

TUBİM

TUBİM

TUBİM

TUBİM

TUBİM

TUBİM

TUBİM

TUBİM

TUBİM

TUBİM

TUBİM

TUBİM

TUBİM

TUBİM

TUBİM

TUBİM

TUBİM

TUBİM

KCM



European Monitoring Centre
for Drugs and Drug Addiction



Turkey Monitoring Centre
for Drugs and Drug Addiction

2006 NATIONAL REPORT to the EMCDDA by the Reitox National Focal Point TURKEY

**New Developments, Trends, Detailed Information
on Selected Issues**

**REITOX
ANKARA 2006**

TURKISH NATIONAL POLICE
Department of Anti-Smuggling and Organized Crime



**European Monitoring Centre for
Drugs and Drug Addiction**



**Turkish Monitoring Centre for
Drugs and Drug Addiction**

2006 NATIONAL REPORT TO THE EMCDDA
Reitox National Focal Point

TURKEY

**New Developments, Trends, Detailed Information
on Selected Issues**

Mustafa PINARCI
EMCDDA Head of Turkish National Focal Point

CONTENTS

CONTENTS.....	i
ABBREVIATIONS.....	iv
FOREWORD.....	vii

PART A NEW DEVELOPMENTS AND TRENDS

1. NATIONAL POLICIES AND LEGISLATION

1.1. Legal Framework	1
1.1.1. Control over Legal Opium Poppy and Cannabis Production	2
1.1.2. Legal Trade of Controlled Substances and Preparations.....	3
1.1.3. Control of Chemicals/Narcotic Precursors Commonly Used or to be Potentially Used in the Manufacturing of Illicit Drugs and/or Psychotropic Substances	4
1.1.4. Probation	5
1.1.5. Health Care Services in the Penitentiary Institutions.....	6
1.1.6. Money Laundering	7
1.2. Institutional Organization, Strategies and Policies.....	7
1.2.1. International Cooperation.....	9
1.2.1.1. Liaison Officers.....	10
1.2.1.1.1. Foreign Liaison Officers Assigned to Turkey.....	10
1.2.1.1.2. Turkish Liaison Officers Assigned Abroad	10
1.2.2. National Plan and Strategies.....	10
1.2.2.1. Policy and Strategy Practice	12
1.2.2.1.1. Demand Reduction Activities.....	12
1.2.2.1.1.1. Controlled Delivery Operations.....	14
1.2.2.1.2. Demand Reduction Activities	14
1.2.2.2. Training Activities.....	16
1.2.2.2.1. Turkish International Academy Against Drugs and Organized Crime (TADOC) and its Activities.....	16
1.3. Budget and Public Expenditure.....	17
1.4. Social and Cultural Context.....	17

2. DRUG USE IN THE POPULATION

2.1. Drug Use in Turkey	18
2.2. Drug Use Habits	20
2.3. Drug Use at School and Among the Young Population.....	23
2.4. Drug Use in Specific Groups	24

3. PREVENTION

3.1. General Prevention Activities.....	25
3.2. Selected/Specific Prevention Activities	26

4. PROBLEM DRUG USE

4.1. Estimation of Prevalence and Frequency	27
4.2. Treatment Demand Indicators	30
4.2.1. Profile of Drug Users under Treatment	30

5. DRUG-RELATED TREATMENT

5.1. Treatment System	33
5.1.1. Aim of the Treatment.....	34
5.1.2. Substitution Treatment	34
5.1.3. Non-Substitution Treatment	35

6. HEALTH CORRELATES AND CONSEQUENCES

6.1. Drug-related Deaths and Mortality of Drug Users.....	35
6.2. Drug-Related Infectious Diseases.....	36
6.2.1. HIV/AIDS	36
6.2.2. HEPATITIS B.....	37
6.2.3. HEPATITIS C	37
6.2.4. Tuberculosis	37
6.3. Other Drug-Related Health Problems.....	38

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

7.1. Prevention of Drug-Related Deaths.....	38
7.2. Prevention and Treatment of Drug-Related Infectious Diseases.....	38
7.3. Measures on Drug-Related Psychiatric Problems	40
7.4. Measures on Other Drug-Related Health Problems.....	40

8. SOCIAL CORRELATES AND CONSEQUENCES	
8.1. Social Exclusion	40
8.2. Drug-Related Crimes	41
8.3. Drug Use in Prison	42
9. RESPONSES TO SOCIAL CORRELATES AND CONSEQUENCES	
9.1. Social Re-integration	42
9.2. Prevention of Drug-Related Crimes.....	44
10. DRUG MARKETS	
10.1. Availability and Supply	44
10.1.1. Geographical Location of Turkey in Terms of Drug Routes.....	44
10.1.2. Evaluation In Terms of Main Drugs Affecting Turkey.....	46
10.1.3. Evaluation In Terms of Chemical Substances Used in Drug Production....	47
10.2. Seizures	47
10.3. Price / Purity	50
10.3.1. Retail Sale prices	50
10.3.2. Purity Ratios	50

**PART B
SELECTED ISSUES**

11. DRUG USE AND RELATED PROBLEMS AMONG VERY YOUNG PEOPLE (<15 YEARS OF AGE)	51
--	-----------

**PART C
BIBLIOGRAPHY, ANNEXES**

1. Bibliography	52
2. Annexes.....	52
3. Tables	52
4. Graphics and Images.....	52

ABBREVIATIONS

EU	European Union
USA	United States of America
AIDS	Acquired Immune Deficiency Syndrome
AMATEM	Research, Treatment and Training Center for Alcohol and Drug Addiction
BIDEM	Regional Computer Aided Training Center
UN	United Nations
CEN	Customs Enforcement Network
CPL	Criminal Procedural Law
STI	Sexually Transmitted Infections
EKOSOK	Economic and Social Council
TNP	Turkish National Police
EGEBAM	Ege University, Alcohol and Drug Addiction Research and Implementation Center for Children and Adolescents
ECO	Economic Cooperation Organization
EMCDDA	European Monitoring Center for Drugs and Drug Addiction
ESPAD	European School Survey Project on Alcohol and Other Drugs
HIV	Human Immunodeficiency Virus
HONLEA	Heads of National Drug Law Enforcement Agencies
IDEC	International Drug Enforcement Conference
INCB	International Narcotics Control Board
INTERPOL	International Criminal Police Organization
BSEC	Organization of the Black Sea Economic Cooperation
KOM	Department for Anti-Smuggling and Organized Crime
MASAK	Financial Crimes Investigation Board
MDMA	3,4-Methylenedioxymetamphetamine
OYUTAK	Subcommission on Illicit Drug Traffic and Related Matters in the Near and Middle East
PEN	Pre-export Notification
RILO	Regional Intelligence Liaison Office
RTÜK	Supreme Radio and Television Board
CCPCJ	Commission on Crime Prevention and Criminal Justice
SECI	South East European Cooperative Initiative
TADOC	Turkish International Academy Against Drugs and Organized Crime
TAPDK	Tobacco and Alcohol Market Supervisory Board

TPC	Turkish Penal Code
TMO	Turkish Grain Board
TRT	Turkish Radio and Television Broadcasting Authority
TUBİM	Turkish Monitoring Centre for Drugs and Drug Addiction
UAK	National AIDS Commission
CND	Commission on Narcotic Drugs
UMATEM	Research and Treatment Center for Volatile Substance Addiction (ÇEMATEM)
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
WCO	World Customs Organization

FOREWORD

Drugs and drug abuse are priority problems in our country as in all Countries of the World. Turkey, a transit country for many addictive substances, started to be also a target country in terms of drug abuse pioneered by ecstasy due to her geographical location. There are increases in drug-related crimes and the number of cases, and the number of suspects taken into custody and the amount of drugs seized increase accordingly. Since the problem is multi-dimensional, the fight against drugs must be multilateral as well. Interorganizational cooperation must be ensured and the fight against drugs must be conducted in coordination. A policy and a strategy covering all dimensions of the problem is the most essential element in an efficient fight against drugs.

Turkey started to participate in the works of EMCDDA and cooperation with Europe was initiated regarding all dimensions of the fight.

Within the framework of EU- Turkey Financial Cooperation, Turkish Monitoring Center for Drugs and Drug Addiction (TUBİM), being EMCDDA National Focal Point, was established with the Twinning Project conducted in the fields of Justice, Freedom and Security. National drug strategy, another aim of the mentioned project, was prepared under the coordination of TUBİM and with the cooperation of relative authorities. Preparation works for a national action plan in line with the strategy are ongoing.

One of the most significant results of the integration of EMCDDA and TUBİM is national report. The report was prepared for the first time taking country data of 2005 as basis and it is aimed to be prepared annually. The fact that the national capacity, programs and activities conducted can be seen in a single report by all authorities makes this report even more privileged.

With these reports to be shared with also EMCDDA, Europe will be able to see the power of our country in the field of fighting against drugs more clearly. Relative authorities engaged in the fight will also have the chance to introduce their activities and policies with this report. While the authorities carry out such activities, our strengths and weaknesses as a country will be seen more clearly and the report will be a guide for creating new policies.

We would like to thank all Institutional Focal Points for their contribution, especially the participatory authorities, the names of which are stated in the report and which made great efforts for providing the data and transferring them to TUBİM.

**Turkish Monitoring Centre for
Drugs and Drug Addiction**

STATE AUTHORITIES

1. Ministry of Justice
Directorate General for Prisons and Detention Houses
(Department Responsible for Probation and Welfare Services)
2. Ministry of Labor and Social Security
3. Ministry of National Education
4. Ministry of Health
Directorate General for Pharmaceuticals and Pharmacy
Presidency for Refik Saydam Hygiene Center
Directorate General for Curative Services
Directorate General for Primary Health Services
5. General Command of Gendarmerie
6. Turkish Coast Guard Command
7. Directorate General for Youth and Sports
8. Directorate General for Customs Enforcement
9. Directorate General for Social Services and Child Protection
10. General Directorate of Turkish Grain Board
11. Radio and Television Supreme Council
12. General Directorate of Turkish Radio and Television
13. Presidency of Religious Affairs
14. Secretariat General for EU Affairs
15. Department of Ankara Criminal Police Laboratory

Report Prepared by the Workers of EMCDDA Turkish National Focal Point

Bülent ÖZCAN (Social Worker-Inspector)

Nilüfer YILDIZ GÖL (Sociologist)

PART A

NEW DEVELOPMENTS AND TRENDS

1. NATIONAL POLICIES AND LEGISLATION

1.1. Legal Framework

Turkey recognizes the crimes related to the supply of illicit substances as crimes against humanity and the addicts as patients requiring treatment. Turkey always welcomes and supports national and international cooperation in the context of the supply and demand, and treatment and social integration efforts. In this respect, Constitution of the Turkish Republic highlights the need and significance of the counter efforts against the addictive substances. Article 58 of the Constitution reads as follows: "...The State shall take the necessary measures to protect the young people from alcohol addiction and drug use, delinquency, gambling and similar bad habits and illiteracy." Therefore, Turkey recognizes the protection of the young people from threats like tobacco, alcohol, drug/volatile substance and gambling as the mission of the state.

The counter efforts against the illicit addictive substances are governed under the following the legislation.

- Law No. 984 on the Stores Selling Toxic and Efficacious Substances Used by the Pharmaceutical Manufacturers and in the Artistic and Agricultural Works,
- Law No. 1262 on Pharmaceuticals and Medical Preparations,
- Law No. 2313 on the Control of Narcotic Drugs,
- Law No. 2559 on the Functions and Powers of the Police,
- Law No. 2803 on the Functions and Powers of the Gendarmerie Forces,
- Law No. 2954 on Turkish Radio and Television Broadcasting,
- Law No. 3201 on the National Police Agency,
- Law No. 3298 on Narcotic Drugs, Regulation No. 88/12850 and the Cabinet Decree No. 87/11703,
- Law No. 3984 on the Foundation and Broadcasting of Radio and Television Enterprises,
- Law No. 4207 on the Protection Against the Harmful Effects of Tobacco Products,
- Law No. 4926 on Anti-Smuggling,
- Turkish Penal Code No. 5237,

- Criminal Procedural Law No. 5271,
- Law No. 5326 on Minor Offences,
- Law No. 5402 on Probation, Help Centres and Protection Boards,
- Law No. 5549 on the Prevention of Laundering of Proceeds of Crime,
- Law No. 6197 on Pharmacists and Pharmacies,
- Regulation on Probation, Help Centres and Protection Boards,
- Regulation on Controlled Chemicals,
- Regulation on Treatment Centres for Drug Addiction,
- Regulation on Free Zones,
- Regulation on Training for Improving Driver's Behaviour,
- Communiqué on the Import Regime and Standardization in Foreign Trade,
- Communiqué on the Training and Certification of the Personnel to be Employed in Drug Addiction Centres,

1.1.1. Control over Legal Opium Poppy and Cannabis Production

Production, trade and control of narcotic drugs in Turkey are executed within the framework of the national laws regulated in parallel to the 1961 Single Convention on Narcotic Drugs, the 1972 Protocol amending this Convention and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances and the decisions of the Economic and Social Council (EKOSOK) published every year.

Production, control, harvesting, utilization, destruction, purchasing, sales, export and import of opium poppy in Turkey are governed under the Law No. 3298 on Narcotic Drugs enacted in June 3, 1986 and the regulation enacted upon the approval of the Cabinet in April 18, 1988 with the number 88/12850.

Opium poppy production is performed under a license obtained as per the Law No. 3298 on Narcotic Drugs and the related Regulation drafted in line with the international conventions and is based on controlled unincised capsule production. Directorate General for Turkish Grain Board (TMO) executes the matters related to the control of licensed opium poppy production on the lands identified by the Cabinet, production and purchasing of opium poppy capsule, raw and medical opium poppy and the manufacturing, domestic sales and export of the narcotic drugs as a product of the above, under the Cabinet Decree of April 13, 1987 and no. 87/11703.

The lands for opium poppy cultivation are identified each year on the basis of the 70.000 hectares of land as set by the United Nations (UN) for Turkey and the matters such as domestic requirement, export opportunities, existing level of stock and the capsule demand for the processing facilities. Therefore, the supply and demand balance required for legal narcotic drugs are kept without causing any excessive stock.

There is legal opium poppy production and unincised capsule production in 13 provinces on the lands identified each year by the Cabinet, under the planning of the Directorate General for TMO and the control of the security forces.

Legal cannabis production in Turkey is governed under the Law No. 2313 on the Control of Narcotic Drugs. According to the law in question, cannabis production for fibre, seed, stem and similar uses is subject to the approval of the Ministry of Agriculture and Rural Affairs. The Ministry identifies and announces the lands for cannabis production for the mentioned uses and controls the actual production. Cannabis cultivation, which is not eligible for addictive substance production and which is exclusive for industrial use, is carried out under the licensing and supervision of the Ministry of Agriculture and Rural Affairs.

1.1.2. Legal Trade of Controlled Substances and Preparations

The import, manufacturing, export, purchasing, sales, domestic distribution, stock status and the overall legal trade including delivery to the users of the medical drugs, psychotropic substances and preparations are executed by the Directorate General for Medical Drugs and Pharmaceutics, Ministry of Health as per the 1961, 1971 and 1988 UN Conventions to which Turkey is a signatory party and the national legislation.

Turkey has included some of the psychotropic substances listed in the Annex to the UN 1971 Convention under the category drugs by referring to the provision in the UN 1961 and 1971 Conventions reading as “States may take more strict measures than those proposed in the Conventions.” Amphetamine and its certain derivatives which are increasingly used in the European Union (EU) countries and the other countries and are listed in the Annex to the 1971 Convention were included under the category of drugs in 1982 and the others (e.g. MDMA – 3,4-methylenedioxyamphetamine- namely ecstasy) in 1996 as per article 19 of the Law No. 2313 (Official Journal of 1997). Furthermore, the substances and preparations besides the drugs and/or psychotropic substances and the medical drugs of such content may as well be taken under control in cases where necessary for public health and safety reasons within the provisions of the international conventions Turkey is a party to and such provisions that are given to the discretion of the country.

In addition to this, Turkey has launched the practice of special license certificate for the drugs and psychotropic substances traded in the Free Zones under the scope of the effective control measures.

1.1.3. Control of Chemicals/Narcotic Precursors Commonly Used or to be Potentially Used in the Manufacturing of Illicit Drugs and/or Psychotropic Substances

Directorate General for Medical Drugs and Pharmaceuticals, Ministry of Health controls the legal trade and use of chemicals/narcotic precursors commonly used or to be potentially used in the manufacturing of illicit drugs and /or psychotropic substances (import, export, purchase, sales, and domestic stocks). There is coordination between the Ministry of Health, Interior Ministry, Turkish National Police and the General Command of the Gendarmerie for preventing illicit use of such substances. These controls are performed as per the ratified 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances and the related national legislation.

Article 7 of the Regulation on Controlled Chemicals stipulates for the identification of each and every distribution channel and the final user for the purpose of the domestic control of the chemical substances annexed to the regulation on manufacturing/import. The provision further stipulates for the identification of the parties using/trading the controlled chemicals involving multiple domestic sales phases with a view to prevent their abuse and diversion and to allow for appropriate controls.

Turkey is one of the first signatory parties to the UN 1988 Convention. Although Turkey ratified this Convention in February 1996, the provision of the convention on the control over the legal flow of the chemicals has been in place since 1994. Turkey has started the control over Acetic Anhydrite, listed in the Annex to the 1988 Convention, in 1950's. Turkey is known to be the first country having a control over Acetic Anhydrite in the international platform.

Acetic Anhydrite and Potassium Permanganate listed in Table II annexed to the 1988 Convention have been taken under Table I, which stipulates for more strict control measures with the decision of the UN Commission on Narcotic Drugs in 2001. Turkey applies the same control measures for all the items under Table I and II annexed to the 1988 Convention.

Pre-Export Notification-PEN is sent for the substances included in both of the tables under the heading Substances Commonly Used in the Illicit Manufacturing of Drugs and Psychotropic Substances between the European Community and the Turkish Republic published in the Official Journal of April 27, 2004 and no. 25446 as per paragraph 10, article 12 of the UN 1988 Convention. National Focal Point of Turkey for the PEN system effective between the International Narcotics Control Board (INCB) and the member countries is the Anti-Narcotics Division, Department for Anti-Smuggling and Organized Crime (KOM), Turkish National Police (TNP).

1.1.4. Probation

Probation service is a community-based practice which covers only the crime of abuse and aims to enable the social integration of the suspect, accused or the convict by way of supervising in the community rather than referring to a penitentiary institution. The system covers all kinds of services, programs and resources required for the social integration of the users. Therefore, the penalty given to the drug user is suspended throughout the treatment measure. The penalty of the user taking advantage of this practice is abolished without being enforced in case the user is definitely identified not to use the drug again.

Probation services will serve to public security, help to prevent the harms given by drug addiction, alleviate the victims situation, prevent the repetition of crimes by the convicts, allow for the enforcement of the measure taken as an alternative to the penalties proposed for the relevant crime within the community and thus allow for the social integration of the convicts.

Probation service in Turkey has been launched upon the Law of July 20, 2005 and No. 5402 on "Probation, Help Centres and Protection Boards". With a view to fulfil the functions stipulated under the Law, Department of Probation and Help Services has been established under the Directorate General for Prisons and Detention Houses and Regional Probation and Help Center Units and Protection Boards have been structured in 133 areas where justice commissions are in place.

These 133 Regional Probation and Help Center Units have various functions throughout the phases of investigation, prosecution and post release. One of these functions is the enforcement of the provisions related to drug addiction stipulated under paragraphs (2), (3), (4) and (5) of the Turkish Penal Code (TPC) and sub-paragraph (e), paragraph 3, article 109 of the Criminal Procedural Law (CPL).

There is the wording "To Purchase, Accept or Possess Drugs or Stimulants for the purpose of Use" in article 191 of the TPC. The following are the paragraphs (2), (3), (4) and (5) of the law in question providing for an alternative to the accused of the drug-related crimes:

- (2) The person using drugs or stimulants shall be sentenced with the treatment or probation measure.
- (3) The person sentenced with the treatment or probation measure shall be obliged to follow the requirements of the treatment delivered in the designated institution and of the probation measure. An expert shall be assigned to guide the person sentenced with the probation measure. The expert shall inform the person on the effects and consequences of drug or stimulant use throughout the term of the measure and shall advise and guide the person for raising his/her awareness. The expert shall develop quarterly re-

ports on the progress and behaviours of the person and present the report to the judge.

- (4) The probation measure effective during the treatment shall continue for a period of one year following the date of termination of the treatment. Probation measure may be decided to be extended. However, the probation measure shall not exceed three years.
- (5) The penalty sentenced on the grounds of purchasing, accepting or possessing drugs or stimulants for the purpose of use to the person using the said drugs or stimulants shall be enforced in case the person in question acts contrary to the requirements of the treatment and the probation measure. In case the person resorts to effective remorse, it shall be proceeded with the case and a penalty shall be sentenced.

Probation practice, initiated under article 191 of TPC, acts upon the understanding of considering drug addiction as a kind of disease. The expenditures incurring as a result of the examination and treatment for drug addiction are covered from the relevant social security scheme of the addict, whereas the expenditures of those referred to by the court warrant and not covered by any social security scheme are borne by the Ministry of Health.

Sub-paragraph (e), paragraph three, article 109 of CPL reads as follows: “To be subject to and accept the treatment and examination measure including hospitalization for the purpose of recovery from drug, stimulant or volatile substance and alcohol addiction”.

Probation services are playing an active role in the field of drug addiction and treatment for ensuring social integration of the convicts under the scope of the relevant laws. The institutions in charge of drug addiction treatment are being cooperative and are assisting the drug addicts in their social adaptation and guiding them in starting a new life. Furthermore, training is provided to the probation officers on drug addiction. In this respect, 393 probation officers have received advanced training on drug addiction.

1.1.5. Health Care Services in the Penitentiary Institutions

Health care services in the penitentiary institutions are governed under articles 71, 78, 79, 80, 81 and 82 of the Law No. 5275 on the Enforcement of Penalty Sentences and Security Measures and articles 94, 111, 112, 113, 114, 115, 116, 117, 118, 120, 164, 168, 169 and 178 of the By-law on the Management of Penitentiary Institutions and the Enforcement of Penalty Sentences and Security Measures.

As per the provisions of the legislation in question, all the convicts and prisoners in the penitentiary institutions including the drug addicts have the right to examination and treatment. The pre-

requisites for examination and treatment are the medical grounds and the demand of the related person. However, upon the provisions of paragraphs two and three, article 82 of the Law No. 5275 reading as "... in case the health condition of the convict rejecting any examination and treatment is endangering either the convict's health and life or the others in the penitentiary institution...", the convict shall be treated without his/her consent in exceptional cases where required.

The officers, convicts and prisoners bringing in or attempting to bring in drugs or stimulants to the penitentiary institutions shall be sentenced to an imprisonment of 2 to 5 years as per article 297 of the new TPC no. 5237.

The qualified personnel of the penitentiary institutions are searching each and every person (including the personnel) and goods and foodstuff by way of X-Ray devices and similar equipment with a view to prevent access and use of drugs in these institutions.

1.1.6. Money Laundering

An amendment is made to the crime of money laundering in Turkey with the new TPC enacted on June 1, 2005 and the term dirty money is replaced with the "value of assets derived from the proceeds of crime" and the term money laundering with "crime of laundering". In parallel to this amendment, law no. 4208 is revised and the Law No. 5549 on "Prevention of Laundering of Proceeds of Crime" is enacted on October 18, 2006. Following the amendment, Financial Crimes Investigation Board (MASAK) is restructured under the body of the Ministry of Finance. The amendment aims to establish a comprehensive database for fast and secure data flow, to analyse and assess the data in a fast and accurate manner and thus to finalise the financial inquiry component of the investigations in the shortest extent possible. The Board carries out activities for the prevention of money laundering, examines the matters referred to by the Public Prosecutors and the security authorities acting in the name of the Public Prosecutors and the findings of these authorities with regards the identification of the crime of money laundering.

Furthermore, there is an ongoing EU Twinning Project on money laundering between the Department of Anti-Smuggling and Organized Crime, Turkish National Police and the German Authorities.

1.2. Institutional Organization, Strategies and Policies

The Turkish agencies combating against the trafficking of illicit addictive substances are the Turkish National Police under the Interior Ministry, General Command of the Gendarmerie, Coast

Guard Command and the Undersecretariate for Customs under the Office of the Prime Ministry. Furthermore, Department for Anti-Trafficking Intelligence and Data Gathering (KİHBI) working under the Interior Ministry, Ministry of Justice, Ministry of Health, Ministry of Agriculture and Rural Affairs and the Foreign Ministry continuously support the counter efforts.

Ministry of Agriculture and Rural Affairs and the Directorate General for Turkish Grain Board are in charge of legal production; Directorate General for Medical Drugs and Pharmaceuticals, Ministry of Health is in charge of the supervision of controlled chemicals and psychotropic substances; Tobacco and Alcohol Market Supervisory Board (TAPDK) is in charge of the production and control of tobacco and alcohol products; Directorate General for Treatment Services, Ministry of Health, Department of Probation and Health Services, Directorate General for Prisons and Detention Houses, Ministry of Justice and the University Hospitals are in charge of the treatment services; and Ministry of National Education, Directorate General for Youth and Sports, Directorate General for Social Services and Child Protection Agency, Directorate General for Primary Health Care Services, Ministry of Health, security agencies under the Interior Ministry, Turkish Radio and Television Broadcasting Authority (TRT), Supreme Radio and Television Board (RTÜK) are in charge of the preventive measures. Besides, non-governmental organizations, municipalities and universities also conduct preventive activities in the field of drug use.

As combating for crimes is concerned in Turkey, the police has jurisdiction in the provincial and district centres; the Gendarmerie Forces in certain district centres where there is no police organization and the rural areas; Coast Guard Command in the territorial waters of Turkey and the Undersecretariate for Customs in the border crossings and customs zones.

There is fast and secure transfer of data, audio and visual files through the intranet network between the central and regional units of the police agency. Furthermore, the provincial units have access to the archives of the central unit by way of this computer network. Therefore, the policing data on the supply of drugs in Turkey is accessible in a comprehensive and fast manner.

The above mentioned agencies (Turkish National Police, General Command of the Gendarmerie, Undersecretariate for Customs, Coast Guard Command) carry out their activities within the scope of their function and jurisdiction in the field of supply reduction and combat against trafficking in illicit addictive substances. Data on drug seizures are sent to the Turkish Monitoring Center for Drugs and Drug Addiction (TUBİM), later the data is compiled and assessed and notified to European Monitoring Center for Drugs and Drug Addiction (EMCDDA), United Nations Office on Drugs and Crime (UNODC), International Criminal Police Organization (INTERPOL) and other similar international organizations.

The broadcasting enterprises are playing an important role in the fight against the addictive

substances. Radio and television broadcasting is a challenging sector for bringing strict rules and principles. However, in practice almost all broadcasting enterprises have rules, principles and procedures in place. For instance, article 14 of the Law No. 3984 on the Foundation and Broadcasting of Radio and Television Enterprises reads as “the audience shall either directly or indirectly be warned about the harmful effects of tobacco and alcohol use, drugs, gambling and similar bad habits and a minimum 90 minutes of a program shall be broadcasted monthly for warning and educating the public on these matters.” According to article four of the Law No. 4207 on the Protection Against the Harmful Effects of Tobacco Products; due attention shall be paid on the content of such programs to avoid encouraging people for use, the programmes shall demonstrate the diseases and the social problems from which the users are suffering rather than actually describing the substance and experts in their fields shall be hosted to the programs on drug addiction. Supreme Radio and Television Board supervises the programmes broadcasted by such enterprises, enforces the relevant articles of the legislation and decides for the substitute programmes

1.2.1. International Cooperation

Turkey believes in the fact that drug-related crimes are the concern of all nations and that no country in the world can turn face against this problem and thus shapes her policies with this underlying approach. In this respect, despite of not being a target country in terms of drug use, Turkey plays a significant role in the fight against illicit drugs trafficking and contributes to regional and international cooperation.

Turkey has active cooperation with the following International Organizations in the field of illicit drugs trafficking.

Turkey has ongoing effective relations with the organizations under the United Nations such as the European Monitoring Center for Drugs and Drug Addiction (EMCDDA), United Nations Office on Drugs and Crime (UNODC), World Customs Organization (WCO) Customs Enforcement Network (CEN) and Regional Intelligence Liason Office (RILO), Center for International Crime Prevention, Commission on Narcotic Drugs (CND), Subcommittee on Illicit Drug Traffic and Related Matters in the Near and Middle East (OYUTAK), Heads of National Drug Law Enforcement Agencies (HONLEA) and Commission on Crime Prevention and Criminal Justice (CCPCJ) and the Council of Europe, Organization of the Black Sea Economic Cooperation (BSCE), Economic Cooperation Organization (ECO), South East European Cooperative Initiative (SECI), Interpol, International Narcotics Control Board (INCB), POMPIDOU Group, International Drug Enforcement Conference (IDEC) and EUROPOL as well.

Besides these international organizations, Turkey has concluded Security and Cooperation Agreements with a total of 68 countries.

Turkey has been hosting various international meetings in the field of combating against drugs and attending several meetings for contributions and share of information and experiences. For instance, Turkey has been supporting international cooperation by attending to several international meetings such as Heads of National Focal Points by EMCDDA, Reitox Board Members meeting, UNODC meetings, Paris Pact and CND meetings.

1.2.1.1. Liaison Officers

1.2.1.1.1. Foreign Liaison Officers Assigned to Turkey

The liaison officers of the below mentioned countries work in Turkey: United States of America (USA), Germany, Denmark, UK, Italy, Spain, France, Holland, Israel, Austria, Bulgaria, Albania, Hungary, China, Ukraine, Belgium, Romania, Saudi Arabia, Iran and Greece.

1.2.1.1.2. Turkish Liaison Officers Assigned Abroad

Turkey has liaison officers in Germany, Holland, Denmark, UK and Uzbekistan. Before SECI, Customs Authorities have single position for liaison officers and Law Enforcement Authorities have also single position for liaison officers. Customs liaison officer is in charge, whereas the law enforcement liaison officer position is empty, and new assignment is awaited. Furthermore Turkey plans to increase the number of Turkish liaison officers working abroad.

1.2.2. National Plan and Strategies

Before the National Focal Point is established in Turkey two different boards namely “Supreme Committee for Drug Addiction Prevention Monitoring and Control” and “Sub-Committee for Drug Addiction Prevention Monitoring and Control”, were established through the recommendation of the National Security Council of 26 April 1997 and No 393 and with the decision of the Council of Ministers of 25 July 1997 and No 97/9700. Representatives from 18 institutions and agencies were appointed to the committees in question to carry out activities for fighting against the use of and addiction to drugs and to define and coordinate necessary measures to be taken.

In line with the harmonization process Turkey applied to the EMCDDA in 2000. The role of the EMCDDA is to provide, analyze and use objective, reliable and comparable information on drugs and drug addiction in the fight against drugs phenomenon.

In line with the efforts and studies carried out until that year Family Research Institute was no-

minated as the focal point of Turkey. However to accelerate the membership activities the Ministry of Foreign Affairs recommended TADOC, (Turkish International Academy Against Drugs and Organized Crime) as the National Focal Point for EMCDDA, as this unit forms an ideal platform in terms of technical facilities and personnel and other conditions under the Department of Anti Trafficking and Organized Crimes. The Prime Ministry of Turkey evaluated the recommendation of the Ministry of Foreign Affairs and decided on 16 May 2002 that TADOC would be notified to the EMCDDA as the Focal Point of Turkey so as to continue with the membership activities uninterruptedly.

Agreement concerning the participation of the Republic of Turkey in the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) will be initiated on 26 August 2004 and ratified by the European Parliament on 10 – 11 October 2006.

Between 2002 and 2006 EU Twinning Project for the Establishment of Drugs and Drugs Addiction Monitoring Center and Development and Implementation of the National Strategy for Drugs was carried out within the framework of Financial Cooperation in line with the EU membership process.

Turkish Monitoring Centre for Drugs and Drug Addiction (TUBİM) was established and initiated its activities in 2004 under the auspices of TADOC to carry out projects in the fields of drugs and drug addiction in a longer term under a single umbrella, to ensure and maintain coordination and information exchange among other related institutions and/or organizations, and provide the continuity of bilateral relations with the EMCDDA.

The other significant output of the EU Twinning Project is the national drugs strategy paper. Turkey prepared its national strategy for the struggle against drugs in 1997. This first strategy which was entered into force by the decision of Council of Ministers, focused mainly on addiction. Therefore there was a need to prepare a comprehensive strategy for Turkey.

Parallel to these developments National Policy and Strategy for Struggle Against Drugs and Drug Addiction was prepared. The Strategy covering the period between 2006 and 2012 was signed by the Prime Minister and enforced on 20 November 2006.

Since the cooperation among the related institutions in different fields is of utmost importance in the fight against drugs, Institutional Focal Points comprised of members from the institutions in question were established to ensure direct communication and cooperation. Each institutional focal point is represented by two members and they are still cooperating actively with TUBİM.

A similar structure was established under the body of the Turkish National Police. The “Enforcement and Liaison Unit for Fight Against Substance Use” (Provincial Focal Point) was established under the structure of Narcotics Units of 81 Provincial Divisions of Anti-Smuggling and Organized

Crime, affiliated to the Turkish National Police.

Train the Trainers Program for the Fight Against Substance Use was provided to 171 personnel assigned in the provincial divisions with the coordination of the Department of Anti-Trafficking and Organized Crime, Ministry of Interior. The said personnel organize training activities for the target groups in the context of drug use.

To prevent tobacco vogue and the increase in cigarette smoking “National Tobacco Control Program” was prepared by the Ministry of Health and relevant institutions, since smoking is a significant threat to health throughout the country. The main objective of the Program is to increase the ratio of the non-smokers over the age of 15 to 80%, below the age of 15 to around 100% until 2010.

In the first half of 2007 the document comprised of 8 chapters is planned to be completed. In the conclusion part of the document it is envisaged that an evaluation report be submitted to the Council of Europe in September 2008 concerning the activities undertaken in the short run (until the second half of 2008).

The Document in question specifies the activities to be carried out in the short, medium and long terms on the basis of vulnerable groups of the society (unemployed, disabled, addicts, women, children, elderly etc) concerning employment, income distribution, poverty, education, accommodation, health and transportation policies, social security system including the retirement schemes, social services and social assistance policies, current situation, challenges, applicable policies and institutional structures.

1.2.2.1. Policy and Strategy Practice

1.2.2.1.1. Demand Reduction Activities

Being a bridge between Asian and European Continents Turkey has a unique geographical position. Therefore Turkey suffers from use, smuggling and production of nearly every kind of drugs.

Turkey mainly undergoes the adverse effects of Balkan Route in drugs smuggling. Turkey is under the effect of Southwest Asia origin opium and opiates (opium, morphine base and heroin), West and East Europe origin synthetic drugs and precursor chemicals, South America origin cocaine and sometimes Southwest Asia origin hashish.

Turkey seized 13720 kg hashish, 8172 kg heroin, 81 kg cocaine, 6404923 captagon tablets and 1748799 ecstasy tablets in 7516 cases in 2005 as a consequence of successful fight against drugs smuggling in the region.

Within the framework of international cooperation and in line with the national policies many

joint operations were concluded against the drugs smuggling organizations in Turkey. Bilateral and multilateral operational working groups were established in this respect.

The working groups stated above formulated the infrastructure necessary for the regional operations against the threat of drugs, and mutual information exchange was done.

Turkey concluded national and international planned and projected operations in 2005 to identify the organizational chart of the criminal organization, way of packaging of drugs, cache methods, courier profiles of the criminal organizations, their modus operandi and origin, route and destination of the drugs; to arrest all the suspects of the criminal organization with the evidences; to proceed with the legal prosecution of the case, and to dismantle the criminal organization by revealing the organic structure and field of operation of the drugs smuggling organizations, profiles of the members to the organizations and their contact points in other countries, their relations within the organization and with other criminal organizations and by deciphering their way of communication and money transfer methods.

The following operations are some of the examples of coordinated and planned operations concluded in 2005 jointly with relevant law enforcement agencies of Germany, USA, Bulgaria, Holland, Spain and Saudi Arabia to decipher the drugs smuggling organizations active in the jurisdiction of different provinces of the abovementioned countries: Oberon, Speed, Medical, Border, Bull, Taurus, Surveillance and Veldsla operations.

Furthermore Turkey hosts many international meetings on the fight against drugs smuggling so as to increase and improve international cooperation.

For instance under the auspices of Paris Pact a round table meeting concerning the combat against the growing threat of smuggling of opium and opiates was held on 3-4 October 2005 in Turkey with the participation of South eastern European countries.

Turkey does not only fight against international drugs smuggling, but also combats with street dealers/users targeting the domestic market. Particularly as from the last quarter of 2005 Turkey gave special attention to projected operations against street dealers/users.

As a result of 27 separate projects concluded by the Turkish law enforcement officers against street dealers/users in 2005 a total of 581 suspects were arrested. 308 suspects were street dealers and 273 were drug users.

1.2.2.1.1.1. Controlled Delivery Operations

Drugs smuggling organizations make international cooperation, since the organizations gain huge amount of criminal proceeds from drugs. The criminal organizations producing/manufacturing, transferring and distributing the drugs make cooperation. In this respect the controlled delivery method is a significant law enforcement tool that enables the law enforcement agencies of different countries to follow the drugs from the source country to the destination country.

Turkish legislation was amended in 1997 to allow controlled delivery operations. Between 1997 and 2005 a total of 99 national and international controlled delivery operations were carried out. As a result of these operations 1226 kg heroin, 897 kg hashish, 61 kg cocaine, 53 kg opium, 14 ton acetic anhydrite was seized. In the controlled delivery operations Turkey worked mainly with the USA, Germany, Austria, Bulgaria, France, Holland, UK, Italy, Canada, Macedonia, Romania, Russia and Greece.

1.2.2.1.2. Demand Reduction Activities

Besides supply reduction activities, demand reduction activities are carried out actively.

Under the coordination of TUBİM, Train the Trainers Program for the Fight Against Substance Use” is provided to the personnel assigned in the provincial divisions.

The Provincial Focal Points are comprised of expert personnel of the Turkish National Police who received the above stated training. These experts with the support of the experts working in the Provincial Directorates of National Education and Health organize conferences, panels, etc for students and teachers at high schools and parents of the students, personnel of the Prisons and Detention Houses, non governmental organizations and for other audiences upon request in the field of drug use and addiction.

Ministry of National Education, General Directorate of Special Education, Guidance and Counselling Services provides guidance and psychological counselling services. These Services are given by psychological counsellors /psychologists at schools and by Counselling and Research Centres in the provinces and districts.

	Number of Guidance & Res. Centres and Guidance & Psyc. Services Centres	Number of Counsellors (Psychological Counsellor/ Psychologist)
Guidance and Research Centre	176	1073
Guidance and Psychological Counselling Services at Schools	8500	10171

Table 1: Guidance and Research Centres affiliated to the Ministry of National Education and the Number of Counsellors in 2005

The activities aiming to protect children and adolescents from various risks rendered by the Ministry of National Education are followed and evaluated within the scope of a critical and emergency action plan. Furthermore a training module “Embrace the Life” for the children between the ages 10 and 14 which is comprised of 3 teacher modules, 3 family modules and 11 student modules was prepared and started to be used in September 2006. The program aims to furnish the target population with bio-psycho-social integral skills.

TUBİM organized awareness programs on drug use and drug addiction in summer camps for the youth and coach training seminars throughout the country in coordination with the General Directorate of Youth and Sport. TUBİM still carries on these awareness programs. Another activity being carried out with the coordination of General Directorate of Youth and Sport is the training program on the prevention of drug use. The trainees of the Coach Raising Courses are provided with this training program.

The training program mentioned above aims at awareness-raising for the coaches. During the training program the coach trainees learn how to prevent young individuals from doping substances and drugs, and they participate in demand reduction activities.

The Red Crescent Volunteer leaders who will work in Red Crescent Youth Camps have been subjected to leadership training. And they have been provided with training on “Prevention of Drug Use and Drug Addiction”.

Moreover Head of the Department of Religious Affairs have organized 67 panels, conferences and TV and radio programs in 2005. Six of these activities were on drugs and substance addiction, 21 of them were related to harmful habits and 40 of them were on smoking and alcohol.

Ministry of Health, General Directorate of Basic Health Services has published leaflets on substance addiction for raising awareness of the families. These leaflets have been distributed by the Provincial Health Directorates during the awareness activities in the fight against drugs.

The first National Addiction Congress was organized in 2004 in Antalya by Ankara AMATEM (Research, Treatment and Training Center for Alcohol and Drug Addiction). The second congress was organized in 2005 in Muğla by İstanbul AMATEM.

Besides these activities, Non-governmental Organizations, Municipalities and youth and women branches of the Political Parties carry on organizing drug reduction seminars and joint prevention activities.

1.2.2.2. Training Activities

1.2.2.2.1. Turkish International Academy Against Drugs and Organized Crime (TADOC) and its Activities

Turkey displayed a considerable success in the prevention of drugs smuggling especially after 90's. Within this framework new legal amendments have been made and operational institutions have been established for the fight against drugs smuggling, money laundering and organized crimes. These structural amendments will only lead to positive and successful results through professional officers specialized in specific fields. Therefore training activities have been given utmost importance.

Turkey in every occasion tries to share its information and experience accumulation in the field of training with the other countries in the region. Thus Turkey supports every single initiative serving for sound and continuous regional training activities.

As a result, on 26 June 2000 the Turkish Government in partnership with the UNODC established the Turkish International Academy Against Drugs and Organized Crime (TADOC) at Ankara in order to render training services on fight against drugs smuggling and organized crimes. TADOC operates under the body of KOM affiliated to the Turkish National Police.

As of September 2000 trainings have been given to the law enforcement officers of Balkan countries, the countries signed bilateral cooperation agreements with Turkey and the countries being a member to ECO and Black Sea Economic Cooperation Organization on illicit production, use and smuggling of drugs and organized crimes.

In addition to the law enforcement officers of Turkish National Police, the officers of the other law enforcement agencies fight against drugs smuggling organized crimes such as Gendarmerie Forces, Coast Guard Command and Undersecretariate of Customs benefit from TADOC training programs.

Within the framework of training programs a total of 130 training activities have been organi-

zed between the establishment of TUBIM and 2005. The breakdown of these trainings are as follows: 68 international specialization programs 26 of which were regional, 14 workshops, 2 programs for international students of the National Police Academy, 68 national specialization programs, 25 seminars and 4 conferences.

Mobile Training Teams have been created in TADOC to render national and international training services in specific fields and the teams in question are still working.

In Turkey 10 (ten) Computer Based Training Centres have been established. The headquarters of these Centres is at TADOC. The rest of the centres are located at Adana, Antalya, Diyarbakır, Edirne, Erzurum, İstanbul, İzmir, Samsun and Van.

1.3. Budget and Public Expenditure

Turkey does not allocate a specific budget for the fight against drugs. The relevant institutions and agencies cover their expenditures from their general budget allocated to their institution and agency.

National Agency affiliated to the Prime Ministry; State Planning Organization supports projects concerning fight against drugs via EU Training and Youth Programs, Socrates, Leonardo da Vinci and Youth Program that mainly focus on young individuals.

1.4. Social and Cultural Context

Turkish society not only follows the law enforcement operations against the supply of illicit drugs with enthusiasm, but also is cautious and discouraged to use illicit drugs. Therefore Turkish citizens are in full cooperation with the law enforcement officers against drugs smugglers. The number of the denunciations made to the security forces is considerably high. The Turkish society is very sensitive about this problem.

The old and deep rooted Turkish traditions in family culture deem alcohol and addictive substance as factors damaging the social peace and displace these factors from the society. Turkish society strictly reprimands and reproaches the drug smugglers. Although the Turkish people have a strict attitude towards the drug users, they are always ready to welcome the addicts who want to be treated.

As the use of synthetic drugs has been increased in Turkey in recent years, Turkish people have focused on drugs and addictive substances. The news published and broadcasted on the press and the media concerning the drug use in schools cause excessive susceptibility in the society.

2. DRUG USE IN THE POPULATION

2.1. Drug Use in Turkey

A survey was done in 2002 (TPA 2002) (n=7681), where the sample was drawn in stratified multistage method. Point prevalence of substance use other than alcohol and nicotine in cigarette form was 0.3% (n=25); prevalence of substance use at least once in life-time was 1.2% (n=97). Mean age of first drug use was 16.6 ± 3.0 . Cannabis was the most frequently used substance (60%); oral nicotine use (20%), antidepressant abuse (12%) and unidentified drug use (8%) followed cannabis.

The above mentioned survey had been carried on a contract basis between state and Turkish Association of Psychologists (a non-governmental organisation) and realized on home basis. This survey is also the first one covering the country.

Another study – “National Study on Assessment of the Nature and Extent of Drug Abuse in Turkey” – in this field has been completed in 2003 under the coordination of UNODC and with the cooperation of related public institutions in 6 large provinces of Turkey, namely, Adana, Ankara, Diyarbakır, İzmir, İstanbul and Samsun. The aim of the Study in question is to provide complete information on drug use in Turkey through a comprehensive analysis of different geographical regions of the country. The sub studies conducted in line with the National Study are as follows: (a) Key Person Survey (b) Drug User Survey (c) Alcohol, Tobacco and Substance Use Student Survey (d) Ecstasy and Other Rave Party Substances Focus Groups (e) Information Need and Resource Analysis.

According to the data and information collected during the assessments the ratio of the opiates users among the Turkish population between the ages 15 and 64 varies between 0.03 % and 0.07 % (average 0.05%); and the ratio of the volatile substance users among the same section of the population varies between 0.03% and 0.09% (average 0.06%). It is estimated that more than two thirds of the opiates addicts use heroin. Besides the notified illicit substances, there are data showing that other types of substances are also used in the different regions of Turkey. Furthermore the figures mentioned are not exact figures, but estimates and do not reflect the general situation in Turkey, but mirror the drug use in large provinces of Turkey.

The key persons and drug users surveyed have stated that hashish and volatile substances are the most prevalent substances in Turkey. In accordance with the information supplied by the key persons the volatile substance and hashish use in provinces are very similar, however the use of ecstasy, benzodiazepines, barbiturates, heroin and opiates is lower in Turkey. Diyarbakır being one of the provinces of the National Study has ranked the first in terms of hashish, heroin, opium, barbiturates and volatile substance use. Diyarbakır is followed by İstanbul in terms of the use of subs-

tances stated above. Moreover İstanbul has ranked the first in terms of cocaine and ecstasy use. The highest figures in terms of benzodiazepine use have been recorded in İzmir. Moreover İzmir follows Diyarbakır in terms of hashish use. On the other hand Ankara has scored the lowest figures in most of these substances except for the volatile substances.

Hashish, heroine and ecstasy use is prevalent mainly among men and young individuals, whereas volatile substance use is mostly prevalent among adolescents and particularly street children. Women mainly misuse over the counter benzodiazepines (off-the shelf). The age of first volatile substance use is 11. It is 16 and 17 for hashish and ecstasy. In general the age of first drug use is below the age of 25.

There is an increasing trend in drug use in all the provinces. Therefore it is not wrong to say that there is also an increasing trend in the use of volatiles, hashish and ecstasy. Furthermore it has been reported that there is an increase in the use of benzodiazepines in İzmir and an increase in heroin and by injecting drug use in İstanbul. In Diyarbakır by injecting use shows also an increasing trend; and this trend may be deemed as a risk. In Adana it has been detected that drug use has been increased in all types of drugs mainly in volatile substances, hashish, benzodiazepines, ecstasy, heroin and cocaine.

The results of assessment indicate that mainly the young population in Turkey use drugs. The mean age of the drug users has been estimated as 24. And it has been reported that more than half of the drug users are between the ages of 15 and 24.

In general the drug users have got 6 years of education. One third of the users have been provided with 7-12 years of education. The vast majority of the drug users are single (never married) and more than one forth of them are married. Two third of the drug users live in houses or flats. Most of the users live by their parents, spouses or friends. However a considerable number of users live alone and on the streets, which is mainly a dominant factor in the sample community.

Some of the drug users have stated that they are unemployed. And some others have stated that they are employed as unqualified or qualified workers. Most of the drug users have said that they are unemployed for twelve months before the survey. However they stated that they earn their living from daily jobs or they are financially supported by their families or lovers. Moreover many of the drug users have admitted that they commit crimes for their living such as burglary, drugs dealing, pick pocketing and begging.

The drug users nearly in all the provinces have mentioned that they have injected drugs in their lives. The most prevalent injected drug is heroin. There are some users who have stated that they have injected opiates and benzodiazepines as well.

More than the one third of the drug users has told that they have received treatment. It has been found out that the drug users mainly request for treatment against opiates, hashish and volatile substances. The drug users have mentioned that they have received treatment more than three times (averagely) in their lives and they have received the first treatment when they were around 23 years old. There is nearly more than 5 years between the first use of opiates and the first treatment. However this period has been declared as 2 years by the users of the volatile substances. More than two thirds of the drug users from the sample of community and more than half of the drug users from the sample of convicts have admitted that they need treatment. This is an indicator that the drug users living among the community want to be treated voluntarily.

Most of the drug users from the samples of community and convicts have stated that they have been arrested for drug related crimes in their lives. And more than one thirds of them have admitted that they have been arrested for any other crime in their lives. The mean age for arrest among the drug users is 26. The users have stated that they have been arrested three times averagely during the period they were using drugs. The most frequent crimes that these individuals are charged with are possession, use and selling of drugs. Moreover more than half of the users have stated that they have been arrested for burglary, theft and traffic rules violations.

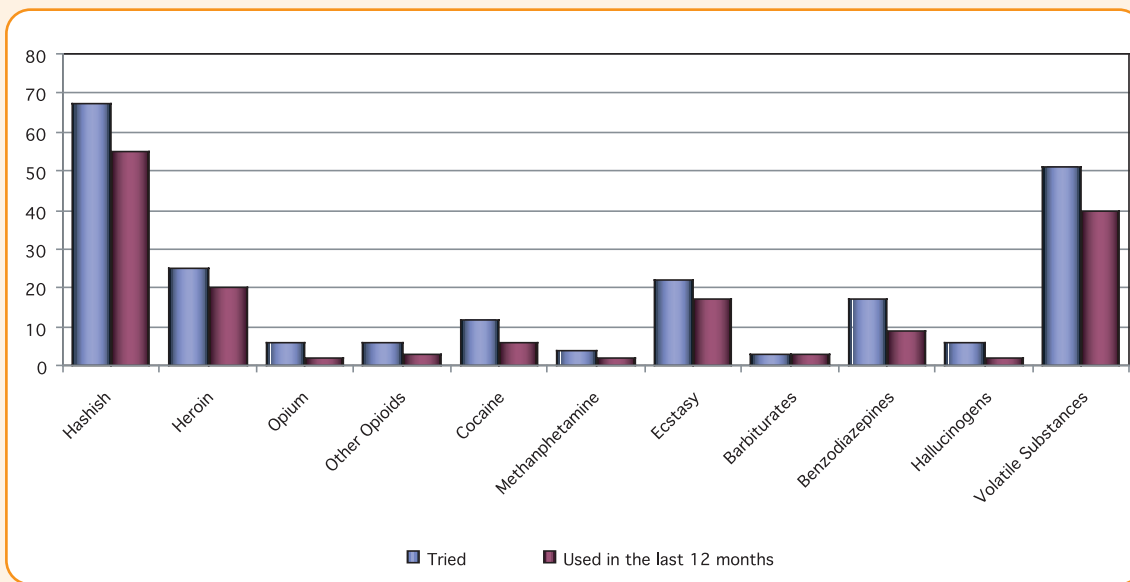
2.2. Drug Use Habits

All drug users interviewed were requested to provide information regarding their past of drug use. Those taking part in the survey were requested to state whether they used any of the drugs indicated in each index drug group or not, how old they were when they first used it, whether they used it in the last 12 months or not, (if they did) the frequency in a period of 30 days and the method by which they generally use this drug.

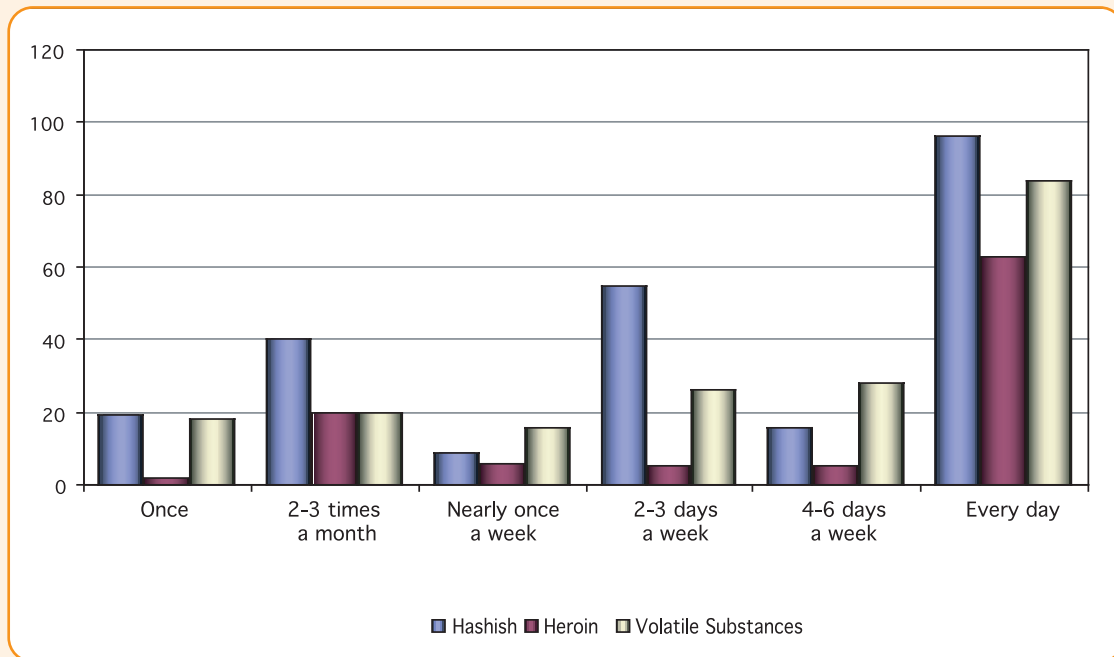
It is possible to conclude from the data collected that drug use habit among the drug users has a rather variable and hybrid structure. Generally there is no great difference in terms of drug use related information among the three samples of community, however there are certain differences observed among different cities.

Most of those taking part in the survey stated they had a past experience of heroin use. This rate was the highest in İzmir (>80% of those taking part in the survey) and lowest in Ankara (50%). The mean age of initial drug use was stated to be 17, which is similar to the age identified by key persons. Furthermore, around half of them admitted to using heroin in the last 12 months. Most of those who used heroin in the 30 day period before the interview or entry into a treatment centre or prison stated they used it on a daily basis. The general method for using heroin is reported to be smoking.

More than half of the drug users stated they had a past experience of volatile substance use, whereas two thirds of them said they used drugs in the last 12 month period. Use of volatile substances is the lowest (28%) among the sample of convicts and highest among the treatment samples in which two thirds of them stated they had a past experience of volatile substance use. Experience of volatile substance use was found to be highest in Izmir (3%) among the different provinces in which the study was conducted. The mean age of initial drug use was stated to be 14, due to the common use of these drugs among teenagers and young people. Nearly one third of those who stated they used volatile substances in the last 30 day period said they used these drugs on a daily basis.



Graphic 1: History of Drug Use- all samples



Graphic 2: Frequency of the use of the stated drugs in the last 30 days

Over one fourth of all the samples stated they had an experience of heroin use. Among those having an experience of heroin use; the lowest rate was estimated to be in Ankara (8%) and the highest rates were found to be in Diyarbakır and İstanbul (>40% each) provinces. Around two thirds of these also stated they used heroin in the last 12 month period. The mean age of initial heroin use is 24 (between the age ranges 12-54). Most of the drug users who used heroin in the last 30 days said they used this drug on a daily basis. Most of the heroin users (>50%) said they used this drug by “sniffing”, inhaling or by “chasing the dragon”. The interesting point here is that one fourth of the heroin users stated they used this drug by intravenous method. This rate was reported to be higher in the İstanbul sample, where one third of the heroin users used the intravenous method. A small number of those taking part in the survey (6% each) stated they had experience of opiates use. Most of those taking part in the survey said the most common method for opiates use was the intravenous method.

13% of the drug users said they had an experience of cocaine use and most of these users stated they used cocaine in the last 12 month period. The provinces with the highest rate of cocaine users are İstanbul and İzmir. The mean age of initial cocaine use is reported to be 26. Around one third of the sample community stated they had an experience of Ecstasy use. Two thirds of these people stated they used Ecstasy in the last 12 month period. The rate of ecstasy users are again the highest in İstanbul and İzmir provinces. Around one third of the drug users in these provinces

stated they tried Ecstasy. The mean age of initial Ecstasy use is 22. This rate is the highest in İzmir among other provinces and in the treatment sample among other samples. Less than half of the drug users in İzmir and one fourth of the drug users in the treatment sample interviewed admitted to having an experience of benzodiazepine use. Furthermore, nearly half of these users stated they used benzodiazepine in the last 12 month period (before the interview or entry into the treatment centre or prison). The mean age for initial use of benzodiazepine is 19.

2.3. Drug Use at School and Among the Young Population

In the European School Survey Project on Alcohol and Other Drugs (ESPAD) based survey done by UNODC Turkey Country representative in 6 metropolises (Adana, Ankara, Diyarbakır, İstanbul, İzmir, Samsun) in 2003 (The same survey with general population survey), 88 schools were visited.

In this part, where the drug use among the youth is indicated, the data regarding the use of drugs, alcohol and smoking life-long, in the last 12 month period and in the last 30 days, as stated by those taking part in the survey, are examined.

More than half of the students answering the questions about the use of alcohol, tobacco and other substances stated they had an experience of smoking. Two end results were obtained in terms of the experience of smoking: 18% of the students stated they tried smoking once or twice, whereas 13% stated they had an experience of smoking over 40 cigarettes. Less than half of the students stated they had an experience of drinking alcoholic beverages.

Most of the students admitted to having experiences of alcohol use and a group of 20% said they got drunk once or twice. Data regarding life-long use of various substances, use in the last 12 month period and last 30 days are given in the table below.

The most commonly used drugs in order of prevalence are hashish and volatile substances among students. These are followed by (over the counter) anabolic steroids, tranquilizers or sedatives and ecstasy. More than 5% of the students stated they used tranquilizers under supervision of the doctor. All the same, most of the students said they used these drugs for a period less than three weeks.

The alcohol use rates in the last twelve months are around 35% among all students. The rate is again higher among boys in comparison with girls. Similarly, 16% of the students stated they got drunk once or twice in the last 12 month period. Among the drugs reported to have been used in the last 12 month period, over 3% of the students stated they used hashish whereas over 2% stated they used volatile substances. The rates are again higher among boys than girls. With regards use of drugs other than hashish and volatile substances; less than 1% of the students stated they used these drugs in the last 12 month period.

Rates regarding those who used alcohol, tobacco or drugs once and those using these substances on continuous basis may be included into the rates regarding those who used such substances in the last 30 days. According to the information provided by the answers given to the part regarding the use of alcohol in the last 30 days in the last survey; nearly 20% (%10 in total) stated they used alcohol once or twice during this period. More than 15% of the students stated they had more than five drinks in a row (for example in a party, etc.), whereas 8% stated they got drunk once or twice in the 30 day period before the interview. Most students stated they smoked 1-5 cigarettes in answer to the question about smoking in the last 30 day period. They are followed by those who said they smoked 6-10 cigarettes in answer to the question. With regards hashish and volatile substances use; more than 2% of the students stated they used these drugs during this 30 day period. The rate related to use of other drugs during the last 30 day period is around 1%.

2.4. Drug Use in Specific Groups

In preparation for developing surveillance activities in line with recommendations for 2nd generation surveillance in Turkey being a low level epidemic country, a situation analysis on surveillance of STIs and Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) has been conducted in 2005 by Ministry of Health. This analysis highlighted the need to increase the depth of knowledge related to populations at risk in order to provide more concrete recommendations for inclusion in the National Surveillance Plan. Following this analysis a rapid assessment study has been carry out to synthese and analyse risky behaviour within sub-populations like commercial sex workers and IDUs, anticipated to be more at risk, in order to recommend their inclusion in surveillance activities.

Actual data from IDUs demonstrates that participants have some accurate knowledge, but also wrong-information about transmission of and protection from STI/HIV/AIDS. Although they have knowledge about them and are afraid of these diseases, during times of intensive drug usage they expressed that neither needle and syringe sharing nor unsafe sex are important at *“that very moment”*, this is a striking feature of the information obtained from this population.

The decision to implement the Second Generation Declaration System was taken in the National HIV/AIDS Consensus Conference organized in 2005 by the Ministry of Health in consideration of these results reached. In line with the decision in question; “STD/HIV Operational Project has been put into implementation under the “Strengthening the STD/HIV Notification System” in Turkey Reproductive Health Program initiated in 2003 by way of the cooperation between the Ministry of Health and the European Commission. The aim of this project is to strengthen the STD/HIV/AIDS notification system, make current mechanisms more prevalent to enable the monitoring of

STD/HIV/AIDS and to measure the changes in behaviours as a result of the policies implemented. This project aims to determine the current dissemination of the sexually transmitted diseases among high HIV risk groups (commercial sex workers, intravenous drug users and homosexuals) in metropolitans like Ankara, İstanbul, İzmir.

Under the framework of the “Turkey HIV/AIDS Prevention and Support Program” undertaken by the Ministry of Health, the ultimate goal is to enable broader access of vulnerable groups like commercial sex workers, homosexual men, convicted people and intravenous drug users to HIV/AIDS preventive health services. Non-governmental organizations in Ankara, İstanbul, İzmir and Gaziantep have commenced activities to realize the goals towards intravenous drug users. Within the scope of the same program; training modules and educative visual materials aimed at field workers are prepared and peer trainings on HIV/AIDS are delivered to field workers who are intravenous drug users and the relevant public officials. Furthermore, behaviour surveys have also been planned in order to measure the influence of the program on knowledge, behaviour and attitude and they are expected to be finalized in the year 2007. Another activity falling under the scope of the program and expected to be realized in 2007 is the improvement of advocacy against intravenous drug use among the decision makers.

Moreover, another aim is to send the doctors specified in the field of “substance misuse” by AMATEM (Research, Treatment and Training Center for Alcohol and Drug Addiction) abroad to participate in trainings in centres where such treatment is provided.

3. PREVENTION

3.1. General Prevention activities

Turkey has a number of school counsellors per province who are co-ordinated by the General Directorate of Special Education and Counselling Services, at central level, and the provincial Guidance and Research Centres of the Ministry of National Education. In every city there are Directorates of National Education that work in line with the advices of Guidance and Research Centres where psychologists and psychological counsellors are registered. These school counselling services deal with any psychological problems of students. Using the school counselling services does not indicate a healthy cooperation. ‘Cause co-operation is always depend upon the personal insight of the professional in question. In some instances they categorically refuse to be part of such a process and behave reluctant to collect the data. Students are always welcomed by these services in case of emergency of any kind. Psychologists and psychological counsellors are entitled to contact directly with treatment centres. Families are considered as sine qua non in this process of helping.

These studies are not only directed to the drugs but they are also the general themes of co-unselling such as social acceptance, supporting all the development fields. The principals usually tend to refuse to have a drug problem for the sake of institution. They usually see the problem on personal grounds related to whether family or individual inborn traits. If case any pupil is diagnosed as a user this usually is perceived as a personal failure which also explains school failure. The general attitude is to expel the student in question from the school. Principals are quite keen such an information becomes public knowledge. They stubbornly demands official and written permission for the outsiders such as professionals of addiction.

On community basis there is a charter encompassing broadcasting rules in the subject. And the time of broadcasting are subject to certain regulations according to the hours where the off-springs come from the school besides house wives are also considered a target group in the sense of enhancing awareness.

Within the framework of our Drug Use and Prevention activities and as a result of the 2490 training activities organized by the personnel of Implementation and Liaison Unit since the year 2004, when TUBİM its training and awareness raising activities; we have reached 16147 teachers, 32791 parents, 18027 NGO members, 37939 public officials, 4316 private sector officials, 246026 high school and university students through conferences, press, written and visual training, competitions organized with the aim of preventing drug use and addiction.

3.2. Selected/Specific Prevention Activities

Consultants from United Nations Children's Fund (UNICEF) designed the UNICEF Psychosocial School Project (<http://www.unicef.org/turkey/lf/eplg.html>) that would be effective in reaching up to a quarter of a million children. A key point of the project was to strengthen both governmental and non-governmental resources at local and national levels. This would be achieved through a programme of continuous and gradually more intensive training by international authorities on trauma psychology. Eventually, selected school counsellors and members of a National Expert Team of psychiatrists, psychologists and psychological counsellors would become trainers in different components of the programme. The psychology Department at Ankara University designed a pre- and post-evaluation study and reported on the project in the Spring of 2001. It was decided to adopt the cascade model of training as being the fastest, most efficient course to take in implementing the project. A core group of experts would train a larger group of counsellors who would then debrief the teachers who would subsequently offer the intervention to the children.

Especially in İstanbul and Izmir, two big cities in Turkey, a prevention programme was carried out for worker who works in recreational and cargo field. Another work carried out by Youth and

Sports General Directorate is: the training activity against drug usage provided to the participants in The Trainer Cultivation Courses. What is aimed in these training activities is to inform the trainers about how to keep the teenagers away from addictives and doping substances. Up to this day nearly 1000 trainers have participated in this training.

Special prevention programs aiming at schools and recreational centres are implemented by the police. Operational precautions against street dealers have been enhanced so as to keep drugs away from individuals and opportunities for one to one cooperation have been created through the establishment of mutual contacts with the school administrations and school family unions.

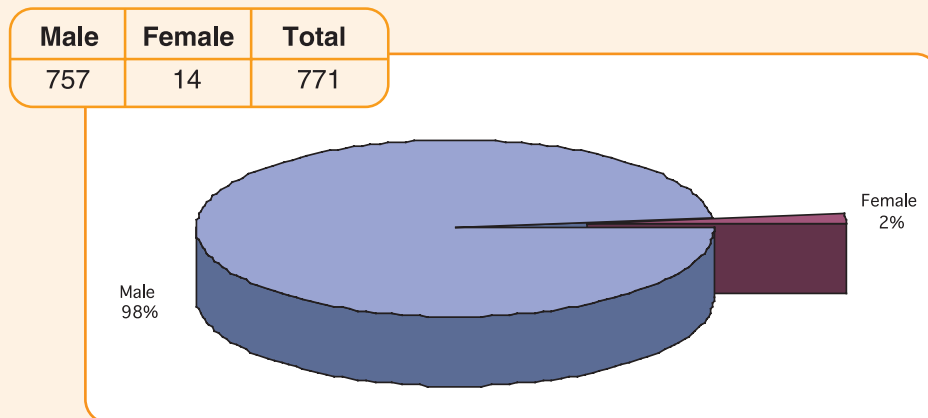
Furthermore, "Training Centres for Improvement of Driver Behaviours" have been established under the Provincial Health Directorates in 30 provinces and trainings on alcohol, harms of alcohol and its influence on driver behaviours are delivered to the drivers who disobey the traffic rules by driving under the influence of alcohol and thus whose driving licences are seized.

4. PROBLEM DRUG USE

4.1. Estimation of Prevalence and Frequency

Under this subheading, the forms filled in by the individuals, who confirmed being drug users and against whom legal action has been taken by the police, on voluntary basis have been examined. The profile of drug users not included in a treatment program has also been identified through interpretation of the data derived from these forms. The forms in question have been compiled from the 81 different provinces in Turkey.

1- Gender

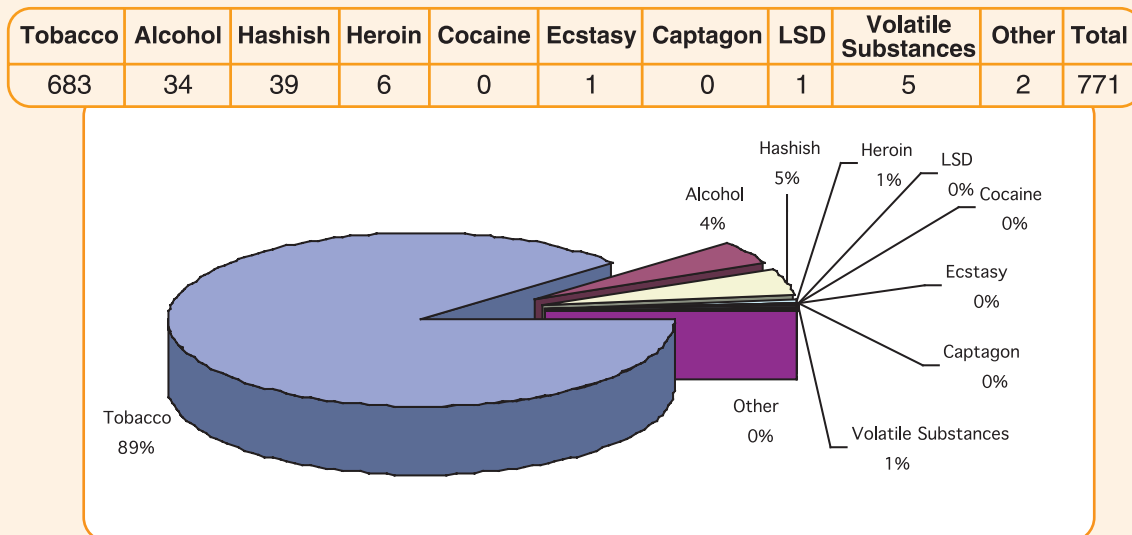


Graphic 3: Distribution of the Drug Users According to Genders in the year 2005

The distribution of the drug users according to the genders is demonstrated in Graphic 3. The graphic shows that 98% of the drug users are male, whereas 2% are female. The reason for the low prevalence of drug use among female is that tendency to use drugs is lower among female in the Turkish society due to social reasons; use of illegal drugs in the society in general is regarded as dangerous due to the addiction risk it poses and the legal actions it entails and thus female have a tendency to consume less alcohol and drugs in socio-cultural terms and they do not engage in trade or use of illegal drugs. In terms of drug use; it is deemed that female engage in misuse of ethical medicines; but they are unaware of the situation or have a sort of addiction they do not over-rate.

More involvement of the men in environments related to drugs lies in the social roles rather than the biological effect of the gender.¹

2-Drugs Used According to the Order of Initial Use



Graphic-4: Drugs Used According to the Order of Initial Use

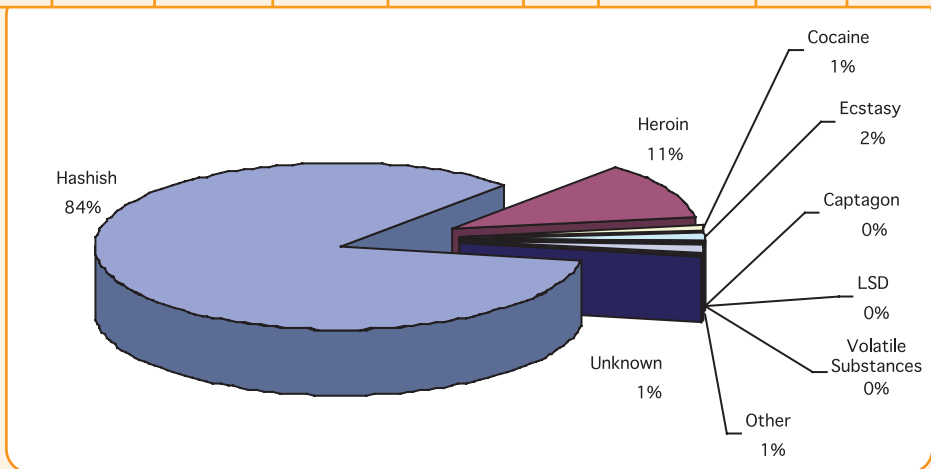
Examining the drugs used according to the order of initial use; one can think that these data reveal the transitions experienced specifically in drug use. In the ranking made by drug users according to initial use of various drugs, it is concluded that the first drug used is cigarette by 89%, second drug used is hashish by 5% and the third one is alcohol by 4%. Heroin and volatile substances fall under the 1% category.

¹ Berna ULUĞ, Psychiatry Basic Book, Substance Use Related Disorders, Doctors' Association Press, 1997; page 303

The data provided in the survey demonstrates that most drug users start smoking before they start using narcotic drugs. It is possible say that cigarette and alcohol are precursors in the initial use of other addictive and illegal drugs; those who do not smoke or drink alcohol are away from addiction when compared with those who do; the social environment and the lives shared are thus separated from each other.

3- Drugs According to Frequency of Use (Most Frequently Used Drugs)

Hashish	Heroin	Cocaine	Ecstasy	Captagon	LSD	Volatile Substances	Other	Unknown	Total
646	87	7	13	0	0	3	11	4	771



Graphic 5: Distribution of Most Frequently Used Drugs According to the Frequency of Use

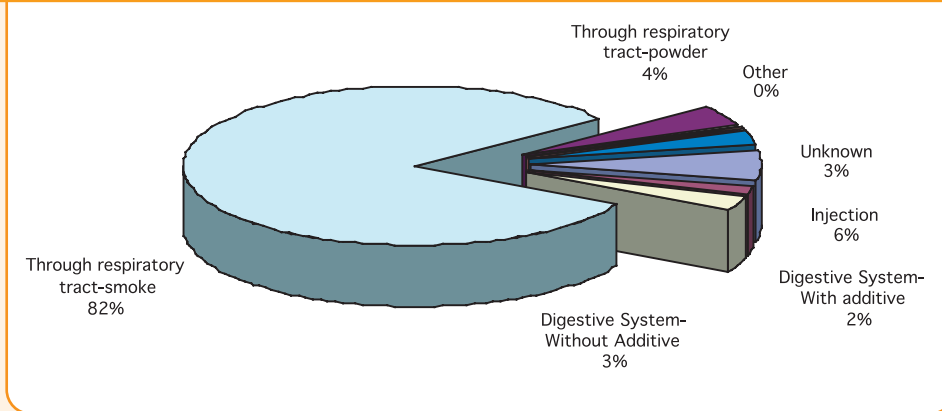
In view of the frequency of use; the most frequently used drug among the drugs used most frequently is Hashish by 84%, which is followed by Heroin by 11%, Ecstasy by 2% and other drugs.

It is reported in many studies conducted in Turkey that hashish is the most frequently used drug. Such high frequency of hashish use is deemed to be resulting from the relatively easier access and supply of the drug, underestimation of its probable harms and the drug being considered more acceptable in social terms compared with other drugs.²

² Published report of the Association of Psychologists, 2002

4- Method for Use of the Drug

Intravenous	Digestive System -with additive	Digestive System -without additive	Through respiratory tract-smoke	Through respiratory tract-powder	Other	Unknown	Total
48	13	22	631	33	3	21	771



Graphic-6: Distribution of Drug Users According to the Method for Use of the Drug

The method of “inhaling the smoke through the respiratory tract” is regarded as the most common method for using the drugs. It may be considered that this data may be as result of the high prevalence of the use of rolled cigarette containing hashish. At this point, the high prevalence of intravenous drug use constitutes an important data. Sharing injectors, use of dirty injectors during intravenous method are among the underlying reasons of contagious diseases like HIV/AIDS and Hepatitis B-C. However, the data from the Bakırköy Research, Treatment and Training Center for Alcohol and Drug Addiction (AMATEM) demonstrates that there is a decrease in treatment demands for heroin addiction and that it is deemed too early to implement general harm reduction policies.

4.2. Treatment Demand Indicators

4.2.1. Profile of Drug Users under Treatment

Data from 9 of the 12 registered treatment centres were collected in the year 2004. As a result of the works carried out. The number of centres complying with the standards reached 15, whereas the number of centres from which data may be collected reached 11 in the year 2005. In the year 2005, data on the patients who applied for treatment or were hospitalized for treatment were collected from 11 of the 15 centres in operation (Standard Table 24).

The data collected reveal that 2078 patients in total applied to these centres throughout the year 2005. 28.3% of all the applications were made to İstanbul AMATEM, 26.9% to Balıklı Rum Hospital, 15.9% to Ankara AMATEM, 10.3% to Elazığ AMATEM, 8.1% to Adana AMATEM, 5.9% to Manisa AMATEM, 1.6% to Samsun AMATEM, 1.3% to Ege University, Faculty of Medicine Hospital, 0.6% to Ankara University, Faculty of Medicine, 0.6% to İstanbul University, İstanbul Faculty of Medicine and 0.5% to Denizli State Hospital.

The following results were reached upon examination of the data from the Standard Table 34.

Upon examination of the genders of the drug users applying for treatment; it is concluded that, out of total 2078 applications, there are 1895 men, 151 women and 32 did not declare gender. The mean age of the whole sample community is estimated to be 30,05.

Out of total 2078 applicants, 941 stated they were undergoing treatment for the first time and 1084 underwent treatment in the past. The statuses of 53 applicants are unknown.

1265 drug users applied to the treatment centres on their own, 687 applied by way of their families, 4 applied by way of their family doctors, 39 by way of social services, 18 by way of court decision or the police, 35 by other means and 30 were brought to the treatment centres by people not stated.

186 of the applicants live alone, 1776 with their parents and 28 with their friends. 85 applicants did not state who they live with. Examining the distribution of those applying for treatment according to age groups;

The highest number of applicants is 498 belonging to the age group 25-29, followed by the 380 applicants belonging to the age group 30-34. In conclusion, 42% of those applying for treatment fall under the age group of 25-34.

Upon examination of the places of living; 1993 of the applicants have a permanent place for living; 13 do not have a permanent place; 16 live in institutional settings (prison, clinic). Statuses of the 56 applicants are unknown.

Upon examination of the jobs held by those applying for treatment, it is concluded that 650 have regular employment, 59 are students, 39 are not active in economic terms, 1218 are unemployed, 27 engage in other jobs. The jobs of 85 applicants are unknown.

Upon examination of the education status, it is concluded that 63 of the applicants have never attended school or did not graduate from primary school, 1279 are graduates of primary school, 554 have education at secondary school level, and 141 are university graduates. Education statuses of 41 are unknown.

According to the drugs used; 998 of the applicants use heroin, one uses methadone, 38 use opiates, 76 use cocaine, one uses amphetamine, 11 use MDMA and other derivatives, 65 use benzodiazepines, 274 are volatile substance users, 462 use hashish, 29 use other drugs. The drugs used by 29 of the applicants are unknown.

Considering the methods for drug use; 622 of the users use intravenous method, 712 sniff the drug, 505 smoke, 246 eat/drink, 40 use other methods and there is no information regarding the method used by 43 of the users.³

Upon research of the frequency of drug use, it was found that out of 1029 applicants using opiates, 697 used it on a daily basis, 35 used 2-6 days in a week, 19 used once in a week or less, 6 did not use in the previous month and there was no information on frequency of drug use of 2 applicants. Out of 75 applicants using cocaine; it was found that 48 used on a daily basis, 19 used 2-6 days a week, 2 used once a week or less and 6 did not use in the previous month. Out of 104 applicants using MDMA and derivatives, it was found that 57 used on a daily basis, 31 used 2-6 days a week, 13 used once a week or less and 2 did not use in the previous month. The status of one of the applicants is unknown. One amphetamine user stated he/she used it on a daily basis. Out of 65 applicants using hypnotics and sedatives; it was found that 48 used on a daily basis, 11 used 2-6 days a week, 3 used once a week or less and 3 did not use in the previous month. Out of 274 applicants using volatile substances; it was found that 191 used them on a daily basis, 50 used 2-6 days a week, 22 used once a week or less and 11 did not use in the previous month. Out of 451 applicants using volatile substances; it was found that 310 used them on a daily basis, 85 used 2-6 days a week, 27 used once a week or less and 26 did not use in the previous month. There is no information about 79 users in this part.

271 of those applying for treatment were younger than 15 years of age, 654 were between the ages 15-19, 526 between 20-24, 238 between 25-29, 162 between 30-34, 76 between 35-39, 39 between 40-44, 28 between 45-49, 7 between 50-54, 5 between 55-59, 2 between 60-64.

49 heroin users stated they used cocaine as a second drug, whereas 373 stated they used. 35 cocaine users stated they used hashish as the second drug. 56 MDMA users stated they used hashish as the second drug, 14 used hypnotics and sedatives, whereas 21 hashish users stated they used opiates as the second drug.

In terms of intravenous drug use; 163 stated they used intravenous method in the past, 549 stated they were still using it and 1260 stated they never used intravenous method.

³ Injection is an advanced stage of drug use and it is seen that most of those applying for treatment use injection. This situation reveals the situation of the patients rather than the general situation of the country.

5. DRUG-RELATED TREATMENT

5.1. Treatment System

The Ministry of Health aimed to enhance the quality and quantity of the settings providing drug-related treatment in order to prevent the use of narcotic drugs, to treat the drug users and enable rehabilitation, to prevent these persons from urging others to use drugs and thus to reduce drug demand in the country. The current structure allows for the treatment of drug users demanding treatment mostly, however it is planned to disseminate the drug-related treatment services all over the country to make the services more easily accessible.

In this context, in addition to the AMATEM operating under İstanbul Ord. Prof. Mazhar Osman Bakırköy Mental Health and Diseases Education and Research Hospital, AMATEMs were opened under Elazığ, Samsun, Manisa Mental Health and Diseases Hospitals in 1997, under Adana Mental Health and Diseases Hospital and Denizli State Hospital in 2000, Ankara Numune Education and Research Hospital in 2004.

“Research and Treatment Center for Volatile Substance Addiction” (UMATEM – later the name changed to ÇEMATEM.) established under the body of the İstanbul Ord. Prof. Dr. Mazhar Osman Bakırköy Mental Health and Diseases Education and Research Hospital to render services to children using volatile substances has been successfully continuing its activities in this field. Furthermore, treatment services are rendered to drug using children and adolescents by Ege University Alcohol and Drug Addiction Research and Implementation Center for Children and Adolescents (EGEBAM) established under the body of Ege University, Faculty of Medicine in İzmir in the year 2003 through the cooperation and support of public bodies and agencies to treat only child patients and in a section of AMATEM under the body of Ankara Numune Education and Research Hospital.

Apart from the drug-related treatment centres affiliated to the Ministry of Health, drug-related treatment services are also provided by the Faculties of Medicine of Ankara University, Gazi University, İstanbul University, Ege University and Dokuz Eylül University as well as a private hospital in İstanbul province. Since the year 2005, treatment services have been rendered in 15 centres, two of which focus on children and adolescents, with a capacity of 483 beds. Establishment of new centres in Diyarbakır, Gaziantep, İstanbul, İzmir and Mersin is planned in the forthcoming years.

Mental problems related to drug use are researched and treatment for such problems is provided under the scope of the services rendered to children and adolescents using volatile substances. The reasons of drug use, social structure and family structure of the young people are researched and the method for the drug-related treatment is identified. The young people are informed about the drugs they use and their influences and are taught what they should do in order to avoid starting drug use again. Use of volatile substances is a relatively new incident in the world (a problem

that occurred in the last 20 years); it poses a huge problem only in a small number of countries and there is no sufficient accumulation of scientific knowledge; thus the success level in other drug-related treatments has not been achieved in treatment of volatile substance use.

The general treatment system is established in three levels of health services. General practitioners work at the primary level of health services where patients should first get in contact for their health problems. Primary level refers the patients to secondary and tertiary services. Drug related treatment facilities include both inpatient and outpatient settings for addicts in general. Drug free treatment is the method of choice. Both psychotherapeutic and supportive methods are used including systemic therapies, socioeducative treatment and motivational interviewing. It takes long time. Withdrawal treatment is done both in inpatient and outpatient settings.

5.1.1. Aim of the Treatment

Generally the treatments provided in the centres aim at reduction or total withdrawal of drug use, elimination of poverty related problems, prevention of starting drug use again and improving psychological and social functionality.

As a rule, it is not allowed to practise medical practices towards drug-related treatment services outside the treatment centres in various units established with different purposes (like training, sheltering, social purposes) with the support of the health personnel. The “Regulation on Drug-Related Treatment Centres” enacted and published in the Official Gazette on February 2, 2004 stipulated that the drug-related treatment will be provided solely by centres having licence/permit granted by the Ministry of Health.

This regulation;

Stipulates that Scientific Commission on Drug-Related Treatment Procedures will be established in the first place.

Provides some arrangements regarding the establishment, building status of these centres and the application, licence and permit documents along with the sections to be formed within the centre and the tools and equipment to be available, personnel status and registry declaration system.

5.1.2. Substitution Treatment

Drug-related treatment has gained a new dimension with the incorporation of Methadone, Buprenorphine, Naloxane, Naltrexone, LAAM and similar opiate agonists, antagonists, partial agonists and partial antagonists, the use of which in drug-related treatment is the case in many Euro-

pean Union countries but is illegal in Turkey, into the treatment.

Procedures and principles related to the use of methadone, buprenorphine and similar medicines in drug-related treatment have not been identified yet, thus these medicines have not yet been brought into Turkey and administered to the patients. However, the Scientific Commission has been working towards preparing the diagnosis and treatment protocols according to the types of drug use. Once the necessary arrangements have been finalized, the medicines in question are planned to be used in substitution treatment practices.

Drug use is defined as a disease within the context of this regulation. Furthermore article 191 of the Turkish Penal Code foresees that courts may rule on probation rather than legal action about those drug users who agree to undergo drug-related treatment. Moving from the approach that regards drug use as a disease; the expenses related to diagnosis and drug-related treatment of those drug users are borne by the social security institution they are registered to and the diagnosis and treatment expenses of those drug users without any social security are borne by the Ministry of Health.

A communiqué governing the training programs and the exams for certification of the doctors, psychologists and nurses to be employed in the centres has been published as a result of the works carried out by the Scientific Commission on Drug-Related Treatment Procedures. Moreover a guide on the diagnosis and treatment criteria to be employed is being prepared and this guide will also be used as the training curriculum.

5.1.3. Non-Substitution Treatment

Both inpatient and outpatient treatment is provided in Turkey. However, access to outpatient treatment data is not easy, thus data on inpatient treatment have been utilized.

6. HEALTH CORRELATES AND CONSEQUENCES

6.1. Drug-related Deaths and Mortality of Drug Users

In Turkey, data on drug-related deaths were reached only by means of police resources in 2005. All cases of death suspected to be drug-related are reported to narcotics police. Units of Narcotic police having an extensive organization throughout Turkey forward the cases of drug-related deaths occurring in their region to the centre. General Command of Gendarmerie has also a similar structure. However, no drug-related deaths were reported from the sphere of responsibility of the General Command of the Gendarmerie in 2005. Initiatives of infrastructure have been taken in ot-

her relevant authorities so as to collect the necessary data.

Decreasing until 2004, the number of drug-related deaths was 12 in the year 2000; it was eight in 2001, nine in 2002 and six in 2003. In 2004; however, there was an increase in the number of deaths and it rapidly increased to 29. Although no scientific reason and result about this increase could be provided, the drug users stated that high concentration heroin was introduced to the market in the mentioned year.

In 2005, it was found out that 26 people died of drug-related causes. When it is analyzed in terms of gender, it was found out that 25 of them were men and one of them was a woman.

When the drug-related deaths are examined in terms of age groups according to gender,

Among the men who died of drug-related causes, the highest rate is in 25-29 and 30-34 age groups with seven people, it is followed by with four people in 40-44 age group, with three people in 35-39 and 45-49 age groups, and then with one person in 55-59 age group. One person who died of drug-related causes was in 20-24 age group.

6.2. Drug-related Infectious Diseases

In accordance with the data obtained from the Ministry of Health, Directorate General of Primary Health in 2005, the country profile of HIV, HBV, HCV rates among intravenous drug users is as follows:

It was stated that eight people among intravenous drug users have been infected by HIV virus. When analyzed in terms of gender, it was realized that among the intravenous drug users having HIV virus, seven were men and one was a woman.

When we analyze the intravenous drug users having HIV virus according to age groups,

It was found out that four people were under the age of 25, three people were in 25-34 age group and one person was older than 34.

It was reported that there are 1287 Hepatitis C and 5893 Hepatitis B cases in Turkey. However, how many of those infected by Hepatitis B and Hepatitis C are also intravenous drug users is unknown.

6.2.1. HIV/AIDS

HIV/AIDS was first diagnosed in 1985 in Turkey. In Turkey since 1987 all blood and blood products have been screened by ELISA according to law and ELISA is widely available throughout he-

alth systems. Confirmation is carried out in 9 confirmation centers of Ministry of Health in three big cities as Ankara, İstanbul and İzmir.

The number of HIV infected people and AIDS patients has been notified and published in the official reports of the Ministry of Health in Turkey since 1985. By December 31th 2005, 2254 HIV (+) and AIDS cases people have been reported.

Mode of transmission of 2254 cases in Turkey are; 52% heterosexuals, 7.9% homosexuals, 6% were the intravenous drug users, 2% blood transfusions, 1.7% were from mother to child transmission and 30.0% were unknown.

6.2.2. HEPATİTIS B

Hepatitis B is a common disease in Turkey. It is estimated that HbS Ag (Hepatitis B yüzey antijeni) positivity is about 4% in the community. The population of Turkey is 70 million, 70 million x 4% = 2 800 000 person. 15% chronic hepatitis. In 40% of these cases, the acquisition of infection is not known. The other ways of transmission, in decreasing order, are sexual intercourse, close contact, parenteral and IDU (Intravenous Drug Use). IDU is estimated to be less than 1%.

Hepatitis B positivity is about 7-8 % among IDUs.

6.2.3. HEPATİTIS C

Hepatitis C positivity is about 0.8-1% in general population. The population of Turkey is 70 million, 70 million x 1% = 700 000 person. 70% chronic hepatitis. In 50% of these cases, the acquisition of infection is unknown. The main ways of hepatitis C transmission are parenteral and blood, blood products transfusion. IDU is estimated to be 10%.

Hepatitis C positivity is about 50% among IDU.

6.2.4. Tuberculosis

Tuberculosis is not a sexually transmitted disease but related to IDU. In Turkey this disease used to be very common in the past, but with special prevention programs in 1960s the incidence is reduced from 150/100 000 to 40/100 000. The incidence of this diseases is 26/100 000 in 2001 and 2002. There is no data in our country about IDU and Tuberculosis.

6.3. Other Drug-Related Health Problems

No drug influence test is available for the drivers regarding traffic accidents. Alcohol test is widely used.

7. RESPONSES TO HEALTH CORRELATES AND CONSEQUENCES

7.1. Prevention of Drug-Related Deaths

The percentage of drug related deaths in Turkey is too low to compare with many European countries. The most important factor of this is known to be the negative attitude towards drug use in Turkish culture and family characteristics. Drug use is considered as an unacceptable fact by the community as well as it is a legal crime. Although net statistical data on the current drug-related deaths are not available for the year 2005, it can be stated that the rate of heroin-related deaths is higher.

Specialized drug treatment centers which have detoxification units as well as emergency departments of general hospitals provide acute and continuous treatment facilities for prevention of drug related deaths. There is first aid training in schools and in various courses such as driving courses.

7.2. Prevention and Treatment of Drug-Related Infectious Diseases

The first HIV/AIDS case in Turkey was reported in 1985. When 2254 HIV/AIDS reported cases are examined according to the data in December 2005, Turkey falls under the category of low prevalence countries according to the classification of the United Nations.

The Ministry of Health was not late to take measures against HIV/AIDS, which was quite new to Turkey like many other countries of the world and about which is barely known. Following the first case in 1985, the Ministry of Health included HIV/AIDS in the notifiable diseases list with a circulation published. From then on, notifications have been made by means of D86 forms specific to HIV/AIDS.

Another important step taken in the combat against HIV/AIDS and other STIs (sexually transmitted infections), was that another circulation published by the Ministry of Health entered into force in 1986 stipulating that all blood samples and blood products are to be screened for HIV. In 1987, it was seen that serological tests were applied to blood/organ/tissue donors, to women at whorehouses and prior to major surgeries. HIV tests, which are to be applied in parallel with consultancy services before and after the tests, are carried out in many primary health organizations and state hospitals.

HIV confirmation centres, the number of which is still nine, were opened in the year 1987. The mentioned confirmation centres are in Ankara, İstanbul and İzmir.

Hepatitis B has been under the category of notifiable diseases since the year 1990³. Advisory Committee on Immunization, founded in 1996, recommended that hepatitis B vaccine should be included in routine vaccination programmes for child. The Committee also recommended that health personnel and high risk groups should be regularly vaccinated.

HIV/AIDS notifications have been in a coded form since 1994. Moreover, no information is disclosed to the third parties and the press about the disease without the consent of the patient.

Since 1995, HIV/AIDS patients have equal rights with other patients. Every HIV/AIDS patient can reach to diagnosis and treatment services throughout the country regardless of the health insurance of the patient.

Sexually transmitted infections such gonorrhoea and chlamydia, which did not use to be under the category of notifiable disease, have been notified since 2005.

Intersectoral cooperation on HIV/AIDS/STI notification system is a fact with an undeniable significance. In line with this fact, having 32 national shareholders from public authorities, academies and Non-Governmental Organizations and chaired by the Ministry of Health, National AIDS Commission (UAK) was established in 1996.

Turkey is involved in the European STI notification system network (ESSTI) and HIV notification system (EuroHIV) projects.

Another project being conducted by the Ministry of Health in the field of HIV and other important sexually transmitted infections is “STI/HIV Operational Project”. The mentioned project is included in Reproductive Health Programme in Turkey initiated in 2003 as a result of the cooperation between the Ministry of Health and the European Commission. The project was initiated in Ankara, İstanbul, İzmir, Trabzon and İzmir having such aims as identifying the current STI/HIV epidemiology and STI/HIV prevalence in pregnant women, who come to gynaecology and birth clinics in selected hospitals in major cities, and in vulnerable groups under the risk of HIV within the society, and determining relevant demographical and behavioural patterns. The project is expected to end in April 2007.

Within the framework of “HIV/AIDS Prevention and Support Programme of Turkey” that is planned to end in July 2007, it is aimed to organize activities raising HIV/AIDS awareness of intravenous drug users in Ankara, İstanbul, İzmir and Gaziantep, to carry out surveys measuring behavioural changes, to provide training to the workers in the field and to hang visual materials.

Moreover, it is aimed to carry out trainings on the fields of intravenous drugs and HIV/AIDS with Joint UN Programme on HIV/AIDS (UNAIDS) of UNODC, to which the Ministry of Health is party, and with a project covering southeast European countries. It is planned to provide trainings to representatives of the relevant authorities in 2007 within the framework of the activity plan to be determined in accordance with the needs of the country.

7.3. Measures on Drug-Related Psychiatric Problems

Substance abuse treatment centers follow their own way of evaluation of the patients. Treatment methods are held according to individual needs of patients. Antidepressant medication is usually used, and antipsychotics are used as well according to the type of comorbidity.

7.4. Measures on Other Health Problems

Dealing with somatic comorbidity, drug-related emergencies and general health-related treatment is a responsibility for all physicians. These services are usually given with consultation with psychiatrists. Reverse is also true.

8. SOCIAL CORRELATES AND CONSEQUENCES

8.1. Social Exclusion

The results of “National Evaluation Study on Drug Use”, which was carried out in six major cities (Adana, Ankara, Diyarbakır, İzmir, İstanbul and Samsun) under the coordination of UNODC Representative of Turkey in 2003, are analyzed in this section and the following results have been reached.

Although it does not vary with the type of drug used, the studies carried out show that drug users received approximately six years of training. On one hand, this fact highlights the importance of these ages corresponding to primary education period; on the other hand it is necessary to determine the content of the trainings on fight against drug use very sensitively. Considering that the trainings on fight against drug use to be provided at these ages may cause irrecoverable results, indirect trainings should be preferred. The Ministry of National Education continues providing trainings under the title of fight against harmful habits.

In the examinations according to the residence types, it is discovered that 2/3 of the users has lived in a detached house or a flat for the last twelve months. While 1/3 of the users live with their

parents, 1/4 of them live with their spouses or friends. A very small proportion lives alone. It is found out that 20% of the drug users do not have a fixed residence and they generally live in the streets. Street children using volatile substances are also included in this 20%.

While 1/4 of the drug users live on as unqualified workers, 41% of them were unemployed in the last 12 months. However, whether they use drugs due to their unemployment or that they could not maintain their business lives after they started using drugs was not discovered.

When means of subsistence of the drug users are analyzed taking the last three months as the basis, it has been seen that 1/3 of them are paid and salaried employees. 40% of them live on temporary/daily jobs. Almost half of the users are dependant on their lovers or families in terms of livelihood.

8.2. Drug-Related Crimes

Although there are not detailed studies on crimes committed so as to find the necessary amount of money to purchase drugs or on crimes committed under the influence of drugs, studies in this field show that drug users generally commit a crime so as to find the necessary amount of money to purchase drugs. Accordingly, crimes against property such as pick pocketing, robbery, pillaging and begging can be mentioned among the preferred crimes types.

	Drug-Related Criminal Record		Criminal Record Related to Issues Other Than Drugs	
	Number of people	%	Number of people	%
Yes	264	34	377	49
No	501	65	388	50
Unknown	6	1	6	1
Total	771	100	771	100

Table 2: Distribution of Drug Users According to Their Criminal Records

On the other hand, as a result of a study conducted on those who are taken under custody by Narcotics Units of Anti-Smuggling and Organized Crime Division and who are drug users, when we compare whether the criminal records of the drug users are drug-related or related to issues other than drugs, it is seen that 11,8% of those with a criminal record have only a drug-related criminal record, 26,5% of those has criminal records related to crimes other than drugs and 22,4% has criminal records related to both crimes.

8.3. Drug Use in Prison

Primary health services are delivered by general practitioners and dentists in every penitentiary institution. Curable patients are treated in their rooms under the circumstances of the institution or in the infirmary of the institution. Patients are referred to relevant units of state hospitals or university hospitals according to the condition of the disease and the patient if further examination or treatment is needed.

“Psychological Intervention Programme against Drug Addiction” has been prepared so as to fight against drug addiction under the leadership of Directorate General for Prisons and Detention Houses and will soon be implemented.

The aim of the programme is to provide psychological support to the offenders or prisoners who receive drug treatments in penitentiary institutions or hospitals.

As a result of the survey carried out by the Ministry of Justice, General Directorate of Prisons and Detention Houses on 54.576 convicts in 2005 for October, November and December,

Rates of drug use of the convicts in several months prior to going into prison are found to be as follows: Hashish 0.34%, Cocaine 0.04%, Heroin 0.10%, Ecstasy 0.12%, LSD 0.02% and any illicit drug is 0.13%.

In the light of the data covering the last three months of the year 2005, rates of drug use of the convicts in prisons are found to be as follows: Hashish 0.16%, Cocaine 0.02%, Heroin 0.07%, Ecstasy 0.07%, LSD 0.01% and any other drug 0.12%.

9. RESPONSES TO SOCIAL CORRELATES AND CONSEQUENCES

9.1. Social Re-integration

According to Article 30 of Labour Law No. 4857, the employers are obliged to employ disabled people, ex-convicts and victims of terrorism corresponding to 6% of the number of total workers in workplaces where more than fifty employees are employed.

In cases of violation of this article, a fine shall be imposed to the relevant workplaces. Money to be obtained from this fine shall be registered as revenue in a special account in the budget of the Turkish Employment Organization to be allocated by the Ministry of Finance. The balance of this account shall be transferred to the Turkish Employment Organization for professional training and vocational rehabilitation of the disabled and former convicts to help them set up their own businesses and for similar projects. Under the coordination of General Directorate of Turkish Employment Organization, where and how to spend this money is decided by a commission comprised of one rep-

representative from the Directorate General for Labor, Directorate General for Occupational Health and Safety, Administration on Disabled People, Ministry of Labor and Social Security, Directorate General for Prisons and Detention Houses, Ministry of Justice, Confederation of the Disabled of Turkey and from senior institutions representing the highest number of workers and employers.

Under the coordination of Ministry of Labor and Social Security, the part related to drug users in the Joint Inclusion Memorandum, which will play a significant role in the harmonization process of Turkey to European policies in the fight against poverty and social exclusion, has been prepared by the Ministry of Health and Turkish National Police (TADOC/TUBİM). Works on the draft of the document are still ongoing with the cooperation between our institutions.

The Provincial Focal Points structured by TUBİM in 81 provinces play an active role in developing an action plan by determining risk groups and needy groups and motivating relevant institutions in their provinces. “Safe Hands Project” of Muğla Police Department is a good example of these initiatives. Aksaray Police Department has similar works conducted in cooperation with non-governmental organizations.

Division for Children formed under Provincial Organizations of Turkish National Police has some projects on training and helping street children under risk and the children working in the streets take up a profession. Children Polices, who are also responsible for the transfer of children involved in forensic crimes to the relevant authorities, pioneer comprehensive projects by determining groups under risk, providing the participation of the relevant organizations and carrying out activities to help children who are in need of protection shelter in state organizations, continue their education and to help those who cannot continue their education take up art/profession.

Through Child and Youth Centres affiliated to Directorate General for Social Services and Child Protection, 7837 children in total were reached between 01.01.2005–31.12.2005 and it was found out that 528 of these children were drug addicts.

Children who are drug addicts and their families are oriented to treatment centres affiliated to the Ministry of Health with the aim of providing them treatment by carrying out professional studies.

There are 44 (21 boarding, 23 day) centres and eight observatory houses established with the aim of providing temporary rehabilitation and social re-integration of the children and young people, who encounter social dangers and who live in the streets, going out to streets due to such reasons as conflict between the spouses, ignorance, sickness, bad habits, poverty, abandonment etc.

9.2. Prevention of Drug-Related Crimes

Created by the Ministry of National Education with three sessions for teachers, three sessions for the families and 11 sessions for the students for 10-14 age group, “Looking After Life” training module was prepared in September 2006 and started to be implemented.

In addition to national and international prevention projects conducted at schools, services such as seminars and panels are provided to various groups by means of advisory services at schools and with the participation of Provincial Health Directorates and Narcotics Police.

With “Probation Measure” that is stipulated by Article 191 of Turkish Penal Code No. 5271, instead of sentences restricting freedom, the opportunity for treatment was provided to the drug users. Consequently, the user is protected from the prison environment and efforts are made to prevent the crime of drug using from being committed again. As it is widely known, drug user needs to have a strong financial source so as to provide the drug s/he uses during the period s/he uses it. In case s/he does not have this financial resource, s/he can commit various crimes for the money s/he will spend in purchasing the drug.

10. DRUG MARKETS

10.1. Availability and Supply

In the illicit drug trade traffic, Turkey undergoes the adverse effect of the traffic of opium and opiates (heroin, opium, morphine) from east to west and the traffic of chemical substances led by synthetic drugs, cocaine and acetic anhydride from west to east. This effect means that the drug come closer to the individual.

10.1.1 Geographical Location of Turkey in Terms of Drug Routes

Three main drug routes causing adverse effects on Turkey and the region around it can be mentioned. These are Balkan Route, Northern Black Sea Route and Eastern Mediterranean Route.

Balkan Route causing adverse effects on Turkey in terms of drugs starts from hashish cultivation areas in Southwest Asia, going through the territory of Iran and Turkey and is divided into two arms in Balkan Peninsula. One arm reaches to Germany going through Bulgaria, Romania, Hungary and Austria (North Arm) and the other reaches Western Europe mainly by sea through Turkey and Greece (South Arm).

Moreover, Turkey is subject to a two-way current, being affected by the traffic of natural drugs from east to west while it is under the adverse effect of the traffic of chemical and synthetic drugs from west to east. The destinations of the chemical and synthetic substances coming through Eu-

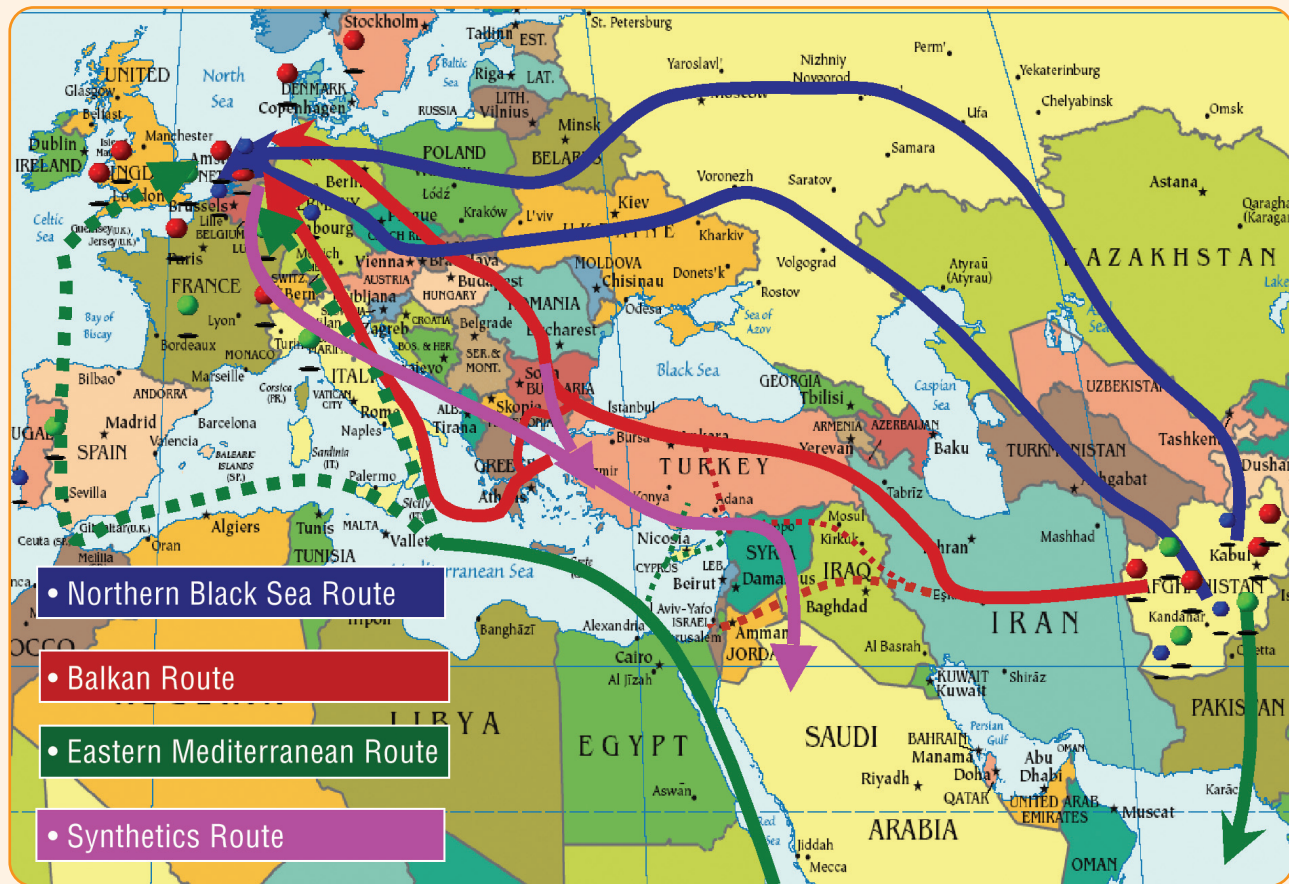


Image 1: Drug Routes

rope and Russia are respectively illegal drug factories in Southwest Asia, and Middle East countries and Turkey.

Among these routes, Balkan Route has been on the agenda due to significant drug seizures by Turkish National Police. However, this does not mean that the other routes are less active. Trafficking of opiate from the countries of origin to market countries without going through Turkey is a common method. Consequently, with the analysis of the data obtained from intelligence resources by the General Command of Gendarmerie in 2005, in the operations carried out in Romania and Austria with the cooperation of Turkish, German, Austrian and Romanian authorities, seizure of a total of 429 kg heroin sets a good example for this case when it was found that this heroin passed through Black Sea, entered in this country from Ukraine and was about to be transferred to western European countries after being stored in this country. Besides, the extent of opiate trafficking by sea from the regions of manufacture to the regions of consumption is unknown.

10.1.2. Evaluation In Terms of Main Drugs Affecting Turkey

When the drug events in Turkey are evaluated, three main drugs are noted to be the focus of international trafficking. These are opiate, amphetamine derivatives and cocaine.

It is known that opium enters our country through the provinces of Ağrı, Van and Hakkari located in the eastern region of our country by illegal means. There have been decreases in the amount of the opium seized in Turkey since 2003 and the opium coming to Turkey is either consumed by the users in our country or transported to America and Germany both by cargo and couriers. In 2005, it was realized that opium was transported to Europe and America by cargo in the events which mostly Iranian suspects are involved in.

Morphine base also enters Turkey through the provinces of Ağrı and Van located in the eastern region of Turkey. When we look at the amount of morphine base according to years, it is seen that the amount is not adequate to produce high amounts of heroin.

Heroin is mostly seized among opium and opiates in Turkey. Heroin enters the country especially through the provinces of Van and Hakkari by illegal means where the control is difficult due to mountainous geography.

Heroin leaves our country by sea from the seaports in İzmir and İstanbul, which are the gates to Europe, by couriers from Atatürk Airport in İstanbul and through overland through the land border crossings in Edirne and Kırklareli.

In recent years, there have been significant increases in the amount of synthetic drugs seized in our country. Captagon comes to Turkey from Eastern European countries and enters the country by illegal means through the land border crossings in Edirne and Kırklareli and leaves the country through Kilis and Hatay located in the southern region of Turkey so as to go to Middle East countries. Since 2002, a small number of illegal synthetic drug factories manufacturing pills have been detected in our country. There were two illegal captagon manufactures being in Kocaeli in 2002 and in Kayseri in 2003.

Ecstasy enters Turkey from Western European countries especially from Belgium and Netherlands by illegal means and enters the country illegally through Edirne located in the western region of Turkey by means of lorries, passenger vehicles and by seaports. Trafficking of ecstasy is carried out in line with the use in our country, which means that Turkey as a transit country for captagon becomes a target country for ecstasy.

When we look at cocaine, it is noted that the importance of Iran among the countries in the region has increased. Cocaine seizure, which was thought to have brought to Turkey from Iran, in Hakkari province bordering to Iran was interesting. Moreover, in April 2004 in Hatay bordering to

Syria, 42 kg of cocaine were seized. With a successful operation 42 kg of cocaine with Bolivia origin were seized in a container to go to Bandar Abbas port of Iran.

10.1.3. Evaluation In Terms of Chemical Substances Used in Drug Production

In recent years, there have been significant decreases in the seizures of acetic anhydride which plays an important role in heroin production. Acetic anhydride, which is mostly trafficked from European countries, used to enter the country through Edirne located in the western region of the country or through Zonguldak and Samsun by sea passing through Russia and Ukraine and it is found out that it leaves the country from Van located in the eastern region.

However, on the contrary of the decrease in the seizures of acetic anhydride, there have been increases in the seizures of precursor chemicals used in the production of synthetic drugs. As a result of the operations and the intelligence resources, it is found out that precursor chemicals used in the production of synthetic drugs enter the country through Edirne by illegal means and it is transferred to Middle East countries through Hatay and Kilis.

In 2005, 4300 kg of formamide were seized in the secret sections of a lorry driven by a Macedonian, having a Macedonian plate at Ipsala border crossing in Edirne. Similarly, 27 litres of BMK in Kilis bordering to Syria and 790 litres of formamide in Hatay were seized. Other characteristics of the provinces of Hatay, Kilis and Gaziantep, where there are more trafficking issues occur, are the close commercial relations of the citizens living in these cities with Syria and the proximity of these cities to Arabian countries, which are the consumption areas of captagon.

10.2. Seizures

As a result of the efficient fight against drug trafficking in the region where Turkey is located, its high capacity of technological operations and the importance it attaches to international operations and cooperation, many drug trafficking organization have been deciphered, the suspects have been seized and many people have been prevented from getting harmed by drug use. (Table-3).

Type of the Drug	Number of Events	Amount
Hashish Powder (Kg)	814	2381,22
Gubar Hashish (Kg)	2868	11338,7
Heroin (Kg)	1381	8172,76
Cocaine (Kg)	461	81,09
Amphetamine (Kg)	2	41,48
Captagon (Tablet)	97	6404923
Ecstasy (Tablet)	1893	1748799

Table 3: Drug Seizures and Events in 2005

When we examine the data in the table titled “Drug Seizures and Events in 2005” from Turkish National Police, Undersecretariat of Customs and the General Command of the Gendarmerie, the profile of demonstrating the number of seizures of illicit drugs and their amount in 2005 in our country can be noted.

Within this context; as a result of the operations carried out by the Police, the Gendarmerie and Customs Organizations, 13719,92 kg of hashish were seized by 3682 seizures.

8172,76 kg of heroin were seized in 1381 events.

81,09 kg of cocaine were seized in 461 events.

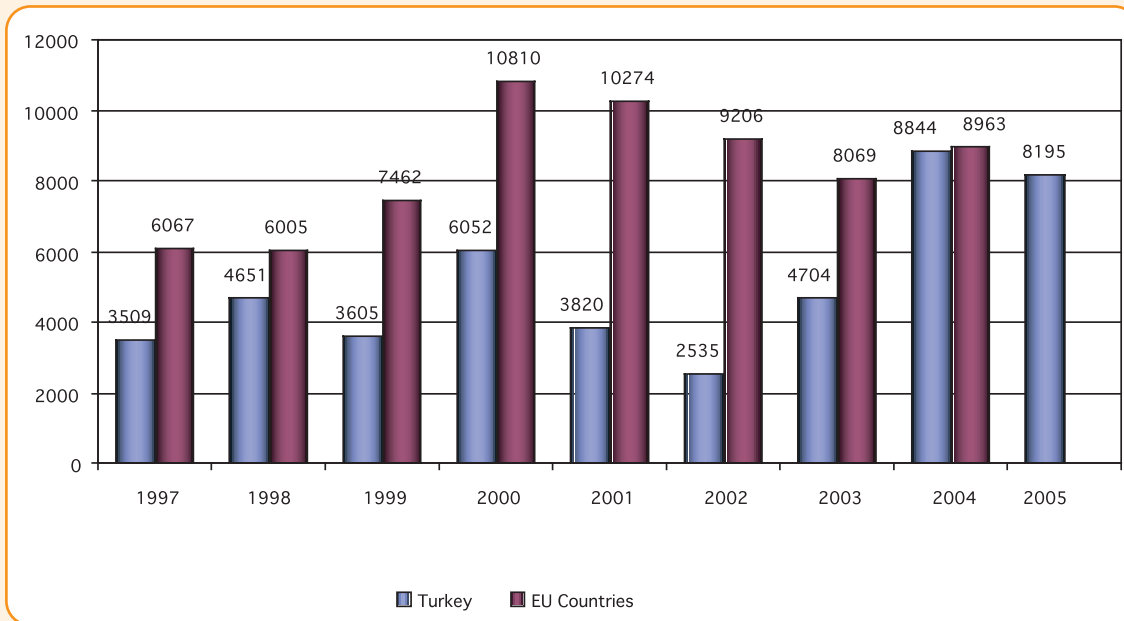
41,48 kg of amphetamine were seized in 2 events.

6404923 tablets of captagon were seized by 97 seizures.

It is put forth that 1748799 tablets of ecstasy were seized with 1893 seizures.

When the table titled “Reports/Arrests for Drug Law Offences” and the data obtained from Turkish National Police, the General Command of the Gendarmerie and Directorate General for Anti-Smuggling and Organized Crime; the number drug-related use was 6350 and the number of drug-related smuggling was 6879 and the total number of crimes regarding these issues was 13229 in 2005.

When both the aspects of use and smuggling are taken into account, among drug-related crimes committed in 2005, “Hashish” has been the substance for which the highest number of crimes has been committed and it is followed by Ecstasy, Heroin, Cocaine, Captagon and Amphetamine respectively.



Graphic 7: Turkey seized the same amount of heroin which EU Countries seized in 2004 (Heroin Seizures (Kg), UNODC figures)

Turkey seized equivalent amount of heroin with that of 25 EU countries in 2004. Among international reports, this was mentioned in paragraph 4 under the title of Fight Against Drugs on page 132 of EU 2005 Regular Report as “Turkish National Police and the Gendarmerie carried out several successful operations on the fight against drug trade. It was noted that record amount of heroin was seized in Turkey. Many controlled deliveries were conducted leading to high amount of confiscation in cooperation with police forces in member states. Turkish law enforcement officers started to use more sophisticated investigation techniques aiming to dissolve smuggling networks instead of arresting people only.”

Moreover, it was stated in European Council May 2006 Report that “Turkey seized %15, Iran seized 8% and Pakistan seized 6% of the heroin all over the world in 2004. Special importance must be attached to Turkey for all the relations in the future. Turkish Law Enforcement Officers make efforts to share a higher level of intelligence/information with other European Union countries on fight against organized crimes. European Union needs to seek for collective methods to encourage this.”

Turkey has been the target of the actions of terrorist organizations in the past as well as today. As a result of the fights carried out successfully, taking place in every stage (production, transport, mediation, sale, street sale etc.) of drug smuggling of terrorist organizations, Turkey found out that they are provided with financial support. It was detected that PKK/KONGRA-GEL terrorist or-

ganization is in close cooperation with drug organizations for the transport of drugs to European countries.

3 tons 710 kilograms of heroin, 108 kilograms of hashish, 4 tons 305 kilograms of morphine base, 2 tons 127 kilograms and 2.484.003 of cannabis root, 26 tons 190 litres of acetic anhydride, 710 kilos of cocaine, 8 kilograms of opium gum, 19 heroin residues, 277.030 synthetic tablets, 1 ton 80 kilograms of sodium carbonate and 2 drug factories have been seized since 1984 in 333 drug smuggling events which are detected to be related to terrorist organizations.

10.3. Price/ Purity

10.3.1. Retail Sale Prices

When we examine the data obtained from the table titled “Prices in Euros at Street Levels of Illicit Drugs” (Standard Table 16) from Turkish National Police, Directorate General for Anti-Smuggling and Organized Crime, Central Department for Fight Against Narcotics Crimes, it can be noted that the price of one gram Hashish Powder varies between three to four Euros, one gram Gubar Hashish is two Euros, the price of one gram Brown Hashish varies between seven to nine Euros, one gram Cocaine is 44 to 56 Euros, 1 tablet Captagon is one to two Euros and one table Ecstasy is three to four Euros.

10.3.2. Purity Ratios

When the data obtained from the table (Standard Table 14) titled “Purity at Street Level of Illicit Drugs” from Criminal Police Laboratories of the Police and the Gendarmerie, the average purity of 131 gubar hashish that was seized in the Gendarmerie Region at street level was detected to be 0,37%. In 562 brown heroin seizure in the Gendarmerie Region, average purity was detected to be 51,56%, in 9 brown heroin seizures in Police Region the purity was found to be 47%. In 84 amphetamine seizures in the Police Region, it was noted that the purity was 32,5%

When the data obtained from the table titled “Composition of Tablets Sold As Illicit Drugs” (Standard Table 15) by the Criminal Police Laboratories of the Police and the Gendarmerie, in 27 seizures in the Gendarmerie Region, it was found out that MDMA was 37,58%, in 295 seizures in Police Region MDMA was 28%, MDEA was 19%, MDA was 10%, the combination of these three substances was 19% and amphetamine was 8%.

PART B

Selected Issues

11. DRUG USE AND RELATED PROBLEMS AMONG VERY YOUNG PEOPLE (<15 YEARS OF AGE)

According to data obtained from Standard Table 33;

Among 20 children under the age of 15 coming for treatment, one is 11, two are 12, four are 13 and thirteen are 14 years old. When we examine the distribution according to gender, all of the children are boys and 16 of them live with their families, three live in institutions, and one lives in a place that is not stated. 17 out of 20 children are volatile substance addicts, and three are hashish users. Nine of them use drugs every day, whereas seven of them use drugs 2-6 days a week, three of them use drugs less than once a week and one has not used drugs during the last month. The age of initial use was stated as 10 by three people, 11 by two people, 12 by four people, 13 by eight people and 14 by three people

PART C

Bibliography, Annexes

1. Bibliography

2. Annexes

3. Tables

Table 1: Guidance and Research Centers affiliated to the Ministry of National Education and the Number of Counsellors in 2005

Table 2: The number of prevention activity and participants

Table 3: Drug Seizures and Events in 2005

4. Graphics and Images

Graphic 1: History of Drug Use -all samples

Graphic 2: Frequency of use of the stated drugs in the last 30 days

Graphic 3: Distribution of Drug Users According to Genders in 2005

Graphic 4: Drugs Used According to the Order of Initial Use

Graphic 5: Distribution of Most Frequently Used Drugs According to the Frequency of Use

Graphic 6: Distribution of Drug Users According to the Method for Use of the Drug

Graphic 7: Comparisons of EU and Turkey In Terms of Seizures of Heroin According to Years

Image 1: Drug Routes