NEAR EAST UNIVERSITY

GRADUATE SCHOOL OF SOCIAL SCIENCES

APPLIED (CLINICAL) PSYCHOLOGY MASTER PROGRAM

MASTER THESIS

THE PREVALENCE AND RISK FACTORS OF CIGARETTE AND ALCOHOL USE AND THEIR EFFECT ON OTHER PSYCHOACTIVE SUBSTANCE USE IN TURKISH REPUBLIC OF NORTHERN CYPRUS

ELİF CEREN SERT

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Prepared by; Elif Ceren SERT

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ÖZET

KUZEY KIBRIS TÜRK CUMHURİYETİNDE SİGARA VE ALKOL KULLANIMININ YAYGINLIĞI, RİSK FAKTÖRLERİ VE DİĞER PSİKOAKTİF MADDE KULLANIMINA ETKİSİ

Hazırlayan: Elif Ceren SERT

Eylül, 2015

Bağımlılık yapıcı madde kullanımı tüm dünyada olduğu gibi Kıbrısta daönemli halk sağlığı sorunlarından biridir. Bu tez çalışması, sigara ve alkol kullanımının yaygınlığının araştırılması, bu süreçteki risk faktörlerinin belirlenmesi ve buradan hareketle diğer psikoaktif madde kullanımına olan etkinin tespitini amaçlamaktadır. Çalışmanın evreni Kuzey Kıbrıs'ta 18-65 yaş arasında KKTC'de yaşayan ve Türkçe konuşan bireylerden oluşmaktadır. Araştırmanın örneklem grubunu Kıbrısta yaşayan kotalı çok basamaklı tabakalandırılmış seçkisiz 994 kişi oluşturmuştur.Çalışmanın anket formu Çakıcı ve ark.'nın (2003) Türkçe'ye uyarladığı Avrupa Konseyi'nin "Model Avrupa Anketi" (The Model Euopean Questionnaire) isimli anket çalışmasından yararlanılarak hazırlanmıştır. KKTC'de yetişkinler arasında yaşam boyu sigara içme oranı %62,7, alkol kullanma yaygınlığı %77,1 ve yasa dışı madde kullanma oranı %7,7 olarak tespit edilmiştir. Şimdiki sigara kullanma oranı ise %41,8 olarak tespit edilmiştir. Sigara kullananların %4,3'ü 11 yaş altında, %57,6'sı ise 18 ve üstünde sigara kullanmaya başladıklarını belirtmişlerdir. Alkol kullannanların ise 11 %1,5 yaş altında, %62,8 ise 18 yaş ve üstünde kullanmaya başlamışlardır. Bir defada 5 bardaktan fazla içenler %8,3'tür. Alkollü içkiler daha fazla eğlence, arkadaşlarla, rahatlama ve stres atmak için kullanıldığı görülmektedir.Erkekler kadınlardan daha çok alkol kullandığı görülmektedir. Her gelirden insanın alkol içtiği görülmektedir. Alkol kullanmayanların dine daha çok önem verdikleri görülmektedir. Çalışmada sigara ve alkol kullananlarda kullanmayanlara göre daha çok DPM ve yasadışı madde kullanımı görülmüştür. Araştırma sonuçlarına bakıldığında sigara ve alkol kullanımının KKTC'de yaygın olarak kullanıldığını ve yasadışı psikoaktif maddeler için bir risk faktörü olduklarını ortaya koymaktadır. Bu ilişkiden yola çıkarak DPM kullanımını önlemek için sigara

ve alkol kullanımına yönelik önleyici eğitm programlarına ihtiyaç bulunmaktadır. Sigara ve alkol kullanımına yönelik ilkokul çağından itibaren yapılacak eğitim ve önlme çalışmalarıhem sigara ve alkol kullanımındaki yaygınlığı azaltacak hem de DPM kullanımını da aynı zamanda azaltacaktır. Sonuç olarak sigara ve alkole yönelik KKTC'de multidisipliner yaklaşımla bir halk sağlığı politikasına ihtiyaç bulunmaktadır.

THE PREVALENCE AND RISK FACTORS OF CIGARETTE AND ALCOHOL USE AND THEIR EFFECT ON OTHER PSYCHOACTIVE SUBSTANCE USE IN TURKISH REPUBLIC OF NORTH CYPRUS

Prepared by: Elif Ceren SERT

September, 2015

ABSTRACT

Psyhoactive substance use is a very serious public health problem in TRNC as in the world. This research aims to examine the prevalance of cigarette and alcohol, determine the risk factors and its effect on other psychoactive substances (OPS). The setting of the study is in TRNC and the study includes individuals aged between 18 and 65 living in TRNC and speaking Turkish. Sample group in the study is composed of 994 participants in TRNC based on quota multiple-stage randomized sample. The survey used in the study was prepared based on the "The Model Euopean Questionnaire" transcribed by Çakıcı et al. (2003). The lifetime prevalence of cigarette use among aduts in TRNC was found to be 62.7%, alcohol use was 77.1% and illicit drug use was 7.7%. The current rate of smoking is 41.8%. 4.3% of smokers stated that they started smoking under the age of 11, whereas 57.6% of them indicated that they started smoking at 18 and above. However, 1.5% of individuals drinking alcohol stated that they started drinking at the age of 11, while 62.8 of them stated that they started drinking at 18 and above. The number of individuals drinking more than five glasses at once is 8.3%. Alcoholic drinks are usually consumed for having fun with friends, relaxing and destressing. It was found that males consumed more alcohol than females. It was also found that individuals with different incomes drank alcohol. It was found that non-drinkers attached more importance to religion. It was further found that drinkers and smokers showed more tendency to use OPS and illegal substance. The results of the study show that smoking and drinking alcohol is high in TRNC and that both smoking and drinking pose a risk factor for illegal psychoactive substances. Based on this relationship, tobacco and alcohol prevention programs are required for preventing OPS use. Prevention programs and prevention

education need to be started from primary school age will decrease the use of alcohol, tobacco and OPS. As a result, public health policy with multidisciplinary approach to smoking and drinking is needed in TRNC.

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Elif Ceren Sert, Nicosia,

September, 2015

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ABBREVIATIONS

TRNC: Turkish Republic Northern Cyprus

T.V: Television

U.S: United States

WHO: World Health Organization

OPS: Other Psychoactive Substance

1. INTRODUCTION

1.1. General Evaluation

Nowadays, psychoactive susbtance use has become a global social problem affecting the whole world. In recent years, struggle against psychoactive substance use has become the most significant agenda in most countries. Psychoactive substance use affects health and leads to death. Psychoactive substance affects lives of people as well as being harmful to health (Turhan, 2011, 33).

It is stated that drugs such as chemical psychoactive substance cause physical and psychological addiction and are used lifelong (Ögel, 1997, 54). When psychoactive susbtances which may lead to addiction after being used several times are used as a means of trade, they may be the most significant source of income for who want to generate income illegally (Derdiman, 2006, 103). It is stated that illegal psychoactive susbtances contribute to black economy significantly. It is seen that psychoactive substance use has been increasing significantly especially after World War II and become one of the most significant problems in the world (Köknel, 1998). Cigarette and alcohol are the most widely used psychoactive substances. It is seen that psychoactive substance use usually starts with smoking and continues with the use of other psychoactive substances in time (Tanrıkulu et al, 2008, 101). In a study by McKee and his friends in Canada, it was stated that 74% of students both smoke and drink alcohol (McKee et al, 2004, 111). In another study it was shown that drinking alcohol increases smoking significantly among students (Keskinoğlu et al, 2006, 190). The effect of smoking on drinking alcohol was proved and in literature data on the effect of volatile psychoactive substance and other drugs on the increasing use of these substances exist (McKee et al, 2004, 112). As understood, some addictions trigger each other and lead to other problem addictions (Esirgemez, 2014, 41). Thus, it can be said that the process which starts with smoking, continues with drinking alcohol and ends with using psychoactive substance. It is also stated that using tobacco and drinking alcohol are considered as risk factors for drug use (Esirgemez, 2014, 41).

1.2. Cigarette

1.2.1. Definition of Cigarette

Cigarette is made from the leaves of tobacco and formed from rolling papers around tobacco. It is stated that cigarette contains 400 toxic psychoactive substances (Ögel, 1997, 54). Cigarette is a kind of thin layered tobacco rolled in a paper and practical to carry and use. Tobacco is on the top of the addictive psychoactive substances that are widely used all over the world. It is stated that 70% of people who quit using tobacco are likely to restart using it at the end of the first month. This percentage shows the striking effect of tobacco on becoming addiction (Ögel, 1997, 56).

1.2.2. History of Cigarette

Use of tobacco, which is the oldest and most common habit in the modern era, is one of the biggest social problems. It can be said that use of tobacco becomes more popular every day by taking hold of young people. Cigarette is prepared from the dried leaves of tobacco. As well as being used as a cigar or by chewing, tobacco can also be used with a pipe (Mangır et al, 1992, 17).

America is the homeland of tobacco production and Christopher Colombu is the first person to introduce tobacco to Europe. Tobacco was presented to the queen in Paris by the French embassador, Jean Nicot, in Portugal in 1960 and planted in the garden of the palace. The most poisonous psychoactive substance in tobacco, nicotine is named after the embassador (Barış and İzzettin,1994, 16). It is stated that while age of drug use and alcohol decreases day by day in Turkey, age of smoking has decreased to age 7.

1.2.3. Prevalence of Cigarette Use

World Health Organization (WHO, 2004) noted thatsmoking causes the death of 5 million people every year and the number is expected to double in the next 20 years.According to the estimates made by WHO, whereas today the number of smokers is around 1.3 billion, it will expected rise up to 1.7 billion in 2025. Every 5-

5 second a person dies of smoking in the world and this situation causes $200 million damage to the world economy (DDK, Araştırma ve İnceleme Raporu, 48).

Turkey is one of the countries where cigarette is produced and consumed most. For this reason, smoking has been identified with Turkish identity over time. This caused smoking to become a traditional consumable psychoactive substance. In the last decade, cigarette production increased by 50% in Turkey, which is seen as a serious increase (Bilir et al, 2007, 22). In another study carried out by Ulukoca,Gökgöz and Karakoç (2013), it was found that 45.4% of young people smoke and the rate of those smoking regularly every day is 34.9%.In 2008, Turkey ranked the second country consuming cigarette after Pakistan with this tragic increase. Research shows that 750 thousand adoloscents start smoking in Turkey every year (Sezer, 1984, 11). The annual rate of expense in smoking increased to $6.5billion in Turkey, where the number of smokers is predicted to be 17 million. According to the scientifie studies, while 5 millon people die of smoking in the world every year, 100.000 people die of smoking in Turkey every year. It is also stated that Turkey has 3 million people with chronic lung disease, 4 million people with asthma and around 50 thousand people are diagnosed with lung cancer every year in Turkey.

In recent years studies that measure tobacco use prevalance is increased in TRNC. First study is conducted at 1996 among high school students and covered 2215 participants and at least once in their life time tobacco use rate is found as % 42 (Çakıcı M & Çakıcı E, 2000a). In the four subsequent high school studies; % 40.6 at 1999, %35.2 at 2004, %26.8 at 2011 and %31 at 2015 (Çakıcı M & Çakıcı E, 2000b, Çakıcı et al 2010, Eş 2015, Çakıcı et al, 2015). The study, which is conducted by Çakıcı et al. (2014) aims to examine the prevalance and risks of psychoactive substance use among university students in TRNC, shows that the rate of lifetime smoking is 69.5% and girls smoke more than boys. Data obtained in this study show that the rate of smoking among the Turkish students from Turkey has significantly higher than the Cypriot students. In household survey studies conducted in TRNC, They were found that the rate of smoking was 44.7% in 2003 (Çakıcı et al, 2003), 64% in 2008 (Çakıcı et al, 2014) and 62.1% in 2013 (Tütar, 2014). All studies which were conducted in TRNC show that the rate of smoking increases during the transition period between high school and maturity.

1.2.4. Why People Smoke

Studies show that young people smoke for various reasons such as fulfilling their entertainment, social and emotional necessities, getting away from problems, seeking adventure or challenging some negative situations (Hogan, 2000, 27). There are risk factors that encourage young people to smoke, consume alcohol and OPS. These risk factors are family, friends, school, characteristic features of the individual, other risk related behaviors, social and environmental reasons (Ögel, 2002). Mayda et al. (2007) states that the influence of friends on smoking is 54.4%, wannabes 28.0%, curiosity 28.8% and loneliness 20.6%.

1.2.4.1. Biological Reasons

The chemical psychoactive substance that leads to smoking addiction is nicotine and nicotine addictions shows medica similarities to heroine, alcohol and cocaine addiction. It is stated that quitting smoking for a heavy smoker is as hard as giving up heroine for a heroine addict. It is known that by inhaling nicotine reaches the brain within a few seconds, warns several centers and shows its effects. In addition to these, after nicotine delivery is stopped, within 24 hours, symptoms such as an irresistable desire for smoking, uneasiness, anger, anxiety, distractibility, decrease in heart rate and increased appetite are observed. In other words, lack of nicotine causes concrete symptoms known as withdrawal symptom in addicts. Because of these reasons, World Health Organization considers smoking addiction as a disease similar to drug and psychoactive substance use (Dağlı, 1994, 63).

1.2.4.2. Psychological Reasons

Cigarette keeps people from troubles and tension by decreasing the tension experienced in daily life. This situation causes cigarette to become addiction. Behaviors such as taking the cigarette out of the package, lighting up the cigarette, dropping the ash off the cigarette are considered as a way to keep from troubles and tension. It is seen that social and psychological features of youth are important reasons encouraging young people to start smoking and maintaining this habit.

Reasons for smoking inititation are of equivalent value with reasons suggested by various researchers. It is possible to list reasons for smoking as tendency towards estrangement from society, anxiety, stress, influence of friends, curiosity, imitation, wannabe, identification, unlimited autonomy, rebellion against authority, lack of confidence, building relationships with the opposite gender and evading responsibility (Aral and Baran, 1992, 53).

1.2.4.3. Familial Reasons

It is seen that in adoloscence period, young people tend to smoke since they want to look like and act as older people. They are unconscious of what this behavior which provides satisfaction in achieving superiority among friends, self-actualization and making himself/herself accepted may cause. Whether parents smoke or not plays a significant role in acquiring this habit. Studies show that young peope whose parents smoke show tendency towards smoking more (Mangır et al, 1992, 53). It was found that majority of young people using substance are raised in unhappy families where lack of love, violence and overpermissiveness prevails. Fights between parents, indifference to children, lovelessness and constant domestic tensions injures the mental health of young people driving them into bad environments.

1.2.5. Harms of Cigarette Smoking

It is know that this psychoactive substance is dangerous for health and may cause organic disorder, gastritis, ulcer, lung cancer ve heart attack. Furthermore, Abrams (2014) states that cigarette smoking causes many health problems and he lists those problems as such:

•480.000 deterioration to person, death more than 20 million

• Disorders such as colon, arthritis and blindness

• $289 billion loss

•5.6 million premature labor

Donald et al. (1994) states that smoking causes death in the U.S. but people still more than 29% of people continue smoking. In addition to this, as well as physical

and psychological effects, smoking has economic impacts (Sağlık Bakanlığı, 1995, 7). According to studies (Hawkins et al,1992, 64). There needs to be done; In this regard, in order to preserve the mental health of the society, the most important given priority is to fight agaist substance use within the scope of preventive health services. It is also significant to take care of adoloscents who are under the risk of substance addiction by creating opportunities to get to know them and talking to them about the harms of substance use. It can be said that nurses should be trained in terms of substance use and other addictive behaviors.

1.2.6. Treatment of Smoking

When the individual has the need for smoking, he/she should consume nutritious food, water or juice instead of smoking. Furthermore, playing with keys or chain might decrease the desire for smoking. He/sheshould not stay with smokers for a long time. He/she should jog in the open air, do exercises and pay attention to sports. He/she eat regularly, consume soups, rest for 5-10 minutes after each meal and take a 5-10 minute walk. For cigarette addicts the hardest time of the day is evenings. They should avoid heavy meals, alcohol, coffee, stop watching TV after a while and focus on engrossing things. Continuing this kind of behaviors for a week or two weeks might be the end of smoking habit. The feeling of security after quitting smoking is the best assurance for not starting smoking again.(Aral and Baran, 1992, 53). Ways to quit smoking are listed as follows: Quitting suddenly, quitting slowly, hypnosis, cigarette with low amount of nicotine, gum with nicotine, special cigarette filtersand psychological treatment. The most dangerous period after quitting smoking is the first second and third month because 88% of people quitting smoking start smoking within 58 days. One of the most widely used methods for quitting smoking is to take professional help. This kind of help may be provided invarious ways. For example;

- Methods based on teaching and conditioning,

- Medicine and science based programs,

- Hypnosis,

- Acupuncture,

- Therapies by restricting environmental stimulants,

- Therapies based on writing imaginary scenarios.

Why do some people restart smoking after quitting? They have valid reasons or excuses for that. These excuses are:

1. "I did not say I would definitely quit smoking. They insisted. Actually, I am strongminded and I can quit smoking any time."

2. "I am not strongminded. I cannot quit smoking. I tried but it did not work."

3. "What difference does it make at all? We are going to die eventually."

4. "Quitting smoking is not good for me. I can quit any time and restart any time."

This kind of excuses are the reasons encouraging people to restart smoking (Barış, 1994). In addition to this, it is known that smoking has physical effects as well as mental and behavorial effects. When these factors are not investigated sufficiently, it is seen that people restart smoking after nicotine depriviation is over.

It is stated that physical, mental and behavorial factors are closely related. For instance, craving nicotine (physical addiction) might cause mental problems. Mental problems and depression might increase the desire for nicotine. As in craving tea or coffee while waiting for a bus, behavorial factors may increase the desire for smoking.It should also be remembered that the number of smokers, encouraging places for smoking, setting other people as examples or adaptation are among reasons for smoking. In addition to this, studies show that behavior consulting ve drug theraphy are effective in treatment of smoking cessation (Kaya,1991, 46).

Medical treatments effective in smoking cessation are nicotine replacemement treatment, bupropion and vareniclin. Each treatment has side effects or some cases in which they should not be used (Mangır, 1992, 54). These medicines are prescription drugs, and thus, they should be prescribed by a doctor or used under the supervision of a doctor. Doctors examine their patients attentively, inform patients of the treatment and finally decide onwhat drug to use (Barut, 1992, 37).

1.3. ALCOHOL

1.3.1. General Information About Alcohol

It is known that alcoholic drinks are psychoactive substances produced from fermented sugary nutirions and these drinks affect the brain and consciousness (Turhan et al, 2011, 34). It is also known that the amount of ethyl alcohol changes and as the amount of alcohol increases, possible damages are more likely to happen. Habitual intoxication which is observed in people who drink heavily is called as alcohol addiction or alcoholism (Yoshimoto, McBride, Lumeng & Li, 1992, 17). Furthermore, it is see that alcohol addict are incapable of working gradually, lose his/her job, spend days by drinking alcohol and become a burden on the family and society.

Besides, today there is an increase in the number of people drinking alcohol and becoming addicted. Alcohol is considered as a serious health problem as drugs are also considered as a serious problem. It can also be said that the fatc that alcohol is sold freely and celebrities show up with alcoholic drinks on media encourages the use of alcohol. Furthermore, it is not possible to foresee who will become alcohol addict(Hasin, Stinson, Ogburn, & Grant, 2007,830). For this reason, every drinker is seen as a potential addict. It is also seen that once the habit is gained, it becomes too late because the number of people, who are able to quit drinking as a result of a long and costly treatment period, is significantly less (Turhan et al, 2011, 37).

1.3.2. Use of Alcohol

It is stated that there was a significant increase in the use of alcohol and problems caused by use of alcohol in the last 25-30 years (Turhan et al, 2011, 37). The increase in the use of alcohol in the world in recent years draws a lot of attention. It is stated that the increase is mostly observed especially in developing countries (WHO, 1982, 25). According to data obtained from DSM-IV, the lifelong risk of drinking for women is 10% in America, whereas the lifelong risk of drinking for men is 20%. Also, the lifelong risk of alcohol addiction for women is 3-5%, while it is 10% for men. The prevalance of alcohol addiction and alcohol abuse is reported to be 13,8% (Yavuz et al, 2008, 225). It is also observed that there is an increase in consumption

paralel to production and it was found that 87% of people in America drink alcohol, while 38% of people are addicted to alcohol (Harford, 1992, 32). It was found that alcohol use in Turkey reached 600 million liter in 1992 whereas it was 400 million liter in 1981 (Dağlı, 1994, 63). In addition to this, studies on the use of alcohol in Turkey show that alcohol use increases every day in Turkey.

1.3.3. Alcohol Abuse

It is seen that disorders related to the use of alcohol are cateorized into two: alcohol abuse and alcohol addiction (DSM-IV). According to State Institute of Statistics, annual use of alcohol has been increasin significantly (Bayar and Yavuz, 2008, 221). Besides, alcohol use among use is rarely seen in Turkey, but in recent years there has been an increase in the number of women using alcohol in Turkey.

Alcohol abuse is used as a term that is defined by DSM-IV as a stage of alcohol use which has not increased to the level of addiction. Tolerance or depriviation syndrome which is observed when quitting alcohol has not been developed in alcohol abuse as well as using a certain alcohol or consuming too much alcohol (Dağlı, 1994, 63).It is stated that DSM-IV-TR uses the same criteria "psychoactive substance addiction" and "abuse" for every psychoactive substance (Jellinek, 1952, 673). Phases of alcohol addiction. Quarterly journal of studies on alcohol, 13(4), 673-684). It is discussed that the necessity of drinking too much alcohol during the day, consuming too much alcohol regularly on weekends and consumin too much alcohol for a long period of time are indicators of disorders related to alcohol.

Study conducted by Yavuz ve Bayar (2008) shows that young people consuming alcohol come from oppressive families where parents always argue and limitlessness and abuse are constantly experienced. Indifferent, inconsistent and oppressive families increase the rate of drinking (Tol, 1990, 61). Also, another study shows that young people raised in incompatible families tend to drink more alcohol as a reaction against their parents, and even one of the primary reasons for using psychoactive substances is the lack of harmony between parents (Conners et al, 198-247). Besides, according to Didier and Smart; Akfert, Çakıcı and Çakıcı (2009), compared to adoloscents with good family relations, adoloscents with weak family relations drink more. Çakıcı and Çakıcı (2000) indicate that individuals who are exposed to physical

and psychological abuse and ignorance are more inclined to use psychoactive substances.

In a study by Akfert, Çakıcı and Çakıcı (2009), it was found that the total number of problems faced in families whose children both drink and smoke is significantly high. Also, different studies show that young people having various problems with their families tend to smoke, drink and use pyschoactive substances more (Yavuz and Bayar, 2008, 223).

In another study by Combs and Landsverg (1988), it was found that the relationship between parents plays a major role in encouraging adoloscents to drink and use psychoactive substances, the communication between young people using psychoactive substances or drinking do not have good relationships with their parents, these adoloscents cannot express themselves emotionally, the family has strict rules in terms of doing homeworks, watching TV and so on and these adoloscents want to trust their parents and build good relationships with them. It was also found that the parents of adoloscents who do not drink and use psychoactive substances reward their children more and help to solve their problems.Youth is a period of time where young people look for identity, show more risky behaviors and the tendency towards smoking and drinking appear in this period more significantly (Turhan et al, 2011, 39). It is known that having a peaceful and happy family atmosphere contributes to the mental development of the adoloscents, whereas troubled family atmoshpere leads to smoking and drinking. Based on this data, it is significant to note that family plays a major role in smoking and drinking.

1.3.4. History of Alcohol Use

Alcohol is a volatile, pleasure-inducing, depressant, toxic substance that inhibits in the neural system (Kalyoncu ve Mırsal, 2000, 22). Perspectives on alcohol use has changed throughout history (Brown, 2008, 34). It is stated that Baccuhus in ancient Rome, Dionysos in Athens were accepted as champagne goddesses, Ancient Egyptians, Jews and Greeks used alcohol in medical interventions and also, these communities confronted dilemmas and rejected alcohol as they realized it caused loss of control. In other words, although alcohol is accepted in every age, excessive use of alcohol is seen as an inappropriate behavior (Köknel, 1998; Brown, 2008). Prehistoric religions used alcohol as a holy token in religious ceremonies. In Judaism

drinking a decent amount of alcohol was seen as a religious activity, whereas Christianity banned drunkeness allowing only drinking. However, although Islam did not intervene in drinking initially, alcohol was banned in Islam afterwards (Brown, 2008, 34). Today, drinking alcohol and liquors is accepted as a part of socal interactions in various parts of the world. However, it is seen that alcohol causes social problems due to health problems and the risk of addiction (WHO, 2009, 17).

1.3.5. Prevalence of Alcohol Use in TRNC

In a study conducted by Akfert, Çakıcı ve Çakıcı (2009) in Turkish Republic of Northern Cyprus, the rate of lifelong smoking is 61.5%, whereas the rate of lifelong drinking is 70.8%. It is also seen that these results are consistent with the data obstained from studies in Turkey and Turkish Republic of Northern Cyprus (Yavuz and Bayar, 2008, 225).

In the household survey study conducted in 2003, it was found that drinking alcohol at least once in their lifetime was 82.1%, whereas it was found to be 77.1% in another household survey study conducted in 2008, and 68.5% in household survey study carried out in 2013. In a study by Akfert, Çakıcı and Çakıcı (2009), it was found that 29.7% of students tried smoking at age 18 for the first time, whereas 31.6% of students tried drinking at age 18 for the first time. In the first high school study in TRNC at 1996 which is covered 2515 participant at least once in their life time alcohol use rate was found as %42 (Çakıcı M & Çakıcı E, 2000a). In the four subsequent high school studies alcohol use rates were; %79.7 at 1999, %85.9 at 2004, %75.6 at 2011 and %69.7 at 2015 (Çakıcı M & Çakıcı E, 2000b, Çakıcı et al 2010, Eş 2015, Çakıcı et al., 2015). The results of study conducted with university students showed that the rate of drinking alcohol at least once in their lifetime was 81.0% (Çakıcı et al., 2014). When drinking alcohol in TRNC is compared with alcohol use in Turkey, which share common historical and cultural values (Çakıcı et al., 2014), alcohol use shows differences and the rate of alcohol use in TRNC is higher (Çakıcı et al., 2003).

It is stated that attending a new environment after high school and staying away from the supervision of the society increases the possibility of drinking (Çivi and Şahin, 1991, 49). Furthermore, it is stated in another study that students who try drinking

have bad communication skills in their families although maintaining good communication skills is beneficial for expressing individuals better (Çivi and Şahin, 1991, 49). Also, drinking leads to an increase in selfconfidence, mood and communication skills.

1.3.6. Reasons for Alcohol Use

Many factors play a significant role in starting drinking, having minor problems with alcohol at a young age and having addiction problem at later ages. Related to socio-cultural and psychological problems, drinking is an accepted case in the western society. However, whereas factors influencing drinking lead to temporal problems, they may lead to alcohol addiction in some cases (Schuckit, 2000, 955).

It is not correct to attribute drinking to only one reason. When reasons for drinking are analyzed, it is seen that these reasons are affected by biological, socio-cultural and psychological factors (Yavuz and Bayar, 2008, 223).

1.3.7. Harms of Alcohol Use

Drinking alcohol leads to problems such as hepatitis, live fattening, cirhosis and risk of cancer. Drinking has physical risks such as gastritis, esophagitis, pancreatitis, muscle weakness, myolysis, embolism, hypertension, coronary failure, anemia, heart attack and so on. It is also know that drinking causes psychological problems such as depression, sexual problems, mental problems, insomnia, skepticism and addiction (Çivi and Şahin, 1991, 49).

1.3.8. Treatment for Alcohol Use Problems

Alchohol addiction is seen as a personality disorder and in reent years, it is viewed as a disease. While some people drinking alcohol keep it at a social level, others face alcohol abuse and alcohol addiction. Alcohol addiction is regarded as an illness that develops over time and has a destructive effect both on individuals and their family.

Alcohol addiction leads to material and nonmaterial results by causing physical and psychological problems as well as destroying the functionality of the individual. Alcohol addiction is caused by ignorning social activities. Alcohol addict decreases

the amount of time spent with his/her family and friends. It takes time for the alcohol addict to rebuild relationships with family and friends. Usually, close friends and close family members such as parents, children and spouse become aware of the addiction more quickly. For this reason, demand for treatment is usually offered by family members. As problems related to drinking and addiction increase, alcohol addict agrees to receive treatment. Since addiction treatment cannot be achieved without the consent of the addict, the addict should have the will to quit drinking. Alcohol treatment consists of two stages:

• Detoxification

• Psychosocial treatment

Detoxification in Alcohol Addiction: After sustained use of alcohol and quitting or decreasing drinking deprivation (withdrawal symptoms) in relation to withdrawal of alcohol show up. These deprivation symptoms are seen in a wide range from light to heavy. Alcohol withdrawal symptoms may increase to a life threatening point and thus, when the alcohol addict quits drinking, he/she may need to receive medical treatment. Within the first few hours or days after quitting or decreasing drinking, alcohol addict may confront with symptoms as indicated below:

Perspiration

-Increase in pulse rate

- Hand tremor

- Insomnia

- Nausea or vomitting

Psychosocial Treatments in Alcohol Addiction: After detoxification treatment is completed, the psychosocial treatments period covering a long and healthy lifespan begins. The primary objective in this period is to build an alcohol free life and prevent restarting alcohol. Alcohol addiction does not only include alcohol use. It also includes changes in life, social environment and habits of the individual. Therefore, alcohol treatment does not only cover receiving medical treatment but also making significant changes in life style. For this reason, the treatment should be

determined according to the needs of the addict and carried out by a team. As addiction treatment is mainly aimed at changing life style, behaviors and habits, alcohol addict should be willing to quit drinking. Willingness for change makes change possible (Brown, 2008).

Involvement of family members in treatment plays a major role in obtaining positive outcomes. Psychosocial treatments in addiction treatments may last long. As the development of addiction cover a period of time, building an alcohol free life also cover a certain period of time. Alcohol addict may restart drinking in this period. For this reason, it is significant for the addict to realize the importance of the process and requirements necessary for handling this situation. The first step on preventing restarting drinking is to make the addict aware of the high risked situations which may encourage him/her to restart drinking. The individual may face certain situations during the period he/she quits drinking because of various reasons. Seperation, health problems, new responsibilities, economic difficuties re challenging and may lead to relapse. Also, social activities such as parties and celebrations pose a risk for restarting drinking. Environment and relatives of the individual may also increase risks. In order to handle this situation, below mentioned methods are suggested:

- Looking for someone who can help,

- Applying methods to solve problems,

- Asking for help from hospitals,

-Joining Alcoholics Anonymous if it is available in the city the alcoholic resides (Turhan et al., 2011, 34).

1.4. PSYHOACTIVE SUBSTANCE USE AND REASONS

1.4.1. Psychological Reasons

Freud suggests that addiction problems are caused by problems experienced in oral stage and defines oral stage as a period when individual accomplishes psychological development. It is stated that oral personality, excessive dependence on mother and emotional stress develops in this period (Ögel, 1997, 62). Freud also discusses that psychoactive substances such as milk and water are used as a way to satisfy themselves and these substances are replaced by drinking alcohol and smoking in the upcoming stages. Apart from that, Adler supports that incomplete feelings at birth, failures in business life and problems in social life lead to the use of alcohol and drugs. He further states that psychoactive substance such as alcohol and cigarette are used in order to provide self-satisfaction (Allgulander, 1989, 1006).

1.4.2. Genetic Causes

Psychoactive susbtance use is caused by both environmental and genetic causes. It is observed that the existence of individuals with psychoactive susbtance use problems creates biological tendency towards psychoactive susbtance use (Jellinek, 1952, 675). It can also be said that the existence of alcoholism and psyhoactive substance use in the family may be effective on the tendency levels of individuals. According to the results of studies, it is seen that genetics plays a major role in the development of alcoholism by 50-70 percent (Ögel, 1997, 63).

1.4.3. Biological Causes

Studies show that some parts and systems of the brain influence addiction. However,Ögel (1997) states that this effect is temporal. Further indicates that body produces endorphin as well as morphine. When body receives drugs, the balance of psychoactive substances change and body needs drugs in order to be able to reshape the balance of these substances (Allgulander, 1989, 1007).

1.4.4. Sociocultural Causes

Psychoactive substances are more accessible gradually which increases the use of psychoactive substance. Ögel (1997) states that the fact that individuals find psychoactive substance use normal increases the prevalance of psychoactive substance use.

1.4.5. Frequency of Psychoactive Substance Use

In 2004, according to a study conducted among 2267 students in 33 high scools in Turkish Republic of Northern Cyprus, the prevalance of life long smoking was 35.2%, the prevalance of lifelong drinking was 85.9% and other psychpactie substance use was 8.0% (Çakıcı et al., 2010, 206). In 2011, according to another study conducted among 2114 students in 34 high schools in Turkish Republic of Northern Cyprus, the prevalance of lifelong smoking was 26.8%, the prevalance of lifelong drinking was 75.6% and prevalance of OPS use was 10.0% (Runeson, 1990, 561). However, in a study conducted among 861 elementary school students aged 13-14, it was found that the prevalance of lifelong smoking was 19.7%, the prevalance of life time drinking was 61,9%, and prevalance of OPS use was 5.8% (Çakıcı et al, 2001, 176). In a study conducted among university students in Turkish Republic of Northern Cyprus, the prevalance of life time smoking was 69.5%, the prevalance of lifelong drinking was 81% and use of OPS was 15.6% (Çakıcı et al., 2014, 159).

There are few studies related to substance use among adults in Turkish Republic of Northern Cyprus. Studies targetting at the society were conducted by using the same technique and survey respectively in 2003, 2008 and 2013. In 2003, according to a study conducted among 825 people in Turkish Republic of Northern Cyprus, it was found that the prevalance of lifelong smoking among 18-65 ages was 44.5%, the prevalance of lifelong drinking was 82.1% and other psychoactive substance use was 5.9% (Çakıcı et al, 2001, 176). In the same way, in another study conducted in 2008 among 804 participants it was found that the prevalance of lifelong smoking was 64%, the prevalance of lifelong drinking was 77.1% and OPS use was 7.7% (Çakıcı et al, 2014, 159). In another study conducted in 2013 among 1040 participants, it was found that the prevalance of lifelong smoking was 62.1%, the prevalance of lifelong

drinking was 82,3% and the other psychoactive substance use was 8.4% (Tutar, 2014). Prevalance studies conducted in Turkish Republic of Northern Cyprus in 2003, 2008 and 2013 show that the most widely used substance is drugs. Also, studies conducted in the time period show that use of bonsai, ecstasy, codein syrup and calmatives are quite common. Especially the increase in the use of bonsai in Turkish Republic of Northern Cyprus in recent years is dramatic (Tütar, 2014, 14). It's seen that the fact that Turkish Republic of Northern Cyprus is a small country makes the access of psychoactive substances into the country possible and increase the use of these substances (Çakıcı et al, 2001, 177). Use of drugs has been increasing day by day and the drug age has been decreasing significantly (Tütar, 2014,14). M. Çakıcıand E. Çakıcı (2000a) states that drug use has a negative impact on young people. Ögel (1997) indicates that America is the country where the highest amount of drugs are produced and mariuna is the substance that is used most in these countries.It can be said that psychoactive substance use has a negative impact on the health of society. Furthermore, Köknel (1998) states that the use of alcohol, smoking and drugs has been increasng in developing countries in Middle East. The psychoactive substance most widely used in Turkey is cigarette (Tütar, 2014, 15). Besides, it is seen that psychoactive substance use in many countries such as Turkey where level of education and income is low has been increasing gradually (Ögel, 1997, 65). Ögel and Başterzi (2010) states that access to psychoactive substances and cheap prices make these substances attractive. Thus, it can be said that these reasons lead to increase in the use of psychoactive substances.

2. METHOD

2.1. Sample

The study took place among Turkish speaking individuals at age 18-65 in Turkish Republic of Northern Cyprus. The study was conducted among 994 participants in Turkish Republic of Northern Cyprus and based on quota multiple-stage randomized sample. Individuals participating in the study are chosen based on gender (male, female), age (18-19, 20-29, 30-39, 40-49, 50-65), settlement (village, city) and features of the region where individuals live. The choice of sample is based on the statistics obtained from population census on 4 December, 2011 (Population Census, 2011). In the light of the results obtained from the last population census, population characteristics in five regions including Nicosia, Famagusta, Kyrenia, Guzelyurt and Iskele were taken into consideration. These 5 regions were divided into neighborhoods in cities and villages in rural regions. This kind of randomized study included 16 neighborhoods, 17 villages and sub-districts (Lefke, Güzelyurt, Mehmetçik, İskele, Geçitkale).

2.2. Survey

2.2.1. The Model European Questionaire

Survey was prepared by considering "The Model European Questionnaire."(EMCDDA, 1995). European Monitoring Centre for Drugs and Drug Addiction EMCDDA (1995) was taken from the study conducted by Çakıcı et al. (2003, 2008 ve 2013). Model European Questinnairehas never been applied before the study done by Çakıcı et al (2003) to th Turkish Cypriot population. In the Çakıcı et al. (2003) study, originalsurvey questionnaire is translated by one academician from Education Faculty, two academician from Art and Sciens Faculty in total of three academicians of Near East University. Than it is translated from turkish to english by a academcian who is attendant in English Language Department, after that one of the academician who is from English Language Department is decided that every question is qualified. Survey form includes informed consent and sociodemographic forms.The Model European Questionaire includes two part which

help to designte of substance use prevalance. First part of the survey covers sociodemographic questions like age, sex, social support, income level, work life, education level. Second part of survey covers questions which help to find out frequency of substance use, reasons for substance use. By use of this survey it is aimed to compare with other European countries.

2.3. Procedure

Study was conduced in Turkish Republic of Northern Cyprus in May-June 2015. Starting points were determined randomly as streets, villages and main spots in villages (tea houses or mosque) and covered north, south, east and west.

Pollsters started from the right side of the road and the minimum numbers by creating a square shape. One in every three houses was included in the study and the route of the study was determined by turning right in every street and creating a square shape. When one square was completed, another square shape was restarted from the street situated below the starting point. This way it was ensured that mistakes could be prevented by making a mutual point in the choice of the houses selected by the pollsters. One in every three houses was included in the study and males and females along with their ages were taken into consideration. Only one person in the house visited was included in the study. The study was conducted in a way that one male in the first house and one female in the second house participated in the survey. In terms of age quota, if there were more than one person in the house, the one whose birthday was approaching was selected. Survey is complated by participant and it is collected in a closed box. 47 pollsters took part in the study and pollsters received training before attending the study. Every pollster coducted a poll with 21 people at most. This way it was aimed to decrease the possibility of error margin.

2.4. Statistical Method

Descriptive statistics data was used in the study. Comparison of sosciodemographic characteristics and OPS use of the male and female differences and also tobacco and alcohol user and non-user participants differences chi-squared statistic method was used. For investigating the relationship between risk factors and cigarete and alcohol use multivariete logistic regression analysis was used.

3. RESULT

As a result of the survey 994 participants were analysed. 490 participants were female and 504 participant were male. Age distribution of the participants were 30.9% 18-29 age group, 22.8% 30-39 age group, 19.3% 40-49 age group, 14% 50-59 age group and 13% 60 and over age group.

Table 1. Comparison of male and female distribution of participants in terms of smoking cigarette, pipe or cigar

	Female		**Male**		**Total**	
	N	**%**	**N**	**%**	**N**	**%**
Smokers	163	33.5	246	50.1	409	41.8
Nonsmokers	324	66.5	245	49.9	569	58.2
Total	487	100.0	491	100.0	978	100.0

X^2=27.796, df=1, p=0.000, DA (Do not answer)=16 (%1.6)

There is statistically significant difference between males and females for smoking cigarette, pipe or cigar acording to chi-square statistical method.Male participantss smoke more than female participants (X^2=27.796, df=1, p=0.000).

Table 2. Comparison of male and female distribution of the time of serving the highest amount of alcohol in participant houses

	Female		Male		Total	
	N	%	N	%	N	%
Never	194	41.4	179	37.5	373	39.4
When guests come over	108	23.0	119	24.9	227	24.0
Any time, without appetizer, as a relaxing drink	9	1.9	23	4.8	32	3.4
Any time with appetizer	15	3.2	30	6.3	45	4.8
At lunch	0	0.0	0	0.0	0	0.0
At dinner	9	1.9	18	3.8	27	2.9
Only on Sundays	9	1.9	7	1.5	16	1.7
While celebrating something	109	23.2	77	16.1	186	19.7
Other	16	3.4	24	5.0	40	4.2
Total	469	100.0	477	100.0	946	100.0

X^2= 22.551, df= 7, p=0.002, DA=48 (%4.8)

There is statistically significant difference between males and females for the time of serving the highest amount of alcohol in participant housesacording to chi-square statistical method. Females drink when guests come or they celebrate something, but males drink more alcohol when guests come, dinners, for ralaxing time and they celebrate something

Table 3. Comparison of male and female age distribution of participants to start smoking

Age	Female		Male		Total	
	N	%	N	%	N	%
11 and below	6	2.8	18	5.2	24	4.3
12	3	1.4	18	5.2	21	3.8
13	5	2.3	11	3.2	16	2.9
14	8	3.7	23	6.7	31	5.6
15	12	5.6	31	9.0	43	7.7
16	16	7.5	33	9.6	49	8.8
17	21	9.8	31	9.0	52	9.3
18 and above	143	66.8	178	51.9	321	57.6
Total	214	100.0	343	100.0	557	100.0

X^2 =17.307, df=7, p=0.016, DA=437 (%44.0)

There is statistically significant difference between males and females for age to start acording to chi-square statistical method. Males have started smoking more below the age of 11 (X^2 =17.307, df=7, p=0.016).

Table 4. Comparison of male and female age distribution of participants in terms of drinking constantly more than their peers

Age	Female		Male		Total	
	N	%	N	%	N	%
11 and below	1	2.6	3	2.0	4	2.2
12	0	0.0	1	0.7	1	0.5
13	0	0.0	1	0.7	1	0.5
14	2	5.3	1	0.7	3	1.6
15	1	2.6	6	4.1	7	3.8
16	3	7.9	10	6.8	13	7.0
17	2	5.3	10	6.8	12	6.5
18 and above	29	76.3	115	78.2	144	77.8
Total	38	100.0	147	100.0	185	100.0

X^2=4,820, df=7, p=0,682, DA=395 (%39.7)

There is no statistically significant difference between males and females for age to start drinking constantly more than their peers acording to chi-square statistical method. Mostly both females and males are have started drinking constantly after 18 and above (X^2=4,820, df=7, p=0,682).

Table 5. Comparison of male and female age distribution of participants in terms of beginning to drink

Age	Female		Male		Total	
	N	%	N	%	N	%
11 and below	3	1.4	6	1.6	9	1.5
12	2	0.9	10	2.6	12	2.0
13	0	0.0	8	2.1	8	1.3
14	3	1.4	14	3.7	17	2.8
15	9	4.1	51	13.4	60	10.0
16	9	4.1	41	10.7	50	8.3
17	25	11.5	36	9.4	61	10.2
18 and above	166	76.5	216	56.5	382	63.8
Total	217	100.0	382	100.0	599	100.0

X^2= 37.234, df=7, p=0.000, DA=809 (81.4)

There is statistically significant difference between males and females for age of beginning to drink acording to chi-square statistical method. Comparing males and females males have started drinking below the age of 18 more than females.

(X^2= 37.234, df=7, p=0.000).

Table 6. Comparison of male and female distribution of life long use of smoking

	Female		Male		Total	
	N	%	N	%	N	%
0	435	48.5	128	26.1	363	37.3
1-2	39	8.1	24	4.9	63	6.5
3-5	27	5.6	13	2.7	40	4.1
6-9	6	1.2	5	1.0	11	1.1
10-19	8	1.7	4	0.8	12	1.2
20-39	8	1.7	9	1.8	17	1.7
40 and more	161	33.3	307	62.7	468	48.0
Total	484	100.0	490	100.0	974	100.0

X^2= 87.5, df=7, p=0.000, DA= 437 (%44.0)

There is statistically significant difference between males and females comparison of lifetime use of smoking acording to chi-square statistical method. The rate of those who smoked 40 times or more is 33% among females and 62% among males

(X^2= 87.5, df=7, p=0.000).

Table 7. Comparison of male and female distribution of smoking in the past 12 months

	Female		Male		Total	
	N	%	N	%	N	%
0	312	64.5	219	44.5	531	54.4
1-2	15	3.1	9	1.8	24	2.5
3-5	6	2.2	12	2.4	18	1.8
6-9	8	1.7	4	0.8	12	1.2
10-19	5	1.1	4	0.8	9	0.9
20-39	11	2.3	11	2.2	22	2.3
40 and more	127	26.2	233	47.4	360	36.9
Total	484	100.0	492	100.0	976	100.0

X^2=53.063, df=7, p=0.000, DA=18 (%1.8)

There is statistically significant difference between males and females comparison of smoking in the past 12 months acording to chi-square statistical method.Males participants stated that they smoked more than females (X^2=53.063, df=7, p=0.000).

Table 8. Comparison of male and female distribution smoking in the past 30 days

	Female		**Male**		**Total**	
	N	**%**	**N**	**%**	**N**	**%**
Hiç içmeyenler	330	68.9	230	46.9	560	57.8
Less than one cigarette a week	14	2.9	17	3.5	31	3.2
Less than a cigarette a day	4	0.8	6	1.2	10	1.0
1-5 cigarettes a day	34	7.1	21	4.3	55	5.7
6-10 cigarettes a day	25	5.2	18	3.7	43	4.4
11-20 cigarettes a day	32	6.7	67	13.7	99	10.2
20-30 cigarettes a day	17	3.5	54	11.0	71	7.3
31-40 cigarettes a day	3	0.6	14	2.9	17	1.8
More than 40 cigarettes a day	20	4.2	63	12.9	83	8.6
Total	479	100.0	490	100.0	969	100.0

X^2= 83.696, df=8, p=0.000, DA=25 (%2.5)

There is statistically significant difference between males and females comparison of smoking in the past 30 months acording to chi-square statistical method. Maleshave smokedmore than females formore than 40 cigarettes a day in last 30 days(X^2= 83.696, df=8, p=0.000).

Table 9. Comparison of participants in terms of whether they faced difficulty in quitting smoking or not

	Female		Male		Total	
	N	%	N	%	N	%
0	258	53.9	127	25.6	385	39.4
1-2	57	11.7	27	5.4	83	8.5
3-5	35	7.3	35	7.0	70	7.2
6-9	32	6.7	25	5.0	57	5.8
10-19	37	7.7	62	12.5	99	10.1
20-39	20	4.2	40	8.0	60	6.1
40 and more	41	8.6	181	36.4	222	22.7
Total	479	100.0	497	100.0	976	100.0

X^2=11.109, df=3, p=0.011, DA=323 (%32.5)

There is statistically significant difference between males and females comparison of participants in terms of whether they faced difficulty in quitting smoking or not acording to chi-square statistical method. Males have faced more difficulties in quitting smoking than females (X^2=11.109, df=3, p=0.01).

Table 10. Comparison of participants in terms of consuming alcoholic drinks in the past 12 months

	Female		Male		Total	
	N	%	N	%	N	%
0	258	53.9	127	25.6	385	39.4
1-2	57	11.7	27	5.4	83	8.5
3-5	35	7.3	35	7.0	70	7.2
6-9	32	6.7	25	5.0	57	5.8
10-19	37	7.7	62	12.5	99	10.1
20-39	20	4.2	40	8.0	60	6.1
40 and more	41	8.6	181	36.4	222	22.7
Total	479	100.0	497	100.0	976	100.0

X^2=156.556, df= 6, p = 0.000, DA=18 (%1.8)

There is statistically significant difference between males and females comparison of participants distribution of participants in terms of consuming alcoholic drinks in the past 12 months acording to chi-square statistical method. Male participants drank more alcohol than female participants in the past 12 months (X^2=156.556, df= 6, p = 0.000).

Table 11. Comparison of participants in terms of consuming alcoholic drinks in the past 30days

	Female		**Male**		**Total**	
	N	**%**	**N**	**%**	**N**	**%**
0	329	58.4	184	37.7	513	52.7
1-2	72	15.0	73	14.8	145	14.9
3-5	32	6.7	53	10.8	85	8.7
6-9	15	3.1	36	7.3	51	5.2
10-19	13	2.7	50	10.1	63	6.5
20-39	10	2.1	27	5.5	37	3.8
40 and more	10	2.1	70	14.2	80	8.2
Total	481	100.0	493	100.0	974	100.0

X^2=129.239, df=6, p=0.000, DA=20 (%2.0)

There is statistically significant difference between males and females comparison of participantsin terms of consuming alcoholic drinks in the past 30days acording to chi-square statistical method. Female participants consumed less alcohol than male participants in last 30 days (X^2=129.239, df=6, p=0.000).

Table 12.Comparison of participants in terms of consuming alcohol in the past 30days

	Female		Male		Total	
	N	%	N	%	N	%
Never	336	71.2	196	39.8	532	55.2
More than twice a week	25	5.3	77	15.7	102	10.6
Once two weeks	70	14.8	85	17.3	155	16.1
Once a week	25	5.3	65	13.2	90	9.3
Once a day	1	0.2	32	6.5	33	3.4
Twice a week	15	3.2	37	7.5	52	5.4
Total	472	100.0	492	100.0	964	100.0

$X^{2=}$120,647, df=5, p=0.000, DA=30 (%3.0)

There is statistically significant difference between males and females comparison of participants in terms of consuming alcoholic drinks in the past 30days acording to chi-square statistical method.Male particioants have drunk more alohol than females in last 30 days. Majority of female participants did not drink alcohol in the past 30 days($X^{2=}$120.647, df=5, p=0.000).

Table 13. Comparison of the amount of alcohol consumed by participants in one go (one drink, a bottle or a glass of beer, a glass of champagne, a glass of raki or other alcoholic drinks)

	Female		Male		Total	
	N	%	N	%	N	%
Never	227	47.9	99	20.0	326	33.7
1-2 glass	201	42.4	199	40.3	400	41.3
3-4 glasses	36	7.6	126	25.5	162	16.7
5 or more drinks	10	2.1	70	14.2	80	8.3
Total	474	100.0	494	100.0	968	100.0

X^2 =144.916, df=3, p=0.000, DA=26 (%2.6)

There is statistically significant difference between males and females comparison of the amount of alcohol consumed by participants in one go (one drink, a bottle or a glass of beer, a glass of champagne, a glass of raki or other alcoholic drinks) acording to chi-square statistical method. 1-2 glass of alcohol drink in one goare similar in both males and females But 3 glass of more dring in on ego are more in males copare with females (X^2 =144.916, df=3, p=0.000).

Table 14. Comparison of last places where participants are being drunk

	Male		**Female**		**Total**	
	N	**%**	**N**	**%**	**N**	**%**
Non-drinkers	164	36.9	70	14.4	234	25.1
At home	117	26.3	151	31.1	268	28.8
At someone else's house	16	3.6	30	6.2	46	4.9
Outside, At a park or in the street	21	4.7	56	11.5	77	8.3
At a bar or cafe	42	9.4	55	11.3	97	0.4
At a disco	7	1.6	22	4.5	29	3.1
At a diner	67	15.1	79	16.3	146	15.7
Other	11	2.5	23	4.7	34	3.7
Total	445	100.0	486	100.0	931	100.0

X^2=75.307, df=7, p=0.000, DA=63 (%6.3)

There is statistically significant difference between males and females comparison of last places where participants are being drunk acording to chi-square statistical method. Comparing females and males, females have prefered to use alcohol at outside Males heve prefered to use at home and dinners (X^2=75.307,df=7, p=0.000).

Table 15. Comparison of participants in terms of how many times they got drunk in their lives

	Male		Female		Total	
	N	%	N	%	N	%
0	186	37.5	337	71.1	523	53.9
1-2	104	21.0	70	14.8	174	17.9
3-5	75	15.1	40	8.4	115	11.9
6-9	34	6.9	6	1.3	40	4.5
10-19	28	5.6	9	1.9	37	3.8
20-39	9	1.8	6	1.3	15	1.5
40 or more	60	12.1	6	1.3	86	6.8
Total	496	100.0	474	100.0	970	100.0

X^2 =134.601, df=6, p=0.000, DA=24 (%2.4)

There is statistically significant difference between males and females comparison of being drank in their life acording to chi-square statistical method. Males have become more drunk than female (X^2 =134.601, df=6, p=0.000).

Table 16. Comparison of participants being drunk in the past 12 months

	Male		Female		Total	
	N	%	N	%	N	%
0	396	65.3	316	85.5	712	75.1
1-2	46	15.1	73	9.9	119	12.1
3-5	8	6.8	33	1.7	41	4.3
6-9	5	2.3	13	1.1	18	1.9
10-19	1	3.3	16	0.2	17	1.8
20-39	5	2.3	11	1.1	16	1.7
40 or more	42	4.5	22	0.4	24	0.5
Toplam	463	100.0	484	100.0	947	100.0

X^2=65.633, df=6, p=0.000, DA=47 (%4.7)

There is statistically significant difference between males and females comparison of participants being drunk in the past 12 months acording to chi-square statistical method. Males have become more drunk than female in last 12 months (X^2=65.633, df=6, p=0.000).

Table 17. Comparison of participantsbeing drunk in the past 30 days

	Female		Male		Total	
	N	%	N	%	N	%
0	438	94.8	377	78.4	815	86.4
1-2	14	3.0	60	12.5	74	7.8
3-5	5	1.1	18	3.7	23	2.4
6-9	3	0.6	12	2.5	15	1.6
10-19	2	0.4	16	1.2	8	0.8
20-39	0	0.0	3	0.6	3	0.3
40 and more	0	0.0	5	1.0	5	0.5
Total	462	100.0	481	100.0	943	100.0

X^2=55.548, df=6, p=0.000, DA=51 (%5.1)

There is statistically significant difference between males and femalescomparison of participants being drunk in the past 30 days acording to chi-square statistical method. have become more drunk than female in last 12 months (X^2=55.548, df=6, p=0.000).

Table 18. Comparison of reasons why participants got drunk

	Female		Male		Total	
	N	%	N	%	N	%
Entertaining	208	75.6	295	72.8	503	74.0
Sleeping	2	0.7	11	2.7	13	1.9
Trying	16	5.8	7	1.7	23	3.4
Being angry	4	1.5	6	1.5	10	1.5
Stress	7	2.5	15	3.7	22	3.2
Relaxing	9	3.3	29	7.2	38	5.6
Staying away from problems	1	0.4	2	0.5	3	0.4
Friends drinking alcohol	19	6.9	28	6.9	47	6.9
Feeling good	9	3.3	12	3.0	21	3.1
Total	275	100.0	405	100.0	680	100.0

X^2 =16.885, df=8, p=0.031, DA=314 (%31.6)

There is statistically significant difference between males and females comparison of reasons why participants got drunk acording to chi-square statistical method. Both female and male participants have drunk alcohol mostly for entertaining.Female participants have drunk alcohol for trying and feeling good male participants consumed alcohol for relaxing and stress (X^2 =16.885, df=8, p=0.031).

Table 19. Comparison of gender distribution of smokers and non-smokers

Sociodemographic Variables	Smokers		Non-smokers		Total	
	n	%	n	%	n	%
Male	163	39.9	324	56.9	487	49.8
Female	246	60.1	245	43.1	491	50.2

X^2=27.796, df=1, p=0.000, Don't answer (DA)=16(%1.6)

There is statistically significant difference between smokers and non-smokers of comparison of gender distribution acording to chi-square statistical method. Among smokers, males are found to be more than females (X^2=27.796, df=1, p=0.000).

Table 20. Comparison to place of birth distribution of smokers and non-smokers

Sociodemographic Variables	Smokers		Non-smokers		Total	
	n	%	n	%	n	%
Cyprus	241	58.6	357	62.9	598	61.1
Turkey	159	38.7	197	34.7	356	36.4
England	5	1.2	3	0.5	8	0.8
Other	6	1.5	11	1.9	17	1.7

X^2=3.439, df=3, p=0.329, DA=15(%1.5)

There is no statistically significant difference between smokers and non-smokers of comparison to place of birth distribution acording to chi-square statistical method. Both Cypriots and Turkish citizens ratio of smoke have seen similarly(X^2=3.439, df=3, p=0.329).

Table 21. Comparison to age distribution of smokers and non-smokers

Sociodemographic Variables	Smokers n	%	Non-smokers n	%	Total n	%
1.18-25	129	31.4	171	30.4	300	30.8
2.26-35	100	24.3	123	21.8	223	22.9
3.36-45	84	20.4	104	18.5	188	19.3
4.46-55	57	13.9	80	14.2	137	14.1
5 56-and more	41	10.0	85	15.1	126	12.9
TOTAL	411	100.0	563	100.0	974	100.0

X^2=6.032, df=4 , p=0,197, DA=20(%2.0)

There is no statistically significant difference between smokers and non-smokers of age distribution acording to chi-square statistical method. Smokers aged between 18 and 25 smoke more. In other words, it is seen that smoking at a young age is more common (X^2=6.032, df=4, p=0,197).

Table 22. Comparison of smokers and non-smokers in terms of who they live with

Sociodemographic Variables	Smokers n	%	Non-smokers n	%	Total n	%
Alone	47	11.7	48	8.6	95	9.9
With partner or spouse	192	47.8	333	59.8	525	54.7
With children	29	7.2	25	4.5	54	5.6
With parents	73	18.2	99	17.8	172	17.9
Mother or father	22	5.5	17	3.1	39	4.1
Step mother/step father	1	0.2	0	0.0	1	0.1
Relatives	8	2	10	1.8	18	1.9
Friends	19	4.7	16	2.9	35	3.6
Other	11	2.7	9	1.6	20	2.1
Total	402	100.0	557	100.0	959	100.0

X^2=19.894, df=8, p=0.011, DA=35(%3.5)

There is statistically significant difference between smokers and non-smokers in terms of who they live with acording to chi-square statistical method.Smokers live alone at a higher rate than non-smokers, non-smokers live with partner or spouse (X^2=19.894, df=8, p=0.011).

Table 23. Comparison of education level distribution of smokers and non-smokers

Sociodemographic Variables	Smokers n	%	Non-smokers n	%	Total n	%
Non-schoolers	11	2.7	17	3.0	28	2.9
Primary school	84	20.7	124	21.9	208	21.4
Elementary school	60	14.8	57	10.1	117	12.1
High school	133	32.8	184	32.6	317	32.7
University and more	117	28.9	183	32.4	300	30.9
Total	405	100.0	565	100.0	970	100.0

X^2=5.539, df=4, p=0.236, DA=24(%2.4)

There is no statistically significant difference between smokers and non-smokers of education levelacording to chi-square statistical method. It is seen that smoking in high school and university level is more common (X^2=5.539, df=4, p=0.236).

Table 24. Comparison of education level distribution of fathers of smokers and non-smokers

Sociodemographic Variables	Smokers n	%	Non-smokers n	%	Total n	%
Non-schoolers	62	15.2	100	17.8	162	16.7
Primary school	190	46.6	268	47.8	458	47.3
Elementary school	59	14.5	77	13.7	136	14.0
High school	62	15.2	78	13.9	140	14.4
University and more	35	8.6	38	6.8	73	7.5
Total	408	100.0	561	100.0	969	100.0

X^2=2.434, df=4, p=0.656, DA=25(%2.5)

There is no statistically significant difference between comparison of education level distribution of fathers of smokers and non-smokers acording to chi-square statistical method. It is seen that the education level of fathers of smokers is primary school. According to this table, individuals whose fathers are university graduates smoke more (X^2=2.434, df=4, p=0.656).

Table 25. Comparison of education level distribution of mothers of smokers and non-smokers

Sociodemographic Variables	Smokers n	%	Non-smokers n	%	Total n	%
Non-schoolers	90	22.1	121	21.5	211	21.7
Primary school	173	42.4	266	47.2	439	45.2
Elementary school	49	12.0	58	10.3	107	11.0
High school	75	18.4	90	16.0	165	17.0
University and more	21	5.1	28	5.0	49	5.0
Total	408	100.0	563	100.0	971	100.0

X^2=2.703, df=4, p=0.609, DA=23(%2.3)

There is no statistically significant difference between comparison of education level distribution of mothers of smokers and non-smokers acording to chi-square statistical method.According to this table, individuals whose mothers are primary school graduates smoke more (X^2=2.703, df=4, p=0.609).

Table 26. Comparison to birth place distribution to mothers of smokers and nonsmokers

Sociodemographic Variables	Smokers n	%	Non-smokers n	%	Total n	%
Cyprus	211	51.6	322	56.6	533	54.5
Turkey	187	45.7	232	40.8	419	42.8
England	3	0.7	1	0.2	4	0.4
Other	8	0.8	14	2.5	22	2.2
Total	409	100.0	569	100.0	978	100.0

X^2=4.531, df=3, p=0.210, DA=16(%1.6)

There is no statistically significant difference between comparison to birth place distribution of mothers of smokers and non-smokers acording to chi-square statistical method. Mothers of smokers are mostly born in Cyprus and Turkey (X^2=4.531, df=3, p:0.210).

Table 27. Comparison to birth place distribution of fathers of smokers and non-smokers

Sociodemographic Variables	Smokers n	%	Non-smokers n	%	Total n	%
Cyprus	199	48.7	318	55.9	517	52.9
Turkey	200	48.9	232	40.8	432	44.2
England	1	0.1	3	0.5	4	0.4
Other	9	2.2	16	2.8	25	2.6
Total	409	100.0	569	100.0	978	100.0

X^2=6.725, df=3, p=0.081, DA=16(%1.6)

There is no statistically significant difference between comparison to birth place distribution of fathers of smokers and non-smokers acording to chi-square statistical method.According to this table, fathers of heavy smokers are mostly born in Cyprus and Turkey (X^2=6.725, df=3, p=0.081).

Table 28. Comparison of distribution to places where smokers and non-smokers live

Sociodemographic Variables	Smokers n	%	Non-smokers n	%	Total n	%
Village	151	36.8	266	46.9	417	42.7
City	241	58.8	291	51.3	532	54.5
Suburs	18	4.4	10	1.8	28	2.9
Total	410	100.0	567	100.0	977	100.0

X^2=13.827, df=2, p=0.001, DA=17(%1.7)

There is statistically significant difference between comparison of distribution to places where smokers and non-smokers live acording to chi-square statistical method.People living in cities smoke more compared to those living in villages and suburbs (X^2=13.827, df=2, p=0.001).

Table 29. Comparison of work status distribution of smokers and non-smokers

Sociodemographic Variables	Smokers		Non-smokers		Total	
	n	%	n	%	n	%
Yes	271	66.9	295	52.8	566	58.7
Non	134	33.1	264	47.2	398	41.3
Total	405	100.0	559	100.0	964	100.0

X^2=19.373, df=1, p=0.000, DA=30(%3.0)

There is statistically significant difference between comparison of work status distribution of smokers and non-smokersacording to chi-square statistical method.Compared to unemployed participants, employed participants smoke more (X^2=19.373, df=1, p=0.000).

Table 30. Comparison of social support distribution of smokers and non-smokers

Sociodemographic Variables	Smokers		Non-smokers		Total	
	n	%	n	%	n	%
Yes	149	36.8	242	43.4	391	40.6
No	253	62.5	315	56.5	568	59.0
Total	405	100.0	558	100.0	963	100.0

X^2=5.724, df=2, p=0.057, DA=35(%3.7)

There is no statistically significant difference between comparison ofsocial support distribution of smokers and non-smokers acording to chi-square statistical method. It is seen that those who do not receive social support smoke more(X^2=5.724, df=2, p=0.057).

Table 31. Comparison of income status distribution of smokers and non-smokers

Sociodemographic Variables	Smokers		Non-smokers		Total	
	n	%	n	%	n	%
Very good	10	2.4	12	2.1	22	2.3
Good	126	30.7	194	34.2	320	32.8
Average	234	57.1	328	57.8	562	57.5
Bad	30	7.3	26	4.6	56	5.7
Very bad	10	2.4	7	1.2	17	1.7
Total	410	100.0	567	100.0	977	100.0

X^2=6.098, df=4, p=0.192, DA=17(%1.7)

There is no statistically significant difference between comparison income status distribution of smokers and non-smokers acording to chi-square statistical method. It can be said that income status does not influence smoking (X^2=6.098, df=4, p=0.192).

Table 32. Comparison of smokers and non-smokers in terms of where they receive most information about smoking

Sociodemographic Variables	Smokers		Non-smokers		Total	
	n	%	n	%	n	%
Media	284	71.4	432	77.7	716	75.1
Book,newspaper,booklet	17	4.3	22	4.0	39	4.1
Family and friends	7	1.8	14	2.5	21	2.2
Friends	45	11.3	24	4.3	69	7.2
Teachers	0	0.0	5	0.9	5	0.5
Doctor, nurse or health officers	6	1.5	4	0.7	10	1.0
Youth centers	1	0.3	0	0.0	1	0.1
Internet	18	4.5	37	6.7	55	5.8
Other	20	5.0	18	3.2	38	4.0
Total	398	100.0	556	100.0	954	100.0

X^2=27.617, df=8, p=0.001, DA=40(%4.0)

There is statistically significant difference between comparison ofsmokers and non-smokers in terms of where they receive most information about smoking acording to chi-square statistical method. It is seen that non-smokers receive information about smoking mostly from media, smokers receive information from friends (X^2=27.617, df=8, p=0.001).

Table 33. Comparison of smokers and non-smokers in terms of the importance of religion in their lives

Sociodemographic Variables	Smokers		Non-smokers		Total	
	n	%	n	%	n	%
Very important	187	47.7	267	49.7	454	48.9
Relatively important	155	39.5	218	40.6	373	40.2
Unimportant	50	12.8	52	9.7	102	11.0
Total	392	100.0	537	100.0	929	100.0

X^2=2.199, df=2, p=0.333, DA=65(%6.5)

There is no statistically significant difference between comparison of smokers and non-smokers in terms of the importance of religion in their lives acording to chi-square statistical method. It is seen that religion does not influence smoking significantly (X^2=2.199, df=2, p=0.333).

Table 34. Comparison of gender distribution of drinkers and non-drinkers

Sociodemographic Variables	Non-drinkers		Drinkers		Total	
	n	%	n	%	n	%
Male	424	47.7	70	87.5	494	51.0
Female	464	52.3	10	12.5	474	49.0
Total	888	100.0	80	100.0	968	100.0

X^2=46.408, df=1, p=0.000, DA=26(%2.6)

There is statistically significant difference between comparison ofgender distribution of drinkers and non-drinkersacording to chi-square statistical method. Statistically significant difference has been found. Male participants drink more than female participants (X^2=46.408, df=1, p=0.000).

Table 35. Comparison of birthday distribution of drinkers and non-drinkers

Sociodemographic Variables	Non-drinkers		Drinkers		Total	
	n	%	n	%	n	%
18-25	265	30.0	37	46.3	302	31.3
26-35	202	22.9	20	25.0	222	23.0
36-45	173	19.6	12	15.0	185	19.2
46-55	123	13.9	8	10.0	131	13.6
56 and more	121	13.7	3	3.8	124	12.9
Total	884	100.0	80	89.0	964	100.0

X^2=13.606, df=4, p=0.009, DA=30(%3.0)

There is statistically significant difference between comparisonof birthday distribution of drinkers and non-drinkersacording to chi-square statistical method. There is a statistical difference between both groups. It is seen that participants aged between 18 and 25 drink more. It is also observed that drinking is more widely seen among young participants than older participants (X^2=13.606, df=4, p=0.009).

Table 36. Comparison of distribution to drinkers and non-drinkers in terms of who they live with

Sociodemographic Variables	Non-drinkers		Drinkers		Total	
	n	%	n	%	n	%
Alone	88	10.1	10	12.7	98	10.3
With partner or spouse	485	55.0	28	35.4	513	54.0
With children	52	6.0	5	6.3	57	6.0
With parents	148	17.0	22	27.8	170	17.9
With mother or father	34	3.9	5	6.3	39	4.1
With step mother/step father	1	0.1	0	0.0	1	0.1
With relatives	14	1.6	4	5.1	18	1.9
With friends	29	3.3	4	51	33	3.5
Other	20	2.3	1	1.3	21	2.2
Total	871	100.0	79	100.0	950	100.0

X^2=17.408, df=8, p=0.026, DA=44(%4.4)

There is statistically significant difference between comparison of distribution of drinkers and non-drinkers in terms of who they live with acording to chi-square statistical method. Drinkers live with their parents, non-drinkers live with partner or spouse (X^2=17.408, df=8, p=0.026).

Table 37. Comparison of education level distribution of drinkers and non-drinkers

Sociodemographic Variables	Non-drinkers		Drinkers		Total	
	n	%	n	%	n	%
Non-schoolers	25	2.8	1	1.3	26	2.7
Primary school	190	21.6	14	17.5	204	21.2
Elementary school	105	11.9	11	13.8	116	12.1
High school	291	33.0	26	32.5	317	33.0
University and more	270	30.6	28	35.0	298	31.0
Total	881	100.0	80	100	961	100.0

X^2=1.913, df=4, p=0.752, DA=33(%3.3)

There is no statistically significant difference between comparisonof education level distribution of drinkers and non-drinkers acording to chi-square statistical method. It is seen that participants graduating from high school and university drink more than other participants (X^2=1.913, df=4, p=0.752).

Table 38. Comparison of education level distribution of fathers to drinkers and non-drinkers

Sociodemographic Variables	Non-drinkers		Drinkers		Total	
	n	%	n	%	n	%
Non-schoolers	145	16.5	15	18.8	160	16.7
Primary school	424	48.2	24	30.0	448	46.7
Elementary school	119	13.5	16	20.0	135	14.1
High school	127	14.4	15	18.8	142	14.8
University and more	64	7.3	10	12.5	74	7.7
Total	879	100.0	80	100.0	959	100.0

X^2=11.123, df=4, p=0.025, DA=35(%3.5)

There is statistically significant difference between comparison of education level distribution of fathers of drinkers and non-drinkers acording to chi-square statistical method. Participants whose fathers are primary school graduate smoke more As the education level of fathers decrease, drinking increases.(X^2=11.123, df=4, p=0.025).

Table 39. Comparison of education level distribution of mothers of drinkers and non-drinkers

Sociodemographic Variables	Non-drinkers		Drinkers		Total	
	n	%	n	%	n	%
Non-schoolers	191	21.7	17	21.5	208	21.6
Primary school	404	45.8	25	31.6	429	44.6
Elementary school	97	11.0	11	13.9	108	11.2
High school	146	16.6	20	25.3	166	17.3
University and more	44	5.0	6	7.6	50	5.2
Total	882	100.0	79	100.0	961	100.0

X^2=7.979, df=3, p=0.092, DA=33(%3.3)

There is no statistically significant difference between comparison of education level distribution of mothers of drinkers and non-drinkersacording to chi-square statistical method. According to this table, individuals whose mothers are primary school graduates smoke more (X^2=7.979, df=3, p=0.092)

Table 40. Comparison of birth place distribution of drinkers and non-drinkers

Sociodemographic Variables	Non-drinkers		Drinkers		Total	
	n	%	n	%	n	%
Cyprus	544	61.2	48	60.0	592	61.1
Turkey	326	36.7	27	33.8	353	36.4
England	6	0.7	2	2.5	8	0.8
Other	13	1.5	3	3.8	16	1.7
Total	889	100.0	80	100.0	969	100.0

X^2=5.476, df=3, p=0.140, DA=25(%2.5)

There is no statistically significant difference between comparison of birth place distribution of drinkers and non-drinkers acording to chi-square statistical method.Mostly the Cypriot students drinks more compare with Turkey born students (X^2=5.476, df=3, p=0.140).

Table 41. Comparison of birth place distribution to mothers of drinkers and non-drinkers

Sociodemographic Variables	Non-drinkers		Drinkers		Total	
	n	%	n	%	n	%
Cyprus	491	55.3	37	46.3	528	54.5
Turkey	375	42.2	39	48.8	414	42.8
England	3	0.3	1	1.3	4	0.4
Other	19	2.1	3	3.8	22	2.3
Total	888	100.0	80	100.0	968	100.0

X^2=4.145, df=3, p=0.246, DA=26(%2.6)

There is no statistically significant difference between comparison of birth place distribution of mothers of drinkers and non-drinkers acording to chi-square statistical method. Mothers whose birth place is Turkey and Cyprus drink more than other participants(X^2=4.145, df=3, p=0.246).

Table 42. Comparison of birth place distribution to fathers of drinkers and non-drinkers

Sociodemographic Variables	Non-drinkers		Drinkers		Total	
	n	%	n	%	n	%
Cyprus	479	53.9	35	43.8	514	53.1
Turkey	384	43.2	42	52.5	426	44.0
England	4	0.5	0	0.0	4	0.4
Other	21	2.4	3	3.8	24	2.5
Total	888	100.0	80	100.0	968	100.0

X^2=3.793, df=3, p=0.285, CV=26(%2.6)

There is statistically significant difference between comparison of birth place distribution of fathers of drinkers and non-drinkers acording to chi-square statistical method. Fathers whose birth place is Turkey and Cyprus drink more than other participants (X^2=3.793, df=3, p=0.285).

Table 43. Comparison of distribution to places where drinkers and non-drinkers live

Sociodemographic Variables	Non-drinkers		Drinkers		Total	
	n	%	n	%	n	%
Village	391	44.0	27	34.2	418	43.2
City	471	53.0	50	63.3	521	53.9
Suburbs	26	2.9	2	2.5	28	2.9
Total	888	100.0	79	100.0	967	100.0

X^2=3.084, df=2, p=0.214, DA=27(%2.7)

There is no statistically significant difference between comparison of distribution of places where drinkers and non-drinkers live acording to chi-square statistical method.Participants living in cities drink more than participants living in village and suburbs(X^2=3.084, df=2, p=0.214).

Table 44. Comparison of work status distribution of drinkers and non-drinkers

Sociodemographic Variables	Non-drinkers		Drinkers		Total	
	n	%	n	%	n	%
Yes	507	57.7	58	73.4	565	59.0
No	371	42.3	21	26.6	392	41.0
Total	878	100.0	79	100.0	957	100.0

X^2=7.362, df=1, p=0.007, DA=37(%3.7)

There is statistically significant difference between comparison of work status distribution of drinkers and non-drinkers acording to chi-square statistical method. Compared to unemployed participants, employed participants drink more (X^2=7.362, df=1, p=0.007).

Table 45. Comparison of income status distribution to drinkers and non-drinkers

Sociodemographic Variables	Non-drinkers		Drinkers		Total	
	n	%	n	%	n	%
Very good	21	2.4	1	1.3	22	2.3
Good	288	32.5	28	35.0	316	32.7
Average	518	58.4	37	46.3	555	57.4
Bad	49	5.5	8	10.0	57	5.9
Very bad	11	1.2	6	7.5	17	1.8
Total	887	100.0	80	100.0	967	100.0

X^2=75.173, df=8, p=0.000, DA=35(%35)

There is statistically significant difference between comparison of income status distribution of drinkers and non-drinkers acording to chi-square statistical method. It is seen that participants with average income tend to drink less(X^2=75.173, df=8, p=0.000).

Table 46. Comparison of drinkers and non-drinkers in terms of where they receive most information about drinking

Sociodemographic Variables	Non-drinkers		Drinkers		Total	
	n	%	n	%	n	%
Media	672	77.7	36	45.6	708	75.0
Book,newspaper,booklet	30	3.5	8	10.1	38	4.0
Family and friends	21	2.4	0	0.0	21	2.2
Friends	49	5.7	20	25.3	69	7.3
Teachers	4	0.5	1	1.3	5	0.5
Doctor, nurse or health officers	10	1.2	0	0.0	10	1.1
Youth centers	0	0.0	1	1.3	1	0.1
Internet	48	5.5	7	8.9	55	5.8
Other	31	3.6	6	7.6	37	3.9
Total	865	100.0	79	100.0	944	100.0

X^2=75.173, df=8, p=0,000, DA=50(%5.0)

There is statistically significant difference between comparison of drinkers and non-drinkers in terms of where they receive most information about drinking acording to chi-square statistical method. Although drinkers receive information about drinking mostly from friends but non-drinkers receive most information through media(X^2=75.173, df=8, p=0,000).

Table 47. Comparison of drinkers and non-drinkers in terms of the importance of religion in their lives

Sociodemographic Variables	Non-drinkers		Drinkers		Total	
	n	%	n	%	n	%
Very important	414	49.0	30	39.5	444	48.2
Relatively important	341	40.4	34	44.7	375	40.7
Unimportant	90	10.7	12	15.8	102	11.1
Total	845	100.0	76	100.0	921	100.0

X^2=3.302, df=2, p=0.192, DA=73(%7.3)

There is statistically significant difference between comparison of drinkers and non-drinkers in terms of the importance of religion in their lives acording to chi-square statistical method. Non-drinkers do not pay utmost attention to religion (X^2=3.302, df=2, p=0.192).

Table 48. Comparison of smokers and non-smokers in terms of OPS use

Sociodemographic Variables	Smokers		Non-smokers		Total	
	n	%	n	%	n	%
Non-users of DPM	323	82.2	505	92.3	828	88.1
DPM users	70	17.8	42	7.7	112	11.9
Total	393	100.0	547	100.0	940	100.0

X^2=22.376, df=1, p=0.000, DA=54(%5.4)

There is statistically significant difference between comparison of smokers and non-smokers in terms of OPS use acording to chi-square statistical method. OPS use is seen to be higher in smokers(X^2=22.376, df=1, p=0.000).

Table 49. Comparison of smokers and non-smokers in terms of illegal OPS use

Sociodemographic Variables	Smokers		Non-smokers		Total	
	n	%	n	%	n	%
Yes	360	87.6	551	96.8	911	93.0
Non	51	12.4	18	3.2	69	7.0
Total	411	100.0	569	100.0	980	100.0

X^2=31.16, df=1, p=0.000, DA=14(%1.4)

There is statistically significant difference between comparison of smokers and non-smokers in terms of illegal OPS useacording to chi-square statistical method.Smokers use illegal OPS four times more than non-smokers (X^2=31.16, df=1, p=0.000).

Table 50. Comparison of smokers and non-smokers in terms of drinking age

Sociodemographic Variables	Smokers		Non-smokers		Total	
	n	%	n	%	n	%
25 age and below	295	93.1	254	91.0	549	92.1
25 age and above	22	6.9	25	9.0	47	7.9
Total	317	100.0	279	100.0	596	100.0

X^2=0.834, df=1, p=0.361, DA=398(%40.0)

There is no statistically significant difference between comparison of smokers and non-smokers in terms of drinking age acording to chi-square statistical method. Smokers aged 25 and below tend to start drinking more (X^2=0.834, df=1, p=0.361).

Table 51. Comparison of smokers and non-smokers in terms of constant drinking age compared to their peers

Sociodemographic Variables	Smokers		Non-smokers		Total	
	n	%	n	%	n	%
Not often	107	87.7	54	85.7	161	87.0
Often	15	12.3	9	14.3	24	13.0
Total	122	100.0	63	100.0	185	100.0

X^2=0.146, df=1, p=0.703, DA=809(%81.4)

There is no statistically significant difference between comparisonof smokers and non-sokers in terms of constant drinking age compared to their peers acording to chi-square statistical method(X^2=0.146, df=1, p=0.703).

Table 52. Comparison of smokers and non-smokers in terms of the amount of alcohol consumed in one go

Sociodemographic Variables	Smokers		Non-smokers		Total	
	n	%	n	%	n	%
5 glasses and less	77	18.9	241	43.8	318	33.2
5 glasses of alcohol and more	330	81.1	309	56.2	639	66.8
Total	407	100.0	550	100.0	957	100.0

X^2=65,360,df=1**,** p=0,000, DA=37(%3,7)

There is statistically significant difference between comparison of smokers and non-smokers in terms of the amount of alcohol consumed in onego acording to chi-square statistical method. Smokers compared with non-smokers drink 5 glasses of alcohol and more in one go(X^2=65,360,df=1**,** p=0,000).

Table 53. Comparison of smokers and non-smokers in terms of prevalence of drunkenness

Sociodemographic Variables	Smokers		Non-smokers		Total	
	n	%	n	%	n	%
Never drunk	150	37.0	364	65.7	514	53.6
At least once drunk	255	63.0	190	34.3	445	46.4
Total	405	100.0	554	100.0	959	100.0

X^2=77.308, df=1, p=0.000, DA=35(%3.5)

There is statistically significant difference between comparison smokers and non-smokers in terms of prevalence of drunkenness acording to chi-square statistical method.It's seen that there is a statistical difference. According to this table, it is possible to say that smokers who get drunk at least once smoke more than others (X^2=77.308, df=1, p=0.000).

Table 54. Comparison of drinkers and non-drinkers in terms of OPS use

Sociodemographic Variables	Non-drinkers		Drinkers		Total	
	n	%	n	%	n	%
No	294	94.5	529	84.8	823	88.0
Yes	17	5.5	95	15.2	112	12.0
Total	311	100.0	624	100.0	935	100.0

X^2=18.744, df=1, p=0.000, DA=59(%5.9)

There is statistically significant difference between comparison of drinkers and non-drinkers in terms of OPS use acording to chi-square statistical method.Drinkers use OPS three times more than non-drinkers (X^2=18.744, df=1, p=0.000).

Table 55. Comparison of drinkers and non-drinkers in terms of illegal OPS use

Sociodemographic Variables	Non-drinkers		Drinkers		Total	
	n	%	n	%	n	%
No	319	97.9	582	90.4	901	92.9
Yes	7	2.1	62	7.1	69	7.1
Total	326	100.0	644	100.0	970	100.0

X^2=18.328, df=1, p=0.000, DA=24(%2.4)

There is statistically significant difference between comparison ofdrinkers and non-drinkers in terms of illegal OPS use acording to chi-square statistical method.It's seen that drinkers use illegal OPSmore than non-drinkers(X^2=18.328, df=1, p=0.000).

Table 56. Comparison of drinkers and non-drinkers in terms of smoking cigarette, pipe or cigar

Sociodemographic Variables	Non-drinkers		Drinkers		Total	
	n	%	n	%	n	%
Yes	77	24.2	330	51.6	407	42.5
No	241	75.8	309	48.4	550	57.5
Total	318	100.0	639	100.0	957	100.0

X^2=65.360, df=1, p=0.000, DA=37(%3.7)

There is statistically significant difference between comparison ofof drinkers and non-drinkers in terms of smoking cigarette, pipe or cigar acording to chi-square statistical method.Drinkers smoke cigarette, pipe and cigar significantly more than non-drinkers (X^2=65.360, df=1, p=0.000).

Table 57. Odds ratio and confidence intervals of demographic variables for formation of tobacco use obtained from multivariate logistic regression

Demographic Variables	Tobacco User / Non-user	
	Odds Ratio	%95 CI
Male / Female	1.996	(1.542-2.584)**
25 years old and below / above	1.049	(0.796-1.381)
Living status (lonely / someone)	1.404	(0.918-2.146)
Education level (high school below / and above)	1.149	(0.882-1497)
Employment (employed / un-employed)	1.810	(1.388-2.360)**
Social Support (no / yes)	1.304	(1.003-1.696)*
İncome Level (medium-bad / good)	1.749	(1.083-2.826)*
Living Place (city / village)	1.516	(1.169-1.965)**
Place of birth (Turkey / Cyprus)	1.196	(0.917-1.559)
Alcohol user / non-user	3.552	(2.561-4.925)**
OPS user / non-user	2.606	(1.734-3.916)**
İllicit Drug user / non-user	4.337	(2.493-7.543)**

P<0.05*, P<0.01**, CI=Confidence Interval

Being male, employed, not having social supports, medium-bad income level, living in cities, alcohol use, OPS and Illicit drug use were the risk factors for formation of tobacco use obtained from multivariate logistic regression.

Table 58. Odds ratio and confidence intervals of demographic variables for formation of alcohol use obtained from multivariate logistic regression

Demographic Variables	Alcohol User / Non-user	
	Odds Ratio	%95 CI
Male / Female	3.562	(2.634-4.818)**
25 years old and below / above	1.028	(0.759-1.393)
Living status (lonely / someone)	1.057	(0.658-1.697)
Education level (high school below / and above)	0.411	(0.308-0.549)
Employment (employed / un-employed)	3.153	(2.350-4,228)**
Social Support (no / yes)	0.824	(0.615-1.105)
İncome Level (medium-bad / good)	1.038	(0.609-1.770)
Living Place (city / village)	1.501	(1.132-1.990)*
Place of birth (Turkey / Cyprus)	0.428	(0.320-0.571)**
Tobacco user / non-user	3.552	(2.561-4.925)**
OPS user / non-user	3.865	(2.038-7.330)**
İllicit Drug user / non-user	5.332	(2.122-13.395)**

P<0.05*, P<0.01**, CI=Confidence Interval

Being male, employed, living in cities, born in Turkey, tobacco use, OPS and Illicit drug use were the rsik factors for formation of alcohol use obtained from multivariate logistic regression.

4. DISCUSSION

This study shows that the rates of cigarette and alcohol use in Cyprus is very high and they are the risk factors for illegal substance use. This study is a continuation study and also comperable with 2003, 2008 and 2013 studies which were used some questionnaire and applied to the same age group. So, it gives information to us about the changes of rates of cigarette and alcohol use in TRNC.

4.1. Cigarette Use

In this study, it is found that at least once in their lifetime cigarette use is %62.7. The lifetime cigaratte use was %44.7 in 2003 (Çakıcı et al, 2003), %64 in 2008 (Çakıcı etc. 2014), %62.1 in 2013 (Tütar, 2014). Studies which were conducted in TRNC with high school students show that at least once in lifetime cigarette use is between %26.8 and %47.2 (Çakıcı ve Çakıcı, 1996; 1999; Çakıcı et al, 2000; Eş, 2011). In a study which was conducted in 2012 with university students it was found that at least once in their life time cigarette use was %69.5 (Çakıcı et al, 2010). Those results show that cigarette use increase from adolesence to adulthood. The current prevelance of cigarette use in TRNC is %41.8. According to the datas of World Bank, the prevelance of smoking cigarettes in East Asia and Pacific is %34, in Europe and Middle Asia is %35, in Latin America and Caribbean is %32, in Middle East and North Africais %21, in South Asia is %20 (Anderson, 2006). It can be said that the higher prevelances of cigarette smoking were seen in Europe and Middle Asia countries. The prevelance of cigarette use in TRNC is higher than average rates of its own geographic location Europe and also higher than the average rates from all over the areas of world. Smoking cigarette rate is higher in TRNC according to the studies that were conducted in 50 states of America, Colombia in 2009-2010 (King et al, 2012) and in Tahran (Fotouhi et al, 2009). The rates in TRNC are similar like El Salvador (%42.7), Guatemala (%43.1) and Honduras (%43.8) Latin America countries (Tong et al, 2011). However, the rates in Ukrainea (% 66.8), Russia (%63) and Turkey (%60.3) are higher than the results of our study (Ögel et al 2003; Bobak et al, 2006). The main reasons of the high cigarette use rates are seen in TRNC. Acceptability of cigarette use are high in TRNC society, the lack of adequate legislation and supervision, the widespread avaibility of cigarette advertising and low price of cigarette. TRNC also is a touristic island that can cause high alcohol use in

entertainment places accompany with smoking cigarette. In this sudy, it was found that men that live alone and 18-25 ages smoke more cigarettes. Moreover, smoking cigarette rates are higher in cities. The conditions of city life make people to smoke more cigarettes (Fetihi, 2002). Working people smoke more cigarettes. Work stress and the conditions of work are effective on smoking cigarettes (Şahin et al., 2007). Economic conditions are also effective on smoking cigarettes. There is not significant difference between people who smoke cigarettes and do not smoke according to religion. In other studies which were conducted in TRNC showed that religion does not have any effect on smoking cigarettes (Akfert et al., 2009).

Being male, employed, not having social supports, medium-bad income level, living in citieswere the risk factors for formation of tobacco use. It's found that there is a close relationship between alcohol use and tobacco use. In the study of which is conducted by Akfert et al., 2009, It's found there is strong relationship between tobacco use and alcohol use. In 2004 the study which is conducted by Karatay and Kubilay (2004), it's found there is a high corelation between tobacco use and alcohol use. People who smoke cigarettes are more prone to be drunk 5 and more glasses of alcohol in one time. Both on the other hand and illegal substance use are higher among people who smoke cigarettes. Cigarette use is a risk factor for OPS use and there is relationship between beginning cigarette in early ages and OPS use (Çakıcı et al., 2014). Studies showed that there is close relation between OPS use and tobacco use. Sex, education level of father, family communication, cigarette and alcohol are the risk factors for substance use (Ulukoca et al., 2013). While examining having dependent friends whether or not change the tobacco use behavior of students, it has been found that students who smoke have %37.6 dependent friends. Students who do not smoke have % 17.9 dependent friends (Erdamar and Kurupınar, 2014). It has been seen that there is significant relationship between having dependent friend and tobacco use. (Erdamar and Kurupınar, 2014).

4.2. Alcohol Use

In our study at least once in their life time alcohol use is found as 72.1%. At least once in their lifetime alcohol use is found as % 82.1 in 2003, %77.1 in 2008, and %68.5 in 2013. When the datas of 2013 and 2015 are compared, it is found that

alcohol use increased. At least once in their lifetime alcohol use in high school study is found as %85.9 (Çakıcı et al, 2010) and in university it is found as %81.0 (Çakıcı et al, 2014). In a study which is conducted in Istanbul in 15 different studies, it is found that prevelance of alcohol use is %51.2 (Ögel et al, 2006), and it is found in university students as in between 30-76% (Altındağ et al, 2005; Yılmaz et al, 2007). In a study in which the rates of alchol use in Australia and USA 1995, 1998, 2001, 2002 and 2004 are compared, it is found that at least once in their life time alcohol use in Australia 87.8-90.4, in USA is 83.7-84.8% (Maxwell et al, 2006). The prevelance of alcohol use in TRNC is similar with Australia and USA. However, when the prevelance of alcohol use of TRNC and Turkey is compared, it is found that (Çakıcı et al, 2014), TRNC has higher prevelance of alcohol use (World Health Organization, 2004). Cyprus is a touristic island, it has free adversitements, legal procedures are not enough, so they lead to higher alcohol use rates. Furthermore, universities have younger populations, alcohol can be accessed easily, avertisements, lower prices and cultural factors lead to increase in alcohol use (Çakıcı et al, 2003; Çakıcı et al, 2010).

In this study, the men who are 18-25 years and live alone or with their parents have high alcohol use. People who have level education use more alcohol than people who have lower education level. Education level do not prevent alcohol use. Çakıcı et al., 2014, declared that for prevention of alcohol use, special education programs are necessary and ordinary education is not enough to prevent alcohol use. Moreover, alcohol use is higher among people who live in cities. It can be said that there is positive relationship between higher alcohol use rates and to be drunk and smoking cigarettes. People who use alcohol have 3 more times other psychoactive substance than people who do not use alcohol. Moreover, people who use alcohol smoke more cigarettes, pipe and cigar.

The study It observed that there is relationship between other psychoactive substance and alcohol use. While examining having dependent friends whether or not change the alcohol use behavior of students, it has been found that students who smoke have %37.7 dependent friends, students who do not smoke have % 19.1 dependent friends. Erdamar and Kurupınar (2014) declared that there is significant relationship between having dependent friend and alcohol use.

5. CONCLUSION

This study shows that cigarettes and alcohol are the most acceptable and used psychoactive substances. In TRNC society, cigarrette and alcohol use effect each other. Cigarettes and alcohol are more common in society and they become the risk factors for TRNC culture. This study also shows that cigarettes and alcohol use are related with other psycgoactive substance and illegal substance use. They are also the risk factors for OPS use. Cigarettes and alcohol prevention programs are necessary to prevent OPS use. So, prevention programs to prevent OPS are not enough. Education programs in primary school to prevent alcohol and cigarettes use can be effective to decrease alcohol and cigarettes use and also OPS use. As a result, in TRNC multidiciplinary approach is needed and also public health policies are necessary for prevention of cigarettes and alcohol use.

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APPENDIXES

Appendix 1. Informed Consent Form

AYDINLATILMIŞ ONAM FORMU

Bu çalışma, Yakın Doğu Üniversitesi Fen Edebiyat Fakültesi Psikoloji Bölümü tarafından gerçekleştirilen bir çalışmadır.

Bu çalışmanın amacı KKTC'deki madde kullanım yaygınlığını araştırmak, sorunun boyutlarını öğrenmek ve giderek yükselen madde bağımlılığı sorununun nedenlerini araştırmaktır. Çalışma sonucunda elde edilen veriler doğrultusunda toplum genelinde madde kullanımını önlemeye yönelik bilimsel programların geliştirilmesi amaçlanmaktadır.

Anket tamamen bilimsel amaçlarla düzenlenmiştir. Anket formunda kimlik bilgileriniz yer almayacaktır. Size ait bilgiler kesinlikle gizli tutulacaktır. Çalışmadan elde edilen veriler yalnızca istatistik veri olarak kullanılacaktır. Yanıtlarınızı içten ve doğru olarak vermeniz bu anket sonuçlarının toplum için yararlı bir bilgi olarak kullanılmasını sağlayacaktır.

Telefon numaranız anketörün denetlemesi ve anketin uygulandığının belirlenmesi amacıyla istenmektedir.

Yardımınız için çok teşekkür ederim.

Uzman Psikolog,
Meryem Karaaziz.

Yukardaki bilgileri ayrıntılı biçimde tümünü okudum ve anketin uygulanmasını

onayladım.

İsim:

İmza:

Telefon:

BİLGİLENDİRME FORMU

KUZEY KIBRIS TÜRK CUMHURİYETİNDE MADDE KULLANIMININ YAYGINLIĞI, 2015

Bu çalışmanın amacı KKTC'deki madde kullanım yaygınlığını araştırmak, sorunun boyutlarını öğrenmek ve giderek yükselen madde bağımlılığı sorununun nedenlerini araştırmaktır. Çalışma sonucunda elde edilen veriler doğrultusunda toplum genelinde madde kullanımını önlemeye yönelik bilimsel programların geliştirilmesi amaçlanmaktadır..

Bu çalışmada size bir demografik bilgi formu ve bir dizi ölçek sunduk. Demografik bilgi formu sizin yaş cinsiyet gibi demografik özellikleriniz hakkındaki soruları içermektedir. Ölçekler ise madde kullanım sorunun düzeyini, risklerini ve madde kullanım davranışının özelliklerini ölçmektedir.

Daha önce de belirtildiği gibi, ölçeklerde ve görüşmelerde verdiğiniz cevaplar kesinlikle gizli kalacaktır. Eğer çalışmayla ilgili herhangi bir şikayet, görüş veya sorunuz varsa bu çalışmanın araştırmacılarından biri olan Uzm. Psk. Meryem Karaaziz'le iletişime geçmekten lütfen çekinmeyiniz (meryem.karaaziz@yahoo.com, telefon: 0392 22 36 464) (iç hat: 254).

Eğer bu çalışmaya katılmak sizde belirli düzeyde stres yaratmışsa ve bir danışmanla konuşmak istiyorsanız, askeriyede ücretsiz hizmet veren askeri psikoloğa başvurabilirsiniz.

Eğer araştırmanın sonuçlarıyla ilgileniyorsanız, Haziran 2015 tarihinden itibaren araştırmacıyla iletişime geçebilirsiniz.

Katıldığınız için tekrar teşekkür ederim.

Uzman Psikolog,

Meryem Karaaziz

Psikoloji Bölümü,

Yakın Doğu Üniversitesi,

Lefkoşa.

Appendix 2. Demographic Information Form

SOSYAL SORUNLAR ANKETİ

Bu anket çalışması sosyal sorunlarımızı ve alışkanlıklarımızı araştırmaya yönelik bilimsel bir çalışmamızdır. Kıbrıs genelinde 18-65 yaş grubundaki kadın–erkek bireylere uygulanacaktır. Bu çalışmada kesinlikle kimlik bilgileri kullanılmayacaktır. Yalnızca çalışmanın istatistik verileri bilimsel olarak akademisyenler tarafından ülkemizdeki sorunların çözümüne yönelik kullanılacaktır.

Katkı sağladığınız için teşekkür ederiz.

BÖLÜM I

Kendiniz ve Aileniz Hakkında

1.Cinsiyetiniz nedir?
1.Erkek 2 .Kız

2.Son doğum gününüzde kaç yaşınızı doldurdunuz? ……...

3.Halen kimlerle yaşıyorsunuz?

1.Yalnız 2.Eşimle-Partnerimle 3.Çocuklarımla 4.Anne ve babamla 5.Anne veya babamla

6.Üvey anne veya üvey babamla 7.Akrabalarımla 8.Arkadaşlarla 9.Diğer

4a.Ulaşılan öğretim düzeyi
1.Okula Gitmedim 2.İlkokul 3.Ortaokul 4.Lise 5. Üniversite ve üzeri

4b-c. Anne-babanızın ulaştığı öğrenim düzeyi

	Baba	Anne
1. Okula Gitmedim		
2. İlkokul		
3. Ortaokul		
4. Lise		
5. Üniversite ve üzeri		

4d. Doğum yeriniz neresidir?

1. Kıbrıs 2. Türkiye 3. İngiltere 4. Diğer

4e. Annenizin doğum yeri neresidir?

1. Kıbrıs 2. Türkiye 3. İngiltere 4. Diğer

4f. Babanızın doğum yeri neresidir?

1. Kıbrıs 2 .Türkiye 3 .İngiltere 4 .Diğer

5. Yaşamınızın büyük çoğunluğunu nerede geçirdiniz?

1. Köy 2. Şehir 3 .Şehir dış mahallesi

6. Çalışıyor musunuz ? 1. Evet 2. Hayır

7. Sosyal (Devlet, aile, arkadaş maddi ve manevi desteği) desteğiniz var mı? 1. Evet 2. Hayır

8. Gelir durumunuz nasıldır? 1. Çok iyi 2.İyi 3.Orta 4.Kötü 5.Çok kötü

BÖLÜM II

Bilgi kaynakları

1. Uyuşturucu maddeler hakkında bilgi en fazla nereden duyduğunuzu daire içine alınız.

(sadece birini)

1. Basından
2. Kitap, dergi, broşür vb.
3. Aile ve akrbalar
4. Arkadaşlar
5. Okul Öğretmenleri
6. Doktor, hemşire veya sağlık görevlisi
7. Gençlik merkezi
8. İnternet
9. Diğer .....

BÖLÜM III

Uyusturucu maddeler hakkında bilgi

1.Din hayatınızda ne kadar önemlidir?

1.Çok önemli 2.Kısmen önemli 3.Önemli değil

2-13. Aşağıdaki maddeleri hiç duydunuz mu?

	Hayır	Evet
2. Uçucu Madde (Tiner, bali vs)	1	2
3. Yatıştırıcı (Valium, Diazem)	1	2
4. Esrar	1	2
5. Bonzai	1	2
6. Amfetamin	1	2
7.Ecstasy	1	2

8. Kokain	1	2
9. Relevin	1	2
10. Eroin	1	2
11. LSD	1	2
12. Kodeinli Şurup	1	2
13. Hap (akineton, roş-rohypnol, nembutal-sarı bomb vs.)	1	2
14. Anabolizan Steroid	1	2

BÖLÜM IV

Boş zaman etkinlikleri

14.Boş zamanınızın çoğunu kiminle geçirirsiniz? (sadece bir cevap işaretleyiniz.)

1.Yalnız 2. Anne-baba 3. Arkadaşlar 4. Eş/Sevgili/partner
5.Kardeşlerimle 6. Akrabalar 7. Başkalarıyla 8. Diğer

15.Okul dönemi boyunca boş zamanınızın çoğunu nerede geçirirsiniz? (sadece bir cevap işaretleyiniz.)

1.Kendi evimde
2.Akrabamın evinde
3.Arkadaşın evinde
4.Caddede/ sokakta
5.İş yerinde
6.Gençlik kulubü/ spor klubünde
7.Club/Diskotek/ dans salonunda
8.İnternet kafede
9.Kafe/restorant
10.Kahvede
11.Diğer

BÖLÜM V

<u>Sağlık davranışları hakkında görüşler</u>

Kişilerin aşağıdaki etkinliklere katılmasını onaylayıp onaylamadığınızı lütfen belirtiniz. (Her biri için tek rakam işaretleyiniz.)

	Kesinlikle Onaylarım	Onaylarım	Kararsızım	Onaylamam	Kesinlikle Onaylamam
1.Sigara içmek	1	2	3	4	5
2.Bira, şarap gibi alkollü içecekler içmek	1	2	3	4	5
3.Viski, votka, konyak gibi daha sert içkiler içmek	1	2	3	4	5
4.Bar veya meyhaneye gitmek	1	2	3	4	5
5.Marihuana veya haşiş (esrar, ot) kullanmak	1	2	3	4	5
6.Bonzai içmek	1	2	3	4	5
7. Eroin veya kokain benzeri uyuşturucu madde kullanmak	1	2	3	4	5

8. Doktor reçetesi olmadan sakinleştirici-uyku ilacı almak	1	2	3	4	5

BÖLÜM VI

Alkol ve Uyuşturucu Madde Kullanımı

Bu bölümde size bazı kişisel sorular sormak ve sizin için hangilerinin geçerli olduğunu öğrenmeyi arzu ediyoruz. Bu soru formunun tamamen anonim olduğunu (kimlik bilginizi içermediğini) hatırlatarak, mümkün olduğunca dürüst cevaplamanızı rica ediyoruz.

1. Eğer bir uyuşturucu madde kullandıysanız bu nerede oldu?

1 .Hiç kullanmadım2. Kıbrıs'da 3.Yurtdışında

2. Eğer herhangi bir uyuşturucu madde kullandıysanız, kullanma nedeniniz neydi?

(sadece bir cevap işaretleyiniz)

1.Hiç kullanmadım	4.Merak	7.Tepki-Kızgınlık
2. Arkadaşlar içtiği için	5. Yalnızlık	8.Düşüncesizlik
3 .Bir ilişkiyi sürdürebilmek	6 Başkasının baskısı	9.
Başka(……)		

3. Trafik kurallarına uymama nedeniyle hiç polisle sorun yaşadınız mı?

1.Hayır 2.Evet

4. Yasadışı herhangi bir eylem nedeniyle hiç polisle sorun yaşadınız mı?

1.Hayır 2.Evet

5. Uyuşturucu madde ile ilgili olarak hiç polisle sorun yaşadınız mı?

1.Hayır 2.Evet

6. Arkadaşlarınız hiç yasadışı bir etkinlikte bulundu mu?

1.Hayır 2. Evet

7. Uyuşturucu madde kullanmaya karar verseniz, nereden bulacağınızı biliyor musunuz? 1.Hayır 2. Evet

8. Alkol etkisindeyken kaç defa cinsel ilişki yaşadınız?

1. Hiçbir zaman 2. 1-2 kere 3. 3 veya daha fazla 4. Her zaman

9. Esrar, eroin, kokain gibi bir uyuşturucu madde etkisinde kaç defa cinsel ilişki yaşadınız?

1. Hiçbir zaman 2. 1-2 kere 3. 3 veya daha fazla 4. Her zaman

10. Eğer Kıbrıs'da bir uyuşturucu madde kullandıysanız, bu nerede oldu?

1. Evde tek başıma
2 . Evde arkadaşlarımla
3. Arkadaşımın evinde
4. Caddede/ sokakta (……)
5. Bir meyhane veya klüpte
6. Gençlerin buluştuğu başka bir yerde
7. Okulda
8. Askerde
9. Başka bir yerde
10. Hiç uyuşturucu almadım

11. Evinizde alkol en çok ne zaman servis edilir? (sadece bir cevap işaretleyiniz)

1. Hiçbir zaman
2 . Misafirimiz olduğun
3. Herhangi bir zaman, meze olmadan, rahatlatıcı bir içecek olarak
4 . Herhangi bir zaman, mezeyle
5. Öğle yemeğinde
6. Akşam yemeğinde
7. Sadece Pazar günleri
8 . Bir şeyler kutlarken
9. Diğer (…….)

12. Kaç yaşında uyuşturucu ilacı almaya başladınız? (eğer bu olduysa) (……..)

BÖLÜM VII

Tütün ve Alkol

1- **Sigara, pipo ya da puro gibi tütün içiyor musunuz?** □1 Evet □02 Hayır

2-**Hayatınız boyunca kaç kez sigara içtiniz?**

1)□02)□1-2 3) □3-54)□6-95) □10-19 6)□20-39 7)□40-veya daha fazla

3-Son 12 ayda kaç kez sigara içtiniz?

1) □0 2) □1-2 3) □3-5 4) □6-9 5) □10-19 6) □20-39 7) □40-veya daha fazla

4- Son 30 günde ne sıklıkla sigara içtiniz?

1- Hiç içmedim	□	6-Günde 11-20 sigara	□
2- Haftada 1 sigaradan az	□	7-Günde 20-30 sigara	□
3- Günde 1 sigaradan az	□	8-Günde 31-40 sigara	□
4- Günde 1-5 sigara	□	9-Günde 40 sigaradan fazla	□
5- Günde 6-10 sigara	□		

5- **Eğer sigara kullanıyorsanız, hiç sigarayı bırakmakta zorlandınız mı?**

1)□Çok zorlandım 2□Zorlandım 3□ Zorlanmadım 4□ Hiç zorlanmadım

6- Kaç yaşında sigara almaya başladınız? (eğer bu olduysa)

(……....)

7- Kaç yaşında alkol almaya başladınız? (eğer bu olduysa)

(……)

8- Kaç yaşında sürekli olarak yaşıtlarımızdan daha fazla miktarda alkol kullanmaya başladınız?
(eğer bu olduysa) (……)

9-Hayatınız boyunca kaç kez alkollü bir içecek içtiniz?
1) □0 2) □1-2 3) □3-5 4) □6-9 5) □10-19 6) □20-39 7) □40-veya daha fazla

10-Son 12 ay içinde kaç kez alkollü bir içecek içtiniz?
1) □0 2) □1-2 3) □3-5 4) □6-9 5) □10-19 6) □20-39 7) □40-veya daha fazla

11-Son 30 gün içinde kaç kez alkollü bir içecek içtiniz?
1) □0 2) □1-2 3) □3-5 4) □6-9 5) □10-19 6) □20-39 7) □40-veya daha fazla

12- Son 30 gün içinde alkol kullanma sıklığınız ne kadardır?

1- Hiç	3-İki haftada bir	5-Günde bir kez
2-Haftada ikiden fazla	4-Haftada bir	6-Haftada iki kez

13- Bir seferde genellikle ne kadar alkol alırsınız?(bir içki, bir şişe veya bardak bira, bir kadeh şarap, bir bardak rakı veya diğer içkiler anlamında kullanılmaktadır.) □ □ □ □

1) Alkol içmem 2) 1-2 içki 3) 3-4 içki 4) 5 veya fazla içki

14-En son içki içtiğinizde neredeydiniz;

1-Hiç bir zaman içki içmem	2-Evdeydim
3-Başka birisinin evindeydim	4-Dışarda, sokak, park veya açık havadaydım
5-Bir barda veya kafedeyedim	6-Diskodaydım
7-Lokantadaydım	8-Diğer(lütfen belirtiniz)

15-Hayatınız boyunca kaç kez içki içtiğiniz için sarhoş oldunuz?

1) □0 2) □1-2 3) □3-5 4) □6-9 5) □10-19 6) □20-39 7) □40-veya daha fazla

16-Son 12 ay içinde kaç kez içki içtiğiniz için sarhoş oldunuz?
1) □0 2) □1-2 3) □3-5 4) □6-9 5) □10-19 6) □20-39 7) □40-veya daha fazla

17-Son 30 gün içinde kaç kez içki içtiğiniz için sarhoş oldunuz?
1) □0 2) □1-2 3) □3-5 4) □6-9 5) □10-19 6) □20-39 7) □40-veya daha fazla

18-Hangi nedenlerden dolayı alkollü içki kullanıyorsunuz?(Birden fazla yanıt işaretleyebilirsiniz)

1. Eğlenmek	4. Sinirlendiğim için	7. Sorunlarımdan uzaklaşmak
2. Uyuyabilmek	5. Sıkıntıdan	8. Arkadaşalarım içtiği için
3. Denemek	6. Rahatlamak	9. Kendimi iyi hissetmek

YATIŞTIRICI

1. Yatıştırıcı kullanan birilerini kişisel olarak tanıyor musunuz?
01 □ Evet
02 □ Hayır

2.Kendiniz hiç yatıştırıcı kullandınız mı?
01 □ Evet
02 □□□Hayır →Esrarla ilgili soruya gidin
03 □ Bilmiyorum→ Esrarla ilgili soruya gidin

3.Son 12 ay boyunca, hiç yatıştırıcı kullandınız mı?

01 □ Evet
02 □ Hayır→ Esrarla ilgili soruya gidin

4.Son 30 gün boyunca, hiç yatıştırıcı kullandınız mı?

01 □ Evet
02 □ Hayır

5.Son 30 gün boyunca, kaç gün yatıştırıcıkullandınız ?

01 □ hergün veya hemen hergün
02 □ haftada birkaç kez
03 □ haftada en az bir kez
04 □ haftada bir kezden az

6.İlk defa yatıştırıcı ne zaman aldınız?

01 □ 15 yaşından önce
02 □ 15-20 yaş arası
03 □ 20-30 yaş arası
04 □ 30 yaşından sonra
05 □ Bilmiyorum, hatırlamıyorum

UÇUCU MADDE

1. Uçucu madde kullanan birilerini kişisel olarak tanıyor musunuz?

01 □ Evet
02 □ Hayır

2.Kendiniz hiç uçucu madde kullandınız mı?

01 □ Evet
02 □□□Hayır →Esrarla ilgili soruya gidin
03 □ Bilmiyorum→ Esrarla ilgili soruya gidin

3.Son 12 ay boyunca, hiç uçucu madde kullandınız mı?

01 □ Evet
02 □ Hayır→ Esrarla ilgili soruya gidin

4.Son 30 gün boyunca, hiç uçucu madde kullandınız mı?

01 □ Evet
02 □ Hayır

5.Son 30 gün boyunca, kaç gün uçucu maddekullandınız ?

01 □ hergün veya hemen hergün
02 □ haftada birkaç kez
03 □ haftada en az bir kez
04 □ haftada bir kezden az

6.İlk defa uçucu madde ne zaman aldınız?

01 □ 15 yaşından önce
02 □ 15-20 yaş arası
03 □ 20-30 yaş arası
04 □ 30 yaşından sonra
05 □ Bilmiyorum, hatırlamıyorum

ESRAR

1. Esrar kullanan birilerini kişisel olarak tanıyor musunuz?

01 □ Evet
02 □ Hayır

2.Kendiniz hiç esrar kullandınız mı?

01 □ Evet
02 □□□Hayır →Esrarla ilgili soruya gidin
03 □ Bilmiyorum→ Esrarla ilgili soruya gidin

3.Son 12 ay boyunca, hiç uç esrar kullandınız mı?

01 □ Evet
02 □ Hayır→ Esrarla ilgili soruya gidin

4.Son 30 gün boyunca, hiç esrar kullandınız mı?

01 □ Evet
02 □ Hayır

5.Son 30 gün boyunca, kaç gün esrarkullandınız ?

01 □ hergün veya hemen hergün
02 □ haftada birkaç kez
03 □ haftada en az bir kez
04 □ haftada bir kezden az

6.İlk defa esrar ne zaman aldınız?

01 □ 15 yaşından önce
02 □ 15-20 yaş arası
03 □ 20-30 yaş arası
04 □ 30 yaşından sonra
05 □ Bilmiyorum, hatırlamıyorum

BONZAİ

1. Bonzai kullanan birilerini kişisel olarak tanıyor musunuz?

01 □ Evet
02 □ Hayır

2.Kendiniz hiç bonzai kullandınız mı?

01 □ Evet
02 □□□Hayır →Esrarla ilgili soruya gidin
03 □ Bilmiyorum→ Esrarla ilgili soruya gidin

3.Son 12 ay boyunca, hiç uç bonzai kullandınız mı?

01 □ Evet

02 □ Hayır→ Esrarla ilgili soruya gidin

4.Son 30 gün boyunca, hiç bonzai kullandınız mı?

01 □ Evet
02 □ Hayır

5.Son 30 gün boyunca, kaç gün bonzaikullandınız ?

01 □ hergün veya hemen hergün
02 □ haftada birkaç kez
03 □ haftada en az bir kez
04 □ haftada bir kezden az

6.İlk defa bonzai ne zaman aldınız?

01 □ 15 yaşından önce
02 □ 15-20 yaş arası
03 □ 20-30 yaş arası
04 □ 30 yaşından sonra
05 □ Bilmiyorum, hatırlamıyorum

AMFETAMİNLER

1.Amfetaminler (speed,pep) kullanan birilerini kişisel olarak tanıyor musunuz?

01 □ Evet
02 □ Hayır

2. Kendiniz hiç amfetamin (speed,pep) kullandınız mı?

01 □ Evet
02 □ Hayır→ Ectasy'le ilgili soruya gidin
03 □ Bilmiyorum→ Ectasy'le ilgili soruya gidin

3.Son 12 ay boyunca, hiç amfetamin(speed,pep) kullandınız mı?

01 □ Evet

02 □ Hayır→ Ectasy'le ilgili soruya gidin

4.Son 30 gün boyunca, hiç amfetamin (speed,pep) kullandınız mı?

01 □ Evet

02 □ Hayır→ Ectasy'le ilgili soruya gidin

5. Son 30 gün boyunca, kaç gün amfetamin (speed, pep) kullandınız?

01 □ Her gün veya hemen her gün

02 □ Haftada birkaç kez

03 □ Haftada en az bir kez

04 □ Haftada bir kez den az

6.İlk defa amfetamin ne zaman aldınız?

01 □ 15 yaşından önce

02 □ 15-20 yaş arası

03 □ 20-30 yaş arası

04 □ 30 yaşından sonra

05 □ Bilmiyorum, hatırlamıyorum

ECTASY(XTC)

1. Ectasy kullanan birilerini kişisel olarak tanıyor musunuz?

01 □ Evet

02 □ Hayır

2. Kendiniz hiç ecstasy kullandınız mı?

01 □ Evet

02 □ Hayır → Kokainle ilgili soruya gidin

03 □□Bilmiyorum→ Kokainle ilgili soruya gidin

3. Son 12 ay boyunca, hiç ecstasy kullandınız mı?

01 □ Evet

02 □□Hayır→ Kokainle ilgili soruya gidin

4.Son 30 gün boyunca, her ecstasy kullandınız mı?

01 □ Evet

02 □ Hayır→ Kokainle ilgili soruya gidin

5. Son 30 gün boyunca, kaç gün ecstasy kullandınız?

01 □ Her gün veya hemen her gün

02 □ Haftada birkaç kez

03 □ Haftada en az bir kez

04 □ Haftada bir kez den az

6.İlk defa ecstasy ne zaman aldınız?

01 □ 15 yaşından önce

02 □ 15-20 yaş arası

03 □ 20-30 yaş arası

04 □ 30 yaşından sonra

05 □ Bilmiyorum, hatırlamıyorum

KOKAİN

1. Kokain kullanan birilerini kişisel olarak tanıyor musunuz?

01 □ Evet

02 □ Hayır

2. Kendiniz hiç kokain kullandınız mı?

01 □ Evet

02 □ Hayır→Eroinle ilgili soruya gidin

03 □ Bilmiyorum→ Eroinle ilgili soruya gidin

3. Son 12 ay boyunca, hiç kokain kullandınız mı?

01 □ Evet

02 □ Hayır→ Eroinle ilgili soruya gidin

4. Son 30 gün boyunca, hiç kokain kullandınız mı?

01 □ Evet

02 □ Hayır→ Eroinle ilgili soruya gidin

5. Son 30 gün boyunca, kaç gün kokain kullandınız?

01 □ Her gün veya hemen her gün

02 □ Haftada birkaç kez

03 □ Haftada en az bir kez

04 □ Haftada bir kez den az

6.İlk defa kokain ne zaman aldınız?

01 □ 15 yaşından önce

02 □ 15-20 yaş arası

03 □ 20-30 yaş arası

04 □ 30 yaşından sonra

05 □ Bilmiyorum, hatırlamıyorum

RELEVİN

1. Relevin kullanan birilerini kişisel olarak tanıyor musunuz?

01 □ Evet

02 □ Hayır

2. Kendiniz hiç relevin kullandınız mı?

01 □ Evet

02 □ Hayır→LSDyle ilgili soruya gidin

03 □ Bilmiyorum→ LSDyle ilgili soruya gidin

3. Son 12 ay boyunca, hiç relevin kullandınız mı?

01 □ Evet

02 □ Hayır→ LSDyle ilgili soruya gidin

4. Son 30 gün boyunca, hiç relevin kullandınız mı?

01 □ Evet

02 □ Hayır→ LSDyle ilgili soruya gidin

5. Son 30 gün boyunca, kaç gün relevin kullandınız?

01 □ Her gün veya hemen her gün

02 □□Haftada birkaç kez

03 □ Haftada en az bir kez

04 □ Haftada bir kez den az

6.İlk defa relevin ne zaman aldınız?

01 □ 15 yaşından önce

02 □ 15-20 yaş arası

03 □ 20-30 yaş arası

04 □ 30 yaşından sonra

05 □ Bilmiyorum, hatırlamıyorum

EROİN

1. Eroin kullanan birilerini kişisel olarak tanıyor musunuz?

01 □□□Evet

02 □ Hayır

2. Kendiniz hiç eroin kullandınız mı?

01 □ Evet

02 □ Hayır→Relevinle ilgili soruya gidin

03 □ Bilmiyorum→ Relevinle ilgili soruya gidin

3. Son 12 ay boyunca, hiç eroin kullandınız mı?

01 □ Evet

02 □ Hayır→ Relevinle ilgili soruya gidin

4. Son 30 gün boyunca, hiç eroin kullandınız mı?

01 □ Evet

02 □ Hayır→ Relevinle ilgili soruya gidin

5. Son 30 gün boyunca, kaç gün eroin kullandınız?

01 □ Her gün veya hemen her gün

02 □ Haftada birkaç kez

03 □ Haftada en az bir kez

04 □ Haftada bir kez den az

6.İlk defa eroin ne zaman aldınız?

01 □ 15 yaşından önce

02 □ 15-20 yaş arası

03 □ 20-30 yaş arası

04 □ 30 yaşından sonra

05 □ Bilmiyorum, hatırlamıyorum

LSD

1. LSD ('trips', 'asit') kullanan birilerini kişisel olarak tanıyor musunuz?

01 □ Evet

02 □ Hayır

2. Kendiniz hiç LSD ('trips', 'asit') kullandınız mı?

01 □ Evet

02 □ Hayır→Bonzai'yle ilgili soruya gidin

03 □ Bilmiyorum→ Bonzai'yle ilgili soruya gidin

3. Son 12 ay boyunca, hiç LSD (‘trips’, ‘asit’) kullandınız mı?

01 □ Evet

02 □Hayır → Bonzai’yle ilgili soruya gidin

4. Son 30 gün boyunca, hiç LSD (‘trips’, ‘asit’) kullandınız mı?

01 □ Evet

02 □ Hayır → Bonzai’yle ilgili soruya gidin

5. Son 30 gün boyunca, kaç gün LSD (‘trips’, ‘asit’) kullandınız?

01 □ Her gün veya hemen her gün

02 □ Haftada birkaç kez

03 □ Haftada en az bir kez

04 □ Haftada bir kez den az

6.İlk defa LSD (‘trips’, ‘asit’) ne zaman aldınız?

01 □ 15 yaşından önce

02 □ 15-20 yaş arası

03 □ 20-30 yaş arası

04 □ 30 yaşından sonra

05 □ Bilmiyorum, hatırlamıyorum

KODEİNLİ ŞURUP

1. Kodeinli şurup kullanan birilerini kişisel olarak tanıyor musunuz?

01 □ Evet

02 □ Hayır

2.Kendiniz hiç kodeinli şurup kullandınız mı?

01 □ Evet

02 □□□Hayır →Esrarla ilgili soruya gidin

03 □ Bilmiyorum→ Esrarla ilgili soruya gidin

3.Son 12 ay boyunca, hiç kodeinli şurup kullandınız mı?

01 □ Evet

02 □ Hayır→ Esrarla ilgili soruya gidin

4.Son 30 gün boyunca, hiç kodeinli şurup kullandınız mı?

01 □ Evet

02 □ Hayır

5.Son 30 gün boyunca, kaç gün kodeinli şurup kullandınız ?

01 □ hergün veya hemen hergün

02 □ haftada birkaç kez

03 □ haftada en az bir kez

04 □ haftada bir kezden az

6.İlk defa kodeinli şurup ne zaman aldınız?

01 □ 15 yaşından önce

02 □ 15-20 yaş arası

03 □ 20-30 yaş arası

04 □ 30 yaşından sonra

05 □ bilmiyorum, hatırlamıyorum

Hap kullanımı

1. Hap (akineton, roş-rohypnol, nembutal-sarı bomb vs.) kullanan birilerini kişisel olarak tanıyor musunuz?

01 □ Evet

02 □ Hayır

2. Kendiniz hiç hap (akineton, roş-rohypnol, nembutal-sarı bomb vs.) kullandınız mı?

01 □ Evet

02 □ Hayır→Bonzai'yle ilgili soruya gidin

03 □ Bilmiyorum→ Bonzai'yle ilgili soruya gidin

3. Son 12 ay boyunca, hiç hap (akineton, roş-rohypnol, nembutal-sarı bomb vs.) kullandınız mı?

01 □ Evet

02 □ Hayır → Bonzai'yle ilgili soruya gidin

4. Son 30 gün boyunca, hiç hap (akineton, roş-rohypnol, nembutal-sarı bomb vs.) kullandınız mı?

01 □ Evet

02 □ Hayır → Bonzai'yle ilgili soruya gidin

5. Son 30 gün boyunca, kaç gün hap (akineton, roş-rohypnol, nembutal-sarı bomb vs.) kullandınız?

01 □Her gün veya hemen her gün

02 □ Haftada birkaç kez

03 □ Haftada en az bir kez

04 □ Haftada bir kez den az

6.İlk defa hap (akineton, roş-rohypnol, nembutal-sarı bomb vs.) ne zaman aldınız?

01 □ 15 yaşından önce

02 □ 15-20 yaş arası

03 □ 20-30 yaş arası

04 □ 30 yaşından sonra

05 □ Bilmiyorum, hatırlamıyorum

Anabolizan Steroid

1. Anabolizan steroid kullanan birilerini kişisel olarak tanıyor musunuz?

01 □ Evet

02 □ Hayır

2. Kendiniz hiç anabolizan steroid kullandınız mı?

01 □ Evet

02 □ Hayır→Relevinle ilgili soruya gidin

03 □ Bilmiyorum→ Relevinle ilgili soruya gidin

3. Son 12 ay boyunca, hiç anabolizan steroid kullandınız mı?

01 □ Evet

02 □ Hayır→ Relevinle ilgili soruya gidin

4. Son 30 gün boyunca, hiç anabolizan steroid kullandınız mı?

01 □ Evet

02 □ Hayır→ Relevinle ilgili soruya gidin

5. Son 30 gün boyunca, kaç gün eroin kullandınız?

01 □ Her gün veya hemen her gün

02 □ Haftada birkaç kez

03 □ Haftada en az bir kez

04 □ Haftada bir kez den az

6.İlk defa anabolizan steroid ne zaman aldınız?

01 □ 15 yaşından önce

02 □ 15-20 yaş arası

03 □ 20-30 yaş arası

04 □ 30 yaşından sonra

05 □ Bilmiyorum, hatırlamıyorum

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2. Education

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Bachelor	**Psychology**	**Near East University**	**2013**

3. Professional Experience

Period of Duty	Title	Field	Work Place
2014-2015	Intern Clinical Psychologist	Clinical Psychology	Bakırköy Ruh ve Sinir Hastalıkları Hastahanesi
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