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An evaluation of intervention system for addicted children in Turkey

Nurgül CERTEL¹

Abstract: Drug addiction in children is an important issue in terms of the reasons for and the results of starting to use drugs as well as intervention methods. Drug addicted children need to be assessed in their own system and studies point to decreased age of addiction. Apparently, the vast majority of studies on drug addiction are based on psychiatric studies. However, it needs to be evaluated from a different perspective that takes into account the complexity and diversity of children's experiences of taking drugs and being addicted. In this study drug addiction in children and intervention system for addicted children in Turkey will be evaluated via literature review. The purpose of this paper is to understand the measures implemented towards addicted children in the light of information about Turkey's intervention system.

Keywords: Drug addiction - Turkey. Addicted children - Turkey. Intervention system - Turkey.

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Introduction

Though addiction occurs in different dimensions and situations in life, the most commonly known is drug addiction. One of the principal reasons for this reference is visibility of its deficits. Although addiction has many risks and harms for all people, those risks are higher for children because under 18 years of age² often require special care and protection. There are varied dynamics and processes of starting to use drugs for children but can be basically triggered by various social problems, which will be discussed in depth in this paper. In order to understand how drug addiction begins, it is really important to understand why children start to take drugs and how different countries try to prevent addiction in children. This article reviews the issue of drug addiction in children and then analyzes the intervention system for addictive children in Turkey via literature review.

Drug Addiction in Children

According to the World Health Organization's (WHO) definition (1994), drug addiction is

Repeated use of psychoactive substance or substances to the extent that the user (referred to as an addict) is periodically or chronically intoxicated, shows a compulsion

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² According to the Convention on the Rights of the Child (1989) article 1, "[...] a child means every human being below the age of eighteen years unless, under the law applicable to the child, majority is attained earlier" (UNITED NATIONS HUMAN RIGHTS CONVENTION ON THE RIGHTS OF THE CHILD, 1989). And Turkey is one of the counterparty of this convent and according to Turkey's law for the protection of the children is under eighteen years old even though mature at an earlier age.

to take the preferred substance (or substances), has great difficulty in voluntarily ceasing or modifying substance use, and exhibits determination to obtain psychoactive substances by almost any means (LEXICON ..., 1994, p. 6).

WHO lists this definition as ICD10 have been included and explain in the text of the definitions drug names are spelt in accordance with international nonproprietary names in some situations.

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) prepared a document entitled Children's Voices Experiences and Perceptions of European Children on Drug and Alcohol Issues. Olszewski, Burkhart e Bo (2010) conducted qualitative research interviews in Europe³ on children who are under 18, about issues or problems related to the use of alcohol and drugs. In this study Olszewski, Burkhart e Bo (2010) explain some reasons of starting to use drugs for children, with its key findings as follows:

> In its early stages, most illicit drug use is a social activity and therefore the drug taking behaviour of friends is a major influence on a child's desire to try drugs and ability to access them. [...]. Being in bars and clubs or other settings where social alcohol drinking is the primary activity may provide opportunities to buy, share or be given illicit drugs (OLSZEWSKI; BURKHART; BO, 2010, p. 21-22).

As these results are part of EMCDDA's key findings, rather than their conclusions, this may be only one situation resulting in drug addiction.

EMCDDA's document (OLSZEWSKI; BURKHART; BO, 2010) also explains the reasons for continued drug use for children in different dimensions: believing to be able to control and limit it, living marginalized environments where drugs are easily available and drug taking is common, limited work and leisure opportunities, the perception of drug use and selling drugs may provide status and income, being homeless and trying to find solution to family or mental health problems.

There are some different explanations on addiction. "Addiction is a slippery concept of which the meaning, content, and definitions change according to cultural, political, historical, and finally scientific underpinnings" (RISE; HALKJELSVIK; KOVAČ, 2015). Based on this definition on addiction can be understood the alteration across countries about cultural and social norms on drug use, but also there are some common notions on addiction. On the one hand, addiction can be jeopardous for all age groups on the other hand starting age of using drug triggers the severity of risks. In this concept in order to understand the decreased starting age of addiction it is important to seek some components like social structure, culture, chaotic family structure, social relations and economical situations are involved in an interaction which may affect drug addiction in children.

³ Denmark, Spain, Germany, Finland, Ireland, Latvia, Malta, Netherlands, Norway, Austria, Poland, Romania, Sweden and the UK.

According to Can (2012), cultural features, social attitudes, peer behaviors, legislative regulations, availability and cost of the drugs are the factors that trigger drug use.

Cilga (2009) emphasize the importance of determining the psychological, social and economic factors about taking or misusing drugs and guidance to understand the social consequences of drug addiction in different dimensions.

Many studies have indicated that consumption of drugs and other addictive substances are related to family, such lack of parental support or without parental knowledge (ZIMIC'; JUKIC', 2012).

Turan and Beşirli (2008) explained the reasons for addiction in Turkey. One of the reasons for this situation is urbanisation. As a consequence of urbanisation, which creates alterations on social structures, poverty has occured and family structures have changed, so children have to work and ultimately, drug addiction can become one of the consequences of all of this. In this regard, transformation of social structure affects life and human relations; herewith increased drug addiction of children can be evaluated as an indirect result of all those transformations.

From the literature review it is possible to say that socio-cultural structure is a remarkable factor in terms of drug addiction. In addition to rapid change of social structure, efforts to adapt to new life styles, unemployment, poverty, access to drugs, and culture pave the way for addiction.

Dingle, Cruwys and Frings (2015) draw attention the literature based on individual factors about addiction and emphasize the importance of social factors, which are involved in every stage of the development of and recovery from addiction.

In Turkey as a result of migration and non-urbanisation, children have to abandon their homes and start to live or work in the streets. One of the major risks of living or being forced to work in the streets is drug addiction. Children who are living/working on the streets have increased risk of addiction (ACAR, 2008; ÖNER et al. 2006).

From different perspectives based on the literature review, urbanisation and non-urbanisation have an impact on drug addiction. For both situations, the main point is that adverse life conditions are the cause of addiction. As a result of changing life conditions, children may have to live or work in the streets. Tens of millions of children around the world have to live or work in the streets (UNICEF, 2006; EMBLETON et al., 2013). So it means these children are at risk to access or use drugs. All this information proves that being in the streets has prevalent effect on children's addiction. Consequently, the relationship between being in the streets and addiction as well as its causes should be highlighted. Some situations stimulate to use of drug. "Familial discord, alcohol use, poverty, and difficult home circumstances are recurring themes within street children's accounts of migration to the streets and reasons for engaging in substance use" (EMBLETON, et al., 2013). Those

kinds of situations are triggering drug use for countries that have such problems.

Although the reasons of addiction for children are known, little is known about what kind of intervention plan should be implement to children.

Children who have to live/work on the streets encounter many difficulties in their daily lives, including child abuse and exploitation (Witting, Wright, Kaminsky, 1997; Bal, Mitra, Mallick, Chakraboti, Sarkar, 2010; EMBLETON et al., 2013). Generally these children cannot have adequate social networks or relationships with adults, so their social needs cannot be properly fulfilled (Ayuku, Kaplan, Baars, de Vries, 2004), as a result of this situation children start to take drug in order to cope with their adverse circumstances and survive on the streets (TOVE, UL HASAN, ZAFAR, SHERMAN, 2009; EMBLETON et al., 2013).

Children who live or work on the streets have an increased risk of being addicted because of the lack of social support. One of the prevention methods is organizing environmental prevention. Environmental prevention refers to changing the environments in which individuals make their choices about drugs use. Environmental strategies involve regulations of substances such as tobacco and alcohol, and these substances are considered gateway substances in transition to drug use (BEENSTOCK; RAHAV, 2002).

Researches reveal that large numbers of children who live/work on the streets are particularly prone to drug addiction.

Children living and/or working on streets are at a greater risk of being introduced to addicvite substances. Lack of families and closer contact with user groups render it easier for these children to start using drugs themselves. These factors suggest that children in this group require special attention and care, and necessitate specialized measures to be taken (Turkish Drug Report, TUBIM, 2014).

Grand National Assembly of Turkey (TBMM) Investigation Commission prepared a report about the risks of living/working at streets for children. According to this report, because of not having a relationship or having partial relationship with their families, children encounter with neglect, abuse, maltreatment and exploitation on the streets. As a result of these risks, children cannot protect themselves and become addicted (USTA SAYITA, 2008).

Embleton et al. (2013) figured a table based on their survey, which discusses barriers and facilitators to quitting drugs. Addiction, peer influence and the social network, coping and survival on the streets, availability and affordability of drugs, poverty, negative family influence are regarded as barriers, while desire to quit, positive peer influence, self-caring, positive family influence, programs and policies are regarded as facilitators.

The study by Embleton et al. (2013) on street children reveals the dual role of peer and family on drug use, as they have a strong effect on initiation and cessation to take drugs in street children's lives. According to the findings, peers play both a positive and negative role in drug use.

While this information explains the barriers to quitting, it also indicates the reasons for taking drugs, so the dynamics of starting to take drugs might also be a reason to continue. At the same time the reasons to take drugs might be a cause to abstain. All this figuration indicates the importance of social environment on addiction.

In family life if children are suffering from drug addiction the extent of the problem changes the problems' influences on person can be seen in the process of education for children, especially in feelings of being unsuccessful, isolation from school life and exposure to discrimination from peers (SEVIN; ERBAY, 2008).

Drug addiction has a remarkable effect on children's entire lives, and as long as addiction develops social isolation may increase. From this point, in order to prevent, protect or rehabilitate children for drug addiction all dimensions facing children should be carefully evaluated.

Intervention System for Addicted Children in Turkey

Turkey combats illicit trafficking of substances and taking drugs on the dimensions of prevention, rehabilitation and protection from the perspective of scientific applications and experiences to fight against addiction (CILGA, 2009).

As a consequence of evaluation on taking drugs and addiction as a public health problem in Turkey's legislation, intervention system enhances its priorities based on this aspect. The policy approach in Turkey towards giving information about taking drugs and addiction is important in order to extinguish and decrease detrimental effects of addiction for people and community health, as preventive and protective practices are implemented in formal and informal education system by using all kind of media in order to contribute positive attitutes and behaviors (CILGA, 2009).

According to the National Action Plan on Drugs 2015, there are some steps in an intervention system. In order to prevent accessibility of drugs, the responsible institutions are the Ministry of Customs and Trade, and the Ministry of The Interior. The Ministry of Education is responsible for taking precautions towards educational institutions. The Ministry of Family and Social Policies, Ministry of National Defense, Ministry of Justice, Ministry of Youth and Sports, Ministry of the Interior, local administrations, and the Turkish Employment Agency are all responsible for taking precautions towards determined target groups.

In addition to assigned roles to the relevant ministries, there is the Turkish Monitoring Centre for Drugs and Drug Addiction (TUBİM), an institution established to facilitate coordination between agencies that are combatting drug addiction. The first general population study on the prevelance of drug use in Turkey was conducted in 2011 by TUBİM. That study consist of 25 province with 8,045 people, aged 15-64. According to responses the highest rates of illicit drug use were reported by men aged 15-34 (TURKISH MONITORING CENTRE FOR DRUGS AND DRUG ADDICTION, 2014).

At a community level, TUBIM Provincial Contact Points, Provincial Directorates of Public Health and the Department of Religious Affairs organised some informative programmes for families in order to prevent addiction (EMCDDA, 2016).

In Turkey, The Ministry of Education is responsible for prevention programmes in schools. For each province, deputy governors steer provincial committees in order to prepare action plans in accordance with their provinces' situation. In this regard the fundemental preven-

tion programmes focus on increasing people's awareness of drugs and to do so young people are targeted particularly in the educational system by using counselling support, seminars, discussion panels and conferences (EMCDDA, 2016).

In this prevention programme it is important to emphasise that the targeted group is young people and implementations are fulfilling at schools. The main problem is children who are not able to go to schools and have to live or work at streets are in danger to not to reach such all implementations.

Rugkåsa et al. (2001), assume that if children receive information about health promotion against addiction they will act upon it, but children need more than information; they also need to internalise this knowledge.

Social Services Centers provide some social assistance and referrals to treatment instutions for homeless children and young people. Indicated prevention has not been developed in Turkey.

No research studies have yet been undertaken on the effevtiveness and outcomes of prevention interventions (EMCDDA, 2016, não paginado).

According to the National Action Plan on Drugs for the Implementation of National Policy and Strategy Document on Drugs for the years of 2013-2015 the fundemantal implemantations are in progress in two systems: reducing supply and reducing demand. The Ministry of Family and Social Policies is in charge of demand reduction and has General Directorate of Children's Sevices. This directorate tries to provide a safe and supportive environment for the children living or working in the streets, and tries to provide better opportunities for these children to benefit from health and social services. One of the main duties of the action plan is to increase the number of Preventive Care and Rehabilitation, Care and Social Rehabilitation and Children and Youth Centers.

The treatments in Turkey take place in two types of institutions: Alchol-Substance Addiction Research, Therapy and Education Centres (AMATEMs) and Substance Addiction Treatment Centre for Children and Adolescents (ÇEMATEM). There are also treatments provided by psychiatric clinics of public hospitals under the Ministry of Health, and university-based treatment units (TURKISH MONITORING CENTRE FOR DRUGS AND DRUG ADDICTION, 2014).

The Tobacco, Alcohol and Drug Addiction (SAMBA) Treatment Programme is a psychosocial programme for adults, adolescents and families (Turkish Drug Report, TUBIM, 2014). Ministry of Education and Ministry of Family and Social Policies try to prevent drug addiction by working with children at schools or at streets. But one of the main issues of this problem is children's environmental situations. In order to create a safe environment for children all conditions should be seen which they are in. And addicted children do not need just addiction treatment they also need a regulated environment. In this context working with families is critical in order to prevent and also encourage quitting taking drugs.

According to the National Strategy Document the Ministry of Family and Social Policies, their first aim is for children living on the streets to reinforce family ties and their reunification with families. For children working on the streets and have been forced into beggary

and are addicted there is the Child and Youth Services, which is responsible for providing a suitable environment and removing children from the streets. But from 2013 on the Ministry started to change its policies and open new centers for all kind of social problems and banded all departments together. In Turkey one of the main points of discussion is still these regulations about whether closing Child and Youth Services is a better solution or not.

Discussion

All studies about children usually have the perspective that they have the right to protection from harmful influences in order to ensure their well-being. Children may have experienced drug use themselves or it could be that their parents are drug users. Drug use in all different forms can have a profound impact on the lives of children.

According to the literature review, the reasons of children's drug addiction could be based on the quality or type of drug, the features of the addicted person, or the social environment. But the component of social environment which causes drug addiction, like peer groups, social isolation, cannot be seen in literature in detail. In this context, drug addiction should not be evaluated just as a psychiatric case; rather, it also needs to be seen in sociocultural structure.

Many studies about addicted children focus on the results of intervention to drug addiction, individual risks in this process and preventions based on protection, so the importance of to understanding social indications rather than individual level is more substantial to construe drug addiction.

Much research about drug addiction in Turkey focuses on the age over 15, but one of the main problems is children becoming addicted at younger and younger ages. Children face many challenges and evaluate taking drugs as a solution, so the number of addicted children is increasing. But in Turkey there are a few centers for children which are in İstanbul, Bursa, İzmir and Diyarbakır (ÇEMATEM), two of which are in İstanbul, and totally there are just five centers. These centers' first focus is based on treatment at the individual level. But rehabilitative supports are limited. In order to reach the solution in all dimensions of addiction institutions need to work in the entire system. In this process, working with family, education system and the whole social environment is essential in order to prevent children from returning to take drugs again. Because in Turkey the main intervention is treating the addiction, but there is a lack of practice on rehabilitation, working with social environment, and awareness studies for the family. Children can easily access drugs in the streets so Turkey needs to create new policies in order to save the children from streets.

Though drug addiction is one of the most discussed issues in Turkey, drug addiction in children, intervention methods, and the social dimension of addiction are significantly less discussed. In this context, one of the important issues that needs to be addressed for drug addiction in children who are under the age of 15, are the factors that influence the use of these drugs and especially social dimensions of these factors.

After treatment of drug addiction new problems may occur, in order to create permanent solutions it needs to ensure that person's social and psychological well-being, to do so need-

ed to have holistic view and be able to analyze the problems extensively (SEVIN; ERBAY, 2008).

In order to prevent addiction, it should be taken into account that an appropriate intervention for one child will not necessarily be appropriate for another, from this conception intervention system is needed to create multidisciplinary work. Effective interventions should take into account the varied perspectives and discipline's studies.

Conclusions

In Turkey, drug addiction in children is a common issue but there are limited studies and research on addicted children. All the relevant institutions and organizations cooperate in order to enhance social support and restrain child labor for children living and/or working on the streets by organizing activities in order to reintroduce these children into the education system, support their psychosocial development and provide post-treatment social support.

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