

A review of compulsory drug treatment: The recommendations for the Civil Code of Türkiye and National Anti-Drug Action Plan

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Abstract

Despite the fact that compulsory drug treatment has been common and systematic practice in many countries, there has been little systematic evaluation and scientific evidence on the effectiveness of compulsory drug treatment. Moreover, the available limited data, does not always suggest positive or improved outcomes. As far as Turkish law is concerned, compulsory drug treatment can be implemented and enforced in two different ways: compulsory sentence-based treatment through the order of criminal courts and court-mandated treatment through the order of civil courts. The compulsory drug detention and rehabilitation centres also raise concern over human rights, as the detainment or deprivation of liberty for treatment sometimes takes place without due process, legal safeguards or judicial review. International consensus now requires comprehensive and integrated voluntary services implemented in the community which are person-centred and include drug addiction treatment, harm reduction and social support services. In the light of UNODC Practical Planning and Implementation Guide, this article recommends that meeting the various needs of people involved in drug requires developing and putting into practice a variety of methods and a multi-agency response. Such responses personalized to the needs of individual need to be implemented through multi-purpose centers. For these purposes, by taking into account current research evidence and concerns over human rights, Turkish Civil Code needs to be amended in a way that allows operation of the private and public multi-purpose centers, oversees, and regulates all phases of the treatment from early identification to social integration in such centers.

Keywords: compulsory drug treatment, the effectiveness of compulsory treatment, Turkish Civil Code, National Action Plan, recommendations

Main points

- Global initiatives undertaken by governments and civil society organizations have not been sufficient to halt the increasing trend in cigarette consumption.
- Awareness-raising campaigns alone are insufficient to achieve a significant reduction in smoking addiction.
- Countries that regularly review and strengthen their legal frameworks tend to implement more effective tobacco control policies.
- In Türkiye, anti-tobacco initiatives implemented since 2003 have not yet reached the desired level of effectiveness.
- Stronger legal measures, including proposed amendments to Law No. 4207, may enhance the effectiveness of tobacco control policies and contribute to reducing cigarette addiction.

Introduction

According to World Drug Report 2025, in 2023, 316 million people or six per cent of people aged between 15 and 64 worldwide, used a drug (excluding alcohol and tobacco). This

figure shows a faster growth rate than population growth and indicates a higher prevalence of drug use compared to 5.2 per cent of the population in 2013 (United Nations Office on Drugs and Crime, n.d.; United Nations Office on Drugs and Crime, 2025).

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Drug abuse not only seriously damages the psychological and physical well-beings of individuals, but it also causes social and economic problems (National Anti-Drug Strategic Document and Action Plan 2018-2023, n.d.). In the worst-case scenario, it may lead to premature death. Thus, many studies point out a relationship between drug abuse and increased mortality risk (Mannerfelt & Håkansson, 2018; Scarpa et al., 2023).

Though it has been implemented in many parts of the world and its effectiveness is still debated (Schaub et al., 2010; Vaughn et al., 2003; Werb et al., 2016) to reduce the risk of premature death and protect the psychological and physical well-being of citizens, compulsory drug treatment is endorsed. In drug abuse and addiction research, terms such as 'involuntary', 'legal referral' and 'compulsory' treatment have been employed interchangeably (McSweeney et al., 2008). For the purpose of this study, the term "compulsory treatment" is used to refer to situations where the drug user does not initiate the treatment process with his own free will: either the drug user opts for having the treatment as an alternative to a custodial sentence or the court mandates the treatment through a placement order. In this context, if individuals with drug addiction or dependence pose a severe risk or danger to themselves or others and refuse to get voluntary treatment, they can be ordered to receive compulsory drug treatment, generally through a court ruling (Scarpa et al., 2023).

Since it is geographically positioned at the crossroads of major drug trafficking routes between Europe and Asia, Türkiye has been used by drug traffickers as a transit country. Such geopolitical and geographical realities forced Türkiye to play an important role in its fight against drug trafficking (Republic of Türkiye Ministry of Foreign Affairs, n.d.). In accordance with its national priorities and requirements to be a full member of the EU, Türkiye, so far, has adopted six Strategy Documents and seven Action Plans between 2006-2024 (Republic of Türkiye Ministry of Foreign Affairs, n.d.). To strengthen cooperation between different State agencies and develop a strong multi-agency response against drug abuse, Türkiye also restructured the existing State's councils and bodies under the title of "High Council for Dependence Prevention" (*Bağımlılıkla Mücadele Yüksek Kurulu*) in 2017 (National Anti-Drug Strategic Document and Action Plan 2018-2023, n.d.).

In this context, the National Anti-Drug Strategic Document and Action Plan 2024-2028 (n.d.), which is monitored, implemented, and coordinated by the High Council of Fight against Addiction, outlines a holistic approach and provides a road map for fighting against drugs until 2028 (Republic of Türkiye Ministry of Health, 2019). Though the importance of compulsory drug treatment is acknowledged and highlighted in the Action Plan for 2024-2028 and other documents (National Anti-Drug Strategic Document and Action Plan 2018-2023, n.d.: 35, 124; National Anti-Drug Strategic Document and Action Plan 2024-2028, n.d.: 33, 82, 226, 227), the number of special treatment and rehabilitation centers are insufficient and there is a need to put into force new civil law measures and provisions concerning compulsory drug treatment or update the current ones which allow to provide such services in private centers with a holistic approach.

Within this framework, this article reviews the main Turkish legal regulations on compulsory drug treatment and the effectiveness of the compulsory treatment. Then, the article makes some recommendations to be adopted in the Civil Code of Türkiye, which are believed to be necessary for the successful implementation of Türkiye's National Anti-Drug Action Plan 2024-2028 (hereafter Action Plan). For these purposes, a textual analysis of relevant provisions of the Turkish Civil and Penal Code, thematic and conceptual analysis of the annual report, guidance and policy recommendations of UNODC and WHO will be made. However, this study does not solely employ doctrinal legal research methodology or "black letter" methodology, which focuses on the letter of the law (McConville & Chui, 2017). Rather, it mainly addresses the question of what law should be by focusing on a specific social problem, as long as the length of the paper permits.

Main Turkish Legal Regulations on Compulsory Drug Treatment

Globally compulsory treatment models can be classified into five different categories, namely, "court-mandated treatment, drug courts, compulsory prison-based treatment, civil commitment and center-based compulsory rehabilitation" (Coşkunol, 2023; Vuong et al., 2019). The duration of compulsory treatment depends on the country's policy, and it can vary considerably. It can be administered through criminal, "administrative or civil law and operated by different government agencies including the military, the police, national drug control authorities, and in some places ministries of health or social affairs" (United Nations, n.d.). The available data on detention duration suggest that the average initial length of stay also varies widely. For instance, in East and South East Asia, the average detention times are reported to be 6 months for Cambodia, 24 months for China, 14 months for Malaysia, 3 months for Myanmar and 10 months for the Philippines (United Nations, 2022).

As far as Turkish law is concerned, compulsory drug treatment can be implemented and enforced in two different ways: compulsory sentence-based treatment through the order of criminal courts and court-mandated treatment through the order of civil courts. For drug addicts who commit any crime, the Penal Code of Türkiye requires compulsory drug treatment as a protective measure and sanction, which aim to prevent reoffending and support social reintegration. In this context, the Section 7 of Article 57 of the Penal Code of Türkiye ordains that:

"In relation to an offender who is addicted to alcohol, narcotics or psychotropic substances it shall be determined whether he requires treatment at a health institution which has expertise on alcohol, narcotic and psychotropic substance addicts. The treatment shall continue until such persons are cured from using alcohol, narcotics or psychotropic substance. They may be released from the health institution by a decision of a court or a judge on the basis of a report to be prepared by the commission of the health institution in which the person was placed" (Council of Europe, 2016).

Additionally, for offenders who purchase, receive, or possess narcotics or psychotropic substances for personal use, the Turkish Penal Code of Türkiye also provides court-mandated drug treatment as an alternative to a custodial sentence which a prison term of two to five years. In this context, Article 191 of the Penal Code of Türkiye ordains that in respect of any suspect subject to investigation initiated as a result of a violation of Article 191 of the Penal Code, the court may decide to suspend opening of the criminal case for five years. The public prosecutor, in such case, reprimands the suspect for the consequences to occur if s/he does not act in accordance with the obligations imposed during the suspension period or contravenes prohibitions. During the suspension period, a probationary measure shall be applied for at least one year for the suspect who violated Article 191. This period may be extended by the public prosecutor's decision for, at most, one year in periods of three months. Then, the offender who purchases, receives, or possesses narcotics or psychotropic substances for personal use shall be subjected to treatment within this period if found necessary.

According to Section 4 of Article 191 of the Penal Code of Türkiye

“(4) A criminal action shall be brought against the person in the event that he, in the course of the suspension period,

- a) insists on not complying with the obligations imposed on him or requirements of the treatment applied,
- b) purchases, receives or possesses narcotics or psychotropic substances with the intention of re-using the same,
- c) uses narcotics or psychotropic substances” (Council of Europe, 2016).

However, when an offender with drug addiction is ordered to undergo addiction treatment while serving a custodial sentence, this requirement poses operational challenges for prison officers. This is because each prison does not have adequate facilities or medical staff to provide treatment. Thus, the Action Plan targets establishing specialized treatment centers in prisons where compulsory treatment orders will be implemented or to make physical arrangements in the existing prisons to this end. The Government aims to open 50 new or restructured prisons where compulsory medical treatment can be provided until the end of 2028 (National Anti-Drug Strategic Document and Action Plan 2024-2028, n.d.: 33, 228).

In the Turkish civil law context, Articles 432-437 of the Civil Code of Türkiye outline the scope, conditions, and procedure for compulsory medical treatment for those whose drug abuse cannot be addressed by other means and who consequently pose a serious risk to themselves and the public. The placement order shall be issued for such persons, who shall be admitted to an appropriate institution for their own protection until their condition permits them to be discharged from the institution.

The question of who can initiate the procedure for compulsory drug treatment or who is eligible to apply to the court to receive a placement order differs in each jurisdiction. In East and South Asia, security officials who do not have medical training in drug dependence assessment or treatment usually run the drug treatment centers and initiate the procedure (Kamarulzaman & McBrayer, 2015:534; United Nations, 2022; World Health Organization, 2009: 14). In the United States or other Nordic countries, except Sweden, compulsory care or treatment for drug abuse generally takes place within the criminal justice system or within the psychiatric care system (Israelsson & Gerdner, 2010).

However, in Sweden, compulsory care for substance use disorder is supervised and implemented by the Swedish National Board of Institutional Care (*Statens institutionsstyrelse*, or SiS). The National Board of Institutional Care is an independent Swedish governmental agency that is responsible for providing compulsory treatment in locked and secure facilities (Scarpa et al., 2023). It is, however, possible to stay in such compulsory care facilities for up to 6 months, without receiving any medical or psychological therapy. Therefore, they mainly function as care centers rather than treatment. In Sweden, the procedure for compulsory drug treatment admission is initiated by the municipal social service boards but needs to be submitted to the regional administrative courts. Regional administrative courts make the final order regarding the placement (Scarpa et al., 2023).

As a civil law measure, Article 432 of the Civil Code of Türkiye suggests that individuals or organizations who have a proper interest in the proceedings may apply to the court to get a placement order. However, public officials who become aware of a situation indicating that an individual needs medical treatment for drug abuse are obliged to notify the guardianship authority. In this context, to allay the applicant's concerns, specifically the public officials' concerns about being targeted by drug addicts or their relatives, the Action Plan recommends anonymizing the identity of applicant. For this purpose, the Action Plan recommends amending the current law, which requires disclosing the name and national identity number of the applicant (National Anti-Drug Strategic Document and Action Plan 2024-2028, n.d.: 82).

As can be seen, Turkish civil law does not make a clear-cut distinction between those who purchase, receive, or possess narcotics or psychotropic substances for personal use and those who are drug dependent. Though the wording of Article 432 emphasizes drug dependence or addiction, the central matter is whether the individual in question poses a severe danger to the public due to drug abuse. Thus, the placement order can only be made through an official medical board report which shows that the individual with drug abuse poses severe danger to the public (Subsection 5 of Article 436 of Civil Code of Türkiye). When the application is made for a placement order, it will be filed in accordance with the procedure laid down by the Civil Code for the appointment of a guardian. The court, where the individual in question has domicile, or in case of emergency, where the individual is

located, has the authority to make the order (Article 433 of the Civil Code of Türkiye).

The person who is placed with an institution or his/her relatives has the right to object to the placement order within ten days of the date on which this decision is notified to them. When the request to discharge such a person from the institution is denied, the person in question and relatives also have the same right to object to the decision (Article 435 of the Civil Code of Türkiye).

Before the order is issued, the individual concerned must be informed of the reasons and provided with written information of the right to appeal (Subsection 1, Article 436 of the Civil Code of Türkiye). Similarly, after the placement order, the person who is placed with an institution will be immediately notified in writing as to the fact that they can object to retention or denial of a discharge request (Subsection 2, Article 436 of the Civil Code of Türkiye). Before the order, it is obligatory for the judge to make the necessary investigation and hear the person about whom the application is made and rule on the matter within 2 days after the completion of the investigation (Article 437 of the Civil Code of Türkiye).

The Effectiveness of the Compulsory Drug Treatment

Despite the fact that compulsory drug treatment has been common and systematic practice in many countries, “there has been little systematic evaluation and scientific evidence on the effectiveness of compulsory drug treatment” (Werb et al., 2016). Moreover, the available limited data do not always suggest positive or improved outcomes (Werb et al., 2016). That is why there is no straightforward answer to the question of whether compulsory drug treatment is effective in the prevention of drug use or in reducing the re-offending rate.

Some claimants argue that unless a person has the motivation to change truly, the treatment is not able to be effective. In other words, people who suffer from addiction have to take a wishful action to get rid of the addiction before they benefit from treatment (Farabee et al., 1998). A couple of arguments are set forth regarding this claim. One of them is that if they encounter any form of legal pressure, drug addicts or dependents will not be motivated to change, and as a result, it is highly unlikely for them to be successful in treatment. Another argument is that compulsory treatment can support motivation initially by keeping drug addicts or dependents in treatment for a longer time, and this improves the chances of success (Stevens, 2012). Conversely, the available research outcomes, which will be summarized below, support neither of these arguments. In fact, they indicate that “involuntary treatment can be as effective as treatment that is entered voluntarily, but is not generally more or less effective than such voluntary treatment” (Stevens, 2012).

A research conducted in Australia shows that compulsory drug treatment does not totally prevent the participant from using drugs while on the program. According to this

research, between 1st August 2006 and 31st July 2009, 108 offenders entered the program of the Compulsory Drug Treatment Correctional Centre (CDTCC) in the New South Wales State of Australia through eligibility and suitability assessments and the order of the Court. The majority of participants (66 participants (61.1%)) returned at least one positive test result (Dekker et al., 2010: 9, 39, 41). As a result of the lack of a comparison group, the findings of the research suggest no firm conclusions about the effectiveness of the program in reducing re-offending rates or overall crime. What is reported by Vuong et al. (2019), and Wundersitz (2007) concerning court-mandated treatment in Australia shows similar findings, suggesting that the impact of the program on drug use is mixed. In this context, the participants who took part in the Pre-sentence Opportunity Program (POP) in Western Australia (WA) reduced their drug use across most drug categories while on the program. However, because participants were unavailable for post-program follow-up, the research indicates nothing about the program’s longer-term success and impact on reducing drug use. According to Vuong et al. (2019) and Wundersitz (2007), the impact of compulsory treatment on re-offending rates is also ambiguous. Some studies in Australia found no difference in the offending rates of those who completed the program and those who did not, while others have found that the completion of the program is significantly associated with reduced crime rates following program commencement.

Another study carried out in China and recruited a total of 1,299 drug abusers in Hunan Province [709 from compulsory drug rehabilitation centers (CRCs) and 590 from voluntary drug rehabilitation centers (VRCs)], shows that compulsory rehabilitation works as effectively as voluntary rehabilitation. After treatment, participants from CRCs were more likely to find jobs, have a good relationship with family and have less conflict with family. Besides, they were more likely to have permanent homes and were more satisfied with their spare time. Based on its findings, this research claims that compulsory rehabilitation is still effective and necessary; therefore, it should be maintained (Huang et al., 2021). However, the findings of another research show contradictory results. This research used survey data of 177 drug users in eight mandatory treatment centers administered by police in the city of Chongqing, China, in 2009. The research reveals that 46.9% of respondents who received treatment or counselling withdrew from the treatment or counselling because they started using drugs again. Furthermore, about 45.8% of the respondents used drug again less than a month or within six months after they were released from a mandatory treatment center (Huang et al., 2011).

In the USA, Farabee et al. (1998) reviewed 11 published studies on the effectiveness of mandatory drug treatment and found that five studies show positive outcomes, four studies show no difference, and two studies show negative results. In the light of such evidence, they concluded that while some studies found that the benefit of compulsory drug treatment administered by the criminal justice system is very limited, high internal motivation for change prior to treatment

increases the likelihood of positive outcomes in terms of drug use and re-offending rate (Farabee et al., 1998).

In Canada, the Policy Committee of the Canadian Society of Addiction Medicine (CSAM) created a task force to complete a systematic review and examine the effectiveness of involuntary treatment for people with substance use disorders (SUDs) (Bahji et al., 2023). The task force reviewed 42 studies representing more than 354,420 participants. In 22 of 42 total studies, the task force compared involuntary treatment to voluntary treatment. Accordingly, seven studies reported improvements (mostly for retention in treatment and only one showing a reduction in substance use), 10 reported negative outcomes, and five reported non-significant findings (Bahji et al., 2023). In contrast, the overall data does not completely support or refute the effectiveness of involuntary treatment, and the task force concluded that there is a need for further research (Bahji et al., 2023).

In the UK, the Mental Health Act 1983 governs the process of the detainment or deprivation of liberty for the purpose of treatment. According to Article 1 (1) of the Act, the provisions of the Act are applied for the reception, care, and treatment of mentally disordered patients, the management of their property, and other related matters. However, for the purposes of this Act, dependence on alcohol or drugs is not considered to be a disorder or disability of the mind, and, therefore, it is outside the scope of compulsory treatment (Article 1 (3) of the [xRef no="16"]legislation.gov.uk, n.d./xRef]). The individual should be detained for the interests of his own health or safety or for the protection of other people (Article 2 (2) (b) of the [xRef no="16"]legislation.gov.uk, n.d./xRef]). However, there are conditions to coerce or force drug-dependent offenders into treatment, through criminal justice interventions such as drug courts, compulsory prison-based treatment and probation. In 1999, the CARAT (Counselling, Assessment, Referral, Advice and Throughcare) service was established to provide drug treatment in every prison across England and Wales (McSweeney et al., 2008: 39). The available data in England and Wales suggest that three-fifths (61%) of those experiencing problems with drugs prior to imprisonment received some form of assistance in English and Welsh prisons. Thus, 54% of the frequent heroin users in the sample were detoxified during their time in custody (McSweeney et al., 2008).

When it comes to Türkiye, though there are reliable data about the number of addicts who received voluntary treatment and some socio-demographic characteristics of addicts (İçişleri Bakanlığı Emniyet Genel Müdürlüğü Narkotik Suçlarla Mücadele Başkanlığı, 2023), the research does not indicate reliable information about the number of addicts for whom placement orders exist and the longer-term success and influence of the compulsory treatment in decreasing drug use. The only available and relevant data in this context is that 5,372 calls were made to the information and support line of the Ministry of Health (ALO 191) to seek information about compulsory treatment (İçişleri Bakanlığı Emniyet Genel Müdürlüğü Narkotik Suçlarla Mücadele Başkanlığı, 2023). Therefore, there is a need to conduct further research.

All these research studies, summarized above, have their own limitation and it is impossible to suggest that they represent samples that provide a statistically valid representation of all compulsory or involuntary drug programs. However, in contrast to Asian countries, such as Cambodia, China, Thailand, and Vietnam, the general tendency in Europe is to abandon compulsory treatment due to its limited effectiveness and concerns over human rights (Klingemann, 2020; Klingemann & Storbjörk, 2016).

Discussion

Though compulsory drug treatment is a common and systematic practice, the available limited data does not totally suggest improved outcomes or positive impact. Some studies even suggest potential harms of compulsory drug treatment (Huang et al., 2011; Vaughn et al., 2003; Werb et al., 2016). The compulsory drug detention and rehabilitation centers also raise concerns over human rights (Jurgens & Csete, 2012; Lines et al., 2022), as the detainment or deprivation of liberty for the purpose of treatment sometimes takes place without due process, legal safeguards, or judicial review (United Nations, 2012). In this context, for many States including China, Vietnam, Cambodia, Thailand, Russia, Malaysia, Myanmar, Lao PDR, Indonesia, the Philippines, Brunei, Darussalam, and Singapore, Juan E. Méndez, the UN Special Rapporteur on torture, reported that people could be arbitrarily detained in the name of compulsory drug treatment in "so-called rehabilitation centers" (United Nations, 2013, para.40, p.9). Such rehabilitation centers are commonly run by military or paramilitary forces, police or security forces, or private companies (United Nations, 2013, para.40, p.9). Thus, in March 2012, 12 United Nations bodies issued a joint statement emphasizing that "there is no evidence that such centers represent a favorable or effective environment for the treatment of drug dependence" (United Nations, 2012). Therefore, they invited State parties to close compulsory drug detention and rehabilitation centers which were operating in many countries (United Nations, 2012).

As seen, international consensus now requires comprehensive and integrated voluntary services implemented in the community which are person-centered and include drug addiction treatment, harm reduction and social support services (United Nations, n.d.: 2). However, a global estimate of UNODC and the World Health Organization shows that one in six people who are eligible for drug dependence treatment have access to treatment programs. This number even declines in Latin America and Africa, where only one in 11 and one in 18 people who are eligible for drug dependence treatment have access to treatment programs, respectively. In many parts of the world, treatment is only available in large cities (United Nations Office on Drugs and Crime, 2018; World Health Organization and United Nations Office on Drugs and Crime, 2020).

To address this problem, the Action Plan aims to raise the number of day care centers, establish specialized voluntary treatment centers or provide such services in the psychiatry

clinics of existing hospitals. It also aims to facilitate the implementation of compulsory treatment orders by opening new centers, and finally suggests amending rules regulating compulsory drug treatment (National Anti-Drug Strategic Document and Action Plan 2024-2028, n.d.: 82, 223, 224, 227). According to available data, at the time of writing this article, there were only two specialized treatment centers established to implement compulsory treatment decisions for adults with drug addictions (National Anti-Drug Strategic Document and Action Plan 2024-2028, n.d.: 226). However, the best way to fight against drug abuse and respond to the needs of drug addicts requires a variety of methods and developing a multi-agency response.

To realize all these goals, all protection and intervention services in the field of drug treatment can be coordinated through the same multi-purpose center where all relevant agencies can work and provide a holistic approach. That is why the Ministry of Health, or the Ministry of Family and Social Services should not be regarded as the sole agency to shoulder the burden of all responsibilities to prevent drug addiction and treat drug addicts.

Such an approach seems to be closely aligned with international standards for the treatment of drug use disorders, which recommend a holistic approach personalized to the needs of the individual. This requires appropriate coordination of different services including: "psychiatric, psychological, social care and such other services as housing, job skills/employment and, if necessary, legal assistance" (World Health Organization and United Nations Office on Drugs and Crime, 2020). However, the relevant provisions of the Civil Code of Türkiye analyzed above do not permit the delivery of all relevant services through such flexible, multi-purpose centers. Currently, treatment, social and financial support and day care services are provided by different ministerial organizations. By making necessary amendments to Articles 432-437 of the Civil Code of Türkiye, such centers should be designed to deliver drug addiction treatment, harm reduction, and social support services with a holistic approach. Moreover, as Article 19 of the Constitution of Republic of Türkiye ordains that the procedures and conditions of deprivation of liberty for the purpose of treatment of a drug addict are to be prescribed by the Act of Turkish Parliament (Article 19 of the Constitution of the Republic of Türkiye [Constitution of the Republic of Türkiye, 1982]), the Civil Code needs to cover all phases of the treatment from early diagnosis to release.

Conclusion

In order to construct the issue of compulsory drug treatment properly and offer meaningful responses and treatment to drug addicts in Türkiye, it is necessary to take a balanced approach that both acknowledges the rights of the addict and the interest of society. It is also necessary to adopt or strengthen administrative measures and produce responses, in which special attention is paid to shame- and honor-related cultural factors and social exclusion (Doğan, 2020),

which regard seeking assistance or asking for help as a sign of weakness. By amending the provisions of the Civil Code of Türkiye on compulsory medical treatment and by providing practical guidance and training for judges that enable them to take a balanced approach, it is possible to have a more effective system that meets high standards. However, it appears that in the Action Plan, a thorough review has not been done yet concerning provisions of the Civil Code that need to be amended. As this article reflects, though the High Council of Fight against Addiction and the Action Plan found some problematic legal areas concerning the implementation of compulsory drug treatment as a civil law measure, it has not yet addressed the issues that would improve the standard of compulsory medical treatment for drug abuse (Republic of Türkiye Ministry of Health, 2019). In the future, we are optimistic that both the Council and Action Plan, after consulting with relevant ministries and organizations, will put forward more concrete and well-structured proposals that improve the standard of compulsory medical treatment for drug abuse and facilitate its implementation through due process, legal safeguards, and judicial review. In this context, the UNODC Practical Planning and Implementation Guide designed for governments, policy planners, service commissioners, and treatment providers (United Nations Office on Drugs and Crime, 2003) may be useful for the successful implementation of the Action Plan and treatment of drug abuse.

In the light of such guidance, this article humbly recommends that addressing the various needs of people who use drugs requires the development and implementation of a variety of methods and a multi-agency response (United Nations Office on Drugs and Crime, 2003). The responses personalized to the needs of individual requiring appropriate coordination of different services including: "psychiatric, psychological, social care and such other services as housing, job skills/employment and, if necessary, legal assistance" (World Health Organization and United Nations Office on Drugs and Crime, 2020) need to be implemented through multi-purpose centers. As long as, they are subjected to regulation, inspection, and monitoring by the State, and if they comply with and follow the rules, in terms of physical and ethical standards of centers, the qualification and quality of staff, such services can also be delivered in private centers funded by the State.

Such multi-purpose centers where all relevant agencies can work and provide a holistic approach, may encourage more voluntary involvement of drug users with due process, legal safeguards, or judicial review. As explained, however, Articles 432-437 of the Civil Code of Türkiye do not permit the delivery of all relevant services through such flexible, multi-purpose centers. Moreover, to be successful and allay concerns over human rights, the detainment or deprivation of liberty in such centers should be subjected to more legal safeguards and judicial review than what are currently available. In this context, if the practice and policy of compulsory drug treatment is going to be maintained in Türkiye, despite skepticism about its effectiveness and concern over human rights, in such centers the drug dependent should be an active participant of all decision-making process and should provide informed

consent as long as his/her personal circumstances and mental state allow him/her to do so. For these purposes, the High Council of Fight against Addiction and the Action Plan need to come up with more concrete, well-structured and specific proposals to make necessary amendments in the Civil Code of Türkiye. It is regrettable that neither the High Council of Fight against Addiction nor the Action Plan has addressed such issues yet (Republic of Türkiye Ministry of Health, 2019). As explained, so far, only concrete and specific proposals brought in the Action Plan are raising the number of day care centers, opening new centers to facilitate the implementation of compulsory treatment orders, and anonymizing the identity of the applicant who applied to the court to get a placement order.

As acknowledged by the Action Plan, successful operation of such centers requires strengthening the cooperation between different State agencies. However, it also requires robust, explicit, and well-structured legal regulations. For these purposes, the Civil Code of Türkiye needs to be amended in a way that allows operation of the private and public multi-purpose centers by taking into account current research evidence and concerns over human rights. All phases of the treatment from early diagnosis to social integration in such centers should also be overseen and regulated by the Civil Code of Türkiye.

Author contributions

Conception and design: S.K.G.; Data acquisition: S.K.G.; Data analysis: S.K.G.; Data interpretation: S.K.G.; Drafting of the manuscript: S.K.G.; Critical revision of the manuscript: S.K.G. All authors reviewed the results, approved the final version of the manuscript, and agreed to be accountable for all aspects of this study.

Data availability statement

Data sharing is not applicable to this article as no new datasets were generated or analyzed during this study.

Conflict of interest

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