

The Effectiveness of the Psychoeducational Effective Parenting Program Application on Symptoms of Psychoactive Substance Use

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ABSTRACT The main purpose of the study is to test the effectiveness of the Psychoeducational Effective Parenting Program Application on reducing the symptoms of the use of psychoactive substances. The research was carried out by the use of a pretest-posttest control group design-oriented experimental method. The experiment and control groups consist of families of students who have high levels of symptoms on the use of psychoactive substances. The research data was collected through interviews. A "Semi-Structured Interview Questionnaire" was used for teacher, director and family interviews in order to determine the students who use psychoactive substances and learn about their history of substance use and for the determination of psychoactive substance use levels of students, a "Structured Interview Questionnaire" was used. The data was grouped in pretest-posttest and follow-up test. Analyses were conducted in order to test the effectiveness of the Psychoeducational Effective Parenting Program Application between the individuals' levels of having symptoms of psychoactive substance use at different times. The results show that the Psychoeducational Effective Parenting Program Application is effective on symptoms of psychoactive substance use.

INTRODUCTION

Substance is defined as the internal and external factors in terms of medicine, which form a fake "wellbeing" state on the functional structure containing the brain and related subsystems, which is called the central nervous system in total. Substance addiction is a process that is directly effective on emotions, thoughts and behavior of an individual and has specificity that can be understood (Kirimoglu 2007). "If the individual cannot quit the substance even though he has attempted to several times, if he increases the dose of the substance gradually, if the withdrawal symptoms occur when the use of the substance is stopped, and if he persists in its use despite harmful consequences and spends a large part of time looking and trying to find the substance" it is defined as addiction (Ogel 2001).

The basic feature of substance addiction is the presence of a group of cognitive, behavioral and physiological symptoms pointing to the fact that a person uses this substance in a continuous manner despite important and serious problems of the substance (DSM-IV 2000). According to the diagnostic criteria of DSM-IV, the presence of at least three of the following states is sufficient to define an individual as a substance abuser:

1. Developing a tolerance against the substance to which he is addicted to, within the last one year.
2. Showing withdrawal symptoms and buying the addictive substance or similar substances to overcome these symptoms.
3. Using the substance in high doses and in the long-term that had been planned.
4. Being in ongoing efforts to quit the substance use or to take it under control.
5. Spending a lot of time to provide and use the substance and to recover from its effects.
6. Reducing in social, professional, vocational and leisure activities due to the substance use or quitting all these kinds of activities.

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7. Continuing the substance use despite the presence of recurrent physical or psychological problems due to the substance used or taken.

Addictive substances are psychoactive substances that lead to substantial formation of stimulation or depression and disorders in perception, mood state, mental state, behaviors and motor functions. These substances include alcohol, amphetamines and similar other substances, caffeine, cannabis, cocaine, hallucinogens, lysergic acid diethylamide (LSD), inhalants, nicotine, opiates, phencyclidine, sedatives, hypnotics, anxiolytics, anabolic steroids, nitrous oxide, and yet other prescription or non-prescription drugs, which do not fall into these categories (Kayaalp 1998). Also, the symptoms in psychoactive substance users can be summarized as follows:

- a) After use, all reflections of physical and psychological breakdown are seen in the substance users.
- b) Observable relaxation, comfort, nonchalance and apathy behaviors are displayed by those who recently started to use such substances.
- c) People who regularly use drugs become weak in their physical power and thus, their disease resistance decreases.
- d) The ones who became more addictive display introverted, offended, or sudden ill-tempered behaviors (Acar 2006).

Psychoactive substance use can lead to dependence syndrome, that is, a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state (WHO 2014). Psychiatric disorder frequency in those who abuse or are addicted to psychoactive substances is 2.7 times more than those who do not abuse or are not addicted to these substances. The frequency of occurrence of at least one psychiatric disorder together with psychoactive substance use disorder varies between seventy percent and seventy-five percent (Danki et al. 2005).

People whose job performance gradually decreases and who are faced with an economic

crisis due to substance use become ready to commit certain crimes such as stealing, selling or delivering drugs, and prostituting for the purpose of procuring the needed substance. Furthermore, psychoactive substances connect the crime with the related person in terms of providing the excessive courage required by certain professional crimes (killing, stealing) (Alpay et al. 1995). Also, at schools, the risk factors are listed as living a traumatic event, not attending school without any excuse, alcohol or cigarette using parents or friends, having problems with their parents (Karatay and Kubilay 2004).

According to the results of a research concerning the substance use in college students, women have higher scores on the depressive, cyclothymic, and anxious subscales and lower scores on the hyperthymic scale than men. The cyclothymic and particularly irritable temperament serves as predictors of self-reported Nicotine dependence, alcohol abuse and cannabis abuse (Unsel et al. 2012).

According to the data of the World Health Organization (WHO 2014), the harmful use of alcohol results in 3.3 million deaths each year, on average every person in the world aged 15 years or older drinks 6.2 liters of pure alcohol per year, and less than half the population, that is, 38.3 percent actually drinks alcohol. Moreover, at least 15.3 million persons have drug use disorders, and injecting drug use is reported in 148 countries, of which 120 report HIV infection among this population.

Globally, about two billion people use alcohol (WHO 2007), and between 172 and 250 million people used illicit drugs at least once in 2007 (UNODC 2008). The harmful alcohol use accounts for 4.5 percent of the global burden of disease and is responsible for 3.8 percent of all deaths worldwide (WHO 2009). In a research conducted on high school students by "National Institute on Drug Abuse" (NIDA) in USA, it was determined that alcohol use is 92.2 percent, smoking is 67.2 percent and volatile substance use is seventeen percent "in any period of life" (Stanton and Silva 1991).

Considering the studies in Turkey, the findings of a research conducted on 2nd grade high school students from 15 provinces of Turkey for determining the prevalence of volatile substance use shows that 8.8 percent of students used volatiles at least once in their lifetime. 24.2 percent of volatile users used them first time

when they were 16 years old. Volatiles are the most reachable substance after beer. Twenty-four percent of students could easily find volatiles (Ogel et al. 2000). In the study, which was handled in 43 schools in Istanbul, among the 10th grade students' lifetime, the prevalence of tobacco use was thirty-seven percent, and alcohol use was 51.2 percent. The same rates were 5.9 percent for inhalant use, 5.8 percent for marijuana use, 4.4 percent for flunitrazepam use, 3.7 percent for benzodiazepine use, 3.1 percent for ecstasy use, and 1.6 percent for heroin use (Ogel et al. 2006).

There are some special units dealing with addiction in some psychiatric clinics of some faculties of medicine of universities in Turkey. Among these, Ankara University, Ege University and Gazi University can be accounted for. Mainly, the treatment of alcohol abuse takes place in these clinics but in recent years, they are also providing service for the addiction of other substances. Balikli Greek Hospital Foundation Anatolian Clinic is one of these private hospitals specialized in this regard. Substance abuse treatments were carried out in various general psychiatric clinics, too (especially detoxification) (Acar 2006). Coskun and Cakmak (2005) have revealed as a result of their study, which they had conducted on a group psychotherapy of alcohol or substance abusers in AMATEM (Alcohol/Substance Abuse Research, Treatment and Training Center) service of Bakirkoy Psychiatric and Neurological Diseases Hospital in order to evaluate the effectiveness of psychodrama that the individuals' fear of inadequacy subside through psychodrama, individuals' levels of submissive social behavior change in terms of certain behaviors of them in social environments, there is a positively change in perception of their self-schemas and also a positive change in level of anger and manner of expression of anger.

Objectives

When drug use reasons of individuals are analyzed, studies are available in literature display that lifestyles and attitudes of parents are important predictors (Kolay Akfert et al. 2009; Turhan et al. 2011; Caliskan 2015; Karakoc Demirkaya et al. 2015). This study aims to reveal whether the psychoeducation program, which will be applied on parents, is effective on decreasing psychoactive drug use or not.

The hypotheses aimed to be tested in the research are as follows:

- H0:* Psychoeducational Effective Parenting Program Application is not effective in reducing symptoms of psychoactive substance use.
- H1:* Psychoeducational Effective Parenting Program Application is effective in reducing symptoms of psychoactive substance use.

MATERIAL AND METHODS

The experimental method was used in the research. This method defines a cause and effect relationship through rules and instructions by minimizing the error, bias and coincidence probabilities (Plotnik 2009: 28). The main purpose of experimental models is to test the cause and effect relationship between the variables. Researchers must randomly assign the procedure groups that are the levels of the independent variable, manipulate the variable, and control the exogenous variables for fulfilling this purpose (Buyukozturk et al. 2008: 187).

The research was designed based on the Pretest-Posttest Control Group Method that is one of the actual experimental methods. This is one of the common experimental methods used in education and psychology fields. First of all, two groups are created from among the previously determined substances by random assignment. One of them is determined as the control group, and the other as the experiment group. Then, the pre-test measurements of the subjects from both groups are taken concerning the dependent variable. During the application, the tested experimental procedure is applied only on the experiment group, not on the control group. Finally, the measurements of the subjects concerning the dependent variable are taken by the same instrument or questionnaire (Buyukozturk et al. 2008: 196). The details of the research method are shown in Table 1.

In the research, the Psychoeducational Effective Parenting Program Application is the independent variable, while the Psychoactive Substance Use Symptoms are the dependent variables.

Data Collection and Analysis

This research was initiated by determination of the schools positioned in residential areas

Table 1: Research method

<i>Groups</i>	<i>Pre-test</i>	<i>Procedure</i>	<i>Post-test</i>	<i>Follow-up</i>
Experiment	PAMBF*	Psycho-Educational Effective Parenting Program Application	PAMBF	PAMBF
Control	PAMBF	No procedure	PAMBF	PAMBF

* Psychoactive Substance Use Symptoms Determining Questionnaire

especially with a high level of psychoactive substance use in the data collection process. It was met and interviewed with specialists and school administrators who serve in guidance services of these schools. The information that was reached and gained about the students who had been identified being used psychoactive substances as a result of these interviews are as follows. The type of psychoactive substance used, period of use, how the student started to use the substance, how often the student take the substance, maladaptive behaviors accompanying this situation, whether the student has a help-seeking behavior or not, whether family has knowledge about the psychoactive substance use, the attitude of family against this behavior, the family's level of cooperation with school, whether school guidance service has a study in this issue or not, and whether school administration has cooperation with the related institutions and organizations. Parent-teacher meetings were organized by the parent-teacher association (PTA) and school administration. Information was given to the participants about the purpose of the study during these meetings. Interviews were initiated with the families who agreed to participate in the study after these contact meetings. A Semi-Structured Interview Questionnaire, which is useful to determine the cognitive competence, attitude and behavioral skills of family on psychoactive substances, was used during the interviews with the families. The questionnaire was prepared to determine the students' levels of having symptoms of psychoactive substance use were applied to 361 secondary school students. The students with high levels and low levels in terms of psychoactive substance use were divided into two groups after this application. Those students who have been determined to have the highest symptoms according to the Psychoactive Substance Use Symptoms Determining Questionnaire were found to have parents with apathy attitudes and/or oppressive and authoritarian fathers and moth-

ers. As a result, 48 families were found, which have poor intra-family communication and intra-family violence. Two groups were formed by performing a random selection. The experiment and control groups were also decided randomly. The Psychoeducational Effective Parenting Program Application was taken as the independent variable and the symptoms of psychoactive substance use were taken as dependent variables in this research.

The Psychoeducational Effective Parenting Program was applied to the experiment group for eight sessions. Each session of the program was carried out once a week and the whole program took eight weeks including the evaluation session. The Psychoactive Substance Use Symptoms Determining Questionnaire was re-applied to the children of families in both experiment and control groups after the evaluation session. The Psychoactive Substance Use Symptoms Determining Questionnaire was re-applied to the children of families in both experiment and control groups after the end of experimental procedure. Thus, analyses were carried out based on data of posttest, and follow-up test.

Psychoeducational Effective Parenting Program

The Psychoeducational Effective Parenting Program is composed of eight sessions. The main purpose of the first and the second sessions is to inform families and thus, they were informed about psychoactive substance, its definition, classification, symptoms, cognitive, affective and behavioral effects as well as the path to addiction, human development, and the babyhood, childhood, puberty and adolescence periods. The main purpose of the third session is to research family dynamics. In this context, it was tackled how family problems occur, the factors stimulating or accelerating these problems, the past social and psychological problems, the attitude of family towards the duties in life, the

coping methods used, and the evaluation of the coping methods used. In the fourth session, the main purpose is determined as defining the improper behaviors towards the child. In this regard, inconsistent behaviors, lack of encouragement, unpredictability, discrimination, absence of teaching social relevance, and the relationship between parents and the child issues were tackled. The main purpose in the fifth session is to determine wrong expectations from the child and how these expectations affect the children in cognitive, social and psychological terms. In this context, it was emphasized the expectations over the actuality level of the child, the expectations under the actuality level of the child, comparisons, and the cognitive, social and psychological results of complaint, criticism and accusation behaviors. Certain proper behaviors and attitudes alternative to these behaviors were also tackled. In the sixth session, it was focused how to improve the relationship between the parents and the child, active listening, empathetic treatment in the cognitive, affective and behavioral levels, using I-language, family members' encouraging each other, and understanding and approval. The main purpose of the seventh session is the education of managing feelings. In this context, preparation, activity and protection studies were carried out to create and maintain courage, self-esteem, responsibility, cooperation, hope, belonging, and achievement feelings. The eighth and the last session was designed as the evaluation session. In this regard, all participants expressed their opinions and feelings concerning the process, and shared their observations about the changes in them, their families and especially their children in this process and how they did achieve them.

RESULTS

The mean scores concerning psychoactive substance use symptoms in the participants

from both experiment and control groups were examined in Table 2. The pre-test mean scores of the individuals in the experiment group were determined ($X=103.07$) and their standard deviation figures were determined ($S=8.24$), while the pre-test mean scores of the individuals in the control group were found ($X=104.08$), and their standard deviation figures were found ($S=8.35$). The post-test mean scores of the individuals in the experiment group were determined ($X=35.88$), and their standard deviation figures were determined ($S=1.75$), while the post-test mean scores of the individuals in the control group were found ($X=103.50$), and their standard deviation figures were found ($S=9.17$). The follow-up test mean scores of the individuals in the experiment group were determined ($X=31.38$), and their standard deviation figures were determined ($S=2.60$), while the follow-up test mean scores of the individuals in the control group were found ($X=103.88$), and their standard deviation figures were found ($S=9.06$).

Table 2: Pre-test, post-test and follow-up mean scores and standard deviation figures concerning psychoactive substance use symptoms in the children of the families from experiment and control groups

	Group	Mean	Std. deviation	N
Pretest	Experiment	103.07	8.24	24
	Control	104.08	8.35	24
Posttest	Experiment	35.88	1.75	24
	Control	103.50	9.17	24
Follow up	Experiment	31.38	2.60	24
	Control	103.88	9.06	24

As it is seen in Table 3, as the result of variance analysis conducted on the mean scores of individuals in experiment and control groups in pre-test, post-test and follow-up test concerning having psychoactive substance use symp-

Table 3: Pre-test, post-test and Follow-up ANOVA results concerning psychoactive substance use symptoms of the Psycho-educational effective parenting program application

Source	Sum of squares	df	Mean squares	F	Sig.	Partial Eta Squares
Between Groups	928453.8	1	928453.8	6702.5	0	0.99
Groups	79676.5	1	79676.5	575.18	0	0.92
Error	6372.073	46	138.523			
Within subjects	39127.61	2	19563.81	2145.94	0	0.97
Factor groups	38288.44	2	19144.22	2099.91	0	0.97
Error	838.73	92	9.12			

toms, it was determined that the intervention effect was significant and the eta square influence quantity was found ($F_{(1,46)}=575.18$; $p<.001$, $\eta^2=.92$). In other words, no significant difference was found between mean scores of individuals in experiment and control groups concerning their status to have psychoactive substance use symptoms without making a distinction between pre-test, post-test and follow-up test results. It was also determined a significant difference between the scores of the tests conducted in different times that is to say time base effect was significant, and the eta square influence quantity was found ($F_{(2,92)} = 2145.94$; $p<.001$, $\eta^2=.97$). This means a significant difference was found between mean scores of individuals concerning pre-test, post-test and follow-up test without making distinction between groups. It is also seen that the common effect of intervention and time is significant ($F_{(2,92)}=2099.91$; $p<.001$). The calculated eta square figure ($\eta^2=.97$) shows that Psychoeducational Effective Parenting Program Application has an effect on psychoactive substance use symptoms.

Considering the interaction diagram in Figure 1, a decrease is seen in the post-test scores of individuals in the experiment group concerning their status to have psychoactive substance use symptoms. It is also seen that this decrease

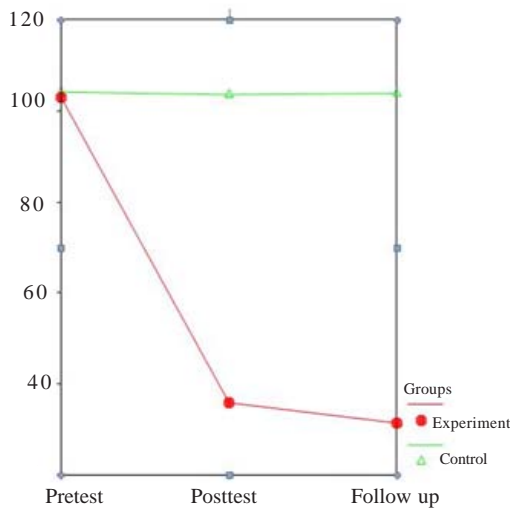


Fig. 1. Pre-test, post-test and follow-up test mean scores diagram of individuals in experiment and control groups concerning psychoactive substance use symptoms

is much more in the individuals in the experiment group than the ones in the control group. Furthermore, it is seen that this increase in the scores of the experiment group concerning having psychoactive substance use symptoms continued for the one-month period after the experimental procedure, while the same was not true for the control group. In conclusion, considering Figure 1, the obtained graphic is in line with the research findings. When all findings are taken into consideration, it's likely to say that "Psychoeducational Effective Parenting Program Application" is effective on reducing psychoactive substance use symptoms. This result verifies the hypothesis "Psychoeducational Effective Parenting Program Application is effective in reducing symptoms of psychoactive substance use."

DISCUSSION

As a result of the research the findings obtained show that families do not have enough knowledge about psychoactive substances, cognitive, social and psychological effects of these substances and whether their children use these substances or not. The families' denial or externalization of the truth or fact about the possibility of their children to use psychoactive substances, attitudes exhibited towards the child (apathy, excessive pressure, authoritarianism) and their lack of knowledge about the crises of children, which may be experienced by the during their growth periods, especially in adolescence, can be argued as reasons for these findings. Studies show that young people who have tried substances like cigarettes or alcohol perceive their family environment more negatively (Kolay Akfert et al. 2009). Reilly (1992) also describes several characteristic patterns of mistaken interaction between the addict children and their families as negativism, parental inconsistency, parental denial, miscarried expression of anger, self medication and unrealistic parental expectations. In another study, it is found that parents do not have adequate level of cognitive competence and behavioral skills about their children's psychosocial development and level attributed by the families to behaviors, which can impact psychosocial development is not at the expected level (Koc et al. 2009). In the light of this research's findings and the related literature it can be said that the families' lack of

knowledge and mistaken attitudes can lead children to go wrong ways (for example, substance abuse).

Family and the school are the first places, where the children socialize. With this starting point Ogel et al. (2004), claim that the teacher and parents' education about addiction prevention, reduces the risks, which the children could be exposed to. This takes place in the family and the school environment to very important place. Also, Ulusoy et al. (2005) found a meaningful correlation between the parents' way of raising children and drug addiction of the adolescent and his family. In this content, the family needs to be supportive during through chaos and problems of the child instead of behaving in a way to contribute to the child to overcome his/her chaos and problems during the growth period of them, which may push and force the child to find something to fill the gaps in the growth period. Adolescents who use substances to cope with their negative feelings or to experience the desired effects of substances (Alikasifoglu and Ercan 2006) may live and feel many emotions in a group that he/she is involved and participated in which he/she cannot experience or feel with his/her family. There is a price to stay within the group and this price is always to live and behave like the members of the group. The child pays the price of belonging, being valued, getting approval, being supported and accepted as an independent individual by giving up his/her personality and future.

As a result of the researches, teachers recognized that schools' drugs policies were rarely implemented in practice and that drugs education was not a priority (Fletcher et al. 2010). The school guidance services are aware of many issues such as the prevalence of psychoactive substances, user profiles, family structures and ease of access to these substances. In this context, families should establish cooperation as much as possible with school administrations and the other institutions and organizations related to the subject. However, this cooperation is usually in the form of sharing information rather than being solution-oriented. The lack of specialists who can provide sufficient service in this area, the high number of students and guidance services not to be limited with these individuals and the unwillingness of students using psychoactive substances to get help, which is the most important factor, can be shown as reasons

to this result. The major problem is that both family and student deny the use of these substances by the latter.

A student, who uses psychoactive substances, may exhibit aggressive behaviors according to the records kept in school guidance services. The academic achievements of these students are low and school absenteeism is high. The family relationships of these students are weak and it can also be said that they have no relationship with their families. They are children of families, which adopted miscommunication and violence. The concepts attributed to school and teacher in these families are mostly negative rather than being positive. Balcin and Koc (2008) found and stated as a result of their study titled "The Attributions of Secondary Education Students to Concepts of 'High School' And 'Teacher'" that 77.1 percent of students perceived the high school as a marathon and 72.2 percent of them stated that high school was not safe for them. In the same study, 36.3 percent of students said that they did not accept teachers as a source and 43.3 percent did not regard their teachers as a guide.

Studies support the findings of the research. According to Wongtongkam et al. (2015), promoting family cohesion can be beneficial to reduce substance abuse. It has been found that the Psychoeducational Effective Parenting Program Application is effective in reducing symptoms of psychoactive substance use. Positive changes have occurred in awareness, knowledge, skills, attitudes of families on the issue and together with the program families have got information about psychoactive substances, their children's developmental periods and crisis related to their growth and adolescence and methods to overcome these problems. The following consideration can be listed as the reason for these results. Early in the list, children should accept by themselves that they keep using these substances or begin to use them or have possibility to start to use these addictive substances. The families have seen that the child using these psychoactive substances was not only theirs and this fact strengthened both their acceptance and adoption of the condition and solution seeking behaviors. All parents came to each session enthusiastically and wishfully by doing their homework assignments and a very good cooperation was established both between them and psychological counselors, and among them-

selves. Positive changes observed in students (more orderly coming and leaving hours to home, reduction in school absenteeism, better intra-family communication, and more appropriate sleeping, eating, speaking and self-expressing style and children to share their experiences with their families without fear) have increased the effectiveness of the program.

1. Specialists who serve in school guidance services should inform families about their children on a regular and consistent manner appropriately. Because, it is very hard to cope with and overcome the negative behaviors of children and prevent them to have new negative behaviors without establishing cooperation with the relevant institutions, organizations and people.
2. A unit can be established within the body of civilian authorities that can provide coordination between units, which deal and cope with psychoactive substances. A psychiatrist, a counselor, a psychologist, a social worker, a special education expert, a police officer, a sociologist from university, two academic members, one from the department of psychological consultancy and guidance and the other from the department of educational programs and teaching, and a judiciary may take part and serve in this unit. A civilian authority may chair this commission. The commission may meet in the second week of each month and the works to be done may be planned after evaluation of works is completed. In addition, this commission may be institutionalized under the name "Combat Psychoactive Substances Commission".
3. This program should be applied not only on the families of the children using psychoactive substances, but also on the families of all children as a preventive service.

Counseling and guidance services are carried out to achieve three main objectives that are curative, preventive and enrichment. Today, prevention services have gained more importance in every field. Because the situations especially given for the purpose of improving requires more time and more economy, but achieving the desired results is low. Preventive counseling and guidance services can provide both less time, less economy and accessing to functional outcome. A family is one of the most im-

portant sources for the implementation of preventive counseling and guidance services. In the fight against psychoactive substance addiction curative, preventive and enriching services are carried out under the guidance and counseling.

CONCLUSION

The study tested the effect of the "Effective Parenthood Purpose Psychoeducational Program" aimed to provide knowledge and skills for families with children who are drug addicts to achieve the objectives of preventive, remedial and enrichment in this process.

Families have learned information about psychoactive substances, and cognitive, affective and behavioral effects of using it. In addition, they have learned what needs to be done to enrich, improve and achieve a precautionary approach in this process. If the social support systems are functional before, during and after the process of counseling and guidance services, to achieve the desired purpose will be much easier and more efficient.

The family has emerged as the most important social support system and effect for a child to start using psychoactive substances and reach the level of addiction. Family is both, an effective factor for starting to be dependent on psychoactive substances and at the same time the most important curative, preventive and enriching factor in the treatment process.

RECOMMENDATIONS

In conclusion, the following recommendations can be made based on the results achieved.

1. Families should be informed regularly and consistently about the students by experts working in school guidance services. Because as long as one does not cooperate with the relevant institutions, organizations and people, it is hard to prevent the child's acquisition of negative behaviors and to deal with the acquired negative behavior.
2. A unit that can provide interdepartmental coordination in the fight against psychoactive substances can be installed under the authority of property. In this unit, a psychiatrist, a counselor, a psychologist, a social worker, a special education expert, a police officer, university sociologist, one

faculty member from the department of counseling and guidance and one judicial official may be included. Civilian authorities can chair this commission and it can meet in the second week of each month and evaluate the work done, and plan the work to be done. In addition, this committee may be institutionalized under the name of "Psychoactive Substance Combat Commission."

3. This program should be applied not only to the families of children who use psychoactive substances but also to other children's families.

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