



# Trends and Promising Practices: Substance Education in Schools

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In 2015, the literature review Trends and Promising Practices in School-based Substance Misuse Prevention was completed by the Thunder Bay Drug Awareness Committee (of the Thunder Bay Drug Strategy) and Thunder Bay District Health Unit.<sup>1</sup> Since that time, much has changed, including advancements in knowledge and the COVID-19 pandemic. In 2022, an expanded literature review was undertaken to update the context and case for substance education in schools (SEIS) and identify current promising practices. What follows is a short report of key findings.

## The context and case for evidence-based SEIS

Throughout the literature, youth substance use was described as a serious public health challenge for various reasons, including the risk of immediate and long term harms to youth who use substances, and impacts on individuals, families, and communities.<sup>4-10</sup>

In Canada, concerning trends involve youth increasingly using multiple substances (with uniquely adverse consequences), the harms caused by alcohol, consistently high prevalence of cannabis use, and rising levels of opioid use and overdose, among others.<sup>6, 10-11</sup>

The school environment offers unique opportunities for health and prevention efforts, given it occupies a significant part of children's lives, plays a central role in social and emotional development, acts as a venue to reach large numbers of children, and helps to shape overall health.<sup>12-14</sup> Prevention education goals typically include delaying substance use initiation and reducing the negative harms associated with substance use.<sup>15-16</sup>

## Frameworks

**Comprehensive school health** is a well-established approach to supporting improvements in students' educational outcomes while addressing school health in a planned, integrated and wholistic way.<sup>2</sup>

**The Blueprint for Action** model brings together the Comprehensive School Health framework with four evidence-based approaches to preventing substance-related harms, including upstream prevention, harm reduction, stigma reduction and equity-oriented approaches.<sup>3</sup>

## Zoomed out: Trends in school-based substance prevention and education

### Wholistic, multi-component approaches

In recent years, there have been advancements in our understanding of what works in school-based substance prevention and education. There has been a continuing shift away from abstinence-only approaches and toward a more complex understanding of the risk and protective factors influencing substance-related risk and harm.<sup>18</sup> Teaching and learning about substances is therefore only one component of a comprehensive approach. Evidence suggests that programs that help build life skills are more likely to effectively prevent substance-related harms. Similarly, programs that encompass factors beyond the classroom such as policies, social and physical environments, equity, and supportive partnerships and services are more likely to be effective. Substance programs should form part of more comprehensive strategies within the school and within the broader community.<sup>3,16</sup>

The Blueprint for Action<sup>3</sup> encourages school communities to use the best available evidence to act across inter-related components:

- teaching and learning
- social and physical environments
- partnerships and services
- policy

### Rights-based and harm reduction approaches

Progressive drug-education programs and harm-reduction frameworks are starting to emerge that take a rights and information-based approach to strategies that reduce harm and stigmatization.<sup>3,18</sup> Evidence shows that abstinence-only approaches are not effective<sup>19</sup> while a growing body of literature suggests that skill-focused, harm minimization approaches that deliver realistic, non-judgmental information and promote protective strategies may be more effective.<sup>17,19-20</sup> There have also been innovations in providing harm reduction services or supplies in high school settings in Canada.<sup>18</sup>

## Zoomed-in: Elements and principles of promising practices in teaching and learning

Substance education has generally been provided in classrooms. The ‘teaching and learning’ domain is best described as “including formal and informal curricula and resources; professional development opportunities for staff related to health and well-being; and student and staffs’

## Concepts

### Harm reduction:

An approach supported by evidence that respects and promotes human rights and empowers individuals. It aims to reduce health and social harms that individuals may experience related to substance use, and is therefore a key ingredient of effective efforts to address youth substance use.<sup>3</sup>

### Stigma Reduction:

Reducing stigma can create safer spaces where students feel encouraged to ask for help and to access available mental health, harm reduction or treatment supports.<sup>3</sup>

### Equity-oriented approaches:

Equity is built when we work to make institutions and systems “more accessible, responsible, compassionate and safer for all students.” Examples include cultural safety and trauma and violence-informed practice.<sup>3</sup>

knowledge and understanding and skills related to health and well-being.”<sup>3, p.8</sup>

Trends and Promising Practices in School-based Substance Misuse Prevention (2015) outlined thirteen evidence-based elements pertaining to programming and interventions that could be implemented within schools as part of a comprehensive approach. The following section validates and updates these elements based on recent literature.

## Promising Practices

1

Programs should incorporate the development of personal and social skills, coping skills, decision-making skills, resistance skills, and normative information

2

Programs and interventions should be evidence-based and theory-based

3

Clarify intervention outcomes, ensure they are realistic, and evaluate accordingly

4

Involve youth in intervention planning and evaluation and mitigate barriers to participation

5

Interventions should be based in the local context and be culturally responsive

6

Ensure interventions and prevention messages are appropriate and timely

7

Balance universal and targeted interventions and consider the complexities involved

8

Ensure facilitators are skilled, competent, trusted and engaged

9

Ensure the information presented is accurate, balanced, safe, and congruent with students' experience

10

Programs need to be of sufficient intensity and duration to influence change

11

Incorporate and facilitate interactive strategies and opportunities

12

Provide normative information and take diverse norms and influences into account

13

Foster safe environments and invest in educational health-promoting infrastructure

## What's next? >>>

This update of the literature identifies current trends and promising practices and reinforces the uniquely important role school communities play in preventing substance-related harms among students. Blueprint for Action offers a framework that fits well with comprehensive school health and school-based mental health promotion and recognizes the role of supportive, community-based partnerships and services.<sup>3</sup> As a next step, school and community stakeholders are invited to share current practices, needs and capacities, and to explore options to strengthen school-based substance prevention and education.

## References

1. Nadin, S. (2015). Trends and promising practices in school-based substance misuse prevention: A review of the literature. Thunder Bay Drug Awareness Committee. Retrieved from <https://www.thunderbay.ca/en/city-hall/resources/Documents/ThunderBayDrugStrategy/Trends-and-Promising-Practices-in-School-based-Substance-Misuse-Prevention.pdf>
2. Joint Consortium for Health. (2019). Comprehensive school health framework: What is comprehensive school health? Retrieved from <http://www.jcsh-cces.ca/en/concepts/comprehensive-school-health/>
3. Public Health Agency of Canada. (2021). Blueprint for action: preventing substance-related harms among youth through a comprehensive school health approach. Retrieved from <https://www.canada.ca/en/public-health/services/publications/healthy-living/blueprint-for-action-preventing-substance-related-harms-youth-comprehensive-school-health/guide.html>
4. Das, J. K., Salam, R. A., Arshad, A., Finkelstein, Y., & Bhutta, Z. A. (2016). Interventions for Adolescent Substance Abuse: An Overview of Systematic Reviews. *Journal of Adolescent Health, 59*(4), S61–S75. <https://doi.org/10.1016/j.jadohealth.2016.06.021>
5. Lize, S. E., Iachini, A. L., Tang, W., Tucker, J., Seay, K. D., Clone, S., ... Browne, T. (2016). A Meta-analysis of the Effectiveness of Interactive Middle School Cannabis Prevention Programs. *Prevention Science, 18*(1), 50–60. <https://doi.org/10.1007/s11121-016-0723-7>
6. Maina, G., Mclean, M., Mcharo, S., Kennedy, M., Djiometio, J., & King, A. (2020). A scoping review of school-based indigenous substance use prevention in preteens (7-13 years). *Substance Abuse Treatment, Prevention and Policy, 15*(1), 1–74. <https://doi.org/10.1186/s13011-020-00314-1>
7. Mewton, L., Visontay, R., Chapman, C., Newton, N., Slade, T., Kay Lambkin, F., & Teesson, M. (2018). Universal prevention of alcohol and drug use: An overview of reviews in an Australian context. *Drug and Alcohol Review, 37*(S1), S435–S469. <https://doi.org/10.1111/dar.12694>
8. Onrust, S. A., Otten, R., Lammers, J., & Smit, F. (2016). School-based programmes to reduce and prevent substance use in different age groups: What works for whom? Systematic review and meta-regression analysis. *Clinical Psychology Review, 44*, 45–59. <https://doi.org/10.1016/j.cpr.2015.11.002>
9. Simonton, A. J., Young, C. C., & Johnson, K. E. (2018). Physical Activity Interventions to Decrease Substance Use in Youth: A Review of the Literature. *Substance Use & Misuse, 53*(12), 2052–2068. <https://doi.org/10.1080/10826084.2018.1452338>
10. Tremblay, M., Baydala, L., Khan, M., Currie, C., Morley, K., Burkholder, C., ... Stillar, A. (2020). Primary Substance Use Prevention Programs for Children and Youth: A Systematic Review. *Pediatrics (Evanston), 146*(3). <https://doi.org/10.1542/peds.2019-2747>

11. King, P. M., Klemmer, J., Mansell, K., Alcorn, J., & Mansell, H. (2020). Development of the REACH (Real Education About Cannabis and Health) Program for Canadian Youth. *The Journal of Nursing Education*, 59(8), 465–469. <https://doi.org/10.3928/01484834-20200723-09>
12. Dudovitz, R. N., Wong, M. D., Perez-Aguilar, G., Kim, G., & Chung, P. J. (2019). Update on How School Environments, Social Networks, and Self-Concept Impact Risky Health Behaviors. *Academic Pediatrics*, 19(2), 133–134. <https://doi.org/10.1016/j.acap.2018.09.014>
13. Spanemberg, L., Salum, G., & Bado, P. (2020). How can schools be integrated in promoting well-being, preventing mental health problems and averting substance-use disorders in urban populations?. *Current Opinion in Psychiatry*. 33. 1. 10.1097/YCO.0000000000000591.
14. Thomas, F., & Aggleton, P. (2016). A confluence of evidence: What lies behind a “whole school” approach to health education in schools? *Health Education (Bradford, West Yorkshire, England)*, 116(2), 154–176. <https://doi.org/10.1108/HE-10-2014-0091>
15. Darcy, C. (2021). Drug education best practice for health, community and youth workers: A practical and accessible tool-kit. *Health Education Journal*, 80(1), 28–39. <https://doi.org/10.1177/0017896920950338>
16. Warren, F. (2016). ‘What Works’ in Drug Education and Prevention? Health and Social Care Analysis. Scotland: Scottish Government. Retrieved from <https://www.gov.scot/publications/works-drug-education-prevention/pages/2/>
17. Amato TC, Opaleye ES, McBride N, Noto AR. Reducing alcohol-related risks among adolescents: a feasibility study of the SHAHRP program in Brazilian schools. *Cien Saude Colet*. 2021 Aug;26(8):3005-3018. doi: 10.1590/1413-81232021268.13472020. Epub 2020 May 30. PMID: 34378693.
18. Di Castri, Theo. (2020). Catalyst: Expanding Harm-Reduction Education and Youth Participation in the Context of the War on Drugs. *Journal on Education in Emergencies*. 6. 10.33682/w0v7-x02k.
19. Asbridge M, Cartwright J, Wilson K, Langille D. Age at First Drink, Experiences of Drunkenness, and Alcohol-Related Problems in Canadian Youth: Is Early Onset Bad If You Are a Moderate Drinker? *J Stud Alcohol Drugs*. 2016 Nov;77(6):974-979. doi: 10.15288/jsad.2016.77.974. PMID: 27797700.
20. Cipriano LE, Zaric GS. Cost-effectiveness of naloxone kits in secondary schools. *Drug Alcohol Depend*. 2018 Nov 1;192:352-361. doi: 10.1016/j.drugalcdep.2018.08.003. Epub 2018 Sep 17. PMID: 30321745.