

Turkey

Turkey Country Drug Report 2019

This report presents the top-level overview of the drug phenomenon in Turkey, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2017 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

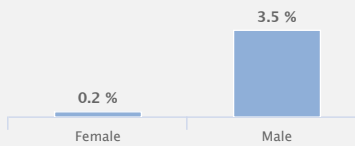
THE DRUG PROBLEM IN TURKEY AT A GLANCE

Drug use

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

Cannabis

1.8 %

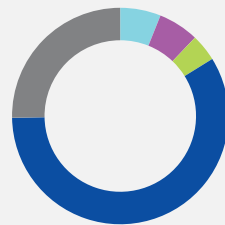


Other drugs

MDMA 0.2 %
Cocaine 0.1 %

All treatment entrants

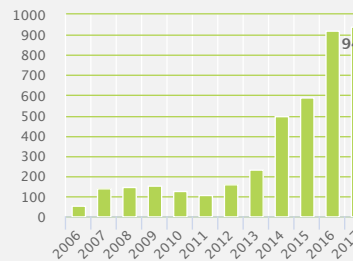
by primary drug



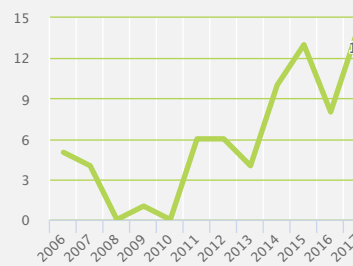
Opioid substitution treatment clients

12 500

Overdose deaths



New HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

118 482

Top 5 drugs seized

ranked according to quantities measured in kilograms

1. Herbal cannabis
2. Cannabis resin
3. Heroin
4. Cocaine
5. Metamphetamine

Population

(15-64 years)

54 237 586

Source: Eurostat Extracted on: 18/03/2019

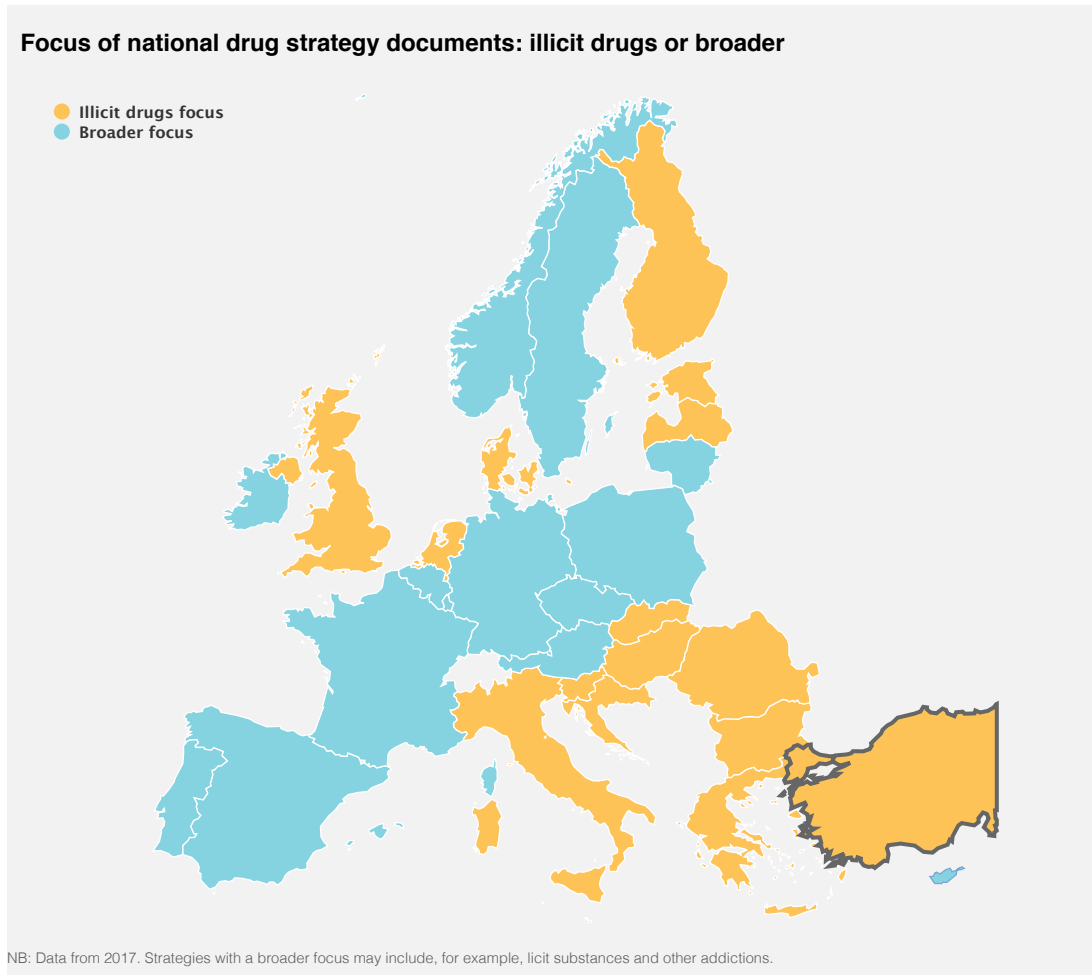
NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin. Outpatient treatment demand are not included.

National drug strategy and coordination

National drug strategy

Launched in 2018, Turkey's National Strategy and Action to Combat Illegal Drugs (2018-23) is the country's fifth strategic drug policy document. The strategy and action plan were developed and endorsed in conjunction with a range of key stakeholders and are based on the two pillars of drug supply reduction and drug demand reduction, and the two transversal themes of coordination and communication, and monitoring and evaluation. Alongside overall aims and objectives for the strategy, key actions are defined for each pillar, alongside the responsible implementing parties, targets and indicators.

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



National coordination mechanisms

The High Council for the Fight Against Addiction has been responsible for interministerial coordination on drug and addiction policy issues in Turkey since 2017. It is tasked with high-level strategy development, the development of inter-institutional coordination and monitoring of strategy implementation. The High Council includes ministers from all relevant ministries involved in delivering the objectives of the national drug strategy. The Board for the Fight Against Addictions supports the work of the High Council. It is responsible for national strategic and operational coordination and is one of several structures that has responsibility for overseeing the implementation and monitoring of the national drug strategy. The Technical Board for the Fight Against Addictions is an advisory body that assists the Board in its work and includes a range of specialised members. The Turkish Monitoring Centre for Drugs and Drug Addiction is attached to the Ministry of the Interior/Turkish National Police/Counter-Narcotics Department. The Department of Smuggling, Intelligence, Operation and Data Collection is also attached to the Ministry of the Interior and is responsible for the coordination and implementation of the national drug strategy on behalf of the institutions that are attached to the Ministry of the Interior and for monitoring the drug situation throughout the country. The Ministry of Health is also involved in the coordination and implementation of the strategy and action plan. There are currently 81 provincial and district Boards for the Fight Against Drugs, as part of local health authorities, covering all provinces of the country.

Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. In Turkey, the financing of drug-related activities is decided annually by the entities in charge of their implementation.

In 2017, drug-related expenditure was estimated at TRY 936.2 million (EUR 157.2 million), amounting to 0.03 % of gross domestic product (GDP). Estimated drug-related expenditure increased 19 % compared with 2016 (after taking inflation into account); however, as a proportion of GDP, it had decreased since 2013, when it was estimated at 0.05 % of GDP.

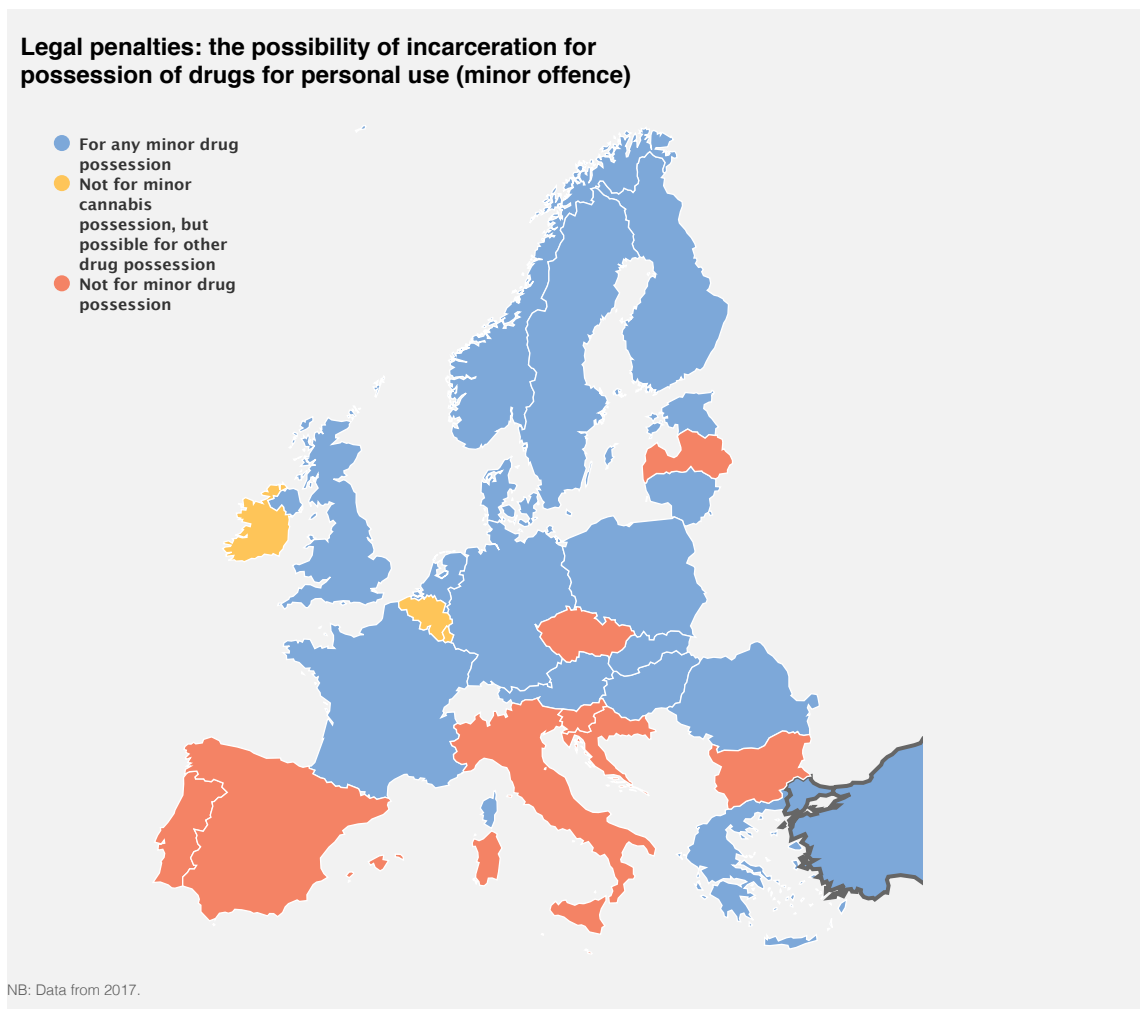
Drug laws and drug law offences

National drug laws

The Turkish Penal Code specifies prison sentences of 1-2 years for those who buy, receive, cultivate or possess drugs for personal use. There is also the option of treatment and/or probation of up to 3 years. If drug users refuse treatment or do not comply with their probation requirements, the courts can impose a prison sentence. No punishment will apply if a dependent user requests treatment before investigation; in such cases, healthcare professionals are not obliged to report the offence.

The production and import or export of drugs are punishable by a prison sentence of not less than 10 years, and sale or supply by a sentence of 5-15 years. Punishments are linked to drug type, with a specific requirement to increase these sentences by 50 % if the drugs involved are cocaine, heroin, morphine or morphine base, or synthetic cannabinoids; a similar increase is imposed in cases in which a group of people is involved or in which those convicted hold a position that are regulated by law, such as doctors, pharmacists or other health professionals. If organised crime is involved, the penalty is doubled.

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



Drug law offences

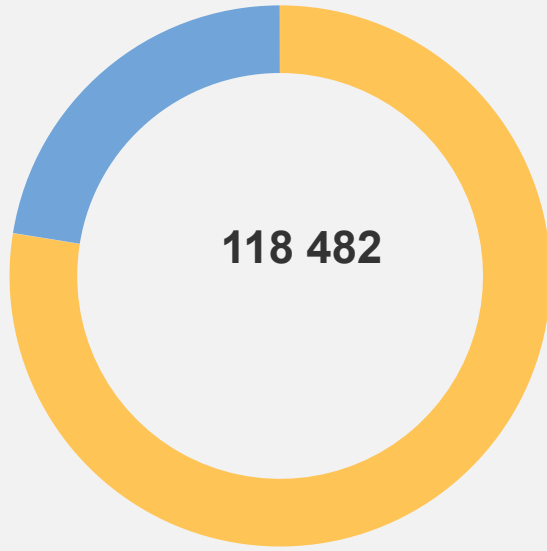
Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

The data on DLOs in Turkey indicate a significant increase in the number of DLOs reported in 2017 compared with the previous year (45 %). The majority of offences reported were related to drug use or possession.

Reported drug law offences and offenders in Turkey

NB: Data from 2017.

Drug law offences



Drug law offenders

170 175

● Use/possession, 91876
● Supply, 26606

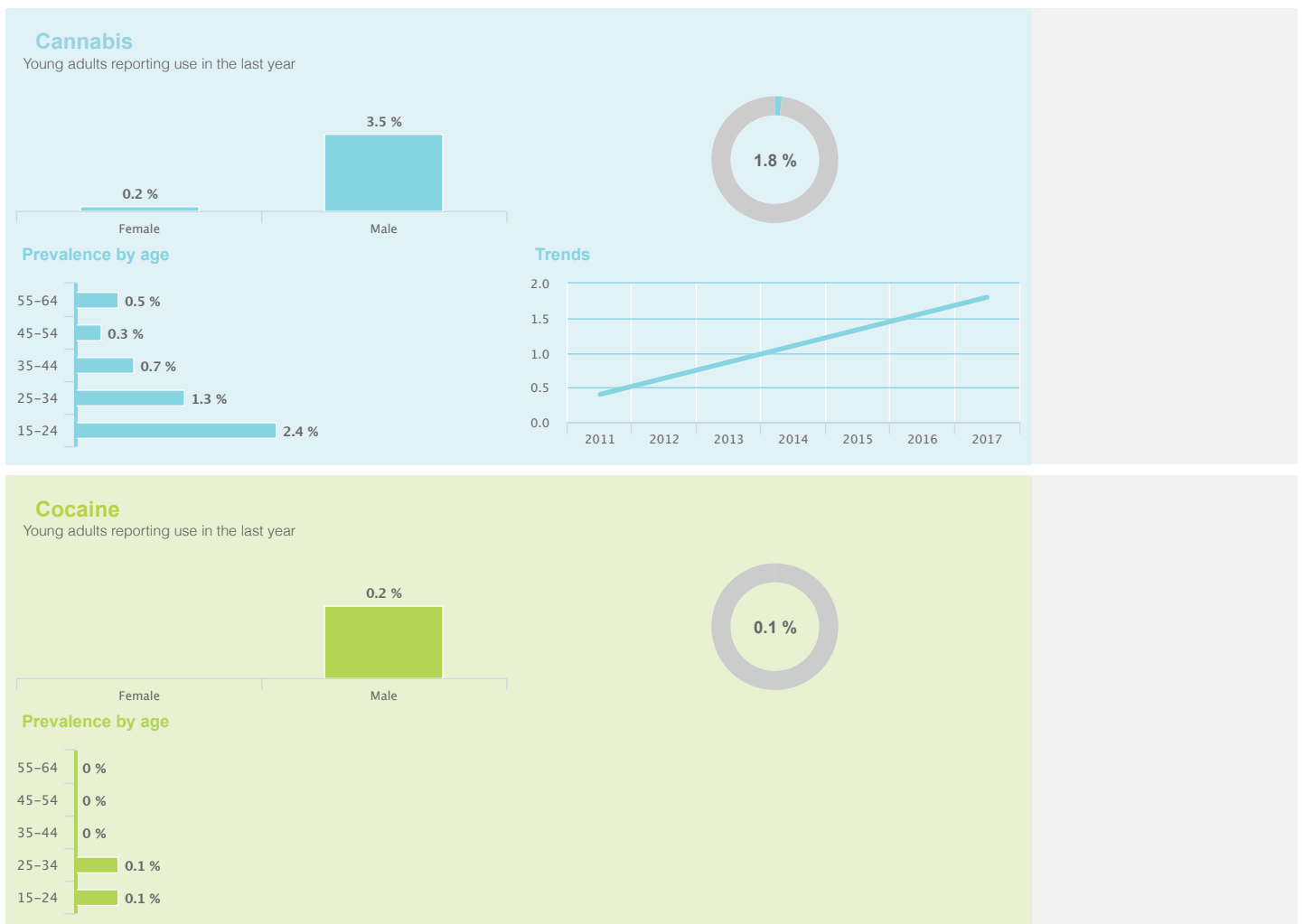
Prevalence and trends

The most recent data on illicit drug use among the adult general population in Turkey are available from a general population study conducted in 2017. The reported use of illicit substances among the general population in Turkey remains low. In 2017, cannabis was the most common illicit drug used by adults aged 15-64 years, followed by MDMA/ecstasy and cocaine. The highest rates of illicit drug use were reported among young males aged 15-34 years.

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

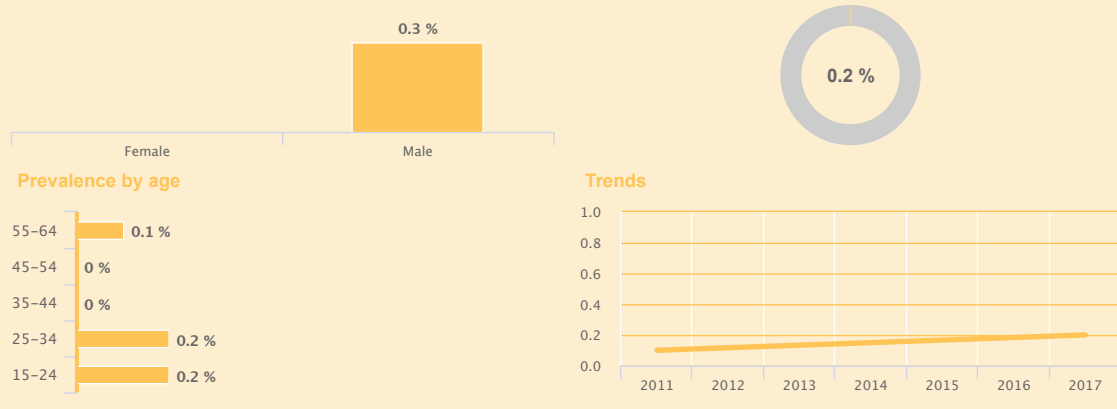
Istanbul participated for the first time in the Europe-wide annual wastewater campaigns undertaken by the Sewage Analysis Core Group Europe (SCORE). This study provides data on drug use at a municipal level, based on the levels of illicit drugs and their metabolites found in sources of wastewater. For Istanbul, the collected data are from one of its 14 treatment plants. Results were available for amphetamine and methamphetamine, with higher levels detected at weekends.

Estimates of last-year drug use among young adults (15-34 years) in Turkey



MDMA

Young adults reporting use in the last year



NB: Estimated last-year prevalence of drug use in 2017.

High-risk drug use and trends

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

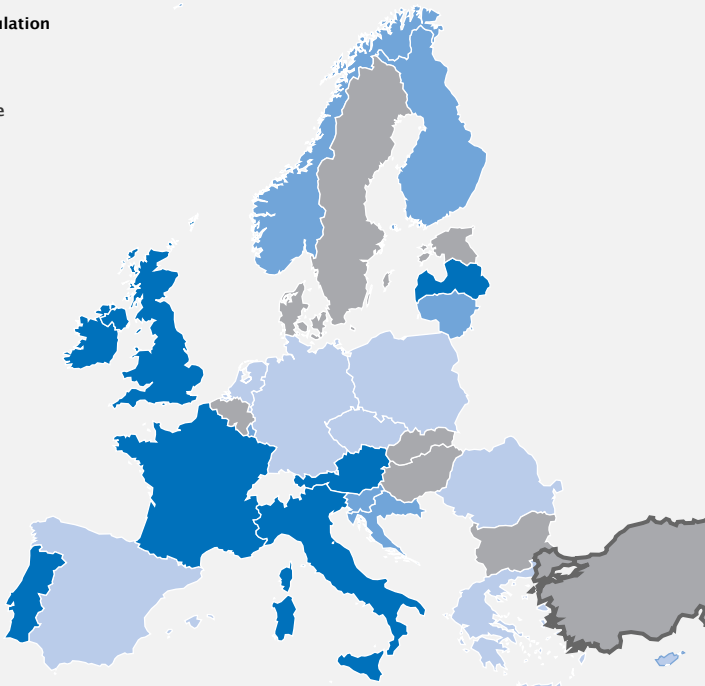
High-risk drug use in Turkey is mainly linked to the use of opioids. In the last 5 years, the number of inpatient treatment demands reported in Turkey has increased; this is mostly attributed to increased coverage of data reporting. Data from specialised inpatient treatment centres indicate that heroin was the most commonly reported primary substance for first-time clients entering treatment in 2017.

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

National estimates of last year prevalence of high-risk opioid use

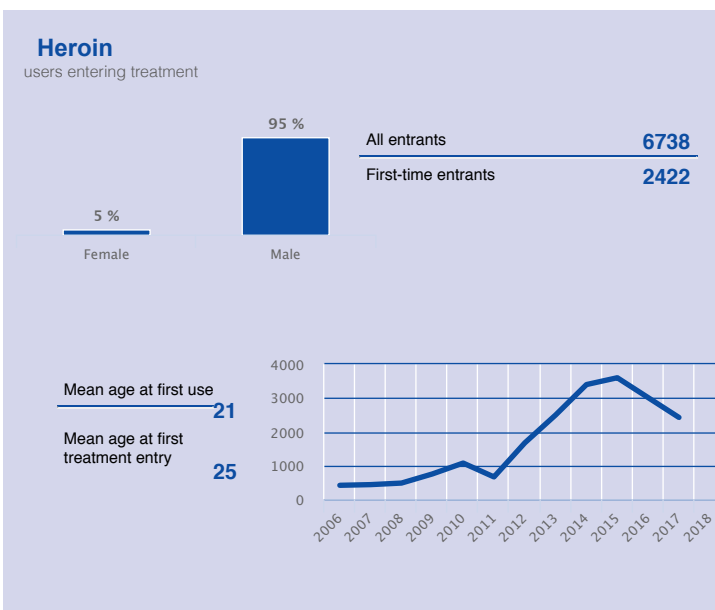
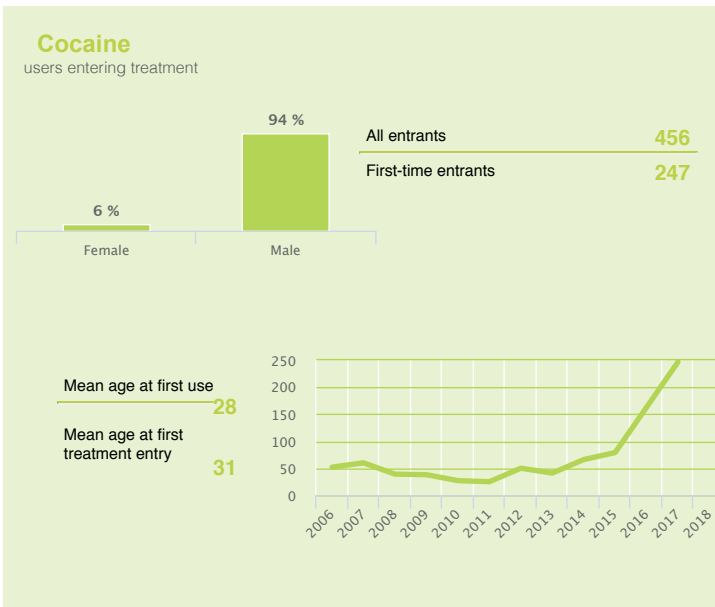
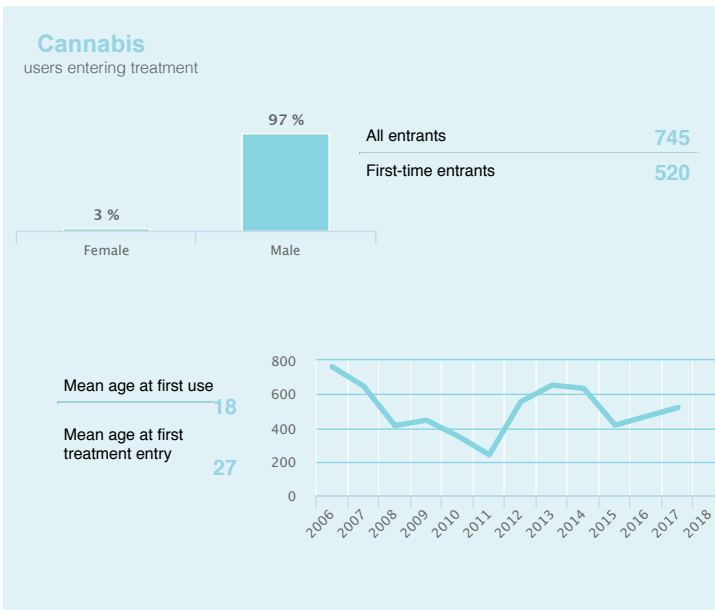
Rate per 1 000 population

- 0.0-2.5
- 2.51-5.0
- > 5.0
- No data available



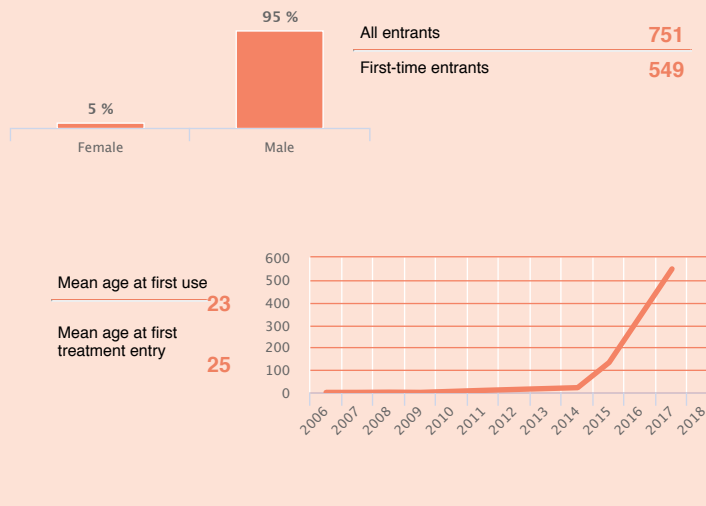
NB: Data from 2017, or the most recent year for which data are available.

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



Amphetamines

users entering treatment



NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants. Outpatient treatment demands are not included.

Drug-related infectious diseases

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

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

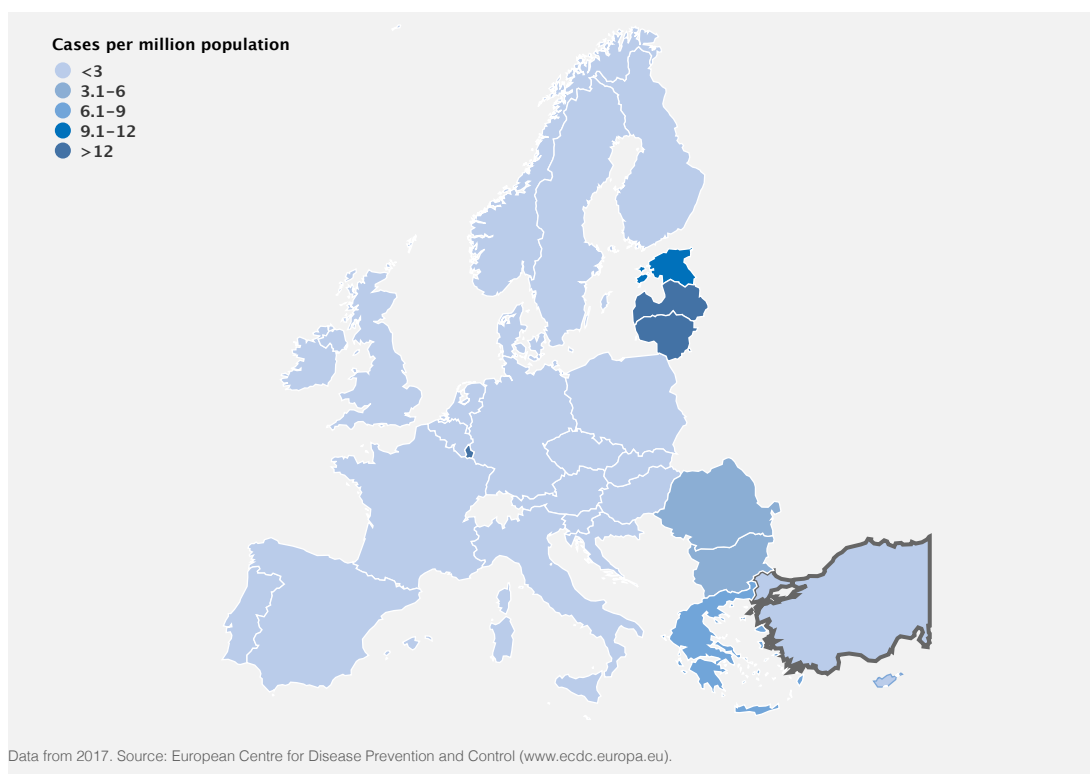
Region	HCV	HIV
National	45.77	0
Sub-national	:	:

Data from 2015 (HIV) and from 2017 (HCV).

The available data indicate that there were 14 newly diagnosed cases of HIV infection linked to injecting drug use in 2017, corresponding to 1 % of new cases with information on the route of transmission. None of the almost 3 000 drug treatment clients who were tested in 2015 was HIV positive, while 4 out of 10 treatment clients tested positive for HCV antibodies.

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

Newly diagnosed HIV cases attributed to injecting drug use



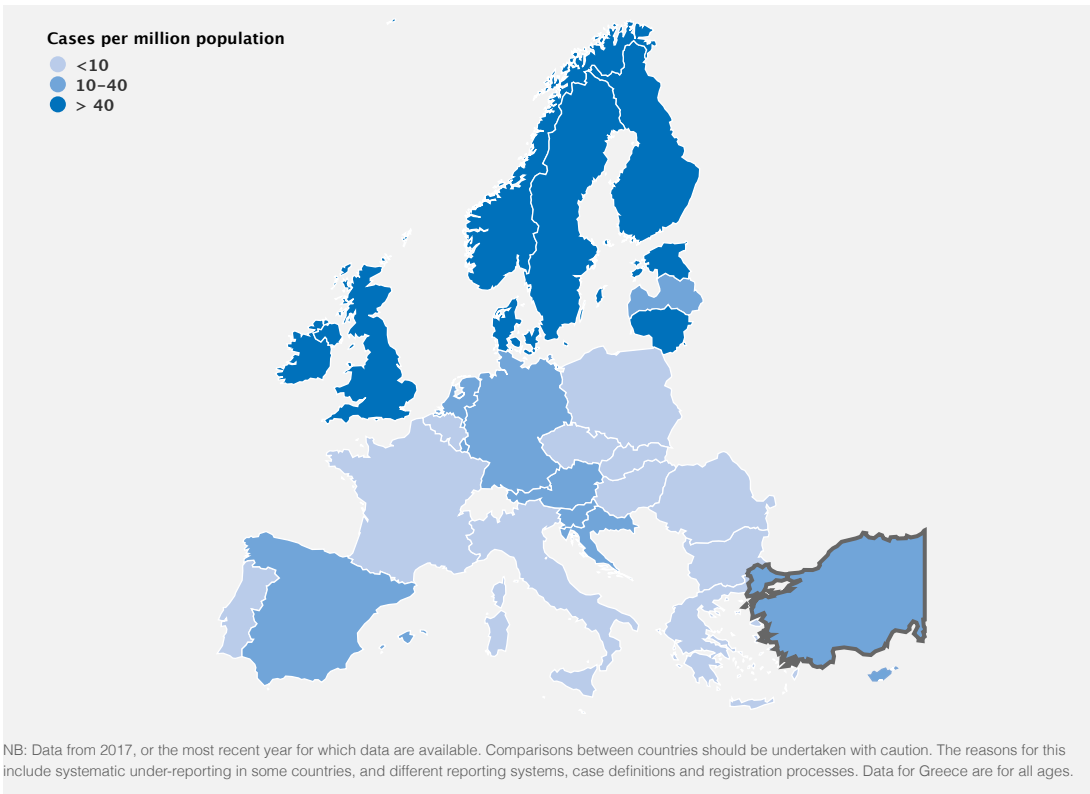
Drug-induced deaths and mortality

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

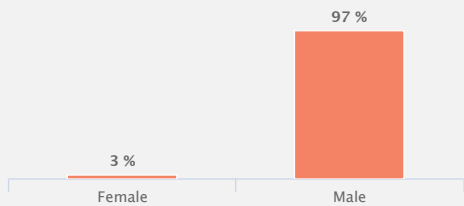
In 2017, the number of drug-induced deaths reported through the special death registry of the Turkish Ministry of Justice stabilised following large year-on-year increases that had been observed since 2012. The vast majority of the deceased were male, and the mean age at death was 32 years. Toxicological analysis was available for all confirmed drug-induced deaths. More than one substance was detected in the majority of deaths. Synthetic cannabinoids were present in two thirds of cases and, in half of these, synthetic cannabinoids were the only substances detected. Opioids, mainly heroin, were involved in less than a quarter of the deaths. MDMD/ecstasy, amphetamines and cocaine are other substances regularly involved in drug-induced deaths in Turkey.

The estimated drug-induced mortality rate among adults (aged 15-64 years) was 17 deaths per million in 2017, which is lower than the most recent European average of 22 deaths per million.

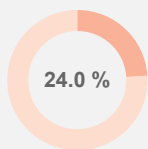
Drug-induced mortality rates among adults (15-64 years)



Gender distribution

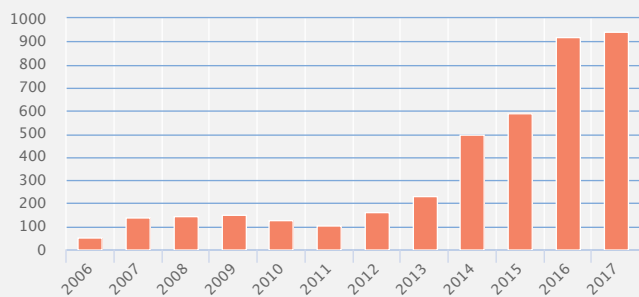


Toxicology

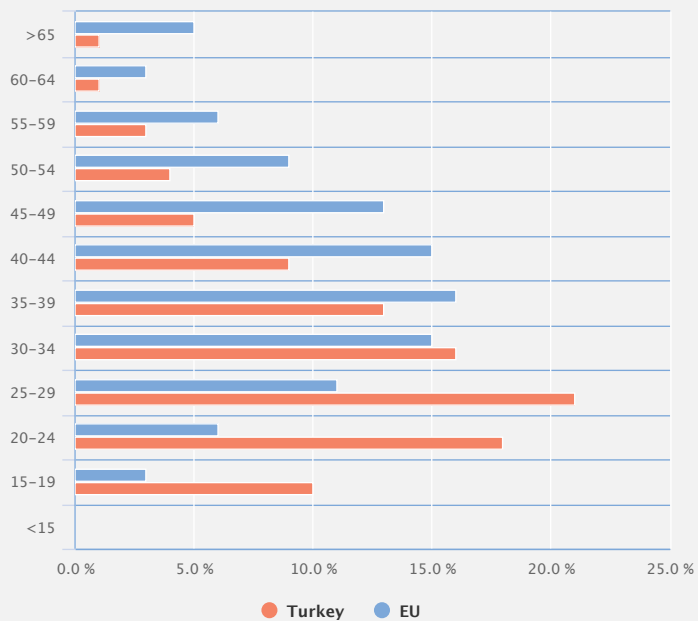


Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



Age distribution of deaths in 2017



data 2017

Prevention

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

Prevention interventions

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

Environmental prevention activities in Turkey focus on the decision-making process surrounding drug use and on restricting access to substances. For instance, audits are carried out to prevent the use of tobacco products in indoor areas, and the 'Price and Taxation System' regulates taxes for alcoholic beverages. The advertisement and presentation of substances are also limited.

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

In Turkey, some selective prevention interventions focus on awareness-raising and information provision, while Social Services Centres provide some social assistance and referrals to treatment institutions for homeless children and young people. Indicated prevention in the country is uncommon. The Green Crescent Counselling Centre provides services to those who misuse substances and their families.

Harm reduction

Harm reduction interventions are not available in Turkey.

Availability of selected harm reduction responses in Europe

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

Treatment

The treatment system

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

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

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

Opioid substitution treatment (OST) using buprenorphine-based medication has been available in Turkey since 2010. All treatment centres that are licensed by the Ministry of Health can provide OST. Up to 80 % of OST medication costs are covered by general health insurance; clients contribute the remaining 20 %.

Drug treatment in Turkey: settings and number treated

Outpatient

Specialised drug treatment centres (193847)

Inpatient

Hospital-based residential drug treatment (11828)

NB: Data from 2017.

Treatment provision

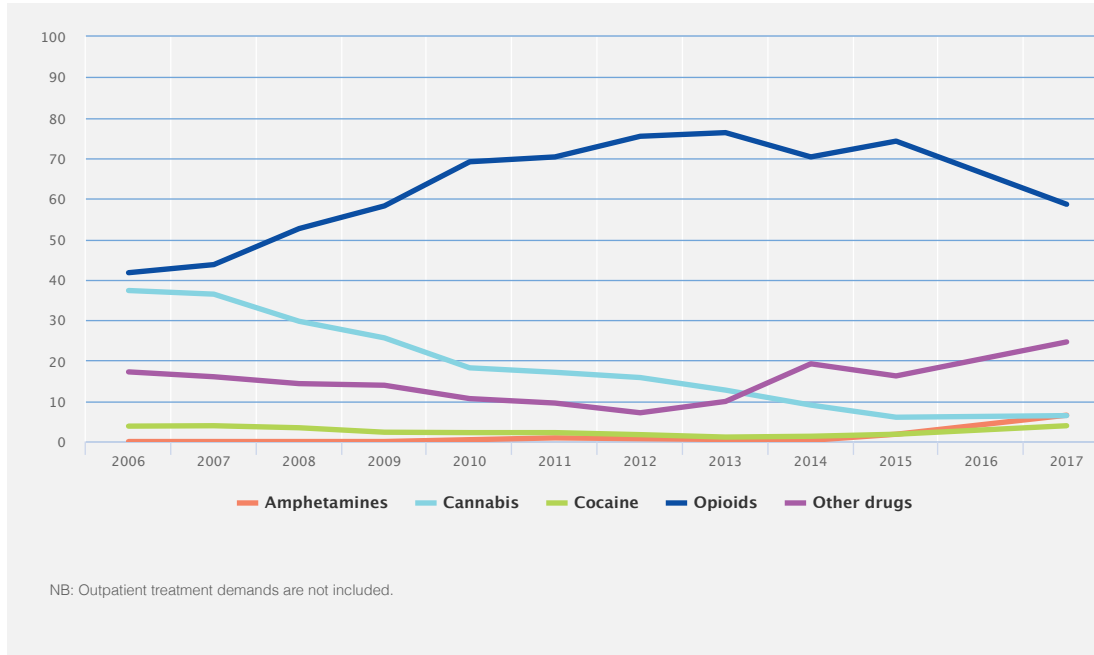
In 2017, the majority of drug-related treatment in Turkey took place in outpatient settings.

Treatment demand data in Turkey are reported by 45 inpatient treatment centres. Outpatient centres in the country do not report data on their clients.

The majority of clients entering inpatient drug treatment services in 2017 required treatment for primary opioid use, mainly use of heroin, followed by cannabis and stimulants other than cocaine. Since 2014, increases in the number of new clients entering inpatient treatment for problems related to primary use of amphetamines and cocaine have been reported; however, trend data present methodological limitations.

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

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



Drug use and responses in prison

In 2017, there were 386 penal institutions in Turkey. Around 2 in 10 prisoners were sentenced for drug law offences; the proportion of drug law offenders among all prisoners has been on the rise in recent years. No data on drug use among prisoners are available in the country.

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

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

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

Drug markets

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

Cannabis products, originating primarily from western Balkans countries or Morocco, are the most frequently seized drugs in Turkey. Domestic cannabis cultivation has been reported, although it is rarely trafficked outside the country.

Cocaine enters Turkey from South America, destined for the domestic market or in transit to other European countries, Azerbaijan and Iraq. The majority of large cocaine seizures take place in the international sea ports on the Mediterranean coast.

Captagon tablets (or tablets displaying a Captagon logo containing amphetamine as their active ingredient) produced in south-east Europe are smuggled through Turkey en route to countries in the Middle East. A small proportion of these Captagon tablets is destined for the domestic Turkish market.

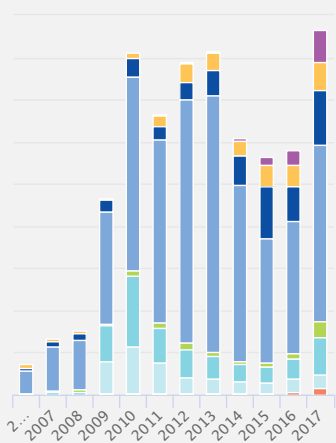
Methamphetamine, produced in the Far East, enters Turkey through Iran or arrives directly by air. MDMA/ecstasy seized in Turkey originates from the Netherlands and Belgium and has traditionally been seized in the western parts of the country, although reports on seizures of MDMA in the eastern provinces have increased in recent years. Synthetic cannabinoids, which appeared on the Turkish drug market in 2010, originate from China, Europe and the United States. Some reports indicate possible processing and packaging activities of these substances in Turkey.

Data on the retail price and purity of some illicit substances seized are shown in the 'Key statistics' section.

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

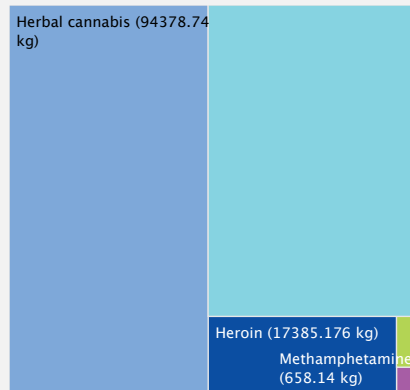
Number of seizures

Quantities seized



- Methamphetamine
- Heroin
- Cocaine
- Cannabis plants
- MDMA
- Herbal cannabis
- Cannabis resin
- Amphetamine

NB: Data from 2017.



Key statistics

Most recent estimates and data reported

	Year	Country data	EU range	
			Min.	Max.
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	n.a.	n.a.	6.51	36.79
Last year prevalence of use — young adults (%)	2017	1.8	1.8	21.8
Last year prevalence of drug use — all adults (%)	2017	1.1	0.9	11
All treatment entrants (%)	2017	6.4	1.03	62.98
First-time treatment entrants (%)	2017	9.2	2.3	74.36
Quantity of herbal cannabis seized (kg)	2017	94 378.7	11.98	94 378.74
Number of herbal cannabis seizures	2017	41 929	57	151 968
Quantity of cannabis resin seized (kg)	2017	81 429.2	0.16	334 919
Number of cannabis resin seizures	2017	8 718	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	2017	0.02 - 20.53	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	2017	0.02 - 32.94	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	n.a.	n.a.	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	n.a.	n.a.	0.15	35
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	n.a.	n.a.	0.85	4.85
Last year prevalence of use — young adults (%)	2017	0.1	0.1	4.7
Last year prevalence of drug use — all adults (%)	2017	0.1	0.1	2.7
All treatment entrants (%)	2017	3.9	0.14	39.2
First-time treatment entrants (%)	2017	4.4	0	41.81
Quantity of cocaine seized (kg)	2017	1 475.6	0.32	44 751.85
Number of cocaine seizures	2017	3 829	9	42 206
Purity (%) (minimum and maximum values registered)	n.a.	n.a.	0	100
Price per gram (EUR) (minimum and maximum values registered)	n.a.	n.a.	2.11	350
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	n.a.	n.a.	0.84	6.46
Last year prevalence of use — young adults (%)	n.a.	n.a.	0	3.9
Last year prevalence of drug use — all adults (%)	n.a.	n.a.	0	1.8
All treatment entrants (%)	2017	6.5	0	49.61
First-time treatment entrants (%)	2017	9.7	0	52.83
Quantity of amphetamine seized (kg)	2017	29.1	0	1 669.42
Number of amphetamine seizures	2017	1 637	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	2017	5.18 - 13.39	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	n.a.	n.a.	3	156.25
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	n.a.	n.a.	0.54	5.17
Last year prevalence of use — young adults (%)	2017	0.2	0.2	7.1
Last year prevalence of drug use — all adults (%)	2017	0.1	0.1	3.3
All treatment entrants (%)	2017	2	0	2.31
First-time treatment entrants (%)	2017	2.9	0	2.85
Quantity of MDMA seized (tablets)	n.a.	8 606 765	159	8 606 765
Number of MDMA seizures	2017	6 663	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	2017	15.71 - 186	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	n.a.	n.a.	1	40
Opioids				
High-risk opioid use (rate/1 000)	n.a.	n.a.	0.48	8.42
All treatment entrants (%)	2017	58.6	3.99	93.45
First-time treatment entrants (%)	2017	43.4	1.8	87.36
Quantity of heroin seized (kg)	2017	17 385.2	0.01	17 385.18
Number of heroin seizures	2017	12 932	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	2017	0.7 - 90	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	n.a.	n.a.	5	200
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	0.2	0	47.8
HIV prevalence among PWID* (%)	2015	0	0	31.1
HCV prevalence among PWID* (%)	2017	45.77	14.7	81.5
Injecting drug use (cases rate/1 000 population)	n.a.	n.a.	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2017	16.72	2.44	129.79
Health and social responses				
Syringes distributed through specialised programmes	n.a.	n.a.	245	11 907 416

Clients in substitution treatment	2011	12 500	209	178 665
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Treatment demand

All entrants	2017	11 633	179	118 342
First-time entrants	2017	5 648	48	37 577
All clients in treatment	2015	206 174	1 294	254 000

Drug law offences

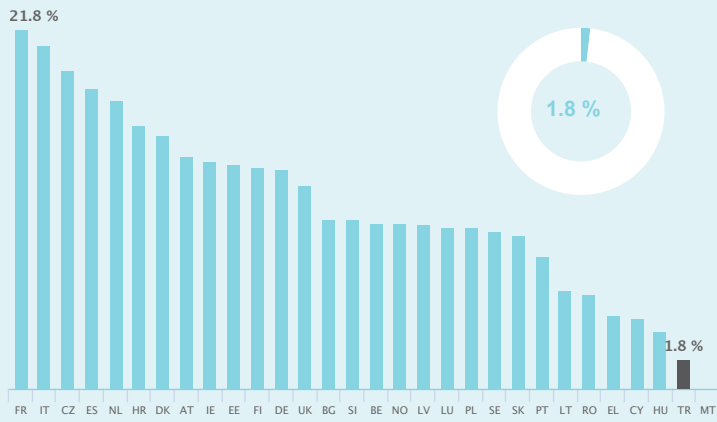
Number of reports of offences	2017	118 482	739	389 229
Offences for use/possession	2017	91 876	130	376 282

Outpatient treatment demands are not included.

EU Dashboard

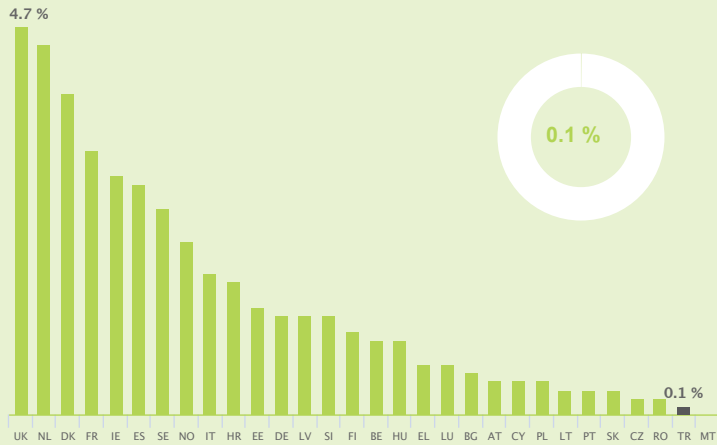
Cannabis

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



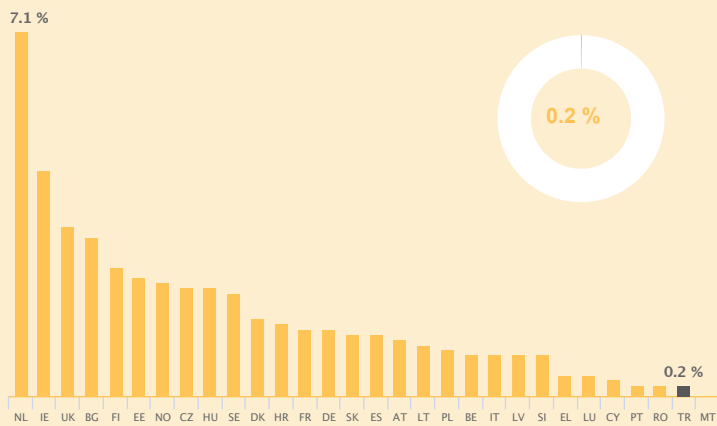
Cocaine

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



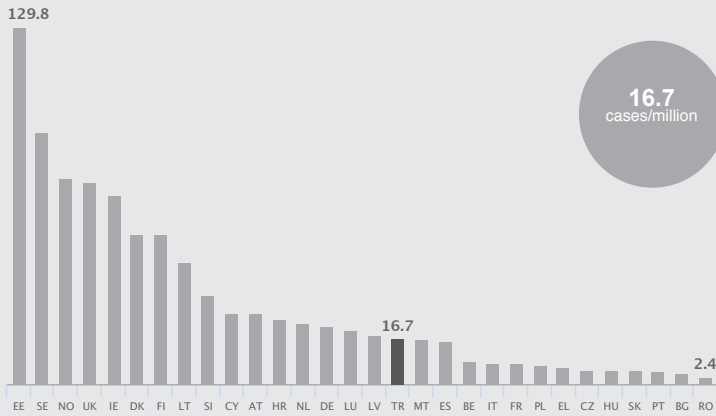
MDMA

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



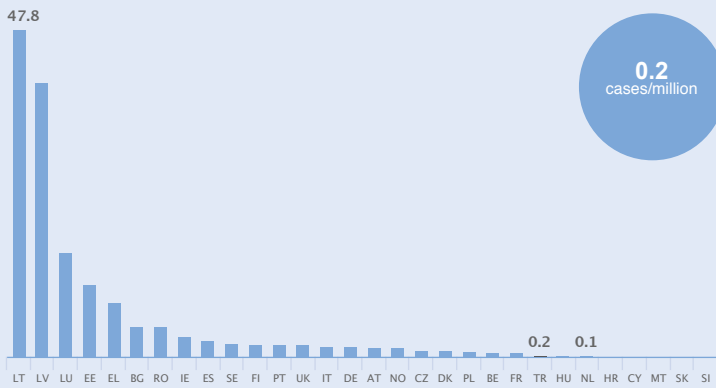
Drug-induced mortality rates

National estimates among adults (15-64 years)



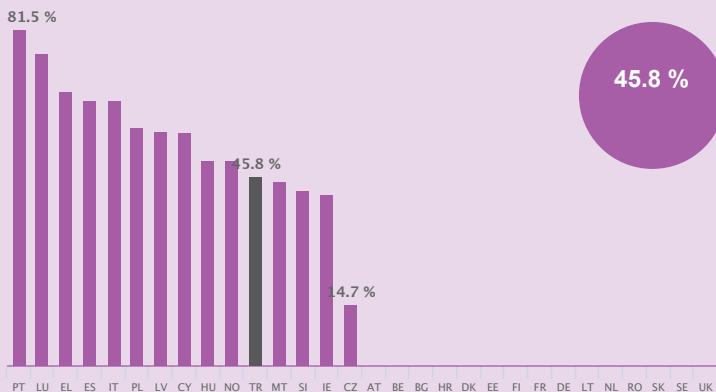
HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence

National estimates among injecting drug users



NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

About our partner in Turkey

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

[Click here to learn more about our partner in Turkey.](#)

Turkish national focal point



Turkish Monitoring Centre for Drugs and Drug Addiction

Counter narcotics Department

Turkish National Police

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Methodological note: Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the [EMCDDA Statistical Bulletin](#).
