

Extended Abstract

Analysis of Policies toward Drugs by Turkey's Ministry of Health

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Abstract

Drug use constitutes an important public health issue due to the danger that it presents not only to users but also to society as a whole. Aiming to analyze the anti-drug policies implemented by Turkey's Ministry of Health for preventive and curative health services, this study used a process analysis method to analyze the data retrospectively. The study was conducted as part of the Ministry of Health's drug policy based on the output set between 2013 and 2015 and under the Anti-Drug Emergency Action Plan 2015. The policy analysis found not only that the number of treatment centers included in the emergency action plan had increased but also that diagnostic standards had been developed, an advisory hotline for the prevention and treatment of drug use had been established, the media was effective in provoking reform, and senior administration support had developed in a positive direction. In addition, no practical study related to the targets determined as part of the emergency action plan was found to exist, including studies attempting to determine positive performance criteria for activities carried out as part of the anti-drug efforts in community health centers, the establishment of the Turkish Scientific Advisory Board on Anti-Drugs, making necessary arrangements in generic classification management, coordinating the use of funds, establishing the communication board, Such as the use of a language. Also noted are the lack of data used in assessing the practical consequences of policies for the fight against drugs, the fact that the fight against drugs in Turkey implemented is multi-headed, and the existence of national plans prepared by different institutions.

Keywords

Policy • Ministry of health • Health care • Process analysis • Drug

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The number of studies in which preventive and curative health services are retrospectively analyzed in Turkey's anti-drug policies is rather limited. Instead, most studies have assessed anti-drug policies only taking into account changes in prevention activities and the frequency of drug use (Akgül & Kaptı, 2010; Hibell et al., 2003). Anti-drug related policies and programs related to prevention were obtained from a review of the international literature (Jones, 2004; Pankratz, Hallfors, & Cho, 2002; Reuband, 1995). An analysis of anti-drug policies will constitute as evidence for future anti-drug policies to be developed in the coming years. Reliable evidence from analyzing health policies will be fundamental in providing better health care delivery at the patient level, better management of healthcare facilities, and a more effective use of resources (Koyuncugil & Özgülbaş, 2009). As such, conducting an analysis of the anti-drug policies followed by Turkey's Ministry of Health is important both to assess the performance of existing policies and to provide resources for future policies.

Method

The current study has aimed to analyze the anti-drug policies implemented by Turkey's Ministry of Health for preventive and curative health services. The study has been conducted retrospectively following a process analysis (Stages Heuristic) model, which is a model oft-used in policy analysis in the literature (Buse, Mays, & Walt, 2005; Sabatier & Jenkins-Smith, 1993).

Scope

The scope of the study encompasses the anti-drug policies for preventive and curative health services set in place by Turkey's Ministry of Health between 2013 and 2015, focusing on the Anti-Drug Emergency Action Plan – 2015 in particular.

Data Collection

The main data sources used to evaluate policies while following a process analysis model are unpublished reports, meeting notes, electronic mail messages, visual and written media sources, research findings, Internet pages related to the subject, and reports prepared by public institutions and private institutions (Buse et al., 2005). For this reason, the data used in the study were obtained from the related scientific and technical publications from the official Internet sites of the relevant institutions, Turkey's Ministry of Health, the Official Gazette, the Under secretariat of the Treasury, news in the media, declarations, and reports issued by national organizations between 2013 and 2015.

Data Analysis

The analysis of data collected on the Ministry of Health's anti-drug policy was conducted using Sabatier's (2007) five-stage process analysis model (Figure 1). In the process analysis model, it is assumed that policies consist of sequential activities. The model consists of a series of sequential actions that both describe the steps included in

the process and produce ideal public actions. The process consists of several stages, starting with the creating-agenda phase, which is then followed by the development of policy, addressing the problem, introducing the solution, and implementation, respectively (Buse et al., 2005). The steps mentioned are shown in Figure 1.

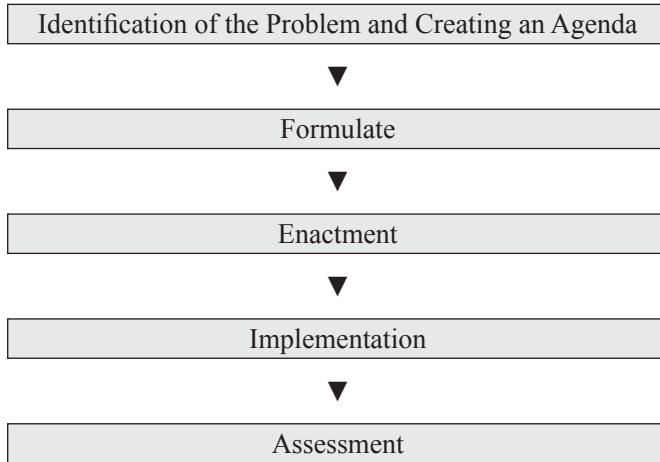


Figure 1. Process Analysis Model Source (Sabatier, 2007).

Stakeholders in the Struggle against Drugs

Many state institutions are stakeholders in the ongoing anti-drug efforts in Turkey, engaging the issue from a variety of angles, including supply reduction, demand reduction, the prevention of distribution, protection, treatment, and rehabilitation. Cooperation between general drug policies in Turkey and national and international institutions is facilitated by TUBIM (Turkish Monitoring Center for Drugs and Drug Addiction). Stakeholders in the field of prevention are: (i) the General Directorate of Public Health Institution of Turkey, (ii) Special Education and Consultancy Services, (iii) the General Directorate of Security, (iv) the General Command of Gendarmerie, (v) the Office of the Prime Minister, (vi) the Ministry of Family and Social Policy, and (vii) the Ministry of Labor and Social Security. Stakeholders in the field of treatment and rehabilitation are: (i) the Ministry of Justice, (ii) the Ministry of Family and Social Policy, (iii) the Social Security Institution, (iv) the General Directorate of Health Services, (v) the Public Hospitals Authority of Turkey, and (vi) the Turkish Employment Agency General Directorate (Office of the Prime Minister, 2013).

Results

The following are the findings of the analysis conducted by Turkey's Ministry of Health on anti-drug health care between 2013 and 2015.

Emergence of the Issue and Creation of a Policy Agenda

The research findings represent the entire population and the society in Turkey in terms of frequency of substance use in young people. According to these findings, 2.7% of the population aged between 15 and 64 in Turkey uses at least one illegal addictive substance. Broken down by gender, this value is 3.1% for males and 2.2% for females. In the current study, the prevalence of lifetime drug use of school children was found to be 1.5% and the prevalence of any drug use is still 0.5% (TUBİM, 2013). In addition to studies aiming to determine the prevalence of drug use, the fact that this issue has appeared so frequently in the media has been instrumental in motivating stakeholders to create an agenda. The frequent publication of news related to drug use attracts the policy makers' attention, forcing them to take steps to address this issue (Exworthy, 2008).

Configuring Policies for Drugs

The drug strategy (National Policy and Strategy Paper on Anti-Drug Addiction and Addictive Substances) prepared in Turkey in 2006 remained in effect until 2010. Nationally and internationally coordinated drug status reports were prepared by TUBİM in 2006, 2009, and finally in 2013, and the Prime Ministry issued and published the 2013-2018 National Drug Policy and Strategy Paper. As part of the policy and strategy paper published in 2013, the preparation of policies covering the Ministry of Health's areas of responsibility in the prevention, treatment, and rehabilitation of drug abuse was initiated. In line with the Anti-Drug Circular issued by the Prime Ministry, the Higher Anti-Drug Board was established. As part of the ongoing process, the first Anti-Drug Council was held on November 28 and 29 of 2014 under the coordination of the Ministry of Health (Turkey Public Health Institution, 2015a). In addition, 13 meetings were held by the Anti-Drug Council and an additional 35 meetings by the Higher Anti-Drug Board in order to establish the Anti-Drug Emergency Action Plan-2015 (Ministry of Health, 2015b).

Enactment of the Policy

The first legal regulation analyzed is the Regulation on Substance Abuse Treatment Centers published by the Ministry of Health in 2013. The aim of this specific regulation is (i) the determination of the procedures and principles regarding the establishment, operation, supervision, and closure of centers in which medical and psycho-social treatment and medical rehabilitation programs are conducted and (ii) the identification and certification of the health personnel who are to work in these centers (Ministry of Health, 2013). Later, the National Drug Strategy Paper 2015, on which the Anti-Drug Emergency Action Plan 2015 was based, prepared, and put into effect. The Anti-Drug Emergency Action Plan is a guide to the areas in which both the Ministry of Health and other institutions carry our activities (Turkey Public Health Institution [THSK], 2015a). The plan was drawn up taking into account the

model proposed by the World Health Organization (WHO) and the results of the first Anti-Drug Council. Finally, the Anti-Drug Emergency Action Plan 2015 was revised as National Anti-Drug Strategy Paper and Anti-Drug Action Plan 2016-2018 on June 21, 2015 (Ministry of Health, 2016a; THSK, 2015a). The legal basis of anti-drug related policies in Turkey is presented chronologically in Figure 2.

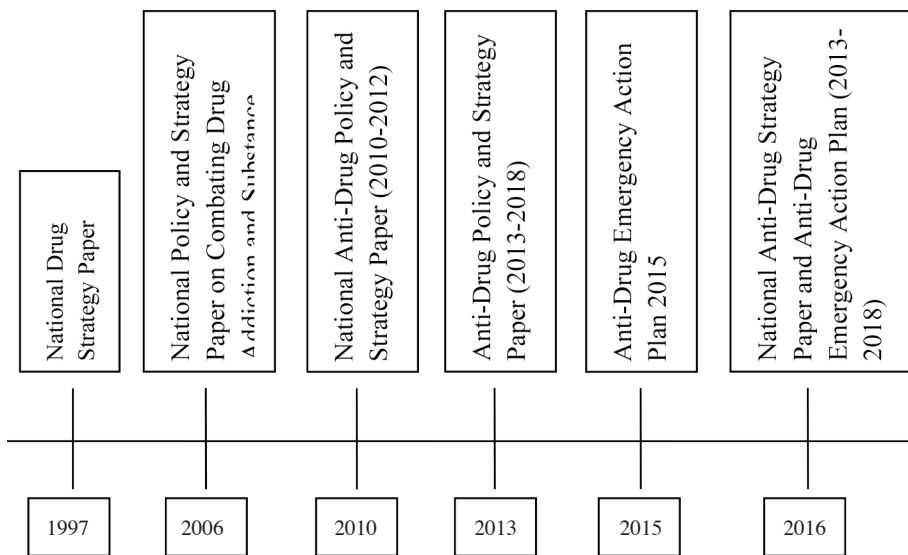


Figure 2. Legal basis of anti-drug policies in Turkey (1997-2016) Source (Authors' depiction).

Implementation of the Enacted Policies

As part of the implementation of the policy, the *ALO 191* Anti-Drug Advisory Hotline was opened within the Ministry of Health on July 8, 2015 (Ministry of Health, 2015c). Anti-drug training on the advisory hotline has been carried out in Ankara for health workers who are to serve on the *Alo 191* hotline by the Department for Combating Tobacco and Other Addictive Substances. As part of monitoring, evaluating, and regulating the fight against drugs, the Higher Anti-Drug Board, Anti-Drug Technical Board, and Anti-Drug Provincial Coordination Board have been established (Ministry of Health, 2015b). Another goal of the Ministry of Health is to strengthen the capacities of psychiatric outpatient clinics and to have a more effective role in the anti-drug activities carried out as part of the emergency action plan. In this context, the first substance abuse training was held in Ankara and the second one was held in Tokat on October 14, 2015. The importance of outpatient treatment centers was mentioned in the training programs while emphasizing that they will become more important in the future (milliyet.com, 2015b). In addition, a number of studies have been undertaken to implement professional campaigns for the fight against drugs.

The number of AMATEM (Alcohol and Substance Addiction Treatment Center) and ÇEMATEM (Child and Adolescent Substance Addiction Treatment Center) has increased in an effort to increase substance users' access to treatment (General Directorate of Health Services, 2015). In addition, as part of the policy's implementation, three outpatient addiction treatment centers were established in 2015 (General Directorate of Health Services, 2015).

Evaluation of Politics

As a result of the policies instituted by the Ministry of Health, treatment centers saw an increase in number by 2015. The first report published by TUBİM in 2006 stated that 15 centers were in operation throughout Turkey whereas by 2015 the total number of active centers had increased to 37 (TUBİM, 2006, 2014).

With the establishment of *Alo 191*, families and substance abusers were able to access services and information on drugs more easily. The high-level of participation by the government in the meetings organized by the above mentioned anti-drug boards shows that the policy is supported by senior administration. In addition, awareness has been created as a result of the professional campaigns implemented and the media. Efforts have even been made to set standards for the use of diagnostic tools, with standards for the diagnosis of drug addicts having been established by ICD10, currently used by the Ministry.

Since information on some of the targeted topics in the legal texts of the policy slated to be implemented have yet to be obtained in the analysis, it can be argued that there are deficiencies in the policy's implementation and that the stated goals have not yet been achieved. This lack of information also draws attention to the lack of data available to assess the implications of the policies currently in practice.

Conclusion

This study has analyzed drug use at the national level by the Ministry of Health, revealing not only that important policies were established between 2013 and 2015, some legally determined policies are applied, but also that there is high support on the part of senior administrators in the implementation of such policies, that there is a problem in the coordination of different institutions, and that the Ministry of Health will revise the policy documents every year until 2018. Emphasized in this study is the need not only for the systematic collection of data to be used in policy analyses and evaluation but also to remove administrative problems within centers, to increase the role of community health centers in the prevention of drug use, to make use of the media in informing the society, and to allocate an adequate budget for preventive and curative services for drug use.

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