

Turkey

Turkey Drug Report 2018

This report presents the top-level overview of the drug phenomenon in Turkey, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2016 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

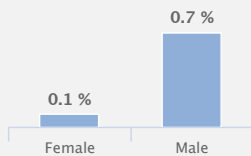
THE DRUG PROBLEM IN TURKEY AT A GLANCE

Drug use

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

Cannabis

0.4 %



Other drugs

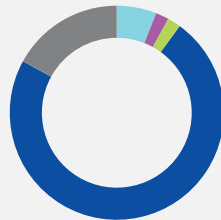
MDMA **0.1 %**
Amphetamines **0.1 %**

High-risk opioid users

No Data

Treatment entrants

by primary drug



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

Opioid substitution treatment clients

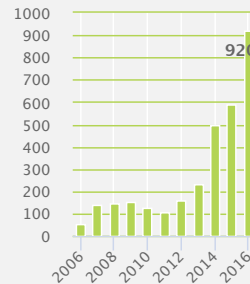
12 500

Syringes distributed

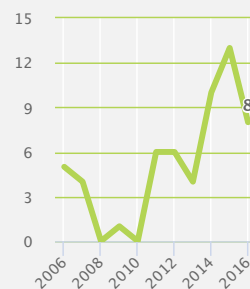
through specialised programmes

No Data

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

81 222

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Herbal cannabis
2. Cannabis resin
3. Heroin
4. Amphetamines
5. MDMA

Population

(15-64 years)

53 359 594

Source: EUROSTAT Extracted on: 18/03/2018

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

National drug strategy and coordination

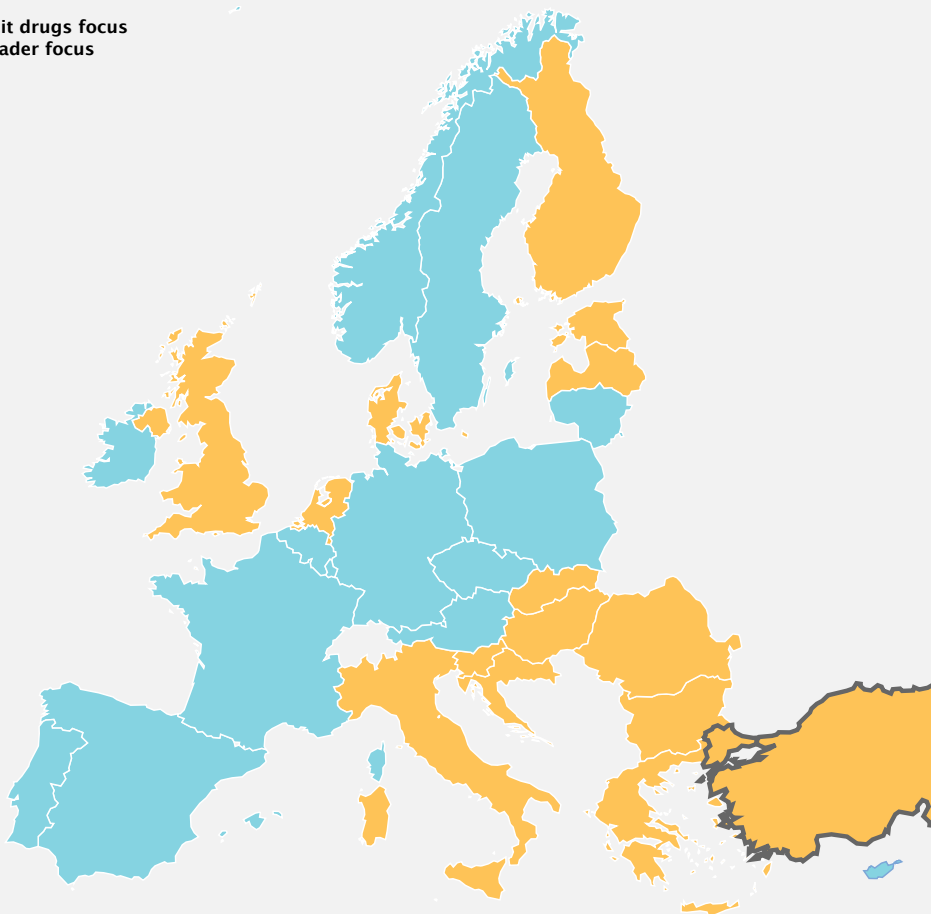
National drug strategy

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

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

Focus of national drug strategy documents: illicit drugs or broader

- Illicit drugs focus
- Broader focus



NB: Year of data 2016. Strategies with broader focus may include, for example, licit drugs and other addictions.

National coordination mechanisms

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

Public expenditure

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

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

Until 2011, the reporting of drug-related public expenditure was very limited and incomplete. In 2011, a preliminary questionnaire was sent to drug-related public services for the first time and data reporting has been improved every year since 2012. Estimates suggest that drug-related public expenditure was almost TRY 744 million (EUR 293.7 million) in 2013 (0.05 % of gross domestic product (GDP)), which was partly boosted by investment in equipment and infrastructure. In 2014 and 2015, the expenditure was almost TRY 530 million (EUR 182.4 million) and TRY 646 million (EUR 213.5 million), respectively, which was approximately 0.04 % of Turkish GDP. In 2016, drug-related public spending increased steadily to TRY 721.9 million, which represented 0.09 % of GDP.

Drug laws and drug law offences

National drug laws

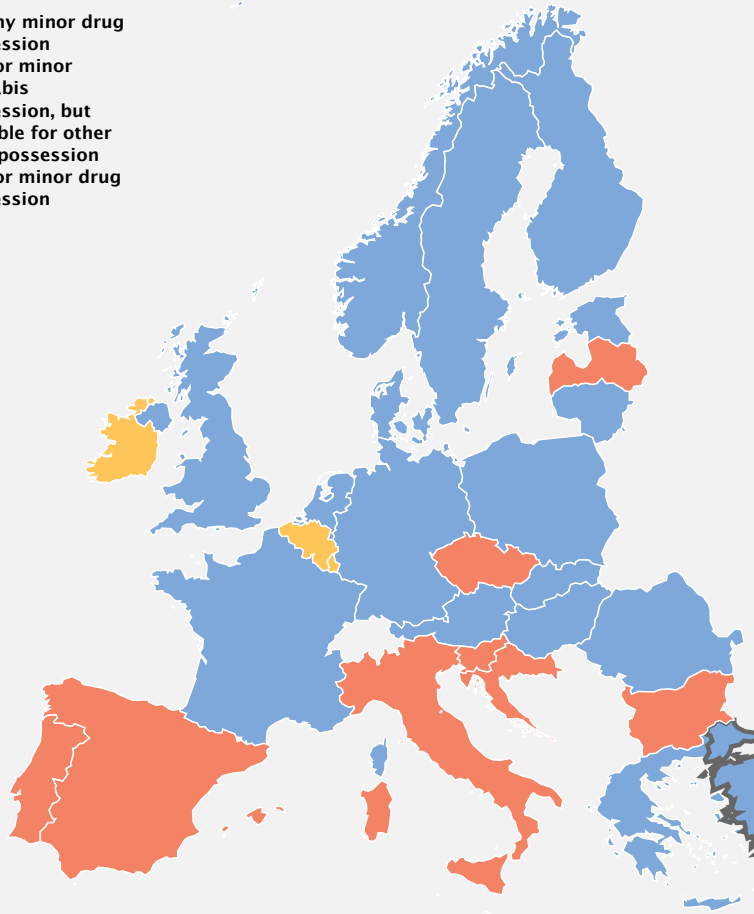
The Turkish Penal Code, which was updated in 2014, with further adjustments in 2015, specifies prison sentences of two to five years for those who use drugs or buy, receive or possess drugs for personal use. There is also the option of treatment and/or probation of up to three years, although, since 2014, probation as an alternative to prison cannot be used more than once. If drug users refuse treatment or do not comply with their probation requirements, the courts can impose a prison sentence. In 2016, it was clarified that no punishment will apply if a dependent user requests treatment before investigation; in such cases, healthcare professionals are not obliged to report the offence.

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

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

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

- For any minor drug possession
- Not for minor cannabis possession, but possible for other drug possession
- Not for minor drug possession



NB: Year of data 2016

Drug law offences

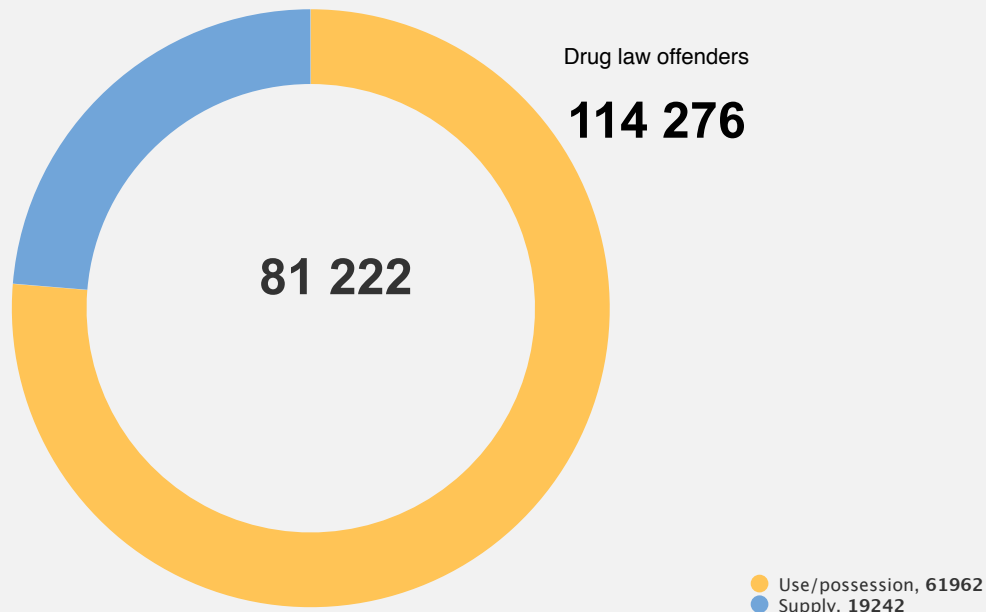
Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

The statistical data on DLOs in Turkey indicate a slight increase in reported DLOs in 2016. Most of the offences reported were related to drug use or possession.

Reported drug law offences and offenders in Turkey

NB: Year of data 2016.

Drug law offences



Drug use

Prevalence and trends

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

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

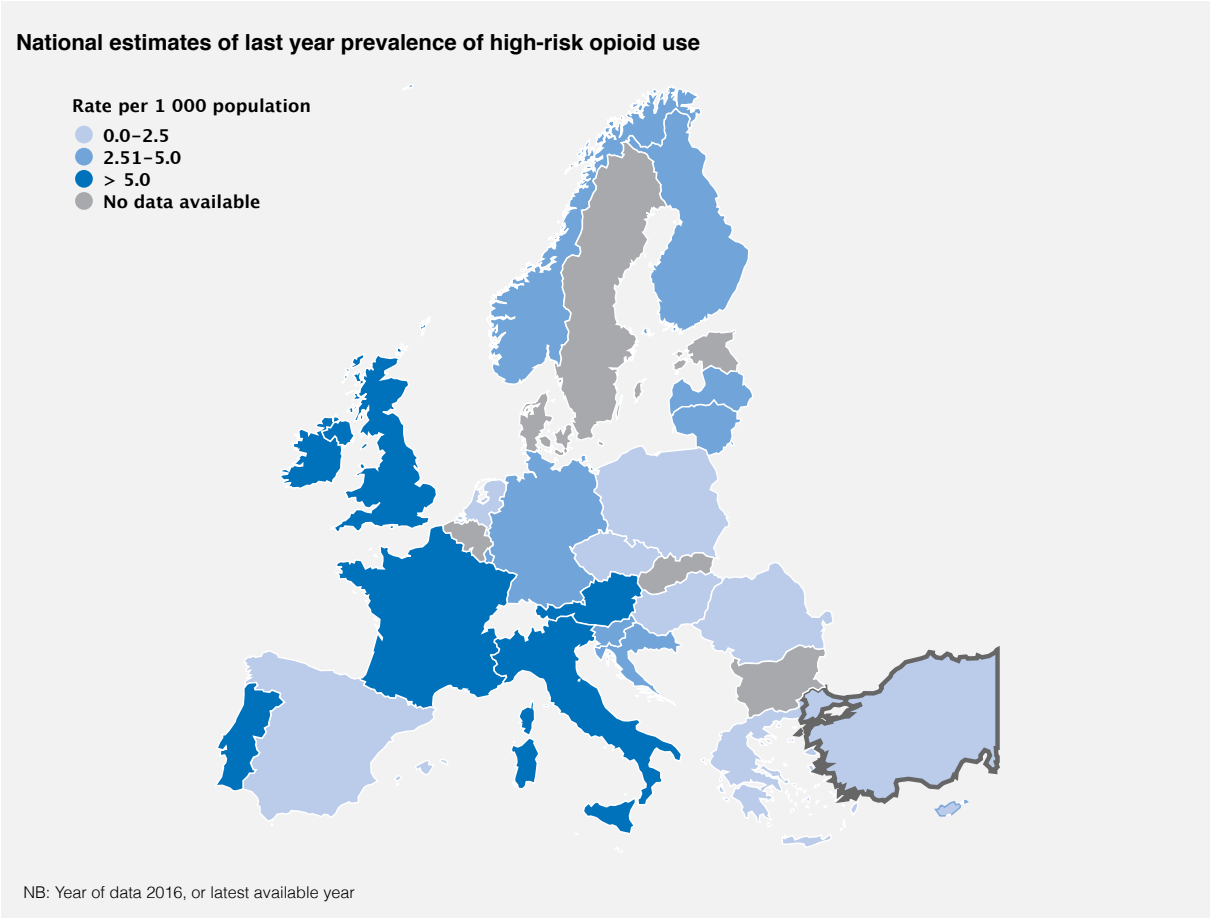
High-risk drug use and trends

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

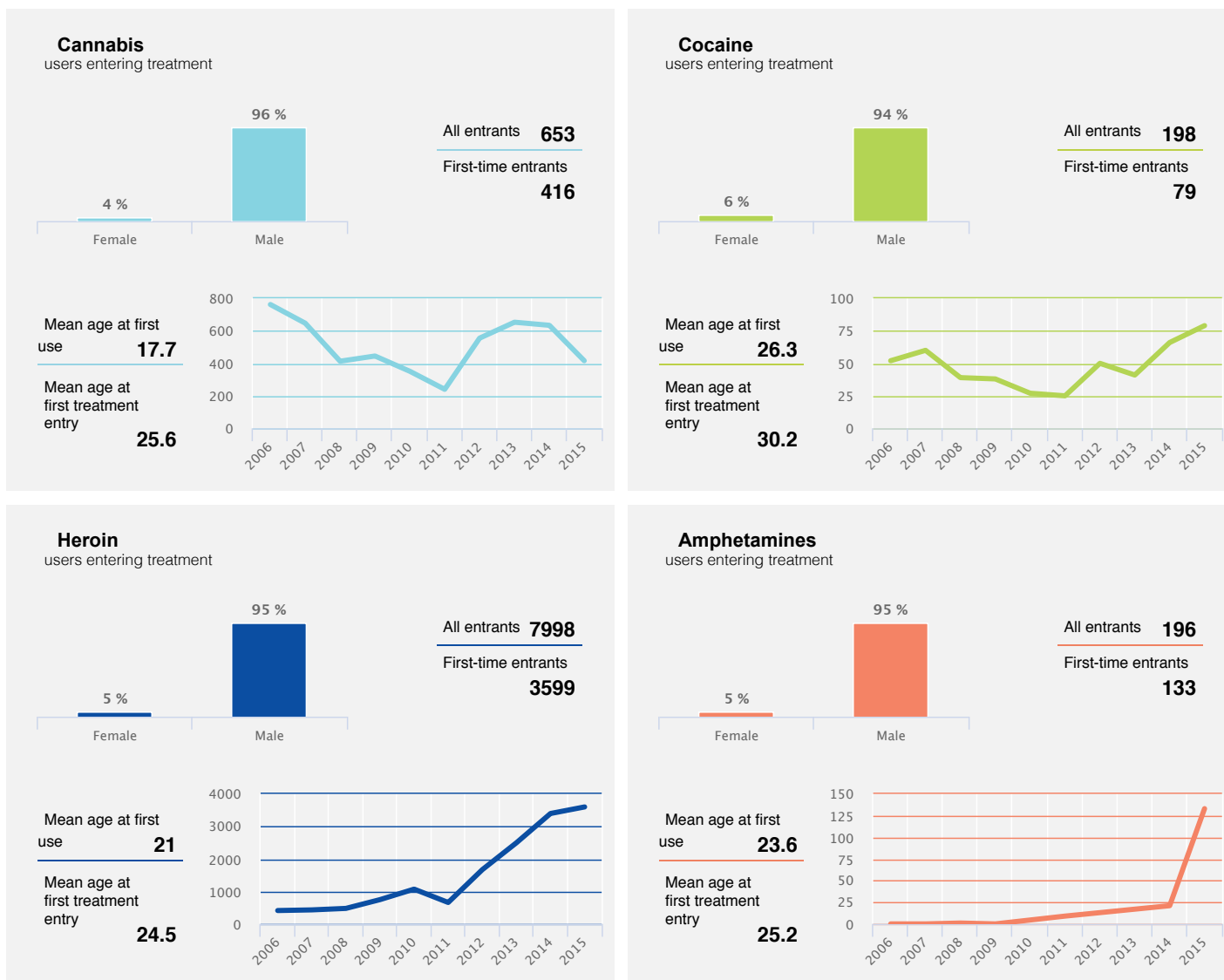
High-risk drug use in Turkey is mainly linked to the use of opioids. The 2011 national prevalence point estimate indicated an estimated population of 12 700 high-risk opioid users. However, more recent local estimates and treatment data suggest that the number of high-risk opioid users in Turkey may be higher.

In the last five years, the number of treatment demands reported in Turkey has increased, and this trend is mainly attributed to increased coverage of reporting. Data from specialised treatment centres indicate that heroin was the most commonly reported primary substance for first-time clients entering treatment in 2015.

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



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



NB: Year of data 2016. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

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

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

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

region	HCV	HIV
National	39.8	0
Sub-national	:	:

Year of data: 2015

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

Drug-induced deaths

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

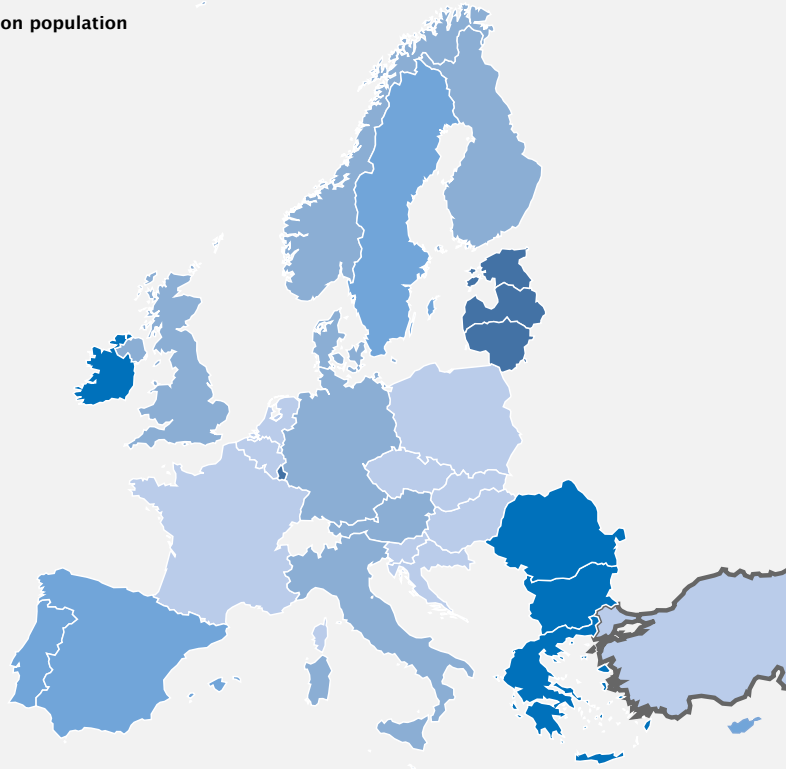
In 2016, the number of drug-induced deaths reported through the special death registry of the Turkish Ministry of Justice almost doubled compared with 2015. The majority of the deceased were male and the mean age was 31 years. Toxicological analysis was available for all confirmed drug-induced deaths. More than one substance was detected in the majority of deaths, with opioids, mainly heroin, involved in about one third of the deaths. The number of opioid-related deaths in Turkey has been more or less stable since 2014. Synthetic cannabinoids were present in more than one third of cases, and in many cases were the only substance detected. The number of cases in which MDMA/ecstasy, amphetamines and cocaine were detected increased in 2016.

The drug-induced mortality rate among adults (aged 15-64 years) was 14.6 deaths per million in 2016, which is lower than the most recent European average of 21.8 deaths per million.

Newly diagnosed HIV cases attributed to injecting drug use

Cases per million population

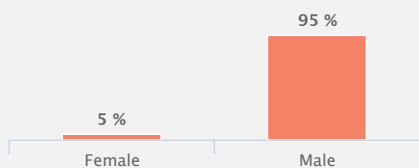
- <1.0
- 1.0-2.0
- 2.1-3.0
- 3.1-8.0
- >8.0



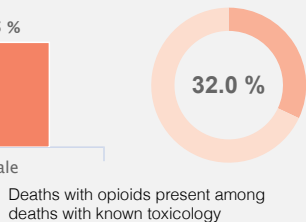
NB: Year of data 2016, or latest available year. Source: ECDC.

Characteristics of and trends in drug-induced deaths in Turkey

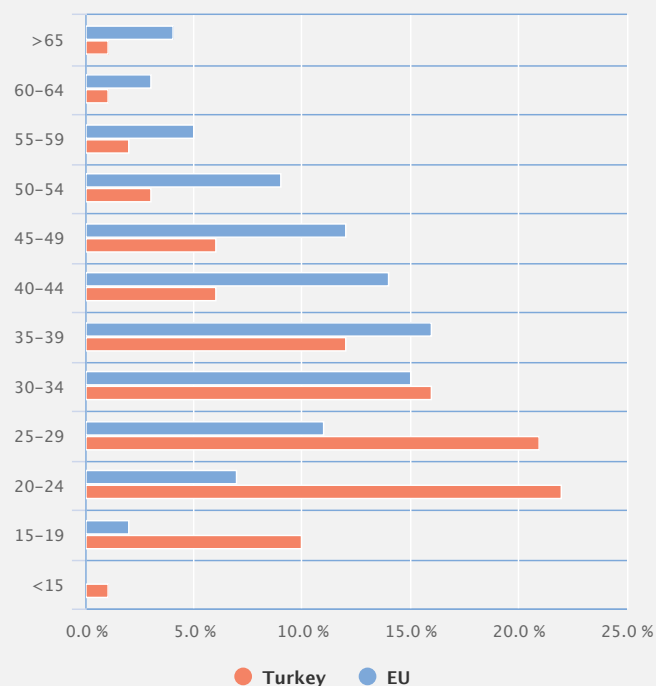
Gender distribution



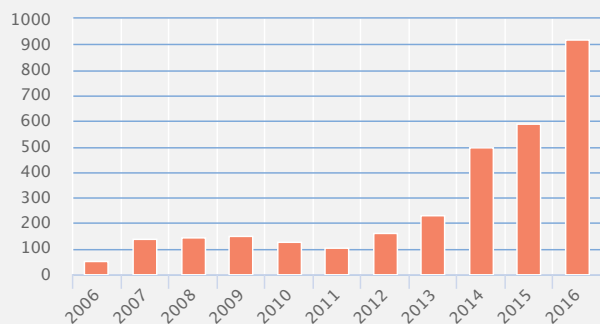
Toxicology



Age distribution of deaths in 2016



Trends in the number of drug-induced deaths

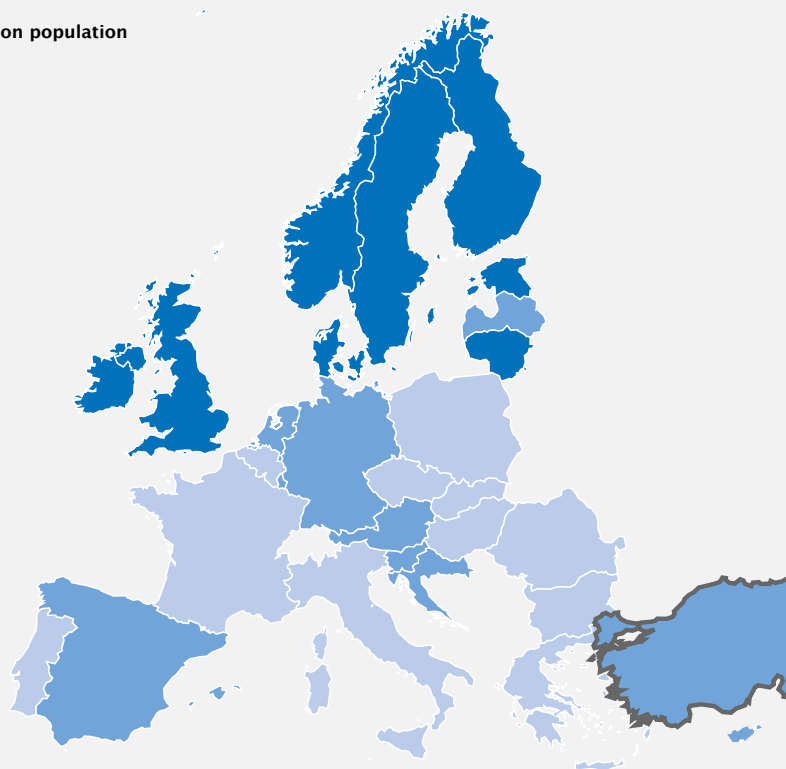


NB: Year of data 2016, or most recent year

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

Cases per million population

- <10
- 10-40
- > 40



NB: Year of data 2016, or latest available year. Comparison between countries should be undertaken with caution. Reasons include systematic under-reporting in some countries, different reporting systems and case definition and registration processes.

Prevention

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

Prevention interventions

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

In Turkey, prevention activities focus on awareness raising among the general population. Some initiatives that aim to increase individual and social skills among young people and to support environments that may deter drug-taking among vulnerable populations have recently been launched.

Environmental prevention activities include addressing the decision-making process surrounding drug use and restricting access to substances. Audits are carried out to prevent the use of tobacco products in indoor areas with a team of 60 auditors in six different cities. The 'Price and Taxation System' regulates taxes for alcoholic beverages according to proof and alcohol content, as well as minimum amounts. Another measure is limiting advertisement and presentation of substances by the Tobacco and Alcohol Market Regulatory Authority (TPDK) and the Turkish Radio and Television Corporation (TRT).

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

The few selective prevention interventions that are available focus on awareness-raising and information provision, while Social Services Centres provide some social assistance and referrals to treatment institutions for homeless children and young people. Indicated prevention has not yet been developed in Turkey. The Green Crescent Counselling Centre provides services to those who misuse substances and their families.

Harm reduction

Harm reduction interventions are not available in Turkey.

Availability of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	No	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czech Republic	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

The treatment system

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

Drug treatment is provided through the Alcohol-Substance Addiction Research, Therapy and Education Centres, psychiatric clinics in public hospitals under the Ministry of Health, university-based treatment units and some private hospitals. The majority of these institutions provide both inpatient and outpatient treatment. Funding for drug treatment services is mainly provided by the state through social or health insurance funds. Most drug treatment services treat addiction in general, providing treatment for both alcohol and illicit drug use.

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

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

Treatment provision

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

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

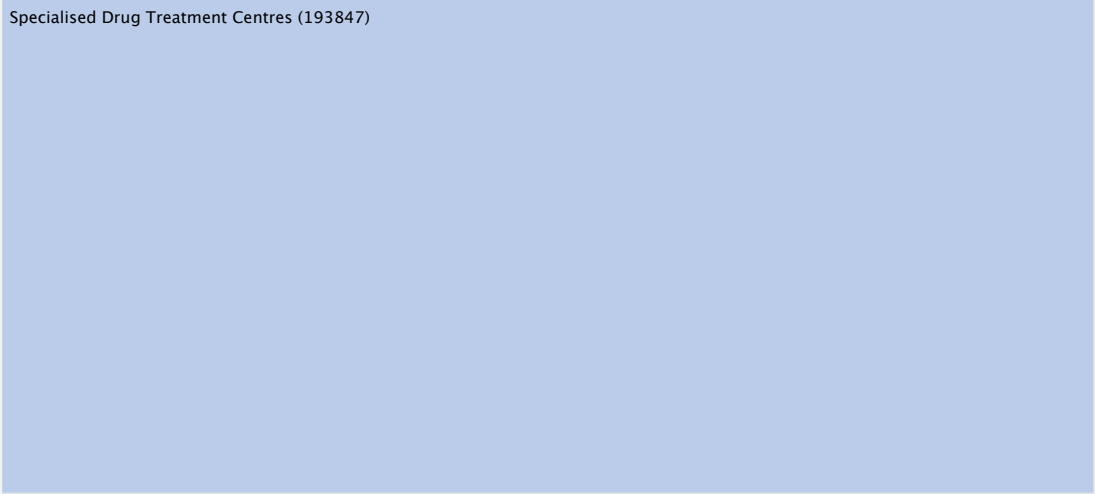
The majority of clients entering drug treatment services in 2015 required treatment for primary opioid use, mainly use of heroin. From 2006 to 2015, the number of clients entering treatment for opioid use, and heroin in particular, increased as a result of an expansion of the treatment system and increased availability of OST.

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

Drug treatment in Turkey: settings and number treated

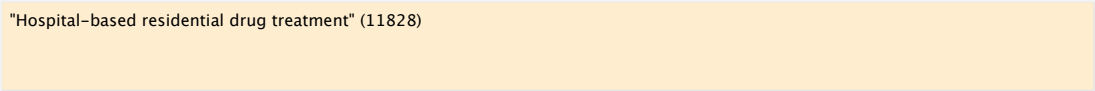
Outpatient

Specialised Drug Treatment Centres (193847)



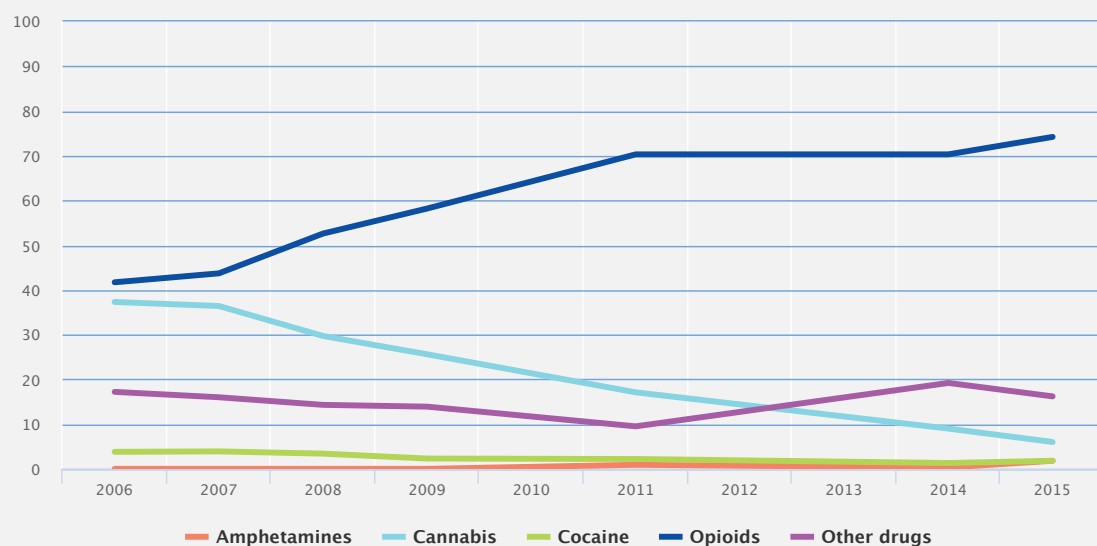
Inpatient

"Hospital-based residential drug treatment" (11828)



NB: Year of data 2015

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



NB: Year of data 2016.

Drug use and responses in prison

In 2016, there were 382 penal institutions in Turkey. Around 2 out of 10 prisoners were sentenced for drug law offences, and the proportion of drug law offenders among all prisoners has been on the rise in recent years. No data on drug use among prisoners are available in the country.

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

Psychosocial support services provided in penal institutions are aimed at protecting and promoting the physical and mental health of both prisoners and staff. A project for the rehabilitation of prisoners with mental health problems and drug dependency in Turkish prisons has been implemented, with the objectives of ensuring that prisoners with mental health problems receive proper assessment and diagnosis; developing and implementing effective intervention programmes; creating a supportive environment for mental health; protecting the mental health of staff; and increasing employee awareness of mental health.

Drug treatment in Turkish prisons focuses on motivational interventions, information awareness and the management of withdrawal symptoms through relaxation techniques.

Drug markets

Turkey is important as a transit country between Europe and the Middle East and also represents a large consumer market. Located on the Balkan route, it is a key transit point for illicit drugs, such as heroin that is being transported from Afghanistan to Europe, sometimes in exchange for acetic anhydride (the main precursor in the production of heroin) or synthetic stimulant drugs. Although traditional trafficking methods by land, sea or air dominate in Turkey, in recent years smuggling of illicit substances in postal consignments has also been noted, in particular for new psychoactive substances.

Heroin is the main illicit drug that is trafficked via the Balkan route towards Europe. In 2016, the number of seizures and the quantity seized were reportedly lower than in 2015. However, the number of seizures of other opioids, such as methadone and tramadol tablets, has markedly increased.

Cannabis products, originating primarily either in the Western Balkan countries or Morocco, are the most frequently seized substances in Turkey. In 2016, the quantities of cannabis products seized were larger than those reported in 2015. Domestic cultivation has been reported, although domestic cannabis is rarely trafficked outside the country.

Cocaine enters Turkey from South America for domestic use and en route to other European countries, Azerbaijan and northern Iraq. In 2016, there were more cocaine seizures than in each of the years 2012-15, and a record amount was seized. The majority of large cocaine seizures take place in the international sea ports on the Mediterranean coast.

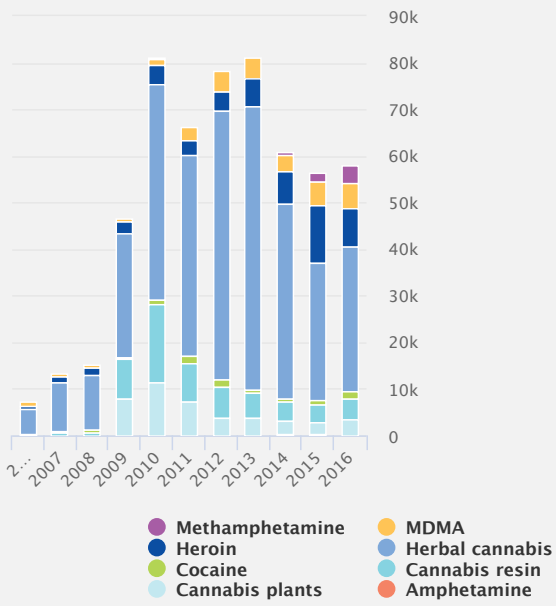
Captagon tablets (or tablets displaying a Captagon logo but which contain amphetamine as their active ingredient) originating in south-east Europe are smuggled through Turkey en route to countries in the Middle East. A small proportion of these Captagon tablets remain on the Turkish market. In 2015, a record number of 12 million Captagon tablets that were en route to countries in the Arabian

Peninsula were seized in a single police operation.

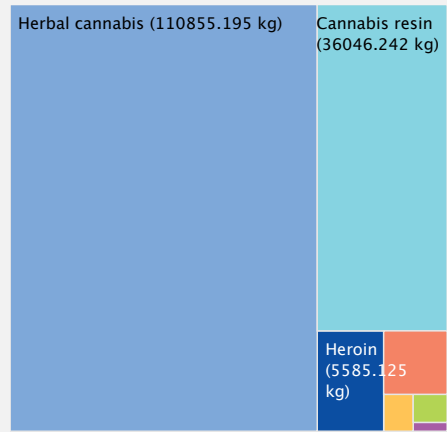
Methamphetamine, which is produced in the Far East, enters Turkey through Iran or arrives directly by air. In 2016, a further increase in methamphetamine seizures was reported, and concerns were raised over the increase in the quantity of this substance that was available on the retail market. MDMA/ecstasy seized in Turkey originates in the Netherlands and Belgium and has traditionally been seized in the western parts of the country, although seizures of this synthetic stimulant in the eastern provinces have reportedly increased in recent years. Synthetic cannabinoids, which appeared on the Turkish drug market in 2010, originate reportedly from China, Europe and the United States of America. Some reports indicate possible packaging activities of these substances in Turkey.

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

Number of seizures



Quantities seized



NB: Year of data 2016

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use - schools (% , Source: ESPAD)	n.a.	n.a.	6.5	36.8
Last year prevalence of use - young adults (%)	2011	0.4	0.4	21.5
Last year prevalence of drug use - all adults (%)	2011	0.3	0.3	11.1
All treatment entrants (%)	2015	6.0	1.0	69.6
First-time treatment entrants (%)	2015	7.7	2.3	77.9
Quantity of herbal cannabis seized (kg)	2016	110855.1	12	110855
Number of herbal cannabis seizures	2016	31189	62	158810
Quantity of cannabis resin seized (kg)	2016	36046.19	0	324379
Number of cannabis resin seizures	2016	4659	8	169538
Potency - herbal (% THC) (minimum and maximum values registered)	2016	0.15 - 27.34	0	59.90
Potency - resin (% THC) (minimum and maximum values registered)	2016	0.28 - 25.21	0	70.00
Price per gram - herbal (EUR) (minimum and maximum values registered)	2016	1.26 - 12.66	0.60	111.10
Price per gram - resin (EUR) (minimum and maximum values registered)	2016	1.26 - 37.98	0.20	38.00
Cocaine				
Lifetime prevalence of use - schools (% , Source: ESPAD)	n.a.	n.a.	0.9	4.9
Last year prevalence of use - young adults (%)	n.a.	n.a.	0.2	4.0
Last year prevalence of drug use - all adults (%)	n.a.	n.a.	0.1	2.3
All treatment entrants (%)	2015	1.8	0.0	36.6
First-time treatment entrants (%)	2015	1.5	0.0	35.5
Quantity of cocaine seized (kg)	2016	845.1	1.00	30295
Number of cocaine seizures	2016	1476	19	41531
Purity (%) (minimum and maximum values registered)	2016	23 - 96	0	99.00
Price per gram (EUR) (minimum and maximum values registered)	2016	12.66 - 139.24	3.00	303.00
Amphetamines				
Lifetime prevalence of use - schools (% , Source: ESPAD)	n.a.	n.a.	0.8	6.5
Last year prevalence of use - young adults (%)	2011	0.1	0.0	3.6
Last year prevalence of drug use - all adults (%)	2011	n.a.	0.0	1.7
All treatment entrants (%)	2015	1.8	0.2	69.7
First-time treatment entrants (%)	2015	2.5	0.3	75.1
Quantity of amphetamine seized (kg)	2016	3379.5	0	3380
Number of amphetamine seizures	2016	67	3	10388
Purity - amphetamine (%) (minimum and maximum values registered)	2016	0.17 - 17	0	100.00
Price per gram - amphetamine (EUR) (minimum and maximum values registered)	2016	5.06 - 75.95	2.50	76.00
MDMA				
Lifetime prevalence of use - schools (% , Source: ESPAD)	n.a.	n.a.	0.5	5.2
Last year prevalence of use - young adults (%)	2011	0.1	0.1	7.4
Last year prevalence of drug use - all adults (%)	2011	n.a.	0.1	3.6
All treatment entrants (%)	2015	1.0	0.0	1.8
First-time treatment entrants (%)	2015	1.4	0.0	1.8
Quantity of MDMA seized (tablets)	2016	3783737	0	3783737
Number of MDMA seizures	2016	5259	16	5259
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2016	53.62 - 163	1.90	462.00
Purity (MDMA % per tablet) (minimum and maximum values registered)	2016	n.a.	0	88.30
Price per tablet (EUR) (minimum and maximum values registered)	2016	1.52 - 18.99	1.00	26.00
Opioids				
High-risk opioid use (rate/1 000)	2011	0.2	0.3	8.1
All treatment entrants (%)	2015	74.2	4.8	93.4
First-time treatment entrants (%)	2015	67.5	1.6	87.4
Quantity of heroin seized (kg)	2016	5585.1	0	5585

Number of heroin seizures	2016	8179	2	10620
Purity - heroin (%) (minimum and maximum values registered)	2016	0.45 - 66	0	92.00
Price per gram - heroin (EUR) (minimum and maximum values registered)	2016	5.06 - 126.58	4.00	296.00
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to Injecting drug use -- aged 15-64 (cases/million population, Source: ECDC)	2016	0.1	0	33.00
HIV prevalence among PWID* (%)	2015	0	0	31.50
HCV prevalence among PWID* (%)	2015	39.79	14.60	82.20
Injecting drug use -- aged 15-64 (cases rate/1 000 population)	n.a.	n.a.	0.1	9.2
Drug-induced deaths -- aged 15-64 (cases/million population)	2016	14.6	1.40	132.30
Health and social responses				
Syringes distributed through specialised programmes	n.a.	n.a.	22	6469441
Clients in substitution treatment	2011	12500	229	169750
Treatment demand				
All entrants	2015	10884	265	119973
First-time entrants	2015	5377	47	39059
All clients in treatment	2011	206174	1286	243000
Drug law offences				
Number of reports of offences	2016	81222	775	405348
Offences for use/possession	2016	61962	354	392900

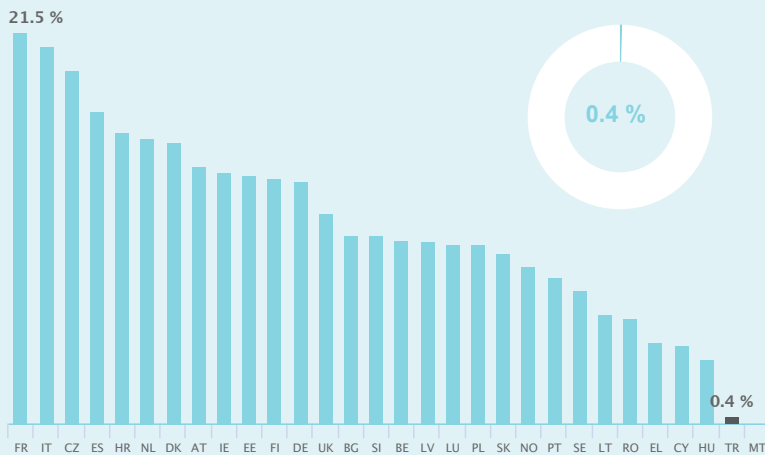
* PWID — People who inject drugs.

EU Dashboard

EU Dashboard

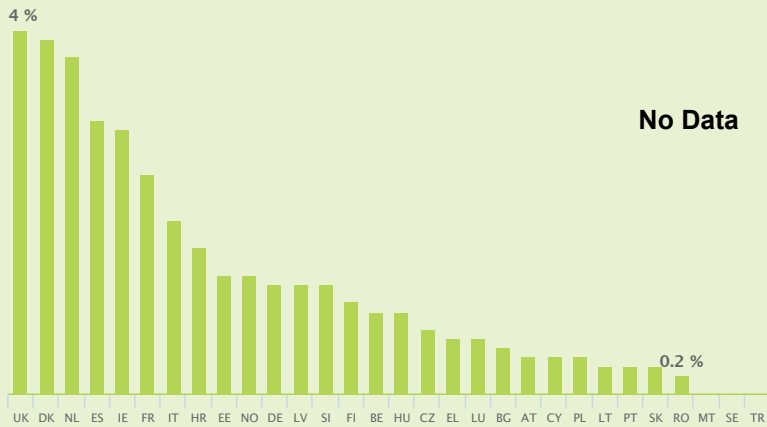
Cannabis

Last year prevalence among young adults (15-34 years)



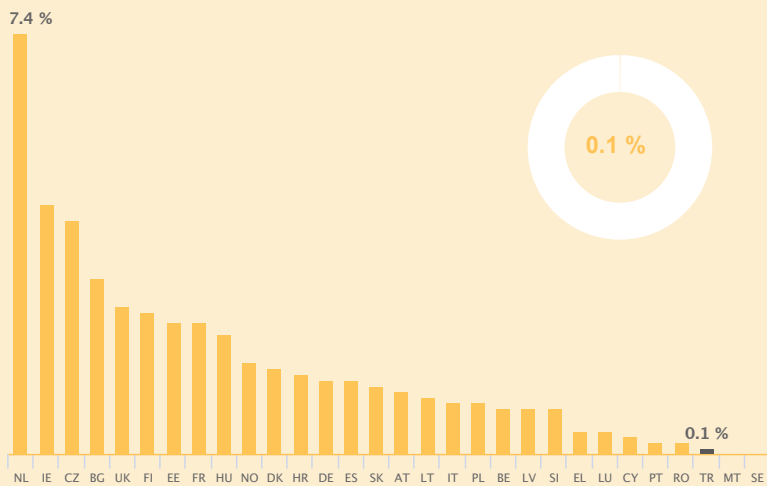
Cocaine

Last year prevalence among young adults (15-34 years)



MDMA

Last year prevalence among young adults (15-34 years)



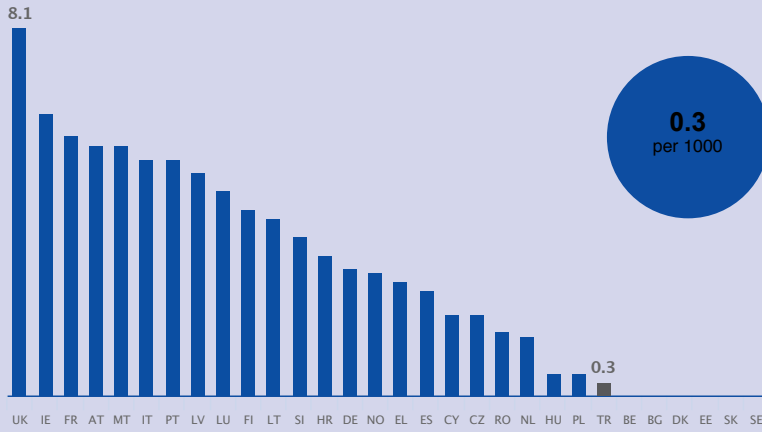
Amphetamines

Last year prevalence among young adults (15-34 years)



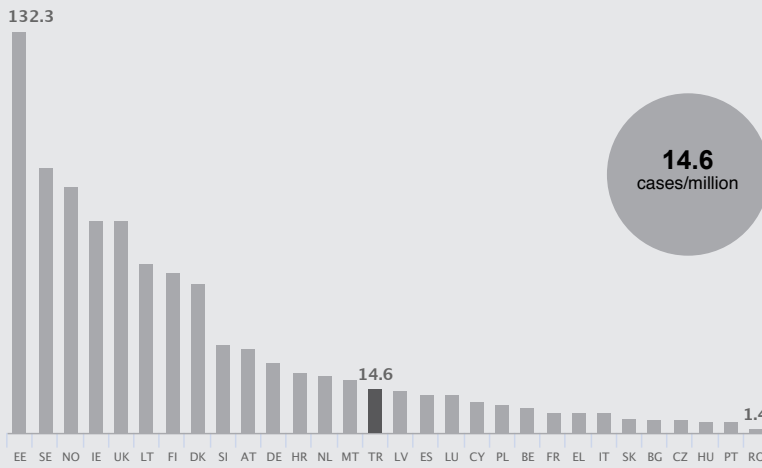
Opioids

High-risk opioid use (rate/1 000)



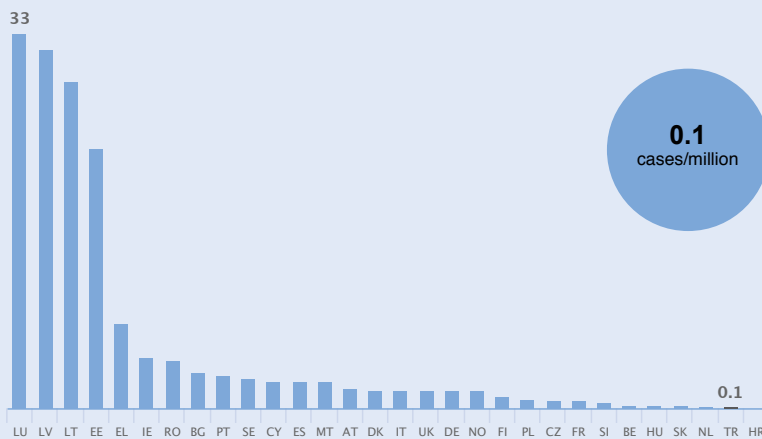
Drug-induced mortality rates

National estimates among adults (15-64 years)



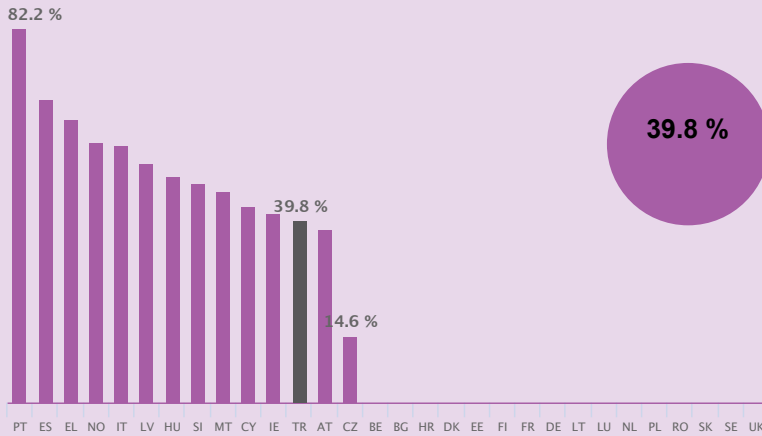
HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence

National estimates among injecting drug users



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

About our partner in Turkey

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

Turkish Monitoring Centre for Drugs and Drug Addiction (Türkiye Uyuşturucu ve Uyuşturucu Bağımlılığı İzleme Merkezi)



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