

NATIONAL ANTI-DRUG STRATEGY PAPER

2015

Introduction

World Health Organization defines substances as synthetic molecules composed of a group of chemicals or plants that affect neural system and leads to physical and/or mental addiction. According to international agreements and laws, substances are defined as natural or synthetic materials used unilaterally (feeling the need to increase the dose in continuation of substance abuse) or bilaterally in other cases (same person using more than one drug) that may affect neural system and/or lead to mental addiction. Drug Abuse does not only harm the user, but also their family members, relatives and the whole society. The effects of drug abuse are wide ranging from harm to health, economy and social life.

Drugs are the biggest enemy of mental and physical health, and doom the addicts to a problematic life away from their families, relatives and society. Therefore, drugs cause irreparable damages to addicts, their family and work lives, and to the nation's economy. Within this framework, drug abuse and addiction has become a big problem all around the world as well as in Turkey.

The first 'National Anti-drug Policy and Strategy Paper' defining anti-drug policies and goals and objectives of Turkey came into force in 2006. Three year action plans were developed and implemented in order to achieve the goals defined in Policy and Strategy Papers. Preparations for an updated National Anti-drug Strategy Paper and Action Plan have been initiated in 2014 with contributions from all relevant institutions. In line with related Prime Ministry Circular, Anti-drug Boards are established. The Boards are chaired by Deputy Prime Minister and participated by Ministry of Health, Ministry of Justice, Ministry of Labour and Social Security, Ministry of Interior, Ministry of Customs and Trade, Ministry of Youth and Sport and Ministry of National Education. First Anti-drug Council Meeting was held with 15 workshops. Outcomes of the Council were reviewed to guide the preparation of National Anti-drug Strategy Paper and Emergency Action Plan. Annual Progress Report by European Union includes National Anti-Drug Strategy Papers and Action Plans. Within this scope, activities in Turkey are closely monitoring the developments in Turkey.

Institutional expertise, results of needs assessments, contributions from relevant institutions, previous National Anti-drug Policy and Strategy Paper and Action Plans, decisions of Anti-Drug Council and Anti-drug Technical Council, Outcomes of First Anti-drug Council Meeting, strategy documents developed by other national institutions and EU Member States and Drug Reports of Turkey are taken into consideration for the preparation of this document.

1. Preventing Access to Drugs

1.1 Definitions and current status

Today drug trafficking has become a major problem all around the world and needs to be tackled carefully, with an approach beyond local measures taken by police, due to its international dimension and integrated nature with other organized crimes.

There are many narcotic drug offenses within the scope of narcotic drug problem. Narcotic drug crime may look like a single offense, but include many sub offenses ranging from drug cultivation, production, shipment, possession, purchase, selling and abuse as well as chemicals used for substance production and defined and controlled by international agreements, and money laundry earned from drug trafficking. Narcotic drug offenses are considered to be complicated, international, organized crimes due to associated crimes such as violence crimes, homicide, fraud, thievery, border violation, weapons smuggling and terrorism.

Drug trafficking is a dynamic and complicated process including narcotic drug cultivation, production, distribution and street selling of drugs. With the increase in the number of drug users, high profit margin, terrorist activities and changes in political structure affected narcotic drug cultivation and drug trafficking routes and globalize the problem.

1.2 Aim

To stop national and international level drug trafficking, production, abuse, distribution and street sale of any natural and synthetic drugs and chemicals used for their production.

1.3 Objectives

1. To stop drug trafficking.
2. To prevent accessibility of drugs at street-level.

1.4 Strategies

1. To prevent entry of narcotic drugs to Turkey

Narcotic drugs have become an international problem. Due to its geopolitical position, Turkey has been a trade and culture bridge between east and west for centuries. Turkey has been deeply affected from drug trafficking due to its geopolitical position. Turkey is located between eastern countries particularly Afghanistan with high rates of narcotic drug production particularly cannabis and derived products, and western countries with highest rates of drug abuse and synthetic drug production. Therefore, the role of Turkey in picture has changed from being a transition country to a user country. For that purpose, any high risk drug entry points in Turkey should be strengthened for physical, technical, human resources and management capacity by taking all necessary measures to stop entry of drugs into our country.

2. Combating with Narcotic Drugs at Street-level

It is difficult to give only one reason for drug abuse. There may be many reasons, but accessibility of drugs is a prerequisite for drug abuse and addiction. One of the misperceptions of the society is that all individuals particularly children and youngsters have easy access to narcotic drugs on streets. Unfortunately, this perception decreases the level of value attributed by the society to successful capture ratio and gives a false courage to street drug dealers. In order to increase trust of the society to the government as well continue the combat on the streets, it is important to establish

and gradually strengthen special Narco-Teams under Ministry of Internal Affairs placed at each region.

Narco-teams will ensure community support to the combat with drugs by communicating everyone in their region. In addition the teams will have high operation and technical capacity to restrict the area of movement for drug dealers. This will also restrict drug dealers' access of drugs through drug dealers. Streets will be free of drug dealers with the increase of community based pressure on drug terrorists with the courage and determination of our citizens feeling the power of the State in the streets, and with the decrease in demand.

2. Taking Necessary Measures for Education Institutions

2.1 Definitions and current status

It is known that drug abuse starting at early childhood and youth before the age of 18 has a high risk of causing addiction. Therefore, drug dealers take students at their early ages as their target group to expand the use of narcotic drugs and to ensure addiction. It is important to take measures and make interventions at education institutions to reverse the situation and to achieve success with anti-drug strategies. Managers, teachers, security officers, cafeteria personnel, school bus drivers and all other personnel working at schools as well as people working in the school area (at kiosks, restaurants, kebab houses, etc.) should be included in the scope of anti-drug measures and activities.

There are many anti-drug activities to prevent drug abuse in education institutions. Related institutions are providing training programmes aiming to raise awareness among children/youth and their families, and to prevent drug abuse. It is necessary to have these programmes evidence based, up-to-date, prepared by specialized experts, appropriate for the target group, effective, sustainable and composed of standard training modules.

In addition, new programmes should be planned for early detection of high risk children. For this purpose, workshops should be held for teachers and screening activities should be implemented. As a result, early detection of high risk people will be ensured and prevention, control, and social adaptation mechanisms should be established to be implemented after detection.

2.2 Aim

To stop narcotic drug supply and demand in education institutions, and to include existing drug users to treatment and social adaptation processes.

2.3 Objectives

1. To stop accessibility of drugs inside and outside education institutions.
2. To raise anti-drug awareness among teachers, students and their families.
3. To detect all drug user students and to link them with treatment and social adaptation mechanisms.

2.4 Strategies

1. To identify and define risks inside and outside education institutions within the scope of combat with drug abuse.

2. To raise anti-drug awareness among teachers, students, their families, and other personnel working at schools.
3. To ensure treatment and social adaptation of drug user students.
4. To activate and update Green Crescent Clubs composed of students.
5. To conduct researches on drug abuse by students.
6. To ensure standardization and sustainability of anti-drug activities at schools.

3. Identified Target Groups

3.1 Definitions and current status

Even though the whole of population is under risk of drug use, the risk for some groups is higher. Children of divorced families, relatives of people with substance abuse history, residents of neighbourhoods with high substance abuse rate, and children with behaviour disorder are in high risk group.

It is known that if measures are not taken for risky behaviours, epidemics may start at places densely populated places such as military units, prisons and detention houses, dormitories and boarding schools. Therefore, prevention, early diagnosis, treatment and social adaptation processes should also cover these specific groups.

3.2 Aim

To raise awareness on adverse effects of drug abuse among target groups.

3.3 Objectives

1. To categorize preventive measures for drug abuse in a comprehensive manner and to scale up these measures to all target groups.

3.4 Strategies

2. To prepare and enforce categorized anti-drug programmes for drug users, addicts, their relatives and high risk groups.
3. To enforce programmes for children forced to work and beg on the streets.
4. To enforce programmes for soldiers within armed forces.
5. To enforce programmes for people in Prisons and Detention Houses.
6. To enforce programmes for students staying at Higher Education Credit and Hostels Institutions.
7. To enforce programmes for youth and players.
8. To enforce programmes for students at Police and Gendarmerie Training Centres.
9. To enforce programmes for business operators and personnel having close contact with community.
10. To train Vocational Trainers working at Turkish Employment Agency.

4. Anti-drug Counselling Units

4.1 Definitions and Current Status

There are many counselling institutions and organizations for;

- People that would like to receive detailed information on steps to take to prevent their relatives and family members from drug abuse if there is no one with drug abuse history in their family,
- People that would like to detect if their relatives are drug users due to spending time with high risk groups,
- People that would like to receive further information on how to help their family members that are abusing drugs,
- People that would like to stop drug abuse,
- People suffering from deprivation,
- People having problems after anti-drug treatment,
- People that would like to report on drug dealers and places providing narcotic drugs

However, there is a need to establish separate counselling and support units to answer needs and question of people without the concern of stigmatization and out casting for the facilitation of access to existing services.

With the existing structure, counselling needs of the drug users or their families or people with a suspicion of drug abuse are met by tertiary care services. But in line with this practice, some people are concerned about judicial processes and therefore do not apply for treatment/counselling services. As a result registry of the individual to the system may take longer and the risk of addiction, harmful effects of drug abuse may increase which may even result in death. However, the establishment of counselling unit will facilitate the service delivery and will ensure the provision of necessary guidance. With the help of counselling services provided to people concerned about the existence of drug users in the family, it might be possible to ensure early diagnosis and intervention.

4.2 Aim

To establish rehabilitation centres for people that would like to take measures for themselves and their relatives, drug users, addicts (having deprivation and willing to stop using) and their relatives, and to develop necessary algorithms.

4.3 Objectives

1. To ensure new units would serve as a bridge between community and public institutions for all stages of anti-drug activities.
2. To ensure easy access to services delivered by new units established for assisting anti-drug activities.
3. To complete all applications to units by informing the responsible authorities.

4.4 Strategies

1. To establish a “Drug Addiction Helpline” operational 24 hours 7 days and managed by professionals.

5. To Strengthen Drug Addiction Treatment Mechanisms

5.1 Definitions and current status

Drug addiction treatment may be planned as outpatient or inpatient. In Turkey, the treatment is mainly provided by tertiary healthcare services. Considering the service capacity and increase in the

number of applications for treatment, this structure is not capable of meeting the needs and accessing individuals timely which would decrease the motivation of individuals or cause medical complications. Drug addiction diagnosis and treatment should start with primary care. Sustainability of healthcare services should be ensured by increasing the level of coordination among relevant units. When inpatient healthcare facilities of Turkey are considered, there are a total of (19 under Ministry of Health, 8 under universities, and 2 under private institutions) 29 Alcohol and Substance Addiction Treatment Centre (AMATEM), and 3 Children and Adolescents Alcohol and Substance Treatment Centres (ÇEMATEM) (under Ministry of Health). There has been an increase in the number of individuals receiving inpatient treatment. However, it is not possible to only meet the needs of this increase via only existing AMATEM centres. Therefore, treatment mechanisms for drug users and addicts should be planned starting from primary care services including family physicians, psychiatry clinics in secondary care, AMATEM/ÇEMATEM in tertiary care services, and all emergency physicians working at emergency units for emergency interventions.

Primary healthcare services will work for early diagnosis and prevention of relapses by closely monitoring individuals treated by tertiary care services.

Psychiatry polyclinics are planned to strengthen anti-drug addiction services at high risk areas as well as to increase the number of tertiary care providers and service capacity. The number of personnel and service quality of these centres will be increased.

5.2 Aim

To facilitate access to drug addiction treatment services, and to increase success of treatments by strengthening treatment mechanisms.

5.3 Objectives

1. To ensure training of health personnel taking part in drug addiction treatment.
2. To define inpatient and outpatient treatment algorithms for drug addicts.

5.4 Strategies

1. To ensure family medicine centres play an active role in anti-drug activities and to include these activities as positive performance criteria.
2. To strengthen the capacity of psychiatry polyclinics for more active role in treatment of drug addicts.
3. To establish an outpatient substance addiction treatment centre.
4. To assess the capacity available at AMATEM and ÇEMATEM and to strengthen the drug addiction treatment mechanisms.
5. To ensure standardization of emergency situations that would require intervention to drug addicts.

6. To Ensure Social Adaptation Of Drug Addicts After Short Term And Long Term Treatment

6.1 Definitions and current status

Long term treatment facilities and social adaptation programmes after short term treatment are not available in Turkey. New social adaptation programmes as well as deinstitutionalization of long term and short term health services should be developed. In order to prevent relapse it is vital to develop

social skills, and to strengthen social support mechanisms after short term medical social adaptation programmes.

Social inclusion of substance addicts after short term and long term treatment (to prevent relapse) and implementation of social adaptation activities (to prevent social exclusion, implement social adaptation processes to ensure social participation of substance addicts in treatment period, social adaptation, etc.) should be integrated to ensure social participation of these individuals.

After the completion of treatment for substance addicts on probation and meeting the probation requirements, it is needed to coordinate with their families to ensure continuation of the treatment and social adaptation as well as follow up of their treatment.

6.2 Aim

To prevent social exclusion of drug users after treatment, to ensure social adaptation and to prevent relapse of drug addiction.

6.3 Objectives

To restructure social adaptation process with an integrated approach to prevent drug users retarding using drugs after short and long term treatment.

6.4 Strategies

1. To establish social adaptation process for drug users after short and long term treatment.
2. To provide physical spaces needed for strengthening social adaptation mechanisms.
3. To ensure social adaptation (placement to school, job placement, etc.) of addicts at social adaptation period.

7. Scientific Advisory Board for Anti-drug Activities

7.1 Definitions and current status

Drug addiction has a health dimension as well as public, social, legal and administrative dimensions. While planning anti-drug activities, it is important to have scientific evidence provided by Scientific Anti-drug Advisory Board composed of competent experts. Within the scope of Anti-Drug National Action Plan responsible institutions are expected to work on topics such as combat with supply, demand reduction, media and communication.

7.2 Aim

To align anti-drug activities with scientific evidence.

7.3 Objectives

To establish a Scientific Advisory Board composed of specialized people to identify communication strategies in combat against supply, demand and drug.

7.3 Strategies

1. To establish Turkish Anti-Drug Scientific Advisory Board.
 - A Commission to combat with narcotic drug supply
 - A commission to combat with narcotic drug demand
 - Communication Commission

8. To establish Anti-drug Decision Support System

8.1 Definitions and current status

In order to ensure standardization of national anti-drug activities and projects, meet the needs of all institutions, access datasets of international organizations, prevent repetitive activities and facilitate scientific researches, it is important to establish an Anti-drug Decision Support System. The system will provide **an instant, dynamic and common** data sharing platform for relevant units to enable planning of field interventions in the light of collected data. Existing Anti-drug Early Warning Systems will be strengthened and integrated with the new decision support system.

8.2 Aim

To establish a dynamic system that would enable instant data flow and data sharing for anti-drug activities of relevant units and activity plans in line with the available data.

8.3 Objectives

1. To develop a model to the purpose and to strengthen the monitoring system.
2. To standardize data collected within the scope of anti-drug activities and to ensure compatibility with international data systems.

8.4 Strategies

To establish an Anti-drug Decision Support System that would enable monitoring collected data, and assessing processes and outputs.

9. To strengthen Legislation for Anti-drug Activities

9.1 Definitions and current status

Existing legislation may not the needs for current activities. For example, as part of their duty, civil servants and particularly health personnel **are obliged to report** (Turkish Criminal Law 279—280) once they detect a drug user.” This will make service procurement difficult as well as increase the risks for the society and leave education and health professionals, etc. in a difficult situation. There is a need for the update of legislation for the detection of substance users without causing any social exclusion, topics related to probation and detection of new generation psycho-active substances and inclusion to the list of narcotic drugs.

9.2 Aim

To make necessary legislative regulation arrangements for effective fight with drugs.

9.3 Objectives

To have up-to-date applicable changes on anti-drug legislation to strengthen deterrence of anti-drug activities.

9.4 Strategies

1. To strengthen anti-drug legislation.
2. To develop necessary legislative regulations to ensure effective implementation of probation services.
3. To make necessary regulations for Generic Classifications.

10. Coordination and Cooperation in Combat with Narcotic Drugs

10.1 Definitions and current status

Anti-drug activities are within the mandate of many institutions and organizations. A High Level Anti-drug Committee is established in order to ensure interagency coordination and prepare, approve, amend, implement and assess action plans. The Committee will be composed of Ministers of Justice, Family and Social Policies, Labour and Social Security, Youth and Sport, Customs and Trade, National Education, and Health, and chaired by a Deputy Prime Minister assigned by the Prime Minister. If deemed necessary by the Head of High Level Committee, it is planned to have sub committees, technical committees, advisory groups and ad hoc and permanent working groups as well as provincial level and district level boards. Coordination among all relevant agencies will be ensured for the implementation of activities of the defined structures.

10.2 Aim

To ensure coordination among all relevant institutions by establishing a coordination mechanism that will strengthen cooperation for anti-drug activities supported by scientific evidence.

10.3 Objectives

1. To identify interagency coordination unit
2. To ensure active participation of local administrations and NGOs for the implementation of joint projects.

10.4 Strategies

1. To develop an organizational structure responsible for the implementation of anti-drug action plan.
2. To increase the role of local administrations in anti-drug activities.
3. To ensure coordination for the use of funds.

11. Communication and briefing the public

11.1 Definitions and current status

An effective communication plan is expected to clearly define and include the requirements, sources to be used, needed time for preparation, target group and clear definition of plans. The communication strategy defined within the scope of this plan should include target group, goals to be reached and preferred communication tools. Planning compatible communication processes, developing an effective and appropriate language, conducting public opinion surveys if needed, and relations with media are integral components of the process.

In order to successfully manage the process it is necessary to professionally transfer the sources, evaluate the process with all relevant steps including feedbacks on the topic. The process should be managed by a council composed of specialized experts such as communication officers, public relations specialist, journalists, psychologist, etc. Within this framework a communication board will be established. The Prime Minister and relevant Minister are periodically briefing to public on progress and achievements on anti-drug activities. A briefing meeting was held for the health

journalists working at related media agencies. Information sharing with public will continue through press conferences.

11.2 Aim

To develop and implement professional communication strategies to inform, raise awareness and ensure participation of public in combat with drug abuse.

11.3 Objectives

1. To raise awareness among public on combat with drug abuse.
2. To ensure right information sharing with public and to ensure public participation to process.

11.4 Strategies

1. To establish Anti-drug Communication Board.
2. Anti-drug Communication Board will identify anti-drug communication strategies in collaboration with other related agencies.
3. To conduct a professional programme.
4. To inform all stakeholders on the process and to use a common language.

12. Diagnosis and Laboratory Services

12.1 Definitions and current status

As part of combat with demand and supply of narcotic drugs laboratory services are also critically important. Recently, there has been an increase in the production of various narcotic substances. More than 200 psychoactive substances have been defined since 1997. Different kits and methods are used for testing which lead to lack of standardization in Turkey. In addition, lack of capacity for service provision at some centres causes difficulty for treatment (legal requirements for probation may create difficulty in health facilities). Therefore, it is needed to standardize the tests, define the types of tests to be used by relevant institutions, disseminate in line with the planning criteria and ensure accreditation, develop a common database for narcotic drugs, ensure reporting to EWS in case of detection of new substances, define the standards for the testing laboratories and personnel.

12.2 Aim

To strengthen diagnosis and laboratory services for an effective combat with drug abuse.

12.3 Objectives

1. To strengthen the reliability of drug abuse diagnosis
2. To improve existing laboratory capacities to identify new drugs, and to increase quality of data on drug abuse
3. To comply with the data collection standards of international organizations particularly European Centre for Monitoring Drugs and Drug Addiction

12.4 Strategies

1. To standardize principles of the testing laboratories, to increase their capacity, number of personnel and qualifications, and to provide instrumental analysis devices.
2. To define standards for identification tools.

3. To update SOPs for the use of identification tests.

In order to achieve aims, objectives and strategies defined in this Strategy Paper, all relevant activities, responsible institutions and timeline are clearly listed in Anti-drug Action Plan.