

Keeping Youth Connected, Healthy and Learning

Effective Responses to Substance
Use in the School Setting



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Executive Summary

This report is a review of evidence and practice related to school and community-based approaches to substance use, with a focus on alternatives to suspension (ATS).

Research has shown that conventional disciplinary responses to substance use in schools that take a punitive approach aimed at instilling fear and sending a clear message to youth are largely ineffective in reducing student substance use, decreasing substance-use related harms or increasing school safety^{i,ii,iii}.

- Suspensions and expulsions on their own can in fact contribute to heightened emotional problems in youth and, in some cases, increased substance use.
- Punitive approaches can further alienate students from meaningful involvement in school and undermine the protective factor of school connectedness.^{iv}
- Punitive systems discourage youth from seeking assistance.^{v,vi}
- There is mounting evidence in support of reducing risky behaviour including substance use by supporting youth in building positive relationships and strengthening their sense of belonging to school and to their family.

This evidence has led to a wave of new approaches to substance use among youth that reflect a markedly different philosophy. There is growing support for programs that acknowledge and address the complex and inter-related array of factors that play into an individual's attitudes and behaviour concerning substances. Based on the evidence, there is also an emphasis on approaches that focus on pulling students close rather than pushing them away in response to risky behaviour.

Overarching Concepts

Literature on alternative approaches to addressing substance use in school is informed by five overarching concepts:

- **Risk and Protective Factors** – Research has identified a variety of factors that act as predictors of substance use. Risk factors can increase a person's chances for substance abuse, while protective factors can reduce the risk. Schools represent one of five main domains in which these factors reside and can be influenced. Within this model, academic failure and weak commitment to school have shown to be risk factors; whereas participation in school activities and school bonding are protective factors.
- **Strength-Based Practices** – Practices that focus on a youth's strengths and competencies and work with students to mutually discover how their personal resources can be applied to address identified concerns.
- **School Connectedness** – Studies have found that, even after taking family influences into account, a youth's attachment to school and to caring adults at the school are the most important factors in reducing risk-related behaviour, including substance use.

- **The Role of Schools in Youth Development and Health** – There is growing support for the model of health-promoting schools premised on the notion that schools have a key role to play in promoting healthy development among youth and that they are uniquely suited to affect a broad range of developmental outcomes in youth.
- **Harm Minimization** – Given the failings of zero tolerance efforts in preventing youth substance use, harm minimization approaches are gaining ground. Harm minimization shifts the focus onto mitigating the harmful consequences of substance use rather than on eliminating use altogether.

These concepts are integrated in different ways in a variety of school and community-based strategies, including:

- Restorative Practices
- Universal Education
- Parent Engagement Programs
- Alternative Programming
- Whole School Models
- Comprehensive Approaches

Common Challenges

The environmental scan identified a number of common challenges encountered by ATS programs.

- Diverse perspectives on substance use and what constitutes an effective response
- Insufficient resources to establish, sustain and evaluate an ATS program
- Difficulties in finding and maintaining the cross-sectoral, organizational and individual partnerships crucial to deliver an effective ATS program
- Challenges in engaging parents to learn about, participate in and subsequently better support and communicate with their youth
- The need to develop a flexible and diverse curriculum in order to deal with the broad range of substance use (factors, severity and motivations of use) among ATS participants.

Key Success Factors

Interviews conducted as part of the Environmental Scan revealed a number of factors that were commonly seen as key to the success of ATS Programs. Many of these are also highlighted in the literature.

- Broad awareness and understanding of factors and issues associated with adolescent substance use
- Ongoing evaluation
- Incremental implementation

- Flexibility
- Leadership
- Parental involvement
- Skilled and gifted facilitators
- Effective Partnerships
- A youth voice

Most professionals in the field of substance abuse agree that alternatives to suspension programs have great potential in supporting youth to find healthy ways of dealing with substance use. This report reviews the research about the effectiveness of various approaches to reducing harms associated with substance use, including comprehensive approaches designed to support students' educational outcomes and school health in a planned and integrated manner. It offers recommendations for successful programming and outlines the benefits and challenges of various models with regard to program length, academic components, open vs. closed intake, and location. Schools implementing innovative ATS programs face challenges, but many have found ways to overcome the obstacles. By incorporating appropriate key skills, resources, and approaches, schools can maintain highly successful programs that offer positive alternatives to expulsion.

In the forum that was held on Vancouver Island in March of 2011, participants noted the importance of having gained new contacts and new ideas. The evaluations of the forum were overwhelmingly positive and spoke strongly of the value of bringing people together to discuss and share ideas on ATS.

Introduction

This report contains a review of evidence and practice related to school and community-based approaches to substance use, with a focus on alternatives to suspension (ATS).

The research was initiated by the Vancouver Island Health Authority (VIHA) as background to a forum conducted on Vancouver Island in March 2011: *Addressing Substance Use in Schools: Practical Strategies for Keeping Youth Connected, Healthy and Learning*. The purpose was to provide a starting point for a dialogue with school districts, service providers and communities about practical approaches for addressing youth substance use in schools.

Substance use among youth is a reality. According to the 2008 Adolescent Health Survey, 78% of students in British Columbia have tried alcohol before the age of 18; 50% have tried marijuana; 15% have tried ecstasy; 10% have tried cocaine; and close to 3% have tried methamphetamines.

Most young people who use alcohol or other drugs do not have substance use problems and few grow up to have abuse issues later in life. However, youth who begin alcohol or drug use at young ages are more likely to develop substance abuse problems as they grow older. In addition, before any dependence or substance abuse issues develop, excessive alcohol or drug use often leads to other complications such as serious injuries and accidents while under the influence, unintended sex, conflicts with family or friends, and problems in school.

Rates of usage are higher among youth with lower connectivity to school. However, conventional responses to substance use have typically involved disciplinary measures such as out-of-school suspensions or expulsions which further disconnect students from the school environment.

Evidence suggests that these traditional, punitive responses to substance use are ineffective. In many circumstances, out-of-school suspensions have been found to increase the likelihood of the problem behaviour. Moreover, suspensions exacerbate the alienating situations that are among the precipitating factors behind substance use in youth.

By contributing to academic failure, out-of-school suspensions diverge from the goal of seeing all students graduate from secondary school. They also increase a student's susceptibility to dropping out of school. Punitive responses to substance use run contrary to the principles of contemporary, progressive approaches to learning and education as embodied in the "Comprehensive School Health Framework", the "health promoting schools" model, and the principles of safe, caring and orderly schools outlined by the BC Ministry of Education.^{viii} As a consequence, there is a growing interest in different approaches to addressing problem behaviour and a particular interest in developing new measures for dealing with substance use in schools.

Contents of This Report

This report consists of four components:

1. A summary of findings from a review of literature on school-based approaches to substance use
2. An environmental scan of local ATS programs
3. A discussion of common challenges
4. A list of key success factors for ATS programs in BC

The initial chapter provides some context for the research and VIHA's sponsored dialogue on ATS. It covers three main areas: the reasons for exploring ATS, the realities of substance use among youth in BC, and the legal context of addressing substance use in schools. This is followed by two chapters outlining the findings of the literature review.

As a number of comprehensive literature reviews on the subject have been conducted in the past five years, this report used existing studies as a starting point. Five overarching themes from the literature on ATS are discussed in the report:

- Protective and Risk Factors for Substance Use
- Strength-based Practices
- School Connectedness
- The Role of Schools in Health Promotion
- Harm Minimization

The findings from the review of literature are followed by a summary of results from an environmental scan of ATS programs. The scan drew from published information as well as from information on the programs as gained through interviews with 22 key informants.

Programs included in the scan were identified from the literature as well as through interviews. The review focused primarily on local initiatives on Vancouver Island and around British Columbia. The report contains a discussion of the elements of the different approaches and a set of common challenges as revealed through the research. It also outlines nine key success factors that emerged from the literature and environmental scan.

The concluding chapter offers observations related to key themes that emerged from the research and the forum, and outlines some possible next steps.

An overview of programs reviewed through the environmental scan is provided in Appendix B. Appendix A provides a synopsis and review of conversations from the forum held in March 2011 with representatives from Vancouver Island's school districts, youth and family substance use service providers, and researchers: *Addressing Substance Use in Schools: Practical Strategies for Keeping Youth Connected, Healthy and Learning*.

Background

Schools have long been challenged by the inadequacy of conventional disciplinary measures in addressing problem behaviour, including substance use. The BC Safe Schools Initiative, launched in 1997/98, exposed the fact that traditional disciplinary techniques were no longer sufficient for managing behaviour in the current school environment. Subsequently, a resource document entitled “Focus on Suspension” was published by the BC Ministry of Education in 1999, with the purpose of “assisting schools in developing strategies that focus on alternatives to out-of-school suspension”. This report outlined the legal issues around suspension and discussed successful discipline and support interventions as alternatives to suspension. It provided background to support the importance of a positive healthy school climate and effective classroom management in preventing situations that may result in the necessary use of suspension. It also included recommendations for making suspensions more effective in teaching appropriate behaviour.

In the twelve years since the release of the 1999 Ministry report, a number of school districts in the province have established ATS programs. However, many continue to have policies that dictate immediate at-home suspensions for students caught using substances, or found to be under the influence or in possession of drugs or alcohol on school property. Suspensions range from one to five days for a first infraction and up to six months for a third offence.

School administrators are responsible for ensuring the safety of all students and enforcing rules and conduct. At the same time, the possibility of giving a student an at-home suspension, having them engage in more substance use at home and suffer harms as a result of that usage, raises concerns around the safety of *that* individual, as well as concerns about liability.

Realizing the challenges of at-home suspensions, many teachers and administrators have avoided responding to substance use within the schools, which has led to inconsistencies in how issues are dealt with and a perception of unfairness among students.

Reasons for Exploring ATS

There is broad-based dissatisfaction with conventional approaches to substance use in schools. However, there are different perceptions about what is the best response.

Some conclude that a harsher, more rigid disciplinary response is necessary: one that will be truly felt and feared; one that will send a clear message to students. In line with this conception of the issue, many schools, particularly in the US, have established zero tolerance approaches to substance use.

“Zero tolerance” approaches mandate prescribed responses to certain behaviours, i.e. substance use, in schools. The zero tolerance stand on substance use emerged in the 1980s as a result of the US government’s “war on drugs”. True zero tolerance approaches leave no discretion to account for the context or needs of the student. Students who are caught using, under the influence, or in possession of drugs or alcohol on school property are suspended or expelled.

Zero tolerance approaches are predicated on the belief that sending a strong message to students that drugs have no place in schools will prevent drug use. However, there is no evidence to suggest that these punitive strategies are effective in reducing student substance use, decreasing related substance use harms,

or increasing school safety.^{ix, xi} Research has shown that suspensions and expulsions on their own can in fact contribute to heightened emotional problems in youth and, in some cases, increased substance use. Punitive approaches can further alienate students from meaningful involvement in school and undermine the protective factor of school connectedness.^{xii} They also discourage youth from seeking assistance.^{xiii, xiv}

In contrast, there is mounting evidence that supports reducing risky behaviours, including substance use, by assisting youth in building positive relationships and strengthening their sense of belonging to school and to family. Connectedness to school in particular has been most consistently associated with positive mental health and identified as among the most important factors protecting a youth from substance use.^{xv}

This evidence has led to a wave of new approaches to substance use that represent a significant departure from conventional responses. There is growing support for programs that acknowledge and address the complex and inter-related array of factors that play into an individual's attitudes and behaviour concerning substance use. There is also an emphasis on approaches that focus on pulling students closer rather than pushing them away in response to risky behaviour.

The Realities of Substance Use among Youth in BC

There is a common belief that substance use among youth is on the increase. As well, there is a perception that drugs are easier to get now than ever before, even in school, and that more teens are trying drugs at younger and younger ages. These perceptions are, however, not supported by the evidence.

The BC Adolescent Health Survey (BC AHS) is conducted in high schools by the McCreary Centre Society every five years. According to the results of the latest survey conducted in 2008, alcohol and drug use is not universal among youth in high school, nor is it increasing.

Alcohol remains the most commonly used substance among youth. Used equally by boys and girls, alcohol had been tried by just over half of high school students (57%), and 38% had used alcohol in the previous month—usually just a few times, and most likely on weekends. The next most commonly used substance is marijuana: 37% reporting having ever tried marijuana and approximately, 20% reporting having used marijuana in the previous month.

Fewer than 20% of students had ever tried any illegal substances other than alcohol or marijuana. Reported use of these other substances was as follows:

- Psilocybin mushrooms (13%)
- prescription drugs (9%)
- cocaine (5%)
- amphetamines, like methamphetamine (crystal meth) (4%)
- 1% have ever tried heroin or injected a drug

This data contradicts the perceived pervasiveness of “hard drugs” and disproves the widely held belief that substance use is on the rise among youth.

According to the BC AHS, most substance use among youth has been declining over the past several years. In 1992, 65% of teens had ever tried alcohol; this percentage dropped to 57% in 2003.

Negating another widely held assumption, the survey data indicates that teens tend to wait until they are older to try alcohol or other drugs.

Notwithstanding the encouraging trends in substance use among youth, the actual rates cannot be ignored. Research has shown that youth who begin using alcohol or drugs at young ages are more likely to develop substance abuse problems as they grow older. There are higher rates of substance use among youth engaged in self-harm, i.e. deliberately hurting themselves, often to deal with overwhelming emotions or to express distress without the intention of suicide.^{xvi} Substance use can also be a sign that youth are coping with mental health challenges. In 2008, young people in BC who reported having a limiting mental health condition were more likely to be regular substance users and to use at riskier levels than peers without such a condition.^{xvii}

- Of youth who had tried alcohol, 15% who had a limiting mental health condition had engaged in binge drinking at least 6 times in the previous month, compared to 8% of those without such a condition.
- Of youth who had tried marijuana, 38% of those with a limiting mental health condition had used marijuana on at least six days in the previous month, as compared to 23% of those without this condition.^{xviii}

Rates of substance use among youth on Vancouver Island are higher than the provincial average. Related harms also remain a significant concern.

The Legal Context

The purpose of the British Columbia school system is “to enable all learners to develop their individual potential and to acquire the knowledge, skills and attitudes needed to contribute to a healthy, democratic and pluralistic society and a prosperous, sustainable economy”.^{xix} In order to fulfill this purpose, schools must establish environments that support student achievement and are conducive to optimal learning. This includes establishing and implementing rules to govern conduct in school and protocols for addressing individuals who violate those rules.

In line with this stated mandate of schools, as of 2007, boards of education in British Columbia have been required to establish codes of conduct and ensure that these codes are implemented in schools within their district.

A set of standards outlines both the process and content elements that must, at a minimum, be addressed in the development and review of all codes of conduct. In accordance with these standards, codes of conduct must establish what is considered unacceptable behaviour with respect to the possession, use, or distribution of illegal or restricted substances. The standards do not dictate the disciplinary measures that will be taken in response to violations of the substance use policy. According to the *BC School Act*, the responsibility for establishing systems of discipline in school districts and schools rests with school boards, superintendents, and principals. There are, however, guidelines for disciplinary action.

- Section 76(3) of the School Act states that the level of discipline applied must be “similar to that of a kind, firm and judicious parent, but must not include corporal punishment”.

Similarly, the provincial standards for codes of conduct require one or more statements explaining that the severity and frequency of unacceptable conduct as well as the age and maturity of students are considered in determining appropriate disciplinary action. Boards are to ensure that:

- Responses to unacceptable conduct are consistent and fair;
- Disciplinary action, wherever possible, is preventative and restorative, rather than punitive; and
- Students, as often as possible, are encouraged to participate in the development of meaningful consequences for violations of the established code of conduct.

The standards also require that the codes of conduct outline the responsibilities of school officials to advise other parties, i.e. parents of student offenders, of serious breaches of the code of conduct.

Codes of conduct can be written so as to prohibit, limit or dictate the use of suspensions as a disciplinary tool. If the board chooses not to address suspensions specifically, under the Act, the power to suspend a student rests with administrative officers (including principals).^{xx}

If schools do choose to employ suspensions as a disciplinary tool, in the case of students under the age of 16, they remain obligated to provide an educational program. The nature and extent of that program may vary according to local decisions and policies, but access to an educational program is required.

In the case of students over the age of 16, school boards technically have the authority to refuse to offer an educational program. At the same time, the foundation of education policy is that all students of school age in BC are entitled to enroll in an educational program.

It is also relevant to note that schools have the prerogative to remove students from school for health reasons. If a student is suspected to be suffering from a communicable disease or other physical, mental or emotional condition that would endanger the health or welfare of the other students, that student may be excluded from school. Such an exclusion is not considered a suspension and the board is still responsible for providing an educational program for that student.^{xxi}

Defining Terms

Substances are chemicals – not food – that are taken into the body for non-medical purposes, or in non-accordance with a medical prescription. This includes, but is not limited to, alcohol, tobacco, cannabis, inhalants/solvents, depressants, narcotics/opiates, hallucinogens, mixed-action drugs, performance-enhancing drugs, and stimulants.

Substance Abuse refers to any use of a substance that causes personal, emotional, social, legal, health, school-related, or financial problems.

Substance Use refers to any use of a substance.

Youth is a term that is defined in many ways – and these definitions are often controversial. Some definitions of youth focus on criteria based on biology, age or psychology. Others apply a life course perspective focusing on social pathways, trajectories, transitions and key life moments. In this paper, the term youth is based on the age of those most commonly targeted by ATS programs: adolescents in grades 8-12, thus between the ages of 13 and 18.

Overarching Concepts

The dialogue and practice of ATS programs that have emerged over the past decade have been informed by a number of interrelated concepts and theories. These include:

- Risk and protective factors in substance use
- Strength-based practices
- School connectedness
- The role of schools in health promotion and substance use prevention
- Harm minimization

These concepts relate to how youth are viewed and engaged, how problem behaviours including substance use are understood and how schools are and can be involved in helping to address the issues. The following section provides an overview of each of the five concepts as gleaned from the literature.

Protective & Risk Factors for Substance Use

There are many factors which interact in complex ways to determine if and to what extent a young person engages in substance use, whether that use is experimental and to what extent that use becomes problematic. Research has identified a variety of risk and protective factors to distinguish between individual and contextual elements that make a given behaviour more or less likely and those which contribute to increasing risk.

- **Protective factors** are those associated with reduced potential for substance use.
- **Risk factors** are those that make substance use more likely.

While social problems tend to arise from the compounding effect of risk-related influences, protective factors have the opposite effect.^{xxii} They may lessen risk, provide a buffer against risk, interfere with risk, or prevent dysfunction from occurring.^{xxiii}

All young people are exposed to risk factors to some extent.

- At a personal level, young people experience a range of needs in the course of normal adolescent development related to risk-taking, exercising autonomy and independence, developing individual values, seeking novel and exciting experiences, and satisfying curiosities. Alcohol and drugs can sometimes address these needs.^{xxiv}
- Interpersonal factors, such as family norms and substance use patterns play into a young person's decision to use drugs or alcohol. Peer use as well as perceptions of how common or "normative" substance use is among peers is also influential. If one's friends drink alcohol or use other substances

or if there is a sense that others in their networks do, a young person is more likely to do so. Substances can also be used in the same way as clothing and music to establish a unique personal image.^{xxv}

- Broad social factors also affect youth decisions. Community factors such as general attitudes toward alcohol and other substances are influential – and young people today are growing up in an environment that is tolerant of various forms of substance use, both medical and non-medical.^{xxvi}

In addition to these pervasive influences, studies have identified a number of risk factors and protective factors that make the development of a substance use problem more or less likely. As outlined in the following table, research has determined four primary domains in which these factors reside and can be influenced.

Domain	Risk Factors	Protective Factors
School	<ul style="list-style-type: none"> • Academic failure • Little commitment to school 	<ul style="list-style-type: none"> • Participation in school activities • School bonding
Community	<ul style="list-style-type: none"> • Community disorganization • Laws and norms favourable to drug use • Perceived availability of drugs 	<ul style="list-style-type: none"> • Community cohesion • Community norms not supportive of drug use
Family	<ul style="list-style-type: none"> • Parental attitudes favourable to drug use • Poor family management • Family history of antisocial behaviour 	<ul style="list-style-type: none"> • Family sanctions against use • Positive parent relationships
Peer/Individual	<ul style="list-style-type: none"> • Early initiation of antisocial behaviour • Attitudes favourable to drug use • Peer drug use 	<ul style="list-style-type: none"> • Positive peer relationships • Network of non-drug using peers

This table is an adapted version of the table on Risk and Protective Factors in Arthur and al. (2002)

As risk factors associated with substance use accumulate across individual, peer, neighbourhood, and school domains, young people are confronted with compounding levels of risk.^{xxvii}

The relevance of different domains of influence changes over time. In the school domain, Arthur et al. state that beginning in late elementary grades, academic failure increases the risk of both drug use and delinquency. Further, factors such as liking school, time spent on homework, and perceiving schoolwork as relevant are negatively related to drug use.^{xxviii} Conversely, youth with mental health challenges are more likely than others to use substances - and to have their drug or alcohol become problematic to the point of needing help (11% compared to 2% of youth without a limiting mental health condition).^{xxix}

As children move into their early and later teen years, literature suggests that, given the powerful influence that teacher support and peer networks have within the educational settings, schools may play an even greater role than the home context in influencing youth.^{xxx}

There is strong support in the literature for the importance of adopting a risk-focused perspective that draws attention to the importance of strengthening protective factors in young peoples' lives. Studies have also found that substance abuse prevention programs typically fall short in targeting the social context of an adolescent's school environment adequately. As concluded by Vogt (2009), "since many of the risk factors surrounding youth are difficult to influence directly, schools are important sites for investigating whether protective factors can be strengthened through more focused attention toward the individual student, the individual teacher and the relationship between the two in order to reduce substance use involvement" (p. 31).

The role of schools in addressing substance use and promoting health among youth is discussed in greater detail in the forthcoming section on the "Role of Schools in Health Promotion".

Strength-Based Practices

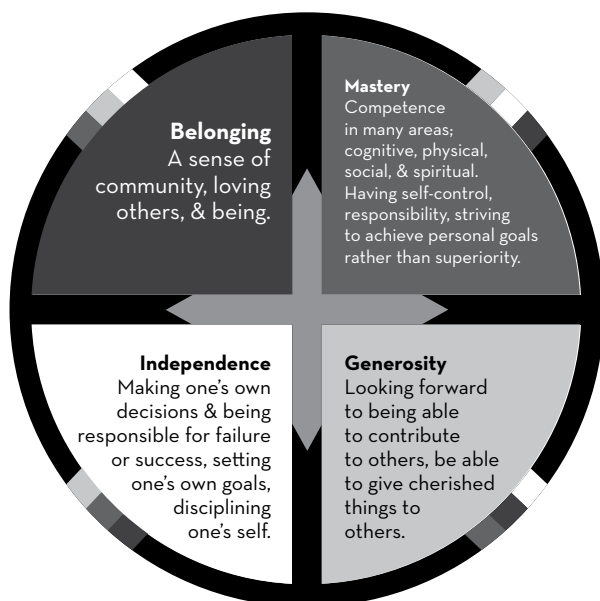
In recent years, with the emergence of positive psychology, there has been mounting support for use of strength-based rather than deficit-based approaches to many issues, and particularly to those concerning youth.

Strength-based practices are premised on the following assumptions:

- Children and youth have self-righting potential and innate strengths for resilient outcomes.
- Problems are learning opportunities.

Strength-based practices focus on the identification, exploration and use of strengths in children and youth to foster positive mental health outcomes within school, home and community contexts.

- The resolution of challenges can foster the development of positive strengths and resilience.^{xxxiii}

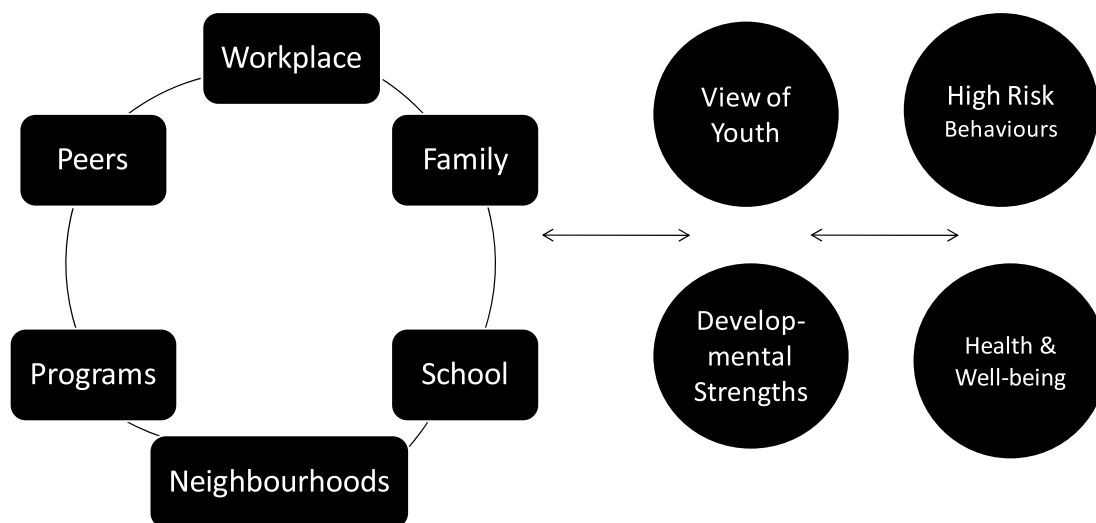


Theorists have linked strength-based approaches with the Circle of Courage model of youth empowerment, which is premised on the notion that all four parts of an individual's "circle" (belonging, mastery, independence and generosity) must be intact in order to have a self-secure, pro-social approach to life. A lack of strength in any of the four areas of development can result in emotional and behavioural difficulties.^{xxxiv}

A variety of other theories and frameworks reflect the same principles, review of which found conformity around six core constructs.

Figure 1: Circle of Courage

Figure 2: Core Positive Youth Development Constructs^{xxxv}



Bensen et al (2006) identified seven hypotheses of strength-based practices:^{xxxvi}

1. Changes in contexts change young people.
2. Youth can improve their own contexts – and are empowered through the process.
3. Both the person and the context matter.
4. Increasing the number of developmental nutrients across settings matters most.
5. Building developmental nutrients can have short and longer term impacts.
6. Community-wide efforts are as important as those on the organizational, family, and individual levels.
7. Community-level interventions to build supports and opportunities will benefit all or almost all youth.

According to Cox (2008), strength-based practices entail a commitment to structured processes for exploring strengths and developing personalized, strength-based approaches for working with children and youth. Such processes should include procedures for assessment, acknowledgement and creative applications of strengths in pursuing opportunities for personal growth.^{xxxvii}

The Importance of School Connectedness

One of the most prevalent concepts informing ATS programs is that of school connectedness – also referred to as “attachment” or “belonging to school”. A summary of highlights from the research on school connectedness reveals:

- The most important factors found in reducing risk behaviours were students feeling connected to their school community and to caring adults there.^{xxxviii}

- Students' connectedness to school has been identified as among the greatest protective factors against polydrug use, absenteeism, pregnancy, and unintentional injury, even after taking family influences into account.^{xxxix}
- School connectedness and connections with family are the factors most consistently associated with positive mental health. As corroborated by the 2008 BC AHS, the more connected youth felt to family or school, the more likely they were to report excellent general health and high self-esteem, and the less likely they were to have considered suicide.^{xi}
- Attachment to school has been linked to the successful transfer of pro-social attitudes, norms, and values among youth.^{xli}
- Schools with higher collective levels of bonding to school report fewer instances of delinquency among students, including their use of drugs and alcohol.^{xlii}
- Students who report a lower sense of belonging to school have higher overall rates of substance use.

In contrast to the positive outcomes associated with strong connections to school, students' lack of belonging has been associated with a loss of motivation, lesser academic success, general delinquency, premature leaving from school, and substance use.^{xliii}

While various definitions of school connectedness exist, there is general agreement that this sense of belonging is rooted in a combination of individual and broader factors linked to the school climate.^{xliv} There is convergence on the notion that an individual's sense of connectedness correlates with attachments to school personnel, school processes, as well as how youth are treated by others at school (i.e. perceptions of being respected, included, and supported).^{xlv}

Teachers and school staff have a key role in school connectedness. Interpersonal experiences with school personnel are critical for promoting healthy development, pro-social behaviour, and school success.^{xlvi}

Youth with mental health and substance use problems who reported that they had access to a supportive adult inside or outside their family reported better health and better health-promoting behaviours.^{xlvii}

The quality of interactions that students maintain with school staff has been found to be one of the most significant determinants affecting behaviour.^{xlviii} Studies have found that the influence of supportive and accepting teachers supersedes even that of peers. The relationship of mutual respect that students can develop with caring teachers fosters resiliency in children.ⁱ As such, the enhancement of social support from teachers to high-risk students can reduce incidents of self-destructive, risky, or antisocial behaviour.ⁱⁱ School connectedness has also been found to be associated with opportunity. Studies have confirmed a higher likelihood for economically disadvantaged students to lack a sense of connection to their school.ⁱⁱⁱ

School attachment is also influenced through peer networks – in both a positive and negative way. Peers who demonstrate a commitment to academic success and who conform to the dominant norms facilitate academic

achievement in others.^{liii} However, students who are not engaged in school are more likely to seek belonging with less conforming peers involved in drug and alcohol experimentation, gang affiliation, or violence.^{liv}

The Role of Schools in Health Promotion

Historically, school-based substance use prevention has been synonymous with curricula aimed at affecting student knowledge, attitudes and behaviour. With growing appreciation for the impact of parents, peers and communities on adolescent substance use, schools are now being recognized as more than ‘sites’ for the delivery of such programs, but also as crucial social environments.^{lv}

Schools play an important role in addressing the underlying causes of substance use and abuse among young people. Schools provide students with models of behaviour, expose them to individuals with differing expectations about substance use, and potentially gain them access to substances.^{lvi} As with parenting, schools can provide safe environments by engaging youth at their level, challenging them, and carefully monitoring their behaviours.^{lvii}

A critical role has been identified for schools in promoting the positive mental health of students, including those already identified as at risk of developing mental health problems.^{lviii} As identified by the Joint Consortium for Healthy Schools, the school provides an ideal environment for promoting the psychological wellness and resilience of children and youth. In establishing a climate that fosters a sense of belonging, induces commitment, promotes involvement, and results in a shared set of beliefs, schools are in a position to reduce the likelihood that youth will develop behavioural trajectories involving delinquency, crime and substance use.^{lix}

Particularly in light of evidence that family connectedness may play a decreasing role with age^{lx}, schools are in a vital position to strengthen connections with youth through interventions that facilitate positive peer connections, expose youth to adult role models, and assist parents in their ability and effectiveness to monitor the social relationships of their children.^{lxi}

Schools can enhance students’ sense of social connectedness through the environment they create. A positive climate provides students with opportunities for meaningful engagement and valued participation in school life. A supportive school environment can improve the social and academic development of its students. It has also been linked to a wide range of positive behavioural and mental health outcomes.^{lxii}

In line with this view of schools, a framework of “Health Promoting Schools” – also referred to as the “Comprehensive School Health Model” -- is now supported by the World Health Organization as well as widely in Canada, Europe and Australia. This framework reflects the belief that schools should promote the

“... schools are in a vital position to strengthen connections with youth through interventions that facilitate positive peer connections, expose youth to adult role models, and assist parents in their ability and effectiveness to monitor the social relationships of their children.”^{lxi}

healthy development among youth as actively as they promote learning, and that schools are uniquely suited to affect a broad range of developmental outcomes.

According to the World Health Organization (1997), health promoting schools are defined as ones “in which all members of the school community work together to provide pupils with integrated and positive experiences and structures which promote and protect their health. This includes both the formal and the informal curricula in health, the creation of a safe and healthy school environment, the provision of appropriate health services and the involvement of the family and wider community in efforts to promote health”.^{lxiii} (p.2)

The International Union for Health Promotion and Education (IUPHE) outlined ten guidelines for health promoting schools:

1. Promote the health and well-being of students and staff;
2. Enhance the learning outcomes of students;
3. Uphold social justice and equity concepts;
4. Provide a safe and supportive environment;
5. Involve student participation and empowerment;
6. Link health and education issues and systems;
7. Collaborate with parents and the local community;
8. Integrate health into the school’s ongoing activities, curriculum and assessment standards;
9. Set realistic goals built on accurate data and sound scientific evidence; and
10. Seek continuous improvement through ongoing monitoring and evaluation^{lxiv} (p. 2).

A multiple-case study of four health promoting schools over a four-year period further revealed a range of key factors that contributed to the development and successful implementation of these sites:

- **Ownership and empowerment** – by the individual schools, achieved when a project was rooted in a school and members of staff had control over its development and implementation.
- **Leadership and management** – so as to help embed the principles of health promoting schools into the culture of the school and give priority to the project.
- **Collaboration** – the formation of effective alliances with partners.
- **Integration** – of the projects into everyday school life so as to ensure their long term sustainability.

A systematic review of 17 school-based interventions carried out by the World Health Organization revealed school-based programs to be “particularly effective if developed and implemented using approaches common to the health promoting schools approach”.^{lxv} Research has shown a comprehensive school health model as having positive effects on both health^{lxvi} and education^{lxvii} outcomes.

Harm Minimization

Conventional substance use education focuses on deterring the use of alcohol and other substances by emphasizing their negative aspects. Often employing fear and moralistic-based tactics for effect, the goal of traditional programs is abstinence. Embodied in programs such as the widely delivered “*Just Say No*” and Drug Abuse Resistance Education (DARE) programs, these strategies have not proven to be successful in inciting long term effects on behaviour.^{lxviii} Some studies suggest that they may have even been harmful^{lxix} in isolating and stigmatizing young people who are using substances and deterring youth from seeking help.^{lxx} These approaches are also criticized for failing to equip young people for the “real world” in which substance use is a reality and skills in dealing with people who use substances are necessary whether or not a youth chooses to use themselves or not.^{lxxi}

David Moore and Bill Saunders, of Australia’s National Centre for Research into the Prevention of Drug Abuse, argue that, “... given the universality of drug use in human societies and the very real benefits that accrue from drug use, the usual prevention goal of abstinence from drug use for young people is unthinking, unobtainable and unacceptable” p.29.^{lxxii}

In response, the literature and practice in substance use education has experienced a shift in focus towards mitigating the harmful consequences of substance use rather than promoting the elimination of use altogether.

A harm minimization approach implicitly and/or explicitly accepts a range of substance use patterns along a continuum of risk. Rooted in an appreciation for psychosocial development, the aim of harm minimization approaches is to provide accurate and credible information to promote responsible decision making and behaviour regarding the use of drugs and alcohol.

School-based Approaches to Substance Use

While the use and possession of alcohol and other substances is universally deemed as unacceptable conduct in school, responses to breaches of this conduct vary by district and often by school. The nature and manner of this response can be highly significant. As highlighted by the Joint Consortium of Healthy Schools:

“It is important to recognize that social harms related to youth substance use can be derived from the use of the substance itself or result from the response taken to the substance use”^{lxxiii}

Approaches vary along a number of interrelated continuums:

- Reactive, triggered by specific incidents, vs. proactive and preventative in nature;
- Punitive vs. supportive;

- Targeted to deal with specific incidents and individual students found using or in possession of substances vs. comprehensive strategies aimed at establishing a supportive culture and healthy school environment;
- Demanding abstinence vs. teaching social responsibility and appropriate behaviour;
- Zero tolerance vs. restorative practices;

These different approaches are discussed below in relation to six school-based approaches to substance use.

Restorative Practices

Restorative practices are rooted in restorative justice, which focuses on repairing harm done to people and relationships rather than on punishing offenders.

The central premise of restorative justice is that people are happier, more cooperative and productive, and more likely to make positive changes in their behaviour when those in positions of authority do things *with* them, rather than *to* them or *for* them.

Wrongdoings are seen as “violations of people and interpersonal relationships”^{lxxiv}. Restitution is the “action of repairing a damage done”^{lxxv}. The goal of restorative practices is thus to bring together the person who did the harm, the harmed person and the community, and have them work together to right the wrong.

In addition to making amends to the person who was harmed, the wrongdoers themselves are strengthened through the restitution process. There are still rules and consequences associated with the wrongdoing, but the rules are devised from a social contract. Social contracts are beliefs created by the students encompassing the values of how they want to be.^{lxxvi}

In *The Little Book of Restorative Discipline in Schools*, Lorraine Stutzman, Amstutz and Judy H. Mullet outline a set of principles for restorative discipline:

- Relationships are central to building community;
- Focus on harm done rather than on rule-breaking;
- Give voice to the person harmed;
- Engage in collaborative problem-solving;
- Empower change and growth and enhance responsibility.^{lxxvii} (p 26-28).

Summarized in Karp and Breslin (2001), restorative approaches:

- Do not distinguish between problems related to substance use and other problems;
- Create an opportunity for collective reflection on the behaviour in question and its consequences;

- Seek a consensus resolution that reflects the circumstances and needs of those involved and repairs harm and reconnects;
- View violations as opportunities for learning and for enhancing personal responsibility.^{lxxviii}

There are several restorative practices used in schools that are applicable to dealing with substance use, such as restorative conferencing, circles to repair harm, and restorative peer juries. Ideally, the person who was harmed, the person who did the harm, and the community—other affected parties, classmates, bystanders, friends, staff, family members, elders or neighbours—come together in a facilitated process to talk about the harm and how people were affected by it, to identify needs and obligations as a result of the harm, to identify possible solutions, and to come to agreement through consensus.^{lxxix}

The International Institute of Restorative Practices highlights six key elements of “good restorative practices” in schools:

1. Foster awareness;
2. Avoid scolding or lecturing;
3. Involve students actively;
4. Accept ambiguity - with respect to attributing responsibility;
5. Separate the deed from the doer, i.e. ensuring to convey that disapproval for the wrongdoing does not detract from the worth and assets of the student overall;
6. See every instance of wrongdoing and conflict as an opportunity for learning.^{lxxx}

There is growing evidence of the effectiveness of restorative practices. One of the challenges in implementing restorative practices has to do with time. Unlike the swift actions of suspension and expulsion, restorative practices require reflection and collective decision-making. In short, they can take time to effectively develop and implement.^{lxxxi}

Universal Education

There is an important learning component of successful school-based approaches to substance use and a broad based agreement about the role of education; however, there are different schools of thought about the goal of this education. While some believe that education should be aimed at preventing youth from using substances or at least delaying use, others support an education model geared at building social competence and developing health literacy (the knowledge and skills youth need to survive and thrive in a world where drug use is common)^{lxxxii}.

Conventional approaches to drug education which employ moralistic and fear-based tactics have been proven to be ineffective at changing behaviour, deterring youth from using drugs and reducing the harms associated with harm reduction. As discussed in the previous section on ‘Harm Minimization’, these approaches have also been found by some to be potentially damaging^{lxxxiii} by isolating and stigmatizing young people who are using substances and deterring youth from seeking help.^{lxxxiv}

Traditional tactics focused on abstinence are criticized for failing to equip young people for the “real world” in which substance use is a reality.^{lxxxv} Rigid prevention strategies are also undermined by an inherent contradiction between the objective of education, which seeks to empower the learner to think for themselves and the goal of prevention, aimed at influencing the target to make a predefined decision and say “no” to substance use.

Subsequently, current literature signals a shift in the objectives of universal education away from absolute prevention and towards harm minimization. A growing number of substance use education initiatives are being launched with a health literacy mandate, which aims to equip students with the understanding, skills and confidence needed for making choices related to substance use that maximize individual and community well-being.^{lxxxvi}

“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.”^{lxxxvii}

The health literacy approach to substance use education endeavours to enhance youth’s capacity to understand and interact with a range of factors related to their family. Informed by theories related to competency enhancement and resilience, curriculum is designed to build social capital and social connections. The curricula also incorporates promising practices.

In line with the principles of health literacy, the Centre for Addictions Research of BC (CARBC) has created an education program designed to encourage students to understand drug use and its role in society. Contrary to conventional approaches using fear tactics to steer students away from drugs, *iMinds* “welcomes honest and open discussion about the benefits, risks and harms involved in using alcohol and other drugs”.^{lxxxviii}

While the health literacy approach to substance use education is still in the emergent stages in schools, there is broad-based agreement about the need to apply interactive educational methods when delivering curriculum about substance use to youth.

Interactive educational strategies that provide access to accurate information have been found to be significantly more effective than lecture and textbook approaches.

CARBC and the Joint Consortium on School Health advocate a constructivist approach to teaching and learning about substance use. The constructivist approach is premised on the notion that learning occurs when students are actively involved in the process of defining their own meaning of things.

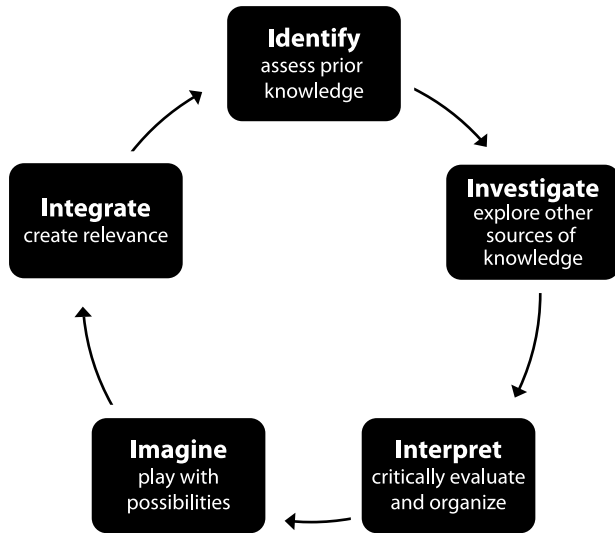


Figure 3: iMinds Constructivist Approach

“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 provides students with experiences that allow them to hypothesize, predict, manipulate objects, pose questions, research, investigate, imagine and invent. The teacher’s role is then to facilitate this process.”^{lxxxix}

CARBC’s interpretation of the Constructivist Approach involves a five stage process that sees youth move from **identifying** what they currently know about substance use, the risks and harms; to **investigating** it further by engaging in a number of learning activities and **interpreting** the findings in

the real-world context of their own lives. Students are invited to **imagine** possible outcomes and alternatives and finally **integrate** what they have learned in how they make decisions and choices.

Parent Programs

Families, and the ability of parents/caregivers to create a home environment that is conducive to learning, are the most accurate predictors of a student’s achievement in school.^{xc} Families also constitute a highly significant domain of influence for shaping a young person’s attitudes and behaviours concerning substance use.

School practices can influence if and how families become involved in their youth’s lives.^{xcii} As concluded by a synthesis of research on parent involvement over the course of a decade:

“When schools, families, and community groups work together to support learning, children tend to do better in school, stay in school longer, and like school more.”^{xcii}

It is important for parents/caregivers to be respectful of the adolescents’ stage of development, their needs concerning independence, their social networks and cognitive abilities.^{xciii} Where appropriate, family involvement in school has been shown to result in positive academic and social outcomes for students: better marks, more challenging course selection, improved behaviour at home and school and improved social competence.^{xciv} It also enables parents/caregivers to gain access to information they need in order to provide appropriate support for their children’s development.^{xcv}

Notwithstanding the benefits of incorporating family connections, these relationships can be challenging. A Knowledge Kit on School-Family-Community Partnerships developed by the Joint Consortium for School Health highlights the importance of the following components in establishing and maintaining effective partnerships:^{xcvi}

- **Leadership:** Leadership within the school and outside the school context plays an important role in effective partnerships, in reaching out across traditional boundaries and initiating partnerships between the school, the family and the community.
- **Communication:** Communication is key to building trust between partners as well as to promoting a sense of shared responsibility and ownership.
- **Building Family Capacity:** Parental/caregiver engagement does not always come easily. The literature suggests that these partnerships can be facilitated by creating spaces and an environment in which families feel comfortable speaking with school personnel about their children.
- **Relationships:** Relationships provide a foundation of trust upon which to establish a partnership. Evidence suggests nurturing environments that are conducive to natural interactions and engagement between partners.

Policy Approaches

School policies shape how substance use is addressed and integrated into the school culture, curriculum and protocols. In defining norms and expectations, policies shape the school environment and represent powerful tools for socialization and influencing individual behaviour.^{xcvii} As such, policy represents another avenue by which to address substance use in schools.

Conventional substance use policies tend to focus on individual responsibility and prevention. Similar to zero-tolerance approaches, policy frameworks that reflect this perspective generally have not demonstrated effectiveness.^{xcviii} In contrast, school policies that have been modified to address risk and protective factors have been found to result in reduced student behavioural problems.^{xcix}

Literature on school-based approaches to substance use emphasizes the importance of policies that facilitate the creation of health promoting environments and integrate education on substance use into the core curriculum and culture of the school. Other aspects of “effective” substance use school policy highlighted in the literature include:

- Encouraging positive interpersonal interactions;
- Maximizing learning opportunities;
- Promoting a safe and healthy environment;
- Preparing youth for transitions;
- Providing clear expectations;
- Establishing consistent enforcement practices.^{c ci}

Alternative Programming

Recognizing the ineffectiveness and potential harms associated with at-home suspensions, many schools have developed in-school or off site programs designed for students “caught” using, in possession of or under the influence of alcohol or other substances. There is wide variation in how these programs are structured (i.e. number of days), where they are located (i.e. on or off site), the curriculum provided, how students are referred and assessed, whether they include time for students to complete regular school work, whether they include follow-up, as well as if and how they are assessed or evaluated.

Many of these programs are relatively new and therefore evaluations are limited. There are, however, some programs that have been in existence for considerable periods of time and have accumulated recommended approaches. The Quebec YMCA, for example, has been administering their alternative programming ATS initiative for over ten years and has distilled a set of “essential elements”, as follows:

1. Neutral location - away from the school.
2. Minimum 3 days - and up to 15 days if necessary to support student transferring schools for example.
3. Tailored interventions - such that the curriculum is developed each day in order to address the specific issues and strengths of the youth involved on any particular day.
4. Balance - of individual and group work.
5. Communication - with the school and the family.
6. Accompanied return to school - achieved by way of a meeting with school administrators, the YMCA program counsellor, the youth and parents.
7. Follow-up meetings - with the youth participants, parents/caregivers and school to assess the impacts of the program.

A compendium of substance use prevention programs developed by Health Canada similarly highlights a set of principles and recommendations for effective programming. The report asserts that the more fully these principles are reflected in a program, the more likely the program will be effective.^{cii}

- Build a strong framework.
- Address protective factors, risk factors and resiliency: Focus on the factors that most directly promote resiliency or, conversely, contribute to substance use problems in the population of interest.
- Seek comprehensiveness: Tie activities to complementary efforts by others in the community for a holistic approach, and seek support through agency policy and municipal and other government regulation.
- Ensure sufficient program duration and intensity: Make certain there is sufficient contact time with participants; age appropriate coverage needs to occur through childhood and adolescence.
- Strive for accountability.

- Base program on accurate information - ideally, local information on the nature and extent of youth substance use and problems associated with use.
- Set clear and realistic goals, objectives and activities that address local circumstances, are linked logically and are measurable and time-limited.
- Monitor and evaluate the process and impact of efforts and ensure that costs are in line with program benefits.
- Address program sustainability from the beginning, working from the outset to integrate the program into the core activities of the relevant organization in the community.
- Understand substance use issues within the context of the stages of adolescent development in order to respond most effectively.
- Take account of the way young people view the benefits and the risks associated with substance use in order to be credible with youth participants.
- Understand youth and involve youth in program design and implementation.
- Combine knowledge and skill development such that skill development is a central element but accompanied by accurate, objective information.
- Engage and involve participants in skill development activities and discussions.
- Give attention to teacher or leader qualities and training to ensure facilitators are individuals who are competent and empathetic with an ability to promote the involvement and interaction of young people.

A review of community interventions indicated that successful strategies focused on positive rather than negative outcomes, allowed youth to develop skills and competencies, enhanced connectedness, and provided opportunities for youth to contribute to their community.^{ciii}

Comprehensive Approaches

Comprehensive approaches are designed to address a variety of risk and protective factors related to the harm from substance use. Rooted in the vision set out in the World Health Organization's Ottawa Charter for Health Promotion (1986), the comprehensive approach is now an internationally recognized framework for supporting improvements in students' educational outcomes while addressing school health in a planned, integrated and holistic way.

Comprehensive programs do not focus on "fixing" the youth but aim to either directly change the school environment or to actively engage the youth in the learning process^{civ}. Schools that embody a comprehensive

approach, also referred to as “health promoting schools”, address substance use by way of a mix of strategies at multiple levels embedded within the educational and social mandate of the school. The approach is premised on evidence that show combined strategies affect more positive results^{cv} and that interventions act in a synergistic way to both improve educational outcomes and reduce risky behaviours such as harmful drug use^{cv}.

Multifaceted approaches to substance use prevention reinforce a consistent message, build on a shared goal and link together the resources of school, home and community^{cvi}.

Effective school family community partnerships build a critical mass of support for youth and their families and enable success at school and beyond.

This requires more than mobilizing resources to respond to incidents of substance use. It involves a clear vision and cohesive policy that builds and nurtures a network of relationships that addresses risk factors and enhances protective factors to achieve the best academic and social outcomes for students. This needs to be a natural and regular part of the school’s operation^{cvi}.

Rather than focusing on drug awareness and resistance skills, comprehensive approaches are designed to build social and emotional competence. While comprehensive strategies often include programs aimed at individuals, the focus is more holistic, focused on the culture and climate of the school. As summarized by the Joint Consortium for School Health,

“Building resilience through promoting healthy development and competence is as important, if not more important, than preventing or responding to problems”^{cix} p. 20.

The Joint Consortium for School Health identified three interconnected strategic elements associated with implementing a comprehensive school model:

- **Asset Focused** – thus building on and supporting the personal capital of the child and recognizing that the most significant risk factors are located in the community and environment rather than the individual or family.^{cx}
- **Risk Focused** – so as to mitigate youth exposure to preventable risk, recognizing that risk is a contextual quality often shaped by social and organizational policy.
- **Process Focused** – maximizing protective factors for youth development.^{cx}

The Comprehensive School Health Framework also envisions four inter-related and consistent spheres of action:

- **Teaching and learning opportunities** - to help students gain the information and knowledge they need to maximize their health and well-being;
- **Social and physical environments** – that foster quality relationships between peers and between teachers and students;

- **Policies and procedures** - that promote health and healthy environments; and
- **Partnerships** - with the community, parents and community-based services that support and promote student health and well-being^{cxii}.

A growing body of evidence suggests that comprehensive approaches have the greatest success with respect to reducing the harms related to substance use^{cxiii}.

A key aspect of comprehensive approaches is that they broaden the focus to include school and organizational elements in the suite of options to promote health and reduce harm from behaviours like substance use. This is significant because traditional efforts have tended to focus on students and their “problems” and to miss the fact that modifying school and organizational factors to promote engagement and connectedness at the school level is actually a very powerful lever for enhancing resiliency in youth^{cxiv}.

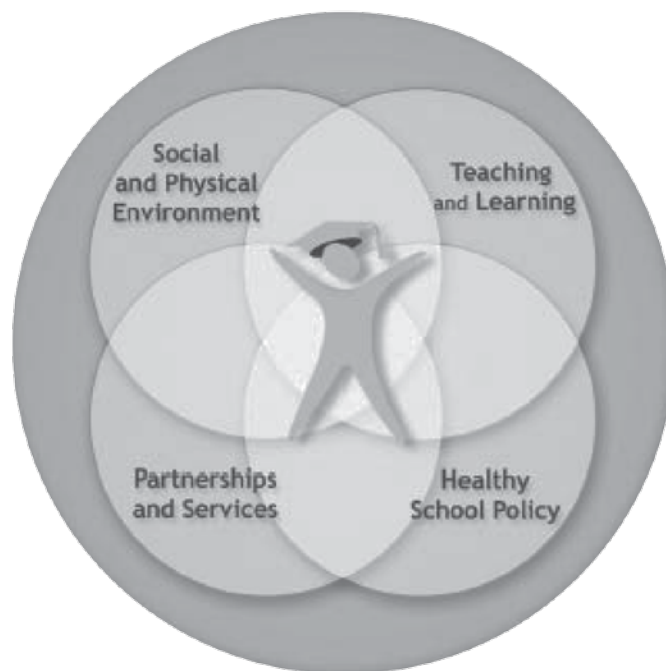
The “Whole School” Model

Some of the literature on school-based approaches to substance use employs the term “whole school” to refer to comprehensive approaches to substance use. However, this paper makes a distinction between the two approaches. In this paper, “whole school approaches” share many of the holistic principles of comprehensive approaches, but are limited in scope to the school setting. Comprehensive approaches, by contrast, engage parents and the broader community.

Schools that adopt a whole school approach see dealing with substance use and associated risks and harms as an essential part of the school’s educational mandate. Rather than fitting education about substance use and other health-related issues into the school curriculum, in “whole schools”, the structures, policies and protocols, climate and culture are designed to operate in a healthy way and enhance the well-being of students and staff.^{cxv}

A school committed to building supports, relationships and competencies as part of the very process of schooling itself reduces delinquency through the internalization of social norms and behaviours in a way that allows students to feel more connected to their educational journeys^{cxvi}.

Figure 4: Comprehensive School Health Framework



Environmental Scan Summary of Findings

The Environmental Scan for this project involved an Internet scan of ATS programs as well as interviews with 22 key informants that included a mix of community service providers, school administrators, and researchers. An overview of these programs is outlined in Appendix B.

Key components of the ten programs included in the review are discussed below.

Program Structure

The majority of ATS programs reviewed were alternative curriculum programs that operate in an off-site location for students caught using, under the influence or in possession of drugs or alcohol. Two of the programs used an outreach approach that saw a counsellor coming into the school to conduct assessments and provide tailored programming to suspended youth. The review included one program that employs a restorative practice approach to addressing substance use.

Program Length: The programs varied in length. Most were three days; however, in some cases, one day was deemed sufficient and all that was feasible given limited program resources.

Academic Component: A number of programs included time for participants to complete school work. In some districts, this homework component was deemed a necessity by school administrators in order to ensure that students do not fall behind academically as a consequence of their participation. Other programs chose to operate for fewer hours than a regular school day so as to allow students time to collect and complete homework from their classes.

Closed vs Open Intake Models: Another common concern of school administrators is that ATS programs run on a continuous basis so as to be able to refer students as an immediate response to an infraction. For this reason, some programs identified the continuous intake of students as a key success factor. The majority, however, have switched over time to a closed model such that the program is held on set days (i.e. Tuesday-Thursday) and participants commence and go through the program as a cohort.

The continuous intake model was found to be more resource intensive as it requires staff to be on standby whether or not there are referrals. Interviewees also cited challenges associated with the group dynamics in continuous intake programs, with students all starting and completing on different days.

Closed group programs allow for students to benefit from sequential and cumulative programming. This model enables a more efficient use of resources. It is also more conducive to group bonding and stronger peer connections.

Interviewees involved in closed models indicated a clear preference for this approach. A number also spoke to how school administrators had come around to appreciating the benefits of the closed model and the advantages of having some time for students to reflect and “cool down” before commencing the program.

In contrast, the YMCA program, based on ten years of experience in Quebec, maintains the continuous intake as an essential element and key success factor of this model.

Location: The use of an off-site location for program delivery was seen by some as useful in providing a neutral space for students to have a time out away from their regular school setting and peers. In some cases, the particular site was problematic, however, due to perceptions of the location (i.e. at an alternative school). A number of programs indicated that it had been difficult to find an appropriate site to deliver the program. In the case of one program, the off site location was abandoned after the first year due to the costs associated with transporting students to and from the site.

Target Youth

All of the programs included in the scan were operated by or for high schools. In some cases, this included students in middle school grades 7-9. Most interviewees indicated that a different approach was necessary for students below grade 8. One interviewee indicated that the large majority of their referrals were students in grades 8 and 9; not because older students were not using substances but because these youth were simply not discovered.

Referrals: Youth were primarily referred to ATS programs by school administrators. While in a few cases, youth could be referred for a wide variety of behavioural issues and infractions, in the majority of programs, referrals were required to have some connection to substance use. This mandatory connection to substance use was in most cases a consequence of the nature of program funding. Interviewees acknowledged separating out substance use issues as illogical but generally did not see this requirement as limiting the reach or effectiveness of the program.

In most cases, the student had to have been “caught” either using, under the influence or in possession of substances. Two programs reviewed were open to self referrals and students considered to be at-risk. A number of additional programs signalled a desire to move in this direction.

Although some programs would take repeat offenders, all of the programs were designed primarily for first time offenders.

Curriculum

All the programs reviewed have tried to establish evidence-based curriculum that is reflective. Many cited specific theories and frameworks upon which their curriculum is based, including strength-based practices, motivational interviewing, the Search Institute’s 40 Developmental Assets, competency enhancement, social influence theory, and social bonding theory, among others.

All programs provided some time for discussion about substance use: normative understandings of substance use as well as the impacts and potential harms. Some stressed that this component of the curriculum was focused mainly on the physiology of addiction, with very little time spent on discussing substances themselves. They also included a component on decision-making, mindfulness, stress management, and peer pressure.

A number of programs tailored the curriculum to the particular needs of the student participants. Others run through a set curriculum for each intake.

Goals

The majority of ATS programs reviewed were designed with a goal of reducing substance use on school property. A number articulated their objectives in terms of reducing the harms associated with substance use. Some focused on reintegrating the student back into school. Interestingly, very few of the programs reviewed framed their overall goal as building or strengthening connections.

Follow ups

A number of programs have participants develop “plans” before returning to school. In some cases, these plans are provided to administrators; in others, they are conveyed to an adult that the youth identifies as being someone they connect with. In the case of the restorative model, these plans take the form of “expectations” that are developed by the Committee in light of the specific circumstances, issues and strengths of the youth and conveyed to the parents.

Programs vary widely with respect to the amount of follow-up that is conducted on a consistent basis with student participants in order to assess progress on the youth’s plans/expectations or to determine if and how the program had made a difference. All of the interviews acknowledged the importance and a desire to reconnect with youth upon leaving the program. In a number of cases, due to resource limitations, follow-ups were conducted on an ad hoc basis. Five of the programs reviewed included follow-ups as a regular and fully resourced component of the program.

Evaluations

Similar to follow-ups, evaluations were seen by all interviewees as an important component. All of the programs reviewed maintained information on process elements of their programs, i.e. number of students per year, etc. The majority conducted assessments or post exit interviews with student participants. A number of ATS programs indicated that they have had, or are having, outcome evaluations conducted on their programs.

Those programs that have had evaluations conducted unanimously identified the findings of these exercises as ‘key success factors’. Many indicated that the results had been pivotal in gaining the administrative support necessary to secure funding for the program. Ironically, those that have been unable to conduct evaluations due to resource limitations, struggle to convince administrators of the need and value of their program.

A number of interviewees spoke to the challenges associated with demonstrating outcomes as a result of ATS programs – particularly the types of outcomes that many expect, i.e. related to behaviour changes and cessation of usage.

Parental Involvement

Programs reviewed vary in the extent to which they addressed family issues and engage parents. Schools are required by law to advise parents/caregivers when their child has been discovered using, under the influence or in possession of drugs or alcohol – and informed of the disciplinary measures being applied. In six of the ATS programs reviewed, program counsellors placed a call to parents upon receipt of a referral and a number also made contact with the parents at least once over the course of the program. In the case of the

restorative justice model, parents or caregivers were involved in the committee hearings with youth. Many of the programs invited parents/caregivers to come in when dropping off their youth; although all reported that very few parents did so.

Many of the interviewees cited parental engagement as a key component of their programs. Some, such as Project Resiliency, have added parent meetings after operating the program for a period of time. All spoke to the challenges associated with connecting with parents/caregivers; having them engage in workshops, visit the program, etc. A number discussed having to recalibrate parent expectations around what the program was designed to accomplish. Some indicated that parent workshops had been cancelled as a result of a lack of interest.

Notwithstanding the challenges inherent in engaging parents, those programs that included a family component consistently cited this as one of the most rewarding and impactful aspects of their work.

Community Partnerships

The majority of ATS programs reviewed involved a partnership between the school district and a local health authority or community service organization. Police/RCMP were also partners in a number of programs.

In some cases, these partners were well integrated and aligned in their goals and dedication to the program. However, even in those programs where the partnerships were considered to be strong and healthy, interviewees spoke to the need to reconcile different perspectives, priorities and bureaucratic systems in the design and implementation of their ATS programs. While education and health are clearly inter-related and mutually dependent, the two systems tend to diverge in their approaches with respect to health and substance use. Those working with the school system and the health system have distinct mandates as well as different models of evaluation.

Interviewees highlighted the importance of personalities and relationships in working within these partnerships. A number of partnerships were founded on existing relationships, and/or established through previous programs or initiatives. Flexibility was seen to be an asset, as was a willingness to compromise.

Many service provider interviewees expressed a desire to have a true partnership with the school district as opposed to being only a means of dealing with suspended youth. Interestingly, these interviewees also spoke to ongoing challenges they faced in retaining support from school administrators and establishing realistic expectations in line with the program goals.

Policy Component

A number of the ATS programs reviewed were initiated in response to – and aimed to address – rigid or non-standardized substance use policies. At the same time, the majority of initiatives did not involve an explicit change of the policy. In most cases, the ATS programs were agreed upon practices or options that were

“... programs that included a family component consistently cited this as one of the most rewarding and impactful aspects of their work.”

established for first time offenders. Proceeding without attempting to change or establish new policy often made it easier to get a program up and started. The downside of this approach is that programs established outside of policy are largely dependent on the individuals leading and/or involved in the program and thus at risk of dissolving if/when those individuals leave.

One current policy initiative that is underway is being led by the Safe Schools Network. Representatives from high schools in the lower mainland are currently in the process of developing draft policy and procedures for implementing a “safe school” including ATS processes for dealing with substance use. The Safe Schools Network members initiated the policy and procedures to address the challenges that schools face in moving from evidence and dialogue to practice in establishing the structures, such as ATS programs, that comprise safe, healthy and caring schools. There is also a desire to establish a standardized approach across districts for addressing issues such as substance use.

The Safe Schools Network is open to having other districts join its meetings and process. The BC Centre for Safe Schools and Communities, which supports the network, also expressed a willingness to share the results of the network’s policy work to date.

Common Challenges

Perspectives on substance use and effective responses

One of the most widely cited challenges to ATS programs relates to conventional perspectives and what are assumed to be the most effective methods of addressing substance use among youth. Notwithstanding the evidence that punitive responses are ineffective in changing behaviour, there is a common perception that immediate and severe punishment is the only way to deliver a message to youth and deter use. In line with such beliefs, many ATS programs continue to be viewed – and used by schools – as punitive alternatives to the traditional at-home suspension.

There is an expectation that youth be sent to the programs as an immediate consequence of their behaviour. More problematic, there is also often an expectation that there will be an observable change in attitudes and behaviours as a direct result of the program.

Those working with youth in ATS programs attempt to recalibrate unrealistic expectations, educate about the complexity of factors entailed in youth substance use and engender broader accountability for affecting change. Programs that operate in an integrated capacity in the schools as part of a “whole school” or comprehensive approach to substance use are better positioned to build awareness about effective responses to substance use and support for ATS approaches. In contrast, programs that operate at arm’s-length from the schools, merely as alternative referral options for administrators, commonly spoke of the ongoing challenge they faced in gaining and maintaining support.

A number of interviewees spoke of the need for training for teachers and school staff in progressive, supportive methods for addressing substance use. They also spoke of the need for a paradigm shift in the way the school system views substance use and health in relation to its educational mandate.

Resourcing and Sustainability

Resource limitations were cited as one of the most common challenges that ATS programs struggle with. School districts are increasingly being expected to do more with less. As a result, while many in the education system fully concur with the need for schools to play a greater role in the health and well-being of students, limited resources often impede their ability to embrace this work.

A number of interviewees talked about their efforts to establish an ATS program with no allotted budget, devising creative ways of securing a space and staffing a program. In some instances, programs were being resourced by external community service agencies. A number discussed having obtained grants to fund the development and piloting of the program. Partnerships between schools, districts and community service providers were a common strategy employed as a means of establishing or maintaining a program with little or no financial support.

Only a few of the programs were not in a position of having to continually justify and advocate for their program. Clear, realistic expectations and the capacity to demonstrate outcomes and impacts were deemed key to establishing program security. A district-wide commitment to the principles of health promoting schools further eliminated the need for ATS programs to constantly defend their existence.

Partnerships

While partnerships were absolutely central to most programs, these relationships were also a common source of issues and conflict. In some cases, personalities and strained relationships created challenges. In others, there were differences in philosophies and a lack of understanding and/or appreciation for one another's perspectives and priorities.

A number of interviewees alluded to tensions arising from different perspectives on substance use between professionals in the education field and those with a background in health. One interviewee cited a major challenge as a result of labour union rules concerning external counsellors working in the schools.

Engaging Parents

Parents were identified as a key success factor of ATS programs but were also one of the most commonly cited challenges. Interviewees discussed the difficulties they faced in getting parents out to visit programs, attend workshops and participate in meetings. They also lamented the fact that parents who did readily engage were generally not those that would benefit most from the programs. Regrettably, it was often the parents of youth most in need of family support who were the most difficult to engage.

Wide Range of Substance Use

While substance use is relatively common among youth, there is broad diversity in the extent and severity of substance abuse issues. Participants in ATS programs can range from those who have been caught with alcohol on their breath at a school dance to those self medicating and using substances multiple times on a daily basis. Interviewees spoke to the challenges of designing and implementing a program that is suited to this breadth of needs. In a number of cases, interviewees indicated feeling "out of their league" dealing with certain youth and circumstances and in need of specialized support that may not be available in their

community. A number of interviewees spoke to how much their own awareness had been raised about substance use issues among youth as a result of being involved in the ATS program.

Several programs pointed to the advantages of having some autonomy to plan and schedule ATS groups in advance (as in the case of a closed intake model) so as to avoid a wide divergence in age and severity of issues within a single cohort. Interviewees also highlighted the importance of administrators being able to exercise discretion and refer only those students who stood to benefit from an ATS program, employing different strategies for other students as necessary.

Key Success Factors

1. Broad support and understanding

One of the most common factors contributing to the success of ATS programs is broad-based understanding of the issue of substance use and the role of the school in addressing substance use among youth as well as support for the method of response being employed. Establishing this understanding and support requires ongoing efforts to address and correct perceptions about the ineffectiveness of conventional approaches. It requires building awareness about the counterproductive effects of traditional suspensions and refuting the common perception that anything but a strict abstinence message constitutes a “soft” approach to the issue.

“... building awareness about the counterproductive effects of traditional suspensions and refuting the common perception that anything but a strict abstinence message constitutes a “soft” approach to the issue.

This awareness and support is established over time through meetings and relationship-building with school administrators, teachers, counsellors, parents and the broader community. A number of interviewees spoke to the importance of evidence on school connectedness and alternative approaches in this process of establishing support. Results of pilot evaluations were cited by many as being useful. Similarly, ongoing efforts to communicate the work and results of ATS programs once in operation were deemed as key to engendering ongoing support.

While essential for ensuring the sustainability of ATS programs, broad understanding and consistent support across the different spheres of influence (i.e. school, family, community) is instrumental in enhancing a program’s impacts. ATS programs cannot operate in isolation. In order to be successful, the support provided through ATS programs must be replicated in the school environment into which the youth returns and within the home environment.

A number of ATS programs have youth participants identify an adult they feel they can connect with as a way of building a support network for youth in the school environment. By way of a letter or phone call, this adult is advised of having been identified as a support by the youth and encouraged to continue what they are already doing to engender the student with a sense of connectedness.

This concept of consistent understanding and support is embodied within the comprehensive, school health model. As explained previously, this approach to substance use entails a school and community culture of

support. Instead of addressing issues by way of programs, health promoting schools are structured so that their policies, environments, curricula, services and partnerships are all geared towards enhancing the health and well-being of the students and staff.

In line with the principles of a comprehensive approach, the School Age Children and Youth (SACY) substance abuse prevention program in Vancouver established its STEP ATS program only once the other three streams (curriculum and teacher training, parents and youth engagement) were well established. The rationale for this sequencing was to ensure that the ATS program would be well supported and that program expectations would be realistic and in line with program objectives. Importantly, it was also key to ensure that youth participants would be supported upon leaving the program.

2. Ongoing Evaluation

As with any new initiative, ATS programs can be expected to be developed and refined over time. Many of the interviewees indicated the importance of continually reviewing, assessing and adjusting their program structure and curriculum in order to remain current and effective. Subsequently, program evaluations and ongoing assessments were cited by many as key success factors.

Interviewees spoke of the importance of obtaining assessment and “report cards” from all youth participants. However, the most substantial returns were accrued from process and outcome evaluations, particularly when conducted by an independent evaluator.

Evaluations provide crucial insights into the effectiveness of a program to establish whether the goals are being met and the program is having the intended impacts. Evaluations present an opportunity to receive feedback on logistical issues and test awareness and perceptions of the program. They can highlight real and perceived weaknesses in the program. Importantly, they can also be used to illicit ideas for improvement.

Notwithstanding the benefits of evaluation, a number of programs indicated that, because of resource limitations, they were unable to implement these exercises.

3. Incremental Implementation

Because of concerns related to conventional disciplinary responses and at-home suspensions—and as a result of a growing dialogue around different approaches—there appears to be increasing pressure for school districts to establish ATS programs, particularly in relation to incidents of substance use on school property. At the same time, a number of interviewees cautioned against moving too quickly and recommended phased and incremental implementation. One interviewee talked about the added challenges he faced in establishing an ATS program as a result of a previous initiative that had been implemented prematurely and without adequate support in the district and then cancelled.

A more gradual implementation process was seen as helpful in aligning perspectives and building broad-based support for a new program.

The use of pilots was also strongly recommended. Particularly given the resistance that many districts encounter in establishing an ATS program, interviewees indicated that pilots allow useful time to test and validate different components. They also provide time to work out any logistical bugs. Pilots, assuming they are evaluated, impart useful quantitative and qualitative data to substantiate the need for and impacts of a new approach.

In many cases, even the anecdotal evidence gained through pilots was deemed as instrumental in alleviating concerns about an ATS program being “soft” on offenders.

The Act for Change Program in Burnaby shifted from an offsite model to an outreach approach as a result of its pilot. Similarly, Vancouver switched from an open to a closed intake model following a pilot phase.

4. Flexibility

Flexibility was another component seen to be key to successful program implementation: flexibility in order to respond to issues and concerns illuminated through evaluations as well as to adapt to the ever changing school environment. Attitudes towards substance use and patterns of usage inevitably evolve over time. While of lesser importance, the main substances-of-choice also change.

Personnel and leadership in the schools shift. With new teachers and new principals come different perspectives, concerns and expectations. A number of interviewees expressed frustration about having to “start over” with new administrators, bringing them up to speed on the program, working to align expectations with the mandate and building support. Several also spoke to tensions between what administrators wanted in a program and what counsellors believed was best. As discussed previously, program structure - continual and closed intake - was a point of contention in numerous programs. Resource limitations constituted an ongoing issue that required understanding and flexibility on both sides.

5. Leadership

As with most new initiatives, the importance of leadership emerged from the interviews as another key success factor in the development and implementation of ATS programs. Most all of the interviewees highlighted the instrumental role of one or two particular individuals that had been tied to the genesis and sustainability of ATS programs. While conventional approaches to substance use are a common concern in schools, someone needs to bring the issue forward for discussion and campaign for change. In many cases, programs were established by one or two core individuals who chose to add the project to their full scope of responsibilities and to work on it until it was fully resourced.

Leaders are instrumental in building support for an alternative approach. A program is advantaged by leaders who are in positions of power and seen as credible sources. As reflected in the literature^{cxvii}, these individuals are also pivotal in the formation and maintenance of effective partnerships.

It was clear through the interviews that the ATS program would likely be at risk were it not for the passion and continued dedication of these individuals.



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6. Parental Involvement

As discussed previously, there is strong support in the literature for involving families in prevention programs. Family factors play a significant role both in increasing risk and in protecting young people from taking up and later misusing substances^{cxviii}. Evidence further suggests that parental involvement in prevention programs may reduce levels of substance use.

In line with the evidence, the involvement of parents and the inclusion of programs for parents emerged through the environmental scan as key components in the success of ATS programs. Interviewees indicated that interaction with the parents often helped to clarify the underlying issues related to a youth's substance use. Understanding the situation in the home was useful in determining if and what type of support a youth might benefit from. A number of interviewees felt that working to build capacity within families was key to supporting the youth, particularly in cases of repeat offenders.

Many acknowledged the importance of engaging with parents but also expressed frustration in making connections with families. Two programs indicated that engagement with parents had been cancelled or decreased due to a lack of interest. Others indicated an inability to carry out this component of their programs due to limited resources and the time necessary to make contact.

One program reviewed indicated that staff had started making contact with and providing updates to parents via cell phone texts and in many cases, this avenue of communication seemed to be most successful. All programs that included follow up and/or connections with parents spoke to the need to be available outside of the regular work day in order to make and receive these calls.

A particularly innovative means of engaging parents has been developed by the SACY Program. *Capacity Cafés* offer an opportunity for youth and adults to sit together in a circle while youth speak and adults listen and learn from what is shared. Facilitators from SACY spend time and prepare youth before they are involved in a Café Circle to ensure their safety.

The overall goal of the Café is to help adults (parents and educators) to gain increased understanding of the stresses youth encounter in our culture, and to encourage young people to feel heard, respected, and valued. The aim is to help youth view themselves as a much-needed resource within the community.

Within a youth-friendly environment, youth are more willing to talk openly about their lives and the issues they consider important. *Capacity Cafés* help forge intergenerational connections by helping adults and other community members understand and appreciate life from a youth's perspective.^{cxix}

7. Skilled and Gifted Facilitators

Without exception, interviewees gave tribute to the imperative role of the individuals working in ATS as counsellors and facilitators. The ability of these individuals to connect with youth and create a safe, non-judgmental environment for youth to share their thoughts and ideas was vital to program success. The connection that youth make with these counsellors is often one of the most important outcomes of a program. These individuals have the potential to create or shift a youth's perception of formalized support and open their minds to the potential benefits of seeking help from a counsellor. Their assessments of youth can be critical to identifying whether a youth is in need of more targeted support to address issues related to self-harm and mental health. They often act as the interface between the youth and the broader health and education system, easing the student back into school and/or into other forms of support.

The ability of facilitators to connect with youth and create a safe, non-judgmental environment for youth to share their thoughts and ideas was vital to the programs' success.

8. Effective Partnerships

Partnerships were a central component of all the ATS programs reviewed and the effectiveness of these partnerships had a direct relationship to the working and impacts of the program itself.

Strong partnerships benefited from affable and often longstanding relationships between individuals. A number of interviewees emphasized the importance of having the "right people" involved. Frequent interaction and communication, achieved through regular steering committee meetings, for example,

were seen as key to maintaining healthy partnerships.

Having a common goal of helping the youth was deemed useful in keeping partners focused, willing to compromise, and not becoming bogged down in details.

Effectiveness of partnerships has a direct relationship to the working and impacts of the program itself.

9. A Youth Voice

Ensuring that youth have a voice in an ATS program was another key success factor that emerged from the interviews. As has been mentioned previously, all programs sought feedback from youth on their experience with and perceptions of the program and its effects. Input from youth assessments provide a crucial means of testing whether the program is achieving its intended impacts and objectives. A number of interviewees cited examples of program modifications that had been a direct result of feedback received from youth through the assessments.

Many programs provide opportunities for youth to speak and be heard by their school administrators, parents and counselors through reintegration meetings, committee hearings, etc. In addition to providing

critical insights into the factors that may have been behind a youth's behaviour, these opportunities can be extremely empowering for youth. One program counsellor interviewed indicated that some youth had told them that these meetings were the first time they had ever had adults truly listen to what they had to say.

Incorporating youth voices can provide critical insights and be extremely empowering for youth. One program counsellor interviewed indicated that some youth had told them that these meetings were the first time they had ever had adults truly listen to what they had to say.

Concluding Observations

This research on ATS provided strong consensus on three main points pertaining to school-based approaches that address substance use among students:

1. The far reaching impacts of a student's connection to school with respect to their overall health and well-being, resilience and involvement in risky behaviours;
2. The ineffective and potentially counterproductive effects of conventional, disciplinary approaches to substance use in school; and
3. Growing acknowledgement and interest in more innovative approaches aimed at connecting and supporting youth rather than alienating them from the school experience.

Both the literature review and environmental scan revealed the importance and tremendous opportunity at stake in adopting new approaches. Youth, teachers and counsellors, school administrators, community service providers, parents and the broader student body all stand to benefit from approaches that connect and support youth generally and around substance use. At the same time, departing from conventional responses and building a new culture of support from which to approach substance use in schools is by necessity, a joint initiative. Partnerships between schools, parents, caregivers, administrators and the community were a central component of every program covered by the environmental scan.

Other recurrent and relevant themes that emerged from the study were as follows:

- There are a variety of alternative approaches in practice; but no single one-size-fits-all solution. ATS programs should be tailored to address the unique needs, concerns, assets and opportunities of the community within which they operate.
- Much can be gained through the sharing of ideas and approaches across districts and communities. **ATS is still an emerging area of practice.** Even those districts with relatively established ATS programs are still learning as they go and stand to benefit from continued dialogue, networking and resource sharing.

Alternatives to Suspension is still an emerging area of practice which will benefit from continued dialogue, networking and resource sharing.

- There is a need for broader awareness, training and competency development among teachers, school administrators, parents and the community at large in supportive, restorative approaches pertaining to youth and substance use.
- Inadequate resources serve as a key impediment and consideration in establishing ATS programs. At the same time, establishing a culture of connection with youth is not necessarily dependent on funding.

In light of these issues, four possible next steps might include:

1. Establish a community of practice for teachers, parents, caregivers, counsellors, administrators and service providers interested and engaged in ATS programs, so as to facilitate the sharing of ideas, supports and resources.
2. Encourage the piloting of different approaches, evaluate these pilots and make the results and lessons learned available to all districts.
3. Support policy changes to alter the way substance use is handled in schools and help stimulate a cultural shift towards supportive approaches that promote school connectedness.
4. Support, develop and engage in skill and competency-based training related to supportive and innovative approaches.

Appendix A

Forum Overview

Practical Strategies for Keeping Youth Connected, Healthy and Learning

The preceding chapters of this report were prepared in anticipation of a forum on ATS that was held in Nanaimo, BC on March 8, 2011. The forum was organized as a dialogue on practical strategies for:

- Sustaining youth connections to school,
- Maintaining safe and supportive environments, and
- Promoting healthy lifestyles, and supporting positive relationships.

Participants included a mix of representatives from school districts, youth and family substance use service providers, and researchers from 12 different communities/school districts on Vancouver Island. The goal was to explore ideas and approaches that support positive outcomes and increase student retention in the educational system, as well as reducing youth substance use.

The day began with a panel of representatives from different ATS programs in Qualicum, Victoria and Duncan. The panel was followed by a summary of the research findings contained within this report, including a number of observations intended to stimulate thought and discussion. The afternoon of the forum was dedicated to an Open Space discussion on a variety of topics raised by forum participants including; designing, planning, implementing and evaluating ATS programs. The day closed with comments from the coordinator of the School-Age Children and Youth (SACY) substance abuse prevention program in Vancouver.

This chapter contains a summary of the conversations held and actions identified through the Open Space process as well as an overview of evaluations from the day. In the spirit of how an Open Space discussion takes place, the topics outlined below were identified and articulated by the forum participants. The summary of the conversations, actions and next steps identified through the Open Space process have been summarized from notes taken by one or more of the individuals taking part in the discussions.

The conversations are listed below in no particular order.

Building District Capacity for Restorative Practice

This conversation discussed the value of integrating restorative practices into schools and districts as well as different avenues for building capacity for restorative practices. Participants spoke from experience about how hybrid programs that attempt to be both punitive and supportive can be confusing to students and how mentors can play a key role in conducting following-up.

At the program development stage, the group discussed the importance of having a common set of principles or values as well as champions for the program.

While funding is always a challenge, some indicated that restorative practices can be established by just stretching the responsibilities of an existing position.

The group discussed how to achieve breakthroughs with youth and how to connect with kids at the ‘pre-contemplative stage’, i.e. when they are not really thinking of making any changes in their behaviour. They also discussed ways of building resiliency among youth. ‘Lifeworks’ in Nanaimo was given as an example in this regard.

In moving forward, participants saw value in inviting a speaker on Restorative Practice. As is the practice in School District 63, they also supported the idea of creating a prerequisite for new administrators to take some training in restitution or restorative practice/justice.

Maintaining Relationships When There are Conflicting Philosophies

This conversation focused on ways of dealing with conflicting philosophies in the course of establishing or administering an ATS Program: different opinions about how youth substance use should be dealt with in school, the merits of punitive vs. supportive approaches to youth, etc. The group shared experiences in dealing with difficult parents. They discussed the differences between blanket policies and those focused on individuals, as well as when and how to use discretion with respect to substance use in school.

PASS: “Any Questions?”

This conversation was initiated by a representative from the PASS Program willing to share some information about the program in Victoria and lessons learned with those interested in this approach to ATS. They spoke about how parents are often concerned about the type of youth their child may come into contact with through the program and how this is dealt with. They also talked about confidentiality and concerns regarding disclosures. Additionally, they discussed the importance of having school staff aware of the program and fully appreciative of the program’s goals, objectives and limitations.

Moving forward, the group identified the need to work with school partners to ensure ongoing support for students after completing the program and returning to school. They also discussed the value of extending PASS to students who are not found using substances, but who exhibit signs of stress or alienation.

Closing the Gap . . . Strength Based/Resilience into Concrete Practice (The How)

The participants in this conversation were focused on the actualization and execution of strength-based approaches to substance use in school. There was a shared feeling that there were many stories about what does not work and a need for more information about successes and positive lessons learned.

Approaches discussed included the use of school suspension time to do strength-based assessments and awareness-raising with youth. They talked about including time in ATS programs for students to complete their school work. The transition between middle school and high school was seen as a particularly key period on which to focus. They identified a growing trend in schools regarding the development of personalized learning plans.

The group explored what competencies should be developed among school staff and counsellors. They also discussed ways of establishing a “whole school approach” and the prerequisite of having effective supports with all adults involved in and a commitment to respectful communication with students.

They talked about the need to generate opportunities to be creative in engaging youth, community partners and parents/caregivers and explored methods of engaging the broader community, including mentorship programs extending and responding to invitations within the community. The option of providing community service credits was also discussed.

Looking Beyond the “Silver Bullet” Collaborative Practice

This conversation focused on opportunities for working together to assist youth. The group talked about the need to address misperceptions and misunderstandings about harm reduction. They also discussed expectations around behaviour change in relationship to substance use and the desire to develop an appreciation of change as a process facilitated by a broad group of people rather than something that an expert can “fix”.

The group discussed ways of collaborating and developing a shared sense of responsibility rather than relying on one individual. They talked about the need for stronger partnerships between teachers and counselors and explored how to generate support from parents and employers.

In moving forward, the group identified the need for district-wide policies and information about harm reduction. They highlighted the importance of building/strengthening the social-emotional learning component and having conversations with educators about how to talk with youth about substance use. The practice of establishing mini groups for daily check-ins (a model used in Kelowna: Youth connection/engagement) was identified as a promising practice.

How Can We Involve Peers, Families, Community in Support Services?

This conversation explored methods and lessons learned with respect to effectively engaging peers, families and the broader community in support services for youth. The discussion focused mainly on methods and existing programs for involving parents. Participants shared their experiences with different approaches, including a series of parent workshops in which youth educate the parents. A model used in Vancouver, “Capacity Cafés”, was discussed and those interested in more information were encouraged to contact Art Steinmann, with the SACY Program.

Participants talked about including an invitation on the suspension letter for parents to call in and/or come with youth to their first appointment. One participant shared the experience of inviting a John Howard Society representative, the school principal, the parents/caregivers and the youth/district counsellor to come together and identify common ground. Information packages for parents/caregivers were also discussed.

The group talked about the need for a paradigm shift with respect to how youth substance use issues are approached. They felt that it was important for schools and parents to work together to support youth. They discussed the importance of parents maintaining connections and communicating with their youth, as well as the need to help parents take supportive rather than punitive approaches to addressing issues related to substance use.

When Kids Drop Out of School. What Next?

This conversation was initiated in response to an absence of policy to deal with youth who drop out of school. Participants reflected that this is when kids need the most support and often a point at which there are the least services. They also encouraged each other to retain hope: if the professionals are not hopeful, how can youth be expected to have hope?

Participants talked about the practice of connecting each youth to a teacher/mentor in the school. They highlighted the need for schools and communities to come together to establish a system and process that is preventative rather than crisis driven. They emphasized the importance of follow-ups and not giving up on kids who may not be ready to initiate changes in their lives at a particular time due to different issues or circumstances (i.e. mental health, etc.). Participants talked about the need to be patient and stick with youth until they are ready. They also discussed the importance of ensuring that the process continues until a follow-up is made and on supporting families/caregivers to see the process through.

Resourcing Programs

This conversation focused on the widespread challenge of resourcing ATS programs. The group talked about the need for positive behaviour intervention and support programs for all students and the lack of resources in this area. They explored both the strengths and weaknesses of in-school suspensions and conducting suspensions offsite in the community. Additionally they looked at the possible role of community counsellors and of having training for trainers for paraprofessionals to work with suspended students on an on-call basis.

Participants discussed the time involved in compiling a resource package and the opportunity of sharing resources among districts/programs.

In moving forward, the group highlighted the need to explore community resources other than government. They hoped to work towards reducing fragmentation of services across sectors. They also saw value in defining the roles of counsellors (community and school), youth care workers and child and youth mental health counsellors.

Restorative Circles in Schools and Classrooms

This conversation provided an overview of the use of restorative circles applied in classes/schools as a process that engages students, teachers, advisors - and at times community members - in working towards finding solutions and developing a deeper level of understanding. The group talked about the power of restorative practices in creating a more empathetic school community and the potential for broad application of the principles of restorative circles for addressing problems as well as promoting positive behaviours.

In moving forward, participants hoped to speak to their colleagues about the integration of restorative circles in their school or district. They recommended restorative circles as a topic for professional development in the schools and saw value in accessing and sharing research, statistics and promising practices from UVic, other institutions and other programs.

Locally Developed Courses for At-Risk Students

This conversation shared information and ideas pertaining to courses for at-risk youth. Most of the discussion focused on 'Youth Connection', a program at Parklands Secondary School based on reconnecting youth in grades 9 and 10.

In moving forward, the group wished to share a link to the International Institute for Restorative Practices: www.iirp.org

Root Causes of Use and Abuse

This conversation provided a space for participants to share knowledge and thoughts pertaining to the root causes of substance use and abuse. The group talked about the fact that the majority of youth with recognizable substance use issues are boys and the role of such factors as mental health, pre-natal influences, trauma and abuse and the influence of popular culture as contributors to problems with substance use. They discussed the cumulative effects of trauma and the importance of attachment, family structure and community.

In moving forward, participants felt the need for broad acknowledgement that the causes of use and abuse are not a school problem, although that may be where they become apparent. They talked about the need to connect with each student and to counteract misinformation about cannabis. They also emphasized the importance of parental involvement and support.

Other Conversation Topics without Notes:

- Addressing mental health issues
- Early prevention and intervention
- What are the policy issues?
- Involving families
- Alternatives for small school districts

Forum Evaluations

The evaluations from the forum revealed that participants felt the most valuable aspects of the day were in the opportunities to network, share ideas and dialogue with others and join the Open Space discussion. A number of participants found it particularly useful to meet and speak with Art Steinmann from Vancouver SACY Program. Other useful elements of the day mentioned were the artistic renderings, the panel discussion and the research presentation.

A number of suggestions were proposed for making the forum more useful. Some participants indicated that the research presentation did not offer much in the way of new information. Several indicated that more time could have been spent in dialogue on what is working, actions, and next steps. Two participants proposed a second day for training or presentations from other provinces. Another suggested the involvement of mentors or contacts to help participants build on and implement what was learned at the forum.

New contacts and new ideas were the two most commonly identified takeaways from the Forum. Participants highlighted an appetite for ongoing discussion of what's working, and many individuals specifically referenced ideas and information related to restitution and restorative practices as being among the most valuable aspects of the day. Other key takeaways included: the reframing of current perspectives; the bridging of policy and practice; the practice of student self-referrals; the ideas related to family involvement; and hope that the "tide was turning". The evaluations of the forum were overwhelmingly positive and spoke strongly of the value of bringing people together to discuss and share ideas on ATS.

APPENDIX B

Appendix B – Overview of ATS Program Environmental Scan

Program Name	Location	Structure	Target Population	Curriculum	Partners	Parental Involvement	Follow up	Evaluation	Staff
Project Resiliency	Langley	Three day program; two off site locations; continuous intake	Caught using substances at school or exhibiting other signs of stress, anxiety or risk-taking behaviour	Universal adversities; Control and coping; physiology of addictive behaviour; self exploration; impacts of using on relationships	Langley SD and ??	Parent meetings added: "Connect Parent" 12 session workshop with focus on attachment	Check in 3-4 weeks post program; if youth have not connected, counsellor follows up	Conducted survey with graduated youth about memories about connections made through the program	
SACY - Step	Vancouver	Three day program; off site central location; closed program Part of broader SACY program which includes 3 other streams: including STEP	Any youth having school-related problems involving drugs or alcohol. Those caught, self referred or referred out of concern	Identifying goals and passions; Assessing impacts of D&A, Friends, family; Action plans incl. goal setting aimed at rekindling passions. Social emotional learning basis	Vancouver SD, Vanc. Coastal Health District	Parents contacted by program workers; Also engaged through a series of parent workshops and other activities, i.e. Capacity Cafes.	Follow up with parents and youth participants conducted through other SACY streams	Independent third party evaluations conducted annually.	2 staff in STEP; 16 in SACY
PASS	Victoria - one location for 3 south island districts	Three day program; off site, central location; closed program	Caught using, under the influence or in possession of substances at school	Drug education – risks of substance use; impacts of risk taking on school, family, relationships; myth busting; self regulation; decision making and change	Victoria, Saanich and Sooke SDs and Discovery Youth and Family Services (VI Health)	Direct counsellor contacts cancelled due to lack of success; message from reception offering service to parent's still made; information package sent prior to youth starting PASS	Conduct exit interview; encourage schools to connect with youth upon return to school	Evaluation conducted after 1 st year (summer 2008) – statistical; Exit interviews with all participants	3 counsellors
ASSETS	Coquitlam	One day program held every two weeks out of central, off site location; half day programming;	Precontemplative youth with concerns related to drugs or alcohol	Increase capacity to assess and evaluate use; decrease harms associated with use; build	Coquitlam SD and SHARE	Parents program being discussed	Follow up with youth 6 and 12 weeks post program about connections made		SHARE Counsellor and rotating staff from SD

APPENDIX B

Program Name	Location	Structure	Target Population	Curriculum	Partners	Parental Involvement	Follow up	Evaluation	Staff
CATS	West and North Vancouver	half day homework 3 day program held at off site, central location, continuous intake – moving to closed program	Grades 7/8-12; Caught using, under the influence or in possession of substances at school	knowledge around D&A; strengthen connections with positive adults Self reflection, self assessment, cognitive dissonance, seeds of doubt	West and North Van SD and VCH	Parents program cancelled due to low numbers; info package now mailed to parents	Cancelled now that youth prevention workers absent from schools	Have conducted evaluation with youth, parents and administrators	One counsellor
AIMS	Central Okanagan	Self assessment followed by 1 hour counselling session	High school; youth caught using, under the influence or in possession of substances at school	Motivational interviewing	?	?	?	Evaluation conducted...	P/T counsellor
Family YMCA	Chilliwack+ 12 sites in P.Q. and 7 slated as part of national expansion	Based on Quebec model; 3-5 days (up to 15) program at neutral, off site location; 7 essential elements; programming in the morning; homework in afternoon	Youth at risk or having committed an offence related to D&A or other	Tailored to meet needs of participants; balance of individual work (assessment) and group work	Chilliwack SD and YMCA Canada	Communication with parents a key component of the program; call made prior to program, during program and parents required at reintegration meeting	Reintegration meeting held prior to returning to school; Counsellor follows up 1-2 times with youth, parents and administrators	Outcome evaluation underway	One FT and one PT youth workers
Act for Change	Burnaby	Youth outreach worker meets student in school, conducts assessment and provides tailored programming: 3hrs over 3 days	Grades 8-12, but primarily gr. 8-9; youth caught using, under the influence of drugs or alcohol	Employ motivational interviewing; Psycho-educational – myth busting re drugs; decision making; stress management;	Burnaby SD and Fraser Health	Counsellor makes calls to parents; sends info about connecting; may focus more on family with repeat offenders; occasional parent night presentations		Youth fill out report cards completed post session; Evaluation conducted 3 years post	One FT youth worker for 8 secondary schools

APPENDIX B

Program Name	Location	Structure	Target Population	Curriculum	Partners	Parental Involvement	Follow up	Evaluation	Staff
District D&A Committee	Qualicum	Hearings with a District Drug and Alcohol Committee	High school students caught violating school substance use policy – or of concern for drug and alcohol issues	peer pressure; refusal skills Restorative practices approach	School district, health authority, community service provider	Parents are involved in the hearing	Follow up with student is conducted as deemed necessary by the Committee		
Intervention, Rethink, Refocus, Reintegrate (IR3) program	Surrey	2 day programming of preventative workshops	Grades 6-8 suspended for the first time for substance use or other reasons	Mix of individual and group work focused on conflict resolution, character building, violence prevention (bullying, gangs), internet safety and substance use prevention	Surrey district's Safe Schools department; Surrey Parks, Recreation & Culture; Surrey RCMP Youth Section and the integrated Gang Task Force (IGTF) with funding from the National Crime Prevention Strategy	Program staff members also connect with parents to discuss the child's progress and provide information about the program, staff contacts and community resources	Staff members also continue to follow-up with each IR3 "grad" as long as the student remains in the Surrey school district.	?	?

Appendix C: Key Informant Interviews

1. Cindy Andrews, CARBC
2. Dee Bassi, Project Resiliency, Langley
3. Heather Burkitt, District Principal Alternate Programs, Saanich
4. Terry Bulych, Vancouver Coastal Health Authority
5. Jeremy Church, North Vancouver, CATS Program
6. Bob Eslinger, District Principal, Nanaimo
7. Sue Dorey, Burnaby
8. Reg Fleming, VIHA
9. Aarin Frigon, AIMS Program
10. Rollie Koop, Asst Superintendent, Qualicum
11. Marvin Krank, UBC Okanagan (AIMS and PATH)
12. Neal Martin, Counsellor, PASS Program, Greater Victoria
13. Louise Maurakis, VIHA
14. Paul McNaughton, ASSETS Program, Coquitlam
15. Carrie Morris, VIHA
16. Tom Piros, Safe School Coordinator, Nanaimo
17. Dan Reist, CARBC
18. Art Steinmann, SACY, Vancouver
19. Kristina Spring, SACY, Vancouver
20. Annette Vogt, Project Coordinator, BC Centre for Safe Schools and Communities
21. Shari West, YMCA
22. Gillian Wilson, Director of Instruction, Qualicum

End Notes

- ⁱ Beyers, J. M., Evans Whipp, T., Mathers, M., Catalano, R. F. and Toumbourou, J. W. (2005). An international comparison of the school drug policy environments in Washington State, U.S. and Victoria, Australia. *Journal of School Health*, 75, 134-140.
- ⁱⁱ Russell J. Skiba Zero Tolerance, Zero Evidence: An Analysis of School Disciplinary Practice Policy Research Report #SRS2 August, 2000; Are Zero Tolerance Policies Effective in the Schools? An evidentiary review and recommendations. *American Psychologist*, December 2008.
- ⁱⁱⁱ Paglia, A., & Room, R. (1999). Preventing substance use problems among youth: A literature review and recommendations. *Journal of Primary Prevention*, 10 (1), 3-50.
- ^{iv} CARBC (2010) "Replacing Ineffective and Harmful Measures". <http://carbc.ca/HelpingSchools/ImplementingPromisingPractices/tabid/638/agent-Type/View/PropertyID/390/Default.aspx>
- ^v Skiba, R.J. & Peterson, R.L. (2000). School discipline at a crossroads: From zero tolerance to early response. *Exceptional Children*, 66, 335-346.
- ^{vi} D'Emidio-Caston, M., & Brown, J. (1998). The other side of the story: Student narratives on the California drug, alcohol, and tobacco educational programs. *Evaluation Review*, 22, 95-117.
- ^{vii} Daigneau, C.V. & Saewyc, E.M. (2006). Behavioral health problems of adolescents: Eating disorders, substance abuse and suicide. In D. Wong (Ed.), *Nursing care of infants and children (8th ed.)*. St. Louis, MO: Mosby-Year Book.
- ^{viii} BC Ministry of Education. "Safe, Caring and Orderly Schools". <http://www.bced.gov.bc.ca/sco/>
- ^{ix} Beyers, J. M., Evans Whipp, T., Mathers, M., Catalano, R. F. and Toumbourou, J. W. (2005). An international comparison of the school drug policy environments in Washington State, U.S. and Victoria, Australia. *Journal of School Health*, 75, 134-140.
- ^x Russell J. Skiba Zero Tolerance, Zero Evidence: An Analysis of School Disciplinary Practice Policy Research Report #SRS2 August, 2000; Are Zero Tolerance Policies Effective in the Schools? An evidentiary review and recommendations. *American Psychologist*, December 2008.
- ^{xi} Paglia, A., & Room, R. (1999). Preventing substance use problems among youth: A literature review and recommendations. *Journal of Primary Prevention*, 10 (1), 3-50.
- ^{xii} CARBC (2010) "Replacing Ineffective and Harmful Measures". <http://carbc.ca/HelpingSchools/ImplementingPromisingPractices/tabid/638/agent-Type/View/PropertyID/390/Default.aspx>
- ^{xiii} Skiba, R.J. & Peterson, R.L. (2000). School discipline at a crossroads: From zero tolerance to early response. *Exceptional Children*, 66, 335-346.
- ^{xiv} D'Emidio-Caston, M., & Brown, J. (1998). The other side of the story: Student narratives on the California drug, alcohol, and tobacco educational programs. *Evaluation Review*, 22, 95-117.
- ^{xv} Bonny, A., Britto, M., Klostermann, B., Hornung, R., & Slap, G. (2000). School disconnectedness: Identifying adolescents at risk. *Pediatrics*, 106.
- ^{xvi} Smith, A., Poon, C., Stewart, D., Hoogeveen, C., Saewyc, E., and the McCreary Centre Society (2011). Making the right connections: Promoting positive mental health among BC youth. Vancouver, BC: McCreary Centre Society.
- ^{xvii} McCreary Centre Society. (2011). "Mental health and substance use: A BC Adolescent Health Survey 2008 Fact Sheet". McCreary Centre Society. http://www.mcs.bc.ca/pdf/AHS4_Mental_Health_Substance_Use_Factsheet.pdf
- ^{xviii} McCreary Centre Society. (2011).
- ^{xix} BC School Act. http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/96412_01
- ^{xx} BC Ministry of Education. (2004). Developing and Reviewing Codes of Conduct: A Companion to the Provincial Standards for Codes of Conduct Ministerial Order and Safe, Caring and Orderly Schools: A Guide. http://www.bced.gov.bc.ca/sco/resourcedocs/facilitators_companion.pdf
- ^{xxi} BC Ministry of Education. (1999). "A Focus on Suspension: A Resource for Schools". http://www.bced.gov.bc.ca/sco/resourcedocs/suspension_resource.pdf
- ^{xxii} Schaps, E., & Solomon, D. (2003). "The role of the school's social environment in preventing student drug use. *Journal of Primary Prevention*, 23(3), 299-328.
- ^{xxiii} Vogt, A. (2009). "An Analysis of the Relationship between School Bonding and Drug Use among High School Students. [http://www.ufv.ca/Assets/BC+Centres+\(CRIM\)/Safe+Schools/Research+Papers/Vogt-School_Bonding_and_Drug_Use.pdf](http://www.ufv.ca/Assets/BC+Centres+(CRIM)/Safe+Schools/Research+Papers/Vogt-School_Bonding_and_Drug_Use.pdf) ; Hawkins, J., Arthur, M., & Catalano, R. (1995). Preventing substance use. *Crime and Justice. Building a Safer Society: Strategic Approaches to Crime Prevention*.
- ^{xxiv} Evans, A. & Bosworth, K. (1997). *Building effective drug education programs*.
- ^{xxv} Paglia, A. (1998). *Tobacco risk communication strategy for youth: A literature review*. Ottawa, Canada: Health Canada.

- ^{xxvi} International School Health Network. "School-based Substance Abuse Prevention: A wiki discussing good practices based on evidence and experience. Risk and protective factors". <http://schoolsubstanceabuseprevention.wetpaint.com/page/Risk+%26+protective+factors>
- ^{xxvii} Canadian Centre on Substance Abuse. (2007). Substance abuse in Canada: Youth in focus. Ottawa, ON: Canadian Centre on Substance Abuse.
- ^{xxviii} Arthur, Michael W. et al. 2002. "Measuring Risk and Protective Factors for Use, Delinquency, and Other Adolescent Problem Behaviors". *Evaluation Review*, 26(6): 575-601.
- ^{xxix} McCreary Centre Society. (2011).
- ^{xxx} JCHS. (2009). "Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives" JCSH. <http://eng.jcsh-ces.ca/upload/JCSH%20Positive%20Mental%20Health%20Perspectives%20Better%20Practices.PDF>; Stewart, D. E. (2008). Implementing mental health promotion in schools: A process evaluation. *International Journal of Mental Health Promotion*, 10(1), 32-41.; Stewart, D. E., Sun, J., Patterson, C., Lemerle, K., & Hardie, M.W. (2004) Promoting and building resilience in primary school communities: Evidence from a comprehensive 'health promoting school' approach. *International Journal of Mental Health Promotion*, 6(3), 26-31.
- ^{xxxi} Vogt, A. (2009). An Analysis of the Relationship between School Bonding and Drug Use Among High School Students. [http://www.ufv.ca/Assets/BC+Centres+\(CRIM\)/Safe+Schools/Research+Papers/Vogt-School+Bonding+and+Drug+Use.pdf](http://www.ufv.ca/Assets/BC+Centres+(CRIM)/Safe+Schools/Research+Papers/Vogt-School+Bonding+and+Drug+Use.pdf); , J., Arthur, M., & Catalano, R. (1995). Preventing substance use. *Crime and Justice. Building a Safer Society: Strategic Approaches to Crime Prevention.*; Scales, P. (2005). Developmental assets and the middle school counselor. *Professional School Counselling*, 9(2), p. 104-111.; Schaps, E., & Solomon, D. (2003). "The role of the school's social environment in preventing student drug use. *Journal of Primary Prevention*, 23(3), 299-328.
- ^{xxxii} Henry, K. L., & Slater, M. D. (2007). The contextual effect of school attachment on young adolescents' alcohol use. *Journal of School Health*, 77(2), 67-74.; Schaps & Solomon (2003).
- ^{xxxiii} JCSH. (2010). Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives. JCSH. <http://eng.jcsh-cces.ca/upload/JCSH%20Positive%20Mental%20Health%20Perspectives%20Better%20Practices.PDF>
- ^{xxxiv} Brendtro, L., Brokenleg, M., Van Bockern, S. (1990, 2002). *Reclaiming Youth at Risk: Our Hope for the Future*. Solution Tree, Bloomington, IN.
- ^{xxxv} Bensen, P.L., Sales, P.C., Hamilton, S.F., Sesma Jr., A., Hong, K.L., Roehlkepartain, E.C., (2006). "Positive Youth Development So Far." In *Search Institute: Insights & Evidence*. November 2006. Vol 3, No. 1. <http://www.search-institute.org/system/files/InsightsEvidence-11-06.pdf>
- ^{xxxvi} Ibid.
- ^{xxxvii} Cox, K. (2008). Tools for building on youth strengths. *Reclaiming Children and Youth*, 16(4), 19-24.
- ^{xxxviii} McNeeley, C.A., Nonnemaker, J.M., & Blum, R.W. (2002). Promoting school connectedness: Evidence from the National Longitudinal Study of Adolescent Health. *Journal of School Health*, 72(4), 138-146.
- ^{xxxix} Bonny, A., Britto, M., Klostermann, B., Hornung, R., & Slap, G. (2000). School disconnectedness: Identifying adolescents at risk. *Pediatrics*, 106.
- ^{xl} Smith, the McCreary Centre Society et al (2011).
- ^{xli} Larson, R. (2000). Toward a psychology of positive youth development. *American Psychologist*, 55(1), 170-183.
- ^{xlii} Henry, K. L., & Slater, M. D. (2007). The contextual effect of school attachment on young adolescents' alcohol use. *Journal of School Health*, 77(2), 67-74.
- ^{xliii} Enomoto, E. (1997). Schools as nested communities. *Urban Education*, 32(4), 512-531.; Hotton, T., & Haans, D. (2004). Alcohol and Drug Use in Early Adolescence. *Health Reports*, 15(3). Statistics Canada, Catalogue 82-003.
- ^{xliv} Maddox, S., & Prinz, R. (2003). School bonding in children and adolescents: Conceptualization, assessment, and associated variables. *Clinical Child and Family Psychology Review*, 6(1), 31-49.; Eith, C. (2005). Students, schools, and the social bond: An analysis of school bonding from elementary to high school. *Dissertation Abstracts International*, 66(5), 1964-A.
- ^{xlv} Vogt, 2009.; Diaz, J. (2005). School attachment among Latino youth in rural Minnesota. *Hispanic Journal of Behavioural Sciences*, 27(3), 300-318.
- ^{xlvi} Akers, R. & Lee, G. (1999). Age, social learning and social bonding in adolescent substance use.
- ^{xlvii} McCreary Centre Society. 2011.
- ^{xlviii} Bonny et al, 2000. Cited in Vogt, 2009.
- ^{xlix} Garcia-Reid, P., Reid, R., & Peterson, N. (2005). School engagement among Latino youth in an urban middle school context. *Education and Urban Society*, 37(3), 257-275.
- ⁱ Anderman, L. (2003). Academic and social perceptions as predictors of change in middle school students' sense of school belonging. *Journal of Experimental Education*, 72(1), 5-22.
- ⁱⁱ Vogt, 2009.

- ^{lii} Collier, M. (2006). A structure for caring in schools. *Journal of Human Behaviour in the Social Environment*, 13(4), 73-83.
- ^{liii} Skinner & Wilborn, 1994 cited in Faircloth, B., & Hamm, J. (2005). Sense of belonging among high school students representing 4 ethnic groups. *Journal of Youth and Adolescence*, 34(4), 293-309.
- ^{liv} Garcia-Reid, P., Reid, R., & Peterson, N. (2005). School engagement among Latino youth in an urban middle school context. *Education and Urban Society*, 37(3), 257- 275.
- ^{lv} Flay, B. R. (2000) Approaches to substance use prevention utilizing school curriculum plus social environment change. *Addictive Behaviours*, 25, 861-885.
- ^{lvi} Evans-Whipp, T.; Beyers, J.M.; Lloyd, S.; Lafazia, A.N.; Toumbourou, J.W.; Arthur, M.W.; Catalano, R.F. (2004). In *Health Promotion International* 19(2). 227-234.
- ^{lvii} Voelkl, K. & Frone, J. (2001, May). Predictors of substance use at school among high school students. *Research In Brief, Article*, 1, 1-4.
- ^{lviii} St. Leger, L., Kolbe, L., Lee, A., McCall, D., & Young, I. (2007). School health promotion: Achievements, challenges and priorities. Chapter in D. McQueen, & C. Jones. (2007). *Global perspectives in health promotion effectiveness*. New York: Springer.
- ^{lix} Eith, 2005.
- ^{lx} Hoeve, M., Smeenk, W., Loeber, R., Stouthamer-Loeber, M., van der Laan, Peter H., Gerris, J. and Dubas, J. (2007). Long-term effects of parenting and family characteristics on delinquency of male young adults. *European Journal of Criminology*, 4(2) 161-194.
- ^{lxi} Pardini, D., Loeber, R., & Stouthamer-Loeber, M. (2005). Developmental shifts in parent and peer influences on boys' belief about delinquent behaviour. *Journal of Research on Adolescence*, 15(3), 299-323.
- ^{lxii} Xin, M. (2007). School experiences influence personal health and interpersonal relationships of adolescents: The Canadian case. *School Effectiveness and School Improvement*, 18(2), 209-240.
- ^{lxiii} World Health Organization (WHO). (1997). Promoting health through schools. Report of a WHO expert committee on comprehensive school health education and promotion. World Health Organization Technical Report Services, 870(i-vi), 1-93.
- ^{lxiv} International Union for Health Promotion in Education (IUHPE). (2009). Achieving health promoting schools: Guidelines for promoting health in schools. Saint-Denis Cedex, France: IUHPE.
- ^{lxv} Cushman, P. (2008). Health promoting schools: A New Zealand perspective. *Pastoral Care in Education*, 26(4), 231-241. Page. 232.
- ^{lxvi} Stewart-Brown, S. (2006). What is the evidence on school health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? Copenhagen, WHO Regional Office for Europe.
- ^{lxvii} Murray, N.D., Low, B.J., Hollis, C., Cross, A. Davis, S. (2007). Coordinated school health programs and academic achievement: a systematic review of the literature. *Journal of School Health*, 77 (9), 589-599.
- ^{lxviii} Erickson, P.G. (1997). "Reducing the harm of adolescent substance use," in *Canadian Medical Association Journal*. May 15, 1997; 156(10). 1397-99; Rosenbaum, M. (1996). "Kids, drugs and harm reduction" San Francisco: National Council on Crime and Delinquency; Ennett, S.T., Tobler, N.S.; Ringwalt, C.L., Flewelling, R. (1994) "How effective is Drug Abuse Resistance Education? A meta-analysis of Project Dare outcome evaluations," in *American Journal of Public Health*, 84: 1394-401.
- ^{lxix} Cohen, J. (1996). "Drug education, politics, propaganda and censorship," in *International Journal of Drug Policy*. 7: 153-7.; Saunders, B. (1995). "Illicit drugs and harm reduction education," in *Addiction Res.* 2:i-iii.
- ^{lxx} Adlaf, E.M.; Smart, R.G.; Walsh, G.W. (1993). "Trend Highlights from the Ontario student drug use survey", in *Canadian Journal of Public Health*. 84: 64-65.
- ^{lxxi} Erickson, 1997.
- ^{lxxii} D. Moore, & B. Saunders, Youth drug use and the prevention of problems. *International Journal on Drug Policy*, 2(5), 13-15, 1991.
- ^{lxxiii} Joint Consortium for School Health (2009) "Effective Substance Use Policy: A Knowledge Kit for School Administrators". Joint Consortium for School Health. <http://www.jcsh-cces.ca/upload/JCSH%20Sustance%20Use%20Toolkit%20Policy%20v1.pdf>
- ^{lxxiv} Stutzman Amstutz L, and Mullet JH. (2005). *The Little Book of Restorative Discipline for Schools: Teaching Responsibility, Creating caring climates*, Good Books, Intercourse, PA 17534, 2005.
- ^{lxxv} Gossen, Diane. 1998. "Restitution: Restructuring School Discipline", in *Educational Horizons*, v76 n4 p182-88 Sum 1998.

- ^{lxxvi} Ibid.
- ^{lxxvii} Stutzman Amstutz and Mullet, (2005).
- ^{lxxviii} Karp, D., & Breslin, B. (2001). Restorative justice in school communities. *Youth and Society*, 33(2), 249-272.
- ^{lxxix} Riestenberg, Nancy (2006). Applying the Framework: Positive Youth Development and Restorative Practices. Paper from "The Next Step: Developing Restorative Communities, Part 2," the IIRP's 8th International Conference on Conferencing, Circles and other Restorative Practices, October 18-20, 2006, Bethlehem, Pennsylvania, USA.
- ^{lxxx} Wachtel, Ted. 1999. "Restorative Justice in Everyday Life: Beyond the Formal Ritual," a paper presented at the "Reshaping Australian Institutions Conference: Restorative Justice and Civil Society," The Australian National University, Canberra, February 16-18, 1999.
- ^{lxxxi} CARBC. 2010. "Replacing Ineffective and Harmful Measures". <http://carbc.ca/HelpingSchools/ImplementingPromisingPractices/tabid/638/agentType/View/PropertyID/390/Default.aspx>
- ^{lxxxii} CARBC. <http://carbc.ca/HelpingSchools/tabid/77/Default.aspx>
- ^{lxxxiii} Cohen, J. (1996). "Drug education, politics, propaganda and censorship," in *International Journal of Drug Policy*. 7: 153-7.; Saunders, B. (1995). "Illicit drugs and harm reduction education," in *Addiction Res.* 2:i-iii.; 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.
- ^{lxxxiv} Adlaf, E.M.; Smart, R.G.; Walsh, G.W. (1993). "Trend Highlights from the Ontario student drug use survey", in *Canadian Journal of Public Health*. 84: 64-65.
- ^{lxxxv} Erickson, 1997.
- ^{lxxxvi} CARBC. 2011. "What is Health Literacy?". <http://carbc.ca/HelpingSchools/ImplementingPromisingPractices/tabid/638/agentType/View/PropertyID/394/Default.aspx>
- ^{lxxxvii} JCSH. 2009. "Addressing Substance Use in Canadian Schools: Effective Substance Use Education". JCSH. <http://www.jcsh-cces.ca/upload/JCSH%20Substance%20Use%20Toolkit%20Classroom%20Education%20v1.pdf>. Page i.
- ^{lxxxviii} CARBC. 2010. "How is IMinds different from traditional drug education programs?". <http://www.carbc.ca/HelpingSchools/ImplementingPromisingPractices/tabid/638/agentType/View/PropertyID/406/Default.aspx>
- ^{lxxxix} CARBC, 2011. "What is a constructivist approach?" <http://www.carbc.ca/HelpingSchools/ImplementingPromisingPractices/tabid/638/agentType/View/PropertyID/401/Default.aspx>
- ^{xc} Henderson, A.T. & Mapp, K.L. (2002). *A New Wave of Evidence: The Impact of School, Family, and Community Connections on Student Achievement*. Austin, Texas: Southwest Educational Development Laboratory.
- ^{xci} Epstein, J.L. 2009. *School, family and community partnerships: Your handbook for action*. 3rd ed. Thousand Oaks, CA: Corwin Press.
- ^{xcii} Henderson, A.T. & Mapp, K.L. (2002). *A New Wave of Evidence: The Impact of School, Family, and Community Connections on Student Achievement*. Austin, Texas: Southwest Educational Development Laboratory.
- ^{xciii} Krieder, H., Caspe, M., Kennedy, S., & Weiss, H. (2007). *Family Involvement Makes a Difference: Family Involvement in Middle and High School Students' Education*. Cambridge, MA: Harvard Family Research Project.
- ^{xciv} Henderson & Mapp (2002).
- ^{xcv} Cooper, H., Jackson, K., Nye, B., & Lindsay, J.J. (2001). A model of homework's influence on the performance evaluations of elementary school students. *Journal of Experimental Education*, 69(2), 181-199.
- ^{xcvi} JSCH, 2009. *Addressing Substance Use in Canadian Schools: School-Family-Community Partnerships*. <http://www.jcsh-cces.ca/upload/JCSH%20Substance%20Use%20Toolkit%20SchoolFamilyCommunity%20v1.pdf>
- ^{xcvii} JCSH, 2009. *Addressing Substance Use in Canadian Schools: Effective Substance Use Policy*. <http://www.jcsh-cces.ca/upload/JCSH%20Substance%20Use%20Toolkit%20Policy%20v1.pdf>
- ^{xcviii} Paglia, A., & Room, R. (1999). Preventing substance use problems among youth: A literature review and recommendations. *Journal of Primary Prevention*, 10 (1), 3-50.
- ^{xcix} Toumbourou, J., Rowland, B., Jefferies, A., Butler, H., & Bond, L. (2004). *Early intervention in schools: Preventing drug related harm through school re organisation and behaviour management*. Melbourne: Australia Drug Foundation.
- ^c JCSH. (2009). "Effective Substance Use Policy: A Knowledge Kit for School Administrators" <http://www.jcsh-cces.ca/upload/JCSH%20Substance%20Use%20Toolkit%20Policy%20v1.pdf>; Spooner, C., E. Hall and M. Lynskey (2001). Structural determinants of youth drug use, ANCD research paper.

- ^{cii} Health Canada. (2001). "Preventing Substance Use Problems Among Young People - A Compendium of Best Practices. Health Canada. <http://www.hc-sc.gc.ca/hc-ps/pubs/adp-apd/prevent/index-eng.php>
- ^{ciii} Smith, A., Peled, M., Stewart, D., Tang, S., Kovaleva, K. (2011). "Promoting positive mental health among youth in transition". McCreary Centre Society. [http://www.mcs.bc.ca/pdf/Promoting positive mental health literature review.pdf](http://www.mcs.bc.ca/pdf/Promoting%20positive%20mental%20health%20literature%20review.pdf)
- ^{civ} CARBC 2010
- ^{cv} Stewart-Brown, S. (2006). What is the evidence on health promotion in improving health or preventing disease and, specifically, what is the effectiveness of the health promoting schools approach? Copenhagen: WHO Regional Office for Europe. Vince Whitman, C. (2005). Implementing research-based health promotion programmes in schools: Strategies for capacity building. In *The health promoting school: International advances in theory, evaluation and practice* (pp.107-135). Copenhagen: European Network of Health Promoting Schools.
- ^{cvi} Toumbourou et al (2004); Dusenbury, L. (2000). Implementing a comprehensive drug abuse prevention strategy. *Increasing Prevention Effectiveness*. Ed. W.B. Hansen, S.M. Giles, & M. Fearnow Kenney. Greensboro, NC: Tanglewood Research.,
- ^{cvi} Adelman, H. & Taylor, L. (2003). Creating school and community partnerships for substance abuse prevention programs. *The Journal of Primary Prevention*, Vol. 23, No. 3, Spring 2003.
- ^{cvi} JCSH. <http://www.jcsh-cces.ca/upload/JCSH%20Substance%20Use%20Toolkit%20SchoolFamilyCommunity%20v1.pdf>
- ^{cix} JCSH. (2009). "Addressing Substance Use in Canadian Schools: Policy Toolkit". <http://eng.jcsh-cces.ca/upload/JCSH%20Substance%20Use%20Toolkit%20Policy%20v1.pdf>
- ^{cx} Masten, A. & Gewirtz, A. (2006). Resilience in development: The importance of early childhood. *Encyclopedia on Early Childhood Development*. Centre of Excellence for Early Childhood Development.
- ^{cxi} JCSH, 2010. <http://www.jcsh-cces.ca/upload/JCSH%20Substance%20Use%20Toolkit%20Policy%20v1.pdf> page 20.
- ^{cxi} JCSH. 2010. Schools as Setting for Promoting Positive Mental Health: Better Practices and Perspectives. JCSH. <http://eng.jcsh-cces.ca/upload/JCSH%20Positive%20Mental%20Health%20Perspectives%20Better%20Practices.PDF>
- ^{cxi} Peters, L.W.H., Kok, G., Ten Dam, G.T.M., Buijs, G.J. & Paulussen, T.G.W.M. (2009). Effective elements of school health promotion across behavioural domains: A systematic review of reviews. *BMC Public Health*, 9: 182.
- ^{cxiv} JCSH. 2010. Addressing Substance Use in Canadian Schools. <http://www.jcsh-cces.ca/upload/JCSH%20Substance%20Use%20Toolkit%20Policy%20v1.pdf>
- ^{cxv} CARBC, 2011. "What is a whole school approach?" <http://carbc.ca/HelpingSchools/ImplementingPromisingPractices/tabid/638/agentType/View/PropertyID/396/Default.aspx>
- ^{cxvi} Vogt, 2009; Collier, M. (2006). A structure for caring in schools. *Journal of Human Behaviour in the Social Environment*, 13(4), 73-83.
- ^{cxvii} JCSH. 2009. School-Family-Community Partnerships. JCSH. <http://eng.jcsh-cces.ca/upload/JCSH%20Substance%20Use%20Toolkit%20School-FamilyCommunity%20v1.pdf>
- ^{cxviii} Velleman, R. D., L. J. Templeton, and A. G. Copello. 2005. The role of the family in preventing and intervening with substance use and misuse: a comprehensive review of family interventions, with a focus on young people. *Drug Alcohol Rev* 24 (2):93-109.
- ^{cxix} Vancouver School Board. "Capacity Cafes". <http://www.vsb.bc.ca/sacy/capacity-cafes>

