Big Ideas (about psychoactive drugs)¹

People have been using drugs for thousands of years and in almost every human culture.

Drugs can be tremendously helpful and also very harmful.

As humans, both individually and as communities, we need to learn how to manage the drugs in our lives.

We can learn how to control our drug use by reflecting on the different ways people have thought about drugs, exploring stories from various cultures and listening to each other.

Competencies and Content

Students need to learn to …

- assess the complex ways in which drugs impact the health and wellbeing of individuals, families, communities and societies
- explore and appreciate diversity related to the reasons people use drugs, the impact of drug use and the social attitudes toward various drugs

By exploring content such as …

- the place of drug use in different cultures
- the changing ways cultures have interacted with drugs over time
- the various constructs (e.g., social activity, moral weakness, criminal behaviour, disease) used to characterize drug use
- the social, political and health impacts of various patterns of drug use
- the role of individual experience, ideas and agency as they impact attitudes and behaviours related to drug use
- the relationship between political, economic and social factors related to drug use and drug policy
- the relationship of inequity to the harms related to drug use
- the role of political priorities in shaping drug use patterns and outcomes

¹ Psychoactive drugs (i.e., mind-altering substances), including caffeine, alcohol, cannabis and a wide range of other drugs, tap into the wiring system of the human brain and impact the way nerve cells send, receive or process information thus influencing the way we think, feel or behave.
Students need to learn to …

- recognize binary constructs (e.g., good vs bad) and assess their limitation in addressing complex social issues like drug use
- recognize how official responses to drugs may have less to do with the drug than with other factors
- develop social and communication skills in addressing discourse and behaviour related to drugs
- develop personal and social strategies to manage the risks, benefits and harms related to drugs

By exploring content such as …

- the interconnected relationship of personal, drug and environmental factors in understanding risk, benefit and harm related to drug use
- the use of non-binary models (e.g., Venn diagrams or quadrant models) in exploring drug-related issues
- deconstructing messages, rules and policies to determine whose interests are being served
- the interconnected nature of messages, interests, rules and power (in families, communities and cultures)
- the range of outcomes that can result from various official responses
- media awareness and critical thinking
- the emotional and social appeal of drug use
- self-examination and the exploration of ideas without immediately passing judgement
- ways to assess personal risk and distinguish between beneficial and harmful use
- decision-making skills that incorporate rational processing and emotional regulation
- support and leadership skills within peer group, family and community

The Centre for Addictions Research of BC at the University of Victoria has been developing and collecting a variety of instructional examples and professional learning resources to help teachers apply this drug literacy curriculum. The centre will continue to develop instructional examples under their iMinds brand and is willing to consult with schools and districts about their particular needs. These instructional examples all contribute not only to building the drug literacy competencies outlined above but also support relevant big ideas, curricular competencies and core competencies (below) outlined in British Columbia’s redesigned curriculum.

- **Communication**
- **Creative thinking**
- **Critical thinking**
- **Positive personal and cultural identity**
- **Personal awareness and responsibility**
- **Social responsibility**

This resource was developed by the Centre for Addictions Research of BC with funding provided by the Government of Canada. Any views expressed herein are those of the authors and do not necessarily represent the views of the Government of Canada or the Centre for Addictions Research of BC.