


# PATHS II


Positive Adolescent Training through Holistic Social Programs



## The Relationship between Anti-drug Education and Positive Youth Development


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# Content


- The Relationship between Anti-drug Education and Positive Youth Development
- Anti-Drug Education Via the Project P.A.T.H.S.: The Role of Life Skills and Psychosocial Competence




中一至中三課程 「社會關注的青少年問題」分佈表						
社會關注的青少年問題	中一整合課程		中二整合課程		中三整合課程	
	課程單元 單元編號	名稱 編號	課程單元 單元編號	名稱 編號	課程單元 單元編號	名稱 編號
情緒問題	7	情緒字典 EC1.1	6	合情合理 EC2.2	7	求「理」尋它 EC3.1
	8	真情流露 EC1.2	7	獨力難「知」 EC2.3	8	離開幽谷 EC3.2
	23	笑臉功夫 RE1.3	8	理想對象 EC2.4	21	知足常樂 RE 3.1
	24	衝突教室 RE1.4	16	扭曲怪獸屋 SE2.2	22	轉危為機 RE 3.2
			10	「創」世紀 CC2.2	23	生於憂患? RE 3.3
			19	瘦身多面睇 PN2.3		
			22	幽默一刻 RE 2.2		
			23	現代漂流記 RE 2.3		
			24	人生處處是考場 RE2.4		



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無望感			21	生還者 RE 2.1	18	理想發電站 SE 3.2
					24	給我一個希望的家 RE3.4
					33	未來會係點 BF 3.1
					34	求職廣場 BF 3.2
					35	天賜禮物 BF 3.3
					36	展望未來 BF 3.4
生命價值問題	24	衝突教室 RE1.4	31	生命有「價」 ID2.1	28	價值何在? SP3.2
			32	志同道合 ID2.2	30	生命小說 SP3.4



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濫用精神藥物和吸煙	3	朋友交叉點 BO1.3	20	衡量天秤 PN 2.4		
	26	明智之舉 SD1.2	26	先決條件 SD 2.2		
男女關係問題	10	網上情緣 CC1.2	5	知心人 EC2.1	1	現代愛情故事 BO3.1
					2	自由戀愛? BO3.2
					15	愛情密碼 MC3.3
物質主義	29	我的最愛 SP1.1	18	子思一家的新年 PN2.2	10	廣告睇真D CC3.2
	30	同一天空下 SP1.2	25	選擇面面觀 SD2.1	17	誰是富翁? SE3.1
			28	金錢世界 SP2.2	29	為什麼? SP3.3



## 5 issues concerned



Drug  
藥物教育



Sex 性教育



Anti-Bullying  
反欺凌教育



Internet  
互聯網教育



Concept of Money and Success  
反物質主義教育



中一至中三課程  
「社會關注的青少年問題」分佈表

	Drug 藥物 教育	Sex 性教 育	Anti- Bullying 反欺凌 教育	Internet 互聯網 教育	Money 反物質 主義 教育	Total
S1	8	5	3	2	2	20
S2	6	5	2	3	4	20
S3	6	5	2	4	3	20
Total	20	15	7	9	9	60

Positive Youth  
Development

Positive Youth Health



Provide environment for

Positive Youth Education

(process-oriented & result-oriented)

positive youth development

- Maintain self-image and self esteem
- Actualization of self
- Aware of psychological needs of students

No negative behavior doesn't  
mean having positive physical  
and mental health

## Definition of Positive Health

- "Health is a state of complete positive physical, mental, and social well-being and not merely the absence of disease or infirmity" (Seligman, 2008, p. 4).
- "Positive health is not only a desirable in its own right, however, it is also a likely buffer against physical and mental illness" (p.15).

## Definition of Positive Health

- "Unlike a negative clinical psychology based on the illness ideology, a positive clinical psychology is concerned with not just with identifying weakness and treating or preventing 'disorder' but also with identifying human strengths and promoting 'mental health'" (Maddux, 2008, p.68).

## References

- Maddux, J. E. (2008). Positive psychology and the illness ideology: Toward a Positive Clinical Psychology. *Applied Psychology: An International Review*, 57, 54-70.
- Seligman, M.E. P. (2008). Positive Health. *Applied Psychology: An International Review*, 57, 3-18.

## Anti-Drug Education Via the Project P.A.T.H.S.: The Role of Life Skills and Psychosocial Competence

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13

## Prevention of Substance Use

- To prevent or delay the onset of substance use and reduce its health and social consequences.
- It is widely recognized that no single prevention programme will be 100% effective in preventing the initiation of alcohol and drug use (Cuijpers, 2002).
- It is also recognized that prevention programs require minor adaptations to make room for cultural differences and differing socio-economic environments



14

## Target Group

- Ideally, universal prevention should start prior to adolescence (Komro et al., 2008).
- School-based prevention programmes are a popular form of universal prevention among youth as schools facilitate easy access to a large part of this population (Faggiano et al., 2005).



15

## History of Drug Education

- There are 5 phases :
  1. Early approaches to drug education were based on **Moral Objections** to the use of drugs or alcohol and advocated temperance.
- The moral approaches to education did not work and even the outlawing of a substance is not an effective deterrent to its use.



16

## The Second Phase- The Use of Fear Approaches

- If people could not be exhorted to avoid recreational drugs, perhaps they could be made afraid to do so.
- Again, such approaches did not work.
- The use of fear does not appear to lead to appropriate behavior change unless specific actions are recommended that will overcome or reduce the fear that is aroused (Leventhal, 1970).



17

## The Third Phase- The Knowledge-focused Approaches

- Programs emphasized on the objective facts about the physical properties of drugs, and the consequences (usually long-term health consequences) of using them.
- These programs sometimes led to "boomerang" effects possibly because the information provided served to increase adolescents' curiosity about the substances described, or possibly because adolescents may become aware of perceived group norms, and shifted attitudes accordingly (Feingold & Knapp, 1977)



18

### The Fourth Phase – The Affective-focused Approaches

- Apart from drug information-based programs, the affective-focused ones also concern value clarification and decision making.
- These so-called “affective” approaches were also unsuccessful, probably because they also failed to address many of the major determinants of adolescent drug use.



19

### The Fifth Phase – The Skills-focused Approaches

- The skills-focused programs put much emphasis on the primary influences on adolescent drug use are social, particularly peer and family influences.
- Recent prevention programs that make students aware of social influences and provide them with the social skills with which to resist or cope with such influences have been more successful



20

### Systematic Review of School-based Prevention Programs

- Knowledge-focused programs improve mediating variables (especially drug knowledge) compared with usual curricula, but are not more effective than skills-based programs, and are less effective than affective programs.
- Affective-focused programs improve decision-making skills and drug knowledge compared to both usual curricula and knowledge-focused interventions, but no evidence of effectiveness is shown for prevention of drug use.



21

- Skills-focused programs appear to have a positive effect on both mediating variables (drug knowledge, decision making, self-esteem and peer pressure resistance) and final outcomes, compared to usual curricula.

Faggiono, F., Vigna-Taglianti, F.D., Versino, E; Zamdon, A; Borraccino, A., & Lemma, P. (2005). School-based prevention for illicit drugs' use. *Cochrane Database Systematic Reviews*, 18, CD003020



22

### Key Component to Effective Programs

- These programs should focus on **developing the following skills and attributes** among young people: self-control; emotional awareness; communication; social problem-solving, academic support and social competence.

Cuijpers, P. (2002). Effective ingredients of school-based drug prevention programmes: A systematic review. *Addictive Behaviors*, 27,1009-1023.



23

### 15 Positive Youth Development Constructs Covered in the Project P.A.T.H.S.

1. 增強與健康成人和益友的聯繫 (Bonding)
2. 提升抗逆能力 (Resilience)
3. 促進社交能力 (Social Competence)
4. 促進情緒控制和表達能力 (Emotional Competence)
5. 促進認知能力 (Cognitive Competence)
6. 促進採取行動能力 (Behavioural Competence)
7. 促進分辨是非能力 (Moral Competence)



24

8. 提升自決能力 (Self-Determination)
9. 提升心靈質素 (Spirituality)
10. 提升自我效能感 (Self-Efficacy)
11. 建立明確及正面的身份 (Clear and Positive Identity)
12. 建立目標和抉擇能力 (Beliefs in the Future)
13. 認同參加者的正面行爲 (Recognition for Positive Behaviour)
14. 參與公益活動 (Opportunities for Pro-social Involvement)
15. 強化利他信念 (Fostering Pro-social Norms)



25

