Evaluation of services for combating addiction in Turkey within the scope of the twelfth development plan (2024-2028)

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Dear Editor,

Within the scope of the struggle against drug addiction, which has increasingly become a major problem all over the world, important decisions have been taken and various regulations have been introduced in our country, especially in the last 20 years.

In 2004, the Regulation on Substance Addiction Treatment Centers(1) entered into force in our country and in the same year, the decision to join the European Union Monitoring Center for Drugs and Drug Addiction (EMCDDA) was taken and the accession agreement was signed in Ankara on August 26, 2004 and signed on October 30, 2007(2). Following these arrangements, in 2006, within the framework of our national needs and our obligations in the process of candidacy to the European Union, the "National Policy and Strategy Document for Combating Addictive Substances and Addiction" covering the years 2006-2012 came into force and the first "National Drug Action Plan" (2007-2009) was put into practice in our country(2).

In 2014, envisioning the necessity to initiate a multi-stakeholder fight against drugs, the High Council for Combating Drugs was established with the Prime Ministry Circular (3), the Emergency Action Plan and Strategy Document for Combating Drugs (4) came into force in 2015, and the National Action Plan and Strategy Document for Combating Drugs came into force in 2016-2018 (5). The neces-

sity of including a training module on substance addiction and AMATEM/ÇEMATEM rotation in the curriculum of specialty training of psychiatrists and child and adolescent psychiatrists was mentioned for the first time in the Emergency Action Plan and Strategy Document on Combating Drugs published in 2015, and in the same action plan, it was aimed to have at least 5 outpatient treatment centers operational by the end of 2015(4). In the 2016-2018 National Action Plan, it was planned to make it compulsory to open inpatient AMATEM/ÇEMATEM in the adult and child-adolescent mental health diseases training clinics planned to be opened within the Training and Research Hospitals(5).

In 2017, a Prime Ministry Circular expanded the mandate of the High Council for Combating Drugs and established the High Council for Combating Addiction under the chairmanship of the Deputy Prime Minister with the participation of 11 ministers (6). Subsequently, in 2019, with the Presidential Circular, the High Council for Combating Addiction was reconstituted with the participation of 11 ministers under the chairmanship of the Vice President and the Deputy Chairman of the Presidential Health and Food Policies Board (7).

When the processes related to addictions are examined within the framework of development plans in our country; it is understood that the Second Development Plan (1968-1972) first drew attention to the issue with the statement "There is no activity on the social rehabilitation of alcoholics and toxico-

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maniacs, and the issue is dealt with to a limited extent in terms of purity and safety measures" (8). In the following period, in the Third Development Plan (1973-1977), "A center will be established to conduct research on the abuse of drugs, alcoholism and drug addiction" (9), and in the Fifth and Sixth Development Plans (1990-1994), "Measures to protect and deter young people from smoking, alcohol, drugs, gambling and similar habits, as well as measures to eliminate the elements that create environments for crime will be handled in integrity." (10,11).

In the Eighth Development Plan (2001-2005), the necessity to make legal and theoretical arrangements was stated for the first time as "Sub- and upper Boards for Monitoring and Directing the Fight against Drug Use will be given a legal status as monitoring, supervision and coordination units and their effective functioning will be ensured." (12). On the other hand, in the Ninth Development Plan (2007-2013), it was emphasized that although some progress was made in the fight against drug use and addiction in our country, it lagged behind the targets of the previous plan (13). In the Tenth Development Plan prepared for 2014-2018, it was stated that harmful habits such as smoking, alcohol and drugs and internet addiction continue to be important risk factors for children and young people, and the goal of activating controls by organizing programs and campaigns was put forward (14).

In our country, the most comprehensive changes regarding preventive services and treatments in the fight against addiction have started to be implemented with the regulations made within the scope of the National Strategy Document and Action Plan for Combating Drugs 2018-2023 and the 11th Development Plan (2019-2023) (15). In this period, a paradigm shift was made by repealing the Regulation on Substance Addiction Treatment Centers in 2019 and replacing it with the Addiction Regulation on Counseling, Detoxification and Rehabilitation Centers. In this context, the Rehabilitation Model for Addicted Patients (BAHAR) was established in order to facilitate the adaptation of individuals to social life without using drugs again by keeping them in contact with treatment institutions after addiction treatment and it was planned to be disseminated throughout the country (15). Also during this period, the "2019-2023 National Strategy Document and Action Plan for Combating Behavioral Addictions" was prepared and put into practice (16).

In the recently enacted Twelfth Development Plan (2024-2028), it was emphasized that the fight against drugs will continue with a multidimensional and holistic approach (17). In this context, it is planned to take various security measures against the supply of drugs and to continue to work on informing and raising awareness of families, children and young people about the fight against addiction. In addition, it was aimed to increase the number of Child Adolescent Substance Addiction Treatment and Training Centers (CEMATEM) in our country and the number of qualified personnel employed in these centers, to establish evidencebased practices within the scope of combating behavioral addictions, to conduct periodic research on the frequency of substance use in our country and to share the results of these researches between institutions by observing data privacy (17).

As stated in the development plans made in various periods in our country, detoxification centers have been opened in the past years due to the increasing needs in the treatment of substance addiction and these centers have been expanded throughout the country. As of January 2024, there are a total of 115 detoxification centers in our country, 70 of which are outpatient and 45 of which are inpatient (18). On the other hand, only 12 of these centers serve as CEMATEM (18). When the number of BAHAR centers in our country is reviewed, rehabilitation services are currently provided in a total of 16 BAHAR centers, 4 of which are inpatient, 10 of which are outpatient for adult patients and 2 of which are outpatient for child-adolescent patients (19).

To summarize, the efforts to combat addiction in our country have progressed especially after 2014, primarily by increasing the number of treatment centers and reviewing their qualifications, and then gained a different momentum with a holistic perspective. However, the number of ÇEMATEM and rehabilitation centers in our country is still not suf-

ficient. In addition, the fact that there are still no closed AMATEM clinics in many provinces, including our detoxification center, where compulsory treatment decisions can be implemented, causes delays in the treatment of patients and poses various social risks.

As emphasized in the Twelfth Development Plan, it is necessary to increase the number of AMATEMs and centers where compulsory treatment decisions

for substance addiction are implemented and to integrate these centers with BAHAR rehabilitation centers.

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