NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
APPLIED (CLINICAL) PSYCHOLOGY
POSTGRADUATE PROGRAM

MASTER'S THESIS

THE PREVALENCE OF SUBSTANCE USE IN NORTHERN CYPRUS, 2013

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ÖZET

KUZEY KIBRIS TÜRK CUMHURİYETİNDE MADDE KULLANIMININ YAYGINLIĞI, 2013

NESLİHAN TÜTAR

HAZİRAN 2014

Giriş ve Amaç: madde kullanımı tüm dünyada hızla yayılmaktadır. Bu çalışmanın amacı, KKTC'deki yetişkinler arasında sigara, alkol ve diğer psikoaktif madde kullanımının özelliklerini ve yaygınlığını belirlemektir. **Yöntem:** araştırma mayıs-haziran 2013 tarihinde Kuzey Kıbrıs'ta, tabakalandırılmış rastgele örneklem yöntemiyle seçilen 13-65 yaş arasındaki 1040 kişiye ev görüşmesiyle anket uygulanarak yapılmıştır. Çakıcı ve diğerlerinin (2003) Türkçeye uyarladığı, Avrupa Konseyi'nin 'The Model European Questionnaire' adlı anket çalışması kullanılmıştır. **Bulgular:** çalışmada KKTC'deki yetişkinler arasında yaşam boyu sigara içme oranı %62.1, alkol kullanma yaygınlığı %68.5, ve yasa dışı madde kullanma oranı %8.4 olarak tespit edilmiştir. Yaşam boyu en az bir kere esrar kullanma oranı %7.7, bonzai %3.0, ekstazi %2.0, yatıştırıcı/sakinleştirici maddeler %1.9 ve uçucu maddeler %1.2 olarak bulunmuştur. Kokain, eroin, amfetamin, LSD ve kodeinli şurup maddelerinin oranları ise %1.0-0.3 arasında bulunmuştur. Tüm dünyada olduğu gibi KKTC'de en çok kullanılan madde esrardır. Tüm maddelerin kullanım oranları erkeklerde kadınlara göre daha yüksek olarak bulunmuştur. **Sonuçlar:** araştırma sonuçları, KKTC'deki yetişkinlerde sigara ve alkol kullanımında önceki yıllara göre düşüş olduğunu ortaya koyarken, diğer psikoaktif madde kullanımlarında artış eğilimi bulunduğunu göstermiştir. KKTC, sigara kullanımında Asya, Avrupa ve Afrika ülkelerinden yüksek oranlara sahiptir. Alkol ve yasa dışı madde kullanım oranlarıyla da yaygınlığın yüksek olduğu Amerika ile benzerlik göstermektedir. Çalışma sonuçları KKTC'de daha etkili önleme programlarına ihtiyaç olduğunu ortaya koymaktadır.

Anahtar sözcükler: Psikoaktif madde yaygınlığı, ev çalışması, Kuzey Kıbrıs Türk Cumhuriyeti

ABSTRACT

THE PREVALENCE OF SUBSTANCE USE IN NORTHERN CYPRUS, 2013

NESLİHAN TÜTAR

JUNE 2014

Objective: The drug use has become widespread with very high rate all around the world. The purpose of this study is to determine the characteristics and prevalence for cigarette, alcohol and other psychoactive drug use among adults in Turkish Republic of Northern Cyprus (TRNC). **Method**: A random multi-staged, stratified sampling quota was used as the method for sampling in May-June 2013 in TRNC. The questionnaire was designed to obtain data about the population within the age group 13- 65. Household interviews were made with 1040 people. Çakıcı et al (2003) survey was used which is The Model European Questionnaire of Council of Europe with adapted to Turkish language. **Findings**: The survey show us in TRNC lifetime smoking rate among adults, 62.1%, 68.5% prevalence of alcohol use, and illicit drug use has been identified as the rate of 8.4% .Using cannabis at least once in lifetime rates of 7.7%, bonzai 3.0%, 2.0% ecstasy, sedatives / opacifying agents 1.9% and volatiles were found to be 1.2%. Cocaine, heroin, amphetamines, LSD and codeine syrups substances ratio was between 1.0-0.3% . As all around the world, Cannabis is the most widely used drug in TRNC. Male users rate was higher than female in all kind of drugs was founded in this survey .**Result:** as a result of this survey show us the rate of using cigarette and alcohol is decreasing among to adults in TRNC on the other hand psychoactive substance using has increasing rate. TRNC has higher rate than Asian, European and African countries about usage of cigarette. Alcohol and illicit substance usage rate is so similar with USA, which has high prevalence rate of illicit substance usage. The result of survey shows us, TRNC needs more efficient prevention programs for resisting usage drugs.

Keywords: Prevalent psychoactive drug, household survey, Turkish Republic of North Cyprus TRNC.

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ABBREVIATIONS

T.R: Republic of Turkey

T.R.N.C: Turkish Republic of Northern Cyprus

UK: United Kingdom

1. INTRODUCTION

Drug use is increasing everyday and, thus, becoming a global problem in the world. Fighting this problem is one of the most important topics nowadays. Since it causes many deaths, it is obvious that drug use is a very big problem. Drugs harm human health and affect the status of people in society. And this results in societal collapse and degeneration (Çakıcı et al, 2003).

In these days change is inevitable, social values have become less important for people and people hope to escape from the stress of real life to live in a better world where there is no inconvenience. With respect to this we should consider drug use from a different view and evaluate it accordingly (Köknel, 1983).

Drugs, which are chemical substances, make people numb, stimulate them, make them lose control and cause physiological and psychological addiction (Ögel, 1997).

Drugs can even cause addiction when used only once. Therefore they provide a lot of unearned income in the world, a good means to earn money in the black market (Derdiman, 2006).

In the entire world, including in TRNC, there are plenty of news on televisions, radios, magazines and newspapers about the drug use and its harmful effect on human life. This indicates the size of the problem.

After Second World War drug use problem never lose its currentness in many of countries and it became storm point today (Köknel, 1998).

Since the individuals start using drugs cigarette and alcohol in youth of their lives, even thought this reason show us with significantly how its big problem and dangerous affect has to their future and the future of the community they live in (Köknel, 1983).

Drugs use in TRNC is lower than the use in other countries. However, the number of drug users is increasing day by day. Prevention of drug usage does not have a great background in TRNC, but scientific researchers started to conduct studies and works and started a battle against drug use.

1.1.History

The use of drugs has a very long history. Since people started to live in community life, they began to use some "medicine" to cure themselves. They used certain plants as painkillers and sedatives. Researchers also found out that people used some narcotic and exhilarating substances in their religious rituals and ceremonies (Çakıcı, 2000).

In South America cocaine was used by the indigenes to prevent hunger, tiredness and against the tough conditions of the nature. In Indian texts, marijuana was written of as a holy material. In old Rome and Greece people used to give opium to little kids in order to calm them down when they cried too much or used to health care for illness (Ögel, 1997).

Scientists found clay tablets in lower Mesopotamia which were written by Sumerians on 4000 B.C. with cuneiform writing technique. These tablets included the information of Sumerians producing hashish and cannabis in order to gain medicine for their people. On the papyruses which were found in Egypt where in near to Thebes city from around 2000-1500 B.C., was detailed information about medicaments made of opium (Çakıcı, M, Çakıcı, E., 1996).

Researchers also found information about these materials being used in China during the 10^{th} century. On the books that Chinese emperor wrote on 2700 B.C., there was much information in firstly about weed which was made of jute. Books also included the pleasure giving and relaxing effect of these materials (Çakıcı, M., Çakıcı, E., 1996).

The harmful effects of the alcohol were found out right away when it was used for the first time (Ögel, 1997).

Homeros, who was alleged live in 9 B.C., told that in Iliada and Odysseia sagas which substances was produced from hashish, was used for painkiller (Çakıcı, M., Çakıcı, E., 1996).

For the first time in German recordings the term “addiction” was used. On 21 August 1897 a chemist called Feliz Hoffman produced a medicine which included mostly Morphine and had an effect of painkilling. Later on the factory he was working in started selling this medicine with the name of Heroin. It was sold in Apothecaries with packs of 25 gram and it was very popular. However nobody was harmed by it. Its fame spread so fast. America made research on this matter and found out that too much use of Heroine can cause addiction and death. The clinics in America were full of people which were addicted to heroine. Therefore the government published a report about Heroine being an addictive material. Right after that Heroine was gathered from all the apothecaries and the necessary precautions were taken. Because of this precautions Heroine moved into black market and its price increased rapidly. It was forbidden in 1931 (Ögel, 1997).

Even though in China the use of opium was recognized later than in other countries, however first law forbidding opium was first established in China. In those days the use and plantation of opium was not very common. However in 1729 the sale and use of it was forbidden. After 1850 its usage spread very much. In those years the first war against opium started. However this fight was not successful. In 1906 the number of opium users increased to 15 million. After that the government introduced the death penalty for opium users. Consequently hundreds of addicts were killed (Ögel, 1997).

In the USA, after the Second World War, the injured soldiers and their families started using opium, and by time use of opium increased. With a law, which was established on 1915 it was forbidden for the doctors to give out this medicine to patients. After this law, many doctors were punished and charged. The clinics which were using drugs in order to cure drug addicts were closed. However these precautions caused an even worse situation. Drug addicts who could not get drugs legally started committing crime in order to obtain them. It caused a big discomfort in the community. Therefore in 1929 the clinics were opened again in order to treat the drug addicts. In 1960’s the material called LSD, Which is hallucinogen substance, was used a lot between students and groups which were called “Hippies”. In the beginning of 1970’s the use of LSD decreased. However the usage of amphetamine and barbiturates increased (Ögel, 1997).

Evliya Celebi (1611-1682) wrote about opium use in Istanbul by Ottoman Empire in his journal. He also mentioned that many artisans could sell it freely in their shops. In 18th century the use of opium increased. The use of a paste which included opium, hashish, griamber, koumiss, musk, alone and many spices increased a lot (Köknel, 1998).

In the time of Mehmet the Conqueror first laws were established for production, sale and usage of opium in Ottoman Empire. IV Murat forbids the use of coffee, tobacco and opium (Ögel, 1997).

After Turkey joined to International Opium Congress, the government established a law about drug use in 1933. The production, sale and consummation of opium were going to be handled by the government only. In 1971 the production of opium was totally forbidden. Therefore many people who were earning their life with plantation of opium were going poor. Because of that, the government cancelled the law which totally forbid the production of opium and put a limit on the production amount (Ögel, 1997).

It is well known that the alcohol use, availability of cigarettes, and the common use of these were very high in USA in the time of colonial politics of the government. At the same time marijuana was used by people but it wasn't well know substance from people. Opium was brought to USA by the Chinese workers which came for work opportunities (Çakıcı, M., Çakıcı, E., 1996).

In the early times drugs were used for the treatment of people. Later on they were used for the relaxing and exhilarating effect and they were consumed and sold illegally. Therefore there was a supply and demand chain in this business (Çakıcı, 2000).

'After second half of 20^{Th}. century this side of the drugs was of advantage for the people who tried to make lots of cash using addicts to financially support for terrorism. It was an ideological, political tool in international relations and means to corrupt a nation socio-psychologically in their moral and mentally which target of country' (Arıkan, Booth, 1997, 25).

1.2 Definitions

1.2.1. Addiction: There are two different types of addiction which are called psychological and physiological addictions. A person can have both in the same time. If the person uses the material even though he/she knows that it is harmful, If the person is having problems with his social surrounding because of it, If the person uses his/her time in order to find and use the material, If the person is trying to quit it but failing, If there is a evolution of tolerance, then

this status is called psychological addiction. And if the person stops using the material but if he or she gets the feeling of deprivation, then this status is called physiological addiction (Babaoğlu, 1997).

1.2.2. Abuse: It is the status of person harming himself/herself, the surrounding and the family. For example: Individual that cannot go to work or school because of the drug use. It can cause disturbance in the community and it can even cause legal problems for the individuals (Ögel, 1997).

1.2.3. Deprivation: It is the Physical and mental symptom which is seen when the individuals don't use or use very less of the drugs they were used to. This is also a sing of physical addiction. Deprivation disappears when the individuals use the drug or something similar to it (Köknel, 1998).

1.2.4. Tolerance: It is the decrement in the effect of the drug when the individual uses it all the time and the individual trying to use more of the material every time in order to increase the effect. Individuals feel like they should increase the amount of drugs that they use and the dosage of the drug increases (Köknel, 1983).

1.3. Causes of Substance Use

Some individuals can show the signs of addiction even though they don't need anything. They evolve a need in order to feel the same pleasure they felt before. They evolve different kinds of addictions to different situations and materials. The addiction is not for much related to the substance or physically effect on their body, effects that individuals cause to their surroundings and the problems they have with each other. The situations that people have in their mental life effects their whole metabolism. Every person wishes to obtain peace in their internal world. When they cannot obtain this internal peace themselves, then they try to get a method for 'like' which can change this status for them. And this causes individuals to use drugs and stimulating medicine (Babaoğlu, 1997).

There were many different explanations made in the different times about cigarettes, alcohol and drug use. In the beginning they cause personal corruption and later it is followed by mental corruption. Nowadays it's evaluated as a behavior (Köknel, 1998).

The negative effects of drug use reveal themselves very fast. These substances affect the central nerve system. And they play a big role on individual's emotions, thoughts and behaviors. Its chemical properties cause addiction in a short time and makes it easier to get addicted (Köknel, 1998).

There are many different reasons of drug use. There can be many reasons together in one individual. There are no sure definitions on the reasons but some of the defined ones can be explained as these;

1.3.1. Psychological Causes

According to Freud, addiction appears because of the problems that individuals had in the oral stage which is a stage of psychological evolution of individuals. During this stage the oral personality is evolving. Too much attachment to mother, emotional distress, restlessness and inconsistency can be seen. As the individuals grow up the stuff they used to satisfy themselves like water, milk changes to alcohol, cigarettes and drugs (Ögel, 1997).

According to Adler, lacking feelings from the birth, unsuccessful trials in work and social life and problems that the individual experienced with the other gender causes them to use alcohol and drugs. Individuals start to use alcohol and drugs in order to fill his/her insufficiencies (Ögel, 1997).

Otto Rank defends that being torn apart from mother put an individual in a situation where they will use drugs. If this situation is lived with anxiety, the individuals will start using drugs in order to obtain inner peace (Ögel, 1997).

According to the Philosophy of Existence, in order to escape from the hard parts of life and not to feel sad, individuals use drugs in order to have pleasure from it (Ögel, 1997).

Generally the problems that individuals experienced and couldn't solve during childhood and adulthood causes drug use in their future life.

1.3.2. Genetic Causes

It is very usual that in the family of the drug using individual the other members of the family also used drugs in one part in their life. Researches that have been made prove that there is a close relation between the history of their family and the individual's story. However this is not proven totally. Because the behaviors of family and the family relations are directly effecting the drug use of individuals (Kuppin, Carpina, 2006).

According to the family researches that Agrawal and Lynskey made in 2008 generally every addiction is related to the genetics. For Alcohol, Cocaine or Heroine addiction genes have a approximately percentage of affection as 50-70 percent (Agrawal, Lynskey, 2008).

The effect of genetics was firstly found out with an alcohol addiction. There are many researches about this in the literature (Köknel, 1983).

1.3.3. Biological Causes

Researches prove that some parts of brain and its systems have an affect on addiction. Some substances affect these areas in order to disrupt the balance. However, this affect is not permanent (Ögel, 1997).

Substances that are taken externally change the number and shape of a receptor which is located on the brain. This corrupted structure causes addiction (Ögel, 1997).

Human body produces a substance called Endorphin and it is very similar to morphine. When the body externally gets opiates, the balance of these substances change. In order to keep the balance of these substances the body needs to get opiates (Ögel, 1997).

As a chronic disorder addiction is very similar to chronic disorders of diabetes, cancer and heart diseases (Mclellan et al, 2000).

Studies that have been made on behavior of addiction on human subjects shown that genetic and surrounding factors effect the addiction (Mclellan et al., 2000). However the results that have been obtained about biological factors are very less and there haven't been major increments.

1.3.4. Socio-Cultural Causes

If a substance is very easy to find in the environment the usage of that drug in that surrounding directly increases. If the surrounding accepts and thinks that it is normal to use drugs, then the prevalence of the drugs increase (Ögel, 1997).

1.3.5. Family

Generally negligence, low discipline and growing up in a surrounding where there is no love causes young individuals to use drugs. It is also very common that young individuals of divorced parents, strict or one of the parents died in the childhood uses drugs (Ögel, 1997).

Any kind abuse that has been experienced in the childhood also causes drug addiction in later periods of life.

1.3.6. Other Causes

Most of the individuals that use drugs show signs of a personality disorder. This shows that there is a direct relation between these substances and the personality of the individuals (Ögel, 1997).

It is well known that it is very important for every young individual to be accepted socially in adolescence. The feeling of belonging to a group can put young individuals in a situation where they might use drugs and make bad decisions about their lives. Curiosity is another factor which makes young individuals use drugs. Pressure from peer groups can leave their friends without a defense against drugs (Fowler et al., 2007). Young individuals cannot see the bad effects of drugs. And they cannot realize that it is a very big problem (Boyd et al, 2009).

It can cause drug addiction when individuals use some medication which their doctors gave after post-traumatic stress disorder (PTSD) and anxiety disorder (Substance Abuse and Mental Health Services Administration, 2010).

Other factors that affect drug use are: age, gender, socio-economical level, religion and problem solving abilities of individuals.

As a result we can say that there are many factors that cause drug addiction.

1.4. The Prevalence of Substance Usage

The researches that have been made prove that the drug use is increasing every day. The age of drug use is also a decreasing factor. Besides that drug usage mostly negative affects young individuals (Çakıcı M, Çakıcı E, 1996, 1999).

The country that individuals use drugs most is USA. And the most used substance is marijuana (Ögel, 1997).

The high percentage of prevalence drug use in USA puts the government into a situation where they have to invest lots of effort in education, treatment and prevention of drug usage. Drug use became the biggest problem in public health (Ögel, 1997).

When compared Europe between USA that the drug use is not as high as USA but it is still very common. The country that has most common drug usage is Holland. Ireland and Norway follows Holland. Marijuana is also the most common drug in Europe (Ögel, 1997).

In the developing Middle Eastern countries the usage of alcohol, cigarettes, marijuana and heroine use is increasing (Köknel, 1998).

The most common used substance is cigarettes in Turkey. Marijuana, Heroine, Volatile matters and sedative medication follows after cigarettes (Ögel, 1997).

In the last years especially in Turkey and many of countries young individuals ,who are low education and low income level, have a high increasing percentage of volatile substance use (Ögel, 1997). Since these substances are very cheap and very easy to provide, rapidly strength, it makes them very interesting for individuals (Ögel, Başterzi, 2010).

The movement from rural areas to the big cities has a negative affect on the economical and social situation of the families. Volatile matter usage is increasing rapidly between the kids of these families (Ögel, Başterzi, 2010).

1.5. Drug Usage in TRNC

Same as in the whole World, drug use in TRNC also increased in the last years. Many researches show that the psychoactive substance use become a very big problem in TRNC. And it increases day by day. The fight against these substances is a new topic but it is still not too late for TRNC. According to scientific researches and police reports, the drug use is increasing rapidly every day (Çakıcı et al, 2003).

TRNC is on the drug transportation route which is called “Golden Crescent”. This route is going through Afghanistan, Pakistan, Iran and ending in Europe. The route named is Balkan Route and it starts from Turkey goes through Romania, Hungary, Czech Republic and Slovakia. Southern part of this route includes Cyprus. It is known that the Turkish and Cypriot smugglers use this route. The heroine that enters to England is one of part being transported from Turkey and Cyprus. Turkey has drug transportation and also drug producer country. This puts TRNC into a high risk area because it is an island with many tourists and very capable for transit transportation (Çakıcı M., Çakıcı E., 1999).

Marijuana is the most common drug used in TRNC. Heroine follows Marijuana in the use percentages. Even though the use of drugs increased in the last years, the use of heroine didn’t increase in TRNC. The usage prevalence of ecstasy and diazepam is not very. It is only common between drug using individuals. Syrup with codeine has a wide range of prevalence use. Since Cyprus is a small country, it is very easy to obtain this substance (Çakıcı, 2000).

In last year’s increasing to prevalence of drug use between young individuals which s prompt to study for scientists (Çakıcı, 2000). Drug usage problem in Southern Cyprus put the Northern part of the island in danger too. The lack of information and education about drug use on families’ which is impact factor for prevalence drug use of young individuals (Çakıcı and others, 2003).

In a research which is made between high school students in TRNC shows that abuse experienced in childhood causes alcohol, cigarettes and drug use in the later years of their lives (Çakıcı M, Çakıcı E., 1999).

In the last years drug use in universities increased because of the students coming from Turkey and from other foreign countries (Çakıcı, 2000).

All drugs that are called ‘Gannav’ or ‘Gannavuri’. The persons who use these substances are called as “weed user” or “Gannavcı” (Çakıcı M., Çakıcı E., 1999).

Average age of starting using drugs is between 15 and 30 years. However volatile matter use starts in much earlier ages. The establishment of narcotics branch in TRNC police force was made in 1981. This is another reason why heroine was very common between the young individuals in before those years. Therefore, heroine addicts are more common in the ages of 30-40 years in TRNC (Çakıcı M., 1999).

Marijuana is known as exhilarating and not harmful. Therefore it is very common between female individuals. Using marijuana observe in different education levels especially Highly educated individuals mostly use marijuana (Çakıcı M., 1999).

Mostly drug using individuals are local Cypriots, but foreigners coming from England and Turkey also have a affect on drug use in Cyprus (Çakıcı M., 1999).

According to the scientific researches, drug use is mostly common in big cities like Girne, Lefkoşa and G. Magosa. Especially in Girne Karaoğlanoğlu district live many drug dealers and users (Çakıcı M., Çakıcı E., 1999).

Since Cyprus is a small island it causes big problems for families. Most families don't want to accept their addicted kids but also want to help for not to lose their good status in the community. Therefore the addicts go into such situation unwillingness and hopeless. And this causes the problem to grow instead of solving it (Çakıcı M., Çakıcı E., 1999).

When we look at the relation between criminals and drug users, there is a wrong belief in Cypriots that they are directly related to each other. If the individuals have enough economical freedom to provide the substances, they can buy it and use it. But if they don't have enough economical resources, then they might do steal or fraud in order to obtain these substances. However, when we inspect the police records we can see that the drug addicts in TRNC are not directly related to any violence crime (Çakıcı M., Çakıcı E., 1999).

There is no clinic in TRNC where the drug addict individuals can get treated. There is only one mental and nerve diseases hospital which name is Barış Mental and Nerve Disease Hospital. However, drug addicted individuals doesn't want to get treated in this hospital because it is mostly for psychological diseases. According to their economical income they mostly prefer to get treated in foreign countries (Çakıcı M. Çakıcı E., 1999).

1.6. Treatment of Drug Addiction

It is very common belief between drug addicted individuals that they think that there is no treatment of the addiction. However this is an illness that can be treated. But success rate of the treatment depends on the person, surrounding and applied methods (Ögel, 1997).

It is very important that the patients that want to get rid of their addiction want to do it so much and that they are determined to do it. Because the individuals have to change their entire daily life for it. Addiction influences the whole life of a person. Therefore they also have to

change their thoughts and their behaviors. Individuals that want to get rid of their addiction know that they are not happy with their life. Only by doing these treatments against drug addiction they can have positive results (Ögel, 1997).

Most drug addicts cannot realize that they are addicted to the substance they use. To make them realize this is one of the biggest responsibilities of doctors and their families. Families should support the patients and never loose faith in them. Only then the drug addicted individuals will have the motivation to fight against their problems (Ögel, 1997).

Treatments differ from each other according to the kind of substance used, duration within it was used and personality of the individual. The treatment should also fit into the surrounding that the patients are living in (Köknel, 1998)

Alcohol and substance treatments have three different form which are pharmacotherapy, psychological treatment, social treatment. They are bearing on each other and make comprise a whole only if treatments are sustained, can take high rate benefit from treatments (Köknel, 1983).

1.6.1. Treatment Stages

It is very hard to treat an individual with addiction. There are many different methods used. Treatment takes much time. In this time there are many stages that individuals have to go through (Ögel, 1997).

Treatment is applied as a complete marathon (Köknel, 1998).

1.6.1.1. Detoxification

Decontamination of individuals from the substances that they used . Substance used made some differences in the body and the body constructed a harmony with the substance. By doing this body keeps itself safe (Ögel, 1997).

Many complications appear after stopping using the substance. Body that got used to use drugs has to settle again into the status of not being supplied drugs. Because of this new symptoms appear. Addicted individuals learn how to live with that substance. While using the substance it gives them much pleasure, but when the substance is removed from their blood, it gives them the feeling of pain, restlessness and anxiety. This period is very hard for the individuals. It is very important to go through this period healthy (Ögel, 1997).

This treatment is made to control and organize the deprivation symptoms (Köknel, 1998).

Going through this period easily can be bad for the individuals. They might think that it was so easy to leave it and start using the substance again. In detoxification period doctors mostly use the supporting treatments. They try to control sleeplessness, pain, diarrhea and vomiting. Drugs that decrease the desire and the symptoms can be used like Clonidine buprenorphine. In detoxification period most individuals think that they are over with it and that they are ready for the outer world. Most of the times this feeling is misleading. According to the researches made 90 percent of the patients that left the clinic after detoxification started using drugs again (Ögel, 1997).

If the age or usage time is high the positive rate of the treatment decreases. Therefore it is important to make individuals accept the treatment in their young ages (Köknel, 1998).

1.6.1.2. Addiction Therapy

It is applied after the effects of addiction on the body passed away. The purposes of this therapy are: to make individuals know more about themselves, to realize about their specialties, to make individuals see the reasons that made them use drugs and to make them gain the power to fight it. The therapy also helps them to learn new behaviors and change their old behaviors that made them used to using drugs (Ögel, 1997).

It is very important to consider the personality of the addicted individuals. Because every individual has different physical, psychological and environmental attributes. Every on of them started using drugs because of different reasons (Köknel, 1998).

The purpose of treatment against drug addiction is to make the individuals get ready to join the community again. In order to do this every physical, emotional and social symptom should be treated (Köknel, 1998).

1.6.1.3. Rehabilitation

To make the addicted individuals get ready to enter in to the community again takes much time. Rehabilitation process has a big importance in this process. Individuals have a chance to change their old behaviors and use the new behaviors they gained in the new relationships they make in the rehabilitation progress. By doing this they will have it easy to get used to the life they will enter in the community after the treatments (Ögel, 1997).

Persons who used alcohol or drugs for a long time loses some of their abilities. After quitting drugs even when they get their position in the community back they cannot be successful.

Therefore they need support. In this point rehabilitations center have a very important role (Köknel, 1998).

1.6.1.4. Replacement Treatment

In this method individuals use a different substance that is less harmful than the drugs they have been using (Ögel, 1997).

Replacement therapy should be included in every countries health policy. Only then the treatment can be applied correctly (Köknel, 1998).

In TRNC problems appear while using this method as other countries because of the missing laws that does not allow the treatment to supply different drugs to patients (Köknel, 1998).

1.7. Prevention of Drug Addiction

Prevention is the health service that helps individuals to prevent alcohol, cigarette and substance usage or who use of these help to hinder to their addiction .

Prevention programs are very important. Because addiction progresses very fast and it should be treated before it is too late. Early treatments are always more effective (Ögel, 1997).

Prevention can be applied in different ways. If reduce to intention of alcohol and drug usage so these kind of materials consumption rate will decrease. Therefore the availability of the substances should be decreased (Çakıcı, 2000). This is an educational problem. Researches about young individuals starting drugs increase their personal and social talents are very important for the prevention programs (Köknel, 1983).

With respect to the researches made about addiction, prevention and education programs should be made. It is very important to set and know the community that is going to be educated (Köknel, 1983).

The first education about drug addiction was made in 1940's. Substance users were considered as sinners and bad persons and they were never accepted in the community and they were mostly excluded. These exclusions, intimidations and prohibitions were the main parts of the education. In 1960's there was a big increment in the percentage of individuals that used alcohol and drugs. Therefore the community understood that this type of education was not working. After that the education system was changed and young individuals were educated about the negative effects of drugs. However this method made young individuals to have more information about drugs and made them be more interested in them (Köknel, 1998).

In order to stop drugs from spreading and to prevent young individuals from using them, we should educate them to get the ability to stay away from the drug subculture (Köknel, 1998).

Institutions like World Health Organization and others publish many journals and books about negative effects of drugs. But these institutions alone cannot fight against drugs. Firstly municipalities and every local administration should work in cooperation against the drug use.

1.7.1 Stages of Prevention

There are 4 stages,

1.7.1.1. Stage: These are the works that are made with the individuals that never used drugs or addicting substances.

1.7.1.2. Stage: These are the works that are made with the individuals that started using drugs but they didn't become addicted. It is very important to prevent individuals from using it earlier.

1.7.1.3. Stage: These are the works about individual that are addicted. Its purpose is to treat them and prepare them to enter the community again. It also works to prevent them to provide drugs to the other individuals.

1.7.1.4 Stage: These are the works about the individuals that cannot quit using drugs. Its purpose is to decrease the negative effects of drugs on the patients (Çakıcı, 2000).

There are many researches about prevention. These start with informing. Purpose is to prevent young individuals from being curious about drugs. Later on it educates them about different kinds of substances and makes them gain abilities in order to fight against them. Lastly community works are playing a big role in the war against drugs. Community works include

building centers for drug addiction treatment, informing the community and making activities against the drug use (Çakıcı, 2000).

Since 1996 there was no work done in TRNC concerning the prevention of drug usage. After 1996 scientists started to make researched and prepared programs in order to fight against drugs and educate young individuals about them (Çakıcı M., Çakıcı E., 1999).

Some work was done by Mehmet Çakıcı in 1996 to determine the drug usage level in TRNC. After that "Umut Projesi" which was a prevention program was prepared. The purpose of this program was to educate the whole country about the negative effects of drugs and to spread the fight against drugs to whole country (Çakıcı, 2000).

Prevention programs are very important for fighting against drugs. With educated and supporting community and with the help of scientists, fight against drugs can be very successful (Çakıcı, 2000).

1.8. The Aim And Importance Of The Study

There are many researches going on in the world in order to stop drug usage. In the last years many countries started scientific researches programs designed to prevent drug use which are idiosyncratic programs. These programs are mostly applied to young individuals who are in the high risk ages. However, drug addiction can be seen in any social group and any age individuals. In order to prepare drug addiction prevention programs, countries need a very large database.

Surveys are the best way to gather information. Especially application of surveys to families and their households give valuable information about drug addiction. Therefore in the last days epidemiological researches are made in many countries. When making these researches regularly it can show us the change in drug addiction rates. These surveys made in homes can show us the starting drugs, which drugs are used in that country, which ages it is starting to be used, properties of risked groups, which materials are changed by years, new materials and cultural behaviors of people in that country according to the prevention program.

These surveys are spreading around TRNC in the last days. However, there are very less epidemiological researches applied. If we know the drug usage rate in TRNC then we can start a prevention program according to that rates. Today there is no prevention program in TRNC. There are very less prevention programs and they are not enough for measurable

program level. Epidemiological researches, which are scientific and certain, should be increased. These researches should be applied to every individual from every age. There are no researches applied to adults in order to determine the changes in the drug usage rates in years. Only researches are applied to the high school students. Repentance of household surveys will give us more information about current drug use rate in TRNC.

In this research aim is which substance is used at last days in TRNC, what are the risk factors and why they are use. Also this research is following the ones made in 2003 and 2008 which It uses the same methods and same surveys as before. Therefore a home survey which will give information for 10 years will be made with this research. In the end if we compare three researches to each other we can get information about changes in illegal drug use in TRNC.

Psychoactive drug usage is generally increased in TRNC and use of illegal drugs are also increased.

2.METHOD

2.1. Sample

The population used in these studies is all the people living permanently in northern cyprus who speak Turkish, and within the age group 13- 65.

A random multi-staged, stratified sampling quota was used as the method for sampling. Household interviews were made with 1040 people.

Different strata used are age (13-19, 20-29, 30-39, 40-49, 50-65), gender (male/female), urban/rural, and geographical region (Nicosia, Famagusta, and Kyrenia) and they are determined as represented on statistics of population census result in 15 December 1996.

In according to last population census, TRNC is carried out to three main districts where are Kyrenia, Nicosia, and Famagusta. These geographic regions are separated into quarters in the urban areas and into villages in the rural areas, and research contact points are chosen from these at random. Interviews were made at 16 quarters, 17 villages and 5 sub-district centres (Morphou, Lefka, Galatia (Mehmetçik), Trikomo (İskele) and Lefkoniko (Geçitkale).

2.2. The Questionnaire Form

The questionnaire was prepared by getting help from European Council which questionnaire name is ‘ The Model European Questionnaire ’ . The questionnaire was base on which the form that Çakıcı and his friends (2003) used it by translating it into Turkish language. The questionnaire includes inform consent and sociodemographic form.

2.3. Procedure

The research was made the date of on May – June 2013 in North Cyprus. At the contact points in urban areas, interviewers started from a street determined at randomly, and for rural areas interviewers started from the centre of the village (mosque or coffeehouse) and went North, east, south and west. Interviewers started from head of street and covered squares, that is to say they started at the lowest number on the right-hand side of a street and went to every third house. At the first turn they would turn right and would continue contacting households on right hand side until they completed the square. After completed the square Then they would

cross to the next street from starting point and made new square to continue the same way. In this way, interviewers can made common method for choosing house therefore decreasing to errors rate from who made the survey.

In every chosen third house In order to choose the person to participate in the research, once the household chosen to participate in the survey was contacted, a male-female and age quota was taken consideration and the female in the first house and the male in the second house were chosen. Caution was taken to keep within the age quotas. If there was more than one candidate for the research, the one whose birthday was last was chosen.

Twenty six interviewers attended and they were educated. Every interviewers made survey to maximum 40 individuals therefore in this method aim is decreasing to errors rate from who made the survey.

3.RESULTS

Table 1: Age range distribution of participants

Yaş	Female		Male		Total	
	N	%	N	%	N	%
18-29	142	28.1	163	30.6	305	29.4
30-39	119	23.6	124	23.3	243	23.4
40-49	102	20.2	98	18.4	200	19.3
50-59	77	15.2	77	14.5	154	14.9
60 and more	65	12.9	70	13.2	135	13.0
Total	505	100.0	532	100.0	1037	100.0

X^2=1.112 df=4 p=0.892 NA=3 (0.03%)

305 of the participants were in the 18-29 age group, 243 in the 30-39 age group, 200 in the 40-49 age group, 154 in the 50-59 age group and 135 in the 60 and more age group.

Table 2: Participants' distribution of currently where they live

	Female		Male		Total	
	N	%	N	%	N	%
Both parents	81	16.2	95	18.2	176	17.2
Mother only	13	2.6	9	1.7	22	2.1
Father only	4	0.8	8	1.5	12	1.2
Mother and stepfather	3	0.6	1	0.2	4	0.4
Father and stepmother	0	0.0	1	0.2	1	0.1
With my own family	370	73.9	355	67.9	725	70.8
With others	29	5.8	54	10.3	83	8.1
Total	500	100.0	523	100.0	1023	100.0

X^2=12.504 df=6 p=0.052 NA= 17 (1.6%)

725 of the participants were lived with their family, 176 with both parents, 83 with others, 22 with mother only, 12 with father only, 4 with mother and stepfather and 1 with father and stepmother.

Table 3: Distribution of participants' education level

	Female		Male		Total	
	N	%	N	%	N	%
Never attended school	17	3.4	3	0.6	20	1.9
Not completed primary	6	1.2	9	1.7	15	1.5
Primary	85	17.0	79	15.0	164	15.9
Secondary school	64	12.8	68	12.9	132	12.8
Technical school	17	3.4	21	4.0	38	3.7
High school	134	26.7	129	24.4	263	25.6
Not completed high school	29	5.8	37	7.0	66	6.4
College	30	6.0	29	5.5	59	5.7
University	119	23.8	153	29.0	272	26.4
Total	501	100.0	528	100.0	1029	100.0

X^2=15.796 df=8 p=0.045 NA=11 (1.1%)

20 of the participants were uneducated, 15 did not graduate from elementary school, 164 graduated from elementary school, 132 graduated from secondary school, 38 graduated from technical school, 263 graduated from high school, 66 did not graduate from high school, 59 graduated from college and 272 graduated from university.

Table 4: Distribution of participants' fathers education level

	Female		Male		Total	
	N	%	N	%	N	%
Never attended school	53	10.5	65	12.2	118	11.4
Not completed primary	25	5.0	34	6.4	59	5.7
Primary	219	43.4	201	37.8	420	40.5
Secondary school	60	11.9	72	13.5	132	12.7
Technical school	11	2.2	5	0.9	16	1.5
High school	74	14.7	103	19.4	177	17.1
Not completed high school	9	1.8	6	1.1	15	1.4
College	8	1.6	12	2.3	20	1.9
University	46	9.1	34	6.4	80	7.7
Total	505	100.0	532	100.0	1037	100.0

X^2=13.963 df=8 p=0.083 NA=3 (0.3%)

118 of the participants' fathers were uneducated, 59 did not graduate from elementary school, 420 graduated from elementary school, 132 graduated from secondary school, 16 graduated from technical school, 177 graduated from high school, 15 did not graduate from high school, 20 graduated from college and 80 graduated from university.

Table 5: Distribution of participants' mothers education level

	Female		Male		Total	
	N	%	N	%	N	%
Never attended school	80	15.8	84	15.8	164	15.8
Not completed primary	32	6.3	36	6.8	68	6.6
Primary	215	42.6	208	39.2	423	40.8
Secondary school	58	11.5	82	15.4	140	13.5
Technical school	9	1.8	7	1.3	16	1.5
High school	73	14.5	82	15.4	155	15.0
Not completed high school	4	0.8	5	0.9	9	0.9
College	7	1.4	7	1.3	14	1.4
University	27	5.3	20	3.8	47	4.5
Total	505	100.0	531	100.0	1036	100.0

X^2=5.840 df=8 p=0.665 NA=4 (0.4%)

164 of the participants' mothers were uneducated, 68 did not graduate from elementary school, 423 graduated from elementary school, 140 graduated from secondary school, 16 graduated from technical school, 155 graduated from high school, 9 did not graduate from high school, 14 graduated from college and 47 graduated from university.

Table 6: Birth places of participants

	Female		Male		Total	
	N	%	N	%	N	%
Cyprus	306	60.4	314	58.9	620	59.6
Turkey	176	34.7	203	38.1	379	36.4
UK	6	1.2	6	1.1	12	1.2
Other	19	3.7	10	1.9	29	2.8
Total	507	100.0	533	100.0	1040	100.0

$X^{2=}$4.172 df=3 p=0.243 NA=0 (0.0%)

620 of the participants were born in Cyprus, 379 in Turkey, 12 in England and 29 in other countries.

Table 7: Birth places of participants' mothers

	Female		Male		Total	
	N	%	N	%	N	%
Cyprus	277	54.6	273	51.2	550	52.9
Turkey	210	41.4	246	46.2	456	43.8
UK	3	0.6	1	0.2	4	0.4
Other	17	3.4	13	2.4	30	2.9
Total	507	100.0	533	100.0	1040	100.0

$X^{2=}$3.757 df=3 p=0.289 NA=0 (0.0%)

550 of the participants' mothers were born in Cyprus, 456 in Turkey, 4 in England and 30 in other countries.

Table 8: Birth places of participants' fathers

	Female		Male		Total	
	N	%	N	%	N	%
Cyprus	275	54.3	276	51.8	551	53.0
Turkey	213	42.1	243	45.6	456	43.9
UK	1	0.2	2	0.4	3	0.3
Other	17	3.4	12	2.3	29	2.8
Total	506	100.0	533	100.0	1039	100.0

$X^{2=}$2.471 df=3 p=0.481 NA=1 (0.1%)

551 of the participants' fathers were born in Cyprus, 456 in Turkey, 3 in England and 29 in other countries.

Table 9: Distribution of where participants live in generally

	Female		Male		Total	
	N	%	N	%	N	%
Rural	213	42.0	215	40.5	428	41.2
Urban	291	57.4	302	56.9	593	57.1
Suburb	3	0.6	14	2.6	17	1.6
Total	507	100.0	531	100.0	1038	100.0

$X^{2=}$6.780 df=2 p=0.034 NA=2 (0.2%)

428 of the participants were from rural area, 593 from urban areas and 17 from suburb areas.

Table 10: Distribution of participants' mothers being alive or not alive

	Female		Male		Total	
	N	%	N	%	N	%
Alive	375	74.4	391	73.5	766	73.9
Not alive	129	25.6	141	26.5	270	26.1
Total	504	100.0	532	100.0	1036	100.0

$X^{2=}$0.111 df=1 p=0.739 NA=4 (0.4%)

766 of the participants' mothers alive and 270 of the participants' mothers not alive

Table 11: Distribution of participants' fathers being alive or not alive

	Female		Male		Total	
	N	%	N	%	N	%
Alive	316	62.8	323	60.9	639	61.9
Not alive	187	37.2	207	39.1	394	38.1
Total	503	100.0	530	100.0	1033	100.0

$X^{2=}$0.386 df=1 p=0.534 NA=7 (0.7%)

639 of the participants' fathers alive and 2394 of the participants' fathers not alive.

Table 12: Distributions of where participants have heard the most about drugs

	Female		Male		Total	
	N	%	N	%	N	%
Radio	11	2.2	10	1.9	21	2.0
Newspaper or magazines	87	17.2	118	22.3	205	19.8
Pamphlets or handouts	3	0.6	2	0.4	5	0.5
Books	12	2.4	6	1.1	18	1.7
Television	303	60.0	274	51.7	577	55.7
Movies	6	1.2	1	0.2	7	0.7
Video	2	0.4	2	0.4	4	0.4
Mother	0	0.0	1	0.2	1	0.1
Father	2	0.4	4	0.8	6	0.6
Other family members	2	0.4	4	0.8	6	0.6
Friends	28	5.5	59	11.1	87	8.4
Teachers	9	1.8	8	1.5	17	1.6
Nurse/doctor	0	0.0	1	0.2	1	0.1
Health clinic/hospital	4	0.8	1	0.2	5	0.5
Mosque/clergy	0	0.0	2	0.4	2	0.2
Nobody	9	1.8	6	1.1	15	1.4
Internet	27	5.3	31	5.8	58	5.6
Total	505	100.0	530	100.0	1035	100.0

$X^{2=}$30.492 df=16 p=0.016 NA=5 (0.5%)

Most of participants learned about drugs from television.

Table 13: Distribution of participants visiting mosque frequency

	Female		Male		Total	
	N	%	N	%	N	%
At least once weekly	39	7.9	140	26.9	179	17.7
At least once a month	141	28.6	151	29.0	292	2.8
Never	313	63.5	230	44.1	543	53.6
Total	493	100.0	521	100.0	1014	100.0

$X^{2=}$69.298 df=2 p=0.000 NA=26 (2.5%)

179 of the participants visited a mosque once weekly, 292 once month and 543 never visited participants never visited.

Table 14: Distribution of participants' value/importance on religion

	Female		Male		Total	
	N	%	N	%	N	%
Very important	253	51.2	256	48.9	509	50.0
Partly important	192	38.9	200	38.2	392	38.5
Not important	49	9.9	68	13.0	117	11.5
Total	494	100.0	524	100.0	1018	100.0

$X^{2=}$2.384 df=2 p=0.304 NA=22 (2.1%)

Religion was very important for 509 participants, partly important for 392 and not important for 117.

Table 15: Distribution of participants' spending their free time with who together

	Female		Male		Total	
	N	%	N	%	N	%
Mother-father	54	10.715	39	7.4	93	9.0
Brothers/sisters	18	3.6	7	1.3	25	2.4
Other family members	156	30.8	115	21.7	271	26.2
Same sex friends	73	14.4	106	20.0	179	17.3
Opposite sex friends	5	1.0	26	4.9	31	3.0
Spouse	141	27.9	143	27.0	284	27.4
My lover/partner	24	4.7	30	5.7	54	5.2
Alone	20	4.0	35	6.6	55	5.3
With others	15	3.0	28	5.3	43	4.2
Total	506	100.0	529	100.0	1035	100.0

$X^{2=}$41.983 df=8 p=0.000 NA=5 (0.5%)

Most of the participants spend their free time with their spouse, family members and the same sex friends.

Table 16: Distribution of participants according to where spend most of their free time during the school term

	Female		Male		Total	
	N	%	N	%	N	%
At home	310	66.2	212	42.6	522	54.0
At relative's home	6	1.3	9	1.8	15	1.6
At friend's home	43	9.2	45	9.0	88	9.1
In the street	24	5.1	57	11.4	81	8.4
At mother's/father's work place	10	2.1	30	6.0	40	4.1
At youth/sport's club	13	2.8	38	7.6	51	5.3
In a discotheque/club	3	0.6	7	1.4	10	1.0
In internet café	3	0.6	13	2.6	16	1.7
At park	4	0.9	7	1.4	11	1.1
At cafe	8	1.7	21	4.2	29	3.0
Other	44	9.4	59	11.8	103	10.7
Total	468	100.0	498	100.0	966	100.0

$X^{2=}$70.560 df=10 p=0.000 NA=74 (7.1%)

522 of the participants spend most of their free time at home during the school term, 103 in other places, 88 at friends' home, 81 in the street, 51 at youth/ sport's club, 40 at mother's father's work place, 29 at cafe, 16 at internet café, 15 at relative's home, 10 in a discotheque/club and 11 at park.

Table 17: Frequency of participants hearing about drugs

	Female		Male		Total	
	N	%	N	%	N	%
Volatile substance						
Yes	338	67.9	382	71.9	720	70.0
No	160	32.1	149	28.1	309	30.0
Valium diazem						
Yes	151	30.5	150	28.4	301	29.4
No	344	69.5	379	71.6	723	70.6
Cannabis						
Yes	471	93.3	498	94.0	969	93.6
No	34	6.7	32	6.0	66	6.4
Ecstasy						
Yes	350	69.6	436	82.1	786	76.0
No	153	30.4	95	17.9	248	24.0
Amphetamine						
Yes	83	16.8	150	28.6	233	22.8
No	412	83.2	375	71.4	787	77.2
Relevin						
Yes	24	4.9	44	8.4	68	6.7
No	470	95.1	481	91.6	951	93.3
LSD						
Yes	60	12.1	112	21.4	172	16.9
No	435	87.9	412	78.6	847	83.1
Heroin						
Yes	474	93.9	502	94.5	976	94.2
No	31	6.1	29	5.5	60	5.8
Cocaine						
Yes	449	88.7	495	93.2	944	91.0
No	57	11.3	36	6.8	93	9.0
Steroid						
Yes	75	15.2	148	28.2	223	21.9
No	418	84.8	377	71.8	795	78.1
Codeine syrup						
Yes	88	17.8	113	21.5	201	19.7
No	405	82.2	413	78.5	818	80.3
Bonsai						
Yes	312	62.7	423	79.8	735	71.5
No	186	37.3	107	20.2	293	28.5

720 of the participants were heard volatile substances, 301 valium diazem, 969 cannabis, 786 ecstasy, 233 amphetamine, 68 relevin, 172 LSD, 976 heroin, 944 cocaine, 223 steroid, 201 codeine syrup and 735 bonsai.

Table 18: Distribution of participations certain health related behaviors

	Female		Male		Total	
	N	%	N	%	N	%
Smoking cigarettes						
Strongly approve	16	3.2	29	5.5	45	4.3
Approve	56	11.1	89	16.8	145	14.0
Uncertain	29	5.7	31	5.8	60	5.8
Disapprove	179	35.4	183	34.5	362	34.9
Strongly disapprove	225	44.6	199	37.5	424	40.9
Going out without their parent permission						
Strongly approve	8	1.6	24	4.5	32	3.1
Approve	49	9.7	97	18.2	146	14.1
Uncertain	53	10.5	73	13.7	126	12.1
Disapprove	209	41.3	222	41.7	431	41.5
Strongly disapprove	187	37.0	116	21.8	303	29.2
Drinking alcoholic drinks like beer, wine						
Strongly approve	19	3.8	38	7.1	57	5.5
Approve	158	31.2	202	38.0	360	34.7
Uncertain	56	11.1	54	10.2	110	10.6
Disapprove	124	24.5	133	25.0	257	24.8
Strongly disapprove	149	29.4	105	19.7	254	24.5
Drinking strong drinks like whisky, vodka, cognac						
Strongly approve	14	2.8	34	6.4	48	4.6
Approve	105	20.8	161	30.3	266	25.7
Uncertain	50	9.9	69	13.0	119	11.5
Disapprove	151	29.9	142	26.7	293	28.3
Strongly disapprove	185	36.6	126	23.7	311	30.0
Staying out as long as they want						
Strongly approve	10	2.0	29	5.5	39	3.8
Approve	54	10.7	93	17.5	147	14.2
Uncertain	49	9.7	53	10.0	102	9.8
Disapprove	199	39.4	205	38.5	404	39.0
Strongly disapprove	193	38.2	152	28.6	345	33.3
Going to bar or pub						
Strongly approve	18	3.6	39	7.3	57	5.5
Approve	128	25.4	173	32.6	301	29.1
Uncertain	50	9.9	57	10.7	107	10.3
Disapprove	136	27.0	141	26.6	277	26.8
Strongly disapprove	171	34.0	121	22.8	292	28.2

45 of the participants strongly approving for smoking cigarette, 32 strongly approving for going out without their parent permission, 57 for drinking alcoholic drinks like beer wine, 48 drinking strong drinks like whisky, vodka, cognac, 39 staying out as long as they want and 57 going to bar or pub.

Table 19: Distribution of participants opinion about drugs

	Female		Male		Total	
	N	%	N	%	N	%
Smoking marijuana or hashish						
Strongly approve	1	0.2	7	1.3	8	0.8
Approve	4	0.8	9	1.7	13	1.3
Uncertain	6	1.2	20	3.8	26	2.5
Disapprove	114	22.7	133	25.1	247	23.9
Strongly disapprove	378	75.1	360	68.1	738	71.5
Smoking opium						
Strongly approve	1	0.2	4	0.8	5	0.5
Approve	1	0.2	6	1.1	7	0.7
Uncertain	6	1.2	8	1.5	14	1.4
Disapprove	109	21.7	131	24.7	240	23.2
Strongly disapprove	386	76.7	382	71.9	768	74.3
Injecting drugs not prescribed by a doctor						
Strongly approve	5	1.0	10	1.9	15	1.4
Approve	14	2.8	18	3.4	32	3.1
Uncertain	21	4.2	19	3.6	40	3.9
Disapprove	136	27.0	151	28.4	287	27.7
Strongly disapprove	327	65.0	334	62.8	661	63.9
Using drug like heroin or cocaine						
Strongly approve	2	0.4	3	0.6	5	0.5
Approve	3	0.6	8	1.5	11	1.1
Uncertain	5	1.0	6	1.1	11	1.1
Disapprove	97	19.3	126	23.7	223	21.6
Strongly disapprove	396	78.7	388	73.1	784	75.8
Engaging in sexual activities						
Strongly approve	27	5.4	69	13.0	96	9.3
Approve	87	17.3	150	28.2	237	22.9
Uncertain	54	10.7	57	10.7	111	10.7
Disapprove	106	21.1	104	19.6	210	20.3
Strongly disapprove	229	45.5	151	28.4	380	36.8
Going to cinema with their friends						
Strongly approve	113	22.5	127	23.9	240	23.2
Approve	253	50.3	268	50.4	521	50.3
Uncertain	33	6.6	42	7.9	75	7.2
Disapprove	43	8.5	52	9.8	95	9.2
Strongly disapprove	61	12.1	43	8.1	104	10.0
Taking hypnotics/sedatives without doctor's prescription						
Strongly approve	11	2.2	5	0.9	16	1.5
Approve	26	5.2	32	6.0	58	5.6
Uncertain	22	4.4	38	7.1	60	5.8
Disapprove	133	26.4	158	29.7	291	28.1
Strongly disapprove	311	61.8	299	56.2	610	58.9

8 of the participants strongly approving for smoking marijuana or hashish, 5 for smoking opium, 15 for injecting drugs not prescribed by a doctor, 5 for using drug like heroin or cocaine, 96 for engaging in sexual activities, 240 for going to cinema with their friends and 16 for taking hypnotic/sedatives without doctor's prescription.

Table 20: Distribution of participants according to where used the drugs

	Female		Male		Total	
	N	%	N	%	N	%
Never use	476	95.8	453	85.8	929	90.6
Cyprus	12	2.4	42	8.0	54	5.3
Foreign country	9	1.8	33	6.3	42	4.1
Total	497	100.0	528	100.0	1025	100.0

$X^{2=}$30.040 df=2 p=0.000 NA=15 (1.4%)

929 of the participants did not use drugs, 54 of the participants were used the drugs in Cyprus, 42 of them were used drug in foreign country.

Table 21: Distribution of participants' reason of using drugs

	Female		Male		Total	
	N	%	N	%	N	%
Never use	464	94.7	426	84.9	890	89.7
Peer group	4	0.8	19	3.8	23	2.3
Continue to relationship	0	0.0	0	0.0	0	0.0
Curiosity	16	3.3	43	8.6	59	5.9
Loneliness	4	0.8	0	0.0	4	0.4
Pressure from other individuals	0	0.0	2	0.4	2	0.2
Reaction	0	0.0	1	0.2	1	0.1
Inconsiderateness	1	0.2	3	0.6	4	0.4
Other	1	0.2	8	1.6	9	0.9
Total	490	100.0	502	100.0	992	100.0

$X^{2=}$37.066 df=7 p=0.000 NA=48 (4.6%)

59 of the participants' reasons are curiosity of using drugs, 23 of them reasons are peer group, 4 of them reasons are loneliness, 4 of them reasons are inconsiderateness, 2 of them reasons are pressure from other individuals, 1 of them reasons are reaction and 9 of them have other reasons for using drugs.

Table 22: Distribution of participants having problem with the police about delinquency of traffic rules

	Female		Male		Total	
	N	%	N	%	N	%
Yes	99	19.6	221	41.5	320	30.8
No	407	80.4	312	58.5	719	69.2
Total	506	100.0	533	100.0	1039	100.0

$X^{2=}$58.402 df=1 p=0.000 NA=1 (0.1%)

320 of the participants have problem with the police about delinquency of traffic rules.

Table 23: Distribution of participants having problem with police any of illegal action

	Female		Male		Total	
	N	%	N	%	N	%
Yes	14	2.8	54	10.2	68	6.6
No	491	97.2	477	89.8	968	93.4
Total	505	100.0	531	100.0	1036	100.0

$X^{2=}$23.094 df=1 p=0.000 NA=4 (0.4%)

68 of the participants have problem with the police any illegal action.

Table 24: Distribution of participants having problem with police about illicit substances

	Female		Male		Total	
	N	%	N	%	N	%
Yes	3	0.6	17	3.2	20	1.9
No	501	99.4	515	96.8	1016	98.1
Total	504	100.0	532	100.0	1036	100.0

$X^{2=}$9.243 df=1 p=0.002 NA=4 (0.4%)

20 of the participants have problem with the police about illicit substances.

Table 25: Distribution of participants' friends being engaged in criminal activities

	Female		Male		Total	
	N	%	N	%	N	%
Yes	38	7.6	96	18.1	134	13.0
No	463	92.4	433	81.9	896	87.0
Total	501	100.0	529	100.0	1030	100.0

$X^{2=}$25.367 df=1 p=0.002 NA=10 (1.0%)

134 of the participants' friends were engaged in criminal activities.

Table 26: Distribution of participants when deciding take a drug, their knowledge of where to find the drug

	Female		Male		Total	
	N	%	N	%	N	%
Knowing (yes)	29	5.8	95	18.4	124	12.3
Nonknowing (no)	467	94.2	420	81.6	887	87.7
Total	496	100.0	515	100.0	1011	100.0

$X^{2=}$37.276 df=1 p=0.000 NA=29 (2.8%)

124 of the participants knowing when deciding take a drug, their knowledge of where to find the drug and 887 of them don't know.

Table 27: Frequency of participants engaged in sexual activities with under effect of alcohol

	Female		Male		Total	
	N	%	N	%	N	%
Never	443	89.3	331	64.1	774	76.5
1-2 times	35	7.1	61	11.8	96	9.5
3 or more times	11	2.2	77	14.9	88	8.7
Always	7	1.4	47	9.1	54	5.3
Total	496	100.0	516	100.0	1012	100.0

$X^{2=}$102.023 df=3 p=0.000 NA=28 (2.7%)

774 of the participants did not engage the sexual activities with under effect of alcohol, 96 of them 1-2 times, 88 3 or more times and 54 always engage sexual activities with under effect of alcohol.

Table 28: Frequency of participants engaged in sexual activities with under effect of drug

	Female		Male		Total	
	N	%	N	%	N	%
Never	485	98.8	472	91.5	957	95.0
1-2 times	2	0.4	13	2.5	15	1.5
3 or more times	3	0.6	19	3.7	22	2.2
Always	1	0.2	12	2.3	13	1.3
Total	491	100.0	516	100.0	1007	100.0

$X^{2=}$28.584 df=3 p=0.000 NA=33 (3.2%)

957 of the participants did not engage the sexual activities with under effect of alcohol, 915 of them 1-2 times, 22 3 or more times and 13 always engage sexual activities with under effect of drug.

Table 29: Distribution of participants according to where they use drug in Cyprus

	Female		Male		Total	
	N	%	N	%	N	%
Being alone at home	6	1.3	16	3.2	22	2.3
Being with friends at home	7	1.5	10	2.0	17	1.7
At my friend's house	3	0.6	15	3.0	18	1.8
In the street	2	0.4	7	1.4	9	0.9
In apub/club	3	0.6	1	0.2	4	0.4
In other place where young people meet	2	0.4	5	1.0	7	0.7
At school	2	0.4	1	0.2	3	0.3
In the army	0	0.00	2	0.4	2	0.2
Some place else	2	0.4	11	2.2	13	1.3
I do not take drugs	447	94.3	434	86.5	881	90.3
Total	474	100.0	502	100.0	976	100.0

$X^{2=}$26.113 df=9 p=0.002 NA=64 (6.2%)

Most of participants who use the drug (22) when being alone at home they use drug in Cyprus

Table 30: Distribution of participants occasions is alcohol served the most at their home

	Female		Male		Total	
	N	%	N	%	N	%
It is never served	186	37.6	189	36.3	375	36.9
When we have guests	131	26.5	133	25.5	264	26.0
Anytime without meze as a refreshing drink	18	3.6	31	6.0	49	4.8
Anytime with meze	17	3.4	37	7.1	54	5.3
With lunch	0	0.0	0	0.0	0	0.0
With dinner	10	2.0	33	6.3	43	4.2
Only on sundays	7	1.4	7	1.3	14	1.4
Only when celebrating	111	22.4	71	13.6	182	17.9
Other occasions	15	3.0	20	3.8	35	3.4
Total	495	100.0	521	100.0	1016	100.0

$X^{2=}$32.059 df=7 p=0.000 NA=24 (2.3%)

Most of participants who use alcohol when they have guests alcohol served the most at their home.

Table 31: Distribution of participants' age of starting smoking cigarette

	Female		Male		Total	
Yaş	N	%	N	%	N	%
11 and under	4	2.0	15	4.5	19	3.5
12	5	2.5	12	3.6	17	3.2
13	7	3.4	17	5.1	24	4.5
14	9	4.4	29	8.7	38	7.1
15	12	5.9	35	10.5	47	8.8
16	19	9.3	33	9.9	52	9.7
17	26	12.7	32	9.6	58	10.8
18 and above	122	59.8	160	48.0	282	52.5
Total	204	100.0	333	100.0	537	100.0

$X^{2=}$14.561 df=7 p=0.042 NA=503 (48.4%)

Participants were 18 and above age starting smoking cigarette the most.

Table 32: Distribution of participants age of start to regularly consume bigger amount of alcohol than others

Yaş	Female		Male		Total	
	N	%	N	%	N	%
11 and under	3	3.3	0	0.0	3	1.0
12	0	0	0	0	0	0
13	1	1.1	7	3.5	8	2.8
14	2	2.2	11	5.6	13	4.5
15	3	3.3	14	7.1	17	5.9
16	6	6.5	24	8.3	18	9.1
17	7	7.6	26	13.1	33	11.4
18 and above	70	76.1	122	61.6	192	66.2
Total	92	100.0	198	100.0	290	100.0

$X^{2=}$15.150 df=6 p=0.019 NA=750 (72.1%)

Participants were 18 and above age group started to regularly consume bigger amount of alcohol than others.

Table 33: Distribution of participants age of starting drinking alcohol

Yaş	Female		Male		Total	
	N	%	N	%	N	%
11 and under	3	1.4	6	1.7	9	1.6
12	2	0.9	6	1.7	8	1.4
13	3	1.4	5	1.4	8	1.4
14	9	4.2	22	6.4	31	5.5
15	5	2.3	41	11.9	46	8.2
16	16	7.5	41	11.9	57	10.2
17	25	11.7	39	11.3	64	11.4
18 and above	151	70.6	185	53.6	336	60.1
Total	214	100.0	345	100.0	559	100.0

$X^{2=}$25.282 df=7 p=0.001 NA=481 (46.3%)

Participants were 18 and above age group started to drinking alcohol.

Table 34: Distribution of participants age of starting taking drug

Yaş	Female		Male		Total	
	N	%	N	%	N	%
11 and under	1	7.7	2	3.4	3	4.2
12	0	0	1	1.7	1	1.4
13	0	0	0	0	0	0
14	0	0	1	1.7	1	1.4
15	0	0	2	3.4	2	2.8
16	1	7.7	3	5.1	4	5.6
17	2	15.4	7	11.9	9	12.5
18 and above	9	69.2	43	72.9	52	72.2
Total	13	100.0	59	100.0	72	100.0

$X^{2=}$1.610 df=6 p=0.952 NA=968 (93.1%)

Participants were 18 and above age group started taking drug.

Table 35: Distribution of participants smoking tobacco such as cigarettes, cigars or a pipe

	Female		Male		Total	
	N	%	N	%	N	%
User	186	37.0	296	55.8	482	46.7
Nonuser	317	63.0	234	44.2	551	53.3
Total	503	100.0	530	100.0	1033	100.0

$X^{2=}$36.926 df=1 p=0.000 NA=7 (0.7%)

482 of the participants use tobacco such as cigarettes, cigars o a pipe.

Table 36: Distribution of participants how many times have smoked tobacco in their life

	Female		Male		Total	
	N	%	N	%	N	%
0	251	51.0	134	25.6	385	37.9
1-2	21	4.3	21	4.0	42	4.1
3-5	11	2.2	12	2.3	23	2.3
6-9	5	1.0	5	1.0	10	1.0
10-19	6	1.2	9	1.7	15	1.5
20-39	9	1.8	12	2.3	21	2.1
40 and above	189	38.4	330	63.1	519	51.1
Total	492	100.0	523	100.0	1015	100.0

$X^{2=}$74.057 df=6 p=0.000 NA=25 (2.4%)

519 of the participants 40 and above times have smoked tobacco in their life. 42 of them 1-2 times, 23 of them 3-5 times, 21 of them 20-39 times, 15 of them 10-19 times and 10 of them 6-9 times.

Table 37: Distribution of participants how many times have smoked tobaccos during the last 12 months

	Female		Male		Total	
	N	%	N	%	N	%
0	298	60.7	204	39.1	502	49.6
1-2	7	1.4	15	2.9	22	2.2
3-5	7	1.4	5	1.0	12	1.2
6-9	3	0.6	6	1.1	9	0.9
10-19	5	1.0	7	1.3	12	1.2
20-39	8	1.6	13	2.5	21	2.1
40 and above	163	33.2	272	52.1	435	42.9
Total	491	100.0	522	100.0	1013	100.0

$X^{2=}$49.778 df=6 p=0.000 NA=27 (2.6%)

435 of the participants 40 and above times have smoked tobaccos during the last 12 months. 22 of them 1-2 times, 21 of them 20-39 times, 12 of them 3-5 times, 12 of them 10-19 times and 19 of them 6-9 times.

Table 38: Participants smoking cigarette frequency during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Never used	310	63.4	223	42.8	533	52.8
Once a week	8	1.6	15	2.9	23	2.3
Less than one	5	1.0	5	1.0	10	1.0
1-5 cigarette in daily	30	6.1	35	6.7	65	6.4
6-10 cigarette in daily	40	8.2	31	6.0	71	7.0
11-20 cigarette in daily	46	9.4	71	13.6	117	11.6
20-30 cigarette in daily	19	3.9	53	10.2	72	7.1
31-40 cigarette in daily	3	0.6	18	3.5	21	2.1
More than 40 cigarette in daily	28	5.7	70	13.4	98	9.7
Total	489	100.0	521	100.0	1010	100.0

$X^{2=}$67.022 df=8 p=0.000 NA=30 (2.9%)

Most of the participants use 11-20 cigarettes in daily during the last 30 days.

Table 39: Distribution of participants quitting cigarette using with difficulties

	Female		Male		Total	
	N	%	N	%	N	%
Very difficult	93	32.0	120	29.1	213	30.3
Difficult	48	16.5	99	24.0	147	20.9
Not difficult	47	16.2	82	19.9	129	18.3
Very easy	103	35.4	111	26.9	214	30.4
Total	291	100.0	412	100.0	703	100.0

$X^{2=}$10.393 df=3 p=0.016 NA=337 (32.4%)

Quitting cigarette using was very difficult for 50% of the participants.

Table 40: Distribution of participants how many times have drunk alcoholic drinks in their life

	Female		Male		Total	
	N	%	N	%	N	%
0	197	40.7	123	23.0	317	31.5
1-2	31	6.4	26	5.0	57	5.7
3-5	33	6.8	17	3.3	50	5.0
6-9	24	5.0	17	3.3	41	4.1
10-19	32	6.6	24	4.6	56	5.6
20-39	39	8.1	23	4.4	62	6.2
40 and above	128	26.4	295	56.5	423	42.0
Total	484	100.0	522	100.0	1006	100.0

$X^{2=}$95.361 df=6 p=0.000 NA=34 (3.3%)

Mostly the participants have drunk alcoholic drinks 40 and above times in their life.

Table 41: Distribution of participants how many times have drunk alcoholic drinks during the last 12 months

	Female		Male		Total	
	N	%	N	%	N	%
0	244	50.1	168	32.3	412	40.9
1-2	52	10.7	30	5.8	82	8.1
3-5	50	10.3	40	7.7	90	8.9
6-9	29	6.0	26	5.0	55	5.5
10-19	37	7.6	38	7.3	75	7.4
20-39	25	5.1	40	7.7	65	6.5
40 and above	50	10.3	178	34.2	228	22.6
Total	487	100.0	520	100.0	1007	100.0

$X^{2=}$95.552 df=6 p=0.000 NA=33 (3.2%)

228 of the participants have drunk alcoholic drinks 40 and above times in their life. 90 of them 3-5 times, 82 of them 1-2 times, 75 of them 10-19 times, 65 of them 20-39 times and 55 of them 6-9 times.

Table 42: Distribution of participants how many times have drunk alcoholic drinks during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
0	310	63.9	219	41.9	529	52.5
1-2	76	15.7	75	14.3	151	15.0
3-5	42	8.7	48	9.2	90	8.9
6-9	17	3.5	39	7.5	56	5.6
10-19	22	4.5	56	10.7	78	7.7
20-39	6	1.2	33	6.3	39	3.9
40 and above	12	2.5	53	10.1	65	6.4
Total	485	100.0	523	100.0	1008	100.0

$X^{2=}$82.763 df=6 p=0.000 NA=32 (3.1%)

2152 of the participants have drunk alcoholic drinks 1-2 times in their life. 90 of them 3-5 times, 82 of them 1-2 times, 78 of them 10-19 times, 65 of them 40 and above times, 56 of them 6-9 times and 39 of them 20-39 times.

Table 43: Participants drinking alcoholic drinks frequency during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Never	319	66.2	237	46.0	556	55.8
Once 2 weeks	93	19.3	82	15.9	175	17.6
Once a day	6	1.2	44	8.5	50	5.0
More than 2 in a week	17	3.5	49	9.5	66	6.6
Once a week	31	6.4	65	12.6	96	9.6
Twice a week	16	3.3	38	7.4	54	5.4
Total	482	100.0	515	100.0	997	100.0

$X^{2=}$77.177 df=5 p=0.000 NA=43 (4.1%)

175 of the participants drunk alcoholic drinks once 2 weeks during the last 30 days. 96 of them drunk once a week, 66 of them more than 2 in a week, 54 of them twice a week, 50 of them once a day.

Table 44: Distribution of participants' according to number of alcoholic drinks they have at one time (one drink: a cup of wine, a bottle of beer)

	Female		Male		Total	
	N	%	N	%	N	%
Never	218	45.2	153	29.7	371	37.2
1-2 drinks	211	43.8	196	38.1	407	40.8
3-4 drinks	36	7.5	93	18.1	129	12.9
5 and more drinks	17	3.5	73	14.2	90	9.0
Total	482	100.0	515	100.0	997	100.0

$X^{2=}$70.957 df=3 p=0.000 NA=43 (4.1%)

407 of the participants drunk 1-2 alcoholic drinks they have at one time. 129 of them 3-4 drinks and 90 of them 5 and more drinks.

Table 45: Distribution of participants' where they have been when the last time drunk alcoholic drinks

	Female		Male		Total	
	N	%	N	%	N	%
Never user	179	38.7	115	23.0	294	30.5
At home	120	26.0	184	36.7	304	31.6
In other's house	24	5.2	19	3.8	43	4.5
At outdoor, street or park	21	4.5	54	10.8	75	7.8
In pub or cafe	40	8.7	49	9.8	89	9.2
At disco	15	3.2	15	3.0	30	3.1
In a restaurant	55	11.9	51	10.2	106	11.0
Other place	8	1.7	14	2.8	22	2.3
Total	462	100.0	501	100.0	963	100.0

$X^{2=}$43.697 df=7 p=0.000 NA=77 (7.4%)

304 of participants' they have been at home when the last time drunk alcoholic drinks. 106 in a restaurant, 89 in a pub or café, 75 at outdoor, street or park, 43 in other's house, 30 at disco and 22 in other place.

Table 46: Distribution of participants according to number of times they been drunk because of using alcohol drinks in their life

	Female		Male		Total	
	N	%	N	%	N	%
0	308	63.9	227	43.9	535	53.6
1-2	88	18.3	98	19.0	186	18.6
3-5	38	7.9	69	13.3	107	10.7
6-9	13	2.7	18	3.5	31	3.1
10-19	10	2.1	34	6.6	44	4.4
20-39	7	1.5	15	2.9	22	2.2
40 and more	18	3.7	56	10.8	74	7.4
Total	482	100.0	5170	100.0	999	100.0

$X^{2=}$56.946 df=6 p=0.000 NA=41 (3.9%)

186 of the participants' have been drunk because of using alcohol drinks 1-2 times in their life. 107 of the participants 3-5 times, 74 of participants 40 and more times, 44 of the participants 10-19 times, 31 of the participants 6-9 times and 22 of the participants 20-39 times.

Table 47: Distribution of participants have been drunk because of using alcoholic drinks during the last 12 months

	Female		Male		Total	
	N	%	N	%	N	%
0	400	82.5	353	67.8	753	74.9
1-2	45	9.3	83	15.9	128	12.7
3-5	13	2.7	38	7.3	51	5.1
6-9	12	2.5	12	2.3	24	2.4
10-19	3	0.6	11	2.1	14	1.4
20-39	1	0.2	8	1.5	9	0.9
40 and more	11	2.3	16	3.1	27	2.7
Total	485	100.0	521	100.0	1006	100.0

$X^{2=}$36.170 df=6 p=0.000 NA=34 (3.3%)

128 of the participants' have been drunk because of using alcohol drinks 1-2 times during the last 12 months. 51 of the participants 3-5 times, 27 of participants 40 and more times, 24 of the participants 6-9 times, 14 of the participants 10-19 times and 9 of the participants 20-39 times.

Table 48: Distribution of participants have been drunk because of using alcoholic drinks during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
0	439	90.5	427	82.6	866	86.4
1-2	31	6.4	52	10.1	83	8.3
3-5	6	1.2	17	3.3	23	2.3
6-9	2	0.4	7	1.4	9	0.9
10-19	2	0.4	5	1.0	7	0.7
20-39	2	0.4	3	0.6	5	0.5
40 and more	3	0.6	6	1.2	9	0.9
Total	485	100.0	517	100.0	1002	100.0

$X^{2=}$14.997 df=6 p=0.020 NA=38 (3.7%)

83 of the participants' have been drunk because of using alcohol drinks 1-2 times during the last 30 days. 23 of the participants 3-5 times, 9 of participants 6-9 times, 9 of the participants 40 and more times, 7 of the participants 10-19 times and 5 of the participants 20-39 times.

Table 49: Distribution of participants' reasons to not use alcoholic drinks

	Female		Male		Total	
	N	%	N	%	N	%
Harm of health	178	50.1	142	46.6	320	48.5
Dislike of effect	16	4.5	14	4.6	30	4.5
Expensive	7	2.0	5	1.6	12	1.8
Afraid of addictive	3	0.8	5	1.6	8	1.2
Knowledge of effect in health	34	9.6	17	5.6	51	7.7
Don't need that	48	13.5	37	12.1	85	12.9
Dislike of taste	23	6.5	11	3.6	34	5.2
Disallow from surroundings	2	0.6	7	2.3	9	1.4
Other	44	12.4	67	22.0	111	16.8
Total	355	100.0	305	100.0	660	100.0

$X^{2=}$20.214 df=8 p=0.010 NA=380 (36.5%)

Most of participants' not use alcoholic drinks because of harm of health.

Table 50: Distribution of participants' reasons to use alcoholic drinks

	Female		Male		Total	
	N	%	N	%	N	%
Having fun	173	60.5	201	51.9	374	55.6
For sleep	5	1.7	15	3.9	20	3.0
To try	9	3.1	3	0.8	12	1.8
Because of anger	4	1.4	16	4.1	20	3.0
Because of being distress	7	2.4	15	3.9	22	3.3
To be relax	12	4.2	39	10.1	51	7.6
For staying away from problems	13	4.5	29	7.5	42	6.2
Friends drink to	42	14.7	49	12.7	91	13.5
To feel good	21	7.3	20	5.2	41	6.1
Total	286	100.0	387	100.0	673	100.0

$X^{2=}$26.599 df=8 p=0.001 NA=367 (35.3%)

Most of participants use alcoholic drinks because of having fun.

Table 51: Distribution of participants that have taken volatile substances frequency in their life

	Female		Male		Total	
	N	%	N	%	N	%
Yes	1	0.2	11	2.1	12	1.2
No	490	99.8	510	97.9	1000	98.8
Total	491	100.0	521	100.0	1012	100.0

$X^{2=}$7.851 df=1 p=0.005 NA=28 (2.7%)

12 of the participants have taken volatile substances in their life.

Table 52: Distribution of participants that have taken volatile substances during the last 12 months

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0	5	1.0	5	0.5
No	491	10..0	520	99.8	1011	99.9
Total	491	100.0	521	100.0	1012	100.0

$X^{2=}$0.943 df=1 p=0.331 NA=28 (2.7%)

5 of the participants have taken volatile substances during the last 12 months.

Table 53: Distribution of participants that have taken volatile substances during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0	1	0.2	1	0.1
No	490	99.8	510	97.9	1000	98.8
Total	491	100.0	521	100.0	1012	100.0

$X^{2=}$7.851 df=1 p=0.005 NA=28 (2.7%)

1 of the participants have taken volatile substances during the last 30 days.

Table 54: Frequency of participants that have taken sedative/hypnotic drugs in their life

	Female		Male		Total	
	N	%	N	%	N	%
Yes	4	0.8	15	2.9	19	1.9
No	487	99.2	506	97.1	993	98.1
Total	491	100.0	521	100.0	1012	100.0

$X^{2=}$5.848 df=1 p=0.016 NA=28 (2.7%)

19 of the participants have taken sedative/hypnotic drugs in their life.

Table 55: Distribution of participants that have taken sedative/hypnotic drug during the last 12 months

	Female		Male		Total	
	N	%	N	%	N	%
Yes	4	0.8	11	2.2	15	1.5
No	487	99.2	510	97.9	997	98.5
Total	491	100.0	521	100.0	1012	100.0

$X^{2=}$2.910 df=1 p=0.088 NA=28 (2.7%)

15 of the participants have taken sedative/hypnotic drugs during the last 12 months.

Table 56: Distribution of participants that have taken sedative/hypnotic drug during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Yes	2	0.4	4	0.8	6	0.6
No	489	99.6	517	99.2	1006	99.4
Total	491	100.0	521	100.0	1012	100.0

$X^{2=}$0.557 df=1 p=0.455 NA=28 (2.7%)

6 of the participants have taken sedative/hypnotic drugs during the last 30 days.

Table 57: Frequency of participants that personally know people who take hashish or marijuana

	Female		Male		Total	
	N	%	N	%	N	%
Yes	84	16.6	179	33.6	263	25.3
No	421	83.4	354	66.4	775	74.7
Total	505	100.0	533	100.0	1038	100.0

$X^{2=}$39.381 df=1 p=0.000 NA=2 (0.2%)

263 of the participants personally know people who take hashish or marijuana.

Table 58: Frequency of participants that have taken hashish or marijuana in their life

	Female		Male		Total	
	N	%	N	%	N	%
Yes	16	3.2	63	12.0	79	7.7
No	480	96.8	462	88.0	942	92.3
Total	496	100.0	525	100.0	1021	100.0

$X^{2=}$27.504 df=1 p=0.000 NA=19 (1.8%)

79 of the participants have taken hashish or marijuana in their life.

Table 59: Distribution of participants that have taken hashish or marijuana during the last 12 months

	Female		Male		Total	
	N	%	N	%	N	%
Yes	5	1.0	18	3.4	23	2.2
No	491	99.0	507	96.6	998	97.8
Total	496	100.0	525	100.0	1021	100.0

NA=19 (1.8%)

23 of the participants have taken hashish or marijuana during the last 12 months.

Table 60: Distribution of participants that have taken hashish or marijuana during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Yes	3	0.6	10	1.9	13	1.2
No	493	99.4	515	98.1	1008	98.8
Total	496	100.0	525	100.0	1021	100.0

NA=19 (1.8%)

13 of the participants have taken hashish or marijuana during the last 30 days.

Table 61: Distribution of participants according to the number of days they took hashish or marijuana during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Daily or almost daily	0	0.0	1	0.1	1	0.9
Several times a week	0	0.0	2	0.3	2	0.1
At least once a week	1	0.2	2	0.3	3	0.2
Less than once a week	4	0.8	7	1.3	11	1.0
No	491	99.0	513	98.0	1004	97.8
Total	496	100.0	525	100.0	1021	100.0

NA=19 (1.8%)

1 of the participants have taken hashish or marijuana daily or almost daily during the last 30 days. 2 of the participants have taken several times a week, 3 of the participants have taken at least once week, and 11 of the participants have taken less than once a week.

Table 62: Distribution of participants according to when they took hashish or marijuana for the first time

	Female		Male		Total	
Age	N	%	N	%	N	%
Before age 15	0	0	2	0.3	2	0.1
Between age 15-20	5	1.0	20	3.8	25	2.4
Between age 20-30	2	0.4	6	1.1	8	0.7
After age 30	1	0.2	1	0.1	2	0.1
Don't know don't remember	488	98.4	496	94.7	984	96.7
Total	496	100.0	525	100.0	1021	100.0

NA=19 (1.8%)

25 of the participants took hashish or marijuana between ages 15-20 the first time. 8 of the participants took hashish or marijuana between ages20-30, 2 of the participants took hashish or marijuana before age 15, 2 of the participants took hashish or marijuana after age 30 and 984 of participants don't know don't remember.

Table 63: Frequency of participants that personally know people who take amphetamine (speed, pep)

	Female		Male		Total	
	N	%	N	%	N	%
Yes	7	1.4	17	3.2	24	2.3
No	498	98.6	515	96.8	1013	97.7
Total	505	100.0	532	100.0	1037	100.0

$X^{2=}3.752$ df=1 p=0.053 NA=3 (0.3%)

24 of the participants personally know people who take amphetamine.

Table 64: Frequency of participants that have taken amphetamine (speed, pep) frequency in their life

	Female		Male		Total	
	N	%	N	%	N	%
Yes	1	0.2	2	0.4	3	0.3
No	494	99.8	520	99.4	1014	99.6
Total	495	100.0	522	100.0	1017	100.0

$X^{2=}$1.234 df=2 p=0.539 NA=23 (2.2%)

3 (0.3%) of the participants have taken amphetamine (speed, pep) in their life.

Table 65: Distribution of participants that have taken amphetamine (speed, pep) during the last 12 months

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	00	1	0.1	1	00
No	495	100	521	99.9	1016	
Total	495	0	522	100	1017	0

NA=23 (2.2%)

1 of the participants have taken amphetamine (speed, pep) during the last 12 months.

Table 66: Distribution of participants that have taken amphetamine (speed, pep) during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0	0	0	0	0
No	495	100	522	100.0	1017	100.0
Total	495	100	522	100.0	1017	100.0

NA=23 (2.2%)

All participants did not take amphetamine (speed, pep) during the last 30 days.

Table 67: Distribution of participants according to the number of days they took amphetamine (speed, pep) during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Daily or almost daily	0	0	0	0	0	0
Several times a week	0	0	0	0	0	0
At least once a week	0	0	0	0	0	0
Less than once a week	0	0	0	0	0	0
No	495	100	522	100.0	1017	100.0
Total	495	100	522	100.0	1017	100.0

NA=23 (2.2%)

All participants did not take amphetamine (speed, pep) during the last 30 days.

Table 68: Frequency of participants that personally know people who take ecstasy

	Female		Male		Total	
	N	%	N	%	N	%
Yes	28	5.5	89	16.7	117	11.3
No	478	94.5	444	83.3	922	88.7
Total	506	100.0	533	100.0	1039	100.0

$X^{2=}$32.377 df=1 p=0.000 NA=1 (0.1%)

117 of the participants personally know people who take ecstasy.

Table 69: Frequency of participants that have taken ecstasy in their life

	Female		Male		Total	
	N	%	N	%	N	%
Yes	2	0.4	18	3.4	20	2.0
No	492	99.6	506	96.6	998	98.0
Total	494	100.0	524	100.0	1018	100.0

$X^{2=}$12.123 df=1 p=0.000 NA=22 (2.1%)

20 (2.0%) of the participants have taken ecstasy in their life.

Table 70: Distribution of participants that have taken ecstasy during the last 12 months

	Female		Male		Total	
Yaş	N	%	N	%	N	%
Yes	0	0.0	6	37.5	6	33.3
No	494	100.0	518	62.5	1012	66.7
Total	494	100.0	524	100.0	1018	100.0

NA=22 (2.1%)

6 (33.3%) of the participants have taken ecstasy during the last 12 months.

Table 71: Distribution of participants that have taken ecstasy during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0.0	4	7.6	4	3.9
No	494	100.0	520	92.4	1014	96.1
Total	494	100.0	524	100.0	1018	100.0

NA=22 (2.1%)

4 (3.9%) of the participants have taken ecstasy during the last 30 days.

Table 72: Distribution of participants according to number of days they took ecstasy during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Daily or almost daily	0	0	0	0	0	0
Several times a week	0	0	0	0	0	0
At least once a week	0	0	3	5.7	3	2.9
Less than once a week	0	0	2	3.8	2	1.9
No	494	100	519	90.5	1013	95.2
Total	494	100.0	524	100.0	1018	100.0

NA=22 (2.1%)

3 of the participants have taken ecstasy at least once a week during the last 30 days and 2 of the participants have taken ecstasy less than once a week during the last 30 days.

Table 73: Frequency of participants that personally know people who take cocaine

	Female		Male		Total	
	N	%	N	%	N	%
Yes	27	5.3	69	13.0	96	9.3
No	478	94.7	463	87.0	941	90.7
Total	505	100.0	532	100.0	1037	100.0

$X^{2=}$17.923 df=1 p=0.000 NA=3 (0.3%)

96 (9.3%) of the participants personally know people who take cocaine.

Table 74: Frequency of participants that have taken cocaine in their life

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0.0	10	1.9	10	1.0
No	493	100.0	512	98.1	1005	99.0
Total	493	100.0	522	100.0	1015	100.0

$X^{2=}$9.538 df=1 p=0.002 NA=25 (2.4%)

10 (1.0%) of the participants have taken cocaine in their life.

Table 75: Distribution of participants that have taken cocaine during the last 12 months

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0	5	9.5	5	0.4
No	493	100.0	517	90.5	1010	99.6
Total	493	100.0	522	100.0	1015	100.0

NA=25 (2.4%)

5 (0.4%) of the participants have taken cocaine during the last 12 months.

Table 76: Distribution of participants that have taken cocaine during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0	1	0.1	1	0.9
No	493	100.0	521	99.9	1014	99.1
Total	493	100.0	522	100.0	1015	100.0

NA=25 (2.4%)

1 (0.9%) of the participants have taken cocaine during the last 30 days.

Table 77: Distribution of participants according to number of days they took cocaine during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Daily or almost daily	0	0	0	0	0	0
Several times a week	0	0	0	0	0	0
At least once a week	0	0	0	0	0	0
Less than once a week	0	0	1	0.1	1	0.9
No	493	100.0	521	99.9	1014	99.1
Total	493	100.0	522	100.0	1015	100.0

NA=25 (2.4%)

1 (0.9%) of the participants have taken cocaine less than once a week during the last 30 days

Table 78: Frequency of participants that personally know people who take heroin

	Female		Male		Total	
	N	%	N	%	N	%
Yes	29	5.7	52	9.8	81	7.8
No	477	94.3	480	90.2	957	92.2
Total	506	100.0	532	100.0	1038	100.0

$X^{2=}$5.893 df=1 p=0.015 NA=2 (0.2%)

81 (7.8%) of the participants personally know people who take heroin.

Table 79: Frequency of participants that have taken heroin in their life

	Female		Male		Total	
	N	%	N	%	N	%
Yes	1	0.2	7	1.3	8	0.8
No	491	99.8	516	98.7	1007	99.2
Total	492	100.0	523	100.0	1015	100.0

$X^{2=}$4.178 df=1 p=0.041 NA=25 (2.4%)

8 (0.8%) of the participants have taken heroin in their life.

Table 80: Distribution of participants that have taken heroin during the last 12 months

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0	5	0.9	5	0.4
No	492	100.0	518	99.1	1010	99.6
Total	492	100.0	523	100.0	1015	100.0

NA=25 (2.4%)

5 (0.4%) of the participants have taken heroin during the last 12 months.

Table 81: Distribution of participants that have taken heroin during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0	1	0.1	1	0.9
No	492	100.0	522	99.9	1014	99.1
Total	492	100.0	523	100.0	1015	100.0

NA=25 (2.4%)

1 (0.9%) of the participants have taken heroin during the last 30 days.

Table 82: Distribution of participants according to the number of days they took heroin during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Daily or almost daily	0	0	0	0	0	0
Several times a week	0	0	0	0	0	0
At least once a week	0	0	0	0	0	0
Less than once a week	0	0	0	0	0	0
No	492	100.0	523	100.0	1015	100.0
Total	492	100.0	523	100.0	1015	100.0

NA=25 (2.4%)

All participants did not take heroin during the last 30 days.

Table 83: Frequency of participants that personally know people who take relevin

	Female		Male		Total	
	N	%	N	%	N	%
Yes	2	0.4	8	1.5	10	1.0
No	503	99.6	524	98.5	1027	99.0
Total	505	100.0	532	100.0	1037	100.0

$X^{2=}$3.329 df=1 p=0.068 NA=3 (0.3%)

10 (1.0%) of the participants personally know people who take relevin.

Table 84: Frequency of participants that have taken relevin in their life

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0	0	0	0	00
No	492	100.0	522	100.0	1014	100.0
Total	492	100.0	522	100.0	1014	100.0

NA=26 (2.5%)

All participants did not take relevin in their life.

Table 85: Distribution of participants that have taken relevin during the last 12 months

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0	0	0	0	0
No	492	100.0	522	100.0	1014	100.0
Total	492	100.0	522	100.0	1014	100.0

NA=26 (2.5%)

All participants did not take relevin during the last 12 months.

Table 86: Distribution of participants that have taken relevin during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0	0	0	0	0
No	492	100.0	522	100.0	1014	100.0
Total	492	100.0	522	100.0	1014	100.0

NA=26 (2.5%)

All participants did not take relevin during the last 30 days.

Table 87: Distribution of participants according to the number of days they took relevin during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Daily or almost daily	0	0	0	0	0	0
Several times a week	0	0	0	0	0	0
At least once a week	0	0	0	0	0	0
Less than once a week	0	0	0	0	0	0
No	492	100.0	522	100.0	1014	100.0
Total	492	100.0	522	100.0	1014	100.0

NA=26 (2.5%)

All participants did not take relevin during the last 30 days

Table 88: Frequency of participants that personally know people who take LSD ('trips', 'acid')

	Female		Male		Total	
	N	%	N	%	N	%
Yes	3	0.6	17	3.2	20	1.9
No	499	99.4	515	96.8	1014	98.1
Total	502	100.0	532	100.0	1034	100.0

$X^{2=}$9.190 df=1 p=0.002 NA=6 (0.6%)

20 (1.9%) of the participants personally know people who take LSD ('trips', 'acid')

Table 89: Frequency of participants have taken LSD ('trips', 'acid') in their life

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0.0	3	0.6	3	0.3
No	493	100.0	520	99.4	1013	99.7
Total	493	100.0	523	100.0	1016	100.0

NA=24 (2.3%)

3 (0.3%) of the participants have taken LSD ('trips', 'acid') in their life.

Table 90: Distribution of participants that have taken LSD ('trips', 'acid') during the last 12 months

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0	1	0.1	1	0.9
No	493	100.0	522	99.9	1015	99.1
Total	493	100.0	523	100.0	1016	100.0

NA=24 (2.3%)

1 (0.9%) of the participants have taken LSD ('trips', 'acid') during the last 12 months.

Table 91: Distribution of participants that have taken LSD ('trips', 'acid') during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0	0	0	0	0
No	493	100.0	523	100.0	1016	100.0
Total	493	100.0	523	100.0	1016	100.0

NA=24 (2.3%)

All participants did not take LSD ('trips', 'acid') during the last 30 days.

Table 92: Distribution of participants according to number of days they took LSD ('trips', 'acid') during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Daily or almost daily	0	0	0	0	0	0
Several times a week	0	0	0	0	0	0
At least once a week	0	0	0	0	0	0
Less than once a week	0	0	0	0	0	0
No	493	100.0	523	100.0	1016	100.0
Total	493	100.0	523	100.0	1016	100.0

NA=24 (2.3%)

All participants did not take LSD ('trips', 'acid') during the last 30 days.

Table 93: Frequency of participants that personally know people who take bonsai

	Female		Male		Total	
Yaş	N	%	N	%	N	%
Yes	40	7.9	125	23.5	165	15.9
No	464	92.1	407	76.5	871	84.1
Total	504	100.0	532	100.0	1036	100.0

$X^{2=}$46.795 df=1 p=0.000 NA=4 (0.4%)

165 (15.9%) of the participants personally know people who take bonsai.

Table 94: Frequency of participants that have taken bonsai in their life

	Female		Male		Total	
	N	%	N	%	N	%
Yes	3	0.6	28	5.3	31	3.0
No	492	99.4	497	94.7	989	97.0
Total	495	100.0	525	100.0	1020	100.0

$X^{2=}$19.321 df=1 p=0.000 NA=20 (1.9%)

31 (3.0%) of the participants have taken bonsai in their life.

Table 95: Distribution of participants that have taken bonsai during the last 12 months

	Female		Male		Total	
Age	N	%	N	%	N	%
Yes	1	0.2	16	3.0	17	1.6
No	494	99.8	509	97.0	1003	98.4
Total	495	100.0	525	100.0	1020	100.0

NA=20 (1.9%)

17 (1.6%) of the participants have taken bonsai during the last 12 months.

Table 96: Distribution of participants that have taken bonsai during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0.0	6	1.1	6	0.5
No	495	100.0	519	98.9	1014	99.5
Total	495	100.0	525	100.0	1020	100.0

NA=20 (1.9%)

6 (0.5%) of the participants have taken bonsai during the last 30 days.

Table 97: Distribution of participants according to the number of days they took bonsai during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Daily or almost daily	0	0	0	0	0	0
Several times a week	0	0	2	0.3	2	0.1
At least once a week	0	0	0	0	0	0
Less than once a week	0	0	2	0	2	0.1
No	495	100.0	521	99.7	1016	99.8
Total	495	100.0	525	100.0	1020	100.0

NA=20 (1.9%)

2 (0.1%) of the participants have taken bonsai less than once a week and 2 (0.1%) of the participants have taken bonsai several times a week.

Table 98: Distribution of participants according to when they took bonsai for the first time

	Female		Male		Total	
	N	%	N	%	N	%
Before age 15	0	0	0	0	0	0
Between age 15-20	1	0.2	8	1.5	9	0.8
Between age 20-30	0	0	5	0.9	5	0.4
After age 30	0	0	1	0.1	1	0.9
Don’t know don’t remember	0	0	0	0	0	0
Total	494	99.8	511	97.5	1005	97.9
Before age 15	495	100.0	525	100.0	1020	100.0

NA=20 (1.9%)

9 of the participants took bonsai between ages 15-20 the first time. 5 of the participants took bonsai between ages 20-30, and 1 of the participants bonsai after age 30.

Table 99: Frequency of participants that personally know people who take codeine syrup

	Female		Male		Total	
	N	%	N	%	N	%
Yes	6	1.2	16	3.0	22	2.1
No	496	98.8	515	97.0	1011	97.9
Total	502	100.0	531	100.0	1033	100.0

$X^{2=}$4.092 df=1 p=0.043 NA=7 (0.7%)

22 (2.1%) of the participants personally know people who take codeine syrup.

Table 100: Frequency of participants that have taken codeine syrup in their life

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0.0	3	0.6	3	0.3
No	492	100.0	517	99.4	1009	99.7
Total	492	100.0	520	100.0	1012	100.0

$X^{2=}$2.847 df=1 p=0.092 NA=28 (2.7%)

3 (0.3%) of the participants have taken codeine syrup in their life.

Table 101: Distribution of participants that have taken codeine syrup during the last 12 months

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0	0	0	0	0
No	492	100.0	520	100.0	1012	100.0
Total	492	100.0	520	100.0	1012	100.0

NA=28 (2.7%)

All participants did not take codeine syrup during the last 12 months.

Table 102: Distribution of participants that have taken codeine syrup during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Yes	0	0	0	0	0	0
No	492	100.0	520	100.0	1012	100.0
Total	492	100.0	520	100.0	1012	100.0

NA=28 (2.7%)

All participants did not take codeine syrup during the last 30 days.

Table 103: Distribution of participants according to the number of days they took codeine syrup during the last 30 days

	Female		Male		Total	
	N	%	N	%	N	%
Daily or almost daily	0	0	0	0	0	0
Several times a week	0	0	0	0	0	0
At least once a week	0	0	0	0	0	0
Less than once a week	0	0	0	0	0	0
No	492	100.0	520	100.0	1012	100.0
Total	492	100.0	520	100.0	1012	100.0

NA=28 (2.7%)

All participants did not take codeine syrup during the last 30 days

Table 104: Distribution of participants according to when they took codeine syrup for the first time

	Female		Male		Total	
Yaş	N	%	N	%	N	%
Before age 15	0	0	0	0	0	0
Between age 15-20	0	0	0	0	0	0
Between age 20-30	0	0	0	0	0	0
After age 30	0	0	0	0	0	0
Don’t know don’t remember	0	0	0	0	0	0
Total	492	100.0	520	100.0	1012	100.0
Before age 15	492	100.0	520	100.0	1012	100.0

NA=28 (2.7%)

All participants did not take codeine syrup in their life.

Table 105: Frequency of participants that have taken any psychoactive drug in their life

	Female		Male		Total	
	N	%	N	%	N	%
Yes	20	4.1	66	12.8	86	8.5
No	469	95.9	451	87.2	920	91.5
Total	489	100.0	517	100.0	1006	100.0

X^2 =24.196 df=1 p=0.000 NA=34 (%3.3)

86 (8.5%) of the participants have taken any psychoactive drug in their life.

Table 106: frequency of participants that have taken any illicit drug in their life

	Female		Male		Total	
	N	%	N	%	N	%
Yes	19	3.9	66	12.8	85	8.4
No	470	96.1	451	87.2	921	91.6
Total	489	100.0	517	100.0	1006	100.0

X^2 =25.621 df=1 p=0.000 NA=34 (%3.3)

85 (8.4%) of the participants have taken any illicit drug in their life.

Table 107: Comparison of sociodemographic features of participants who have used illicit substances or not

	Used		Not used			
	N	%	N	%	x^2	p
Gender						
Female	19	22.4	470	51.0	25.621	0.000
Male	66	77.6	451	49.0		
Educational level						
Never attended school	0	0	19	2.1		
Primary school	5	6.0	171	18.7	15.459	0.051
Secondary school	12	14.3	116	12.7		
High school	31	36.9	323	35.4		
University	36	42.8	282	31.0		
Age group						
18-29	35	43.2	233	26.2		
30-39	26	32.1	207	23.2		
40-49	10	12.3	181	20.3	21.070	0.000
50-59	6	7.4	143	16.0		
60 and above	4	4.9	127	14.3		
Birth place						
Cyprus	37	43.5	558	60.6		
Turkey	41	48.2	330	35.8	12.557	0.006
Other	7	8.2	33	3.6		
Live with						
With parents	63	75.9	846	93.2	29.878	0.000
Not with parents	20	24.1	62	6.8		
Live in generally						
Rural	27	31.8	385	41.8	3.270	0.071
Urban	58	68.2	535	58.2		
Importance on religion						
Important	71	84.5	803	89.2	1.708	0.191
Not important	13	15.5	97	10.8		

The most prevalence of illicit substance among male, have high educational level, 18-29 age groups, born in Cyprus, with live parents and urban areas.

Table 108: Odds ratio of risk factors (Odds Ratio)

	Odds Ratio	**Used/Not used** **%95 Güven Aralığı (*p<0.05)**
Male/female	3.612	(2.134 – 6.114) *****
18-29 age/30 and over	2.144	(1,367 – 3.363) *****
Living with parents/without live parents	4.418	(2.508 - 7.783) *****
High school and above educational level/below of high school	1.543	(0.955 - 2.493)
Turkey/ Cyprus	1.862	(1.170 - 2.964)
Urban/rural	1.554	(0.966 - 2.499)
Religion important/not important	1.919	(1.206 - 3.056)

Male have high risk than female. 18-29 age groups have high risk than 30 and over age group. Living with parent have high risk than without live parents, high school and above educational level have high risk than below of high school, from Turkey have high risk than from Cyprus, from urban area have high risk than rural area. Not found significant different between religions' important /not important.

4.DISCUSSION

This work shows that psychoactive drug use became a very big problem in TRNC. With this work detailed information has been obtained about the drug use in TRNC and about the prevention of it in the future researches. This work included the whole TRNC, it was applied to same age group and the same questionnaires were used as the ones made in 2003 and 2008. This work is in the nature of observation study which it provided us the information about spreading percentage and changing kinds of drugs in TRNC.

4.1. Cigarette Usage

In our work the lifetime cigarette usage was found to be 62.1 %, lifetime cigarette usage was 65.4 % in 2003 (Çakıcı et al, 2003) and 66 % in 2008 was founded (Çakıcı M., Çakıcı E., 2008). In a research that has been made in 2009 in high schools in TRNC, which is show that 35.2 % of the students smoked a cigarette at least once in their life (Çakıcı M., Çakıcı E., Eş, 2010). In a research that have been made in 2009 on university students, which is show that the lifelong cigarette use percentage was 69.5 % (Çakıcı et al, 2014). And all values prove that the cigarette use is increasing when high schooler students to come of adult.

Cigarette usage prevalence is 46.7% in TRNC. According to the world bank cigarette usage in South Asia and Pacific is 34%, Europe and Middle Asia 35%, Latin America and Caribbean's 32%, Middle East and North Africa 21%, South Asia 20% and lower Africa 18% (Anderson, 2006). According to these values we can say that the most areas with cigarette usage are Europe and Central Asia. TRNC cigarette use percentage is higher than the Europe values

and the cigarette use values in the world. If we consider it more specifically and see the values of phone questionnaire made in USA in 50 states, Colombia Republic which questionnaire in 2009-2010 with among to adults in study evidences (King, Dube, Tynan, 2012) and, The results of questionnaire is in Tahran of the capital city of İran (Fotouhi et al, 2009) we can see that cigarette use in TRNC has really high rate than these coutries. TRNC values are very similar to the Latin America countries like El Salvador (42.7%), Guatemala (43.1%) and Honduras (43.8%) (Tong et al 2011). However there are countries in the research that have much higher values like Ukraine (66.8%), Russia (63%) and Turkey (60.3%) (Ögel et al 2003; Andreeva, Krasovsky, 2007; Bobak, et al, 2006).

Even thought the cigarette use of grown up is very high, we can see a decrement in the percentage in the latest years. The law that was announced on 1 January 2010 forbids the cigarette use in closed areas. This law can be considered as a reason for the decrement in the cigarette use in TRNC. According to the values from the World Bank the laws that are limiting the cigarette use are effect on general consumption of cigarette which effect is occasion of decreasing the cigarette consumption by %4-10 (Karagöz et al, 2010). But still the cigarette use to among adults in TRNC is very high and reasons for this can be the advertising about cigarettes in the street (Çakıcı et al, 2003) and low prices of cigarettes.

A research about prize of cigarettes impact on cigarette use shows that if the price of the cigarettes is increased, then the percentage of use is decreased ((Lewit vd., 1981; Grossman vd., 1983; Chaloupka ve Grossman, 1996; Chaloupka and Wescler, 1997; Tauras and Chaloupka, 1999; Hersch, 2000; Emery vd., 2001; Ross and Chaloupka, 2003).

In the same time the prevent cigarette use programs are inadequately and lack study's for especially adults about prevent cigarette use can be reasons why the cigarette use percentage is very high in TRNC.

The lifetime cigarette usage percentage is higher for male individuals than the female individuals. Also the same results that have founded in high schools and universities (Çakıcı M., Çakıcı E., Eş, 2010, Çakıcı ve diğ., 2014). In Turkey (T.C. Sağlık Bakanlığı, 2007) and in USA (King, Dube, Tynan, 2012) the percentages of cigarette use proves that male individuals are more than the female individuals.

4.2. Alcohol Use

According to our research the alcohol usage in adults with life time have been found as 68.5%. this result is compared with result of 2003 and 2008 researches show us that the

alcohol use have been decreased. The research of alcohol use in high school students rate was 85.9% (Çakıcı M., Çakıcı E., Eş, 2010) and university students rate was 81.0% (Çakıcı et al, 2014). The researches that have been made in Istanbul in 15 different district show that the rate of alcohol use is 51.2% in the high school students (Ögel, Taner, Eke, 2006). And the alcohol use in university students in the same area is 30-76% (Altındağ et al, 2005; Yiğit, Khorsid, 2006; Yılmaz, İbiş, Sevindi, 2007; Turhan et al, 2011). Comparing about alcohol use rate between Australia and USA in 1995, 1998, 2001, 2002 ve 2004 which in Australia lifetime alcohol usage rate was 87.8-90.4% and this rate was in USA 83.7-84.8 % reported. (Maxwell, 2008).When compare these results show that alcohol use values in TRNC was very similar to the ones from Australia and USA in past years. However when TRNC was compared to Turkey (18.9%), which is a country that similar with cultural and historical values, was founded that alcohol use more than (World Health Organization, 2004). (Çakıcı ve diğ. ve Çakıcı M., Çakıcı E., Eş, 2003, 2010). Cyprus is a tourist island and advertising is made freely in written and visual media and also lack of legislative regulations are result in high rate alcohol use. Also the young population in universities, easy accessibility of alcoholic products, attractive presentations, low prices and cultural causes may the other reasons for alcohol use.

Individuals firstly tried alcohol below the age of 11. The most of individuals that started drinking alcohol first are between 16-18 ages. But frequently use mostly starts at the age of 18 and above. Alcohol is mostly used for fun in entertainment venues. Lifetime alcohol usage rate in males are higher than females. In males the amount of alcohol intake rate and be drunk in lifetime rate is higher than females. The reason why female rates are lower than male rates are mostly because TRNC is a male dominant community and because of socio-cultural reasons is negatively accept to who women drink alcohol . Also the researches have made which are physiological effect alcohol on female drinkers, show that alcoholic drinks have more negative biological effect on female individuals than the male individuals (Mumenthaler et al, 1999).

4.3. Drug Use

In our research the illicit drug usage frequency of individuals has been found as 8.4%. illicit drug use in 2003 was 3.0% and in 8% in 2008. Illicit Drug usage in TRNC has similar rate the countries like Cambodia (4%), China (6%), Hong Kong (0.5%), Indonesia (2.5%), Macao (0.1%), Malaysia (2.1%), Myanmar (0.9%), Philippines (2.1%) Vietnam (0.2%) and it is

similar to countries like Egypt (9.6%) ve and USA (10.3%) (Devaney, Reid, Baldwin, 2007; Hamdi et al, 2013; Compton et al., 2007). Drug use percentage in New Zealand is 77.3%. This percentage is much higher than the one from TRNC (Boden, Fergusson, Horwood, 2006). All around the world 185 million adults are using illicit drugs (Anderson, 2006).

It is proven that the most illegal drug use is in between 18-29 ages. These values who that the prevention works that are being done with young individuals are not working. When the age is increasing the drug use value is decreasing.

According to the individuals that attended to the research, the lifetime drug use is 7.7%. Marijuana usage in 2003 was 2.9% and it significantly increased on 2008 to 6.0%. On 2013 this increment continued. In this research cannabis usage in high schools and universities in TRNC (Çakıcı M., Çakıcı E., Eş, 2010; Çakıcı ve diğ., 2014) are having the most value . Marijuana takes the first place between the illegal drugs that are being used. This result is similar all over the world. According to the world marijuana use report the usage percentages around the world; Oceania 14.5%, Middle and Western Africa %12.6, North America 10.5%, Africa 8%, Western and Middle Europe 6.9%, East and Near East Asia 3.6%, Asia 2%, East and Southeast Asia 0.9% (World Drug Report, 2008). According to these results Marijuana usage in TRNC is very similar to Europe but it is lower than Oceania, America and Africa. However it is higher than the Asian countries.

Marijuana use in male individuals has been found as 12% and for female this value is 3.2%. There is a big difference between male and female individuals. This difference shows similarities to the values from America and Canada (Merline et al., 2004; Wu et al., 2012; Lev-Ran et al., 2013; Harrington et al., 2011). According to the individuals firstly used Marijuana in their 15-20 ages. However there is a use below 15 age even thought it is very low.

Bonsai takes the second place after Marijuana use in TRNC. The lifetime Bonsai use of individuals has been found as 3.0%. The results also show that individuals start to use Bonsai between ages of 15-20 and it is mostly used by male individuals. In the last years Bonsai has become very popular in TRNC. It is a forbidden substance after years in the World and Turkey. It was forbidden to use it in TRNC in 2011 however it has still being prevalence use.

Ecstasy usage significantly increased from 2003 to 2008 with a percentage from 0.9% to 2.9%. However on 2013 its usage decreased to 2.0%. In researches that have been conducted in high schools and universities also show that its use increased (Çakıcı M., Çakıcı E., Eş,

2010; Çakıcı et al, 2014). In the high school researches it is known that ecstasy use in TRNC increased 3 times more in the last 8 years (Çakıcı M., Çakıcı E., Eş, 2010).

In our research the lifetime amphetamine, cocaine, heroin and LSD usage was found between 0.3-1.0%. It was between 0.1-0.5% in 2003. However on 2008 it was found as %0.4-1.1. Even thought the usage have increased there is not much difference in the percentage. In the researches made in high schools this value have been found as 0.3-2.4%, and same research in universities resulted as 0.3-1.8% (Çakıcı M., Çakıcı E., Eş, 2010; Çakıcı ve diğ., 2014). As same as our work we can see that the use these substances in high school and university students are low. These values show that use of amphetamine, cocaine, heroin and LSD are much lower in TRNC than the other countries (Hamdi et al., 2013; Lev-Ran et al., 2013; Merline et al., 2004; United Nations Office on Drugs and Crime Vienna, 2009).

Lifetime sedative, volatile substance and codeine syrup usage have been found as 0.3-1.9%. When compare to the usage of these substances to the values from 2003 to which observed to increment. However it is still lower than the values of countries like Turkey, America, Canada and Egypt (Boztaş, Arısoy, 2010; Hamdi et al., 2013; Lev-Ran et al., 2013; Merline et al., 2004).

Volatile substance is very common than cigarettes and alcohol between young individuals (Çakıcı M., Çakıcı E., Eş, 2010). Since these substances are very cheap, easy to reach and the lack of legislative regulations, these reasons can explain for prevalence between young individuals (Çakıcı M., Çakıcı E., Eş, 2010). When compared volatile matters to other substances which show that started using it in very low ages (Ögel, 1997). As TRNC also same In Turkey volatile matter use age is so low and prevalence between adolescents (Boztaş, Arısoy, 2010).

Our research shows that when the education level increases, the substance use also increases. The research has been made parallel to the works that have been made in 2003 and 2008 (Çakıcı ve diet al., 2003, Çakıcı M. Çakıcı E., 2008). Çakıcı et al (2003) told that the drug use

in educated individuals is more than the other ones. And that the reason is not their education the effective reason was they had specific awareness and inform about use of substance.

Place of birth doesn't show much affect on the illicit substance use of the individuals. However individuals that were born in TRNC use less drugs than the ones that were born in Turkey. In researches, whom on immigrants, from literature it is visible that the immigrants use more drugs than the locals of the country (Borges et al., 2009; Hernandez et al., 2009). The reason of high prevalence between immigrants which they have hard time to getting used to the conditions of social and cultural harmony (Havaçeliği, 2013).

Illicit substance use in cities in TRNC has been found higher than in villages. There are many researches that prove that the Illicit substances use in big cities are much higher than the small places (Hamdi et al., 2013; Lai et al., 2006; Maxwell, Gibson, Dyer, 2006). It is known that the reason why drug usage is higher in cities is because individuals can access to it very easily (Lai et al., 2006; Maxwell, Gibson, Dyer, 2006).

Between the individuals who said that religion has a very important place in their life the illicit substance use had surprisingly high rate. Even though there are researches that tells that religion prevents drug use (Geppert, Bogenschutz, Miller, 2007; Koening, 2009; Kulis et al, 2012; Michalak R., Trocki K., 2006; Rat et al, 2006), this wasn't true in TRNC.

In our research it has crystal visible that the drug use in TRNC has increased. Generally the legal and illicit substance use in female individuals was lower than the use of male individuals. Prevalence of drugs is mostly between young individuals and male individuals.

5. COCLUSION

The alcohol and cigarette use in TRNC have decreased in the last years. However the illegal substance use have increased with respect to last years. In our work it is visible that marijuana, ecstasy and bonsai use between adults is very common. These results show that there should be prevention programs about cigarettes and alcohol for whole society. While preparing prevention programs about illicit substance use it should mostly focus on marijuana and bonsai use and their prevention programs. The government should start a policy against these substances in order to fight with them for this social danger. And every institution should work coordinated with approaching multidisciplinary.

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SOCIAL PROBLEMS SURVEY FORM

This survey for researching to social problems and behaviorus of us which is the scientific work. It apply to age range between 13 to 65 in T.R.N.C. Definitely never use of personal knowledge in this work. Just statistical data from this survey are used by academicians with scientificly for solving the problems in country. Thank you for your contributing.

PART I

About yourself and your family

1.What is your gender?
1.Male 2 .Female

2.How old were you on your last birtday? ……...

3.How do you currently live with?
1.Both parents 2.Mother only 3. Father only 4.Mother and step father
5. Father and step mother 6. With my own family 7.With others

4a.Educational level reached
1.Never attended school 2.Not completed primary 3.Primary 4.Secondary school
5.Technical school
6.High school 7.Not completed high school 8.College 9.University

4b-c. Educational level reached of the parents

	Baba	Anne
Never attended school		
Not completed primary		
Primary		
Secondary school		
Technical school		
High school		
Not completed high school		
College		
University		

4d. Where were you born?

1. Cyprus 2. Turkey 3. UK 4. Other

4e. Where were your mother born?

1. Cyprus 2. Turkey 3. UK 4 . Other

4f. Where were your father born?

1.Cyprus 2 . Turkey 3 . UK 4 . Other

5.What are do you live in?
1. Rural 2. Urban 3 .Suburbs
6a. What is your profession? …….

6b-c. What is the profession of your ? Father …….. Mother ….……

7. Is your mother alive? 1. Yes 2. No

8. Is your father alive? 1. Yes 2. No

PART II
Sources of Information

9.Circle where you have heard the most about drugs (circle one only)

1. Radio
2. Newspaper or magazines
3. Pamphlets or handouts
4. Books
5. Television
6. Movies
7. Video
8. Mother
9. Father
10. Broyhers/sisters
11. Other family members
12. Friends
13. Teachers
14. Nurse/doctor
15. Healt clinic/hospital
16 Mosque(churce)/clergy
17.Youth Centre
18. From nobody
19. Internet

PART III
Knowledge about drugs

10. During the last 12 months how often do you go to mosque (church, temple, etc.)?
1.At least once weekly 2. At least once a month 3.Never

11.How important is religion in your life?
1.Very important 2.Important 3.Not important

12.Have you heard about the following drugs?

	No	Yes
13. Volatile subtance	1	2
14. Valium Diazem	1	2
15. Cannabis	1	2
16. Ecstasy	1	2
17. Amphetamines	1	2
18. Relevin	1	2
19.LSD	1	2
20. Heroin	1	2
21. Cocaine	1	2
22. Steroid	1	2
23. Codeine syrup	1	2
24. Bonzai	1	2

PART IV

Leisure time activities

25.Who do you spend most of your free time? **(circle one answer only)**

1.Parents	4.Same sex friends	7. My lover/partner
2.Brothers/sisters	5.Opposite sex friends	8.Alone
3.Other family members	6.Spouse	9. With others

26.Where do you spend most of your free time during the school term? **(circle one answer only)**

1.At home	6.At youth/sport's club
2.At relative's home	7.In a discotheque/club
3.At friend's home	8.In an internet cafe
4.In the street	9.In a park
5.At mother's/father's workplace	10.In a cafe
11.Other	

PART V

Views on certain health related behaviors

Please indicate if you approve or disapprove the opposite sex of your age to engage in the following activities (by circling one answer one number each time).

	Strongly approve	Approve	Uncertain	Disapprove	Strongly Disapprove
1.Smoking cigarettes	1	2	3	4	5
2.Going out without their parents permission	1	2	3	4	5
3.Drinking alcoholing drinks like beer, wine.	1	2	3	4	5
4.Drinking stronger drinks like whisky, vodka, cognac.	1	2	3	4	5
5.Staying out as long as they want	1	2	3	4	5
6.Going to a bar or pub	1	2	3	4	5
7.Smoking marijuana or hashish	1	2	3	4	5
8.Smoking opium	1	2	3	4	5
9.Injecting drugs not prescribed by a doctor	1	2	3	4	5
10. Using drugs like heroin or cocaine	1	2	3	4	5
11.Engaging in sexual activities	1	2	3	4	5
12.Going to cinema with their friens	1	2	3	4	5
13.Taking hypnotic/sedatives without doctor's prescription.	1	2	3	4	5

PART VI

Drinking and drug use

In this part we would like you to answer some personal questions, which may or may not apply to you. Please keep in mind that this questionnaire is absolutely anonymous, and this is why we ask you to be as honest as possible.

By circling one number each time , tell us if you have friends who do the following.

1. If you have ever used drug, where did happened?

1 . Never use 2. In Cyprus 3.In foreign country

2. If you have ever used drug, what is your reason?

(circle one answer only)

1.Never use 4.Curiosity 7.Reaction

2. Peer group 5. Loneliness 8.Inconsiderateness

3 .Continue to relationship 6 Pressure from other individulas 9. Other (……..)

3.Have you ever been problem with the police about delingquency of traffic rules? 1.No 2.Yes

4.have you ever been problem with the police any of illegal action? 1.No 2. Yes

5. Have you ever been any problem with police about illicit substances? 1.No 2. Yes

6.Has any of your friends been engaged in any criminal activity? 1.No 2. Yes

7.If you ever decide to take drugs do you know where to find them?

1.No 2. Yes

8. How many times have you been engaged in a sexual activity, while being under the influence of alcohol?

1. Never 2. 1-2 times 3. 3 or more times 4. Always

9.How many times have you been engaged in a sexual activity, while being under the influence of drugs like hashish, heroin, cocain?

1. Never 2. 1-2 times 3. 3 or more times 4. Always

10.If you have ever used drugs in Cyprus, where did that happened?

1.Being alone at home 6 .In another place, where young people meet

2 .Being with friends, at home 7.At school

3 .At my friend's house 8.In the army

4.In the street 9.Some place else (……)

5 .In a pub/club 10.I do not take drugs

11.On what occasions is alcohol served the most at your home? (circle one answer only)

1 ıt is never served 6. With dinner

2 When we have guests 7. Only on Sundays

3 Anytime without meze as a refreshing drink 8 . Only when celebrating

4 . Anytime with meze 9. Other occasions (……..)

5. With lunch

12.At what age did you start smoking cigarette? (if it has happened) (……....)

13.At what age did you start to regularly consume bigger amounts of alcohol than others of your age?
(if it has happened) (……..)

14. At what age did you start drink alcohol? (if it has happened) (……)

15. At what age did you start taking drug? (if it has happened) (……..)

PART VII
TOBACCO and ALCOHOL

1-Do you smoke tobacco such as cigarettes cigars or a pipe? Yes ☐ No ☐

2-How may times have you smoked tobacco in your life?
☐0 ☐ 1-2 ☐3-5 ☐ 6-9 ☐ 10-19 ☐ 20-39 ☐ 40- veya daha fazla

3-During the last 12 months, how many times have you smoked tobaccos ?
☐0 ☐ 1-2 ☐3-5 ☐ 6-9 ☐ 10-19 ☐ 20-39 ☐ 40- veya daha fazla

4-During the last 30 days how many times have you smoked tobaccos?

1- Never use	☐	6- 11-20 cigarette in daily	☐
2- Once a week less than one	☐	7-20-30 cigarette in daily	☐
3- Less than one in a day	☐	8-31-40 cigarette in daily	☐
4- 1-5 cigarette in daily	☐	9.More than 40 cigarette in a daily	☐
5- 6-10 cigarette in daily	☐		

5-If you are using cigarette have you ever have difficulties with quiting?
☐ Very difficult ☐ Difficult ☐Not difficult ☐ Very easy

6-How many times have you drunk alcoholic drinks in your life?
☐ 0 ☐ 1-2 ☐ 3-5 ☐ 6-9 ☐ 10-19 ☐ 20-39 ☐ 40- or more

7-During the last 12 months, how many times have you drunk alcoholic drinks?
☐ 0 ☐ 1-2 ☐ 3-5 ☐ 6-9 ☐ 10-19 ☐ 20-39 ☐ 40- or more

8-During the last 30 days, how many times have you drunk alcoholic drinks?
☐ 0 ☐ 1-2 ☐ 3-5 ☐ 6-9 ☐ 10-19 ☐ 20-39 ☐ 40- or more

9- During the last 30 days, how often do you drunk alcoholic drinks?

☐ Never	☐ Once 2 weeks	☐ Once a day
☐ More than 2 in a week	☐ Once a week	☐ Twice a week

10-At one time, how many alcoholic drinks you have? **(one drink: a cup of wine, a bottle of beer)**

1☐ I don't use alcoholic drinks 2☐ 1-2 drinks 3☐3-4 drinks 4☐ 5 or more drinks

11-When the last time drunk alcoholic drinks, where have you been;

☐ I have never use alcohol	☐At home
☐ In other's house	☐ At outdoor, street or par
☐ In pub or cafe	☐At disco
☐	☐

In a restaurant Other places (…….)

12.How many times have you been drunk because of using alcohol drinks in your life?
☐ 0 ☐ 1-2 ☐ 3-5 ☐ 6-9 ☐ 10-19 ☐ 20-39 ☐ 40-or more
13. During the last 12 months, have you been drunk because of using alcoholic drinks?
☐ 0 ☐ 1-2 ☐ 3-5 ☐ 6-9 ☐ 10-19 ☐ 20-39 ☐ 40-or more
14-During the last 30 days, have you been drunk because of using alcoholic drinks?
☐ 0 ☐1-2 ☐3-5 ☐ 6-9 ☐ 10-19 ☐ 20-39 ☐ 40-or more
15-What are your reasons to not use alcoholic drinks?**(you can choose more than one)**
☐ Harm of health ☐ Dislike of effects ☐ Expensive
☐ Afraid of addictive ☐ Knowledge of effects in health ☐ Don't need that
☐ Dislike of taste ☐ Disallow from surroundings ☐ Other
16- What are your reasons to use alcoholic drinks?**(you can choose more than one)**

a.Having fun	d.Because of anger	g.For staying away fromproblems
b.For sleep	e.Because of being distress	h.Friends drink to
c.To try	f.To be relaxed	i.To feel good

VIII. BÖLÜM

DRUG USE
VOLATILE SUBSTANCE

1.Do you personally know people who take volatile substance?
01 ☐ Yes
02 ☐ No

2.Have you ever taken volatile substance yourself?
01 ☐ Yes
02 ☐ No
03 ☐ I don't know

3.During the last 12 months, have you taken volatile substance?

01 ☐ Yes
02 ☐ No

4. During the last 30 days, have you taken volatile substance?
01 ☐ Yes
02 ☐ No

5.During the last 30 days, on how many days did you take volatile substance?

01 ☐ daily or almost daily
02 ☐ several times a week
03 ☐ at least once a week
04 ☐ less than once a week

SEDATIVE/HYPNOTIC DRUG

1.Do you personally know people who take calmative/anodyne drug?
- 01 ☐ Yes
- 02 ☐ No

2.Have you ever taken calmative/anodyne drug yourself?
- 01 ☐ Yes
- 02 ☐ No
- 03 ☐ I don't know

3.During the last 12 months, have you taken calmative/anodyne drug??

- 01 ☐ Yes
- 02 ☐ No

4. During the last 30 days, have you taken calmative/anodyne drug??
- 01 ☐ Yes
- 02 ☐ No

5.During the last 30 days, on how many days did you take calmative/anodyne drug??

- 01 ☐ daily or almost daily
- 02 ☐ several times a week
- 03 ☐ at least once a week
- 04 ☐ less than once a week

CANNABIS (HASHISH, MARİJUANA)

1.Do you personally know people who take hashish and/or marijuana?
- 01 ☐ Yes
- 02 ☐ No

2.Have you ever taken hashish and/or marijuana yourself?
- 01 ☐ Yes
- 02 ☐ No → go to question about amphetamines
- 03 ☐ I don't know→ go to question about amphetamines

3.During the last 12 months, have you taken hashish and/or marijuana?

- 01 ☐ Yes
- 02 ☐ No→ go to question about amphetamines

4. During the last 30 days, have you taken hashish and/or marijuana?
- 01 ☐ Yes
- 02 ☐ No

5.During the last 30 days, on how many days did you take hashish and/ or marijuana?

01 ☐ daily or almost daily
02 ☐ several times a week
03 ☐ at least once a week
04 ☐ less than once a week

6.When did you take hashish and/or marijuana before the first time?

01 ☐ before age 15 03 ☐ between age 20-30 05 ☐ don't know, don't remember
02 ☐ between age 15-20 04 ☐ after age 30

AMPHETAMINES

1. Do you personally know people who take amphetamine (speeed, pep)?
   01 ☐ Yes
   02 ☐ No
2. Have you ever amphetamine (speeed, pep) taken yourself?

   01 ☐ Yes
   02 ☐ No→ go to question about cannabis
   03 ☐ I don't know → go to question about cannabis

3. During the last 12 months, have you taken amphetamine (speeed, pep)?

   01 ☐ Yes
   02 ☐ No→ go to question about cannabis
4. During the last 30 days, have you taken amphetamine (speeed, pep)?
   01 ☐ Yes
   02 ☐ No→ go to question about cannabis
5. During the last 30 days, on how many days did you take amphetamine (speeed, pep)?

   01 ☐ daily or almost daily
   02 ☐ several times a week
   03 ☐ at least once a week
   04 ☐ less than once a week

ECSTASY(XTC)

1. Do you personally know people who take ecstasy?
   01 ☐ Yes
   02 ☐ No

2. Have you ever ecstasy taken yourself?

   01 ☐ Yes
   02 ☐ No→ go to question about cocaine
   03 ☐ I don't know → go to question about cocaine

3. During the last 12 months, have you taken ecstasy?

01 ☐ Yes
02 ☐ No→ go to question about cocaine

4. During the last 30 days, have you taken ecstasy?
01 ☐ Yes
02 ☐ No→ go to question about cocaine

5. During the last 30 days, on how many days did you take ecstasy?

01 ☐ daily or almost daily
02 ☐ several times a week
03 ☐ at least once a week
04 ☐ less than once a week

COCAINE

1. Do you personally know people who take cocaine?
01 ☐ Yes
02 ☐ No
2. Have you ever cocaine taken yourself?

01 ☐ Yes
02 ☐ No→ go to question about heroin
03 ☐ I don't know → go to question about heroin

3. During the last 12 months, have you taken cocaine?

01 ☐ Yes
02 ☐ No→ go to question about heroin

4. During the last 30 days, have you taken cocaine?
01 ☐ Yes
02 ☐ No→ go to question about eroine

5. During the last 30 days, on how many days did you take cocaine?

01 ☐ daily or almost daily
02 ☐ several times a week
03 ☐ at least once a week
04 ☐ less than once a week

HEROIN

1. Do you personally know people who take heroin?
   - 01 ☐ Yes
   - 02 ☐ No

2. Have you ever heroin taken yourself?
   - 01 ☐ Yes
   - 02 ☐ No→ go to question about relevin
   - 03 ☐ I don't know → go to question about relevin

3. During the last 12 months, have you taken heroin?
   - 01 ☐ Yes
   - 02 ☐ No→ go to question about relevin

4. During the last 30 days, have you taken heroin?
   - 01 ☐ Yes
   - 02 ☐ No→ go to question about relevin

5. During the last 30 days, on how many days did you take heroin?
   - 01 ☐ daily or almost daily
   - 02 ☐ several times a week
   - 03 ☐ at least once a week
   - 04 ☐ less than once a week

RELEVIN

1. Do you personally know people who take relevin?
   - 01 ☐ Yes
   - 02 ☐ No

2. Have you ever relevin taken yourself?
   - 01 ☐ Yes
   - 02 ☐ No→ go to question about LSD
   - 03 ☐ I don't know → go to question about LSD

3. During the last 12 months, have you taken relevin?
   - 01 ☐ Yes
   - 02 ☐ No→ go to question about LSD

4. During the last 30 days, have you taken relevin?
   01 ☐ Yes
   02 ☐ No→ go to question about LSD

5. During the last 30 days, on how many days did you take relevin?

   01 ☐ daily or almost daily
   02 ☐ several times a week
   03 ☐ at least once a week
   04 ☐ less than once a week

LSD

1. Do you personally know people who take LSD ('trips', acid')?
   01 ☐ Yes
   02 ☐ No
2. Have you ever LSD ('trips', acid') taken yourself?

   01 ☐ Yes
   02 ☐ No→ go to question about bonsai
   03 ☐ I don't know → go to question about bonsai

3. During the last 12 months, have you taken LSD ('trips', acid')?
   01 ☐ Yes
   02 ☐ No→ go to question about bonsai

4. During the last 30 days, have you taken LSD ('trips', acid')?
   01 ☐ Yes
   02 ☐ No→ go to question about bonsai

5. During the last 30 days, on how many days did you take LSD ('trips', 'acid')

   01 ☐ daily or almost daily
   02 ☐ several times a week
   03 ☐ at least once a week
   04 ☐ less than once a week

BONSAI

1. Do you personally know people who take bonsai?
   01 ☐ Yes
   02 ☐ No

2. Have you ever bonsai taken yourself?

01 ☐ Yes
02 ☐ No→ go to question about codeine syrup
03 ☐ I don't know → go to question about codeine syrup

3. During the last 12 months, have you taken bonsai?

01 ☐ Yes
02 ☐ No→ go to question about codeine syrup

4. During the last 30 days, have you taken bonsai?

01 ☐ Yes
02 ☐ No→ go to question about codeine syrup

5. During the last 30 days, on how many days did you take bonsai?

01 ☐ daily or almost daily
02 ☐ several times a week
03 ☐ at least once a week
04 ☐ less than once a week

6.When did you take bonsai before the first time?

01 ☐ before age 15 03 ☐ between age 20-30 05 ☐ don't know, don't remember
02 ☐ between age 15-20 04 ☐ after age 30

CODEINE SYRUP

1. Do you personally know people who take codeine syrup?

01 ☐ Yes
02 ☐ No

2. Have you ever heroin taken yourself?

01 ☐ Yes
02 ☐ No→ go to question about cannabis
03 ☐ I don't know → go to question about cannabis

3. During the last 12 months, have you taken codeine syrup?

01 ☐ Yes
02 ☐ No→ go to question about cannabis

4. During the last 30 days, have you taken codeine syrup?

01 ☐ Yes
02 ☐ No→ go to question about cannabis

5. During the last 30 days, on how many days did you take codeine syrup?

01 ☐ daily or almost daily
02 ☐ several times a week
03 ☐ at least once a week
04 ☐ less than once a week

6.When did you take codeine syrup before the first time?

01 ☐ before age 15 03 ☐ between age 20-30 05 ☐ don't know, don't remember
02 ☐ between age 15-20 04 ☐ after age 30