

Changing Health Policy in Turkey: Public-Health Oriented Policy of Turkey Around 5C

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Abstract

When the outcome document of the 2016 United Nations General Assembly Special Session on drugs was accepted unanimously by 193 member states, it has been recognized that ‘drug addiction is a complex multifactorial health disorder which has a chronic and relapsing nature’. This indicated a significant shift from security-based policies to public health policies in the fight against drug addiction. For a long time, addiction-related issues were regarded as a security matter for most countries as a result policies were security driven. Therefore the outcome document of 2016 Special Session is a milestone for the policy change. One of the signatories of the document is Turkey, which indicates that Turkey is also responsible from the major policy change and its implementation. This paper emphasizes on the current policy of Turkey in the fight addictions and what new about the policy is and how this new policy can be explained through 5C referring; change, coordination, cooperation, civil society involvement, and communication.

The policy change in Turkey has started in 2014 with initiative of the government. First five ministries drafted the National Anti-Drug Strategy Paper and it was further amended in 2015 with academicians, public agents, representatives from civil society, media and sport federation. The paper includes both drug demand and drug supply reduction in 12 thematic areas. The policy implementations of these areas are allocated among various actors.

The policy change of Turkey can be understood by 5C analysis in details. The analysis refers to a transition which starts with change, followed by coordination of different actors for the policy formation. Cooperation refers to collaboration between various actors. Civil society involvement is an essential part to be a public policy. And lastly communication is crucial step to grasp the effects of the change and revise it accordance to the feedbacks.

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1. Introduction

When the outcome document of the 2016 United Nations General Assembly Special Session (UNGASS 2016) on drugs was accepted unanimously by 193 member states, it has been recognized that ‘drug addiction is a complex multifactorial health disorder which has a chronic and relapsing nature. It means that drug addiction is regarded as a health disorder which can be treated and it is not the result of moral failure or criminal behaviour (Volkow et.al, 2017.) Therefore, the outcome document makes a clear reference to a significant shift from security-based policies that view drug addiction as a security matter to public health policies that view drug

addiction as a public health issue. Many nation states regarded drug addiction issue, for a long time, as a security matter and their policies were security driven. Since addictions were not considered as a health disorder and policies against drug addictions were mainly formed and implemented by security forces.

One of the signatories of the document is Turkey, indicates that Turkey is also responsible from the major policy change and its implementation. This paper emphasizes on the questions such as what the current policy of Turkey in the fight against addictions is, what new about the policy is and how

this new policy can be explained through 5C referring change, coordination, cooperation, civil society involvement, and communication.

2. Background of Turkey and The New Addiction Policy

Turkey is located at the conjunction of Asia and Europe and has unmatched geographic assets in terms of its location and accessibility within the region. It has a population more than 80 million, 67.9% of the population is aged between 15-64 (TUIK, 2019), the income per capita is 10.592\$ and the average of life expectancy is 75.4 years old (World Bank, 2020). Additionally, Turkey hosts more than 3 million Syrian refugees who indirectly affected from social policies and their implementation.

Statistics show that Turkey has a considerable rate of young population and social policies such as addiction policy affects large segment of the society. Therefore, social policies need to be regulated and implemented by various actors in order to gain support of the society and to be embraced by the society. The current policy of Turkey against addiction is worth to be considered in this respect, which sets an example of multi-directional approach to addictions specific emphasize on drug addiction, and also sets an example for the localization of the social policies, since many actors, which are related and can be crucial during the implementation of the policy, are included.

The first change in the policy of Turkey regarding addictions goes back to 2014. The change started with the initiative of the government. The Immediate Action Plan in the Fight Against Drugs was drafted by five ministries such as the Ministry of Family and Social Policies, the Ministry of Youth and Sports, the Ministry of Internal Affairs, the Ministry of National Education, and the Ministry of Health. Later in 2015 with contribution of other public authorities and institutes, academicians, non-governmental organization representatives, artists, athletes, media representatives, former drug-users, drivers of the school buses, canteen keepers at schools, and headmen, the plan was amended and extended. In addition to the Immediate Action Plan, the National Anti-Drug Strategy Paper and the Working Principles and Procedures of the Provincial Narcotic Coordination Committees were drafted. In the light of these plans and papers, 95 activities were decided under 12 thematic areas and they were allocated among 27 ministries, organizations and institutions.

Building on the National Anti-Drug Strategy Paper and 12 thematic areas, in 2016 the National Action Plan in the Fight Against Drugs (2016-2018), and the Strategic Document in the Fight Against Drugs were drafted around revised 11 thematic areas. These thematic areas are taking measures in

relation to educational institutions, identifying target groups, anti-drug counselling units, strengthening treatment for drug dependence, social integration, scientific advisory board for anti-drug activities, anti-drug decision support system, legislation for the anti-drug activities, coordination and cooperation, communication with the public, and diagnosis and laboratory services. These thematic areas are not determined permanently they can be changed over time in line with long term purposes.

Simultaneously with strategic papers and plans, committees that actively involved in the policy formation process were established. The committees have been formed according to their responsibilities. There are four committees; the High Council for the Fight Against Drugs is responsible for inter-ministerial coordination, the Board for the Fight Against Drugs supports the work of the High Council, the Technical Board for the Fight Against Drugs supports the work of the Board and has specialised members such as academicians, and last but not least the Provincial Councils or District Boards for the Fight Against Drugs which serves the principle of localization of the new policy. The policy formation process and involvement of various actors such as bureaucrats, politicians, civil society, and academicians was appreciated by the World Health Organization (WHO) as a good practice and the policy was translated to other languages in order countries to benefit from it.

The increasing rate of drug addictions and an increase in overdose deaths especially among youth are essential motivators of the policy change in Turkey. Between 2007 and 2016, there were 2148 overdose deaths. A major increase was in 2015 as 56 cases associated with cocaine, 206 cases with amphetamines and 166 cases with MDMA (European Drug Report, 2017). In most of these cases, more than one substance was detected as cause of deaths. Not only death rates have increased but also drug seizure has been increased. While herbal cannabis interception remained relatively stable between 2005 and 2010 in Europe, it increased fourfold in Turkey (Annual Report,2012). Therefore, recent increases in overdose deaths and drug seizures prove that Turkey has a significant consumer market and has become a transition route for drug dealers due to its geographical position (European Drug Report,2017). Turkey is under the threat of drug addiction not solely because of its domestic production and consumption but also its geographical proximity to Afghanistan and Morocco which are defined as major cannabis producers in UNODC (United Nation Office on Drug and Crime) reports (Annual Report, 2012). Considering deaths rates and geographical neighbours which may pose threats, it was unavoidable that Turkey needed a national and multidisciplinary policy for the fight against addictions.

3. Analysing The Current Policy of Turkey Around 5C

The Public Health Approach is mainly about improving the health, safety and well-being of a person and the entire population at the end. Since the approach regards addictions as treatable, it does not criminalize addicted but offers various types of treatment depending on their addictions level.

To be based on the idea of public health, the current policy of Turkey in the fight against addictions is different than previous policies. In this paper, the current policy explained by providing significant changes and in this section its differences are analysed around 5C approach in order to understand further details.

The first C refers to change. Reasons behind the policy change and how the new policy formulated is detailed above. Additionally, what makes the current policy of Turkey significant in terms of change is that, for the first time in the history of Turkey, the secretariat of policy implementation has been given to the Ministry of Health since 2014. Previously, the Turkish Monitoring Centre for Drugs and Drug Addiction (TUBIM) which is attached to the Department of Anti-Smuggling and Organized Crime/the Ministry of Interior had run the secretariat of policy implementation regarding addictions specifically drug addiction. Such a transition of responsibility between state authorities from security forces to a civil authority serves the principle of civilianization which is one of very essence condition for public health approach. The public health approach emphasizes on treatment and to be more inclusive rather than accusatory.

In 2015, the United Nation Office on Drugs and Crime and the World Health Organization created an Informal International Scientific Network which consists of experts and scientists who were appointed by member states and present diverse geographical regions, political systems and cultures. The Network drafted eight recommendations which were adopted and summarized in the outcome document of the UNGASS 2016. It starts with elimination of stigma and discrimination towards individuals with substance use disorders. Therefore, transferring of responsibility in the name of civilianization to not criminalize but to embrace addicted is critical at this point. These eight recommendations are followed as addressing substance use disorders as public health problems instead of criminal justice issues, implementing evidence-based prevention programs and evidence-based treatment for substance use disorders, collecting and utilizing scientific data and engaging scientific experts in policy making, engaging diverse stakeholders in coordinated policy making and supporting drug-related research (Volkow et al., 2017). Moreover, involvement of many actors to the policy formation process is worth to be emphasized for the importance of change. The current policy was drafted by committees at different level and various actors from different segments of the society.

The second C refers to coordination. The current policy was drafted with coordination of various actors, but leading actors were ministries. As mentioned above, the policy first initiated by five ministries and followed by other ministries and actors in the society such as academicians, civil society representatives, artists, media so on. The policies drafted out of collaboration of various actors because addiction is a social problem that can be caused by numerous reasons. In other words, addiction can be result of many reasons that is why in order to understand the very essence of addiction, the policies should be formulated by many actors as much as possible. By formulating a comprehensive policy, the final outcome-a health society-can be achieved. The coordination principle also refers to exchanging of ideas between actors. The High Council for the Fight Against Drugs consists of Deputy Prime Minister (as the president of the High Council), the Minister of Justice, the Minister of Family and Social Affairs, the Minister of Labour and Social Security, the Minister of Youth and Sports, the Minister of Customs and Trade, the Minister of Internal Affairs, the Minister of National Education, the Minister of Health, the president of the Parliamentary Commission on Health, Family and Social Affairs. The High council is responsible from inter-ministerial coordination of the whole process. As a second ranked authority in the policy formation process, the Board for the Fight Against Drugs consists of deputy secretaries of ministries and the General Manager of the Turkish Green Crescent Society which is a non-governmental organization works in the fields of tobacco, alcohol, drug, gambling and technology addictions. The contribution of a non-governmental organization to policy formation process is highly significant since it makes whole process more participatory and diffuses the impact of the policy. The more it is participatory the more policies would be appreciated by the society and it would be successful.

The third C refers to cooperation among actors. Since many actors are involved in the policy formation process, the following acts and areas of responsibilities were allocated among them in order to increase efficiency and success of the policy. As mentioned above, 95 activities under 12 thematic areas have been allocated among 27 actors in terms of their profession and their area of working. Cooperation principle of the 5C approach is a complimentary act to the coordination principle, because cooperation emerges naturally after coordination. In other words, the roles and responsibilities of actors are conservatively become prominent during coordination process since actors contribute to the policy on the behalf of their profession. Therefore, cooperation is both following and complimentary act to coordination process.

The fourth C refers civil society involvement, which is the most important component of the 5C approach since it differentiates the social policy in the fight against addictions from the previous ones in Turkey. Inclusion of actors other than state institutions makes the policy more comprehensive

and it signals that the policy would be more grasped by the society. The importance of civil society involvement does not solely come from actors' participation but participation of the Turkish Green Crescent Society as a non-governmental organization which represent civil society. The Green Crescent does not only become part of committees but also has become responsible from some activities that are defined under 11 thematic areas in the National Action Plan in the Fight Against Drugs (2016-2018) (TUBİM, Eylem Planları). According to the Plan, the Green Crescent is responsible from 16 major activities and 15 sub-activities together with ministries and the responsibilities of the organization has been increased up to 50% of all defined activities under thematic areas in the revised the Action Plan, which is active between 2018-2023 (TUBİM, 2018-2021 Eylem Planı). To put differently, the impact of civil society involvement through non-governmental organization has been increased. Within its responsibilities, the Green Crescent has developed the Addiction Prevention Training Program of Turkey (TBM) which has been put into practice with the Ministry of National Education since 2013. The TBM aims to train students from different age groups in order to educate them regarding addictions and addiction's harms. Moreover, the Green Crescent introduced 'the Health Ambassadors' project which includes critical storekeepers in the fight against addictions (Sağlık Elçileri, Yeşilay). The project is about training storekeepers at critical location that are visited by students mostly. With the project, the aim is to train specific groups-storekeepers-on the streets, who communicate with student on daily basis. By doing so society can be more part of the fight against addictions.

The final C refers to communication which is not only about communication between actors in the policy formation process but also communication between actors and people. Since it is the reaction of the people determines whether the policy in the fight against addiction is successful or not, it is important to measure it. At this point, rather than state institutions, other actors in the policy formation process-academicians, civil society representatives, media, artists, athletes, major stake holders so on-would be more effective because they have numerous ways of communication with people. Another significant project of the Green Crescent is worth to mention at this point. Journalists, media representatives from different cities of Turkey were trained regarding broadcasting and publishing news about addicted and addictions. Journalists were trained about how to publish the news about addiction especially in terms of wording. In other words, to change mind-set of the society for better to accept addiction as a public health issue and as treatable, wording of the news has a considerable impact on conceptualization of people. After the training of journalists, in 2016 there had been decreases in media releases by 55% about criticisms, 48% about increase of drug addiction, 43%

about inability of police forces, and 63% about inefficiency of treatment centres in press releases compare to 2015 (Uyuşturucu ile Mücadele Faaliyet Raporu). The research shows that the training program for press members has been successful and also it means that such projects should be extended and applied other groups in the society. Since general idea of people regarding a social problem matters a lot, it is significant to deliver right message with appropriate words and meaning in order to eliminate any misunderstandings. By doing so, state authorities can get support from society and policies for social problems can be grasped by society more easily.

We see that the policy change also affects the amount of public expenditures in this area.

Table 1. The amount of public budget expenditure against addiction

Addiction Combat Expenditures (Public Budget)		
Year	Expenditures (Million TRY)	Percentage of Change
2015	646	NA
2016	722	12%
2017	936	30%
2018	1.363	46%
2019	1.435	5%
2020	1.841	28%

(Compiled from 2017-2020 Drug Reports, TUBİM)

The table showing the amount of public budget expenditures in the fight against addiction and the change over the years is attached. It is seen that there has been an increase since 2016, when the policy changed. This is an indication of the increase in activities for prevention and rehabilitation services, especially outside the security dimension of this struggle.

4. Results

All in all, the fight against addiction specifically drug addiction is a serious concern for all segments of the society. That is the reason why, any policy in terms of the fight against addictions should include various actors from different groups of the society. The new policy of Turkey against addictions was drafted by many actors; therefore it also serves the principle of multi-directional approach. In other words, social problems such as addiction can be result of various reasons and they cannot be understood from single point of view. So, inclusion of different actors both in the policy formation and implementation process can pave the way of a comprehensive policy and ease the burden of implementation of the policies among actors.

Any social policy as Turkey's current policy in the fight against addictions can be drafted in accordance with the 5C approach which is explained in this paper. The 5C approach is

a broad approach which can be and should be adopted any social problem to form effective social policies that gain support of the society from the very beginning. The 5C approach serves the principle of public health and it enables to get the very essence of social problem. By doing so, unique social policies can be drafted that are specific to that country or society.

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