Drug Abuse PreventionThe Spiritual Dimension¹

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Introduction

On behalf of the Victorian Bahá'í Community, I would first like to salute the efforts of the Victorian Education Department and the Australian Drug Foundation in embarking on their drug prevention programs. I have had an opportunity to read the Education Department's manual, "Turning The Tide", and, along with the presentation earlier, I am impressed by the depth and breadth of thought that has gone into its preparation. I am particularly impressed by its decision to make drug education in schools a continuous program, rather than an ad hoc approach, and also in recognising the importance of starting early by including primary schools under its rubric. Life attitudes are acquired early in life and these attitudes become values which then guide behaviour. It is important, therefore, also to include parents in the school strategy for we all know that it is parental attitudes and the examples they set for their children that have the greatest influence on their development.

Definitions

In speaking about the spiritual dimension of drug abuse prevention, a few definitions are in order. This is important because many would consider the concept of spirituality as foreign to any consideration of important social problems such as drug abuse and its prevention. The World Heath Organisation's definition of a drug is "any substance, with the exception of food and water which when taken into the body alters its function physically and/or psychologically. "Drugs can be divided into three categories: I) depressants, such as alcohol, opiates, cannabis, inhalants, tranquillisers and sedatives, and non-narcotic analgesics; 2) stimulants, such as caffeine, tobacco, cocaine, and amphetamines; and 3) hallucinogens, such as LSD and mescaline. Drugs can be licit or illicit, prescribed or 'over-the-counter'.

This is the text of an address given at a seminar in Melbourne on 19 November 1998 on the Prevention
of Drug Abuse, organised by the Monash Bahá'í Community.

The fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSMIV) defines substance abuse as "a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one or more of the following, occurring within, a twelve month period: 1) recurrent substance use resulting in a failure to fulfil major role obligations at work, school or home: 2) recurrent substance use in situations in which it is physically hazardous, such as driving an automobile; 3) recurrent substance related legal problems, such as disorderly conduct: 4) continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance, such as arguments with spouse about intoxication.

The related term, substance dependence, describes a state of physical and/or psychological dependence characterised by tolerance to the drug and a characteristic withdrawal syndrome.

Prevention can be divided into primary, secondary, and tertiary. Primary prevention attempts to prevent the onset of a condition (in this case, substance abuse). Secondary prevention aims to identify and promptly treat an illness once it has already happened, thus reducing its duration. Tertiary prevention aims to reduce the residual disabilities caused by an illness. Examples of these different types of prevention include school programs that promote an understanding of the risks of drug use (primary prevention), programs that help teachers identify students who have a drug problem (secondary prevention), or needle exchange programs, which reduce the incidence of blood-borne diseases such as HIV and Hepatitis 8 and C (tertiary prevention).

The 'spiritual dimension' can be defined as that aspect of a person pertaining to the soul or psyche, as opposed to matter or the body. The soul or psyche has three capacities, namely the capacities to know (knowledge), to feel (love), and to act (will). Other terms that have been used for these three capacities are 1) Cognition, 2) Affect, and 3) Motivation. We know that most drugs of dependence can affect some or all of these three capacities of the psyche through their actions on the cerebral cortex and the limbic system.

Adolescent Drug Abuse Why did it happen?

There are many reasons why young people take drugs. Some of these are: fun and excitement; curiosity; relief from stress and distress from problems at work, school or relationships; the need for group acceptance, to impress the opposite sex, or to boast about improved sexual performance, pressure from friends, society, media, or role models; parental example; to anger parents; and to self medicate against mental illness, such as depression, anxiety, or schizophrenia.

If we take all these reasons and try to group them we can see that drugs are taken as 1) a diversion against boredom or aimlessness, 2) a psychological anaesthetic, akin to 'soma' in Aldous Huxley's *Brave New World*, 3) a performance enhancer, or psychological steroid, 4) a way of achieving acceptance amongst peers, or 5) a form of protest. What this suggests is that we have individuals who are bored, in psychological pain, unhappy with themselves, feeling alienated and angry with society. If this is the case, I would suggest that our society is in a state of crisis, a crisis of meaning, purpose, and connectedness.

Mental health statistics seem to support this suggestion. The National Health and Medical Research Council reports that up to a quarter of adolescents will suffer major depression by age 18, and, in any six months, 40% will suffer from prolonged sadness and unhappiness. Suicide rates have tripled for young males and doubled for young females over the past fifty years. And whilst suicide is an uncommon event -0.02% of young people take their lives each year it is the tip of an iceberg insofar as up to 10% will make a suicide attempt .

The factors contributing to this situation include: "family conflict ... lack of a close relationship with caring, dependable adults, increased expectations, peer and media influences, the perceived lack of meaningful opportunities in mainstream society, and an inadequate cultural framework of meaning, belonging, and hope." ⁴

In an address given in I997 at the "Exploring Adolescent Spirituality" Seminar in Melbourne, Richard Eckersley of the CSIRO suggested: "The bottom line of psychological wellbeing seems to be having a sense of meaning and purpose in life ... Positive life meaning is related to strong religious beliefs, self-transcendent values, membership in groups, dedication to a cause and clear life goals." ⁵ Eckersley then proceeds to quote Bruce Headey and Alex Wearing from their book *Understanding Happiness*: "Clearly a person cannot simply invent a new mission in order to achieve a sense of purpose and meaning in life, but it is worth remembering that in the long haul this is what matters most."

Spirituality, therefore, lies at the heart of any campaign to solve the drug problem. A spiritual model which addresses the questions of purpose, meaning, suffering and connectedness, is crucial, I believe, for the success of our prevention programs.

R. Eckersley, "A View from the Mouth of a Cave: Spirituality, God, science and the future", Youth Issues Forum Summer 1997/8.

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A Spiritual Model of Human Nature

I would like to offer a spiritual model based on my understanding of the principles of the Bahá'í Faith, of which I am a member, a model which is probably consistent with the principles of the world's other major religions. The model consists of the following principles: 1) That humans have a dual nature, spiritual and material, and that our reality is our soul; 2) The soul is a divine trust that has the potential to manifest its capacities of knowledge, love, and will. These capacities are expressed as attributes, such as truthfulness, patience, humility, love, compassion, tolerance, joy, determination, and service. These are, in fact, all attributes of God, and, having been created in His image, we are all capable of expressing them. 3) The purpose of life is to develop these attributes. 4) In the same way that the body needs food and water to grow, the soul requires spiritual sustenance in the form of prayer and meditation., in particular, meditation on the Word of God, found in the Scriptures of the world's major religions. 5) Life's challenges provide the situations in which to develop these attributes. As we develop them, we master the challenge and move on to greater challenges. 6) Tests and difficulties, therefore, are necessary for the progress of the soul. They are to be welcomed, not avoided.

This spiritual model can assist in drug abuse prevention by addressing the problems of discontent, boredom, pain, alienation, and anger, which psychologically underpin the drug abuse epidemic. It provides meaning and purpose consistent with the essence of our beings. It teaches that humans are 'mines rich in gems of inestimable value', of virtues, which, through education, can be unearthed for the benefit of humankind. It teaches that psychological pain is part of growth., in the same way that a plant is pruned in winter so that it can flower abundantly in spring. It resolves the problem of alienation by reuniting humans with God, and, through God, to God's universe such an individual will then begin to look at constructive solutions to society's problems, rather than railing against them.

How Can Such a Model Be Implemented?

A successful program using a spiritual model already exists. 'The Virtues Project', 6 developed by Linda Kavelin Popov and Dan Popov, a social worker and child psychologist wife and husband team from Canada, teaches and encourages virtues in children, youth and adults. Designed primarily for parents, it also used by schoolteachers and others working in human development. It honours the world's sacred traditions and offers simple principles for paying attention to a child's spiritual development, helping them set spiritual goals. The four key principles of the project are: 1) the parent is the

L.D. Popov & J. Kavelin, The Virtues Guide: a handbook for parents teaching virtues. Gold Coast: The Virtues Project Inc. 1995.

primary educator of the child; 2) children are born in potential: their natural qualities can develop into positive or negative traits depending on how they are educated in the early years; 3) character develops as children learn to make responsible, moral choices; and 4) self-esteem is a natural outcome of living by spiritual principles.

The Virtues Project is being promoted amongst parents, in schools, in mental health and forensic settings. One of its authors, dare I say it, recently appeared as a guest on The Oprah Winfrey Show! Such a program would be an important addition to existing drug prevention strategies like "Turning The Tide". It would also be important to offer it to parents of preschool children, as it is in these early years that personality and character are formed.

Conclusion

Of course, the spiritual dimension is not the only dimension. There is the material dimension; the tasks of curbing the production of, and traffic in, drugs of dependence, providing young people with opportunities for training and employment, making them aware of the risks of drug taking, and promoting concepts of healthy living. But underpinning all these efforts must be a recognition of the potential nobility of the human condition and the loftiness of one's purpose in life. In the words of Bahá'u'lláh:

"I created thee rich, why dost thou bring thyself down to poverty? Noble I made thee, wherewith dost thou abase thyself? Out of the essence of knowledge I gave thee being, why seekest thou enlightenment from anyone beside Me? Out of the clay of love I moulded thee, how dost thou busy thyself with another? Turn thy sight unto thyself, that thou mayest find Me standing within thee, mighty, powerful, and self subsisting."

^{7.} Bahá'u'lláh *The Hidden Words*. New Delhi: Bahá'í Publishing Trust. 1957 edition.