

Addressing Substance Use in Canadian Schools

**EFFECTIVE SUBSTANCE USE EDUCATION**

A Knowledge Kit for Teachers

2009



This knowledge kit is part of a series of resources based on evidence drawn from published research and practical literature as well as from the experience of educators across Canada. It seeks to set out the strategies most effective in addressing substance use in schools. All of the kits are linked by a commitment to a population health perspective that underpins the comprehensive school health approach and a common conceptual frame for understanding substance use and the related risks and harms. That said, each kit in the series is designed to stand on its own and is written with a different audience in mind. As a result, some duplication of content is inevitable. This kit is designed to engage teachers in issues related to substance use education and provide easy access to relevant information.

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This kit was developed for the Joint Consortium for School Health by the Centre for Addictions Research of BC. While the views expressed herein are those of the authors, the Centre wishes to acknowledge the many people who provided assistance by critiquing early drafts, drawing attention to examples of good practice or sharing their personal knowledge. The authors hope that this kit will encourage dialogue and action and result in improved outcomes for Canadian students.

The *Addressing Substance Use in Canadian Schools* series includes:

***Effective Substance Use Policy***

*A Knowledge Kit for School Administrators*

***Effective Substance Use Education***

*A Knowledge Kit for Teachers*

***Responding to the Needs of Higher Risk Youth***

*A Knowledge Kit for Counsellors and Health Workers*

***School-Family-Community Partnerships***

*A Knowledge Kit for School and Community Leaders*

Copies can be obtained from [www.jcsh-cces.ca](http://www.jcsh-cces.ca).

## Up Front

*Media headlines warn us about some “new” drug, with articles going on to explain how teens are destroying their lives faster and more completely than ever. And editorial sections suggest that schools ought to do something.*

We are constantly confronted with messages designed to raise our fears and, at the same time, we gravitate to positions that assign the responsibility to fix the problem to someone else. But what if you are that someone else?

If you are, then it’s a good idea to start by knowing the truth. It is true that alcohol, tobacco and a wide range of other psychoactive substances are readily available to young people. But not all young people are destroying themselves; in fact, most young people do not use illegal drugs. That said, many do put themselves at risk by using alcohol or other substances in ways that might result in injury or death.

### EDUCATION IS GOOD

In order to make healthy choices about substances throughout their lives, all students should be exposed to educational experiences that increase their social and emotional competence and overall health literacy. Among other things, *universal classroom education* should convey accurate information on the risks and benefits of psychoactive substance use and provide training on the practical skills necessary for applying this information in day-to-day life. Participatory education methods, which actively involve students in a skill-based learning process, provide the most effective means of generating the practical knowledge and life skills that make up health literacy.

### EDUCATION IS NOT ENOUGH

It is easy to suggest that schools need to teach our children to avoid drugs. But addressing substance use-related issues is just not that simple. Despite big claims for drug prevention education, most scientific evaluations suggest that drug education programs have had little success. The provision of information has been ineffective in changing substance use-related behaviour. Without a doubt, this is partly a result of ineffective approaches that have been used and the propaganda-like messages that increase the likelihood of students seeing drug education as irrelevant. Substance use is a cultural reality: addressing the related risks and harms requires a comprehensive approach that is much more than classroom education.

## COMPREHENSIVE SCHOOL HEALTH

Schools have been dealing with the complex issues related to adolescent substance use for decades. A body of knowledge has emerged, providing insight into what is most effective at increasing the protective factors that mitigate risk and help create health-promoting schools where students gain the knowledge and skills they need to effectively navigate a substance-using world.

This encompasses the whole school environment, with actions addressing four distinct but inter-related components that provide a strong foundation for comprehensive school health: social and physical environment, teaching and learning, healthy school policy and partnerships and services.

## UNIVERSAL SUBSTANCE USE EDUCATION WITHIN A COMPREHENSIVE APPROACH

Effective substance use education involves a program built on a solid theoretical foundation, the application of promising practices and a commitment to improving social capital and social connections. A comprehensive approach informed by competency enhancement, resilience and social influence theories is recommended. This involves more than influencing individual behavioural choices. It includes helping students understand and interact with a range of factors related to their family, cultural, economic, political, social and physical environments. Interactive educational methods based on constructivist theory and that provide access to accurate information are more effective than lecture- and textbook-based approaches. Finally, the social skills and values that students learn from their teachers through engagement in the school community may be the most valuable in helping them avoid harm related to substance use.

## HELPING SCHOOLS TO CHART THEIR COURSE

The material in this knowledge kit is arranged around the 5-i model of constructivist education developed by the Centre for Addictions Research of BC.<sup>1</sup> The model moves from *identifying* what we currently know to *investigating* the evidence base and *interpreting* the findings for our context. It also asks us to *imagine* possible outcomes and alternatives and *integrate* what we have learned into our educational programs. The goal is to provide practical and effective support to teachers (who are not substance use specialists) in helping Canadian students acquire the knowledge and skills necessary to make healthy choices in a society where alcohol and other substances are available.

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<sup>1</sup> See discussion of constructivist education and the 5-i model at [www.iminds.ca](http://www.iminds.ca).

## At a Glance

A COMPREHENSIVE APPROACH	1
<p>Substance use and substance use-related harm can best be addressed using a population health perspective that recognizes the relationship between individual risk factors and social conditions. This means classroom learning activities are part of a larger comprehensive school health approach that includes policy, support services and links to the broader community.</p>	
IDENTIFY	4
<p>Most human beings use psychoactive substances. Knowing what they are, why people use them and the factors that contribute to the potential for this use to result in harm is an important foundation for preventing and reducing that harm. Substance use by Canadian youth is not increasing and tends to follow the pattern set by adults.</p>	
INVESTIGATE	15
<p>Providing effective universal interventions in schools requires developing the knowledge and skills for making healthy choices related to substances like alcohol, tobacco and cannabis in a context of social connectedness. Comprehensive approaches that build on students' prior knowledge and are developmentally and culturally appropriate are most effective.</p>	
INTERPRET	24
<p>Identifying good practices supported by the evidence is relatively easy. Applying good practice in a particular context requires thoughtful interpretation of both the context and the applicability of the evidence. This kit offers some probing questions and useful frameworks to help the reader in this process.</p>	
IMAGINE	31
<p>Drawing attention to real life examples, this section demonstrates some possible ways to implement good practices and encourages you to take action in your school.</p>	
INTEGRATE	35
<p>Using a simple change management model and a few basic tools, you can assess current practices in your school and plan and implement change.</p>	
RECOMMENDED RESOURCES	BACK

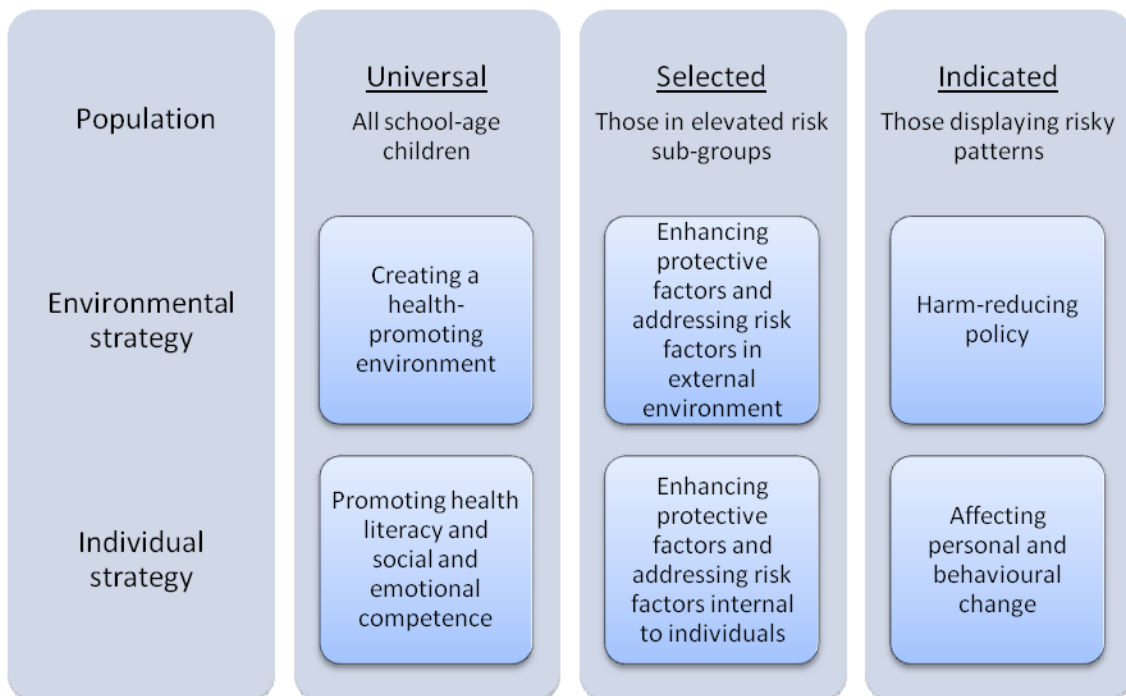


## A COMPREHENSIVE APPROACH

Population health involves complex interactions between individual risk factors and broad social conditions. The latter are themselves complex factors involving history, culture, politics and economics. Substance use and substance use-related harm must be addressed within this complexity. Recent research has demonstrated that substance use and substance use-related harm share common determinants with other complex psychosocial problems. Narrow approaches that focus only on individual behaviours or material factors are unlikely to have much impact. This has led to an emphasis on more comprehensive approaches.

### POPULATION HEALTH

A comprehensive approach can be seen as involving a matrix of environmentally and individually focused initiatives at three levels of population specificity, as indicated in the model below. The tendency has been to focus on individual strategies and the needs of the indicated population even when delivering services at the universal level. The knowledge kits in this series seek to help school professionals plan and implement a balanced and comprehensive approach involving several components that together address all six areas in the matrix effectively.



## COMPREHENSIVE SCHOOL HEALTH

In the school setting, this population health approach is known as comprehensive school health. Comprehensive school health is an internationally recognized framework for supporting improvements in students' educational outcomes while addressing school health in a planned, integrated and holistic way. It has grown out of the vision set out in the World Health Organization's Ottawa Charter for Health Promotion (1986). Comprehensive school health involves attention to the whole school environment, with four inter-related areas for action that need to be addressed. Students need to be exposed to learning opportunities that help them gain the knowledge and skills required to maximize their health and well-being. They need to develop quality relationships with peers, teachers and other school staff in a healthy environment. This requires policies, procedures, management practices and decision-making processes that promote health and healthy environments. Comprehensive school health also requires a continuum of school- and community-based services that support and promote student and staff health and well-being as well as a culture of partnership between schools, families and the community.



## ADDRESSING SUBSTANCE USE IN CANADIAN SCHOOLS

The *Addressing Substance Use in Canadian Schools* series includes four knowledge kits that together support a comprehensive school health approach to substance use-related issues. Each kit provides a review of the evidence and a discussion of the issues relevant to specific school professionals operating in relevant areas of action.

### SCHOOL POLICY

Policy initiatives can be designed to create a health-promoting school environment within which other interventions operate. By clearly defining universal expectations within the school environment, they provide some of the most powerful mechanisms for socialization and shaping individual behaviours. Policy effectiveness will be maximized when the policies support environmental protective factors and minimize risk factors. Clear and fair responses to non-compliance are an important part of policy. These need to reflect the evidence on effectiveness and be consistent with messages



delivered in other components. Policy issues are discussed more fully in the companion knowledge kit, *Effective Substance Use Policy: A Knowledge Kit for School Administrators*.

#### TARGETED PROGRAMS AND SERVICES

Higher risk youth often come from socially or economically marginalized groups or have personal factors that contribute to real or perceived disconnection. These students require greater levels of support. Universal education programs lack sufficient focus or intensity to address their needs. Responding effectively to these youth involves helping them develop strong linkages within the school environment. This means helping them develop social and emotional competence and ensuring the school culture is supportive of their engagement. The knowledge kit, *Responding to the Needs of Higher Risk Youth: A Knowledge Kit for Counsellors and Health Workers*, provides a framework, a summary of the evidence and tools to support school professionals in developing a continuum of programs and services targeted to these students.

#### SCHOOL-FAMILY-COMMUNITY

Consistency between school and community is important. This does not mean, however, that the school should simply reflect community norms and common beliefs. The school has a role in influencing the community. At the same time, careful consideration of community values and norms will help in the development of effective and contextually relevant policy and educational strategies. Investments in building school-family-community partnerships can contribute to this multi-directional flow and to the effectiveness of the educational efforts of the school. The knowledge kit, *School-Family-Community Partnerships: A Knowledge Kit for School and Community Leaders*, seeks to raise awareness of the importance of these partnerships within a comprehensive approach and to provide some evidence-informed guidance in nurturing them.

#### UNIVERSAL EDUCATION

Universal education has an important place in a comprehensive approach, however, it has to be acknowledged that much drug education has been ineffective and may even have been damaging.<sup>2</sup> Universal education should seek to *educate* students about substances: their history, role in society, their advertising and the potential harms and benefits related to their use. The overall goal should be to increase the health literacy of students relative to substance use; that is, to provide them with the knowledge and skills needed to maximize their health within their environment. The following sections explore effective substance use education in greater detail.

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<sup>2</sup> Cahill, H. (2006). Devising classroom drug education programs. *Drug Education in Schools: Searching for the Silver Bullet*. Ed. R. Midford and G. Munro. Melbourne, Australia: IP Communications.

## IDENTIFY

In this section, we identify what we currently know about:

- substances
  - what they are
  - why people use them
- the factors that contribute to risk and harm related to substance use
  - the context in which they are used
  - the person who uses them
  - and the substance being used
  - as well as the way the substances are used
- substance use among Canadian youth

Substance use is not only popular; it is deeply embedded in our cultural fabric. We use substances to celebrate and to help us deal with grief and sadness. Substances are used to mark rites of passage and to pursue spiritual insight. We use them to get going and to unwind. But what do we tell our young people?

We have tried, “Just say ‘No!’” and we have tried teaching them how to say “No.” But these strategies have not worked very well. Young people continue to use substances. This is hardly surprising since they are exposed to ubiquitous modelling and marketing promoting indulgence gratification and the consumption of material goods – including substances such as tobacco, alcohol and caffeine.

In an article entitled “Teaching teachers to just say ‘know’,” Ken Tupper suggests “drug education needs to acknowledge that psychoactive substances are an established part of human cultural environments and that they pose risks and benefits depending on who uses them, when and where, and for what purposes.”<sup>3</sup> This might suggest that the goal of substance use education should not be some predefined performance target related to behaviour change but rather increased health literacy (the knowledge and skills required to maximize one’s well-being while navigating this environment).

In the high school years, young people are increasingly likely to experiment with a range of legal and illegal substances, for a variety of different reasons and across a range of different settings in the wider community. They display different patterns of use which place them at different levels of risk for negative social, educational and health

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<sup>3</sup> Tupper, K.W. (2008). Teaching teachers to just say "know": Reflections on drug education. *Teaching & Teacher Education*, 24(2), 356-367.

consequences. Providing young people with the literacy skills they need in this context can have enormous impact on the outcome.

## WHAT ARE DRUGS?

A drug<sup>4</sup> is a substance that alters the way the body functions either physically or psychologically. The term “drug” thus applies to a wide range of different substances. Of particular concern are those that act on the central nervous system (CNS) to affect the way a person thinks, feels or behaves. These psychoactive substances include alcohol, tobacco and many other legal and illegal drugs.

Drugs are often grouped as legal versus illegal or soft versus hard. These categories can be confusing and misleading. The legal status of substances changes over time and location, and the concepts of “hard” or “soft” are impossible to define as their effects differ from person to person.

A more useful classification relates to the impact substances have on the central nervous system (CNS):

- **Depressants** decrease activity in the CNS (e.g., decrease heart rate and breathing). Alcohol and heroin are examples of depressants.
- **Stimulants** increase activity in the CNS and arouse the body (e.g., increase heart rate and breathing). Caffeine, tobacco, amphetamines and cocaine are stimulants.
- **Hallucinogens** affect the CNS by causing perceptual distortions. Magic mushrooms and LSD are examples of hallucinogens.

Despite its usefulness, this classification is not perfect. Many substances, such as cannabis, fit in more than one category while others do not fit at all. For more information on psychoactive substances, go to [www.carbc.ca/Default.aspx?tabid=202](http://www.carbc.ca/Default.aspx?tabid=202).

## WHY DO PEOPLE USE DRUGS?

There is no society on Earth that does not in some way celebrate, depend on, profit from, enjoy and also suffer from the use of psychoactive substances. Like most developed countries, Canada has a long tradition with—and of legally sanctioning the use of—older substances such as alcohol and nicotine. Multinational companies manufacture, advertise and sell these products for substantial profit to a large market of eager consumers while their governments and the communities they serve reap a rich

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<sup>4</sup> Throughout this knowledge kit, the words “drug” or “substance” are used interchangeably and primarily refer to psychoactive substances.

harvest from tax revenues. They also reap another kind of harvest in terms of health, legal, economic and social problems which are mostly hidden from view.

The last century saw an upsurge in the cultivation, manufacture and trade of other psychoactive substances, some quite ancient and others new. Some have been developed from pharmaceutical products made initially for treating pain, sleep or mental health problems (e.g., heroin, barbiturates and benzodiazepines). Others have been manufactured for recreational purposes (e.g., ecstasy), while still others, notably cannabis, are made from plants or seeds that have been cultivated and traded to new and much larger markets. As with most countries, Canada has implemented legal sanctions supported by international treaties in its attempts to control the manufacture, trade and consumption of some of these products, though their use continues in varying degrees.

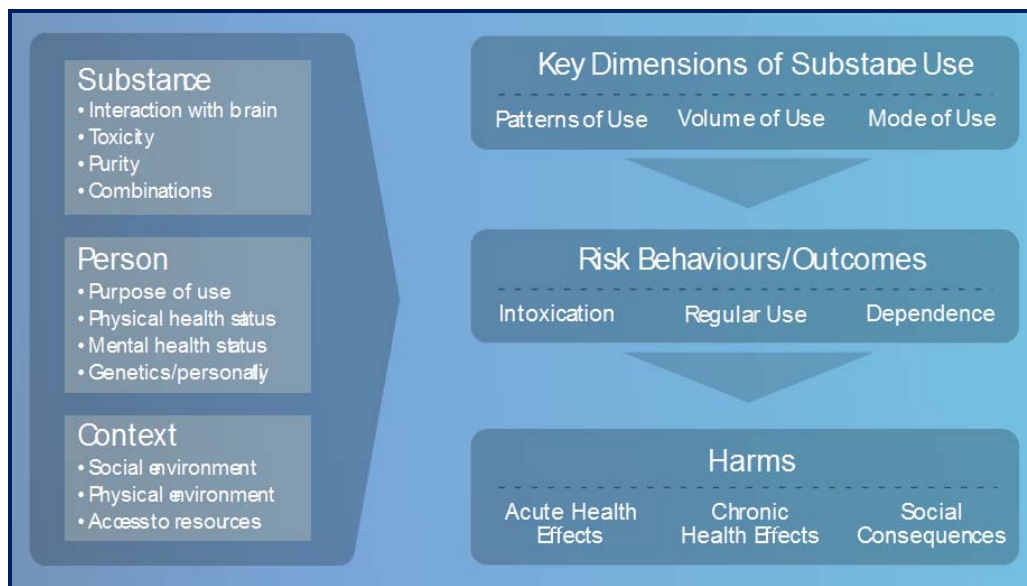
Around each of these substances, with their different effects on human behaviour and emotion, cultures and rituals have grown that shape traditions and patterns of use for particular purposes. For almost every type of human activity, there are substances used to facilitate that activity in some way (e.g., religious ceremonies, sport, battle, eating, sex, study, work, dancing, public performances and socializing).

In the case of adolescents, research suggests reasons for use include: curiosity, fun, self-discovery, to fit in, coping with stress, pain or boredom, staying awake to study, alleviating depression, out of habit, rebelliousness, weight loss and to aid sleep. These different motives for use powerfully influence the pattern of use and the risk of harmful consequences. If the motive for use is fleeting (e.g., curiosity), then only occasional or experimental use may follow. If the motive is a strong and enduring one (e.g., a chronic sleep or mental health problem), then more long lasting and intense substance use, with many problems, may follow. A shorter term but intense motive (e.g., to fit in, to have fun, to alleviate temporary stress) may also result in risky behaviour and harm such as injury or acute illness.

## SO WHAT IS THE PROBLEM?

Unfortunately, the wrong substance, or perhaps just the wrong dose of a substance at the wrong time and administered the wrong way, can not only impair performance but also lead to serious harm. The type of substance used (e.g., a stimulant such as caffeine or a depressant such as alcohol), the dose taken, the way in which it is taken (e.g., smoked, injected or drunk) and the setting in which use occurs can all influence whether the effect enhances or impairs performance or results in actual harm. Harmful consequences, for the user and those around them in the wider community, include social problems as well as injuries, illness and death.

While the use of almost any psychoactive substance by children or adolescents may be a cause for concern, there are a number of factors that determine how probable or serious the resulting harm may be. As shown in the model below, these factors can be categorized into those that are about the substance itself and its direct effects, those that arise out of characteristics of the individual user, and those that describe the setting or context of use. These factors interact to influence the patterns and behaviours related to substance use and thereby determine levels of risk that may result in real harms.



## THE CONTEXT

Too often, the media and others focus on the drug. Yet the places, times and activities associated with substance use powerfully influence patterns of use and the likelihood of harm occurring. Alcohol use by teenagers in the absence of parental supervision is particularly likely to be high risk. Being in a situation of social conflict or frustration while under the influence of depressants such as alcohol or anti-anxiety drugs (e.g., benzodiazepines) can increase the likelihood of a conflict being resolved by violent means. Using such substances before or while engaging in physically hazardous activities, such as driving, boating or hiking on dangerous terrain, also increases the risk of injuries. The overall social and cultural context surrounding substance use will also influence the extent to which a young person has different substances available to them and is encouraged or restrained from using them.<sup>5</sup> The economic availability of different

<sup>5</sup> For example, in the 1970s, tobacco was quite widely used both by the adult and adolescent populations while cannabis use was comparatively rare. Today, knowledge about the risks of

substances is critically important – the cheaper they are, the more likely they are to be used. This applies not only to legal substances like alcohol and tobacco but also to illicit substances. Family and friendship networks and the degree of engagement in, and connection to, the wider community all influence the likelihood of young people engaging in substance use as well as experiencing mental health or behavioural problems. In contexts in which dialogue about substance use is common, use by youth is less common, presumably as a result of the respectful transmission of knowledge about appropriate use. The table on the following page includes some of the risk and protective factors<sup>6</sup> touching on these various contextual themes.

## THE PERSON

A variety of personal factors affect the probability that an individual will engage in risky substance use. These include current physical and mental health. For example, someone with anxiety or depression may try to feel better by drinking alcohol. There is some evidence that genetic inheritance and personality or temperament also have an impact. For example, tendencies towards sensation seeking (e.g., high on curiosity and need to find excitement) increase a person's risk of harm from substance use.

Environmental experience, however, shapes many of these and other factors that place individuals, and in particular young people, at increased risk. For example, personal experience of adverse life events, such as physical, sexual or emotional abuse, may impact the individual's physical or mental health. Awareness of this has led to increased emphasis on developmental pathways. The intention is to eliminate or reduce the

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tobacco use and a range of legal sanctions and restrictions on where people can smoke tobacco have resulted in fewer teenagers smoking tobacco. On the other hand, in almost all Canadian jurisdictions, cannabis has become increasingly available and, according to the Canadian Addiction Survey, past year use of cannabis by 17-19 year olds increased from 25% in 1994 to 44% in 2004. Use by younger teens has remained stable at just below 30%.

<sup>6</sup> Considerable attention is given to risk and protective factors in the literature. As used here, **risk factors** are the social, environmental and individual factors that independently predict involvement in early and heavy drug use as well as a range of mental health and behavioural problems. **Protective factors** moderate and mediate the effect of risk factors by increasing resilience, although they do not, of themselves, directly influence the likelihood of drug use after adjusting for known risk factors. Risk factors act in a cumulative way over time. Some are present from the early years, others emerge in adolescence – but no single risk factor lies at the heart of drug-related problems. The more risk factors that persist over time, the greater the likelihood of significant impact on development. Programs should either enhance protective factors or eliminate risk factors where possible. See Loxley, W., Toumbourou, J., Stockwell, T.R., Haines, B., Scott, K., Godfrey, C., Waters, E., Patton, G., Fordham, R.J., Gray, D., Marshall, J., Ryder, D., Siggers, S., Williams, J. & Sanci, L. (2004). *The Prevention of Substance Use, Risk and Harm in Australia: A Review of the Evidence*. National Drug Research Institute and the Centre for Adolescent Health; Derzon, J.H. (2007). Using correlational evidence to select youth for prevention programming. *Journal of Primary Prevention* 28, 421-447.

preconditions for the development of a risk factor (e.g., by reducing children’s access to alcohol to avoid early initiation, supporting families to reduce stress and the potential for trauma or by providing early help in developing literacy skills to avoid academic failure). Not all risk factors can be eliminated, however. Neither can schools (or parents) reverse existing risk factors. In this case, the goal is to help mediate the risk impact by building resilience through increasing protective factors.

**THE SUBSTANCE**

All psychoactive substances have the potential to cause harm, but different substances pose different types and severity of risk. The legal classification of substances has little correlation to their potential to cause harm at the individual level<sup>7</sup> or to the actual harm measured at a population level.<sup>8</sup> For example, legal substances—alcohol and tobacco—

	<b>Risk Factors</b>	<b>Protective Factors</b>
<b>Community</b>	<ul style="list-style-type: none"> <li>• Economic disadvantage</li> <li>• Social or cultural discrimination or isolation</li> <li>• Availability of substances and high tolerance for use</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities for meaningful participation in community groups and activities</li> <li>• Involvement with adult mentors and role models</li> </ul>
<b>Family</b>	<ul style="list-style-type: none"> <li>• Low parental expectations</li> <li>• Tolerant parental attitudes towards teen alcohol/substance use</li> <li>• Parental mental illness or substance use problems</li> </ul>	<ul style="list-style-type: none"> <li>• Family nurturance and attachment</li> <li>• High level of participation with adults</li> </ul>
<b>Peer</b>	<ul style="list-style-type: none"> <li>• Peer rejection</li> <li>• Member of deviant peer group</li> </ul>	<ul style="list-style-type: none"> <li>• Member of pro-social peer group</li> </ul>
<b>School</b>	<ul style="list-style-type: none"> <li>• Poor attachment to school</li> <li>• Poor school performance</li> <li>• Difficulty at transition points (e.g. entering school, transition to secondary school)</li> </ul>	<ul style="list-style-type: none"> <li>• Caring relationships within school community</li> <li>• High but achievable expectations</li> </ul>
<b>Individual</b>	<ul style="list-style-type: none"> <li>• Temperament (sensation seeking, poor impulse control)</li> <li>• High levels of aggression</li> <li>• Early regular substance use</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to genuinely experience emotions and assert needs</li> <li>• Sense of agency and optimism</li> <li>• Good literacy and capacity for problem solving</li> </ul>

<sup>7</sup> Nutt, D., King, L.A., Saulsbury, W., & Blakemore, C. (2007). Development of a rational scale to assess the harm of drugs of potential misuse. *The Lancet*, 369, 1047-1053.

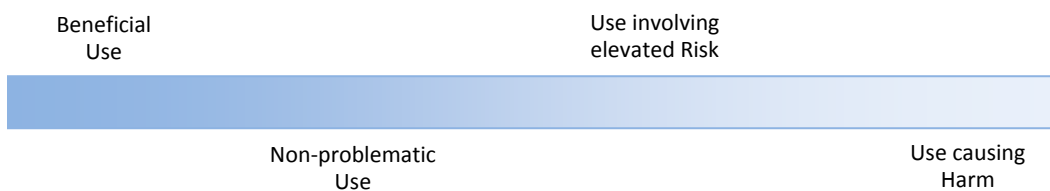
<sup>8</sup> Rehm, J., Baliunas, B., Brochu, S., Fischer, B., Gnam, W., Patra, J., Popova, S., Sarnocinska-Hart, A., & Taylor, B. (2006). *The Costs of Substance Abuse in Canada 2002: Highlights*. Ottawa: Canadian Centre on Substance Abuse.

contribute far more to the burden of disease than illegal substances and cost the healthcare system much more than all illegal substances combined; therefore, they need to be the primary focus of interventions.<sup>9</sup> Moreover, tobacco kills more of its regular users than any other substance.

On the other hand, some illegal substances—notably heroin, cocaine and methamphetamine—can have devastating consequences for a small number of individuals who use them regularly. The high prevalence of cannabis use and the cultural associations of some substances such as ecstasy may warrant particular attention even though their potential for harm is less severe. The non-medical use of pharmaceuticals appears to be growing in some jurisdictions and also needs special attention.

### USE, RISK AND HARM

It is important to acknowledge that the careful use of many psychoactive substances can be harm-free and even beneficial. Nonetheless, psychoactive substance use involves risk. Substance use can be regarded as being ranged along a continuum from mainly low-risk and sometimes beneficial use (e.g., opiate use for addressing acute pain), through potentially hazardous use to clearly harmful use (e.g., opiate injection using a non-sterile needle leading to infection).



Repeated use of a substance, especially on a daily basis, may pave the way for a strong habit or dependence, which can be hard to break. Some of the main signs of dependence are:

- increasing tolerance for a substance, meaning higher doses are required to get the same effect;
- increasing discomfort (psychological and physiological) when attempting or forced to abstain;
- increasing fixation on the substance at the expense of other activities.

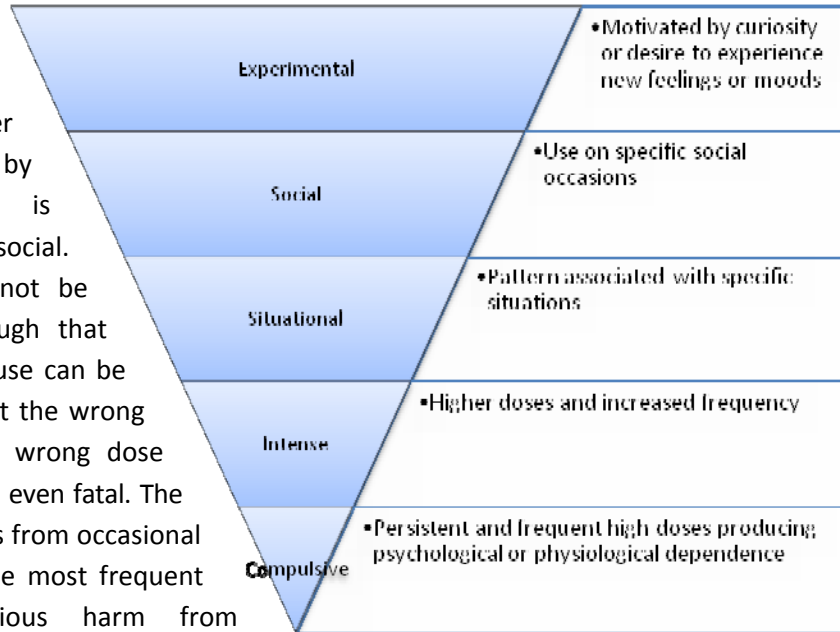
Such intense patterns of use tend to require significant funds to support the habit and compete with other social demands and expectations from family, school and the wider

<sup>9</sup> British Columbia Ministry of Health (2006). *Following the Evidence: Preventing Harms from Substance Use in BC*. Ministry of Health: Victoria, BC.



community. There is also evidence that patterns of intense use temporarily blunt the capability of an individual to experience pleasure in other ways – the reward centres of the brain have become "hijacked" by the need to be repeatedly provided with rewards from the drug of choice, whether it be alcohol, tobacco, cannabis or some other psychoactive substance.

As shown in the diagram on the right, most alcohol or other substance use by young people is experimental or social. However, it cannot be emphasized enough that even occasional use can be hazardous and, at the wrong time and in the wrong dose and wrong place, even fatal. The short-term effects from occasional heavy use are the most frequent causes of serious harm from substance use among young people. Dependence, though serious, is much less common.



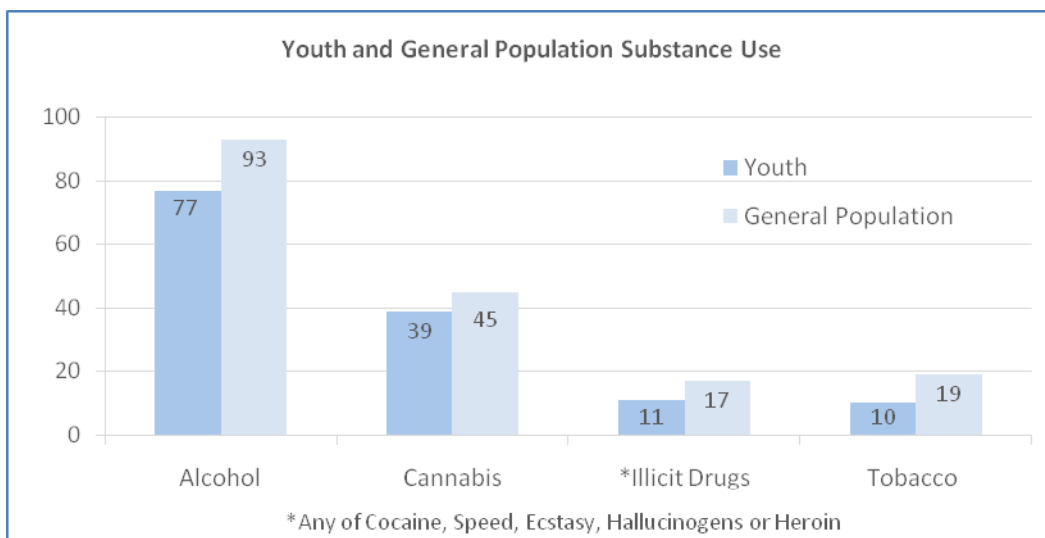
The prevention of substance use-related harm requires the identification and reduction of major patterns of risky substance use and the enhancement of a wide range of protective factors.

Some signs that substance use has become particularly risky or harmful include some or all of the following: early age of onset (especially before age 13 or 14); use to cope with negative mood states; habitual daily use; use before or during school or work; use while driving or during vigorous physical activities; use of more than one substance at the same time; use becoming a major form of recreation.

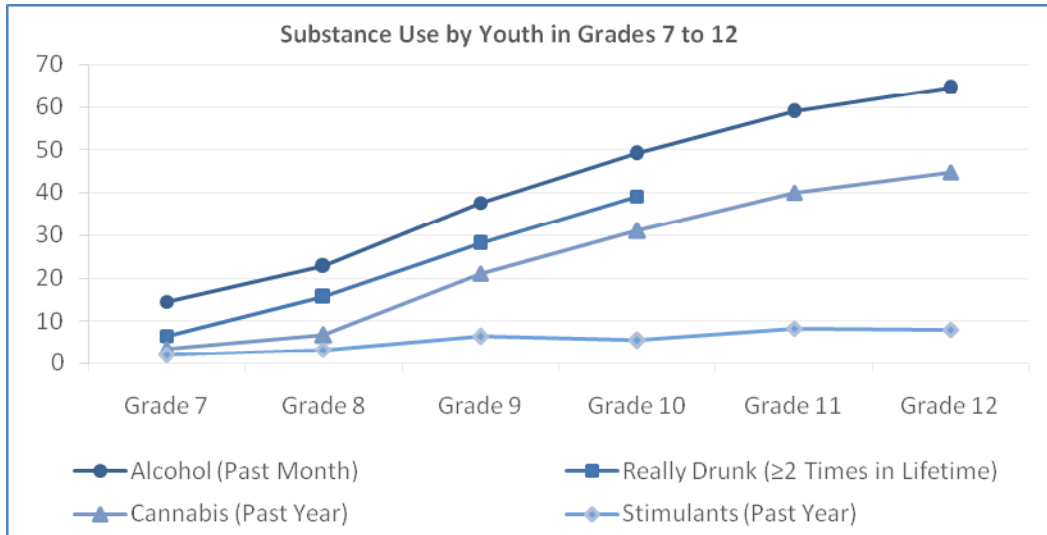
Signs that patterns of use are less likely to be harmful include: taking precautions when using; being careful to use only in small or moderate amounts; less frequent use and only in particular contexts; being able to stop using at any time.

## SUBSTANCE USE AMONG CANADIAN YOUTH

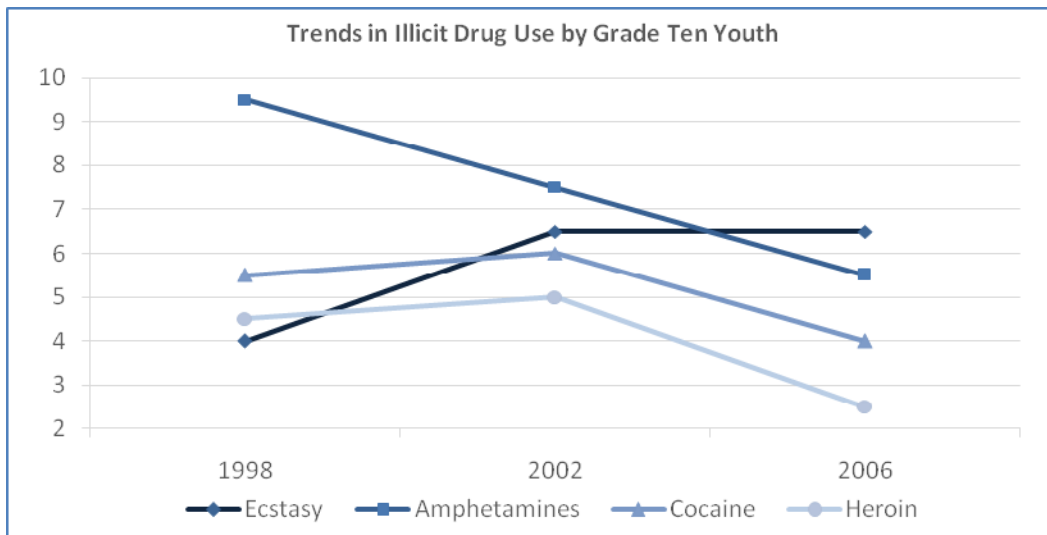
Youth use the same substances as adults though their rates of use are significantly lower. The 2004 Canadian Addiction Survey reports 77 percent of youth aged 15 to 17 years have consumed alcohol at least once in their lifetime. This compares with 93 percent of the general population. Similarly, 39 percent of 15- to 17-year-olds have used cannabis at some point in their life, compared to 45 percent of the general population. Use of other illicit drugs by youth and the general population is much lower. Approximately 11 percent of 15- to 17-year-olds have used other illicit drugs (any one of ecstasy, amphetamines, hallucinogens, cocaine or heroin) at least once in their lifetime (compared to 17 percent of the general population). Tobacco use by Canadian youth is also lower than alcohol consumption or cannabis use and has been in steady decline for several years. The 2007 Canadian Tobacco Use Monitoring Survey reports 10 percent of 15- to 17-year-olds are current smokers, down from 18 percent in 2002. The same survey reports 19 percent of the general population as current smokers.



While the rates for substance use are lower for youth than for adults, these rates, particularly for alcohol and cannabis, increase rapidly as young people age. The 2007 Ontario Student Drug Use and Health Survey (OSDUHS) demonstrates this steady rise in the use of alcohol and cannabis by students in grades 7 through 12. Getting drunk also increases as youth get older. The Health Behaviour of School-Aged Children study shows drunkenness rates increase steadily by grade, with approximately 39 percent of grade 10 students reporting being really drunk at least twice in their lifetime. By comparison, use of stimulants increases for students in grades 7 through 11 but declines slightly for those in grade 12.

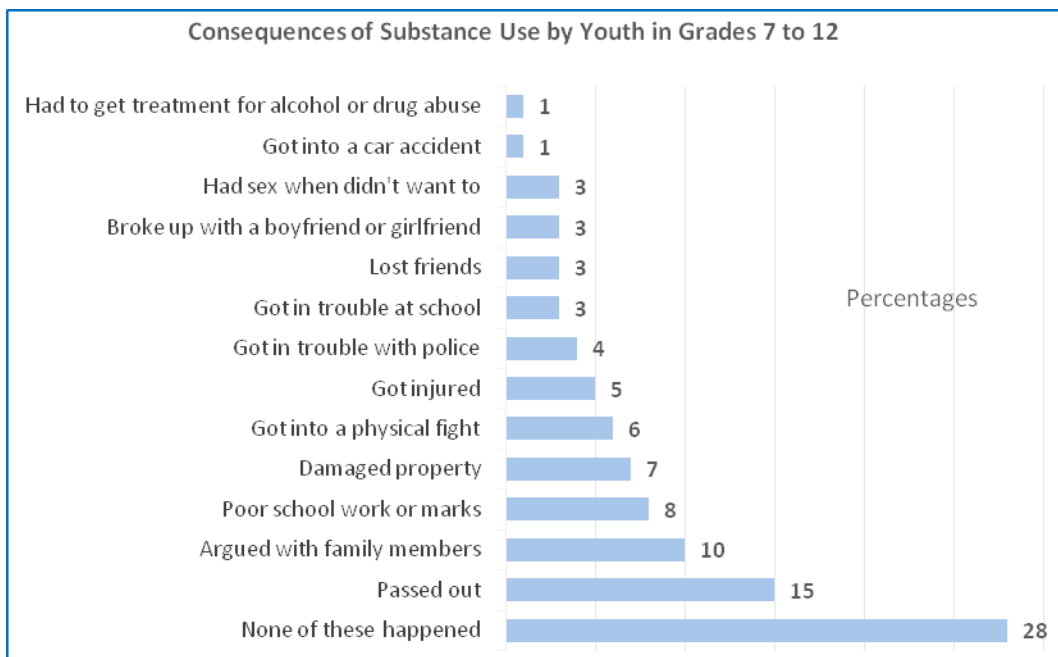


Overall, national data shows illicit drug use by youth is declining or remaining stable. Results from a recent World Health Organization study, the Health Behaviour of School-Aged Children, demonstrate Canadian youth rates of use of other illicit drugs such as ecstasy, amphetamines, cocaine and heroin are reasonably low and, despite common beliefs, have not increased throughout the past decade. The data also reveals the illicit use of medical drugs, glues and solvents has declined. Nevertheless, even though the national data shows use is declining for these substances, for some jurisdictions there are indications that use is increasing among youth.



When youth are asked about any negative outcomes related to their alcohol or substance use, some types of problems or consequences are reported more frequently

than others. For instance, the 2003 Adolescent Health Survey of students in British Columbia found the main consequences reported were passed out (15 percent), arguing with family members (10 percent), and poor school work or marks (8 percent). Only one percent of students reported having to seek treatment for their alcohol or substance abuse or being involved in a car accident. Just over one-quarter of students reported no negative consequences at all.



Regional variations provide another aspect of the overall picture of substance use by Canadian youth. Where available, data tends to show rates and patterns of substance use vary between rural and urban communities and northern and southern jurisdictions. For instance, substance use may be higher in northern and remote communities than in southern urban communities. Communities with the greatest challenges, such as remote or northern areas, are likely to have the least access to services and some other protective factors; a disparity that, not surprisingly, is reflected in the rates of substance use.

Insights into local or school-level substance use rates and patterns can be gleaned using student and/or community surveys, administrative data such as suspension rates and/or other data available at the local level.

## INVESTIGATE

In this section, we investigate the evidence related to:

- the appropriate goal for substance use education
- constructivist educational methods
- a comprehensive competence enhancement approach
- keeping the focus on alcohol, tobacco and cannabis
- the importance of tailoring education to cultural context and developmental stage of students
- enhancing school connectedness and engagement

Classroom-based universal interventions are among the most evaluated of all school substance use initiatives but, unfortunately, most programs have not been shown to provide large or lasting effects on youth substance use. This is due in part to the fact that the students most prone to develop substance use problems are least likely to be affected by universal interventions, and also to the fact that the approaches employed in many universal prevention programs naively assume that information about the dangers of substance use is all that is needed to convince youth to avoid problematic use.

Nonetheless, providing effective universal interventions in schools is an essential component of a comprehensive approach to addressing substance use. Universal interventions are recommended in schools for the following reasons:

- substance use, particularly alcohol and cannabis, is common among students in Canada (see above);
- a significant proportion of substance use-related health and social harms derive from the large number of relatively lower-risk users who occasionally over indulge (especially for alcohol)<sup>10</sup>;
- while effect sizes of universal programs have been small (typically 3-4 percent), the fact that large numbers of students are exposed to them means the outcomes can be significant across the population<sup>11</sup>;
- taking a competence building and social integration approach allows schools to address substance use along with bullying, risky sex, violence, stress management and other mental and social health issues<sup>12</sup>.

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<sup>10</sup> Spurling, M.C. & Vinson, D.C. (2005). Alcohol-related injuries: Evidence of the prevention paradox. *Annals of Family Medicine*, 3, 47-52.

<sup>11</sup> Tobler, N.S. (2000). Lessons learned. *Journal of Primary Prevention*, 20 (4), 261-75.

Implementing universal initiatives involves two major tasks: providing *effective universal substance use education* in the classroom and creating *a health-promoting culture* that, in particular, enhances students' connectedness to the school. These two tasks are not separate; they overlap and reinforce one another in various ways. For example, encouraging all students to explore risk and protective factors for problematic substance use, differences between adaptive and maladaptive uses of substances and indicators of maladaptive use can help enable socially embedded screening for problematic substance use in the school culture. This, in turn, can contribute to the creation of a culture of connectedness in schools.

### THE GOAL OF SUBSTANCE USE EDUCATION

Interpreting the evidence of effectiveness for substance use education is complicated by the lack of agreement about the goal of such education. Traditional drug education, with its roots in the temperance movement, has had a goal of promoting abstinence (or preventing use) and has tended to employ moralistic and fear-based rhetoric. As the temperance movement lost popular and political support, a confusing situation emerged for alcohol and other substance education. On the one hand, the disease model that suggested only some people were susceptible to problems (at least with alcohol) was becoming popular. At the same time, a policy of prohibition for other drugs was growing. Caught in the confusion, drug education almost disappeared for a time, only to be reborn in response to increased use of illegal substances by young people in the 1960s. This new reactive prevention focus adopted the rhetorical tools of the earlier movement. This may have seemed appropriate for illegal drugs that fit the stereotype of alcohol under the sway of the temperance movement, but in the new environment, it was never clear what was to be done about alcohol. While it clearly had potential to create harm, it could be used responsibly. Should the goal of education be to prevent use or to teach about responsible use (i.e., how to avoid harm)? Could what was true for alcohol also be true for other, currently illegal, substances?

Most of the research evidence has been collected in the context of a disease paradigm where the goal was abstinence (i.e., preventing use, at least in the short term). As noted, most of the evidence is negative, although some approaches have demonstrated modest impact in reducing or delaying use. The research does not often account for other factors such as patterns of use or the personal and contextual factors important to

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<sup>12</sup> Jorgensen, H. (2002). *Consensus, Cooperation and Conflict: The Policy Making Process in Denmark*. Cheltenham, Gloucestershire: Edward Elgar Publishers.

health promotion and reduction of harm.<sup>13</sup> As a result, the research on effectiveness for substance use education must be evaluated critically with the question of goal in mind.<sup>14</sup> The following discussion seeks to apply the available evidence to an *educational* goal for substance use education.

As health education (of which substance use education is a part) evolves, increased emphasis is being placed on health literacy. In this context, educating students about substance use has as its goal developing the understanding, skills and confidence needed for making choices related to psychoactive substances that maximize individual and community well-being.

### THE IMPORTANCE OF TEACHING METHODS

While lecture- and textbook-based approaches can sometimes work for conveying information relevant to making healthier choices, they are not generally very effective for imparting practical skills for applying this information in day-to-day life. Furthermore, in order for substance use education to be effective and credible, it must reflect local youth culture which evolves rapidly.<sup>15</sup> Traditional text-based resources will inevitably be out-of-date relative to the culture.

One of the best ways to address these challenges is to use participatory or “constructivist” educational methods that meaningfully include students in the generation and application of knowledge in the classroom.<sup>16</sup> Such approaches view students as valuable assets and are structured in a way to allow them to create their own “real world” scenarios.<sup>17</sup> Participatory learning can generate personally meaningful and contextually appropriate knowledge and allows for practicing of skills in ways usually lacking in lecture- and textbook-based learning approaches. As well, the meaningful inclusion of student voices, experiences and perspectives in the learning

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<sup>13</sup> Rowling, L., & Jeffreys, V. (2006). Capturing complexity: Integrating health and education research to inform health promoting schools policy and practice. *Health Education Research: Theory and Practice*, 21(5), 705-718.

<sup>14</sup> Tupper, K.W. (2008). Teaching teachers to just say "know": Reflections on drug education. *Teaching & Teacher Education*, 24(2), 356-367.

<sup>15</sup> Paglia, A. & Room, R. (1999). Preventing substance use problems among youth: A literature review and recommendations. *Journal of Primary Prevention*, 20, 3-50.

<sup>16</sup> McBride, N. (2003). A systematic review of school drug education. *Health Education Research: Theory and Practice*, 18(6), 729-742.

<sup>17</sup> Hawks, D., Scott, K. and McBride, M. (2002). *Prevention of Psychoactive Substance Use: A Selected Review of What Works in the Area of Prevention*. Geneva, Switzerland: World Health Organization.

process can alleviate the tendency to moralize and bring in conscious or unconscious judgments.

The role of the teacher in interactive learning situations is to set an open, non-judgmental atmosphere, manage the process as a facilitator (rather than as a presenter), maximize opportunities for peer interchange and skill practice and challenge misperceptions that may arise in the discussions. Specific techniques that work well in this process include role-play, Socratic questioning, games and simulations, brainstorming, buzz groups and case studies.<sup>18</sup>

A final point about teaching methods: it is important to structure substance use learning situations so as to balance the competing needs of generating spontaneous learning experiences that maximize personal relevance and the need to maintain educational integrity so as to meet prescribed learning objectives. Achieving both goals is possible but requires great skill and creativity on the part of teachers and curriculum developers.

## COMPETENCY ENHANCEMENT

Various social influence and skills training models have claimed effectiveness in addressing substance use among youth. The evidence however is at best mixed.<sup>19</sup> Some approaches to resistance skills training have been shown to be based on faulty assumptions that, among other things, exaggerate the role of peer pressure and misrepresent how it functions in social systems.<sup>20</sup> On the other hand, social awareness training with its overall goal to increase students' conscious awareness of implicit and explicit "messages" related to substance use emanating from both social (e.g., peer, family) and environmental (e.g., media, local youth culture) sources is important. Social norming interventions seek to correct the misperception that "everyone is doing it" and thus reduce perceived social pressures around substance use. There is research evidence validating the use of this approach when students are asked to consider their own substance use in comparison to rates and patterns of use around them.<sup>21</sup> However, this approach can obviously only work when the percentage of users is in fact relatively low but where perception of use is unrealistically high.<sup>22</sup>

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<sup>18</sup> World Health Organization (n.d.) *Skills for Health*. Information Series on School Health, Document 9. Geneva, Switzerland: World Health Organization.

<sup>19</sup> Roberts, G., Krank, M., Comeau, N., McLeod, B., Paglia-Boak, A., Patton, D., Lane, J. & *Problems: A Knowledge Summary*. Surrey, BC: Canadian Association for School Health.

<sup>20</sup> Paglia & Room (1999).

<sup>21</sup> Agostinelli, G. & Grube, J. (2002). Alcohol counter-advertising and the media: A review of recent research. *Alcohol Research and Health*, 26(1), 15-21.

<sup>22</sup> McBride (2003).



There are many personal, social and environmental factors that influence substance use and related harms. A competency enhancement approach that is based on a more comprehensive theory of behaviour and that seeks to enhance a range of cognitive, social and emotional skills is therefore more likely to have real-world impact than any narrowly defined model. A comprehensive model would recognize the range of factors that influence behaviour and seek to impart the knowledge and skills relevant for improving the choices that students make about their health, including choices about substance use. In general, the knowledge and skills covered under competency enhancement approaches should have three purposes: to enhance self regulation, to improve social competency and to assist students as they navigate their external environments.

### FOCUS ON ALCOHOL, TOBACCO AND CANNABIS

In order to be relevant, substance use education needs to reflect the experience of students. By the end of high school, alcohol use has become normative and cannabis and tobacco are popular. The vast majority of substance use-related harm experienced by students will relate to these three substances. In almost all communities, other substances will be used only by a small number of students. Substance use education that focuses on drugs that are not in general use may in fact increase curiosity and drug use.<sup>23</sup> In fact, most people who use other substances first used alcohol, tobacco or cannabis. Research suggests that the younger a person starts using alcohol or tobacco, the more likely they are to use other substances and to develop substance use-related problems later in life.<sup>24</sup> Therefore, preventing or delaying the onset of alcohol, tobacco or cannabis use by youth is one important way to promote healthy behaviours and avoid serious health and economic costs down the road. In order to be effective, the primary focus of universal substance use education must be on those substances students are most familiar with and most likely to use.

### A DEVELOPMENTALLY AND CULTURALLY INFORMED APPROACH

School-age youth change dramatically from year to year. Both youth and adult culture and experience vary from community to community; so one of the most important principles of effective universal substance use education is that it be tailored to the

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<sup>23</sup> Midford, R., Munro, G., McBride, N., Snow, P. & Ladzinski, U. (2002). Principles that underpin effective school-based drug education. *Journal of Drug Education*, 32(4), 363-386.

<sup>24</sup> Brook, J.S., Whiteman, M., Finch, S. & Cohen, P. (1998). Mutual attachment, personality, and drug use: Pathways from childhood to young adulthood. *Genetic, Social and General Psychology*, 124(4), 492-511..

community context and developmental stages of the students.<sup>25</sup> The goals, teaching methods, materials and program content need to be appropriate to the age, experience and culture of children and young people and the communities in which they live. Tailoring involves adjusting the *timing*, *intensity* and *content* of prevention modules to match the needs and characteristics of youth as they grow and mature.

#### TIMING AND INTENSITY

The timing of universal substance use education modules should be structured mainly around the prevalence and patterns of substance use within a particular student body, with initiation, normative use and hazardous use being the most relevant markers. This means that timely data on local youth substance use is critical for effective curriculum design and implementation.

In general, educating for skill-building requires more time than educating to impart knowledge and information. There is little evidence as to exactly how much is needed. What may be more important is that universal substance use education should be delivered over multiple years, beginning just before significant initiation to substance use and continuing during the period of significant increase or normalization of use.<sup>26</sup> An emphasis on developing social and emotional competence and resilience has an impact well beyond substance use behaviour and should infuse a comprehensive approach to health and well-being.

#### CONTENT

The content of universal substance use education should shift as the focus changes from safety and protection in earlier years to guidance, self regulation and autonomous decision-making in later years. Throughout, the emphasis should be on developing personal, social and emotional competence and resilience. Given the central role that these skills play in reducing various risky behaviours, and the potential impact of those behaviours on academic and social development, multiple modules delivered within various curricula are warranted.

Early attention should be given to the safe use of medications since most children will be exposed to these drugs first. Substance use-specific lessons are only appropriate after initiation of use. Generally, beginning in about grade 6, emphasis can be given to alcohol and tobacco, and soon after to cannabis.<sup>27</sup> These substances account for the

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<sup>25</sup> Roberts, G., McCall, D., Stevens-Lavigne, A., Anderson, J., Paglia, A., Bollenbach, S., Wiebe, J. & Gliksman, L. (2001). *Preventing Substance Use Problems among Young People: A Compendium of Best Practices*. Ottawa, Ontario: Health Canada.

<sup>26</sup> McBride (2003).

<sup>27</sup> Roberts, et al. (awaiting publication).

vast majority of substance use and related harms among youth. Social influence education (e.g., becoming conscious of and managing peer and media influences around substance use) should be included. The content may shift from social resistance to social norming to educating about safer substance use (especially for alcohol) over time.<sup>28</sup>

The lessons should be adjusted to suit the local context including student perceptions on substance use and local youth culture.<sup>29</sup> This point bears emphasizing. Non-majority cultures may make up a significant proportion of students in some locations (e.g., Aboriginals in the north) or be small isolated groups in others. Universal prevention initiatives are likely to be more effective with students from non-majority cultures if they utilize culturally appropriate content. However, using, for example, Aboriginal culture as simply an add on to standard content is not very effective. The meaningful tailoring of substance use education for Aboriginal students entails incorporating a deeper understanding of cultural values, practices and symbols into the lessons. It also means recognizing that Aboriginal students are not a homogeneous population and can vary greatly in cultural perspectives based on geography and location (e.g., reserve vs. urban).

Although relatively little research has been done to validate Aboriginal-specific substance use education, the bi-cultural competence model appears to provide a good starting point when considering how to go about educating among Aboriginal youth.<sup>30</sup> This approach aims to equip young people of Aboriginal descent with personal self management and coping skills to successfully negotiate between mainstream and Aboriginal cultures. In addition to social and emotional skill building, the process of respectful relationship building (i.e., caring and sharing) with teachers, role models and Elders can profoundly influence a young person's sense of belonging to their community, their culture and society as a whole. Thus, this approach also calls for ongoing trust building and collaboration between schools, public health, Elders and other respected Aboriginal leaders. Similar considerations are needed when addressing other cultural groups.

## ENHANCING SCHOOL CONNECTEDNESS AND ENGAGEMENT

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<sup>28</sup> McBride (2003).

<sup>29</sup> Paglia & Room (1999).

<sup>30</sup> Hawkins, E., Cummings, L. & Marlatt, A. (2004). Preventing substance abuse in American Indian and Alaska native youth: Promising practices for healthier communities. *Psychological bulletin*, 130(2):304-323.

A population health perspective, with its attention to environmental factors, has begun to replace an exclusive dependence on classroom-based substance use education which has been able to demonstrate only small and short term effects on youth substance use. The primary strategy is to create and implement structures, policies and processes that facilitate a healthy school environment that encourages strong relationships with peers, teachers and the school so that these relationships can provide stable protective forces in the students' lives. Thus, rather than focusing on preventing substance use through direct messaging as in traditional drug education, these initiatives seek to facilitate meaningful connections that build social cohesion.<sup>31</sup> The evidence regarding protective factors and resilience suggest such connectedness benefits both academic and social development and reduces engagement in a wide range of high-risk behaviours including those related to substance use.<sup>32</sup>

This theme of enhancing school connectedness is central to the entire *Addressing Substance Use in Canadian Schools* series. The role of school policy, the importance of engaging families and the larger community and targeted strategies to engage with vulnerable students are discussed in other knowledge kits. The issue is raised here because universal substance use education involves a process of enculturation. Every teacher, whether they teach specific substance use-related material or not, is involved in creating a school culture that determines the level to which school will be a protective factor for all students.

Creating a culture of connectedness involves classroom as well as school-level changes. It requires the use of skills to foster respectful, supportive relationships among students and between students and teachers. Teachers are significant mentors (both in and out of the classroom) whose modelling of important principles may be as valuable to their students as any specific lesson they teach.

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<sup>31</sup> Roche, A.M. (2006). The role of 'school' versus education: Social capital, connectedness, and resilience. *Drug Education in Schools: Searching for the Silver Bullet*. Ed. R. Midford & G. Munro. Melbourne, Australia: IP Communications.

<sup>32</sup> McNeely, C. & Faici, C. (2004). School connectedness and the transition into and out of health-risk behavior among adolescents: A comparison of social belonging and teacher support. *Journal of School Health*, 74(7).

Three major areas for enhancing school connectedness have been identified:<sup>33</sup>

- does the classroom/school environment facilitate a sense of safety and inclusion?
- does the classroom/school environment promote respectful and productive communication and dialogue among students and staff?
- do students have meaningful opportunities to contribute to the day-to-day activities of the classroom/school, and are their contributions recognized, valued and acknowledged?

School connectedness strategies should be structured to promote greater responsibility and involvement of students over time. For example, as the maturity and social competence of students increases from elementary to middle to secondary school, the meaningful involvement of students in the design and implementation of classroom and school policies and activities should also increase. Tailored approaches that match the needs of particular classrooms or schools are recommended. As an example, a significant proportion of students may feel that they are not noticed by teachers. In this case, increased awareness and support might help teachers reach out to these students and programs could be developed that help teachers and students connect more meaningfully outside the classroom.

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<sup>33</sup> Patton G., Bond L., Butler H. & Glover S. (2003). Changing schools, changing health? Design and implementation of the Gatehouse Project, *Journal of Adolescent Health*, 33 (4): 231-239.

## INTERPRET

Emerging from the evidence is a series of good practices:

- Good practice uses interactive educational techniques that improve learning and ensure relevance and credibility;
- Good practice focuses on personal and social competency enhancement by providing relevant information and developing practical skills related to identifying and responding to personal, social and environmental influences impacting on substance use;
- Good practice focuses primarily on those substances that account for the majority of use or harms among in-school youth;
- Good practice adjusts the timing, intensity, educational methods and content of lessons to the developmental stages of youth within the local context; and
- Good practice ensures all students are engaged and develop a sense of connectedness to the school community.

### INTERACTIVE EDUCATIONAL TECHNIQUES

Is substance use education in your school delivered using interactive teaching techniques? How does the real-world experience of students impact on lesson content and emphasis? What professional development opportunities are available to help teachers improve their facility with interactive teaching methods? The following table<sup>34</sup> provides an introduction to some interactive teaching methods that can be used in universal substance use education.

	Description	Benefits	Process
Class discussion	The class examines a problem or topic of interest with the goal of better understanding an issue or skill, reaching the best solution or developing new ideas and directions for the group.	<ul style="list-style-type: none"> <li>• Provides opportunities for students to learn from one another and practice turning to one another in solving problems</li> <li>• Enables students to deepen understanding of the topic and personalize their connection to it</li> <li>• Helps develop skills in listening, assertiveness and empathy</li> </ul>	<ul style="list-style-type: none"> <li>• Decide how to arrange students for discussion</li> <li>• Identify the goal of the discussion and communicate it clearly</li> <li>• Pose meaningful, open-ended questions</li> <li>• Keep track of discussion progress</li> </ul>

<sup>34</sup> Adapted from World Health Organization (n.d.) *Skills for Health*. Information Series on School Health, Document 9. Geneva, Switzerland: World Health Organization.

	Description	Benefits	Process
<b>Brainstorming</b>	Students actively generate a broad variety of ideas about a particular topic or question in a given, often brief, period of time. Quantity of ideas is the main objective of brainstorming. Evaluating or debating the ideas occurs later.	<ul style="list-style-type: none"> <li>• Allows students to generate ideas quickly and spontaneously</li> <li>• Helps students use their imagination and break loose from fixed patterns of response</li> <li>• Good discussion starter because the class can creatively generate ideas</li> <li>• It may be helpful to evaluate the pros and cons of each idea or rank ideas according to certain criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Designate a leader and a recorder</li> <li>• State the issue or problem and ask for ideas</li> <li>• Students may suggest any idea that comes to mind</li> <li>• Do not discuss the ideas when they are first suggested</li> <li>• Record ideas in a place where everyone can see them</li> <li>• After brainstorming, review the ideas and add, delete, categorize</li> </ul>
<b>Small group/buzz group</b>	For small group work, a large class is divided into smaller groups of six or less and given a short time to accomplish a task, carry out an action or discuss a specific topic, problem or question.	<ul style="list-style-type: none"> <li>• Useful when groups are large and time is limited</li> <li>• Maximizes student input</li> <li>• Lets students get to know one another better and increases the likelihood that they will consider how another person thinks</li> <li>• Helps students hear and learn from their peers</li> </ul>	<ul style="list-style-type: none"> <li>• State the purpose of discussion and the amount of time available</li> <li>• Form small groups</li> <li>• Position seating so that members can hear each other easily</li> <li>• Ask group to appoint recorder</li> <li>• At the end, have recorders describe their group's discussion</li> </ul>
<b>Role play</b>	Role play is an informal dramatization in which people act out a suggested situation.	<ul style="list-style-type: none"> <li>• Provides an excellent strategy for practising skills or experiencing how one might handle a potential situation in real life</li> <li>• Increases empathy for others and their point of view</li> <li>• Increases insight into one's own feelings</li> </ul>	<ul style="list-style-type: none"> <li>• Describe the situation to be role played</li> <li>• Select role players</li> <li>• Give instructions to role players</li> <li>• Start the role play</li> <li>• Discuss what happened</li> </ul>
<b>Story-telling</b>	The instructor or students tell or read a story to a group. Pictures, comics and photonovels, filmstrips and slides can supplement. Students are encouraged to think about and discuss important (health-related) points or methods raised by the story after it is told.	<ul style="list-style-type: none"> <li>• Can help students think about local problems and develop critical thinking skills</li> <li>• Provides opportunity for creative skills in helping to write stories</li> <li>• Develops active listening and presentation skills</li> <li>• Lends itself to drawing analogies or making comparisons, helping to discover healthy solutions</li> </ul>	<ul style="list-style-type: none"> <li>• Keep the story simple and clear (one or two main points)</li> <li>• Be sure the story (and pictures, if included) relate to the lives of the students</li> <li>• Make the story dramatic enough to be interesting</li> <li>• Try to include situations of various emotions, serious thought, decisions and problem-solving behaviours</li> </ul>

	Description	Benefits	Process
<b>Debate</b>	In a debate, a particular problem or issue is presented to the class, and students must take a position on resolving the problem or issue. The class can debate as a whole or in small groups.	<ul style="list-style-type: none"> <li>• Provides opportunity to address a particular issue in-depth and creatively</li> <li>• Health issues lend themselves well: students can debate, for instance, whether smoking should be banned in public places in a community</li> <li>• Allows students to defend a position that may mean a lot to them</li> <li>• Offers a chance to practice higher thinking skills</li> </ul>	<ul style="list-style-type: none"> <li>• Allow students to take positions of their choosing (ask for volunteers to take the opposing point of view if necessary)</li> <li>• Provide students with time to research their topic</li> <li>• Do not allow students to dominate at the expense of other speakers</li> <li>• Make certain that students show respect for the opinions and thoughts of other debaters</li> <li>• Maintain control in the classroom and keep the debate on topic</li> </ul>
<b>Games and simulations</b>	<p>Students play games as activities that can be used for teaching content, critical thinking, problem-solving and decision-making and for review and reinforcement.</p> <p>Simulations are activities structured to feel like the real experience.</p>	<ul style="list-style-type: none"> <li>• Promote fun, active learning and rich discussion in the classroom as participants work hard to prove their points or earn points</li> <li>• Require the combined use of knowledge, attitudes and skills</li> <li>• Allow students to test out assumptions and abilities in a relatively safe environment</li> </ul>	<p>Games:</p> <ul style="list-style-type: none"> <li>• Remind students that the activity is meant to be enjoyable and that it does not matter who wins</li> </ul> <p>Simulations:</p> <ul style="list-style-type: none"> <li>• Work best when they are brief and discussed immediately</li> <li>• Students should be asked to imagine themselves in a situation or should play a structured game or activity to experience a feeling that might occur in another setting</li> </ul>
<b>Situation analysis and case studies</b>	Situation analysis activities allow students to think about, analyze and discuss situations they might encounter. Case studies are real-life stories that describe in detail what happened to a community, family, school or individual.	<ul style="list-style-type: none"> <li>• Allow students to explore problems and dilemmas and safely test solutions</li> <li>• Provide opportunities to work together, share ideas and learn that people sometimes see things differently</li> <li>• Allow students to improve their own decision-making skills</li> <li>• Can be tied to specific activities to help students practice healthy responses before they find themselves confronted with a health risk</li> </ul>	<ul style="list-style-type: none"> <li>• Guiding questions are useful to spur thinking and discussion</li> <li>• Facilitator must be adept at teasing out the key points and step back and pose some ‘bigger’ overarching questions</li> <li>• Situation analyses and case studies need adequate time for processing and creative thinking</li> <li>• Teacher must act as the facilitator and coach rather than the source of answers and knowledge</li> </ul>



## COMPETENCY ENHANCEMENT

Is universal substance use education in your school based on a comprehensive competency enhancement approach? How does it help students understand and manage themselves, their relationships and the social and cultural environment in which they live? Examples of knowledge and skills that should be covered under each area are listed in the table below.

	Relevant Knowledge	Relevant Skills
Regulate Self	<ul style="list-style-type: none"> <li>the science of behaviour</li> <li>risks and benefits related to psychoactive substances</li> <li>adaptive and maladaptive uses of psychoactive substances</li> </ul>	<ul style="list-style-type: none"> <li>self assessment, goal setting</li> <li>information gathering</li> <li>decision making, problem solving</li> <li>stress management</li> <li>emotional awareness/regulation</li> <li>cognitive skills for enhancing self efficacy</li> </ul>
Manage Relationships	<ul style="list-style-type: none"> <li>risk and protective factors</li> <li>social dynamics</li> </ul>	<ul style="list-style-type: none"> <li>interpersonal communication</li> <li>negotiation and conflict management</li> <li>assertiveness and refusal skills</li> <li>empathy building</li> <li>team building</li> </ul>
Navigate the Environment	<ul style="list-style-type: none"> <li>roles and impact of substance use in human communities and cultures, including that of the student</li> <li>implicit and explicit social influences on substance use choices</li> </ul>	<ul style="list-style-type: none"> <li>social influence and persuasion</li> <li>critical thinking</li> <li>analysis of attitudes, values and community/cultural norms</li> </ul>

## FOCUS ON SUBSTANCES IN COMMON USE AND CAUSING HARM

The substances that pose the greatest risk are often not those that grab media or public attention. What psychoactive substances are commonly used by young people in your community? In your school? In your class? How do you know? What risks are involved in their use? What harms might students be experiencing now? In the future?

For most Canadian communities, the main substances of concern for universal programs are likely to be alcohol, tobacco and cannabis. Dealing with the common stimulant caffeine (found in many beverages consumed by children and youth) may be particularly valuable in addressing substance use with younger students.

Some communities will face unique patterns of use involving other substances that may warrant universal attention. Care must be taken to ensure interventions do not in fact lead to more harm by drawing universal attention to niche issues. Some communities have access to the data from well designed surveys of youth in their area. This information can be used to identify common patterns of use and tailor programs accordingly. The use of interactive educational methods also helps to ensure issues common to local youth culture are addressed.

### A DEVELOPMENTAL APPROACH

The table below sets out the structure of a developmentally informed approach to universal substance use education based around four broad stages. How would this framework apply in your school or community? What specific adjustments or enhancements would you make to the framework to meet the developmental needs of your students?

Stage	Timing (approx.)	Use Markers	Content
Pre-Initiation	Preschool and Elementary School	No Use	<ul style="list-style-type: none"> <li>• Safe handling/use of medications</li> <li>• Social and emotional competency enhancement (non-substance use specific, emphasizing protection)</li> <li>• Social influence education (non-substance use specific)</li> </ul>
Initiation	Late Elementary/ Early Middle School	Imminent initiation and initiation	<ul style="list-style-type: none"> <li>• Social and emotional competency enhancement (substance use specific, emphasizing guidance)</li> <li>• Social influences education (substance use specific)</li> </ul>
Early Relevance	Middle/Early Secondary School	Experimental and early normative use	<ul style="list-style-type: none"> <li>• Social and emotional competency enhancement (emphasizing self regulation)</li> <li>• Social influences education (normative education)</li> </ul>
Later Relevance	Secondary School	Normative use and significant high-risk use	<ul style="list-style-type: none"> <li>• Social and emotional competency enhancement (emphasizing self regulation, autonomous decision-making and community responsibility)</li> <li>• Social influences education (normative education related to risk behaviours, harm minimization related to alcohol and cannabis)</li> </ul>

### ENHANCING SCHOOL CONNECTEDNESS

The table below sets out examples of interventions to enhance the three components of connectedness in classrooms, in schools and in links with the wider community. How well is your school doing in this regard? What are the current strengths? How would you like to see improvement?

	<b>Classroom Interventions</b>	<b>School-Level Interventions</b>	<b>Schools-Family-Community</b>
<b>Safety and Inclusion</b>	<ul style="list-style-type: none"> <li>• Use collaborative process to develop classroom agreements and rules of conduct</li> <li>• Organize students into collaborative work teams/table groups</li> <li>• Establish seating arrangements to avoid exclusion</li> </ul>	<ul style="list-style-type: none"> <li>• Provide professional development for teachers on preventing and dealing with bullying</li> <li>• Map areas of school where students feel unsafe</li> <li>• Review and enhance programs to assist with transitions points in the education process</li> </ul>	<ul style="list-style-type: none"> <li>• Offer parent information forums on policies related to bullying and provision of positive learning environment</li> <li>• Support after-school safety programs</li> <li>• Create links between students in primary and secondary schools</li> </ul>
<b>Communications and Dialogue</b>	<ul style="list-style-type: none"> <li>• Use proactive classroom management techniques</li> <li>• Focus on student-teacher relationships</li> <li>• Ensure that the physical environment facilitates communication and interaction</li> </ul>	<ul style="list-style-type: none"> <li>• Introduce a teacher as mentor program</li> <li>• Establish or enhance social supports</li> <li>• Provide social skills programs for students and teachers</li> <li>• Implement a peer mediation program</li> </ul>	<ul style="list-style-type: none"> <li>• Develop clear and regular communication with parents</li> <li>• Conduct surveys of parental attitudes and expectations</li> <li>• Publish and widely disseminate a school newsletter</li> <li>• Strengthen communication with relevant community agencies</li> </ul>
<b>Opportunities to Contribute</b>	<ul style="list-style-type: none"> <li>• Review nature of assessment and feedback on student work and activities</li> <li>• Create opportunities for different forms of contribution and achievement</li> <li>• Invite student input into planning activities</li> </ul>	<ul style="list-style-type: none"> <li>• Involve students in reviewing and rewriting school policies</li> <li>• Provide in-service training on techniques for enhancing relationships between students and teachers</li> </ul>	<ul style="list-style-type: none"> <li>• Use local media to publicize school and student achievements</li> <li>• Integrate studies that involve activities in the community</li> <li>• Review and extend involvement in community-based programs</li> <li>• Engage in joint initiatives with community organizations</li> </ul>

## IMAGINE

In this section, we encourage you to imagine what could be. The following examples provide illustrations of how good practice related to universal interventions has been applied in Canadian and international contexts. The list is by no means comprehensive, nor is it implied that all of the evidence referenced in this kit is being applied in any given example cited.

### I-MINDS (SUBSTANCE USE EDUCATION INTERVENTION)

*Illustrates classroom resources that:*

- *use interactive educational techniques*
- *focus on personal and social competency enhancement*
- *focus on those substances that account for the majority of use and harm*
- *adjust to the developmental stages of youth in local context*

*iMinds* is a set of learning modules that strive to strengthen students' understanding of healthy behaviours and their relationship to substance use and mental wellness. It has been designed to meet learning outcomes in the BC curriculum.

The content in this resource is based on the idea that awareness, actions, decisions and behaviours are influenced by personal, social and environmental/cultural factors. The ability to choose healthy behaviours requires, among other things, an adequate level of mental health literacy, which involves the ability to apply knowledge in real world contexts to achieve:

- self-preservation (how do I survive?)
- self enhancement (how do I thrive?)
- meaning-making activity (how do I fulfil my purpose?)

*iMinds* is based on a constructivist approach to teaching and learning. This method is built on the belief that learners are the makers of meaning and knowledge. Rather than passively receiving information, as so often happens in traditional settings, learners in a constructivist classroom are motivated to think critically and become actively involved in the pursuit of knowledge. The teacher's role is to facilitate this process. This allows incredible flexibility as the students bring forward those issues most relevant to them.

*iMinds* is currently a pilot project of the Centre for Addictions Research of BC. It is still under development and is being evaluated throughout the process.

For more information: [www.iminds.ca](http://www.iminds.ca).

## EDUCATING STUDENTS ABOUT SUBSTANCE USE AND MENTAL HEALTH

*Illustrates classroom resources that:*

- *use interactive educational techniques*
- *focus on personal and social competency enhancement*
- *focus on those substances that account for the majority of use and harm*
- *adjust to the developmental stages of youth*

The Centre for Addiction and Mental Health has developed individual lesson plans in English and French that meet the expectations of the substance use and abuse component of the new grades 1 to 10 Ontario Health and Physical Education Curriculum and the mental health component of grades 11 and 12. The lesson plans are freely available and intended to be used by educators, health units, community agencies and others involved in education efforts. Included in the lessons are modules related to the safe handling and use of medications, social influences awareness training (mainly social resistance skills) and lessons on mental health and wellness for grades 11 and 12.

For more information: [www.camh.net/curriculum](http://www.camh.net/curriculum).

## FOURTH R

*Illustrates classroom resources that:*

- *use interactive educational techniques*
- *focus on personal and social competency enhancement*
- *focus on those substances that account for the majority of use and harm*

The Fourth R is a comprehensive school-based program designed to include students, teachers, parents and the community in reducing violence and risk behaviours. It is a comprehensive youth prevention program based around the idea that relationship knowledge and skills can and should be taught in the same way as reading, writing and arithmetic.

A universal approach precludes the need for identifying youth and reduces the stigma of being labelled high risk. All students become better equipped with the skills they need to build healthy relationships and to help themselves and their peers reduce risky behaviours.

The Fourth R is comprised of three units of study in grades 9 and 10. Each unit contains materials that clarify values and build decision-making and practical skill. There are teacher, parent and school-wide components to the program as well as modules tailored for use with Aboriginal youth and youth attending alternative schools.

For more information: [www.youthrelationships.org/](http://www.youthrelationships.org/)

## SCHOOL HEALTH AND ALCOHOL HARM REDUCTION PROJECT (SHAHRP)

*Illustrates classroom resources that:*

- *use interactive educational techniques*
- *focus on personal and social competency enhancement*
- *focus on those substances that account for the majority of use and harm*
- *adjust to the developmental stages of youth*

The National Drug Research Institute in Australia developed the SHAHRP classroom resource as part of a research study to assess the effectiveness of an evidence-based curriculum program in reducing the alcohol-related harm that young people experience. The SHAHRP lessons are delivered in three phases, with eight lessons in the first year of the program, five lessons in the following year during phase two and four additional lessons in phase three, two years later.

Phase one of the program is targeted at students prior to a time when a high proportion of students have started drinking. This allows the students to gain alcohol harm reduction skills and strategies immediately prior to the adoption of a new behaviour. Phases two and three provide reinforcement of knowledge and skills during a time when most students are experimenting with alcohol and when alcohol use is almost normative in the peer population.

The materials include a teacher's manual and colourful student workbooks. The SHAHRP lessons provide utility knowledge sufficient to allow students to develop an awareness of situations with alcohol-related risk and skills training to enable students to make and implement choices that minimize harm when in such situations.

For more information: [www.ndri.curtin.edu.au/shahrp/index.html](http://www.ndri.curtin.edu.au/shahrp/index.html)

## THE GATEHOUSE PROJECT

*Illustrates a comprehensive approach that:*

- *focuses on personal and social competency enhancement*
- *ensures engagement and develops a sense of connectedness*

The Gatehouse Project examined ways of promoting students' emotional well-being in Victorian secondary schools in Australia between 1996 and 2002. The intervention is designed to make changes in the social and learning environments of the school as well as promote change at the individual level. It provides schools with strategies to increase the connectedness of students to school and to increase students' skills and knowledge for dealing with everyday life challenges. The Gatehouse Project approach links health and education, sits within existing health and education policy frameworks, builds on the work schools are already doing, provides a strong, accessible framework and process which can meet the needs of individual school communities, and has measurable outcomes. The Gatehouse website contains a wealth of information about the program including case studies of schools' experiences implementing the intervention on the ground.

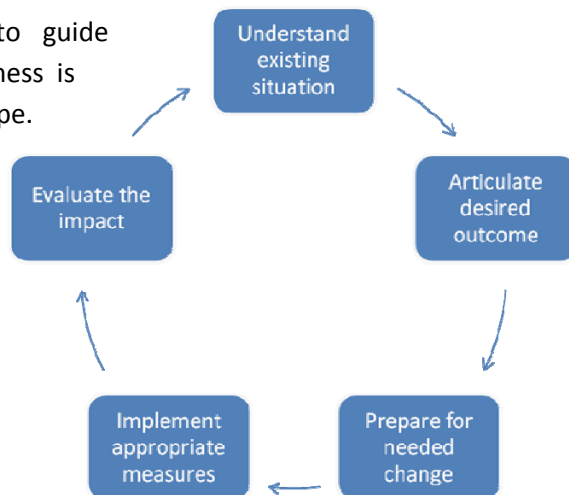
The Gatehouse Project approach is being adapted and studied by researchers at the University of Calgary. In this project, Creating Opportunities for Resiliency and Engagement (CORE), teachers, parents and students are led through a structured process to address ways to make the school more cohesive and welcoming.

For more information on the Gatehouse Project go to <http://www.rch.org.au/gatehouseproject/> and on CORE go to [www.ucalgary.ca/PHIRC/html/project\\_details.html](http://www.ucalgary.ca/PHIRC/html/project_details.html).

## INTEGRATE

The earlier sections of this knowledge kit introduced some of the evidence related to universal substance use education within our cultural context in which substance use is not only popular but actively promoted. The last two sections encouraged you to think about how this evidence might relate to your specific context and illustrated how others have used it in different situations.

Using evidence-based good practice to guide change and achieve increased effectiveness is not as simple as one might hope. Nonetheless, using a simple change management model like the one on the right can increase our chance of success. Change is incremental; therefore, the model is cyclical. One small change creates a new context from which we can attempt further change.



### STEP 1 – UNDERSTAND THE EXISTING SITUATION

One way to assess the existing situation is to prepare a report card on how your school is doing relative to the good practices identified earlier. Ideally, this report card should be prepared using feedback from a variety of stakeholders.

Using Worksheet #1, you can prepare such a report card by;

- collecting qualitative information on current strengths and possibilities by having several stakeholders complete the worksheet
- collating the information into one report
- discussing the results with stakeholders

### STEPS 2 – ARTICULATE A DESIRED OUTCOME

Based on the report card prepared in Step 1, you can identify priority areas for action. Again, these should represent a shared vision among the key stakeholders.



Record recommended actions in the second column of Worksheet #2. It is not necessary to articulate actions for all areas of good practice at once as this worksheet can be continually updated.

### STEP 3 – PREPARE FOR NEEDED CHANGE

Many activities fail because of insufficient planning. At this point, there are several important questions to ask. Record relevant information in the appropriate columns of Worksheet #2.

- What activities are needed to bring about the recommended action? What training will be needed? How will this be provided? What resources are needed? Are they available? If not, how can you get them? Who might be impacted if the change succeeds? Will they welcome the change? What needs to be done in order to prepare them? What needs to happen to make the change sustainable? How will it get institutionalized? (Column 3)
- Who will be responsible for implementing the change? (Column 4)
- When should the change happen? (Column 5)
- What will be the indicators of progress and success? (Column 6)

### STEP 4 – MAKE IT HAPPEN

Change actually happens one step at a time as you implement your work plan. Some factors are critical to the success of the process.

- Support from appropriate leaders
- Clarity concerning responsibility and accountability
- Good communication to keep all partners informed of progress
- Clear mechanisms for partners to monitor and modify the work plan as needed

### STEP 5 – EVALUATE THE IMPACT

Evaluation is an important part of learning and is also an important part of the change process. This does not need to be overly complicated. Two ways that you can keep track of progress are:

- constantly revisit and revise your work plan (Worksheet #2)
- periodically reassess the situation by collecting feedback from your partners and stakeholders and produce a report card (Worksheet #1)

**WORKSHEET #1 – SUBSTANCE USE EDUCATION REPORT CARD**

<b>Area of Good Practice</b>	<b>Stage</b>	<b>Current Strengths</b>	<b>Possibilities for Improvement</b>
Our school uses interactive educational techniques that improve learning and ensure relevance and credibility			
Our school focuses on personal and social competency enhancement: providing relevant information and developing practical skills related to personal, social and environmental influences impacting on substance use			
Our school focuses primarily on those substances that account for the majority of use or harms among our students			
Our school adjusts the timing, intensity, educational methods and content of lessons to the developmental stages and cultural context of our students			
Our school ensures all students are engaged and develop a sense of connectedness to the school community			
<p style="text-align: center;">Stage of Implementation:      I=Implemented      P=Partially implemented      N=Not implemented</p>			

WORKSHEET #2 – SUBSTANCE USE EDUCATION WORK PLAN

<b>Good Practice</b>	<b>Recommended Actions</b> what needs to be improved	<b>How</b> activities, training, resources, etc.	<b>Who</b> person/team	<b>When</b> complete by	<b>Indicators</b> progress/success
Our school uses interactive educational techniques that improve learning and ensure relevance and credibility					
Our school focuses on personal and social competency enhancement: providing relevant information and developing practical skills related to personal, social and environmental influences impacting on substance use					
Our school focuses primarily on those substances that account for the majority of use or harms among our students					
Our school adjusts the timing, intensity, educational methods and content of lessons to the developmental stages and cultural context of our students					
Our school ensures all students are engaged and develop a sense of connectedness to the school community					

## RECOMMENDED RESOURCES

The following are readily available resources that provide further information or tools of a practical nature. The studies that support the content presented in this knowledge kit are provided in the footnotes throughout the document.

Australian Government (2006). *Keeping in Touch: Working with Alcohol & Other Drug Use. A Resource for Primary and Secondary Schools*. Canberra, Australia: Department of Education, Science and Training. Available at: [www.dest.gov.au/NR/rdonlyres/A1C906F9-1894-46C0-A741-3D7A0741F9C8/12473/KeepingInTouch\\_TheKit.pdf](http://www.dest.gov.au/NR/rdonlyres/A1C906F9-1894-46C0-A741-3D7A0741F9C8/12473/KeepingInTouch_TheKit.pdf)

Cahill, H., Murphy, B. & Hughes, A. (2005). *A Toolkit of Interventions to Assist Young People to Negotiate Transitional Pathways*. Canberra, Australia: Department of Health and Ageing. Available at: [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/499247D1160777C0CA2571A20021F1FB/\\$File/toolkit-interventions.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/499247D1160777C0CA2571A20021F1FB/$File/toolkit-interventions.pdf)

Midford, R. & Munro, G. (ed.) (2006). *Drug Education in Schools: Searching for the Silver Bullet*. Melbourne, Australia: IP Communications. Order from: [www.ipcommunications.com.au/ipdeism.html](http://www.ipcommunications.com.au/ipdeism.html)

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