ALCOHOL, DRUGS AND OTHER ADDICTIONS: NEW RESOURCES AND ADVICE FOR SCHOOLS

Douglas McCall | Canadian Association for School Health

Substance abuse among young people has always been a difficult issue for schools to address. Canadians have an ambivalent attitude about alcohol use among older teens, marijuana legislation and enforcement is muddled, and the media often picks up on sensational stories about the latest fads in drug use without putting those fads in a broader social and youth development context. We listen to debates about the merits of harm reduction and supply-side controls but our national multi-agency framework does not even address the emerging problem of youth gambling. If schools take a public approach to addressing alcohol, drugs and other addictions, they run the potential risk of parents and the community wondering if the school has a problem.

Fortunately, this school year will provide an opportunity for schools to take action. The federal government, working with several partners, has launched an awareness campaign that will call attention to the issue. For the first time, youth and parents are clearly at the centre of this campaign. Health Canada and the Canadian Centre on Substance Abuse are leading a collaborative effort to move a collaborative (federal/provincial/territorial) non-governmental framework for joint action forward from a consensus statement into real initiatives and activities. Youth and schools are part of this multi-partner framework.

The Canadian Association for School Health has been funded by Health Canada to promote better practices in school-based and school-linked prevention. This article describes the approaches and resources being recommended by this national project.

Understanding the Problem

The first step in this project was to summarize the research evidence. A team of researchers led by consultant Gary Roberts examined the prevalence and nature of substance use among Canadian youth.

They noted that although the use of substances has declined from historic highs in the later 1990s, there were several disturbing facts drawn from national and provincial surveys:

- Approximately 25-40% of Canadian high school students used no drug (including alcohol or tobacco) in the past year.
- Half to two-thirds of junior and senior high students are current users of alcohol. A significant minority (around 40%) limit their use to special occasions.

> "...CONSIDERING THE AMOUNT OF TIME STUDENTS SPEND IN SCHOOL, IT IS NOT SURPRISING THAT SCHOOLS CAN BE PART OF THE PROBLEM AND PART OF THE SOLUTION..."

- Approximately one quarter to one third of students reported past year cannabis use, depending on the jurisdiction.
- Rates of use for drugs other than alcohol, cannabis and tobacco have large regional variations, but the next most commonly used drugs appear to be hallucinogens (i.e. psilocybin, mescalin and to a lesser extent, LSD) and amphetamines non-medically, with between 5-15% of students reporting past year use.
- Ritalin is sometimes used non-medically (ranging from around 6% in Atlantic Canada to 2.4% in Ontario).
- Typically less than 5% of junior/senior high school students reported use of ecstasy, cocaine, heroin, PCP and non-medical use of other medications

Community, Family, Personal Risk and Protective Factors

The factors that influence youth consumption of substances are well known and are often outside of the school. They include:

- gender (males are more likely to abuse and misuse)
- low positive contact with adults
- community disorganization
- personal attitudes towards drugs
- family attachment
- parent harmony and parent-child conflict
- parent attitudes
- family rules and discipline
- peer relationships
- related behaviour problems such as delinquency
- sensation-seeking and adventurous personality, and
- religion (which is associated with lower use).

School Factors Affecting Abuse

Considering the amount of time students spend in school, it is not surprising that schools can be part of the problem and part of the solution. There is evidence that supportive and caring relationships within schools promote academic motivation and performance among students. But schools are also responsible for evaluating students and controlling their behaviour if they disrupt the learning of others. Research on the social environment of schools (and to a lesser extent the physical environment), employs various terms such as "school connectedness" or "school culture".

The School's Role

Research on what schools can do effectively is emerging and the project reflected this new knowledge:

- School policies can set clear limits on student behaviours but also ensure that educators and other agencies provide alternatives to expelling students where they can get into more trouble.

- Instructional programs can teach life skills and provide factual, practical knowledge about drugs, alcohol and gambling within a K-12 health/personal development curriculum, can develop good attitudes, normative beliefs and also help students to develop personal health action plans.

- Informal preventive services such as peer helper and mentoring programs, brief interventions with counsellors, and after school programs, as well as planned and coordinated case management in treatment and rehabilitation services, can reduce risk or relapse.

- Changes to the physical environment (youth-friendly spaces, monitoring of high-risk areas) and the addition of practical resources such as transportation or sports/music/computer equipment can enable students to participate in after school programs.

- Social support for positive behaviours such as parent education and involvement in school activities, youth engagement through dry-grad, safe driving campaigns and working closely with police, local merchants and others in the community can also be beneficial.

New research evidence, as well as common sense, strongly suggests that by combining these five different types of interventions, the positive effect on student behaviour and learning will be stronger. However, this is easy to say and difficult to do.

The challenge of coordinating and sustaining these multiple interventions from a variety of agencies has led practitioners and researchers in new directions so that teachers and schools are not bombarded by demands that they do more and more to solve every health and social problem that challenge youth and families.

Building Capacity at All Levels

Various capacity building strategies have been identified for school health promotion (these strategies are compatible with the continuous school improvement programs used in most provinces). This project is based on a model developed by the World Health Organization and adapted by Canadian researchers. This model recommends:

1. Coordinated policy, starting at the top with inter-ministry policies, then inter-agency policies that link school boards, police departments and other agencies in areas such as job descriptions, procedures, mandatory programs, etc.

2. Ongoing workforce development that provides time and resources for front-line staff to adapt and adopt new programs.

3. Staff assigned to promote coordination and cooperation rather than depending on voluntary "champions" that eventually burn out or get promoted.

4. Formal and informal mechanisms to promote cooperation such as inter-ministry and inter-agency agreements, the collaborative development of mission, goal or consensus statements, joint staff development programs, and ad-hoc and ongoing coalitions and networks.

5. Consistent efforts to develop, synthesize, and exchange applied knowledge to answer urgent practical questions such as: Which programs are effective or more cost-effective? Which models are appropriate for different community contexts such as rural/urban, Aboriginal, religious, linguistic, disadvantaged, etc?

Addressing Organizational Characteristics with Strategic Planning

This project seeks to recognize that the organizational characteristics, cultures and core practices of school and other systems will influence the implementation and sustainability of prevention programs. These systems are open to external and competing influences, loosely-coupled in their decision-making at all levels, and necessarily bureaucratic because they constantly face new demands piled on traditional expectations with scarce resources.

One example of this new recognition is to help teachers to understand the behavioural research that underpins good prevention education so that they can select or develop good lesson plans rather than have to follow lock-step pre-packaged lesson plans that quickly become dated.

Figure 1: Cyclical policy model
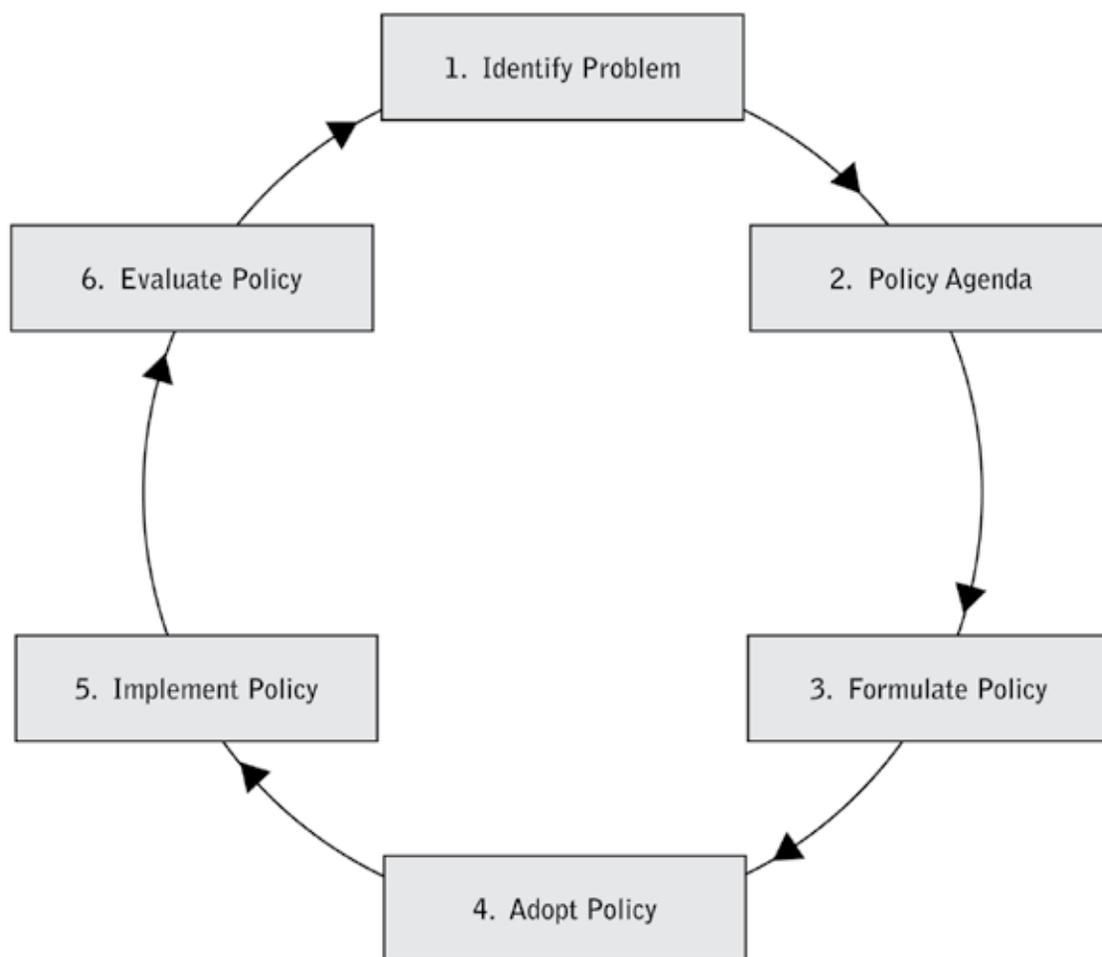
Our Project Activities and How They Can Help Schools

The second half of this article describes several resources that have been prepared by the Canadian Association for School Health in partnership with several other organizations. All of these resources can be found at:

www.safehealthyschols.org/alcohol-drugs-addictions.htm

Knowledge summary

This substantive review of published research was prepared by a team of experts from across Canada. The summary describes effective strategies and programs and presents several best advice statements for consideration at the end of each chapter. Educators can use these statements to select the strategies and interventions appropriate to their situation.

The summary also provides an up-to-date snapshot of current problem use of substances among youth in Canada as well as an analysis of community, family and school factors that reduce or increase risk. Educators can use this background when developing overall strategies and approaches.

A section of the knowledge summary addresses the needs of Aboriginal students. An addendum to the summary is being prepared on widely used programs such as DARE, Lion's Quest and others with the goal of communicating the latest evaluations and advice about these programs.

Web-linked list of research and reports

This simple tool will enable time-starved educators and others to keep up with the latest research reviews, landmark studies and major reports, program and planning/assessments, and policy tools. Readers can use the web links to go directly to journal articles, online reports and other materials.

This list of research and reports will be updated periodically through regular review and retention of documents in the School Health Centre, a part of the Centre for Community Health Research at the University of Victoria.

Instructional programs, lesson plans and webquests

As part of this national project, several instructional programs that are being used across Canada, as well as programs that are used in other countries, have been examined. These include universal, selected and indicated programs such as:

- Lion's Quest Skills for Adolescence
- RCMP Elementary DARE Program
- Roots of Empathy
- Second Step
- Stars
- Class Action
- Fair Play
- Good Sports
- Children in the Middle

As well, the list of individual lesson plans has been updated. These lesson plans have been catalogued by grade level and topic.

The collection of Student Webquests that enable individual or groups of students to undertake on-line projects that involve real-life and classroom activities has also been updated.

Policy advice and samples

Another key feature of the project is the manual and list of examples for school boards, police departments, health, addiction and mental health agencies to use when developing policies and procedures. We take a strategic and practical approach to policy-making and suggest a cyclical model (Figure 1) that sees policy as a springboard for action.

There are four cornerstones to creating a process that will lead to each authority or agency having an appropriate, broadly-based range of school health policies.

1. Having a policy on policy-making to ensure a proper decision-making and review process.
2. Having a comprehensive policy on health-promoting schools to ensure that health issues are approached with a consistent, coherent approach.
3. Developing a series of policies on the elements of a comprehensive approach to school health promotion/ health promoting schools (i.e. healthy physical environment, health services, etc.).

4. Developing a series of policies on specific health and social problems, behaviours or risk/protective factors.

Webinars on specific practices/programs

The project has enabled the Canadian Association for School Health to develop a new, convenient method for transferring knowledge about programs and issues in substance abuse prevention and school health. Through the use of the telephone and web meeting technology, participants can hear and see a presentation from experts and practitioners on specific topics. Webinar sessions in 2008-09 included a review of key research, a scan of Canadian trends, a parent program, policy-making and a mental health program.

The presentations include both theory and practical examples. Questions and discussion, both on the call and afterwards through email, are always lively. This year, we will be creating mini websites (wikis) for each webinar, where related materials as well as the presentation can be stored. Planned topics for this year include stigma, co-occurring substance abuse and mental health problems, the social influence model, brief interventions, elementary school programs, interactive teaching methods, coordinated, multiple-intervention programs, bicultural approaches for Aboriginal students and more.

Provincial/territorial scans

One of the first activities undertaken in the project was to consult with a variety of organizations and individuals in all provinces and territories as well as at the national level to identify current activities, programs, strengths and gaps. Here are just a few as a sample:

- Alberta (AADAC) has published several instructional programs for different grade levels as well as several videos and CDs.
- In British Columbia, there are several organizations with an ongoing interest in school-based substance abuse prevention.
- Manitoba has moved from optional to compulsory substance as part of the PEHE curriculum.
- Substance abuse is a big part of the Yukon Native Teachers Education program.
- Nova Scotia has just published a curriculum supplement for its schools.
- The extensive Ontario consultations identified several hot issues, including concurrent disorders, chicken driving games and binge drinking.

Web-based tools support a community of practice

This project is using social networking web tools, regular calls and an annual symposium to bring together over 100 practitioners at the local agency, provincial and territorial levels. It is not Facebook, but it can help to reduce email and tracking down documents because they can be uploaded or linked. Over 100 resources have been included in the toolbox and it is growing rapidly. To participate in this Community of Practice and to visit this wiki, go to:

http://shtoolbox-substanceabuse.wetpaint.com

This project has also created an international wiki that will discuss the research evidence and better practice guidelines related to school health promotion. The lead on this activity is from the International School Health Network and includes the UN Office on Drugs and Crime (UNODC), the World Health Organization (WHO) and the Organization for Economic Cooperation and development (OECD). To see this wiki, go to:

http://schoolssubstanceabuseprevention.wetpaint.com

About the Author

Douglas McCall is the Executive Director for the Canadian Association for School Health (CASH). CASH is a national association composed of 12 provincial/territorial coalitions whose members promote the health of children and youth through school-related health promotion.