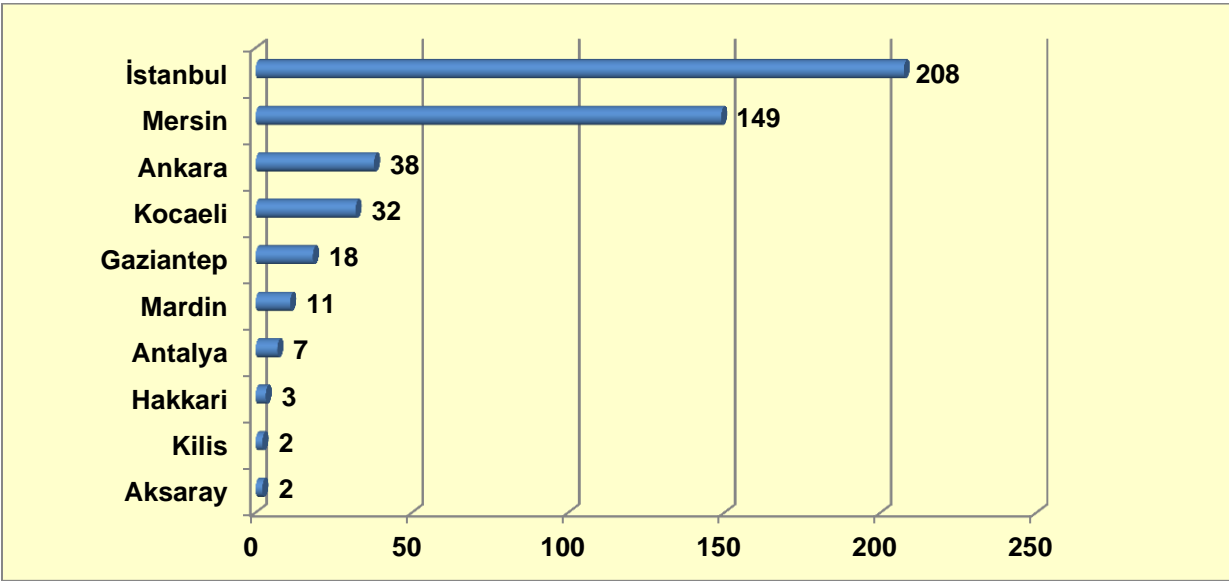
Source: Turkish Drug Report 2012, the EMCDDA Standard Table 13, 2013.

Number of cocaine cases in the last five years has risen from 367 to 1434, which means an increase of 290%. This indicates that cocaine distribution for use in small amounts has increased. Investigations conducted by law enforcement agencies in Turkey have clearly revealed that international cocaine traffickers now abuse the internal market.

A significant increase in the supply of cocaine to Turkey through the container has been observed in the last three years. The most important seizures in Turkey have been carried out at sea ports. These operations show that groups smuggling cocaine by sea target the national markets as well as Azerbaijan, northern Iraq and the European markets. These shipments show that organizations usually abuse legitimate trade. For example, 281 kg of cocaine was

seized in Istanbul and 82 kg in Mersin in 2011 and 98 kg of cocaine was seized again in Mersin in 2012. In 2010, 94% of cocaine was seized at airports. This dropped to 37% in 2012. A significant increase in the use of the highway couriers has also been observed. A total of 176 kg of cocaine was captured on land couriers in 13 cases in 2012.

Graph 10-6: Ten Turkish Cities where Maximum Quantities of Cocaine Have Been Seized and Quantities Captured (kg)



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2013.

Istanbul and Mersin provinces stand out in terms of seizures of cocaine. Both provinces host large scale ports. These ports are Turkey's trade ports opening to the world.. 44% of the cocaine seized in the country was seized in İstanbul in 2012. 31.3% was seized in Mersin, 7.9% in Ankara and 6.7% was seized in Kocaeli. Cocaine was seized in a limited number of provinces in Turkey. This shows that there is no significant market for cocaine especially outside of metropolitan cities.

Foreign nationals play an important role for trafficking cocaine in recent years. According to EGM COM (2012) report a total of 122 Nigerian have been arrested in cases of cocaine in the last five years. It has been found that Nigerians co-ordinate the international cocaine trafficking, that they employ many couriers from ethnic groups, courier, that they are very sensitive to the technical follow-up and that they use the local language when talking on drug-related issues (Ekici, 2013). Investigations show that Nigerian organizations coordinate a

large number of African, South American and European couriers (Ünlü and Ekici, 2012). A total of 105 couriers of foreign nationals including 21 from Nigeria, 8, from Brasil, 8 from Thailand, 6 from South Africa, 6 from Kenya, 6 from Peru, 5 from Bolivia, 5 from Dominic, 5 from Venezuela, 4 from Spain, 4 from Hungary, 4 from Tunusia and other countries were arrested in 2012, in 21 cases of cocaine (EGM KOM Report, 2012:68).

10.4.3. Price and Purity

Cocaine use has been identified in only a limited number of provinces in Turkey and feedback on prices has been provided. Across the country in 2012, cocaine prices ranged from TL30 and TL400 per gram. Retail market prices between TL100 and TL200 were reported in Istanbul which is the city where cocaine seizures are the most prevalent. In Mersin, another important route of entry, cocaine prices ranged between TL100 and 150. In the wholesale market, cocaine finds buyer for TL95,500 -110,000 in İstanbul and for TL 150,000 - 250,000 in Mersin.

Purity levels of cocaine substance has ranged from 6% to 95,5% in the last three years. Significant fluctuations have been observed in the lower limit purity of cocaine. The lowest level purity seized in the national market in 2010 was 10%. This figure dropped to 6% in 2011 and then the figure went up to 10% in 2012 again. This indicates an established demand for purity of cocaine on the retail market. The upper limit purity of cocaine in 2010 was 95,5%. This figure dropped to 94% in 2011 and 92% in 2012. Cocaine seized at wholesale-level in Turkey usually target markets in Europe and the Middle East. The trend in the last three-year shows a reduction in the purity level of the cocaine shipped to Europe. The criminal laboratory analyses have revealed that substances such as caffeine, paracetamol, phenacetin, lidocaine and levamisole have been used to reduce the purity of cocaine seized in Turkey.

10.5. Synthetic Drugs

10.5.1. Supply and Availability of Synthetic Drugs in Turkey

Availability of synthetic drugs in the Turkish market has shown significant changes in the last five years. The availability trends of ecstasy and Captagon, the two most important drugs in the Turkish market, are completely different. Captagon availability peaked in 2006, but later large synthetic organizations were caused to collapse by Turkish national fighting units many laboratories were deactivated. After this period, the production of Captagon has been observed to gradually spread to the Middle East (UNODC, 2011, 2012).

The availability of the Captagon in Turkey has experienced a significant decline in line with the increased production in the Middle East. As a result of this, whereas in previous years Captagon was brought to the Middle East from Eastern Europe via Turkey, in recent years, this route has experienced changes. Captagon pills entering from Syria and Lebanon were seized in many operations in the 2010-2012 period, and the pills were found to target tourist areas in the Aegean and the Mediterranean regions. From time to time Captagon produced in Syria are brought to Turkey and sent to the Middle East countries hidden in the legal export products. In addition, the Islamic Republic of Iran seemed to be a new source of precursor chemicals for the amphetamine-type stimulants (ATS) produced in the region. In 2012, 80 kg of amphetamine was seized in a vehicle coming from the Islamic Republic of Iran to Turkey (TNP KOM Report, 2012).

A significant increase has been observed in the availability of ecstasy in the last five years. This indicates a significant increase in the number of people using ecstasy in Turkey. Almost all of ecstasy seized in Turkey is known to target the domestic market. A significant increase in the supply of synthetic drugs is observed especially in metropolitan cities and holiday centers on the western coast of the Mediterranean Sea and Aegean Sea at the beginning of summer (TNP KOM Report, 2010, 2012). Although there is information regarding domestic production of Captagon from time to time in previous years, no information regarding domestic production of ecstasy is available. Ecstasy seized in Turkey is mainly produced in the Netherlands and Belgium. Drug organizations deliver substance of ecstasy by various land, sea and air means of transportation to metropolitan cities and tourism centers in Turkey and trafficking routes and the areas where seizures are concentrated are as follows:

- In recent years, ecstasy organizations have shipped via Greece, as well as the traditional route through Bulgaria.
- Airline couriers are also used for smuggling ecstasy. For example, in April of 2012, 49,000 pieces of ecstasy in a suitcase belonging to a courier from Belgium was seized at İstanbul Atatürk Airport (TNP KOM Report, 2012).
- Some of the organizations were identified to have loaded ecstasy substance they obtained from Belgium and the Netherlands to TIR vehicles and transferred the vehicles from Europe to Istanbul through RORO services. 100,000 ecstasy tablets in a shipment through this method and 150,000 tablets in another shipment were seized (TNP KOM Report, 2012).
- In recent years amphetamines have been found in the conventional ecstasy tablets. Some of the ecstasy substances containing amphetamines were brought from Syria.

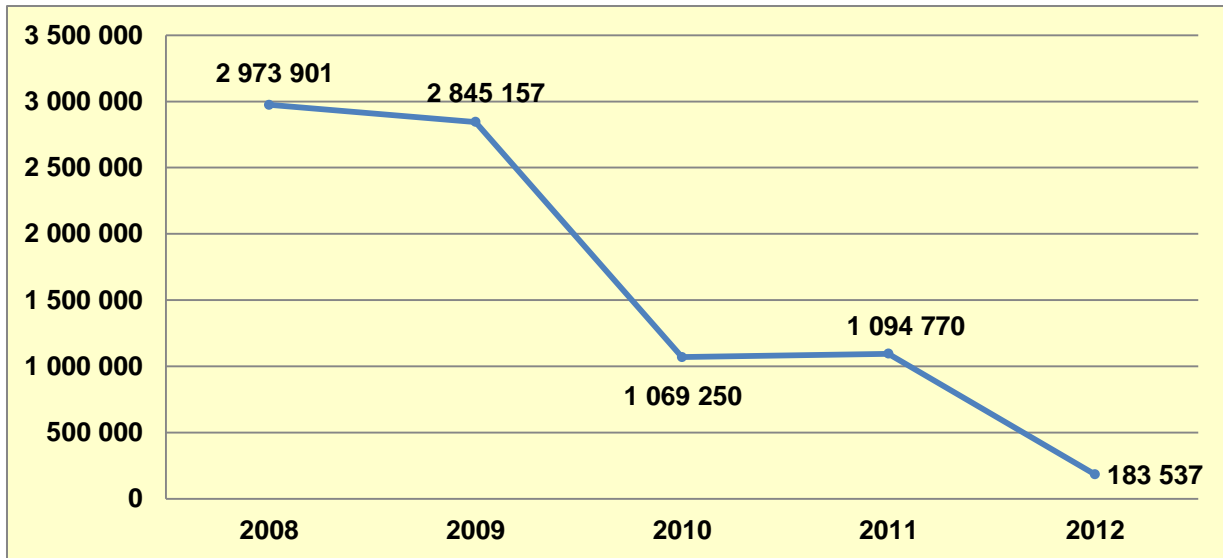
18,695 pieces of ecstasy illegally imported from Syria were seized in 2012 (TNP KOM Report, 2012).

In line with the trends in world drug markets, Turkey has been increasingly exposed to methamphetamine trafficking in recent years. There has been a significant increase in the amount of methamphetamine seized in Turkey in the last five years. It has been found that drug organizations obtaining methamphetamine from Iran target the Far East Asian countries, mainly Malaysia, Indonesia, Thailand, Nepal, the Philippines, Australia, and Japan, using Turkey as a transit country (EGM KOM Report, 2011, 2012). In addition, it has been found that some organizations have provided methamphetamine to Turkish market and that they carry out street distribution in some regions and a significant portion of those people distributing methamphetamine are addicted (Ekici and Ozbay, 2013; TNP KOM Report, 2011). 33 packages for use were seized from the methamphetamine organization in an operation in Istanbul in 2012, and it was observed that the group tried to create a market across the province (TNP KOM Report, 2012). It has also been observed that organizations recently bring methamphetamine to Europe via Turkey by land and send it to the Far East by air (EGM KOM Report, 2012; Ekici and Ozbay, 2013). It has been observed that methamphetamine traffickers use cargo and containers in addition to conventional courier method. Methamphetamine couriers have been observed to turn to swallowing method after high volume seizures at the airports (Ekici and Ozbay, 2013).

10.5.2. Seizures

Synthetic drug seizures in Turkey show very different trends depending on the type of substance. Captagon seizures which are very common in Turkey have shown a rapid decline in the last five years. As seen in Graph 10-7, Captagon seizures were around 3 million tablets in 2008 and dropped to 183,537 tablets in 2012, which means a decrease by 94% . TNP KOM (2010, 2012) report states that there are two main reasons for this decline. First, Syria and Armenia started production of Captagon and there are significant reductions in Captagon production in Turkey. Accordingly, there has been a significant increase in Captagon seizures in the Middle East (UNODC, 2012). Second, in recent years, a significant decline in the number and nature of organized crime groups has occurred as a result of intensive operations by Turkey's anti-drug units targeting Captagon trafficking groups.

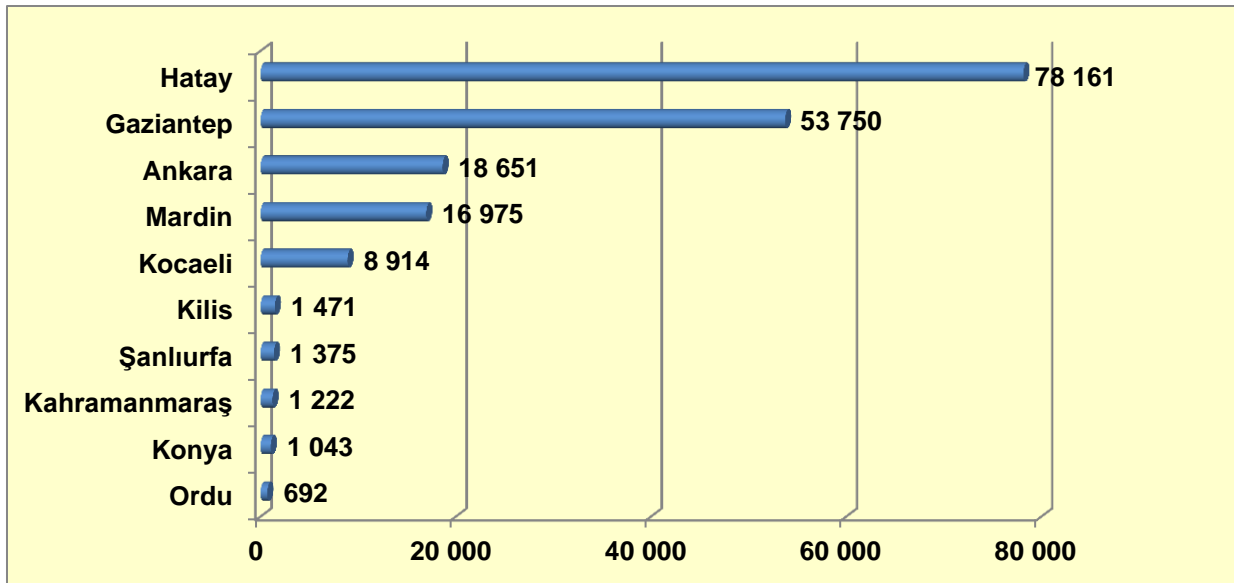
Graph 10-7: Amounts of Captagon Seized by Year (pieces)



Source: Turkish Drug Report 2012, the EMCDDA Standard Table 13, 2013.

In contrast to the decrease in the amounts of Captagon capture there has been a significant increase in the number of operations and individuals captured. During the period 2008-2012 the number of operations carried out by the national units increased by 338% and the number of individuals captured increased by 213%. The fact that the number of operations increased while capture rate decreased indicates that the narcotic substance seized by number of cases decreased but distribution for use in Turkey became widespread.

Graph 10-8: Ten Cities in Turkey with Maximum Quantities of Captagon Seized and Quantities Captured (pieces)

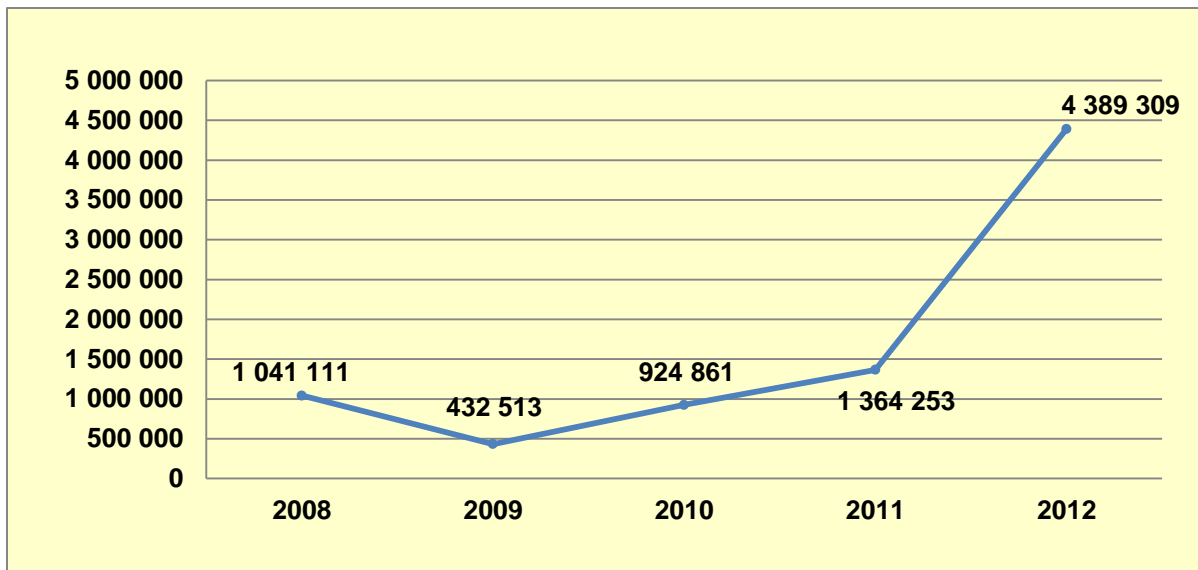


Source: Turkish Monitoring Center for Drug and Drug Addiction, 2013.

It is observed that Captagon seizures in Turkey are concentrated in the provinces on the Syrian border in 2012. 83.3% of the national seizures occurred in these provinces. Regarding the Captagon seizures across the country, 42.5% was carried out in Hatay, 29.3% in Gaziantep, 10.1% in Ankara, 9.2% in Mardin and 4.8% in Kocaeli provinces. Concentration of seizures in the Southeast Anatolia shows that Syria is the main source of supply of Captagon in Turkey. Captagon tablets seized in Ankara and Kocaeli provinces, major markets, were found to have been brought from the Southeast Anatolia.

Turkey is the final market for the ecstasy. As seen in Graph 10-9 following a decline in ecstasy seizures in 2009, there was an approximately 9-fold increase in the four-year period ending in 2012. The rate of increase in 2012 over the previous year is 221.7%. There are two main reasons for the increase in 2012. First, the supply and availability of drugs rose in the domestic market in line with the increase in demand for ecstasy. Secondly, based on risk analysis the Customs units realized high-volume seizures. In 2012, 61% of the national seizures were carried out by customs units. Modern X-ray equipment and risk analysis training are of great importance in the increased seizures of customs units.

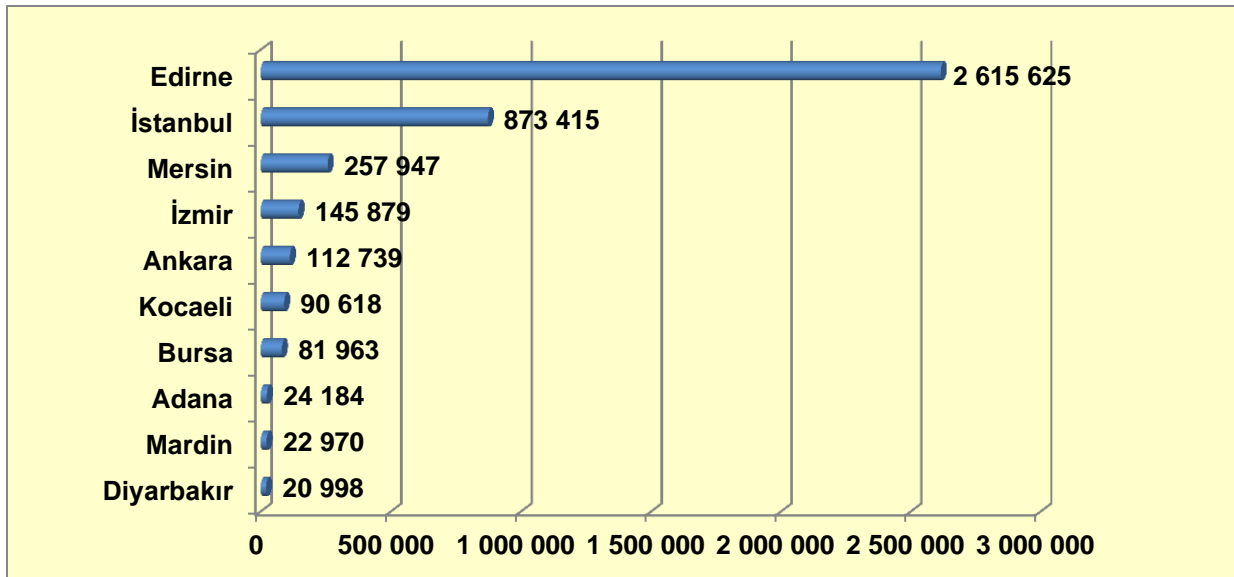
Graph 10-9: Amounts of Ecstasy Seized by Year (pieces)



Source: Turkish Drug Report 2012, the EMCDDA Standard Table 13, 2013.

There has been an increase in the number of ecstasy operations and the arrested individuals in the last five years. In the period 2008-2012 the number of operations carried out by the Turkish law enforcement agencies increased about 7-fold (681%) and the number of individuals arrested in these operations increased by 342%. 98% of 4,445 ecstasy cases that occurred across the country in 2012 occurred in the police zone. Similarly, security forces started judicial action for 98.2% of 6327 individuals arrested for trafficking and distribution of ecstasy. This shows that ecstasy is usually distributed for use in city centers.

Graph 10-10: Ten Cities in Turkey with Maximum Quantities of Ecstasy Seized and Quantities Captured (pieces)

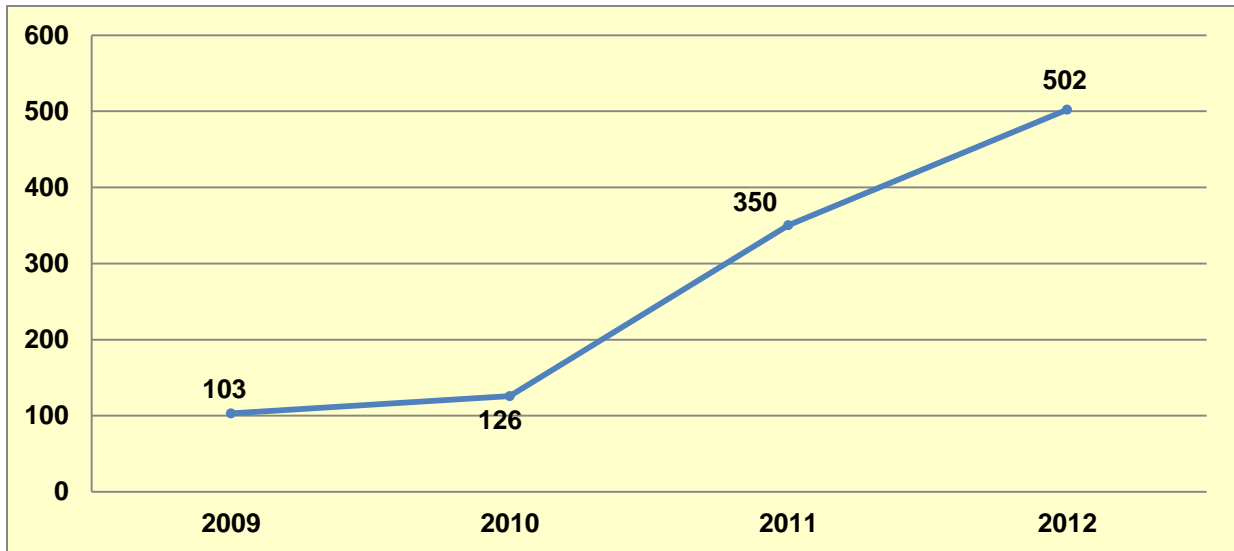


Source: Turkish Monitoring Center for Drug and Drug Addiction, 2013.

As seen in Figure 10-10 Marmara, Aegean and Mediterranean regions take the lead in Captagon and ecstasy seizures in Turkey. In 2012, 59.5% of ecstasy seizures in Turkey occurred in Edirne, 19.9% in Istanbul, 5.9% in Mersin, 3.3% in Izmir and 2.6% in Ankara. Edirne is the main entrance rout of Turkey in terms of ecstasy. Almost all of ecstasy seized in this province was seized during wholesale shipping. The second most important gateway is Istanbul. But in both wholesale and retail seizures are available in Istanbul. In other provinces, ecstasy was seized mostly in retail distribution stage.

Methamphetamine has been available in the Turkish markets for the last four years. 103 kg of methamphetamine was seized in 14 cases across the country in 2009. Methamphetamine seizures have increased by 387% in the last five-year period, by 43% over the last year. Five-year period the number of methamphetamine cases across the country has increased more than 6 times (607%) reaching 99. There has been an increase of 451% in the number of individuals arrested. There has been 45% increase in the number of cases in the last one year period with 18% increase in the number of individuals arrested.

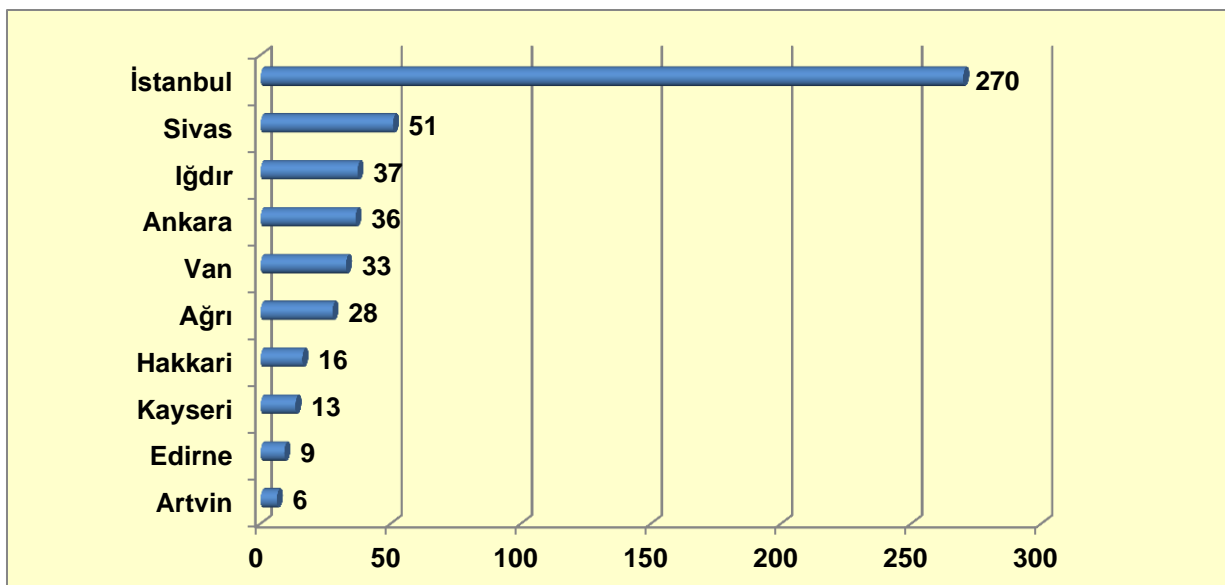
Graph 10-11: Amounts of Methamphetamine Seized by Year (kg)



Source: *Turkish Drug Report 2012, the EMCDDA Standard Table 13, 2013.*

No Turkish national was arrested in cases of methamphetamine in 2009. However, later there has been an expansion in ethnic distribution of individuals arrested in methamphetamine cases. A total of 19 ethnic groups were arrested in cases of methamphetamine in the period 2009-2012 (Ekici and Ozbay, 2013). 69% of individuals arrested for methamphetamine is Iranian and 20% Turkish, 2% Japanese, 1% Romanian, 1% Uzbek and 7% of citizens of other countries (Ekici and Ozbay, 2013). Methamphetamine trafficking carried out via Turkey is coordinated by Iranian drug organizations, while other ethnic groups are usually used as a courier.

Graph 10-12: Ten Cities in Turkey with Maximum Quantities of Methamphetamine Seized and Quantities Captured (kg)



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2013.

Seizures of methamphetamine in Turkey are concentrated in Istanbul and the provinces on the border with the Islamic Republic of Iran. In 2012, 53.7% of seizures of methamphetamine throughout the country occurred in Istanbul, 10.1% in Sivas, 7.4% in Iğdır, 7.3% in Ankara, 6.5% in Van, 5.5% in Ağrı and 3.2% in Hakkari. Only insignificant amounts of methamphetamine have been seized in the country during distribution.

10.5.3. Price and Purity

Prices of synthetic drugs show significant differences for Captagon, ecstasy and methamphetamine. Across the country, ecstasy prices range from TL3 to TL50 per tablet. The average price is between TL12 and 21. The price of Captagon pills, a cheaper stimulant, in the national market ranges between TL 2 and TL30. Country-wide average price is between TL10-16. Feedback on the methamphetamine prices has been provided by limited number of provinces. Per gram prices range between TL10 and TL200. Country-wide average price is between TL51 and 58. The wholesale price of methamphetamine in Istanbul where the most of seizures occurred range between TL50,000 and TL100,000.

Purity levels of amphetamine substance in Turkey has ranged from 0,002 % to 88,75% in the last three years. Significant fluctuations have been observed in the lower limit purity of amphetamine. The lowest level purity of the substance seized in the national market in 2010 was 0.002%. This figure rose to 8.3% in 2011 and the figure went down to 0.03% in 2012. The

upper limit purity of amphetamine in 2010 was 88.75%. This figure dropped to 29.4% in 2011 and rose to 79.2% in 2012. It has been observed that the purity level of amphetamine seized in the street market is very low, but substances seized from large-scale shipments from Syria usually have a high level of purity. This indicates that Captagon reaching the Turkish market is produced using very different formulas and precursor chemicals. Drug organizations have no difficulty in marketing amphetamine they obtained from either Europe or the Middle East to the users in the domestic market which is not established.

The levels of purity vary greatly in terms of ecstasy. Purity levels of ecstasy have ranged between 1 mg and 240 mg in the last three years. While the lowest purity level in 2010 was 6 mg, this figure declined to 1 mg in 2011, and then rose to 8 mg in 2012. The upper limit purity of ecstasy in 2010 was 81 mg. This figure rose to 216 mg in 2011 and fell to 240 mg in 2012.

In methamphetamine of the Islamic Republic of Iran origin seized in Turkey purity level has ranged between 0.05% and 99.64% in the last three years. Iranian drug organizations targeting markets in the Far East continued to produce high-quality methamphetamine and ship it via Turkey also in 2012. Distribution of methamphetamine at street level has been observed in only a limited number of cases. Some synthetic tablets have been found to contain 0.05% methamphetamine at user-level. Purity level of crystal methamphetamine distributed at street level has been found to have been reduced by up to 10%.

10.6. Precursor Chemicals

10.6.1. Supply and Availability of Precursor Chemicals in Turkey

Main precursor chemical available in Turkish markets is acetic anhydride. Because it is far from cocaine production areas Turkey is exposed to trafficking of precursor chemicals used in the manufacture of cocaine. Used widely in industry, acetic anhydride (AA) is not produced in Turkey. The demand of the national industry is met by AA legally imported from abroad (TNP KOM Report, 2010, 2012). Significant decrease has been observed in the availability of illicit acetic anhydride (AA) in Turkey in recent years. Widely produced in Europe and Russia in the 1990s and early 2000s, acetic anhydride has been intensively shipped via Turkey to Southwest Asia region. Turkey was the world leader in AA seizures in the period 1998-2008 (UNODC, 2011). However, in recent years, India, Iran, South Korea, and China have become important production centers of acetic anhydride, in addition to Russia and Europe, (UNODC, 2011). Direct shipments to heroin laboratories in Afghanistan, one of the areas mentioned in AA production, and the surrounding areas have increased. Apart from that, smuggling organizations have been observed to have started to use Iraq as a station for shifting

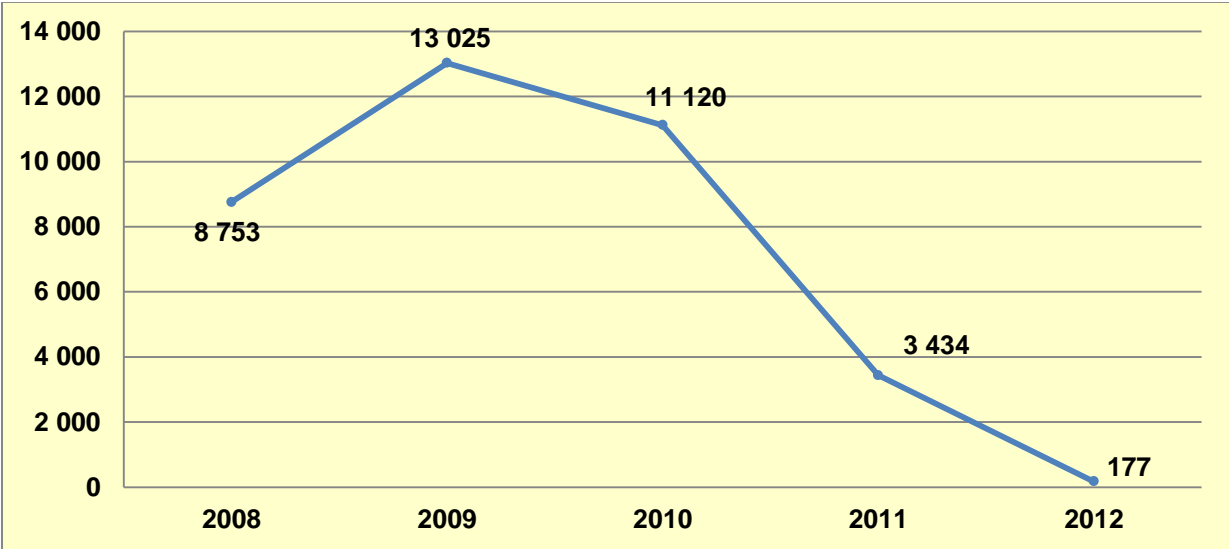
smuggling (Ekici and Shepherd, 2013). It is understood that smuggling organizations are in an attempt to redirect AA to Iraq by organizing large amounts of forged documents. In 2010 INCB report that 600 tons of AA targeting Iraq was stopped because it was suspicious (INCB 2010).

Turkey today, as in the past, supports international projects on the control of precursors. TNP KOM and the Ministry of Health constantly report suspected communications and seizures to Prizm, Cohesion and PAAD projects conducted by the INCB. Turkish authorities take the necessary measures and interventions in case communications suspected by other countries are notified by INCB member countries.

10.6.2. Seizures

Significant fluctuations have been observed in seizures of acetic anhydride in Turkey in the last five years. Seizures of AA have declined continuously after a high amount of seizure in 2009. Only 177 liters of AA was seized in 2012. One of the issues in seizures of AA is that the number of cases and individuals is so small. While 25 individuals were arrested in 8 cases in 2008, only three cases occurred in 2012, and 14 individuals were arrested in these cases. This shows that Turkey has been used for the AA trafficking in decreasing extent.

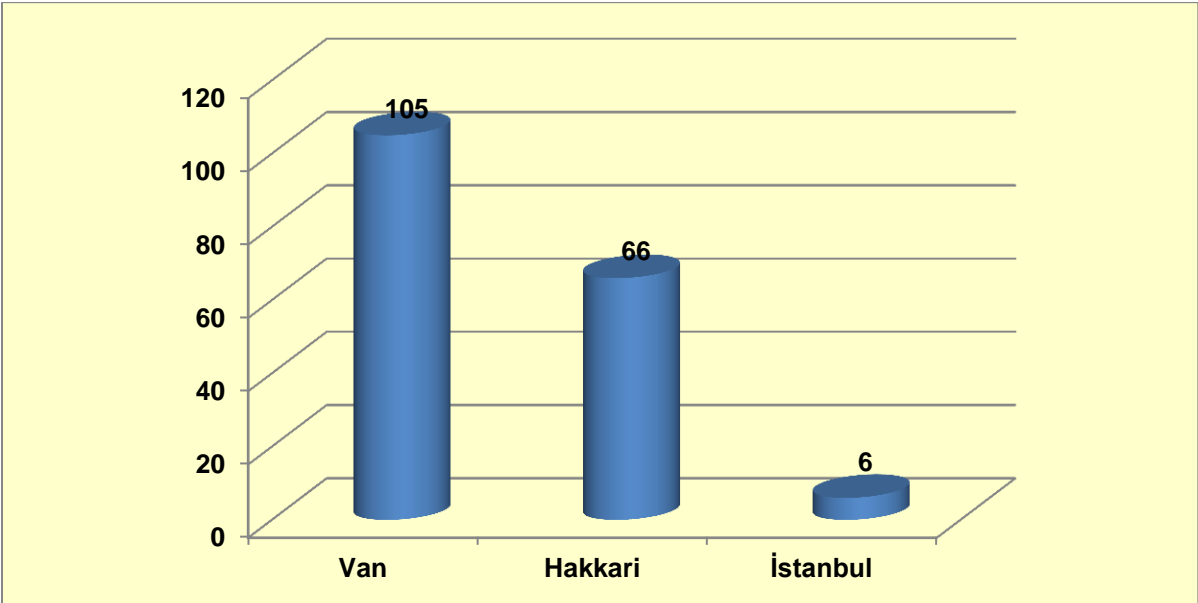
Graph 10-13: Amounts of Acetic Anhydride Seized by Years (lt)



Source: Turkish Drug Report 2012, the EMCDDA Standard Table 13, 2013.

AA is brought to Turkey from Eastern Europe and a vast majority of the persons arrested in Turkey for AA trafficking are citizens of the countries of Southeast Europe. In recent years, it has been observed that imported AA substance has been invoiced on behalf of legitimate companies using fake documents and that AA substance has been redirected on the shipping route to other points. In many cases, the company, in the name of which an invoice was drafted, cannot be held in connection with the smuggling of AA.

Graph 10-14: Ten Cities in Turkey with Maximum Quantities of Acetic Anhydride Seized and Quantities Captured (It)



Source: Turkish Monitoring Center for Drug and Drug Addiction, 2013.

As seen in Graph 10-14, in 2012, acetic anhydride was seized in only three provinces in Turkey. 59,3% of country-wide seizures of AA occurred in Van, 37,2% in Hakkari and 3,3% in İstanbul. 96,7% of seizures were on the border with the Islamic Republic of Iran at shipment stage.

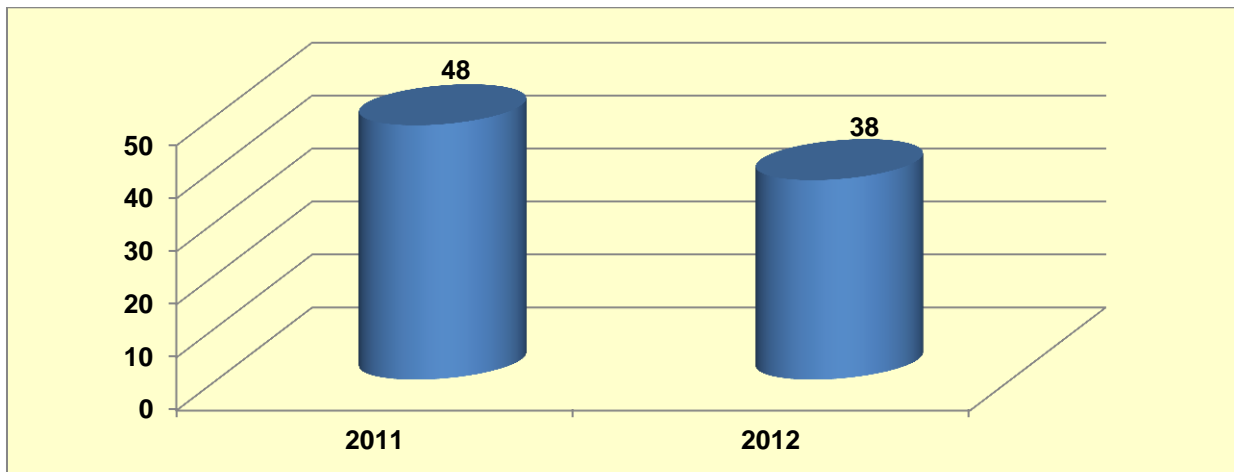
10.7. New substances

10.7.1. Khat

Cathaedulis, popularly known as Khat, is usually produced and consumed for centuries in Africa and Middle East countries. Not classified as illicit substances in many regions of the world, the international traffic of Khat poses a problem. Khat is brought to Turkey through

cargo shipping from the Middle East and African countries. Although seized for a long time in many parts of the world, Khat seizures in Turkey have started to be seen since 2011. The availability of khat is not high on the national market in Turkey. The internal market is observed to have started to form recently.

Graph 10-15: Amounts of Khat Seized by Years (kg)



Source: Turkish Drug Report 2012, the EMCDDA Standard Table 13, 2013.

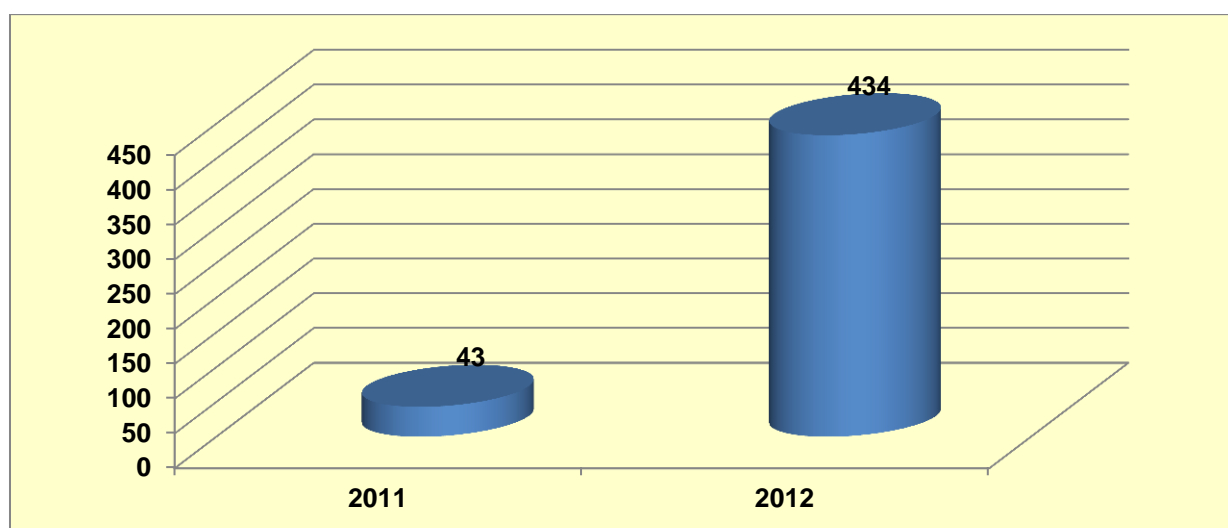
It was subjected to control in 2011 thanks to Early Warning System (EWS), under the scope of Law No. 2313 in coordination of TUBIM. Khat seizures in 2012 decreased by 20.8% compared to the previous year. 4 of 5 cases occurring across the country in 2012 were in Istanbul and 1 was in Kastamonu.

10.7.2. Synthetic Cannabinoids (Bonzai et.)

Although herbal drugs have been in use around the world for a long time, synthetic Cannabinoids added after 2004 have significantly increased the effect (UNODC, 2013). After this date synthetic Cannabinoids have been used widely all over the world. Drug organizations continue to abuse the market formed for these substances which are not included in the list of illicit substances in many countries. 1-naphthalenyl (1-pentyl-1H-indol-3-yl) methanone and JWH-18, the most common synthetic Cannabinoids are referred to as bonzai in Turkish market (TNP KOM Report, 2012). Drug organizations exclude these substances from international control by producing them with new formula after any synthetic Cannabinoids is prohibited by the United Nations and/or countries.

Synthetic Cannabinoids have been seen in Turkish market since 2010. Since then, there has been a significant increase in the rate of use and availability of the substance. No remarkable production of Bonzai in Turkey has been identified. Bonzai is brought to the national market from abroad. According to TNP COM (2012) report, bonzai agent is illegally imported to Turkey from such countries as China, USA, Cyprus, Germany, Spain, Netherlands, Portugal, the United Kingdom and Hungary. Drug organizations operating in the country offer bonzai on the market generally together with cannabis, ecstasy and Captagon (TNP KOM Report, 2012).

Graph 10-16: Synthetic Cannabinoids (Bonzai, etc.) Seized by Years.



Source: Turkish Drug Report 2012, the EMCDDA Standard Table 13, 2013.

Bonzai seizures in 2012 increased 9-fold over the previous year. The number of individuals arrested for Bonzai rose from 82 to 4784 with an increase of approximately 58-fold. Similarly, number of cases rose from 166 to 3.401, which means an increase about 20.5 fold. The rapid increase in the amount of the substance and the number of suspects shows that bonzai has become very common in the national market in a short time. Given the recent increase in the use of Bonzai, it is expected to be one of the most problematic drugs for the country.

Per gram prices of synthetic cannabinoids in Turkey range between TL10 and TL200. Country-wide average price is between TL47 and 65. The highest price has been reported for Kastamonu with TL250 and the lowest price has been reported for Hakkari province with TL10. A partial decline in prices has been observed followed by an expansion of the substance in national market. Prices have been observed to be below the national average in metropolitan tourist areas especially in Southern and western regions.

PART B

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TABLES

Table 1-1: Implementation Periods of National Drug Strategy and Policy Documents and National Drug Action Plans

Table 1-2: Comparison of National Drug Action Plan I and II Assessments

Table 1-3: Other National Policy and Strategy Documents and National Action Plans, Together with the Main Points Included in These Documents Regarding Fighting Against Drugs

Table 1-4: National Strategy Documents and the Main Points Included in These Documents Regarding Fighting Against Drugs

Table 1-5: Final Declaration of Drug Conference in Turkey

Table 1-6: Public Expenses in 2012

Table 2-1: Distribution of Lifetime Drug Use of General Population According to Age Groups, 2011.

Table 2-2: Distribution of Lifetime Drug Use of General Population According to Gender Groups, 2011.

Table 2-3: Distribution of Lifetime Drug Use of General Population According to Education Groups, 2011.

Table 2-4: Distribution of Lifetime Drug Use of General Population According to Marital Status Groups, 2011.

Table 2-5: Distribution of Lifetime Drug Use of General Population According to Longest Place of Residence Groups, 2011.

Table 2-6: Distribution of Lifetime Drug Use of General Population According to Income Groups, 2011.

Table 2-7: Distribution of Lifetime Drug Use of General Population According to the Groups that have Used Tobacco, Alcohol and Pharmaceutical Drugs for Lifetime, Last 12 Months and Last 30 Days

Table 2-8: Substance Use Prevalence for Lifetime, for the Last 12 Months, and for the Last 3 Months, Last Month and During Research

Table 2-9: Distribution of General Population based on their Perception of Crime regarding Substance Use, 2011.

Table 2-10: Distribution of the Views of General Population regarding Cannabis Use, 2011.

Table 2-11: Distribution of the Tolerance of General Population regarding Tobacco, Alcohol and Substance Use, 2011.

Table 2-12: Distribution of the Risk Perception of General Population regarding Tobacco, Alcohol and Substance Use, 2011.

Table 4-1: Prevalence of Problem Drug Use in Years

Table 4-2: The Number of Individuals received Treatment for Problem Drugs in 2012

Table 5-1 Number of Persons Receiving Service from Treatment Centers

Table 5-2: Distribution of Inpatients in 2012 According to Provinces of Residence

Table 6-1: Distribution of HIV/AIDS Cases According to Potential Means of Transmission

Table 6-2: Distribution of HIV/AIDS Carriers in Turkey According to Age and Sex

Table 6-3: Distribution of the Results of HIV Scan Tests Applied on Injecting Drug Users under In-patient Treatment in Addiction Treatment Centers According to the Years

Table 6-4: Distribution of the Results of HBV Tests Applied on Injecting Drug Users under In-patient Treatment in Addiction Treatment Centers According to Years

Table 6-5: Distribution of the Results of HBV Tests Applied on Injecting Drug Users under In-patient Treatment in Addiction Treatment Centers in 2012 According to Gender

Table 6-6: Distribution of the Results of HBV Tests Applied on Injecting Drug Users under In-patient Treatment in Addiction Treatment Centers According to Years and Age

Table 6-7: Distribution of the Results of HBV Tests Applied on Injecting Drug Users under In-patient Treatment in Addiction Treatment Centers in 2012 According to First Injection Time

Table 6-8: Treatment History and HBV Results of Intravenous Drug Users under In-patient Treatment in Addiction Treatment Centers in 2012

Table 6-9: Distribution of the Results of HCV Tests Applied on Intravenous Drug Users under In-patient Treatment in Addiction Treatment Centers in Years

Table 6-10: Distribution of the Results of HCV Tests Applied on Intravenous Drug Users under In-patient Treatment in Addiction Treatment Centers in 2012 According to Gender

Table 6-11: Distribution of the Results of HCV Tests Applied on Intravenous Drug Users under In-patient Treatment in Addiction Treatment Centers According to Years and Age

Table 6-12: Distribution of the Results of HCV Tests Applied on Intravenous Drug Users under In-patient Treatment in Addiction Treatment Centers in 2012 According to First Injection Time

Table 6-13: Treatment History and HCV Results of Intravenous Drug Users under In-patient Treatment in Addiction Treatment Centers in 2012

Table 6-14: Distribution of Average Age of Direct Drug-related Deaths between 2007 and 2012 According to Gender and Year

Table 6-15: Distribution of Average Age of Direct Drug-related Deaths in 2012 According to Gender

Table 6-16: Data from the Last 6 Years on Provinces where Such Deaths Are the Most Frequency

Table 6-17: Distribution of Direct Drug-Related Deaths Based on Opium and Its Derivatives in 2012 According to Gender

Table 6-18: Distribution of Substances Identified in Samples as a Result of Toxicological Analyses between 2008 and 2012

Table 6-19: Distribution of Average Ages of Indirect Drug-related Deaths According to Gender and Year

Table 6-20: Distribution of Cases' Age Groups According to Gender

Table 6-21: Distribution of Indirect Drug-Related Deaths in 2012 Based on Death Causes and Opium Derivatives According to Gender

Table 6-22: Distribution of Substances Identified in Samples as a Result of Toxicological Analyses between 2008 and 2012

Table 6-23: Distribution of Indirect Drug-related Deaths According to Gender Based on Their Origins

GRAPHS

Graph 3-1: Distribution of the Number of Prevention Activities under the Coordination of TUBİM in Years

Graph 3-2: Distribution of the Prevention Activities under the Coordination of TUBİM in 2012, According to Their Types

Graph 3-3: Distribution of the Number of People Reached Through Prevention Activities under the Coordination of TUBİM, in Years

Graph 3-4: Distribution of the Number of People Reached Through Prevention Activities under the Coordination of TUBİM in 2012, According to Group Types

Graph 5-1: Distribution of Inpatients Under Treatment According to Year

Graph 5-2: Distribution of Patients Admitted for Treatment for the First Time and Those with Previous Treatment History

Graph 5-3: Distribution of Patients Under Treatment According to Nationality

Graph 5-4: Distribution of Patients Under Treatment According to Gender

Graph 5-5: Distribution of Patients Under Treatment According to Age

Graph 5-6: Distribution of Patients Under Treatment According to Age of First Drug Use

Graph 5-7: Distribution of Patients Under Treatment According to Educational Background

Graph 5-8: Distribution of Patients Under Treatment According to Employment Status

Graph 5-9: Distribution of Patients Under Treatment According to Life Style

Graph 5-10: Distribution of Patients Under Treatment According to Way of Referral to Treatment

Graph 5-11: Distribution of Main Substances Used by Patients Under Treatment According to Years

Graph 5-12: Distribution of Patients Under Treatment According to Ways of Use and Years

Graph 5-13: Distribution of Patients Under Treatment According to Use of Injection

Graph 6-1: Distribution of Declared HIV/AIDS Cases and Carriers According to the Years

Graph 6-2: Distribution of Age Groups of Direct Drug-related Deaths between 2008 and 2012 According to Years

Graph 6-3: Distribution of Age Groups of Men Among Direct Drug-related Deaths between 2008 and 2012 According to Years

Graph 6-4: Distribution of Drug-related Deaths based on Opium Derivative between 2008 and 2012 According to Gender

Graph 6-5: Distribution of Age Groups of Indirect Drug-related Deaths in 2012 According to Years

Graph 6-6: Distribution of Age Groups of Men Among Indirect Drug-related Deaths in 2012 According to Years

Graph 9-1: Total Number of Incidents and Suspects over Years

Graph 9-2: Number of Drug Incidents by Types of Offences

Graph 9-3: Number of Drug Incidents by Types of Offences (%)

Graph 9-4: Number of Persons Arrested by Types of Offences

Graph 9-5: Number of Persons Arrested by Types of Offences (%)

Graph 9-6: Total Number of Heroin Incidents over Years

Graph 9-7: Top 10 Heroin-Related Offences and Number of Heroin Related Offences in 2012

Graph 9-8: Total Number of Cannabis Related Offences over Years

Graph 9-9: Top 10 Cannabis-Related Offences and Number of Cannabis Related Offences in 2012

Graph 9-10: Total Number of Cocaine-Related Offences over Years

Graph 9-11: Top 10 Cocaine-Related Offences and Number of Cocaine Related Offences in 2012

Graph 9-12: Total Number of Ecstasy-Related Offences over Years

Graph 9-13: Top 10 Ecstasy-Related Offences and Number of Ecstasy Related Offences in 2012

Graph 9-14: Number of Captagon- Related Offences over Years

Graph 9-15: Top 10 Captagon-Related Offences and Number of Captagon Related Offences in 2012

Graph 9-16: Number of Methamphetamine-Related Offences over Years

Graph 9-17: Top 10 Methamphetamine-Related Offences and Number of Methamphetamine Related Offences in 2012

Graph 9-18: Number of Acetic Anhydride-Related Offences over Years

Graph 9-19: Top 10 Acetic Anhydride-Related Offences and Number of Acetic Anhydride Related Offences in 2012

Graph 9-20: Number of Cannabinoids-Related Offences over Years

Graph 9-21: Top 10 Synthetic Cannabinoids-Related Offences and Number of Synthetic Cannabinoids Related Offences in 2012

Graph 9-22: Top 10 Form U Fillers and Number of Surveys Performed during 2012

Graph 9-23: Drug Users by Age Groups (%)

Graph 9-24: Drug Users by Levels of Education (%)

Graph 9-25: Drug Users by Marital Status (%)

Graph 9-26: Drug Users by Previous Conviction Statuses (%)

Graph 9-27: Drug Users by Employment Statuses (%)

Graph 9-28: Drug Users by Income Statuses (%)

Graph 9-29: Smoking Status (%)

Graph 9-30: Alcohol Usage Status (%)

Graph 9-31: First Drug Used by Drug Users (%)

Graph 9-32: First Illegal Drug Used by Drug Users (%)

Graph 9-33: Age Ranges for First Trials of Drugs (%)

Graph 9-34: Age Ranges for Starting Use of Drugs (%)

Graph 9-35: Time for Starting the Use of Drugs (%)

Graph 9-36: Time of Regular Use of Drugs (%)

Graph 9-37: Most Frequently Used Drugs (%)

Graph 9-38: Ways of Obtaining Drugs (%)

Graph 9-39: Reason for Starting of Drugs (%)

Graph 9-40: Drug Usage Location (%)

Graph 9-41: Participation Status in Awareness-Raising Activities (%)

Graph 9-42: Informed Status on Potential Harmful Effects of Drugs (%)

Graph 9-43: Prior Treatment Status (%)

Graph 9-44: Treatment Request (%)

Graph 9-45: Reason of Refusing Treatment (%)

Graph 9-46: The Number of Suspicious Transaction Notifications According to Years

Graph 9-47: The Number of Individuals in Penal Institutions for Drug-Related Crimes According to Year

Graph 9-48: The Breakdown of the Number of Detainees, Legal Detainees and Convicts in Penal Institutions for Drug Related Crimes According to Years

Graph 9-49: Comparison Between the Years of 2011 and 2013 According to Crime Groups

Graph 10-1: Heroin Seized by Year (kg)

Graph 10-2: Ten Turkish Cities where Maximum Quantities of Heroin Have Been Seized and Quantities Captured (kg)

Graph 10-3: Amount of Cannabis Seized by Year (kg)

Graph 10-4: Ten Cities in Turkey with Maximum Quantities of Cannabis Seized and Quantities Captured (kg)

Graph 10-5: Amounts of Cocaine Seized by Year (kg)

Graph 10-6: Ten Turkish Cities where Maximum Quantities of Cocaine Have Been Seized and Quantities Captured (kg)

Graph 10-7: Amounts of Captagon Seized by Year (pieces)

Graph 10-8: Ten Cities in Turkey with Maximum Quantities of Captagon Seized and Quantities Captured (pieces)

Graph 10-9: Amounts of Ecstasy Seized by Year (pieces)

Graph 10-10: Ten Cities in Turkey with Maximum Quantities of Ecstasy Seized and Quantities Captured (pieces)

Graph 10-11: Amounts of Methamphetamine Seized by Year (kg)

Graph 10-12: Ten Cities in Turkey with Maximum Quantities of Methamphetamine Seized and Quantities Captured (kg)

Graph 10-13: Amounts of Acetic Anhydride Seized by Years (lt)

Graph 10-14: Ten Cities in Turkey with Maximum Quantities of Acetic Anhydride Seized and Quantities Captured (lt)

Graph 10-15: Amounts of Khat Seized by Years (kg)

Graph 10-16: Synthetic Cannabinoids (Bonzai, etc.) Seized by Years.

FIGURES

Figure 1-1: A General Classification of Drugs

Figure 1-2: Secretariat Institutions of Provincial Drug Coordination Committees

Figure 9-1: Top 10 Heroin-Related Offences and Number of Heroin Related Offences in 2012

Figure 9-2: Top 10 Cannabis-Related Offences and Number of Cannabis Related Offences in 2012

Figure 9-3: Top 10 Cocaine-Related Offences and Number of Cocaine Related Offences in 2012

Figure 9-4: Top 10 Ecstasy-Related Offences and Number of Ecstasy Related Offences in 2012

Figure 9-5: Top 10 Captagon-Related Offences and Number of Captagon Related Offences in 2012

Figure 9-6: Top 10 Methamphetamine-Related Offences and Number of Methamphetamine Related Offences in 2012

Figure 9-7: Top 10 Acetic Anhydride-Related Offences and Number of Acetic Anhydride Related Offences in 2012

Figure 9-8: Top 10 Synthetic Cannabinoids-Related Offences and Number of Synthetic Cannabinoids Related Offences in 2012

ANNEXES

Turkish National Police - Department of Anti-Smuggling and Organized Crime
EMCDDA TURKISH DRUG REPORT 2013 (2012 data) : Reitox National Focal Point
Turkey: New Development, Trends and in-depth information on selected issues
Ankara: Turkish Monitoring Centre for Drugs and Drug Addiction
2013 - 230 p. - 19.5x27.5 cm.
ISBN: 978-605-149-478-4
KOM Publications
Edition Number: 104