



UNITED NATIONS
Office on Drugs and Crime



HEALTH SERVICES, EDUCATION AND COMMUNITY ACTION - PREVENTING DRUG ABUSE IN TURKEY

National Assessment on Drug Abuse 2003

(Based on Studies conducted in six major cities)

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For further information visit www.unodc.org

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Contents

Executive Summary	ix
Drug abuse patterns and trends	ix
Problem drug use	xi
Drug use among youth.....	xiii
Treatment services.....	xiii
Priority areas for drug demand reduction.....	xiv
Introduction	1
Background	3
Drug abuse patterns and trends	7
Key informants' sample description	7
Perceptions of drug use in the city	9
Drug abuse trends.....	16
Problem drug use	19
Drug abusers' sample description.....	19
Demographics	20
Drug abuse patterns.....	23
Treatment history	33
Arrest and prison history	34
Severity of Dependence.....	35
Drug use among youth	39
School survey sample description	39
Self-reported Alcohol, tobacco and other drug use	40
Other information	47
Conclusions.....	50
Emerging drug: Ecstasy	53
Focus groups description	53
Knowledge about the extent of Ecstasy use	54
Changing markets	55
Perceived benefits or costs	56
Treatment Services	59
Utilisation of treatment services	59
Perceived effectiveness of treatment services	61
Conclusions & implications	65
Extent and nature of drug abuse problem.....	65

Priority areas to be addressed.....	67
Rationale, methods and sampling	75
Information Needs and Resource Analysis (INRA)	75
Key Informants Study	76
Interviews with drug users	78
Focus Groups	80
Estimating the prevalence of problem Opioid and inhalant users	81
School Survey.....	81
Annex: Supplementary Tables	87

FIGURES

Figure 1: Key informants by profession.....	8
Figure 2: Key informants' perception of scale of drug use – national (%).....	10
Figure 3: Key informants' perception of drug use by cities - mean rating	11
Figure 4: Drug abusers' perception of the scale of drug use - national.....	12
Figure 5: Drug abusers' perceptions of drug use by cities - average ratings	13
Figure 6: Key informants' perceptions of commonly used drugs by gender and age	14
Figure 7: Perception of trends in drug abuse (overall rating)	17
Figure 8: Age distribution of drug users.....	20
Figure 9: People drug users lived with over the past 12 months	21
Figure 10: Drug users' usual type of employment.....	22
Figure 11: Drug abusers' means of financial support - preceding 3 months.....	23
Figure 12: Drug use history - all samples.....	24
Figure 13: Reported frequency of use in past 30 days – selected drugs	25
Figure 14: Frequency of using a new needle every time.....	27
Figure 15: Frequency of sharing injecting paraphernalia	27
Figure 16: Frequency of using same injecting equipment.....	28
Figure 17: Frequency of condom use with non-steady sexual partners.....	29
Figure 18: Key informants' perception of problems caused by drugs	31
Figure 19: Severity of dependence (all respondents).....	36
Figure 20: Perceived use of treatment services	60
Figure 21: Utilisation of treatment services by drug abusers	61
Figure 22: Key informants' perception of effectiveness of treatment services	62
Figure 23: Drug users' perceived accessibility of treatment services	63
Figure 24: Drug treatment and care process.....	71

TABLES

Table 1: Population of selected cities (2002).....	3
Table 2: Social, demographic & economic indicators, (DIE) 2003	4
Table 3: Key informants' contacts with drug abusers	8
Table 4: Mean typical age of first time drug use	15
Table 5: Commonly used drugs, gender and associated SES	15
Table 6: Drug injecting - summary	26
Table 7: Reported infections among self and friends	30
Table 8: Summary of treatment history	33
Table 9: Summary of arrest history	35
Table 10: Frequency of self reported drug use	41
Table 11: Parental education and drug habits	49
Table 12: Family structure and drug use	49
Table 13: Results from 2001 School Survey.....	83

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AMATEM	Alkol ve Madde Bagimlilik Arastirma ve Tedavi Merkezi (Alcohol and Substance Abuse Treatment and Research Centre)
ARQ	Annual Reports Questionnaire
CND	Commission on Narcotics Drugs
DIE	Devlet Istatistik Enstitüsü (State Institute of Statistics)
EGEBAM	Ege Bagimlilik Merkezi (Ege University Addiction Treatment Centre)
EMCDDA	European Monitoring Centre on Drugs and Drug Addiction
ESPAD	European School Survey Project on Alcohol and Other Drugs
GAP	Global Assessment Programme on Drug Abuse
GHB	Gamma-hydroxybutyric acid
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
IDU	Injecting drug user
ILO	International Labour Organisation
INRA	Information, needs, resource analysis
HIV	Human Immunodeficiency Virus
LSD	D-lysergic acid diethylamide
SAMAY	Sigara Alkol Madde Yayginligi Calismasi (Cigarette, Alcohol and Substance users' Prevalence Study)
SDS	Severity of Dependence Scale
SES	Socioeconomic Status
STD	Sexually transmitted diseases
TADOC	Turkish Academy of Drugs and Organised Crime
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime

Executive Summary

The Turkish National Assessment Study comprised of five components which in their own right provide vital information on different aspects of drug abuse in Turkey and when taken together present a more comprehensive picture of drug abuse problems. These sub-studies included: (a) Key Informants' Study (b) Drug Users' Study (c) School survey on Alcohol, tobacco and other drug use (d) Focus groups on Ecstasy and other Club drugs and (e) Information Needs and Resource Analysis. The assessment was conducted in the six major cities of Turkey – Adana, Ankara, Diyarbakir, Izmir, Istanbul and Samsun to broadly represent the country's geographical regions that could help build a picture of problem drug abuse.

Based on the background and multiplier information collected during the assessment studies, it is estimated that in Turkey the prevalence of problem Opioid users ranges between 0.03% to 0.07% (mean 0.05%) and inhalant users between 0.03% to 0.09% (mean 0.06%) within the general population, i.e., between 15 and 64 years old. Among the Opioid users it is estimated that more than two thirds are using Heroin while the remainder are Opiates users. Apart from the problem drug use reported, however there is evidence of diverse drug use in Turkey in different situations and locations. Moreover it should be noted that all the calculations are not definite numbers or rates, rather estimates indicating the perimeters of the drug problem especially in Turkey's major urban centres.

Drug abuse patterns and trends

A key informant approach was selected as the most appropriate method for generating a national picture of patterns and trends in drug abuse. A total of 269 key informants were interviewed using a structured questionnaire in a face-to-face setting for this study. By including such diverse occupational groups as teachers, health and social workers, doctors and psychiatrists, police and ex-drug users, it was hoped that a more comprehensive picture of the local drug scene would be produced – as each group would have a different perspective on the local drug scene.

The key informants as well as the drug users interviewed during the assessment reported Cannabis and inhalants as the most commonly used substances in Turkey. As reported by the key informants, all cities present an almost similar picture of common use of solvents and Cannabis, and to a lesser extent common use of Ecstasy, Benzodiazepines, Barbiturates, Heroin and other Opiates. Among the cities, Diyarbakir is ranked highest for common use of all the drugs like Cannabis, Heroin, Opiates, Barbiturates and solvents. Istanbul is reported next in the overall rating for common use of all drugs, but is also ranked with the highest rating for common use of Cocaine, Methamphetamines and Ecstasy. Izmir reportedly has the highest ranking for common use of Benzodiazepines and second highest ranking after Diyarbakir for common use of Cannabis, while Ankara has the overall lowest ranking for common use of most drugs except inhalants.

Use of Cannabis, Heroin and Ecstasy is reportedly more common among men and young people, whereas inhalant use is associated with young people and adolescents, especially among street children. Benzodiazepines use, without a doctor's prescription, is perceived to be higher among women. The reported age at first time use of inhalants is 11 years while for Cannabis and Ecstasy it is 16 and 17 years. Generally, for all the drugs, the age at first time use is less than 25 years.

There are reported trends of increased drug use in all the cities. Therefore there are increased trends in use of solvents, Cannabis and Ecstasy reported from these cities. Additionally in Izmir there are reported trends in increased use of Benzodiazepines, in Istanbul there are increasing trends of Heroin and injecting drug use along with the other substances listed. In Diyarbakir there is also an increasing trend of injecting drug use as risk behaviour. In Adana there is reported increase in use of almost all drugs, i.e., solvents, Cannabis, Benzodiazepines, Ecstasy, Heroin and Cocaine in that order. Increased availability and decreased prices are cited as the two primary reasons for increased use of different drugs reported from the cities. This is especially significant for an increase in solvents and Ecstasy use.

The key informants considered that overall there are very few organised activities in their areas with regard to reducing the demand of drugs. Education about the harmful consequences of drugs, especially of school children and public awareness were considered as the most important areas for organised activities.

Problem drug use

In order to determine the patterns and dynamics of problem drug use in Turkey, five hundred and eighty eight interviews with primarily male drug abusers were conducted in the community, treatment and prisons settings. For the purpose of interviews with problem drug users, these were defined as “regular users of Opioids (Heroin, Opium, and other opiates) and inhalants, those who had used Opioids or inhalants in the last 12 months and 30 days prior to the interview (or where relevant prior to entering treatment or prison), and/or had experienced social, health or legal problems as a result of their drug use”.

The assessment results suggest the presence of a younger population of drug abusers in Turkey. The median age of drug abusers was 24 years, while more than half of the drug abusers were between 15 and 24 years. On average the drug abusers had up to 6 years of education, whereas one third also had between 7 and 12 years of education. The majority were single (never married) while more than a quarter were married. Two thirds of the drug abusers were living in a house or an apartment, the majority living with their parents, spouses or friends. However, a substantial proportion, more within the community sample had either been living alone or on the streets.

Many drug abusers did not state that they had an occupation, while many also stated working as unskilled or skilled workers. During the twelve months prior to their interviews, the majority of drug abusers had been unemployed, however they reported supporting themselves through varied means including wages, casual work, or being supported by their family or partners. Additionally, many drug users also admitted supporting themselves by theft, selling drugs, pickpocketing and begging.

Drug abusers reported diverse drug use history. The vast majority had used Cannabis, more than half had used inhalants and one third Heroin during their lifetime. A substantial proportion of drug abusers also reported lifetime use of Ecstasy, Benzodiazepines and not so insignificant proportions had also used Cocaine, Barbiturates, other Opiates and Opium during their lifetime. The majority of those who reported lifetime use of these drugs had also used them in the past 12 months.

A sizeable percentage of drug abusers also reported lifetime and recent injecting of drugs in almost all the cities. Heroin was the main substance associated with injecting, while a lesser percentage of drug abusers had also injected other Opiates and

Benzodiazepines. The majority of injectors had been injecting daily with a frequency of injecting drugs 2-3 times a day. Among the drug injectors there was considerable sharing of injecting equipment including sharing of syringes, needles, cookers, cotton swabs and rinse water all leading to an increased vulnerability to HIV infection.

The median age of first time sexual experience among male drug abusers was 17 years. On average they reported having had 2 steady and 10 non-steady sexual partners in the previous 12 months. A minor proportion of drug users reported ever using condoms during sexual contact with their regular or irregular sexual partners. These injecting and sexual risk behaviours prevalent among drug users render them more at risk of HIV infection and of other sexually transmitted diseases (STDs).

More than one third of the drug abusers reported ever having treatment for their drug problems. The main drugs for which drug abusers sought treatment included inhalants, Cannabis and Heroin. The drug abusers had been treated on average for more than 3 times in their lifetime, whereas the average age at first treatment for any drug use problem was around 23 years. The average time period reported between first use of Opioids and first treatment episode was more than five years, whereas a shorter latent period of two years was reported by inhalant users. More than two thirds of the drug abusers in the community and almost half of the drug abusers in prison reported a need for treatment. This suggests that there is a readiness to enter treatment among the drug using population, especially among those living in the community.

Inhalants, Heroin and to a lesser extent Cannabis were reported as the drugs whose use caused major problems to the drug abusers. The nature of problems listed ranged from health or family (relationship problems), legal or work related problems. The key informants interviewed also considered drug users to be a reason for increase in crime in their areas as they thought that drug users indulged in petty crimes and prostitution as well as organised criminal activities.

A large majority of drug abusers in the community and within treatment had a lifetime history of being arrested for drug related offences, while more than a third had been sentenced for a criminal offence. The average age of drug abusers at first time of arrest was 26 years. On average, the drug abusers had been arrested 3 times during their drug using career. Possession of illicit drugs, using drugs and sale of illegal drugs were the three interrelated drug related offences for which they had been arrested in their

lifetimes. Additionally more than half had also been arrested for burglaries, shoplifting and driving violations.

Drug use among youth

The findings of Alcohol, tobacco and drug use among the youth reflect the responses of 4,182 sixteen-year-old boys and girls surveyed in randomly selected public, private and vocational secondary schools in the six cities.

Within the 16-year-old students, almost half had ever smoked cigarettes and drank Alcohol, while 6 percent of the boys and 2 percent of girls had ever used Cannabis, 4 percent of all 16-year-old students had ever used inhalants, 3 percent had ever used tranquillizers without a doctor's prescription while an additional 3 percent had used anabolic steroids and 2 percent had ever used Ecstasy. The age at first time use for Alcohol and cigarettes was between 12 and 15 years, whereas for other drugs the students had used them for the first time between 14 and 16 years of age. A high proportion of students had heard of Cocaine, Heroin, Cannabis, Ecstasy or tranquillizers. More than 9 percent of boys and 5 percent of girls stated ever wanting to try any of the mentioned drugs. Hashish or tranquillizers were the first drugs ever used by the students; these were shared with friends or had been given by another friend – implying the strong influence of peer pressure on initiation of drug use.

Among the drugs, 17 percent of the students thought that inhalants, 9 percent thought tranquillizers and 7 percent thought Cannabis were easily or readily available to them. While most of the students thought there were great risks associated with using different illicit drugs on a regular basis, many believed there were lesser risks involved in using these substances on one or two occasions.

Treatment services

The majority of drug abusers, who had treatment contacts, had mainly utilised the services of AMATEMs preferably in another city for their drug problems. The other treatment services utilised were state hospitals and university hospitals in their own city. Furthermore, a noticeable proportion of drug abusers also had treatment in a doctor's private clinic in their own city or in another city. The key informants considered that more women consulted private doctors for their drug problems. Of the available treatment services in Turkey, the key informants ranked AMATEM as the most effective in provision of drug treatment services, but also indicated a strong urgent need for more

treatment services in their areas. This was more so for Diyarbakir and Istanbul. A substantial proportion of drug abusers in the community and prison also reported difficulty in accessing local treatment services and an unmet need for assistance for their drug related problems.

Priority areas for drug demand reduction

Based on the findings of the national assessment, four areas within demand reduction are considered to be of priority for implementation in Turkey. These programmes, in the first instance, can be initiated as pilot programmes in selected locations involving stakeholders within the government institutions and communities.

School and community based prevention programmes

The first priority area for drug demand reduction in Turkey is school and community based prevention programmes addressing the youth in schools, their parents, “out of school” youth and the general population. Based on the overall principles of health and health promotion, programmes should focus on enhancing the protective factors for prevention of drug use prevalent in Turkish culture and society as well as help reduce the risk factors that have emerged in recent times that promote drug use among adolescents and young people.

The school programmes should introduce teaching drug prevention and other health issues such as HIV/AIDS based on the development of links between knowledge, values and skills within a “personal social health education programme” that empowers the students with appropriate means, information and skills to take greater control of their lives and improve their own health.

Family based prevention programmes should aim at enhancing family bonding and relationships and should include parenting skills (e.g., skills for parental monitoring and supervision); practice in developing, discussing, and enforcing family policies on substance abuse; and training in drug education and information as well as in other health promoting behaviours.

Concurrent community based interventions should aim at reaching populations in multiple settings - for example “out of school” youth, social and sports clubs and associations and the media - that can all include programmes to involve youth in healthy

activities, develop prevention skills and present consistent, community wide messages on drug use prevention within the context of promoting health and healthy behaviours in each of these settings.

Prevention and intervention programmes for street children

Given the high level of inhalant use among street children, interventions for these street children need to be an important focus of drug abuse prevention in Turkey. Developing linkages with existing programmes developed by UNICEF and ILO, some of the interventions at the community level should include a safe and supportive environment for the street children, improving their access to health and social services in the community, providing assistance and services for prevention and treatment of drug use, sexually transmitted diseases or other health and social needs. Interventions aimed at the individuals should include providing information, counselling services, and improving life, performance, vocational and livelihood skills of the street children.

Structured drug abuse treatment and rehabilitation

The drug users interviewed expressed a need for treatment as well as their perceived difficulty in accessing local treatment facilities. Therefore, at one end are the high threshold specialised drug treatment services and at the other, drug users in the community with unmet needs who may or may not access these services for their drug problems.

Community based interventions, motivational interviewing, street outreach services to address diverse health and social needs of drug abusers are a few of the areas that can improve accessibility and utilisation of specialised services. Also given the prevalence of injecting and sexual risk behaviours, a community based intervention programme can also assist in prevention and reduction of adverse health and social consequences of such risk behaviour.

Given that many of the drug users reportedly have occupational, social and legal problems, they require services for social and vocational rehabilitation and aftercare; it would therefore be worthwhile to initiate pilot programmes to provide treatment options and services other than medical based intervention for assistance to drug users and meeting their diverse needs. These pilot rehabilitation and aftercare programmes or

services along with community based interventions as part of a “treatment system” may therefore be considered as another priority area for drug demand reduction in Turkey.

Key issues for developing a national drug abuse information system

There is a good body of research in Turkey. However, there is an apparent gap between researches, policies and programmes as this research does not necessarily feed into a national body that would review the various research findings and accordingly advise policy makers. A national body needs to serve as this conduit as well as to initiate a dialogue on different research implications on policy and programmes. In order for Turkey to develop an integrated drug abuse information system and epidemiological network the main resources needed are a coordinated network of professionals and institutions involved in drug control, training of selected personnel in drug abuse epidemiology and addressing structural issues for the establishment of such a network.

Introduction

In 1998, the General Assembly of the United Nations, at its twentieth special session, devoted to countering the world drug problem together adopted a Political Declaration (resolution S-20/2, annex), and the Declaration on the Guiding Principles of Drug Demand Reduction (resolution S-20/3, annex) in which it was recognised that “demand reduction is an indispensable pillar in the global approach to countering the world drug problem”. The member states also committed to “introducing in national programmes and strategies the provisions set out in the Guiding Principles of Demand Reduction, to work closely with UNDCP to develop action oriented strategies to assist in implementation of the Declaration”. The targets accompanying the Special Session called on member states to have enhanced their demand reduction provisions by 2003 and to have achieved significant and measurable results in the field of demand reduction by the year 2008. A critical prerequisite to the development of effective demand reduction responses is the existence of a sound knowledge base on the extent and nature of drug problems. Such a knowledge base is also essential for the assessment of progress in respect to the time bound goals of the Political Declaration. A sound understanding of the nature of the drug abuse problem is therefore essential for both the effective targeting of responses and for assessing their impact over time.

In Turkey, while the existence of a drug abuse problem has been acknowledged, there was little information available at the national level to provide a sound basis for identifying and responding to these problems. In addition, there has been an apparent lack of a contemporary understanding of drug abuse patterns that can act as a baseline for future activities and provide the policy makers and programme planners in Turkey with the ongoing information necessary for developing effective policy responses.

To fill in this gap in information on drug abuse, the national assessment studies were planned with the aim of collecting information on the extent and nature of drug abuse problems in Turkey. These studies were conducted under the overall framework of the activities of UNODC’s Global Assessment Programme (GAP) in partnership with the national institutions and researchers. The Global Assessment Programme’s approach is to help countries develop a sustainable capacity to monitor the drug abuse situation, and

it is hoped that this assessment can form the baseline for future programmes and on-going drug abuse surveillance activities. The national assessment studies attempted to address the following questions concerning the drug abuse situation in the country:

1. What are the characteristics of the current problem drug abuse situation, especially with regard to Opioids and inhalant use in selected urban centres in Turkey?
2. What have been some recent trends and patterns of drug abuse in these cities?
3. What are the patterns of use found within school/youth populations and what socio-cultural factors are important in influencing consumption patterns within these groups?
4. What groups in Turkey can be considered particularly vulnerable to developing drug problems?
5. What is the extent and potential of injecting drug use in Turkey and the potential of the spread of HIV and other blood-borne infections?
6. What are some of the priority areas of drug demand reduction policies and programmes in Turkey?
7. What are some priority areas for further research on drug abuse in the country as well as the potential for setting up drug abuse information and monitoring systems?

No one research exercise can answer all questions about the nature, scale and dynamics in patterns of drug abuse in any country. Nonetheless, the objectives of this assessment were considerable. Understanding the nature of drug problems is a complex task and the resources available are always limited. Therefore it is also important that the methods used are sound if the resulting data are to be accepted as credible. In order to achieve the study's wide ranging objectives, it was designed in a manner to include a mix of qualitative and quantitative research methodologies within a number of distinct research exercises that when put together would produce a more comprehensive picture of the drug abuse problem in Turkey.

The fact that such a broad agenda could be addressed is a result of the support of many national institutions and the dedication of the research teams in each city, without whose efforts the assessments would not have been possible. This assessment report resulted from the interest of national counterparts in having updated and valid information on drug abuse in order to develop effective drug abuse control policies and programmes. As such, this report represents an important step forward in the endeavour to address the drug abuse situation and in the establishment of an ongoing drug abuse monitoring system in Turkey.

Background

The Republic of Turkey is uniquely located at the political and cultural crossroads of Europe and Asia. It is surrounded by Georgia, Armenia, Azerbaijan and Iran to the east, Bulgaria and Greece to the west and Syria and Iraq to the south. The country has four coastlines, with the Mediterranean Sea to the south, the Black Sea to the north, and Marmara and Aegean Seas to the west. Turkey is divided into seven geographical regions: Black Sea (North), Marmara (Northwest), Aegean (West), Mediterranean (South), East Anatolia, Central Anatolia and Southeast Anatolia. The country has 81 cities and 850 districts.

According to the State Institute of Statistics, Turkey's population estimate for 2003 is 70.7 million. The population distribution varies according to geographical regions, almost half of the population in Turkey can be found in the coastal regions, whilst the interior areas are less populated. With a fairly young population in Turkey, the proportion of the population under 14 years is 29 percent, while 15-64 year olds constitute almost 66 percent of the population.

<i>City</i>	<i>Total Population</i>	<i>Population between 15-64</i>
Adana	1,926,000	1,271,160
Ankara	4,213,000	2,780,580
Diyarbakir	1,434,000	946,440
Istanbul	10,834,000	7,150,440
Izmir	3,553,000	2,344,980
Samsun	1,209,000	797,940

Table 1: Population of selected cities (2002)

Since the 1960s, Turkey has been considered among the countries with the highest rates of urbanisation. According to the results of the 1990 General Population Census, 59 percent of the country's population was living in urban areas; while in 1997 this figure had reached 65 percent.

DRUG ABUSE IN TURKEY

The general gender ratio of the population in Turkey is around 103 males to every 100 females. Migration from rural to urban areas has resulted in a decrease in the young adult population of many rural areas.

<i>Indicators</i>		<i>2001</i>	<i>2002</i>
1. Demography			
1.1. Life Expectancy at Birth (Year)	Total	68.3	68.5
	Male	66.0	66.2
	Female	70.6	70.9
1.2. Infant Mortality Rate (‰)	Total	40.6	39.4
	Male	45.2	43.8
	Female	35.9	34.7
1.3. Under Five Mortality Rate (‰)	Total	47.1	45.5
	Male	52.1	50.3
	Female	41.9	40.4
2. Economy			
2.1. Gross National Product Per Capita (\$)		2123	2584
2.2. Unemployment Rate (%)	Total	8.5	10.6
	Male	8.8	10.9
	Female	7.9	9.9
3. Education			
3.1. Adult Literacy Rate (%)	Total	86.3	87.5
	Male	94.0	95.3
	Female	78.3	79.9

Table 2: Social, demographic & economic indicators, (DIE) 2003

Due to Turkey's geographical position, the country has always been an important trading nation and route for the transportation of goods. Largely as a result of this geographical position, Turkey also has been and continues to be a major transit route for Opiates originating from Afghanistan to Europe and of synthetic drugs like Ecstasy and Captagon (Fenethylamine) from Europe intended purportedly for markets in the Middle East. Like any other country in the world, in terms of increased availability and decreased prices, Turkey has also been affected by the increase in the global production of illicit drugs; the increased cultivation of Opium poppy and production of Heroin in Afghanistan as well as the increased production of synthetic drugs in European countries.

Many specialised studies and researches conducted in the clinical, and some in community settings with different target groups, indicate that in spite of showing an increasing trend of different drugs use in the community, their prevalence and related

problems are lower in Turkey as compared with many European and other neighbouring countries in Southwest and Central Asia. As an international trend, almost all researches in Turkey indicate Cannabis as the most frequently used drug. Cannabis has a long history of traditional use in the country. Use of inhalants, psychoactive substances (synthetic Opiates) and Heroin follow Cannabis in terms of frequency of use. There is also anecdotal information suggesting increasing use of Ecstasy among young people in urban centres. Whilst problems of drug use on the scale of many European or Southwest and Central Asian countries are not evident in Turkey at present, there is concern that the increasing globalisation of illicit drug consumption patterns and the geographical position of Turkey could render the population vulnerable to development of more serious drug abuse problems in the future.

The Turkish government is cognizant of the fact that in order for their efforts against drug use to be successful, they need a multidisciplinary and balanced approach. Article 58 of the Turkish constitution states:

“Necessary precautions shall be taken by the State in order to protect the youngsters from alcohol, narcotic drugs, crime and gambling and similar bad habits and from ignorance”.

Turkey is a signatory to the United Nations Single Convention on Narcotic Drugs 1961, the 1971 Convention on Psychotropic Substances and the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substance. According to Turkish law, the legal drinking age or the age for the sale of tobacco and tobacco products is 18 years. Also there are strict controls by the Ministry of Health over dispensing of tranquillizers and other controlled substances at pharmacies.

The National Security Council on April 26, 1996, recommended the establishment of a “Committee and Subcommittee for the fight against Drug Abuse, Monitoring and Orientation” to conduct, as well as nationally coordinate, drug control activities. The Turkish Penal Code 403 regulates the ban on illegal manufacturing, import, export or transfer of narcotic drugs while Penal Code 404 provides for treatment and assistance to drug users arrested. Both of these penal codes are illustrative of the drug control measures and resolve of the Turkish government.

The Department of Anti-Smuggling and Organised Crime within the Turkish National Police is responsible for combating the supply and trafficking of illicit substances in and

out of Turkey. Supported by UNODC, the Turkish Academy of Drugs and Organised Crime (TADOC), under the Department of Anti-Smuggling and Organised Crime, is the national body responsible for training law enforcement personnel nationally and within the region to combat trafficking of illicit substances as well as training in other areas of organised crime. Although in its very initial phases of development, with technical expertise and competence yet to be acquired, TADOC has established a Drug Demand Reduction Research Centre and in 2002 had been nominated as the national focal point for the EMCDDA. As part of the EU accession process, EMCDDA will provide technical and financial assistance to help develop TADOC as the national focal point. Further EU assistance, as a twinning project with Greece and Spain, will also help Turkey in designing a national drug demand reduction strategy and implementation of some of the key programmes in prevention and treatment of drug abuse.

The Ministry of Health's General Directorate of Curative Services is the other national body responsible for provision of Alcohol and drug treatment services through a network of AMATEMs (Alcohol and Drug Abuse Treatment, Education and Research Centres). AMATEMs are located in Adana, Denizli, Elazig, Istanbul, Manisa, Samsun and Ankara with an estimated 315 bed slots available for inpatient drug abuse treatment in these and other psychiatric hospitals in the country.

Drug abuse patterns and trends

In this section data are presented on drug abuse patterns and trends reported primarily from the key informants study. However sections of drug abuse trends reported by drug abusers interviewed are also included in this chapter. For the key informants study 6 cities were selected – Adana (Eastern Mediterranean), Ankara (Central Anatolia), Diyarbakir (South-eastern Anatolia), Istanbul (Marmara), Izmir (North Aegean) and Samsun (Black Sea) to produce a broadly representative national picture of the drug abuse situation in urban centres.

Key informants' sample description

A key informant approach was selected as the most appropriate method for generating a national picture of patterns and trends in drug abuse. Key informants are those individuals who by virtue of their role or community position can potentially provide relevant information on the local drug scene. A total of 269 key informants were interviewed for this study. The sampling strategy was designed to ensure that a range of respondents, who had knowledge of drug abuse from different perspectives were included in the sample. By including such diverse occupational groups as teachers, health and social workers, doctors and psychiatrists, police and ex-drug users, who would have different perspectives, it was hoped that a more comprehensive picture of the local drug scene would be produced.

The majority of key informants were male (180), while more than one third (80) of the respondents were females. The highest proportion (47 percent) of females interviewed as key informants was in Adana. In all, almost one quarter of the key informants were from the Police and/or Gendarmerie, as they were perceived to be more knowledgeable about their local drug scene. Nevertheless, these were balanced by other professional groups as well. The "Other" category was used to include respondents the field workers thought were useful for the study and therefore included further diverse groups such as waiters, barmen and café owners.

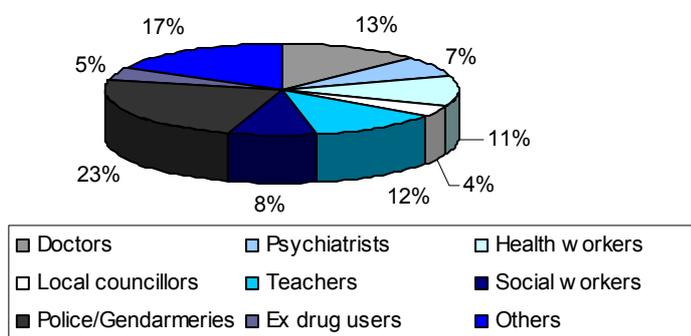


Figure 1: Key informants by profession

As key informants were also expected to comment on trends over time, it was desirable that they had long-term local knowledge. For the majority of the respondents this was the case. On average the key informants had been living in their area for around 9 years. This was observed with minor variations in all six cities.

To comment accurately on patterns of drug abuse within their area, it was also desirable that the key informants had come into contact in some way with drug abusers in their community. Most of the respondents reported considerable contact with drug abusers. The key informants were specifically asked concerning contacts with Opioid and inhalant abusers in the past 12 months prior to interview, as these were the two main drug groups of focus in this assessment. On average the respondents had had contact with 66 inhalant users and 29 Opioid (Heroin, Opium, other Opiates) users in the past 12 months. The number of contacts was higher for Adana where key informants on average reported contacts with 124 inhalant and 78 Opioid users in the preceding 12 months.

<i>Drug users in contact</i>	<i>Mean number of contacts</i>
Opioid users	28
Women Opioid users	10
Young Opioid users	24
Adolescent Opioid users	8
Inhalant users	66
Women Inhalant users	3
Young Inhalant users	41
Adolescent Inhalant users	27

Table 3: Key informants' contacts with drug abusers

However, the information on contacts with drug users should be interpreted with caution as some occupational groups, for example the police or medical professionals, reported contacts with larger numbers of drug users. Further, the respondents were asked if they could describe how many of these contacts were women, young (defined as over 16 and less than 25 years of age) and adolescent (defined as less than 16 years of age) inhalant and Opioid users. The respondents had substantial contacts with drug users in the preceding 12 months, reporting an average contact with 10 women, 24 young and 8 adolescent Opioid users. For inhalants the average number of contacts the respondents had was least with women (3) and highest for young people (41).

Perceptions of drug use in the city

In the interviews, key informants and the drug abusers were asked to report on their perception of drug use in their cities. The information gathered from these respondents is presented separately in the following paragraphs.

Key informants' perceptions

Key informants were asked for each of the index drugs considered in the study how “commonly used” that drug was in their area. Respondents had the opportunity to answer across the following scale: “commonly used”, “somewhat used”, “rarely used”, “not used” and “don’t know”. The last 2 categories were included as active categories so as not to encourage respondents to answer arbitrarily.

Inhalants were the substances most often reported to be commonly used, followed by Cannabis. However, this should not distract from the fact that a substantial number of respondents reported common use of Benzodiazepines (without a doctor’s prescription), Ecstasy and Heroin in their area. One issue of concern is that overall, a smaller proportion of respondents actually reported “not used” of the index drugs as compared to any use in their area. Again, this data may be interpreted with caution as more than half of the respondents also reported “don’t know” for use of some index drugs like Methamphetamines, Barbiturates and Hallucinogens in their area. The scale of injecting drug use, not a drug category, was included in these questions to determine the perceived prevalence of injecting risk behaviour.

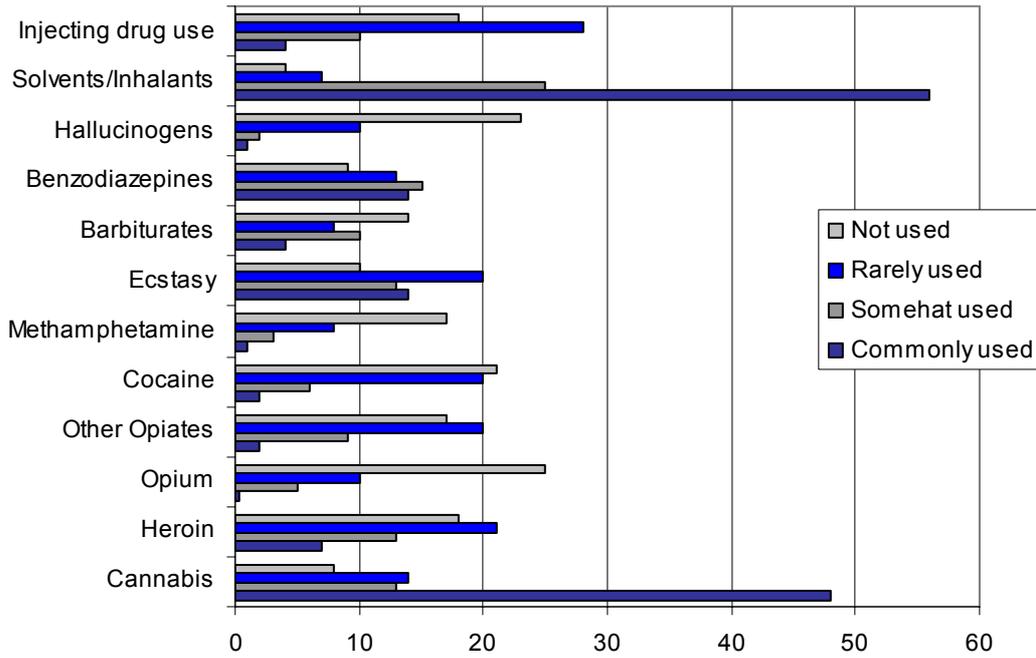


Figure 2: Key informants' perception of scale of drug use – national (%)

It is important to point out that distinct geographical differences are often observed in patterns of drug abuse and that drug consumption does not therefore have to be a national phenomenon to cause acute local problems. In order to visually compare the perception of scale of different drugs used in the six cities, a cumulative rating score was calculated that combines all the information from the tables with the average ratings presented here.

All the cities present a diverse and almost similar picture of common use of drugs like solvents and Cannabis, and to lesser extent common use of Benzodiazepines, Barbiturates, Ecstasy, Heroin and other Opiates. With regard to the overall scale of use of different drugs within the cities, in Diyarbakir it was reported the highest for use of drugs like Cannabis, Heroin, Opiates, Barbiturates and solvents. Istanbul has the same rating for use of inhalants as Diyarbakir, as well as highest ratings for use of drugs like Cocaine, Ecstasy, Hallucinogens and injecting drug use as risk behaviour. Further, Istanbul has the second highest rating for use of Heroin, Opium and other Opiates. Izmir is reported with the highest rating for use of Benzodiazepines and second highest ranking for Ecstasy and solvents. Samsun and Ankara have the overall lower ranking for use of most drugs except Cannabis and solvents respectively.

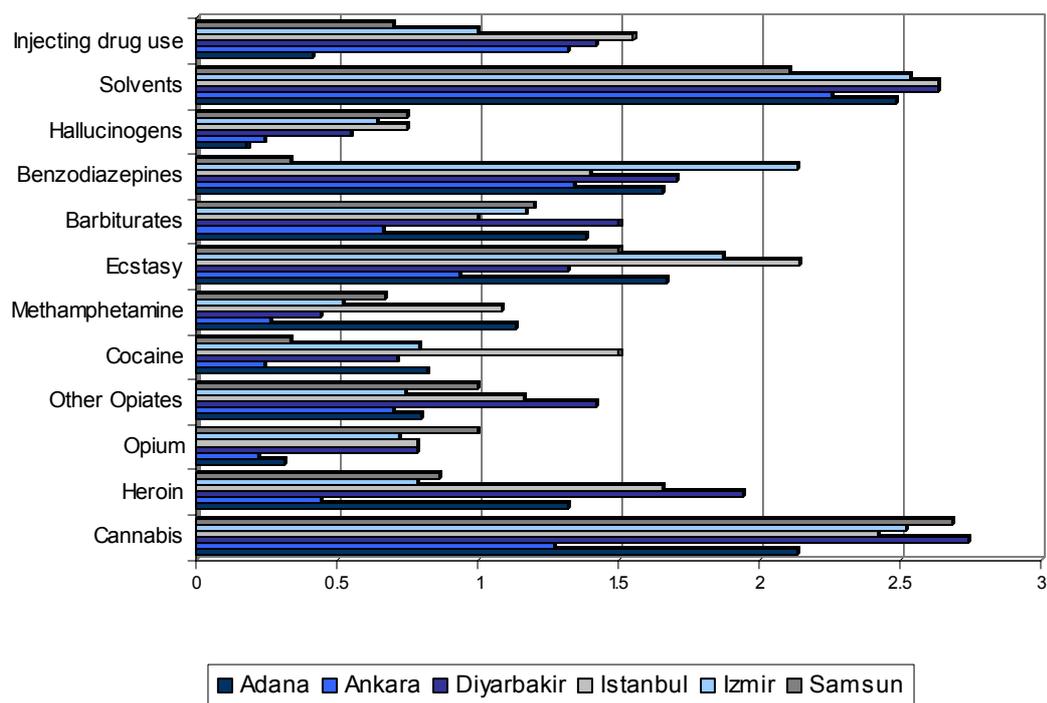


Figure 3: Key informants' perception of drug use by cities - mean rating

Drug abusers' perception

Drug abusers are usually more aware of the drug abuse trends in their areas and are thereby in a better position to comment on them. Therefore, same as the key informants, drug abusers were asked questions on their perceptions of patterns of drug use in their areas. This also provided an opportunity to validate and crosscheck the information from the two studies.

The average number of contacts these respondents had with other drug users in the past 12 months prior to the interview (or where relevant before entering treatment or prison) was 68. The mean number of contacts with drug users was reportedly higher in Ankara and Izmir (84 and 81 respectively), whereas within the three samples, i.e., community, treatment and prison, the highest number of contacts with drug users was reported among the prison sample (104). Interestingly, on average the drug users interviewed reportedly had a higher number of personal contacts with Opioid users in the past 12 months than with inhalant users. The respondents reported an average of 48 Opioid users with whom they had personal contact - the number of contacts with Opioid users was higher in Izmir (70) and lowest in Ankara (6). Overall among the Opioid users, the respondents reported having more contacts with Heroin users (80 percent). Similarly, the

respondents reported that they had personal contacts with an average of 30 inhalants users. This was also again higher for Izmir (39) and Diyarbakir (35).

As the key informants, the drug abusers interviewed were read out the index drugs one by one and asked if the drug was “commonly used”, “used somewhat”, it was “rarely used”, “not used” or if they “did not know” about its use in their area. As compared to key informants, there are two differences in the drug users’ responses to the questions on their perception of drug use in their area. Firstly, a higher proportion of drug users than key informants responded they did not know about the scale of drug use in their area especially for lesser known substances in Turkey e.g., Methamphetamines, Hallucinogens, and Barbiturates. Secondly, a higher proportion of respondents reported common use of some index drugs than the key informants, e.g., Ecstasy (23% vs. 14%) and Heroin (13% vs. 7%). Therefore the drug users interviewed rated Cannabis followed by solvents, Ecstasy, Heroin and Benzodiazepines as the most commonly used drugs in the urban centres in Turkey.

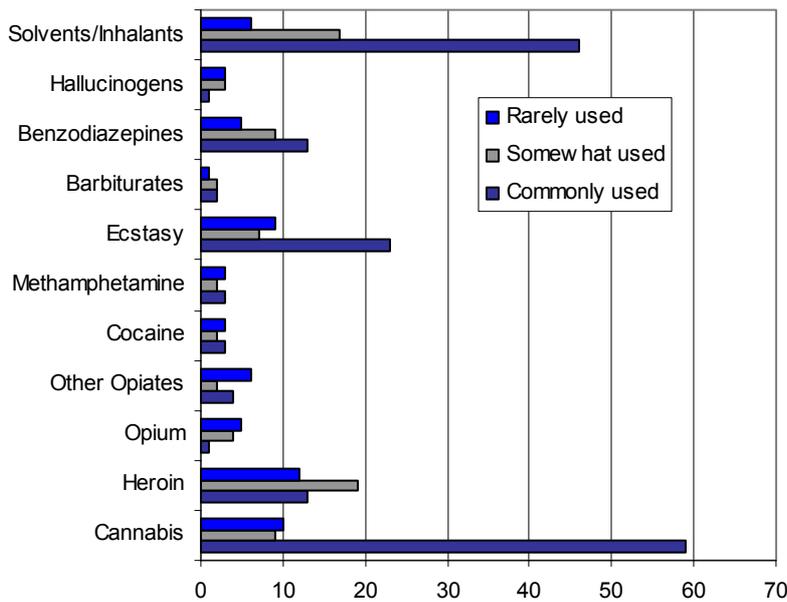


Figure 4: Drug abusers’ perception of the scale of drug use - national

In order to visually compare the drug abusers’ perception of the scale of different drugs used in the five cities, a cumulative rating score was calculated that combined all the information from the tables with the average ratings presented in the figure below. In a similar fashion as the key informants, the drug users’ rating of Cannabis, solvents, Opiates and Heroin use was highest in Diyarbakir. The drug users rated second highest

use of Heroin in Istanbul while Benzodiazepines and Ecstasy were rated with the highest rating of use in Izmir.

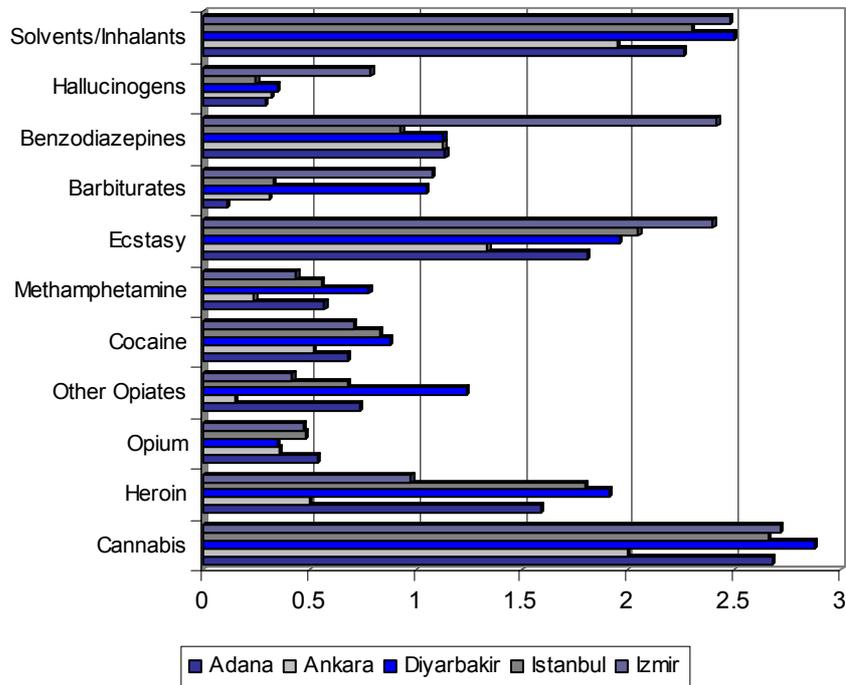


Figure 5: Drug abusers' perceptions of drug use by cities - average ratings

Demographic dimensions

Drug abuse patterns are commonly known to vary across demographic dimensions. In order to explore variations by sex, age and perceived socioeconomic status by different drugs, key informants were asked to separately rate the drugs “most commonly used” by “men”, “women”, “young people” and “adolescents”. For the purpose of assessment studies, adults were defined as over 25 years; young people were defined as between the ages of 16 and 25, whereas adolescents were defined as below 16 years. In order to ensure uniformity of responses across each question and the cities, these definitions were included in the questionnaire and read to the respondents each time such questions were asked.

Gender

As would be expected, the adult (men and women) drug use in terms of most commonly used substance broadly reflects the overall pattern discussed above. More than half of the respondents reported Cannabis to be the most common drug among men, whereas this was reported by one third of the respondents for women and young people. The

abuse of solvents which is commonly associated with younger age groups and street children was also reported by the key informants in this study. Therefore, solvent use was reported as the most common drug used by adolescents followed by young people and men. More respondents felt that Ecstasy use was common among women than those who thought it to be common among young people or men. One area of concern reported by the respondents was the perceived common use of Benzodiazepines without a doctor’s prescription among women in all the cities. The proportion of respondents stating common use of Benzodiazepines among women was higher in Adana (34%) followed by Ankara (21%) and Izmir (21%).

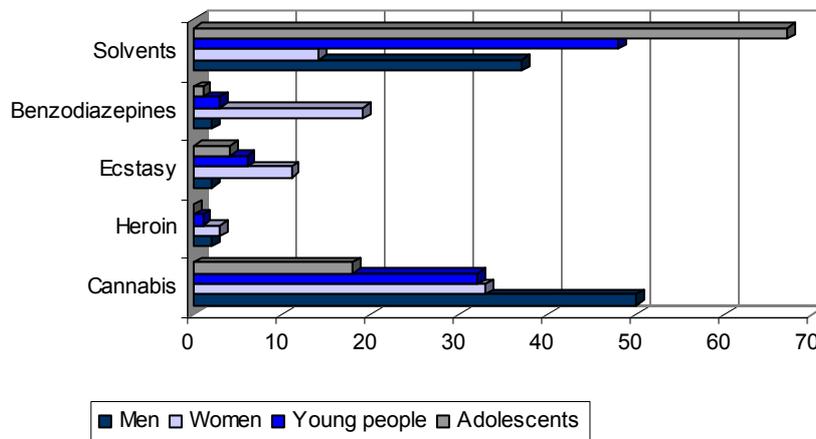


Figure 6: Key informants’ perceptions of commonly used drugs by gender and age

Age at first time use

The key informants were further asked to state by each index drug what, in their opinion, was the typical age at which first drug use began. Again two active categories of “not used” and “don’t know” were included to avoid respondents arbitrarily giving answers. Useful information on the typical age of initiation of drug use was obtained for different drugs as well as its variation across the cities.

The overall reported typical ages at first time use of index drugs were similar and only minor variations were observed across the cities. The mean age of first time use of solvents and inhalants was the lowest at 11 years, also because solvent/inhalant use are perceived to be more closely linked with adolescents and young people. Cannabis and Ecstasy were the substances ranked next, with 16 and 17 years as the typical age of initiation. Generally, for all the drugs the typical age of first time use was under 25 years. The drug abusers interviewed as well as the students responding in the school survey, reported similar ages at first time use of different drugs. This definitely has implications

for the initiation of primary prevention and public awareness programmes targeting the younger population.

<i>Drug type</i>	<i>Age</i>
Cannabis	16
Heroin	20
Opium	20
Other Opiates	23
Cocaine	23
Methamphetamine	18
Ecstasy	17
Barbiturates	20
Benzodiazepines	20
Hallucinogens	18
Solvents	11

Table 4: Mean typical age of first time drug use

Socioeconomic status (SES)

Key informants were asked to give their responses to their observation of different drugs commonly used by men, women, young people and adolescents and their perceived socioeconomic status in their cities. Therefore, for men Ecstasy use was associated equally among men from all social classes. Cannabis and Heroin use was associated mainly with men from low, and to a lesser extent, with men from middle social classes.

Drug type	Low	Middle	High
Men	Cannabis, Heroin, Ecstasy	Cannabis, Heroin, Ecstasy	Ecstasy
Women	Cannabis, Heroin, Benzodiazepines, Other Opiates	Cannabis, Heroin, Benzodiazepines, Ecstasy, Other Opiates	Cannabis, Ecstasy
Young people	Cannabis, Heroin, Benzodiazepines, Solvents	Cannabis, Heroin, Ecstasy, Benzodiazepines	Ecstasy
Adolescents	Inhalants, Cannabis, Heroin	Heroin, Ecstasy	Ecstasy

Table 5: Commonly used drugs, gender and associated SES

Among women, Cannabis and Heroin use was associated mostly with those from low and middle social classes and to a lesser extent from upper social class. Similarly Benzodiazepines use among women was primarily associated with middle and to a lesser extent among low social class. Cannabis, Heroin and Benzodiazepine use among young people (both young men and women) was related to those from low and middle social classes. Ecstasy use was commonly associated primarily with young people from upper, middle and to a much lesser extent, from low social groups. For adolescents, Cannabis and Heroin use was associated with those from low and middle social classes,

while Ecstasy use among middle and some upper social class adolescents and solvents use was primarily linked with adolescents from low socioeconomic groups.

Drug abuse trends

Key informants were asked to reflect on trends in drug abuse in their locales in the past one or two years. A longer trend period was not asked given that the responses may be biased because of memory lapses. Moreover, when social problems such as drug abuse or crime are considered, respondents are often inclined to report negative rather than positive changes. Nonetheless, the data generated provides a useful overview of observed trends of different drugs used in each city.

For each index drug, respondents were asked whether the use of the drug had “decreased a lot”, “decreased a little”, “not changed”, “increased a little”, and “increased a lot”. The response categories on “not used” and “did not know” were also included as active categories so as not to encourage respondents to answer arbitrarily. Similar to reporting in the Annual Reports Questionnaire (ARQ), the respondents’ qualification of change in ordinal categories from “decreased a lot” to “increased a lot” was based not only on some objective quantitative figure but also on the local context and their own perceptions of changes in the particular city. Overall, solvents, Cannabis and Ecstasy use trends were reported as increased by a substantial proportion of the key informants. Similarly, many of the respondents also reported a “little increase” in the use of Benzodiazepines, Heroin, Cocaine and injecting drug use over the past one or two years.

In order to present the changes in drug abuse trends in each city, a more comprehensive overall rating score was calculated which combined all the information. This score of reported trends in drug abuse by each city is presented in the figure below. It is interesting to note that except for Samsun and Istanbul, in the other four cities, key informants reported a considerably increased trend of solvents use in their cities. In Izmir the increased trends in use of solvents, Cannabis, Ecstasy and Benzodiazepines during the past one or two years were reportedly more marked than in other cities. In Istanbul, the ratings are not as high for some substances as Izmir, but show increasing trends of solvents, Ecstasy, Cannabis, Heroin and injecting drug use. In Diyarbakir, the trend was similar to Izmir, higher overall ratings were reported for increased trends in solvents and Cannabis use, and to a lesser extent for Ecstasy and injecting drug use. In Ankara,

overall high ratings are reported for increase in Solvents use followed by Cannabis and Ecstasy use, whereas in Adana, high ratings for an increase in use of almost all substances i.e., solvents, Cannabis, Benzodiazepines, Ecstasy, injecting drug use, Heroin and Cocaine in that order, were reported. Decreasing trends of Opium use were reported from most cities, whereas decreased trends in Opiates use were reported in Adana, for Cocaine and injecting drug use as risk behaviour, in Ankara and Methamphetamines in Diyarbakir.

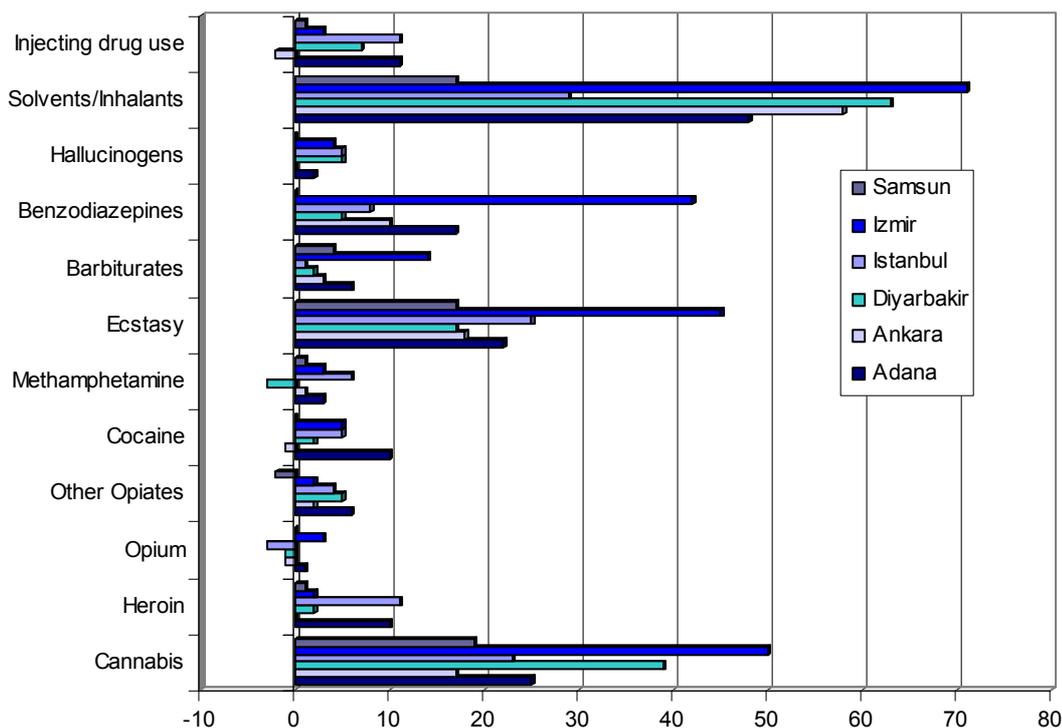


Figure 7: Perception of trends in drug abuse (overall rating)

The respondents were asked a follow up question on what in their opinion had caused this perceived change in drug use over the past one or two years. In the first part, the key informants were asked to respond to each index drug, if they thought the change in that drug use was due to “decreased availability”, “increased availability”, “decreased price”, “increased price”, “decreased quality”, “increased quality” in their area or if they “did not know” the reason for the change. For most of the drugs where the key informants had stated an increased use, they cited increased availability and decreased prices as the primary reasons. This response was especially significant for increases in solvent use where more than two thirds of the respondents cited an increased availability and one quarter as a decrease in prices as the major reasons for increased solvent use. The same held true for Ecstasy where more than half of the key informants, as well as most participants of focus group discussions stated increased availability and 10 percent

of key informants and most focus group discussants stated decreased price as reasons for increased trends of Ecstasy use. In the case of Heroin, less than a quarter of key informants stated increased availability as the cause of increased use of the drug.

As a final question, the key informants were asked to give their free responses to what they thought were the pressing needs for organised activities to prevent the use of drugs in their cities. The key informants considered that overall there were few organized activities in their cities for drug demand reduction. Education about the harmful consequences of drugs, especially for school children, and public awareness, were considered as the most important areas for organised activities. Some respondents also felt that law enforcement at the community level was not strict enough to counter the sale and supply of drugs in their areas.

Summary of main findings

- *Diverse use of different drugs reported from major urban centres.*
- *Common use of Cannabis, inhalants and to a lesser extent Heroin, Benzodiazepines and Ecstasy reported.*
- *Within the cities, in Diyarbakir highest ranking of Cannabis, Heroin, Opiates, Barbiturates and solvents use reported.*
- *In Istanbul there is the same rating for use of inhalants as Diyarbakir, as well as the highest ratings for use of drugs like Cocaine, Ecstasy, Hallucinogens and injecting drug use as risk behaviour.*
- *In Izmir, marked increased use of solvents, Benzodiazepines, Ecstasy and Cannabis reported.*
- *Further increasing trend of inhalant, Cannabis and Ecstasy and to a lesser extent of Heroin, Benzodiazepines and Barbiturates reported from all cities.*
- *The typical age at first time use of inhalants reported as 11, for Cannabis 16 years, 17 for Ecstasy and around 20 years for Heroin use.*
- *The key informants considered that overall there were few organised activities in their cities for drug demand reduction and expressed a need for primary prevention programmes at the school level and public awareness at community level.*

Problem drug use

In this chapter, data on problem drug use primarily based on interviews with drug abusers are presented. However, some relevant sections on problem drug use reported by key informants are also presented here.

For interviews with drug users, three samples of drug abusers were collected in the five cities, i.e., Adana, Ankara, Diyarbakir, Istanbul and Izmir. These samples were of drug abusers in treatment (people receiving treatment for an Alcohol problem were not included in the sample), drug abusers in prison and drug abusers recruited in community settings. The sampling inclusion criteria used was that the respondents should be regular users of Opioids (Heroin, Opium, and other Opiates) and inhalants, who had used these drugs in the last 12 months and 30 days and/or had experienced social, health or legal problems as a result of their drug use. Finally, the sample consisted largely of Opioid and inhalant users. However, given the limited opportunities to interview Opioid users (especially Heroin users) other drug users were also interviewed in some locations. A formal measure of dependence was not used as a sampling criterion, although such a measure was made at the end of the interview.

Drug abusers' sample description

The analysis presented in this section will consider the three groups of drug abusers interviewed in totality and also make comparisons across the three groups as well as across the cities where the interviews were held with drug abusers and key informants to present information on problem drug use in urban centres in Turkey.

In all, five hundred and eighty eight interviews with drug abusers were conducted for this study. Almost half of the interviews (283) were conducted in community settings, while 185 were conducted in prisons and 113 in treatment settings. Out of the 588 interviews, only 20 were with female drug users. Therefore, this sample cannot be considered as reflecting patterns of problem drug use among women in Turkey. For a number of

cultural reasons and other considerations women were disproportionately less likely to appear in any of the samples collected for this study.

Demographics

Age, education, marital status and living arrangements

The mean age of the drug abusers varied across the three sample groups. It was 22 years for the respondents in treatment, 26 years for those in the community, and 30 years for respondents in prison. The sample's age ranged from 8 to 64 years. Comparing the three samples, young respondents were more in community and treatment where 15-19 year olds comprised 45 percent of the treatment sample and 36 percent of the community sample, whereas more than half of the prison sample were 20-24 years old. Overall, more than half of drug abusers interviewed were between 15-24 years. The current study, therefore, suggests the presence of a younger population of drug abusers.

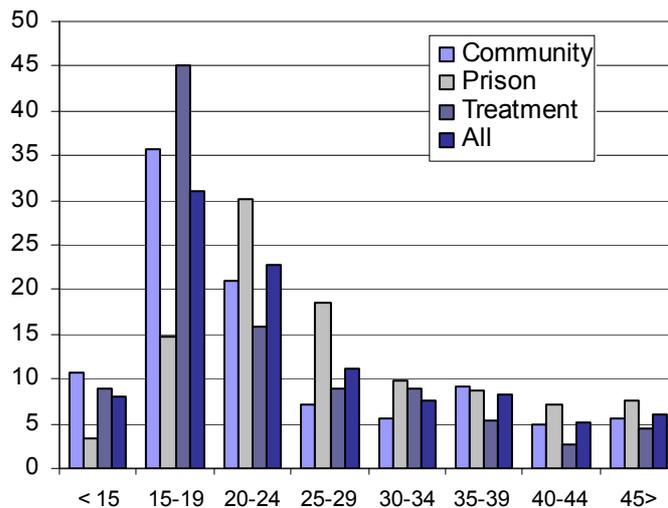


Figure 8: Age distribution of drug users

On average, the drug abusers reported having six years of education. While this did not vary between the prison and community sample, it was higher (7 years) for the treatment sample. It is also noteworthy that one third of all drug abusers also had between 7 and 12 years of education. More than 60 percent of the drug abusers were single (never married) while more than a quarter were married. However, the proportion of single people (never married) and those who were married within the prison sample was more than 40 percent each.

Of the places lived most often during the previous twelve months (in the case of the treatment or prison sample the 12 months preceding their entry into treatment or prison), more than two thirds of the drug abusers had been living in a house or apartment. This proportion was however higher for the prison sample, where more than 80 percent stated living in a house or an apartment prior to entering prison and lower for the community sample where 67 percent indicated they had been living in an apartment in the previous twelve months. Nevertheless, a substantial proportion (almost 20 percent) of the drug abusers interviewed had been living on the streets during the previous twelve months.

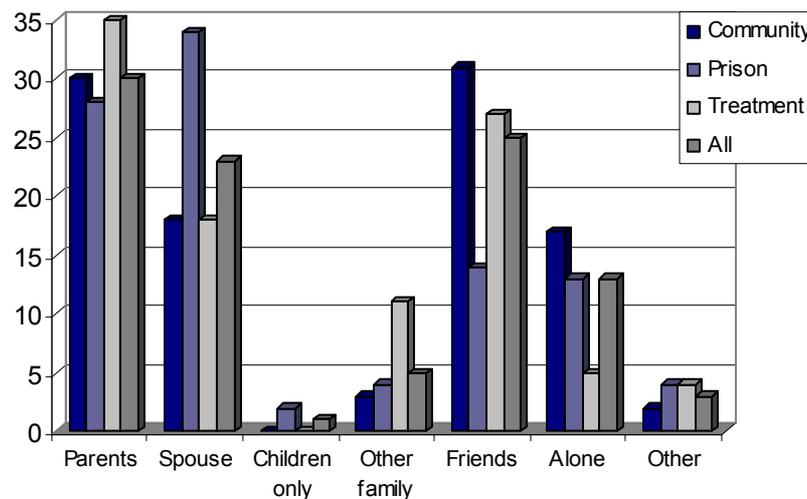


Figure 9: People drug users lived with over the past 12 months

Of all the drug abusers interviewed, almost one third had been living with their parents during the previous twelve months, while up to a quarter each had been living with their spouses or friends. A smaller proportion of drug abusers, more within the community sample, had been living alone. As the prison sample was older and consisted more of those who were married, a larger proportion of the respondents in the prison had been living with their spouses before entering prison.

Demographics - employment, work and support status

During the interview, respondents were asked to state what was their usual type of work or occupation. Almost one quarter of all the respondents stated their usual occupation as unskilled work while a further quarter stated “none”. A substantial proportion of respondents, more in the prison, also stated their usual occupation as “other” meaning their usual employment was not listed in the questionnaire. Apart from these, there were

proportionately more private office workers within the treatment sample and those within the community sample who stated “none” as their occupation.

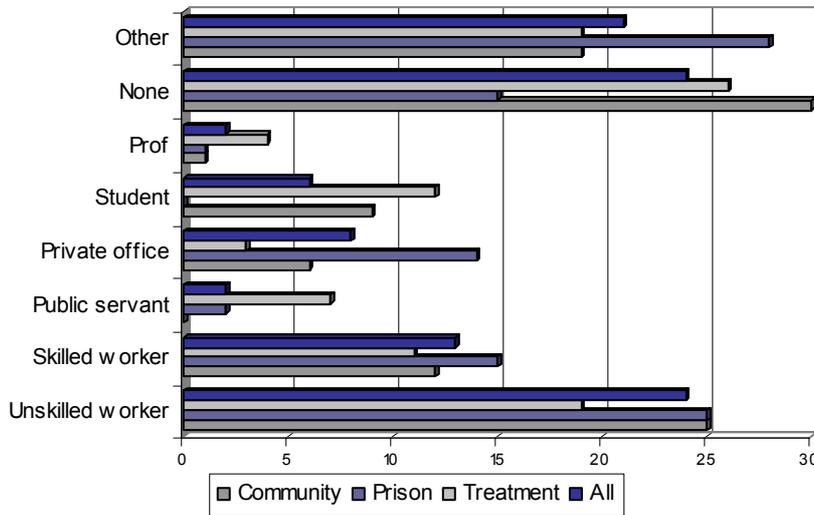


Figure 10: Drug users' usual type of employment

The drug users were further asked to report what had been their work situation for most of the period in the preceding 12 months (or the 12 months prior to their entry into treatment or prison as the case may be). The majority (41 percent) of drug abusers interviewed in the three settings had been mostly unemployed during the preceding 12 months, this was more so for the drug abusers in community. A substantial proportion (20 percent) of the drug abusers had been working full time – this was higher for the prison sample (28 percent) and another 20 percent, more within the community sample, had been doing casual work in the previous 12 month period.

A further question asked if the respondents had been unemployed in the preceding three months before the interview (or, where relevant, prior to entering treatment or prison). More than 60 percent of respondents said that they had been unemployed in this period – this proportion being highest for the drug abusers interviewed in the community settings. The mean period for which the drug abusers had been unemployed during the past 3 months before the interview was reported as 10 weeks.

A final question on support status asked the respondents about the different ways they had been supporting themselves financially during the preceding 3 months prior to the interview (or wherever relevant, entering treatment or prison). This was a multiple response question and the respondents were read each “support type” for them to

answer if they had supported themselves through those means. While one third of the respondents in the three samples had supported themselves through wages and about 40 percent through casual work, almost half of the drug abusers had also been supported financially by their family or partner. The proportion of drug abusers supported by family or partner was higher for treatment and community samples than the prison sample. Additionally, more than a quarter of drug abusers also reported being supported by their friends or partner(s). One quarter of the entire sample had also supported themselves by theft and additionally by selling drugs, pickpocketing and begging in the 3 month period prior to their interview (or entering treatment or prison). The data suggests that while many drug abusers had been supported by their families or by casual work, a substantial proportion had also supported themselves financially by indulging in criminal activities.

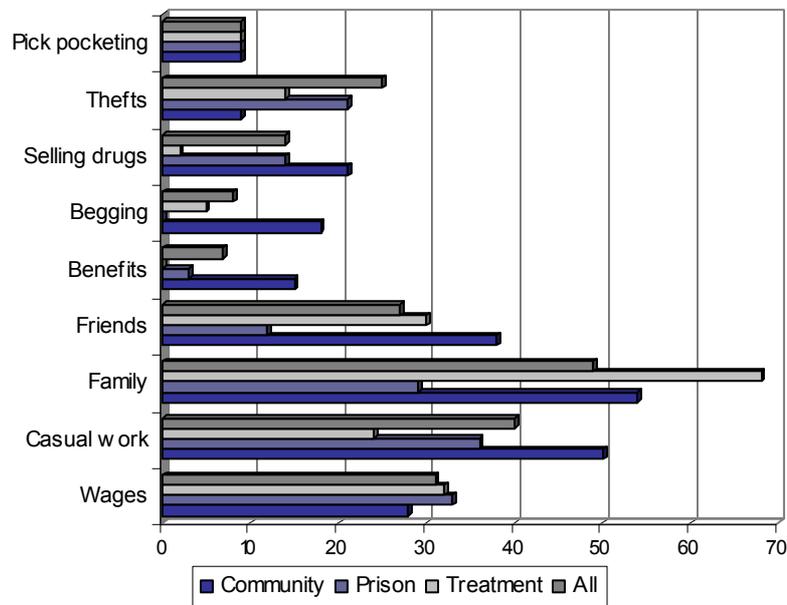


Figure 11: Drug abusers' means of financial support - preceding 3 months

Drug abuse patterns

All drug abusers interviewed were asked about their history of using different types of illicit substances. Against each index drug, the respondents were asked if they had ever used the drug, age at first time use, if they had used it in the previous 12 months, the frequency of use in the previous 30 days (if they had used) and usual method of use of the drug. Looking at this data, quite a diverse and mixed illicit drug use pattern is evident among the drug users. Overall, the information on drug use did not vary much among the three samples but there were some differences observed within the cities.

A large majority of the respondents had ever used Cannabis (Hashish) this proportion was highest in Izmir (>80% of respondents) and lowest in Ankara (<50%). The mean age at first time use of Cannabis was reportedly 17 – about the same reported by key informants. About half of these had also used Cannabis in the preceding 12 months. Of those who had used in the past 30 days (prior to the interview or before entering treatment or prison) the majority had used on a daily basis. Smoking was reportedly the usual method of use for Cannabis.

Inhalant or solvent use during their lifetime was reported by more than half the drug abusers while out of these, two thirds had also reported using inhalants in the preceding 12 months. The proportion of reported inhalant use was lowest among the prison sample, (28 percent) as opposed to the treatment sample where almost two thirds of drug abusers had ever used inhalants. Within the different cities, Izmir had the highest (69 percent) reported lifetime use of inhalants. The mean age at first time use of inhalants, as its use is associated with adolescents and young adults, was reported as 14 years. Almost one third of those who had used inhalants in the preceding 30 days had used them on a daily basis.

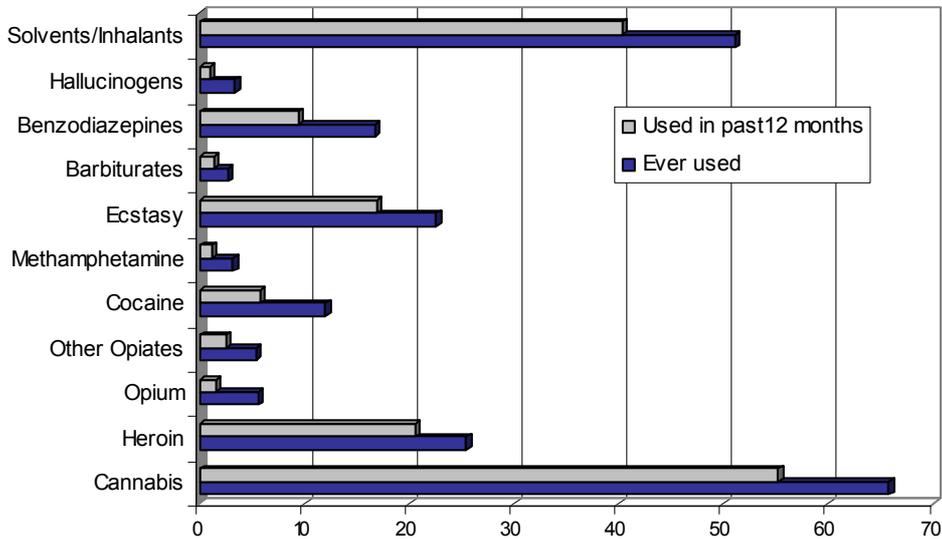


Figure 12: Drug use history - all samples

More than a quarter of the total sample had used Heroin in their lifetime. The proportion of drug abusers who had ever used Heroin was lowest in Ankara (8%) and highest in Diyarbakir and Istanbul (> 40% each). Out of these, almost two thirds had also used

Heroin in the preceding 12 months. The mean age at first time use of Heroin was 24 years (the range was between 12 and 54 years). Of the drug abusers who had used Heroin in the preceding 30 days, the majority had used on a daily basis. While the majority (>50%) of Heroin users reported “sniffing”, inhaling the fumes or “chasing the dragon”, alarmingly, more than a quarter also reported injecting as their method of Heroin use. This proportion was higher for the Istanbul sample, where more than one third of drug abusers reported Heroin use by injection. Opium and other Opiates had been ever used by a minority of respondents (6% each). For other Opiates, most of the respondents reported injecting as their usual method of use.

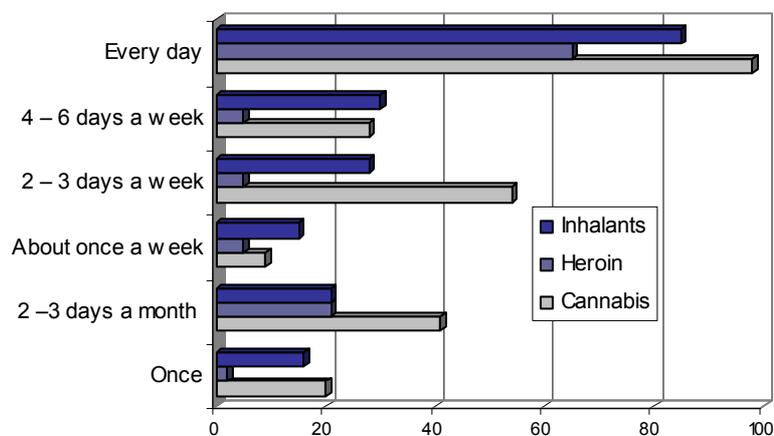


Figure 13: Reported frequency of use in past 30 days – selected drugs

Cocaine had been used in their lifetime by 13 percent of the drug abusers, while the majority of these also reported using Cocaine during the preceding 12 months. The proportion of drug abusers having ever used Cocaine was highest in Istanbul and Izmir. The mean age at first time use of Cocaine was reported as 26 years. Almost one quarter of the sample had ever used Ecstasy, with two thirds of these having also used in the past 12 months. The proportion of Ecstasy users was again highest in Istanbul and Izmir where almost one third of the drug abusers had ever used Ecstasy. The mean age at first time use of Ecstasy was reported as 22 years. About 18 percent of the respondents had used Benzodiazepines. This proportion was highest for Izmir as a city, as well as for the treatment sample as a whole where less than half of drug abusers in Izmir and one quarter of drug users interviewed in treatment had ever used Benzodiazepines. Further, of these, almost half of the respondents had also used Benzodiazepines during the

previous 12 months (before the interview, or entering treatment or prison). The reported mean age for first time use of Benzodiazepines was 19 years.

Injecting drug use

The route of administering a drug, like injecting for example, is an important factor in influencing the extent of morbidity and mortality that results from a given level of prevalence. Injecting drug use and sharing of contaminated injecting equipment is a major risk factor in the spread of HIV and other blood-borne infections like HCV and HBV where even the existence of a relatively small injecting population can have a considerable impact on the overall costs (health, social and criminal justice) associated with drug problems and thereby further increase the burden of disease caused by illicit drug use. This study also enquired into the extent of injecting and related risk behaviours among the drug abusers. As indicated by the key informants, a fairly high rating was given to injecting drug use as a common pattern in Istanbul, Diyarbakir, Ankara and to a lesser extent in Izmir as well as an increasing trend of injecting drugs in these cities as well as in Adana.

	%
Ever injected	16
Injected past 12 months	9
Injected Heroin	72
Injected Other Opiates	35
Injected Benzodiazepines	29
Daily injectors (12 months)	45

Table 6: Drug injecting - summary

Among the drug abusers interviewed, almost 16 percent of the entire sample reported ever injecting drugs. Of these, the highest proportion was among the treatment sample, in Diyarbakir and Istanbul where almost one quarter of the respondents reported ever injecting drugs. With regard to recent injecting (past 12 months), among those who had ever injected, the majority (9 percent of the total sample) had also injected during the last 12 months prior to the interview (or where relevant, before entering treatment or prison). The proportion of recent injectors was highest in Adana, Izmir, Istanbul and Diyarbakir in order of occurrence. Of the recent injectors, almost two thirds had injected Heroin, while lesser percentage of recent injectors had also injected other Opiates, and Benzodiazepines.

Of those drug abusers who had injected in the past twelve months, less than half had been injecting every day, while a quarter had been injecting 2–3 days in a month. Similarly, on a typical day that drugs were being injected, more than a third had injected either 2-4 times a day or more than 4 times a day and one quarter had injected about once a day - indicating a high frequency of injecting drug use. Up to one third of the respondents said they always used a new needle or syringe in the last 12 months they were injecting, while the remaining had used a new syringe with lesser frequency. The mean number of times a new needle or syringe was used was reported as 6.

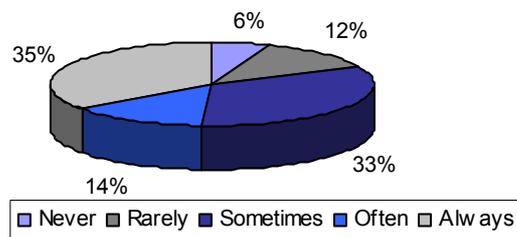


Figure 14: Frequency of using a new needle every time

Whereas one third of the injectors said they never injected with others, the remainder said they did so with more than a quarter stating they “sometimes” injected with others. One third of the respondents said they had never shared drugs from the same cooker, while the rest had shared with almost a quarter indicating they always shared drugs from the same cooker. More than half of the respondents had never shared the same cotton swab being used, but the remainder had shared cotton swabs with differing frequencies. Similarly, while less than half of injectors had never shared the same rinse water, the rest had been sharing with almost one quarter, indicating they always shared the same rinse water with the other injectors

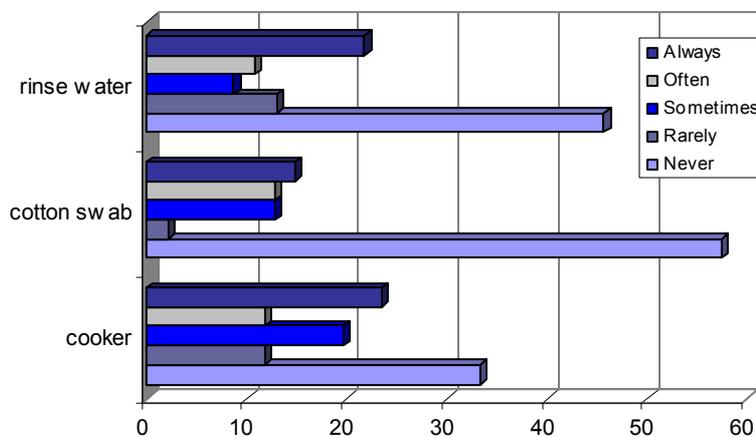


Figure 15: Frequency of sharing injecting paraphernalia

When asked about using the same injecting equipment after use by another drug user, less than half of the injectors reported they had never shared them, while those remaining reported use of the same injecting equipment after use by another person. A follow-up question also asked the respondents about the frequency of other injectors using the same injecting equipment after use by the respondents, interestingly almost half the drug users responded as “never” while the rest reported this to be the case in varying frequencies.

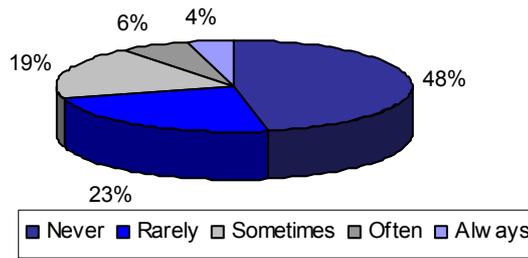


Figure 16: Frequency of using same injecting equipment

With regard to different methods used to clean the injection and other equipment that had already been used by another person, the large majority had never used cold water (63 percent), bleach (100 percent), spirit or rubbing alcohol (77 percent), boiling water (70 percent) or any other method before they used the injecting equipment already used by another person. Even for those within the drug abusers who used a method of cleaning their injection equipment the actual efficacy of the procedures is not known and is very probably questionable.

Among populations of injecting drug users where the sharing of equipment is commonplace, HIV infection rates can rise to epidemic levels in relatively short time periods. Understanding the risk behaviours associated with injecting drugs, in combination with an assessment of the prevalence of this behaviour are therefore critical aspects of assessing the potential for increased HIV infections within an area. In this study considerable high risk injecting behaviour was detected among the drug abusers and therefore the increased risk of HIV and other blood-borne infections among drug injectors should be considered as a potential public health issue.

Sexual lifestyle and risk behaviour

Sexual risk behaviours – unprotected penetrative sexual intercourse, multiple sex partners, relationships and encounters are behaviours which may increase the likelihood of drug users experiencing adverse health consequences, particularly HIV and other

sexually transmitted diseases (STDs), thereby increasing the burden of disease. The study with drug users also looked in sufficient detail at the sexual risk behaviours of respondents interviewed and found the presence of substantial levels of sexual risk behaviours among them.

The median age of first time sexual intercourse was 17 years for the male drug users. More than 60 percent of the respondents reported having a current sexual partner. For the majority of drug abusers this sexual partner was either their wife (44 percent) or girlfriend (35 percent). Almost half the respondents who answered the questions on sexual behaviours reported no change in the number of sexual partners since their start of Opioid or inhalants use yet more than a quarter reported that there had been a decrease in the number of their sexual partners ever since.

In the preceding twelve months prior to the interview (or as the case may be, prior to entering treatment or prison) the respondents had an average of 2 steady sex partners and 10 “other than regular” sex partners. The average number of non-steady sexual partners the respondents had in the previous 12 months was much higher in Diyarbakir (23). A minority of respondents reported use of condoms at all times during penetrative sex (3 percent for regular and 8 percent for irregular sex partners) while more than two thirds either reported never or rarely using condoms during penetrative sex.

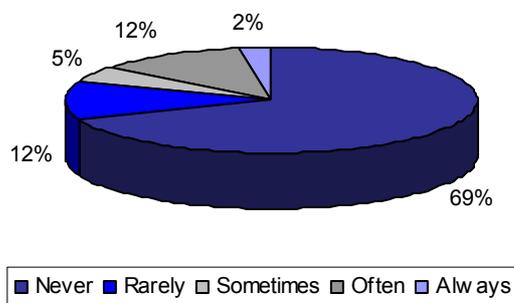


Figure 17: Frequency of condom use with non-steady sexual partners

The respondents were asked a series of questions about if they had given money or received money from someone to have sex or alternately had given drugs or received drugs from another person to have sex. More than a quarter of the respondents answering this question reported giving money to have sex while a quarter also reported receiving drugs to have sex with a person. A smaller proportion of respondents also reported giving either drugs (9 percent) or receiving money (6 percent) to have sex. A

similar proportion of respondents reported the same pattern for their drug using friends or sexual partners.

Smaller proportions of drug abusers reported having been diagnosed with Hepatitis B, Hepatitis C, other STDs and none reported having been diagnosed with HIV/AIDS. However, proportionally more respondents reported that their friends had been diagnosed with Hepatitis B, HIV/AIDS, Hepatitis C and other STDs. The mean number of friends or partners reportedly infected with HIV was 3 and ranged between 1 and 35.

<i>Reported infections</i>	<i>Self</i>	<i>% reporting infections among Friends</i>
Hep B	4%	15%
Hep C	3%	5%
HIV	0	8%
STD	5%	12%
Mean number of HIV infections among friends		3

Table 7: Reported infections among self and friends

The results from this section on prevalence of sexual risk behaviour indicate the need for community based interventions and responses for prevention and reduction of injecting and sexual risk behaviours among the drug users outside the formal tertiary level treatment settings in Turkey.

Perceptions of problems arising from drug abuse

Different patterns and levels of drug abuse are known to impact differently on society, therefore drug abusers were asked to report the extent of problems they had faced as a result of drug use, whereas the key informants were asked about their perceptions of problems caused as a result of drug use in their communities.

Key informants' perceptions

To gauge the key informants' perception of the extent to which the drug abuse patterns described impact on their communities, they were asked to assess the amount of problems each index drug was causing. A standard question format was used in which each drug type was read out and respondents reported if it caused "major problems", "some problems" or "no problems" in their area. Two active categories of the drug "not used" and "don't know" were also included to ensure respondents did not answer

arbitrarily. As mentioned in the previous chapter, the perception of problems could be based on some objective quantification, e.g., number of drug users known to have experienced a certain problem, along with the context and the respondent's perception of their severity.

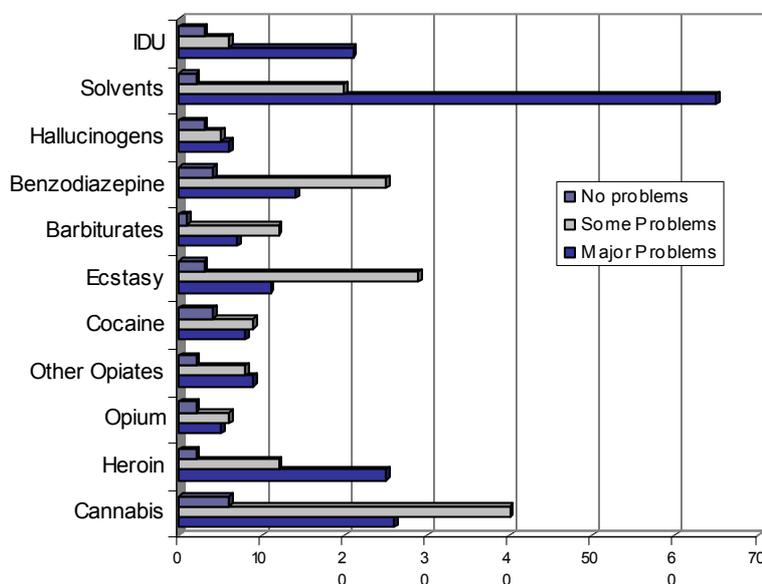


Figure 18: Key informants' perception of problems caused by drugs

The perceived problems different drug types were causing were more or less related to their reported prevalence levels in the cities. Solvents were the substances most associated with causing problems in all the 6 cities. Cannabis was the second substance whose use was reported as causing problems where more than one quarter of the respondents thought its use caused major problems and 40 percent some problems.

The overall rating for Cannabis use causing problems was highest in Diyarbakir. However, Heroin and injecting drugs as a method of use were also associated with causing major problems in Diyarbakir, Istanbul and Adana. Ecstasy and Benzodiazepines, and to lesser extents Cocaine and Barbiturates, were also reported as substances whose use was associated with causing problems in the cities.

As a follow-up question, key informants were asked to give their opinions on what were the most important problems caused to drug users as a result of their drug. Most of the respondents stated health as one of the major problems caused by drug use. Some of the health problems listed were infections such as HIV, Hepatitis (B & C), other STDs, Tuberculosis, injuries, malnutrition, low concentration, suicidal behaviour, etc. Almost all

of the respondents reported that drug users faced relationship problems. The key informants listed strained family relations as one of the major family problems faced by the drug users.

Another problem faced by drug users mentioned by key informants was work related. They stated that drug users lost their productivity and as a result of job loss resorted to illegal means to make money. This, in their opinion, led to legal problems for the drug users as they commonly indulged in crimes such as theft, pickpocketing, prostitution and even murder.

As the second part of open ended questions, key informants were asked to list the problems caused to the community as a result of drug use. Similar to the responses given above, the respondents were of the opinion that drug users were a source of infections such as Hepatitis and HIV, and through prostitution and/or other contacts they had the potential to transmit these diseases to others in the community. The key informants considered drug users to be a “bad influence” on society as in the respondents’ opinion they were responsible for problems within their families, due to their violent behaviour causing disruption to family and community life as well as influencing and coercing others into drug use.

The respondents also considered drug users to be a reason for an increase in crimes in their areas as they thought that drug users indulged in petty crime and prostitution as well as other organised criminal activities. Finally in the key informants’ opinion, drug users were a major loss to the community as drug use meant they could not achieve their potential as healthy, productive and responsible citizens.

Drug abusers’ perceptions

Drug abusers were asked to identify the drug that had caused them the most problems in the year prior to the interview (or, where relevant, in the 12 months before entering treatment or prison). While a small proportion (11 percent) of the drug abusers said none of the drugs they had used had caused them any problems, more than one third of the drug abusers mentioned inhalants and one quarter mentioned Heroin as the one substance which had caused them most problems. Smaller proportions of the drug users who had experienced problems as a result of their drug use also mentioned Cannabis (14 percent), Ecstasy (4 percent) and other Opiates (>1 percent) had caused them major problems in the previous twelve months. Of the nature of problems caused, more than half of the respondents reported health, family, police or legal problems caused by their

drug use. A smaller proportion also reported problems with friends (relations) and at their job as additional problems caused by their drug abuse.

Treatment history

During the course of their drug using career, especially as they encounter health and social problems, drug users invariably come into contact with treatment services. Therefore, an important part of this study was to look at the overlap between the different populations of drug users studied, they were asked about their experience of treatment as well as prison attendance.

Lifetime treatment contact

The proportion of lifetime treatment contact among the street sample was considerably higher as almost 35 percent of the respondents reported ever having treatment for their drug problems. The proportion of lifetime treatment among the prison sample was about 16 percent. These proportions of lifetime treatment contacts were reportedly higher in Izmir and Istanbul among both the study samples.

Lifetime treatment community sample	35 %
Lifetime treatment – prison sample	16%
Treated for Inhalants	80%
Treated for Cannabis	49%
Treated for Heroin	41%
Mean number of treatment episodes	3
Latency between initiation of Opioid use and first treatment	5 years
Latency between initiation of inhalant use and first treatment	2 years
Mean age at first treatment	23 years

Table 8: Summary of treatment history

A supplementary multiresponse question further asked respondents about the different drugs for which they had received treatment in their lifetime. The three main drugs for which respondents had ever been treated were inhalants, Cannabis and Heroin. A smaller proportion of respondents also reported receiving treatment for problems related to Benzodiazepines, Ecstasy, Other Opiates and Cocaine use. Almost all the drug users who responded to this question in Adana, Diyarbakir, and Istanbul had a lifetime history of Cannabis treatment. Additionally, more than 80 percent of respondents in Adana, and

around half of the respondents who had a treatment history in Ankara, Diyarbakir and Istanbul had sought treatment for Heroin use problems. Finally, almost all the drug abusers who had ever been treated in Adana, Ankara and Istanbul also had a lifetime history of treatment for inhalant use problems.

The mean number of times respondents had been treated in their lifetime was more than three. The average number of treatment episodes for the community sample was however higher (around 6 times) as well as among the respondents in Istanbul and Diyarbakir (>5 times). Of the respondents in the community sample who had treatment in the previous twelve months, almost one quarter had treatment for either Opioid or inhalant use. The mean number of treatment episodes during this period was one, while the average time spent in treatment was around one month for the drug users interviewed in the community.

First treatment

The average age at first treatment for any drug use problem was around 23 years. The average age at first treatment episode was however, higher among respondents in Adana and Diyarbakir (around 29 years) and lower in Izmir and Ankara (around 17 years). The difference of average age at first treatment for any drug use within cities could be attributed to the fact that in Adana and Diyarbakir a larger proportion of respondents had lifetime treatment for Opioids use while in Ankara and Izmir more respondents had lifetime treatment for inhalants use. The average latent period reported between first use of Opioids and seeking treatment was more than 5 years, and 2 years for inhalant use. This latent period for treatment of Opioid (Heroin) use is typical of numerous studies conducted internationally that generally find a lag period of between three and six years after initiation of Heroin use before seeking assistance.

Arrest and prison history

Illicit drug use, delinquency and crime are often observed as closely interrelated behaviours. Drug users' involvement in criminal activity, whether in petty, small time criminal activity or organised crime, constitutes major social costs of the behaviour to the society. Therefore, all respondents were asked about their experiences with crime. More than 40 percent of the drug abusers interviewed in the community and 30 percent of those in treatment had a lifetime history of being arrested for drug related offences, while 38 percent of all respondents also reported being sentenced for a criminal offence. The

average age of respondents at first time arrest was 26 years. This average age, however, was lower (21 years) for the treatment sample and the respondents in Adana and Izmir. The drug users reported an average of a 5-year lag period between initiation of Opioid or inhalant use and being arrested for a drug related offence. On average, the drug abusers had been arrested 3 times during their drug using career for a drug related offence – this was 6 times for the treatment sample, while the drug abusers had reportedly spent in total an average of 3 years in prison while arrested for drug related offences.

Ever arrested for drug related offence - community	40%
Ever arrested for drug related offence - treatment	30%
Ever sentenced for a criminal offence	38%
Mean age of first time arrest	26
Total time spent in prison arrested for drug related offence	3 years
Arrested for possession, sale, and use of illicit drug, burglaries and shoplifting	

Table 9: Summary of arrest history

A multiresponse supplementary question asked the respondents the type of offences for which they had been arrested in their lifetime. Of those that had ever been arrested, possession of illicit drugs (65 percent), using drugs (64 percent) and sale of illegal drugs (60 percent) were the three interrelated drug offences for which the respondents had been arrested in their lifetimes. Additionally, more than half had also been arrested for burglaries, shoplifting and driving violations. Of the respondents who were currently in prison or arrested for drug related charges, Cannabis and Heroin were the two main drugs for which they had been arrested while a smaller proportion had been arrested for Ecstasy related crimes. Almost 16 percent of all respondents had also been arrested an average of one time in the previous twelve months prior to the interview (or as the case may be, before entering treatment or prior to their current arrest/prison episode) for the different drug related offences and other crimes mentioned above.

Severity of Dependence

As mentioned at the beginning of the section, while no formal measure of dependence was used as a sampling criterion, a standardised measure of self-reported drug dependence, the Severity of Dependence Scale (SDS) was administered to all respondents. This measure has been used with Heroin and other drug abusers in many

settings and is considered to have adequate psychometric properties. The scale consists of 5 questions each scored on a continuum of 0-3 with a maximum score of 15.

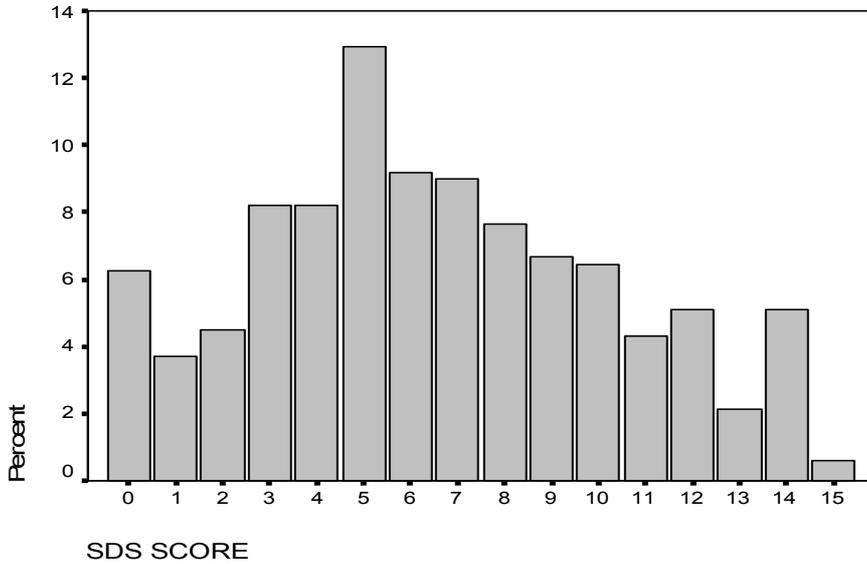


Figure 19: Severity of dependence (all respondents)

Higher, positive scores are associated with higher levels of dependence. Other research studies suggest that scores of around 5 or 6 marks would be comparable with a population requiring drug treatment. The mean score on the SDS in the present study was 6.55 across all respondents. This figure however, varied across samples, it was lower for the prison sample (4.7) and higher for both the community and treatment population (>7). If a cutoff point of 5.0 is taken as a simple indication of dependence, this measure would suggest that almost two thirds of all the respondents had levels of drug dependence that made them suitable for inclusion in a drug treatment programme. While this high score could be understandable for the treatment sample who almost by definition are likely to be dependent users, the street sample of drug abusers exhibited a broader continuum of dependence score. This definitely points to a need for a programme for community based outreach intervention for the drug users who are in need of assistance but for a variety of reasons are unable to access the treatment services.

Summary of main findings

- *Evidence of a younger population of problem drug abusers - more than half between 15 and 24 years old with an average of up to 6 years of education.*
- *Most of the drug abusers living with their families, however a substantial proportion were also living alone or on the streets.*
- *Drug abusers reported unskilled work as their usual occupation; many reportedly did not have any occupation.*
- *Most of the drug users had been unemployed in the past 12 months. They had been mainly supported by their families and friends.*
- *The other means of financial support were casual work, wages, theft, selling drugs, pick pocketing and begging.*
- *Lifetime use of Cannabis reported by almost two thirds, in addition to solvent use by half and heroin use by one quarter of drug users.*
- *A substantial proportion of drug abusers had injected drugs. Heroin was the main injected drug with a high frequency of daily injecting.*
- *Sharing of drug injecting equipment and paraphernalia common practice among injectors with no definite method of cleaning syringes and other paraphernalia used.*
- *A high level of sexual risk behaviour reported among drug users with an average of 2 steady and 10 non regular sexual partners reported in the last 12 months.*
- *Negligible use of condoms reported for penetrative sex.*
- *This indicates the need for community based interventions and responses for prevention and reduction of injecting and sexual risk behaviours among drug users.*
- *Almost a third of drug users had a history of treatment for drug problems with a mean number of 3 treatment episodes.*
- *Average age at first treatment was 23 years for any drug problem while the reported latent period between initiation of Heroin use and treatment was 5 years.*
- *Less than half of drug users in the community and one third in treatment had a lifetime history of being arrested. The average age of first time arrest for a drug related offence was 26 years.*
- *Possession, use and sale of illicit substances were the offences for which most drug users had been arrested in addition to burglaries, shoplifting and other similar offences.*
- *The average severity of dependence score among drug users was 6.55, suggesting levels of drug dependence that would make them suitable for inclusion in drug treatment.*

Drug use among youth

One of the objectives of the national assessment in Turkey was to look at patterns of drug use among youth, especially those found within the secondary school population and to identify the sociocultural factors that were important in influencing consumption patterns within this group. As the European School Survey Projects on Alcohol and other Drugs (ESPAD) was being planned for implementation across Europe at the same time as the National Assessment Study, it was considered opportune to utilise the ESPAD methodology and expertise to conduct the survey on Alcohol and drug use in secondary schools in Turkey. The age group to be studied as part of ESPAD 03 was 15 or 16-year-old students, i.e., born in 1987. In order to provide comparable data from Turkey, the 1987 cohort within the secondary schools in Turkey was also selected in this survey.

School survey sample description

The sampling for the school survey was done in three stages. In the first step, the total number of secondary schools in each city were stratified by the type of schools, i.e., public, private and vocational schools. In the next step, proportionate to the number of schools within each stratum, these were then randomly selected from the list and from within each school, classes as the sampling unit were randomly selected to finally include 6,149 students (3,472 boys and 2,677 girls) in 167 classes. The tables with information on the sampling frame, participating schools, classes and students are given in the Annex.

Out of the sample of 6,149 students in the selected classes, 4182 (approximately 75 percent) students were born in the year 1987 and included in the final analysis for whom the information is presented in this section. These (4,182) represent almost half a percent of the total secondary school students born in 1987 in the country and 1.7 percent of the 1987 cohort in secondary schools in the six cities - Adana, Ankara, Diyarbakir, Istanbul, Izmir and Samsun, where the school survey was conducted. According to the Ministry of National Education, the estimated proportion of 1987 cohort boys and girls enrolled in secondary schools is about 59 and 41 percent respectively, while the proportion of boys and girls in the sample was 55 and 45 percent respectively and therefore are almost representative of the study population.

Self-reported Alcohol, tobacco and other drug use

In this section of drug use among youth, results on self-reported lifetime, past 12 months, and past 30 days use of illicit substances as well as of Alcohol and cigarettes are presented.

Responding to questions on lifetime use of Alcohol, tobacco and other drugs, more than half of the students reported lifetime use of cigarettes. There are 2 extremes of reported lifetime cigarette use - for 18 percent of the students it was on 1-2 occasions and for 13 percent it was on more than 40 occasions. Less than half of the students reported ever use of an Alcoholic beverage. For most students admitting lifetime use of Alcohol, this was on 1-2 occasions whereas about 20 percent of students also reported being ever drunk on 1-2 occasions. The data on reported lifetime, past 12 months and past 30 days use of various substances is presented in the table.

More than 5 percent of students reported ever using any illicit substance. Among these Marijuana/Hashish and inhalants had the highest reported lifetime prevalence respectively, followed by anabolic steroids, tranquillizers or sedatives (without a doctor's prescription) and Ecstasy. Over 5 percent of students had also used tranquillizers under medical supervision. However, for most of the students they had used them for less than 3 weeks.

Overall, the reported lifetime use of tobacco, Alcohol and other drugs are higher for boys than girls. Whereas these differences are not as marked between boys and girls for lifetime reported use of Alcohol and tobacco, these are more evident for lifetime use of Cannabis where it is reported over 6 percent for boys and around 2 percent for girls, Ecstasy use – around 3 percent for boys vs. around 1 percent for girls and use of anabolic steroids – around 5 percent for boys vs. around 2 percent for girls.

The reported frequency of Alcohol use in the past twelve months was around 35 percent for all students - more for boys than girls. Similarly, 16 percent of students had also reported being drunk on 1–2 occasions during the past 12 months. Among the other drugs reportedly used in the last 12 months, more than 3 percent of students reported using Marijuana or Hashish and over 2 percent inhalants – with a higher proportion of use among boys than girls. For the use of other drugs than Marijuana and inhalants less than 1 percent of students reported their use in the last 12 months.

Drugs	Lifetime (%)			Past 12 months (%)			Past 30 days (%)		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Tobacco	56.3	42.8	50				22.3	12.2	17.7
Alcohol	50	39	45	40	28	35	24.5	14.2	19.7
Cannabis	6.4	1.9	4.3	5	1.3	3.3	3.7	0.8	2.3
Amphetamines	2.7	0.9	1.9	0.9	0.7	0.8	1	0.9	1
LSD	2.4	0.8	1.6	0.9	0.7	0.8	1	0.9	1
Crack	2.2	0.4	1.4	0.9	0.7	0.8	1	0.9	1
Cocaine	2.4	0.7	1.6	0.9	0.7	0.8	1	0.9	1
Ecstasy	2.6	0.9	1.8	0.9	0.7	0.8	1	0.9	1
Heroin	2.2	0.6	1.5	0.9	0.7	0.8	1	0.9	1
Relevin	1.9	0.5	1.3	0.9	0.7	0.8	1	0.9	1
Tranquilizers	3.2	2.7	3	0.9	0.7	0.8	1	0.9	1
Inhalants	4.9	3.5	4.2	3	1.6	2.4	2.6	1.3	2
Anabolic	4.5	1.5	3.1	0.9	0.7	0.8	1	0.9	1
Steroids									
GHB	2	0.7	1.4	0.9	0.7	0.8	1	0.9	1

Table 10: Frequency of self reported drug use

Alcohol, tobacco or other drug use during the past 30 days may include those who have tried these for the first time as well as those who have used these substances on an ongoing basis. The frequency of self-reported Alcohol use in the past 30 days was almost 20 percent with most students (overall 10 percent) indicating use on 1-2 occasions during this period. More than 15 percent of students reported having more than 5 drinks in a row, i.e., binge drinking, and around 8 percent of students reported being drunk on 1-2 occasions in the last 30 days prior to the survey. Concerning daily use of cigarettes during the last 30 days, most of the students reported using 1-5 cigarettes, followed by 6-10 cigarettes during the last 30 days. For reported Cannabis and inhalant use, over 2 percent each of the students respectively reported use during this period, i.e., the past 30 days. As for the reported use of other drugs used by the students in the last thirty days, the frequency of response was almost 1 percent.

The city-specific tables with reported lifetime, past 12 months and 30 day use of Alcohol, tobacco and other drugs are given in the Annex. However, there are a few points worth noting from the six cities' responses. The reported lifetime use of any drug is highest among the boys in Istanbul and girls in Izmir. For the past 12 months use among boys in Istanbul, Diyarbakir and Ankara show almost similar rates of higher reported use, whereas it is reported in higher proportions among girls in Izmir than among girls in any

other city. The last 30 days use of Hashish is highest among boys in Istanbul, and for amphetamines, LSD, Cocaine, Ecstasy and Heroin the highest use in the past 30 days is reported from Diyarbakir among boys and highest in Izmir for all the other drug use among girls.

Age at first use

The onset of smoking occurs at different ages in different countries. It is reasonable to assume, that in a country with high smoking prevalence there should be larger proportions with an early onset. For most of the students responding to this question the age at first cigarette use was less than eleven years (12 percent of the total students). Besides this, the age at start of cigarette smoking is evenly spread among the other ages i.e., between 12 and 16 years (6 and 3 percent respectively of the students). With regard to the age of starting daily smoking, most of the students responding to this question, both boys and girls, had started smoking daily between 14 and 16 years. This ranged from 2-3 percent of the total sample of students.

For the reported age at start of beer drinking, among boys at one end are those who had at least one glass of beer at age 11 or less (10 percent), while for most of the girls and other boys, 14 and 15 years are the reported ages when they first had a drink of beer (5-9 percent of the entire student sample). For other drugs, especially Marijuana/Hashish and inhalants - drugs for which there is more substantial reported lifetime prevalence - the age at first time use for most students was also reportedly between 14-16 years (around 1 percent of the entire sample).

Alcohol consumption

Students were asked to report on the quantities of Alcohol consumed, the place/s they had been drinking and the level of drunkenness at their last drinking occasion. With regard to quantities of Alcohol consumed at the last drinking occasion, most of the students reported having consumed less than 50 cl. (17 percent) or between 50 and 100 cl. (12 percent) of beer. A similar pattern was reported for quantities of spirits, cider and wine used on the last drinking occasion. Many boys (13 percent of the total) and most of the girls (16 percent) reportedly had drunk at home or at someone else's home (10 percent of boys and 8 percent of girls) on the last drinking occasion. Most of the boys (17 percent) who had drunk had also reportedly drunk on the street, park, or out in the open on the last drinking occasion.

To measure the level of drunkenness at their last drinking occasion, students were asked to rate on a scale of 1-10 their perceived drunkenness, most (11 percent) of the students put their drunkenness at 1 (somewhat merry only), while the next point on the scale for most responses were 2 and 5 each, i.e., up to a mid-level of drunkenness. Responding to the question on the number of drinks needed to get drunk, most of the students listed either 3 to 4 or 5 to 6 drinks needed to get drunk. There was no marked difference among the responses from boys and girls.

A further question asked students to respond to possible personal effects, both positive and negative, of using Alcohol that were listed on the questionnaire. Responding to the question on perceived “positive consequences” of using Alcohol, almost one third of boys and girls listed as: “feel relaxed”, “have lot of fun”, “forget my problems” and “feel happy”. With regard to negative consequences almost half of the students, more girls than boys, stated “harm my health” as one of the effects, the next most responses were for “do something I would regret”, “feel sick” and “get into trouble with police” in the order of frequency of responses.

Perceived problems due to Alcohol and drug use

The next question asked students to respond to individual, relationship, or criminal problems and sexual experiences that they may have faced due to Alcohol, drug use or as a result of other reasons. The “individual problems” concerned performance at school, loss of money or valuables, accident or injury or hospitalisation due to an emergency. The “relationship problems” concerned quarrels or arguments and problems in relationships with friends, parents and teachers. While sexual problems dealt with having sexual intercourse and regretting it the next day or engaging in sexual intercourse without a condom. Finally, the criminal problems dealt with having scuffles or fights, victimisation by robbery or theft and trouble with the police. All the students gave consistent responses to these questions. Therefore, 2 percent of all students reported having experienced these problems as a result of Alcohol use and less than one percent due to drug use and almost two thirds reported having experienced the problems listed due to other reasons. However, when comparing boys with girls the proportion of boys experiencing problems because of both Alcohol and drug use is higher (around 3 and 1 percent respectively). It is noteworthy that less than one third of the students also reported never having experienced any of the listed problems.

Perceived influences of heavy drinking

Students were asked a list of questions on the influence heavy drinking can have on traffic accidents, other accidents, violent crimes, family, health, relationship and financial problems. The students had to record their response against “Yes considerably”, “Yes quite a lot”, “Yes to some extent”, “Yes, but only a little” or “No”. With regard to traffic accidents, the majority (80 percent) of students responded heavy drinking may “considerably” cause traffic accidents. The proportion of students responding in the affirmative for other accidents, violent crimes, family, health, relationship and financial problems being caused “considerably” by heavy drinking was more than 60 percent. This indicates a higher awareness among students of heavy drinking and perceived problems caused by it.

Knowledge of drugs

In some countries, both the knowledge of a drug and the use of it are rather widespread, while students in other countries have never heard the name, let alone used it. To explore how well-known certain substances were among students in Turkey, even with a low prevalence of use of different substances, and to enable monitoring of possible changes over time, the students were asked if they had ever heard of certain drugs. Therefore, the highest proportion of students (more than 80 percent – more girls than boys) had heard of Cocaine and Heroin, whereas 68 percent had heard of Marijuana or Hashish. More than one third of students had heard of either Ecstasy or tranquillizers. For the other drugs mentioned in the questionnaire the response frequencies ranged from around 10 percent for Magic Mushrooms and Relewin (dummy drug), to 5 percent who had ever heard of GHB. As a measure of “intent to use” a follow-up question asked the students if they had ever wanted to use the mentioned substances. Responding to this question, more than 9 percent of the boys and 5 percent of girls said they had ever wanted to try any of the mentioned drugs.

Availability of drugs

Students were asked how difficult or easy would it be to get the drugs listed in the questionnaire if they wanted to. With regard to availability of cigarettes more than 62 percent of students responded that they were easy to obtain. A lesser proportion, ranging from one third to one half of students, thought that beer, wine and spirits were easy to obtain.

Among other drugs, most students (17 percent) who responded to the question ranked inhalants as easily available, while anabolic steroids and tranquillizers were ranked as second (9 percent each) followed by Cannabis, amphetamines and Ecstasy as easily available substances.

Perceived risk of drug use

Students were asked questions on the perceived risks of tobacco, Alcohol and other drug use. They were asked to record their responses to occasional or regular use of substances against the response categories of “no or slight risk”, “moderate risk” or “great risk” of use. An additional active category was for those who “did not know”.

More than half of the students in the survey thought there were no risks in smoking cigarettes occasionally, whereas over 60 percent thought there were great risks associated with smoking one or more packs of cigarettes a day – this level of perceived risk was reported more among girls than boys. Responding to the questions on Alcohol, the majority of students thought that there were great risks associated with having Alcoholic drinks nearly every day or at weekends (45 and 65 percent respectively).

With regard to other drugs, more than half of the students responded that there were great risks involved in smoking Marijuana or Hashish, using Cocaine or Crack, drug use by injection and inhalants use on a regular basis. However, a lesser proportion of students perceived there were great risks in using these substances once or twice. Similarly for the responses on perceived risks of using other remaining drugs listed, i.e., – Ecstasy, Amphetamines, LSD or GHB - yet a lesser proportion of students thought there were great risks involved in their regular use or in using these substances once or twice.

Estimated drug use among friends and siblings

It would be reasonable to think that with reported high prevalence of use, e.g., smoking or Alcohol, there should also be high percentages reporting that most or all friends are doing the same. This information is particularly important to design peer support and prevention programmes. Therefore the students were asked “How many of your friends would you estimate smoke cigarettes, drink Alcohol or take other drugs?”. The response categories were “None”, “A few”, “Some”, “Most” and “All”. More than a quarter of students responded that most or all of their friends smoked cigarettes. Over 18 percent of their friends reportedly drank Alcoholic beverages and around 4 percent got drunk at

least once a week. With regard to other drug use, Marijuana or Hashish were the substances reportedly used by their friends. For the remaining substances listed, i.e., inhalants, tranquillizers, Ecstasy, anabolic steroids, Heroin, GHB, etc., lesser proportions of students reported use by their friends (4 and 5 percent).

Another question asked the students if any of their siblings smoked cigarettes, used Alcohol or other drugs. With regard to respondents' siblings smoking cigarettes, the reported proportion was over one third. Eighteen percent of students also reported their siblings as drinking Alcohol and 11 percent as getting drunk. The proportion of students reporting use of Marijuana, tranquillizers or Ecstasy by their siblings was around 6 percent.

First drug use occasion

The students were asked questions on the first drug they had used, how it was obtained and the reasons for using a drug for the first time. While more than 94 percent of the students reported never having used a drug, of those reporting use, Hashish, tranquillizers or sedatives were the first drugs they had used. On the question how the drug was obtained, the students stated it was mostly shared in the group. Some boys also reported that it was given by a friend (either older or younger) and the remaining students reportedly got their first drug other than the ways listed in the questionnaire. In public discussions of adolescent drug use, the role of peer pressure is frequently emphasised. However, at times, an individual also plays an active role in initiating their own drug use. Therefore as in many countries, one of the main reasons listed for using a drug for the first time was "curiosity". The other reasons listed were "to forget problems" and "wanted to feel high". Proportionately more boys than girls listed these latter reasons.

Places to buy Cannabis

The ease of access to illicit drugs is one of the most important determinants of experimental drug use among adolescents. While more than 80 percent of student did not know of a place to buy Cannabis, more girls (12 percent) than boys (9 percent) reported that Cannabis could easily be bought at a disco or a bar. Among the other places, a street or a park, followed by the house of a dealer (4 percent each) and school (3 percent) were the more common places where students thought Cannabis could easily be bought.

Other information

This section describes some of the other background information for the students, like participation in sports, other leisure time activities, grades, missing school, family status, etc.

The students' Alcohol and other drug consumption is expected to be related to the pattern of other leisure time activities. With regard to leisure time activities, more than 90 percent of boys and girls listed active participation in sports, athletics or exercising as their leisure time activities. The other leisure time activities listed by boys in the order of responses were playing computer games (70 percent), other hobbies, reading books (58 percent) and going out in the evenings (41 percent). For girls, the most responses for leisure time activities were for other hobbies (playing instruments, singing, drawing, writing - 88 percent), followed by reading books (80 percent), playing computer games (48 percent) and going out in the evening (32 percent).

The majority of students reported not having missed school in the last 30 days. However, one third reported missing school for 1-2 days due to illness, while more than a quarter also reported "skipping" and an additional quarter had missed school for other reasons. About 10 percent of students had missed school for more than 3 days because of illness. Further, 7 percent of students had skipped school and 8 percent had missed school for more than 3 days due to "other reasons" during the past 30 days.

More than half of the students reported having medium grades, whereas 45 percent reported low grades. Only 5 percent of boys and 3 percent of girls reported average to high grades.

Responding to the question on parents' level of education, less than a quarter of students reported their father's education as "completed college or university" and a similar proportion reported "completed primary school or less", while around 10 percent reported their father's education as "secondary". For the mother's education, almost one third of the students reported "completed primary school or less", 13 percent as some college or university and 10 percent as "completed secondary school". The large majority of students (>80 percent) were living with their parents, while two thirds were also living with their siblings. With regard to their family situation, less than half of the students stated that their family situation was better off than others, while more than one quarter stated it to be about the same as others and 12 percent reported their family situation as

“less well off”. A set of questions asked the students about their perceived satisfaction with their relations with their father, mother and friends. The majority of students were satisfied with relations with their mother while a lesser proportion of students were reportedly satisfied with relations with their father. With regard to their friends, almost half of the students said they were satisfied with relations with their friends.

The controlling influence of parents could be a protective factor against children’s use of drugs. A possible indirect indicator for the level of control could be parents’ awareness of how children spend their free time. The students were asked to report if their parents knew where they spent Saturday evenings. Responding to the question, the majority of students (83 percent) reported that their parents always knew about it. Interestingly, almost 90 percent of girls and 77 percent of boys said their parents always knew where they spent their Saturday evenings. A further 16 percent of boys and 7 percent of girls stated that their parents “quite often” knew of the places and only 2 percent said their parents usually did not know where they spent their Saturday evenings.

Background information and drug use

This section explores the relationship, if it exists, between reported drug use by students and some of the background variables mentioned above such as parental education, household composition, parental control and skipped school days.

Parental education

Measuring parental education and reported drug use among the students, among the boys who reported lifetime and daily use of cigarettes there was a significant negative correlation with the father’s education. However for girls, this relationship was not significant. Among all the students reporting lifetime and past twelve months use of Alcohol as well as binge drinking during the past 30 days, there was a significant relationship between their parents’ education and Alcohol use. There was no significant relationship between lifetime use of Cannabis or any other drugs and the parents’ level of education.

	Father's education		Mother's education	
	Boys	Girls	Boys	Girls
Cigarettes in lifetime	√	-	-	-
Daily smoking	√	-	-	-
Lifetime use of any Alcoholic beverage	√	√	√	√
12 months Alcohol use	√	√	√	√
Binge drinking past 30 days	√	√	√	√
Lifetime Cannabis use	-	-	-	-
Lifetime use of other drugs	-	-	-	-

Table 11: Parental education and drug habits

Family structure

Measuring reported drug use by the students and the composition of their households, i.e., living with their biological parents, single parents, and step-parent/s or in another arrangement, lifetime use of cigarettes was more likely to be reported by boys living with step-parents and girls living with single parents. Daily smoking, lifetime and past 12 months use of Alcohol was more likely to be reported by both boys and girls living with single parents. Similarly, binge drinking in the past 30 days and lifetime use of other drugs was also more likely to be reported among boys living with single parents.

	Boys		Girls	
	Step parents	Single parents	Step parents	Single parents
Cigarettes in lifetime	√	-	-	√
Daily smoking	-	√	-	√
Lifetime Alcohol use	-	√	-	√
12 months Alcohol use	-	√	-	√
Binge drinking past 30 days	-	√	-	-
Lifetime Cannabis use	-	-	-	-
Lifetime use of other drugs	-	√	-	-

Table 12: Family structure and drug use

Parental control

Measuring parental control, i.e., their knowledge of where the students spent Saturday nights and reported lifetime use of cigarettes, daily smoking, lifetime use of Alcohol, past 12 months Alcohol use, binge drinking, lifetime use of Cannabis and other drugs was reported more among students, both boys and girls, who also reported their parents did not know where they spent their Saturday evenings.

Truancy and drug use

Similarly, students who had reportedly smoked cigarettes during their lifetime and were smoking daily, reported lifetime or past 12 months use of Alcohol as well as binge drinking during the past 30 days, had reportedly used Cannabis or other drugs during their lifetime were also more likely to report having skipped school for more than 3 days during the past 30 days.

Siblings' substance use and own drug habits

The students who reported older siblings smoking were also more likely to report lifetime use of cigarettes as well as daily smoking. Similarly, all students reporting older siblings who get(s) drunk were also more likely to report their own lifetime and past 12 months use of Alcohol and binge drinking during the past 30 days. Similarly, among the boys and girls who reported older siblings using Cannabis also reported their own lifetime use of Cannabis during lifetime.

Family's economic situation

Boys who reported cigarette use in their lifetime also reported a higher family status compared with other families in the country. This was however, not true for girls. Conversely, those boys and girls who reported Alcohol use during their lifetime and during past 12 months and girls reporting binge drinking had a significant negative correlation with family status. Concerning lifetime use of Cannabis or any other drug, no significant relationship was observed between the family's economic situation reported by the students.

Conclusions

If the reported Alcohol, tobacco and other drug use by students in Turkey is compared with "Monitoring the Future - 1999" which is an ongoing study of behaviours, attitudes and values of American secondary school and college students and young adults, there are comparable levels of cigarette smoking in the last 30 days but lower levels of Alcohol use among Turkish secondary school students than their American counterparts. Similarly, the lifetime use of Marijuana or Hashish among secondary school students in Turkey is much lower than among students in the USA. If these results are compared with the average results of ESPAD 99, there are lower rates of reported cigarette, Alcohol and Cannabis use among Turkish students than the average of their European counterparts, but there are comparable rates of other drug use e.g., amphetamines and Ecstasy.

However, whatever the reported lifetime prevalence of substances like Cannabis, inhalants and use of Alcohol and tobacco among secondary school students, these figures cannot be overlooked. Also, it is highly imperative that in order to keep the low prevalence rates of drug use and prevent use of Alcohol and cigarettes, for which there are reportedly high prevalence rates among secondary school students, there is a need to institute educational programmes that emphasise life skills development, i.e., Personal and Social Education Programmes that may also teach the students to reflect on the harmful consequences of cigarettes, Alcohol and other drugs use.

Summary of main findings

Lifetime

- *Half of the 15 - 16 year old secondary school students reported lifetime use of tobacco and Alcohol.*
- *Self-reported use of Cannabis (Marijuana/Hashish) by 4%, inhalants (4%), anabolic steroids (3%), tranquillizers (3%) and Ecstasy (2%)*

Past 12 months

- *Self-reported Alcohol use 35%, Cannabis use among 3%, inhalant use by 2% and other drugs around 1 %*

Past 30 days

- *Self-reported Alcohol use 20%, tobacco use 18%, Cannabis use 2%, inhalant use 2% and other drug use 1%.*

Other

- *Age at first time cigarette smoking between 12 and 16 years. For most students, age at daily smoking of cigarettes is between 14 and 16 years.*
- *Alcohol and other drugs reportedly used for first time between 14 and 16 years.*
- *2% of students reported experiencing individual, relationship or criminal problems and sexual contacts that they regretted as a result of Alcohol use, while 1% of students experienced these problems due to drug use.*
- *A majority of students had heard about most illicit substances like Cocaine, Heroin, Cannabis, Ecstasy or tranquillizers. More than 9% of boys and 5% of girls reported ever wanting to try these drugs.*
- *Many students thought inhalants, tranquillizers, Cannabis and Ecstasy were easy to obtain.*
- *A lesser proportion of students perceived there were great risks in using most illicit substances once or twice, than those who perceived greater risks to be involved in using these substances on a regular basis.*

Emerging drug: Ecstasy

As Ecstasy use has emerged in recent years as a new trend - one that has been highlighted considerably in the print and electronic media, other reports and caught the attention of the general public - focus group discussions were held to learn about and present a picture of the extent and nature of Ecstasy and the use of other drugs in club settings in Adana, Ankara, Diyarbakir, Istanbul and Izmir. Focus groups can generate descriptive data on the nature of drug abuse, on individual and group perceptions of the drug abuse phenomenon - the group norms and practices - and on contextual factors influencing use of the drug. The information in this section is therefore qualitative information, gathered during focus group discussions with selected groups of respondents, aiming to provide some insight into club drug use and assist in developing prevention and intervention programmes to prevent use of club drugs such as Ecstasy among young people in Turkey.

Focus groups description

In all, eleven focus group discussions were held - 2 each in Adana and Diyarbakir, 3 in Istanbul, and 4 in Ankara. In Izmir, instead of focus group discussions the research team conducted three separate in-depth interviews with Ecstasy users utilising the same discussion guide as used for the focus groups.

For each of the focus group discussions, the number of participants varied from 4 to 8 and consisted of homogenous groups. The age groups of the participants in these cities were almost similar and ranged between 25 and 49. In Istanbul however, some younger participants were also included in one focus group. The focus group participants included bouncers, bartenders and waiters at bars and nightclubs in Adana and Diyarbakir. In Istanbul besides these, participants also included taxi drivers, sex workers and a group of gay men. The participants in the Ankara focus group discussions included Ecstasy users, barmen and barmaids, family physicians, social workers and doctors.

Participation in the focus groups was by invitation and voluntary. During each of the focus group, the participants were informed about the purpose of the discussions and its

outcomes. In order to ensure free expression of opinions and frank discussions it was stressed to the participants that all information they would provide during the discussion would remain anonymous and not linked to them in any way.

Knowledge about the extent of Ecstasy use

The participants expressed that although Cannabis, Cocaine, LSD and even Rohypnol was used as club drugs in Turkey, Ecstasy was the most commonly used drug in clubs, discos, pubs and bars. All participants agreed that the use of Ecstasy had dramatically increased in the country since 2000. Ecstasy is available with different brand names and logos – some brand names also denote the quality of “ingredients” as well as its “effect” and duration of action. The participants gave an extensive list of brand names available, the local slang for Ecstasy was described as “*Pit atmak*” - let’s take Ecstasy.

Ecstasy brand names and slang
Armani, At (horse in Turkish), Baklava, Butterfly, Calvin Klein, Cherry, Coca Cola, Coro, Double Cherry, Elmas, Ferrari, Fish, Lips, Mercedes, Mitsubishi, Motorola, Papa Smurf, Pigeon, Pokemon, Rolex, Smurfs, X, Yellow bomb, Ying Yan, Zoro, 5%.

The participants were of the view that Ecstasy was mostly used by adolescents (<16 years) and young men and women (16- 25 years) - mainly high school and university students. While some participants thought that Ecstasy was used by young people from higher socioeconomic groups, others stated that it was also used as commonly by young people from middle and lower socioeconomic groups. This information is also comparable with the key informants’ perceptions of Ecstasy use within age, gender and social classes.

Describing the settings in which Ecstasy is commonly used, the participants stated Ecstasy use was closely linked with “techno” type music and the clubs and bars that played this music. The reported purpose is to feel joyous and be able to better “feel” the music, dance crazily and with fervour for long hours without feeling tired or exhausted. Depending on the quality of substance used, as informed by the participants, after a few hours of use the person gets the maximum effect described as “bursting” which is accentuated by the “techno music”. Another setting for Ecstasy use was described as private home and beach parties (raves) where Ecstasy was commonly used. For

example, in Istanbul the participants described the 2-3 day beach parties that were organised with DJs or live music, where thousands of young people attended. These parties were occasions where young people used Ecstasy and Cannabis to keep going all night.

A third use of Ecstasy that the participants described was for “enhancement of sexual performance” especially by older men and their sexual partners (sex workers), but also by young men and women to “overcome their inhibitions” and to go on for longer periods. Yet another scenario was described by the participants in Adana, where they said that Ecstasy was used to help in gambling (card games) where the person could sit and concentrate for longer periods as compared to being in a haze after drinking or just being sober. And finally, many women were reportedly using Ecstasy to reduce their weight.

With regard to any drug combinations or other drugs used besides Ecstasy inside or around clubs, the participants expressed Ecstasy users generally did not prefer to take Alcohol when they had taken Ecstasy, but preferred plain water or other soft or energy drinks - one of the favourite drinks was a mixture of “*Red Bull*” and orange juice. Reportedly, Cocaine was also used by some clubbers older than 30 years. Some clubbers preferred to use a joint (Hashish or Marijuana) both before or after Ecstasy use. When Hashish was smoked after Ecstasy or a gum chewed, it reportedly helped to reduce the adverse effects like muscular spasms and “locking” of the jaws. Smokers who used Ecstasy tended to smoke more.

Changing markets

As mentioned, the popularity of Ecstasy use has increased in the last 4-5 years and its use has become quite fashionable especially among young people and clubbers in all the major cities of Turkey. Reportedly, access to Ecstasy and its availability is also getting easier. Some respondents thought that since it was being manufactured in Turkey in the Southeast and Tahtakale there have been more variations in the quality and price. On wholesale, the respondents said each Ecstasy tablet cost about 4,000,000 – 5,000,000 TL while the general sale price was reported between 15 and 25 million TL (equivalent to US\$ 10 to 15). Some Ecstasy brands and especially “imported” ones could cost as much as 50 million TL. It was reported that some users bought Ecstasy from the dealers and then would sell it to their “friends” to make some extra money and to buy their own drugs – this, the participants thought, was another reason why the number of dealers including women, and users was increasing. In order to buy Ecstasy the

participants said, one had to be a “close” friend of a regular user because dealers would not sell drugs (Ecstasy) to people they did not know for fear of getting caught. Generally Ecstasy could be bought outside the clubs before entry.

Perceived benefits or costs

Describing the benefits of Ecstasy use, most respondents thought that they (the users) were generally more social, active and less aggressive when under the influence of Ecstasy. The drug increased the perception of feeling, so the user feels extremely pleased with whatever he/she may be doing. On the other hand, if Ecstasy is taken in a depressive mood or under stress it makes the person feel worse. Overall the participants believed that Ecstasy made the users keep awake longer than usual and gave them the energy to dance and have sex for longer than usual.

In the opinion of focus group participants, friendships and the social environment were extremely important in trying Ecstasy. They informed that some users tried it the first time as they could not refuse their friends’ offer to use. The participants informed that most users had limited knowledge of the drug. Most did not even know that Ecstasy is an amphetamine derivative.

Most of the participants were also not aware of the effects and long-term consequences of Ecstasy use, other than that it was an addictive substance and that it had many side effects. Most of the effects the participants could describe were related to the body’s response after the substance’s effects wore off. When the effects diminish the users feel aggressive, tired, exhausted, and may have muscular spasms. They also reported that those who were not careful, did not drink a lot of water or drank Alcohol with Ecstasy could become dehydrated. Substances like Heroin, Cocaine and even rat poison are included as adulterants and could lead to other harmful effects. Some respondents thought that when Heroin is included, the users sweat profusely and that brand is frequently not preferred. However others felt it made the user feel better and more active and concentrated when Heroin was included.

Given that the use of Ecstasy has spread widely among young people in Turkey, as explained by the participants, substantiated by the key informants and media reports; and also given that many people are not aware of the harmful consequences and effects of short and long term Ecstasy use, there is a strong need for public awareness

campaigns and education of young people focusing on prevention of Ecstasy use along with other drugs.

Summary of main findings

- *Ecstasy use reported as the most commonly used drug in clubs, discos, pubs and bars in the urban centres of Turkey.*
- *Ecstasy use is considered more common among young people from all genders and social classes.*
- *Ecstasy is reportedly being used in clubs, raves and parties to dance with fervour for long hours, for enhancement of sexual performance, to overcome sexual inhibitions among couples and to reduce weight among women.*
- *Reported increasing availability of Ecstasy with decreasing prices.*
- *Most focus group participants were not aware of the adverse and harmful consequences of Ecstasy use.*

Treatment Services

In this section, information is presented concerning the utilisation and availability of drug treatment services in Turkey, based primarily on interviews with key informants and drug users.

In Turkey, Alcohol and drug abuse treatment services are provided through specialised tertiary level facilities – AMATEMs (Alcohol and Substance Abuse Treatment and Research Centres) which are located in Adana, Denizli, Elazig, Istanbul, Manisa, and Samsun with a recent establishment in Ankara. Besides these, drug treatment services are also provided in the psychiatry clinics of university and state hospitals. The working of AMATEMs and most other drug treatment services are regulated and coordinated by the Directorate General of Curative Services within the Ministry of Health. The private clinics that also provide treatment services in some instances are not regulated by the Ministry of Health.

Utilisation of treatment services

One area of discussion prior to the current assessment studies had been the utilisation of treatment services by the problem drug users in Turkey as well as their perceived effectiveness. This was therefore included as a subject to be further investigated during the assessment. A section of the interviews with key informants dealt with their perceptions of the utilisation, availability and effectiveness of drug treatment services available in their area. Similarly, the drug users interviewed were asked about their experiences with different treatment services available.

Key informants' perception

The first set of questions for key informants asked them to respond about the different treatment services listed used by men, women and adolescents (less than 16 years of age). The response categories were “most commonly” and “second most commonly”

used. A cumulative score for utilisation of each service was calculated and is presented in the figure below.

The highest overall score for utilisation of services for drug treatment for all categories, i.e., men, women and adolescents was given to state hospitals, followed by AMATEMs. Interestingly, the key informants also rated substantially utilisation of “doctors’ private clinics” for drug treatment services. This was more marked for women than men or adolescents. Probably due to social and cultural constraints, women may feel more at ease using private clinics for treatment or assistance with drug problems. Moreover, this data is to be interpreted with caution as in some cities, not all the listed treatment services were available, for instance at the time of the study AMATEMs were only in Adana, Istanbul and Samsun.

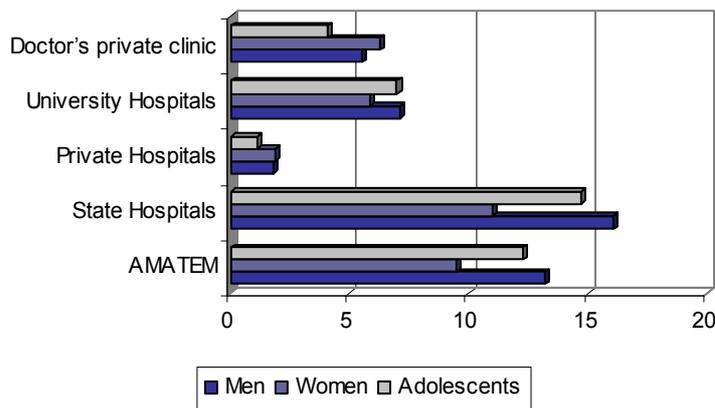


Figure 20: Perceived use of treatment services

Drug users’ perceptions

Similarly the drug users were asked about their lifetime and recent contacts with the different treatment services available in their city or outside. The data is presented in the figure below. The majority of drug abusers who had treatment contacts, either in their lifetime or in the past 12 months prior to interview, (or as the case may be, prior to entering prison or current treatment episode) had utilised the services of AMATEMs preferably in another city for assistance with their drug problems. This again has to be understood in the context that AMATEMs are not situated in all the cities. The other services utilised for drug treatment were state hospitals, in this instance, more locally than in another city and more so during the past 12 months. Local university hospitals

were the third most utilised treatment service. Interestingly, as also observed by the key informants, a noticeable proportion of drug users had also had treatment in a doctor's private clinic in their own city or in another city.

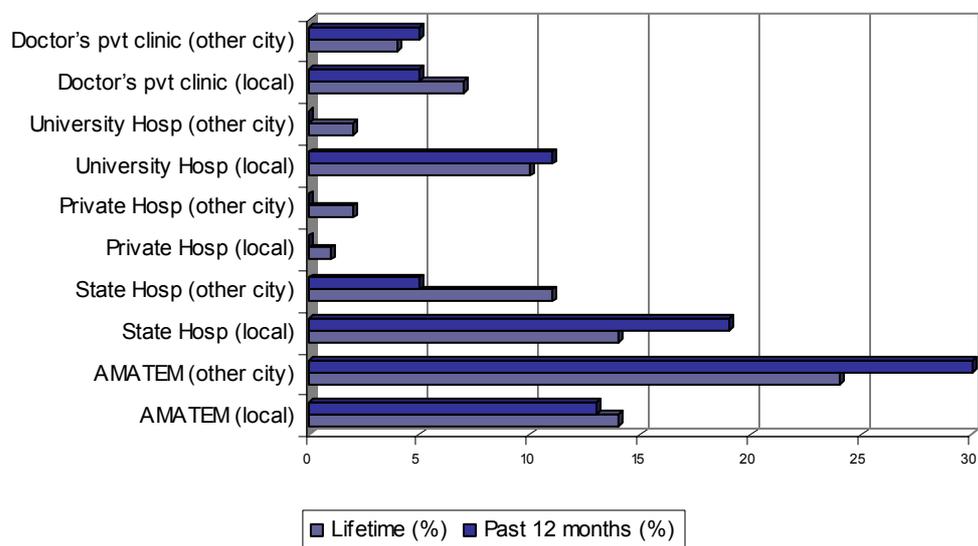


Figure 21: Utilisation of treatment services by drug abusers

Perceived effectiveness of treatment services

Another set of questions sought answers about the key informants' perception of the effectiveness of the type of treatment services listed. Effectiveness of a treatment service can be subjective and depend on a number of factors including individual perceptions based on experiences and information. For the purpose of this study, effectiveness was categorised under accessibility of the treatment service, availability of treatment slots, the treatment regimen offered and meeting the diverse needs of the clients. The measures presented here are by no means definitive and should be treated merely as an indication of the perceived effectiveness of different treatment services by the key informants using these criteria. Nevertheless this information can be useful in planning for the future as well as for improving the service delivery of current drug abuse treatment facilities.

The key informants were asked to give their opinions on how effective they considered the listed treatment services on the given criteria using the rating scale of "least effective", "somewhat effective", "very effective", or to a fourth active scale of "don't

know”. As an overall rating for effectiveness, AMATEMs, state and university hospitals, were ranked as the most effective, with minor differences in providing drug treatment services. AMATEMs were especially ranked higher for availability of treatment slots and the treatment regimen offered. However, university hospitals were ranked higher on meeting the diverse needs of their clients. State hospitals were ranked most effective in terms of their accessibility followed by AMATEMs. However, the perceived effectiveness of doctors’ private clinics for the provision of drug treatment services should also be considered in any future plans in diversifying treatment services in the country.

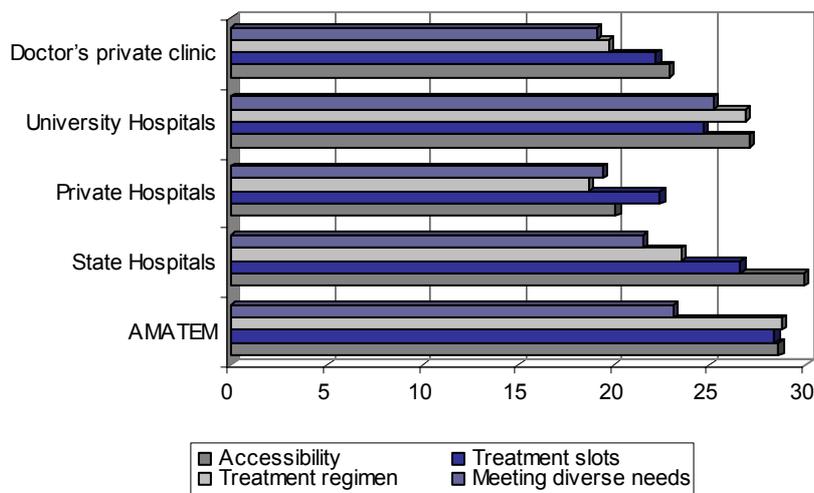


Figure 22: Key informants' perception of effectiveness of treatment services

Further to the questions on utilisation of treatment services, drug abusers were also asked whether it was difficult to get treatment in their area. Most of the drug abusers said that this was the case. Except for the treatment sample, almost similar proportions of drug abusers within the community and prison reported difficulty in accessing local treatment services. When the drug abusers were asked about perceived ease or difficulty of receiving treatment services locally, almost one third of the drug abusers in all the cities said it was “very difficult” to access local treatment services – this proportion of drug abusers was highest (40 percent) in Diyarbakir. A small proportion of drug abusers interviewed thought it was “very easy” to locally access drug treatment services, this being lowest in Diyarbakir, Istanbul and Izmir whereas up to a quarter of drug users in Adana reported that it was easy for them to access local treatment services.

The drug abusers were further asked if they had ever wanted help for a drug problem but had been unable to receive it. Almost one third of respondents mentioned this was the

case. Interestingly, this proportion was highest among drug abusers interviewed in the community where more than 40 percent of the respondents mentioned this difficulty.

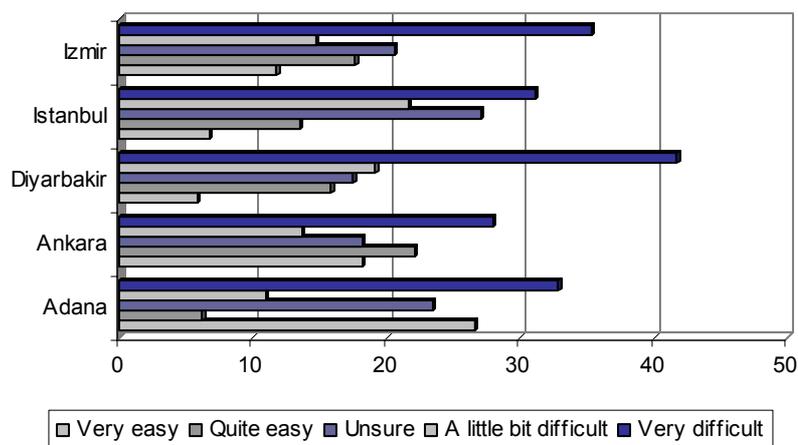


Figure 23: Drug users' perceived accessibility of treatment services

A supplementary multi-response question asked drug abusers the reason for not being able to get help for their drug use problems. For more than two thirds of the respondents the reason was they could not afford the financial cost of treatment. Other substantial reasons given were: lack of information about local treatment services (69 percent) – this was reported by two thirds of the community sample; treatment slots not available (60 percent) – reported by 70 percent of the community and 80 percent of the treatment sample; disliked treatment facility; regime or staff (45 percent); did not trust government facilities (43 percent) and no inpatient services available locally (29 percent).

Key informants were further asked to give their rating on the perceived need for more treatment services in their area. The respondents were asked to give their answer on a scale of 1 to 5 where 1 meant “no need” and 5 “urgent need”. More than half of the respondents felt that there was an urgent need for more treatment services in their area. This was more so for Diyarbakir and Istanbul where more than 60 percent of the key informants expressed this need.

Similarly, the drug abusers within the community and prison sample were asked to rate their own current need for treatment. More than two thirds of the community sample and almost half of the prison sample reported a need for treatment. This finding suggests that there is a readiness among the drug using population, especially within drug users in community settings, to seek assistance for drug problems - not a usually observed phenomenon among drug users studied in many settings.

While the current treatment services were considered “effective” to some degree, the findings also suggest the need to diversify the treatment services, make them more accessible and affordable, coupled with a community based outreach intervention that could provide the link between this population in need of assistance and the treatment services available at the tertiary level.

Summary of main findings

- *State hospitals and AMATEMs are the most commonly used treatment services by drug users.*
- *Doctors’ private clinics, hitherto not regularised, were also reported to be utilised by drug users for treatment services.*
- *AMATEMs, university and state hospitals and doctors’ private clinics ranked in varying degrees as “effective” in the provision of treatment services.*
- *A majority of drug abusers, however, reported difficulty in accessing local treatment services.*
- *More than half of the respondents felt an urgent need for more local treatment services.*
- *One third of drug abusers reported an unmet need of treatment for their drug problems.*
- *A majority of drug users also expressed a current need for treatment.*
- *There is a need to diversify the nature of treatment services to address the different needs of drug users in treatment, make treatment services more accessible coupled with community based outreach intervention programmes for the drug users.*

Conclusions & implications

Extent and nature of drug abuse problem

One of the objectives of the “National Assessment Studies in Turkey” was to look at the characteristics of the current drug abuse problem and given the opportunities, determine the extent of problem drug use in Turkey.

Based on the background and multiplier information collected during the assessment studies, it is estimated that in Turkey the prevalence of problem Opioid (Heroin, Opium, and Opiates) users ranges between 0.03% to 0.07% (mean 0.05%) and inhalant users an additional 0.03% to 0.09% (mean 0.06%) within the general population, i.e., between 15 and 64 years old. Among Opioid users it is estimated that more than two thirds are Heroin while the remaining are Opiate users. Apart from the problem drug use reported, there is evidence that drug use in Turkey is diverse in nature in different situations and locations. Secondly, it should be noted that all the calculations are estimates dependent on the quality of information collected during the assessment and the available national data on treatment, arrests, etc., and are therefore not definite numbers or rates, rather estimates indicating some perimeters of a drug abuse problem in Turkey’s urban centres.

<i>Prevalence estimation for Opioid users</i>	
Drug users’ personal contact with Opioid users (12 months)	95% C.I Upper bound - 9646 Lower bound - 4475 Mean - 7060
Proportion of drug users interviewed treated for Opioid problems past 12 months	26%
Estimated number of Opioid users in 5 cities based on treatment multiplier	9195
Proportion of drug users arrested in the past 12 months	16%
Estimated number of Opioid users based on arrestees multiplier	5197
Prevalence estimate of Opioid users (% of 15 – 64 years population)	95% C.I Lower bound – 0.03 Upper bound – 0.07 Mean – 0.05

DRUG ABUSE IN TURKEY

Cannabis and inhalants are reported as the most commonly used drugs in Turkey. However in lesser proportions, common use of Heroin and other Opiates, Benzodiazepines and Barbiturates are also reported. There are reported trends of increased drug use in all the cities. Therefore, there are increased trends in the use of solvents, Cannabis and Ecstasy reported from all cities as well as trends in increased use of Benzodiazepines, Heroin and injecting drug use in some cities along with these substances. Increased availability and decreased prices are cited as the two primary reasons for increased use of different drugs reported from the cities. This is especially significant for increase in solvents and Ecstasy use.

<i>Prevalence estimation for inhalant users</i>	
Drug users' personal contact with inhalant users (12 months)	95% C.I Upper bound - 9812 Lower bound - 4385 Mean – 7099
Proportion of drug users interviewed treated for inhalant problems past 12 months	29%
Estimated number of inhalant users in 5 cities based on treatment multiplier	7509
Proportion of drug users arrested in the past 12 months	16%
Estimated number of inhalant users based on arrestees multiplier	10,168
Prevalence estimate of inhalant users (% of 15 – 64 years population)	95% C.I Lower bound – 0.03 Upper bound – 0.09 Mean – 0.06

Use of Cannabis, Heroin and Ecstasy is reportedly more common among men and young people, whereas inhalant use is associated with adolescents and young people especially among street children. Benzodiazepines use, without a doctor's prescription, and to some extent Ecstasy use, is perceived to be more common among women. The reported age at first time use of inhalants is around 11 years while for Cannabis and Ecstasy it is 16 and 17 years respectively. Generally, for all the drugs, the age for first time use is less than 25 years whereas most of the drug abusers tend to be younger with an age range of 15-34 years. Use of inhalants, Heroin and Cannabis is also perceived to be causing social, legal and health problems to the drug users. A large majority of drug users also have a history of involvement in criminal activities and arrest on drug related charges.

A substantial level of injecting and sexual risk behaviour is also reported among the injectors and other drug users. Drug users report having multiple sexual partners, condoms being rarely used, and a level of sexually transmitted diseases including HIV, that cannot be ignored. Injecting is more associated with use of Heroin, Opiates and Benzodiazepines. Sharing of injecting equipment - needles, syringes and other

paraphernalia is quite common with little information or behaviour prevalent for safer sex practices or using clean injecting equipment among the injectors.

AMATEMs and state hospitals are the two institutions more commonly utilised for drug treatment services and to varying degrees are considered effective. The drug users reportedly expressed a need for treatment while also indicating that it was difficult for them to access local treatment services.

Within the 16-year-old secondary school students, almost half have ever smoked cigarettes and drank Alcohol, while 6 percent of the boys and 2 percent of girls have ever used Cannabis, 4 percent of all 16 year students have ever used inhalants, 3 percent have ever used tranquillizers without a doctor's prescription while an additional 3 percent have used anabolic steroids and 2 percent have ever used Ecstasy. The age at first time use for Alcohol and cigarettes was between 12-15 years, whereas for other drugs most of the students have used these substances for the first time between 14 and 16 years of age. A high proportion of students had heard of Cocaine, Heroin, Cannabis, Ecstasy or tranquillizers. More than 9 percent of the boys and 5 percent of girls stated ever wanting to try any of the mentioned drugs. Hashish or tranquillizers are the first drugs ever used by the students; these were shared in the group of friends or had been given by a friend – implying the strong influence of peer pressure on initiation of drug use.

The students thought that inhalants, tranquillizers and even Cannabis were easy to obtain. While most of the students thought there were great risks associated with using different illicit drugs on a regular basis, many believed there were lesser risks involved in using these substances on one or two occasions.

Priority areas to be addressed

A comprehensive drug demand reduction strategy would address all the main areas of intervention: developing a conducive environment; policy measures; prevention; reduction of the social and health consequences; treatment and criminal justice system measures. Nevertheless, based on the findings as well as the experiences gained during the current assessment studies on drug abuse in Turkey, four priority areas for demand reduction activities and interventions become evident and are briefly discussed in the following sections.

School and community based drug abuse prevention programmes

Primary prevention is defined broadly as an intervention designed to change the social and environmental determinants of drug and Alcohol abuse, including discouraging the initiation of drug use and preventing the progression to more frequent or regular use among at-risk populations. However, in many instances, prevention is viewed as a one time intervention to provide information to young people, e.g., school students on the hazards and consequences of drug abuse – believing this information would help achieve the aim of prevention. Alternately, at times this is viewed as efforts to raise public awareness or awareness of the target groups by presenting graphic images of the consequences of drug abuse, again with the belief that such scare tactics would help prevent drug abuse. However, research has shown that prevention programmes should be long-term with repeated interventions at different levels within the overall context of health promotion.

Therefore, one of the first priority areas for Turkey in demand reduction is to design and implement a pilot programme for drug abuse prevention in selected cities and locations. Such a programme should focus on enhancing the protective factors for prevention of drug use prevalent in Turkish culture and society, as well as to help reduce the risk factors that have emerged in recent times that promote drug use among adolescents and young people. The three components of this primary prevention programme that can be implemented jointly by the Ministries of Education and Health and other stakeholders with possible support of UN agencies like UNICEF and other international organisations are briefly described in the following paragraphs.

Youth in school

In order to further prevent initiation of drug use and reduce the substantial proportion of secondary school students who have smoked and used Alcohol there is a need for an educational programme that lasts throughout secondary school. Such a programme should introduce drug education along with teaching about other health issues such as HIV/AIDS based on the development of links between knowledge, values and skills. This should not just be a drug education programme, but a “personal, social, health and education programme”, one that empowers the students with appropriate means, information and skills to take greater control of their lives and improve their own health.

Parents

As community prevention programmes that combine two or more effective programmes such as family based and school based programmes, can be more effective than a single programme, another component of a pilot prevention programme is suggested for parents of students in the same secondary schools. Family based prevention programmes can enhance family bonding and relationships and include parenting skills (e.g., skills for parental monitoring and supervision), practice in developing, discussing, and enforcing family policies on substance abuse and training in drug education and information as well as on other health promoting behaviours. The importance of a prevention programme for parents is also crucial, since most of the students reporting any drug or Alcohol use also reported that their parents did not know where they spent their spare time, e.g., Saturday evenings.

Community based prevention – youth and general public

As most of the drug abusers tend to have initiated use of inhalants and Cannabis by the age of 16 and other drugs by the age of twenty, a community based prevention programme especially aimed at youth would therefore be an investment in the future. For prevention of Ecstasy, Cannabis, inhalant and other drug use among the general population, there is also a need for concurrent community based interventions that aim at reaching populations in multiple settings – for example, “out of school” youth, social and sports clubs and associations and the media – that can all include activities for involving youth in healthy activities, develop prevention skills and present consistent, community wide messages on drug use prevention within the context of promoting health and healthy behaviours in each of these settings.

Prevention and intervention programmes for street children

As inhalant use is more associated with street children with a multitude of social, legal and health problems, there is a need to develop linkages with existing programmes for street children such as those initiated by UNICEF and ILO with the support of national counterparts for community based outreach interventions that address the health and social needs and problems, including drug use and reproductive health, of the street children in pilot locations. The programme interventions should be aimed at the individuals (street children), community and policy making levels (to strengthen services for assistance to street children).

Some of the interventions at the community level would include providing a safe and supportive environment for the street children, improving their access to health and social services in the community, providing assistance and services for prevention and treatment of drug use, sexually transmitted diseases or other health and social needs. Interventions aimed at the individuals would include providing information, counselling services, and improving life, performance, vocational and livelihood skills of street children. An important and successful component of interventions for street children has been peer support and training programmes. Peer support programmes would supplement interventions for prevention of drug use, sexual risk behaviours and for imparting street survival skills to the peers. The overall interventions would need to aim at factors related to modified social stress model – that highlights the risk and protective factors (stress, effects of behaviour and situations, attachments, skills and resources) which influence decisions regarding risky behaviour.

Structured drug abuse treatment and rehabilitation

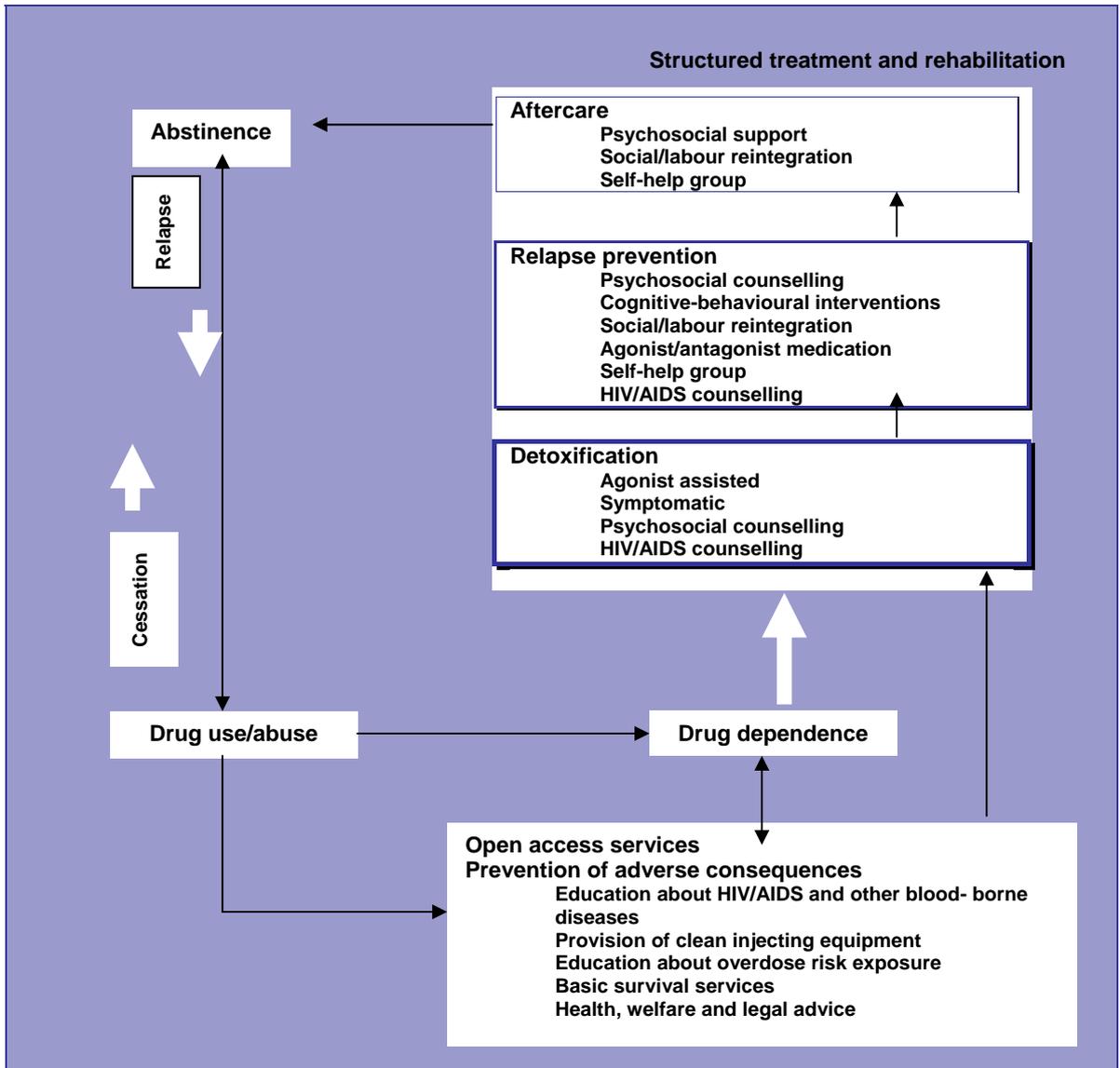
In Turkey, Alcohol and drug abuse treatment services are provided through specialised tertiary level facilities – AMATEMs (Alcohol and Substance Abuse Treatment and Research Centres) in Adana, Denizli, Elazig, Istanbul, Manisa, and Samsun with a new one just opened in Ankara. In addition there are some other specialised treatment facilities that provide treatment services to people with inhalant use problems, especially street children, e.g., the UMATEM in Istanbul and EGEHAM in Izmir. Besides these, drug treatment services are also provided in the psychiatry clinics of university and state hospitals.

All of the facilities provide drug treatment services based on a strictly “medical model” with an apparent lack of other treatment options and type of services that would provide a continuum of care as a “treatment system” for those who may need diverse services for assistance with their drug problems. The drug users interviewed expressed a need for treatment as well as their perceived difficulty in accessing local treatment facilities. Therefore, at one end are the high threshold specialised drug treatment services and on the other, drug users in the community with unmet needs who may or may not access these services for their drug problems.

Community based interventions, motivational interviewing, street outreach services to address diverse health and social needs of some of the drug abusers are a few of the areas that can then improve accessibility and utilisation of specialised services. Also, given the prevalence of injecting and sexual risk behaviours, a community based

intervention programme can also assist in prevention and reduction of the adverse health and social consequences of such risk behaviour.

Figure 24: Drug treatment and care process



Drug Abuse treatment and rehabilitation: A practical planning and implementation guide, UNODC

Given that many of the drug users reportedly have occupational, social and legal problems, they would require services for social and vocational rehabilitation and after-care, it would therefore be worthwhile for the Ministry of Health to initiate pilot programmes within the existing AMATEMs or other treatment facilities to provide other treatment options and services for assistance to drug users in meeting their diverse needs. These pilot rehabilitation and aftercare programmes or services along with

community based interventions as part of a “treatment system” may therefore be considered as another priority area for drug demand reduction in Turkey.

Key issues for developing national drug abuse information system

There is a good body of research in Turkey, as many prominent psychiatrists and academics have conducted focused research on drug related issues in clinical and some in community settings, like surveys among school and university students on Alcohol and drug use. However, there is an apparent gap between “research” and “policy and programmes”, as this research does not feed into a national body that reviews the research findings and accordingly advises policy makers. A national body or focal point needs to actively seek new and current research in drug abuse conducted by academics in Turkey, to serve as a conduit to channel this information into policy or programme development and through active partnerships with researchers and academics, steer research towards some of the emergent issues concerning drug abuse, programme development or evaluation.

Research needs

In Turkey, one area within research that has not received much attention is qualitative research. The role of qualitative research methods in understanding the dynamic nature of drug abuse has become evident internationally. In many instances these are the only means available for gathering sensitive and valid data from otherwise elusive or hidden populations of drug users. It would, therefore be helpful if some qualitative research projects are designed for in-depth studies with Opioid and other drug users that can further help identify the dynamics of, for instance, Opioid abuse in selected locations in Turkey among the supposedly “much hidden” drug using population and therefore help design outreach interventions and other services for assistance to this group of drug users. Further qualitative research could look into the dynamics of inhalant use among street children as well as to identify their problems and needs to initiate a street intervention programme. Another future research area that has not been adequately addressed during the current assessment is the dynamics of drug use among women in Turkey.

Setting up an epidemiological network

Whereas the national assessment studies have provided a substantial amount of information on drug abuse in Turkey, these at best present only a snapshot of the drug abuse problem in the country. Therefore it will be cost-effective and beneficial to initiate a

drug abuse information system and an epidemiological network in Turkey. There is a foundation of institutional database on drug abuse in some sectors in Turkey. These institutions and the research bodies in the country present the potential to develop a drug abuse information system and an epidemiological network in Turkey. The level of existing drug abuse information and a strategic plan for developing a drug abuse information system in Turkey have been presented separately and in much detail in the document, "Information Needs and Resource Analysis: To develop an Integrated Drug Abuse Information System in Turkey". However, summary information on identified needs and the institutions that can form part of such a network is presented below.

The main resources needed to develop a drug abuse information network in Turkey are:

- A coordinated information network by developing linkage, information sharing and a reporting mechanism among the different professionals and institutions involved in drug control in Turkey.
- Provision of training to selected personnel in drug abuse epidemiology, especially training on guidelines to develop core indicators for an abuse information system.
- Addressing structural needs such as further staff training in data management and analysis, development of templates for data collection for the indicators, provision of database software and computers.

The institutions that can form part of the drug abuse information system and the indicator data they can contribute are given in the table below.

<i>Data source</i>	<i>Institutions</i>
Treatment	AMATEMs, UATEMs and selected drug treatment facilities with reasonable client turnover, Ministry of Health – Department of Curative Services
Police arrests	Drug users arrested/charged with drug use and other offences, Turkish National Police
HIV/AIDS	Regional and national sentinel surveillance data including behavioural surveillance
Drug Mortality	Council of Forensic Medicine, Ministry of Justice, Institute of Forensic Medicine, Istanbul University, Department of Research, Planning and Coordination (MOH)
Prison data	Ministry of Justice
	State Institute of Statistics as repository/resource of all national statistics and data

Priority areas for drug demand reduction in Turkey

Personal Social Health Education programme for secondary school students focusing on health issues, prevention of drug use and HIV/AIDS awareness based on development of links between knowledge, values and skills.

Programmes for parents to focus on skills for parental monitoring and for practice in developing, discussing and informing family policies on substance use, HIV/AIDS prevention within the context of health promotion.

Other community based prevention interventions aimed at reaching young people through social and sports clubs and associations, media and other community settings to develop prevention skills and present consistent community wide messages on drug use prevention.

Street children – to provide a safe and supportive environment to street children, improving their access to health and social services in the community. Further interventions for street children to focus on providing information and counselling services and development of life, vocational and livelihood skills.

Community based outreach interventions, motivational interviewing, street outreach services to address the health and social needs of drug users as well as for prevention and reduction of HIV/AIDS and other adverse health and social consequences of drug use.

Linkage between the current body of research in the country and programme and policy development.

Qualitative research to look at dynamics of Opioid and inhalant use to help identify programme needs of different problem drug users especially street children and other risk groups in the community.

Development of a **drug abuse information system** and epidemiological network to monitor the drug abuse situation, steer research and help develop evidence-based interventions and programmes.

Rationale, methods and sampling

The principle considerations in the design of assessment studies were firstly, that the studies would provide important information on the nature and extent of drug abuse in different settings in Turkey. Secondly, the choice in using a certain study methodology or a study component depended on the extent of opportunities that existed in the field and would allow implementation of the particular component. The overriding principle during the design and implementation of the studies was that they would help build the capacity of national researchers in conducting assessments using a combination of research methodologies and thereupon collate the information into meaningful reports that would in turn enable the policy makers to develop evidence based policies and programmes. This process would also facilitate harmonisation of data collection in Turkey with European and international standards. Further, the information collected during the assessment would also provide the necessary information and permit national counterparts to realistically fill in the Annual Reports Questionnaire (ARQ) of the Commission on Narcotic Drugs (CND).

The following paragraphs briefly describe the different components, rationale and methodology of the national assessment study conducted in Turkey.

Information Needs and Resource Analysis (INRA)

The Information Needs and Resource Analysis (INRA) was the first component of the national assessment study. INRA is the first step in establishing ongoing drug abuse surveillance, in Turkey this involved auditing existing “information” on drug abuse, auditing infrastructure and “resources” available to support data collection activities and identifying key “needs” for development of a drug information system. Additionally, INRA was seen as a resource to stimulate discussion on drug abuse information, directing the various stakeholders towards potential data that could be used to monitor the drug abuse situation in Turkey. The different data sources and information that was reviewed and analysed during INRA included health data from the Ministry of Health. This information included an audit of treatment admissions for the past five years in the country’s main treatment facilities. This information enabled analysis of the trend and type of admissions

for drug problems in the previous years, documenting the nature and quality of information available on treatment demand and its use as benchmark information for a calculation of prevalence estimates in Turkey. Mortality and HIV/AIDS data for the previous five years or so were the additional health data that were reviewed for this report. As the national police also maintains a database entitled “Substance Abuse Reporting Questionnaire” on the drug users arrested, this data and arrest trends since 1988 were also reviewed along with drug seizure data for the same period. Finally, an audit of major published reports, surveys, specialised studies (both published and unpublished) on drug abuse in the country was conducted. Subsequent parts of the analysis looked at the potential within the different institutions in forming part of a drug abuse information system and the structural and technical support needs for developing such a system. Finally, a strategic plan outlining the stakeholders and immediate and long-term objectives of setting up the drug abuse monitoring system were presented. The detailed information on INRA in Turkey is contained in the document, “Information, Needs and Resource Analysis: To develop an Integrated Drug Abuse Information System”.

Key Informants Study

The rationale of the key informants study was to produce a picture of drug use in Turkey that could be as geographically representative as possible given the study’s limitations. Therefore 6 locations in the country were selected to broadly represent the country’s geographical regions. These were Adana (Eastern Mediterranean), Ankara (Central Anatolia), Diyarbakir (Southeastern Anatolia), Istanbul (Marmara), Izmir (North Aegean) and Samsun (Black Sea).

Sampling, questionnaire development & administration

The respondents were selected from one of the eight predetermined categories of key informants - health providers (doctors, doctors/psychiatrist involved with drug treatment, and health workers), social workers, teachers, local councillors (Muhtar), Police/Gendarmerie and ex-drug users. Thus a total of 269 key informants were interviewed with 35 interviews conducted in Adana, 71 in Ankara, 50 in Diyarbakir, 30 in Istanbul, 55 in Izmir and 28 in Samsun.

A structured questionnaire was developed to be used in the interviews. The original questionnaire was developed in English in consultation with the research teams and then translated into Turkish. Separate research team groups translated the questionnaire into

Turkish, it was then translated back into English to ensure correctness of the terms and expressions translated. These different versions were then combined to make the best possible Turkish version of the questionnaire to be used in the field. In addition, flash cards were prepared for the respondents to visualise and comprehend the various response categories and enable them to respond as consistently as possible. The questionnaire was administered in a face-to-face setting by the researchers. The key informant study broadly looked at the respondents' perception of drug use in their city, trends of drug use observed recently, perceived problems caused by drug use to the users and the community, their perception of the utilisation and effectiveness of different treatment services in their area, need for more treatment services and contacts with drug users – information that could be used for prevalence estimation.

The data sets for the key informants study as well as other study components were prepared by the UNODC office and sent to each of the city teams. Most of the analysis was prepared as descriptive statistics and the information cross tabulated by city. For the sections on drug abuse patterns and trends where a cumulative score or an overall rating is presented, each response category, e.g. “commonly used”, “somewhat used”, or use “increased a lot”, “increased a little”, etc., was given a value in order of precedence. A new variable included the sum of these values and the mean values of these were taken to present city-specific patterns or trends. In the case of trends, positive values were given for increased trends and negative values for decreased trends. The same principle was applied in data analysis for the drug users' study.

Research teams

The research teams in each city comprised of a city coordinator and a group of researchers/field workers. These were identified and subcontracted based on their experience and work in the area of drug abuse and included the following institutions,

1. Department of Public Health, Cukurova University Medical School, Adana
2. Psychiatry Clinic, Ankara Numune Hastanesi, Ankara
3. Department of Public Health, Dicle University Medical School, Diyarbakir
4. Institute of Forensic Sciences, Istanbul University, Istanbul
5. Department of Psychiatry, Dokuz Eylul University Medical School, Izmir
6. Department of Public Health, 19 Mayis University Medical School, Samsun

Whereas the research teams in Ankara and Izmir worked independently and were responsible for their city, the Institute of Forensic Sciences, Istanbul University took

responsibility for coordinating the work with the remaining 3 cities, i.e., Adana, Diyarbakir and Samsun as well as in preparing the draft reports for these cities.

Interviews with drug users

In order to assess the nature and extent of problem drug use in the country, especially with regard to the two drug types – Opioids and inhalants, whose use is generally perceived to be more problematic, it was considered more relevant to further understand the characteristics of these drugs' use in Turkey. For the purpose of this study and the description in this report, problem Opioid and inhalants users were defined as **“Drug users, who have regularly used Opioids and inhalants at least in the last 12 months as well as the last 30 days and/or have experienced medical, social or legal problems as a result of their drug use”**. Opioids in this instance include Heroin, Opium and other Opiates such as Fentanyl, Morphine, etc.

Rationale

The problem Opioid and inhalant users were interviewed in three settings: in the community; while in treatment and in prison or police custody. As the characteristics and at times the severity of the problem profile of drug users in the community are different from those in institutional settings (prison or treatment), it was important therefore, to include community recruited samples of drug users in the assessment exercise. Further, drug treatment and criminal justice represent two of the major responses to hardcore, problematic drug users, therefore understanding more about the characteristics of drug using populations in these settings is equally important. Finally, an analysis of the extent of overlap between these three settings could be identified and given that suitable information resulted from this, prevalence estimates could be produced.

As with the other components, six major cities, i.e., Adana, Ankara, Diyarbakir, Istanbul, Izmir and Samsun were included in the initial planning of face-to-face interviews with drug users. Later, due to administrative reasons and given the limited opportunities to interview inhalant and Opioid users in any of the 3 settings in Samsun, it was dropped and interviews were conducted in the other 5 cities. Special permissions were obtained from the Ministry of Health, Justice, Interior and the Social Services and the Children's Protection Institution under the Prime Minister's Office to conduct interviews with drug users in the three settings.

Questionnaire development

Successfully interviewing drug abusers is never an easy task. The studies' success in this area is largely due to the dedication of the researchers involved in the project. All interviews with drug users were conducted using a set of structured questionnaires especially prepared for the study. As outlined in the section on "key informants", the original version of the questionnaire was developed in English and then translated into Turkish through a process that ensured that the versions were identical in the meaning of each question. Additionally, flash cards were also prepared to assist interviewees in understanding the response categories. The questionnaire for interviews with drug users had 3 versions, each to be used in a particular setting. The three versions covered the same topics, but varied for those issues specifically relevant to the individual sample group. The topics covered in the questionnaire included the following:

- Demographic information – age, sex, marital status, living arrangement, employment, work and financial support status
- History of drug taking
- Current patterns of drug use
- Problems associated with drug use
- Injecting risk behaviour
- Perceived drug abuse trends in the area and contact with other drug users
- Treatment episodes and contact with treatment services - current and previous
- Arrest history and prison attendance
- Sexual lifestyle and risk behaviours
- Severity of dependence

Sampling

The sampling for drug users recruited in the community was primarily done as a "snow ball" while in the prisons and treatment settings it was done more as a purposive sampling. The researchers and interviewers were trained in 2-day workshops at their locations on sampling methodologies, use of different instruments and practice in administering the questionnaires.

The target for this part of the assessment was to interview up to 100 interviewees in each city, preferably with equal distribution among the three samples, i.e., prison, community and treatment. However, it was also decided that given the limited

opportunities to interview drug users in one or the other settings in each city, the total number of respondents could be made up from the setting which presented the opportunity to conduct more interviews. In all, five hundred and eighty eight interviews with drug abusers were conducted for this study. Almost half of the interviews (283) were conducted in community settings, while 185 were conducted in prisons and 113 in treatment settings. Out of the 588 interviews, only 20 were with female drug users.

Ethical considerations

Each questionnaire contained an introductory paragraph explaining to the respondents that all information collected was confidential and anonymous and that participation in the study was entirely voluntary. The importance of observing ethical social research standards was also discussed at length during training of the research teams. Generally, the ethical considerations included,

1. Obtaining verbal consent of the respondents.
2. Maintaining anonymity of the respondents and confidentiality of information they provided.
3. Ensuring and protecting the security and safety of both interviewer and interviewee in face-to-face interviewing.

Focus Groups

Use of Ecstasy has reportedly increased dramatically in the past few years, but other than media reports, there have not been many investigations into the area of Ecstasy and other drug use in club settings. As this is as yet a lesser researched phenomenon in Turkey, it was decided to use focus group and in-depth interviews techniques with the respondents, using a discussion guide outlining the main topic areas to be covered. The focus groups were conducted in Adana, Ankara, Diyarbakir and Istanbul whereas due to limitations in Izmir, in-depth interviews with a few Ecstasy users were conducted. The focus group participants mainly included bouncers at bars or clubs, bartenders, nightclub waiters, taxi drivers, sex workers, and a group of gay men. The focus group discussions included participants' perception and knowledge of the extent of Ecstasy use in their area (gender, age, socioeconomic group/s of those using Ecstasy), information on the changing market in terms of availability and price of Ecstasy and the perceived benefits and problems arising as a result of Ecstasy use.

Estimating the prevalence of problem Opioid and inhalant users

As a final step of the assessment, through the information collected in the different study components and its extrapolation, prevalence of hard-core problematic Opioid and inhalant users in the country was calculated through the indirect method of using benchmark/multiplier data. The benchmark data in this case comprised of the number of drug users arrested in the previous year by the police and the number of total Opioid and inhalant users treated nationally in the preceding 12 months (both sets of information were collected in the INRA). However, the arrest data was not available by each city or by drug type for all the arrests. Similarly, treatment data was not available by city as the treatment facilities are not situated in all the cities. Multiplier information was collected from the key informants on the number of drug users they had personal contact with in the previous 12 months and what proportion of these had been arrested or treated in the same period. Similar multiplier information was obtained from the drug users to know the number of drug users, Opioid and inhalant users they had personal contact with in the preceding 12 months, the proportion out of these who had been in treatment or been arrested in the same period. Finally, information was collected on the proportion of respondents themselves who had been treated or arrested (apart from those who had been currently in treatment or in prison) on drug related charges in the past 12 months. With 95 percent confidence intervals and means of the multiplier information along with the benchmark data, these were used to estimate the proportion of problematic users of Opioids and inhalants in the adult population of 15 - 64 years in the five cities and extrapolated for national estimates. However, it may be noted that any estimates calculated in this exercise were entirely dependent on the quality of benchmark data and the multiplier information calculated from the studies.

School Survey

As the ESPAD (European School Survey Project on Alcohol and other Drugs) for 2003, was being planned at the same time as the national assessment which also aimed at looking at patterns of drug use among school students, it was considered opportune to utilise the technical resources of ESPAD for the school survey component of the assessment. This was also seen as an opportunity to enable Turkey's participation in ESPAD 03. Therefore school surveys in the secondary schools, focusing primarily on the 1987 birth cohort as in ESPAD 03, were conducted in Adana, Ankara, Diyarbakir, Izmir, Istanbul and Samsun as the 6 major cities of the country. The sampling for the school

survey was stratified based on the 3 types of secondary schools in Turkey, i.e., general, private and vocational schools. From within each stratum, proportionate to the number of school types and enrolment of students in these, schools were then randomly selected. Finally, classes as the sampling unit were randomly selected from the schools in the sampling frame. The total number of classes selected for inclusion in the survey was 167, with 6,149 students in these classes. However out of these, 4,182 (approximately 75 percent) students were born in the year 1987 and included in the final analysis. These (4,182) represent almost half a percent of the total secondary school students born in 1987 in the country and 1.7 percent of the 1987 cohort in secondary schools in the six cities, Adana, Ankara, Diyarbakir, Istanbul, Izmir and Samsun.

The questionnaires used for the School Survey were translated with slight modifications from the ESPAD 03 questionnaire used in 30 other countries. In Turkey, the questionnaire consisted of the core section of 47 questions (212 variables) and the module on psychosocial measures. The questionnaire was translated from English to Turkish separately by three of the researchers, brought together and translated back to make sure the translations conveyed the same meanings as the original. The final version of the Turkish questionnaire was then based on the collective comments and work of the researchers and the results of a pilot test with a group of secondary school students in Istanbul. The Ministry of National Education also reviewed and approved the questionnaire as part of their permission to conduct the school survey in Turkey.

Administration of questionnaire

In order to ensure validity of information provided by the students, after distributing the questionnaires, the researchers in each classroom read out a statement printed on the front of the questionnaire. This statement gave the background of the school survey and emphasised the need for true and honest responses from the students as well as outlined steps that would ensure anonymity and confidentiality of the responses given by each student. After completing the questionnaire the students put the questionnaire and the completed answer sheet in an unmarked envelope provided to each student. The students then sealed the envelopes themselves and put them in the box placed at the front of the class. The boxes from each class and school were collected and marked indicating the class and school number. Each city's answer sheets along with questionnaires were then brought to Ankara for centralised optic reading of the data, collation into a national dataset and final analysis.

Most of the analysis of the school survey data consisted of descriptive statistics – calculating frequency of response by gender. For the relationship between reported Alcohol and drug use and background variables such as parents' education, sibling use of drugs, truancy, etc. non-parametric tests using Spearman's correlation coefficient and regression analysis were done to determine the statistical significance of the correlations.

Methodological results

This part of the school survey report presents the methodological results in terms of reliability and validity of the data collected. These are explored within the context of other school surveys done in Turkey, missing data and consistency in responses to questions on Alcohol and drug use. It may be pointed here that any interpretation of the overall validity and reliability of the data should be made with caution and after considering all the relevant issues presented in the sections.

Evidence of reliability

Reliability, which is a necessary condition for validity, is the extent to which repeated measurements used under the same conditions produce the same results. In Turkey, K. Ogel et. al (SAMAY) have conducted two school surveys in the country. The first one was done in 1998 with a sample of 18,599 high school students from 15 cities in the country, while the second one was done in 2001 with 12,270 primary and 11,989 high school students from 9 cities in Turkey. In both the studies a self-administered questionnaire based on ESPAD 95 had been given to the students. The results of the school survey done in 2001 are given in the table and demonstrates results comparable with the current school survey for lifetime, past 12 months and past 30 days cigarette, Alcohol and other drugs use among the secondary school students.

Drug type	Lifetime (%)	12 months (%)	30 days (%)
Cigarette	56	43	27
Alcohol	45	20	16
Cannabis	3	2.4	1.9
Inhalants	4.3	2.4	1.9
Heroin	1.2	2.1	1.2
Ecstasy	1.3	1.1	1.0
Sedatives	3.9	3.9	2.3

Table 13: Results from 2001 School Survey

Inconsistency about lifetime use

For many drugs, the administered questionnaire contained questions about lifetime use. A later set of questions dealt with the age at first use of different drugs. These questions included the alternative “never”, which made it possible to differentiate the “users” from those who said that they had never used the drugs. Reliability in this case has been measured within a single administration of these questions i.e., on response to the question of self-reported lifetime use of a substance and on the response to age at first use of a drug. The percentage of respondents who a) said on both questions they did not use the drug, b) the percent of respondents who said they did use the drug and c) those who on either question said they had used the drug, but who said they did not use it in answer to the other question. There is a higher inconsistency among students responding to questions on cigarette smoking and on ever being drunk. This is more marked among boys than girls. For the other drugs, the inconsistency between responses by all students ranges between 4 percent for use of anabolic steroids to 2 percent for tranquillizers or sedative use.

Evidence of validity

In all surveys the question arises whether the answers are valid or not. This question is not the least important when sensitive behaviours like drug use are studied. Like most studies dealing with sensitive behaviours there was no direct, totally objective validation of the process. However, during the data analysis some measures of validity such as missing data rates, logical consistency, reported willingness to answer honestly, reported dummy drug use and comments by survey leaders were explored to determine the validity of the data and are presented in the following sections.

Missing data

During the administration of instruments the importance of answering each question thoughtfully and frankly was stressed to the students, and that they could choose not to answer the questions which they found to be objectionable. Therefore the missing data rates on drug questions can be viewed as the participants’ willingness to honestly report any drug use.

The missing data rates on lifetime use of cigarettes and any Alcoholic beverage use are quite low, 0.3 percent and 0.7 percent respectively for all students. For the reported use of cigarettes in the past 30 days, again the rates of missing data are low, but tend to be

higher for Alcohol use in the past 12 months as well as 30 days. Moreover, the percentage of missing data on ever been drunk is higher, especially for the past 30 days and 12 months and more among boys than girls. This proportion of missing data on lifetime use of other drugs ranges between 2.2 percent for Cannabis use and 4.9 percent for anabolic steroids and is reportedly higher for Marijuana or Hashish and inhalant use in the last 12 months and 30 days.

Logical consistency

Related to the inconsistency measures in reliability is the logical consistency. Logically, the last 12 months prevalence cannot exceed the lifetime prevalence and the same could be true for the last 30 days prevalence when compared with the last 12 months and lifetime prevalence. There were more inconsistent answers on Alcohol use (3.8 percent) than for Marijuana and inhalant use (1.1 percent). Again, boys tended to give more inconsistent answers than girls. Overall 4.7 percent of boys gave inconsistent answers to use of any Alcoholic beverages, as opposed to 2.7 percent of girls giving inconsistent answers. However, among the students who admitted use of the three drugs i.e., Alcohol (any Alcoholic beverage and been drunk), Marijuana and inhalants, almost one quarter of the students gave inconsistent answers to use of Marijuana and inhalants use whereas the rate of inconsistent responses among the users who had ever been drunk was around 16 percent. For students responding to ever having used any Alcoholic beverage, the rate of inconsistent answers was around 8 percent.

Willingness to answer honestly

At the end of the questionnaire, the students were asked about their willingness to admit drug use. The wording of the mainly hypothetical question was, "If you had ever used Marijuana or Hashish, do you think you would have said so in this questionnaire?" (with a corresponding question for Heroin). The options for responses were "I already said that I have used it", "Definitely yes", "Probably yes", "Probably not", and "Definitely not". Answering these questions, only 2.8 percent of students indicated they would have "definitely said no, if they had used Marijuana or Hashish", with a similar proportion of students responding to use of Heroin. Overall, over 90 percent of the students indicated their willingness to admit use of Marijuana and/or Heroin if they had.

Lifetime use of Relevin (dummy drug)

During surveys, it is assumed that students might not report honestly to questions which may lead to underreporting of drug use. However, the possibility cannot be ruled out for

students reporting they have used a drug even if they have not. In order to test this, a non-existent dummy drug “Relevin” was included among real drugs in the questionnaire.

Responding to the question on lifetime use of Relevin about 1.9 percent of the students indicated they had used this substance. However, given that there is an overall low prevalence of reported lifetime use of most substances by the students it is difficult to determine if this may in fact reflect exaggerated responses to all drug use, especially when similar levels of lifetime use were reported for most substances like Magic Mushrooms, GHB, Crack, etc. Further, if this information is compared with the responses of students to the question if they had ever heard of different drugs, around 9 percent of students replied that they had heard of Relevin, 5 percent had heard of GHB, 8 percent of Crack and 11 percent had heard of Magic Mushrooms. All of these were reported as relatively little-known substances in Turkey. On the other hand, over 80 percent of students had heard of Cocaine and Heroin and 67 percent had heard of Marijuana. Therefore it can be concluded that the responses on use of known substances may be taken as more valid than for those of lesser-known substances listed in the questionnaire.

Comments by Survey Leaders

Generally, all the survey leaders, in their classroom reports, indicated the interest of students and that they worked seriously in filling in the questionnaire. There were few disturbances noticed during the completion of questionnaires. Among the disturbances noticed, many students interacted with each other to clarify the questions they did not understand especially answering questions about substances they were not familiar with e.g., GHB, Magic Mushrooms, etc. Some students, in an effort to ensure the anonymity of their responses shuffled and switched the envelopes containing their answer sheets to make sure their responses could not be traced back to them.

Annex: Supplementary Tables

Key Informants Tables

Table A1: Key Informants' perception of the scale of drug use in their area - National

<i>Drug type</i>	<i>Commonly used</i>	<i>Some use</i>	<i>Rarely used</i>	<i>No use</i>	<i>Don't know</i>
Cannabis	126 (48%)	34 (13%)	37 (14%)	20 (8%)	44 (17%)
Heroin	19 (7%)	34 (13%)	55 (21%)	46 (18%)	105 (40%)
Opium	1 (0.4%)	14 (5%)	27 (10%)	64 (25%)	154 (59%)
Other Opiates	5 (2%)	23(9%)	51 (20%)	45 (17%)	137 (53%)
Cocaine	4 (2%)	16 (6%)	51 (20%)	55 (21%)	134 (52%)
Methamphetamine	3 (1%)	8 (3%)	22 (8%)	45 (17%)	181 (60%)
Ecstasy	37 (14%)	33 (13%)	51 (20%)	27 (10%)	111 (43%)
Barbiturates	9 (4%)	27 (10%)	21 (8%)	37 (14%)	165 (64%)
Benzodiazepines	37 (14%)	39 (15%)	34 (13%)	23 (9%)	127 (49%)
Hallucinogens	3 (1%)	6 (2%)	26 (10%)	60 (23%)	164 (63%)
Solvents/Inhalants	147 (56%)	65 (25%)	19 (7%)	10 (4%)	20 (8%)
Injecting drug use	10 (4%)	26 (10%)	70 (28%)	45 (18%)	103 (40%)

Table A.2: Key Informants' perception of the scale of drug use in their area - Adana

<i>Drug type</i>	<i>Commonly used</i>	<i>Some use</i>	<i>Rarely used</i>	<i>No use</i>	<i>Don't know</i>
Cannabis	16 (46%)	4 (11%)	10 (29%)	1 (3%)	4 (11%)
Heroin	1 (3%)	7 (21%)	12 (35%)	2 (6%)	12 (35%)
Opium	0	1 (3%)	3 (9%)	12 (35%)	18 (53%)
Other Opiates	0	0	12 (34%)	3 (9%)	20 (57%)
Cocaine	0	2 (6%)	14 (41%)	6 (18%)	12 (35%)
Methamphetamine	1 (3%)	1 (3%)	4 (12%)	2 (6%)	25 (76%)
Ecstasy	5 (15%)	4 (12%)	7 (21%)	2 (6%)	15 (46%)
Barbiturates	0	7 (21%)	4 (12%)	2 (6%)	20 (61%)
Benzodiazepines	4 (12%)	7 (21%)	7 (21%)	2 (6%)	14 (41%)
Hallucinogens	0	0	2 (6%)	9 (28%)	22 (67%)
Solvents/Inhalants	21 (60%)	7 (20%)	5 (14%)	0	2 (6%)
Injecting drug use	1 (3%)	7 (21%)	12 (35%)	2 (6%)	12 (35%)

Table A3: Key Informants' perception of the scale of drug use in their area - Ankara

<i>Drug type</i>	<i>Commonly used</i>	<i>Some use</i>	<i>Rarely used</i>	<i>No use</i>	<i>Don't know</i>
Cannabis	10 (14%)	9 (13%)	18 (25%)	15 (21%)	19 (27%)
Heroin	0	2 (3%)	13 (18%)	24 (34%)	32 (45%)
Opium	0	2 (3%)	3 (4%)	27 (38%)	39 (55%)
Other Opiates	1 (1%)	6 (9%)	11 (16%)	19 (27%)	34 (48%)
Cocaine	0	0	8 (11%)	25 (35%)	38 (54%)
Methamphetamine	1 (1%)	0	3 (4%)	19 (27%)	48 (68%)
Ecstasy	4 (6%)	6 (9%)	16 (23%)	17 (24%)	28 (39%)
Barbiturates	1 (1%)	5 (7%)	5 (7%)	16 (23%)	44 (62%)
Benzodiazepines	8 (11%)	9 (13%)	13 (18%)	11 (16%)	30 (42%)
Hallucinogens	0	1 (1%)	5 (7%)	23 (32%)	42 (59%)
Solvents/Inhalants	37 (52%)	19 (27 %)	6 (9%)	7 (10%)	2 (3%)
Injecting drug use	0	5 (7%)	8 (11%)	31 (44%)	26 (37%)

Table A.4: Key Informants' perception of the scale of drug use in their area - Diyarbakir

<i>Drug type</i>	<i>Commonly used</i>	<i>Some use</i>	<i>Rarely used</i>	<i>No use</i>	<i>Don't know</i>
Cannabis	33 (70%)	6 (13%)	1 (2%)	1 (2%)	6 (13%)
Heroin	12 (26%)	10 (21%)	11 (23%)	1 (2%)	12 (26%)
Opium	0	3 (6%)	5 (11%)	6 (13%)	33 (70%)
Other Opiates	2 (4%)	8 (17%)	5 (11%)	4 (9%)	28 (60%)
Cocaine	0	4 (9%)	4 (9%)	9 (19%)	30 (64%)
Methamphetamine	0	0	4 (9%)	5 (11%)	38 (81%)
Ecstasy	2 (4%)	3 (6%)	9 (19%)	2 (4%)	31 (66%)
Barbiturates	3 (6%)	3 (6%)	0	4 (9%)	37 (79%)
Benzodiazepines	3 (6%)	3 (6%)	0	3 (6%)	38 (81%)
Hallucinogens	1 (2%)	0	2 (4%)	6 (13%)	38 (81%)
Solvents/Inhalants	30 (64%)	12 (26%)	0	1 (2%)	4 (9%)
Injecting drug use	2 (4%)	6 (13%)	16 (35%)	0	22 (48%)

Table A.5: Key Informants' perception of the scale of drug use in their area - Istanbul

<i>Drug type</i>	<i>Commonly used</i>	<i>Some use</i>	<i>Rarely used</i>	<i>No use</i>	<i>Don't know</i>
Cannabis	17 (68%)	2 (8%)	2 (8%)	1 (4%)	3 (12%)
Heroin	4 (16%)	9 (36%)	6 (24%)	1 (4%)	5 (20%)
Opium	0	3 (12%)	4 (16%)	4 (16%)	14 (56%)
Other Opiates	1 (4%)	4 (16%)	7 (28%)	3 (12%)	10 (40%)
Cocaine	4 (16%)	5 (20%)	8 (32%)	1 (4%)	7 (28%)
Methamphetamine	1 (4%)	4 (16%)	3 (12%)	4 (16%)	13 (52%)
Ecstasy	11 (44%)	4 (16%)	3 (12%)	1 (4%)	6 (24%)
Barbiturates	1 (4%)	2 (8%)	4 (16%)	3 (12%)	15 (60%)
Benzodiazepines	2 (8%)	5 (20%)	5 (20%)	2 (8%)	11 (44%)
Hallucinogens	0	2 (8%)	8 (32%)	4 (16%)	11 (44%)
Solvents/Inhalants	18 (72%)	5 (20%)	0	0	2 (8%)
Injecting drug use	4 (16%)	6 (24%)	8 (32%)	1 (4%)	6 (24%)

Table A.6: Key Informants' perception of the scale of drug use in their area - Izmir

<i>Drug type</i>	<i>Commonly used</i>	<i>Some use</i>	<i>Rarely used</i>	<i>No use</i>	<i>Don't know</i>
Cannabis	35 (64%)	11 (20%)	4 (7%)	2 (4%)	3 (6%)
Heroin	2 (4%)	4 (7%)	11 (20%)	15 (27%)	23 (42%)
Opium	1 (2%)	3 (6%)	12 (22%)	13 (24%)	26 (47%)
Other Opiates	0	5 (9%)	16 (29%)	14 (26%)	20 (36%)
Cocaine	0	5 (9%)	16 (29%)	12 (22%)	22 (40%)
Methamphetamine	0	2 (4%)	8 (15%)	13 (24%)	32 (58%)
Ecstasy	14 (26%)	9 (16%)	15 (27%)	2 (4%)	15 (27%)
Barbiturates	4 (7%)	7 (13%)	8 (15%)	10 (18%)	26 (47%)
Benzodiazepines	20 (36%)	15 (27%)	8 (15%)	3 (6%)	9 (16%)
Hallucinogens	2 (4%)	2 (4%)	8 (15%)	16 (29%)	27 (49%)
Solvents/Inhalants	36 (66%)	11 (20%)	4 (7%)	2 (4%)	2 (4%)
Injecting drug use	2 (4%)	2 (4%)	22 (40%)	6 (11%)	23 (42%)

Table A.7: Key Informants' perception of the scale of drug use in their area - Samsun

<i>Drug type</i>	<i>Commonly used</i>	<i>Some use</i>	<i>Rarely used</i>	<i>No use</i>	<i>Don't know</i>
Cannabis	15 (54%)	2 (7%)	2 (7%)	0	9 (32%)
Heroin	0	2 (7%)	2 (7%)	3 (11%)	21 (75%)
Opium	0	2 (7%)	0	2 (7%)	24 (86%)
Other Opiates	1 (4%)	0	0	2 (7%)	25 (89%)
Cocaine	0	0	1 (4%)	2 (7%)	25 (89%)
Methamphetamine	0	1 (4%)	0	2 (7%)	25 (89%)
Ecstasy	1 (4%)	7 (25%)	1 (4%)	3 (11%)	16 (57%)
Barbiturates	0	3 (11%)	0	2 (7%)	23 (82%)
Benzodiazepines	0	0	1 (4%)	2 (7%)	25 (89%)
Hallucinogens	0	1 (4%)	1 (4%)	2 (7%)	24 (86%)
Solvents/Inhalants	5 (18%)	11 (39%)	4 (14%)	0	8 (29%)
Injecting drug use	1 (4%)	0	4 (17%)	5 (21%)	14 (59%)

Table A.8: Key Informants' perceptions of change in drug use in the area - Adana

<i>Drug type</i>	<i>Not used</i>	<i>Decr. a lot</i>	<i>Decr. a little</i>	<i>Not changed</i>	<i>Incr. a little</i>	<i>Incr. a lot</i>	<i>Don't know</i>
Cannabis	1 (3%)	0	0	6 (17%)	13 (37%)	6 (17%)	9 (26%)
Heroin	0	0	0	5 (14%)	10 (29%)	0	20 (57%)
Opium	2 (6%)	0	0	0	1 (3%)	0	32 (91%)
Other Opiates	1 (3%)	0	1 (3%)	5 (14%)	7 (20%)	0	21 (60%)
Cocaine	1 (3%)	0	0	4 (11%)	10 (29%)	0	20 (57%)
Methamphetamine	3 (9%)	0	0	2 (6%)	3 (9%)	0	26 (77%)
Ecstasy	1 (3%)	0	0	1 (3%)	8 (24%)	7 (21%)	17 (50%)
Barbiturates	2 (6%)	0	0	4 (12%)	6 (18%)	0	22 (65%)
Benzodiazepine	1 (3%)	0	0	4 (11%)	13 (37%)	2 (6%)	15 (43%)
Hallucinogens	4 (13%)	0	0	2 (6%)	0	1 (3%)	25 (78%)
Solvents	0	0	1 (3%)	1 (3%)	11 (31%)	19 (54%)	3 (9%)
IDU	0	0	1 (3%)	5 (15%)	8 (24%)	2 (6%)	18 (53%)

Table A.9: Key Informants' perceptions of change in drug use in the area - Ankara

<i>Drug type</i>	<i>Not used</i>	<i>Decr. a lot</i>	<i>Decr. a little</i>	<i>Not changed</i>	<i>Incr. a little</i>	<i>Incr. a lot</i>	<i>Don't know</i>
Cannabis	14 (20%)	1 (1%)	2 (3%)	14 (20%)	11 (16%)	5 (7%)	24 (34%)
Heroin	20 (28%)	1 (1%)	1 (1%)	8 (11%)	3 (4%)	0	38 (54%)
Opium	22 (31%)	0	1 (1%)	7 (10%)	0	0	41 (58%)
Other Opiates	17 (24%)	1 (1%)	1 (1%)	3 (4%)	5 (7%)	0	44 (62%)
Cocaine	21 (30 %)	1 (1%)	2 (3%)	3 (4%)	3 (4%)	0	41 (58%)
Methamphetamine	17 (24%)	0	0	3 (4%)	1 (1%)	0	50 (70%)
Ecstasy	16 (23%)	1 (1%)	1 (1%)	5 (7%)	13 (18%)	4 (6%)	31 (44%)
Barbiturate	18 (25%)	0	0	5 (7%)	3 (4%)	0	45 (63%)
Benzodiazepine	13 (18%)	1 (1%)	1 (1%)	12 (17%)	13 (18%)	0	31 (44%)
Hallucinogens	22 (31%)	0	1 (1%)	5 (7%)	1 (1%)	0	42 (59%)
Solvents	6 (9%)	1 (1%)	7 (10%)	7 (10%)	25 (35%)	21 (30%)	4 (6%)
IDU	16 (23%)	0	3 (4%)	7 (10%)	1 (1%)	0	44 (62%)

Table A.10: Key Informants' perceptions of change in drug use in the area - Diyarbakir

<i>Drug type</i>	<i>Not used</i>	<i>Decr. a lot</i>	<i>Decr. a little</i>	<i>Not changed</i>	<i>Incr. a little</i>	<i>Incr. a lot</i>	<i>Don't know</i>
Cannabis	0	1 (2%)	2 (4%)	3 (6%)	17 (36%)	12 (26%)	12 (26%)
Heroin	0	4 (9%)	5 (11%)	6 (13%)	10 (21%)	2 (4%)	20 (43%)
Opium	5 (11%)	1 (2%)	0	2 (4%)	1 (2%)	0	38 (81%)
Other Opiates	4 (11%)	0	2 (5%)	1 (3%)	3 (8%)	2 (5%)	26 (68%)
Cocaine	8 (17%)	1 (2%)	0	2 (4%)	3 (6%)	0	33 (70%)
Methamphetamine	4 (9%)	2 (4%)	1 (2 %)	1 (2%)	2 (4%)	0	37 (79%)
Ecstasy	1 (2%)	0	0	0	12 (26%)	2 (4.3%)	32 (68%)
Barbiturates	4 (9%)	0	0	3 (6%)	2 (4%)	0	38 (81%)
Benzodiazepines	4 (9%)	0	0	4 (9%)	1 (2%)	2 (4.3%)	36 (77%)
Hallucinogens	7 (15%)	0	0	1 (2%)	5 (11%)	0	34 (72%)
Solvents	0	0	1 (2%)	3 (6%)	11 (23%)	24 (51%)	7 (15%)
IDU	2 (4%)	1 (2%)	1 (2%)	5 (11%)	4 (9%)	3 (6%)	31 (66%)

Table A.11: Key Informants' perceptions of change in drug use in the area - Istanbul

<i>Drug type</i>	<i>Not used</i>	<i>Decr. a lot</i>	<i>Decr. a little</i>	<i>Not changed</i>	<i>Incr. a little</i>	<i>Incr. a lot</i>	<i>Don't know</i>
Cannabis	1 (4%)	0	0	4 (16%)	6 (24%)	9 (36%)	5 (20%)
Heroin	1 (4%)	0	2 (8%)	3 (12%)	10 (40%)	2 (8%)	7 (28%)
Opium	1 (4%)	0	3 (12%)	3 (12%)	1 (4%)	0	17 (68%)
Other Opiates	0	0	1 (4%)	4 (16%)	1 (4%)	2 (8%)	17 (68%)
Cocaine	1 (4%)	0	3 (12 %)	5 (20%)	8 (32%)	1 (4%)	7 (28%)
Methamphetamine	0	0	1 (4%)	1 (4%)	3 (12%)	2 (8%)	18 (72%)
Ecstasy	1 (4%)	0	0	1 (4%)	7 (28%)	9 (36%)	7 (28%)
Barbiturates	0	0	0	4 (16%)	1 (4%)	0	20 (80%)
Benzodiazepines	0	0	0	4 (16%)	4 (16%)	2 (8%)	15 (60%)
Hallucinogens	2 (8%)	0	0	5 (20%)	3 (12%)	1 (4 %)	14 (56%)
Solvents	0	0	0	4 (16%)	8 (32%)	8 (32%)	5 (20%)
IDU	1 (4%)	0	0	4 (16%)	9 (36%)	1 (4%)	10 (40%)

Table A.12: Key Informants' perceptions of change in drug use in the area - Izmir

<i>Drug type</i>	<i>Not used</i>	<i>Decr. a lot</i>	<i>Decr. a little</i>	<i>Not changed</i>	<i>Incr. a little</i>	<i>Incr. a lot</i>	<i>Don't know</i>
Cannabis	2 (4%)	1 (2%)	1 (2%)	9 (16%)	19 (35%)	17 (31%)	6 (11%)
Heroin	10 (18%)	0	2 (4%)	9 (16%)	4 (7%)	0	30 (55%)
Opium	10 (18%)	0	0	11 (20%)	3 (6%)	0	31 (56%)
Other Opiates	12 (22%)	1 (2%)	1 (2%)	7 (13%)	3 (6%)	1 (2%)	30 (55%)
Cocaine	9 (16%)	1 (2%)	3 (6%)	10 (18%)	8 (15%)	1 (2%)	23 (42%)
Methamphetamine	11 (20%)	0	1 (2%)	6 (11%)	2 (4%)	1 (2%)	34 (62%)
Ecstasy	2 (4%)	0	0	3 (6%)	21 (38%)	12 (22%)	17 (31%)
Barbiturate	7 (13%)	0	0	11 (20%)	6 (11%)	4 (7%)	27 (49%)
Benzodiazepine	3 (6%)	1 (2%)	0	12 (22%)	18 (33%)	13 (24%)	8 (15%)
Hallucinogen	15 (27%)	1 (2%)	1 (2%)	7 (13%)	5 (9%)	1 (2%)	25 (46%)
Solvents	2 (4%)	0	1 (2%)	6 (11%)	14 (26%)	29 (53%)	3 (6%)
IDU	7 (13%)	0	3 (6%)	12 (22%)	4 (7%)	1 (2%)	28 (51%)

Table A.13: Key Informants' perceptions of change in drug use in the area - Samsun

Drug type	Not used	Decr. a lot	Decr. a little	Not changed	Incr. a little	Incr. a lot	Don't know
Cannabis	0	0	1 (4%)	3 (11%)	10 (36%)	5 (18%)	9 (32 %)
Heroin	4 (14%)	0	1 (4%)	1 (4%)	2 (7 %)	0	20 (71%)
Opium	4 (14%)	0	0	1 (4%)	0	0	23 (82%)
Other Opiates	4 (14%)	0	2 (7%)	0	0	0	22 (79%)
Cocaine	5 (18%)	0	0	0	0	0	23 (82%)
Methamphetamine	4 (14%)	0	0	0	1 (4%)	0	23 (82%)
Ecstasy	3 (11%)	0	0	0	3 (11%)	7 (25%)	15 (54%)
Barbiturates	3 (11%)	0	1 (4%)	0	1 (4%)	2 (7%)	21 (75%)
Benzodiazepines	3 (11%)	0	0	0	0	0	25 (89%)
Hallucinogens	4 (14%)	0	0	0	0	0	24 (86%)
Solvents	0	0	2 (7%)	2 (7%)	11 (39%)	4 (14%)	9 (32%)
IDU	3 (11%)	0	0	2 (7%)	1 (4%)	0	22 (79%)

School Survey

Table A.14: School Survey sampling frame

	Adana	Ankara	Diyarbakir	Istanbul	Izmir	Samsun	Total
Schools							
Public	57	116	36	216	99	38	562
Private	12	39	3	105	27	6	192
Vocational	73	173	25	266	153	51	741
Total	142	328	64	587	279	95	1,495
Classes							
Public	1,007	2,876	660	5,116	2,041	709	12,409
Private	353	646	34	2,055	1,10	41	4,239
Vocational	1,597	3,240	475	6,171	3,142	925	15,550
Total	2,957	6,762	1,169	13,342	6,293	1,675	32,198
Students							
Public	58,171	117,144	32,607	228,090	81,765	30,504	548,281
Private	1,731	8,205	572	17,967	6,025	431	34,931
Vocational	22,820	56,989	3,134	158,227	51,495	16,470	309,135
Total	82,722	182,338	36,313	404,284	139,285	47,405	892,346

Table A.15: School Survey sample size

	Adana	Ankara	Diyarbakir	Istanbul	Izmir	Samsun	Total
Schools							
Public	11	8	10	9	6	8	52
Private	1	3	0	2	2	3	11
Vocational	5	5	3	2	6	4	25
Total	17	16	13	13	14	15	88
Classes							
Public	16	14	17	32	12	15	106
Private	1	4	0	4	3	3	15
Vocational	10	9	4	8	11	4	46
Total	27	27	21	44	26	22	167
Students							
Public	616	468	872	1215	415	530	4,116
Boys	297	260	545	626	195	291	2,214
Girls	319	208	327	589	220	239	1,902
Private	40	139	0	134	59	146	518
Boys	25	46	0	50	39	80	240
Girls	15	93	0	84	20	66	278
Vocational	261	269	162	288	388	147	1,515
Boys	188	186	96	110	348	90	1,018
Girls	73	83	66	178	40	57	497
Total	917	876	1034	1637	862	823	6,149
Boys	510	492	641	786	582	461	3,472
Girls	407	384	393	851	280	362	2,677

Table A.16: Students' Response Rates

	Boys	Girls	All students
Adana	95.6	96.0	95.9
Ankara	94.7	96.0	95.7
Diyarbakir	86.2	83.9	85.8
Istanbul	87.6	84.0	86.0
Izmir	94.5	96.5	97.4
Samsun	91.7	93.6	92.8
Average	91.0	91.0	91.0

Table A.17: Lifetime frequency of use - Boys

	Frequency of use						
	Adana	Ankara	Diyarbakir	Istanbul	Izmir	Samsun	All
Tobacco	48.7	57.3	66.8	54.7	53.4	57.2	56.3
Any Alcoholic beverage	54.7	56.2	24.1	54.4	59.9	48.2	50.0
Any illicit drug	6.1	4.8	8.2	10.6	7.9	5.6	8.0
Marijuana or Hashish	5.4	3.7	6.8	8.8	8.2	5.1	6.4
Any illicit drug other than Marijuana/ Hashish	3.5	3.1	2.2	7.2	3.6	2.4	4.2
Inhalants	3.3	5.5	3.0	7.1	4.6	4.1	4.9
Amphetamines	2.9	2.7	1.2	5.0	1.4	1.7	2.7
LSD/other hallucinogens	1.9	2.0	1.6	4.6	2.1	1.0	2.4
Crack	1.3	0.9	1.2	5.1	1.8	1.7	2.2
Cocaine	1.3	1.8	1.6	5.0	1.8	1.4	2.4
Ecstasy	1.6	1.3	0.6	6.0	2.5	2.1	2.6
Heroin	1.3	1.3	1.6	5.2	1.4	1.0	2.2
GHB	1.3	1.3	0.6	4.8	1.4	1.4	2.0
Magic Mushrooms	1.3	0.7	0.6	5.0	1.4	0.7	1.9
Relevin	1.3	1.1	0.9	4.2	2.2	0.7	1.9
Tranquillizers or sedatives by prescription	3.3	4.1	3.6	5.5	3.2	6.1	4.9
Tranquillizers or sedatives without prescription	6.5	3.9	2.1	4.8	1.8	1.7	3.2
Anabolic steroids	4.8	4.3	3.2	5.4	4.0	5.2	4.5
Alcohol together with pills	2.5	2.0	1.9	5.6	2.2	1.7	2.9
Any drug by injection	1.6	1.8	0.6	4.6	0.7	1.7	2.1

Table A.18: Lifetime frequency of use - Girls

	Frequency of use						
	Adana	Ankara	Diyarbakir	Istanbul	Izmir	Samsun	All
Tobacco	34.7	49.2	40.9	42.3	45.4	45.1	42.8
Any Alcoholic beverage	40.2	35.3	17.7	43.1	55.4	39.9	39.1
Any illicit drug	1.7	3.9	2.9	1.7	5.2	2.2	2.9
Marijuana or Hashish	1.0	1.9	2.4	1.6	3.1	2.2	1.9
Any illicit drug other than Marijuana/ Hashish	1.0	2.2	1.4	0.9	4.2	1.3	1.7
Inhalants	1.6	4.1	2.4	3.4	6.2	3.9	3.5
Amphetamines	0.0	1.1	1.0	0.5	3.1	0.4	0.9
LSD/other hallucinogens	0.0	1.1	1.0	0.5	2.1	0.4	0.8
Crack	0.0	0.3	0.0	0.5	2.1	0.0	0.4
Cocaine	0.6	0.3	0.0	0.5	2.6	0.4	0.7
Ecstasy	0.3	0.8	0.5	0.7	2.6	1.3	0.9
Heroin	0.0	0.6	1.0	0.5	1.6	0.4	0.6
GHB	0.3	0.3	0.5	0.7	2.1	0.4	0.7
Magic Mushrooms	0.3	0.6	0.5	0.9	1.6	0.0	0.7
Relevin	0.0	0.3	0.5	0.5	2.1	0.0	0.5
Tranquillizers or sedatives by prescription	8.7	6.0	4.2	5.4	9.3	6.4	6.5
Tranquillizers or sedatives without prescription	1.9	2.5	1.4	2.5	5.1	4.0	2.7
Anabolic steroids	1.6	2.2	1.9	0.9	2.1	0.5	1.5
Alcohol together with pills	0.6	1.9	0.5	0.9	1.1	0.9	1.0
Any drug by injection	0.3	0.6	0.5	0.7	2.1	0.4	0.7

Table A.19: Lifetime frequency of use - All students

	Frequency of use						
	Adana	Ankara	Diyarbakir	Istanbul	Izmir	Samsun	All
Tobacco	41.9	53.7	56.9	48.3	50.1	51.9	50.2
Any Alcoholic beverage	47.7	47.0	21.6	48.6	58.1	44.5	45.0
Any illicit drug	3.9	4.4	6.1	6.0	6.8	4.1	5.6
Marijuana or Hashish	3.3	2.9	5.1	5.1	6.1	3.8	4.3
Any illicit drug other than Marijuana/ Hashish	2.2	2.7	1.9	3.9	3.8	2.0	3.0
Inhalants	2.5	4.9	2.8	5.2	5.2	4.0	4.2
Amphetamines	1.4	2.0	1.1	2.7	2.1	1.2	1.9
LSD/other hallucinogens	1.0	1.6	1.3	2.5	2.1	0.8	1.6
Crack	0.7	0.6	0.8	2.8	1.9	1.0	1.4
Cocaine	1.0	1.1	0.9	2.7	2.1	1.0	1.6
Ecstasy	1.0	1.1	0.6	3.2	2.5	0.8	1.8
Heroin	0.6	1.0	1.3	2.8	1.5	0.8	1.5
GHB	0.8	0.9	0.6	2.7	1.7	1.0	1.4
Magic Mushrooms	0.8	0.6	0.6	2.9	1.5	0.4	1.3
Relevin	0.6	0.7	0.8	2.3	2.1	0.4	1.3
Tranquillizers or sedatives by prescription	7.6	5.0	3.8	5.4	5.7	6.2	5.6
Tranquillizers or sedatives without prescription	2.6	3.2	0.8	3.6	3.1	2.7	3.0
Anabolic steroids	3.2	3.2	2.7	3.1	3.2	3.1	3.1
Alcohol together with pills	1.6	2.0	1.3	3.1	1.7	1.4	2.0
Any drug by injection	1.0	1.2	0.6	2.6	1.3	1.2	1.5

Table A.20: Last 12 months frequency of use - Boys

	Frequency of use						
	Adana	Ankara	Diyarbakir	Istanbul	Izmir	Samsun	All
Any Alcoholic beverage	46.1	45.6	18.0	44.9	48.1	36.4	40.3
Marijuana or Hashish	4.3	1.6	7.3	8.0	5.2	3.2	5.0
Any illicit drug other than Marijuana/ Hashish	1.2	0.4	1.5	1.5	0.4	1.3	0.9
Inhalants	2.3	2.7	1.8	5.3	2.2	2.2	3.0
Amphetamines	1.2	0.4	1.5	1.5	0.4	1.3	0.9
LSD/other hallucinogens	1.2	0.4	1.5	1.5	0.4	1.3	0.9
Crack	1.2	0.4	1.5	1.5	0.4	1.3	0.9
Cocaine	1.2	0.4	1.5	1.5	0.4	1.3	0.9
Ecstasy	1.2	0.4	1.5	1.5	0.4	1.3	0.9
Heroin	1.2	0.4	1.5	1.5	0.4	1.3	0.9
GHB	1.2	0.4	1.5	1.5	0.4	1.3	0.9
Magic Mushrooms	1.2	0.4	1.5	1.5	0.4	1.3	0.9
Relevin	1.2	0.4	1.5	1.5	0.4	1.3	0.9
Tranquillizers or sedatives by prescription	1.2	0.4	1.5	1.5	0.4	1.3	0.9
Tranquillizers or sedatives without prescription	1.2	0.4	1.5	1.5	0.4	1.3	0.9
Anabolic steroids	1.2	0.4	1.5	1.5	0.4	1.3	0.9
Alcohol together with pills	1.2	0.4	1.5	1.5	0.4	1.3	0.9
Any drug by injection	1.2	0.4	1.5	1.5	0.4	1.3	0.9

Table A.21: Last 12 months Frequency of use – Girls

	Frequency of use						
	Adana	Ankara	Diyarbakir	Istanbul	Izmir	Samsun	All
Any Alcoholic beverage	29.0	26.3	8.5	31.2	42.0	30.1	28.3
Marijuana or Hashish	0.7	0.8	1.0	1.3	2.7	1.8	1.3
Any illicit drug other than Marijuana/ Hashish	0.0	0.5	0.0	0.5	2.6	0.3	0.7
Inhalants	0.3	1.5	1.0	2.4	2.6	1.4	1.7
Amphetamines	0.0	0.5	0.0	0.5	2.6	0.3	0.7
LSD/other hallucinogens	0.0	0.5	0.0	0.5	2.6	0.3	0.7
Crack	0.0	0.5	0.0	0.5	2.6	0.3	0.7
Cocaine	0.0	0.5	0.0	0.5	2.6	0.3	0.7
Ecstasy	0.0	0.5	0.0	0.5	2.6	0.3	0.7
Heroin	0.0	0.5	0.0	0.5	2.6	0.3	0.7
GHB	0.0	0.5	0.0	0.5	2.6	0.3	0.7
Magic Mushrooms	0.0	0.5	0.0	0.5	2.6	0.3	0.7
Relevin	0.0	0.5	0.0	0.5	2.6	0.3	0.7
Tranquillizers or sedatives by prescription	0.0	0.5	0.0	0.5	2.6	0.3	0.7
Tranquillizers or sedatives without prescription	0.0	0.5	0.0	0.5	2.6	0.3	0.7
Anabolic steroids	0.0	0.5	0.0	0.5	2.6	0.3	0.7
Alcohol together with pills	0.0	0.5	0.0	0.5	2.6	0.3	0.7
Any drug by injection	0.0	0.5	0.0	0.5	2.6	0.3	0.7

Table A.22: Last 12 months frequency of use - All students

	Frequency of use						
	Adana	Ankara	Diyarbakir	Istanbul	Izmir	Samsun	All
Any Alcoholic beverage	37.6	36.9	14.3	37.8	45.6	33.6	34.8
Marijuana or Hashish	2.5	1.3	4.9	4.5	4.4	2.6	3.3
Any illicit drug other than Marijuana/ Hashish	0.6	0.5	0.9	1.0	1.3	0.8	0.8
Inhalants	1.4	1.9	1.6	3.9	2.5	1.8	2.4
Amphetamines	0.6	0.5	0.9	1.0	1.3	0.8	0.8
LSD/other hallucinogens	0.6	0.5	0.9	1.0	1.3	0.8	0.8
Crack	0.6	0.5	0.9	1.0	1.3	0.8	0.8
Cocaine	0.6	0.5	0.9	1.0	1.3	0.8	0.8
Ecstasy	0.6	0.5	0.9	1.0	1.3	0.8	0.8
Heroin	0.6	0.5	0.9	1.0	1.3	0.8	0.8
GHB	0.6	0.5	0.9	1.0	1.3	0.8	0.8
Magic Mushrooms	0.6	0.5	0.9	1.0	1.3	0.8	0.8
Relevin	0.6	0.5	0.9	1.0	1.3	0.8	0.8
Tranquillizers or sedatives by prescription	0.6	0.5	0.9	1.0	1.3	0.8	0.8
Tranquillizers or sedatives without prescription	0.6	0.5	0.9	1.0	1.3	0.8	0.8
Anabolic steroids	0.6	0.5	0.9	1.0	1.3	0.8	0.8
Alcohol together with pills	0.6	0.5	0.9	1.0	1.3	0.8	0.8
Any drug by injection	0.6	0.5	0.9	1.0	1.3	0.8	0.8

Table A.23: Last 30 days frequency of use - Boys

	Frequency of use						
	Adana	Ankara	Diyarbakir	Istanbul	Izmir	Samsun	All
Tobacco	13.2	27.1	27.2	22.4	23.3	18.7	22.3
Any Alcoholic beverage	27.7	29.7	10.9	24.9	34.1	18.9	24.5
Marijuana or Hashish	3.0	1.4	4.5	6.6	2.6	1.8	3.5
Any illicit drug other than Marijuana/ Hashish	1.5	0.9	1.5	1.3	0.4	0.0	1.0
Inhalants	1.7	2.1	1.6	5.2	2.2	1.4	2.6
Amphetamines	1.5	0.9	1.5	1.3	0.4	0.0	1.0
LSD/other hallucinogens	1.5	0.9	1.5	1.3	0.4	0.0	1.0
Crack	1.5	0.9	1.5	1.3	0.4	0.0	1.0
Cocaine	1.5	0.9	1.5	1.3	0.4	0.0	1.0
Ecstasy	1.5	0.9	1.5	1.3	0.4	0.0	1.0
Heroin	1.5	0.9	1.5	1.3	0.4	0.0	1.0
GHB	1.5	0.9	1.5	1.3	0.4	0.0	1.0
Magic Mushrooms	1.5	0.9	1.5	1.3	0.4	0.0	1.0
Relevin	1.5	0.9	1.5	1.3	0.4	0.0	1.0
Tranquillizers or sedatives by prescription	1.5	0.9	1.5	1.3	0.4	0.0	1.0
Tranquillizers or sedatives without prescription	1.5	0.9	1.5	1.3	0.4	0.0	1.0
Anabolic steroids	1.5	0.9	1.5	1.3	0.4	0.0	1.0
Alcohol together with pills	1.5	0.9	1.5	1.3	0.4	0.0	1.0
Any drug by injection	1.5	0.9	1.5	1.3	0.4	0.0	1.0

Table A.24: Last 30 days frequency of use - Girls

	Frequency of use						
	Adana	Ankara	Diyarbakir	Istanbul	Izmir	Samsun	All
Tobacco	5.6	12.6	10.2	13.7	19.1	13.7	12.2
Any Alcoholic beverage	12.0	12.8	2.5	15.5	26.8	16.4	14.2
Marijuana or Hashish	0.3	0.3	0.5	1.5	1.6	0.5	0.8
Any illicit drug other than Marijuana/ Hashish	1.6	0.5	0.5	1.1	1.5	0.3	0.9
Inhalants	0.3	0.6	1.5	2.2	2.7	0.0	1.3
Amphetamines	1.6	0.5	0.5	1.1	1.5	0.3	0.9
LSD/other hallucinogens	1.6	0.5	0.5	1.1	1.5	0.3	0.9
Crack	1.6	0.5	0.5	1.1	1.5	0.3	0.9
Cocaine	1.6	0.5	0.5	1.1	1.5	0.3	0.9
Ecstasy	1.6	0.5	0.5	1.1	1.5	0.3	0.9
Heroin	1.6	0.5	0.5	1.1	1.5	0.3	0.9
GHB	1.6	0.5	0.5	1.1	1.5	0.3	0.9
Magic Mushrooms	1.6	0.5	0.5	1.1	1.5	0.3	0.9
Relevin	1.6	0.5	0.5	1.1	1.5	0.3	0.9
Tranquillizers or sedatives by prescription	1.6	0.5	0.5	1.1	1.5	0.3	0.9
Tranquillizers or sedatives without prescription	1.6	0.5	0.5	1.1	1.5	0.3	0.9
Anabolic steroids	1.6	0.5	0.5	1.1	1.5	0.3	0.9
Alcohol together with pills	1.6	0.5	0.5	1.1	1.5	0.3	0.9
Any drug by injection	1.6	0.5	0.5	1.1	1.5	0.3	0.9

Table A.25: Last 30 days frequency of use - All students

	Frequency of use						
	Adana	Ankara	Diyarbakir	Istanbul	Izmir	Samsun	All
Tobacco	9.5	20.7	20.7	17.9	21.6	16.5	17.7
Any Alcoholic beverage	19.9	22.0	7.7	20.0	31.1	17.8	19.7
Marijuana or Hashish	1.7	0.9	2.9	3.9	2.2	1.2	2.3
Any illicit drug other than Marijuana/ Hashish	1.5	0.7	1.1	1.2	0.8	0.2	1.0
Inhalants	1.0	1.4	1.6	3.6	2.4	0.8	2.0
Amphetamines	1.5	0.7	1.1	1.2	0.8	0.2	1.0
LSD/other hallucinogens	1.5	0.7	1.1	1.2	0.8	0.2	1.0
Crack	1.5	0.7	1.1	1.2	0.8	0.2	1.0
Cocaine	1.5	0.7	1.1	1.2	0.8	0.2	1.0
Ecstasy	1.5	0.7	1.1	1.2	0.8	0.2	1.0
Heroin	1.5	0.7	1.1	1.2	0.8	0.2	1.0
GHB	1.5	0.7	1.1	1.2	0.8	0.2	1.0
Magic Mushrooms	1.5	0.7	1.1	1.2	0.8	0.2	1.0
Relevin	1.5	0.7	1.1	1.2	0.8	0.2	1.0
Tranquillizers or sedatives by prescription	1.5	0.7	1.1	1.2	0.8	0.2	1.0
Tranquillizers or sedatives without prescription	1.5	0.7	1.1	1.2	0.8	0.2	1.0
Anabolic steroids	1.5	0.7	1.1	1.2	0.8	0.2	1.0
Alcohol together with pills	1.5	0.7	1.1	1.2	0.8	0.2	1.0
Any drug by injection	1.5	0.7	1.1	1.2	0.8	0.2	1.0
