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# Appropriate Levels for Drug Education Topics

Suiting Instruction to the Age of the Student

By Ruth Berglund

Everyone—society, home, school, and church—has the responsibility to prevent misuse and abuse of dangerous substances. Drug education in schools is only one component of an all-encompassing social effort to encourage people to choose healthful living practices and prevent them from becoming involved in substance abuse.

What methods should be used in drug education? Is a single program suitable for all situations and age levels? Indeed not; drug education is not static. It must change with the nature of the substances emerging, the cultural characteristics of the people exposed to them, the age level of the persons at risk, and the reasons why people abuse these substances. However, there are some rather stable principles on which we can base our educational efforts.

## Principles to Consider

1. Education must begin early, *before* the child faces the danger. We must utilize educational processes by which young people are “inoculated” against pressures to abuse drugs. Teachers can give students vicarious experiences

through values and decision-making exercises in which they may practice saying “No” before they are exposed to the use of chemicals or confronted with situations in which peer pressure and other influences override their previous intentions to do right.

2. Education must be carefully tied to the child’s mental, social, and physical maturity levels.

3. Decision-making in areas related to drug abuse is not simple. It is tied to an individual’s perceptions of the danger and its consequences, personal values, the wish to satisfy curiosity or desire to experiment; risk taking; moral conceptions of right and wrong; social modeling; peer relationships; wish for a “good time” with others; physical, mental, and emotional well-being; family relationships; knowledge levels; stress; social factors; boredom and lack of constructive or interesting things to do; and the availability of drugs. Therefore, drug education must concern itself with all these areas in order to be potentially effective in the lives of most people.

## An Inducement to Experimentation?

When properly taught, drug education does not induce curiosity or inspire students to experiment with harmful substances. Rather,

ignorance and lack of preparation for living are likely to cause such behavior. Despite our best efforts, however, some students may decide to become involved with dangerous drugs. Rebellion, negative aspects of living, revengeful feelings, and “feeling bad” or ill may be powerful motivating factors.

## A “Feeling” Problem

Substance abuse among adolescents appears to be more an affective problem than a cognitive one. It does not necessarily relate to feeling happy or sad, but stems from a desire to feel well or extra good. Research seems to indicate that the first time a young person tries a dangerous substance, he may do so for one or more of the reasons listed earlier. However, once the adolescent has experienced the effects of the chemical, the relaxation, exhilaration, or “good” feeling, he or she may want to repeat the experience.

Such a reaction is not unusual. Everyone wants to feel good. The human organism seems to seek this equilibrium. As soon as a person begins to feel badly, he does what he can to return to sense of well-being, perhaps by taking aspirin or another drug. The adolescent remembers the “good feeling” of being high, and may seek it again—at first experimentally, then frequently, and finally becoming

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obsessed with the chemical to the point of being addicted. The "feeling good" cycle can have only tragic results, since every high is followed by a corresponding low, and larger and larger doses of the substance must eventually be taken in order for the person to even feel normal.

How can we prevent young people from choosing to become involved with drugs? By nurturing their Christian experience; administering consistent, fair discipline; modeling positive attitudes and pointing to others who set good

examples in achievement and Christian living; helping young people have physical, mental, and social well-being; assisting them in achieving a positive self-image and feeling good about themselves; and teaching effective coping skills.

Using this philosophy, teachers and administrators need to know at what ages young people should be taught about drug education. Even the youngest child can learn how to care for his or her body. Information can become more specific and detailed as the child matures. Although the material

should be included in the curriculum, teachers need to seek opportunities to integrate these concepts into formal and informal discussions by using stories, role-playing situations and programs in worships and assemblies.

### **Drug Education Topics**

#### **Ages 5-7**

1. The body as God's temple. Care for the body.
2. Awareness and knowledge about substances and situations that can be harmful.
3. Personal power to say "No" and seek help from adults they can trust when something is unsafe or not right. Practice in making refusals: Saying "No" to friends, strangers, the temptation to try tobacco, caffeine, alcohol, or medicines not meant for them.

#### **Ages 8-9**

1. Learning decision-making skills.
2. Practice in acting on their decisions in the presence of peers and others.
3. Feeling "good" or feeling "bad"—knowing what to do when one feels a certain way. Information about doctors, medicines, prescriptions, labels. Following directions.
4. Information about substances and situations that can harm a person, i.e., marijuana, tobacco, caffeine, alcohol.

#### **10- to 12-Year-Olds**

This group is very vulnerable. School is important to them, and they have many personal needs. This is the age when most young people are introduced to drug abuse and are pressured to use drugs.

Topics should include the following:

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"Predictors of Adolescents' Intentions to Smoke: Age, Sex, Race, and Regional Differences," *The International Journal of the Addictions* (1984), pp. 503-519.  
Svobodny, Linda A. "Biographical Self-Concept and Educational Factors Among Chemically Dependent Adolescents," *Adolescence*, vol. XVII, No. 68 (Winter, 1982), pp. 847-853.

## Appropriate Levels for Drug Education

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1. The meaning of values. What is most important.
2. Examination of personal values. Learning to set priorities.
3. Personal decision making in many areas of life. Techniques and principles for making good decisions.
4. Reasoning from cause to effect.
5. Christian values and principles; what makes things right or wrong.
6. Practicing standing up for personal values and decisions in the presence of others. Recognizing that it is OK to be different.
7. The physical body and health as a gift from God.
8. Correct information about harmful substances and their effect on the body.
9. The brain as the governing power in human behavior. The fact that the nervous system is the channel through which God communicates with us and we with Him. Causes and results of brain damage.
10. Principles of temperance. Effects of intemperance.
11. How to be happy without using chemical aids. Choice of constructive hobbies and activities.
12. Problems most people meet: "Feeling bad" or ill, sadness, stress, pressure for conformity, lack of money, loneliness. The fact that harmful drugs are deceiving—they cover up problems without solving them.
13. Respect for human life. Responsibility to others. Personal

example—helping others.

14. Results of drug abuse—disease, crime, violence, automobile accidents, harmful effects on unborn children, brain damage, addiction, death.

15. A strong personal relationship with God as the only solution to personal problems.

### 13- to 15-Year-Olds

At this age young people feel strong needs to gain recognition and acceptance from others, to acquire skills, and obtain feedback from peers and adults. They frequently feel hurt because they are emotionally sensitive. They need to understand that everyone feels bad sometimes and must learn how to deal with such feelings.

Young people who may hurt the most and longest are those who have never achieved satisfying relationships with others. They feel unaccepted, unworthy, frustrated, and are very vulnerable to drug abuse.

Young people receive subtle messages from the media, music, sports heroes, and famous people arrested for drug abuse and drunken driving. Such stories frequently lack the accompanying message that drug abusers pay dearly in the end. The negative results of drug abuse need to be pointed out repeatedly, so that use of harmful substances is not glamorized and made to seem risk-free.

Positive modeling by adults and support by parents and teachers, involvement in wholesome recreation and interesting activities, as well as the satisfaction gained from doing things for others, are probably the best drug education we can provide.

Useful educational topics for this age group include:

1. Privilege and responsibility for decision making.
2. Personal support systems.

3. The fabulous asset of the human brain and nervous system.

4. Correct information about harmful substances.

5. Awareness of the power of advertising and other power symbols.

6. Handling frustrations and problems common to this age group: Emotional instability and irritability due to a developing physical body.

a. Too many expectations by adults and others.

b. Painful and difficult situations.

c. Pressure to conform.

d. Stress caused by numerous demands and responsibilities of life.

e. Worry about finances.

f. Feelings of rebellion.

7. Risk taking, responsibility for the safety of others.

8. Preparation for handling social situations where drug and alcohol problems may be encountered.

9. Planning wholesome social activities.

10. Programs for developing personal exercise plans, interesting hobbies.

11. Developing a personal relationship with God.

12. Experiencing the satisfaction of doing things for others.

In summary—drug education must help prepare young people for positive and effective living and make them aware of the specific hazards of various substances. Adolescents especially need to recognize, accept, and utilize God's power to live healthful and victorious lives. As teachers we need to emphasize Christian principles so that the lessons our students have learned will come to mind and provide them with a reservoir of confidence and strength in time of need.