Anchoring Change

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

Standard Alignment Brief

Alignment with the Icelandic Prevention Model

How the Pan-Canadian Standard for School-Based Substance Use Prevention, Education, and Intervention Aligns with the Icelandic Prevention Model

At-a-Glance

The new pan-Canadian standard *School-Based Substance Use Prevention, Education, and Intervention: A Multi-Tiered and Developmental Approach for Kindergarten to Grade 12 Schools in Canada* (the Standard) and the **Icelandic Prevention Model** (IPM) share a core conviction: substance use is shaped by the social environments in which young people live, learn, and grow, and the most effective prevention strengthens those environments.

The IPM — adapted in communities throughout Canada with support from the Public Health Agency of Canada's (PHAC's) Youth Substance Use Prevention Program (YSUPP) — mobilizes multi-sector community coalitions to reduce risk factors and strengthen protective factors across family, peer, school, and leisure-time domains. The Standard (2026) provides the school-level architecture that complements this community-level work, positioning schools as natural hubs for prevention within the broader community ecosystem.

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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.

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Aussi disponible en français.

Purpose of This Document

> This brief is designed for public health leaders, education decision-makers, community coalitions implementing the IPM or participating in YSUPP, and other interest holders. It maps shared foundations between the Standard and the IPM, highlights their distinct and complementary contributions, and illustrates how they can be used together in communities

About the Two Resources

The Icelandic Prevention Model

Developed in Iceland in the late 1990s, the IPM is a theory- and practice-based approach to youth substance use grounded in a socioecological perspective. Rather than trying to change individual behaviour through instructional programming, it works to shift the social environments — strengthening protective factors and mitigating risk factors across family, peer group, school, and leisure-time domains. The IPM is organized around Five Guiding Principles and Ten Core Steps and is implemented through multi-sector community coalitions that interpret local data, set priorities, and coordinate action — with the coalition itself being the mechanism through which environmental and systems change occurs. In Iceland, the IPM resulted in substantial reductions in adolescent alcohol, tobacco, and cannabis use over a period of two decades. In Canada, communities are adapting and applying IPM principles through PHAC's YSUPP rather than implementing a standardized model. Reflecting the diversity of Canadian contexts, including geography, governance structures, available resources, Indigenous partnerships, and existing prevention infrastructure, YSUPP communities are adapting the model to local circumstances while maintaining fidelity to its core principles.

The Pan-Canadian Standard (2026)

Developed through a partnership between Wellstream 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 — the Standard provides clauses organized across three developmental

stages (K–Grade 5, Grades 6–9, Grades 10–12), three tiers of support (universal, targeted, intensive), and integrated within a Health Promoting Schools framework. Each clause assigns responsibility to school policy makers, administrators, or staff and uses normative language ("shall," "should," "may") to distinguish potential for impact. The Standard is voluntary and designed to meet schools where they are.

Shared Foundations

The IPM and the Standard operate at complementary levels of the socioecological system: the IPM mobilizes communities to reshape the environments in which young people grow up, while the Standard specifies what K–12 schools should do within that ecosystem. They are rooted in a shared evidence base and philosophical commitments.

Shared Foundation	In the Icelandic Prevention Model	In the Standard
Socioecological, upstream prevention	First Guiding Principle: enhance the social environment so that substance use is less likely; "society is the patient"; build protective factors and reduce risk factors before use begins	Across tiers, clauses at every developmental stage emphasize positive environments, belonging-based prevention, healthy norms, social-emotional competence, and nurturing student interests
Schools as natural hubs for prevention	Second Guiding Principle: embrace public schools as the hub of neighbourhood efforts; schools are essential for data collection, engagement, and action	Positions K–12 schools as key health-promoting environments; specifies how schools function as hubs through policy, environments and relationships, teaching and learning, and partnerships
Structured leisure time and family/caregiver engagement	Increased funding for organized sports, arts, and extracurricular activities; parental monitoring and collaborative parenting are named protective factors	Tier 1 clauses on coached and mentored physical activity and nurturing student interests; family/caregiver engagement embedded across tiers, with aligned messaging and family-centred planning

Shared Foundation	In the Icelandic Prevention Model	In the Standard`
Use of local data to inform action	Third Guiding Principle: empower community members to make decisions using local, high-quality data; in Canada, YSUPP coalitions draw on a range of evidence: youth surveys, provincial and regional survey data, community consultations, and youth engagement activities, to inform planning and action	Evidence-informed practice is foundational; schools draw on well-being surveys, climate assessments, and referral data — with an equity lens — for continuous improvement
Community coalitions and cross-sectoral collaboration	Fourth Guiding Principle: integrate researchers, policy makers, practitioners, and community members into a unified team; multi-sector coalitions interpret local data, establish priorities, and coordinate action — the coalition itself is the mechanism through which environ-mental and systems change occurs	School–community partnerships are a named evidence domain; clauses require partnerships with community, allied health, cultural, and Indigenous organizations across all tiers and stages
Long-term, sustained approach	Fifth Guiding Principle: match the scope of the solution to the scope of the problem; sustained attention and long-cycle resourcing	Developing–building–sustaining implementation continuum supports gradual, context-dependent progress; partnered governance designed for continuous improvement of the Standard
Youth voice and strengths-based framing	Adaptations in Canada centre youth as co-creators of community strategy; IPM builds protective factors rather than using deficit-based messaging	Student voice is a guiding principle, operationalized through student partnership and youth leadership clauses; strengths-based policies, harm minimization, and destigmatization are embedded throughout

What the Standard Adds

The IPM provides the community-level coalition infrastructure, data cycle, and environmental-change strategy. The Standard complements this by providing the school-system architecture that a community-level framework does not specify in detail.

Feature	What This Means for Communities Implementing the IPM
Full K–12 developmental scaffolding	The IPM survey typically focuses on early and middle adolescents (ages 14–16). The Standard provides age-appropriate clauses from Kindergarten through Grade 12, ensuring school-level prevention begins well before survey data are first collected and continues through transition out of secondary school.
Multi-tiered system of supports (Tiers 2 and 3)	The IPM is primarily a universal (Tier 1) strategy. The Standard adds Tier 2 (targeted) and Tier 3 (intensive) clauses — targeted screening, supportive adult mentorship, safety planning, coordinated wraparound supports, referrals to care, and individualized support plans — so community-level prevention is backed by a coherent school-level response when students need more support.
Harm minimization and EDID as explicit guiding principles	The Standard embeds harm minimization across the substance use spectrum (including supports for students who use substances) and articulates Equity, Diversity, Inclusion, and Decolonization (EDID) considerations — with culturally responsive screening, engagement with Elders and cultural supports, and Universal Design for Learning integrated into clause language.
Clause-level specificity with assigned responsibilities	Each Standard clause specifies who is responsible (school policy makers, administrators, or staff) and uses “shall,” “should,” or “may” to distinguish potential for impact. This gives school partners in an IPM coalition a clear, consistent framework for their contribution, with a developing–building–sustaining continuum that recognizes diverse starting points.
National, consensus-built reference point	Developed through a CSA Group consensus process with national public review in French and English, the Standard offers IPM-participating communities a shared, pan-Canadian reference for what schools should be doing, strengthening evidence-informed practice, reducing variation across jurisdictions, and aligning with provincial and territorial education systems.

Using the Standard and IPM Together

The Standard and the IPM are complementary frameworks that can be implemented in parallel at different levels of the socioecological system:

Mobilize the Coalition

Use the IPM's Core Steps 1–3 to establish or strengthen a multi-sector coalition with school representation, recognizing that the coalition itself is the engine of environmental and systems change; use the Standard to give school partners clear internal responsibilities and aligned practices.

Assess and Prioritize

Combine multiple sources of evidence. including youth surveys (Core Step 4), provincial and regional survey data, community consultations, and youth engagement activities. with the Standard's self-assessment tool; map community priorities (Core Steps 6–7) to relevant Standard clauses (e.g., a priority around structured leisure time maps to Tier 1 clauses on coached physical activity and nurturing student interests).

Implement, Monitor, and Sustain

School-level implementation proceeds through the Standard's developing–building–sustaining continuum alongside community-level implementation via IPM Core Steps 8–10. PHAC's practice profile guides and the Standard's evaluation toolkit together enable community- and school-level learning over time.

A Shared Commitment to Environmental Prevention

The IPM and the Standard share a fundamental insight: substance use among children and youth is best prevented not by trying to change individuals, but by creating the school, family, peer, and community environments in which healthy development is the default. The IPM offers communities a time-tested approach for mobilizing that change. The Standard offers schools a structured framework for delivering on their part. Together, they equip jurisdictions in Canada — including those participating in PHAC's YSUPP — to move from community aspiration to a consistent, compassionate, and coordinated school-based prevention ecosystem.

References

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