



World Health
Organization

REGIONAL OFFICE FOR Europe

Multisectoral action on drug dependence in Turkey

By:
Necdet Ünüvar
Hüseyin Çelik
Sertaç Polat
Hakan Oğuz Arı
Toker Ergüder
Pavel Ursu



Multisectoral action on drug dependence in Turkey

Applying a whole-of-government approach

By:
Necdet Ünüvar
Hüseyin Çelik
Sertaç Polat
Hakan Oğuz Arı
Toker Ergüder
Pavel Ursu

ABSTRACT

The use of substances that produce dependence has become a severe and worldwide health problem. Substance dependence is not only a health issue; it also has public, social, legal and governmental aspects. For this reason, anti-drug efforts need to be multidirectional. Protection of people who has not yet met with drugs (particularly teenagers) and people with drug use but not yet dependence can be ensured by developing effective policies. For that purpose, under the leadership of Deputy Prime Minister and under the coordination of Ministry of Health, and with the high level participation of other 7 related Ministries a holistic and high level multidisciplinary approach is adopted within the scope of Anti-Drug Emergency Action Plan in Turkey. Priority objective of all these efforts is to ensure effective implementation, sustainability of prevention and protection activities. This study summarizes strategies and supply, demand and communication policies developed with high level determination and institutional cooperation within the scope of Anti-Drug Emergency Action Plan.

Keywords

SUBSTANCE-RELATED DISORDERS - prevention and control
DRUG AND NARCOTIC CONTROL - methods
NATIONAL HEALTH PROGRAMME
TURKEY

Address requests about publications of the WHO Regional Office for Europe to:

Publications

WHO Regional Office for Europe

UN City, Marmorvej 51

DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office website (<http://www.euro.who.int/pubrequest>).

Photos: Mr Hakan Oguz Ari, Adviser to Deputy Undersecretary of Ministry of Health, Turkey

© World Health Organization 2016

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

Contents

Acknowledgements	iv
Preamble	1
1. BACKGROUND AND GLOBAL CONTEXT	2
1.1. General framework	2
1.2. Statistics on drug use	2
2. ORGANIZATIONAL STRUCTURE	3
2.1. Higher Anti-Drug Board (UMYK)	3
2.2. Anti-Drug Board (UMK)	3
2.3. Anti-Drug Technical Board (UMTK)	4
2.4. Anti-Drug Provincial Coordination Boards	4
2.5. Tracking software for the 2015 Anti-Drug Emergency Action Plan	4
3. POLICIES DEVELOPED FOR ANTI-DRUG EFFORTS	4
3.1. Anti-drug strategy	5
3.2. Anti-Drug Emergency Action Plan (UMAEP)	5
4. FUTURE AGENDA	10
REFERENCES	11
ANNEX 1. National Anti-Drug Action Plan	12

Acknowledgements

WHO prepared this report in close collaboration with the Ministry of Health of Turkey. The authors of this report are grateful to Dr Mehmet Müezzinođlu, Health Minister of Turkey, for his commitment to this report.

The WHO Regional Office for Europe would like to thank the main authors of this report, Professor Necdet Ünüvar, Deputy of Adana, and Head of the Commission on Health, Family, Labour and Social Affairs of the Grand National Assembly of Turkey; Mr Hüseyin Çelik Deputy Undersecretary; Dr Sertaç Polat, Head of Department of Tobacco, Alcohol Control and Substance Abuse; and Mr Hakan Ođuz Arı, Advisor to Deputy Undersecretary.

Valuable inputs in terms of contributions and recommendations on various chapters were received from Ms Mevlüde Gül Menet, Dr Toker Ergüder, Dr Pavel Ursu of the WHO Country Office, Turkey, and Dr. Lars Møller of the WHO Regional Office for Europe.

The authors would like to thank Dr Gauden Galea, Director, Division of Noncommunicable Diseases and Promoting Health through the Life-course, WHO Regional Office for Europe, for his contributions and useful comments on this report.

PREAMBLE



The health status of countries may change in connection with the elimination of health risks to which their citizens are exposed. Better health results are possible through

defining and implementing more comprehensive and solution based health policies, and improving their weaknesses via ongoing monitoring.

Turkey has made great progress in terms of health indicators, improved access to health services, lifelong universal health coverage for all citizens, and financing insurance with the implementation of Health Transformation Programme initiated in 2003. Within this framework comprehensive, country specific policies are developed and focused on the priority areas. Not only treatment services but also promotional services are included in the priority areas.

The fight against drugs is also one of the priority areas. Even though it changes from country to country, the use of drugs that may develop dependence has a negative impact on all countries. The fight against drugs requires a multisectoral structure. The main areas for this fight include supply reduction, prevention of demand, strengthening treatment and rehabilitation mechanisms, social inclusion of treated people and ensuring employment for these people. At the same time, each of these areas enter domain of different ministries in public administration mechanism and require use of different power and responsibility.

With the awareness of different dynamics, the Turkish Government has accelerated its anti-drug efforts after the

detection of synthetic cannabinoids in 2011. Considering the multisectoral and sensitive nature of the topic, a Prime Ministerial Circular was published in 12 November 2014 to ensure immediate and timely intervention to recent developments. The Circular has presented a high-level multidisciplinary approach which resulted in the preparation and implementation of Anti-Drug Emergency Action Plan in 2015 upon the approval of Higher Anti-Drug Board which is chaired by the Deputy Prime Minister and composed of eight relevant ministers and the Head of Health Commission of the Parliament. Field work is carried out by the Anti-Drug Provincial Coordination Boards chaired by the governors in all 81 provinces of Turkey.

The priority objective of these efforts includes not only impeding production and sale of drugs but also effective implementation of prevention and protection activities. In addition, exerting maximum efforts for the social inclusion of people with drug dependence after treatment and rehabilitation is among our priorities.

I would like to thank the members of Higher Anti-Drug Board, Anti-Drug Technical Board, and local authorities, universities and nongovernmental organizations who have contributed to anti-drug efforts, and Ministry of Health staff that coordinated these efforts. I hope this comprehensive work would serve as a model not only for our country but also for other countries. I also would like extend my thanks to WHO for its continuous cooperation and support in all cooperation areas and particularly for the support provided for the publication of this book for sharing our work with other countries.

Dr Mehmet MUEZZINOGLU
Minister of Health of Turkey

1. BACKGROUND AND GLOBAL CONTEXT

1.1. General framework

The term “drug” is sometimes taken as referring only to substances with intoxicating properties. However, it is generally used in a wider sense, to include substances that produce a “high”, provoke, tranquillize, or stimulate imagination and alertness. The use of the term is not related to the effect of the substance on the central nervous system, but to its specific properties irrespective of the effects. Thus, the Turkish Government defines a drug as a substance that has an “impact on the nervous system of the person when taken in a specific amount, and causes mental, physical and psychological instability, economic and social damage for individuals and communities, and dependence, and whose use, possession and trade are prohibited by law”.¹

The use of substances that produce dependence is a severe and worldwide health problem. Despite various measures to control substance use, it is increasing, especially in developing countries.² Substance dependence is a serious public health problem in Turkey, as in the rest of the world. Substance dependence is not only a health issue; it also has public, social, legal and governmental aspects. For this reason, anti-drug efforts need to be multidirectional.

Substance use may push people to break the law or to hurt themselves or others, and can lead to delinquency. Substances are often associated with delinquency, as they impair conscious control mechanisms. People may also commit offences, such as bag-snatching, stealing, murder or prostitution, in order to get money to buy drugs. Offence refers to actions and behaviour that infringe the Criminal Code and are penalized by the courts.³

In addition to its criminal status, drug use should also be considered as a health problem. Substance dependence can affect anyone, but is a particular problem in teenagers, with accompanying biological, psychological and social aspects. Even though drugs are less used than some other dependence-producing substances, such as tobacco and alcohol, they wreak havoc, both on the individual and on the society.⁴

Drug use continues to exact a significant toll, with valuable human lives and the productive years of many people being lost. An estimated 183 000 drug-related deaths occurred in the world in 2012, corresponding to a mortality rate of 40 per million among the population aged 15–64 years. While this estimate is lower than that for

2011, the reduction can be ascribed to the lower number of deaths reported in a few countries in Asia.

1.2. Statistics on drug use

In 2012, it was estimated that between 162 million and 324 million people, or 3.5–7% of the world’s population aged 15–64 years, had used an illicit drug at least once in the previous year. The drugs were mainly from the cannabis, opioid, cocaine and amphetamine-type stimulants groups. The extent of problem drug use is increasing. The number of regular drug users and those with drug use disorders or dependence is between 16 million and 39 million people. There continues to be a gap in service provision: only one in six problem drug users in the world has access to, or receives, treatment for drug dependence each year.⁵

In the 2011 Attitude and Behaviour Survey on Tobacco, Alcohol and Drug Use in the General Population, conducted by the Turkish Monitoring Centre for Drugs and Drug Addiction (TUBİM), the proportion of people in Turkey who had ever used drugs was found to be 2.7%. Another study in 2011 found that the prevalence of substance use among young people was 1.5%.⁶ A report published by the European Monitoring Centre for Drugs and Drug Addiction estimated that the lifetime prevalence among those aged 15–64 years in Turkey is: amphetamine use, 0.1% (European Union (EU) average, 3.5%), ecstasy use, 0.1% (EU average, 3.6%) and cannabis use 0.7% (EU average, 23.3%).⁷

In Turkey in 2014, there were 77 664 drug-related incidents involving 117 686 people. The highest number of incidents involving heroin was in Istanbul (1214), and the highest number of people arrested (1994) was in Ankara.⁸

In Turkey, there are 39 treatment centres for drug dependence in 24 different provinces. Of these centres, 34 are public or private inpatient treatment centres (Alcohol and Substance Abuse Therapy and Educational Centres (AMATEM) and Children and Teenage Substance Addiction Research and Treatment Centres (ÇEMATEM)); the remaining five are outpatient treatment centres. In 2014, 259 213 people received outpatient treatment and 13 053 people received inpatient treatment in these centres. While 52.68% of these people had not received treatment before, the remaining 47.32% had previously undergone various treatments for drug dependence. Of those receiving treatment, 94.83% were male and 5.17% female. The age of first drug use was approximately 20 years.⁸

In 2013, 648 deaths were directly or indirectly associated with substance use; of these, 232 were directly linked to substance use. In total, 96.51% of those who died were male, while 30% were aged between 20 and 24 years and 67.22% were unmarried.⁸

Synthetic cannabinoid drugs have become increasingly popular among young people throughout the world, including Turkey. These and various other new drugs were first detected in Turkey in 2011. A cooperative and holistic approach is needed to fight these drugs.

2. ORGANIZATIONAL STRUCTURE

An organizational structure with four pillars has been established to administer and implement anti-drug efforts.

2.1. Higher Anti-Drug Board (UMYK)



A Higher Anti-Drug Board has been established under the chairmanship of the Deputy Prime Minister, composed of the following members:

- Minister of Justice;
- Minister of Family and Social Policies;
- Minister of Labour and Social Security;
- Minister of Youth and Sports;
- Minister of Customs and Trade;
- Minister of Interior;
- Minister of National Education;
- Minister of Health (Coordinator);
- Head of the Commission on Health, Family, Labour and Social Affairs of the Grand National Assembly of Turkey.

UMYK meetings take place every six months. The UMYK determines the basic anti-drug policies, monitors activities at a high level, and gives instructions for these activities.

UMYK has met twice since July 2014; it aims to identify anti-drug activities, and develop and assess relevant policies in Turkey.

2.2. Anti-Drug Board (UMK)



In order to monitor and ensure coordination at a high political level, undersecretaries from eight ministries were commissioned to participate in the Anti-Drug Board. The UMK meetings take place once a month, under the chairmanship of the Head of the Commission on Health, Family, Labour and Social Affairs of the Grand National Assembly of Turkey. The members of the UMK are:

- Deputy Undersecretary of the Ministry of Justice;
- Deputy Undersecretary of the Ministry of Family and Social Policies;
- Deputy Undersecretary of the Ministry of Labour and Social Security;
- Deputy Undersecretary of the Ministry of Youth and Sport;
- Deputy Undersecretary of the Ministry of Customs and Trade;
- Deputy Undersecretary of the Ministry of Interior;
- Deputy Undersecretary of the Ministry of National Education;
- Deputy Undersecretary of the Ministry of Health;
- Advisor to Deputy Prime Minister;
- Coordinator of Prime Ministry Office of Public Diplomacy;
- Turkish Green Crescent Society.

Since July 2014, the UMK has met 14 times. The main aim of the meetings was to identify anti-drug activities, and develop, assess and implement relevant policies in Turkey.



2.3. Anti-Drug Technical Board (UMTK)

Experts from relevant ministries meet in the Anti-Drug Technical Board, to work on the technical aspects of the subjects that fall under the responsibilities of the ministries. The Deputy Undersecretary of the Ministry of Health is the chair of the UMTK. The UMTK has 31 members from ministries and relevant institutions and meetings take place every two weeks.

The UMTK has met 39 times since July 2014. The Board works on the technical implementation of anti-drug activities, including those defined in the 2015 Anti-Drug Action Plan, in line with the defined policies.

2.4. Anti-Drug Provincial Coordination Boards

Anti-Drug Provincial Coordination Boards follow up anti-drug efforts, ensure that activities specified in the action plan are carried out in cooperation and coordination with the relevant institutions and organizations, and monitor the whole process at provincial level.

The first and the last meetings of the year take place under the presidency of the Provincial Governor; other meetings are presided by the Governor or Deputy Governor. It is planned to establish Anti-Drug District Boards in relevant districts, which will meet under the presidency of the District Governor, with the secretariat provided by community health centres.

The Provincial Boards start work upon the approval of the Governor at provincial level and the District Governor at district level. After the approval, the Provincial Public Health Directorate, which is responsible for the secretariat at provincial level, sends an official letter to the Public Health Institution of Turkey, giving contact details for the chair and the members of the board, together with the approval of the Provincial and District Governorates. To facilitate coordination and cooperation across provinces and districts, the contact details of the members are shared on a Web-based software, coordinated by the Ministry of Health. Changes in the membership of the boards are immediately reflected on the site.

Governorates at provincial and district level are responsible for holding regular meetings and ensuring effective coordination across different institutions and agencies. Provincial and district boards meet once a month.

2.5. Tracking software for the 2015 Anti-Drug Emergency Action Plan

For purposes of evaluation of the implementation of activities defined within the framework of the 2015 Anti-Drug Emergency Action Plan, each month the provinces send to the Ministry of Health an implementation report and the decisions of Anti-Drug Provincial Coordination Boards, either electronically or through official letters.

A tracking system has been established to avoid delays in reporting from provincial level. Information is shared with other stakeholders to promote good practices and to allow immediate flow of information. Details of anti-drug actions taken and reporting on implementation are done via the web site (umk.saglik.gov.tr) which is accessible with a username and password provided to relevant agencies.

The tracking software allows instant data flow on anti-drug activities, and provides a platform for dynamic sharing of data, which can be used to guide actions in the field. In this way, it forms a bridge between central level and provincial implementers, allowing coordination and cooperation in anti-drug activities.

3. POLICIES DEVELOPED FOR ANTI-DRUG EFFORTS

To respond to recent drug-related events and expressed concerns in Turkey, a high-level multidisciplinary approach was taken and preparations started for the Anti-Drug Emergency Action Plan at a meeting on 14 July 2014,

involving five ministers (Family and Social Policies, Youth and Sport, Interior, National Education, and Health) and the Chair of the Turkish Grand National Assembly Health, Family, Labour and Social Works Committee. A six-

hour meeting of the Council of Ministers was then held on 22 September 2014, to consider anti-drug efforts. Another meeting of the Council of Ministers was held the following day in the Ministry of Health, chaired by the Prime Minister H.E. Ahmet Davutoğlu and attended by the Ministers of Family and Social Policies, Interior, Youth and Sport, National Education, and Health.

After this gathering and various evaluations, a Prime Ministry circular, number 2014/19, was issued on 13 November 2014, establishing the Higher Anti-Drug Board (see section 2.1).

On 28–29 November 2014, the first Anti-Drug Council met under the chairmanship of the Prime Minister, attended by some 2000 people from every section of society, particularly relevant public agencies and institutions, academicians, representatives of nongovernmental organizations (NGOs), artists and athletes. The Council discussed and exchanged ideas concerning the steps to be taken to prevent the supply of, and demand for, drugs. Fifteen topics were discussed in separate workshops; the Anti-Drug Emergency Action Plan was also presented to the participants and discussed. Evaluations carried out after the Council meeting and feedback have led to the preparation of a National Anti-Drug Strategy, a 2015 Anti-Drug Emergency Action Plan, and the formulation of procedures and principles for the Anti-Drug Coordination Boards; these documents will form the basis for the anti-drug efforts in Turkey.

The above-mentioned documents were approved at the UMYK meeting on 20 January 2015, and entered into force on 9 March 2015.



3.1. Anti-drug strategy

Turkey's first National Anti-Drug Policy and Strategy Paper, which came into force in 2006, defined anti-drug policies, goals and objectives. Three-year action plans were implemented, aimed at achieving the defined goals. In 2014, as a result of institutional cooperation and high-level support, an anti-drug strategy document was issued. During the preparation of this document, local

features and developments described in the annually published European Union Progress Reports were taken into consideration.⁹

The national anti-drug strategy document describes the current situation and defines the goals, targets and strategies for twelve areas:

1. preventing access to drugs;
2. taking measures in relation to educational institutions;
3. target groups;
4. anti-drug counselling units;
5. strengthening drug dependence treatment;
6. social adaptation of drug-dependent people after short- and long-term treatment;
7. scientific advisory board for anti-drug activities;
8. anti-drug decision support system;
9. legislation on anti-drug activities;
10. coordination and cooperation;
11. communication and public information;
12. diagnosis and laboratory services.

All the activities needed to achieve the defined goals, targets and strategies, together with the responsible agencies and institutions and the schedule, are outlined in the Anti-Drug Emergency Action Plan.

3.2. Anti-Drug Emergency Action Plan (UMAEP)

The Anti-Drug Emergency Action Plan specifies the steps needed in each of the areas defined in the strategy paper.

3.2.1. Preventing access to drugs

The overall aim is to stop the national and international trafficking, production, abuse, distribution and street sale of all natural and synthetic illegal drugs, and of the chemicals used for their production. Specific objectives are to stop drug trafficking and prevent the accessibility of drugs at street level. In order to achieve these goals, all drug entrance points in Turkey will be strengthened in terms of their physical, technical and human resources and management capacity.

To carry out anti-drug efforts on the streets, narcotics teams will be set up and civilians who participate in anti-drug efforts will be rewarded.

3.2.2. Taking measures in relation to educational institutions

The overall aim in relation to educational institutions is to stop the supply of, and demand for, narcotic drugs, and to include existing drug users in treatment and social adaptation processes. The objectives are to stop accessibility of drugs inside and in the vicinity of educational institutions, to raise awareness of drug issues

among the teachers, students and their families, and to detect drug users among the students and link them with treatment and social adaptation programmes.

As part of anti-drug efforts, the risks in and around educational institutions will be identified and necessary measures will be taken.

- The needs of educational institutions will be considered.
- All service staff in the educational institutions, other than teachers (e.g. maintenance staff, security officers, cafeteria staff and school bus drivers) will be carefully investigated prior to recruitment against child abuse, substance use, etc.
- High-risk establishments and abandoned buildings close to educational institutions will be identified and closely watched.

In order to raise the awareness of students, parents, teachers and other staff of educational institutions, the following activities will be carried out.

- The managers and staff of educational institutions, starting with guidance counsellors, will be trained at the beginning of every semester using the Anti-Drug Basic Awareness Training Module.
- Parents of students will be invited to the educational institution and encouraged to participate in a training on Adaptation to the Educational Institution and Expectations. The training will cover anti-smoking, anti-alcohol and anti-drug strategies and education for a healthy life.
- Posters and leaflets will be designed and placed in prominent places in schools. They will be targeted at improving skills in obtaining information, self-protection and saying no to people using or selling drugs.

To facilitate treatment and social adaptation of drug-using students, the following activities will be carried out.

- In cooperation with parents, teachers who have received anti-dependence training will contact treatment and social adaptation centres immediately a student is identified as using drugs, to enable these students to participate in necessary voluntary treatment and social adaptation programmes.
- Necessary measures will be taken to ensure that these students do not fall behind in their educational schedules during treatment and social adaptation.

In order to update the former anti-substance educational groups, the health and anti-substance groups will carry out at least one activity every month.

As part of efforts to conduct surveys on drug use in schools, the European School Survey Project on Alcohol and Other Drugs (ESPAD) will be completed. New studies

will be designed in line with international standards, oriented towards meeting the country's needs.

In order to standardize anti-drug efforts in educational institutions and ensure their sustainability, an Anti-Drug and Dependence Circular will be issued, and anti-drug training modules, approved by the scientific committee, will be developed.

3.2.3. Target groups

The overall aim is to raise awareness among specific target groups about the adverse effects of drug abuse. A specific objective is to categorize measures to prevent drug abuse in a comprehensive manner and scale up these measures to all target groups.

Audiovisually supported training modules and programmes will be prepared, in support of anti-drug programmes targeted at drug users, dependent persons, their families and high-risk groups.

Programmes will be implemented targeted at children who are forced to work or beg on the streets.

- Existing social service centres affiliated to the Ministry of Family and Social Policies and medical social services units in hospitals will be strengthened; where such units and centres do not already exist, they will be established.
- A safe and supportive environment will be provided for children who are forced to work or beg on the streets. These children will be given the opportunity to benefit from social services, their quality of life and professional skills will be improved, and they will be provided with educational and consultancy services.

Programmes will be implemented targeted at members of the armed forces.

- A training module on anti-drug efforts, approved by the scientific advisory board, will be delivered to members of the armed forces.
- People identified as drug users or dependent, either during the military service examination or through their own admission, will be closely monitored and included in volunteer standard treatment and social adaptation processes by the counselling centres.

Programmes will be implemented targeted at people in prison and detention houses.

- Anti-drug training approved by the scientific advisory board will be delivered to prisoners.
- Drug users will be given standard treatment and social adaptation procedures approved by the scientific advisory board.

Programmes will be implemented for students and staff in state-run dormitories.

- Anti-drug training approved by the scientific advisory board will be delivered to students and staff.
- Guiding or leader student models will be developed. These students will share their knowledge, skills and experiences and support drug users and dependent people.
- Drug users and dependent people will be included in standard treatment and social adaptation processes, approved by the scientific advisory board, in cooperation with the treatment institutions in their region.

Programmes will be implemented for young people and athletes.

- Anti-drug training approved by the scientific advisory board will be delivered to amateur and professional athletes, starting with younger groups.
- Drug users and dependent persons will be included in standard volunteer treatment and social adaptation procedures approved by the scientific advisory board.

Programmes will be implemented targeted at students in police and gendarmerie training centres.

- Anti-drug training approved by the scientific advisory board will be delivered to all students, starting with those in first grade.
- Drug users and dependent persons will be included in standard treatment and social adaptation procedures approved by the scientific advisory board.

Programmes will be implemented for the owners and employees of establishments in the catering and entertainment sector.

- Anti-drug training approved by the scientific advisory board will be delivered to the catering and entertainment industry, starting with the businesses that serve alcohol.
- Drug users and dependent persons will be included in standard treatment and social adaptation procedures approved by the scientific advisory board.

Anti-drug training approved by the scientific advisory board will be delivered to professional counsellors working in the Turkish Employment Agency.

3.2.4. Anti-drug counselling units

The overall aim in this area is to establish rehabilitation centres for people who would like to take measures for themselves and their family members, drug-users, dependent persons (people going through withdrawal or who want to stop using drugs) and their relatives, and to develop necessary algorithms.

These units will serve as a bridge between the community and public institutions for all anti-drug activities. The services provided in the units will be easily accessible to the people who want to receive support, and all applications made to these units will be submitted to the relevant parties and finalized as soon as possible.

The most important activity within this area is the establishment of a toll-free Anti-Drug Consultation and Support Call Centre, operational 24 hours a day, seven days a week, where professionals will provide consultation and support services. These services will be provided by telephone or via Internet, through video or audio channels, or live chat, without requiring any information on the identity of the caller (except for the people who are directed to treatment or who make an appointment in their name). The staff will also respond to questions posed via text messages, e-mail and social media. People who wish to receive treatment for drug dependence will be directed to a family physician, psychiatric polyclinic, or inpatient or outpatient treatment centre, and will be included in a social adaptation programme after treatment and discharge.



3.2.5. Strengthen drug dependence treatment

The overall aim here is to facilitate access to drug dependence treatment services, and to increase the success rates by strengthening treatment mechanisms. The activities will focus on defining inpatient and outpatient treatment algorithms and increasing the knowledge and awareness of the health care personnel working in anti-drug units.

The strategy will focus on ensuring that family health centres actively participate in anti-drug efforts and that these efforts are considered as positive performance criteria.

- Family physicians will be trained to make early diagnosis, provide psychosocial treatment and give guidance when necessary.

- The family practice training module will be revised in line with anti-drug efforts and every family physician will be encouraged to follow the distance training module.
- Every year, 10% of family physicians, starting with volunteers in high-risk areas, will receive theoretical and on-site training.
- Other health care personnel in family health centres (nurses, midwives, health officers, etc.) will receive basic training on drug dependence.

The capacity of psychiatric polyclinics will be strengthened to allow them to participate more actively in the treatment of drug-dependent people.

- The number of inpatient beds in psychiatric clinics in the provinces where ambulatory medical centres are established will be increased; as a first step, at least 20% of the beds will be assigned for treatment of drug dependence.
- The number of psychiatrists specializing in children and adolescents will be gradually increased.
- A training module on drug dependence and practical experience in AMATEM will be included in the training curriculum for child and adolescent psychiatry.
- Psychiatrists will be given remote access to the distance learning module on approach to and treatment of drug dependence. Those who complete the module will be encouraged to take part in the AMATEM and ÇEMATEM duty rosters.
- In order to promote employment in anti-drug clinics, additional payment will be provided and the necessary regulations and improvements in the legislation on social security payments will be made.

New ambulatory medical centres will be established, with five centres becoming operational by the end of 2015.

The current capacity of AMATEM and ÇEMATEM centres will be assessed, deficiencies corrected, and the anti-drug treatment mechanisms strengthened.

- The current locations of AMATEM and ÇEMATEM centres in Turkey will be reviewed and the number of centres will be increased to meet current needs.
- AMATEM and ÇEMATEM's physical structures, technical equipment and workforce will be evaluated, the deficiencies corrected and funds made available for consumable materials, personal care materials for the patients (clothes, hygiene products, etc.), food and snacks distributed as reward, materials for occupational therapy and social activities.
- Law enforcement officers, especially narcotics teams, will be in charge of security in the vicinity of the centres.

- Drug-dependent people will be motivated to participate in social adaptation programmes of relevant institutions and organizations and their progress will be monitored.

Emergency management of drug-dependent people will be standardized.

- Relevant organizations will provide in-house training for emergency medical technicians and ambulance personnel who need to intervene with drug-dependent people in crisis.
- Crisis intervention units in hospitals will be made operational in anti-drug efforts.

3.2.6. Social adaptation of drug-dependent people after short- and long-term treatment

The overall aim is to prevent social exclusion of former drug users after treatment, to ensure their social adaptation and to prevent relapse. The main objective is to restructure the social adaptation process using an integrated approach to prevent former drug users restarting using drugs after short- or long-term treatment.

A social adaptation process will be established for drug users after short- and long-term treatment.

- Drug-dependent children who have received short- or long-term treatment and who need protection will stay at child support centres during the social adaptation process.
- The number of child support centres will be increased throughout the country to meet needs.
- Social service institutions will be established to facilitate the social adaptation process of adults and children who do not need protection.
- Social service institutions will provide daycare services for the social adaptation process of adults and children who have received short- or long-term treatment and who do not need protection.

Unused camping and service areas will be used as centres for the social adaptation programme.

In order to ensure the social adaptation (school enrolment, employment, etc.) of drug-dependent people, relevant centres will develop appropriate programmes and establish mechanisms that ensure that they can exercise their profession and earn money.

3.2.7. Scientific advisory board for anti-drug activities

Anti-drug efforts will be carried out on a scientific basis. A scientific advisory board will be established, composed of specialists, to define communication strategies in support of efforts to combat drug supply and demand.

A Turkish anti-drug scientific advisory board will be established, incorporating:

- a commission to combat drug supply;
- a commission to combat drug demand;
- a communication commission, to define anti-drug communication strategies.

3.2.8. Anti-drug decision support system

The overall aim is to establish a dynamic system that allows data to be shared instantly between relevant units engaged in anti-drug efforts, so that interventions can be planned on the basis of the data. Specific objectives are to develop a model for the decision-support system, strengthen the monitoring system, standardize the data collected as part of anti-drug activities and ensure they are compatible with international data systems.

An anti-drug decision support system will be established, which allows the collected data on anti-drug efforts to be monitored, and outputs to be evaluated and reported.

- Relevant ministries and institutions that collect data on drugs will develop a data collection algorithm.
- Current early warning systems, which were established for anti-supply and anti-demand efforts, will be improved and integrated into the new system.
- Results of current and future scientific research will be entered in the system.

3.2.9. Coordination and cooperation

The overall aim is to ensure coordination among all relevant institutions by establishing a mechanism that will strengthen cooperation for anti-drug activities supported by scientific evidence. The main objectives are to define a system that will ensure inter-institutional coordination, and to ensure that local administrations and NGOs participate actively in the implementation of joint projects.

An organizational structure will be developed to be responsible for the implementation of anti-drug action plans.

- Meetings of the UMYK will take place every six months.
- UMK Board meetings will take place every month.
- UMTK Board meetings will take place every week.

The effectiveness of local administrations in anti-drug efforts will be increased.

- Deputy governors and coordinators of provincial focal points in the 81 provinces will meet every year to discuss anti-drug efforts.
- Cooperation mechanisms will be developed and pilot-tested to ensure coordination between the Green Crescent, relevant NGOs and municipalities in anti-drug efforts.

- Best practices from other countries throughout the world will be reviewed, and the Presidency of Religious Affairs will participate more actively in anti-drug efforts.

In order to ensure coordination in the use of funds, studies will be presented to the Higher Board on the development of new resources to strengthen anti-drug activities, and of integrated management of financial resources; those deemed appropriate will be supported.

3.2.11. Communication and public information

The overall aim is to develop and implement professional communication strategies to inform the public, raise awareness and ensure participation in efforts to combat drug abuse. The public will be informed about anti-drug efforts, public awareness will be raised and the public will be included in the process.

An anti-drug communication board will be established.

- The board will be responsible for all communication aspects of anti-drug efforts.
- Public relations specialists, journalists and health care personnel will be included on the board to ensure a smooth communication process.

The communication board will develop an anti-drug communication strategy and operate in accordance with the developed strategy.

A professional campaign will be carried out.

- A professional agency will be assigned to develop and run an anti-drug campaign as part of the communication strategy.
- The agency will be kept well informed, to allow it to run an effective campaign.
- All relevant ministries and institutions will be included in the campaign.
- The communication and campaign board will be the sole authority for the campaign process.

All stakeholders will be informed about the process and a common language will be promoted. All press releases on the activities and events will be approved by the communication board.

3.2.12. Diagnosis and laboratory services

The overall aim is to strengthen diagnosis and laboratory services in support of efforts to combat drug abuse. Specific objectives are to:

- strengthen laboratory capacities to identify new drugs and improve the quality of data on drug abuse;
- comply with the data collection standards of international organizations, particularly the European Monitoring Centre for Drugs and Drug Addiction.

The methods used in the testing laboratories will be standardized, their capacity, and number and qualifications of personnel increased, and instrumental analysis devices provided.

- Standard methods will be used in all confirmation laboratories.
- The necessary devices and equipment will be procured for the laboratories.
- The duties and responsibilities of the laboratory personnel will be defined, in-house training will be provided in line with international standards, and support will be obtained from forensics departments, police, gendarmerie and universities.
- Laboratories will be inspected regularly.

- Newly detected psychoactive substances will be reported to an early warning system.

The Anti-Drug Scientific Advisory Board will develop algorithms for the use of diagnostic and confirmation devices.

Standard operating procedures for diagnostic tests will be updated. The cost of the tests will be evaluated and increased, if necessary. A study will be carried out of the feasibility of charging a fee for laboratory confirmation.

4. FUTURE AGENDA

The following activities will take place in 2016:

- the second Anti-Drug Council Meeting will be held;
- studies will be implemented to ensure a consistent approach in anti-drug legislation;
- the 2016–2018 action plan on anti-drug efforts will be prepared.

REFERENCES

1. Başbakanlık TC. Ulusal Uyuşturucu Politika ve Strateji Belgesi, 2013-2018. [National drug policy and strategy document, 2013–2018.] Ankara: Prime Ministry; 2013 ([http://www.emcdda.europa.eu/attachements.cfm/att_229680_EN_TR_NATIONAL%20POLICY%20AND%20STRATEGY%20DOCUMENT%20ON%20DRUGS\(2013-2018\).pdf](http://www.emcdda.europa.eu/attachements.cfm/att_229680_EN_TR_NATIONAL%20POLICY%20AND%20STRATEGY%20DOCUMENT%20ON%20DRUGS(2013-2018).pdf); accessed 7 October 2015).
2. Turhan E, İnandı T, Özer C, Akoğlu S. Üniversite öğrencilerinde madde kullanımı, şiddet ve bazı psikolojik özellikler. [Substance use, violence among university students and some psychological characteristics.]. Türkiye Halk Sağlığı Dergisi [Turkish Journal of Public Health]. 2011; 9(1):33-44 (<http://tjph.org/ojs/index.php/TJPH/article/view/17/18>; accessed 7 October 2015).
3. Altınar D, Engin N, Gürer C, Akyay İ, Akgül A. Madde kullanımı ve suç ilişkisi: kesitsel bir araştırma. Tıp Araştırmaları Dergisi [Medical Research Journal]. 2009; 7(2):87-94 (<http://tader.org/files/EJGM-31.pdf>; accessed 7 October 2015).
4. Türkiye Büyük Millet Meclisi Uyuşturucu Başta Olmak Üzere Madde Bağımlılığı Ve Kaçakçılığı Sorunlarının Araştırılarak Alınması Gereken Önlemlerin Belirlenmesi Amacıyla Kurulan Meclis Araştırması Komisyonu. [The Grand National Assembly of Turkey the Parliamentary Inquiry Commission Established To Search For Problems Regarding Substances, Specifically Drugs, Dependence, Drug Trafficking And To Discern The Necessary Precautions.] Madde kullanımı ve bağımlılığı ile kaçakçılığının önlenmesi alanlarında tespit edilen sorunlar ve çözüm önerileri. [The problems determined in the area of substance use and dependence, in the prevention of drug trafficking and recommendations offered.] Ankara; 2009 (https://www.tbmm.gov.tr/docs/madde_kullanimi_ve_bagimlilik.pdf; accessed 7 October 2015).
5. World Drug Report 2014. Vienna: United Nations Office on Drugs and Crime; 2014 (https://www.unodc.org/documents/wdr2014/World_Drug_Report_2014_web.pdf; accessed 7 October 2015).
6. Türkiye Uyuşturucu Raporu, 2014. [Turkish Drug Report, 2014.] Ankara: T.C. İçişleri Bakanlığı, Emniyet Genel Müdürlüğü. [Republic of Turkey, Ministry of Interior, Turkish National Police]; 2014 (<http://www.kom.pol.tr/tubim/Sayfalar/T%C3%BCrkiye-Uyu%C5%9Fturucu-Raporu.aspx>; accessed 7 October 2015).
7. Avrupa Uyuşturucu Raporu, 2015. [European Drug Report, 2015.] Lisbon: European Monitoring Centre for Drugs and Drug Addiction; 2015 (http://www.emcdda.europa.eu/attachements.cfm/att_239445_TR_Highlights_EDR2015_TR_Final.pdf; accessed 7 October 2015).
8. Uyuşturucu ile Mücadele Yüksek Kurulu Faaliyet Raporu. [Higher Anti-Drug Board action report.] Ankara: T.C. Sağlık Bakanlığı, Hizmete Özel Çalışma Raporu [Ministry of Health, Restricted Study Report].
9. Turkey progress report. Brussels: European Commission; 2014 (http://ec.europa.eu/enlargement/pdf/key_documents/2014/20141008-turkey-progress-report_en.pdf; accessed 20 January 2016).

Annex 1. NATIONAL ANTI-DRUG ACTION PLAN

1. Preventing access to drugs

Aim. To stop the national and international trafficking, production, abuse, distribution and street sale of all natural and synthetic illegal drugs, and of the chemicals used for their production.

Objectives

1. Stop drug trafficking.
2. Prevent accessibility of drugs at street level.

Strategies	Activities	Responsible institutions	Cooperating institutions
1. Prevent entry of narcotic drugs to Turkey	1.1 Strengthen all potential entry points for drugs, in terms of physical, technical and human resources and management capacity	Ministry of Customs and Trade (General Directorate of Customs Protection)	Ministry of Interior <ul style="list-style-type: none"> • General Directorate of Security (Anti-smuggling and Organized Crime) • Gendarmerie General Command • Coast Guard Command
2. Combat narcotic drugs at street level	2.1 Establish narcotic teams 2.2 Establish an award for civilians who contribute to anti-drug activities	Ministry of Interior	Community and opinion leaders Local authorities

2. Taking measures in relation to educational institutions

Aim. To stop the supply of, and demand for, narcotic drugs in educational institutions, and to include existing drug users in treatment and social adaptation processes.

Objectives

1. Stop accessibility of drugs inside and in the vicinity of educational institutions.
2. Raise awareness of drug issues among teachers, students and their families.
3. Detect drug users among students and link them with treatment and social adaptation programmes.

Strategies	Activities	Responsible institutions	Cooperating institutions
1. Identify and define risks inside and in the vicinity of educational institutions.	<ol style="list-style-type: none"> 1.1 Conduct a thorough security check on all school personnel (cleaners, security staff, cafeteria workers, service drivers, etc. focusing on drug related crimes 1.2 Regularly check high-risk abandoned buildings in city centres, particularly around schools 	Ministry of National Education	Ministry of Interior Local authorities
2. Raise awareness of drug issues among teachers and other personnel working at schools, students, and their families	<ol style="list-style-type: none"> 2.1 Deliver training on "Basic awareness-raising about anti-drug activities" to school managers and other school personnel, particularly counsellors 2.2 Invite parents to an "adaptation and expectations" training and deliver training on healthy lifestyle, including information on anti-tobacco, anti-drug and anti-alcohol strategies. 2.3 Prepare posters to raise awareness on where to report drug abuse and selling, and how to develop skills for self-protection and refusal; place 	Ministry of National Education	Ministry of Family and Social Policies Ministry of Health Turkish Green Crescent Society Local authorities

Strategies	Activities	Responsible institutions	Cooperating institutions
3.	<p>Ensure that drug users among the students have access to treatment and social adaptation programmes</p> <p>these posters in highly visible areas in schools</p> <p>3.1 Contact treatment and social adaptation centres regarding students who use drugs, in coordination with their parents, and follow up with teachers trained in anti-drug activities.</p> <p>3.2 Ensure that students can continue their education while attending treatment and social adaptation programmes</p>	Ministry of National Education	Ministry of Health Ministry of Family and Social Policies
4.	<p>Activate and update Green Crescent Clubs of students</p> <p>4.1 Ensure that at least one event is organized by Green Crescent and Health Clubs at schools in a month</p>	Ministry of National Education	Ministry of Family and Social Policies Ministry of Health Turkish Green Crescent Society Local authorities
5.	<p>Conduct research on drug abuse by students</p> <p>5.1 Complete ongoing surveys (European School Survey Project on Alcohol and Other Drugs-ESPAD) and plan new surveys in line with international standards and identified national needs</p>	Ministry of National Education	Ministry of Family and Social Policies
6.	<p>Ensure that anti-drug activities in schools are standardized and sustainable</p> <p>6.1 Publish a circular on substance abuse</p> <p>6.2 Prepare anti-drug training modules approved by the national scientific advisory board</p>	Ministry of National Education	Ministry of Family and Social Policies Ministry of Health Turkish Green Crescent Society

3. Target groups

Aim. To raise awareness among specific target groups about the adverse effects of drug abuse.

Objectives

1. Categorize measures to prevent drug abuse in a comprehensive manner and scale up these measures to all target groups.

Strategies	Activities	Responsible institutions	Cooperating institutions
1. Prepare and implement categorized anti-drug programmes for drug users, dependent persons, their relatives and high-risk groups	1.1 Prepare training modules and programmes supported by audiovisual materials	Ministry of Family and Social Policies	Ministry of Health Ministry of National Education Ministry of Interior Ministry of Youth and Sport Ministry of National Defence Ministry of Justice Turkish Green Crescent Society
2. Implement programmes aimed at children who have to work or beg on the streets	2.1 Strengthen existing centres for social services under the Ministry of Family and Social Policies, and medical social service units in hospitals; establish such units at health facilities where they do not already exist. 2.2 Provide a safe and supportive environment for children who have to work or beg on the streets; improve their access to treatment and social services, quality of life and occupational skills, and deliver training and counselling services.	Ministry of Family and Social Policies	Ministry of Health Ministry of Interior Local authorities Turkish Green Crescent Society
3. Implement programmes for members of the armed forces	3.1 Deliver anti-drug training approved by the scientific advisory board to privates and soldiers	Ministry of National Defence	Ministry of National Education Ministry of Health Ministry of Family and Social Policies

Strategies	Activities	Responsible institutions	Cooperating institutions
	<p>3.2 Ensure that drug users identified either during military examination or through their own admission are included in standard treatment and social adaptation programme; follow up progress with the counselling centres.</p>		
<p>4. Implement programmes among people in prisons and detention houses</p>	<p>4.1 Deliver anti-drug training approved by the Scientific Advisory Board to imprisoned people.</p> <p>4.2 Ensure that drug users undergo standard treatment and social adaptation processes approved by the Scientific Advisory Board.</p>	<p>Ministry of Justice</p>	<p>Ministry of Health Ministry of Family and Social Policies</p>
<p>5. Implement programmes for students staying in higher education credit and hostels institutions</p>	<p>5.1 Deliver anti-drug training prepared with contributions from relevant ministries and approved by the Scientific Advisory Board for students and school personnel.</p> <p>5.2 Appoint leader student models or have counsellors staying at the institution to support drug users and dependent people.</p> <p>5.3 Contact treatment facilities in the area and deliver standard treatment and social adaptation programmes approved by the Scientific Advisory Board.</p>	<p>Ministry of Youth and Sport</p>	<p>Ministry of National Education Ministry of Family and Social Policies Ministry of Health Turkish Green Crescent Society</p>

Strategies	Activities	Responsible institutions	Cooperating institutions
6. Implement programmes for young people and players	6.1 Deliver antidrug training approved by the Scientific Advisory Board to amateur and professional sporters.	Ministry of Youth and Sport	Ministry of National Education Ministry of Family and Social Policies Ministry of Health Turkish Green Crescent Society
	6.2 Implement standard treatment and social adaptation programmes approved by the Scientific Advisory Board for drug users and dependent persons.		
7. Implement programmes for students at police and gendarmerie training centres	7.1 Deliver anti-drug training approved by the Scientific Advisory Board to all students, starting with those in the first grade.	Ministry of Interior	Ministry of National Education Ministry of Family and Social Policies Ministry of Health Turkish Green Crescent Society
	7.2. Implement standard treatment and social adaptation programmes approved by the Scientific Advisory Board for drug users and dependent persons.		
8. Implement programmes for business operators and personnel who have close contact with community.	8.1 Deliver anti-drug training approved by the Scientific Advisory Board for the catering and entertainment sector, starting with establishments that serve alcohol.	Local authorities	Ministry of National Education Ministry of Family and Social Policies Ministry of Health Turkish Green Crescent Society
	8.2 Implement standard treatment and social adaptation programmes approved by the Scientific Advisory Board for drug users and dependent persons.		
9. Train vocational trainers working at the Turkish Employment Agency.	9.1 Deliver anti-drug training approved by the Scientific Advisory Board to vocational trainers	Turkish Employment Agency	Ministry of Health Turkish Green Crescent Society

4. Anti-drug counselling units

Aim. To establish rehabilitation centres for people who would like to take measures for themselves and their family members, drug users, dependent persons (having deprivation and willing to stop using) and their relatives, and to develop necessary algorithms..

Objectives

1. Ensure that new units serve as a bridge between community and public institutions for all anti-drug activities.
2. Ensure easy access to services delivered by new units taking part in anti-drug activities.
3. Complete all applications to units by informing the responsible authorities.

Strategies	Activities	Responsible institutions	Cooperating institutions
1. Establish a drug dependence helpline, operational 24 hours a day, seven days a week, and managed by professionals	<ol style="list-style-type: none"> 1.1 Provide online help services through audio and video calls and instant messaging anonymously (except for those referred for treatment and those that received an appointment). 1.2 Establish a system in which call centre personnel answer questions received via text, e-mail or social media. 1.3 Refer people who would like to receive treatment for drug dependence to a family physician, psychiatric polyclinic, or outpatient or inpatient treatment centre. 1.4 Link people in the post-treatment and recovery phase with social adaptation programmes. 	Ministry of Health	Ministry of Justice Ministry of Family and Social Policies Ministry of Interior Turkish Employment Agency Turkish Green Crescent Society

5. Strengthen drug dependence treatment

Aim. To facilitate access to drug dependence treatment services, and to increase the success rates by strengthening treatment mechanisms..

Objectives

1. Train health personnel to take part in treatment of drug dependence.
2. Define inpatient and outpatient treatment algorithms for drug-dependent people.

Strategies	Activities	Responsible institutions	Cooperating institutions
1. Ensure that family medicine centres play an active role in anti-drug activities and include these activities as positive performance criteria	<ol style="list-style-type: none"> 1.1 Build technical capacity among family physicians for early diagnosis, psychosocial support for people with low level of dependence, and correct referral when needed. 1.2 Revise the family medicine training module in line with anti-drug policies and encourage all family physicians to follow the distance learning module. 1.3 Starting with volunteer family physicians in high-risk areas, ensure that at least 10% of all family physicians receive theoretical and on-site training every year. 1.4 Ensure that all health professionals (midwives, nurses, health officers, etc.) receive basic training on drug dependence. 	Ministry of Health	Ministry of Family and Social Policies Turkish Green Crescent Ministry of Interior
2. Strengthen the capacity of psychiatric polyclinics to play a more active role in the treatment of drug-dependent people	<ol style="list-style-type: none"> 2.1 Assess the psychiatric clinics of outpatient treatment centres and increase the available bed capacity so that 20% are dedicated to treatment of drug dependence. 	Ministry of Health	Ministry of Family and Social Policies Turkish Green Crescent Ministry of Interior

Strategies	Activities	Responsible institutions	Cooperating institutions
	<p>2.2 Gradually increase the number of psychiatrists specializing in children and adolescents</p> <p>2.3 Include a training module on drug dependence in the child and adolescent psychiatry speciality trainings and rotation for Alcohol and Substance Addiction Treatment Centres (AMATEM).</p> <p>2.4 Ensure that psychiatrists have access to the distance learning module on treatment of and approach to substance addiction, and include them in AMATEM and Child and Adolescent Substance Addiction Treatment Centre (ÇEMATEM) rotation</p> <p>2.5 Make necessary adjustments to payment system and standard operating procedures (SOPs) to encourage working in dependence treatment clinics.</p>		
3. Establish outpatient treatment centres for substance dependence	3.1 Activate at least five centres by the end of 2015.	Ministry of Health	Ministry of Family and Social Policies
4. Assess the capacity available at AMATEM and ÇEMATEM and strengthen the drug dependence treatment mechanisms	4.1 Increase the number of AMATEM and ÇEMATEM centres in countrywide.	Ministry of Health	Ministry of Family and Social Policies Ministry of Interior Ministry of Labour and Social Security Turkish Green Crescent

- 4.2 Assess AMATEM and ÇEMATEM centres for physical infrastructure, technical equipment and human resources; fill any gaps and provide the consumables needed for treatment, personal protective equipment (clothes, personal hygiene materials, etc.) food and aperitifs used as rewards for treatment, materials for occupational therapy, and necessary resources for social activities.
- 4.3 Ensure that the centres are secured by law enforcement officers, particularly narcotic teams.
- 4.4 Refer patients who have received support from these centres to relevant agencies and institutions for social adaptation and follow progress
5. Ensure that emergency interventions with drug-dependent people are standardized.
- 5.1 Provide in-service training, in collaboration with professional associations, for hospital emergency personnel and 112 ambulance personnel who need to intervene with drug-dependent people in crisis.
- 5.2 Activate crisis intervention centres at hospitals as part of anti-drug activities.

Ministry of Health

Associations of Medical Specialists
Turkish Green Crescent Society

6. Social adaptation of drug-dependent people after short- and long-term treatment

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

Objectives

1. Restructure the social adaptation process using an integrated approach to prevent former drug users restarting using drugs after short- or long-term treatment.

Strategies	Activities	Responsible institutions	Cooperating institutions
<ol style="list-style-type: none"> 1. Establish a social adaptation process for drug users after short- and long-term treatment. 	<ol style="list-style-type: none"> 1.1 Provide inpatient treatment at child support centres for social adaptation of children receiving short- or long-term treatment; to separate them from children in need of protection. 1.2 Increase the number of child support centres to meet the needs countrywide. 1.3 Open new social service institutions to provide a social adaptation programme for adults and children in need of protection. 1.4 Provide daycare services for social adaptation of adults and children not requiring protection after short- or long-term treatment. 	<p>Ministry of Family and Social Policies</p>	<p>Ministry of Health Ministry of Labour and Social Security Ministry of National Education Ministry of Youth and Sport Ministry of Justice Ministry of Development Ministry of Finance Turkish Green Crescent Society</p>
<ol style="list-style-type: none"> 2. Provide the physical spaces needed to strengthen social adaptation mechanisms. 	<ol style="list-style-type: none"> 2.1 Provide physical spaces for social adaptation programmes in social facilities and training centres not used by other public institutions. 	<p>Ministry of Family and Social Policies</p>	<p>Ministry of Interior Ministry of Labour and Social Security Ministry of Health Ministry of National Education Ministry of Youth and Sport Ministry of Justice Local administrations Turkish Green Crescent Society</p>

Strategies	Activities	Responsible institutions	Cooperating institutions
3. Ensure social adaptation of former drug-dependent people, e.g. placement in school or work.	3.1 Develop programmes at central level for the social adaptation of drug-dependent people. 3.2 Develop mechanisms to promote self-employment of drug-dependent people.	Ministry of Family and Social Policies	Ministry of Labour and Social Security Ministry of Health Ministry of National Education Ministry of Youth and Sport Ministry of Justice Local administrations. Turkish Green Crescent Society

7. Scientific Advisory Board for Anti-drug Activities

Aim. To align anti-drug activities with scientific evidence.

Objectives

1. To establish a Scientific Advisory Board, composed of specialists, to define communication strategies in support of efforts to combat drug supply and demand.

Strategies	Activities	Responsible institutions	Cooperating institutions
1. Establish a Turkish Anti-drug Scientific Advisory Board	1.1 Establish a Turkish Anti-drug Scientific Advisory Board. <ul style="list-style-type: none"> • Establish a commission to combat drug supply • Establish a commission to combat drug demand • Establish a communication commission to define anti-drug communication strategies. 	Ministry of Health	Universities Ministry of Interior Ministry of Family and Social Policies

8. Anti-drug decision support system

Aim. To establish a dynamic system that allows data to be shared instantly between relevant units engaged in anti-drug activities.

Objectives

1. Develop a model for a decision-support system and strengthen the existing monitoring system.
2. Standardize data collected as part of anti-drug activities and ensure they are compatible with international data systems.

Strategies	Activities	Responsible institutions	Cooperating institutions
1. Establish an anti-drug decision support system that allows collected data to be monitored, and processes and outputs to be assessed	<ol style="list-style-type: none">1.1 Develop data collection algorithms for units to be established in relevant ministries and institutions, to establish a national database.1.2 Improve existing anti-drug supply and demand early warning systems, and integrate in the new system.1.3 Enter results of national scientific research into the system.	Ministry of Interior	All relevant organizations and institutions: Ministry of Justice, Ministry of Family and Social Policies, Ministry of Labour and Social Security, Ministry of Youth and Sport, Ministry of Customs and Trade, Ministry of Interior, Ministry of Education, Ministry of Health

9. Legislation on anti-drug activities

Aim. To amend legislation and regulations as necessary to ensure an effective fight against drugs.

Objectives

1. Change anti-drug legislation to strengthen anti-drug activities.

Strategies	Activities	Responsible institutions	Cooperating institutions
1. Strengthen anti-drug legislation.	<ol style="list-style-type: none"> 1.1 Establish a system to keep records of drug users without stigmatization 1.2 Regulate articles 135 and 140 of the Code of Criminal Procedures, requiring identification of communication, listening, recording and surveillance of suspects or accused people by technical means within anti-drug activities 1.3 Draw up regulations to control the sale of marijuana 	Ministry of Justice	Ministry of Interior Ministry of Health
2. Develop the legislation and regulations necessary to ensure that probation services are effectively implemented	<ol style="list-style-type: none"> 2.1 Integrate probation services with treatment and social adaptation programmes 	Ministry of Justice	Ministry of Family and Social Policies Ministry of Health Ministry of Labour and Social Insurance Ministry of Youth and Sport
3. Develop the necessary regulations for generic classifications	<ol style="list-style-type: none"> 3.1 Draw up regulations to include new psychoactive drugs in the list of banned substances 	Ministry of Health	Ministry of Interior

10. Coordination and cooperation

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

Objectives

1. Identify an interagency coordination unit.
2. Ensure that local administrations and nongovernmental organizations (NGOs) participate actively in the implementation of joint projects.

Strategies	Activities	Responsible institutions	Cooperating institutions	
1.	Develop an organizational structure responsible for the implementation of the anti-drug action plan	1.1 Organize six-monthly meetings of the anti-drug high council. 1.2 Organize monthly meetings of the anti-drug council 1.3 Organize weekly meetings of the anti-drug board	Ministry of Health	Ministry of Family and Social Policies Ministry of Interior Ministry of Youth and Sport Ministry of Justice Ministry of National Education Ministry of Labour and Social Security Ministry of Customs and Trade
2.	Increase the role of local administrations in anti-drug activities	2.1. Organize annual anti-drug meeting with the participation of deputy governors and coordinators of provincial anti-drug focal points from all 81 provinces. 2.2. Develop and pilot-test cooperation mechanisms for Green Crescent, relevant NGOs and municipalities. 2.3. Review best practices from other countries and strengthen the role of the Presidency of Religious Affairs in the combat against drugs.	Ministry of Interior Ministry of Health	Ministry of Health Ministry of National Education Ministry of Labour and Social Security Ministry of National Education Ministry of Justice Ministry of Local Administration Turkish Green Crescent Society
3.	Ensure coordination in the use of funds	3.1 Ensure integrated management of financial sources and projects.		Ministry of Development, General Directorate of Social Sectors and Coordination Ministry of Interior Presidency of Associations Department Ministry of Youth and Sport, General Directorate of Project and Coordination

11. Communication and public information

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

Objectives

1. Raise awareness among the public about efforts to combat drug abuse.
2. Ensure that information is shared with the public and that the public participates in the process.

Strategies	Activities	Responsible institutions	Cooperating institutions
1. Establish an anti-drug communication board	<ol style="list-style-type: none"> 1.1 Establish an anti-drug communication board that will be responsible for management of anti-drug communication 1.2 Include public relations specialists, journalists and specialized health personnel on this board 	Ministry of Health	Prime Ministry, General Directorate of Press and Information The Ombudsman Institution
2. The anti-drug communication board will collaborate with related agencies to identify effective anti-drug communication strategies	<ol style="list-style-type: none"> 2.1 The communication board will set communication strategies for combating drug abuse. 2.2 The board will initiate activities as part of defined strategies. 	Ministry of Health	Prime Ministry, General Directorate of Press and Information The Ombudsman Institution
3. Conduct a professional programme	<ol style="list-style-type: none"> 3.1 Identify a professional agency to be responsible for developing and implementing an anti-drug campaign as part of the anti-drug communication strategy. 3.2 Ensure that information is shared with the identified agency to allow an effective campaign. 3.3 Include all relevant ministries and agencies in the anti-drug campaign. 	Ministry of Health	Prime Ministry, General Directorate of Press and Information The Ombudsman Institution

Strategies	Activities	Responsible institutions	Cooperating institutions
<p>4. Inform all stakeholders on the process and use a common language</p>	<p>3.4 Campaign will be managed by Communication and Campaign Board.</p>	<p>Ministry of Health</p>	<p>Prime Ministry, General Directorate of Press and Information The Ombudsman Institution</p>
<p>4.1 The communication board will share all campaign-related information with all stakeholders.</p> <p>4.2 To ensure efficient management of the process and provision of appropriate information to public, all organizational and activity-related information should be submitted to communication board for approval.</p>			

12. Diagnosis and laboratory services

Aim. To strengthen diagnosis and laboratory services in support of efforts to combat drug abuse.

Objectives

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

Strategies	Activities	Responsible institutions	Cooperating institutions
1. Standardize methods used in the testing laboratories, increase their capacity, number of personnel and qualifications, and provide instrumental analysis devices	<ol style="list-style-type: none"> 1.1 Ensure that standard methods are used in confirmation laboratories 1.2 Procure devices and equipment needed in laboratories 1.3 Define the duties and responsibilities of laboratory personnel, provide in-service training in line with international standards, and obtain support from forensics medicine, police, gendarmerie and universities. 1.4 Ensure periodic laboratory inspections. 1.5 Establish a joint information-sharing platform and report to EWS if new psychoactive drugs are detected 	Ministry of Health	Institution of Forensic Medicine Universities
2. Define standards for identification tools	<ol style="list-style-type: none"> 2.1 Anti-Drug Scientific Advisory Board to develop identification and confirmation algorithms 	Ministry of Health	
3. Update standard operating procedures (SOPs) for identification tests	<ol style="list-style-type: none"> 3.1 Revise and update prices of identification tests 3.2 To price confirmation laboratory tests and to work on the payment system. 	Social Security Institution	

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav
Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

Original: English

World Health Organization Regional Office for Europe
UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00. Fax: +45 45 33 70 01.
E-mail: contact@euro.who.int. Web site: www.euro.who.int.