VERSION 2.0

BUILDING *on Our* STRENGTHS

Canadian Standards for School-based Youth Substance Abuse Prevention

CCSA - CCLAT

A component of a **Drug Prevention Strategy for Canada's** youth

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BUILDING *on Our* STRENGTHS

Canadian Standards for School-based Youth Substance Abuse Prevention

PREFACE

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Executive summary

The Canadian Standards for School-based Youth Substance Abuse Prevention are part of *A Drug Prevention Strategy for Canada's Youth*, a five-year Strategy launched by the Canadian Centre on Substance Abuse (CCSA) in 2007 aimed at reducing drug use among Canadian youth aged 10–24. The Strategy is a response to a call to action towards reducing substance abuse among Canada's children and youth—a national priority identified by the *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada* (2005).

The development of *A Drug Prevention Strategy for Canada's Youth* was informed by promising research that indicates that prevention efforts are most effective when multi-faceted (i.e., when media messages are used in tandem with prevention programs involving schools, communities and families) and sustained over time. As a result, the Strategy uses three complementary approaches to reinforce and multiply each approach's impact while delivering specific results:

1. Forming and maintaining Sustainable Partnerships. (e.g., National Advisory Group on Youth Substance Abuse Prevention);
2. Developing Canadian Prevention Standards; and
3. Building and sustaining a Media/Youth Consortium (e.g., www.Xperiment.ca, URL-TV).

The School-based Standards are one of several sets of standards being developed with the aim of strengthening the quality of youth-focused substance abuse prevention programs in Canada. Alongside other sectors of the community, schools share an opportunity and responsibility to contribute to the prevention of substance abuse among youth.

The Standards have been prepared to support the prevention efforts of all those considering or currently engaged in school-based prevention work. They are addressed particularly to prevention resource persons in their capacity as members or resources for school teams.

The Standards aim to support these workers by providing them with:

- a benchmark of optimal performance for school teams;
- support and guidance to pursue continuous improvements; and
- practical resources and examples to support change.

These are standards of excellence that strive towards optimal substance abuse prevention programs in schools. This is a destination that may seem difficult to reach, but it is attainable by building upon a school's existing strengths and current prevention programming. To begin this journey, the Standards serve as a roadmap to help schools reflect on where they are now, where they wish to go and what areas of program development will prove beneficial in their prevention efforts.

It must be noted that the Standards recognize that school personnel have many competing demands and, of course, student learning is their primary focus. Personnel may be concerned that addressing student substance use will distract them from that primary focus. To address these concerns, the Standards highlight the importance of incorporating substance use prevention efforts into the core mission and practices of health-promoting schools. Administrators and staff in such schools understand that:

- many attributes of a health-promoting school help prevent problematic substance use by students and staff;
- efforts to prevent substance abuse and promote student health and well-being contribute directly to academic performance and student success; and
- effective prevention doesn't necessarily mean working more, but rather focusing existing practices and resources on what has been shown to work.

In March 2009, the *Canadian Standards for School-based Youth Substance Abuse Prevention* (version 1.0) was released by the Canadian School-based Standards Task Force. The Standards are based on the principle of continuous improvement and will be reviewed and updated on a regular basis based on evidence and feedback from those who have implemented them.

The current revisions to the School-based Standards in version 2.0 reflect feedback received from consultation with stakeholders and recommendations from pilot tests. Key changes include:

- eliminating overlap among the Standards;
- reducing the number of Standards from 18 to 17;
- enhancing the Evaluation and Monitoring section;
- clarifying the Standards' target audience; and
- ensuring the principle of comprehensiveness is highlighted throughout the document.

The Standards are divided into four sections. The first section provides an introduction to the Standards initiative and highlights the importance of addressing youth substance abuse in the school environment. The second section outlines the guiding principles that form the foundation of the Standards, and details each of the 17 Standards. The third section provides a workbook with options for either self-assessment or external review by a National Review Panel to further strengthen one's initiative, gives details on how to build a logic model, and further elaborates on monitoring and evaluation. Lastly, the fourth section includes appendices that contain further information on the theoretical framework for the Standards and method used in the development of the Standards.

The Standards address the life cycle of an initiative, which is divided across four phases:

1. Assess the situation.
2. Prepare a plan and build capacity.
3. Implement a comprehensive initiative.
4. Evaluate the initiative.

The life cycle of an initiative may last several years. Depending on where an initiative is in its life cycle, and the time and resources available, it may be more practical for some schools to begin by reading and addressing the Standards in the phase most relevant to their recent work or to focus on the area they feel requires most improvement, rather than tackling all of the Standards across the cycle within a short period of time.

The Standards are a tool and, as such, may be used in ways beyond those suggested here. Implementation of the Standards must be made specific to the local circumstances of each school, which requires insight into local realities and professional judgement on the direction of one's initiative. The School-based Standards are a national resource designed to empower program delivery within schools and to assist program deliverers to enhance, monitor and evaluate their efforts on an ongoing basis. ■

Preamble: school-based Standards

Building on Our Strengths: Canadian Standards for School-based Youth Substance Abuse Prevention is an initiative proceeding under the leadership of the Canadian Centre on Substance Abuse (CCSA). With a legislated mandate to provide national leadership and evidence-informed analysis and advice to mobilize collaborative efforts, CCSA is a national non-governmental organization working to reduce alcohol- and drug-related harm.

The Canadian Standards were developed by a Canadian Standards Task Force with representation from CCSA, its partners and other experts:

- Doug Beirness (Co-chair), Canadian Centre on Substance Abuse
- Shiela Bradley, Alberta Alcohol and Drug Abuse Commission
- Heather Clark, Canadian Centre on Substance Abuse
- Asma Fakhri, Canadian Centre on Substance Abuse
- Marvin Krank, University of British Columbia
- Christine Lebert, Centre for Addiction and Mental Health
- Colin Mangham, Drug Prevention Network of Canada
- Rhowena Martin, Canadian Centre on Substance Abuse
- Brian McLeod, Strong Heart Teaching Lodge
- David Patton, Government of Manitoba
- Gary Roberts, Gary Roberts and Associates
- Art Steinmann (Co-chair), Art Steinmann and Associates
- David Wolfe, Centre for Addiction and Mental Health

CCSA would like to acknowledge Gary Roberts's contributions to the literature reviews and drafting of this document.

Building on Our Strengths was reviewed for ease of understanding and relevance to daily realities in the field by a panel of end-users and front-line workers in youth substance abuse prevention. Panel members were selected by the Canadian Standards Task Force.

Development of *Building on Our Strengths: Canadian Standards for School-based Youth Substance Abuse Prevention* has been made possible through a financial contribution from Health Canada's Drug Strategy Community Initiatives Fund. The views expressed herein do not necessarily represent the views of Health Canada. ■

CCSA's prevention standards portfolio

In March 2009, the *Canadian Standards for School-based Youth Substance Abuse Prevention* (version 1.0)—prepared by the Canadian School-based Standards Task Force—was released. The School-based Standards call for school-based teams to implement a comprehensive approach to prevention that includes attention to the school's social and physical environments, teaching and learning, partnerships and services, and healthy school policy. The current revisions to the School-based Standards in version 2.0 reflect feedback received from consultation with stakeholders and recommendations from a pilot test of the Standards. Key changes include an enhanced Evaluation and Monitoring section found in the Appendix, and further clarification of the target audience—that being a school team.

These School-based Standards are one of several sets of standards being developed with the aim of strengthening the quality of youth-focused substance abuse prevention programs in Canada. In the *Canadian Standards for Community-based Youth Substance Abuse Prevention* prepared by the Canadian Community-based Standards Task Force, CCSA and partners advise community-based teams how to bring together initiatives in various settings (e.g., family, recreational, media, post-secondary institutions, workplaces, bars and nightclubs) into a coherent whole and to coordinate with school-based efforts. The Standards documents are supported by two databases to assist in the application of the Standards: a Database of Prevention Resources* to aid in the understanding and implementation of the Standards, and a Database of Canadian Prevention Initiatives** for those looking for examples of initiatives that have been assessed against the Standards.

When communities approach the prevention of substance abuse as a "whole community" responsibility—that is, through coordinated efforts in a number of settings—they are more likely to be effective. CCSA and its partners are assembling a portfolio of Canadian youth substance abuse prevention standards specific to various settings to support these efforts.

Thus, the School-based Standards and the Community-based Standards are companions, encouraging school- and community-based teams to strive toward coordinated, broader efforts that are interconnected. ■

* http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx
** http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPrevInitiatives.aspx

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Canadian Standards for School-based Youth Substance Abuse Prevention

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INTRODUCTION

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1 SECTION ONE: INTRODUCTION

Alongside other sectors of the community, schools share an opportunity and responsibility to contribute to the prevention of substance abuse among youth. School personnel are assisted by many partners in striving to address substance abuse and other health and social issues through our schools. These *Canadian Standards for School-based Youth Substance Abuse Prevention* have been prepared to support the efforts of all who do this work.

These are standards of excellence, pointing to a destination that may seem difficult to reach. But the process of building on a school's strengths is most important, and a school's current prevention efforts are an excellent place to begin. The Standards also represent a roadmap to help schools reflect on where they are now, and where they wish to go.

The Task Force invites schools to take steps to strengthen their current prevention efforts. This invitation entails bringing together passionate concerns for student well-being, professional judgment, knowledge of local circumstances and attention to these Standards to make a difference in the lives of students.

It is also an invitation to join other schools in forging a new generation of prevention initiatives in this country. It is CCSA's conviction that when a school accepts this invitation and engages in the process of strengthening its prevention efforts through these Standards, that school will contribute to more students avoiding substance use problems, succeeding academically and leading healthier, productive lives in Canada.

These Standards are for anyone who can work with and apply this information, but are particularly intended for "prevention resource persons"—individuals with the expertise and a mandate to help school groups take action to prevent substance use and abuse among youth, possibly within a broader job description.[i] These individuals would not necessarily lead a school group; they may serve as a member or as a resource for groups and, among other possible roles, would share prevention knowledge with these groups. ■

[i] The delivery of prevention services varies across the country. There isn't yet a defined "prevention worker" or "professional" designation or training path for individuals whose work involves the prevention of substance abuse; nevertheless, these Standards are best interpreted by those whose job description includes the prevention of substance abuse and who have a mix of training and experience in addictions, prevention, public health, population health and/or health promotion. There are others—most particularly school personnel, but also mental health workers, social workers, police, injury prevention workers, and child, youth and community development workers—who have much to contribute to a prevention group's work and may also have an interest in these Standards.

1. SCHOOLS, COMMUNITIES AND YOUTH SUBSTANCE ABUSE[ii]

Canada's *National Framework for Action to Reduce the Harms Associated with Alcohol and Other Drugs and Substances in Canada* (2005) calls all sectors of the country to join together in reducing substance-use-related harms. Children and youth are a priority of the Framework. This makes sense because the first experience of substance use is usually during adolescence, and use at this age can interfere with important developmental changes and may result in unpredictable and serious consequences (such as injury or overdose). Those who use frequently, heavily or in hazardous contexts are more likely to experience a range of immediate and longer-term harms.

Young people have not reached full maturity physically, psychologically or socially, and substance use may affect brain development and interrupt crucial developmental processes.

Some of the immediate effects of substance use interfere directly with the mission of schools. Substance use may affect school performance in a number of ways: [2 3 4]

- A student who is intoxicated or hung over during the school day learns less, and an ongoing pattern will interfere with academic performance.
- Young people have not reached full maturity physically, psychologically or socially, and substance use may affect brain development and interrupt crucial developmental processes.
- Student substance use is often associated with other social or emotional difficulties and disruptive behaviour that affect the social and academic environment for others.

Why some young people use substances and some of them experience problems is complex; an "ecological" theoretical framework that sees the child or youth in the centre of ever-widening spheres of influence (i.e., individual, family, social, school, community and societal) helps guide understanding and action.[5 6] When the issue is viewed in this way, schools are in a position to address only some of the factors linked to youth substance use. This is because:

- many of the factors that promote youth development or, on the other hand, contribute to substance abuse, fall largely outside school boundaries (such as family cohesion, media influences, access to alternative activities, community resources and societal values);
- schools are usually a reflection of the larger community in terms of patterns of substance use and associated factors;
- many of the immediate harms are of concern to the general community (e.g., vehicle crashes, vandalism) as are the longer-term harms (e.g., family, legal, occupational problems); and
- school activities are most likely to have the desired effect when they are complemented by or linked to efforts in the rest of the community, ideally within a broader strategy.

Schools cannot be expected to act alone in reducing substance abuse in their communities. An ecological view of the factors at play in the lives of young people calls for a "systems" response by the whole community. In a systems approach, communities are called to work within and across the spheres of influence to cultivate an overall environment that contributes to youth health and the prevention of substance abuse.

To maximize effectiveness, school-based strategies work best when situated alongside community-wide strategies that reach young people in other parts of the system, such as families, recreational environments, post-secondary institutions, youth media, workplaces and bars. Effectiveness is most likely when partners in these various community settings (or spheres of influence) infuse health-promoting policies and processes into their core missions, and link their efforts. Ongoing collaboration between various parts of the community system increases the likelihood of effectiveness by reinforcing particular norms (e.g., connectedness of young people to adults and community institutions), enabling resource-sharing, and preventing fragmentation and situations in which activity in one setting is working at cross-purposes with another. [7] ■

[ii] This document uses the term "substance abuse" to refer to any substance use that is hazardous and may result in substance use problems.

2. DEFINING SCHOOL-BASED SUBSTANCE ABUSE PREVENTION

School personnel have many competing demands, and of course, student learning is their primary focus. They may be concerned that addressing student substance use will distract them from their primary focus, but it need not. [iii] The best prevention efforts are woven into the core mission of health-promoting schools. Administrators and staff in such schools understand that:

- the many attributes of a health-promoting school help prevent problematic substance use by students and staff;
- efforts to prevent substance abuse and promote student well-being contribute directly to academic success; and
- effective prevention doesn't necessarily mean working more, but refocusing resources to what has been shown to work.

The best substance abuse prevention efforts are woven into the core mission of health-promoting schools.

These Standards are based on the view that effective, sustained action on student substance abuse requires solid buy-in from school administration and ownership of the issue by the school community. Indeed, school-based prevention work is greatly enabled by active support from the local school board and district health authority and Ministries of Education and Health.

The term "initiative" is used in these Standards instead of "program" or "project" to emphasize that health-promotion and prevention works best when infused into a school's everyday work rather than viewed as a separate, time-limited add-on. Health-promotion and prevention initiatives are planned efforts directed to whole school populations or definable subgroups. These efforts are best led by a team linked to the issue; for example, a health-promotion or substance abuse prevention team. [iv]

Team composition will vary with school and community resources but may include representation from various parts of the school community, as well as outside resource persons and representatives of community prevention initiatives, such as: school/board administrator, teacher, school counsellor, student representative, parent representative, mental health worker, school social worker, public health nurse, youth and family worker, prevention worker, police drug awareness and/or school liaison officer, community health-promotion worker and community drug strategy coordinator.

Teams may aim to broadly improve student well-being (and by doing so prevent substance abuse) or specifically aim to prevent or reduce substance abuse. To be considered a prevention initiative under these Standards, a broader initiative (e.g., a peer leadership initiative) must refer to substance abuse prevention in its planning documentation and evaluation.

The Canadian Standards Task Force defines school-based substance abuse prevention as:

> *...any planned initiative (policy, program or practice) at least partially based in a school that aims to prevent substance abuse among students or to positively affect factors shown by research to prevent substance abuse.*

If we dismantle this definition, prevention initiatives need to *affect factors known to influence substance abuse* (e.g., by changing attitudes, building life skills, shifting school culture in a positive direction, increasing effective parent-child-teacher communication, reducing the impact of student transitions). These would typically be seen as immediate or intermediate goals or outcomes of an initiative. The litmus test of a prevention initiative is whether it leads to a change in substance abuse-related *behaviour* (e.g., successfully managing a substance use situation on a Friday night). This needs to be a long-term or ultimate aim of any prevention initiative, although it is most feasible for a broad, integrated initiative bringing together school-based and community-based efforts.

Long-term plans to prevent substance use problems among youth may have any of several goals, as there are a number of opportunities to prevent problems, including:

- Preventing or delaying first use of alcohol, tobacco, cannabis and other substances.
- Preventing the transition to problematic use among substance users.

[iii] These Standards do not address school-based treatment-related activities (i.e., assessment, counselling, referral to treatment, aftercare).
[iv] The term "team" is used in these Standards to refer to school groups that bring together diverse representatives to take preventative action on student substance abuse.

- Preventing or reducing negative consequences linked to substance use by:
  - minimizing the extent of hazardous use among students (e.g., reducing the frequency of use, amount used, use of more than one substance at a time, or use in association with driving, unintended sexual activity, school work or sports/physical activities); and
  - preventing or minimizing the severity of harmful consequences that arise from hazardous use (e.g., car crashes, sexually transmitted diseases, pregnancies, injuries, overdoses).

These goals may be pursued by various types of initiatives that fall within a comprehensive school health approach (sometimes referred to as a health-promoting school) that distinguishes between efforts to address the school environment (social and physical), teaching and learning, healthy school policy, and services and partnerships: [v]

- **School environment:** for example, peer leader and mentoring programs.
- **Teaching and learning:** for example, universal classroom instruction for all students in a grade—substance use education within an integrated multi-issue health education curriculum (classroom instruction is termed "universal" because it is provided to all students without regard to their relative risk).
- **Healthy school policy:** a policy on substance use that is in alignment with the school's healthy school policy.
- **Services and partnerships:** for example, targeted programs for selected students seen to be at risk either because of factors in their lives or their current level of substance use. These initiatives may have a classroom instructional focus or a counselling focus (in school or in the community).

When a comprehensive approach to health promotion and prevention at the school level is complemented by comprehensive action in the rest of the community, positive outcomes are more likely. ■

[v] Based on the framework proposed by the Joint Consortium for School Health (http://eng.jcsh-cces.ca/index.php?option=com_content&view=article&id=40&Itemid=62)

3. HOW TO USE THIS RESOURCE

The Standards pertain to implemented initiatives rather than the program manuals or guides on which they may be based. They are addressed particularly to prevention resource persons in their capacity as members or resources for school teams. These Standards assume that, among other possible roles, the prevention resource person will share prevention knowledge with the team.

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The Standards aim to support these workers by providing them with:

- a benchmark of optimal performance for school teams;
- support and guidance to pursue continuous improvements; and
- practical resources and examples to support change.

It is intended that prevention resource persons will share the Standards with teammates in a way that fits with particular circumstances (e.g., through coaching, consultation, training, or the normal course of program development and implementation). Teams may see an opportunity to begin prevention efforts in their school anew, or it may be preferable to build on existing efforts. The Standards address the full funding or life cycle of an initiative, which may last several years. It may therefore be more practical for a team to limit its review to its most recent work rather than the whole cycle. This resource provides a workbook (Section 3) with three options for strengthening a team's work:

Level 1 — 20-minute reflection. The checklist on pp. 51–52 will help teams quickly assess the strength of their school-based prevention initiative and consider whether resources are being spent in the best possible ways.

Level 2 — In-depth review. This more thorough self-assessment will indicate where a team can further tailor and strengthen its initiative. Prevention resource persons—ideally working with other team members—methodically review a prevention initiative and identify strengths and areas to improve.

Level 3 — Review by a national review panel. After the team has prepared the necessary documentation, it can submit the materials to the National Panel on Standards for the *Canadian Standards for School-based Youth Substance Abuse Prevention* for guidance and to learn how fully the initiative meets the evidence-informed Standards. It may take more resources than a school team has available to assess all its work in a single assessment, in which case teams are encouraged to assess a particular phase of work and, if they wish, submit it to the national review panel.

The Standards are a tool and, as such, may be used in ways beyond those suggested here. They are not, of course, a "silver bullet". Numerous decisions need to be made on the basis of local circumstances; thus, the Standards need to be applied with professional judgment and insight into local realities. ■

BUILDING *on Our* STRENGTHS

Canadian Standards for School-based Youth Substance Abuse Prevention

Section Two:
SCHOOL STANDARDS

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SECTION TWO: SCHOOL STANDARDS

GUIDING PRINCIPLES

Several principles form the foundation of the Standards. Aspects of these principles find expression in various Standards, and the Task Force advises that prevention initiatives be firmly grounded in these principles.

A. FRAME SUBSTANCE ABUSE PREVENTION WITHIN A COMPREHENSIVE SCHOOL HEALTH APPROACH

Research evidence shows that the ability of classroom health or substance abuse education to bring about healthier student behaviours on its own is limited.[8 9] Sustained improvements on a range of health and social issues, as well as academic performance, are more likely to occur through a multi-component, comprehensive school health approach.[10] Canada's Joint Consortium on School Health sees comprehensive school health as encompassing the whole school environment with actions addressing four interrelated pillars:

- social and physical environment;
- teaching and learning;
- healthy school policy; and
- partnerships and services.

The components of a comprehensive school health approach support each other in a coordinated fashion for the benefit of students and staff. Prevention efforts that reflect this framework tap into a number of protective and risk factors at play in the lives of students in a way that classroom instruction alone cannot.

A health-promoting school is one that is constantly strengthening its capacity as a healthy setting for learning, working and playing.[11] According to this approach, the school is seen as a system shaped by structures, policies, relationships and practices. In a dynamic and vibrant health-promoting school, participation, empowerment, equity and democratic processes are considered key values.[12] A health-promoting school approach is best seen as a way of refocusing values and activities rather than as a new project.

B. SHARED RESPONSIBILITY AND CAPACITY ARE KEY

The dizzying array of student issues today's schools are called upon to address (often with limited resources) is daunting. It is difficult for schools to shed these responsibilities—indeed, they do have an important role—but they can't do this work alone. Each school must work from its particular assets and capacities to address student health and substance use issues as fully as possible. It is ultimately staff and students who will bring positive change to the school community; after all, no one knows a school as well as those who learn, work and play within it. However, others need to perceive a shared role—particularly, the Ministry of Education, school board,

regional health authorities, parents and the local community. Consequently, the ability of a school and team to generate positive change depends on various shared capacities.

There are many ways of viewing capacity, but it can be seen simply as the potential of a school or team to take action likely to result in positive outcomes. A large number of specific capacities (such as problem-solving, youth engagement, cultural, evaluation capacities, etc.) will contribute to an overall team capacity for health promotion and prevention; these capacities can be organized as human, financial, technical and collaborative: [13]

- Human capacities: for example, strong administrative support; committed staff; strong leadership; active participation by team members, etc.
- Technical capacities: for example, understanding of links between protective/risk factors and substance abuse; knowledge of program planning, implementation, and evaluation.
- Financial capacities: adequate funding to implement the initiative as planned; ability to manage funds and attract further funding through proposal writing, etc.
- Collaborative capacities: the ability to develop links and active support from key partners, particularly others in the school system, youth, parents and community resources.

Many of these capacities exist in schools, some may be drawn from partners, and others may need to be developed before a team can undertake comprehensive action. It is important that a team critically reflect on school, team and partner capacities on an ongoing basis, as capacity is dynamic and constantly shifting.[14] If at any time capacity has declined in an important area (e.g., a key supporter on the school board has left), it may be necessary to address the change before moving on, either by rebuilding that capacity or shifting objectives.

C. CONSIDER DEVELOPMENTAL PATHWAYS

In each of our lives, various factors that either increase the likelihood of problems (risk factors) or help us avoid them (protective factors) interact to form a complex web that influences our actions. Everyone possesses or experiences a mix of these factors, within personal, family, social, school, community and societal spheres of influence. Protective and risk factors affect an individual's development from conception through childhood into adolescence and adulthood.

Child and youth development is not determined solely by the nature and number of factors present, but also on their frequency, duration and severity, as well as the developmental stage at which they occur. Some children become vulnerable due to risk factors accumulating early in life. For example, weak child-parent attachment at infancy may contribute to early behaviour problems, which can affect school performance and engagement with peers. In other cases, young people who are faring well can become vulnerable from the onset of risk factors at a particular life stage (e.g., feeling abandoned by one or both parents due to parents' separation, life in a new community, lack of school attachment). Protective factors help set a healthy pathway and provide a buffer against risk factors, particularly through challenging periods in life. Some children have particular innate traits and abilities that confer protection but all children benefit from the protective effects of healthy family, social, school and community environments.

D. PROMOTE POSITIVE YOUTH DEVELOPMENT AND RESILIENCY

A positive youth development or "strengths-based" approach contends that most people respond best to help that emphasizes and builds on one's capabilities rather than focusing on deficits and limitations. [15] [16] With this approach, young people are seen as active agents with inherent capabilities to be drawn out and strengthened rather than passive subjects with problems and deficiencies that need to be fixed.

Positive youth development approaches call for family, school and community efforts to build protective factors into the lives of all youth, noting that many children are not particularly burdened by risk factors and don't experience significant problems but are still not fully prepared for adult life (that is, they may be coping but not thriving). [17] [18] Protective factors in the form of general *social and emotional capacities* (e.g., competence, self-confidence, connectedness, character, caring and compassion) and *environmental supports* (e.g., safe, welcoming and non-punitive settings) that enhance well-being while serving to reduce the risk of a range of problems are emphasized over risk factors.

The most effective way to build these personal and environmental capacities is to engage young people as partners in community life initiatives as fully as possible. In schools, a positive youth development perspective is best supported

by a drug and health education curriculum that emphasizes active student involvement and relevance, seeing the teacher as a guide rather than an expert. Beyond the classroom, this perspective means fostering environments in which youth are encouraged to become involved and assume increasing responsibility for their own lives and the lives of others.

A positive approach to building individual and system strengths in a school also promotes resiliency in students. Resiliency is the ability to cope with adversity (e.g., living with an alcohol-dependent parent). Everyone possesses some measure of resiliency, which can be strengthened with appropriate social support and positive environments.

When all the main influences in the lives of children and youth (e.g., parents, schools, out-of-school programs) actively and collaboratively promote positive development over the long term, positive outcomes are likely. A pattern is established in which children and adolescents receive support but also give back to their families, schools and communities. In this sense, this approach has benefits that extend beyond health promotion and prevention toward citizenship and democracy development.

E. ACCOUNT FOR SEX AND GENDER DIFFERENCES

Much past research in this field has not accounted for sex and gender differences when investigating risk factors and effects linked to various kinds of substance use. The research that does exist has found important differences that school prevention initiatives are advised to consider. Sex and gender (a determinant of health) are important considerations with substance use, both in terms of physiology (sex) and "cultural construction" (gender—that is, the roles and expectations societies assign to boys and girls, and the experience of "femaleness" and "maleness"). [19]

Girls and women have a lower threshold to the effects of alcohol. Given the same amount of alcohol as young men, young women will become more intoxicated, get intoxicated faster and stay intoxicated longer (worsened still by dieting).[20] While the percentage of male and female students who have used various substances has converged and is similar in many cases, males tend to use more frequently and heavily. Nevertheless, young women tend to experience problems and dependence at about the same rate as men, [21] and, over the long term, women who use frequently tend to experience health effects sooner than men. [22]

Certain protective and risk factors may hold equal importance for boys and girls (for example, social support, academic achievement, poverty) but are expressed in different ways. Other risk factors tend to be more important for girls, such as negative self-image or self-esteem, weight concerns, early onset of puberty, higher levels of anxiety and depression, or boyfriend's drug use. Similarly, certain protective factors, such as parental support and consistent discipline or self-control, tend to be more important for girls. Girls may be particularly vulnerable to the influence of peers, friends with problem behaviour, and peer or parental disapproval/approval of substance use. Because girls tend to give greater priority to relationships than do boys, they are more likely to judge school culture in favourable terms and express a stronger sense of school belonging and attachment. [24]

F. UNDERSTAND AND ENGAGE DIVERSE STUDENT POPULATIONS

Within any school population are young people with a range of social and cultural backgrounds. Each student's personal story presents various events, circumstances and factors, some of which may serve to promote their well-being while others may place them at risk. When implementing prevention initiatives it is important to be mindful of the diversity that exists in a class or group and to promote understanding of diverse backgrounds and perspectives. Every child is unique, possessing his or her own particular mix of personal, family, social, school and community assets and risk factors. Evidence does suggest, however, that the following populations are often at heightened risk for substance abuse and ill health:

Each student's personal story presents various events, circumstances and factors, some of which may serve to promote their well-being while others may place them at risk.

Aboriginal students: Approximately 4% of Canadians identify themselves as "Aboriginal", but within that designation is a diversity of histories and cultures. [25] Aboriginal peoples is a collective term for all of the original peoples of Canada and their descendants. [26] While the term Aboriginal is used

to describe First Nations, Métis, Inuit and non-status people, it is important to use terms identified by individuals, families, communities and nations within their own appropriate environmental context.

Aboriginal peoples have experienced a history of forced assimilation through government educational policies, such as residential schools, and today, many Aboriginal learners are excluded from fully participating in Canadian society. While socioeconomic factors such as poverty and unemployment place them at a disadvantage, Aboriginal students also face more subtle barriers such as discrimination, low self-esteem and an education system that often does not address the social, cultural or economic needs of Aboriginal peoples.

While a national picture is not available, provincial data indicate that substance use among Aboriginal youth is higher than among their non-Aboriginal counterparts. [27] Aboriginal youth are over-represented in the youth justice and child welfare systems (e.g., First Nations youth in Canada are more likely to be incarcerated than to graduate from high school). [28] [29] [30] [31]

Students with positive teacher, learning and social connectedness fare best in terms of later mental health and health risk behaviours, and are more likely to have good educational outcomes.

Disengaged students: Young people who are not engaged with learning and who have poor relationships with peers and staff (e.g., are being bullied or have feelings of not belonging) are more likely to experience academic and mental health problems and engage in various health risk behaviours including substance abuse. Canadian research has found that students with less connection to their school staff are more likely to use marijuana, to smoke, to be sexually active and to report depression. [32]

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Students with positive teacher, learning and social connectedness fare best in terms of later mental health and health risk behaviours, and are more likely to have good educational outcomes. Even students who have been suspended or detained yet perceive a connectedness with teachers are less likely to become involved in harmful substance use or other problem behaviours than counterparts who don't have that sense. [33]

Gay, Lesbian, Bisexual and Transgender (GLBT) students: There are indications that GLBT youth need to be viewed as vulnerable to substance abuse, though caution is advised in generalizing findings over a broad cross-section of people estimated to represent 10% of the population. Reasons cited for increased risk among these young people relate to the added stresses of coping with their sexual identity, sharing their sexual orientation with family, friends and classmates, and general stigmatization. [34] There is some evidence that GLBT students who do not face stigmatization (e.g., routine taunting) are at no greater risk of using drugs or experiencing other social/health issues than their heterosexual counterparts. [35]

New Canadian students: The proportion of ethno-cultural groups in Canada has increased dramatically over the last few decades, with most recent immigrants arriving from Asia, Africa, the Middle East, and South and Central America (cultures with widely different views on substance-related issues). Young immigrants and refugees who remain engaged with their families and cultures can draw protection from those values; however, they may be vulnerable to substance use and mental health problems due to earlier trauma, economic and social disadvantages, isolation and discrimination. Substance use attitudes and practices vary widely between cultures, but there is some indication of generally poor knowledge of the harms linked to substance use among new Canadians. New Canadian parents tend to be less involved in health promotion and prevention programs due to language and cultural factors. [36]

Students with less access to the "social determinants of health": A number of factors, such as employment, income, and living and working conditions, are among a number of "determinants of health" that are understood to have significant impacts on health. [37] These determinants may be seen as resources for healthy living; many people in our society experience challenges in accessing these resources. Canadians in the lowest income bracket are much less likely to rate their mental and overall health as very good or excellent compared to those in the highest income group. [38] That said, the relationship between substance use and social determinants is complex. For example, youth with weaker school attachment

are more likely to drink alcohol and smoke marijuana or tobacco, as are youth with more disposable income. [39]

Students with mental health issues: It has been estimated that 15% of Canadian children and youth will experience some form of mental illness (severe enough to cause impairment).[40] The most prevalent mental illnesses in this population are anxiety disorder, conduct disorder, attention-deficit hyperactivity disorder (ADHD) and depressive disorder. An early pattern of aggressive behaviour, as found in cases of conduct disorder, places a child at risk for later problems including violence and substance abuse. In adolescence, less socially disruptive internalized problems (such as depression and anxiety) may place the young person at risk for substance abuse. Substance use may be an attempt to self-medicate—to manage moods and feelings (for example, some studies have found adolescents with ADHD symptoms are much more likely to smoke cigarettes), [41] but substance use can exacerbate symptoms.

Care needs to be taken when targeting particular students for programming to avoid labelling or stereotyping those students. Understanding that students bring a mix of social and cultural experiences to school—some of which may place students at greater risk for substance abuse—educators and health promoters need to ask themselves: how can we make what we do work for the full range of students in our school? Ways this might be accomplished include: [42]

- whole-school "system-level" improvements that support all students regardless of background and risk level;
- initiatives to promote understanding and respect for diverse populations;
- outreach activities to engage harder-to-reach young people;
- benefits of targeting children and youth experiencing particular challenges, and weigh them against the possible harms (e.g., through labelling); and
- if the decision is made to target or select students in this way, designing the initiative in partnership with those youth.

(See Standard 13, *Implement targeted activities within a comprehensive continuum,* on p. 45 for related discussion.)

THE STANDARDS

The Standards combine two functions: quality assessment and capacity building. The 17 Standards in the table that follows provide a benchmark for prevention resource persons and school teams to aim toward with their substance abuse prevention activities. The Standards have been organized according to four phases that can be used to guide a full design, implementation and evaluation process. The Canadian Standards are supported by various resources to support capacity building around each Standards and phase.

Phase	Standards
A. ASSESS *the situation*	1. Account for current activities 2. Determine local substance use patterns and harms 3. Learn relevant protective and risk factors 4. Clarify perceptions and expectations 5. Assess resources and capacity to act
B. PREPARE *a plan and build capacity*	6. Ensure goals address priority harms and relevant factors 7. Engage students in the initiative 8. Strengthen links with parents and other partners 9. Conduct ongoing professional development and support 10. Address sustainability of the initiative
C. IMPLEMENT *a comprehensive initiative*	11. Cultivate a positive health-promoting school climate for all 12. Deliver developmentally appropriate classroom instruction at all levels 13. Implement targeted activities within a comprehensive continuum 14. Prepare, implement and maintain relevant policies
D. EVALUATE *the initiative*	15. Conduct a process evaluation of the initiative 16. Conduct an outcome evaluation of the initiative 17. Account for costs associated with the initiative

A. ASSESS THE SITUATION

1. Account for current activities

Rationale

Before deciding on a plan it is important to know the status of health promotion and prevention in the school. In doing so, the team may be pleasantly surprised with the amount of relevant activity already occurring. This assessment provides a good indication of the school's capacity or readiness to take on a comprehensive initiative.

Before considering a new substance abuse prevention initiative it is important to review existing and recent activities. A broad review takes note of the general school environment as well as specific initiatives. The team will revisit this review during the planning phase and determine where gaps exist and how existing activities might be strengthened (building on existing activities rather than starting from scratch is usually a better use of resources).

If prior and current activities have been monitored or subjected to a process evaluation, existing documentation may be sufficient for assessment. If not, minutes of staff meetings and student and parent council meetings may contain relevant information. It is always helpful to hear from a range of staff and students during the course of this process, through interviews or focus groups. One way to organize an assessment of current activities is in alignment with the comprehensive school health framework.

School environment: In recent years, schools have been reminded of the important role of 'school environment' or 'climate' contributing to a number of positive outcomes for students and staff. School environment or climate can be difficult to define but has been described as "the quality and character of school life, reflecting norms, goals, values, relationships, teaching, learning and leadership practices, and organizational structures".[43] A positive school environment can have many benefits—including substance abuse prevention—so it is important to try to understand the current situation in a review process.

Learning and teaching: Drug education provides an opportunity for students to learn skills and insights relevant to substance use and related issues. To address the current status of drug education, it is important to know the extent to which scope and sequence are being followed, teacher and student satisfaction, whether interactive teaching methods (a best practice) are employed by teachers, and the amount of orientation teachers currently receive on the topic.

Substance use policy: A school substance use policy has an opportunity to give direction to all substance-abuse-related activity in a school and helps colour the school climate. Reviewing the policy, its logic, visibility, enforcement, and linkages to other school and health policies is important.

As a result of the assessment, the team may see that its prevention task will be less about starting new activities than it is about building on existing ones.

As a result of the assessment, the team may see that its prevention task will be less about starting new activities than it is about building on existing ones.

Services and partnerships: Most schools have developed various programs and services to support students, particularly those at risk. These are often supported by partnerships with parents and community agencies. These services and partnerships sometimes develop on an ad hoc basis that leads to fragmentation over time. A review of the current situation benefits from a review of relevant services and partnerships to assess gaps, duplication, the level of coordination between them and the extent to which they meet current needs.

As a result of the assessment, the team may see that its prevention task will be less about starting new activities than it is about building on existing ones. The results contribute directly to Standard 5, *Assess resources and capacity to act* (p. 29), providing a strong indication of the capacity or readiness of the school and team to undertake a comprehensive initiative. ■

2. Determine local substance use patterns and harms

Rationale

To confirm that action is warranted and to respond appropriately, it is necessary to clarify as accurately as possible the nature and extent of substance use among students and the problems arising from use. Collecting existing and possibly new information on student substance use from several credible sources will provide a more accurate understanding of the situation, and position the team to identify priority concerns, focus on the factors at play, and articulate a clear goal for the initiative.

School prevention initiatives work best when their goals and activities match local student substance use patterns. For instance, if a significant portion of the senior-high population is using alcohol frequently and heavily, an initiative that aims to reduce hazardous use of alcohol and resulting harms while supporting students who choose not to use alcohol would make sense. Consequently, it is important to be as clear as possible on the nature and extent of substance use among students in the school.

Bringing several sources of information together will help build a picture that can serve as the basis for planning.

General substance use patterns of Canadian students can provide useful context. Alcohol, cannabis and tobacco are the most commonly used substances, with non-medical use of pharmaceuticals and various illegal substances beyond cannabis following. Typically, initial use of alcohol, tobacco and cannabis begins to occur in the Grade 7–9 period, with rates of use increasing significantly through this period, and with little difference between boys and girls. Rates of drinking alcohol to intoxication increase steadily through this period, typically becoming quite common in senior high school. In most communities, a small percentage of students begin to use substances early and evolve toward patterns of frequent, heavy use of multiple drugs. These students may be seen as generally vulnerable due to a clustering of risk factors that place them at risk for various problems.

In looking at the local situation, it is helpful to develop an understanding of the age of first use and age of peak use of particular substances, along with any gender differences. An understanding of the proportion of students not using any substances at different ages may be helpful for programming, along with knowledge of hazardous substance use practices, kinds of harms reported and particular groups at greater risk. A local school survey would provide information of this sort, but this is often not possible, and use of resources to mount one at this point is not normally justified. Later, in the planning phase, school teams will be called to gather baseline information for evaluation purposes on specific substance use behaviours or associated factors that are the focus of the initiative.

Bringing several sources of information together will help build a picture that can serve as the basis for planning.

It is often possible to acquire a satisfactory picture by assembling all of the available information. Available information can be found from national, provincial/territorial student drug use surveys, which are sometimes broken down by region.[vi] More locally, any data kept by the school on substance use policy infractions is clearly relevant. Other reliable local information might also be obtained from police, public health officials, treatment specialists and local hospital emergency personnel. Media reports can spark interest in an issue and provide useful information, but they may misrepresent the actual situation by, for example, giving attention to emerging drugs while overlooking ongoing concerns with the use of alcohol.

A team may determine that existing information is insufficient for planning purposes. New information may be gathered through school or community forums, meetings or interviews with student and parent representatives, and key informants in the community. A prevention initiative that begins its work by asking students their perception of substance use patterns and issues greatly increases the likelihood of efforts being supported.

None of these sources of information alone provides a full picture, but bringing several sources of information together will help build a snapshot that can serve as the basis for planning. Ongoing review of substance use among the student population will help the team evaluate its initiative and allow it to adjust aims and activities accordingly. ■

[vi] Because these surveys do not include students absent from school for various reasons (ill health, suspension, truancy, etc.) on the day the survey is administered, and these youth are generally at higher risk for substance abuse, surveys may under-represent the extent of substance use and harms.

3. Learn relevant protective and risk factors

Rationale

After or even while determining the substance use patterns that are of greatest concern, the team needs to learn which factors appear most associated with those patterns. The activities the team arrives at for its initiative will then need to address those factors. Outcome evaluations help determine the effectiveness of an initiative and usually investigate whether the activities made any differences in these factors.

As a way of organizing protective and risk factors, the ecological theoretical framework sees the child or adolescent as situated in the centre of ever-widening spheres of influence at the personal, family, school, social, community and societal levels (see discussion of protective and risk factors in Appendix):

- Personal: e.g., genetic, biological and personality-based factors, knowledge, attitudes, skills
- Family: e.g., family cohesion, family management, parental substance use patterns
- School: e.g., engagement with teachers, learning, peers
- Social: e.g., peer influence, social norms
- Community: e.g., access to alternative activities, availability of alcohol and other substances
- Societal: e.g., media, popular culture, access to determinants of health

Another way of understanding protective and risk factors is to distinguish between those that are close to substance use behaviour (for example, expectations about the rewards and risks associated with cannabis use), and those factors that are more distant or general. A general factor such as aggressive behaviour in early childhood can lead to problems in any of several areas of a child's life (e.g., academic performance, bullying, problematic substance use).

School-based factors having a general protective effect for students (i.e., they prevent various problems while promoting positive development) include: quality of student-staff and student-student connectedness, academic achievement, opportunities and rewards for positive school involvement, clear standards/rules, and high expectations of students. [44] [45] [46]

There is some indication that most young people who engage in binge drinking and tobacco use are exposed to only ordinary levels of risk factors. [47] Their substance use may be best understood as arising from various social influences to which all young people are exposed and as risky expression of normal adolescent development. [vii]

In reviewing relevant factors, a team needs to focus on spheres of influence and factors in the ecological framework that appear linked to substance use by local youth and are also within its reach. For example, building skills, norms, expectations and a positive school climate are all within the purview of schools, particularly when working in concert with parents and others in the community. However, even more distant factors may be within reach of schools. For example, youth access to various media may be beyond a school's reach, but strengthening the ability of students to analyze media isn't. More broadly still, how resources or determinants of health are distributed in a society is a political question in which all citizens have a stake. ■

[vii] Tasks of normal adolescent development that substance use may satisfy include: taking risks, demonstrating autonomy and independence; developing values distinct from parental and societal authority; seeking novel and exciting experiences; and satisfying curiosity.

4. Clarify perceptions and expectations

Rationale

Views on substance abuse, and how best to deal with it, may differ widely between various groups connected to a school-based initiative. To arrive at a plan that enjoys strong, widespread support, all those with a stake in the initiative need to reach consensus on the nature of the issues and possible solutions. Among those whose perceptions need to be accounted for are students, parents, school administrators and staff.

If an initiative is to be credible among students, it's important the team understands students' views on substance use. As every educator well knows, students in a school are not a homogenous group—views undoubtedly vary between subgroups and with age. Nevertheless, what adults consider 'deviant' behaviour may be viewed quite differently by at least some adolescents. For example, whereas adults tend to underestimate negative behaviour to put themselves 'in a good light', youth often overestimate negative behaviour for the same reason.[48] Where adults see potential harms, some young people may see potential benefits (for example, to enhance a social occasion, to relax). This difference in outlook is due partly to normal adolescent development, during which youth experiment with their lives in different ways and, at times, distance themselves from adult points of view. Students are also influenced strongly by their perception of how common or normative substance use is. For example, if one's friends smoke, drink 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. For some, substance use has important symbolic value; substances are used as accessories, along with clothes and music, to establish an identity or image for themselves.[49]

Seen from a developmental perspective, substance use satisfies a number of tasks of normal adolescent development.

While working from these student perceptions, initiatives do well when they also account for parent, staff and administrator viewpoints. Student substance use issues can be sensitive for parents and other members of the community, particularly surrounding questions of reducing hazardous use and harms.[50]

Teachers' comfort with the topic and what they see as workload implications of a new initiative will influence their outlook.[51] Administrator buy-in is vital for the long-term success of an initiative, so it is very important to learn general expectations from principals and vice-principals before proceeding into the planning phase.

If current views and expectations vary widely, the team may conclude that more time and effort are needed to gain greater consensus before moving forward with planning and implementation. Substance use issues can bring out passionate viewpoints that vary from extreme libertarian or laissez-faire views to absolute 'drug-free' perspectives in a community. Various positions on this issue usually hold some truth, and it is important to respect them. While it has not answered all questions definitively, scientific research has greatly improved understanding of the factors that contribute to substance abuse, and the most effective ways to prevent it. Consequently, the best way to work through various views and expectations is to make an early commitment to rely on credible research, and to create more awareness of this research among stakeholders.

5. Assess resources and capacity to act

Rationale

"Assessing resources and capacity to act" means reviewing available resources or qualities of the team and the school. Recognizing the stake that others in the education and health systems and the broader community share, the assessment may also explore the potential for shared resources. Ultimately, the feasibility of an initiative needs to be gauged against this assessment of capacity. It will be difficult to sustain an initiative whose goals and activities exceed the available resources and capacity of the team and school.

Capacity can be seen as the potential or readiness of a school or team to take action likely to result in positive outcomes. An initiative will work best when others in the education and health systems and the local community see a shared role for themselves in promoting youth health and preventing substance abuse. Thus, a review of capacities needs to explore the potential for drawing on resources or capacities from various partners. Capacity may be seen as a question of available or potential resources in several areas (e.g., leadership, collaborative, technical, cultural, financial); [52] schools may find that they are strained in some of these areas and reasonably well endowed in others.

An initiative will work best when others in the education and health systems and the local community see a shared role for themselves in promoting youth health and preventing substance abuse.

Leadership capacities: Leadership is important at several levels; team and school administration leadership is critical, and leadership among community partners is also very helpful. For the team, a shared or distributed leadership style encourages commitment and participation of team members [53] and allows team members' strengths to be matched with appropriate aspects of the work. [54] These capacities may be found in one individual, but cultivating distributed leadership broadens participation and builds leadership skills across the team. [55] Continuing to cultivate leadership support at the administrative and community levels increases the likelihood the initiative can be sustained. [56]

An initiative will work best when others in the education and health systems and the local community see a shared role for themselves in promoting youth health and preventing substance abuse.

Collaborative capacity: Because school teams strive to coordinate between various school and community activities, collaborative and partnership-building capacities are critical and may include skills in: initiating and managing school-community partnerships, communication and information sharing, networking, negotiation, bridge-building, brokering, facilitating diverse groups (across differences in power, culture, and professional backgrounds), conflict resolution and creative thinking. [57 58 59 60 61]

Technical capacity: This refers to knowledge and abilities specific to implementing and evaluating comprehensive school-based health-promotion and prevention. Knowledge of the links between various factors and problematic substance use among youth is a valuable basis for planning, as is an understanding of evidence-based options to address those factors through the school and community. Having a prevention resource person as a team member or ready advisor should satisfy much of the team's need for this specialized knowledge. Teams often report a lack of evaluation knowledge and skills (i.e., how to plan an initiative that can be evaluated, kinds of evaluation necessary, information that needs to be collected, etc.), and because evaluation is most helpful when included as part of an initiative from the beginning, it is best when this capacity is arranged at the outset. [62 63]

Cultural capacity: The success of a prevention initiative may hinge on its ability to engage the various cultural groups in a school (viewing culture widely to include race, ethnicity, religion, social class, sexual orientation, etc.). [64] This calls for a cultural competency that is open to different perspectives, styles, and priorities on a team and in a school, and that seeks to understand, be respectful of, and respond to evolving diversity in the school (including the complexities of multiple cultures).

Financial capacity: This refers to the ability to determine costs (for training, to pay substitutes, etc.) and attract and manage funding to implement and sustain a prevention plan. It calls for a variety of skills, including proposal writing and other forms of fundraising, bookkeeping and, depending on the size of the initiative, it may require accounting assistance.

If outside funding is acquired, good stewardship of those funds means looking beyond the funding period toward a sustainable plan.[65]

Beyond these capacities, a team may also assess a school on its capacity to innovate and respond to new issues or initiatives. A capacity for responsiveness includes some of the following qualities:

- an open stance toward innovation and built-in processes for planning and preparing to implement new initiatives;[66]
- broad acceptance of the need and decision-making about the new initiative with staff input rather than top-down;[67][68]
- placing demands on staff that are manageable (e.g., staff are not overwhelmed by increasing class sizes or by preparing students for high-stakes standardized testing);[69]
- in the case of an educational program, pre-determination of how an initiative can be accommodated in a crowded curriculum;[70] and
- links with existing frameworks (e.g., health promotion, safe school) and the core business of the school—"institutionalize" the program.[71][72]

If a school works within a health-promoting schools approach, it may be necessary to strengthen only specific prevention elements within this framework and increase linkages. Limited resources may be better managed by rolling out elements of an initiative in sequence. Finally, a team may decide that it needs to focus on building school and team capacity in one area or another (e.g., human, financial, technical, collaborative) before moving into planning and implementation. ■

B. PREPARE A PLAN AND BUILD CAPACITY

6. Ensure goals address priority harms and relevant factors

Rationale

An initiative works best when the school team is clear on the initiative's goals in terms of substance abuse and associated factors, and how these goals will be attained. A team can choose between several goals, depending on the age and substance use of targeted students. A logic model that links the goals to objectives, activities and available resources will help the team clarify its work and facilitate evaluation and communication of the initiative.

Teams usually begin with a goal statement that describes the overall change the initiative aims to achieve, then work back through the long-term, medium-term and immediate goals as well as activities and resources to ensure the relationships are logical. Immediate and medium-term goals most often address factors (protective or risk) the team has determined will have an effect on the goal (as identified in *Phase A: Assess the situation*). The team can then identify the actions or steps to be taken to reach each objective, and resources needed to undertake those activities.

A team's plan works best when all the elements are connected by sound logic—that is, the resources available will be sufficient to undertake the activities in the plan; the team is confident that the activities planned will achieve the objectives identified; and the initiative's objectives, if achieved, will be sufficient to accomplish the overall goal of the initiative over the longer term.

RESOURCES → ACTIVITIES → OBJECTIVES → GOAL(S)

When organizing a plan this way and listing its elements under these headings, a "logic model" is created. The logic model is a helpful tool to think about the initiative and to ensure that elements of the plan make sense. It usually takes a number of revisions to arrive at a model that is logical and feasible. The team may come to see that there are insufficient resources to achieve the objectives and longer-term goal, in which case the team may augment its resources and/or adjust its goal and objectives.

When more specific tasks, timelines and responsibilities for each activity are added to a logic model, a work plan takes shape. The logic model and work plan can become the primary references for your team; these items will also serve as the basis for evaluating and communicating the initiative.

To be certain the initiative is unfolding as planned, the team should monitor it on an ongoing basis. Monitoring is a systematic process of collecting and documenting basic information such as human and financial resources spent, activities that have taken place, number of participants involved, and significant issues that have arisen. This information can be gathered by having team members observe activities and complete a short form after each, or by holding regular meetings to check on progress. The information gathered through monitoring will point to adjustments that may need to be made during the course of the initiative, and will position your team to conduct process and outcome evaluations when it comes time to evaluate and account for costs (see Appendix and Standards 15–17 for further information).

Keeping in mind the discussion on protective and risk factors that distinguished between individual, family, social, community and societal spheres (in Standard 3), school teams are best positioned to address factors over which the school has some control that have been shown by research to be linked to student substance abuse.

Goals may vary with each school, its circumstances and grade levels; however, increasing connections between students (particularly marginalized students), the school and parents is a legitimate substance abuse prevention goal at any point throughout primary and secondary school. Other goals that are developmentally appropriate and generally fit substance use patterns of Canadian students may be summarized as follows:

- Schools with Grade 1–5 students have a definite role to play in preventing later substance abuse. The most effective preventative goal for this level is to

strengthen children's attachments to family and school by building the capacity of all parents and teachers to manage behaviour and communicate with children effectively. [73] Students with behaviour management issues (e.g., conduct disorder) are at risk for later problems—including substance abuse—and targeted programming for teachers and parents is warranted for these students. [74] Substance-specific goals focus on safety concerns and sensible use of, and alternatives to, medications (e.g., headache pills, pain relievers) and other potentially hazardous household products, while drug issues are best placed within much broader questions such as, "How do I make decisions about my health?" Substance use at this age can interfere with important developmental changes (physical, cognitive, emotional, social) that occur through this period.

- An exception to this is in communities where inhalant use occurs. In these communities, age of first use may occur during these years, so it is usually best that an inhalant use initiative begin in the 6- to 9-year-old (Grades 1–3) range. Because of the potential immediate and long-term harms, goals need to focus on preventing use of inhalants through more intensive educational programming. Counselling is justified for those students who are using or are at risk of using inhalants.

- In schools with students in Grades 6–8, a legitimate goal is to prevent or delay first use of alcohol, cannabis and tobacco. Substance use at this age can interfere with important developmental changes (physical, cognitive, emotional, social) that occur through this period. Moreover, a single drug-using experience can result in unpredictable and serious consequences (such as injury or overdose), particularly among naïve users. Generally, the first substances used are alcohol, cannabis and tobacco, and for many youth, this occurs between ages 12 and 15. Consequently, prevention activity aiming to prevent or delay onset of use of these substances is best placed in late elementary school and middle school, along with an effort to support students with transition into the next level of schooling.

Substance use at this age can interfere with important developmental changes (physical, cognitive, emotional, and social) that occur through this period.

- Many students in Canada begin to use alcohol, and to a lesser extent cannabis, in hazardous ways at around Grade 9 or 10. At the same time, a significant minority choose not to use alcohol or any other substance during these years. Ultimately, extremely few Canadians live without use of mood-altering substances, whether caffeine, alcohol, pharmaceutical products or illegal substances. Appropriate goals would be to: (a) foster insights and capacities to generally manage use, risks and harms of mood-altering substances now and in the future, (b) support students choosing not to use any substance, and (c) prevent or reduce harmful consequences linked to alcohol or other substance use among those who use substances hazardously, by:
  - preventing or minimizing the extent of hazardous use (e.g., reducing the frequency of use, amount used, use of more than one substance at a time, use in association with driving, unintended sexual activity, school work or sports/physical activities); and
  - preventing or minimizing the severity of harmful consequences (e.g., arguments, fighting, vandalism, car crashes, pregnancy, overdoses, dependencies). ■

Many students in Canada use alcohol, and to a lesser extent cannabis, in hazardous ways, beginning at around Grade 9 or 10 and continuing through high school.

7. Engage students in the initiative

Rationale

Students need to be seen as integral partners in designing and implementing any initiative for their school community. Not only does this ensure greater buy-in or engagement from students and provide them with opportunities to manage new responsibilities, but it also increases the effectiveness of the initiative.

The process of involving students in an initiative has been referred to as engagement, which has been defined as "meaningful participation and sustained involvement of a young person in an activity with a focus outside of him or herself," instilling a sense of active citizenship and social responsibility. [75]

Students are more likely to be engaged if:

- they feel respected, valued, trusted, appreciated, safe and comfortable;
- they are given the chance to be involved, make decisions, assume leadership and see their ideas acted upon;
- there is an enjoyable, social aspect to their involvement; and
- they see change and progress taking place.

Youth engagement clearly supports school health-promotion aims, which have been defined by the World Health Organization as "enabling people to assume greater control over, and to improve, their health". [76] So, while pursuing substance abuse prevention outcomes, the process of student engagement—regardless of the outcome—can be a powerful health-promoting experience in building personal and group capacity for change. In important ways, the process of engagement and relationship building is as important as the content of the initiative itself.

A challenge for school teams is to extend participation to all students—particularly those who feel excluded or marginalized.

The experience of assuming greater control over one's own health and supporting others in doing so is an expression of active citizenship—a core function of schools best learned through supportive experience. "Supportive" in this sense means staff facilitating and supervising activity, and connecting students with other resources as needed. An important aspect of facilitation is ensuring logical progression in students' responsibilities, according to age and developmental ability (sometimes referred to as "scaffolding").

A challenge for school teams is to extend participation to all students—particularly those who feel excluded or marginalized.

Youth who are involved in gathering data, defining the issues or problems, and planning, implementing and evaluating programming are much more likely to remain engaged, thereby increasing the possibility of the initiative having the intended effect.[77] They are also more likely to be open to accepting new perspectives and motivated to actively develop new skills.

School environment initiatives involving the whole school call for general youth engagement. The level of engagement among students can vary widely; typically, some are highly engaged while others are quite disengaged. Consequently, additional effort may be required to engage students who feel excluded or marginalized (e.g., new Canadians, gay/lesbian/bisexual/transgender (GLBT) students, students with mental health issues). Indeed, ensuring relevant youth are engaged from an early point in an initiative is just cause to delay further steps. ■

8. Strengthen links with parents and other partners

Rationale

Many of the factors affecting the health of students and their decisions on substance use arise from factors that lie beyond school boundaries (e.g., family cohesion, community norms, leisure options). Prevention aims are best served when school initiatives connect and integrate with parents and community efforts.

Cultivating cooperation and support beyond the school further strengthens the potential of most initiatives. School-community substance abuse prevention initiatives that bring together several elements (e.g., parent training, youth-led school and out-of-school activities, school instruction) have been found to be effective.[78] [79] This is because multi-component initiatives are better positioned to address a greater range of factors than single-component initiatives (for example, influencing not only individual-level factors but also environmental and social factors that influence local substance use patterns).

Among these various factors, parental and family factors (e.g., family cohesiveness, stability, parental monitoring, communication styles) play a large role in preventing or contributing to substance abuse. Consequently, prevention or health-promotion initiatives work best when parents are engaged and supportive. In the early school years, initiatives that bring parents and teachers together for mutual support in reducing social exclusion and aggressive behaviour can confer important protective factors to children that can snowball and provide ongoing benefits in a number of areas of a student's life.[80] In middle school and high school years, connections can be fostered by seeking parent input into school policy and programming decisions. Providing support to parents in the form of practical advice on youth substance abuse topics, or parent/family training will serve to strengthen links. Engagement with training programs can be supported by offering transportation, food, and child care assistance. (For more information on parent/family-based substance abuse prevention, see CCSA's supplementary *Canadian Guidelines for Family-based Youth Substance Abuse Prevention*.)

School-community connections can have any number of interests (from youth development to early intervention) and take many forms (from informal to more formal arrangements), but they generally share a recognition that single-issue/single-intervention efforts are less likely to succeed and tend to fragment precious resources. These initiatives are sometimes referred to as "school-linked" and may be seen as the coordinated linking of school and community resources to support the needs of school-aged children and their families.[81]

School-linked initiatives differ in the degree of system change required and may be seen as forming a continuum from informal cooperative arrangements to coordination, partnerships, collaborations, and ultimately, integrated services. As would be expected, they typically begin with informal relationships and efforts to coordinate services. They may have any number of shared aims that in some way address substance use concerns, for example:

- enhance life in school and community, such as programs to develop youth assets,[viii] use of volunteer and peer supports, and building neighbourhood coalitions;
- expand after-school academic, recreation and enrichment activities, such as tutoring, youth sports and clubs, art, music, museum programs;
- reduce anti-social behaviour (preventing problematic substance use and truancy, providing conflict mediation and reducing violence);
- enhance transitions to work/career/post-secondary education;
- improve access to health services (including substance abuse programs) and access to social service programs, such as foster care, child care; and
- build systems of care, such as case management and specialized assistance.

Generally, school-linked initiatives require longer-term commitment, cooperation and support from various parts of a community. To increase cooperation and support, it can be helpful to package the initiative in a way that will particularly appeal to each sector. For example, underage alcohol use can be presented as a public health issue to local health workers, a family issue when talking to parents, a business issue for local stores and shops, a liability issue for alcohol retailers, a crime issue when talking with police and other enforcement agencies, a productivity issue for employers, and a budget issue for city leaders. [82]

[viii] The language of positive youth development and asset development supports communication between sectors (e.g., schools, out-of-school programs, sports leagues, parent training) because it translates easily across the sectors.

Whether coordination of these initiatives lies with an individual or a team, it is a crucial function. Building relationships and processes for cooperation adds complexity to an initiative and requires time and effort. However, opportunities to share and ultimately save resources are usually found through a cooperative approach. ■

9. Conduct ongoing professional development and support

Rationale

The effectiveness of a school initiative will hinge in large part on ongoing professional development and support of school staff and partners. A key form of support is management attention to the promotion of staff health and well-being.

Professional development and support for prevention can be viewed within a larger effort to build capacity for health promotion. Building capacity for health promotion in a school gives attention to systemic as much as individual change, and requires the following elements: leadership and management structures that actively support a health-promoting school approach; a school team with health-promoting responsibilities and ability to access community resources; sufficient staffing resources to foster coordination and cooperation; policies and procedures with broad support; and staff professional development. [83] [84]

Specifically in terms of substance abuse prevention, adequate ongoing professional development of school staff—especially those involved with the initiative—will build expertise within the school that can be complemented by external expertise (e.g., prevention resource persons, police, public health). Because of the need to train or orient new staff, to give refresher training to current staff and to train for program modifications, professional development works best when it occurs on an ongoing basis. Time and scheduling pressures can be offset by exploring options such as use of "PD" days, bringing in substitute teachers during training, giving time during staff meetings, or providing information electronically (e.g., an online module).

Because initiatives reflecting health promotion principles emphasize democratic processes and participation, professional development works best when it reflects these same values. This could mean, for example, creating an opportunity for the school team to present its analysis of the need, the contributing factors, and the team's proposal for addressing priority needs. When staff have the opportunity to provide suggestions that lead to confirming or revising the team's proposal, professional development and planning occur together. Most prevention initiatives, whether addressing the school environment, teaching, policy, or services and partnerships, will likely have professional development implications for school staff. For example:

- **Initiatives addressing school environment**: Some initiatives that address the school environment involve longer-term systemic changes, in which case all staff benefit from orientation. [85] Topics could include teacher-to-student relations, student-to-student relations, positive techniques, fairness and clarity of rules, and school safety, also paying particular attention to issues identified in the school assessment.
- **Initiatives addressing teaching and learning**: Health/drug education instruction works best when it is student-centred and interactive. [86] [87] Training may offer a clear rationale for this method, provide demonstration of interactive teaching techniques, and give ample opportunity to practice these skills. In-class performance feedback has also been shown to be helpful in shifting teacher practices in this area. [88]

  At the middle school and/or high school level (Grades 7–12), teachers benefit from advice on confidently addressing sensitive topics such as student binge drinking. Acknowledging and working from the reality of widespread student alcohol use (much of it hazardous)—an illegal activity for students—often creates an enormous dilemma for a school. Not addressing the issue effectively may result in avoidable injury or death among students. Evidence suggests that instruction that aims to reduce hazardous drinking patterns and harms that can arise from these patterns can be effective. [89] An alternative to having teachers address sensitive substance-related topics is to have addiction prevention or counselling professionals cover these specific topics within the context of curriculum requirements, leaving the teacher to focus more on generic life skills (e.g., assertiveness, decision-making).
- **Initiatives addressing policy:** Training on the school's substance use policy is very important to ensure staff and parents are on board and actively supportive of the norms and culture the policy aims to instil. Further, some aspects of a policy, such as "alternatives to suspension", may require explanation to ensure understanding of the rationale and effectiveness of the approach.

- **Initiatives addressing services and partnerships:** It is important that staff have an awareness of the various substance-use-related services available in school. Efforts directed at parent and community education help ensure broad support for school-based initiatives and will, if necessary, help to quell concerns over particular aspects of an initiative. [90]

Professional development on this issue is very important but may not be sufficient to shift school practices. Aside from the school leadership and management factors mentioned earlier (Standard 8), a number of other factors can affect uptake of new initiatives or practices (such as a teacher's sense of the feasibility, acceptability and complexity of the new initiative, or her or his sense of personal effectiveness on this issue, and personal well-being or burnout).[91]

Staff will be more committed to student health promotion when they feel their own health is being promoted.

Staff will be more committed to student health promotion when they feel their own health is being promoted. Health-promoting management practices include helping staff feel strongly valued, providing positive and helpful appraisal, offering a voice in school management and organization, and providing a clear route to early assistance for emerging health issues. [92] [93]

10. Address sustainability of the initiative

Rationale

Schools are typically so preoccupied with ongoing demands that social and health programs such as preventing student substance abuse are often seen as outside a school's core business and dealt with "off the corner of the desk". Health promotion and substance abuse prevention needs longer-term attention, so sustainability is fundamentally important, and is best considered as early as possible.

Active support from school administration is key to effective implementation, and continuing support is a key to sustainability. A viable step toward sustaining an initiative is to explore the feasibility of infusing it into a larger framework or structure. Most schools have school-wide teams dealing with school management, student welfare or discipline issues. It may be possible to shift the lens of an existing school committee to ensure it assumes a health promotion or prevention perspective over time. On the other hand, perhaps there is room for a school health promotion or substance abuse prevention team in the existing school make-up.

Regardless of which route is taken, the sustainability of a health promotion/prevention initiative hinges on the ability to anchor it to the core mission of the school. [94] [95] These initiatives are less about adding-on and more about refocusing, refreshing and coordinating existing actions to improve health and learning outcomes. In this sense, the key to sustainability is to embed health-promoting or prevention values (e.g., promoting broad inclusive participation and empowerment) into key school policy documents and weave them into school practices and processes. [96] Health-promoting practices embodied in school policy may take more time to organize at the outset but will result in issues being handled more effectively and consistently than dealing with them on a case-by-case basis.

Sound planning and attention to quality (e.g., preparing a formal work plan, timetable and budget that include defined responsibilities and commitments) will help the team stay on track and maintain the support of others. If support for the initiative is limited, it may be strengthened by demonstrating sound planning, implementation and evaluation of a limited, "do-able" initiative.

Other actions that can promote sustainability include:

- continuing to provide training and orientation to maintain understanding of the initiative;
- while promoting a long-term view, identifying interim markers of success associated with these processes (e.g., level of student-teacher trust); document and publicize these changes;
- rolling out multi-component initiatives in a manageable sequence to minimize strain on resources and to maintain interest;
- engaging an external "essential friend" (e.g., prevention resource person) who can provide ongoing expertise, motivation and links to external resources to the team; [97] and
- working toward having position descriptions that include health promotion/prevention functions or having personnel assigned to specific tasks.

Cultivating and maintaining parent and community partner links (Standard 8) is critical to sustaining an initiative. Broadening partnerships in the community (e.g., those representing addiction, mental health, health, multicultural, enforcement, Aboriginal, crime prevention, probation/justice, youth and faith group interests) can help sustain an initiative by augmenting resources and cultivating political support. ■

Broadening partnerships in the community can help sustain an initiative by augmenting resources and cultivating political support.

C. IMPLEMENT A COMPREHENSIVE INITIATIVE

11. Cultivate a positive health-promoting school climate for all

Rationale

Strengthening the social environment or climate is an important component of a comprehensive approach to promoting health through schools. School climate refers to the quality of the experience for those learning, working and playing in the school, and it has been found to have an impact on academic performance, well-being and risk behaviours, including problematic substance use.[98 99 100]

It can be difficult to define in simple terms, but school climate is a reflection of the school's values, goals and organizational structures, as well as management and teaching practices. Fundamentally, however, school climate is relational—it is about the extent to which people feel connected with one another and with the learning mission.[101] Because each individual's experience of the school climate will be personal and cannot be assumed, it is important to precede efforts in this area by assessing current perceptions of school climate among students, teachers and parents (Standard 1).

Upon clarifying needs and areas of attention, efforts to strengthen school climate are best guided by an overarching set of agreed-upon principles to organize and guide decision-making on school climate strategies. When these principles are infused into school documents (e.g., the school's mission statement, policies, procedures) and ultimately into the everyday fabric of the school (e.g., student government, class meetings, sports, assemblies), positive outcomes are more likely. This allows various activities and initiatives to reinforce and complement each other. [102]

Examples of school climate-related principles include: [103 104]

- **School safety**: students, teachers and families perceive the school as safe;
- **Positive relationships**: intentional efforts are made to build and maintain caring and supportive relationships and a sense of belonging among students, teachers and other school staff members and families;
- **Participation**: active student and staff participation and democratic processes in decision making are emphasized, opportunities for leadership and participation (e.g., service learning) are actively made available to all students; students are given ample opportunity to create and implement ideas for cultivating a positive climate;
- **Positive orientation**: positive approaches are emphasized, focusing on strengths rather than deficits;
- **High expectations**: teachers, students and parents expect success in both academic and behavioural endeavours and provide the necessary supports to achieve these expectations;
- **Social and emotional skills**: deliberate efforts are made to reinforce use of life skills taught in classroom instruction;
- **Parent and community involvement**: family and community members are viewed as valuable resources and their active involvement in the school's mission is strongly encouraged;
- **Fairness and clarity of rules**: students perceive rules as being clear, fair and not overly punitive; and
- **Inclusiveness**: priority is given to reaching out to students and families who do not feel engaged or connected with school.

School staff members are, of course, school climate leaders; school administration in particular will set the tone. Administration will determine how structures (e.g.,

committees), policies and processes are developed. Through hiring choices, modelling and training, administration can influence the school climate toward agreed-upon principles (e.g., high expectations, inclusiveness).[105] Students, parents and community leaders naturally follow the lead of school administration, but a positive school climate will be more fully achieved when actively pursued by all members of the school community, with support from the community at large.

A challenge with all such initiatives is to maintain momentum over the long term. However, if designed to build capacity (rather than depending unduly on external resource persons), these efforts can become self-sustaining. To keep the initiative alive and on track, the team may check back with members of the school community on an ongoing basis to assess perceived changes in the climate, to note and celebrate successes, and to revisit and adjust aims as needed. ■

12. Deliver developmentally appropriate classroom instruction at all levels

Rationale

Strengthening the quality of teaching and learning on substance-related issues is an important component of a comprehensive approach to promoting health through schools. Teaching and learning are most likely to be strengthened by employing several principles: integration, progression, student-centred interactivity and effective management of sensitive topics.

The ability of universal health/drug education [ix] instruction to bring about healthier student behaviours on its own is limited.[106] The aim of reducing various health risk behaviours (e.g., binge drinking, unsafe sex) is most feasible for a comprehensive school health approach. The most realistic goal of health/drug education classroom instruction is to increase knowledge and skills and to shift attitudes. Seen this way, the health/drug education aims of classroom instruction are distinct from, but supportive of, health promotion/prevention aims for the whole school and community.

Historically, health/drug education has faced several challenges, including:

- teachers often indicate there are too many learning objectives in the health curriculum;
- insufficient time in the schedule to permit the various health issue areas (e.g., substance abuse, nutrition, sexual health, bullying) to be implemented as designed when delivered in sequence;
- evidence-based practice for these various issue areas tend to focus on building many of the same skills (e.g., self-awareness, decision-making, critical thinking, communication and assertiveness skills), which leads to redundancy;
- teachers justifiably shy away from sensitive topics they don't feel competent to address; and
- young people do not favour separating health topics such as drugs, smoking and sexual health. [107]

Much of the responsibility for shifting the way health/drug education is taught lies beyond the classroom teacher and resides with other stakeholders (e.g., Ministry curriculum developers, resource and program developers). To arrive at health/drug education that is both manageable and effective, health education teaching and learning would benefit from paying attention to several principles: integration, progression, student-centred interactivity and effective management of sensitive topics.

Integration: The "whole healthy child" needs to be the focus of health education. In a way that is relevant and developmentally appropriate, practical information on priority health issues (such as substance use/gambling, physical activity, nutrition, sexual health, bullying and violence, and mental health) is best integrated into instruction on key life skills—for example, organized as (a) coping and self-management skills, (b) decision making and critical thinking skills, and (c) communication and interpersonal skills. [108]

Table 1: Priority health issues and priority life skills

	Coping and self-management skills	Decision making and critical thinking skills	Communication and interpersonal skills
Drug/gambling			
Physical activity			
Nutrition			
Sexual health			
Injury and violence prevention			
Mental health			

[ix] The term "drug education" includes attention to alcohol, tobacco, pharmaceutical substances and illegal drugs introduced at a developmentally appropriately point.

Integration of health issues can occur through a "transfer-oriented" approach in which students are stimulated to apply the knowledge, attitudes and skills they have learned with one health issue (e.g., refusal skills for smoking) to other issues (e.g., refusing unsafe sex or alcohol). The teaching content focuses on building bridges between various issues and behaviours by identifying general principles and considering whether and how they can be applied to other areas.

SKILLS TO REFUSE A CIGARETTE → GENERAL PRINCIPLES OF REFUSING → APPLYING THESE PRINCIPLES TO REFUSING ALCOHOL OR UNSAFE SEX

"Integration" can also refer to the integration of substance use topics into other subject areas. This can be encouraged by orienting all staff on key substance use/health promotion messages and asking for them to be alert to opportunities to reinforce them. Integration of substance abuse topics in this manner is particularly critical at the high school level (Grades 10–12). Hazardous alcohol use is sufficiently common among Canadian high school students to warrant universal attention through classroom instruction, but since most high-school students do not take a health-related course, finding opportunities through other courses becomes an important option.

Progression: From the primary grades through to Grade 12, health/drug classroom instruction needs to be organized to cover priority health issues and key life skills age-appropriately. Recommended is a spiralling approach that avoids repetition and progresses to mastering key life skills in relation to priority health issues.

Drug education content can show progression through the grades in the following ways: [110]

- student knowledge becomes more detailed;
- relevant vocabulary widens;
- conceptual understanding deepens;
- ability to see connections and to generalize develops;
- skills reflect increasing complexity;
- new knowledge, skills and attitudes not only add to but also enrich previous learning;
- students' views of supporting others with respect to substance use widens; and
- appreciation of moral and ethical issues develops.

Life skills content can also reflect systematic progression within and across grades as follows: [111]

Defining and promoting specific skills:

- defining the skills—what skills are most relevant to influencing the targeted behaviour? What will the student be able to do if the skill-building exercises are successful?
- generating positive and negative examples of how the skills might be applied;
- encouraging verbal rehearsal and action; and
- correcting misperceptions about what the skill is and how to do it.

Promoting skill acquisition and performance:

- providing opportunities to observe the skill being applied effectively;
- providing opportunities for practise with coaching and feedback;
- evaluating performance; and
- providing feedback and recommendations for corrective actions.

Fostering skill maintenance/generalization:

- providing opportunities for personal practice;
- fostering self-evaluation and skill adjustment; and
- exploring ways to use or adapt skills with other issues, new situations.

Student-centred interactivity: Effective health/drug education requires interactive teaching and learning approaches. The opportunity to practice new skills, to test out and exchange ideas on how to handle substance use situations and to gain peer feedback about the acceptability of ideas in a safe environment appear to be important ingredients of effectiveness. [112] Instruction reflecting "constructivist education" philosophy provides a strong basis for student-centred interactivity because it: [113 114]

- sees students as inherently capable of actively constructing knowledge and deriving their own insights or meaning (rather than passively receiving knowledge);
- promotes deeper understanding of knowledge and concepts;

- encourages discussion and debate to allow participants to see the world through other eyes; and
- calls for integration of health/drug education curriculum and instruction.

The teacher need not aim to be an expert but rather serve as a guide, setting an open, non-judgmental atmosphere, managing the process as a facilitator, and maximizing the opportunity for peer interchange and skills practice.

The teacher need not aim to be an expert but rather serve as a guide, setting an open, non-judgmental atmosphere, managing the process as a facilitator, and maximizing the opportunity for peer interchange and skills practice. The teacher has an important role in correcting misperceptions that may arise and in organizing efforts to obtain or clarify information as needed. [115]

A constructivist-oriented health/drug education curriculum can be organized according to various frameworks, such as one designed by the Centre for Addiction Research, British Columbia: [116]

- **Identify:** Most human beings use psychoactive substances. Knowing what they are, why people use them and the factors that contribute to the potential for this use to result in harm is an important foundation for preventing and reducing that harm. Substance use by Canadian youth is not increasing and tends to follow the pattern set by adults.
- **Investigate:** Providing effective universal interventions in schools requires developing the knowledge and skills for making healthy choices related to substances like alcohol, tobacco and cannabis in a context of social connectedness. Comprehensive approaches that build on students' prior knowledge and that are developmentally and culturally appropriate are most effective.
- **Interpret:** Identifying good practices supported by evidence is relatively easy. Applying good practice in a particular context requires thoughtful interpretation of both the context and applicability of the evidence. This kit offers some probing questions and useful frameworks to help the reader in this process.
- **Imagine:** Drawing attention to real-life examples, this section demonstrates some possible ways to implement good practices and encourages you to take action in your school.
- **Integrate:** Using a simple change management model and a few basic tools, you can assess current practices in your school and plan and implement change.

Or this more general framework prepared by the European Network of Health Promoting Schools: [117]

- **Investigation and significance**: pupils explore the relevant theme or topic and attempt to determine its significance and value to their own lives.
- **Visions and alternatives**: pupils attempt to develop their own dreams, values and visions for how they would like to change and develop the conditions within the relevant theme or topic.
- **Action and change**: pupils develop proposals for specific action that brings them closer to their own visions. They choose action and try it in practice then compile the results, assess them and perhaps adjust the action and initiate new action.

Student-centred interactive health/drug education leans heavily on small-group, peer-led formats and can, for example, include the following:

- discussion of scenarios and case studies
- brainstorming solutions to problems
- demonstration and guided practice
- role play; practicing life skills specific to a particular context with others
- cooperative learning
- educational games and simulations
- storytelling
- debates
- audio and visual activities, e.g., arts, music, theatre, dance
- decision mapping or problem trees

Effective management of sensitive topics: Most of the priority health issues (drugs/gambling, nutrition/obesity, sexual health, injury/violence prevention, mental health) have sensitive topics associated with them (such as handling student disclosures, addressing specific detailed questions, fielding personal inquiries from students, etc.). It is important for school teams, schools, parent councils and/or school boards to clarify how these topics are best managed. Staff who are supported and provided with direction on how to confidently and effectively respond to these topics are more likely to engage students on these issues. Prevention resource persons with expertise on these topics may be able to provide guidance to teachers and even deliver specific parts of the instructional content.

With drug education, the central challenge lies in managing the exploration of an activity such as binge alcohol use, which is illegal, harmful and common among students in most parts of Canada from about Grade 9 onwards.

With drug education, the central challenge lies in managing the exploration of an activity such as binge alcohol use, which is illegal, harmful and common among students in most parts of Canada from about Grade 9 onwards. Each school or board needs to work through this challenge, consulting widely, seeking credible advice, and referring to the best available data (e.g., from provincial/district student substance use surveys). Problems arising from binge alcohol use or other substance-related risk behaviours (e.g., using more than one substance at a time, combining use with driving) are potentially significant. Consequently, if these types of behaviours become common in a specific age group, health/drug education is more likely to be effective when it includes exploration of ways to reduce the hazardous behaviour and harms that could arise, while continuing to present non-use as a health-promoting option.[118] ■

13. Implement targeted activities within a comprehensive continuum

Rationale

The student population in each school presents a range of strengths and challenging circumstances; consequently, a continuum of strategies or processes works best. Most students experience vulnerability at some point, so universal strategies (including school climate initiatives and health/drug education) are an important part of a continuum. Some students experience particular vulnerability—they may benefit from universal strategies, but they may also benefit from more targeted approaches. Many schools have an array of services for students; the challenge in these schools is to coordinate and integrate these services to ensure students don't fall through the cracks.

A health-promoting school approach can provide a framework or continuum to help organize and guide decision making on targeted actions for various issues including substance abuse. The continuum works best when it has a strong universal, preventive aspect while also giving equal attention to early and later intervention, forming three broad elements: [119]

- strategies/processes for promoting healthy development and preventing problems;
- strategies/processes for intervening early to address problems as soon after onset as is feasible; and
- strategies/processes for assisting with severe, ongoing problems.

Schools need to try to engage all students in their learning and social and emotional health. At some point, most students experience some vulnerability in their academic, social or emotional lives, particularly during transitions between elementary, middle and high school. A school that acknowledges these challenges and provides routes for additional support is health-promoting.

Less formal routes based on natural relationships, such as an alert peer or teacher providing an attentive ear, are enormously helpful and an important part of a framework.

A few students may be identified as particularly vulnerable due to an accumulation of risk factors. Schools can anticipate this and prepare informal processes for engaging these students in whole-school activities. The general aim of these processes is to increase learning and social connections for all students.

Beyond these whole-school efforts, schools may consider the need for targeted early interventions for especially vulnerable students. Guidance counsellors are in a good position to help a school articulate an approach to targeted services, and often serve as the primary source for referrals and as a resource for teachers. At the elementary level, these initiatives typically aim to improve educational environments and parenting skills, reduce social exclusion and aggressive and disruptive behaviour.[120] These targeted early-school efforts can have a positive snowballing effect, providing benefits on an array of later issues, including substance abuse. Central to the effectiveness of these initiatives is fostering a sense of school-parent partnership that leads parents and teachers to feeling mutually supported in their efforts.[121]

In all cases, but particularly at the middle school and high school levels (Grades 7–12), targeted initiatives are best approached with caution to avoid labelling a student; the stigma associated with being targeted may result in the initiative having more harm than benefit. Cultivating a health-promoting milieu in which students are encouraged to take control of their own health and support others in doing so can minimize this danger by encouraging self- or peer-referral to supportive services as needed.

Early use (e.g., late elementary and early middle school) of alcohol, tobacco and/or cannabis is a concern because it is linked to various later problems, including dependency. Early substance use usually arises from emotional health issues stemming from earlier family and school factors that warrant attention themselves, but the substance use calls for particular attention. For these students, hazardous substance use may be part of a larger pattern of deviancy that may extend into adulthood. Canadian research with this population has found brief interventions to be promising. [122]

Opportunities for assessment and clear referral routes to services in the school or community are important for students with severe, ongoing academic and health issues that include problematic substance use. Caution is advised in bringing higher-risk students together into new groups as this has been found to increase substance use in some cases (participants in these groups can validate and legitimize the antisocial behaviour of other group members). [123]

Comprehensive approaches that are intended to support health and learning aims can paradoxically add to fragmentation of services in a school. Fragmentation may arise because activities and services focus mostly on linking community services to schools (e.g., substance abuse counselling) without enough thought given to connecting community programs with existing programs operated by the school. So, parallel (rather than integrated) programming can arise and community personnel co-located in schools can find themselves operating in relative isolation of existing school programs and services. As a consequence, a student identified as at-risk for substance abuse, dropout and suicide may be involved in three counselling programs operating independently of each other. [124] [125]

Principles to guide a continuum of universal and targeted health promotion/prevention strategies include: [126] [127]

- enhance regular classroom strategies to enable learning (i.e., improving instruction for students who have become disengaged from learning at school and for those with mild to moderate learning and behaviour problems);
- focus on root factors—avoid tendency to develop separate approaches or processes for each problem;
- support transitions (i.e., assisting students and families as they negotiate school and grade changes and other transitions);
- increase home and school connections;
- avoid actions or processes that may result in students being labelled and stigmatized;
- respond to, and where feasible, prevent crises;
- increase community involvement and support (outreach to develop greater community involvement and support, including enhanced use of volunteers);
- facilitate student and family access to effective services;
- give first preference to least restrictive, non-punitive and non-intrusive forms of intervention; and
- coordinate and integrate the various activities and services to ensure students don't fall through the cracks.

Some schools may consider directing particular attention to Aboriginal students. Recommended by Aboriginal teachers and elders is a culturally competent approach wherein Aboriginal knowledge and contemporary wisdom are presented as equally integral to a student's development. It is believed the internalization of cultural values can be the basis of a profound sense of belonging to the land, community and society, which can directly influence how young people care for themselves and others (see Aboriginal student focus on p. 21).[128] ■

14. Prepare, implement and maintain relevant policies

Rationale

A substance use policy provides an opportunity for a school or board to bring together its values, goals and activities in relation to student substance use. The policy can contribute to positive school norms concerning substance use and will work best when it is linked to the school's academic and health aims, when students participate in developing it, and when it is well communicated.

What students, teachers and administrators say and do (i.e., their attitudes, behaviours and intentions) in regard to substance use and abuse come together to form a school's norms. Norms are the product of many influences including parents, the community, media and society; however, formal school policy is also influential. A health-promoting school policy lays the foundation for a healthy school setting for all who spend time there, providing a strong context for substance use policy.

Substance use policy is a statement of how a school's substance-use-related actions contribute to the health-promotion aims of the school. The policy may include a rationale (linking to health-promotion policies or broad school aims), an indication of roles and responsibilities, a communications plan, and a schedule for regular review. The policy brings together and clarifies the school's commitments, rules, procedures and actions in relation to substance use, which normally include the following:

- prevention of substance use and abuse;
- intervention with problems (early problems as well as dependent use);
- school's position regarding possession, use, or distribution of alcohol, tobacco, pharmaceutical and illegal drugs; and
- disciplinary measures for infractions.

The content of policies is important, but the way they are developed, communicated and enforced is equally so.

The benefits of a clear, balanced and well-communicated policy are wide-ranging. It gives everyone—staff, students and parents—a shared reference point on expected behaviours, procedures and legal responsibilities on matters concerning substance use. Administration avoids making up rules "on the fly", staff are able to speak with confidence on these matters, and students and parents have some assurance that issues will be handled in a fair and consistent manner.

The content of policies is important, but the way they are developed, communicated and enforced is equally so. [129] Acknowledging that many schools operate under school board level policy that they cannot change, a participatory approach to these processes is preferable. Building in reasonable participation from students and staff has a health-promoting effect by giving them a sense of ownership over this part of their lives; it will lead to greater support for the policies and decisions that subsequently arise.

A balanced policy seeks instructive and health-promoting resolutions to issues, including logical consequences for infractions and minimizing out-of-school suspensions. School suspensions often lead to increased antisocial behaviour, so policy that supports high-risk youth in maintaining links with school whenever possible is helpful. [130]

A process for preparing policy normally includes these steps:[131]

1. ensure broad representation in the development process from the school community;
2. complete a needs and capacity assessment;
3. clarify legal obligations;
4. ensure that intervention procedures to support students experiencing problems are in place;
5. agree on the content and write the school policy;
6. create and implement communication plan;
7. disseminate policy; and
8. review policy on a regular basis and revise as necessary. ■

D. EVALUATE THE INITIATIVE

15. Conduct a process evaluation of the initiative

Rationale

Process evaluation is concerned with how well the initiative is operating in relation to plans. Because school health-promotion and prevention initiatives tend to be long-term, an evaluation that helps keep an initiative progressing as intended is important.

An outcome evaluation is important in that it establishes whether an intervention has worked or not, but it doesn't provide insight into implementation issues. Without a process evaluation it would be impossible to tell, for example, whether an apparent failure of an initiative was because it was the wrong one or because it was poorly implemented, or whether it was a success in ways not anticipated. Process evaluation data is critical in understanding and interpreting much of the data collected through an outcome evaluation.

Preparing a clear plan and collecting information on the implementation of the plan positions the team to conduct a process evaluation. Because a process evaluation is concerned with the quality of implementation, it draws on information collected while monitoring the initiative (as noted in Standard 6). While a process evaluation uses information collected through monitoring, it is distinct from monitoring because the focus is not to adjust programming in progress but to document and understand them on completion. [132]

Important aspects of implementation to investigate in a process evaluation are: [133]

- Resources—what resources were used to conduct activities?
- Reach—did the initiative reach all of the target population?
- Acceptability—is the initiative acceptable to the target population?
- Fidelity—was the initiative implemented as planned?

Resources is concerned with the human, financial and technical resources used to implement each activity, and whether they varied from what was planned.

Reach refers to the number of participants or members of the school community affected by the initiative. It is helpful to discuss whether intended numbers of participants were met, whether those reached were the intended target, how reach was achieved, and to offer explanations for problems with reaching intended numbers and provide recommendations for further action.

Acceptability addresses the extent to which participants are satisfied with the initiative, asking such questions as:

- Do participants feel comfortable in the program?
- Do they feel listened to and understood?
- Are topics relevant and interesting?
- Is the pace too fast or too slow? Is it too difficult or too easy?
- Are staff engaged and approachable?
- Are leaders people participants can relate to (for example, in relation to ethnicity, age, experience)?
- Are the venue location and facilities suitable?
- Are the cost and timing of activities suitable?

Fidelity is concerned with whether all the activities of the initiative are being implemented as planned, whether any unexpected problems arose, and if any adjustments need to be made.

Various methods can be used to obtain information for process evaluation, including surveys, interviews, focus groups, observation and document analysis. [134]

In addition to being well planned and implemented, a prevention initiative needs to strive to achieve what it set out to accomplish—its goals and objectives. That is why an evaluation that looks at the impacts or outcomes of an initiative is important (see Standard 16).

Teams benefit from having access to a researcher/evaluator to guide evaluation. For further guidance on evaluation, see Using a Logic Model to Monitor and Evaluate an Initiative on p. 117. Other resources supporting the Canadian Standards may be found at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. ■

16. Conduct an outcome evaluation of the initiative

Rationale

It can't be assumed that prevention efforts will have the desired effect. By planning and implementing an initiative with attention to quality, positive outcomes are more likely, but the only way to truly know is to evaluate the outcomes of the initiative.

The purpose of an outcome evaluation is to discover if the initiative made a difference by determining the extent to which it met its objectives. The objectives of a school initiative normally focus on the protective and risk factors the team has chosen to target in order to achieve the long-term (substance-use-specific) goal of an initiative. The outcome evaluation may address long-term outcomes (or impacts) but because long-term outcomes are usually the result of several initiatives over an extended period, outcome evaluation is often limited to the immediate and medium-term effects of an initiative. If, on the other hand, an initiative is comprehensive enough (for example, a school-community partnership addressing a range of relevant protective and risk factors), intensive enough (i.e., significant contact with target population), has reached enough of a target group and has run for long enough, it is reasonable to conduct an evaluation of long-term outcomes. [x 135]

Planning for an outcome evaluation occurs alongside planning for the initiative. An evaluation has financial and human resource costs, so it is important for the team to be clear on what it wishes to gain from the evaluation. The key tasks in undertaking an outcome evaluation include: [136]

1. **Identify the outcome indicators to be used (planning stage):** To allow the initiative to be evaluated, the team needs to identify outcome "indicators" for their activities when planning the initiative. Indicators specify the type of change that is expected and the percentage of people for which change is anticipated. Questions to ask are: (a) How will we know when we have reached this objective? and (b) What indicators will be appropriate to measure the degree to which the objective was met? An outcome indicator may, for example, specify an increase in knowledge and awareness of the hazards associated with binge drinking in 70% of Grade 7 and 8 students. Rather than identifying all possible outcomes, specify only priority outcomes—the ones that will say most about the change brought about by the initiative.

2. **Identify the information to be collected and methods of doing this (planning stage):** Outcome indicators can be quantitative or qualitative: qualitative indicators assess students' perceptions and experiences, while quantitative indicators measure the numbers of things that take place. Qualitative methods most frequently used for collecting outcomes information are:

    - surveys
    - focus groups
    - observation
    - interviews
    - document review and analysis

    Quantitative indicators are measured through survey instruments. A team may develop its own questionnaire specific to its intervention. Existing instruments often have the advantage of having their validity (the extent to which measures actually measure what they intend) and reliability (the extent to which the measures give consistent results) confirmed.

3. **Design the evaluation to increase confidence that observed effects are due to the initiative (planning stage):** The best way to establish that an initiative has been effective is to design the evaluation in a way that rules out alternative explanations for any changes found in the outcome indicators. The standard evaluation design involves comparing one group of people participating in the initiative with another group that doesn't participate (i.e., control or comparison group). The most rigorous method is to randomly assign persons into participant and control groups. However, designing an evaluation with comparison or control groups is often not feasible for school health initiatives. In these cases, it's important to use pre-program measurement to provide a baseline against which the post-program results can be compared. Without a control/comparison group or pre-post comparisons, it will be difficult to rule out other explanations for any changes that may have occurred. Nevertheless, a case for effectiveness

[x] With intervention targeting young school-age children, it is particularly difficult to measure long-term substance use-based outcomes with adolescents, and calls for research expertise.

can still be made if processes are well documented (through a process evaluation—see Standard 15) and if appropriate indicators clearly and objectively measure achievement of the objectives.

4. **Conduct the outcome evaluation:** Prior to conducting the outcome assessment, it is necessary to determine timelines for when data will be collected, sample sizes, and who will be in the sample. Beyond these questions, the team is advised to give attention to the following tasks:
    - data collection—administer questionnaires, conduct interviews, observe program operations or review or enter data from existing data sources;
    - data recording—collate the information gained through data collection, ensuring that it is accurate; translate collected data into useable formats for analysis; and
    - data analysis—conduct statistical analyses (where relevant) or content analysis of qualitative data and prepare summary statistics, charts, tables and graphs.

5. **Share and use the outcome evaluation:** An evaluation report is best kept simple, brief and logically organized to make it easy to read. It can be helpful to present the information in different ways to various audiences (e.g., formal report, verbal presentation, poster, newsletter article). Reporting back to those participating in the evaluation (i.e., those who gave the team outcome information and those who collected it) is important. [137]

    Sometimes an outcome evaluation will reveal unintended outcomes—things that occurred that were not thought about in the initial planning of the initiative but that are nevertheless important. An evaluation may also show that the initiative didn't have the desired positive effect. This is important information because along with the process evaluation, it can serve as the basis for adjustments and improvements to the initiative.

In addition to evaluating an initiative against its objectives, a team is encouraged to account for its costs and analyze them against the effects of the initiative (see Standard 17).

Teams benefit from having access to a researcher/evaluator to guide evaluation. For further guidance on evaluation, see Using a Logic Model to Monitor and Evaluate an Initiative on p. 117. Other resources supporting the Canadian Standards may be found at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. ■

17. Account for costs associated with the initiative

Rationale

It is important to know how an initiative worked and whether it has achieved its objectives. It is also important to assess costs associated with an initiative against what it has achieved. For example, an initiative may be effective but more expensive than alternatives, or inexpensive to implement but not effective.

In considering costs, the team needs to decide how to define "costs" (i.e., what costs to include). A prevention initiative may choose to account for only the costs that schools or school boards don't already cover; however, full economic accounting also calls for an estimate of the "opportunity costs"—the value of all goods and services that society must give up in order to have the initiative, regardless of who pays for them. The following provides a simple distinction between low, medium and high estimates to illustrate the considerations involved in defining costs for school-based prevention. [138]

- **Low estimate**—program materials + teacher training time + community hall rental for youth leadership training: based on the assumption that it is only necessary to account for costs that sponsors (e.g., school boards) don't already cover (i.e., materials, teacher training and hall rental).
- **Medium estimate**—low estimate + teacher salary while delivering program: assumes that there is an opportunity cost due to teacher time being diverted from other activities to the prevention initiative.
- **High estimate**—medium estimate + facility costs: assumes opportunity costs to the school facilities (i.e., they could be used for some other educational purpose if they weren't being used for the initiative); this permits cost-effectiveness comparisons with other drug demand reduction methods that usually include facility costs, like treatment and incarceration.

Another question to consider is who bears the cost of an initiative—for example, distinguishing between those costs borne by the primary sponsor, partner agencies and participants. [139]

- **Direct costs to the school/agency delivering the initiative:** includes easily determined costs such as brochures and telephone bills, but also less easily determined costs such as staff costs (as considered above) and management expenses.
- **Direct costs to other partners involved in the initiative:** support may be given "in-kind" by other groups—such as volunteer time and donated resources—rather than in the form of monetary resources. They may be difficult to quantify, but if these resources have alternative uses, they have some form of economic value.
- **Direct costs to the individuals participating in the initiative:** for example, registration fee, or transportation costs or other expenditures incurred by a student or family in order to participate.
- **Indirect productivity costs to participants:** lost productivity as a result of participating in a prevention initiative (e.g., missing weekend work to attend training).

In a full accounting of costs, program research and evaluation costs would also be included. Readiness of the school community or target population may be seen as a variable—if the target group is not engaged and motivated, participant recruitment will consume more effort and materials. Several months of promotion may be required to give the program visibility and to encourage participation by young people. Costs of using valuable classroom time to deliver drug education instruction can be better justified by delivering sessions that have broader educational value (e.g., promoting critical thinking).[140]

An accounting of costs will allow a team to conduct a cost analysis, investigating questions such as:

- Is the initiative worth doing? Do the benefits justify the costs?
- What is the cheapest or most efficient way to get results from the initiative?
- What are the cost implications of expanding or shrinking the initiative?
- How do the initiative's costs affect its sustainability?
- What are the cost implications of implementing the initiative elsewhere in the school board? ■

BUILDING *on Our* STRENGTHS

Canadian Standards for School-based Youth Substance Abuse Prevention

Section Three:
WORKBOOK

CCSA · CCLAT

Canadian Centre on Substance Abuse

SECTION THREE: WORKBOOK

1. 20-MINUTE REFLECTION

The purpose of this 20-minute reflection is to provide prevention resource persons and school teams with a tool to identify gaps in their current programming and a springboard for further consultation and discussion around strengthening existing initiatives or developing new ones. The reflection exercise is written for those reviewing an entire existing initiative. Depending on where a team is with its initiative, they may find value in reflecting on all questions or only those pertaining to phases that have been completed. Terms used in this exercise are discussed in Section Two: Canadian Standards.

It is vital that school teams see substance abuse prevention as a process rather than a "place to arrive at."

The Standards are grouped into four phases. Each of the following 17 reflection questions pertains to one of the Standards. Depending on your situation, certain phases or reflections may not be immediately applicable, but action on all Standards is recommended.

A. Assess the situation

- ☐ Do we know the prevention activities already in place and how well they are working?
- ☐ Have we determined student substance use patterns and harms?
- ☐ Do we know the factors that strengthen our students or alternatively place some at risk for substance abuse?
- ☐ Have we clarified the perceptions and expectations of all concerned (e.g., students, staff, parents, other stakeholders)?
- ☐ Have we assessed our school's resources and capacity to act?

B. Prepare a plan and build capacity

- ☐ Do our goals address priority harms and relevant factors for our students?
- ☐ Have we engaged students in the initiative?
- ☐ Are we strengthening links with parents and other partners?
- ☐ Do we conduct professional development and support on an ongoing basis?
- ☐ Have we taken steps to sustain the initiative?

C. Implement a comprehensive initiative

- ☐ Do we take steps to cultivate a positive health-promoting climate for all in our school?
- ☐ Are we delivering developmentally appropriate classroom instruction at all levels?
- ☐ Have we implemented targeted activities as needed?
- ☐ Have we prepared, implemented and maintained relevant policies?

D. Evaluate the initiative

- ☐ Did we conduct a process evaluation of our initiative?
- ☐ Did we conduct an outcome evaluation of our initiative?
- ☐ Have we fully accounted for costs associated with our initiative?

This reflection and the in-depth review that follows are intended to provide a snapshot of how well a particular school currently addresses substance abuse. However, it is vital that school teams see substance abuse prevention as a process rather than a destination. ■

2. IN-DEPTH REVIEW

Bearing in mind that prevention is a process rather than a destination, the in-depth review is a self-assessment that enables the school team to:

- identify the strengths of, and possible areas of improvement for, the school's efforts to address substance abuse;
- consider the extent to which the school's initiative meets the *Canadian Standards for School-based Substance Abuse Prevention*; and
- ready the initiative for assessment by an expert panel.

The in-depth review is best done as a group effort by an existing team or one assembled for this purpose. A team review often brings more insight and better prepares a school to plan to address the review's findings. The team may wish to set aside roughly three hours to complete the full review, or a series of 30-minute sessions to discuss and respond to each of the four sections in turn.

The team will be asked to assess the extent to which the school's current initiatives meet the 17 Canadian Standards. Several detailed questions are posed to help you consider your response. For each Standard, you have the option of checking off the most appropriate response as follows:

FULLY	✓	**PARTIALLY**		**UNDER DEVELOPMENT**		**NOT DONE**	

You will also be asked to briefly explain what the school has done to achieve this Standard and the results of those particular efforts. For your own reference—and for any future expert panel review, should you choose to pursue that route—you are asked to note whether there is any supporting documentation (reports, meeting minutes, etc.) for your response to each Standard.

You will find a Canadian Standards Rating Sheet to score each of your responses as follows:

FULLY	**3**	**PARTIALLY**	**2**	**UNDER DEVELOPMENT**	**1**	**NOT DONE**	

You can then tally the results to assess the school's overall efforts. The Canadian Standards reflect the highest standards in prevention initiatives; no school should expect to achieve consistently high scores. The point of the review is not to compare your school with others, and there is no "failing grade". Rather, your totals help identify areas of activity your school can aim to strengthen.

The point of the review is not to compare your school with others but to help you better understand your school and the quality of your current efforts.

1. Have we fully accounted for the prevention activities already occurring?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 25.

Consider *efforts* and *results* and describe:

A1. What has been done to learn about the school's social environment?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

A2. What resulted from these efforts? (i.e., What was learned about the school's environment?) *[For more information on school environment, see Standard 11.]*

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B1. What has been done to learn about health-promotion and prevention-related youth engagement activities in place in the school?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B2. What resulted from these efforts? (i.e., What was learned about health-promotion/prevention-related youth engagement in the school?) *[For more information on student engagement, see Standard 7.]*

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C1. What has been done to learn about drug education content presented in each grade last year?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C2. What was learned from these efforts? (i.e., What is known about drug education content presented in each grade last year?) *[For more information on drug education, see Standard 12.]*

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D1. What efforts were undertaken to learn about the school's substance use policy?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D2. What was learned from these efforts? (i.e., What is the current state of the school's substance use policy?) *[For more information on school policy, see Standard 14.]*

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

E1. What has been done to learn about any groups of students that may have been selected for additional prevention activity last year?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

E2. What was learned from these efforts? (i.e., What, if any, additional prevention was provided selected students?) *[For more information on targeted activity, see Standard 14.]*

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

F1. What has been done to learn about school efforts to increase coordination among various personnel (school-based and from outside) involved in substance abuse prevention activities?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

F2. What has been learned from these efforts? (i.e., What, if any, evidence is there of coordination of substance abuse prevention activities among school and outside resource people?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which the prevention activities already occurring in the school were accounted for)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

Supporting documentation attached ☐

- For additional sources of information that can be used to aid in the implementation of the Standards, please see the Database of Prevention Resources at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. Please note: Resources are catalogued by the Standard they reflect.

2. Have we determined student substance use patterns and harms?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 26.

Consider *efforts* and *results* and describe:

A1. What reliable sources have we drawn upon for information on usage and harm patterns (e.g., provincial/district student survey)?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

A2. Based on the data, what is the extent of occasional, regular and heavy use (and age/gender differences) among our students?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B1. Based on the data, what specific substances and/or substance use patterns need to be addressed by our initiative?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which we have an accurate picture of student substance use patterns)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

Supporting documentation attached ☐

- For additional sources of information that can be used to aid in the implementation of the Standards, please see the Database of Prevention Resources at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. Please note: Resources are catalogued by the Standard they reflect.

3. Have we learned the factors that either strengthen our students or place them at risk for substance abuse?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 27.

Consider *efforts* and *results* and describe:

A1. What have we done to learn about the current state of our school's social environment and whether it serves to protect all our students or place some at risk?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

A2. What have we learned from our efforts? (i.e., What is the current state of our school's social environment, does it serve to protect all our students or does it place some at risk, and what is the evidence for this?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B1. What have we done to learn what protective and risk factors are being experienced by subpopulations of students due to mental health issues, gender, lack of school attachment, sexual orientation, culture and ethnicity?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B2. What have we learned from our efforts? (i.e., What protective and risk factors are being experienced by subpopulations of students due to mental health issues, gender, lack of school attachment, sexual orientation, culture and ethnicity, and what is the evidence for this)?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C1. What have we done to learn how the broad determinants of health impact our students, including subpopulations of students (e.g., family income and parent educational levels, early childhood experiences)?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C2. What have we learned from our efforts? (i.e., How do the broad determinants of health impact our students, including subpopulations of students?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which we learned the factors that either strengthen our students or place them at risk for substance abuse)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

Supporting documentation attached ☐

- For additional sources of information that can be used to aid in the implementation of the Standards, please see the Database of Prevention Resources at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. Please note: Resources are catalogued by the Standard they reflect.

4. Did we clarify the perceptions and expectations of students, staff, parents and other stakeholders?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 28.

Consider *efforts* and *results* and describe:

A1. What have we done to learn student perceptions regarding the benefits and harms of substance use?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

A2. What have we learned from our efforts? (i.e., How do our students perceive the benefits and harms of substance use?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B1. What have we done to learn the perspectives of teachers, parents and administrators concerning student substance use, and how best to respond?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B2. What have we learned from our efforts? (i.e., What are the perspectives of teachers, parents and administrators concerning student substance use, and how best to respond?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C1. What efforts did we make to educate ourselves, parents and other stakeholders on the evidence (e.g., prevalence, relevant protective and risk factors) concerning youth drug use and effective responses?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C2. What resulted from our efforts? (i.e., Is there evidence of any of these groups having increased knowledge through these efforts?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which we clarified the perceptions and expectations of students, staff, parents and other stakeholders)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

Supporting documentation attached ☐

- For additional sources of information that can be used to aid in the implementation of the Standards, please see the Database of Prevention Resources at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. Please note: Resources are catalogued by the Standard they reflect.

5. Have we assessed our school's resources and capacity to act?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 29.

Consider *efforts* and *results* and describe:

A1. What have we done to learn the existing frameworks (e.g., health-promoting school) within which substance abuse prevention can be addressed?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

A2. What have we learned from our efforts? (i.e., What frameworks exist within which substance abuse prevention can be addressed, and what framework is best suited for the prevention initiative?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B1. What has been done to learn which prevention activities conducted in our school have proven effective or promising?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B2. What have we learned from our efforts? (i.e., What is the evidence that suggests specific prevention efforts have been effective or promising?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C1. What have we done to assess the readiness level for a new or renewed initiative on the part of key personnel?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C2. What have we learned from our efforts? (i.e., What is the readiness level for a new or renewed initiative on the part of key personnel?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D1. What have we done to learn what community agencies are available to support or complement our efforts and how they can support or complement our efforts?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D2. What did we learn from our efforts? (i.e., What help can we expect to receive from community agencies to support or complement our efforts?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which we have achieved an understanding of our school's resources and capacity to act)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

Supporting documentation attached ☐

- For additional sources of information that can be used to aid in the implementation of the Standards, please see the Database of Prevention Resources at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. Please note: Resources are catalogued by the Standard they reflect.

6. Do our goals address relevant factors and priority harms for our students?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 31.

Consider *efforts* and *results* and describe:

A1. What have we done to learn the "best practices" in prevention?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

A2. What did we learn from our efforts? (i.e., What do we consider key best practices and how are these incorporated into our initiative?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B1. What have we done to arrive at our goals and actions for the initiative?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B2. What are the goal(s) for the substance abuse prevention initiative? Discuss briefly: how the goals and actions reflect "best practices" in prevention; how the goals and actions are developmentally appropriate; how the goals address local substance use patterns; the logic between goals, objectives and actions; and how they reflect a strength-based orientation.

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C1. What have we done to understand the school's capacity to accomplish these goals?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C2. What resulted from these efforts? (i.e., What is the school's capacity to accomplish the goals of the substance abuse initiative?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D1. How are we working with others in the school or community to address protective and risk factors shared across community and school domains?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D2. What resulted from these efforts? (i.e., What evidence is there of coordination to address protective and risk factors shared across community and school domains, both within the school and between the school and community?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which our goals address relevant factors and priority harms for our students)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

Supporting documentation attached ☐

- For additional sources of information that can be used to aid in the implementation of the Standards, please see the Database of Prevention Resources at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. Please note: Resources are catalogued by the Standard they reflect.

7. Have we engaged students in the initiative?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 33.

Consider *efforts* and *results* and describe:

A1. What has been done to involve students as partners in planning (e.g., data gathering, defining issues or problems, program planning)?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

A2. What resulted from these efforts? (i.e., What is the extent and quality of student participation, and what is the evidence of these results?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B1. What, if anything, has been done to develop a logical progression (according to age and developmental ability) in the responsibilities that students assume through their school years?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B2. What resulted from these efforts? (i.e., Is there a student engagement plan, and is there evidence that more students have increased leadership abilities?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C1. What has been done to give students an opportunity to provide leadership and give voice to their views on the substance abuse initiative?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C2. What resulted from these efforts? (i.e., Have students participated as fully as desired, and if so, what evidence exists regarding student participation)?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D1. What has been done to extend participation to all students in school? What particular efforts have been made to engage students who may feel excluded or marginalized?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D2. What resulted from these efforts? (i.e., Is there evidence of previously marginalized or excluded students participating in the initiative?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

E1. What has been done to encourage staff to share leadership and play a facilitative and supervisory role (rather than directing activities)?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

E2. What resulted from these efforts? (i.e., Is there evidence that staff is comfortable with sharing leadership and playing a facilitative and supervisory role?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard.

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which students were engaged in the planning process)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

Supporting documentation attached ☐

- For additional sources of information that can be used to aid in the implementation of the Standards, please see the Database of Prevention Resources at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. Please note: Resources are catalogued by the Standard they reflect.

8. Have we strengthened links with parents and other partners?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 34.

Consider *efforts* and *results* and describe:

A1. What has been done to infuse the initiative into a larger framework or structure (e.g., health-promoting school)?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

A2. What resulted from these efforts? (i.e., Is the initiative integrated into a larger framework, and if so, what is the evidence of this integration)?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B1. What efforts were made to achieve broad representation from the school community on the team (including parents)?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B2. What resulted from these efforts? (i.e., Is there broad representation from the school community on the team, and if so, what is the evidence of this representation)?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C1. What has been done to include a family component with our initiative?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C2. What resulted from these efforts? (i.e., Is there a family component to our initiative, and is there evidence to support these results?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D1. What has been done to link with community initiatives that share our interests or aims?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D2. What resulted from these efforts? (i.e., In what way has the initiative linked with community initiatives, and what is the evidence of this linkage)?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard:

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which links with parents and other partners were strengthened)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

Supporting documentation attached ☐

- For additional sources of information that can be used to aid in the implementation of the Standards, please see the Database of Prevention Resources at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. Please note: Resources are catalogued by the Standard they reflect.

9. Do we conduct ongoing professional development and support?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 36.

Consider *efforts* and *results* and describe:

A1. What has been done to provide prevention delivery staff (e.g., health-promotion worker, teacher) with training in student-centred and interactive instruction, and positive climate change practices?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

A2. What resulted from these efforts? (i.e., Are staff adequately trained in these practices?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B1. What has been done to coach prevention delivery staff (e.g., health-promotion worker, teacher) to confidently address—directly or indirectly—sensitive topics such as student binge drinking?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B2. What resulted from these efforts? (i.e., What evidence exists that prevention delivery staff feel comfortable addressing sensitive topics such as student binge drinking?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C1. What has been done to encourage use of participatory methods when training prevention staff in delivering substance abuse prevention?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C2. What resulted from these efforts? (i.e., What evidence shows that staff received training through participatory methods?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D1. What has been done to ensure that staff has an understanding of students' perceptions and experiences regarding substance use?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D2. What resulted from these efforts? (i.e., What evidence shows that staff have an understanding of students' perceptions and experiences regarding substance use?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

E1. What efforts have been made to promote staff health?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

E2. What resulted from these efforts (e.g., new policies, procedures, activities)? Is there any evidence that these have had an effect on staff health?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard:

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which ongoing professional development and support was provided)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

Supporting documentation attached ☐

- For additional sources of information that can be used to aid in the implementation of the Standards, please see the Database of Prevention Resources at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. Please note: Resources are catalogued by the Standard they reflect.

10. Have we taken steps to sustain the initiative?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 38.

Consider *efforts* and *results* and describe:

A1. What effort has been given to creating a strong evidence-based argument directly linking the initiative to the core mission of the school?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

A2. What resulted from these efforts? (i.e., What was the argument or linkage arrived at?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B1. What has been done to educate staff and parents concerning youth substance abuse issues (e.g., accurate data on substance use patterns, information on protective and risk factors, evidence-based approaches, etc.)?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B2. What resulted from these efforts? (i.e., What evidence shows that staff and parents increased their understanding of youth substance abuse issues?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C1. What has been done to plan for long-term funding?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C2. What resulted from these efforts? (i.e., Do long-term funding plans exist?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D1. What has been done to embed prevention or health-promoting values (e.g., promoting security, communication and positive regard) into key school policy documents and practices?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D2. What resulted from these efforts? (i.e., Is there evidence that prevention or health-promoting values were newly embedded into key school policy documents and practices?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard:

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which steps were taken to sustain the initiative)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

Supporting documentation attached ☐

- For additional sources of information that can be used to aid in the implementation of the Standards, please see the Database of Prevention Resources at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. Please note: Resources are catalogued by the Standard they reflect.

11. Do we take steps to cultivate a positive health-promoting climate for all in our school?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 39.

Consider *efforts* and *results* and describe:

A1. What has been done to assess perceptions of the school's climate and address perceptions of diverse members of the school community, as needed?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

A2. What resulted from these efforts? (i.e., What evidence shows that perceptions of our school's climate by diverse members of the community are assessed and addressed on an ongoing basis?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B1. What has been done to encourage school administration to provide leadership on school climate?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B2. What resulted from these efforts? (i.e., What evidence shows that school administration has provided new leadership on school climate?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C1. What has been done to infuse positive school climate principles into the fabric of core school structures and activities (e.g., school's mission statement, student government, class meetings, sports, assemblies)?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C2. What resulted from these efforts? (i.e., What evidence shows that positive school climate principles are part of core school structures and activities?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D1. What has been done to draw in students and families who do not feel engaged or connected with school?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D2. What resulted from these efforts? (i.e., What evidence shows that students and families are more engaged or connected with school through this initiative?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

E1. What has been done to orient and train school personnel on school climate issues and practices? Were participatory methods used?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

E2. What resulted from these efforts? (i.e., Did school personnel actively participate, were they satisfied with the training, and is there evidence that school personnel actively contribute to a positive school climate?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard:

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which a positive health-promoting environment was cultivated for all in our school)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

Supporting documentation attached ☐

- For additional sources of information that can be used to aid in the implementation of the Standards, please see the Database of Prevention Resources at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. Please note: Resources are catalogued by the Standard they reflect.

12. Are we delivering developmentally appropriate classroom drug/health education instruction at all levels?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 41.

Consider *efforts* and *results* and describe:

A1. What has been done to integrate various health topics and various life skills into health education instruction?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

A2. What resulted from these efforts? (i.e., Does evidence exist that health educators have integrated key life skills and priority health issues more fully through the grades? Was a spiralling approach used and undue repetition avoided?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B1. What effort has our health prevention delivery staff (e.g., teachers, external resource persons) devoted to promoting a high degree of student-to-student interactivity and a focus on development of skills and insights (particularly at the middle school level)?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B2. What resulted from these efforts? (i.e., What evidence shows that prevention delivery staff employ methods that promote a high degree of student-to-student interactivity and focus on development of skills and insights?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C1. What effort was put into integrating key substance use topics into other subject areas at the high school level (i.e., Grades 10–12) to ensure all students are exposed to education on hazardous practices?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C2. What resulted from these efforts? (i.e., What evidence exists that students in high school have been exposed to education on hazardous practices?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D1. What has been done to ensure our prevention delivery staff (e.g., teachers, external resource persons)—either directly or indirectly (i.e., by bringing in health or counselling professionals)—effectively address sensitive topics such as binge drinking, combining substances, unsafe sex and violence?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D2. What resulted from these efforts? (i.e., What evidence shows that sensitive topics, such as binge drinking, combining substances, unsafe sex and violence, are effectively covered?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard:

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which developmentally appropriate classroom drug/health education instruction was delivered to all levels)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

Supporting documentation attached ☐

- For additional sources of information that can be used to aid in the implementation of the Standards, please see the Database of Prevention Resources at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. Please note: Resources are catalogued by the Standard they reflect.

13. Have we implemented targeted activities as needed?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 45.

Consider *efforts* and *results* and describe:

A1. What has been done to situate targeted services within a larger continuum or framework?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

A2. What resulted from these efforts? (i.e., What evidence shows that targeted efforts are situated within a larger continuum or framework?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B1. What has been done to encourage use of less formal routes to receiving and giving help (e.g., natural relationships) as part of an overall continuum or framework of supportive services?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B2. What resulted from these efforts? (i.e., What evidence shows that less formal routes are available and used?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C1. What effort has been given to developing parenting skills, reducing social exclusion, and reducing aggressive and disruptive behaviour at the elementary level through this initiative?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C2. What resulted from these efforts? (i.e., What evidence shows that parenting skills, social exclusion and aggressive/disruptive behaviour have been addressed at the elementary level?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D1. What has been done to avoid labelling students when implementing targeted initiatives?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D2. What resulted from these efforts? (i.e., What evidence shows that students do not feel stigma or a risk of being labelled from participating in targeted initiatives?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

E1. What has been done to provide students with ongoing academic and health issues with assessment and clear referral routes to services in the community?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

E2. What resulted from these efforts? (i.e., What evidence shows that referral routes to services in the community for these students have been clarified? Are more students receiving assistance?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard:

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which targeted initiatives have been implemented as needed)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

Supporting documentation attached ☐

- For additional sources of information that can be used to aid in the implementation of the Standards, please see the Database of Prevention Resources at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. Please note: Resources are catalogued by the Standard they reflect.

14. Have we prepared, implemented and maintained relevant policies?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 47.

Consider *efforts* and *results* and describe:

A1. What has been done to frame the substance use policy within broad school aims or a health-promoting schools policy?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

A2. What resulted from these efforts? (i.e., What evidence shows that the policy is framed by broad school aims or a health-promoting schools policy?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B1. What has been done to include the following in the policy: a rationale; policies and actions in relation to substance abuse prevention, intervention, infractions and disciplinary measures; roles and responsibilities; a communications plan; and a schedule for regular review?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B2. What resulted from these efforts? (i.e., What evidence shows that these components have been included in the policy?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C1. What has been done to promote broad participation from the school community in developing the policy?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C2. What resulted from these efforts? (i.e., What evidence shows broad representation from the school community in the development of the policy?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D1. What effort has been given to favouring instructive and health-promoting resolutions to issues (e.g., drawing students in as opposed to punishing and isolating them) through our policy?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D2. What resulted from these efforts? (i.e., What evidence shows that the policy favours health-promoting resolutions to issues?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

E1. What has been done through the policy to help high-risk youth maintain links with school whenever possible?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

E2. What resulted from these efforts? (i.e., What evidence shows that the policy helps high-risk youth maintain links with school?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard:

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which relevant policy was prepared, implemented and maintained)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

Supporting documentation attached ☐

- For additional sources of information that can be used to aid in the implementation of the Standards, please see the Database of Prevention Resources at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. Please note: Resources are catalogued by the Standard they reflect.

15. Did we conduct a process evaluation of our initiative?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 49.

Consider *efforts* and *results* and describe:

A1. What was done to plan for the process evaluation? (e.g., Did planning start at the beginning of the initiative? Did the team access evaluation expertise at the outset?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

A2. What resulted from these efforts? (i.e., Was there a process evaluation plan?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B1. What was done to gather information on the participation of students?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B2. What resulted from these efforts? (i.e., What can the team report concerning numbers involved, who the students were and how satisfied students were with their involvement?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C1. What was done to gather information on fidelity of implementation (i.e., extent to which activities were conducted as planned)?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C2. What result was seen from these efforts? (i.e., What can the team report about how closely implementation followed the plans and/or any adaptations that were made?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D1. What was done to document human, financial and material resources used?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D2. What result was seen from these efforts? (i.e., What can the team report about human, financial and material resources used?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard:

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which a process evaluation for our initiative has been conducted)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

Supporting documentation attached ☐

- For additional sources of information that can be used to aid in the implementation of the Standards, please see the Database of Prevention Resources at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. Please note: Resources are catalogued by the Standard they reflect.

16. Did we conduct an outcome evaluation of our initiative?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 51.

Consider *efforts* and *results* and describe:

A1. What was done to plan for the outcome evaluation? (i.e., Did planning start at the beginning of the initiative? Did the team access evaluation expertise at the outset?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

A2. What resulted from these efforts? (i.e., Was there an outcome evaluation plan, and if so, what indicators did the team specify for its objectives?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B1. What was done to gather baseline information on participants before beginning the initiative?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B2. What can the team report about participants prior to the initiative (i.e., in terms of knowledge, skills, attitudes, etc.)?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C1. What was done in terms of evaluation design and data collection (i.e., to be practical but also have confidence in the results)?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

C2. What result was seen from these efforts? (i.e., What were the outcomes? How confident is the team that the results reflect what actually occurred?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D1. What was done to disseminate findings?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

D2. What result was seen from these efforts? (i.e., Did the team receive any feedback/inquiries or invitations to meetings/conferences?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard:

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which an outcome evaluation of our initiative has been conducted)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

Supporting documentation attached ☐

- For additional sources of information that can be used to aid in the implementation of the Standards, please see the Database of Prevention Resources at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. Please note: Resources are catalogued by the Standard they reflect.

17. Have we accounted for costs associated with our initiative?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

For discussion on this Standard, see p. 53.

Consider *efforts* and *results* and describe:

A1. What was done to define and account for program costs?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

A2. What resulted from these efforts? (i.e., What can the team report about its programs costs and the costs to partners/participants?)

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B1. What was done to compare or analyze costs in relation to the effects of the initiative?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

B2. What can the team report about costs in relation to the initiative's effects?

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Looking back, please provide reflections on what went well and what might have been approached differently in relation to this Standard:

Please note: You may type (save and access) an unlimited amount of text characters in this box, however, only the first 650 characters (including spaces) will be printable.

Overall, in your opinion, which of the following best reflects the extent to which this Standard was met (i.e., the extent to which the costs of our initiative have been accounted for)?

FULLY		PARTIALLY		UNDER DEVELOPMENT		NOT DONE	

Supporting documentation attached ☐

- For additional sources of information that can be used to aid in the implementation of the Standards, please see the Database of Prevention Resources at http://www.ccsa.ca/Eng/Priorities/YouthPrevention/CanadianStandards/Pages/YouthPreResources.aspx. Please note: Resources are catalogued by the Standard they reflect.

Canadian Standards Rating Sheet	Fully in place	Partly in place	Under development	Not done
A. Assess the situation				
1. Account for current activities				
2. Determine local substance use patterns and harms				
3. Learn relevant protective and risk factors				
4. Clarify perceptions and expectations				
5. Assess resources and capacity to act				
B. Prepare a plan and build capacity				
6. Ensure goals address priority harms and relevant factors				
7. Engage students in the initiative				
8. Strengthen links with parents and other partners				
9. Conduct ongoing professional development and support				
10. Address sustainability of the initiative				
C. Implement a comprehensive initiative				
11. Cultivate a positive health-promoting school climate for all				
12. Deliver developmentally appropriate classroom instruction at all levels				
13. Implement targeted activities within a comprehensive continuum				
14. Prepare, implement and maintain relevant policies				
D. Evaluate the initiative				
15. Conduct a process evaluation of the initiative				
16. Conduct an outcome evaluation of the initiative				
17. Account for costs associated with the initiative				

3. USING A LOGIC MODEL TO MONITOR AND EVALUATE AN INITIATIVE

Introduction

Monitoring and evaluation ask the kinds of questions we pose to ourselves and each other in our day-to-day lives: What happened? Did it work? In fact, these two questions reflect the two main purposes of an evaluation—to improve and to prove. We all wish to improve our efforts, and increasingly we are required to prove to others that our initiative worked. [141] It is unfortunate when we see evaluation as something imposed on us from outside; as with everything else, evaluation works best when we are internally motivated—when we evaluate for the value we see in doing so for our initiative.

One route to a positive view of evaluation is to build a culture of evaluation on your team. See yourselves as an inquiring and learning group; create an atmosphere in which everyone feels free to discuss and question the assumptions that have gone into the initiative, and to communicate a genuine openness to findings and a willingness to learn and change as a result of them.

Another way to get motivated about monitoring and evaluating is to take control of it early and ensure that it serves the needs of your team (recognizing it may need to serve others, such as funders or administration, as well). To be sure, these activities take time and resources that are usually extremely precious, so it is important to use them well and arrive at a monitoring and evaluation plan that fits the size of your initiative and helps your team make decisions.

There is no single right way of conducting monitoring and evaluation. Every initiative has a different mix of aims, targets and activities, and operates out of a unique school and community context; the evaluation process will need to fit those particular circumstances. The approach suggested here is widely supported by governments and other funding bodies.

Defining monitoring and evaluation

Monitoring is about collecting information that will help you to know what's happening with your initiative (e.g., resources spent, activities that have taken place, number of participants, significant issues arising) *while* it unfolds, allowing you to make adjustments as necessary. The information collected also positions your team to conduct process and outcome evaluations and to account for costs when it comes time to evaluate.

Evaluation is about using monitoring and other information you collect to fully clarify what happened with your initiative *upon completion* of a phase or funding cycle, allowing you to make changes and improvements and ultimately make judgments about your initiative (i.e., did it work?).

Setting up your initiative for monitoring and evaluation

It may sound obvious, but the ultimate goal of any substance abuse prevention initiative needs to be to prevent some form of substance abuse. However, there are critical elements and steps along the way that you'll need to attend to in order to ensure a useful evaluation plan; the resources associated with these Standards will help. The goal of your initiative may be stated in another way, but substance abuse prevention goals commonly include one or more of the following:

- Prevent or delay *first use* of alcohol, tobacco, cannabis and other substances.
- Prevent or reduce negative consequences linked to substance use by:
  - preventing the transition to, or minimizing the extent of, *hazardous use* among students (e.g., reducing the frequency of use, amount used, use of more than one substance at a time, or use in association with driving, unintended sexual activity, school work or sports/physical activities); and
  - preventing or minimizing the severity of *harmful consequences* that arise from hazardous use (e.g., car crashes, sexually transmitted diseases, pregnancies, injuries, overdoses).

Achieving a substance abuse prevention goal generally takes a comprehensive, well-resourced initiative several years. Consequently, it is acceptable to consider medium-term goals that aim to address factors known to be linked to substance abuse (e.g., school engagement, life skills). On the way to achieving long-term or medium-term goals, how does the team know the initiative is tracking as expected? The most practical way is to develop a logic model as introduced in Standard 6. A logic model sets out the steps on the way to long-term and less tangible outcomes (e.g., promote healthy development).

RESOURCES → ACTIVITIES → OUTCOMES (immediate, medium term) → LONG-TERM GOAL

You have no doubt given much thought to how your initiative and its various components will work; a logic model invites you to project those thoughts onto a table or chart format. Any shape is fine—what's important is that it shows the causal connections between different parts of your initiative. Some teams take the time to "dress up" their logic model (see the logic model that follows this discussion) and use it to create a sense of ownership among team members and to explain the initiative to partners and others.

The process of building a logic model as a team pushes the clarity of thinking that can spell the difference for an initiative. Preparing a logic model as a team guides and focuses your efforts and gets everyone on the same page; it helps everyone clearly understand what the initiative is trying to accomplish and how it will do so. It also provides a great opportunity for the team to challenge its assumptions about how the initiative will work. In prevention, we have a history of making questionable assumptions that sometimes go unstated (e.g., if we give them good information, they will act on it); a logic model calls on the team to make its assumptions explicit (e.g., if we conduct activities to improve school climate, all students will feel they belong and experience more positive teacher and peer relationships; if students develop stronger relationships and feel they belong, they will be less likely to engage in substance abuse). A weakness or a gap in the initiative (e.g., an incorrect assumption, an activity that doesn't appear to contribute to a desired outcome) can easily be identified and rectified through a logical and consensus-building process. When completed, it presents your team's theory of how the various elements of the initiative will lead to some form of change among students in the school.

The process of building a logic model as a team pushes the clarity of thinking that can spell the difference for an initiative.

Elements of a logic model

To prepare a logic model, the team needs to itemize the following clearly and concisely:

Resources/inputs: what the school/community/funders invest into an initiative, including staff time, materials, budget, research, facilities, volunteer time, etc.

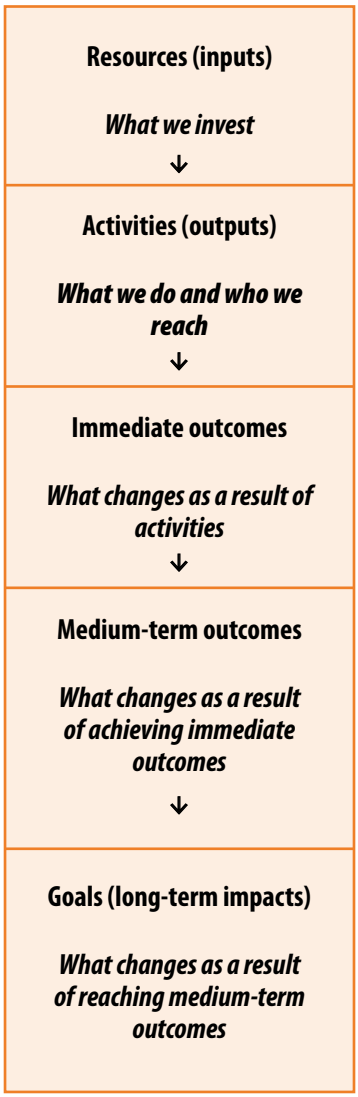
Program components: sets of closely related activities directed to the attainment of the goals of the initiative (e.g., attention to school environment, substance use education, substance use policy, services and partnerships).

Activities/outputs: what the program seeks to deliver to, or produce for, specific target clients or systems.

Outcomes: results or changes from the initiative such as changes in knowledge, awareness, skills, attitudes, intentions, opinions, aspirations, motivation, behaviour, practice, decision-making, policies, social action, condition or status. Outcomes may be intended and/or unintended, positive and negative. Outcomes fall along a continuum from immediate (short-term) to intermediate (medium-term) to final outcomes (long-term), often synonymous with impact.

Arrows linking these elements show the main "logic" of the program. The basic logic depicted in the graphic here is that:

Resources or inputs that the team brings to the initiative (e.g., team member expertise, training) in response to an *initial assessment* (Standards 1–5) will produce...



- Activities that produce outputs or deliverables that are expected to lead to changes called ...
- Immediate outcomes (e.g., increased knowledge, shifts in attitudes among students and staff), which leads to...
- Medium-term outcomes (e.g., new school policies and activities, increased life skills among students) that can be realistically expected to produce...

- Long-term outcomes such as reduced substance abuse and healthier development.

This kind of plan amounts to a series of "*If-then*" statements (e.g., if we invest these resources, then we can conduct these activities; if we conduct these activities, then we will see these immediate changes).

Good logic needs to connect all the elements of your plan; that is, the resources you have available to you need to be sufficient to undertake the activities in your plan; your team needs to, in turn, be confident that the activities planned will achieve the immediate and medium-term outcomes you've identified; and finally, your medium-term outcomes—if achieved and if the initiative is sufficiently comprehensive—need to be sufficient to address the long-term goal the team has identified for the initiative.

Below is an outline of a completed logic model for a school-based initiative using a comprehensive approach that includes five components (sets of activities that have common objectives): attention to school environment, curriculum, services and partnerships, policy, and coordination and integration of these components.

Components	School environment activity	Classroom drug education	Services and partnerships	Policy activity	Coordination/ integration activity
Resources (inputs) ***What we invest*** ↓	↓	Time and expertise of team members, terms of reference for the team, partner commitments (home and community), budget, research ↓	↓	↓	↓
Activities (outputs)[xi] ***What we do***	Work with school leaders to implement various "climate change" activities	Train teachers to deliver 10 sessions	Train Grade 10 student to deliver four mentoring sessions	Lead policy review and revision based on broad engagement	Lead joint training / newsletter articles, etc., to develop and deliver common messages to students/staff
Who we reach ↓	Directed to whole school ↓	Directed to Grade 7–9 students ↓	Directed to identified at-risk Grade 7 students ↓	Directed to whole school ↓	Directed to team and partners ↓
Immediate outcomes ***What changes as a result of activities*** ↓	Increased awareness of role and ingredients of school climate and intent to shift climate ↓	Increased substance-related knowledge and skills among junior-high students ↓	Increased sense of belonging and self-confidence ↓	Increased knowledge and support of school rules and intent to follow them ↓	Increased knowledge of appropriate behaviours among students and intent to reflect them ↓
Medium-term outcomes ***What changes as a result of achieving immediate outcomes*** ↓	More students/staff involved in health-promoting activities, and positive communication and behaviours ↓	Students demonstrate substance-related skills (decision making, critical thinking, communication) ↓	Increased participation in school activities ↓	Fewer infractions of school drug policy ↓	Increased positive behaviour and less inappropriate behaviour demonstrated ↓
Goals (long- term impacts) ***What changes as a result of reaching medium-term outcomes***	Reduced substance abuse Healthy youth development				

[xi] In some logic models, outputs signify the product resulting from the activity. For example, an activity might be 'deliver services' and the output would be 'number of services actually delivered'.

Building a logic model provides a powerful base from which to monitor and evaluate your initiative—its layout can guide the monitoring and evaluation processes. A logic model helps identify key components and activities to monitor. It is likewise straightforward to organize the initiative's evaluation and match it precisely to the team's needs because each element of a logic model has a form of evaluation associated with it. An ideal situation is when a team can systematically evaluate all aspects of an initiative; however, scarce resources may mean the team won't be able to evaluate everything it might wish to. The logic model helps the team prioritize what it can do. For instance, you may ask, "Do we have the resources to evaluate all components this year, or will we limit the evaluation to the school climate component? Shall we conduct a process evaluation, outcome evaluation or both?"

Logic models and common types of evaluation

<table>
<tr><th></th><th>Type of evaluation</th><th>Questions to ask</th></tr>
<tr><td>Resources (inputs)
↓</td><td>Situation assessment:</td><td>What is the problem and associated factors? What are the characteristics, needs and priorities of target population? What is the context for delivering initiative? What are the potential barriers/facilitators?</td></tr>
<tr><td>Activities (outputs)
↓</td><td>Process evaluation:</td><td>How is the program implemented? Are activities delivered as intended? What is the fidelity of implementation? Are participants being reached as intended? What are participant reactions?</td></tr>
<tr><td>Immediate outcomes
↓</td><td rowspan="2">Outcome evaluation:</td><td rowspan="2">To what extent are desired changes occurring and goals being met? Who is benefiting/not benefiting? How are they benefiting? What seems to work/not work? What are the unintended outcomes?</td></tr>
<tr><td>Medium-term outcomes
↓</td></tr>
<tr><td>Goals
(long-term impacts)</td><td>Impact evaluation:</td><td>To what extent can changes be attributed to the program? What are the final consequences?</td></tr>
<tr><td>Costs</td><td>Cost analysis:</td><td>Is the initiative worth doing? Do the benefits justify the costs?</td></tr>
</table>

As a monitoring tool, a logic model enables the team to identify any breakdowns in the early stages and take steps to revise it before proceeding too far. Using a logic model to track achievements along the way (i.e., outputs and immediate outcomes) relieves some of the pressure to demonstrate medium- and long-term impacts in the first year or two of a complex initiative, or if the team has little to report about the initiative for several years. If necessary, a logic model allows the team to modify its theory or logic based on what they are learning and, in doing so, increase the potential for achieving long-term impacts.

Full evaluation of your initiative (that is, the initial situation, the process, outcome and cost) is necessary to achieve the Standards. However, if for whatever reason your team does not evaluate the initiative at this time, having a logic model that reflects what the team is doing will make the initiative at least "evaluable"—the least that health or education professionals and managers need to strive for with a prevention initiative.

Tips for preparing a logic model

- Make each statement as clear and concise as possible.
- Use arrows and feedback loops to show the links between inputs, outputs and outcomes.
- List only those activities that are clearly related to the attainment of the goal(s); it's not necessary to detail every task performed, such as administrative tasks.
- Logic models don't usually include a needs/situation assessment, but it's important to ensure the initiative and logic model respond to an assessment (Standards 1–5) or, at the very least, a needs statement that can be clearly articulated (for example, "a high percentage of our high school seniors drink to intoxication at least monthly").
- Although a situation assessment precedes development of a logic model, be sure to get the initial assessment right, otherwise everything that flows from it will be misguided.
- Distinguish between outputs and outcomes; remember that outputs are what you do, while outcomes are differences or changes resulting from what you do.
- Planned activities and strategies do not always logically lead to desired outcomes; check your if-then statements, and ensure they make sense and lead to the outcomes the team wants to achieve.
- Make sure the output and outcome statements are measurable; this will permit the team to evaluate whether the initiative achieves what it set out to do.
- Remember that programs commonly measure client (in this case, teacher or student) satisfaction; this is reasonable, but it's important to note that student or teacher satisfaction is an output, not an outcome, because although being "satisfied" may lead to change or improvement (or it may not), it does not in itself mean that someone has changed or improved.
- Pay attention to unintended or unexpected outcomes—positive, negative and neutral— as well as expected outcomes.

It is important to bear in mind that a logic model is the team's intention for the initiative—it is not reality; evidence-based substance abuse prevention initiatives present dynamic inter-relationships that rarely follow a clean sequence. Do not be concerned about the model being perfect; the team can go back to it as new insights arrive or the situation changes. If this happens, the logic model will still serve as a helpful roadmap for the initiative and guide to monitoring and evaluating the initiative.

Conclusion

Beyond learning what has happened with an initiative, another purpose of evaluation is to discover new knowledge about effective practice. Most of our knowledge of what works in preventing substance abuse among youth is drawn from studies undertaken elsewhere (usually the U.S.). School teams that monitor and evaluate their initiatives will contribute important knowledge on the effectiveness of program models in a Canadian context. This contribution hinges on further nurturing a culture of evaluation and quality programming in this country. School teams have a large role to play, but so too do governments, NGOs, universities and funding bodies. Everyone in this country with a stake in the prevention of substance abuse among youth needs to play an active role in supporting high-quality program design, implementation and evaluation.

For further information:

Drug Strategy Community Initiatives Fund. (February 2009). *Guide for Project Evaluation and Performance Reporting*. Ottawa: Health Canada.

Public Health Agency of Canada. Program Evaluation Tool Kit (1997). http://www.phac-aspc.gc.ca/php-psp/toolkit-eng.php

Ogborne, A.C. (1996). *Developing Program Models for Human Service Agencies: A Step-By-Step Guide*. London, ON: Centre for Addiction and Mental Health.

Taylor-Powell, E., & Henert, E. (2008). *Developing a Logic Model: Teaching and Training Guide*. Madison, WI: University of Wisconsin Extension.

W.K. Kellogg Foundation. (1998). *Evaluation Handbook*. Battle Creek, MI: Author.

W.K. Kellogg Foundation. Logic Model Guide (2004). http://www.wkkf.org/knowledge-center/resources-page.aspx

Logic Model: Towards a Model for Student Engagement and Leadership

GOAL

To contribute to healthy student development and the prevention of problematic substance use by designing, piloting and evaluating a resource that aims to increase the capacity of senior high school students to positively affect the social environment of their own schools and feeder junior high schools and to take action on other determinants of problematic substance use through community involvement.

ACTIVITIES

Phase One:
Knowledge Exchange and Program Design

Phase Two:
Pilot Implementation

OUTPUTS

- Knowledge exchange with provincial stakeholders
- Knowledge exchange with local stakeholders
- Knowledge exchange with youth
- Literature review
- Web support
- Resource development

- Recruit 50 Grade 10 students (from three schools) to become peer leaders
- Two-day training workshop (peer leadership skills, substance abuse issues, school and community enhancement initiatives)
- Develop an online community for peer leaders
- Committees in three high schools implement school- and community-based initiatives

- Report on number and characteristics of participants
- Summary of input and perspectives
- Formal agreement with six schools
- Compendium of best practices
- Number of website visits
- Draft peer leadership program design and implementation plan

- Report on number and characteristics of students recruited
- Report on peer leadership workshop
- Develop an online community for peer leaders
- Report from each committee describing the number and type of events convened and the number of students engaged in activities

OUTCOMES

Immediate:
Increased capacity of 50 students to undertake peer leadership initiatives related to substance abuse prevention
Increased awareness/understanding of healthy lifestyle choices and of various substances and their negative consequences

Medium-term:
Increased ability and confidence to assume a leadership role and to undertake health promotion and prevention initiatives
Acquired/improved capacity (knowledge and skills) to avoid substance use

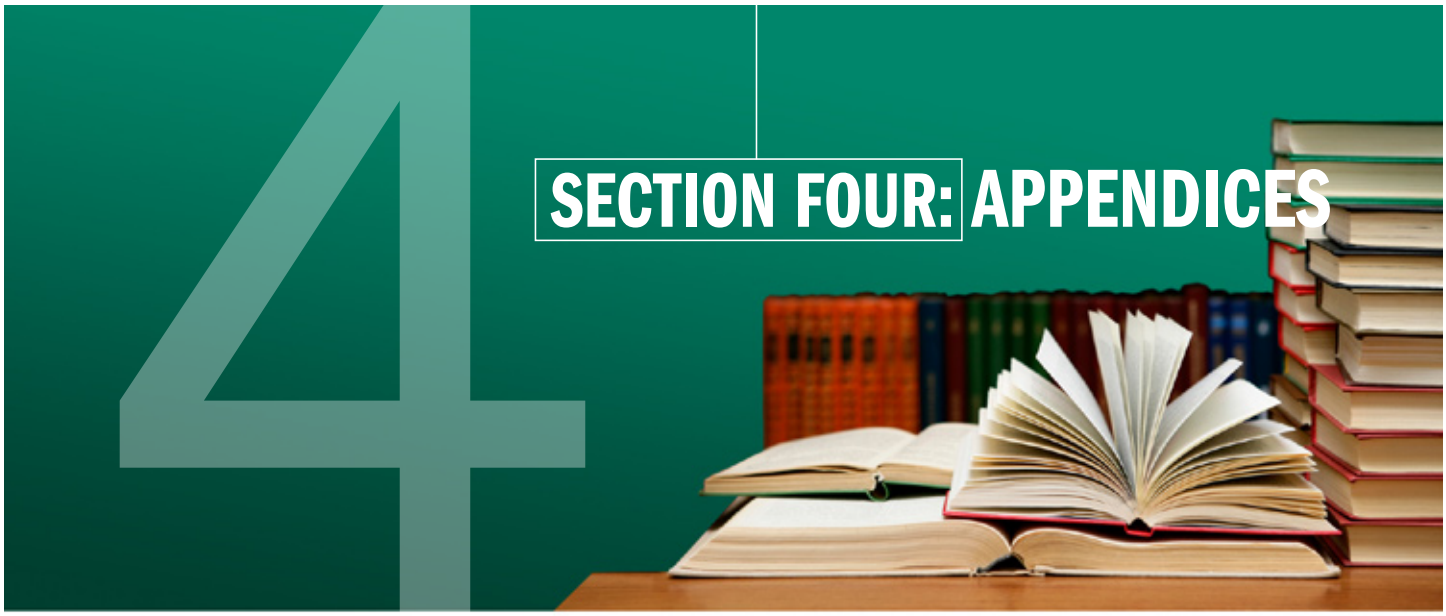
BUILDING *on Our* STRENGTHS

Canadian Standards for School-based Youth Substance Abuse Prevention

Section Four:
APPENDICES

CCSA - CCLAT

Canadian Centre on Substance Abuse



4 SECTION FOUR: APPENDICES

1. SUBSTANCE-ABUSE-RELATED PROTECTIVE AND RISK FACTOR (BASED ON AN ECOLOGICAL FRAMEWORK)

Personal factors

A person's genetic make-up may produce a vulnerability to substance abuse that may or may not be expressed, depending on the person's environment (e.g., parent and community attitudes towards substance use) and specific individual experiences. Exposure to alcohol, tobacco or other substances during pregnancy can either subtly or dramatically affect a child's future physical, cognitive, behavioural and social development, depending on the specific substance and the timing and extent of exposure. Childhood mental health problems, especially conduct disorder and attention-deficit hyperactivity disorder (ADHD), are associated with later substance use. In adolescence, a sensation-seeking personality is a risk factor for substance use, but so are internalized problems (such as anxiety or a sense of hopelessness). [142] Early use of tobacco and alcohol (i.e., in late childhood or early adolescence) may stem from earlier challenges and is a risk factor for later substance use.

In early childhood, an easygoing temperament is a protective factor that buffers the influence of risk factors, reducing the likelihood of later harmful substance use and other problematic behaviours. Important protective traits or abilities throughout childhood include the ability to trust, confidence in oneself and one's ability to meet demands that arise, the ability to take initiative, having a well-formed sense of identity, and the ability to experience and express intimacy. [143] [144] In terms of substance use specifically, as a child proceeds into adolescence, a shy and cautious temperament is a protective factor. [145]

Family factors

The quality of family life looms large as a factor affecting health and behaviour throughout childhood and adolescence.[146] Early deprivation (e.g., neglect, abuse or lack of affection from caregivers) often has a profound affect on a child's trajectory and subsequent development. The quality of family life can be affected by low socioeconomic status (SES) or social position. It has been postulated that low SES can create chronic stress affecting one's mental health and immune responses, and reduce access to resources such as mental health services and recreation. [147] Children of substance-dependent parents are at particular risk for later problematic use. In adolescence discipline and family rules are factors, with extreme approaches (i.e., being either too permissive or too punitive) associated with problems. [148] Transitions or significant changes in family life—such as moving to a new neighbourhood or school, loss of a close family member, or parental separation—can place any young person at risk. [149] Parents who are good listeners, set reasonable expectations, monitor their child's activities, and model healthy attitudes and behaviours have a protective effect.

Social factors

Social influences play an increasingly prominent role as children approach adolescence. Young people tend to be influenced by their perceptions of how common or "normative" substance use is in their networks. If friends smoke, drink or use other substances, a young person is more likely to do so. Decisions on use of a substance are also linked to perceptions of risk associated with that particular substance. The concept of risk is best considered in relation to the benefits perceived by the young person. Some young people may perceive unhealthy behaviour such as substance use as having important social benefits (e.g., to support a desired identity, to make friends). Consequently, knowledge about substance risks does not serve as a protective factor in itself, but belief that the relative risks of substance use outweigh the benefits does. Religious or spiritual engagement, active involvement in healthy recreational activities and involvement in community affairs are all important protective factors through the adolescent years, while violence and bullying are risk factors. [150] [151]

School factors

The quality of a child's school experience has an impact on the child's health and on the likelihood of engaging in risk behaviours, including substance use. Young people who are not engaged with learning and who have poor relationships with peers and teachers (e.g., being bullied, feelings of not belonging) are more likely to experience mental health problems and to be involved in various health-risk behaviours, including substance abuse. Students with positive teacher, learning and social connectedness fare best in terms of later mental health and resistance to health risk behaviours, and are more likely to have good educational outcomes.[152] Schools that give systematic attention to promoting bonds among teachers, parents and students provide an important protective effect in terms of both learning and well-being. [153]

Community factors

The way alcohol, tobacco, prescribed medications and illegal drugs are sold and marketed, and the way controls are enforced, are important community-level factors. Beyond this, many of the foregoing factors affecting young people arise from community conditions and other broad social factors (e.g., adequacy of income, employment, housing, and the quality of social support networks). Not having access to means of a reasonable income is a risk factor, as are jobs with boring tasks, lack of supervision, and lack of opportunity for promotion. Insufficient personal resources are deepened by poor community conditions such as poorly maintained schools, inadequate public transport, and lack of access to recreation and community services. Weak communities are more likely to experience crime, public drug use and social disorder which can, in turn, further weaken those communities. Social capital—that is, a community's cohesiveness and ability to solve common problems—is an indicator of community health that may have a bearing on a number of issues, including substance use. [154]

Societal factors

Increasingly, scientists are postulating that the way a society is organized through social and economic policy can have a profound effect on individual and family health. Various policies have led to growth in part-time and casual jobs, particularly for youth, and the lack of affordable housing. They have also led to a widening of the gap between the rich and poor in Canada and other Western nations. [155] While complex, these broad phenomena may well have an effect on family health and youth substance use patterns in various ways (e.g., by delaying transition into marriage and starting a family among young people, and straining parents who are balancing family needs with increased work demands). [156] ■

2. METHODOLOGY

The effects of prevention and health promotion activities cannot always be known precisely. It is difficult to be certain that a particular initiative was responsible for something not occurring—for example, that a specific program, rather than some other factor, has reduced substance abuse in a school. Scientific research aims to clarify the links between activities and outcomes, increasing confidence that a particular program or initiative was responsible for the desired change.

The findings of many hundreds of studies on school-based substance abuse prevention, child development and health promotion have greatly increased our understanding of what works and what doesn't (the review articles listed below summarize this body of work). A number of reviews and meta-analyses of this extensive literature have been conducted over the past 10 years to help draw conclusions on effective practice. Most of these reviews are credible in that they clearly indicate their objectives and search methods and limit their analyses to well-designed evaluation studies. Several Canadian reports have summarized the international peer-reviewed school-based substance abuse prevention literature, drawing largely on these credible reviews. The first edition of the Canadian School-based Standards was based primarily on the conclusions and recommendations of these Canadian reports. Where a need for information on areas of practice not covered by the Canadian reports was identified, the Task Force referred to selected international reviews or recent well-designed primary studies in peer-reviewed literature that would not have been captured in the reviews. The current revisions to the School-based Standards in version 2.0 reflect feedback received from consultation with stakeholders and recommendations from pilot testing version 1 of the Standards. Key changes include: eliminating overlap among the Standards, reducing the number of Standards from 18 to 17, enhancing the evaluation and monitoring section found in Section Three of the document, clarifying the target audience, and ensuring that the principle of comprehensiveness is highlighted throughout the document.

The Task Force views the scientific literature as a firm foundation on which to establish standards, yet most of the research on this topic is based in the United States and may not always be generalized to Canadian schools. The Task Force also understands that reliance on this literature may result in gaps in the Standards because of a lack of relevant research. Scientific knowledge continues to evolve and may in time inform these areas.

Detailed steps: Version 1.0

Following is the method used to draft version 1.0 of the Standards. CCSA will regularly evaluate the Standards, seeking feedback from users and experts, and revise as necessary.

Step 1: Initial Standards were drafted from evidence reported in credible Canadian reviews of the school-based prevention literature, or guidelines based on this literature, published in the past 10 years.

Step 2: The Task Force reviewed the first draft for gaps or other inadequacies.

Step 3: Where information or consensus was lacking, the Task Force referred to other credible sources (international reviews of the literature) to prepare a second draft (see below).

Step 4: When a lack of consensus among experts on a Standard persisted, the Task Force conducted a targeted search of primary studies published since the most recent relevant review to fully clarify the evidence.

Step 5: Selected end users identified by the Task Force reviewed the draft Standards document for ease of understanding and relevance to their daily realities (language, terms, etc.).

Step 6: The Task Force made the final decision on whether to include a Standard, how to define it and choice of final wording.

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Detailed steps: Version 2.0

Following is the method used to draft version 2.0 of the Standards. CCSA will regularly evaluate the Standards, seeking feedback from users and experts, and revise as necessary.

Step 1: Focus groups were conducted with front-line workers and managers in addiction services, police services, and education to discover how the information and resources can better support the efforts of prevention workers.

Step 2: CCSA received additional feedback on the School-based Standards from stakeholders.

Step 3: Modifications were made to version 1.0 of the School-based Standards based on focus group and earlier feedback.

Step 4: A formal consultation was undertaken with key stakeholders on the School-based Standards with a modified version 1.0.

Step 5: A pilot test was conducted with four pilot sites to improve the Standards Workbook (Section Three).

Step 6: Feedback and revisions were brought to the Task Force, who made final decisions on changes and recommendations made to the Standards. ■

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