

# The Rise of Synthetic Marijuana in Turkey: The Bonzai Phenomenon of the 2010s

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## Abstract

In the 2010s, synthetic marijuana products, mostly referred to as Bonzai, have become a critical phenomenon in the drugs realm worldwide. In Turkey and many other countries, state authorities and the public have been alarmed about the rapid widespread of these drugs. Frequent cases of death related to Bonzai use have placed these substances among the top concerns on the public's agenda. This article primarily aims to analyze the conditions and factors that have enabled Bonzai's rapid popularization among Turkish drug users. To achieve this, I have used a compilation of qualitative data received from books, articles, news sources, expert comments, official drug reports and interviews with five male ex-users living in Istanbul. From this data, certain factors contributing to the increasing popularity of Bonzai drugs in Turkey have been deduced. Furthermore, significant information related to these substances' history and the causes of death cases in Turkey have been noted from the interviewees.

**Keywords:** Addiction • Bonzai • Drugs • Marijuana • Synthetic • Cannabinoids • Turkey

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In human history, drug addiction has been a critical social problem, having accelerated especially since the early 20th century. The use of herbs, such as marijuana and opium as means of changing mood has a long history, however in the 20<sup>th</sup> century, the production of drugs changed-aided by scientific advancements in chemistry and pharmacology. Initially produced as medication components, certain chemicals have drawn the attention of drug dealers in time; and while natural drugs maintained their popularity, chemical drugs also entered the domain (A Working Party of the Royal College of Psychiatrists and the Royal College of Physicians, 2000, p. 26). One after another, new types of drugs have entered human lives, each popular during certain periods, for instance, LSD (Lysergic Acid Diethylamide) in the 1960s cocaine in the 70s heroin in the 80s, synthetic pills (e.g. ecstasy and captagon) in the 90s and in the new millennium's the first decade, designer drugs.

In the new millennium's second decade, a new drug became a phenomenon. Like its predecessors, this new drug was an outcome of scientific experiments; a synthetic compound, developed by a Clemson University professor who aimed to analyze the cannabionids' effects on the human brain, was integrated into the drugs realm (Macher, Burke, & Owen, 2012). Under the category of designer drugs, mostly called synthetic marijuana, that is, herbal blends coated with certain chemicals, these new products rapidly became very popular among drug users in many countries (Caldwell, 2010). Manufactured under many different brands and packages, these synthetic drugs became known by different names in different countries – e.g. *Spice* in Germany and *K2* in the US (Evren & Bozkurt, 2013, p. 1). This rapid popularization owed to the fact that these products could for some time enjoy a legal status considering the lack of any legal regulations concerning them. Furthermore, they were easily accessible via head shops or by the internet. Being alarmed with the negative consequences of their use, the sale and use of these products have been declared illegal in many countries (Akgül & Aşıcıoğlu, 2011, pp. 43-44).

In 2009 and 2010, these synthetic drugs entered the Turkish market. Although the first popular brand was Jamaican Gold, in time, these

synthetic drugs became known as Bonzai, another brand, that in recent years has led to the deaths of many young users. These deaths drew the attention of the public and the authorities toward this new drug, and a series of measures (e.g. new legal regulations such as the official banning of these products in 2011, intense narcotic operations and new social policies concerning public enlightenment, as well as rehabilitation and treatment of addicts) have been implemented. In various Turkish districts, the public held a series of protest meetings, condemning Bonzai as the poison of the new age and calling for social cooperation against its widespread use.

Especially during the last 30 years, drug addiction has become a critical social problem in Turkey. In the 1980s, “golden-shot” deaths, due to overdoses of heroin were significant. Beginning in the 1990s, heroin deaths became very rare, but drug addiction worsened with the numbers of marijuana and synthetic pill users increasing. The Turkish drug market consisted of cannabinoids, heroin, cocaine, methamphetamine and synthetic pills like captagon and ecstasy (Turkish National Police Anti-Smuggling and Organized Crime Department, 2011, pp. 165-170). In the 2012 Turkish Drug Report, Bonzai was first included under the title of synthetic cannabinoids. The first Bonzai arrest in Turkey was made in 2010. Bonzai products were mainly imported to Turkey from Europe, the Turkish Republic of Northern Cyprus and China. Moreover, natural cannabinoids were the most consumed drugs in the Turkish market (Turkish National Police Anti-Smuggling and Organized Crime Department, 2012, pp. 147-149). Bonzai products were rapidly becoming widespread. According to another report’s statistical data, number of arrests due to Bonzai sale or possession increased by 19 times from 2011 to 2012, which is certainly a sign of the drug’s spread in Turkey (Turkish National Police Anti-Smuggling and Organized Crime Department, 2013, pp. 130-131). Confirming this information, Police Quarters of İstanbul issued a special report, saying that, as of 2014, in the İstanbul drugs market, Bonzai had a 50% share; natural cannabinoids had fallen to 40%, and heroin to 10% (Bonzai ölümleri daha da artacak, 2014). Evidently, İstanbul is the largest city in Turkey, with the largest share in the drugs market.

In academic drug literature, many books and articles deal with this subject, especially in chemistry, pharmacology, biology, psychology, psychiatry and sociology. Chemistry, pharmacology and biology deal with the drugs' chemical ingredients and formulae as well as their physical effects on the human body. Psychology and psychiatry approach drugs by considering their behavioral influences on human beings, whether individually or socially, and the mental diseases they cause. Finally, sociology aims to analyze this historical phenomenon within the context of drugs and society, referring to the social, economic and cultural backgrounds and structures in the drugs realm.

Although many academic studies address drug use in general both in Turkey and worldwide, specific studies on synthetic cannabinoids, the drug phenomenon of the 2010s, are very limited both in number and content, especially when we study conditions underlying their rise in popularity. Academic studies about synthetic cannabinoids in Turkey are generally in psychiatry (Evren & Bozkurt, 2013), criminology (Akgül & Aşıcıoğlu, 2011), and public policy (Akgül & Kaptı, 2010). These studies' main subjects are the drugs' chemical ingredients and the finished substances' biological and behavioral effects, public policies concerning legislation and narcotic measures, and statistical data on frequency of use. In other words, studies of conditions leading to synthetic cannabinoids' increased use in Turkey are lacking. The causative conditions set forth in certain expert comments address only availability (Evren & Bozkurt, 2013, p. 1) and misleading marketing such as the products being sold as 'natural' (Akgül & Aşıcıoğlu, 2011, pp. 42-43). The news reports in the Turkish media address availability and price as the basic conditions that led to the increase of their use in Turkey. Therefore, the aim of this article is to deeply analyze all factors and conditions behind Bonzai's popular use in Turkey.

## Method

### Research Model

How did this new generation of drugs become so popular in Turkey in only four years—even outpacing the popular natural cannabinoids? How can a drug addict continue using such a poisonous substance? What are the actual reasons and conditions behind the rapid rise of synthetic cannabinoids in Turkey? To address these questions, the aim of which is to find the factors and conditions underlying the rise of synthetic marijuana as a critical social phenomenon in Turkey, a phenomenological research design has been applied in this study. Within this design, qualitative research methods and semi-structured in-depth interviews have been used. With the aim of analyzing a phenomenon, interviews with people who have been a part of and have witnessed its development process have been necessary. These semi-structured interviews used certain questions from a standard form, related to the interviewees' drug use; however, a great bulk of qualitative data was extracted from conversations oriented by the interviewer toward in-depth drug-use situations. Along with the interviews, a drug literature review consisting of academic studies, news sources, expert comments and official drug reports has also been carried out. The information in this literature has provided findings which have been complementary for the findings extracted from the interviews.

### Sampling

The interviewees were chosen according to principles of purposive sampling. The basic criteria were first, that the interviewees were active drug users dating from 2010, when synthetic marijuana products first entered the Turkish drug market, and second, that they had consumed these products. Therefore, the data extracted from the interviewees' experiences, opinions, and observations related to classical drugs like marijuana and recent synthetic drugs could both be used in this study's analysis. Thus, five male interviewees who fit these criteria well were interviewed. According to

principles of research ethics, their identities have remained confidential and initials are used in referring to them individually. The interviews occurred between June 19 and July 19, 2014, in Istanbul, Turkey. The first interviewee M.M. made it possible to reach four the other four interviewees who fit the sampling criteria. The interviews were tape recorded and later transcribed. The total duration of the five interviews was 310 minutes, with an average of 62 minutes per interview. Table 1 displays general information on the interviewees' ages and their habits of drug use.

**Table 1**  
*The Five Interviewees' Ages and Habits of Drug Use*

Initials	Age	Period of Drug Use	Most Frequently Used Substance	Other Substances used	Period of Bonzai Use
C.O.	32	2008-2013	Natural Cannabinoids	Ecstasy (rare) Bonzai derivatives	2010-2012 (frequent)
F.M.	26	2007-2013	Natural Cannabinoids	Ecstasy (rare) Bonzai derivatives Methamphetamine (very rare)	2010-2012 (frequent)
M.M.	34	2007-2012	Natural Cannabinoids	Bonzai derivatives	2010-2012 (frequent)
R.S.	29	2005-2012	Natural Cannabinoids	Ecstasy Bonzai derivatives	2010-2012 (frequent)
Ş.S.	30	2004-2013	Natural Cannabinoids	Ecstasy Bonzai derivatives	2010-2012 (frequent)

In addition to these five users who are currently non-users, finding five more interviewees who are still active users was a primary aim. Only two, not five, active Bonzai users could be reached within the research process, but due to privacy concerns, they did not agree to be interviewed. Therefore, the study group was limited to five ex-users, but since they had been active users between 2010 and 2012, the period when Bonzai became very popular, the information provided by these interviewees has shed light on the synthetic drug realm in Turkey, revealing actual conditions that paved the way for the drugs' rapid rise in popularity.

## **Data Collection and Analysis**

Since the number of interviewees was limited to five, no package such as SPSS has been used in the process. The basic themes to be extracted from the interviews were the shift from marijuana use to Bonzai use, factors behind this shift, positive and negative qualities of Bonzai, and user comparisons concerning natural and synthetic cannabinoids. The data received from the interviewees have been integrated into the findings from former studies and other sources. Furthermore, this study's text was available to the interviewees, with one English-speaking interviewee able to read it and the remaining four able to approve the findings related to their opinions via translation by the interviewer.

## **Findings**

### **Conditions and Factors Contributing to the Rise of Synthetic Marijuana Products in Turkey**

According to a recent survey by the Federation of Fighting against Drug Addiction and Alcoholism (TUBAM) in Turkey, the use of Bonzai has increased to such a level that 89 of 100 drug addicts have used it (Tokyay, 2014). It may sound surprising that in a short four-year period since their introduction to the Turkish drug market, synthetic cannabinoids have gained such popularity. However, considering certain facts about this new drug phenomenon reveals the actual reasons underlying this rapid rise in popularity. Along with the charm of a new product, drug users in Turkey have been motivated toward synthetic cannabinoids for several reasons that place these drugs in an advantageous position compared with more classical drugs like marijuana.

In drug literature, marijuana is generally termed a *gateway drug*, which implies that, over time, its use leads to the use of Class A drugs, including chemical drugs (Akkaya, Akgöz, Kotan, Kaya, & Kırılı, 2006, p. 126). In this process, a series of genetic and environmental factors may play a role. Genetically speaking, a person may have inherited a tendency toward drug

use from one or both parents. Environmental factors consist of influence by social surroundings, and the drug's availability and price (Emmett & Nice, 2009, pp. 61–62). Knowing that synthetic marijuana products have become very popular among marijuana users in Turkey, and because of their chemical ingredients, these products are in the Class A category, one might simply assume that marijuana had served as a gateway drug to synthetic marijuana. But, the five interviewees claimed both environmental factors and certain qualities of synthetic marijuana products as the main causes of their popularity. This seems to disprove the “gateway drug” assumption.

**The Substitute Effect:** To start with the history of Bonzai in Turkey, we should note that the drug market's imbalance between supply and demand greatly influenced the rise of Bonzai use among the Turkish drug users. Generally, we presume that the narcotic police teams' series of operations toward marijuana farmers in the eastern regions of Turkey and suppliers in the metropolitan areas, such as İstanbul, have led to a huge gap in the marijuana supply; this likely oriented addicts toward alternative products (Bonzai: Uyuşturucunun yeni şekli, 2014). First, synthetic marijuana products filled a gap, with many users enjoying them first as substitutes for natural marijuana and later becoming addicted to them. An ex-user defines this situation as follows:

“In the summer of 2010, for the first time I bought a pack of synthetic marijuana. It was a pack of Jamaican Gold Supreme. It seemed like a savior to me, because I was unable to find marijuana as I could in the old times. Many dealers had been lost for a while, and then they were back with these magic packs” (Interview with R. S., 2014, July 9).

This substitute effect led to an increase in synthetic marijuana use, but earlier, the increase was not so rapid, as another recovering user explains:

“The 3 gram packs were very expensive in the early times. We had to pay 250–300 liras to buy one; mostly we established partnerships with the financial contribution of a few users and shared it. Also, still we could find



weed<sup>1</sup> or *kubar*,<sup>2</sup> maybe not in the same availability as we could before, but this expensive and new stuff was something still alien to us. So, we mostly kept on buying weed or *kubar*, but in the end we were tired of smoking shit<sup>3</sup> and spending our money on it. The quality was so low that we could hardly get a little bit high. So, instead of spending on nothing, we turned toward the packs that always guaranteed satisfaction at its best” (Interview with M. M., 2014, June 19).

This low-quality marijuana added to the shift toward synthetic marijuana products so that addicts were happy with the new situation and natural drugs fell to an inferior status:

“We could still find weed, but it was mostly shit... full green with a sharp aroma, not yet fully grown, probably early-harvest due to the fear of police operations... and the *kubar* mostly mixed with alcanna or other stuff similar in color... We couldn’t get as high as we could in the past. Instead of paying for this, I was happy to spend on Bonzai.” (Interview with Ş. S., 2014, June 27).

Thus, this situation might partially explain the recent and rapid increase in Bonzai use in Turkey. Marijuana users filled a huge gap in their needs that emerged because of the decrease in both quantity and quality of natural cannabinoids. However, considering that psychological moods from natural and synthetic marijuana products differ, one might question whether Bonzai was an exact substitute for marijuana. Dr. Nevzat Alkan of the Forensics Science Branch, İstanbul University best explains this situation:

“In cases of drug addiction there is a point to be noted. The addict prefers what he can have access to under those circumstances. If he can’t have access to the product he uses, then he can use the available one. This is called polytoximania, use of multiple drugs of different types. This is related to the introduction and availability of any drug product in the market. Because we see that narcotics teams perform operations

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1 A slang term worldwide for denoting marijuana

2 Processed marijuana that has been turned into powder form

3 A slang term used in Turkey to denote poor-quality marijuana that has little or no effect after smoking

to suppliers from time to time. When it gets harder to have access, then drug addicts prefer easy-to-find substances” (Eğilmez, 2014).

**Quality and Mood:** Although Bonzai and identical synthetic drugs entered the Turkish drug market as substitute products, they soon proved permanent rather than temporary, probably because synthetic drugs, when compared to natural ones, provided addicts a speedier high:

“Only two breaths and you get high in a few minutes. Unlike weed or *kubar*, you didn’t have to wait for a while to enter the mood. It was the fastest thing I had ever experienced.” (Interview with R. S., 2014, July 9).

In addition to the speed factor, Bonzai had another advantage in the variety of different moods produced:

“You could experience multiple moods one after another. In the first place, it affects you just as weed does; sedating and making you feel peaceful and happy. A while later, it turns you on and makes you feel energetic. Sometimes bad trips, sometimes hallucinations, such a richness that we could never experience with weed. ...and the high mood lasted longer... sometimes so long that you wished to get rid of it and become sober” (Interview with C. O. 2014).

**Misleading Marketing and the Illusion of Naturality:** Since Bonzai produces multiple moods, users might naturally have questioned whether these new products were identical to natural drugs. Unlike natural marijuana, sold in a pack with a different physical look and smell, these drugs are obviously processed. Then, why did natural-drug users so eagerly use the processed drugs without questioning their probable and unknown negative effects? According to Dr. Umut Mert Aksoy of the Center for Education and Treatment of Alcohol and Drugs Addiction (AMATEM), most Bonzai addicts have stated that Bonzai had a harmless image with its natural look (Akgüngör, 2014). Here, marketing language has played an important role; both the manufacturers’ notes on the packs and the information communicated through social interactions between users have been misinforming:

“During 2010 and 2011, I have used Jamaican Gold. On the back of the package, it was written that Jamaican Gold was a natural product made up of herbal blends. The only warning related to the use of it was that it was an incense product and was not for smoking. Everyone in my social environment was speaking of the same thing: it was actually weed, but a little chemically processed... The chemical side was not my concern at that time; I could see, smell, and smoke that weed. It was no pill, nothing resembling anything chemical, it was all natural in our eyes... Even if there were effects resulting from the chemical part, we kept repeating to ourselves that it was natural. We were fooling ourselves actually. I can understand that now.” (Interview with C. O., 2014, July 5).

Thus, the shift from natural to synthetic drugs was easy for many addicts when we consider this prevailing illusion. Bonzai derivatives were *perceived as identical substitutes for marijuana*.

**The Charm of the Package:** Another important factor contributing to the rise of synthetic cannabinoids in Turkey can be termed the *charm of the package*. According to a recovering user’s statement, the package provided the users feelings of trust and security:

“Unlike weed or *kubar* rolled in journal papers, sold openly, this was a closed package. Something produced by some institution, as if there existed a principle of customer satisfaction as a part of this institution’s policy. What came out of the package was nothing fake or shit for sure... They were not yet publicly known, and looking like wet towel packages, you could even keep them in your pocket without fearing much from the police or else. Even on the back, it was written up as incense product. ...The charm of the package was so high that in time, me and my friends were keeping them in possession in our cars, homes, and even offices as if they were legal stuff you could buy from the drugstore” (Interview with M. M., 2014, June 19).

In addition to the package’s charm, another security related advantage of Bonzai derivatives was the “aroma factor.” Because it has a very low level of aroma, it can be smoked easily in public areas, especially by youth

(Koçak, 2013). Unlike marijuana, which has a sharp, easily noticeable, and publicly known aroma, synthetic marijuana products have an aroma unknown to most; this makes it easier to smoke in public:

“While smoking weed, we had to be careful about not drawing the attention of the people. It stinks. However, Bonzai was such a gift that we could smoke it anywhere. Even in restaurants, beach clubs, streets... anywhere you can imagine. With that scent, anyone would assume that we were smoking rolled tobacco, and there was nothing to fear” (Interview with Ş. S., 2014, June 27).

Additionally, because of recent years’ increased tobacco prices in Turkey, many Turkish youth have shifted from buying cigarette packs toward consuming cheaper rolled tobacco. Therefore, a rolled Bonzai cigarette would be very hard to notice, especially with an aroma unlike that of marijuana. Instead, users favored the aroma:

“Me and my friends were addicts to its aroma. It was something charming, something resembling a perfume. I even kept many of the packages after having consumed what was inside and from time to time, I opened them and sniffed the empty packages that still preserved that lovely aroma” (Interview with M. M., 2014, June 19).

Furthermore, users have stated that the package’s charm combined with the products not being packaged in a single, uniform package with a single, uniform product inside added to its attraction. There were many different types under different brand names and in different packaging designs. For instance, a Belgium-based website marketing synthetic drugs lists the following: Bonzai Black Diamond, Bonzai Citrus Boost, Bonzai Summer Boost, Bonzai Winter Boost, Jamaican Gold Extreme, Jamaican Gold Supreme, Lips Aromatic, Love Aromatic, Manga Aromatic, MIB Aromatic, Push Aromatic, R&B Aromatic, VIP Aromatic, Blaze, etc. The five recovering users named Bonzai Black Diamond, Jamaican Gold Extreme, Jamaican Gold Supreme, Angel, Spice, and Maya as brands they had used. This variety and richness proved to attract drug addicts while also considering their orientation towards synthetic marijuana:

“It was for a long time that Jamaican Gold was the only brand we had experienced. After a while, many other brands were available for us. Even the name Bonzai was not used then; it was Jamaica. On the phone, we spoke to the intermediaries—people we used to reach drug dealers—in secret codes, as the term ‘closed package’ referred to this material. Each time it was a different package that we received: once Jamaica, next time it was Angel, next time it was Spice. ... The excitement of tasting something new with a new package design, the happiness of having access to so many different types of it... actually appeared to us as a golden age, an age that we never wanted to end” (Interview with F. M., 2014, July 2).

Thus, addicts accustomed to buying weed or *kubar* with a uniform appearance were falling into a marketing illusion of attractive name brands and package designs, but the venom inside did not change. In other words, the new drug was so attractive comparatively that eagerness to give up natural drugs and use Bonzai was fostered. This situation involves factors of quantity and time:

“Smoking weed or *kubar* is more laborious when compared to Bonzai. Weed comes as a whole plant; you have to weed out its seeds, branches, and leaves. It takes some time to have it ready for smoking. *Kubar* is much more laborious; you must roll it with aluminum foil, heat it, and harden it. All this requires time and extra material. Also, when you get rid of those parts, the consumable quantity of the weed decreases. With Bonzai, there is no such thing. No extra material and time, no loss of quantity. Just roll it to the smallest piece, and all is ready quickly, and all is consumable” (Interview with R. S., 2014, July 9).

**Availability:** Having referred to a website marketing synthetic marijuana products, we should also note another important factor contributing to these drugs’ widespread use: access and availability. Bonzai derivatives can be ordered via the Internet through certain websites and even social networks. However, especially in the last two years, this ease has hardened because of measures at customs gates and intense police watches. Before that, Bonzai derivatives could easily be smuggled into Turkey through customs gates because the police were not then tracing

online orders. According to our interviewees, these preventive barriers led to a turning point in the synthetic drugs market: fake or imitation drugs with lower prices, but with more venom, which altered situations related to health and economics:

“In the earlier years, Bonzai packages were very expensive. Not all could afford them. People even entered into partnerships, collecting money among themselves to buy them. Between 2010 and 2012, the imported and authentic packages were sold on the drugs market. When the police watch made it harder for suppliers to import them from abroad, a new trend came into existence. Bonzai, dating from 2012, has begun to be produced by illegal groups who applied the chemical formulas and produced Bonzai indoors, but these imitative products were something else. Aroma and appearance were the same, but the effects had become more disturbing for users. Even the packages were fake. Sometimes it was clear that the imitators could not have applied the formula properly because what was inside was either shit or very low quality, not making you high a bit. The prices went lower, and it was just at that time that I gave up on drugs and started a new life. Now I hear that Bonzai has become so cheap that everyone can easily afford it” (Interview with F. M., 2014, July 2).

This interviewee’s information actually marks an important turning point, considering several social and economic situations, in Bonzai use in Turkey. The decrease in prices due to imitative production has increased the access of even those from low-income groups. Sometimes referred to as “poor man’s heroin,” and with drug-related death cases mostly from poverty-stricken regions, Bonzai is known to be popular in suburban areas of big cities like Istanbul, but in fact it is popular among, and accessible to, people from higher income groups as well:

“I have a good income. I and many of my friends at that time visited the ghetto neighborhoods in Istanbul to buy Bonzai from local dealers. It was expensive in those times, but the local youth, although they did not have much money, could enjoy Bonzai too. This was possible in four different ways. First, addicts like me who considered security, did not directly contact the dealers, but instead used local youth as agents to

buy Bonzai. We gave the money to a boy we knew who lived permanently in that neighborhood; he went to the dealer, brought us the package, and in return, we gave him a certain share. A local youth who has a few contacts like us would never fall short of Bonzai. Secondly, some dealers who were sensitive to the economic status of their neighbor addicts were selling Bonzai to them in a single-use, one-roll quantity known as *fişek*. Not being able to afford a whole package, they could smoke Bonzai in this way. Thirdly, they could enter into a partnership whereby many guys coming together could afford a single package and share it. And finally, and the saddest one, an addict could start working for the dealer, and in return he could smoke for free” (Interview with R. S., 2014, July 9).

The fall of prices due to increasing popularity and supply resulting from imitative production brought forth a frightening reality whereby people from different income and age groups have recently become Bonzai users; this is a social danger that leaves even the heroin phenomenon of the 1980s behind. In terms of age, recent studies show that Bonzai users in Turkey generally range from 11 to 51 (Tokyay, 2014, June 6). Especially alarming is the age of addiction dropping to pre-teens. Low prices contribute to the spread of their use among children and teenagers who are economically dependent on their parents. This situation poses a serious threat to the general health condition of younger generations, considering the permanent diseases caused by synthetic drugs (discussed below). Yavuz Tufan Koçak, president of the “Let’s Meet in Sober Life Association” (AYBUDER), indicates the situation’s seriousness, stating, “We have lost the generations of 1990 and 2000” (Ölümün yeni adı: Bonzai, 2014).

### **From Addicts to Victims: The Bonzai Deaths**

In Turkey, the increasing popularity of synthetic drugs has led to a critical public health problem, which drew state and public attention to this drug phenomenon. Especially in 2014, deaths among young people, one after another, illuminated the frightening reality of Bonzai use. Long

after the golden shots of the 1980s, Turkey once again faces a serious drug problem—even more widespread and dangerous. In recent months, television news reports Bonzai deaths nearly every day. Nevertheless, according to Tufan Koçak, president of AYBUDER, the number of Bonzai-related deaths is much greater: “The number is actually much more, because for most deceased people who died from Bonzai use, no death report about this addiction is recorded. Therefore it is very hard to reach an exact number of Bonzai deaths” (Ölümün yeni adı: Bonzai, 2014).

One might easily question why, although synthetic marijuana has a four-year history in Turkey, death cases have especially increased during the last two years. Information from the interviewees and expert reports tells us that synthetic drugs have evolved in such a way that their killing effects have increased. In other words, the initiation of imitative production has been a turning point. All five of the interviewees stated that the history of synthetic marijuana can be divided into the following two periods: Between 2010 and 2012, original products imported from abroad could be found in the market; from 2012 to the present, imitative products have included more severe poisons. As one interviewee summarizes:

“The first wave of these packages were the original ones. We never had any death trip or the like with them. But we were aware of the fact that long-term continuous use of them would lead to serious diseases. ... In the summer of 2012, I bought my first imitation package, and this time it was different. I fell into such a death trip that I prayed to God to end it. I could hear my heart beat as if it was going to explode my chest. When I talked to friends, they confirmed that they had the same experience with these imitations. We started hearing that many different venoms were added to the drugs to increase their effect.” (Interview with Ş. S., 2014, June 27).

Imitative Bonzai is produced in Turkey by applying poisonous chemicals for instance, rat poison, air-conditioning gas, and naphthaline to plants such as speedwell and melissa (Akgüngör, 2014). The users, probably unaware of this or ignoring it, are subject to both biological and psychological diseases. Biologically, these poisons can lead to serious problems in cardiovascular, neural, and digestive systems (Akgüngör, 2014). Psychologically, problems



range from behavioral to social-psychological and bio-psychological ones; for example, changes in appetite and sleep patterns, concentration difficulties, hallucinations, unusual laziness, decreased motivation and performance at work or school, loss of interest in family, thieving, and even serious psychiatric diseases like paranoia (“Synthetic marijuana on rise among Turkish teenagers”, 2012). Apart from these long-term addiction problems, there is serious risk in smoking synthetic marijuana even one time. What most users call a “bad trip” or a “death trip” is a common mood that affects most Bonzai users. As the poison enters the circulatory system, the heart falls into an anatomical necessity of pumping more. Then, increased heartbeat leads to a panic attack, during which the user feels he is going to die. Therefore, a biological reaction is triggered psychologically, but when the user cannot overcome the situation, it ends in a heart attack. An interviewee explained:

“Unlike weed which sedates, Bonzai makes you feel uncomfortable. It is the fake venoms I mean here, not the original ones. Whatever they add into it makes your heart beat so fast that you begin to listen to your body and imagine dying. You begin to hate yourself for willingly falling into such a terrible condition. Promises of quitting which you repeat to yourself in your mind, praying to God. ... You do all you can in order to overcome this mood. I was able to overcome this death trip a few times. I think the problem, the Bonzai deaths that we are facing today in Turkey are caused for two reasons. First, most users perceive synthetics as identical to weed, something natural, and they consume it in the same quantity and with the same methods they use with weed. They roll too much Bonzai with tobacco, which leads to an overdose. And they even smoke it via more effective equipment like bongos or bucket bongos. And secondly, when we look at the Bonzai related death cases, we see that the victims are mostly found alone in their houses or elsewhere. It is very hard for someone to overcome the death trip when alone. The confidence of having someone nearby who will make you calm, and the probability of being saved by a partner’s aid in case of any heart attack or something else... these are life-saving things, I think” (Interview with C. O., 2014, July 5).

All five interviewees stated that they gave up on drugs after such death trips—not only Bonzai derivatives, but all drugs, natural or synthetic—without professional aid. In this process, all five have shifted their drug use habits and choices to other substances they considered less harmful, but actually what they did was simply preserve their general status of being an addict, even though specific substances changed. F. M. and R. S. stated that they turned to alcohol products for some time during this process, and in time, they replaced their drug addiction not by addictive, but by social use of alcohol. Replacing Bonzai with substitute substances was also implemented by M. M., Ş. S., and C. O. as well; however, instead of alcohol, they initially turned to natural cannabinoids. However, dissatisfied with the effects for several reasons and with certain positive social factors, they eventually abstained from all drugs. While C. O. turned to using alcohol socially, Ş. S. and M. M. stated that they had overcome alcohol as a substitute by clinging tightly to their families. One noteworthy reason for dissatisfaction with natural marijuana deserves to be stated:

“No longer buying Bonzai, I turned back to weed. But my psychological mood had changed so much that even after smoking weed, I was falling into death trips again. Not as strong as it was with Bonzai, but still high pulse, pessimistic thoughts, feelings of dissatisfaction and unhappiness. ...It was as if I was still smoking Bonzai... That was when I suddenly chose life and gave up on all, never to return to those days again” (Interview with M. M., 2014, June 19).

Death trips sound like a good reason for giving up Bonzai, but another statement provides clues about why some users continue consuming Bonzai despite the fear caused by these trips:

“I remember promising myself that I would no longer smoke Bonzai during the death trips. Then after overcoming it and feeling sober, I was rolling and smoking another one and falling into death trip again. This was not a challenge to death, but instead it was a challenge to Bonzai itself. I wanted to have a happy mood with it, trying to be high in positive terms. If once I had achieved it, I would no longer challenge it. But realizing that I would never be able to achieve it, but instead fall dead

one day, I gave up. ...Some of the Bonzai deaths we hear about every day can be caused by this reason as well, with young guys who try to challenge Bonzai to reach a happy mood, but instead are defeated and fall victim to it.” (Interview with C. O., 2014, July 5).

During recovery, social actions, such as the following, can play a very important role: establishing close ties with a new social environment composed of new or non-user friends, staying close to family members, participating in family activities, planning and achieving new objectives in a career and concentrating on them, initiating new hobbies, and so on. All five interviewees stressed these actions’ significance in the recovery process, and these statements actually seem to prove that addictions enter our lives to fill gaps in our social lives or psychological moods. Therefore, keeping busy with other, positive social actions can help overcome drug addiction—with or without professional aid.

## **Conclusion**

As this study’s findings reveal, Bonzai derivatives’ rising popularity can be explained by factors other than misleading marketing and availability; the factors generally stated in academic studies, expert comments or official drug reports. Certain qualities of these substances, as the interviewees stated, have been influential in the popularization process. Notably, although natural cannabinoids appear to have served as a gateway drug in the shift from natural to synthetics in Turkey, this process actually advanced with the aim of having access to a substance identical to marijuana and used as a substitute for it, regarding issues of quality, authenticity, and availability. Therefore, state authorities, mass media, and experts must more frequently stress that these synthetic products are *not* identical to natural cannabinoids.

All five interviewees have confirmed the factors of availability and misleading marketing stressed in other studies in the literature and referred to in the introduction as causes for the increase in use. In addition to these, authentic

qualities of Bonzai products which have been noted under the titles “quality and mood” and “charm of the package” have been stated as significant factors contributing to the rapid spread of these drugs in Turkey.

Although the harsh Bonzai reality was discovered late, long after its spread, Turkish public opinion seems to have aroused its conscience against this threat when we consider the recent measures taken by the state authorities, along with public protests and campaigns. There are both optimistic and pessimistic views about the future situation of this threat in Turkey. According to Dr. Nevzat Alkan of the Forensics Science Branch in İstanbul University, Bonzai is a temporary and periodic phenomenon likely to lose popularity in time due to deaths and a decrease in supply (Eğilmez, 2014, July 5). However, Mehmet Akif Seylan, vice president of the Turkish Gren Crescent Association draws our attention to the larger picture by stating that, while recently we have battled Bonzai, something else will emerge under a different name in the future, and, therefore, *addiction in general* is the problem to address (Bonzai kullanımı yaygınlaşıyor, 2014). Seylan’s statement, when we consider the fact that all five users had implemented the method of replacing Bonzai with another substance, brings forth the necessity to fight against addiction in general, regardless of the names or types of substances used. Considering the different drugs popular in each era and the easy substitution of one drug for another—just as in the case of Bonzai—Seylan’s statement indicates that the war against drugs in Turkey is just beginning and that it will require organized, collective action to save people, especially the younger generations, from falling victim to drugs.

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