TURKISH NO DRUG NO REPORT 00



REPUBLIC OF TURKEY MINISTRY OF INTERIOR Turkish National Police Counter Narcotics Department



ANKARA - 2018

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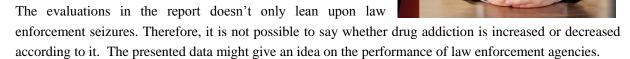
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PREFACE

Fight against drug is a field in which simultaneous fight is a must in supply management, prevention/training and treatment/rehabilitation effectively.

It is necessary for all relevant institutions to act together for efforts to succeed within this content. Also, it is very important to create and raise social consciousness and awareness as much as to take precautions for the solutions of the problems.

Ever-growing and changing technology change the crime types and crime committing methods. Law enforcement agencies who use changing-developing technology and methods in supply reduction, don't fight only against local drug crime syndicates.



Today, drug crime syndicates seem more organized and multinational in our world which turned into a small village due to globalization and technology. Therefore, fight against drug stop being a local problem and took an international dimension.

Turkey has a strategic position regarding in drug trafficking. We continue to work with an all-purpose and integrated approach by knowing our strategic position and considering all the children in the world as our own children. Our fight doesn't remain limited for national success and support all international efforts in the fight against above —mentioned crimes.

Turkish National Drug Report 2018, developed with the data 2017 and with the contribution of our stakeholders, puts forward all studies under all relevant titles in fight against drug as a product of such an approach. Presented data in the report will not judge the drug use and addiction in the country. However, thank you very much to those who contributed with believe of report being helpful to other institutions who have responsibility in fight against drug.

İbrahim H. SEYDİOĞULLARI Turkish National Police Head of Counter Narcotics Department 1st Degree Chief Superintendent

1. CHAPTER

LEGAL FRAMEWORK, DRUG POLICY AND COORDINATION

1.1 Drug Policy

1.1.1 National Drug Policy and Strategy

Some of the most important factors in fight against drugs are working in coordination, monitoring and and evaluation of the works. For this reason, a strong coordination infrastructure is ensured by setting up a High Council for Fight Against Drugs which is consist of 8 ministers under the presidency of Deputy Prime Minister and is established in line with Prime Minister Circular no. 2014/19 and Board for Fight Against Drugs and a Technical Board for Fight Against Drugs which are working under the High Council.

Coordination and secretarial duties of these Boards are given to the Ministry of Health at central level and to Health Directorates at provincial level.

2015 Urgent Action Plan for Fight Against Drugs is prepared by this multispectral approach which is grounding on a strong cooperation at top level in the studies for fight against drugs and Action Plan for Fight Against Drugs covering the period of 2016-2018 is published and entered into force after adding new strategy and activities in the current activities which will continue to be implemented in the Action Plan 2015 on 18 April 2016.

By taking into consideration of permeableness among addictive substances and the need for expanding the capacity of the Boards, High Council for Fight Against Addiction is established with the participation of 11 Ministers (Minister of Justice, Family and Social Policies, Labor and Social Security, Young and Sports, Food, Agriculture and Livestock, Customs and Trade, Internal Affairs, Finance, National Education, Transportation, Maritime Communications) by a Prime Minister Circular dated December 2017 and numbered 2017/23 under the presidency of 9 deputy prime ministers and the approval of 11 high council presidents. Board for Fight against Addiction which is approved by 11 head of high council under the presidency of deputy Prime Minister, Technical Work Groups for Fight against Drugs and Provincial/district Coordination Boards established and principals and procedures of these boards are published and entered into force on 23 December 2017.

Board for Fight Against Addiction, Technical Working Group for Fight Against Addiction (Technical Working Groups for Fight Against Drugs, Technical Working Groups for Alcohol Addiction, Technical Working Groups for Tobacco Addiction, Technical Working Groups for Behavioral Addiction (Technology and Gambling) and Technical Working Group for Fight Against Communication) and Provincial/District Coordination Boards for Fight Against Addiction are established with this new structure.

One of the technical working groups among Technical Working Group for Fight Against Addiction is established as the representative of minimum at the level of department head from 20 institutions which are Technical Working Group members and in the coordination of Deputy Undersecretary in Ministry of Health. In line his document, Secretary duties, coordination and following up these implementations are carried out by a Deputy Undersecretary from Ministry of Health through General Directorate of Public Health and by Governors through Local Health Authorities at provincial level (General Directorate of Public Health Agency of Turkey).

It is decided that Strategy Document and Action Plans which is the road map for fight against drugs in the country will be updated covering the period of 2018 and 2023 with the newly established board structure. (General Directorate of Public Health Agency of Turkey Institution). It is aimed to succeed by identifying road map for fight against drug for the upcoming 6 years, carrying out studies and activities in coordination and supporting each other and following up systematically through objectives and indicators within Strategy Document and Action Plan.

1.1.2. Evaluation of National Drug Strategy

Activities which are in National Action Plan for Fight against Drugs 2016-2018, are identified under 11 main areas which are stated below:

- Prevention of Accessibility to Drugs,
- Participation of Society in Fight Against Drug,
- Treatment in Fight Against Demand,
- Social Integration in Fight Against Drug,
- Communication in Fight Against Drug,
- Carrying out Fight Against Drug Process and Coordination,
- Monitoring and Evaluation,
- Financial Dimension of Fight Against Drug,
- Cooperation with Local Authorities and NGO's in Fight Against Drug
- Counselling Units in Fight Against Drugs,
- International Experiences and Successful Country Models in Fight against Drugs.

Sub activities are established by responsible institutions for all activities which are in the Action Plan for Fight against Drug 2016-2018 and these sub activities are followed by a table ensuring monthly monitoring. In addition, implementing by all institutions of the activities in the action plan are measured.

Also, all studies in the drug field within the scope of action plans are compiled by the Ministry of Health and 6-month and yearly reports are prepared. Lastly, the recent activity report where all studies from 2014 carried out, are established in 2017. (http://www.thsk.gov.tr/guncel/haberler/213- tutun- ve- diger-bagimliklik-yapici-maddelerle-mucadele-daire baskanligi-haberler/2014-2017-uyusturucu-ile-mucadele-faaliyet-raporu.htm) (General Directorate of Public Health Agency of Turkey).

1.1.3. Drug Related Public Expenses

Just like every year, data on drug related public expenses are collected again by TUBİM in 2017. In Turkey, public expenditure in the field of fight against drugs is allocated from the general budgets of the institutions. And it is quite difficult to determine how much of the expenditure allocated from the general budgets of the institutions has been spent on the fight against drugs. Therefore, the public expenditure data obtained from the relevant institutions, mentioned in this section, are approximate values.

For the first time, data on public expenses in fight against drugs field of Turkey has been reported by TUBİM in 2010 and it is started to collect from provincial municipality since 2013 (2012 data).



Graph 1 Distribution of the Drug Related Public Expenditure by Years *Source: TUBİM, 2018.*

In 2017 public expenditure increased by 29.7%, amounting to 936,194 million TL as it is seen in Graph 1.1

1.2 Legislative Framework

Although certain legislative regulations related to the fight against drugs can be found in various codes, the principle legislative regulations in this field can be categorized under three main headings:

- Turkish Penal Code dated 26 September 2004 and numbered 5237,
 - TCC Art. 188 Production and trading of addictive or relieving/exciting drugs,
 - TCC Art. 190 Facilitating of use of addictive relieving/exciting drugs,
 - TCC Art. 191 Purchasing, accepting or carrying addictive or relieving/exciting drugs,
 - o TCC Art. 192 Sincere repentance,
- The Law on Control of Drugs dated 12 June 1933 and numbered 2313,
- The Law on Drugs dated 03 June 1986 and numbered 3298.

Criminal sanction is implemented for related actions such as either use of drugs, production or trading of these substances, facilitation and encouraging of usage within our penal legislation.

There is an opportunity provided in our legislation for taking reprieve decision on a person, implementing precautions for treatment and/or probation services during this period regarding use of drugs or relieving/exciting drugs or possession for usage. When a person disregard the obligations given within this suspension period or use any drugs again, public prosecution will be initiated with the request of prison sentence between 2-5 years.

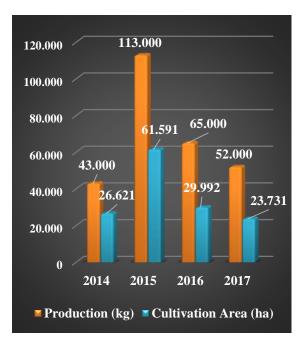
Together with this, effective repentance in drug related crimes is stated in Article 192 of Turkish Criminal Code no. 5237.

Within the scope of Law on Drugs No 3298 and Regulation on Cultivation, Control, Collecting, Evaluation, Disposal, Trading, Exporting and Importing of Opium Poppy

Opium poppy is cultivated for medical purposes in Turkey, India, Australia, France, Spain and Hungary which are legal producers around the World under the supervision of United Nations. Turkey is regarded as a country which is a traditional opium poppy producer and opium poppy alkaloid supplier in the World. Possible opium poppy lands are determined by the Council of Ministers in Turkey. It is strictly forbidden to cultivate opium poppy in any land which is not determined by the Council of Ministers for what purpose. Cultivated opium poppy is brought under control and inspected by Directorate of General Turkish Grain Board and law enforcement agencies in line with provisions of "Regulation on Cultivation, Control, Collecting, Evaluation, Disposal, Trading, Exporting, Importing of Poppy"

According to decision of Council of Ministers on "Opium Poppy Capsule and Trading of Seeds" no 2015/7725 which is published in official gazette dated 20/06/2015 and no 29392. It is authorized to cultivate opium poppy and produce unscratched opium poppy capsule in Afyonkarahisar, Amasya, Burdur, Çorum, Denizli, Isparta, Kütahya, Tokat and Uşak provinces in full; Balya, Bigadic, Dursunbey, İvrindi, Kepsut, Savaştepe ve Sındırgı disticts of Balıkesir province; Alpu, Beylikova, Çifteler, Günyüzü, Han, Mahmudiye, Mihalıççık, Seyitgazi ve Sivrihisar disticts of Eskişehir province; Ahırlı, Akören, Akşehir, Beyşehir, Derbent, Doğanhisar, Hüyük, Ilgın, Kadınhanı, Seydişehir, Tuzlukçu, Yalıhüyük ve of Konya; Yunak districts Sehzadeler, Yunusemre, Demirci, Gördes, Köprübaşı, Kula, Sarıgöl ve Selendi districts of Manisa province with the license as of 2015.

Legally cultivated capsules are taken from farmers through local authorities and transferred to Alkaloids Factory in Afyonkarahisar to process. Need for alkaloid raw material of domestic and international pharmaceutical plants is fulfilled by morphine and derivatives produced in Alkaloid factory in Afyon.



Graph 1.2 Production Amount of Opium Raw Material Equivalent to Morphine in Turkey

Source: General Directorate of Turkish Grain Board, Ministry of Food, Agriculture and Livestock 2018.

Law on Controlling of Narcotic Drugs No 2313

According to Article 3 in Law on Controlling of Narcotic Drugs no 2313, it is strictly forbidden to cultivate cannabis to produce hashish and prepare, export, import and sell for what purposes. Cannabis cultivation and growing are subject to permissions. Cannabis cultivation is authorized by Ministry of Food, Agriculture and Livestock within "Regulation on Cannabis Cultivation and Control".

Lands which are authorized for cannabis cultivation, are controlled regularly from culture to harvest by technical staff in local authorities and it is monitored whether cultivation is to the purpose or not.

Cannabis cultivation in the lands which are not authorized, are followed together by related local authorities and law enforcement agencies and it is destroyed in line with the provisions of Law no 2313 and judicial authorities are informed.

2.CHAPTER

DRUG SUPPLY

Due to its geographical location and young population, Turkey is among the countries directly affected by drugs. Turkey is a **transit** and **target country** in terms of trafficking of the heroin produced in Asian to Europe and also in terms of trafficking of the synthetic drugs and precursors produced in Europe to Asia.

2.1. Institutions in Fight Against Drugs

Turkish National Police (TNP), General Command of Gendarmerie (JGK), Turkish Coast Guard Command (GMGM) and Directorate General of Customs Enforcement are taking active roles in fight against illicit production and trade of drugs in Turkey. Institutions such as General Directorate of Turkish Grain Board (TMO), Forensic Medicine Institution, Financial Crimes Investigation Board (MASAK) and Turkish Medicines and Medical Devices Agency (TİTCK) play very important roles in prosecution of the drugs as well. Roles and responsibilities of the institutions are determined by law and the protocols among institutions.

2.2. Drug Trafficking

Geographically, Turkey has a strategic location and is located on "Balkan Route" which is one of the most important routes in drug trafficking.

A unique fight is given against drugs which is accepted a crime against humanity, in such an important geography by Turkish law enforcement agencies with approach of all the children in the World is our.

As know, heroin is entered into Europe by four main trafficking routes. The most important are "Balkan Route" and "South Route". The first one is from Turkey to Balkan countries (Bulgaria, Romania and Greece) and middle, South and Western Europe. There is an additional route including Syria and Iraq within Balkan Route. Recently South Route gained importance, where shipments coming from Iran and Pakistan entering into Europe by airborne or seaborne or directly or from African countries. "North Route" and the other routes from South Caucasus and Black sea are the others. (European Drug Report, 2018). Hence, "Sehit ALP-ER Operation" was carried out on 2 June 2017 by Turkish National Police, Coast Guard and Naval Forces for a foreign-flag vessel entitled "COMMANDER TIDE" whose aim to transfer the drugs to European countries, which were loaded at the Port of Karachi in Pakistan. As a result of this operation 1.071 of kg heroin was seized. This shows us activities on South Route is quite intense.

The amount of heroin which was seized in European Union was approximately 4.3 ton in the last period (2014-2016). Although the amount of heroin seizure was 8.3 ton in Turkey in 2015 but it was decreased to 5.6 ton in 2016, Turkey remained as the country seized heroin more than all European countries (European Report 2018). 17,7 ton of heroin originating in Afghanistan was seized in 2017.

There is huge increase in acetic anhydride seizure, which is the most important precursor for heroin manufacturing and is originated from Cantral and Western Europe in 2017 compared to previous years and more than 23.000 liter of acetic anhydride was seized in the same year. Taking in the consideration of seizure of acetic anhydride amount in 2017, approximately 12 ton of heroin manufacturing was prevented. As a result of the investigations, it is clearly understood that acetic anhydride seizure in Turkey is generally originating from Germany and the Netherlands and target countries are Iran and Iraq.

Taking into consideration of visibly increase in opium poppy production in Afghanistan and increase in seizure in acetic anhydride, it is evaluated that a big amount of heroin might be entered into especially European drug market in the upcoming years. European countries which are main exporters in acetic anhydrite, should take administrative precautions in order to prevent acetic anhydrite to smuggle.

Recently, large amount of heroin has been seizure in Iranian trailer trucks. It is understood that the trucks are entering into country from generally Gürbulak Border Gate and their final destination is various European countries by passing through our country. Investigations is carried out for the organizations which are transferring partially heroin which is provided by Iran, from Van and Hakkari which are at the borderline to İstanbul and it is know that their final destination is European countries.

It is confirmed that final destination point of poppy gum seizers are USA, Canada and Australia.

It is understood from the researches that legal shipment companies are used actively by stashing drugs in any materials which are send by cargo for heroin and poppy gum. It is seen that Iran citizens are coming to Turkey through Van and Hakkari provinces and deliver drugs to shipment. Cargo shipments are checked and controlled in these provinces regularly and legal proceedings is commenced for the shipments in which drugs are identified.

Besides, it is identified that heroin provided from Iran is aimed to transfer to European countries through a route known as "North Route" through Kazakhstan, Turkmenistan and Azerbaijan by way of trucks which are purchased from various countries, are registered legally in Georgia and other Middle Asia countries and some crime organizations in Ukraine and Romania use this route actively.

According to the information received, crime organizations in Balkan countries take part in smuggling of cannabis, synthetic drugs and acetic anhydride to Turkey from Europe and then they also take part in smuggling of heroin to European countries in small quantitites.

It is known that drug organizations continue to use seaway, to take drugs originating from Afghanistan and Pakistan to Mediterranean international water by a vessel to distribute drugs to smaller boats, to transfer these drugs which are loaded in smaller boats to our country and Europe and this method is used actively.

Delivery of coca and its derivatives is generally by seaway and courier. Especially, İstanbul Atatürk International Airport is frequently used in courier method. In this method, point of exist is generally South American countries such as Brazil, Venezuela and Colombia and African countries such as Nigeria and Turkey is typically the target country.

In general terms, while there is no recent change in the routes and smuggling methods used for amphetamine and derivatives, seizures of captagon and ecstasy occurred in Bulgaria and Greece is considered to be as significant development. This shows that Balkan Route which was passive and stable due to alternative routes since 2010, is activated again. Precursors originating Central and Western European countries used for captagon production, are taken to Syria ports and captagon is produced in Syria with these precursors. It is evaluated that terror organization such as PKK/PYD/YPG and DAESH which are taking advantageous of authority gap, manufacture drugs.

The captagon is taken to Turkey by road and transfer to Middle East and Gulf Countries by seaborne. Captagon seizures reached a record high in 2017 and 26 million of captagon tablets were seized according to recent numbers.

Although cannabis plant is found mainly in some parts of southeastern Anatolia in Turkey, it can be planted in every parts of Turkey. Production in the country is for domestic market. Cannabis, string and seeds can be only cultivated with a specific license on the lands which are already identified by Ministry of Agriculture. Cannabis cultivation is forbidden to produce marijuana. Generally, it is used as powdered cannabis in Turkey. This is the

most consumed drugs in the World. Cannabis planted in southeastern Anatolia, is sent to western part of the country. It is seen that airway transfers occurred in 18 incidents. It is understood that cannabis originating from Morocco is in powder form and it is transferred by airborne in a luggage, bag, and digestive system or wrapped on a body like in heroin or cocaine and cannabis from European countries are transferred by roads.

A large amount of a hybrid cannabis which is called "skank" by law enforcement agencies, was and 1.7 ton of skank was seized in 2017.

It is not possible to give exact drug prices as market changes rapidly due to supply-demand, operations by law enforcement agencies, drug availability, new trends, purity and etc. We continue to make our studies in order to give a general price for Turkey.

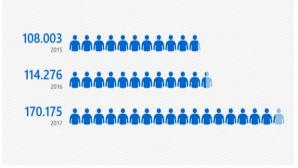
2.3. Fight Against Drug Supply

In 2016 a total of 81,222 drug related incidents occurred in Turkey, this is increased %45,87 amounting 118,482 in 2017.

170,175 suspects were arrested with 48.92% increase in connection with these incidents when it is compared with last year. (Graph 2.1) (Graph 2.2).



Graph 2.1 the number of incidents by years *Source: TUBİM, 2018*



Graph 2.2 * The number of suspects by year *Source: TUBİM, 2018.*

Table 1 Distribution of the number of incidents and suspects in 2017 by type of crimes

	TCC Art. 191	TCC Art.188	2313 SKM	TCC Art.190	3298 SKM	Total
No of Incidents	91.798	23.424	3.136	78	46	118.482
Percentage	77,47	19,77	2,65	0,07	0,04	100

Source: TUBİM, 2018.

When distribution of 118.482 drug crimes in 2017 by crime types is examined, it is seen that 91,798 of crimes (77.47%) is committed within buying/accepting/possession of drugs for use purpose (TCC Art 191); 23,424 incidents (19.77%) are for production and trafficking of drugs (TCC Art. 188), 3,136 incidents (2.65%) is within Law on Drug Control no 2313, 78 of it (0.07%) is within facilitation/encourage of drug use (TCC Art. 190) and 46 of it (0.04%) is within Law on Drugs No 3298 (Table 1).

Table 2 * Distributions of the number of suspects in 2017 by crime types

	TCC Art. 191	TCC Art. 188	2313 SKM	TCC Art. 190	3298 SKM	Total
Number of suspects	121,679	45.056	3.301	92	47	170.175
Percentage	71,50	26,48	1,94	0,05	0,03	100

* Dublication exists it the data. Source: TUBİM. 2018.

When the Distribution of suspects in 2017 by crime types is examined, total number of suspects

^{*} Dublication exists it the data.

is 170,175 and 121,679 of it (71.50%) is arrested within buying/accepting/possession of drugs for use purpose (TCC Art 191); 45.56 of it (26.48%) is for production and trade (TCC Art. 188); 3,301 suspects (1.94%) is within Law n Drug Control; 92 of it (0.05%) is within facilitation/encouraging (TCC Art. 190) and 47 of suspects (0.03%) are within law on drugs no. 3298. (Table 2)

Heroin

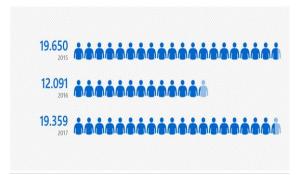
In 2017 a total of 12,932 heroin incidents occurred in Turkey, 19,359 suspects were arrested in connection with these incidents and 17,752 kg of heroin was seized. (Graph 2.3) (Graph 2.4) (Graph 2.5)



Graph 2.3 The number of heroin incidents by years

Source: TUBİM, 2018.

The number of heroin incidents increased by 58.1% in 2017 compared to the previous year. (Graph 2.3).



Graph 2.4 The number of heroin suspects by years

Source: TUBİM, 2018.

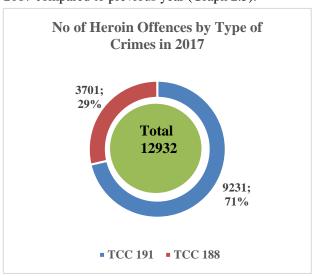
Along with the increase in heroin incident numbers, the number of suspects increased by 60.1% compared the previous year (Graph 2.4)



Graph 2.5 The Amount of Seized Heroin by years (kg)

Source: TUBİM, 2018.

17,752 kg was seized with the increase of 214% in 2017 compared to previous year (Graph 2.5).



Graph 2.6 Number of Incidents in 2017 by Crime Types

Source: TUBİM, 2018.

Cannabis

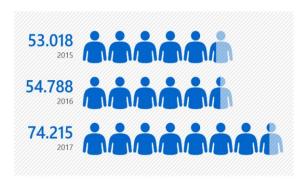
In 2017, a total of 50,650 cannabis incidents occurred in Turkey, 74,215 suspects were arrested in connection with these incidents and 53,682 kg of cannabis was seized. (Graph 2.7) (Graph 2.8) and (Graph 2.9)



Graph 2.7 The number of Cannabis Incidents by Year

Source: TUBİM, 2018.

42.7% of drug incidents in Turkey are related to cannabis. In 2017, there was a increase by 26.8% compared to previous year (Graph 2.7)



Graph 2.8 The number of Cannabis Suspects by Years

Source: TUBİM, 2018.

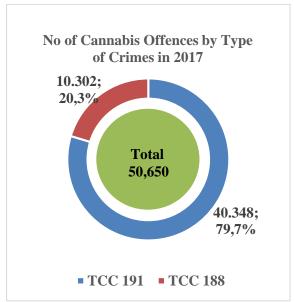
Along with the increase in number of cannabis incidents in 2017, the number of suspects also increased by 35.5% compared to previous year. (Graph 2.8)



Graph 2.9 Seizure amounts of cannabis by year (kg)

Source: TUBİM, 2018.

An increase of 19,6% occurred in cannabis seizure in 2017 compared to previous year (Graph 2.9)



Graph 2.10 Distribution of cannabis incidents by crime type in 2017

Source: TUBİM, 2018.

Cocaine

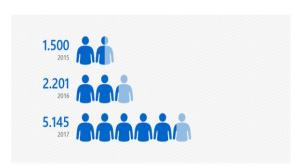
In 2017, a total of 3,886 cocaine incidents occurred in Turkey, 5,145 suspects were arrested in connection with these incidents and 1.485 kg of cocaine was seized. (Graph 2.11), (Graph 2.12) and (Graph 2.13)



Graph 2.11 The number of cocaine incidents by

Source: TUBİM, 2018.

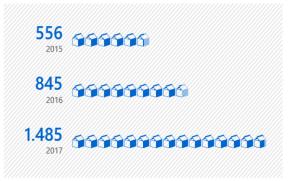
Cocaine incidents increased by 163.3% in Turkey in 2017 compared to previous year. (Graph 2.11)



Graph 2.12 The number of cocaine suspects by years

Source: TUBİM, 2018.

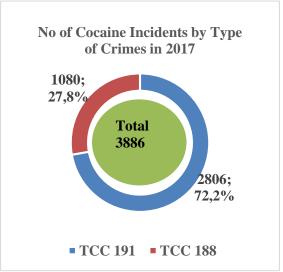
As in the number of cocaine incidents in 2017, the number of suspects increased as well. It is increased by 133.8% compared to previous years in 2017. (Graph 2.12).



Graph 2.13 the amount of cocaine seized by year (kg)

Source: TUBİM, 2018.

Increase in incidents and suspects in 2017 reflected to seizure amounts. An increase of 75.7% occurred in seizure cocaine in 2017 compared to previous year. (Graph 2.13)



Graph 2.14 Distribution of number of cocaine incidents by crime types in 2017 *Source: TUBİM. 2018.*

Ecstasy

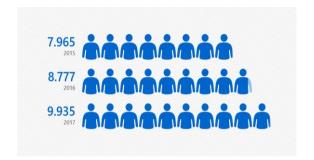
In 2017, 6,663 ecstasy incidents occurred in Turkey, 9,935 suspects were arrested and 8,606,765 of ecstasy tablets were seized. (Graph 2.15), (Graph 2.16) and (Graph 2.17).



Graph 2.15 The number of ecstasy incidents by years

Source: TUBİM, 2018.

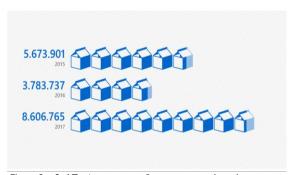
The number of ecstasy incidents in 2017 increased by 26.7% compared to previous years. (Graph 2.15)



Graph 2.16 The number of ecstasy suspects by years

Source: TUBİM, 2018.

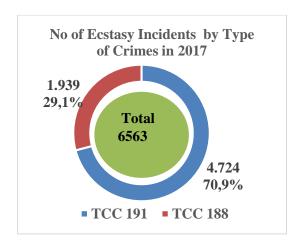
Along with the increase in the number of ecstasy incidents in 2017, the number of suspects increased by 13.2% (Graph 2.16).



Graph 2.17 Amount of ecstasy seize by years (tablet)

Source: TUBİM, 2018.

Number of incidents and suspects in 2017 reflected to seizures. The number of seizure ecstasy reached record level in 2017. An increase of 127.5% occurred compared to previous year. (Graph 2.17)



Graph 2.18 Distribution of ecstasy incidents in 2017 by type of crime *Source: TUBİM, 2018*.

Captagon

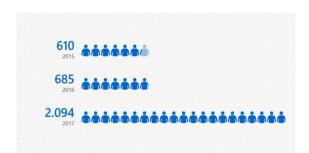
The number of captagon suspects and incidents and seizure reached a record level in Turkey. A total number of captagon incidents is 1,558 in 2017 and 2.094 suspects arrested in connection with these incidents. 26,271,790 captagon tables were seized (Graph 2.19) (Graph 2.20) and (Graph 2.21)



Graph 2.19 The number of captagon incidents by years

Source: TUBİM, 2018.

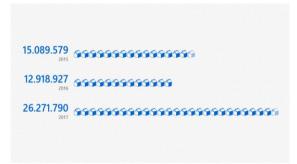
The number of captagon incidents in 2017 increased by 257.3% compared to previous years. (Graph 2.19).



Graph 2.20 The number of captagon suspects by years

Source: TUBİM, 2018.

The increase in the number of incidents in 2017 was reflected in the number of suspects and the number of suspects increased by 205.7% compared to the previous year (Graph 2.20).

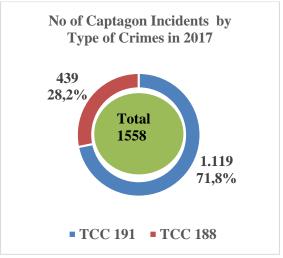


Graph 2.21 The amount of seized captagon by years (tablet)

Source: TUBİM, 2018.

Precursors which are from Central and Western European countries and used for captagon production, are smuggled to Syria ports and captagon is produced with these precursors in Syria. It is evaluated that terrorist organization such as PKK/PYD/YPG and DAESH which are taking advantageous of authority gap, manufacture drugs. (See 2.1.1 Drug Trafficking)

The increase in the number of incidents and suspects in 2017 reflected to seizures. Many captagon tablets were seized in 2017 and there was a serious increase by 103,4% (graph 2.21)



Graph 2.22 Distribution of the number of captagon incidents in 2017

Source: TUBİM, 2018.

Methamphetamine

In 2017, the number of captagon incidents is 7.768; a total of 11,122 suspects were arrested related to these incidents and 659 kg of methamphetamine was seized (Graph 2.23), (Graph 2.24), (Graph 2.25).



Graph 2.23 The number of Methamphetamine suspects by years

Source: TUBİM, 2018.

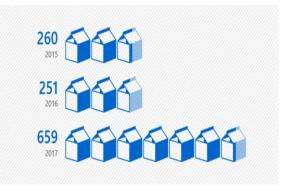
In Turkey, methamphetamine was first seen in 2009 and the number of incidents has increased since this year. The number of methamphetamine incidents in 2017 increased by 119.1% compared to the previous year (Graph 2.23).



Graph 2.24 The number of methamphetamine suspects by years

Source: TUBİM, 2018.

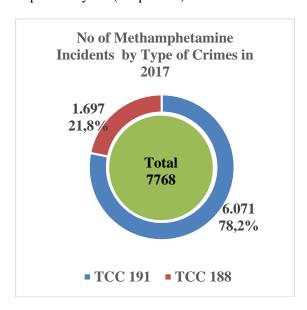
The number of suspects in methamphetamine incidents in 2017 increased by 110.5% compared to the previous year. (Graph 2.24).



Graph 2.25 Methamphetamine seizures by years (kg)

Source: TUBİM, 2018.

The number of suspects in methamphetamine seizures in 2017 increased by 162,6% compared to previous year. (Graph 2.25)



Graph 2.26 the number of methamphetamine incidents in 2015 by crime type *Source: TUBİM, 2018.*

Synthetic Cannabinoids

The number of synthetic cannabinoids incidents was 24.371 in 2017 in Turkey, 34,107 suspects were arrested and 958 kg of synthetic cannabinoids was seizure. (Graph 2.27) (Graph 2.28) (Graph 2.29)



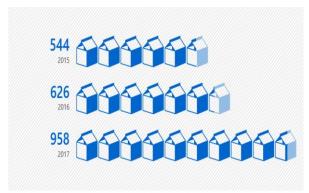
Graph 2.27 The number of syntactic cannabinoids incidents by years *Source: TUBİM, 2018.*

There is an increase by 58.6% in the number of incidents in 2017 compared to previous year. (Graph 2.27).



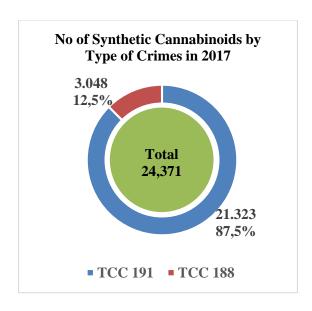
Graph 2.28 The number of synthetic cannabinoids suspects by years *Source: TUBİM, 2018.*

The number of synthetic cannabinoid suspects in 2017 increased by 65% compared to previous year.



Graph 2.29 Seizure amounts of synthetic cannabinoids (kg) by years *Source: TUBİM, 2018.*

There is an increase by 53.1% in the synthetic cannabinoids seizure in 2017 (Graph 2.29).



Graph 2.30 Distribution of Synthetic Cannabinoids İncidents in 2017 by crime types *Source: TUBİM, 2018.*

2.4 Projects in The Field of Fight Against Supply

2.4.1. NARKOTEAM Project

Turkey is located on a geography close to South West Asian countries where illegal opium poppy cultivation and opium are realized. In addition to being close to geography where production is made, Turkey is also neighbor of West European countries which have a large mass of drug users. Due to its location, Turkey is located on the transit drug smuggling route which is used for drug trafficking from production areas to the consumers.

In addition to this, followings make Turkey a transit and target country in drug and drug trafficking:

- -Young and dynamic population,
- -A stronger and developing economy day by day,
- Developing tourism and social life,
- Strategic position and political developments with the the neighboring countries.

In 2014, a Project entitled NARCOTEAM has started to be implement by TNP for drug related crimes which are gradually increase and started to become chronic in the society in order to prevent drug related crimes and availability of drugs at streets in addition to current intelligence and operational studies carried out. NARKOTEAMs are started to work in 21 provinces (Adıyaman, Afyonkarahisar, Aksaray, Batman, Bolu. Canakkale, Corum, Düzce, Edirne, Isparta, Kahramanmaraş, Kırıkkale, Kırklareli, Kilis, Mardin, Muğla, Rize, Sivas, Uşak, Yalova ve Zonguldak as of 01.07.2017 in addition to NARCOTEAMs which are already working actively in 29 provinces of Turkey. NARCOTEAMs carry out their activities in 50 provinces at this stage. This activity will generalize in **81** provinces in 2018.

2.4.2. FIELD CONTROL Project

No doubts that one of the most important policies in drug related crimes is to have an active fight against street dealers. Success cannot be reached without taking enough number of preventive measures against street dealers at streets where a crime is committed. What matters is to ensure integrity between operational activities and preventive precautions and make other police units to be a part of fight against narcotic crimes.

Field Control Project is for all TNP units to minimize availability of drugs at streets. With this Project:

- Solving drug problem with an immediate effect at local level and producing key of solutions in line with the determinations which are grounding on preventive dimension of crime and for dissuasive activities with street dealers on drug addicts,
- Pressing supply-demand balance by taking measures in and out of the fields becoming crime focus where it is difficult to implement precautions and removing drug dealers out of the field and making them a fair game.
- Preventing of drug trafficking by applying a good plans for dealers which are made fair games and
- It is aimed to make feel that police is everywhere with all units.

In line with the policy and objectives determined, "Field Control Project" is started to implement between 01.07.2017-01.07.2018 by participation of all TNP units in 18 provinces of Turkey where Board of Narcoteam units are. (Adana, Ankara, Antalya, Aydın, Balıkesir, Bursa, Denizli, Eskişehir, Gaziantep, Mersin, İstanbul, İzmir, Konya, Kayseri, Kocaeli, Samsun and Şanlıurfa) and Tekirdağ is added into list on 31.10.2017.

2.5. Trainings for Fight Against Drug Supply

2.5.1. NARCO-TIR Project

Activities were started in İstanbul in 2015 within NARCOTIC TRAINING TRUCK which is carried into effect by Ministry of Development and İstanbul Development Agency and also is a first in the country and in the World. Within this concept;

- 111,700 people benefited from the activities which continued for 48 days in İstanbul in **2015**,
- Approximately 6050 people benefited from the activities which were out of provinces for 5 days in **2016**,
- 7,720 people benefited from activities in Istanbul in **2017** for 10 days and 40.150 people benefited from the activities which are out of province for 37 days.

Approximate, **165.620** citizens benefited from above-mentioned activities for **100** days in Istanbul and 16 provinces between 2015-2017 years.

2.5.2. NARCOGUIDE Adult Training Module

"Ministry of Internal Affairs Implementation Policy for Fight Against Drugs" is developed in the coordination of TNP Head of Counter Narcotics Department in line with reviews and opinions of these units affiliating under Ministry of Internal Affairs to act together and draw up a road map by identifying priorities and it is entered into force with the Circular No 2017/02.

Within the activity of "Ensuring Active Utilization from Local Authorities in Fight against Drugs" "NARCOGUIDE MODULE" was developed by the Head of Counter Narcotics Department of Turkish National Police in order to give training to the units such as municipal police, caretakers or private security by the Narco Units.

Head of Counter Narcotics Department of TNP which took place in the project implementation,

gave NARCOGUIDE training to 184 staff working at central and local authorities between of 24-25 October 2017.

With NARCOGUIDE Module which is aiming to increase awareness of adult groups which are 25 years or above with the profession groups mentioned. Followings are discussed:

- What is drug addiction?
- What are addictive substances?
- What is a synthetic cannabinoid (bonzai)?
- What are the features of a drug user?
 - Physical indications
 - Social indications
 - Physiologic indications
- How to recognize a drug dealer?
- What are the Street names of narcotic substances?
- What language is used for trading and using of drugs? And
- Which are the suspect environments?

As of 01.11.2017, **NARCOGUIDE** Module is implemented successfully in the whole country.

2.5.3. Staff and Dog Trainings

In 2017, 61 training activities were developed by TNP Head of Counter Narcotics Department and in-service trainings were given to 1,534 staff working both in center and local authorities.

5 Basic Trainings on Narcotic Substances and Detection Dogs and Handler are given by TNP Head of Counter Narcotic Departments. 44 staff benefited from these trainings and 44 narcotics detection dogs were trained.

In order to increase the training level of the staff in Gendarmerie and Coast Guard Academy, 56 staff benefited from Anti-Smuggling and Organized Crime training (KOM), 95 staff benefited from Fight Against Drug, 1,119 staff benefited from Special Computer Equipped Mobile Training and "Computer Aided Training (BİDEM)" intended for Fight Against Drug Smuggling is going on.

26 narcotic detection dogs were trained by JAKEM (Gendarmerie Dog Training Centre) in

2017 and studies are going on to increase the number.

2.5.4. NARCO-POINT Project

It is started to implement as of 01.06.2017 by Turkish National Police-Counter Narcotics Department with following aims;

- Ensuring to detect the crime points and identifying dealers and users by increasing awareness of citizens on fight against drugs,
- Explaining by TNP on how to fight against drugs activities carried out,
- Informing families about drug substances and
- Having public support by increasing awareness.

63,633 citizens were reached with the activities of "NARCO-POINT" carried out in Şanlıurfa, Bursa, Mersin, Bolu, Çorum, Bingöl and Yalova. There are studies going on within the country to extand the Project.

3. CHAPTER

PREVENTION AND TREATMENT

3.1. Prevention 3.1.1. National Profile

Policy and Organization

The fight against drugs in Turkey is mainly based on Article 58 of the Constitution of the Republic of Turkey, which stipulates that "The State takes the necessary measures in order to protect the country's youth from addiction to alcohol, drugs, criminality, gambling, similar vices and ignorance."

What is as important as fight against in drug supply field is the proactive prevention activities. What is objected with prevention is public to have an idea about drug addiction, to prevent drug addiction before starting and to ensure having cooperation with relevant governmental institutions by integrating every level of society in fight against drug.

Damages due to drug use are not made up of health problems which are specific to users. It brings along judicial, social and economic problems reflecting to user's family, environment and society in addition to health problems. And drug problem menaces especially young generations and it does harm to future of societies. Prevention underlies the fight against drug studies when all of these risks are taken into consideration.

Prevention studies for protection of people who never experience drug in their life, underlie studies on fight against drug. However, it is aimed to ensure counselling and treatment support to the people who tried drug, to provide treatment to drug addicted and rehabilitation and social integration programs.

In the National Action Plan for Fight against Drug 2016-2018, precautions to be taken at school, family and Street level and general studies for the society in order to protect society, mainly children and youngsters, from drug are given priority.

For this purpose, Ministry of National Education and Turkish Green Crescent Society developed programs in cooperation for training and education institutions. Some units from which citizens can reach easily and get counselling and support, are established by the Ministry of Health and studies which are to facilitate for Access of treatment system and social integration are put into practice.

Within the scope of National Action Plan for Fight Against Drugs 2016-2018, Ministry of National Education is decided as the preferred responsible of the training and informative studies in order to prevent drug use and the Ministry of Health, Ministry of Interior, Ministry of Family and Social Policies, Ministry of Youth and Sports and Turkish Green Crescent Society have some studies in the prevention studies which are carried in coordination with a multidisciplinary approach. (General Directorate of Public Health Agency of Turkey)

3.1.2. Prevention Responses

Prevention response studies include informative and awareness raising studies regarding prevention of possible damages of user's physiological, psychological and social life and negative effects on society due to usage of addictive drug legally or illegally.

In-service trainings are provided to adult and child-adolescent psychiatry experts in order users to play more effective roles in drug addiction treatment by strengthening the capacity of psychiatry clinics by the Ministry of Health. 51 psychiatry experts were given training in 81 provinces in 2017. Addiction treatment is given in

psychiatry clinics of 192 hospitals across the country and in this way, addiction treatment is given and Access to treatment system by patients and their families made easier while addiction treatment is provided in psychiatry clinics apart from specific treatment centers.

Besides, SAMBA (Tobacco, Alcohol and Drug Addiction) Training within "Certificated Training Program for Staff Working in Drug Addiction Treatment", came into activity in 2012, is given to staff working in drug addiction treatment center. 270 health staff were given these trainings up to the present.

Besides, in-service trainings continue within refreshing trainings of staff working in addiction treatment centers.

Within the action plan, "Emergency Approach for Drug Use Disorder" trainings are given to staff working for 112 and emergency staff at the hospitals, responding to emergency cases with an immediate effect. 170 emergency medical specialists in 81 provinces were trained to give this training to others. 5015 doctors and other health officers were trained in 81 provinces and 1396 emergency health officers were trained in 2016 as well.

"Emergency Approach Guide in Drug Use Disorder" was developed and a study on developing distance learning module is started to prepare in line with the Guide. (General Directorate of Public Health Agency of Turkey). Addictive substances are transitional to each other. The most important primary preventive activities are prevention on use of a tobacco products and alcohol and prevention on drug use.

When the scientific researches and patient applications received by the treatment centers are examined, it is seen that use of a tobacco product or use of alcohol are a connection step for use of a drug substance.

All tobacco activities in our country, are carried out within *National Action Plan on Tobacco Control Program* (2015-2018) which was developed within Framework Convention on Tobacco Control. Activities in fight against tobacco in the country are built on followings:

- 1. Prevention on starting to use tobacco products among especially in children and youngsters,
- 2. Supporting addicted ones in quitting this habit.
- 3. Prevention society, especially children and youngsters, from secondhand cigarette.

Informative and awareness studies are carried out for every layer of the society, especially for children and youngsters, to prevent tobacco addiction. Trainings are given by the Ministry of National Education to the students from every levels in organized trainings within "Training Program on Fight against Addiction in Turkey" which consist of some special modules for the age groups.

Besides, some studies are carried out with volunteer youngsters in the NGOs to prevent tobacco use among children and youngsters. "NGO and Youngster Workshop on Fight against Tabaco" was organized in 2016 to ensure youngsters being active in fight against tobacco. "Action Plan on Fight against Tobacco for Youngsters" was developed with youngsters in 2016 as a result of this workshop. "It's Your Turn" Peer Training Program in Fight against Tobacco" which was not only included tobacco fight but also communication skills, was applied to volunteer youngsters within this action plan organizations and youngster who received training program gave trainings to their peers in the cooperation with Provincial Public Health Directorates.

In addition to our protective and preventive activites, citizens who use tobacco products, are encouraged to quit and **ALO 171 Smoking**

Cessation Hotline and Smoking Cessation Polyclinics was started to work in 2010 and still supports the ones who want to quit.

An inspection team, circa 1500 staff, inspects 24/7 within the country according to Law no 4207 in order to prevent secondhand smoking in the society although they don't use any tobacco products. And also, some inspections are made if any notice is received through *ALO 184 Hotline against Tobacco and Green Detector Mobile Application* in addition to routine inspections made by the teams.

There are international criteria in order not tobacco and alcohol use to become an addiction. One of the criteria is to prevent accessibility. Aim of prevention is reached by putting time and age limits in alcohol selling. After acceptance of Law on Making Changes in the Legislative Circular no 375 by Other Laws By 6487 in the country, policies on alcohol consumption are developed and it is applied today. (Public Health Agency of Turkey)

"Booklet on Risk of Drug Use and Prevention from Drug Addiction" is developed and published by Directorate General for Family and Community Services in the Ministry of Family and Social Policies for the parents and adolescents within the content of Family Training Program (AEP). 45.837 staff was trained by 538 modules in 2017 within Module on Public Training/Risk of Drug Use and Prevention from Drug Addiction which was realized by the Ministry of Family and Social Policies in 2014.

Formatter Training on Fight against Addiction in Turkey was given in which 145 people from 81 provinces attended within the protocol signed between the Ministry of Family and Social Policies and Turkish Green Crescent Society later this year. Trainings on Fight against Drug were given to the children who are above 15 years old under the care of the institution, to staff working at our institution and Social Aid and Counselling Foundation, civil servants and the ones who

receive service from NGOs, mukhtars and the Ministry of Family and Social Policies. 60.000 people was reached via these trainings at the end of 2017.

Social Integration Unit of Pilot Implementation Study was started by the Ministry of Family and Social Services in order the ones who used drugs in the past but treatment completed to integrate into society. Social Integration Units are dayservice units and provide services for the ones who are 18 years old, short and long term treatment are completed and the volunteers. Pilot implementation of 4 Social Integration Unit started to work in 2017, including Bağcılar Sosval Hizmet Merkezi and Üsküdar Sosyal Hizmet Merkezi in İstanbul, Kepez Sosyal Hizmet Merkezi in Antalya and Mamak Sosyal Hizmet Merkezi in Ankara. Guidance and counselling services such as profession, sheltering, training, evaluation of spare time and mental support, are given to applicants in this period.

Online *Basic Training on Addiction* is organized by Green Crescent and İŞKUR under the Ministry of Labour and Social Security for the staff working at İŞKUR in profession counselling in the country. The training has 4 areas including drug, alcohol, and tobacco and technology addiction. 1282 staff were trained online in 9 online sessions in profession counselling in 2016.

A professional development program is made in "Capacity Building for Coaches in Fight against Addiction" within the cooperation of Green Crescent and the Ministry of Youth and Sports.

TBM-Practitioner Training was given to religious people within the cooperation of Green Crescent and Directorate for Religious Affairs

Occupational Development Training Program is developed for professional staff with in the cooperation of Green Crescent and the Ministry of Family and Social Policies.

3.1.2.1. Environmental Prevention

Environmental prevention strategies aim to change preferences of people in drug use and change cultural, social, physical and economic environment. In 2017, within environmental prevention activities;

Program on Improving Business Life

Program on Improving Business Life aims to create healthy standards at work in which we spend the majority of our daily life and make arrangements to prevent addictions and behavioral disorders. Trainings to be carried out together with staff to be a part of Project and to have information on some issues such as stress, anxiety and lack of attention and to develop preventive measures against them are among Project objectives.

Improving Business Life program is put into effect in order staff to motivate and to create a healthy work environment in the cooperation with Turkish Green Crescent Society, İstanbul General Directorate for Public Health, İTO and KALDER and with the support of İstanbul Development Agency. It is aimed to design training and activity programs for companies and staff, increase performance and productivity of staff and create a happy work place profile within improving business life program where catch-up work will be carried out on addictions which have negative effects on human health in terms of mentally and physically.

It is stated that training programs will have positive effects on the competitiveness of the companies and their performance and productivity increase and also it is attracted notice that brand value of the companies which will be a part of the Project, will increase.

A protocol will be made with the companies and other institutions which have a healthy and happy work place model and extending of this work life will be carried out in each and every provinces. Implementation these models are continue in Ankara, İzmir and Konya after İstanbul accordingly.

TRT (Turkish Radio and Television Association) Activities

There is a provision stating "Not giving place to issues which might damage physical and mental health of society" in the part of Basic Principals and Broadcast Essentials of the Law on Radio and Television no 2954. In line with the basic principals stated in general broadcast plan by TRT, there are some broadcasting activities supporting and facilitating preventive activities. In addition to 35 programs in training, culture, health and news type, which were broadcasted in 2017 in every TRT radio and televisions, there were some informing studies where the effects of drug use on individuals and society were taken into consideration by the programs in accordance with this provision.

Fight against drug addiction, use and smuggling, environmental factors from which youngster's children effect, news on narcoterror operations in the provinces and expert's reviews are included in these programs.

7 different public spots were broadcasted which are regarding alcohol, tobacco products and drug addiction and awareness were created. (General Directorate for TRT, 2018)

3.1.2.2. Universal Preventions

As known use of drugs and the experienced consequences of the drug are still hot in the agenda as a universal problem. The relevant authorities are determining roadmaps for short and long terms, and the countries are developing their policies within the frame of their own historical and cultural factors at the point of implementation. Within the scope of universal prevention activities in year 2017;

Local Media Capacity Building Project

Under the cooperation of Turkey Green Crescent Society and Directorate General for Press and Information, "Local Media Capacity Project" based on the addiction communication and the role of media within the frame of addiction which is one of the most important problems of our country, was developed and put into action in year 2016.

The aim of this Project was to improve the communication capacity on addiction of Green Crescent and the entire public administrations which provide information to public by the agency of press tools having at the first place the local media functioning at regional basis.

Under the scope of the Project one-day training activities having realized in İzmir, Erzurum, Samsun, Antalya, Gaziantep, İstanbul and Ankara provinces covering 7 regions; and circa 1500 local media staff have been trained.

Green Crescent Camp Activities

Young Green Crescent Society established by Green Crescent to warn the youngsters and to involve them in this struggle, are realizing camp activities, training and education events in line with university, high school, elementary and secondary school levels with the scope of raising awareness in various layers of society. Young Green Crescent has reached to 16 thousand children and youngsters via the summer camps with its 100 volunteers.

Realizing activities among children and youngsters dedicated to raise awareness on struggle against addiction, Green Crescent obtains the most effective feedbacks from the Young Green Crescent camps. The camp executes its activities in cooperation with Ministry of Youth and Sports, Scouting and Guiding Federation of Turkey, Turkish Red Crescent Society and Beyoğlu Municipality. In this way, Green

Crescent involves the children and the youngsters in this struggle via this actives.

100 volunteers involved in camp activities in 2017, consisting of active volunteers in University Clubs of Young Green Crescent and having TBM Peer Training and Camp Leadership Training. 470 university students participated in spring and summer camps in 2017 which was coordinated by Volunteer Young Green Crescent Scouting Leader. Green Crescent participated in scouting camps which are out of the camps for university youngster, provided addiction training to the children and youngsters by peer trainings and organized sports and hobby activates for improvement of life skills. Green Stage Conversations were organized, where famous people participated as a role model to young people within camp activities.

Measures for Educational Institutions

Trainings on fight against drugs for the society are given only within "TBM". Having prepared trainings scientifically, explaining at the same standard and easy access to training are important steps within the prevention activities. It is prepared and provided according to TBM Turkish Green Crescent and Ministry of National Education. Within this content, the number of students reached is **9,541,911**, number of parents is **2,338,221** and number of teachers is **708,804** at the end of education and training year 2017-2018.

Trainings and practitioner trainings continue based on the needs within Turkish Fight Against Drugs Project and the total number reached to **712** with the training given to **47** formatters in 2017. These formatters provided practitioner trainings to **28,000** guidance and counselling teachers until today.

Training activities continue in line with the TBM contents at class level in tobacco, alcohol, substance and technology addiction by taking into consideration age and improvement level of

students within Multi-Annual Guidance Program in the schools which are under MoNE.

"Activity Booklet for Green Crescent Clubs at Schools" are developed to use for club studies by standardizing TBM training programs in line with expert's reviews and Green Crescent (MoNE Green Crescent, 2018).

Intervention Program for Addiction at Schools (OBM)

Addiction is a process which is developed by continuing use of noxious substances. First, individual tries tobacco, alcohol or substance, secondly start to use them more frequent or hazardous and then addiction is developed in this way. Therefore, there is a period for each user, which is called "being a user" and/or "adaptation" before being addicted. Response Program for Addiction at Schools (OBM) is a whole of school based preventive measures which are developed for students and adolescents who are at "being user" or "adaptation" period to discourage. It is aimed to gain children and adolescents who are somehow introduced and experienced tobacco, alcohol and drug into education system by keeping them into the system, to have the right connection with them and remove them from the environment and situations where addiction might develop.

"School-Based Short Intervention Program for Use of Tobacco, Alcohol and Substances – Preventions for Addiction (OBM) Pilot Training" was carried out in İstanbul in 16-17 January 2017 and one observer from MoNE Directorate General for Special Training and Guidance and Councelling Services and 24 guidance and counselling teacher participated voluntarily from Bağcılar, Bahçelievler, Başakşehir, Esenyurt, Sultangazi, Şişli and Zeytinburnu districts of İstanbul province. (MoNE, YEŞİLAY, 2018).

An evaluation meeting realized together with OBM practicers at Tukish Green Crescent Society

on the date of 31 March 2017. Implementer issues had been approached in the meeting. As a result of the meeting, OBM Implementer Training was decided by the cancellers that it is effective in skills improvement and gaining in the motivational interviews and all materials and videos developed after the meeting were updated and made ready to expand.

In line with it, the program was school-based built in order to meet the needs in the secondary preventions and prevention studies are developed to make prevention studies more effective and common by improving the intervention skills of guidance and counselling teachers to the students who continue on the way of addiction. OBM Program improves Professional qualifications and competences of the guidance and counselling teacher: gain intervention skills. correct communication and guidance and secondary studies prevention are developed more systematically.

Most of the hazardous behaviors will be prevented by OBM program at schools and students will be gained back by keeping them into the education system. It is possible to reach them and change something as long as children and adolescents are at the school. However, it is much more difficult to reach someone who is taken out of the system and isolated and to keep him/her away from the bad habits.

Risky students will be determined, evaluated and followed by the guidance and counselling teachers via a software developed within OBM Program. Risk status of the students will be grounded by the forms which is in the software and preventive precautions will applied to the student. These interventions include different methods which are from informing to motivational interview, from following to contact with family and from psychosocial evaluations to health institutions.

A protocol has been signed within the same year to extend OBM which was put into practice in January in 2017 systematically throughout the

country in the cooperation with Directorate General for Special Training and Guidance in the Ministry of National Education and extension studies started in the country after signing the protocol (MEB, YEŞİLAY, 2018)

Healthy Generation, Healthy Future Project

Second phase of "Healthy Generation, Healthy Future Project" is realized in order to grow students consciously in bad habits, ensure them to comprehend negative and devastative effects of tobacco, alcohol, drug, gambling and internet addiction and to increase awareness level of new generation regarding it and a protocol was signed on the date of 24.11.2017 within the cooperation of the Ministry of National Education and Turkish Green Crescent Society. Within the scope of Protocol, "Healthy Generation, Healthy Future Competition" is organized throughout the country whose concept is "addiction" and in which students from primary, secondary and high schools are attended.

Within the scope of Healthy Generation Healthy Future Competition 2017, 282.500 Turkish Lira was awarded to 450 students in total of which 142 of it from primary schools, 153 of it from secondary and 155 of it from high schools. (MEB, 2017).

A poster study has been carried out in order to provide work to the competition, to announce the Project at the schools and to reach a large target mass within the Project. 65.000 pieces of poster whose design and print completed, was distributed to the local Ministry of National Education. These posters were hang on the walls to inform students about the competition at 25.523 primary school of which 24.249 was officially and 1.274 was privately; at 17.889 secondary school of which 8.019 was officially and 2.576 was privately; at 10.595 high schools. 54.007 posters were distributed throughout the country.

Award ceremony was organized for the students raking the highest at the provinces by Green Crescent Branches and the Ministry of National Education and Local press and media announcement were made. Protocols, audiences of students gaining right to have an award, from their schools and families took part in the award ceremony which was for the students ranking highest.

500 TL prize award was given the best student in the province in literature and visual category at primary, secondary and high school level in 2017 although award system changes every year. Besides, students ranking the highest are awarded by a medal or certificate of participation.

67 provincial best students from primary schools, 76 provincial best students from secondary schools and 78 provincial best students in literature category were selected within the country in general and 75 provincial best students from elementary schools, 77 best students from secondary schools and 77 provincial best students from high schools are selected and 450 works in total was sent to Head Quarters of Turkish Green Crescent Society.

Works received by the Head Quarters of Green Crescent Society were pre-evaluated on the date of 12.04.2017 by a sub-commission in which Green Crescent and MoNE representatives were a part and the best, second and third best of the country were selected at primary, secondary and high school level in literature and visual categories by the commission of which painters and authors are part on the date of 14.04.2017.

A grand award ceremony was organized at the Head Quarters of Green Crescent on the date of 5 May 2017 with the participation of the parents and teachers of the students ranking highest in the countrywide.

225, 500 TL award was given in total of which 500 TL was given to provincial best students at primary, secondary and high school level in literature and visual category in 2017 within the

scope of Health Generation Healthy Future Competition.

In the grand award ceremony 5.000 TL was given to the best students at primary, secondary and high school levels in literature and visual, 3.000TL was given to the second best students and 1.500TL was given to the third best students.

The competition award was designed to ensure that a child/adolescent target group might gain different life skills and these students raking the highest are awarded by "Improvement Camp" or an abroad trips by Turkish Green Crescent Society. (MoNE, Green Crescent, 2018).

Slogan and Banner Contest on Drug Use Prevention

"Slogan Contest on Drug Use Prevention" and "Banner Competition on Drug Use Prevention" were organized in the coordination of Head of Counter Narcotics Department under Turkish National Police in order to inform and raise awareness of society in fight against drug.

1,706 students from 428 private and state high schools which were located in 70 provinces and their districts, participated with 3,618 works in Motto Competition which was held between 2 November 2017 and 8 December 2017.

784 students from 277 private and state high schools which were located in 63 provinces and their districts, participated in the poster competition with 942 different works between 2 November 2017 and 5 January 2018.

As a result of the evaluations made by academics for both competitions, 19 works from Motto Competition and 13 works from Poster Competition deemed worthy to award.

Süleyman SOYLU, the Minister of Internal Affairs, attended in the award ceremony to give the awards to the students who ranked among top

three in the Motto and Poster Competition on Drug use Prevention on date of 9 March 2018.

50,000 TL in total was awarded to the students ranking the highest in both categories.

Turkish Green Crescent Life Skills Training Program (YYB)

In addition to training content comprising knowledge and awareness of TBM, another training program is needed, which develops the ability of children and adolescents "saying no" against bad habits and gain behavioral changes. Turkish Green Crescent Society developed a training program within primary prevention to fulfill this need. "Turkish Green Crescent Life Skills Training Program" is a school based, protective and strengthening program which is full activities ensuring students to live away from addiction risks, gaining positive behavior changes and habits and protecting themselves from risky environment and status. (MoNE, Green Crescent 2018)

3.1.2.3. Group Focused Prevention

Within group focused prevention activities in 2017:

My Club is Green Crescent Project

One of the most important school-based preventive projects which was developed by Turkish Green Crescent Society in 2017 is *My Club is Green Crescent Project*. Main objective of this Project is to make Green Crescent clubs effective and make functional and increase awareness of Green Crescent and its perception among students. This Project brings along some advantages such as mobilizing young volunteers within Green Crescent and introducing the students to correct role-models.

A group of young volunteers go to schools which are identified beforehand by Turkish Green Crescent Society and apply structured activities to 80-100 students who are Green Crescent members.

And Project fulfills a very important gap by making peer training method as a practical tool within preventive studies and introduce correct role models to students. Improving self-confidence and responsibility among students and creating new interest fields are some of the important achievements of the projects. It is aimed to expend the Project whose effectiveness is measured within pilot study, throughout the country (MEB, Green Crescent, 2018)

Health Messenger Project

Turkish Green Crescent Society carried into effect Health Messenger Project in 2016 in which all layers of society joined hands in fight against addiction. The Project aims to increase the awareness of the society in fight against addiction by mobilizing neighborhood tradesman and local dynamics of the society and to prevent addiction in this way. At first stage, occupational groups are identified in which child and youngster are majority for the Project which is carried into effect in Sancaktepe, Besiktas, Tuzla, Güngören, Beyoğlu and Maltepe districts after Bağcılar and Başakşehir districts in İstanbul. It is aimed to expand awareness of society by volunteer tradesmen through these occupational groups from Streets to neighborhoods, from neighborhoods to districts and to provinces.

Trainings were given to tradesmen in order to increase their awareness including Health Messengers Project of Green Crescent and a common approach was developed.

9 occupational groups including hair dressers, beauty centers, cafeteria, internet cade, stall, coffee houses, clothing shops, stationery and pharmacy, are selected within the Project. The tradesmen from these occupations who participated voluntarily into the Project informed 153 White Desk about derelict buildings, isolated places where alcohol is consumed and inactive

parks in their own location. Besides, health Messengers of Green Crescent was asked to support individuals who use alcohol or drugs or their relatives and send the ones who wanted get treatment to YEDAM in the quarter.

Volunteer tradesmen of the Project hang Green Crescent Health Messenger poster out in the open at the entrance of their shop and deliver booklets which were given by the Green Crescent.

22 muhktars in Bağcılar district and 8 muhktars in Başakşehir district of İstanbul were informed within Health Messengers Project. 510 tradesman in total were visited until today with the Project. Health Messengers were identified after visiting tradesman in which target group youngsters shop frequently in this 30 quarters. 220 tradesmen were included who are not addicted, have awareness reaching Green Crescent's objective and fulfill the criteria of being a health Messenger.

Peer Training Project

With Peer Training Project that was developed by Green Crescent at the end of 2016, trainings on addiction are provided for youth in highshools, universities, youth platforms, institutions deal with youth and NGOs. In addition, through this project, young people who receive training also provide these trainings to their peers. Youth who receive training on TBM practitioners on tobacco, alcohol, drugs, technology addiction and healthy living are organizing seminars consisting of TBM contents as TBM Practitioners to their peers. Through peer trainings, Youth Green Crescent clubs were established at universites (MoNE, Green Crescent, 2018).

Trainings for Staff at First Grade in Health Services

Fight process is strengthened by ensuring family doctors who are the first contact point within health system, to work actively in fight against drug field. "Training Program on Fight against

Drug" is prepared in order to increase the effectiveness of services providing at first level and to ensure family doctors to have knowledge to respond to the addicted ones or their family within the fight against drug.

This training program was given by the academics and expert trainers to individuals who received Peer Training in 81 provinces beforehand. Addiction training was given to 19.187 family doctors by these trainers and supporting of early diagnosis establishing and guidance service providing and out-patients who are not highly addicted are ensured.

"A Guidebook on Short Reponses in Use of Alcohol and Drug Addiction in Health Services at First Grade" in which diagnose, counselling, treatment and guidance information can be found, was developed for Family doctors to use. (General Directorate of Public Health Agency of Turkey, 2018).

Green Crescent Counselling Center (YEDAM)

Turkish Green Crescent Society started to make some activities in addiction rehabilitation in Turkey on 05.10.2016 and YEDAM model which is aiming to develop a specific model to Turkey in psycho-social responses, was designed. (Green Crescent Counselling Center)

Qualified information regarding addiction will be reached by health staff with YEDAM model, easy Access of psycho-social rehabilitation service which is effective in long-term treatment, for addicted individuals and their families and effective services are aimed to increase in the rehabilitation leg in Turkey within these services.

Psycho-social response services which are limited in Turkey, are given for free in addiction rehabilitation within YEDAM model. Social support services constituting the integration of addicted people into society, are given in cooperation with treatment team. All services entitled under psyche-social response are given as a structured and extensive response and supervision is received at service stage from the professionals and Green Crescent Board of Science. An extensive software system to take the profile of addiction and a system to extend YEDAM's in Turkey are planned to design. When the system is extended, it will ensure to take addiction profile.

YEDAM Workshop

An integrated social service support is given to individuals whose alcohol and drug treatment is completed or came at a certain stage and first YEDAM Workshop which aims individual to be active in every field of life, is came into service in İstanbul Unkapanı with the help of İstanbul Development Agency

While their face-to-face psychosocial treatment going on, 16 years old and above individuals, their families and immediate families can get benefit from YEDAM Workshop carrying workshop activities in gastronomy, sport, graphic design and child's play.

Main items in the curricula, therapy on profession, psychotherapy, family interactions, and training on values, hobbies and sports are identified in drug addiction rehabilitation and skills improvement trainings are ensured by the Daily programs developed by the experts and interest of the individual in society and their dependence to society are strengthen. (Green Grecent, 2018)

Hot Line for Counselling and Support on Fight against Drug (ALO 191)

Hot Line for Counselling and Support on Fight against Drug (Alo 191) was took into service on the date of 8 July 2015. 136.097 calls were received through the line which is working 24/7 between July 2015 and December 2017.

Hot Line for Counselling and Support on Fight against Drug (Alo 191) in which drug-related counselling and support services are given directly and guidance is made according to needs of the caller, is a solution center working 24/7 and providing alive service. The number of staff working for the line reached to 106 between July 2015 and December 2016. The line provides services with the staff whose majority comprises of psychologists and sociologists who received a special training.

Service is given without asking about caller's name, relative's name or their ID number. However, this information is needed if they ask for the hospital appointment.

A risk assessment for addiction is applied to the ones who declare that they use drugs and individuals with low and high risks are identified in this way. Motivational interviews are made with the individuals with low risks and they are transferred to family doctors and psychiatry services and students are transferred to guidance and counselling teachers at their schools. A motivational interview is made with the individuals with high risks, information on the drug which is used and direct him/her to psychiatry service and closest AMATEM.

If an individual report that he/she use drug/s, an appointment is taken from the most appropriate treatment centers for oneself. If caller accepts: He/she will be called minimum 6 times in a year (1 week, 15 days, 1 month, 3 months, 6 months and at the end of the year) to track treatment process and to ensure the users are still in contact with treatment units.

Services which are provided on the counselling line are as following:

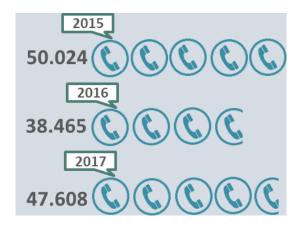
- Treatment request,
- AMATEM/ÇAMATEM,
- Probation,
- Training request,
- Support request,

- Denunciation.
- Having information on substance,
- Lack of emergency in health,
- Complaint,
- Mandatory treatment,
- Counselling for individuals less than age of 18,
- Others.

"A Workshop on Evaluation of Services in Hot Line on Guidance and Support for Fight against Drug (ALO 191)" was organized in order to evaluate effectiveness of it and to develop response programs for the required fields. Academics, representatives of institutions who are UMTK members, field experts, call line workers and NGO representatives participated in the workshop. In-service training is started to give examples among the cases of the individuals who called the line, by the academics and the field experts to operators working for Call Line.

A relevant web site,

www.alo191uyusturucuilemucadele.saglik.gov.tr, was started to take into service in 2017 to inform drug users and their families' accordingly and to provide easy Access to the services within fight against drug. (Public Health Agency of Turkey).



Graph 3.1 The Number of Service Count of the People Receiving Service from Alo 191 Counselling and Support Line on Fight against Drug from the beginning of the Project Until the end of 2017

Table 3.1 Issues and the Number of Service Count of the People Receiving Service from Alo 191 Counselling and Support Line on Fight against Drug within 2017

Issues	No of calling
Treatment request	23,898
Support request (communication, motivational interview and food craving, family/addicted)	10,384
Info request on mandatory treatment	2,424
Info request on AMATEM/ÇEMATEM	819
Info and treatment request on having suspicion on people who are less than 18	1,422
Info request on Social Security/SGK/lack of financial situation	728
Guidance of emergency in health	1,243
Info on substances	289
Info on alcohol dependence	4,969
Info and guidance on selling or usage of notified drug trafficking	535
Info request on probation services	123
Complaints	315
Thanking	124
Request after treatment of drug addiction (work and etc.)	133
Violence	101
Training request (schools, training center for prevention of drug use)	92
Use of vehicle (legal procedures for driving under the influence of alcohol)	9
TOTAL	47,608

3.1.3. New Developments

Preparing Occupational Standards for Substance Addiction Counselling

Turkey has lack of rehabilitation studies in fight against drug addiction. The number of treatment centres are not enough and the number of rehabilitation services are scarcely. After all, some important steps were started to take in the last period. However, there are no workforce found yet, which is supporting these steps. In this line, it matters to identify occupational standards and qualifications in order to ensure qualified workforce needed to be needed and make certification activities. Green Crescent took necessary steps accordingly and Drag Addiction Consultant (Level 6) and Assistant Drug Addiction Consultant (Level 5) made a protocol with Occupational Qualifications Authority (MYK) in order to determine occupational qualifications.

Many meetings were conducted within the Protocol and draft occupational standards which were developed, were introduced to the relevant organizations and institutions in the workshop on the date of 22 January 2015.

Draft occupational standards were sent to MYK in line with the meetings and opinions received. They were published in the Official Gazette on the date of 10.03.2017 and no 30003 (Repeating) and became national occupational standard. Other studies in occupational qualifications in the new period are carried.

Monitoring Drugs and Other Psychoactive Substances Project from Waste Water Project

"Monitoring Drugs and Other Psychoactive Substances from Waste Water Project" which was supported by İstanbul Development Agency was carried into effect together with Green Crescent and Forensic Medicine Institution of İstanbul University.

"Drug Substance Analysis Laboratory in Waste Water" is established within the Project. And it is ensured the sustainability of epidemiological tracing center within Forensic Medicine Institution in İstanbul University.

Audits in Waste Water Analysis Laboratory which are carried into effect, are started to monitor and prevent addictions. A model is developed, which might be expended throughout the province and country within the Project and it provides basis to many research fields in İstanbul.

First of all, the infrastructure of a waste water laboratory was developed within the Project. And then waste water samples were analyzed, which were taken with the help of İSKİ (İstanbul Water and Sewerage Administration) from pilot locations selected. In this way, drug analysis methods in waste water and standard implementation methods and a relevant system are developed to have data at international level. It is ensured to have comparable data of our country and compare it with the data which is collected regularly in the World in this way.

Drug use intensity in the location can be identified in the waste water through the Project. In line with the strategies to be developed with the interpretation of data, it is aimed to have very important contribution not to individual but communal control in fight against drug field in the country.

3.2. Treatment

3.2.1. Policy and Coordination

In the "Strategy Document for Fight Against Drugs 2016-2018" where provisions on treatment of drug addiction are:

It is stated "facilitation for drug users to access to treatment and increasing success rate in treatment by strengthening treatment mechanism".

Some objectives are produced in line with this purpose;

- "Providing sufficient number of health staff working in the treatment of drug addicted and ensuring to reach their knowledge and awareness at a sufficient level"
- "Units and algorithms where in and out patient treatments of drug users, will be identified."

In line with these objectives and aims;

- Ensuring family health centers to follow diagnosis and treatment and play more effective in social integration,
- Organizing studies on fight against drug within 112 and Emergency Services,
- Strengthening studies on Out-Patient Centers,
- Improving In-Patient mechanism,
- Improving diagnosis and laboratory services,
- Standardizing lab opportunities by taking them on a certain level,
- Improving capacity of laboratories, number of staff and qualification,
- Strategies to update SUT implementations for usage of diagnosis tests.

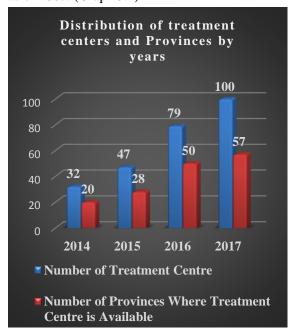
Studies on treatments for drug addiction in Turkey are carried out by the Ministry of Health in line with "Strategy Document on Fight Against Drug 2016-2018" and "Action Plan on Fight Against 2011-2018" and in cooperation with other institution/s. Besides, Action Plan and Strategy Documents are updated on 2018 and Strategy and Action Plan 2018-2023 are entered into force.

3.2.2. Organization and Ensuring of Drug Addiction Treatment

Institutions where treatment of drug addictions is carried out in Turkey;

- State hospitals affiliating the Ministry of Health,
- Psychiatry clinics under med schools at universities,
- Hospitals under the Ministry of Health and connected university hospitals and some private hospitals.

The number of treatment centers on drug addiction in Turkey is 100 as o 2017 whose service is given in-patient and out-patient. In 45 of these treatment centers, both in-patient and out-patient services are provided and 55 of it is only out-patient. Total number of inpatient bed availability is 1.026 by the end of 2017. There is at least one treatment center in 57 provinces of 81 as of 2007. (Graph 3.2)



Graph 3.2 Distribution of treatment centers and provinces by years

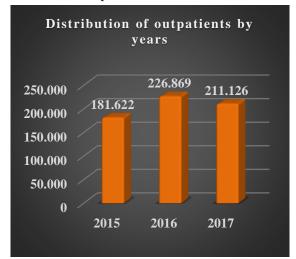
Source: Ministry of Health, General Directorate for Health Services 2018.

3.2.3. Outpatient Treatment Network

Outpatient treatment service is given in every treatment centers in Turkey. People who applied for outpatient treatment are the ones who applied with their own willing and who are transferred by the Ministry of Justice with probation services. Data in the report is the data on the number of people who applied for outpatient treatment, diagnosis codes and application due to probation services of the General Directorate for Health Services. The number of people who applied to state hospitals due to probation services which are out of this system, doesn't reflect on the statistics.

The total number of outpatients is 211.126 who applied to treatment centers in 2017 when alcohol

and nicotine usage according to diagnosis codes are excluded. 45.285 of it is the applications received within probation services.



Graph 3.3 * Distribution of outpatients by years *Source: Ministry of Health, General Directorate for Health Services, 2018.*

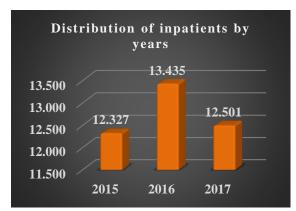
3.2.4. Inpatient Treatment Network

Inpatient treatment service is given in 45 of treatment centers in Turkey. The number of application made to treatment centers in 2017 is 12.501.

When 2017statistics regarding patients applied to treatment centers, are examined, when the duplicated cases are eliminated, the total number is 11.633. In this part, all analysis made regarding inpatient forms is constitute of data collected through forms.

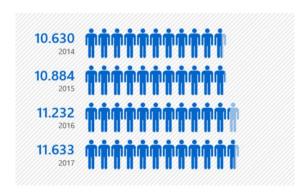
When applications for inpatient is examined, decrease by 6,9% is realized compared to previous year. (Graph 3.4)

^{*} Duplicated data is available in the data.



Graph 3.4 * Distribution of inpatients by years *Source: Ministry of Health, General Directorate for Health Services, 2018.*

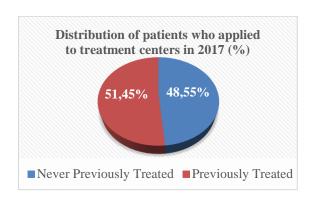
^{*} Duplicated data is available in the data.



The number of people who applied again for inpatient treatment is **868** (7%) in 2017.

Graph 3.5 Distribution of inpatient single person under treatment by years

Source: Ministry of Health, General Directorate for Health Services, 2018.



Graph 3.6 Distribution of patients who applied to treatment centers in 2017 (%)

Source: Ministry of Health, General Directorate for Health Services, 2018.

While 48.55% (5.648) of the people who got treatment in 2017 stated that this is their first treatment, 51.45% (5.985) of it stated that they have received treatment in the past. (Graph 3.8)

It is seen that the rate of people receiving first treatment and the rate of people who received treatment in the pasta re quite similar to each other. (Graph 3.6)

Table 3.2 Distribution of inpatients by first 10 province of residence in 2017

Provinces	Number	Percentage
İstanbul	3451	29,7
Adana	770	6,6
Gaziantep	631	5,4
İçel	602	5,2
Bursa	599	5,1
Ankara	475	4,1
İzmir	472	4,1
Antalya	420	3,6
Konya	407	3,5
Denizli	294	2,5

Source: Ministry of Health, General Directorate for Health Services, 2018.

When the provinces are examined where the users reside, İstanbul has the highest number of cases. It is observed that 29,7% of the people who applied for treatment reside in İstanbul. It is evaluated that bed availability is higher in İstanbul than the other provinces in addition to internal migration and population size are higher.

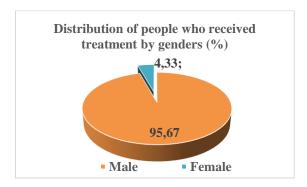
When treatment applications are estimated to a population which is 100.000, it is seen that province order is Şanlurfa, Kırıkkale, Adana, İçel, Gaziantep, Denizli, Osmaniye, İstanbul, Bursa and Mardin.

Table 3.3 Distribution of patients in the treatment centers by drug types in 2017

ICD Codes	Number of applications in polyclinics giving outpatient service between 01.01.2017- 31.12.2017 (between ICD F10-F19)	Number of inpatients between 01.01.2017- 31.12.2017 (between ICD F10- F19)
F11 (Opioid Dependence)	125.543	6.976
F12 (Cannabinoid Dependence)	42420	1.722
F13 (sedative, hypnotic dependence)	763	93
F14 (Cocaine dependence)	1.726	246
F15 (Caffeine and other stimulant dependence)	2.598	190
F16 (Hallucinogen dependence)	439	23
F18 (Inhalant (volatile and thinner) dependence)	1.162	175
F19 (multiple drug use and other psychoactive substances)	36.475	3.076
Total	211.126*	12.501

^{*}Data on probation service is available.

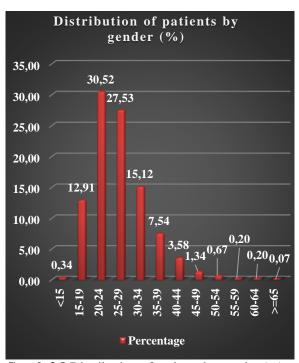
Source: Ministry of Health, General Directorate for Health Services, 2018.



Graph 3.7 Distribution of people who received treatment by genders (%)

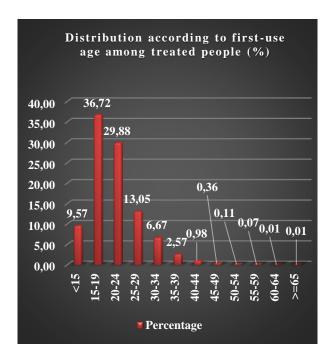
Source: Ministry of Health, General Directorate for Health Services, 2018.

When the distribution of inpatients by gender in 2017 is examined, it is understood that 95,67% (11.129) of it is male and 4.33% (504) is female (Graph 3.10). This distribution is similar to what we had in the previous years. It is debatable whether this is because of drug use in female is less than male or the number of treatment applications is less in female. (Ögel, 2011). There is no treatment center which is specific to only one gender.



Graph 3.8 Distribution of patients by gender (%) *Source: Ministry of Health, General Directorate for Health Services, 2018.*

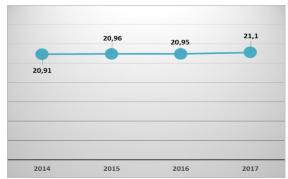
It is found that age average of the people requesting for treatment is 26,07. When the distribution according to age group of the treated people are examined; it is observed that the patients who applied for treatment are intensified between age group 20-29 (6752). The proportion of the patients between 20-29 age to the total number of the patients is 58,04% (Graph 3.8).



Graph 3.9 Distribution according to first-use age among treated people (%)

Source: Ministry of Health, General Directorate for Health Services, 2018.

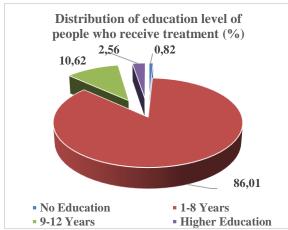
When the patients who are hospitalized and treated in 2017 are examined in terms of the first-use age of the substance; it is observed that the first use age is intensified between ages 15-24.



Graph 3.10 Distribution according to average first-use age among treated people (%) *Source: Ministry of Health, General Directorate*

for Health Services, 2018.

When the patients who are hospitalized and treated in 2017 are examined in terms of the first-use age of the substance; it is observed that the average age of first use is 21,1.



 $\label{eq:Graph 3.11} \textbf{ Distribution of education level of people} \\ \textbf{ who receive treatment (\%)}$

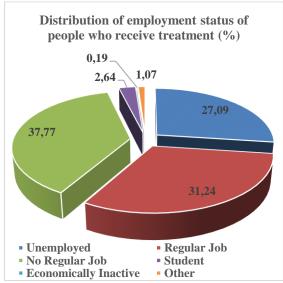
Source: Ministry of Health, General Directorate for Health Services, 2018.

When the education level of people who received treatment in 2017 is examined;

• 0,82% of it (95) have been never attended to school in their life.

• 86% (10.005) of it received 1-8 year of training and 10,62% (1.235) of it received 9-12 year of training.

It is seen that 2,56% (298) of it graduated from higher education.



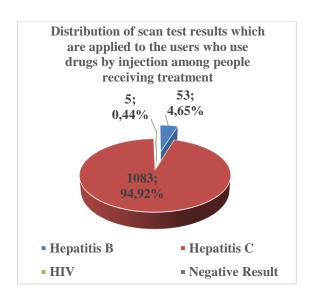
Graph 3.12 Distribution of employment status of people who receive treatment (%)

Source: Ministry of Health, General Directorate for Health Services, 2018.

When the employment status of people who received treatment in 2017 is examined;

- 27,09 of it (3.151) is unemployed
- 37,77% of it (4.394) has no regular job to go
- 31.24% of it (3.634) has a regular job to go
- 2.664% of it (307) is student,
- 1,26% of it (147) is seen that they are not active economically (Graph 3.12).

Scan tests for HIV and viral hepatitis are run to 2.366 of 11.633 patients who used drugs by injection and received inpatient treatment in the centers in 2017.



Graph 3.14 Distribution of scan test results which are applied to the users who use drugs by injection among people receiving treatment

Source: Ministry of Health, General Directorate for Health Services, 2018.

When the test results of 2366 people who used intravenous drugs are examined,

- Receiving positive results from 53 out of 2.366 users who are tested for hepatitis B (2,24%),
- Receiving positive results from 1083 out of 2.366 users who are tested for hepatitis C (45,77%)
- Receiving positive results from 5 out of 2366 users who are tested for HIV (0,21%) (Graph 3.14)

4. CHAPTER

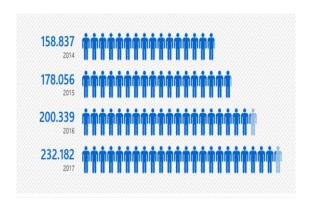
PUNISHMENT, PRISON AND PROBATION

It is known that crimes and punishments have differed at the regional or even local from the existence of mankind to today. Even though the fact that every crime has its punishment has never changed in any period of history.

Penalties for crimes defined by legislation in Turkey are applied without distinction in terms of race, language, religion, sect, belief, origin, political or economic power or social positions and without any privilege.

4.1. National Profile

According to data received from the General Directorate of Prisons and Detention Houses of the Ministry of Justice, there were 386 penal institutions in Turkey as of 2017. The total number of convicts and prisoners in these institutions is 232,182.



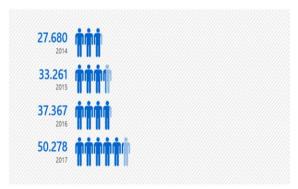
Graph 4.2 Distribution of the number of convicts-prisoners in Penal Institutions by years *Source: Ministry of Justice General Directorate of Prisons and Detention Houses*, 2018.

According to statistical data, there is an increase in the number of convicts and prisoners in penal institutions. (Graph 4.2). The number of

convicts-prisoners related to drug crimes in penal institutions increased by 15.89% compared to the previous year.

As of 2017, there are 50,278 convicts-prisoners related to drug crimes in penal institutions.

When convicts-prisoners in penal institutions for drug-related crimes in 2016 was 18.65%, this is increased to 21,65% in 2017. (Graph 4.3)



Graph 4.3 Distribution of total number of convict-prisoners in penal institutions and the number of convict-prisoners related to drug crimes in penal intuitions by years

Source: Ministry of Justice General Directorate of Prisons and Detention Houses, 2018.

4.1.1. Problems among Prisoners Due to Drug Use

Roles of health and psycho-social aid services are identified in Law on Execution of Penalties and Security Measures no 5275 and Regulation on Penal Institution and Penal and Security Measures and addiction treatment services were carried out by these services in the previous years.

In line with these definitions, health and psychosocial aid services in the penal institutions continue with an approach of protecting, developing and healing mental and body health of the staff together with convicted-prisoners

When we look at the health and psycho-social aid services in penal institutions, it is important to create medicinal environment as important as these environment are suitable for working, living and common areas. It is composed of creating a medicinal environment, living accommodation, relations between prisoners and staff and the way of organizing medicinal activities. Having a medicinal environment will effect quality of health and psycho-social aid services and institution management. In this regard, possible problems will be understood easily and relations between prisoners and staff will be better if staff know about factors which effect positively to mental health in the penal institutions. Factors such as spending most of the time out of ward, balanced diet, Professional training, sports facilities, visiting by friends and family members, having a phone conversation, having psychosocial aid, can be regarded as factors which have positive effect on mental health. Psycho-social status of each prisoners is important and there are some groups who have high risks and seriously need health services in penal institutions like in the society.

Services for drug users which are identified as privileged risk groups. In line with the health policies identified in the studies for drug users in penal institutions, treatment services are given and prevention of drug addiction, treatment and rehabilitation studies are emphasized.

Evaluation step is started with the acceptance of convicted-prisoners in penal institution and health problems for each prisoners are identified in the penal institution by a health officer and psychosocial service, prisoners are informed regarding it and emergency treatment is given when necessary.

Improving "Mental Health and Addiction Services in Penal Institution Project" was developed in 2016 in order to early identify prisoners who have mental health problems in penal institutions and train psych-social aid and health officers and Structured Mental Evaluation and Intervention Program (YARDM) by Scanning and Evaluation (TA-DE) was developed within this Project. The aims of the Project are as followings;

- Fast and accurate evaluation of prisoners who have mental health in line with the standards and ensuring diagnosis,
- Setting up effective intervention programs and ensuring implementation,
- Making necessary arrangements to improve an supportive environment for mental health in penal institutions,
- Protecting of mental health of staff working at penal institutions and improving awareness of staff in mental health.

A new approach models are developed for treatment of convicted-prisoners who are drug users and have mental health problems and training of staff who has direct communication with the prisoners with the project. A model is developed to change staff's behaviors for prisoners who have mental health problems, support their mental health and improve the awareness in health problems.

Within this Project, a developed mental problems Scanning and Evaluation Form (TA-De) is integrated to National Justice Network Information System (UYAP) as a continuation of Individualized Improving System (BİSİS) and Research Evaluation FORM (ARDEF). Scanning form complies with ARDEF which is developed previously and is commonly used. Evaluation form is a form which is examining deeply mental problems whose possibility is identified. "Intervention Programs" are developed for prevention, rehabilitation and treatment of mental problems and addiction related problems. Intervention programs are implemented as individual and group and carried out by psychologist and social workers in psych-social aid services

System has 3 stages. It is completed after completed ARDEF form by first of all receiving officer, then warden and lastly social service experts in psycho-social services. As a result of it, a risk and need report for each convicted-prisoner is developed. Individual interventions are

identified in line with economic, social, judicial, psycho-social and mental needs in risk and need report which is developed. In order to expand YARDM programs and implement in all penal institutions, trainings were given to 170 psych-social aid experts and 340 psycho-social service officers and all receiving officers in 2017.

Withdrawal symptoms are experienced when drug users are sent to a penal institution as they have no Access to drug. Lack of sleep, aggression, various body pain, loss of motivation are among these symptoms. Informing prisoners about drug addiction and gaining capabilities of handling with withdrawal and drug need play an important role in minimizing the problems in this field. Besides, teaching relaxing techniques to prisoners is another important way of handling with withdrawal symptoms. Families need to be informed about drug addiction as well. In this way, Individual programs are implemented about the most frequently encountered 26 different mental and behavioral problems in the penal institutions. Decreasing the problems in detention houses due to drug use is transferred in YARDM Individual Response Program. One of the Individual Intervention Programs is Alcohol and Drug Addiction Individual Program. Within this program;

- History on alcohol and drug use is taken.
- Motivation on change is increased.
- A proper intervention for convicted prisoner is made.
- Information on drug and addiction is
- Handling with willing and drive/urge on drug use is instructed.
- Relaxing exercises are instructed.
- The ways of staying "clean" are instructed after release.
- Damage reduction is informed.

Apart from YARDM Individual Intervention Programs, main group intervention group programs which are applied to addicted prisoners and convicted people in penal institution are;

- Anger Management Program,
- Creating awareness Program for Staff on Prevention of Suicide and Self-Harm
- Program on Prisoner Development Before Release,
- Program on Tobacco, Alcohol and Drug Addiction (SAMBA),
- "First Think" Program
- Special Surveillance and Supervision Program,
- Evaluation, Profile Tools and Rehabilitation Programs (DEPAR).

It is helpful to talk about especially the Program on Tobacco, Alcohol and Drug Addiction among these.

Program on Tobacco, Alcohol and Drug Addiction (SAMBA)

SAMBA is a program designed and dedicated in 2012 to provide information about Tobacco, Alcohol and Drug Addiction among the convicted-prisoners in detention houses, as well as to improve their life skills.

Purposes are as following:

- To inform on Tobacco, Alcohol and Drug Addiction,
- To increase change on motivation,
- To decrease harm and protect from infectious diseases,
- Obtain skills to prevent reuse of alcoholdrug,
- Overcoming stress and anger, improving problem solving and communication skills.

Targets while SAMBA is developing;

- For different type of addictions,
- Easily applicable,
- Being structured,
- Easy teach,
- Being active
- Useful for different addictions and institutions.

"Improving the Institutional Capacity of Justice and Execution System in Fight Against Addiction Project" which is recommended in Instrument for Pre Accessions Assistance (IPA II) in 2016 programming year and will be carried out by General Directorate for Detention Houses is accepted by EU commission and necessary studies has started to carry out regarding activities and documents prepared.

Drug strategy which will be implemented by all staff in penal institution in order to keep substance use under control, involves the following:

• Preventions for decrease of drug supply: Having drug and stimulant substances at the detention houses are forbidden in order to decrease drug supply and drug entrance is not allowed in searches and internal controls. Judicial proceedings are started when it is found and disciplinary penalty is given.

• Precautions for Reduction on Drug Demand;

As alcohol and drug addiction cause social problems in addition to health problems, users who cannot benefit sufficiently from treatment services seem as an opportunity when they are in a detention house and they are channeled to association or NGOs on alcohol and drug addiction after their release.

- Treatment Programs for Drug Users; A special effort and expertise are needed for drug addiction treatment and success of treatment is supported by guidance studies provided during treatment. Individual studies are made by psychsocial aid services for convicted-prisoners who are alcohol and drug addiction and they participate in various group studies carried out in detention houses.
- Precautions on Harm Reduction for Drug Users; Management of institution and staff should be informed to take necessary precautions controlling both on harm reduction and contagious diseases.

Besides, scientific researches on addiction services, are supported in detention houses on

addiction services and research permissions are given by General Directorate for Prisons and Detention Houses. Examination on knowledge, behaviors and manners of staff working in detention houses and convicted-prisoners and effects of conviction on people are some of the research field carried out.

4.1.2. Drug Related Health Interventions in Penal Institutions

Possession of drug in detention houses are forbidden by law and legal and administrative proceedings are started if it is confirmed.

Addiction treatment is a medical issue and carried out by the Ministry of Health.

General Directorate for Treatment Services in the Ministry of Health published a Circular dated 22 December 2009 and No. 2009/82 and addiction treatments are made accordingly. Treatment duration and method that user needs, are identified by law. Treatment to be applied by user and guidance and counseling to be given by psychsocial service during treatment will be applied according to Circular 2009/82.

A new period is started in Turkey with "Law on Pilot Implementation of Family Practice" dated 5258 which was accepted on 24 November 2004 in health organization.

According to protocol signed between Ministry of Health and Ministry of Justice in 2009, detention houses are identified as the places where family practice is giving mobile services. According to this, convicted-prisoners get their treatment from a family practice in the detention houses where first stage treatment services are. They might get health services from a district polyclinic in the region if detention house is like a campus. Unit which will be applied in case of a health problem apart from treatment, is the center for public health at the district. (Hand Book for Health Services in the Prisons and Detention Houses 2012)

First-stage health services are carried by family practice at the prisons and detention houses and prisoners are transferred to a relevant health institutions for further examination treatments. Generally, treatment services for a drug user is carried out by transferrin him/her to a health institution. Besides, within "Circular on Extended Immunization Program" 30.11.2006 and no. 18607-2006/120 including routine vaccination implementation against Hepatitis b at prisons and detention houses and control program strategies of Ministry of Health for prevention of contiguous diseases, vaccination is provided in connection with Health Directorates and ensured that all convicted prisoners and staff benefit from routine vaccination.

Ministry of Health who is responsible of health services in the country, publishes circulars and control programs because of both contagious diseases and other diseases are society's concerned. Studies on contagious diseases are carried out in line with policies and implementations of Ministry of Health. (Hand Book for Health Services in the Prisons and Detention Houses 2012)

In addition to this, there is an article stating "Treatment in the "National Action Plan on Fight against Drug". Besides, there is an article stating "continuation of standard treatment and social integration process which is approved by Board of Science for users or addicted ones" for individuals who are in detention houses in "National Action Plan on Fight Against Drug".

Health trainings which are carried out in Detention Houses, are an important factor to decrease health risks and an important part of protective health services. Trainings in different fields are given in the training centers to health officers working at the Detention Houses and common training studies still continue at the Detention Houses together with provincial directorates of the Ministry of Health and university hospitals.

Training of trainers of SAMBA programs which were developed within YARDM Project and pilot implementation of it were started in 2014 and 249 psych-social service experts working in the detention houses, were given SAMBA training from 2017. The number of convicted and prisoners who participated in SAMBA in 2017, were 3082.

The number of convicted people and prisoners who joined in Individual Interview, were 398.833 by the end of 2017. The number of convicted people and prisoners who joined in group studies, were 14.931 by the end of 2017.

The prisoners who has a "use of drug story" or are addicted, are ensured to attend in trainings regarding professions while they are in a detention house and statistics regarding information on convicted-prisoners attending in these training, are kept yearly. 64.181 prisoners and convicted people in total attended in profession-occupational and technical training by the end of 2017.

4.2. Probation

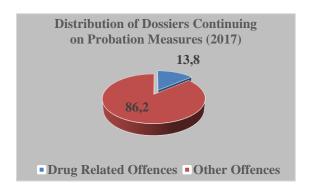
Article 191 of Turkish Criminal Code numbered 5237 defines the act of "purchasing, receiving or possessing drugs or stimulants for use, and using drugs or stimulants" as a crime.

However, it is in fact well-known that people who use drugs or stimulants are actually individuals in need of treatment. For this reason, the same article of the law also includes a provision that presents an alternative to being detained in penal institutions.

Above-stated arrangement foreseen to **implement probation precautions** on the person who will be treated at first hand and protect him/her to reuse any drugs or stimulants.

In cases where the person accepts treatment and acts in accordance with the probation measures, his/her sentence for purchasing, receiving or possessing drugs or stimulants for use, or for using drugs or stimulants, will not be carried out.

In 2017, Directorates of Probation Services received 84,398 decisions within Article 191 of Turkish Criminal Code and 39,288 of it was executed. Execution proceedings of other decisions continue. The number of probations in drug related constituted 33,35% of total number of drug related crimes in 2016, it was 13,73% in 2017.



Graph 4.4 Distribution of Dossiers Continuing on Probation Measures in 2017

Source: Ministry of Justice General Directorate of Prisons and Detention Houses, 2018.

4.3. Drug Related Health Interventions in Probation System

Within the context of treatment and probation measures which are given by Courts and Prosecutor Offices on drug or stimulant users, prisoners are transferred to a relevant health institution in order to make necessary treatment for prisoners.

Supervision and tracking of prisoners after treatment completed are carried out by relevant directorates within the activities in fight against drug and an individual interviews within guidance are made to become a individual useful to society by evaluating factors which causing to use, buy, accept or possess drugs or stimulants, controlling the need for drug, improving life standards and in line with other needs. Besides, some studies are carried out by physiology, social workers, sociology and teacher who are working directorate

of probation services in Tobacco, alcohol and drug addiction program, anger management, change for life program, step by step program which are structured. In 2017, 33 trainings were organized in SAMBA, Anger Management Program, Change for Life, Young SAMBA and other and 963 staff benefited from them (Ministry of Justice – General Directorate of Prisons and Detention Houses – Head of Probation Services Department)

Spare time activities constitute of some of the improvement studies which will be identified for prisoners. Spare time activities are very important to maintain the improvement. Therefore, studies in therapy programs, art, cultural and hobby are developed and supported for obligator in cooperation with other institution/s and NGOs. Risks and needs, individual characteristic and field of interests, preferences, observation of the experts are among determinant criteria. Cinema, theatre, documentary, museum tours, planning, ski, marbling art, chess, football and volleyball tournament are some of the spare time activities.

5. CHAPTER

NARCO-TERROR

Criminal groups committing drug (mainly heroin) smuggling in Turkey are mostly composed of citizens living in cities which are adjacent to Iran and people from Iran, Afghanistan and European countries. Members of these abovementioned criminal groups are from the same family or have relationship by affinity in order not to be exposed.

Turkey is both a transit country in terms of trafficking of heroin to Europe and a target country for synthetic substances produced in Europe. PKK/KCK terrorist organization plays an active role in both sides of this smuggling. Apart from that, PKK/KCK terrorist organization produces heroin in the facilities they established in the camps in North Iraq and plays an active role in heroin smuggling.

Moreover, terrorist organization forces people in East Anatolia for cannabis planting and finances terrorist activities through the money they gathered from national and international crime groups under the name of tax.

PKK/KCK terrorist organization generates income from various crime types and it is estimated that this terrorist organization gains 1,5 billion USD yearly only from drug trafficking. This revenue is utilized for sheltering and armament of organization members.

During an operation in rural Diyarbakır in 2014, led against members of terrorist organization sheltering in the caves, one security officer was wounded by the members' open fire. In the operation, 4700 kilograms of cannabis resin was seized and the members of the terrorist organization fled.

In 2015, during an intervention to a vehicle loaded with heroin around the entrance of Diyarbakır center, firefight broke out and one of

PKK/KCK terrorist organization members was killed and 6 members of the organization were arrested (2 of them wounded and 1 killed). In the search made in the vehicle, 1,7 kg of heroin and 2 guns were seized.

In a total of 29 operations carried out by the security forces against PKK/KCK terrorist organization across the country in 2016;

- 19 tons 676 kg cannabis,
- 37,5 gr of heroin,
- 2 gr of cocaine,
- 5.784 ecstasy pills,
- 68 million of hemp plant and a large number of organizational documents were seized

49 suspects were arrested in the operations carried out.

In the operation carried in District of Lice in Diyarbakır between 22 of June and 3 of July, 2016;

- 19 long barrel machine guns,
- 6 guns,
- 43 handmade explosives,
- 22 stolen vehicles,
- 19 tons of ammonium nitrate were seized.

In the operation, 3 soldiers were martyred because of the firefights broke out.

86 people arrested in 6 operations carried out against PKK/KCK in 2017 by Head of Counter Narcotics Department within Turkish National Police. 150 kg of cannabis, 50 kg of heroin and 100 gr of cocain were seizure in the operations.

Available sample operations and statistics selected from many events clearly reveal the link between the terrorist organization and drugs.

Besides, it is observed that PKK/KCK terrorist organization is also active in Europe. They deliver drugs to Europe through their resident collaborators in Europe. PKK/KCK/PYD is actively playing roles in Street drug market in Europe. It is known that there are going on investigations which are reflected to open resources in the countries like Belgium, Germany and the Netherlands.

PKK and the drug connection are mentioned in EUROPOL TESAT reports (EU Terrorism Situation and Trend Report) yearly. PKK and its drug connection are stated in latest TESAT report in 2018. And it is: he PKK is believed to collect money, via 'taxes', from drug traffickers crossing the Turkish border. Moreover, the group takes a share of profits at each phase, including the shipment of drugs to and from Turkey, transportation to the EU, and the distribution and sale of drugs in the EU. In return, the traffickers are offered protection from the PKK and arbitration in disputes.

6. CHAPTER

DRUG RELATED DEATHS

Death data on direct substance addiction (MBÖ) is collected and reported according to autopsy records of Forensic Medicine Institution (ATK) from Ministry of Justice. ATK is organized in the whole country and keeps autopsy records.

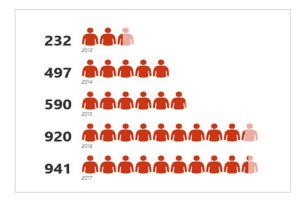
Drug related deaths after taking one or more than one illegal substances (opium poppy and derivatives, cocaine, cannabis, amphetamine and derivate, hallucinogens and new psychoactive substances) together with alcohol and/or psychoactive substances and deaths due to coma after taking substances are taking into consideration and prepared.

Direct drug related deaths are evaluated together with investigation records of law enforcement, crime scene investigation and autopsy findings.

Data on MBÖ 2017 was prepared in September 2018 by Head of Forensic Medicine Institution in İstanbul and transferred to Head of Counter Narcotics Department. 36 out of 941 drug related deaths which was occurred in 2017, is because of volatile substance addiction.

In 2017;

- It is seen that people who lost their life is from 20 different countries.
- 886 of the people who died is Turkish citizen. (94.2%)

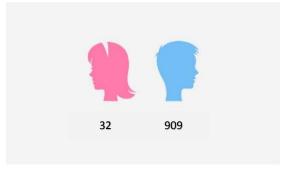


Graph 6.1 Distribution of drug related deaths by years

Source: Head of Forensic Medicine Institution, Ministry of Justice in 2018.

The number of drug related deaths was 232 in 2013 and 497 in 2014 by increase of 144% and 590 in 2015 by increase of 19%, and 920 in 2017 by increase of 56%. The increase in direct drug related deaths is reflected as "It is raised from developments in data collection and reporting of Turkey."

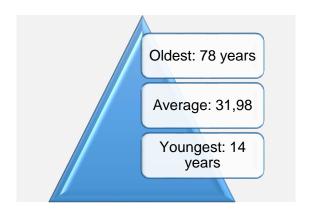
Drug-related deaths is 941 by increase of 2.3% in 2017. The lowest percentage increase of last 5 years was in 2017. One of the reasons of it is intensity and effectiveness of supply management. It is evaluated that implementations and operations carrying out in drug field reflect as a decrease in the number of deaths.



Graph 6.2 Gender distribution of drug related deaths in 2107

Source: Head of Forensic Medicine Institution, Ministry of Justice in 2018.

96.6% of the people who died is man (909)and 3.4% is woman (32).

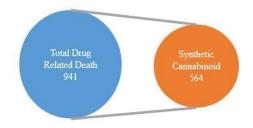


Graph 6.3 Age Distribution of drug related deaths in 2017

Source: Head of Forensic Medicine Institution, Ministry of Justice in 2018.

When drug related deaths are examined in 2017, it is seen that oldest is 78 years old and there is only one person. And the youngest is 14 years old and there are only 3 people. These 3 people died due to volatile substance addiction. Average age is 31,98. Age group where death rate (36.5%) is high is between 25-34.

12 of deaths is out of the age group between 15-64 years old. Therefore, drug related death will be 929 in European Drug Report.

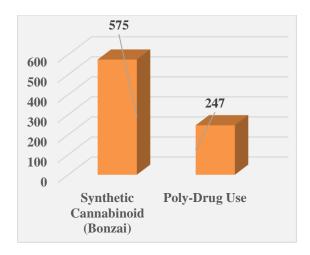


Graph 6.4 Distribution of drug related Synthetic Cannabinoid Numbers ("bonzai" as Street name) in 2017

Source: Head of Forensic Medicine Institution, Ministry of Justice in 2018.

60% of 941 drug related deaths is synthetic cannabinoid in 2017.

The one and only death reason of 247 (%49) of 564 deaths is synthetic cannabinoid (Bonzai).



Graph 6.5 Distribution of multi-substance and syntactic cannabinoids use in drug related deaths in 2017

Source: Head of Forensic Medicine Institution, Ministry of Justice in 2018.

Most of the time, the reason of drug related deaths is usage of multi-substance (taking more than one substance at a time) at the same time. Use of multi-substance increases the death risk.

61.1% of drug related death cases in 2017 is because of poly substances use, putting into another way use of more than one drugs or stimulant substances at a time. It was 46.3% (426) in 2016.

When we look at the drug related deaths in 2017, syntactic cannabinoid should be another title.



Image 1 Raw material for syntactic cannabinoid

Source: Head of Counter Narcotics Department, 2018.

Synthetic cannabinoid substance which is under new psychoactive drugs category, is a completely synthetic narcotics substance which has torporific and hallucination effects. It is known that approximately 200 different chemical kinds. It is to solve raw material which is taken illegally from mainly China to the country. A professional laboratory is necessary to reproduce it. Some noxious addictive such as pesticide are added. Most of the users think that poisonous effect is narcotic substance effect. There are some examples that it is sucked by spraying with the help of some herbs such as sage, damiana, veronica, thyme, unqualified cannabis, henna, Indian henna, cumin and also some examples which are sprayed on a paper. Some of the users think strongly that it is not synthetic (chemical) because herbs and spraying on a cannabis.

This increases the death risk among users.