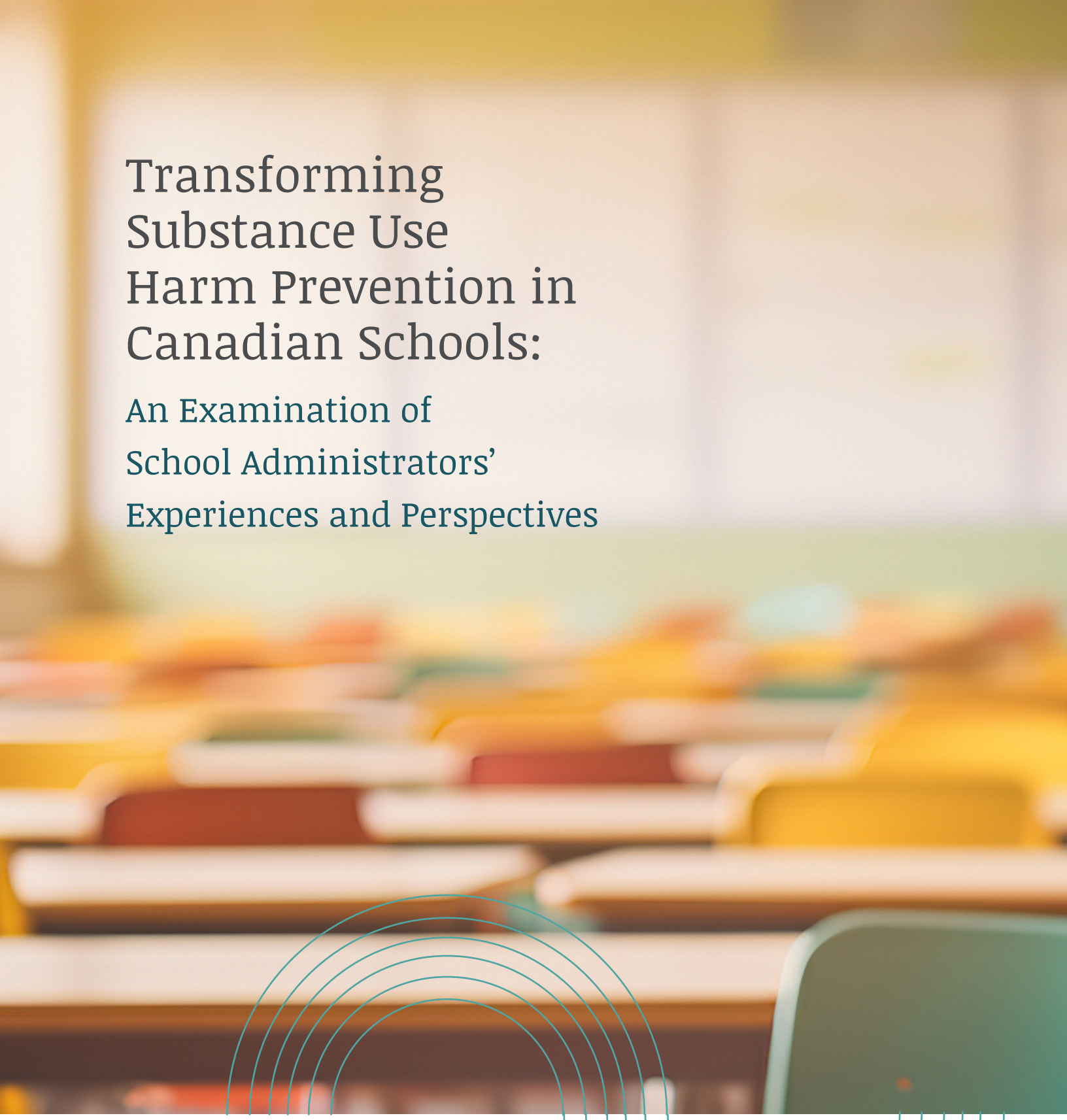

Transforming Substance Use Harm Prevention in Canadian Schools:

An Examination of School Administrators' Experiences and Perspectives

Wellstream

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Contents

Executive Summary

This report presents findings from a survey of 204 Canadian kindergarten to 12th grade (K-12) school administrators – principals and vice-principals – conducted as part of Wellstream's *Transforming Substance Use Harm Prevention in Schools* initiative. The survey aimed to characterize current practices and identify needs related to substance use education and intervention in schools.

Survey findings highlight the urgent need for a pan-Canadian approach to substance use harm prevention in schools, grounded in evidence-aligned practices and reinforced with adequate resources to support professional development and program implementation.

Challenges and Trends

School administrators report recent increases in student substance use, with vaping identified as the most common challenge being managed in school settings. Other prominent concerns in schools include substance use on school property, impacts of family substance use on students, and co-occurring substance use and mental health problems among students.

Cannabis, tobacco or nicotine products, caffeine/energy drinks, and alcohol are the most commonly reported substances used by students on school property.

Administrators are dedicating substantial time to addressing student substance use issues, with over one-third reporting an increase in time spent over the past year. This was attributed to more frequent substance use among students, increasingly complex student circumstances, and limited access to external support services.

Current Practices and Policies

Most administrators are drawing from school and district policies and provincial/territorial regulation to guide their practices related to student substance use. Although most respondents indicate using a variety of strengths-based strategies, a substantial number report enforcing zero-tolerance policies. The application of punitive measures, as directed by guiding policies in many cases, was a challenge for some administrators who noted tensions between such actions and their commitment to strengths-based and relationship-centered approaches.

Schools utilize a variety of substance use programs, with MADD, DARE, and Safer Schools Together being the most common. However, there is a need for programs that are aligned with current evidence and that are adaptable to diverse school contexts.

Administrators express a desire for readily accessible and practical resources that are evidence-aligned and address the needs and realities of education systems and the children and youth they serve.

Barriers to Shifting Practice

Insufficient resources for professional development and a lack of evidence-aligned guidance are identified by school administrators as major barriers to implementing effective substance use education and intervention strategies in schools.

Other challenges include poor access to trained professionals, limited time, confusion regarding suitable approaches for addressing substance use-related harms, and restrictive school policies.

Recommendations

This report emphasizes the need for a comprehensive and evidence-aligned strategy to guide substance use education and intervention in K-12 schools and ease system burden.

School administrators identify accessible resources and increased investment in professional development as crucial for equipping educators with the knowledge and skills needed to deliver effective substance use programming.

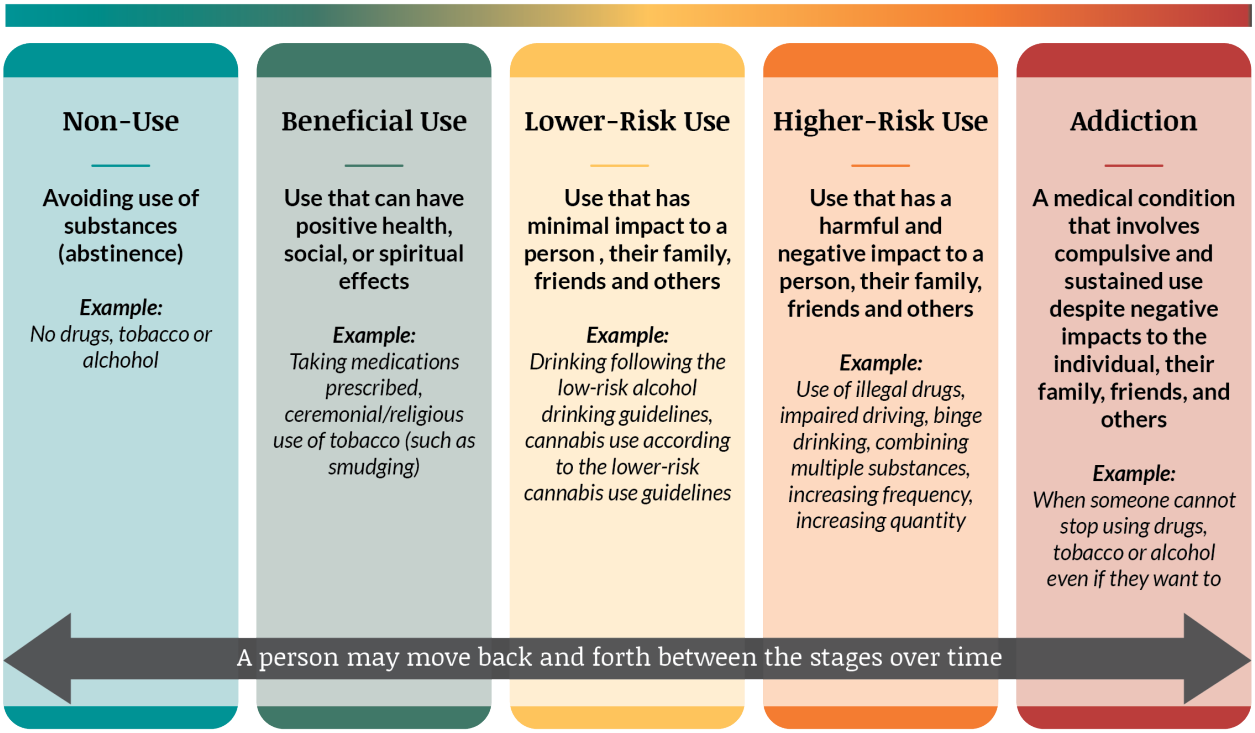
Collaboration among schools, substance use experts and health care providers, students, families, communities, and policymakers is essential to realizing a coordinated system of support to reduce substance use harms.

This report provides a foundation for advancing a pan-Canadian strategy to prevent substance use harms through K-12 schools. By implementing the recommendations outlined, the education system will further advance its transformative role in promoting the well-being of children and youth and optimizing their healthy development.

Introduction

Since 2016, over 44,000 people have lost their lives to toxic drug poisoning (also referred to as the overdose crisis) in Canada, where drug-related deaths are now a leading cause of mortality for children and youth aged 10-18 years.[1,2] Efforts to address this crisis have focused predominantly on downstream or reactive measures, such as expanding the number of substance use treatment beds. There has been limited investment in upstream prevention – which targets the underlying causes of public health challenges – to promote wellbeing and reduce harms across the full spectrum of substance use, ranging from abstinence through substance use disorder (Figure 1).[3,4]

Figure 1 . Spectrum of Substance Use



This figure is adapted from Health Canada's Substance use Spectrum.
canada.ca/content/dam/hc-sc/documents/services/publications/substance-use-spectrum-infographic/pub-eng.pdf

The pan-Canadian K-12 education systems – comprised of both English and French publicly funded, independent, and First Nations schools – hold profound and under-utilized potential as a setting for upstream intervention efforts. However, while the last several years have brought significant shifts to the drug policy and practice landscape in Canada,[5] there remain concerning gaps and system-wide inequities (i.e., unfair and avoidable differences) in school-based approaches to substance use education and intervention.[6]

People with lived experience of these gaps, including youth and education professionals whose work seeks to promote healthy development, have called for a coordinated approach to guide school-based efforts to preventing substance use harms.[7] Initiatives to date have been hindered by incomplete approaches characterized by standalone or one-off programs, targeting limited professional groups and failing to account for education systems complexity.[8]

Background

School-based initiatives aimed at promoting health and preventing substance use harms have significant potential for wide reach and impact. Indeed, students spend a substantial proportion of their time in school settings interacting with education professionals who support their learning and healthy development. However, progress has been slow. As noted in a review of school-based cannabis prevention conducted by members of the Canadian Centre on Substance Use and Addiction (2010), "a national approach to student drug use prevention has been lacking despite various iterations of federal drug strategies...Hence, there is a significant gap between evidence-aligned research findings and programs as currently delivered".[9(p. 710)]

In the absence of regulations or contemporary standards, the responsibility for identifying and implementing substance use programming often falls to individual school administrators or teachers. This results in workload challenges, as well as concerning gaps and system inequities.[6] For example, an Ontario study exploring school-based substance use programming, which is typically designed for the grade six level, reveals that 38% of schools do not offer any substance use education, while another 30% use abstinence-oriented programs that are not aligned with current scientific evidence.[6] Remaining schools are drawing on a variety of other initiatives, many of which are costly, and not grounded in evidence.

A comprehensive school-based approach to substance use includes but is not limited to substance use education delivered at school, micro-interventions or interventions led by school administration, and other whole-of-school strategies to promote positive school culture and facilitate referrals to community-based services. Yet standalone instructional programs remain prominent.[10–13] Such programs often focus on delivering information about the risks of substance use, positioning students as passive recipients of knowledge. These top-down models have been critiqued for emphasizing individual decision-making and behaviour while overlooking the broader social and structural contexts that shape youth substance use.[14] Additionally, research shows that simply providing information does not prevent young people from starting to use substances, nor does it alter existing patterns of use.[15] Moreover, youth themselves have expressed a lack of trust in fear-based or authoritarian approaches to substance use education, often citing their lack of credibility and poor resonance with youth audiences.[16] Such strategies are not only ineffective but also unsupported by evidence.[17–19]

Importantly, some scholars suggest that school-based substance use programming ought to aim to minimize or reduce harms, not prevent all use by youth.[20] Further, there is evidence supporting the adoption of an organizational framework based on a multi-tiered system of supports to meet the varying needs of students. Such an approach would include universal (Tier 1) programs for delivery to all students, targeted (Tier 2) programs focused on subgroups of students identified as experiencing risks for substance use and related harms, and indicated (Tier 3) programs addressing the needs of students already engaging in substance use (Figure 2).[21,22]

Figure 2 . Multi-tiered System of Supports

Responsive to present research evidence, the Public Health Agency of Canada released the Blueprint for Action,[8] a framework for preventing the harms of substance use among children and youth, grounded in the principles of Comprehensive School Health.[23] Comprehensive School Health, informed by the Ottawa Charter for Health Promotion[24] and the Jakarta Declaration,[25] recognizes the interrelationship between health and education and positions schools as a key setting for programming to strengthen healthy development. Crucially, unlike standalone instructional programs, this framework is designed to shift school policies, practices, and climates to benefit across the spectrum of substance use. However, the wide-scale implementation of such an approach has yet to be realized.

This evidence further aligns with youth-centred research, such as survey data collected through provincial adolescent health surveys, including the Ontario Student Drug Use and Health Survey, wherein youth describe limited school-based conversations or programming on substance use within a social context where it is normalized and glamorized.[26] Youth voice research led by our team has further highlighted the pressing need for upstream prevention that centers relationships, connection, and inclusive dialogue[27–29] — a need that school professionals are ideally positioned to help realize. And yet, K-12 education professionals across jurisdictions are struggling to integrate substance use education and intervention. They have expressed an urgent demand for evidence-aligned guidance to relieve system burden, strengthen professional safety, and support their daily work to improve outcomes for student success and wellbeing.[7,30]

Transforming Substance Use Harm Prevention in Schools

Responsive to current needs and systems opportunities, our team at Wellstream: The Canadian Centre for Innovation in Child and Youth Mental Health and Substance Use is leading the pan-Canadian Transforming Substance Use Harm Prevention in Schools initiative. It leverages our interdisciplinary and intersectoral team's extensive expertise in child and youth mental health and substance use, intervention design and implementation, and education systems change. It is further rooted in a novel partnership that spans the education and health sectors, youth voice organizations, and various levels of government.

This project aims to reach the ~750,000 education professionals employed in Canada, including district and school administrators, teachers and other school and district-based staff, school counsellors, and school-based allied health professionals. This population faces significant challenges in delivering substance use education and intervention to meet the needs of the ~6 million children and youth enrolled in Canadian K-12 education systems.

Importantly, this project moves beyond an effort to study or implement a standalone program. Instead, it aims to guide an evidence-aligned systems transformation process that accounts for education sector complexity while building capacity among school professionals to equitably respond to substance use harm prevention in all aspects of their work. This involves components to shift school cultures and practices, co-design relevant learning materials and cross-curricular content, and support administration-driven upstream prevention and intervention efforts to promote a positive school climate and address harms arising from student substance use.

The project involves three phases:

PHASE 1

Characterizing the Landscape & Guiding Innovation

AIM: Strengthen intersectoral partnerships, including with school-based professionals, substance use experts, and youth networks, to characterize current practices and distill evidence to inform the co-development of national standards for substance use education and intervention in K-12 schools.

PHASE 2

Making the Change, Building the Solutions, & Evaluating for Impact

AIM: Realize systems transformation by enacting co-developed implementation processes to facilitate the ratification and adoption of national standards across education systems. Develop and test low-barrier, evidence-aligned prototype resources to support practice change, and trial a data strategy to assess impacts on education systems and youth substance use more broadly.

PHASE 3

Optimizing Outcomes

AIM: Produce a framework for continuous monitoring and refine research and data processes, implementation products, and training to scale practice resources across education systems and respond to emerging trends to strengthen impacts.

This report reflects one component of this overarching project. It presents the results from the inaugural *Substance Use and Canadian Schools: National Examination of School Administrators' Experiences and Perspectives* survey, which will be deployed on an annual basis to help characterize the policy and practice landscape and guide innovation efforts. School administrators – principals and vice-principals – play a key role in directing and championing substance use approaches and intervention strategies in their schools. They are ideally positioned to inform the present and evolving state of substance use programming and practices within education systems and to serve as a proxy for changes to youth substance use over time.

The survey underpinning this report was designed in consultation with our education system partners and informed by the RE-AIM planning and evaluation framework for systems change.[31,32]

The survey assesses eight domains:

1. **Characteristics of Respondents and their School Communities**
2. **Substance Use and Related Challenges in Schools**
3. **Substance Use Policies and Practices in K-12 Settings**
4. **Time Spent Managing Substance Use**
5. **Substance Use Resources and Programming in Schools**
6. **Knowledge and Confidence in Addressing Student Substance Use**
7. **Barriers and Opportunities to Shift Practice**
8. **Professional Learning Related to Substance Use Education and Intervention**

Along with more traditional survey-style questions, open-ended options were included, allowing for more detailed responses.

Survey Methods

Data were collected between June 25-September 15, 2024, via an anonymous online (Qualtrics) survey, which was available in both English and French. Recruitment was facilitated by our partnerships with national and regional professional associations of principal and vice-principal organizations in Canada.

Project information and a survey link were distributed via membership-wide electronic and in-person communication channels consisting of newsletters and membership publications, conferences, meetings, and email. Respondents provided informed consent prior to commencing the survey and each created a unique participant identification code to facilitate linkage with future data to monitor changes over time.

Analysis began with a systematic process to review data and remove illegitimate computer-generated respondents. Analysis of quantitative data proceeded using SPSS 29 to produce descriptive statistics. Qualitative responses were examined, with quotes selected to bring further nuance to the data and to reflect the varied voices of participants.

Survey Findings

Characteristics of Respondents and their School Communities

A total of 204 respondents participated in the survey. Respondents were comprised primarily of school principals or headmasters (57.8%), and those working in a full-time capacity (96.6%). Just over half identified as women (58.3%) and most (88.7%) reported that English was the primary language spoken at home (Table 1).

The majority of respondents were experienced educators who had obtained postgraduate degrees, including master's (59.8%) and doctoral degrees (8.8%). Over half (69.1%) had more than 15 years of experience working in K-12 schools, and many had worked in school administration for at least six years (60.3%).

Aligned with broader population data, many participants indicated lived experience with the topic of substance use, with nearly half reporting a close family member or loved one with substance use challenges (49.5%), and a sizeable number endorsing personal experience with substance use challenges (15.7%).

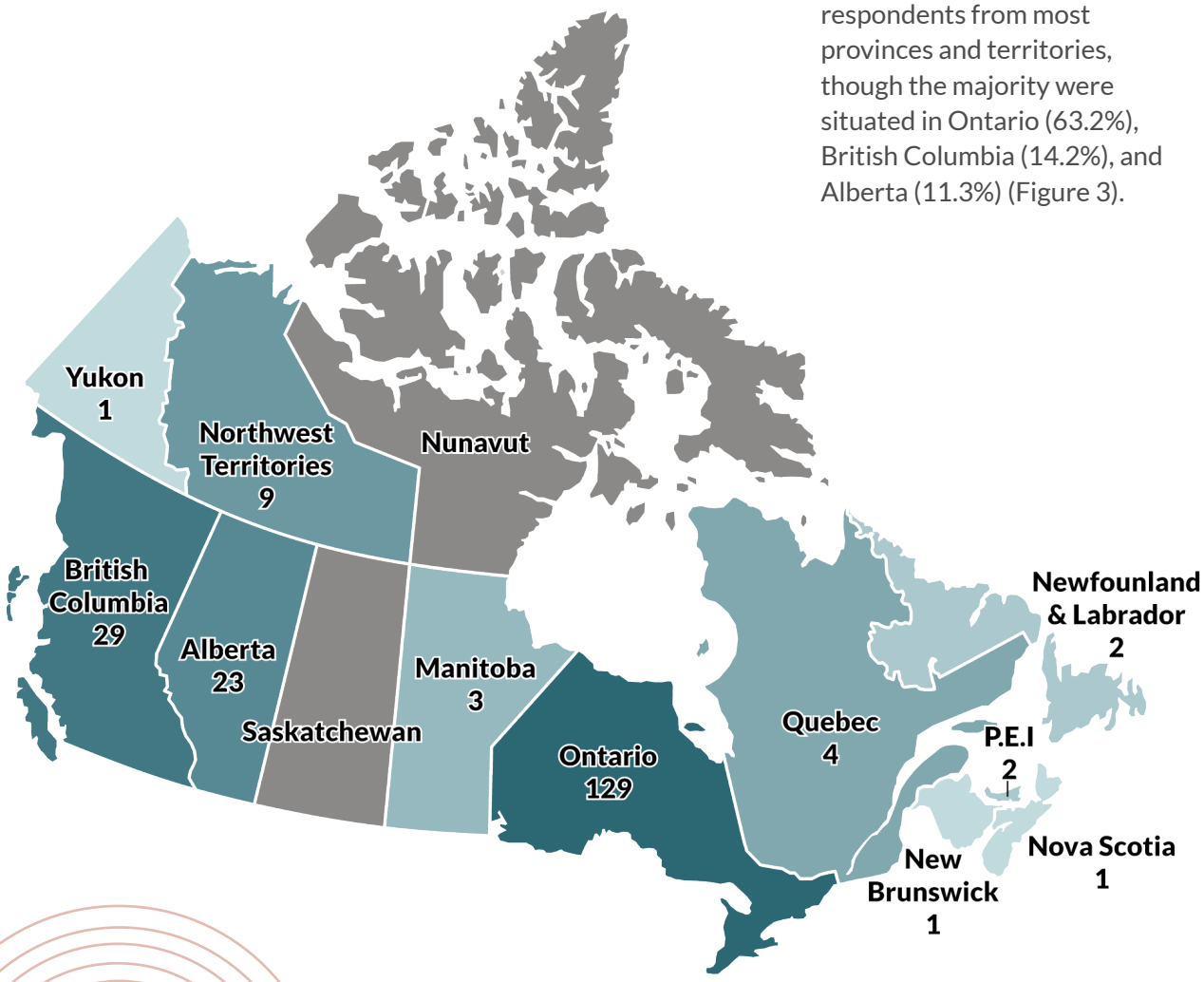
School Administrator Characteristics

Table 1. School Administrator Characteristics

Total number of participants: 204	#	%
Role		
Principal/Headmaster/Head of School	118	57.8
Vice principal (VP)	81	39.7
Other (e.g., District principal)	5	2.5
Full time/part time		
Full time	197	96.6
Part time	7	3.4
Other (e.g., District principal)	5	2.5
Gender		
Woman	119	58.3
Man	81	39.7
Not listed	1	0.5
Prefer not to answer	3	1.5

Total number of participants: 204	#	%
Official Language Primarily Spoken at Home		
English	181	88.7
French	10	4.9
Both English and French	13	6.4
Education level		
Undergraduate degree	63	30.9
Master's degree	122	59.8
Doctoral degree	18	8.8
Not answered	1	0.5
Years worked in K-12 Education		
0-5 years	6	2.9
6-15 years	57	27.9
More than 15 years	141	69.1
Time worked as school-based Principal or VP		
0-5 years	81	39.7
6-15 years	104	51
More than 15 years	19	9.3
Worked in alternative school setting		
Yes, currently	26	12.7
Yes, previously	55	27
No	122	59.8
Not answered	1	0.5
Close family member/loved one who has experienced substance use challenges		
No	101	49.5
Yes	101	49.5
Prefer not to answer	2	1
Personal Experience with Substance Use Challenges		
No	171	83.8
Yes	32	15.7
Prefer not to answer	1	0.5

Figure 3. Geographic Representation of Respondents



In terms of geographic representation, there were respondents from most provinces and territories, though the majority were situated in Ontario (63.2%), British Columbia (14.2%), and Alberta (11.3%) (Figure 3).

School Community Characteristics

Many respondents reported working in schools located in large urban communities (62.3%) or medium population centres (20.6%). There was participation from every type of school system in Canada, though respondents were predominantly employed in Public English (37.7%), Catholic English (29.4%), and Independent English (24.0%) settings. Most respondents indicated that they work in a school with more than 500 students (70.8%), with approximately two-thirds working in schools that provide education to students in the middle school (68.6%) and high school (62.3%) grades (Table 2).

Table 2. Characteristics of School Community

Total number of participants: 204	#	%
Community Type		
Large urban population centre (population size over 100,000 people)	127	62.3
Medium population centre (population size between 30,000-99,999 people)	42	20.6
Small population centre (population size between 1,000-29,999 people)	29	14.2
Rural area (any area beyond a population centre)	3	1.5
Indigenous lands or community	3	1.5
School size		
<100 students	8	3.9
101-300 students	40	19.6
301-500 students	30	14.7
501-800 students	51	25.0
801-1200 students	29	14.2
1201-1500 students	22	10.8
>1500 students	24	11.8
School System Type		
Public English	77	37.7
Catholic English	60	29.4
Independent English	49	24.0
Public French	13	6.4
Independent French	2	1.0
Independent Other	2	1.0
Local First Nations Directed	1	0.5
School Level*		
Elementary	118	57.8
Middle school	140	68.6
High school	127	62.3

*To characterize school level, respondents were asked what grades were taught in their school and were able to select all that applied. To be included as working at a school offering elementary education, respondents selected any of the grades between K – 5. To be included as working at a school offering middle school education, respondents selected any of the grades between 6 – 8. To be included as working at a school offering high school education, respondents selected any of the grades between 9 – 12. Respondents could be classified as working at schools offering education across multiple school levels (e.g., schools offering education from K – 12). As such, percentages do not add to 100%.

Substance Use and Related Challenges in Schools

Managing Substance Use

To characterize the types of substance use challenges encountered in Canadian schools, school administrators were asked to indicate the issues they most frequently navigate, with most respondents identifying vaping (63.7%), followed by difficulties with substance use on school property (41.7%). Only 10.3% reported that challenges with student substance use were not an issue in their school (Table 3).

Table 3. Substance Use Challenges
Thinking about the past 12 months in your role, what are the youth substance use challenges that you most frequently manage in your school?

Total number of participants: 204	#	%
Vaping	130	63.7
Substance use on school property (e.g., outside the building, in classrooms, washrooms, etc.)	85	41.7
Students impacted by substance use in the family	85	41.7
Mental health issues co-occurring with substance use challenges	80	39.2
Use of social media (e.g., Snapchat, Instagram, TikTok) by students showing personal substance use challenges or to seek out drugs	79	38.7
Chronically absent students who are experiencing problematic substance use	73	35.8
Students attending school intoxicated	52	25.5
Drug dealing	51	25.0
Substance-related incidents affecting school safety or discipline	42	20.6
Substance use associated with suspected or confirmed gang involvement	30	14.7
Interpersonal violence/assault	27	13.2
Student overdose on school property	17	8.3
Other	2	1.0
None. There are no youth substance use issues encountered at my school	21	10.3

In addition to managing issues with vaping and substance use on school property, a large proportion of respondents reported challenges with students impacted by substance use in the family (41.7%). Students dealing with co-occurring mental health and substance use challenges (39.2%) was also a prominent issue. Respondents also indicated that social media plays a role in substance use procurement (38.7%) and absenteeism (35.8%). This was reiterated in open-text responses such as the following:

> **"We are seeing a growing number of students not attending school due to mental health/social media/gaming. Parents are struggling and often enabling. Students are self-medicating with substances."**

A quarter of participating school administrators (25.0%) reported that they manage issues related to drug dealing, while a smaller proportion indicated they are navigating challenges stemming from suspected or confirmed gang involvement (14.7%). A notable proportion of participants endorsed struggles related to student overdoses on school property (8.3%).

Substance Use on School Property

To further illuminate the nature of youth substance use and related challenges, respondents provided their perceptions about the substances most commonly used by students in their school settings. The most commonly reported substances used on school property were cannabis (33.3%), tobacco or nicotine products (30.9%), caffeine/energy drinks (29.4%), and alcohol (23.5%). A smaller number of respondents reported youth were using other substances, such as prescription drugs (8.3%), psychedelics (7.8%), stimulants (7.4%), and non-medical opiates (2.5%) (Table 4).

Table 4. Substance Use on School Property by Type

Substances used on school property, if known:

Total number of participants: 204	#	%
Cannabis use	68	33.3
Tobacco or other nicotine use (e.g., nicotine pouches, cigarettes)	63	30.9
Caffeine/energy drinks	60	29.4
Alcohol use	48	23.5
Prescription drug misuse (e.g., Xanax, Valium, Ativan, Vicodin)	17	8.3
Use of psychedelics (e.g., mushrooms, LSD, MDMA/"Molly")	16	7.8
Stimulant use (e.g., amphetamines, cocaine)	15	7.4
Inhalant use	10	4.9
Synthetic drug use (e.g., synthetic cannabinoids, bath salts)	7	3.4
Polydrug use (use of more than one substance at the same time)	7	3.4
Non-medical opiate use (e.g., morphine, heroin, fentanyl)	5	2.5
Steroid use	5	2.5
Non-prescription or over-the-counter drug misuse (e.g., LEAN)	3	1.5
Other	1	0.5
Did not indicate substances used on school property	119	58.3

Respondents further articulated their reflections on student substance use through open text responses, which focused heavily on concerns about vaping. One participant shared that: **"Massive amounts of students in grades 7-12 vape and smoke marijuana. More needs to be done to help...this translates to other issues in the classroom and at home."** Another expressed worries that: **"Teens, can't even use the washroom without inhaling vape-filled air by other students."**

Substance Use Policies and Practices in K-12 Settings

Regulatory Framework

School administrators are expected to follow a complex regulatory framework for developing and implementing substance use programming and related interventions.[33] The regulatory framework for school administrators includes provincial or territorial legislation, school district policies approved by a local Board of Education (or other governing body), school and/or provincial/territorial Codes of Conduct, or norms enforced by professional regulatory bodies.

Actions taken by school-based administrators in the context of student substance use are both informed and limited by guiding policies. At times, administrators' actions, as directed by policy, may result in unintended harmful consequences for students. Administrators who risk acting in the best interest of a student are then professionally vulnerable in this compliance driven sector. Thus, it is important to understand the current policy context for school administrators and offer guidance to either correct existing policies or develop new policies where there is an identified gap.

Changes to guiding policies may require collaboration between school or district staff, students and their families, and the governing bodies of the education system (e.g. Boards of Education, provincial or territorial ministries of Education, First Nations leadership) depending on whether the school is a publicly funded or independent school.

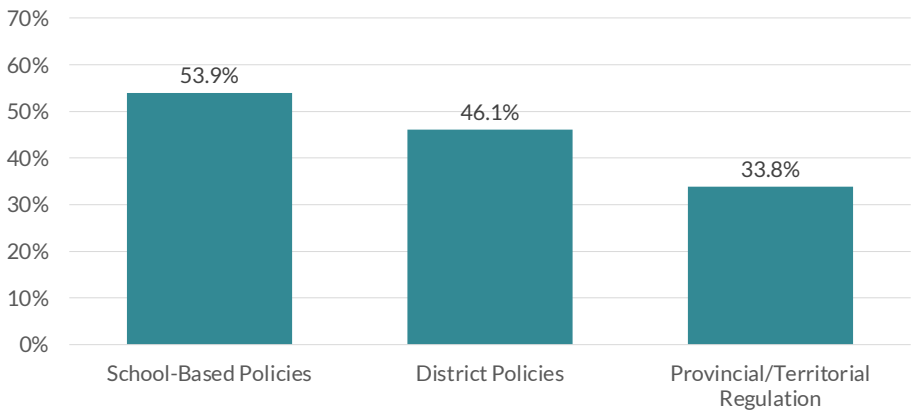
Most respondents (62.3%) indicated that there are policies in place to guide their practices related to student substance use. However, it is noteworthy that 14.2% were unsure about the policies available to inform their work related to managing incidents of student substance use. Most policies were school-based (53.9%) or district-based (46.1%), including Codes of Conduct and Safe Schools policies, and policies specific to substance use on school property (Figure 4).

Figure 4. Substance Use Policies Guiding Practice

Are there policies that guide your practice related to handling student substance use related incidents?

Total number of participants: 204	Yes	No	I'm not sure	Did not answer
#	127	42	29	3
%	62.3	20.6	14.2	1.5

If yes, which policies guide your practice?



Practices for Addressing Substance Use

Engaging Students

Understanding current practices is a foundational step in identifying education system needs and priorities to prevent, reduce, and delay substance use harms and foster a healthy school environment.

To characterize the current practice landscape, school administrators were asked a series of questions about their approaches to engaging students about substance use. Most respondents indicated "often or always" using a variety of strengths-based strategies, including building a sense of connectedness and belonging (84.8%), fostering trusted relationships (83.8%), and encouraging critical thinking (73.5%) (Table 5).

Table 5. Approaches to Engaging Students about Substance Use

When engaging with students about substance use, to what extent do you:

	Often or always		Sometimes		Never or rarely		Don't know/not applicable/did not answer	
Total number of participants: 204	#	%	#	%	#	%	#	%
Build school connectedness and sense of belonging	173	84.8	14	6.9	5	2.5	12	5.9
Foster trusted relationships between students and school-based adults	171	83.8	15	7.4	6	2.9	12	5.9
Follow guiding policies	170	83.3	14	6.9	9	4.4	11	5.4
Encourage critical thinking	150	73.5	28	13.7	11	5.4	15	7.4
Create conditions for candid ongoing discussions	146	71.6	30	14.7	18	8.8	10	4.9
Consider diverse identities	143	70.1	31	15.2	10	4.9	20	9.8
Facilitate referrals to external services	139	68.1	36	17.6	12	5.9	17	8.3
Foster skills development	134	65.7	34	16.7	17	8.3	19	9.3
Attempt to reduce stigma related to help-seeking for substance use	129	63.2	29	14.2	17	8.3	29	14.2
Uphold a zero-tolerance policy	124	60.8	34	16.7	25	12.3	21	10.3
Employ out-of-school suspension	88	43.1	54	26.5	43	21.1	19	9.3
Employ in-school suspension	68	33.3	68	33.3	43	21.1	25	12.3

Prohibitive or discipline-oriented approaches also featured prominently in survey- and open-text responses, with student substance use frequently referred to as a breach of rules or policies. Many respondents (60.8%) reported "often or always" upholding zero-tolerance policies, with open-text responses detailing that violations frequently result in suspension, detention, expulsion, or other disciplinary action.

As one respondent stated, **"We have clear disciplinary policies in place to impose appropriate sanctions on students who violate drug policies, including possible suspension, community service, etc."**

In some cases, respondents noted that legal authorities are involved in disciplinary measures. Federal, provincial, and municipal laws were also referenced. For example, one participant articulated:

> **"Zero tolerance for vaping. It always leads to a school suspension which is the Board policy. Our school-based policy is to call the bylaw officer who will follow up with a $305 fine and/or an education piece if the offender is under 16 and it's a first offense."**

Another outlined the disciplinary pathway as including:

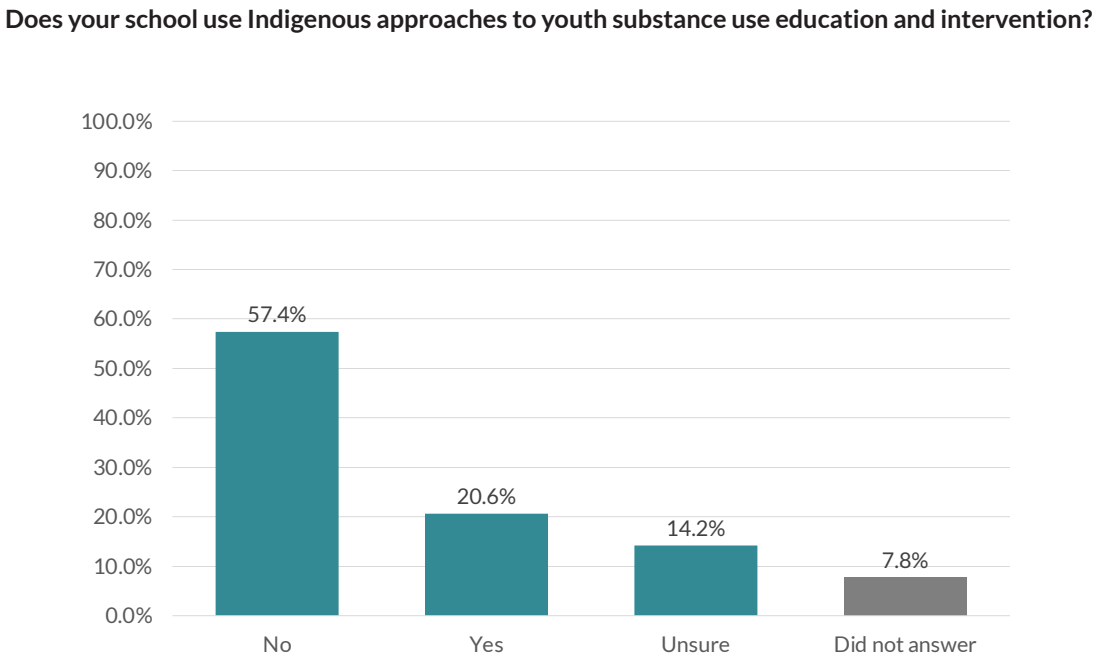
> **"Stringent rules against substance abuse. Referrals to appropriate authorities. Communication with parents and care providers."**

Some respondents highlighted challenges they encounter in enacting strengths-based practices while also contending with school or board polices that are punitive in nature. Indeed, several school administrators articulated the complexities they navigate in the context of conflicting values and priorities and the absence of clear standards or evidence-aligned guidance. For example:

> **"Suspension regulation guidelines are considered but I use professional judgement to determine the actual outcomes."**
>
> **"Policies are outlined by our school board, but contextual factors and discretion need to be used when addressing these matters."**
>
> **"Our policies are not specific to supporting substance abuse and remain behaviourist and linear in their language. The Safe Schools Act invites suspension as opposed to therapeutic practices."**

Some school administrators (20.6%) identified drawing on Indigenous approaches to inform their efforts related to substance use programming (Figure 5). These participants reported using storytelling, restorative practices, ceremony and "cultural revitalization and land-based learning."

Figure 5. Indigenous Approaches to Substance Use Education and Intervention



Collaboration and relationships with Indigenous Elders, parents, support staff and community organizations were noted as key to the meaningful use of Indigenous approaches.

> **"I work closely with elders and community leaders to develop culturally relevant materials that resonate with our students."**

Engaging Parents

School administrators were also asked about their practices when engaging with parents and caregivers about student substance use. Involving parents and caregivers in school-based substance use programming and intervention efforts builds their capacity to have informed, evidence-aligned conversations and reinforce the knowledge and skills their children learn at school. It also enables administrators to understand the context of student's life at home and adapt their actions to meet students' individual needs. Collectively, this approach can amplify programming impact and ensure youth experience consistent messages across settings.

When engaging with parents about student substance use, survey respondents generally endorsed "often or always" building school connectedness and belonging (70.1%), creating conditions for candid ongoing conversations (65.2%), facilitating referrals to external services (62.3%), and fostering skills development (53.9%) (Table 6).

Table 6. Approaches to Engaging Parents and Caregivers about Youth Substance Use

Reflecting on your current practice, when engaging with parents and caregivers about substance use, to what extent do you:

	Often or always		Sometimes		Never or rarely		Don't know/ not applicable/ did not answer	
Number of participants: 204	#	%	#	%	#	%	#	%
Foster trusted relationships between parents/caregivers and school-based staff	145	71.1	16	7.8	6	2.9	37	18.1
Follow guiding policies	143	70.1	21	10.3	3	1.5	37	18.1
Build school connectedness and sense of belonging	143	70.1	16	7.8	8	3.9	37	18.1
Create conditions for candid ongoing discussions	133	65.2	23	11.3	9	4.4	39	19.1
Consider diverse identities	131	64.2	19	9.3	16	7.8	38	18.6
Facilitate referrals to external services	127	62.3	27	13.2	11	5.4	39	19.1
Attempt to reduce stigma related to help seeking for substance use	122	59.8	32	15.7	13	6.4	37	18.1
Encourage critical thinking	114	55.9	29	14.2	17	8.3	44	21.6
Foster skills development	110	53.9	34	16.7	18	8.8	42	20.6
Uphold a zero-tolerance policy	105	51.5	27	13.2	29	14.2	43	21.1

Respondents identified parents as crucial stakeholders in addressing student substance use, emphasizing the importance of involving them in discussions and providing resources. These resources were seen as essential for building parents' skills to effectively manage substance use-related issues with their children, as well as to assist them in navigating their own challenges with substance use.

> **"Je réitère l'important qu'un programme doit rejoindre les parents et les familles - car souvent ce sont eux qui sont au dépourvu et ils ne pas outillés à répondre aux besoins de leur enfant, spécialement en santé mentale et consommation de stupéfiant.**
>
> **[TRANSLATION] I reiterate the important thing that a program must reach parents and families – because often they are the ones who are unprepared and not equipped to meet their child's needs, especially in mental health and drug use."**

Some educators expressed frustration with having to manage what they believe falls within the parents' domain:

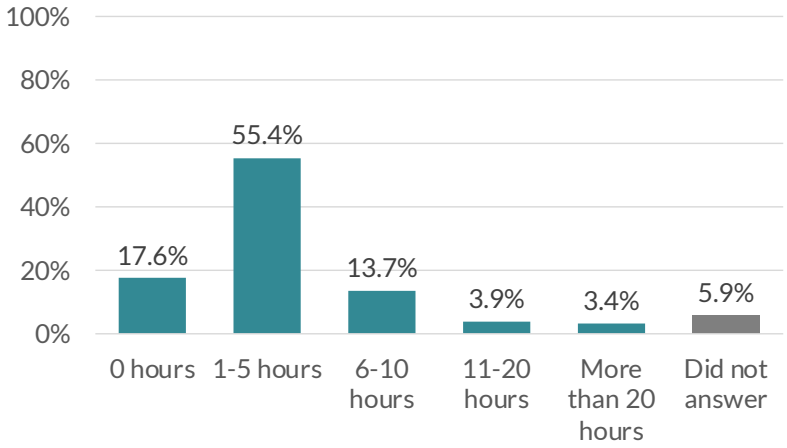
> **"The expectations on educators are unreasonable as we continue to shift child rearing responsibility from the parent to the school. Without a redefinition of the education system this cannot be addressed through schools."**

Time Spent Managing Substance Use

Addressing student substance use may require school administrators to work more closely with some students and their families, as well as teachers, school liaison officers, allied health professionals or others to support their needs. In addition to asking about current policies and practices, we also collected information from school administrators about the amount of time they spend on activities related to substance use and whether this has changed over the past year (Figure 6).

Figure 6. Time Spent on Substance Use Activities

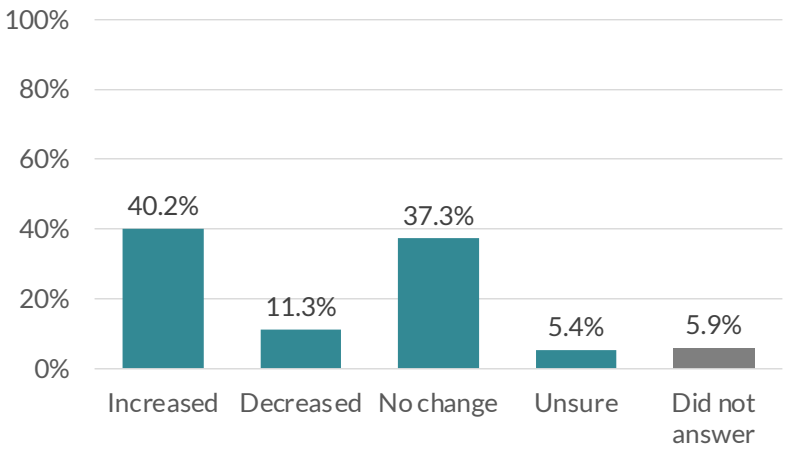
How much time each week are you engaging in activities related to student substance use?



Many respondents (55.4%) indicated they spend one to five hours per week engaged in activities related to student substance use, with a smaller proportion (3.4%) spending more than 20 hours weekly.

In the past 12 months, has your time spent engaging in student substance use management...

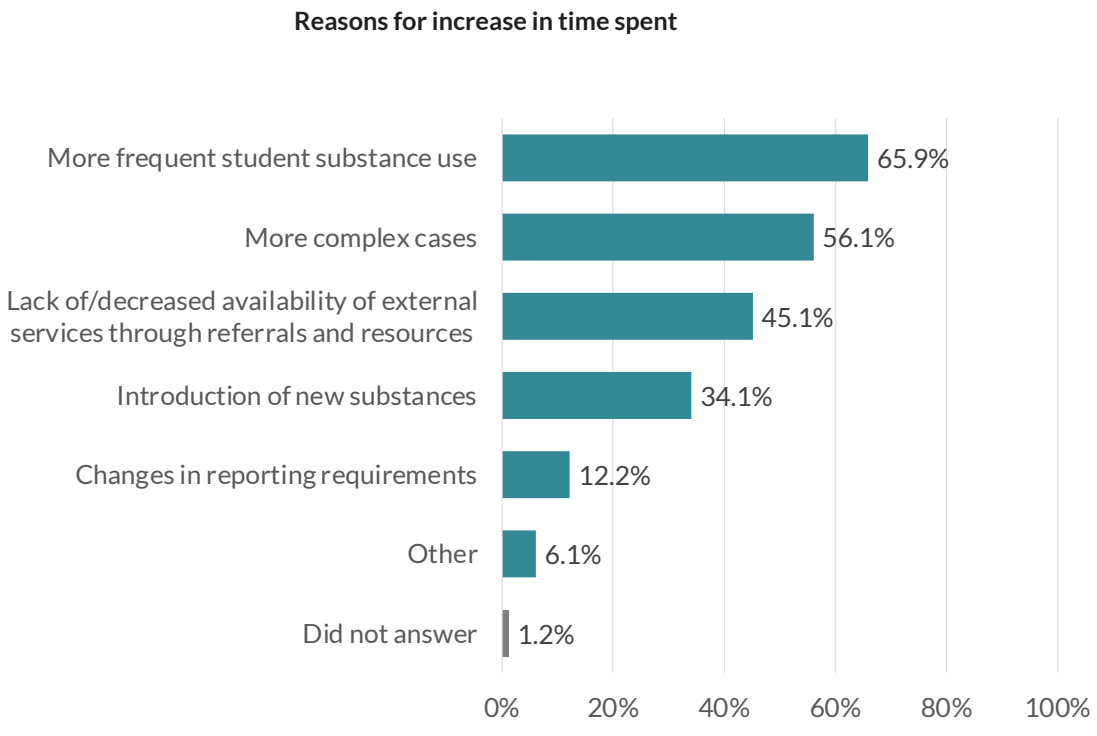
Over one-third (40.2%) indicated that they are spending increasingly more time engaging in student substance use management activities, while the time spent has remained stable for 37.3% of respondents.



Respondents who indicated that their time spent managing student substance use had grown over the past year were asked to report on the reasons for this increase. Many indicated that it was a result of student substance use becoming more frequent (65.9%) and more complex (56.1%), followed by challenges with making connections to external services or resources (45.1%) (Figure 7).

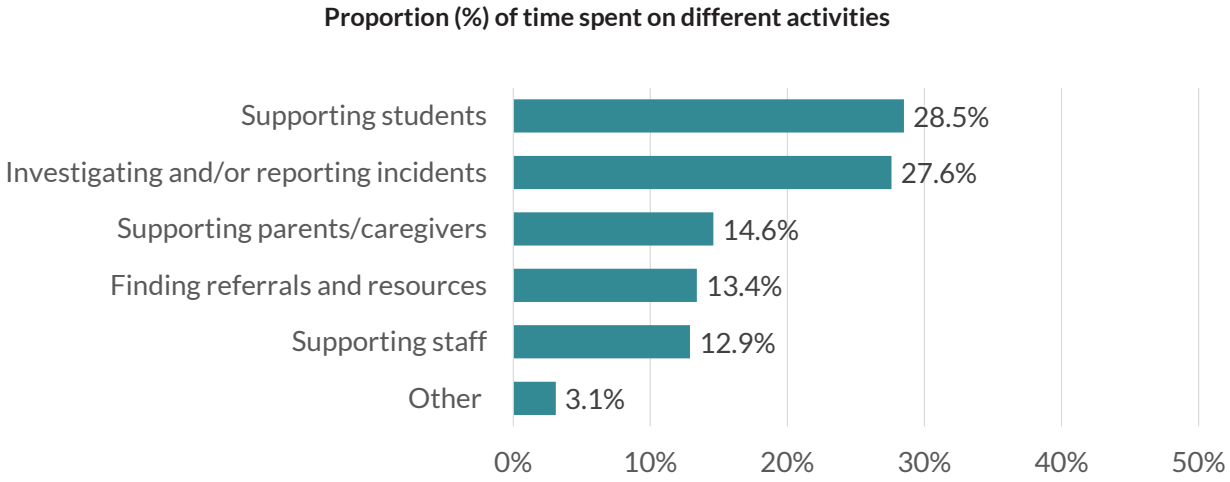
Some respondents expanded on this through open-text responses citing ease of access to substances (e.g., vape and cannabis retailers), increased substance use among current cohorts of students, and perceived lack of school board support to guide the management of situations as they arise.

Figure 7. Reasons for Increased Time Managing Substance Use



Respondents indicated that when it comes to substance use management, the activity which took up the largest proportion of their time was "supporting students, including developing intervention plans," representing 28.5% of their time spent. This was followed by "investigating and/or reporting incidents," which took up an average of 27.6% of their time dedicated to these activities (Figure 8).

Figure 8. Proportion of Time Spent on Substance Use Management Activities



These data highlight the urgent need for evidence-aligned guidance to inform the development and refinement of school, district and government policies and school-based practices aimed at preventing, reducing, and delaying substance use harms. As schools face increasing challenges — including a perceived rise in student substance use, more complex cases, and diminished access to external support services — policies need to be updated. The introduction of new substances and easy access to items like vapes and cannabis further complicates harm prevention efforts and necessitates proactive strategies to better equip schools to manage the evolving landscape of youth substance use and ensure that staff are supported, students are protected, and prevention measures are continuously improved.

Substance Use Resources and Programming in Schools

Education Programs

School-based substance use education programs vary significantly in their approach, content, structure, and intended outcomes.[7,16] While trained experts in pedagogy, professionals in the education sector may be unfamiliar with evidence-aligned approaches to delivering substance use education and are left to navigate these choices for their school settings. The variety of options can be overwhelming and confusing, leaving these professionals in need of supportive guidance to choose an approach that is grounded in evidence, adaptable to their school contexts, and reduces inequities in the delivery of substance use programming.

To gain a sense of the substance use programming currently being delivered in Canadian schools, respondents were asked to identify the approaches adopted in their settings. Respondents endorsed a wide variety of programs with differing levels of evidence. The most used programs were MADD (30.9%), DARE (24.0%), and Safer Schools Together (17.2%) (Table 7).

Table 7. Substance Use Programs Used in School Settings

Which of the following substance use education programs are used in your school?

Total number of participants: 204	#	%
MADD	63	30.9
DARE (Drug Abuse Resistance Education)	49	24.0
Safer Schools Together	35	17.2
Preventure	20	9.8
VIP (Values, Influences and Peers) program	20	9.8
Life Skills Training Program	19	9.3
BRAVO (Building Respect, Attitudes and Values with Others) program	17	8.3
iMinds	15	7.4
Safety First	15	7.4
Racing Against Drugs	15	7.4
Project Toward No Drug Use	13	6.4
Weeding out Drugs	12	5.9
Project Alert	11	5.4
Project Success	9	4.4
DARE's Keepin' it REAL	9	4.4
GuysWork	8	3.9
Top Cops	8	3.9
Other	36	17.6
Unsure	28	13.7
None. We do not offer substance use education in my school	22	10.8
Did not answer	16	7.8

Respondents expressed a demand for programming resources that are **"easy, simple, realistic [and] created by someone who knows the reality of youth and the education system"**.

They highlighted a desire for resources that are accessible and straightforward, including **"materials that have concrete steps or directions"** and that are **"easy to use right away"**.

Respondents noted that they are seeking resources from reliable **"professional and authoritative"** sources, that are current, and informed by evidence.

Evidence-Aligned Public Health Approaches

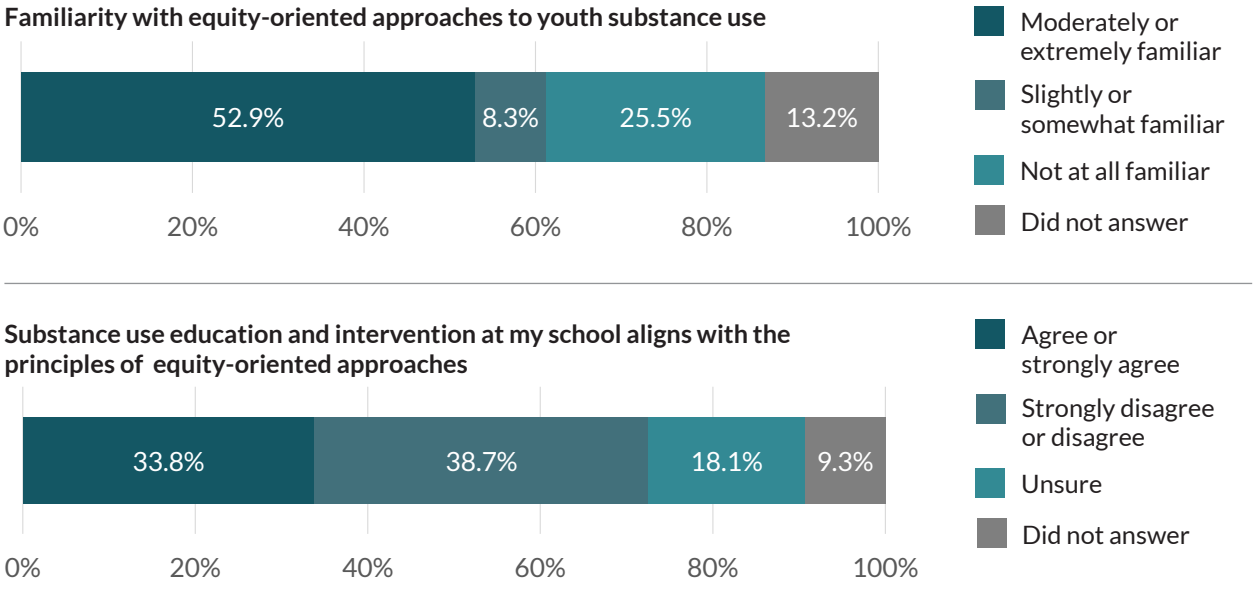
In recent years, evidence-aligned public health approaches to addressing substance use have been advanced, including the concepts of equity, stigma reduction, harm reduction, and upstream prevention. These approaches form the key components of the Public Health Agency of Canada's (2021) Blueprint for Action.[8]

To assess familiarity and degree of uptake, administrators were asked a series of questions about these approaches.

Equity-Oriented Approaches

Equity-oriented approaches account for the diversity within student populations to create the conditions that give all students the opportunity to reach their full potential. When asked about their familiarity with equity-oriented approaches, just over half (52.9%) indicated they were "moderately" or "extremely" familiar with equity-oriented approaches to youth substance use. About a third of respondents (33.8%) reported that their schools' practices align with an equity-oriented approach (Figure 9).

Figure 9. Familiarity and Alignment with Equity-Oriented Approaches to Youth Substance Use



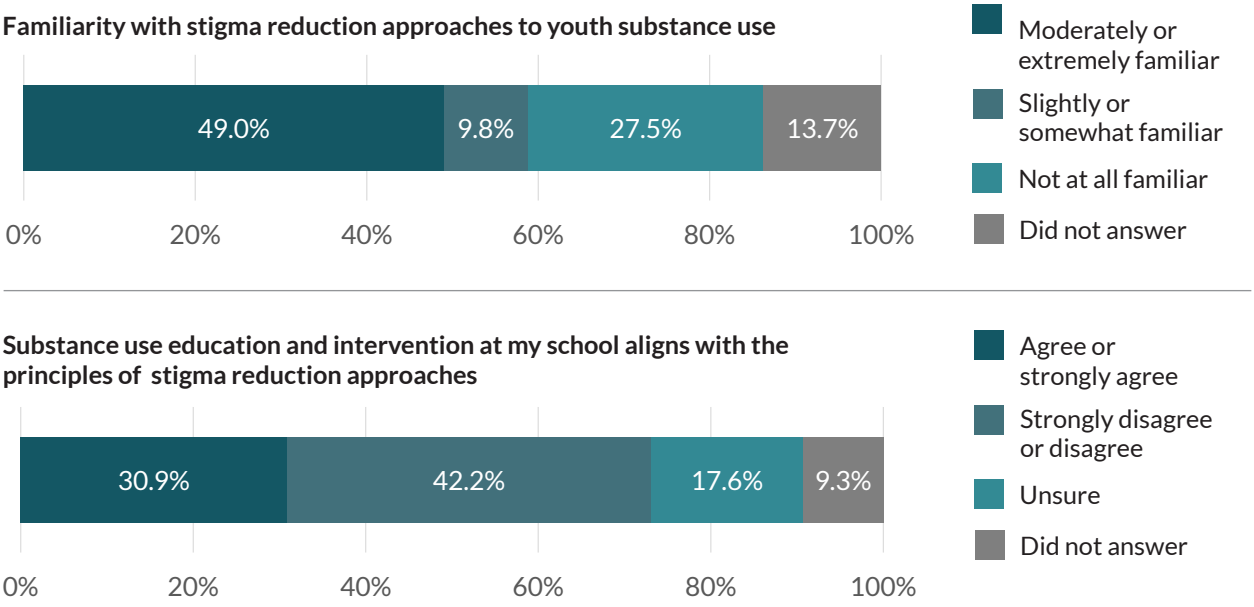
One respondent highlighted the challenges and need for a comprehensive and collaborative response to ensure equity:

> **"I think that all school boards are doing their very best to address the issues but there needs to be a stronger partnership with community resources, particularly those for Black and Indigenous youth. We need to be more culturally responsive to the needs of our diverse communities to address some of the [substance use] issues."**

Stigma Reduction

The sense of shame associated with substance use can prevent people from seeking help. Stigma reduction approaches create a more supportive environment for those who may be struggling with substance use challenges to connect with supports and services. Nearly half of respondents (49.0%) indicated they were "moderately" or "extremely" familiar with the concept of stigma reduction, and nearly one-third (30.9%) reported their schools' practices align with this approach (Figure 10).

Figure 10. Familiarity and Alignment with Stigma Reduction Approaches to Youth Substance Use



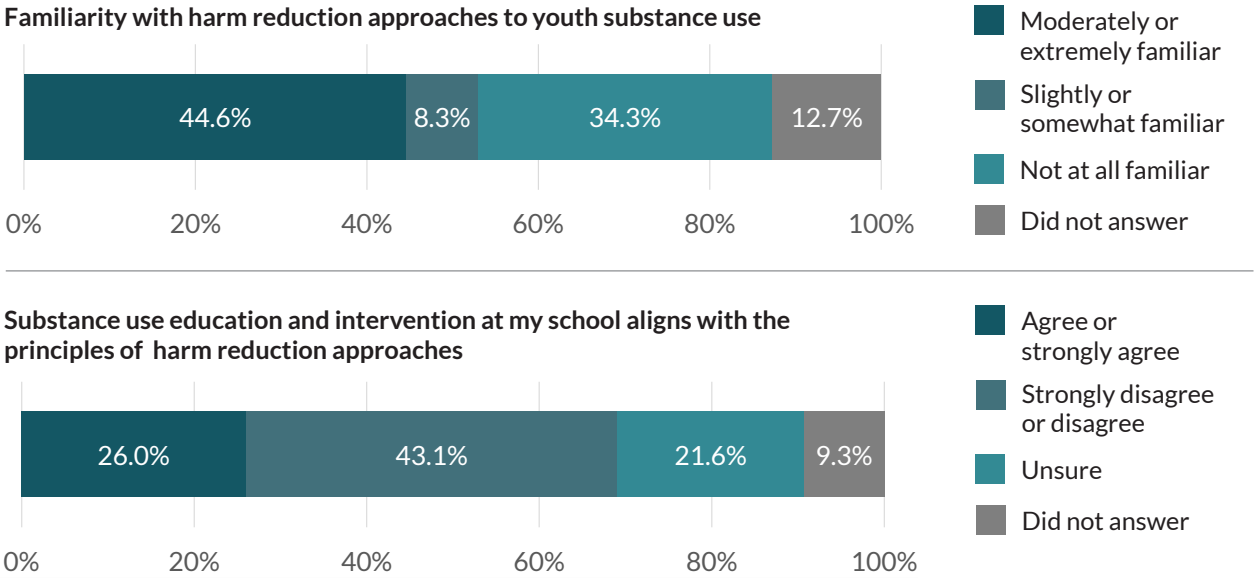
A few respondents elaborated on how the principles of stigma reduction show up in their schools, with one noting:

> **"We foster a supportive and non-judgmental environment, encouraging students to seek help without fear of stigma or disciplinary action."**

Harm Reduction

Harm reduction is an approach that focuses on minimizing the harms of substance use, as opposed to focusing solely on abstinence. Just under half of respondents (44.6%) reported that they were "moderately" or "extremely" familiar with the concept of harm reduction, while 26.0% believed their schools' practices align with a harm reduction approach to youth substance use (Figure 11).

Figure 11. Familiarity and Alignment with Harm Reduction Approaches to Youth Substance Use.



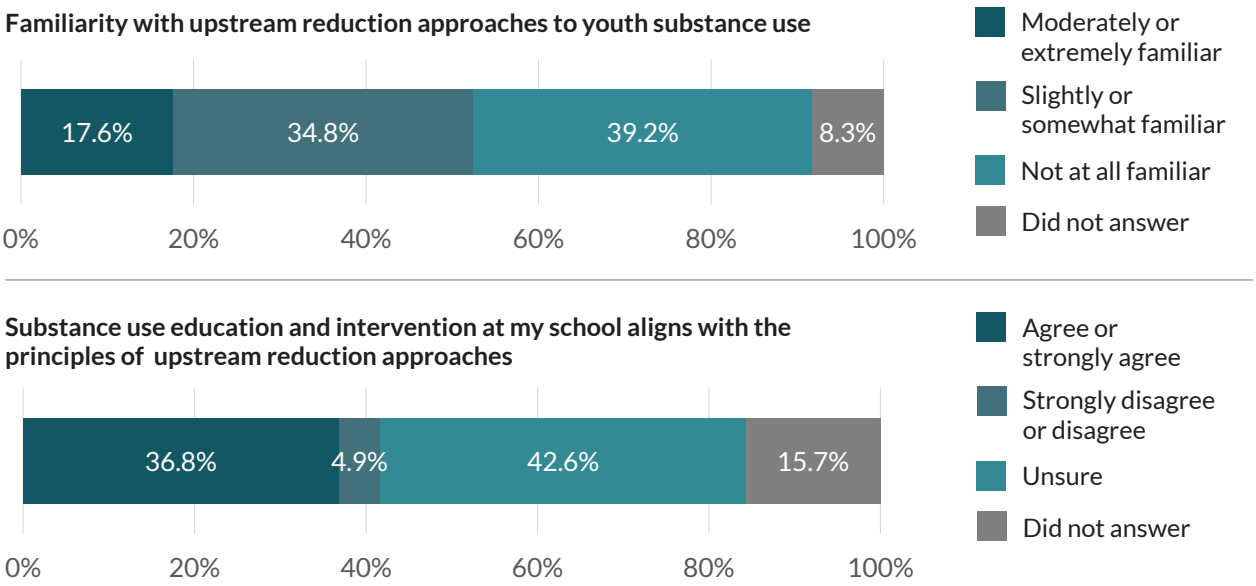
Very few respondents mentioned harm reduction in open-text responses, though one articulated harm reduction education as an important and successful approach in their setting:

> **"I brought in a group to discuss harm reduction - it acknowledges that students will be in contact with several addictive substances and how to support friends who make that choice. It went over really well..."**

Upstream Prevention

Upstream prevention focuses on enhancing protective factors, such as autonomy and belonging, and minimizing risk factors, such as lack of hope and disconnection. In this study, only 17.6% of respondents indicated they were "moderately" or "extremely" familiar with this concept, while 36.8% indicated that their schools' practices align with upstream prevention (Figure 12).

Figure 12. Familiarity and Alignment with Upstream Prevention Approaches to Youth Substance Use



Many of the open-text responses suggested that school administrators' time remains heavily focused on responding to crises, as opposed to more upstream approaches, while one noted:

> **"Je n'ai aucune expérience à ce sujet. Le besoin était quasiment inexistant dans mon école M-6 (sauf en terme de prévention, mais nous n'avons rien fait à ce sujet).**
>
> **[TRANSLATION] I have no experience with this. The need was almost non-existent in my K-6 school (except in terms of prevention, but we did nothing about that)."**

Another respondent indicated interest in upstream approaches, but also expressed concern that having conversations about substance use may unintentionally lead to increased use:

> **"While we use our HPE [health and physical education] time to teach about substance use, would it make sense to have conversations elsewhere (in assemblies, etc.) to be proactive and preventative? I think there might be a fear that if we talk about it without there being an issue that it might become an issue."**

Others, particularly those teaching in elementary settings, did not see this work as having relevance to their practice: **"What can elementary teachers do?"**

Knowledge and Confidence in Addressing Student Substance Use

School administrators were asked a variety of questions to assess current levels of knowledge and confidence in responding to student substance use. Just over a quarter (26.5%) indicated that they were "completely confident" in discussing issues related to substance use with students, as well as parents or caregivers (26.5%). A similar number (26.0%) felt "completely confident" in providing referrals to external supports. However, a sizeable proportion of respondents indicated that they were "not confident at all" or only "slightly confident" in relation to many of the listed approaches to addressing student substance use. Partnering with Indigenous peoples, communities or organizations was the area where the largest proportion of respondents (27.9%) reported being "not at all" or only "slightly confident" (Table 8).

Table 8. Level of Confidence in Responding to Student Substance Use by Activity

	Completely confident		Somewhat or fairly confident		Not confident at all or slightly confident		Not applicable or did not answer	
Number of participants: 204	#	%	#	%	#	%	#	%
Discussing substance use issues with parents or caregivers.	54	26.5	115	56.4	13	6.4	22	10.8
Discussing substance use issues with students in ways that support their well-being.	54	26.5	109	53.4	21	10.3	20	9.8
Providing referrals to external supports for students and families when needed.	53	26.0	105	51.5	24	11.8	22	10.8
Supporting school-based colleagues in resolving substance use-related issues with students.	41	20.1	112	54.9	29	14.2	22	10.8
Managing incidents of substance use on school property.	37	18.1	120	58.8	27	13.2	20	9.8
Implementing guiding policies related to substance use.	36	17.6	120	58.8	29	14.2	19	9.3
Supporting youth to minimizing the harms of their substance use.	34	16.7	122	59.8	26	12.7	22	10.8
Partnering with Indigenous peoples, communities or organizations when needed.	30	14.7	87	42.6	57	27.9	30	14.7
Providing leadership on approaches to prevent, delay and reduce substance related harms for students in your school community.	29	14.2	116	56.9	38	18.6	21	10.3

Some respondents provided open-text responses, adding further insights into the circumstances that challenge their confidence in this domain. For some, these issues are best handled by those with specialized training:

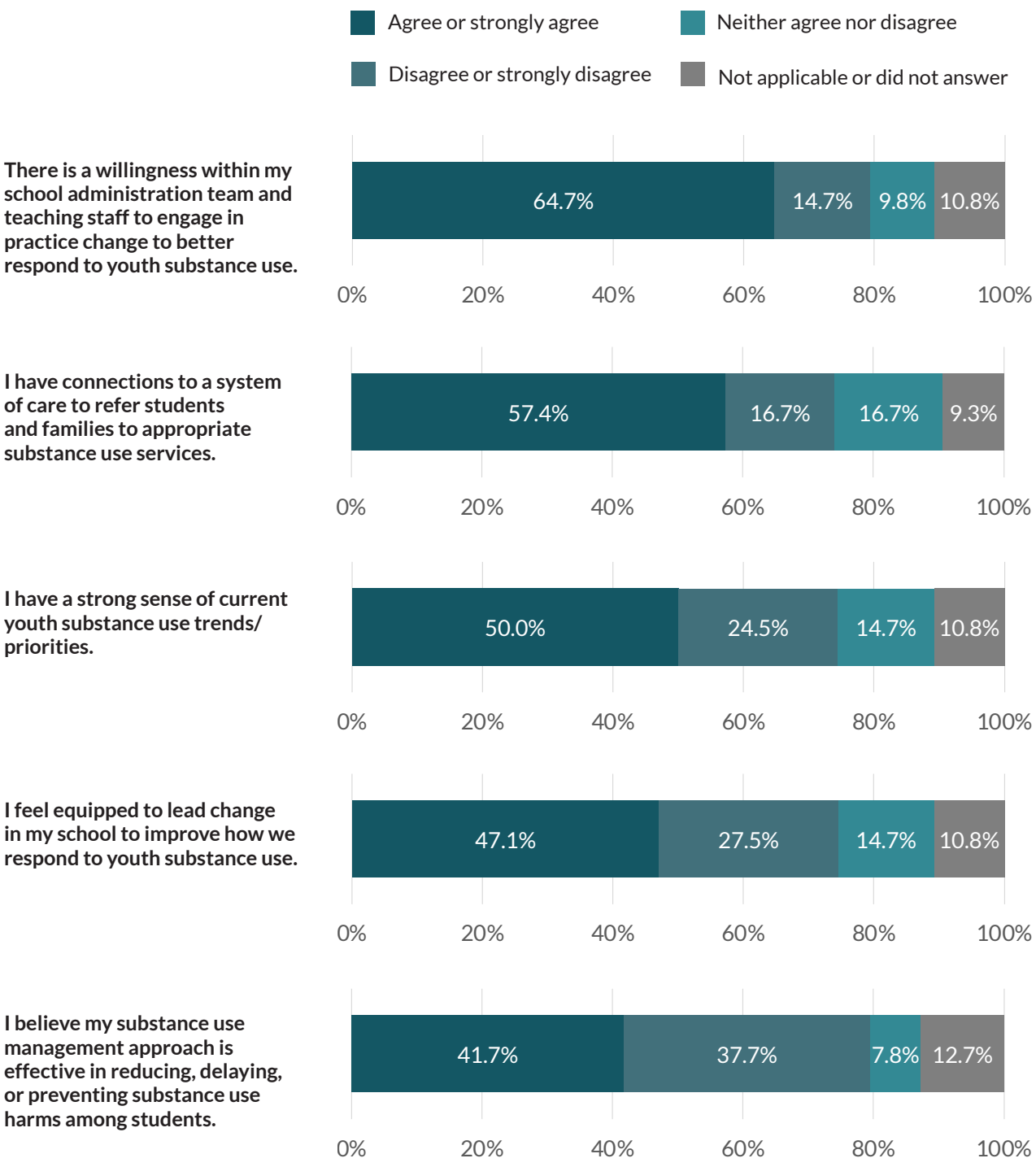
> **"Our schools are understaffed in the area of mental health supports and teacher unions are directive to avoid engaging in conversations with students and community on this topic in favour of a referral to administration who then refer to psychotherapists, who then refer to community support. The administration does their best to support but are not trained as substance counsellors and the referral waitlist is approximately one year in our community."**

Of note, less than half of respondents (41.7%) feel their substance use management approaches are effective in reducing, delaying, or preventing substance use harms among their students, or that they are well equipped to lead change to improve their school's response to youth substance use (47.1%).

However, about two-thirds (64.7%) believe there is a willingness within their administration team and teaching staff to engage in practice change to better respond to youth substance use (Figure 13).

Figure 13. Resources to Support Practice Change

Please indicate the degree to which you agree with the following statements:



Barriers and Opportunities to Shift Practice

Schools are well positioned to play a pivotal role in reducing the harms of substance use among students; however, implementing new practices or programs often comes with challenges. Identifying these can help professionals in the education and health systems work together to overcome these barriers and address youth substance use in a more collaborative, supportive, and lasting way.

Respondents endorsed a wide variety of barriers to shifting school-based practices related to youth substance use. Nearly half (45.1%) reported that there are insufficient resources to support professional development, while a substantial proportion noted the lack of a guiding framework (43.1%), and poor access to trained professionals to support practice change (39.7%). Confusion about approaches (26.0%) and conflicting direction (22.5%) also featured prominently among barriers to practice change. Of note, very few (4.4%) reported no barriers to shifting practices related to youth substance use in their school settings (Table 9).

Table 9. Barriers to Shifting Substance Use Education and Intervention Practices

Which of the following, if any, serve as a barrier to shifting practice related to youth substance use education and intervention in your school?

Total number of participants: 204	#	%
Insufficient resources to support professional development	92	45.1
Lack of a guiding framework	88	43.1
Lack of access to trained professionals to support changes in practice	81	39.7
Lack of time	75	36.8
Confusion about suitability of available approaches	53	26.0
Conflicting direction about available approaches	46	22.5
Lack of professional safety in conversations about youth substance use	45	22.1
Resistance to change in practice among school staff	43	21.1
Limited access to curriculum materials	35	17.2
Youth substance use is not a priority in my school/district/board	25	12.3
Restrictive school or district/board policies	18	8.8
Other	17	8.3
It is not part of my role	13	6.4
None of the above. I am able to shift practices related to youth substance use in my school	9	4.4
Did not answer	20	9.8

In open-text responses, school administrators elaborated on barriers to shifting practice, noting a lack of appropriate resources and highlighting teachers' heavy workloads:

> **"Many physical and emotional health issues are addressed within the school system, understandably so. However, teachers have an intense time-constrained curriculum to deliver, achievement to assess, and reporting to complete, along with many other school events and extra-curricular coaching."**

Some respondents also emphasized that their own workload as administrators limits their ability to provide a broader range of substance use supports. As one respondent shared, **"There is so little time with the increasing demands on school administrators to really deep dive into any initiatives."** Similarly, another provided insight into the tendency to rely heavily on more reactive or crisis-oriented approaches, **"My responsibilities now include administrative tasks, and I don't have time to be proactive."**

Over two-fifths of respondents (43.1%) indicated the lack of a guiding framework as a significant barrier to shifting practices. One respondent elaborated on the necessity of a comprehensive, preventative approach to engage staff in solutions:

> **"We need to clarify our goals, set our priorities, and stick to the implementation schedule instead of acting in a reactionary way when things happen and allowing people to shirk their obligation to being a part of the solution."**

Another respondent highlighted the need for a guiding approach, not only at the school or board level, but also at a provincial or ministerial level:

> **"Je vois un grand besoin d'une approche commune, incluant des approches et pratiques claires pour les directions de la province. La majorité ont besoin d'appui pour mettre en marche des interventions pratiques.**
>
> **[TRANSLATION] I see a great need for a common approach, including clear approaches and practices for provincial management. The majority need support to implement practical interventions."**

While many respondents indicated the need for guidance to inform substance use education and intervention, some (12.3%) noted that youth substance use is not a priority for their school, district, or board. One respondent shared:

> **"In speaking with colleagues, we feel that we don't have enough direction, support and time in a day to deal effectively with the issues of substance abuse and mental health among our students. With so many initiatives, the important and often dire circumstances are not supported by district. We are not properly equipped and lack support from agencies that have the knowledge and expertise in this area."**

This sentiment was shared by others, including one respondent who poignantly outlined what they view as a failure in government strategy:

> **"The amount of effort put into prevention by professionals with the direct counterintuitive presence of vape and cannabis shops in every plaza, the heavy advertisement by these stores, and the easy access, creates a very bitter response to the expectation that educators should somehow clean up the mess that a lack of legislation has caused."**

Professional Learning Related to Substance Use Education and Intervention

School administrators routinely engage in professional learning to improve their professional practice. Professional learning opportunities related to substance use that offer evidence-aligned harm prevention strategies and intervention techniques can help school administrators respond effectively to the needs within their settings and contribute to maintaining a safe and supportive school climate for students and staff.

School administrators were asked about the professional learning they have received on the topic of youth substance use. Many respondents (57.4%) indicated their professional learning in this area is driven by their desire to better support students' needs. Nearly half (45.1%) indicated that their professional learning activities are influenced by district or board direction, or by ministry (41.2%), or public health (41.2%) guidance (Table 10).

Table 10. Factors Affecting Professional Learning About Youth Substance Use

What influences your professional learning in relation to youth substance use?

Total number of participants: 204	#	%
A desire to better support student needs	117	57.4
District/board direction	92	45.1
Ministry guidance	84	41.2
Public health guidance	84	41.2
Staff priorities or inquiries	65	31.9
Professional association guidance	56	27.5
Societal issues/media	50	24.5
Personal connection to the issue	38	18.6
University/research partnerships	17	8.3
Graduate studies	6	2.9
Other	5	2.5
Did not answer	22	10.8
It is not part of my role	13	6.4
None of the above. I am able to shift practices related to youth substance use in my school	9	4.4
Did not answer	20	9.8

In general, respondents expressed a desire to enhance their professional learning about student substance use. Some indicated the importance of professional learning for themselves as well as other school staff:

> **"I would like to see more professional development and tools for educators who do not necessarily cover it as part of their curriculum. It is important for everyone working in schools to have a strong knowledge of the risk factors and how to respond proactively in supporting our students."**

Recommendations and Next Steps

Preventing, reducing, and delaying the harms of substance use among young people is a key priority, and the Canadian K-12 education systems are ideal settings to continue to advance meaningful impacts and shift trajectories.

This report features key findings from Wellstream's inaugural Substance Use and Canadian Schools: National Examination of School Administrators' Experiences and Perspectives survey, deployed as part of the pan-Canadian Transforming Substance Use Harm Prevention in Schools initiative. Engaging administrators across Canada is a critical step in supporting education systems transformation, as principals and vice-principals provide leadership and direction to their K-12 communities and are influential in shaping school climates and approaches to addressing substance use.

This report presents valuable information collected from school administrators across Canada to help characterize the landscape of school-based efforts to minimize substance use harms, including the challenges that administrators are facing, systems gaps and inequities, and the complexities associated with the provision of evidence-aligned substance use programming. These data establish a baseline understanding of the present context and provide a foundation for monitoring change as the initiative progresses. In future rounds of surveying, it will be important to strengthen the geographic representation of participants, which will allow for more nuanced understandings of the similarities and differences in experiences within and across provinces and territories. Additionally, establishing strategies to encourage participation will help to ensure diversity among respondents in terms of their knowledge and relationship to the topic.

Based on these findings and the broader literature, there are several key recommendations to guide the next steps for transforming substance use harm prevention in schools.

- **Develop National Standards to Provide Guidance to K-12 Schools.** Establish clear and consistent evidence-aligned guidance to inform best practices for preventing, delaying, and reducing substance use harms. This guidance should include direction for learning materials and cross-curricular innovation, policies to inform administration-driven interventions and micro-interventions, and whole-of-school strategies to promote a positive school climate and enhance student and staff wellbeing.
- **Continue to Cultivate Supportive and Inclusive School Cultures by Adopting Evidence-Aligned Policies.** Transition away from punitive zero-tolerance policies, and adopt strengths-based approaches that prioritize student wellbeing and minimize the negative consequences of substance use. This will help to ensure safe and supportive environments where students feel comfortable discussing substance use concerns without fear of judgement or punishment. Implement strategies that promote positive relationships between staff and students, build a sense of community within the school, and create opportunities for student leadership and voice.
- **Invest in Comprehensive Professional Development and Classroom-Ready Resources.** Provide adequate funding and prioritize ongoing role-specific professional learning opportunities that equip school professionals with the knowledge, skills, and resources to implement a comprehensive and evidence-aligned strategy to reduce substance use harms. This will ensure a shared understanding of best practices and consistent messaging across the school community.
- **Promote Collaboration and Partnerships:** Continue to grow collaboration among schools, substance use experts and health professionals, students, families, community and health services organizations, and policymakers. Promote opportunities for partners from health to learn about the barriers the education system is identifying and create strategies to overcome these (e.g., by reducing confusion, supporting professional learning activities). This will contribute to a supportive network that can respond to the needs of youth and families across the full spectrum of substance use.
- **Center Youth Voices.** Meaningfully involve youth in systems transformation efforts. Including youth as key partners will contribute to a positive school culture and help to ensure programming – from prevention to reducing substance use harms – remains relevant, engaging, and responsive to their needs.

By implementing these recommendations, schools can move towards a comprehensive and sustainable approach that helps to reduce system burden, promotes student wellbeing, decreases substance use harms, and creates a healthier and more supportive learning environment for all.

References

1. British Columbia Coroners Service. (2024). *Youth unregulated drug toxicity deaths in BC 2019-2023* (pp. 1–8). British Columbia Ministry of Public Safety and Solicitor General. Retrieved Jan 30, 2025, from https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/youth_unregulated_drug_toxicity_deaths_in_bc_2019-2023.pdf

2. Public Health Agency of Canada. (2018, October 23). *The Chief Public Health Officer's report on the state of public health in Canada 2018: Preventing Problematic Substance Use in Youth* [Departmental performance report]. Retrieved Jan 30, 2025, from https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/2018-preventing-problematic-substance-use-youth.html

3. 2023 Annual Report of the Chief Medical Officer of Health of Ontario to the Legislative Assembly of Ontario. (2024). *Balancing act: An all-of-society approach to substance use and harms* (pp. 1–81). https://www.ontario.ca/files/2024-04/moh-cmoh-annual-report-2023-en-2024-04-02.pdf

4. Health Canada. (2022). *Substance use spectrum*. Government of Canada. Retrieved Jan 30, 2025, from https://www.canada.ca/en/health-canada/services/publications/healthy-living/substance-use-spectrum-infographic.html

5. Health Canada. (2024, December). *Federal actions on the overdose crisis*. Retrieved Jan 30, 2025, from https://www.canada.ca/en/health-canada/services/opioids/federal-actions/overview.html

6. Bruno, T. L., & Csiernik, R. (2020). An examination of universal drug education programming in Ontario, Canada's elementary school system. *International Journal of Mental Health and Addiction*, 18(3), 707–719. https://doi.org/10.1007/s11469-018-9977-6

7. British Columbia School Trustees Association. (2023). *BCSTA Annual General Meeting Motions. 2023*.

8. Public Health Agency of Canada. (2021, August 13). *Blueprint for Action: Preventing substance-related harms among youth through a Comprehensive School Health approach* [Report on plans and priorities]. Retrieved Jan 30, 2025, from https://www.canada.ca/en/public-health/services/publications/healthy-living/blueprint-for-action-preventing-substance-related-harms-youth-comprehensive-school-health.html

9. Porath-Waller, A. J., Beasley, E., & Beirness, D. J. (2010). A meta-analytic review of school-based prevention for cannabis use. *Health Education & Behavior*, 37(5), 709–723. https://doi.org/10.1177/1090198110361315

10. Onrust, S. A., Otten, R., Lammers, J., & Smit, F. (2016). School-based programmes to reduce and prevent substance use in different age groups: What works for whom? Systematic review and meta-regression analysis. *Clinical Psychology Review*, *44*, 45–59. https://doi.org/10.1016/j.cpr.2015.11.002

11. Lee, N. K., Cameron, J., Battams, S., & Roche, A. (2016). What works in school-based alcohol education: A systematic review. *Health Education Journal*, *75*(7), 780–798. https://doi.org/10.1177/0017896915612227

12. Flynn, A. B., Falco, M., & Hocini, S. (2015). Independent evaluation of middle school–based drug prevention curricula: A systematic review. *JAMA Pediatrics*, *169*(11), 1046–1052. https://doi.org/10.1001/jamapediatrics.2015.1736

13. Bennett, C. (2014). School-based drug education: The shaping of subjectivities. *History of Education Review*, *43*(1), 95–115. https://doi.org/10.1108/HER-11-2012-0039

14. Faggiano, F., Vigna-Taglianti, F. D., Versino, E., Zambon, A., Borraccino, A., & Lemma, P. (2008). School-based prevention for illicit drugs use: A systematic review. *Preventive Medicine*, *46*(5), 385–396. https://doi.org/10.1016/j.ypmed.2007.11.012

15. Stockings, E., Hall, W. D., Lynskey, M., Morley, K. I., Reavley, N., Strang, J., Patton, G., & Degenhardt, L. (2016). Prevention, early intervention, harm reduction, and treatment of substance use in young people. *The Lancet Psychiatry*, *3*(3), 280–296. https://doi.org/10.1016/S2215-0366(16)00002-X

16. Hawke, L. D., Mehra, K., Settipani, C., Relihan, J., Darnay, K., Chaim, G., & Henderson, J. (2019). What makes mental health and substance use services youth friendly? A scoping review of literature. *BMC Health Services Research*, *19*(1), 257. https://doi.org/10.1186/s12913-019-4066-5

17. Botvin, G. J., & Griffin, K. W. (2006). Drug abuse prevention curricula in schools. In Z. Sloboda & W. J. Bukoski (Eds.), *Handbook of Drug Abuse Prevention* (pp. 45–74). Springer US. https://doi.org/10.1007/0-387-35408-5_3

18. Singh, R. D., Jimerson, S. R., Renshaw, T., Saeki, E., Hart, S. R., Earhart, J., & Stewart, K. (2011). A summary and synthesis of contemporary empirical evidence regarding the effects of the Drug Abuse Resistance Education Program (D.A.R.E.). *Contemporary School Psychology: Formerly "The California School Psychologist,"* *15*(1), 93–102. https://doi.org/10.1007/BF03340966

19. Griffin, K. W., & Botvin, G. J. (2010). Evidence-based interventions for preventing substance use disorders in adolescents. *Child and Adolescent Psychiatric Clinics of North America*, *19*(3), 505–526. https://doi.org/10.1016/j.chc.2010.03.005

20. Hyshka, E. (2013). Applying a social determinants of health perspective to early adolescent cannabis use – An overview. *Drugs: Education, Prevention and Policy, 20(2)*, 110–119. https://doi.org/10.3109/09687637.2012.752434

21. SNRC Collaborative of Waterloo Region. (n.d.). *What are tiered services?* Retrieved December 9, 2024, from http://snrcwaterlooregion.ca/what-are-tiered-services/

22. O'Connell, Y., Boat, T., & Warner, K. E. (Eds.). (2009). Defining the scope of prevention. In *National Research Council (US) and Institute of Medicine (US) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities*. National Academies Press (US). https://www.ncbi.nlm.nih.gov/books/NBK32789/

23. Public Health Agency of Canada. (n.d.). School health. Government of Canada. Retrieved January 30, 2025, from https://www.canada.ca/en/public-health/services/child-infant-health/school-health.html

24. World Health Organization. (n.d.). *First International Conference on Health Promotion, Ottawa, 21 November 1986*. Retrieved Jan 30, 2025, from https://www.who.int/teams/health-promotion/enhanced-wellbeing/first-global-conference

25. World Health Organization. (n.d.). *Fourth International Conference on Health Promotion, Jakarta, 1997*. Retrieved August 1, 2024, from https://www.who.int/teams/health-promotion/enhanced-wellbeing/fourth-global-conference/jakarta-declaration

26. McKiernan, A., & Fleming, K. (2017). *Canadian youth perceptions on cannabis*. Canadian Centre on Substance Abuse. Retrieved Jan 30, 2025, from https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Canadian-Youth-Perceptions-on-Cannabis-Report-2017-en.pdf

27. Haines-Saah, R. J., Mitchell, S., Slemon, A., & Jenkins, E. K. (2019). 'Parents are the best prevention'? Troubling assumptions in cannabis policy and prevention discourses in the context of legalization in Canada. *International Journal of Drug Policy, 68*, 132–138. https://doi.org/10.1016/j.drugpo.2018.06.008

28. Slemon, A., Jenkins, E. K., Haines-Saah, R. J., Daly, Z., & Jiao, S. (2019). "You can't chain a dog to a porch": A multisite qualitative analysis of youth narratives of parental approaches to substance use. *Harm Reduction Journal*, 16(1), 26. https://doi.org/10.1186/s12954-019-0297-3

29. Jenkins, E. K., Slemon, A., & Haines-Saah, R. J. (2017). Developing harm reduction in the context of youth substance use: Insights from a multi-site qualitative analysis of young people's harm minimization strategies. *Harm Reduction Journal, 14*(1), 53. https://doi.org/10.1186/s12954-017-0180-z

30. Downey, M. K., Bishop, L. D., Donnan, J. R., Rowe, E. C., & Harris, N. (2024). A survey of educator perspectives toward teaching harm reduction cannabis education. *PLOS ONE, 19*(5), e0299085. https://doi.org/10.1371/journal.pone.0299085

31. Holtrop, J. S., Estabrooks, P. A., Gaglio, B., Harden, S. M., Kessler, R. S., King, D. K., Kwan, B. M., Ory, M. G., Rabin, B. A., Shelton, R. C., & Glasgow, R. E. (2021). Understanding and applying the RE-AIM framework: Clarifications and resources. *Journal of Clinical and Translational Science, 5*(1), e126. https://doi.org/10.1017/cts.2021.789

32. ImpSciMethods.org. (2024). *Prioritizing implementation barriers: Toolkit for designing an implementation initiative*. Retrieved Jan 30, 2025, from https://www.impscimethods.org/toolkits/prioritizing-implementation-barriers-toolkit/submit/558

33. Robinson, D. B., Sulz, L., Morrison, H., Wilson, L., & Harding-Kuriger, J. (2024). Health education curricula in Canada: An overview and analysis. *Curriculum Studies in Health and Physical Education, 15*(1), 77–97. https://doi.org/10.1080/25742981.2023.2178944