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ORIGINAL RESEARCH

38. Aging Patients Changing Substances: Unexpected Demographic Shifts in Türkiye's Drug Treatment Admissions Over a Decade

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 <https://www.youtube.com/watch?v=4rJ3DHWeKR&list=PLhqNq3xJClbafO0Y5bvBcgMmXpgzJxd44&index=6&t=8731s>

Background: Substance use disorders (SUD) have undergone significant demographic and epidemiological shifts worldwide, with emerging substances and evolving patterns of use presenting new challenges for healthcare systems. In Türkiye, the past decade has been marked by increased policy efforts to expand treatment access and reduce drug-related harms. However, systematic evaluations of national-level data remain limited. This study retrospectively examines Türkiye's national drug reports between 2013 and 2023 to identify critical trends in treatment admissions, substance prevalence, and health outcomes among individuals with SUD.

Methods: We conducted a retrospective analysis of official data from the Turkish Ministry of Interior covering the period 2013–2023. A total of 362,560 documented cases were included. Key indicators assessed were annual treatment admissions, direct drug-related mortality, seized illicit substances, and infectious disease markers (including HIV) among people who inject drugs (PWID). Trends were further stratified by demographic variables such as age, sex, and primary substance of use.

Results: Over the study period, treatment admissions for SUD rose by 60%, reflecting both increased prevalence and broader treatment availability. Direct drug-related mortality declined by 39.6% between 2017 and 2023, coinciding with the implementation of harm reduction policies. Notably, methamphetamine emerged as the dominant substance, with an average annual prevalence increase of 46.2%. This trend displaced opioids as the leading primary substance, with opioid-related admissions declining from 76.3% to 4.2%. Mortality patterns revealed that 75.2% of drug-related deaths in 2022 were linked to polydrug use.

Demographic analysis highlighted substantial changes in the treatment population. The proportion of female participants increased from 5.6% to 9.7%, indicating a narrowing gender gap in treatment access. The mean age of treatment entrants rose from 24.3 to 27.6 years, demonstrating a gradual ageing trend. Educational profiles also shifted, with broader representation across different academic backgrounds.

Despite gains in treatment expansion, infectious disease surveillance raised concerns. HIV seropositivity among PWID increased 6.7-fold, predominantly associated with methamphetamine injection, underscoring emerging public health risks tied to changing patterns of substance use.

Conclusion: This analysis reveals profound demographic and epidemiological shifts in Türkiye's substance use landscape over the past decade. Rising treatment admissions, declining opioid prevalence, and the rapid dominance of methamphetamine use highlight evolving drug-related challenges. Positive outcomes include reduced drug-related mortality and increased female engagement in treatment, suggesting partial success of harm reduction policies. However, the surge in methamphetamine-related harms, polydrug mortality, and HIV incidence among PWID signal urgent areas for intervention. These findings underscore the need for adaptive, evidence-based strategies that integrate harm reduction, infectious disease prevention, and targeted support for vulnerable populations.

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