

## DRUG PREVENTION EDUCATION OF SIX ASIAN-PACIFIC COUNTRIES AND IMPLICATIONS FOR CHRISTIAN COUNSELING

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### INTRODUCTION

Drug abuse is one of the most serious problems in the world. Asian-Pacific countries, including Korea, are no exception to this problem. Furthermore, the drug problem is a problem that desperately demands prevention before it starts rather than treatment after it has begun. This study will show the trends of drug prevention education in six Asia-Pacific countries: Korea, Australia, China, India, Japan and Thailand. The results of this study will suggest important aspects of Christian counseling and ministry to drug addicts.

### PURPOSE & METHODS OF THE STUDY

The aim of this study is to review drug prevention education policies and programs of six Asian-Pacific countries; Korea, China, Japan, Thailand, Vietnam, India and Australia, and to give some implications for the field of Christian counseling. From the early 1970s, when industrialization became a serious cause of human alienation, most Asian countries were confronted with severe drug problems. The U.S. government pointed out China, Thailand and Vietnam as the most dangerous countries for drug abuse in Asia.

This study will show some important features and statistics about drug abuse in each country and list systems and organizations for drug prevention. Next, the study results will also include ongoing projects about drug prevention and some clear goals for drug education. Finally, this study will propose some essential components for drug prevention education.

This study was executed simultaneously through on-line and off-line research from March, 2001 through August, 2002. On-line, the basic statistical data about drug use, prevention policy and programs

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were collected. Off-line, the research came from interviews and studies by significant people at embassies or people who are in charge of drug education in each country.

First, the author collected by telephone contact the e-mail or homepage addresses of useful Internet sites from the embassy workers in Korea. Then, the author collected data from the searched Internet sites and performed content analysis. Second, the author visited the main organizations dealing with drug problems in Korea. These included the Korean Association Against Drug Abuse (KAADD), the Seoul Metropolitan Office of Education, and the Seoul School Health Center. The author interviewed key people in charge of drug education. She also collected materials and data about drug education, then performed content analysis with the data collected.

## CONCEPTS OF DRUG PREVENTION

### NIDA & NIAAA Model

The NIDA (National Institute on Drug Abuse) model and the NIAAA (National Institute on Alcohol Abuse and Alcoholism) model are some of the well-known traditional drug prevention models in the U.S. The NIDA model can be divided into four main parts according to the stages of drug use. For nonusers, the information program can be helpful. For the experimental users or the users for whom drugs are already a part of their lifestyle, the education program, alternative programs, or intervention programs could be useful. The series of program types could be described chronologically as: (1) Information; (2) Education; (3) Alternatives; (4) Intervention; (5) Treatment; (6) Rehabilitation.

In contrast, the NIAAA model approaches drug prevention on the basis of the concept of public health. The NIAAA has divided education activities into two levels, which are the target of activities and the level of activities. The target of activities consists of agent, host and environment. In addition to those, it is also useful to differentiate levels or types of prevention. The levels of prevention activities are primary, secondary and tertiary. Primary prevention is mainly focused on prevention of non-users. Secondary prevention is focused mainly on experimental or habitual users. Tertiary prevention is educational efforts for addicts.

### New Dependence Model

The two models of drug prevention, NIDA and NIAAA, explain systematically how to teach each group of people who are exposed to the risk of drug use. However, they do not include specific education contents and areas for drug education. The most common psychological mechanism of drug use is known as dependence, which means the condition or fact of being dependent. The meaning of dependence is to be influenced or determined by something else outside people for support or aid in everyday life. Therefore, within the perspective of this dependence model (Kim, Jin Sook & Choi, Eun Young, 1997), the objects that people choose for life support determine the name of the addiction they have. For example, some people could choose alcohol but others could choose work, gambling, shopping, religious meetings, or the Internet. Therefore, the important task of drug educators is to evaluate people's lives thoroughly in order to understand the reason they are dependent on such things and to help them choose another healthy object to depend on to better their lives.

The advantage of this model is that this model can suggest some valuable education areas for drug prevention. This model includes three main life areas with which people should feel satisfied: Love, Work and Play. In other words, people who are satisfied with their work, human relationships and leisure time can feel happy and stable in their lives. Without these feelings, people easily try to find out another object that could give them those good feelings, and drugs can be one of those objects. Therefore, the workers in drug prevention areas should screen the risk group so that they can teach the group how to feel satisfied in each life area without drugs.

### FEATURES & STATISTICS OF DRUG USE

Korea is known as relatively safe from hard drugs such as LSD or cocaine, but extremely risky from soft drugs such as alcohol, nicotine or inhalants. The smoking rate of male adolescents and adults in Korea is the highest in the world (32.6% for adolescents and 68.2% for adults in 1999). But the use rate of hallucinogens such as inhalants has decreased since 1996. This phenomenon could be explained by cross addiction among Korean young people, i.e. they have exchanged the object of their addiction from drugs to the Internet.

Drug use rate in Australia has decreased since 1990. The smoking rate in Australia for males is about 30%, for females, about 25%. The overall drinking rate is around 30-40%.

China has shown rapidly increasing drug use rate since 1990. By 2000, the rate of drug addiction had reportedly reached 26.3%. The total drinking rate of China is 87.5%.

In Japan, the drug use rate has slightly decreased since 1996, but the use rate for stimulants has been increasing since 1984. The overall smoking rate for the male population is 53.5%, for females, 13.7%. The total smoking rate is 32.9%.

Thailand has shown a rapidly increasing rate of drug use in 1990s. The major drugs of this country are methamphetamine and heroin, and these are relatively stronger than other abused drugs in Asia.

## SYSTEMS & ORGANIZATIONS FOR DRUG PREVENTION

Drug prevention education and activities have been executed by two different kinds of organizations: governmental organizations and non-governmental organizations (NGOs). In Korea, four different government organizations are participating in drug prevention education, the Commission on Youth Protection under Prime Minister, the Food and Drug Administration under the Ministry of Health and Welfare, the KYCI (Korea Youth Counseling Institute) under the Ministry of Culture and Tourism, and the Office of Education under the Ministry of Education. However, the linkage or cooperation between these organizations is not sufficient to perform drug prevention effectively so therefore strong and efficient drug education activities cannot be expected. The most popular NGO in this field in Korea is the Korean Association Against Drug Abuse (KAADA). This organization was established in 1992 and has been performing many symposiums and much drug-related education. The other organization related to this field is the Addiction Counseling Center of the Seoul YMCA. This center was first built for drug problems in adolescents, but because of the rapidly increasing rate of Internet addiction, this center expanded the target population to include all kinds of addicts.

In Australia, school communities under the Department of Education and Community Service have been excellently doing drug education. One of the well-known NGOs is the Catholic Education Office (CEO). The two main governmental organizations in China are

the National Narcotics Control Commission (NNCC) and the State Education Commission (SEC). The NNCC controls the overall drug education in China and SEC deals with drug education in local areas.

In India, apparently no governmental organization for drug education exists, but the author found that the NGOs are Forum Against Drugs (FAD) and Navjyoti. FAD was established in 1990 and Navjyoti, in 1987. These two organizations have been performing a very active role in drug education and activities for people on the street.

In Japan, there are three main governmental organizations that perform drug education: the Headquarters for Drug Abuse under the Prime Minister, the Ministry of Health, Labor and Welfare, and the Narcotics Control Department.

In Thailand, there are two governmental organizations for drug prevention, the Office of the Narcotics Control Board (ONCB) has centralized authority and the Narcotics Control Office (NCO) has local responsibility. No NGOs for drug prevention could be found in Thailand. Interestingly, hospitals in Thailand work cooperatively in drug prevention activities.

## ONGOING PROJECTS & GOALS FOR DRUG PREVENTION

Korea declared a "Drug Free Year" in 2001, and since that year Korea has been attempting various drug prevention activities. Korean Association Against Drug Abuse (KAADA) has been leading this movement and this organization has tried various methodologies including concerts, seminars, plays and education for students and drug-related professionals.

Australia established the School Drug Education Project (SDEP) in 2000. This project includes three different phases, each successive phase being implemented in one year. In 2000, Australia gave much effort to develop programs and curricula for drug prevention. The next year, 2001, the government trained the trainers for the prevention programs which had been developed the previous year. In the years of 2002 and 2003, a nationwide network for drug education was formed.

In India, many outreach programs exist in slum areas.

Japan has developed a "Drug Abuse Prevention Five-Year Strategy." This project has four main principles. First, Japan tries to educate young people about the risk factors of drug abuse. Second, Japan controls illegal drug sales. Third, Japan interdicts drug

smuggling at the border. Finally, Japan supports rehabilitation efforts for drug abusers.

The drug prevention slogan of Thailand is “Love Our King, Care for Our Offspring, Help Combat Drugs.” The project was conducted from 1997 to 2001, and the goals were: (1) reducing the number of addicts, (2) reducing the number of manufactures and traffickers, and (3) reducing the quantity of drugs.

### FORMAL DRUG PREVENTION EDUCATION

Korea has not yet established regular drug education curriculum in schools. No unified drug prevention activities and education have been established. Furthermore, the drug program leaders come from various professional backgrounds and can hardly cooperate with each other. For example, at some schools, health teachers deliver drug education. At other schools, doctors or pharmacists perform the same role. Some specialists, such as professors, who have a special interest in drug abuse prevention may be invited as guest speakers. Yet no systematic or unified drug education program exists.

In contrast, Australia runs a well-organized formal education system for drug prevention. Four different phases of drug education are presented according to the age of students. This system is called the “K-12 Teacher Support Package.” The four phases are presented in grades K-3, 3-7, 7-10 and 10-12. The advantage or the benefit of this system is that students at each level can obtain proper knowledge about drugs for their developmental stage. Well-trained health teachers at schools teach students about drugs. The contents of drug education are considered to be excellent because these include many vivid life-skill training programs and information about drug abuse. Sometimes, parents and community members teach drug prevention on a volunteer basis.

In China, formal education for drug prevention has been divided into three parts: primary school, secondary school, and university. Also, China has developed education systems for jobless people and self-employed people.

India has managed both formal and non-formal education systems for drug prevention at schools and on the streets. Teachers, social workers and nurses are the main facilitators in drug education.

Japan has included drug education as a part of health and physical education at school. Health teachers are doing the main role. Japan has two slogans for drug prevention: "Have the Strength to Say 'No'" and "I Will Never Use Drugs."

Thailand has developed several education programs for different segments of the population: a school program, a community program, a workplace program and a special area program. Thailand also holds sports competitions, such as soccer games, for the purpose of drug prevention. Teachers, parents, business owners, and clergy cooperate in drug education.

### CONCLUSION: IMPLICATIONS FOR CHRISTIAN COUNSELING

The author has reviewed some important aspects of drug prevention at six countries in the Asia-Pacific region. Overall, Australia and China have comparatively better drug education systems than countries. India and Korea have relatively poorer prevention systems. Except Korea, each country has been performing long-term projects for drug prevention. Some interesting characteristics of drug prevention efforts in each county are as follows: First, Australia has established an excellent systematic formal drug education system. Three countries in East Asia (China, Japan, Korea) have been trying to include drug education in regular classes at school. Some countries have specific activities for drug prevention. Walking campaigns in China, outreach programs in India, music concerts in Korea, and soccer games in Thailand are good examples.

This research has been gathered mainly through the Internet, so it has some advantages and disadvantages. First, Internet research is convenient, fast and economical. As a researcher, it is desirable to go to every country and organization to collect data and materials. However, such study requires much money, time and effort. Next, there is some risk in this kind of study. First, researchers may lack confidence in the data that they have. They should confirm the reliability of the data. They should check the date each site has been updated and the people in charge of the site. In spite of these shortcomings, this study method can be suggested to those who have great concerns about international topics such as drug prevention. It can give researchers a big picture or panorama on their interest fields.

Second, the main psychological dynamic of drug addicts, which is dependence, also suggests several themes to be considered. The author found that many religious groups in Australia and Thailand are actively participating in drug prevention and treatment programs. Unfortunately, however, few Protestant churches eagerly participate in such programs. One of the Christians' ministries is healing. In Korea, more than 20 million people have related drug problems. This figure includes family members of problem drinkers and addicts (Ko, Byung In, 2003). However, no church performs an active role in drug prevention and treatment of addicts and their families. Moreover, talking about alcohol and tobacco in churches is taboo. Yet addicts or problem drinkers are the very people who most need God as an alternative on whom to depend instead of drugs or alcohol. Therefore, churches should open up their doors to drug addicts and their families, and prepare counseling programs or seminars for them.

Finally, this research suggests that Christian counselors should make a thorough theoretical framework for ACoAs (Adult Children of Alcoholics). The author believes that Christian counseling is a psychological work that illuminates the contaminated or distorted image of God in clients' minds and helps them experience God as their true loving God. However, children who have an alcoholic father or mother have no experience of loving parents. Consequently, they may have problems with shame, anxiety, tension, or depression. Therefore, they have trouble knowing God as their almighty, living, loving Father. This author strongly suggests that Christian counselors give much effort to integrate the teaching from the Bible (Who God is) with clients' life experiences (What they feel about God) to help such clients.

## INTERNET RESOURCES

### General

<http://www.ihra.net/framesets/framefiles/news/delhi/plenarycontent.html>

### 1) Korea

<http://www.drugfree.or.kr>

<http://org.mogaha.or.kr:7003/jojik.html>

<http://www.youth.go.kr/e-lib/xml/PRT019800042.xml>

<http://www.jionju.ac.kr/hkhcss/html>



<http://www.dreamwiz.com/nwater.html>  
<http://khmc.or.kr/counsel/counsel>  
<http://user.chollian.net/limgs/webtour/site/asia.html>

## 2) Japan

<http://jin.jcic.or.jp/stat/stats/14CRM31.html>  
<http://jin.jcic.or.jp/stat/stats/10LIV33.html>  
<http://jin.jcic.or.jp/stat/stats/10LIV35.html>  
<http://www.nco.go.jp/english/outline/index.html>  
<http://www.nco.go.jp/english/refular/guidancel.html>  
<http://www.nco.go.jp/english/regular/prevent.html>  
<http://www.nco.go.jp/english/recruit/index.html>  
<http://www.kantei.go.jp/foreign/yakubutu/980701yakubutu.html>  
<http://www.mext.go.jp/eky1998>

## 3) China

[http://english.peopledaily.com.cn/200106/26/eng200110626\\_73585.html](http://english.peopledaily.com.cn/200106/26/eng200110626_73585.html)  
[http://english.peopledaily.com.cn/200102/10/eng20010210\\_62006.html](http://english.peopledaily.com.cn/200102/10/eng20010210_62006.html)  
[http://english.peopledaily.com.cn/200009.20/eng20000920\\_50990.html](http://english.peopledaily.com.cn/200009.20/eng20000920_50990.html)  
<http://www.chian.org.cn/e-white/1/1.VI.html>  
<http://www.ielts.com.cn/listen-A-ans.html>

## 4) Australia

<http://www.adf.org.au>  
<http://www.adf.org.au/cyds/projects.html>  
<http://www.adf.org.au/cyds/papers.html>  
<http://www.adf.org.au/cyds/papers/sded.html>  
<http://www.sdep.wa.edu.au/index.html>  
<http://www.sdep.wa.edu.au/curric/content.html>  
<http://www.sdep.wa.edu.au/backgroud/bestprac.html>  
<http://www.sdep.wa.edu.au/training/aremore.html>  
<http://www.sdep.wa.edu.au/training/optiona.html>  
<http://www.sdep.wa.edu.au/parent/reserch.html>  
<http://www.decs.act.gov.au/services/drugeducation.html>

## 5) India

<http://www.mumbai-central.com/fad/project.html>  
<http://www.indiadoctor.com/navjyoti/index.html>

<http://www.indiandoctor.com/navjyoti/aboutus.html>  
<http://www.indeandoctor.com/navjyoti/alcoholabuse.html>  
<http://www.indeandoctor.com/navjyoti/childeucation.html>  
<http://www.adf.org.au/news/india.html>  
<http://www.nfhsindia.org/reserch.html>  
<http://www.pib.nic.in.archieve/Ireleng/lyr98/10198/PIBR230198.html>  
<http://www.education.vsnl.com.saspi>  
<http://www.goidirectory.nic.in/ministry.html>

#### 6) Thailand

<http://www.anamai.moph.go.th/factsheet/smoke.html>  
<http://www.oncb.go.th/document/cl-Eoncb.html>  
<http://www.oncb.go.th/document/epolicy.html>  
<http://www.moe.go.th/web/Nation-Act/sld002.html>  
<http://www.mmserve.com/drugs/ifngo/index.html>

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