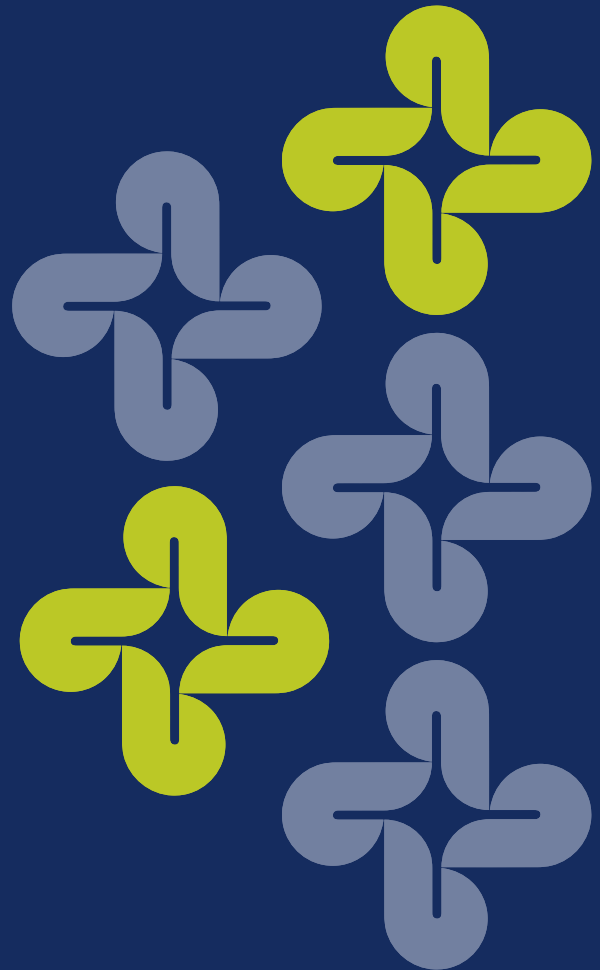




A national initiative to transform school-based substance use prevention, education, and intervention in Canada



A Pan-Canadian Standard for School-Based Substance Use Prevention, Education, and Intervention

Review of the Research

First Edition, 2026

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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.

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Introduction

Substance use and related harms among children and youth are a complex and evolving challenge in Canada.

It affects the health and development of young people, their educational pathways, and the resilience of their communities.¹⁻⁴ Kindergarten to Grade 12 (K-12) schools are uniquely positioned to lead early prevention, education, and intervention efforts to minimize substance use harms across all stages of life; yet educators often report feeling ill-equipped and underresourced in addressing substance use. Policies and practices vary widely across provinces, territories, and districts, leaving school staff to navigate these issues without consistent, evidence informed guidance.

School-Based Substance Use Prevention, Education, and Intervention: A Multi-Tiered and Developmental Approach for Kindergarten to Grade 12 Schools in Canada (the Standard), was developed to address this gap. The Standard provides national guidance on three integrated components of school-based action: prevention, including school wide 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 develops accurate knowledge, skills, and health literacy; and intervention, including 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.

The Standard was co-developed through a collaboration 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, under the management of CSA Group. A multidisciplinary committee of subject matter experts, including professionals from education, health, research, and policy sectors, as well as youth and Indigenous interest holders from across Canada, contributed their knowledge, perspectives, and lived experience to its development.

The Standard offers evidence- and practitioner-informed guidance to strengthen school-based responses to substance use across developmental stages. By providing a shared foundation, the Standard equips school communities to strengthen student well-being, promote learning outcomes, and build more consistent, equitable, and compassionate responses to substance use across the country.

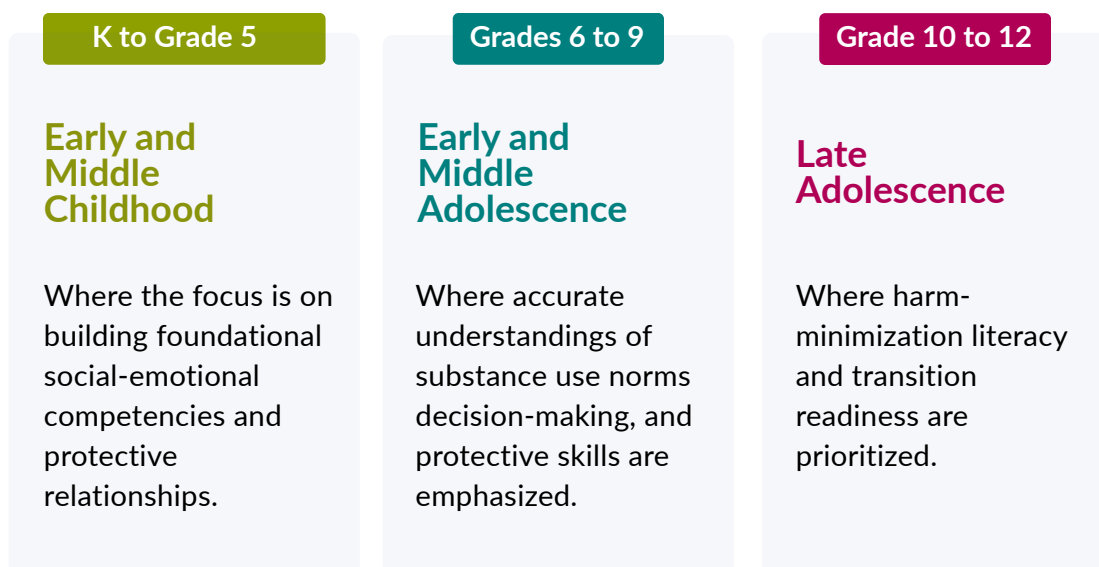
It is intended for all K-12 education settings in Canada, including public, independent, faith-based, Francophone, First Nations, and alternative or continuing education programs. Primary users of the Standard include government partners, such as ministries of health and education; the education sector, including faculties of education, school boards, district and school leaders, school mental health professionals, teachers, and educational assistants; and health sector practitioners such as psychologists, nurses and allied health professionals. 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.

How the Standard is Structured

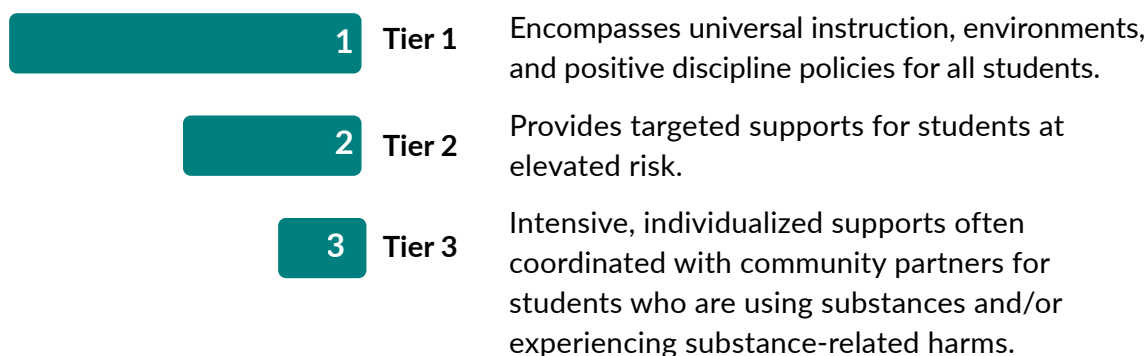
The Standard is organized using three complementary frameworks that work together to create a coherent, schoolwide system of support.

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.^{5,6}

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.⁷⁻⁹



These tiers are integrated within a Health-Promoting Schools (HPS) framework – also known as Comprehensive School Health – which supports coordinated action across four areas^{10,11}:



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.



What the Standard Contains

Guiding Principles

The Standard is guided by a set of interconnected principles that shape how its clauses are 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.

Equity, diversity, inclusion, & decolonization (EDID)

How it guides the Standard

The Standard recognizes that systemic inequities, colonization, and racism shape health and educational outcomes, including those related to substance use. Schools are called to critically examine how their environments, policies, and practices may reproduce or mitigate these inequities, and to take deliberate steps toward more just and inclusive systems.^{12,13}

Trauma-informed practices

How it guides the Standard

Many students affected by substance use, whether their own or within their families and communities, have experienced trauma. A trauma-informed approach recognizes the widespread impact of adverse experiences and trauma, integrates knowledge about trauma into school practices and policies, and actively seeks to prevent re-traumatization. This means prioritizing physical and emotional safety, trustworthiness, choice, collaboration, and empowerment in all interactions with students.¹⁴⁻¹⁶

Culturally responsive practices.

How it guides the Standard

The Standard emphasizes practices that honour diverse identities, knowledge systems, and community contexts. Culturally responsive approaches promote respectful and trusting relationships within schools, ensure that supports are relevant and accessible to all students, and recognize that culture itself is a protective factor, particularly for Indigenous youth for whom cultural connectedness is reliably associated with resilience and well-being.¹⁷

Harm minimization

How it guides the Standard

The Standard adopts a harm minimization approach that recognizes substance use occurs along a spectrum, from abstinence through to substance use disorder. This orientation prioritizes student safety and well-being at every point along the spectrum, supports informed decision-making, and focuses on reducing risks and harms rather than relying exclusively on messaging that discourages all use.¹⁸

Student Voice

How it guides the Standard

The Standard positions young people as active contributors to the design, delivery, and evaluation of substance use prevention, education, and intervention. Meaningful inclusion of student voice ensures that school-based efforts reflect young people's lived experiences, priorities, and realities, increased relevance, trust, and engagement while holding systems accountable to the students they are designed to serve.^{19,20}



Evidence Base

The Standard is articulated in the form of clauses, each associated with one or more evidence domains related to school-based substance use prevention, education, and intervention. The following summarizes the research base that informed the Standard's development.

Upstream prevention and belonging-based practices

Research consistently identifies upstream prevention – efforts that strengthen protective factors and the conditions that support well-being before problems arise – as foundational to reducing substance use harms. Central to this work is school belonging: students who feel accepted, respected, included, and supported report stronger academic engagement, improved mental health, and lower rates of substance use, with protective factors that extend into adulthood.²¹⁻²³ Belonging is strengthened through fair and inclusive environments, meaningful opportunities for student voice and agency, and structurally embedded relationships with supportive adults through advisory programs, mentorship, and coaching.²⁴⁻²⁶ Inclusive physical activity and movement further expand pathways to connection and identity, reinforcing protective factors when opportunities are accessible and welcoming to all students.²⁷⁻³⁰

Strengths-based policies and practices

A growing body of evidence supports the shift from punitive, deficit-focused responses toward strengths-based policies and practices that build upon students' existing capacities, relationships, and potential for growth. Approaches such as social and emotional learning, trauma-informed care, and restorative practices address root causes of substance use and disengagement, including disconnection, unmet developmental needs, and the impacts of trauma, rather than surface behaviour.^{31,32} Punitive responses such as suspension, expulsion, or law enforcement involvement can sever the connections that serve as protective factors against substance use.³³⁻³⁵ Schools have both an opportunity and a responsibility to align their policies with current evidence on what supports belonging, well-being, and long-term success.

Screening and Relationship-based Monitoring

Systematic screening, the use of brief, validated measures to proactively assess student well-being, serves as a Tier 1 strategy within a multi-tiered system of supports, enabling early identification of strengths and emerging needs, and equitable access to Tier 2 and Tier 3 interventions. To be beneficial, screening must be accompanied by clear follow-up protocols, adequate resources, informed consent processes, and culturally responsive tools that avoid deficit framing and affirm identity as a protective factor.³⁶⁻³⁸ The Standard also recognizes that formal screening alone may not capture the full picture of student well-being and encourages schools to complement periodic screening with ongoing relational practices, such as regular check-ins, advisory structures, and mentorship, that extend the reach of early identification into the daily life of the school.³⁹

Youth and families/caregiver engagement

Research demonstrates that meaningfully engaging young people and their families and caregivers in the development of substance use support improves their relevance, effectiveness, and sustainability. Youth-partnered approaches, such as co-design, participatory research, and peer-led models, produce programming that better reflects young people's lived experiences, cultural contexts, and developmental needs.⁴⁰ Family and caregiver involvement across a continuum of care is associated with improved service uptake, sustained participation, and better alignment of supports with students' social and relational environments.^{41,42} Together, these approaches move schools from adult-directed responses toward collaborative, strengths-based models that reduce stigma and enhance outcomes.

Evidence-informed education

Research consistently demonstrates that evidence-informed substance use education achieves meaningful reductions in substance use, while abstinence- and information-only approaches produce negligible sustained impact. Effective programs share several features: they provide accurate information, build decision-making and social-emotional competencies, use interactive teaching methods, and incorporate harm minimization principles. These approaches are effective because they align with developmental realities, reduce stigma, and strengthen the competencies and support that underpin long-term well-being. ^{32,43-45}

School-community partnerships

When schools collaborate with community-based mental health, substance use, public health, and social and cultural service providers, youth experience more equitable access to care, earlier identification of needs, and better psychosocial outcomes. Effective partnerships are characterized by shared goals, clear roles, evidence-informed programming, and meaningful engagement of students and families. Within Indigenous contexts, the evidence strongly reinforces the importance of community-led, culturally grounded partnerships that center cultural connectedness, community relationships, and Indigenous knowledge systems as protective factors. These partnerships must be grounded in principles of self-determination and reciprocity. ⁴⁶⁻⁴⁹

Implementation Support

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. Many schools will find that their existing practices already align with elements of the Standard; the implementation process is intended to surface and build on those strengths.

An accompanying practice scan and implementation planning tool invites schools and districts to explore their alignment with each clause along a three-stage continuum. At the developing stage, awareness or application is emerging, and initial steps are being explored or piloted. Practices may be informal, inconsistent, or limited to specific classrooms or staff. At the building stage, alignment is more intentional and coordinated, with practices reflected

in planned policies or procedures across the school, supported by leadership, and increasingly data-informed. At the sustaining stage, implementation is consistent, embedded in the school's culture, supported by ongoing professional learning and partnerships, and monitored for effectiveness and equity.

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. Importantly, the Standard complements and reinforces other international, national, and provincial initiatives to promote student health and well-being, including frameworks for comprehensive school health, mental health promotion, suicide prevention, and equity in education. It is designed to strengthen and connect work that schools and districts are already doing.

A suite of resources is available, and will continue to grow, to support schools in understanding the Standard, communicating with their school communities, and implementing aligned policies, programs, and practices. These include introductions to the Standard for specific audiences, including school boards and divisions, superintendents and district leaders, families and caregivers, and students and young people; a training and webinar series to build staff knowledge and confidence; a champions' network offering consultation and mentorship from experienced practitioners; and a searchable database of resources to support distinct areas of implementation.

Monitoring and Evaluation

Monitoring and evaluation of the Standard is designed to support learning and continuous improvement, not compliance or ranking. The practice scan and implementation planning tool that accompanies the Standard serves a dual purpose: it supports implementation planning and provides a mechanism for schools to track their own progress along the developing–building–sustaining continuum over time. By revisiting the tool periodically, schools and districts can identify areas of growth, recognize emerging strengths, and set priorities for next steps. At the system level, patterns of implementation across schools can help districts, provinces, and territories identify where additional capacity-building, resources, or professional learning supports are needed, and where effective practices are emerging that can inform broader efforts.

Schools are also encouraged to draw on existing data sources to understand the impact of their efforts on student well-being and substance use outcomes. Many jurisdictions already collect relevant indicators through student well-being or health surveys, school climate assessments, discipline records, and referral data. The Standard does not require new data systems but invites schools to use these existing sources more intentionally and critically, through an equity lens. This means attending to whether supports are reaching all students, whether there are differential patterns in who receives punitive versus supportive responses, and whose voices are represented in shaping school-based efforts. Over time, research-practice partnerships between schools, districts, and research institutions can further strengthen the evidence base by examining how the Standard is being taken up, which contextual factors support effective implementation, and what difference it makes for students.



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