Research Article
TheScientificWorldJOURNAL (2011) 11, 2339–2347
ISSN 1537-744X; doi:10.1100/2011/280419

TheScientificWorldJOURNAL
www.thescientificworld.com

Using Positive Youth Development Constructs to Design a Drug Education Curriculum for Junior Secondary Students in Hong Kong

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Received 30 September 2010; Revised 15 February 2011; Accepted 15 August 2011

Academic Editor: Joav Merrick

This paper outlines the design of a new curriculum for positive youth development (P.A.T.H.S. II) in Hong Kong. The paper discusses the conceptual base for designing a drug-education curriculum for junior-secondary students using four positive youth development constructs—cognitive competence, emotional competence, beliefs in the future, and self-efficacy. The program design is premised on the belief that adolescents do have developmental assets; therefore, the curriculum is designed to develop their psychosocial competencies. The goal of the curriculum is to develop the selfhood of these youths and ultimately achieve the goal of successful adolescent development.

KEYWORDS: Positive youth development, drug prevention, developmental assets

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Published by TheScientificWorldJOURNAL; http://www.tswj.com/

1. INTRODUCTION

Drug abuse has been a social problem in Hong Kong for many years. According to the figures reported in 2008 by the Central Registry of Drug Abuse (CRDA), the total number of reported drug abusers increased from 3.3% in 2004/05 to 4.3% in 2008/09 and had been clearly rising for the past two years [1]. Worryingly, the number of drug abusers aged 21 and younger had increased 51% in three years. These young abusers reported that ketamine was their most popular drug, followed by ecstasy, ice, cocaine, and cannabis. In a recent school survey conducted by the Narcotics Division [2], secondary-school students showed a significant increase in drug taking. This trend is in line with the CRDA's own figures. The study also indicated the hidden nature of youths taking drugs—venues for drug-taking have changed from public ones (i.e., karaoke clubs, bars) to private ones (i.e., students' own homes and friends'/neighbors' homes), and more than 75% of drug-taking students have never sought help from others.

The most frequently reported explanations for drug-taking behavior were curiosity, relief of boredom/depression/anxiety, peer influence, euphoria-seeking, or sensory-satisfaction. This finding is consistent with the views that personal and peer factors play a significant role in adolescent substance abuse. Personal problems such as unhappy experiences, failures, the desire to escape from reality, and low self-image contributed to drug abuse [3–5]. A lack of life meaning and growing pessimism about the potential for upward social mobility among adolescents from poor families are also closely related to adolescent substance abuse [6]. As Hong Kong is a stressful society with a morbid emphasis on achievement [7], developing positive values in searching for life meaning may be difficult—the resultant sense of meaninglessness is a factor contributing to drug use. Peer- and society-related factors include exclusion from a nondrug using peer group, the presence of a drug-using peer group, and early peer rejection; these are powerful predictors of drug use [8, 9]. Laidler's study [5] reveals that drug-taking youths are situated in a distinctive youth culture that emphasizes self-exploration, freedom, and independence, and involvement in the drug scene is part of this contemporary culture. It is also their way to escape from and to prolong their shift into becoming adults.

The existing literature reveals that there is evidence of school effects on young people's drug use [10]. Studies overwhelmingly found that disengagement from school, poor teacher-student relations, and negative labeling from teachers are factors associated with subsequent drug use and other risky behavior [11, 12]. Low school connectedness during early secondary school also predicts substance use 2–4 years later [11]. There is also evidence that truancy, suspension from school, and frequent school changes are associated with higher rates of drug use. Hawkins et al. [8] reference various researchers who have found an association between school failure and drug abuse, indicating that young people's experiences at school do exert influence on their drug use [10].

The school is also a domain of particular significance for Hong Kong adolescents. Traditionally, Chinese parents place a strong emphasis on education: there is a high demand on adolescents to work hard and do well in school, and a strong aspiration to academic achievement [13–15]. Research in Hong Kong indicates that adolescents see school performance and proper conduct [16] and problems in the areas of learning and of psychological well-being [17] as their prominent concerns. They see academic achievement as very important; meeting teachers' and parents' expectations is a causal component of adolescents' difficulties. The students tend towards self-blaming; they refer causes of problems to their own deficiencies, rather than to others around them. In addition, "friends" are one of their top concerns. A local study found that Hong Kong students gave a very high rating to peers as an important source of influence—that is, a source of reinforcement in conventional and deviant values [12]. School banding is also significant school variable, according to the current study. The climate of Low Band schools differs significantly from that of Top Band schools; students in Low Band schools not only face normal developmental concerns but also experience more school- and family-related concerns and maladjusted behavior. The problems faced by such students call upon the Hong Kong community to provide these schools with more resources for guidance and remedial support.

Last but not least, there are several indigenous factors that contribute to adolescent substance abuse in Hong Kong. A growing addiction culture in Hong Kong tends to create the false impression that addiction is normal and basically not bad [6]. This has an adverse effect on young people's attitudes towards psychotropic drugs. Another indigenous factor is cross-border drug taking. With travel to mainland China so easily arranged, young people can purchase and abuse drugs in the mainland without spending much money.

2. ISSUES IN DISSEMINATING EFFECTIVE DRUG PROGRAMS

"All recent reviews have highlighted the inadequacy of programs with a singular emphasis, stressing the need for comprehensive approaches [18, page 268]": this is the lesson Tobler learned from primary prevention programs. There is an increasing recognition of the need for comprehensive approaches to tackling drug problems in young people. Studies have examined the principles of program effectiveness in disseminating effective prevention. For example, Australia's Department of Health published a document presenting 12 principles for school drug education [19]. Botvin and Griffin identified several key elements in successful implementation of effective school-based interventions for drug-abusing adolescents [20]. They, and other researchers, inform us of the essential characteristics of drug-prevention programs: (i) guided by a comprehensive theoretical framework and sound theory; (ii) using research and evaluation to inform decisions; (iii) located within a curriculum framework to provide developmentally appropriate information relevant to the target age group and the important life transitions they face; (iv) including materials to help young people recognize and resist pressures to engage in drug use; (v) including comprehensive personal and social skills training; (vi) located within a comprehensive whole school approach; (vii) centered in a safe, supportive, and inclusive environment; (viii) having collaborative relationships, generating enthusiasm, and increasing fidelity; (ix) being culturally sensitive and appropriate; (x) acknowledging risk and protector factors; (xi) employing consistent policy and practice; (xii) having accurate information and meaningful learning activities; (xiii) focusing on real-life contexts and challenges.

Although there are clear principles and guidelines for preventive drug measures, even a cursory review of drug-prevention programs draws our attention to the shortfalls of current service provision. An inherent inadequacy is that in the traditional prevention context, programs are designed in response to needs and problems of adolescents. This approach has shortcomings such as the difficulty of creating a prevention program for each issue and the weakness of using a deficit view of adolescents. Project P.A.T.H.S. is guided by a comprehensive framework; it is inspired by the concept of positive youth development and grounded on a belief in adolescent efficacy. We trust that adolescents do have the developmental assets and the self-control to resist drugs. The underlying argument is that if psychosocial competencies in adolescents can be promoted, adolescent risk behavior such as drug taking will not develop.

3. CONCEPTUAL FRAMEWORK

Kornberg and Caplan [21], who reviewed 650 papers on biopsychosocial risk factors and preventive intervention, concluded that competence training to promote adaptive behavior and mental health is of the most significance. In accordance with the principles of Project P.A.T.H.S, the drug education program for secondary students is premised on a belief in positive youth development. The positive youth development approach upholds the following beliefs: (a) "problem-free is not fully prepared" [22] and therefore problems are part of human life; (b) the "strengths perspective" [23], that is, adolescents have strengths, positive attributes and resources; (c) the asset-building standpoint. We hold the belief that it would be conceptually and practically more desirable to focus on strengthening the skills and abilities of young people and to promote adolescents' own development of assets [24, 25]. The goal of this P.A.T.H.S. prevention program is to promote adolescent adaptive behavior through competence development.

Among the 15 core positive youth development constructs identified by Calalano and his research team [26], four carefully selected constructs—cognitive competence (CC), emotional competence (EC), beliefs in the future (BF), and self-efficacy (SE)—are included to form the theoretical framework for the design of the drug-prevention program. (See detailed description below). Cognitive competence is an important factor for success in abstinence maintenance [27], and emotional factors play a significant role in adolescent substance abuse [3]. Research findings demonstrate the influence of self-efficacy on a person's psychological, social, and moral functioning, and attitudes and beliefs have a direct impact on adolescent drug taking [28, 29]. Study results and clinical experience suggest that these are important areas for adolescent competence development. As such, these four competence development constructs were selected to form the conceptual base for curriculum design. Moreover, the characteristics of Hong Kong youth, the specific local context, and the essential characteristics of successful drug prevention programs have been taken into consideration when designing a drug education program for secondary students in Hong Kong.

Cognitive competence (CC) is the positive youth-development construct which is of most importance for curriculum and program development in drug prevention. In a study conducted by Cheung et al. [27], adolescents were required to rate the importance of causes leading to their success in abstinence maintenance, and adolescents rated the cognitive-developmental factor as the most important one.

According to Fry [30], cognitive competence comprises three interrelated components. The first is cognitive structures—systems of attributes, beliefs, and values, for example, about drugs. As reflected by Chou and Chi'en [28], adolescents with more positive attitudes toward drug abuse are more likely to be involved in drugs. A study by Shek and Lam also revealed that adolescents' beliefs about cough medicine abuse have a direct impact on their drug taking [29]. Their study revealed that parents and adolescents had mistaken and confused beliefs regarding the effects of cough medicine abuse and their ability to control their behavior. A high acceptance of cough medicine as a benign and nonthreatening drug was major reason for its abuse. Working on attributes and beliefs about drugs, therefore, is central to the curriculum.

The second component of cognitive competence is cognitive processes, which include modes of thinking, reasoning, analyzing, information-processing, and knowledge acquisition. The principal element of cognitive processes is critical thinking, which involves careful reasoning to make decisions about what to believe and what to do [31, 32]. The curriculum helps adolescents collect sufficient and reliable reasons and evidence when they have to make judgments or decisions about drug taking, develop positive beliefs and expand ideas and alternatives to resist drug taking.

The third component is overt behavior, which refers to individuals' responses and expressions—in fact, a person's choice of behavior is the result of cognitive structures and processes. The three components are interrelated: adolescents with cognitive competence are equipped with the critical thinking to resist undesirable influences in the context of substance abuse. The goal in the drug-prevention curriculum is thus to enhance students' critical thinking skills to reject harmful beliefs and make helpful decisions. They are also encouraged to question their own thoughts, identify the errors in their own thinking, and make reasonable corrections.

Emotional competence (EC) is a multifaceted construct which has three aspects—identifying feelings of self and of others; building self-management of emotional reactions and communication; building self-management strategies to cope with adversity and negative emotions. Buckley et al. [33] believed that the mastery of emotional-competence skills contributes to positive youth development. Studies have revealed that adolescents with higher levels of emotional quality of life display lower levels of adolescent problem behavior [34] whereas poorer emotional quality of life is related to higher levels of adolescent problem behavior such as suicidal ideation or even attempts.

Literature review and clinical experience show that personal factors, particularly emotional ones play a significant role in adolescent substance abuse. A local qualitative study [3] revealed that unhappy experiences, failures, and the desire to escape from reality are factors contributing to adolescent substance abuse. The narrative accounts of adolescents in this qualitative study reflect drug use as a means of avoiding unhappy feelings and escaping from negative emotions. As such, the drug-prevention program for secondary students aims to promote adolescents' emotional competence by developing skills for identifying feelings, managing emotional reactions or impulses, and building self-management strategies, empathy, or frustration tolerance. The goal is to enhance students' adaptive coping strategies in the face of harsh conditions and upsetting emotions.

"Beliefs in the future" (BF) is defined by Calalano et al. [26] as the internalization of hope and optimism about possible outcomes. A study revealed that adolescents having high hopes felt more inspired, energized, confident, and challenged by their goals [35]. They had higher levels of self-worth and lower levels of depression [36, 37], higher levels of academic achievement, and were less likely to display antisocial behavior.

Like hope or optimism, future orientation also has positive association with adolescents' psychological health and adaptive coping. Study results indicate that optimistic students are more able (than pessimistic students) to use a variety of problem-solving and emotion-focused strategies to cope with stress [38]. As mentioned earlier, academic success is highly valued in Hong Kong because it is associated with further study, rewarding careers, and wealth [39]. Adolescents with poor academic performance tend to be pessimistic about their future and lack purpose and satisfaction in life [40]. Poor adolescents who perceive themselves as having limited opportunities for personal development and upward social mobility are prone to academic underachievement; this sense of hopelessness is a factor in adolescent substance abuse. The drug prevention program thus aims to help students recognize their own beliefs, develop hope in both academic and career endeavors, and to develop positive attitudes to explore possible options in life.

Self-efficacy (SS) is one of the core constructs in Bandura's social cognitive theory. It is defined as the belief in one's capabilities to perform in different situations and to execute the actions required to produce given attainments [41]. In fact, self-efficacy functions as a multilevel set of beliefs that influences how people feel, think, motivate themselves, and behave. Considerable research demonstrates the influence of self-efficacy on a person's psychological, social, and moral functioning.

According to Bandura [42], there are four major psychological processes associated with self-efficacy and actual performance: *cognitive*, self-appraisal of capabilities, skills, and resources; *motivational*, self-efficacy beliefs; *affective*, self-perception of coping abilities and tolerance of emotional threats like anxiety and depression; *selection*, choosing and creating physical and social environments to match perceived capabilities and resources.

Considerable research has been done on risk factors for problem drug use [4, 43]. High-risk or vulnerable groups are unattached or unengaged youths, truants, underachievers, those with low self-control or conduct disorders, and those excluded from schools. Local studies indicate that low self-control is correlated with delinquency in Chinese settings [44] and adolescents who grow up in a "greenhouse" find it more difficult to handle life's adversities [6]. The drug prevention program with respect to the construct of self-efficacy aims to help adolescents to develop self-appraisal of capabilities, promote self-efficacy beliefs, and to cultivate positive self-efficacy.

Reviews of prevention program indicate that contemporary programs reflect the dominant mentality of instrumental rationality. It is well known, however, that adolescent drug-prevention programs can never be merely knowledge and skills. Study results [45] indicate that emotional, personal, and self-esteem issues are major contributors to delinquency behavior. It is more likely for adolescents who are struggling with self-concept and questioning about their self-identity to involve in withdrawal and unsafe behaviors including substance and alcohol abuse. For this reason, the four constructs of this prevention program are centered on a core concept—self-esteem. Resenberg defined self-esteem in terms of personal worth [46], and Branden [47] defined it as competence to cope with the basic challenges of life, which is a basic human need or motivation. The ultimate goal of this curriculum is to enhance adolescent self-esteem by promoting development of assets [32, 33]. With a sense of self-worth and self-esteem, adolescents have more motivation and competence to cope with life's challenges. Figure 1 summarizes the conceptual framework of P.A.T.H.S. II on drug prevention with reference to the concepts of adolescent developmental assets, strengths perspective, and self-esteem.

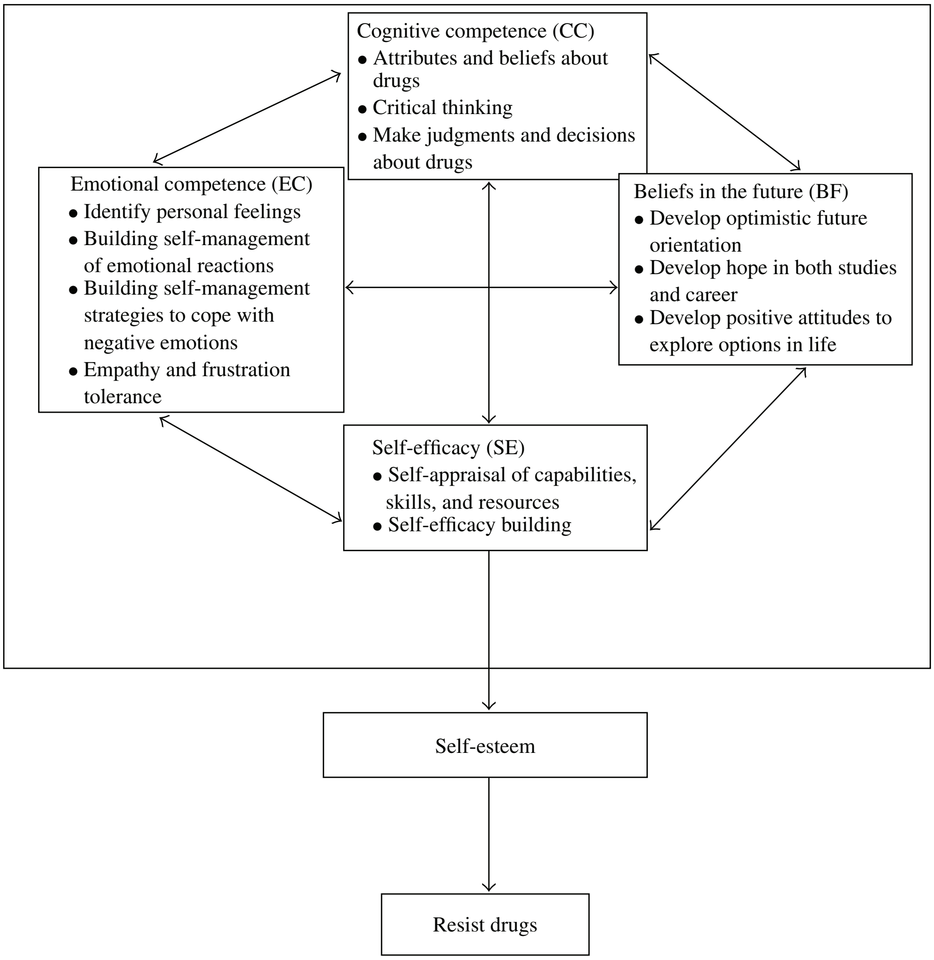

FIGURE 1: Conceptual framework.

4. CURRICULUM PLAN

As discussed above, self-esteem enhancement has been found to be helpful for adolescents' resistance of the temptation from drugs and for their development of cognitive and emotional competence, and of concrete behavior such as staying away from drugs, building positive life goals and positive beliefs about the future, as well as nurturing feelings of self-efficacy. The units on self-efficacy are thus designed with the aim of promoting the self-confidence, self-esteem, and self-identity of the adolescents. Realistic and positive life goals, self-appraisal of capabilities, and meaning in life are foci for the curriculum plan.

The units on cognitive competence aim to help students develop critical thinking and provide them with opportunities for rational and critical thinking about drugs, in order to understand the causes of adolescent drug taking and apply critical thinking to make judgments and resist temptation. It aims to help students be responsible for their behavior and take a stand to get away from drugs. Understanding the relationship between thinking and behavior, and using positive thinking when facing adversity, are the curriculum foci for these two units.

The goals of the unit in emotional competence are to help students develop awareness and acceptance of their emotions and acquire skills to cope with negative emotions. The foci are enhancing students' understanding of their parents' feelings and development of empathic understanding. The units also address building self-management strategies to cope with negative emotions and tolerate frustration.

Hope installation and cultivation of optimistic future orientation are the focus for the unit on beliefs in the future. Self-understanding and self-acceptance, coupled with aspirations for the future, self-confidence, and realistic expectations, are the areas to be covered in this unit.

5. CONCLUSIONS

The drug prevention program of P.A.T.H.S. II aims to foster all-round development of adolescents, rather than just being a drug-prevention program. The four constructs discussed in this article cover a wide range of adolescent psychological development and are critical for developing the self-esteem and self-identity of the adolescents. We emphasize the personhood and selfhood of young people and aim to assist them in having a happy, healthy, and stimulating adolescence. The program aims to assist adolescents in developing an autonomous, healthy, and altruistic personality as well as finding meaningful adolescent experiences. After completing the program, the young people should have developed positive personality structures for dealing with critical developmental issues.

ACKNOWLEDGMENT

The preparation for this paper and the Project P.A.T.H.S. were financially supported by The Hong Kong Jockey Club Charities Trust.

REFERENCES

[1] Narcotics Division, *Central Registry of Drug Abuse: Fifty-Eight Report (From 1999–2008)*, Narcotic Division, Security Bureau, Government of the Hong Kong Special administrative Region, Hong Kong, 2009.
[2] R. Li, M. Tam, and N. Tam, *The 2008/09 Survey of Drug Use among Students. Report Commissioned by Narcotics Division*, Security Bureau, Government of the Hong Kong Special administrative Region, Hong Kong, 2010.
[3] C. M. Lam and D. T. L. Shek, “A qualitative study of cough medicine abuse among Chinese young people in Hong Kong,” *Journal of Substance Use*, vol. 11, no. 4, pp. 233–244, 2006.
[4] C. Lloyd, “Risk factors for problem drug use: identifying vulnerable groups,” *Drugs: Education, Prevention and Policy*, vol. 5, no. 3, pp. 217–232, 1998.
[5] K. A. J. Laidler, “The rise of club drugs in a heroin society: the case of Hong Kong,” *Substance Use and Misuse*, vol. 40, no. 9-10, pp. 1257–1579, 2005.
[6] D. T. L. Shek, “Tackling adolescent substance abuse in Hong Kong: where we should and should not go,” *TheScientificWorldJournal*, vol. 7, pp. 2021–2030, 2007.
[7] D. T. L. Shek, “Social stress in Hong Kong,” in *Social Development Index*, J. Estes, Ed., pp. 167–187, Oxford University Press, Hong Kong, 2005.
[8] J. D. Hawkins, R. F. Catalano, and J. Y. Miller, “Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention,” *Psychological Bulletin*, vol. 112, no. 1, pp. 64–105, 1992.
[9] M. D. Glantz, “A developmental psychopathology models of drug abuse vulnerability,” in *Vulnerability to Drug Abuse*, M. D. Glantz and R. W. Picken, Eds., pp. 389–418, American Psychological Association, Washington, DC, USA, 1992.
[10] A. Fletcher, C. Bonell, and J. Hargreaves, “School effects on young people’s drug use: a systematic review of intervention and observational studies,” *Journal of Adolescent Health*, vol. 42, no. 3, pp. 209–220, 2008.
[11] L. Bond, H. Butler, L. Thomas et al., “Social and school connectedness in early secondary school as predictors of late teenage substance use, mental health, and academic outcomes,” *Journal of Adolescent Health*, vol. 40, no. 4, pp. 357–368, 2007.
[12] Y. W. Cheung, “Family, school, peer, and media predictors of adolescent deviant behavior in Hong Kong,” *Journal of Youth and Adolescence*, vol. 26, no. 5, pp. 569–596, 1997.

[13] D. Chan, "Assessing leadership among Chinese secondary students in Hong Kong: the use of the roets rating scale for leadership," *Gifted Child Quarterly*, vol. 44, no. 2, pp. 115–122, 2000.

[14] R. K. Chao and S. Sue, "Chinese parental influence and their children's school success: a paradox in the literature on parental styles," in *Growing up the Chinese Way*, S. Lau, Ed., pp. 93–120, The Chinese University Press, Hong Kong, 1996.

[15] E. K. P. Hui, "Personal concerns and their causes: perceptions of Hong Kong Chinese adolescent students," *Journal of Adolescence*, vol. 23, no. 2, pp. 189–203, 2000.

[16] P. W. Leung, F. Salili, and F. M. Baber, "Common adolescent problems in Hong Kong: their relationship with self esteem, locus of control, intelligence and family environment," *Psychologia*, vol. 29, pp. 91–101, 1986.

[17] K. T. Hok, *A Study of Junior Secondary Students' Adjustment Concerns and Suggestions for Teaching*, Hong Kong Ching Man Publishers, Hong Kong, 1985.

[18] N. S. Tobler, "Lessons learned," *The Journal of Primary Prevention*, vol. 20, no. 4, pp. 261–274, 2000.

[19] Australian Government, *Principles for School Drug Education*, Department of Education, Science and Training, Australia, 2001.

[20] G. B. Botvin and K. W. Griffin, "School-based programmes to prevent alcohol, tobacco and other drug use," *International Review of Psychiatry*, vol. 19, no. 6, pp. 607–615, 2007.

[21] M. S. Kornberg and G. Caplan, "Risk factors and preventive intervention in child psychotherapy: a review," *Journal of Primary Prevention*, vol. 1, no. 2, pp. 71–133, 1990.

[22] K. J. Pittman, "Promoting youth development: strengthening the role of youth serving and community organization," Report Prepared for the US Department of Agriculture Extension Services, Centre for Youth Development and Policy Research, Washington, DC, USA, 1991.

[23] D. Saleebey, "Strengths-based practice," in *Encyclopedia of Social Work: 2003 Supplement*, R. A. English, Ed., pp. 150–162, NASW Press, Washington, DC, USA, 2003.

[24] P. L. Benson, *All Kids Are Our Kids: What Communities Must Do to Raise Caring and Responsible Children and Adolescents*, Hossey-Bass, San Francisco, Calif, USA, 1997.

[25] R. M. Lerner and P. L. Benson, *Develop-Mental Assets and Asset-Building Communities: Implications for Research, Policy and Practice*, Kluwer Academic/Plenum, New York, NY, USA, 2003.

[26] R. F. Calalano, M. L. Berglund, J. A. M. Ryan, H. S. Lonczak, and J. D. Hawkins, "Positive youth development in the United States: research findings on evaluation of positive youth development program," *Prevention and Treatment*, vol. 5, no. 15, 2002.

[27] D. K. Cheung, T. Y. Lee, and C. M. Lee, "Factors in successful relapse prevention among Hong Kong drug addicts," *Journal of Offender Rehabilitation*, vol. 37, no. 3-4, pp. 179–199, 2003.

[28] K. L. Chou and J. M. N. Chi'en, "Utility theory and adolescent drug abusers in Hong Kong," *Child and Adolescent Social Work Journal*, vol. 14, no. 6, pp. 397–412, 1997.

[29] D. T. L. Shek and C. M. Lam, "Beliefs about cough medicine abuse among Chinese young people in Hong Kong," *Social Behavior and Personality*, vol. 36, no. 1, pp. 135–144, 2008.

[30] P. S. Fry, *Fostering Children's Cognitive Competence Through Mediated Learning Experiences: Frontiers and Futures*, C. C. Thomas, Springfield, Ill, USA, 1991.

[31] R. H. Ennis, *Critical Thinking*, Prentice Hall, Upper saddle River, NJ, USA, 1996.

[32] D. E. Flage, *The Art of Questioning: An Introduction to Critical Thinking*, Pearson Education, Upper Saddle River, NJ, USA, 2004.

[33] M. Buckley, M. Storino, and C. Saarni, "Promoting emotional competence in children and adolescents: implications for school psychologists," *School Psychology Quarterly*, vol. 18, no. 2, pp. 177–191, 2003.

[34] D. T. L. Shek, "Economic stress, emotional quality of life, and problem behavior in Chinese adolescents with and without economic disadvantage," *Social Indicators Research*, vol. 71, no. 1, pp. 363–383, 2005.

[35] C. R. Snyder, C. Harris, J. R. Anderson et al., "The will and the ways: development and validation of an individual-differences measure of hope," *Journal of Personality and Social Psychology*, vol. 60, no. 4, pp. 570–585, 1991.

[36] C. R. Snyder, B. Hoza, W. E. Pelham et al., "The development and validation of the children's hope scale," *Journal of Pediatric Psychology*, vol. 22, no. 3, pp. 399–421, 1997.

[37] C. R. Snyder, S. C. Sympson, F. C. Ybasco, T. F. Borders, M. A. Babyak, and R. L. Higgins, "Development and validation of the state hope scale," *Journal of Personality and Social Psychology*, vol. 70, no. 2, pp. 321–335, 1996.

[38] M. F. Scheier and C. S. Carver, "Effects of optimism on psychological and physical well-being: theoretical overview and empirical update," *Cognitive Therapy and Research*, vol. 16, no. 2, pp. 201–228, 1992.

[39] K. S. Yang, "Chinese personality and its change," in *The Psychology of the Chinese People*, M. H. Bond, Ed., pp. 106–170, Oxford University Press, Hong Kong, 1986.

[40] D. T. L. Shek, "Chinese adolescents' perceptions of family functioning: personal, school-related, and family correlates," *Genetic, Social, and General Psychology Monographs*, vol. 128, no. 4, pp. 358–380, 2002.

[41] A. Bandura, *Self-Efficacy: The Exercise of Control*, W.H. Freeman, New York, NY, USA, 1997.

[42] A. Bandura, "Self-efficacy," in *Encyclopedia of Human Behavior*, V. S. Ramchaudran, Ed., vol. 4, pp. 71–81, Academic Press, New York, NY, USA, 1994.

[43] M. Ashton, *Between Schools: Children in Trouble with Drugs. Drug Forum Focus, Special Edition*, Local Government Drugs Forum, London, UK, 1998.

[44] N. W. T. Cheung and Y. W. Cheung, "Self-control, social factors, and delinquency: a test of the general theory of crime among adolescents in Hong Kong," *Journal of Youth and Adolescence*, vol. 37, no. 4, pp. 412–430, 2008.

[45] S. J. Jang and T. P. Thornberry, "Self-esteem, delinquent peers, and delinquency: a test of the self-enhancement thesis," *American Sociological Review*, vol. 63, no. 4, pp. 586–598, 1998.

[46] M. Resenberg, *Society and the Adolescent Self-Image*, Princeton University Press, Princeton, NJ, USA, 1965.

[47] N. Branden, *The Psychology of Self-Esteem*, Bantam, New York, NY, USA, 1969.

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