

School-Based Substance Use Prevention,
Education, and Intervention:

A Multi-Tiered and Developmental Approach for Kindergarten to Grade 12 Schools in Canada

THE STANDARD

First Edition, 2026



A national initiative to transform
school-based substance use prevention,
education, and intervention in Canada

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Anchoring Change is a national initiative designed to transform how schools across Canada address substance use through coordinated, evidence-informed prevention, education, and intervention. Its approach is grounded in developmental and prevention science, student well-being, and the practical realities of education systems.

The initiative is led through a collaborative partnership between Wellstream: The Canadian Centre for Innovation in Child and Youth Mental Health and Substance Use at the University of British Columbia, the Canadian Centre on Substance Use and Addiction (CCSA), the Canadian Association of School System Administrators (CASSA), Physical and Health Education (PHE) Canada, and the Students Commission of Canada.

Standard development process managed by CSA Group.

For more information about Anchoring Change:

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Aussi disponible en français.

Land and Peoples Acknowledgement

This Standard was developed across the lands now known as Canada – the traditional and ancestral territories of First Nations, Inuit, and Métis peoples, who have cared for these lands and the well-being of their children and youth since time immemorial.

We are grateful to the Indigenous youth, knowledge keepers, and partners whose contributions have shaped this Standard's commitment to cultural safety, self-determination, and community-led approaches.

We invite all who use the Standard to learn the histories of the lands where their schools are situated and to take meaningful action toward Truth and Reconciliation.



Table of Contents

Land and Peoples Acknowledgement 1
Preface 1
Executive Committee 3
Multidisciplinary Expert Committee 4

Introduction **5**

Why This Matters 7
Aspirational Vision & Goal 8
Overview 9
Organization & Content 10
Guiding Principles 13
Evidence Base 16
Exclusions 17
Intended Audience 18
Definitions 19

Clauses **25**

Navigating the Clauses 26



Early/Middle Childhood

27

1.1 TIER 1: UNIVERSAL	28
1.1.1 Belonging through positive relationships.	28
1.1.2 Belonging-based prevention.	28
1.1.3 Health literacy and resilience.	28
1.1.4 Positive development through coached or mentored physical activity.	28
1.1.5 Nurturing student interests and passions.	28
1.1.6 Aligned messaging.	28
1.1.7 Early identification and support.	29
1.1.8 Community partnerships for prevention and education.	29
1.1.9 Avoiding ineffective approaches.	29
1.1.10 Policy revision.	29
1.1.11 Self-reflection to promote well-being and prevent harm.	29
1.1.12 Routines for emotion management.	29
1.2 TIER 2: TARGETED	30
1.2.1 Trauma-informed supports.	30
1.2.2 Supportive adult connections.	30
1.2.3 Contextualizing student experiences.	30
1.2.4 Preserving positive relationships.	30
1.2.5 Healing-focused planning.	30
1.2.6 Engaging culture and community.	30
1.2.7 Restorative partnerships.	30
1.2.8 Building healthy coping strategies.	31
1.2.9 Strengths-based policies.	31
1.2.10 Coordinated supports.	31
1.3 TIER 3: INTENSIVE	32
1.3.1 Coordinated wraparound supports.	32
1.3.2 Restorative responses.	32
1.3.3 Student-centred supports.	32
1.3.4 Shared decision-making with families and caregivers.	32



Early/Middle Adolescence

33

2.1 TIER 1: UNIVERSAL	34
2.1.1 Belonging through positive relationships.	34
2.1.2 Belonging-based prevention.	34
2.1.3 Health literacy and resilience.	34
2.1.4 Positive development through coached or mentored physical activity.	34
2.1.5 Nurturing student interests and passions.	34
2.1.6 Aligned messaging.	34
2.1.7 Early identification and support.	35
2.1.8 Community partnerships for prevention and education.	35

2.1.9 Avoiding ineffective approaches.	35
2.1.10 Policy revision.	35
2.1.11 Self-reflection to promote well-being and prevent harm.	35
2.1.12 Promoting healthy norms.	35
2.1.13 Exploring risks and harms.	35
2.1.14 Integrating prevention into curriculum.	36
2.1.15 Building connection and reducing risk.	36
2.1.16 Student partnership.	36
2.1.17 Student leadership.	36
2.1.18 Recognizing and responding to incidents.	36

2.2 TIER 2: TARGETED 37

2.2.1 Trauma-informed supports.	37
2.2.2 Supportive adult connections.	37
2.2.3 Contextualizing student experiences.	37
2.2.4 Preserving positive relationships.	37
2.2.5 Healing-focused planning.	37
2.2.6 Engaging culture and community.	37
2.2.7 Restorative partnerships.	37
2.2.8 Building healthy coping strategies.	38
2.2.9 Strengths-based policies.	38
2.2.10 Targeted screening.	38
2.2.11 Targeted capacity building to manage life stressors.	38
2.2.12 Building protective skills.	38
2.2.13 Facilitating connections to supports.	38

2.3 TIER 3: INTENSIVE 39

2.3.1 Coordinated wraparound supports.	39
2.3.2 Restorative responses.	39
2.3.3 Tailored school-based interventions.	39
2.3.4 Supportive school-based adult mentorship.	39
2.3.5 Embedded supports.	39
2.3.6 Referrals to care.	39



Late Adolescence

3.1 TIER 1 UNIVERSAL 41

3.1.1 Belonging through positive relationships.	41
3.1.2 Belonging-based prevention.	41
3.1.3 Health literacy and resilience.	41
3.1.4 Positive development through coached or mentored physical activity.	41
3.1.5 Nurturing student interests and passions.	41

3.1.6 Aligned messaging.	41
3.1.7 Early identification and support.	42
3.1.8 Community partnerships for prevention and education.	42
3.1.9 Avoiding ineffective approaches.	42
3.1.10 Policy revision.	42
3.1.11 Self-reflection to promote well-being and prevent harm.	42
3.1.12 Promoting healthy norms.	42
3.1.13 Exploring risks and harms.	42
3.1.14 Integrating prevention into curriculum.	43
3.1.15 Building connection and reducing risk.	43
3.1.16 Student partnership.	43
3.1.17 Student leadership.	43
3.1.18 Recognizing and responding to incidents.	43
3.1.19 Foundations for social-emotional competence.	43
3.1.20 Navigating life transitions.	43
3.2 TIER 2: TARGETED	44
3.2.1 Trauma-informed supports.	44
3.2.2 Supportive adult connections.	44
3.2.3 Contextualizing student experiences.	44
3.2.4 Preserving positive relationships.	44
3.2.5 Healing-focused planning.	44
3.2.6 Engaging culture and community.	44
3.2.7 Restorative partnerships.	44
3.2.8 Building healthy coping strategies.	45
3.2.9 Strengths-based policies.	45
3.2.10 Targeted screening.	45
3.2.11 Targeted capacity building to manage life stressors.	45
3.2.12 Building protective skills.	45
3.2.13 Facilitating connections to supports.	45
3.3 TIER 3: INTENSIVE	46
3.3.1 Coordinated wraparound supports.	46
3.3.2 Restorative responses.	46
3.3.3 Tailored school-based interventions.	46
3.3.4 Supportive school-based adult mentorship.	46
3.3.5 Embedded supports.	46
3.3.6 Referrals to care.	46
3.3.7 Education continuity.	47
3.3.8 Individualized support plans.	47



Preface

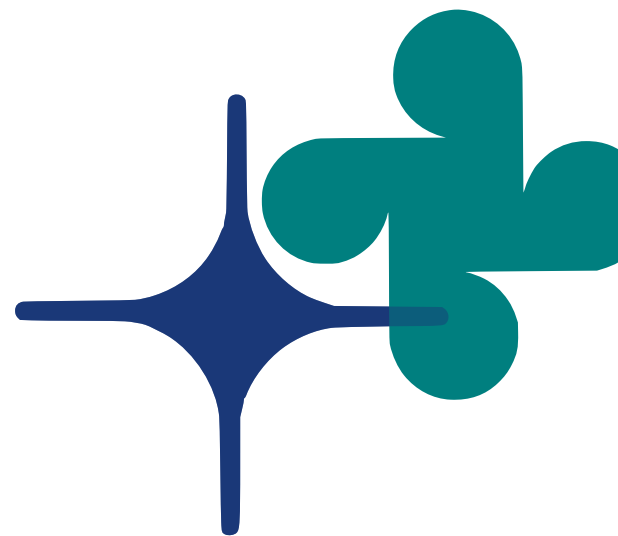
Substance use among children and youth affects health, learning, and well-being across school communities in Canada. This first edition of *School-Based Substance Use Prevention, Education, and Intervention: A Multi-Tiered and Developmental Approach for Kindergarten to Grade 12 Schools in Canada (the Standard)* establishes a shared foundation to support schools in promoting healthy development and preventing substance use and related harms.

The Standard and its accompanying resources are part of the Anchoring Change initiative, a coordinated, evidence-informed effort to advance substance use prevention, education, and intervention in schools across the country. Anchoring Change is a collaborative partnership among Wellstream: The Canadian Centre for Innovation in Child and Youth Mental Health and Substance Use at the University of British Columbia, the Canadian Centre on Substance Use and Addiction (CCSA), the Canadian Association of School System Administrators (CASSA), Physical and Health Education (PHE) Canada, and the Students Commission of Canada.

Standard development was managed by CSA Group using its established framework, with a rigorous research process informing content. An executive committee and a multidisciplinary expert committee provided guidance throughout, bringing together perspectives from the education, health, research, and policy sectors, as well as youth voices from across Canada. Two subcommittees were established to support the integration of a decolonizing approach and to ensure that the Standard reflects considerations of the French-language education system.

The development process was designed to draw on the collective expertise and lived experience of committee members while also engaging a broader range of voices. An engagement workshop brought together more than 70 intersectoral and youth participants from across Canada to further inform the Standard's content. This was followed by a two-month public review hosted on CSA Group's website, which invited feedback on the draft English and French versions from any interested party. The consultation generated nearly 1,000 individual comments, making it one of CSA Group's most widely engaged public reviews. All submissions were reviewed by both the executive and expert committees and incorporated where appropriate.

The result is a Standard that is grounded in evidence, shaped by diverse perspectives, and built for action. It offers school communities across Canada a shared foundation for meaningful, sustained progress on substance use prevention, education, and intervention.



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Introduction

Why This Matters	6
Aspirational Vision & Goal	8
Overview	9
Organization & Content	10
Guiding Principles	13

Evidence Base	16
Exclusion	17
Intended Audience	18
Definitions	19



Why This Matters

Youth substance use and related harms are a complex and evolving challenge in Canada, with impacts that are not experienced equally across communities or populations.

These harms affect not only the health and development of young people but also their educational pathways and broader community resilience. Substance use-related deaths are currently a leading cause of mortality for young people aged 10 to 18 in Canada, and rates of vaping and polysubstance use among students have increased sharply over the past decade. Young people exposed to adverse psychosocial and structural determinants of health—including poverty, racism, trauma, mental health challenges, unstable housing, or limited social supports—face significantly heightened risk of more severe and compounding harms.

While societal responses have largely focused on downstream interventions such as substance use treatment, overdose response, and family-based crisis support, preventive efforts that address substance use in the everyday settings of young people—particularly schools—remain inconsistently implemented and underdeveloped. K–12 schools are uniquely positioned to lead efforts to prevent, reduce, and delay substance use and related harms across developmental stages. As a setting where young people spend a significant portion of their formative years, the school itself functions as a determinant of health: it shapes the relational, environmental, and social conditions that either strengthen or undermine young people’s well-being. Yet educators often report feeling ill-equipped and under-resourced for this role. Policies and practices vary widely across provinces, territories, and districts, resulting in fragmented responses that frequently leave school staff navigating these challenges without coordinated support.

This Standard offers clear evidence- and practitioner-informed guidance to strengthen school-based responses to substance use across developmental stages. It recognizes that substance use does not occur in isolation: it is shaped by the same psychosocial and structural determinants of health that influence mental health, school engagement, and overall well-being. An effective school-based response, therefore, addresses the broader context of students’ lives—including relationships, belonging, safety, and equity. By adopting anti-stigma, non-punitive, and relationship-based approaches that acknowledge these broader influences, schools can generate benefits that extend well beyond substance use prevention to include improved outcomes for students across all dimensions of health and learning.

The Standard complements and reinforces other national, provincial and territorial initiatives to promote student health and well-being, including frameworks for comprehensive school health, mental health promotion, suicide prevention, and equity in education. By reducing uncertainty and enhancing professional capacity, it equips school communities to improve student well-being, promote educational success, and contribute to healthier futures.

Aspirational Vision

A roadmap for systems transformation in school-based substance use response, the Standard positions every K–12 school as a health-promoting environment where prevention, education, and intervention are consistent, compassionate, and evidence-informed. Guided by principles of equity and developmentally attuned practice, the Standard employs a multi-tiered system of supports model to provide guidance for the delivery of universal learning, targeted supports, and individualized care in partnership with families and caregivers, community-based health and social services, cultural groups, and other invested parties. Across ages and tiers, the Standard promotes responses that are strengths-based, trauma- and culture-informed, and grounded in harm minimization strategies and student voice.

The Standard is designed to meet schools where they are.

Rather than prescribing a single model or requiring immediate compliance, it provides a common vision and practical roadmap for continuous improvement along a developing, building, and sustaining continuum of implementation. Many schools will find that their existing practices already align with elements of the Standard; the accompanying implementation process is intended to surface and build on those strengths. Movement across this continuum is expected to be gradual and context-dependent, recognizing the diverse starting points, resources, and community realities in which schools operate. The Standard is aspirational by design: it provides direction and a shared language for progress, not a compliance exercise or evaluative scorecard.

Goal

The goal of this Standard is to provide a consistent, evidence-informed foundation for policymakers, school administrators, and school staff in promoting well-being and preventing, reducing, and delaying student substance use and related harms. It seeks to support the design of effective, equitable, and compassionate approaches while reducing fragmentation and promoting evidence-informed adaptation across jurisdictions through national guidance and resources.

Overview



School-based approaches to substance use prevention, education, and intervention require a coordinated, evidence-informed, and equity-oriented approach. By addressing both the psychosocial and structural determinants of health that shape young people's relationship with substances, such an approach aims to:

- **build students' knowledge, skills, and awareness** of healthy norms;
- **promote inclusive communities** and supportive relationships; and
- **provide early identification**, harm-minimization support, and referral to care, including treatment and recovery.

This Standard reflects a comprehensive school-based approach that integrates:

Prevention

including schoolwide actions and programs that strengthen protective factors, prevent or delay initiation, and reduce risks and harms;

Education

including developmentally appropriate and accessible cross-curricular instruction that builds accurate knowledge, skills, and health literacy; and

Intervention

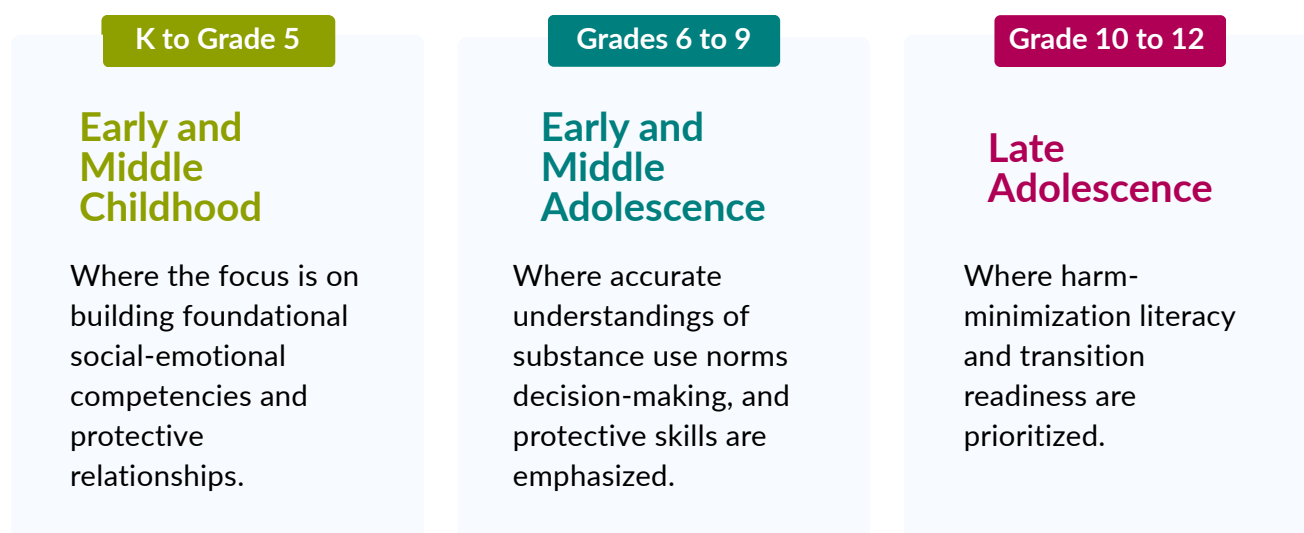
including timely and non-punitive responses and supports such as early identification, brief intervention, harm minimization, and referral to and coordination with community-based health and social services, including treatment and recovery.



Organization & Content

The Standard is organized using three complementary frameworks that work together to create a coherent, schoolwide system of support.

A **Developmentally Appropriate Practice (DAP)** lens ensures that teaching, school environments, supports, and policies are aligned with what students at different ages and stages are ready to understand and do, while remaining responsive to individual strengths, needs, and cultural contexts. The Standard is scaffolded across three developmental stages:



Across each stage, a **Multi-Tiered System of Supports (MTSS)** framework organizes the continuum of school-based action.



Tier 1: Encompasses universal instruction, environments, and positive discipline policies for all students.

Tier 2: Provides targeted supports for students at elevated risk.

Tier 3: Intensive, individualized supports often coordinated with community partners for students who are using substances and/or experiencing substance-related harms.

These tiers are integrated within a **Health-Promoting Schools (HPS)** framework – also known as Comprehensive School Health – which supports coordinated action across four areas:

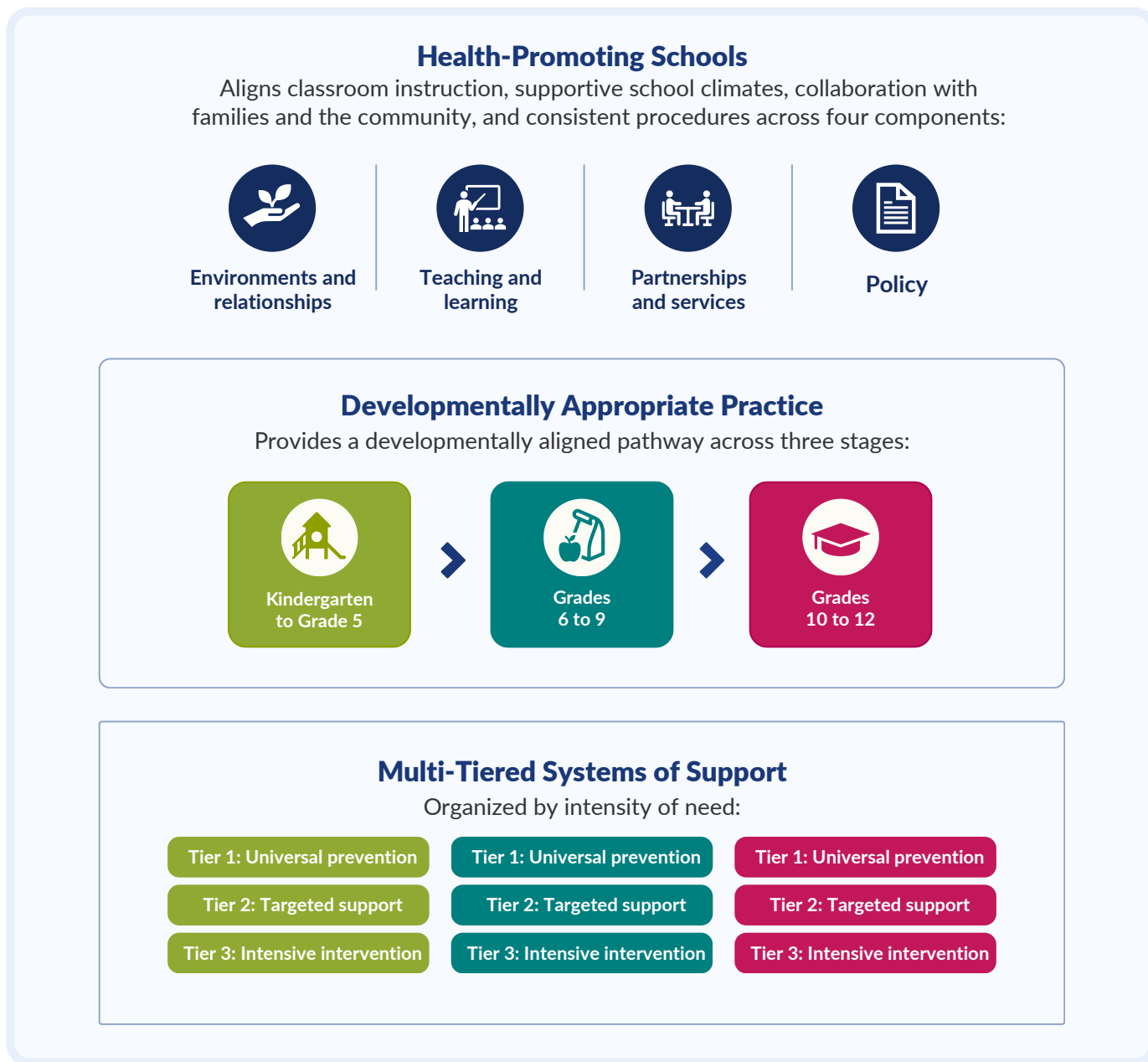
- Environment and relationships
- Teaching and learning
- Partnerships and services
- Policy

Together, these three organizing frameworks replace fragmented, reactive efforts with a coordinated, developmental system that delivers consistent messages, clear pathways to support, and sustained impact on student well-being outcomes.



Photo Credit: [Disabled and Here](#).
Image taken by Gritchelle Fallesgon

Figure 1. Interaction of the three organizational frameworks of the Standard



Guiding Principles

The Standard is guided by a set of interconnected principles that shape how it is interpreted and applied. The guiding principles function as an integrated lens through which all school-based substance use prevention, education, and intervention efforts should be designed, delivered, and evaluated.

Trauma-informed practices

What it means for schools

Trauma-informed schools prioritize physical, emotional, and cultural safety through predictability, trust, choice, collaboration, and empowerment for all. Daily routines, discipline alternatives, open conversations, confidentiality, and initiatives to enhance student and staff well-being are designed to avoid shame and re-traumatization and to promote emotion regulation and connection.

How it guides the Standard

Trauma and substance use often intersect. Trauma-informed approaches are applied universally to promote resilience, empowerment, and well-being; reduce escalation; keep students engaged in learning; and make screening, brief intervention, referral, and re-entry more effective and humane.

Culturally responsive practices

What it means for schools

Cultural responsiveness aligns teaching and supports with students' languages, identities, and community strengths. Educators practise cultural humility; adapt examples and delivery—including land-based and other community-defined practices; and partner with families, Elders, and community organizations.

How it guides the Standard

Relevance and respect drive effectiveness. When content and care fit students' cultural contexts, trust rises, stigma falls, and students and families are more likely to engage with universal learning, targeted supports, and individualized services.

Harm minimization

What it means for schools

Harm minimization aims to prevent initiation, delay use, and—if use occurs—reduce harms while preserving dignity, learning opportunities, and safety. It includes evidence-informed, stigma-free information; efforts to build school communities that support overall health and well-being; responses grounded in positive discipline; developmentally appropriate safety planning; substance poisoning (i.e., overdose) awareness for staff (and age-appropriate literacy for students); and confidential pathways to brief intervention and care.

How it guides the Standard

A harm-minimization orientation keeps students connected to school and supportive adults, addresses acute risks, and strengthens the bridge between universal education, targeted support, and individualized treatment.

Equity, diversity, inclusion, & decolonization (EDID)

What it means for schools

EDID means proactively removing barriers created by factors such as racism, colonialism, ableism, sexism, homophobia/transphobia, and/or poverty. In practice, schools co-develop curricula with First Nations, Inuit, and Métis partners; use Universal Design for Learning to promote inclusion and accessibility; encourage language access; employ disaggregated data and student voice; and design welcoming spaces, curricula, and procedures that uphold dignity and safety.

How it guides the Standard

Inequities in the structural determinants of health—including income, housing, racism, and colonial policies—shape unequal exposure to substance use risk and access to support. Centering EDID promotes fair access to help at every tier, prevents harm from biased practices, strengthens trust, and improves outcomes for all students.

Student voice

What it means for schools

Student voice means creating meaningful, ongoing opportunities for children and youth to share their perspectives, experiences, and ideas in ways that genuinely influence school decisions, practices, and learning environments. This includes age-appropriate participation in the design and evaluation of programs, policies, and supports; inclusive structures that represent the diversity of the student body; and responsive processes that demonstrate how student input has been considered and acted upon.

How it guides the Standard

Authentic student voice strengthens relevance, engagement, and trust. When young people help shape prevention education, school policies, and support pathways, programs better reflect lived experience, reduce stigma, and build the agency and self-advocacy skills that are protective against substance-related harms.



Evidence Base

The Standard is articulated in the form of clauses, each associated with one or more evidence domains. The following summarizes the research base that informed the development of the Standard.

Upstream prevention and belonging-based practices

Efforts that strengthen protective factors and conditions for well-being before problems arise are foundational to reducing substance use harms. Central to this work is school belonging: students who feel accepted, respected, and supported report stronger engagement, improved mental health, and lower rates of substance use, with protective effects extending into adulthood. Belonging is strengthened through inclusive environments, meaningful student voice, and embedded relationships with supportive adults.

Strengths-based policies and practices

A growing body of evidence supports the shift from punitive responses to strengths-based, positive discipline approaches that build on students' capacities, relationships, and potential for growth. Social and emotional learning, trauma-informed care, and restorative practices address root causes of substance use—including disconnection, unmet developmental needs, and trauma—rather than focusing on surface-level behaviour. Punitive responses such as suspension or expulsion can sever the very connections that serve as protective factors.

Screening and relationship-based monitoring

Systematic screening using brief, validated measures enables early identification of strengths and emerging needs, and equitable access to more intensive supports. Screening must be accompanied by clear follow-up protocols, adequate resources, informed consent, and culturally responsive tools that affirm identity as a protective factor. The Standard also encourages schools to complement screening with ongoing relational practices—such as check-ins, advisory structures, and mentorship—that extend early identification into the daily life of the school.

Student and family/caregiver engagement

Meaningfully engaging students and their families/caregivers in developing substance use supports improves relevance, effectiveness, and sustainability. Student-partnered approaches, such as co-design, produce programming that better reflects lived experiences and developmental needs. Family/caregiver involvement is associated with improved service uptake and better alignment of supports with students' social and relational environments.

Evidence-informed education and messaging

Evidence-informed substance use education achieves meaningful reductions in use, while abstinence- and information-only approaches produce negligible sustained impact. Effective programming and communication provide accurate and consistent information, build decision-making and social-emotional competencies, use interactive methods, and incorporate harm minimization principles, aligning with developmental realities and reducing stigma.

School–community partnerships

When schools collaborate with community-based mental health, substance use, public health, and cultural service providers, students experience more equitable access to care and better psychosocial outcomes. Effective partnerships are characterized by shared goals, clear roles, and meaningful engagement of students and families/caregivers. Within Indigenous contexts, the evidence reinforces the importance of community-led, culturally grounded partnerships that centre cultural connectedness and Indigenous knowledge systems, grounded in self-determination and reciprocity.

Exclusions

This Standard complements rather than replaces clinical guidelines and local laws. Implementation must align with applicable legislation (e.g., child protection, privacy, consent, data sovereignty) and be adapted to local contexts.



Intended Audience

This Standard is applicable to all K–12 education settings in Canada, including public, independent, faith-based, Francophone, First Nations schools and education authorities, as well as alternative or continuing education programs.

It is intended to support the development, implementation, and sustainability of systems that promote student well-being and provide effective responses to substance use. Primary users of this Standard include government partners (e.g., ministries and departments of education), the education sector (e.g., faculties of education, school boards and districts, school and district leaders, school mental health professionals, teachers, educational assistants), and the health sector (e.g., psychologists, nurses, allied health professionals, and provincial health bodies). Additional users may include Indigenous education departments, student services, and school safety teams.

The Standard is also relevant to partners who collaborate with schools, such as public health, primary care, mental health and substance use services, community and youth organizations, and families/caregivers. While developed for K–12 systems, the Standard may also be used by other organizations designing programs and initiatives for school-aged populations to support alignment with this framework.

Definitions

Complex social, emotional, or behavioural needs — Situations where a student’s social, emotional, or behavioural experiences are more than occasional or mild challenges— often persistent or severe enough to interfere with learning, peer relationships, school attendance, or well-being. This may include difficulties with emotion regulation, impulse control, trauma responses, chronic stress, or behaviour that poses a risk to self or others.

Cultural supports — People, practices, traditions, or community resources that affirm and strengthen a student’s cultural identity and sense of belonging. Cultural supports may include respected Elders, Knowledge Keepers, faith or spiritual leaders, cultural liaisons, traditional healing practices, language programs, or community-based organizations. These supports provide guidance, mentorship, and connection in ways that are culturally safe and responsive to students’ diverse backgrounds and identities.

Determinants of health — The interconnected conditions that shape health outcomes across individuals and populations. Psychosocial determinants include factors such as social support, sense of belonging, coping skills, and exposure to stress or adversity. Structural determinants include

broader systemic conditions such as income distribution, housing, education, employment, health care access, and policies shaped by colonialism, racism, and other forms of inequity.

Evidence-informed — An approach that integrates the best available research evidence with professional expertise, local contextual and traditional knowledge, and the lived expertise and experiences and needs of those served to guide decision-making and practice. The term “informed” rather than “based” reflects that research is one of multiple valued sources of evidence, alongside practitioner judgment, community context, and the lived experience of children, youth, and families and caregivers.

Harm minimization — An approach that aims to reduce the negative health, social, and educational consequences associated with substance use, encompassing a continuum of strategies from prevention to delayed initiation to reduced harm from use, without requiring abstinence as a precondition for support. Harm minimization recognizes that substance use exists along a spectrum and that policies, environments, and supports that reduce harm across this spectrum can produce meaningful health and social benefits.

Health Promoting Schools – An internationally recognized, whole-school approach, also known as Comprehensive School Health, that supports improvements in students’ educational outcomes while addressing school health in a planned, integrated, and wholistic way across four interrelated components: environments and relationships; teaching and learning; partnerships and services; and policy.

Healthy relationships – Interpersonal connections characterized by mutual respect, trust, open communication, equitable power dynamics, appropriate boundaries, and the absence of coercion or harm, which support the social, emotional, and physical well-being of those involved.

Interpersonal, environmental, and socioecological approaches to school belonging – Multi-level strategies that enhance students’ sense of connection and meaningful participation. Interpersonal approaches build positive relationships with peers, educators, and caring adults. Environmental approaches create welcoming and affirming physical and social spaces. Socioecological approaches address interconnected systems (family, school, community, policy) that shape belonging. All approaches recognize that belonging requires coordinated efforts across relationships, settings, and systems to ensure all students feel valued and connected.

Meaningful engagement – Participation by a person (student, family/caregiver, community member) in a way that they experience as respectful, authentic, and impactful: where their voices, perspectives, or choices are heard, considered, and contribute to decision-making.

Mental health and well-being promotion – Actions and conditions that strengthen the capacity of individuals and communities to think, feel, and respond in ways that enhance their ability to enjoy life and deal with challenges they face, including promoting emotional, social, and spiritual well-being. This includes both universal approaches that support the mental health of all students and targeted strategies for those at elevated risk.

Positive discipline – Discipline approaches that focus on restoring relationships, repairing harm, strengthening connections, and promoting student growth rather than punishment or exclusion. These may include restorative practices, strengths-based supports, collaborative problem-solving, and behaviour expectations framed in positive terms.

Protective skills – Abilities or competencies that help individuals reduce risk for harms (including those from substance use), build resilience, and support thriving. Examples include emotion regulation, impulse control, decision-making, goal-setting, stress management, relationship skills, empathy, resisting peer pressure (in developmentally appropriate ways), problem-solving, and coping strategies.

Protective factors – Individual characteristics, relationships, and environmental conditions that reduce the likelihood of substance use initiation or escalation and support positive health outcomes (e.g., supportive and caring relationships, family/caregiver involvement in education, opportunities for meaningful participation). Protective factors operate across individual, family, peer, school, community, and societal levels and can buffer the impact of risk factors.

Risk factors – Individual, social, environmental, or systemic factors (e.g., racism, poverty, housing insecurity, transphobia, ableism, sexism, misogyny, gender dysphoria, trauma, exclusion, peer pressure, bullying) that can increase the potential for substance use and related harms.

Restorative practices – Approaches that focus on repairing harm, strengthening relationships, and maintaining students' connections to their school and community rather than relying on punishment. Examples include restorative circles, re-entry and re-integration, and classroom and school community agreements.

School staff – All personnel who work within the school setting in roles that influence student well-being, learning, or safety. This includes educators/teachers, principals, counsellors, social workers, school psychologists, support staff, guidance personnel, cultural liaisons, activity leaders, coaches, and others.

School policymakers – Individuals or bodies (e.g., school boards, district, regional, or First Nations education authorities, governing bodies) responsible for setting policies, guidelines, standards, or frameworks that govern the operations, discipline, approaches, and resource allocation of schools.

School administrators – The school-based leadership team, including principals, vice-principals (or deputies), assistant principals, directors of student services (where relevant), and other designated leaders on site whose roles include overseeing implementation of policies, managing school climate and culture, supervising school staff, and ensuring continuity of care and student supports.

School belonging – A student’s sense of being accepted, valued, and included within their school community.

Screening – The systematic use of validated tools and relationship-based monitoring to identify students who may benefit from additional support. Includes universal screening (Tier 1) to proactively assess all students and promote well-being, and targeted screening (Tier 2) to guide early intervention for students showing signs of complex social, emotional, or behavioural needs. Screening is non-diagnostic, strengths-based, and conducted with appropriate privacy protections and cultural responsiveness.

Social and emotional learning – The process through which young people and adults develop the knowledge, skills, and attitudes to build a positive sense of self, manage emotions effectively, set and pursue meaningful goals, empathize with others, maintain supportive relationships, and engage in responsible decision-making.

Strengths-based interventions, policies, and practices – Approaches that identify and build upon young people’s existing assets, capabilities, and protective factors rather than focusing solely on deficits or risk factors. Recognizing students as resourceful individuals with inherent potential, emphasizing their competencies, positive

relationships, resilience, life skills, and connections to supportive environments (family/caregivers, school, community) as the foundation for preventing, delaying, or reducing substance use and related harms.

Substance use education – Developmentally appropriate and accessible cross-curricular instruction that builds accurate knowledge, skills, and health literacy.

Substance use health – The physical, mental, emotional, spiritual, and social well-being of students in relation to substance use. Includes knowledge of substance effects, skills for informed decision-making and help-seeking, and access to supportive, non-judgmental environments. Recognizes that use exists along a continuum that spans abstinence through substance use disorder, with potential for both benefit and harm. Emphasizes health promotion and harm minimization as complementary strategies within an equitable, developmentally appropriate framework that supports all students in achieving their full potential.

Substance use intervention – Timely, confidential, and non-punitive responses and supports such as early identification, brief intervention, harm minimization, and referral to and coordination with community-based health and social services, including treatment and recovery.

Substance use prevention — Schoolwide actions and programs that strengthen protective factors, prevent or delay initiation, and reduce risks and harms.

Substance-related harms — When a student is using, or has used, substances (such as alcohol, cannabis, commercial tobacco and nicotine products, prescription or non-prescription drugs) in ways that cause or increase the risk of negative outcomes. These harms may include impacts on physical or mental health, academic performance, relationships, emotion regulation, safety, or connection to school and community. Related harms also include indirect effects, such as being exposed to unhealthy substance use in the home or peer group, or experiencing stigma, criminalization, or social exclusion connected to substance use.

Supportive adults — A consistent, invested, and caring school or community adult who develops a psychologically safe relationship with a student, advocates for their well-being, and contributes to their sense of connection and belonging.

Targeted interventions — Typically delivered in small groups of approximately 4 to 8 students to support peer learning, social norm development, and relational safety, though format and group size should be responsive to the intervention model, developmental stage, cultural context, and individual student needs.

Tailored interventions — Supports or approaches adapted to a student's unique circumstances, strengths, needs, culture, and developmental stage. Involves individualized content, pace, style, setting, or intensity so the intervention is appropriate and helpful for that student.

Trauma-informed supports — Practices and approaches grounded in an understanding of how experiences of trauma affect development, behaviour, and learning. These approaches prioritize physical and emotional safety, trustworthiness, choice, collaboration, and empowerment, and seek to avoid re-traumatization while building on individuals' strengths and resilience.

Universal Design for Learning – An evidence-informed educational framework that guides the design of curriculum, instruction, and assessment to reduce barriers, accommodate learner variability, and promote equitable access to learning for all students. In this approach, variability among learners is anticipated and planned for upfront, rather than being treated as an afterthought. Flexibility is built into how information is presented, how students engage, and how they express what they know.

Wraparound supports – Student-centred, coordinated, individualized services that address a student’s academic, social, emotional, cultural, spiritual, and health needs through collaboration among families and caregivers, schools, and community partners over time.



Clauses


Early/Middle Childhood	27
Tier 1	28
Tier 2	30
Tier 3	32
Early/Middle Adolescence	33
Tier 1	34
Tier 2	37
Tier 3	39
Late Adolescence	40
Tier 1	41
Tier 2	44
Tier 3	46


Navigating the Clauses




Terminology

In this Standard, 'shall,' 'should,' and 'may' reflect the potential for impact of each recommendation based on the strength of available evidence.

-  **SHALL** Indicates practices with the strongest evidence and greatest potential for impact.

-  **SHOULD** Indicates practices that are well-supported

-  **MAY** Indicates practices that are promising or appropriate depending on local context and capacity.

The recommendations are aspirational and do not reflect mandatory, regulatory, or absolute requirements.






Numbering System

Clause number example:



This example represents Early & Middle Childhood, Tier 3, clause number 5.

Quick Developmental Stage Guide:

-  Early / Middle Childhood
(Kindergarten - Grade 5)
-  Early / Middle Adolescence
(Grade 6 - 9)
-  Late Adolescence
(Grade 10 - 12)



Early/Middle Childhood

Kindergarten - Grade 5

Tier 1 (Universal Supports)

1.1.1 Belonging through positive relationships

School administrators shall lead efforts to nurture a strong sense of school belonging by creating a caring and inclusive school community. This shall include promoting positive relationships, celebrating diversity, affirming identities, upholding human rights, modelling socially responsible behaviour, supporting peaceful and collaborative problem-solving, and applying principles of positive discipline.

1.1.2 Belonging-based prevention

School staff shall use socioecological, interpersonal, and environmental strategies known to strengthen students' sense of school belonging.

1.1.3 Health literacy and resilience

School staff shall support students in developing health literacy and social-emotional skills – including emotion recognition, self-regulation, empathy, relationship management, cooperation, and problem-solving – that serve as known protective factors for substance use health.

1.1.4 Positive development through coached or mentored physical activity

School staff shall provide developmentally appropriate, inclusive, and accessible opportunities for physical activity, movement, and school sport with adult coaching or mentorship, to promote positive development, belonging, and relationship-building.

1.1.5 Nurturing student interests and passions

School staff shall provide opportunities across a range of student interests to build school belonging and positive development. This may include creative and cultural outlets such as dance, music, art, and traditional crafts, as well as a variety of clubs and activities that reflect students' passions and identities.

1.1.6 Aligned messaging

School staff shall promote dialogue and knowledge-sharing using consistent, evidence-informed messaging about substance use prevention, education, and intervention, engaging all interest holders including students, families/caregivers, and other supportive adults.

1.1.7 Early identification and support

School policymakers should resource school staff to use developmentally appropriate and culturally responsive universal screening tools and relationship-based monitoring to promote student well-being and proactively identify and support students experiencing complex social, emotional, or behavioural needs.

1.1.8 Community partnerships for prevention and education

School staff shall partner with community, allied health, and cultural organizations to deliver evidence-informed, family-focused, and schoolwide prevention approaches, including mental health and well-being promotion.

1.1.9 Avoiding ineffective approaches

School staff shall avoid abstinence-only and fear-based prevention approaches, as well as those that provide detailed substance use information at the early/middle childhood stage, as evidence indicates these are generally ineffective and may cause unintended harm, particularly for students with complex social, emotional, or behavioural needs.

1.1.10 Policy revision

School policymakers should periodically review school substance use policies and revise them in response to local substance use trends and emerging concerns.

1.1.11 Self-reflection to promote well-being and prevent harm

School policymakers shall support school staff and administrators to engage in ongoing critical self-reflection and review of school policies, procedures, and practices to promote student well-being and prevent unintentional contributions to stigma, exclusion, or substance-related harms.

1.1.12 Routines for emotion management

School staff shall embed daily routines and activities grounded in social and emotional learning principles to support emotion regulation, positive behaviour, cultural learning and exploration, and positive relationships. These routines should include clear behavioural expectations, open communication, and opportunities for shared problem-solving.

Tier 2 (Targeted Supports)

1.2.1 Trauma-informed supports

School staff shall support students experiencing early risk factors for substance use and related harms by providing additional trauma-informed supports to strengthen emotional regulation, decision-making, and social skills.

1.2.2 Supportive adult connections

School staff shall coordinate efforts to build and sustain connections between supportive adults and students experiencing complex social, emotional, or behavioural needs.

1.2.3 Contextualizing student experiences

School staff working with students experiencing complex social, emotional, or behavioural needs should build trusted, psychologically safe relationships and seek to understand the context of students' lives through discussions, inquiry- and play-based learning techniques, or other developmentally appropriate practices.

1.2.4 Preserving positive relationships

School staff shall respond to challenging behaviours in ways that preserve students' positive connections with peers and school staff.

1.2.5 Healing-focused planning

School staff should develop support plans for students experiencing complex social, emotional, and behavioural needs in collaboration with the student and their families/caregivers, to promote connection, wellness, resilience, and healing.

1.2.6 Engaging culture and community

School staff may employ internal practices, invite community partnerships, or draw on cultural and spiritual resources to best meet students' needs.

1.2.7 Restorative partnerships

School policymakers shall recommend and facilitate partnerships that employ evidence-informed restorative practices for students experiencing complex social, emotional, or behavioural needs. These approaches shall be developmentally appropriate, trauma-informed, culturally responsive, and designed in consultation with school staff, the student, and their family/caregiver(s).

1.2.8 Building health coping strategies

School staff should provide targeted individual and/or small-group interactions that create opportunities for students to connect with supportive adults, engage in open dialogue, and build healthy coping strategies.

1.2.9 Strengths-based policies

School policymakers shall enact strengths-based policies and approaches that minimize exclusionary practices (e.g., suspensions, expulsions, detentions) and strengthen connections with students experiencing complex social, emotional, or behavioural needs, including substance use and related harms.

1.2.10 Coordinated supports

School administrators should engage school staff, district staff (where applicable), and community and allied health organizations to identify individual, small-group, and whole-school activities that can provide additional support where multiple students at the same grade level would benefit.



Tier 3 (Intensive Supports)

1.3.1 Coordinated wraparound supports

School staff should engage students experiencing complex social, emotional, and behavioural needs and their family/caregivers to identify the trauma-informed and culturally responsive wraparound supports needed, both within school and in the broader community, and offer referrals to appropriate community-based services.

1.3.2 Restorative responses

School administrators should respond to breaches to the code of conduct through strengths-based interventions that maintain and restore students' connections to their school, community, and future.

1.3.3 Student-centred supports

School staff shall support students experiencing complex social, emotional, or behavioural needs — including those related to substance use — using tailored interventions developed with the student and their family/caregivers.

1.3.4 Shared decision-making with families and caregivers

School staff shall maintain ongoing and meaningful engagement with families/caregivers of students experiencing complex social, emotional, and behavioural needs, through shared decision-making, provision of resources, and coordinated responses.



Early/Middle Adolescence

Grade 6 - Grade 9

Tier 1 (Universal Supports)

2.1.1 Belonging through positive relationships

School administrators shall lead efforts to nurture a strong sense of school belonging by creating a caring and inclusive school community. This shall include promoting positive relationships, celebrating diversity, affirming identities, upholding human rights, modelling socially responsible behaviour, supporting peaceful and collaborative problem-solving, and applying principles of positive discipline.

2.1.2 Belonging-based prevention

School staff shall use socioecological, interpersonal, and environmental strategies known to strengthen students' sense of school belonging.

2.1.3 Health literacy and resilience

School staff shall support students in developing health literacy and social-emotional skills – including emotion recognition, empathy, self-regulation, relationship management, cooperation, problem-solving, and decision-making – that serve as known protective factors for substance use health.

2.1.4 Positive development through coached or mentored physical activity

School staff shall provide developmentally appropriate, inclusive, and accessible opportunities for physical activity, movement, and school sport with adult coaching or mentorship, to promote positive development, belonging, and relationship-building.

2.1.5 Nurturing student interests and passions

School staff shall provide opportunities across a range of student interests to build school belonging and positive development. This may include creative and cultural outlets such as dance, music, art, and traditional crafts, as well as a variety of clubs and activities that reflect students' passions and identities.

2.1.6 Aligned messaging

School staff shall promote dialogue and knowledge-sharing using consistent, evidence-informed messaging about substance use prevention, education, and intervention, engaging all interest holders including students, families/caregivers, and other supportive adults.

2.1.7 Early identification and support

School policymakers should resource school staff to use developmentally appropriate and culturally responsive universal screening tools and relationship-based monitoring to promote student well-being and proactively identify and support students experiencing complex social, emotional, or behavioural needs.

2.1.8 Community partnerships for prevention and education

School staff shall partner with community, allied health, and cultural organizations to deliver evidence-informed, family-focused, and schoolwide prevention approaches, including mental health and well-being promotion.

2.1.9 Avoiding ineffective approaches

School staff shall avoid abstinence-only and fear-based prevention approaches, as evidence indicates these are generally ineffective and may cause unintended harm, particularly for students with complex social, emotional, or behavioural needs.

2.1.10 Policy revision

School policymakers should periodically review school substance use policies and revise them in response to local substance use trends and emerging concerns.

2.1.11 Self-reflection to promote well-being and prevent harm

School policymakers shall support school staff and administrators to engage in ongoing critical self-reflection and review of school policies, procedures, and practices to promote student well-being and prevent unintentional contributions to stigma, exclusion, or substance-related harms.

2.1.12 Promoting healthy norms

School staff shall promote healthy norms and accurate understandings about substance use by correcting misconceptions with evidence-informed information, and emphasizing destigmatization, health, safety, and students' personal goals.

2.1.13 Exploring risks and harms

School staff shall guide students in examining the individual and social risk and protective factors associated with substance use and explore strategies to minimize harms.

2.1.14 Integrating prevention into curriculum

School staff shall integrate evidence-informed substance use education and prevention content across academic subject areas, using materials that reflect diverse cultures, identities, and lived experiences.

2.1.15 Building connection and reducing risk

School staff shall deliver educational programming that encourages peer belonging, builds awareness of social influences, and supports students in exploring how substance use may affect their relationships and sense of connection.

2.1.16 Student partnership

School staff shall meaningfully engage students as partners in creating safer and more inclusive school spaces that support their well-being and substance use health.

2.1.17 Student leadership

School staff shall support student leadership by co-designing well-being initiatives that address emerging health and social issues within the school community. These initiatives may be developed in collaboration with families/caregivers and other supportive adults.

2.1.18 Recognizing and responding to incidents

School administrators shall coordinate education and training for students and staff on recognizing and responding to substance use incidents or emergencies. This training may be delivered in partnership with community and allied health organizations.

2.1.19 Supporting school transitions

School staff shall support students through school transitions (e.g., to middle school and secondary school) by building school belonging and healthy coping skills to reduce transition-related stressors that may increase the risk of substance use and related harms.



Tier 2 (Targeted Supports)

2.2.1 Trauma-informed supports

School staff shall support students experiencing early risk factors for substance use and related harms by providing additional trauma-informed supports to strengthen emotional regulation, decision-making, and social skills.

2.2.2 Supportive adult connections

School staff shall coordinate efforts to build and sustain connections between supportive adults and students experiencing complex social, emotional, or behavioural needs.

2.2.3 Contextualizing student experiences

School staff working with students experiencing complex social, emotional, or behavioural needs should build trusted, psychologically safe relationships and seek to understand the context of students' lives through small-group discussions, motivational interviewing, and inquiry-based learning techniques, or other developmentally appropriate practices.

2.2.4 Preserving positive relationships

School staff shall respond to challenging behaviours in ways that preserve students' positive connections with peers and school staff.

2.2.5 Healing-focused planning

School staff should develop support plans for students experiencing complex social, emotional, and behavioural needs in collaboration with the student and their families/caregivers, to promote connection, wellness, resilience, and healing.

2.2.6 Engaging culture and community

School staff may employ internal practices, invite community partnerships, or draw on cultural and spiritual resources to best meet students' needs.

2.2.7 Restorative partnerships

School policymakers shall recommend and facilitate partnerships that employ evidence-informed restorative practices for students experiencing complex social, emotional, or behavioural needs. These approaches shall be developmentally appropriate, trauma-informed, culturally responsive, and designed in consultation with school staff, the student, and their family/caregiver(s).

2.2.8 Building healthy coping strategies

School staff should provide targeted individual and/or small-group interactions that create opportunities for students to connect with supportive adults, engage in open dialogue, and build healthy coping strategies.

2.2.9 Strengths-based policies

School policymakers shall enact strengths-based policies and approaches that minimize exclusionary practices (e.g., suspensions, expulsions, detentions) and strengthen connections with students experiencing complex social, emotional, or behavioural needs, including substance use and related harms.

2.2.10 Targeted screening

School policymakers should resource school staff to use developmentally appropriate and culturally responsive targeted screening tools and relationship-based monitoring to guide early intervention for students experiencing complex social, emotional, or behavioural needs.

2.2.11 Targeted capacity building to manage life stressors

School staff shall provide time-limited, strengths-based group interventions for students experiencing complex social, emotional, or behavioural needs, aimed at building coping and goal-setting skills, and capacity to manage life stressors. Such interventions should be grounded in evidence-informed practices such as psychoeducation, cognitive behavioural strategies, and motivational interviewing.

2.2.12 Building protective skills

School staff should collaborate with community and allied health organizations to deliver targeted educational and dialogue sessions for students at heightened risk of substance use. These sessions shall focus on minimizing substance-related harms by strengthening protective skills, including emotion regulation, stress management, and social-emotional competencies.

2.2.13 Facilitating connections to supports

School staff may connect students identified for targeted supports to community-based and culturally relevant programs (e.g., youth drop-in initiatives, mentorship opportunities) that strengthen protective factors, enhance social and emotional competencies, and promote connection and belonging. These connections shall be responsive to individual student needs and established in collaboration with the student and their family/caregiver(s).

Tier 3 (Intensive Supports)

2.3.1 Coordinated wraparound supports

School staff should engage students experiencing complex social, emotional, and behavioural needs and their family/caregivers to identify the trauma-informed and culturally responsive wraparound supports needed, both within school and in the broader community, and offer referrals to appropriate community-based services.

2.3.2 Restorative responses

School administrators should respond to breaches to the code of conduct through strengths-based interventions that maintain and restore students' connections to their school, community, and future.

2.3.3 Tailored school-based interventions

School staff shall provide students experiencing known or emerging substance use and related harms with tailored, school-based interventions that focus on minimizing harms and include opportunities to develop coping strategies, strengthen support networks, and normalize help-seeking.

2.3.4 Supportive school-based adult mentorship

School staff should connect students experiencing substance use and related harms with supportive adults within the school for regular, ongoing mentorship and support.

2.3.5 Embedded supports

School staff should partner with community-based organizations, accredited health professionals, trained peer support workers, and Elders or other cultural advisors to deliver tailored, evidence-informed educational sessions and indicated supports for students with emerging substance use and related harms. These supports shall be embedded within the school setting and responsive to students' developmental stage, cultural context, and individual needs.

2.3.6 Referrals to care

School staff shall refer students experiencing ongoing or escalating substance use and related harms to more intensive supports or services within and/or beyond the school setting.



Late Adolescence

Grade 10 - 12

Tier 1 (Universal Supports)

3.1.1 Belonging through positive relationships

School administrators shall lead efforts to nurture a strong sense of school belonging by creating a caring and inclusive school community. This shall include promoting positive relationships, celebrating diversity, affirming identities, upholding human rights, modelling socially responsible behaviour, supporting peaceful and collaborative problem-solving, and applying principles of positive discipline.

3.1.2 Belonging-based prevention

School staff shall use socioecological, interpersonal, and environmental strategies known to strengthen students' sense of school belonging.

3.1.3 Health literacy and resilience

School staff shall support students in developing health literacy and social-emotional skills – including emotion recognition, empathy, self-regulation, relationship management, cooperation, problem-solving, and decision-making – that serve as known protective factors for substance use health.

3.1.4 Positive development through coached or mentored physical activity

School staff shall provide developmentally appropriate, inclusive, and accessible opportunities for physical activity, movement, and school sport with adult coaching or mentorship, to promote positive development, belonging, and relationship-building.

3.1.5 Nurturing student interests and passions

School staff shall provide opportunities across a range of student interests to build school belonging and positive development. This may include creative and cultural outlets such as dance, music, art, and traditional crafts, as well as a variety of clubs and activities that reflect students' passions and identities.

3.1.6 Aligned messaging

School staff shall promote dialogue and knowledge-sharing using consistent, evidence-informed messaging about substance use prevention, education, and intervention, engaging all interest holders including students, families/caregivers, and other supportive adults.

3.1.7 Early identification and support

School policymakers should resource school staff to use developmentally appropriate and culturally responsive universal screening tools and relationship-based monitoring to promote student well-being and proactively identify and support students experiencing complex social, emotional, or behavioural needs.

3.1.8 Community partnerships for prevention and education

School staff shall partner with community, allied health, and cultural organizations to deliver evidence-informed, family-focused, and schoolwide prevention approaches, including mental health and well-being promotion.

3.1.9 Avoiding ineffective approaches

School staff shall avoid abstinence-only and fear-based prevention approaches, as evidence indicates these are generally ineffective and may cause unintended harm, particularly for students with complex social, emotional, or behavioural needs.

3.1.10 Policy revision

School policymakers should periodically review school substance use policies and revise them in response to local substance use trends and emerging concerns.

3.1.11 Self-reflection to promote well-being and prevent harm

School policymakers shall support school staff and administrators to engage in ongoing critical self-reflection and review of school policies, procedures, and practices to promote student well-being and prevent unintentional contributions to stigma, exclusion, or substance-related harms.

3.1.12 Promoting healthy norms

School staff shall promote healthy norms and accurate understandings about substance use by correcting misconceptions with evidence-informed information, and emphasizing destigmatization, health, safety, and students' personal goals.

3.1.13 Exploring risks and harms

School staff shall guide students in examining the individual and social risk and protective factors associated with substance use and explore strategies to minimize harms.

3.1.14 Integrating prevention into curriculum

School staff shall integrate evidence-informed substance use education and prevention content across academic subject areas, using materials that reflect diverse cultures, identities, and lived experiences.

3.1.15 Building connection and reducing risk

School staff shall deliver educational programming that encourages peer belonging, builds awareness of social influences, and supports students in exploring how substance use may affect their relationships and sense of connection.

3.1.16 Student partnership

School staff shall meaningfully engage students as partners in creating safer and more inclusive school spaces that support their well-being and substance use health.

3.1.17 Student leadership

School staff shall support student leadership by co-designing well-being initiatives that address emerging health and social issues within the school community. These initiatives may be developed in collaboration with families/caregivers and other supportive adults.

3.1.18 Recognizing and responding to incidents

School administrators shall coordinate education and training for students and staff on recognizing and responding to substance use incidents or emergencies. This training may be delivered in partnership with community and allied health organizations.

3.1.19 Foundations for social-emotional competence

School staff should deliver educational approaches that build students' social-emotional competence, including skills such as self-regulation, problem-solving, decision-making, and refusal skills.

3.1.20 Navigating life transitions

School staff shall equip students with knowledge, skills, and community connections to navigate major life transitions during which the likelihood of substance use may increase. This may include partnerships with post-secondary institutions, employment or social services, respected Elders, and other cultural supports.

Tier 2 (Targeted Supports)

3.2.1 Trauma-informed supports

School staff shall support students experiencing early risk factors for substance use and related harms by providing additional trauma-informed supports to strengthen emotional regulation, decision-making, and social skills.

3.2.2 Supportive adult connections

School staff shall coordinate efforts to build and sustain connections between supportive adults and students experiencing complex social, emotional, or behavioural needs.

3.2.3 Contextualizing student experiences

School staff working with students experiencing complex social, emotional, or behavioural needs should build trusted, psychologically safe relationships and seek to understand the context of students' lives through small-group discussions, motivational interviewing, and inquiry-based learning techniques, or other developmentally appropriate practices.

3.2.4 Preserving positive relationships

School staff shall respond to challenging behaviours in ways that preserve students' positive connections with peers and school staff.

3.2.5 Healing-focused planning

School staff should develop support plans for students experiencing complex social, emotional, and behavioural needs in collaboration with the student and their families/caregivers, to promote connection, wellness, resilience, and healing.

3.2.6 Engaging culture and community

School staff may employ internal practices, invite community partnerships, or draw on cultural and spiritual resources to best meet students' needs.

3.2.7 Restorative partnerships

School policymakers shall recommend and facilitate partnerships that employ evidence-informed restorative practices for students experiencing complex social, emotional, or behavioural needs. These approaches shall be developmentally appropriate, trauma-informed, culturally responsive, and designed in consultation with school staff, the student, and their family/caregiver(s).

3.2.8 Building healthy coping strategies

School staff should provide targeted individual and/or small-group interactions that create opportunities for students to connect with supportive adults, engage in open dialogue, and build healthy coping strategies.

3.2.9 Strengths-based policies

School policymakers shall enact strengths-based policies and approaches that minimize exclusionary practices (e.g., suspensions, expulsions, detentions) and strengthen connections with students experiencing complex social, emotional, or behavioural needs, including substance use and related harms.

3.2.10 Targeted screening

School policymakers should resource school staff to use developmentally appropriate and culturally responsive targeted screening tools and relationship-based monitoring to guide early intervention for students experiencing complex social, emotional, or behavioural needs.

3.2.11 Targeted capacity building to manage life stressors

School staff shall provide time-limited, strengths-based group interventions for students experiencing complex social, emotional, or behavioural needs, aimed at building coping and goal-setting skills, and capacity to manage life stressors. Such interventions should be grounded in evidence-informed practices such as psychoeducation, cognitive behavioural strategies, and motivational interviewing.

3.2.12 Building protective skills

School staff should collaborate with community and allied health organizations to deliver targeted educational and dialogue sessions for students at heightened risk of substance use. These sessions shall focus on minimizing substance-related harms by strengthening protective skills, including emotion regulation, stress management, and social-emotional competencies.

3.2.13 Facilitating connections to supports

School staff may connect students identified for targeted supports to community-based and culturally relevant programs (e.g., youth drop-in initiatives, mentorship opportunities) that strengthen protective factors, enhance social and emotional competencies, and promote connection and belonging. These connections shall be responsive to individual student needs and established in collaboration with the student and their family/caregiver(s).

Tier 3 (Intensive Supports)

3.3.1 Coordinated wraparound supports

School staff should engage students experiencing complex social, emotional, and behavioural needs and their family/caregivers to identify the trauma-informed and culturally responsive wraparound supports needed, both within school and in the broader community, and offer referrals to appropriate community-based services.

3.3.2 Restorative responses

School administrators should respond to breaches to the code of conduct through strengths-based interventions that maintain and restore students' connections to their school, community, and future.

3.3.3 Tailored school-based interventions

School staff shall provide students experiencing known or emerging substance use and related harms with tailored, school-based interventions that focus on minimizing harms and include opportunities to develop coping strategies, strengthen support networks, and normalize help-seeking.

3.3.4 Supportive school-based adult mentorship

School staff should connect students experiencing substance use and related harms with supportive adults within the school for regular, ongoing mentorship and support.

3.3.5 Embedded supports

School staff should partner with community-based organizations, accredited health professionals, trained peer support workers, and Elders or other cultural advisors to deliver tailored, evidence-informed educational sessions and indicated supports for students with emerging substance use and related harms. These supports shall be embedded within the school setting and responsive to students' developmental stage, cultural context, and individual needs.

3.3.6 Referrals to care

School staff shall refer students experiencing ongoing or escalating substance use and related harms to more intensive supports or services within and/or beyond the school setting.

3.3.7 Education continuity

School administrators shall lead efforts to provide opportunities for continued or alternative education programming, personal development, and connection to treatment or other community-based supports for students experiencing substance use and related harms.

3.3.8 Individualized support plans

School administrators shall lead efforts to provide opportunities for continued or alternative education programming, personal development, and connection to treatment or other community-based supports for students experiencing substance use and related harms.

Learn More:

Anchoring Change is a national initiative to transform school-based substance use prevention, education, and intervention in Canada



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