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Reflection of national narcotic seizure data on psychiatric practice

Ulusal narkotik madde yakalama verilerinin psikiyatri pratiğine yansıması

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Illicit or prescription drug and stimulant substance use disorders continue to be a global health problem and their socioeconomic effects are increasing. Steps towards solving this public health problem that deeply affects all segments of society constitute indispensable elements of government policies. In Turkey, specialized centres where substance use disorders (SUD) are diagnosed, treated and followed up are Alcohol and Substance Addiction Treatment and Education Centres (AMATEM) (1).

There is no specialist training program for SUD diagnosis, follow-up, and treatment in Turkey yet. Health professionals acquire knowledge about SUD therapy through experience transfer. However, it is known that substance use patterns change over time and have regional/geographical differences. For example, in the study conducted by Ort et al. (2) in 2012 and 2013 using wastewater analysis to examine temporal and spatial changes in illicit substance use in Europe, it was reported that amphetamine, the metabolite of methamphetamine in urine, was more prevalent in Western Europe, while methamphetamine itself was more prevalent in Northern Europe, Slovakia, and the Czech Republic. It is known that substance use characteristics change even in different cities of the same country during the same time period. While relatively high amphetamine and negligible methamphetamine use was observed in Dortmund (Western Germany), the opposite was found in Dresden (Eastern Germany). Substance price, purity/potency and seizures can also change over time and exhibit regional differences (3). Another variable that can affect substance use characteristics and has a significant impact on regional differences is substance trafficking. For organized crime networks, substance trafficking flows serve as the primary, essential conduits via which they receive funding. As Turkey is located on routes which are still frequently used in substance trafficking, historically important routes for legal trade between different regions passing through Turkey's territory and across its maritime and air borders, and criminal organizations typically preferring legal trade routes for their illegal transportation activities result in new trends in substance trafficking and smuggling appearing regularly in Turkey from year to year. The Turkish Drug Report, published regularly by the Republic of Turkey Ministry of Interior Turkish National Police Counter Narcotics Department, demonstrates the trend in substance seizures. Table 1 indicates the amounts of heroin, cannabis, cocaine, ecstasy, captagon, methamphetamine, and bonsai seizures between 2005 and 2023. Although substance seizure amounts are not expected to clearly show substance use trends, they can provide important information. When the table is examined, it is seen that the amounts of substances seized have decreased, increased, or remained unchanged over time (4).

The amount of heroin seized, which was at a certain level from 2005 to 2014, showed a significant decrease in 2015 and 2016. The amount of heroin seized, which started to increase again between 2017 and 2021, experienced a very serious decrease in 2022 and 2023. The amount of cannabis seized peaked between 2012 and 2014, 2016 and 2017, while similar amounts were seized in other years. It is seen that the amount of cocaine and bonsai seized has shown a consistent increase over the years. However, it is striking that there is no information about bonsai seized in 2011 and before. When the amount of ecstasy seized is examined, it is seen that it showed a significant decrease in 2009 and 2010, then was seized in stable amounts for a while, the amount seized increased again between 2017 and 2020, and decreased again in 2021 and 2023. It is seen that the number of captagon seized exhibits frequent fluctuations. The most striking detail in the table is the dramatic increase in the amount of methamphetamine seized. Methamphetamine, for which there was no information about the seizure status in 2008 and before, has been the substance with the highest increase in seizures over the years (4).

Withdrawal and intoxication symptoms of substances vary. Withdrawal symptoms of substances such as heroin are more severe and require medical assistance, while withdrawal periods of substances such as cannabis can be overcome without any medical assistance. Therefore, it cannot be said that admissions to hospital for treatment (outpatient or inpatient) fully reflect the frequency of substance use. However, it can make some data easier to understand (5).

When the literature is examined, it can be said that there are some relationships between the substances detected

positively in patients diagnosed with SUD and the amount of seizures. It is seen that until the 2020s, cannabis and heroin were at the top of the list in seeking treatment, methamphetamine was almost absent in 2015 and before, and the density of methamphetamine in the data has increased significantly in 2020 and after. It can be assumed that methamphetamine is preferred more by people with multiple substance use or that people who use methamphetamine tend to use other substances in the same period. Changes in substance availability may also have led to various substance combinations. The characteristics of poly/combined substance use may also vary across the world. Niles et al. (6) found evidence of increased use of dangerous combinations of substances, including amphetamines, benzodiazepines, cocaine, opiates and heroin, after 2020. On the other hand, methamphetamine-induced psychotic disorder leads to methamphetamine occupying a larger place in involuntary hospitalizations. Örüm (5) reported that the most common substance detected in cases involuntarily admitted to a mental health hospital in 2020 was methamphetamine.

In conclusion, this study was written to emphasize that national substance seizure data show parallels with substance positivity of patients followed with SUD diagnosis. It is important for clinicians who play a role in the SUD treatment process to participate in in-service training based on current data. It is essential for the Ministry of Health to follow the data of the Ministry of Interior and to convey the changes in substance use characteristics to health professionals working in this field through in-service training programs.

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Table 1. Quantities of substances seized in Turkey by year

Year	Heroin (kg)	Cannabis (kg)	Cocaine (kg)	Ecstasy (piece)	Captagon (piece)	Methampheta mine (kg)	Bonsai (kg)
2023	3.314	99.294	2.502	5.227.853	13.760.337	21.912	1.994
2022	7.972	71.967	2.299	5.050.325	23.945.026	16.210	1.056
2021	22.202	64.125	2.841	7.618.013	13.790.648	5.528	2.251
2020	13.783	93.741	1.961	11.096.244	2.875.182	4.162	1.737
2019	20.165	90.579	1.638	8.695.605	11.081.667	1.042	723
2018	18.531	80.707	1.509	8.909.892	22.738.579	566	1.248
2017	17.752	175.808	1.485	8.606.765	26.271.790	659	958
2016	5.585	146.954	845	3.783.737	12.918.927	251	626
2015	8.294	53.682	556	5.673.901	15.089.579	260	544
2014	12.756	123.116	393	3.600.831	652.027	128	734
2013	13.480	274.380	450	4.441.217	4.529.846	105	780
2012	13.301	152.086	476	4.389.309	183.537	502	434
2011	7.293	76.392	591	1.364.253	1.094.770	350	Unknown
2010	12.690	73.309	302	924.861	1.069.250	125	Unknown
2009	16.059	51.451	88	432.513	2.845.157	103	Unknown
2008	15.447	39.138	94	1.041.111	2.973.901	Unknown	Unknown
2007	13.228	31.843	116	1.047.559	7.609.327	Unknown	Unknown
2006	10.312	23.884	77	1.592.200	19.971.625	Unknown	Unknown
2005	8.195	13.720	81	1.748.796	6.694.923	Unknown	Unknown