



ABBOTSFORD
SCHOOL DISTRICT
RESPECT OPPORTUNITY INNOVATION

SUBSTANCE ABUSE REVIEW COMMITTEE REPORT
April 30, 2012

SUBSTANCE ABUSE REVIEW COMMITTEE

EXECUTIVE SUMMARY

Superintendent Kevin Godden commissioned a 'Substance Abuse Review' February 10th, 2012. The request was for a committee to examine the issues surrounding substance abuse among students and the capacity to respond effectively in schools and the community. The committee was to report back with concrete, research-based recommendations on how to improve this response.

To complete the review, time was spent both within the Abbotsford School District, as well out of district researching best practices, analyzing data, collating results, and formulating recommendations. Provincial and communal collaboration provided strong insights.

Seventeen recommendations are being put forth to address the district's response to substance abuse in schools. The most significant recommendations are highlighted below. The complete list of recommendations can be found in the main body of this report.

Key Recommendations:

1. A district administrator be assigned to oversee a number of school safety, school completion, and social responsibility initiatives, which as part of the duties will include the coordinating of programs, partnerships, and initiatives related to substance use. This person will also set a timeline and prioritize recommendations based on best practice (Appendix 1).
2. Provide evidence-based health curriculum for Gr. 6-10, focusing on problem solving, drug education, and prevention. "iMinds" is a proven effective strength-based resource that builds knowledge and skills young people need to survive and thrive in today's world (Appendix 2).
3. The district would benefit having future sources of data. There are several data providers which the district could contemplate using, such as in the McCreary Center Society's B.C. Adolescent Health Survey in 2013 and/or BC Center for Safe Schools & Communities at UFV. We could also conduct our own online survey to examine the exact extent of the problem as the YCW has done at Clayburn. This would provide information to better understand substance use and abuse in our community.
4. Align training and practices for all middle school drug/alcohol youth care workers year one, as well as provide "Motivational Interview" training as appropriate; align training and practices for staff overseeing secondary alternate programs in year two, as well as offer MI training.
5. In partnership with Impact, hire a student engagement worker to facilitate groups for identified youth, train school/district staff on curriculum, and coordinate programs on all campuses during year one (Appendix 1); hire a parent engagement worker within the same context year two.

6. Expand the YMCA Alternate Suspension Program to the west side of Abbotsford and expand it to Grades 7-12. This program builds connectedness and problem-solving skills for students, as well as promotes healthy lifestyle and school completion.

Adoption of the above six recommendations would allow the district to improve their capacity to respond to the issues of substance abuse among students.

MAIN REPORT

INTRODUCTION & MANDATE

The committee was enlisted to specifically, the committee was tasked with reviewing and making recommendations regarding the following:

- The quality and quantity of accurate data about the nature and level of substance misuse among school-aged students in Abbotsford.
- The range of tangible prevention programs at each school level. This includes, but is not restricted to:
 - Curriculum based initiatives at specific grade levels in specific subjects.
 - Drug and alcohol prevention programs at elementary, middle and secondary schools.
- The effectiveness of current intervention programs for high-risk students.
- The effectiveness of the school district's enforcement parameters.
- The extent to which the parent community is appropriately engaged about the challenges of youth substance misuse.
- The extent to which students are engaged in playing a leadership role in responding to substance misuse.
- The extent to which community resources are working in tandem with the district in responding to the problem.

The committee as a whole met on six occasions between February 15 – April 25, as well as took part in numerous subcommittee meetings. The committee members were as follows.

Chair: Jinder Sarowa

- Elementary: Two reps – Brittney Wallace, Joanne Neveux
- Middle: Two reps – Leigh Howard, Steve Kring
- Secondary: Three reps – Jay Pankratz, Dave de Wit, Rob Sloboda
- Community: Two reps – Brian Gross (Impact), Angela Scott (APD)
- Parent: Two DPAC reps – Bud Loewen, Chris Rempel
- Student from Youth Council: Two reps – Seth Waugh, Kim Worthing
- District staff: Two reps – Kathryn Edwards, Kyle Stark

PROMISING PRACTICES IN OUR DISTRICT

Many of the district schools along with their community partners have been committed to the task of helping youth address issues regarding substance misuse as well as educating them about drugs. We should be proud of what we have accomplished and outlined below are some of those success stories.

Student Engagement

- Every high school has an 'Intensive Behaviour' program to support students who struggle with risky behaviours. Other districts have toured our programs in the hopes of duplicating what has been established here.
- Clayburn Middle School's YCW Kyle Stark has been surveying students and providing tailored programs for drug education.
- The district enforcement policy along with school codes of conduct and district code of conduct are clearly articulated with objectives and consequences to address students who choose to engage in drug use. The recently implemented 'Alternate to Suspension Program' has received accolades from parents, administrators as well as students who have used the service.
- The district transition process that has been implemented for secondary students is helpful in ensuring students remain connected to a school program when they are suspended indefinitely/need to move on, and are connected to community supports as needed to address the issues behind the suspension/behaviour.
- Lions Quest, Virtues Project and Skill streaming programs are offered at many schools.
- The district foresight in having 'Drug and Alcohol YCW's' at each middle school has given students access to adult connections and link to community resources where needed. During anti-smoking week the visual of the pig lung is a powerful tool for students showing the harms of smoking.
- The 100% project is giving the district good data regarding a cohort of high risk students.

Parent Engagement

- Bateman organized a parent information night in regards to drugs with presentation from APD, a physician and Impact counsellor.
- School staff have referred parents to Impact's Parent and Caregiver 7-week group with monthly follow-up support meetings, which has been running for a year and a half, with excellent feedback from parent participants.

Peer Engagement

- The district has spent tremendous resources training staff at all the high schools and middle schools for LINK training and Web training. This initiative has begun to provide better

connectedness for students transitioning into grade 6 and 9 resulting in more positive and healthy life choices possibly reducing the number of students turning to alcohol or drugs.

- Several classes create PSAs and Posters around the risks of drug use.

Community Engagement

- High schools and middle schools have worked collaboratively with IMPACT to provide intakes for students and the needed supports to better their understanding of drugs. IMPACT has also made presentations at middle schools for youth.
- The district is working in partnership with APD to hold school-wide assemblies for every high school this spring.
- Schools have invited IMPACT into classes and other campus spaces to facilitate interactive universal prevention and targeted early intervention workshops with students from grade 6 to 12.
- IMPACT, and Abbotsford Community Service's Youth Resource Centre and Abbotsford Addiction Centre collaborate to provide programs during school's summer, winter and spring breaks that include activities, discussion, education and therapeutic content.
- The Abbotsford Youth Health Centre will begin operating out of the Bakerview Hub in September, adding a medical approach to substance use to the already available enforcement and counselling approaches.
- Schools District in partnership with the Ministry of Children offers a therapeutic kindergarten readiness program for selected four year old kids with identified behavioural issues.

SETTING THE CONTEXT

In this ever-changing world youth are bombarded with many contradicting messages. The prevalent use of alcohol and drugs by athletes, musicians and movie stars gives youth the impression that drug use has become a societal 'norm' where adults use drugs in ways that are often socially acceptable. It is becoming difficult for youth to sift through what is right and wrong. It can be difficult for youth to manage peer pressure, which has become more complex largely due to the vast use of social media. There exist a wide variety of personal, social, and environmental factors that influence a young person's decision to use alcohol or other drugs.

The harms associated with drug use among youth can result in damage to self, others, and property. Though certain consequences are immediate, others have long-term effects on the physical, psychological, and social development that may not be evident initially. Research has identified the link between early and frequent substance abuse and mental health problems.

Substance abuse has a permanent impact on the healthy development of the adolescent brain at a time when it is still maturing. Substance use may damage memory, emotional processing, complex thinking, and the ability to self-regulate. Not only does substance abuse among youth contribute to increased costs in healthcare from hospitalizations and shortened lifespan, but it also contributes to more than 21% of all deaths in Canada for youth aged 15 years and older.

Society has been using drugs such as caffeine, alcohol, cannabis and others for thousands of years for various everyday reasons; to wake up, slow down, relieve pain and so on. As a result, traditional zero-tolerance policies have failed to help students solve their drug issues. Zero tolerance policies are required to clearly articulate expectations around behaviours, but at the same time some of these policies have isolated certain youth who most require positive connections with peers and adults who care. The “SACY program”, implemented by the Vancouver School Board, states that we must make a clear distinction between youth as individuals with values and their behaviours. When that recognition is made a caring environment is fostered allowing youth to open up in a strong adult-child relationship.

The complexity of the drug use problem requires schools and community groups to work collaboratively to investigate best practices to improve student’s decision making. A simple approach cannot be taken to address a problem as complicated as this. We need to clearly understand the problem and develop evidence-based solutions. A multi-facet approach is essential to tackle this issue. Because of its complexity, some schools and districts are beginning to recognize the need to revamp their drug education programs to better reflect reality, and better help their students navigate a world where so many people use psychoactive substances.

Drug use by youth in Abbotsford has been a growing concern for parents, teachers, youth, police and the community. This problem, if left unaddressed, can lead to further deterioration of our community and the values we recognize as essential for the betterment of our youth.

One of the primary goals the Ministry of Education articulates is the ‘Human and Social Development’ of students with an emphasis on physical health and well-being. In that context, it is vital schools continue to focus their efforts on educating youth and equipping them with skills to make the right choices in this complex world.

ANALYSIS OF THE DATA

2008 BC Adolescent Health Survey (McCreary Center Society & Center for Addictions Research B.C.)

Students who have tried substances by the age of 18:

78% of students have tried alcohol

50% of students have tried marijuana

40% of students have tried tobacco

15% of students have tried ecstasy

5% of students have tried Inhalants

3% of students have tried crystal meth

Rates of students experimenting with alcohol, marijuana, and tobacco in B.C. have been declining over the last 10 years.

According to the 2008 BC Adolescent Health Survey, 40% of youth under 19 report having negative consequences related to drug use (25% report passing out; 31% report not being able to remember what they did). Therefore, it is estimated that 3,628 Abbotsford youth aged 15-19 are exposed to the negative consequences related to drug use (with 2,268 passing out and 2,811 not remembering what they did as a result of drug use).

Fraser Health Abbotsford Regional Hospital Statistics

The Key Performance Indicator Report (2009/2010) shows the Community Mental Health Centre utilization rates in Abbotsford are second-to-last in the Fraser Health region, with just 16.32 per 1,000, compared to an 18.9 average rate for the entire Fraser Health region. Since the Fraser Health region itself has the lowest utilization rate in B.C., Abbotsford's rate is 43% lower than the provincial average of 28.9, placing Abbotsford near the bottom of utilization rates for both the region and the Province.

Reports show that 28-Day unplanned readmission rates for youth aged 13-18 years who are discharged from acute care with a primary diagnosis of mental health and/or substance use disorder in Abbotsford are 12.7%, significantly higher than both the Fraser Health region (8.7%) and the Province (7.6%). Hospital readmission rates are an indicator of appropriate quality care and can be attributed to effective chronic disease management, as well as efforts such as service coordination, effective discharge planning, and timely community and physician follow-up.

Mental Health & Addictions-related admissions for youth aged 12-24 via the Emergency Department to ARH in 2009-2010 accounted for:

- 98 of 714 admits (14%)
- 524 of 2,877 days (18%)
- An estimated cost, at \$1,500 per day, of \$786,000

BC Coroners Service Provincial Data

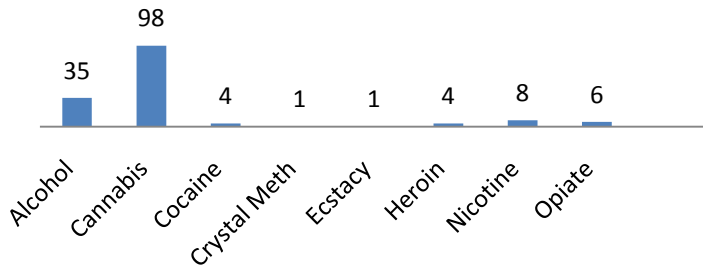
The following summarizes all cases from 2006 through 2011 for which toxicological testing was positive for Ecstasy (MDMA), and for which the investigating coroner determined the MDMA was relevant to the death. All classifications of death are included (accidental, homicide, natural, suicide, undetermined).

Statistics MDMA-related deaths *, 2006 – 2011							
Relevant to Death	2006	2007	2008	2009	2010	2011	Total
Yes	7	12	23	21	18	4	85
Under Investigation	-	-	-	-	2*	12*	14*
Total	7	12	23	21	20	16	99

MDMA-related deaths by region of death, 2006 – 2011							
Region	2006	2007	2008	2009	2010*	2011*	Total
Fraser	5	4	7	2	6	2	26
Interior	-	3	1	5	5	3	17
Island	1	2	1	5	4	2	15
Metro	-	3	11	6	3	8	31
Northern	1	-	3	3	2	1	10
Total	7	12	23	21	20	16	99

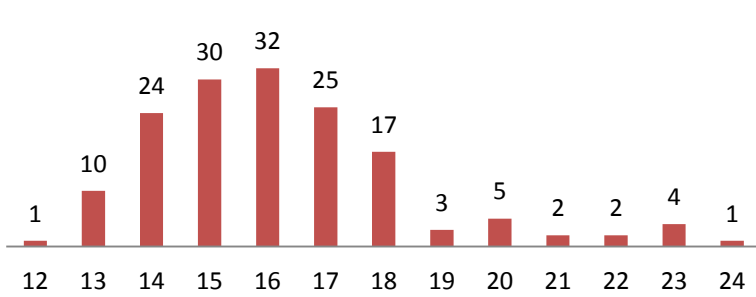
Impact Data & Information

Male Clients by Drug of Choice

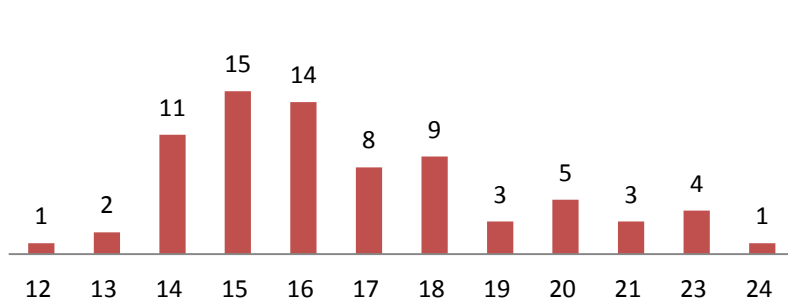


- Gateway drug is cannabis as indicated by data

Male Clients by Age

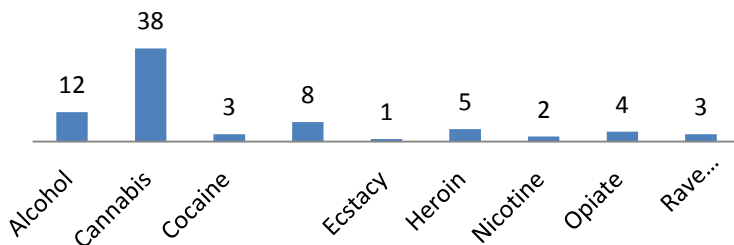


Female Clients by Age



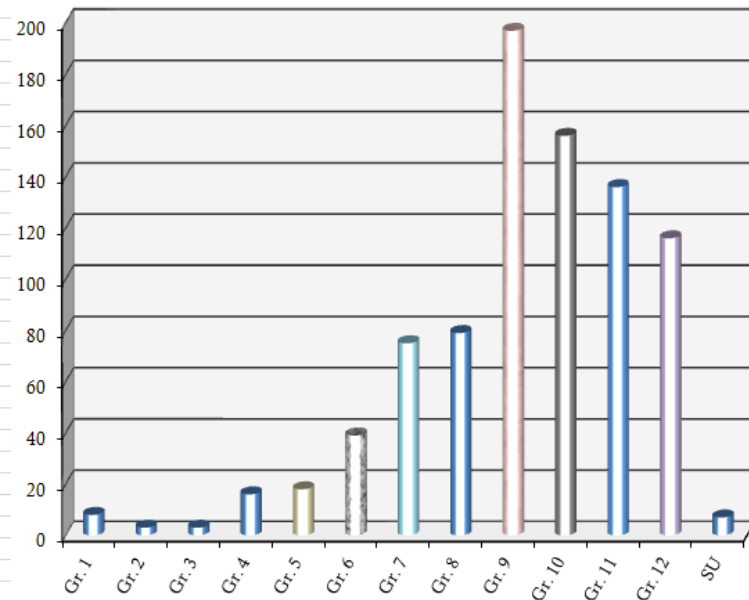
- Currently most 'IMPACT' clients are from high schools.
- Data indicates problems originate much earlier.
- Early recognition of youth at risk for abuse and aligning them with appropriate resources would be beneficial.

Female Clients by Drug of Choice



District Suspension Data

OUT OF SCHOOL SUSPENSIONS - BY GRADE - 2009/10

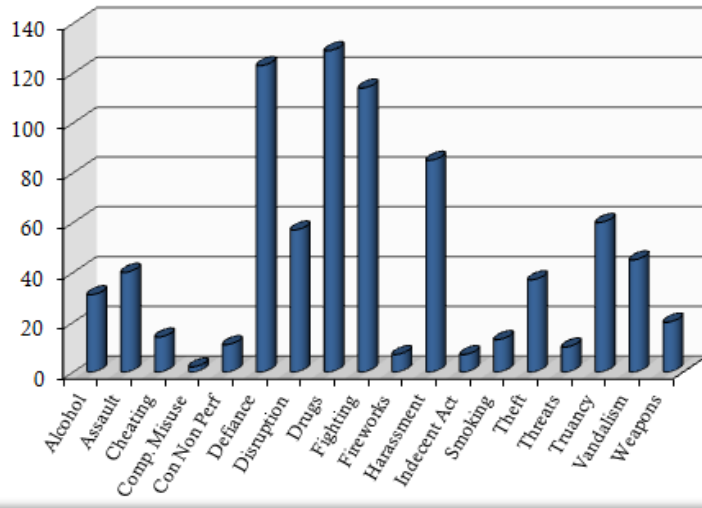


- Worrisome behaviour seems to begin around grade 4 and decreases by grade 12.
- Worrisome behaviour could possibly influence student decisions on whether to use drugs.
- Transition from middle school to high school shows dramatic change.

OUT OF SCHOOL SUSPENSIONS - BY GRADE

Gr. K	Gr. 1	Gr. 2	Gr. 3	Gr. 4	Gr. 5	Gr. 6	Gr. 7	Gr. 8	Gr. 9	Gr. 10	Gr. 11	Gr. 12	SU	Total
3	8	3	3	16	18	39	75	79	197	156	136	116	7	856

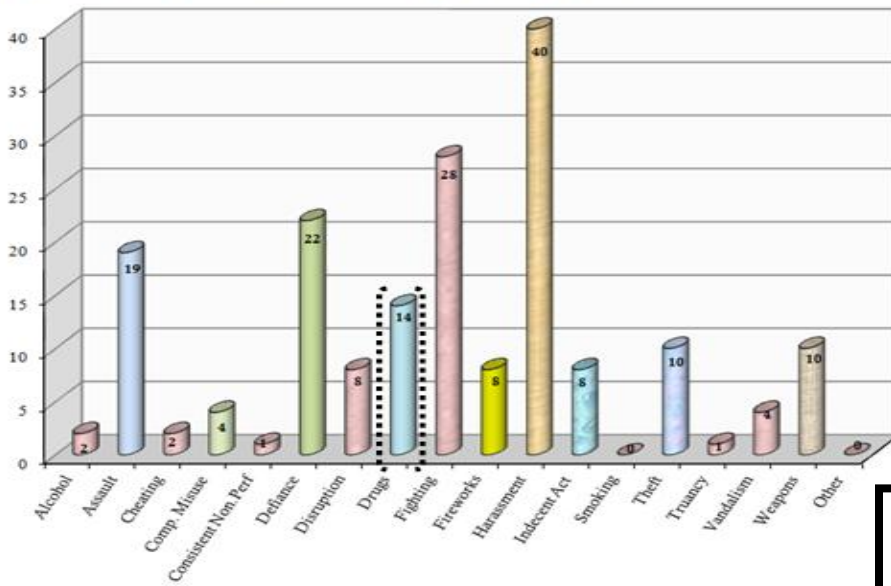
OUT OF SCHOOL SUSPENSIONS - BY CATEGORY - 2010/11



- Data clearly indicates drug suspensions are one of the primary concerns for our schools

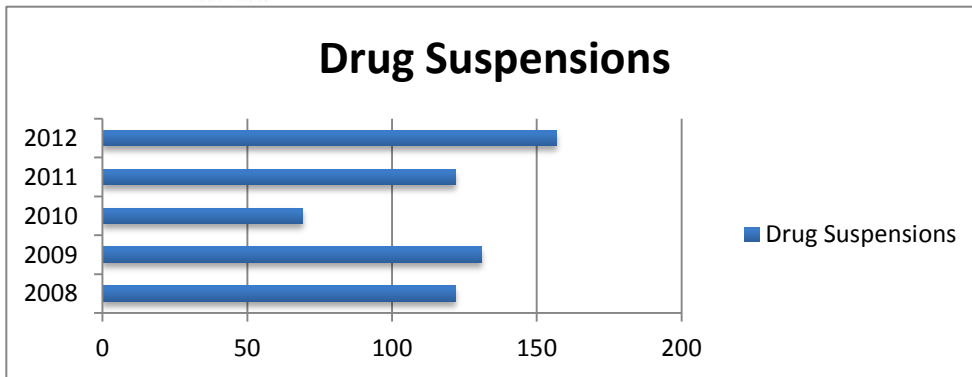
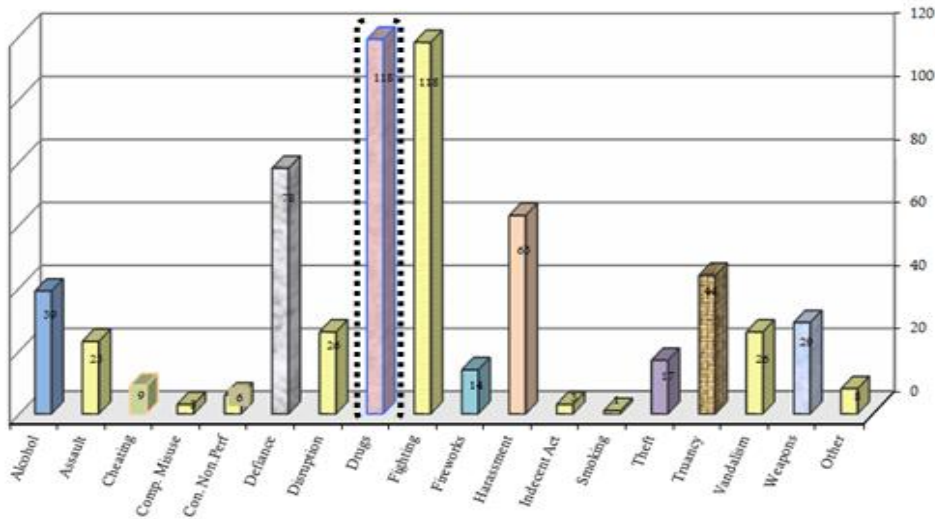
Alcohol	Assault	Cheating	Comp. Misuse	Con Non Perf	Defiance	Disruption	Drugs	Fighting	Fireworks	Harassment	Indecent Act	Smoking	Theft	Threats	Truancy	Vandalism	Weapons
31	40	14	2	11	123	57	129	114	7	85	7	13	37	10	60	45	20

COMPARISON BY CATEGORY - ALL MIDDLE SCHOOLS - 2009/10



• The greatest number of suspensions at high schools is for drug offenses.

COMPARISON BY CATEGORY - ALL SECONDARY SCHOOLS - 2009/10



*Note – These are high schools suspensions
 2012 data is only for 8 months of the school year with 2 months still remaining.

Abbotsford District Asset Survey Data 2009

The Developmental Assets Survey was conducted district-wide with 5400 students from grades 8 – 12 in 2009. The more assets a student possesses the less likely they are to be exposed to risk and partake in high-risk behaviours.

Student population with:

- 0-10 Assets - 18% (A group of concern)
- 11-20 Assets - 48%
- 21-30 Assets - 29%
- 31-40 Assets - 6%

The number of assets decreased with age:

- Grade 8 – Averaged 19.3 assets
- Grade 12 – Averaged 17.3 assets

Other points of interest:

- Transitioning between middle and high school represents a drop of nearly 2 assets.
- Drug use (Alcohol, Marijuana, Tobacco, others used at least 3 times in last month) increases with age and corresponds with fewer assets.
- Greater substance use among males than females.
- At risk behaviours involving drugs (drinking driving, etc.) follow same trends.
- Most identify first drug use (tobacco, alcohol, marijuana) at 13-14 yrs. of age.
- Perception of risk when it comes to drug use decreases with age (for example grade 8 students perceive it as more risky than do grade 12 students).

Clayburn Student Survey Data

The Clayburn Drug/Alcohol YCW conducts a survey of all students' grades 6-8 yearly to gather information about substance usage. That information is then used to structure a targeted plan for prevention and intervention for that school.

2010 Survey Results:

	Grade 6	Grade 7	Grade 8	Total
Do you drink alcohol?	2%	2%	11%	5%
Do you smoke cigarettes?	1%	1%	2%	1%
Have you ever smoked marijuana?	1%	2%	4%	2%
Have you ever abused another substance to get high?	2%	5%	8%	5%
Do you think marijuana is harmful?				93% Yes 7% No
Do you think smoking is harmful?				95% Yes 5% No

INTERPRETATION OF THE DATA & RESEARCH

The Substance Abuse Review Committee has drawn information from several data sources in a comprehensive approach to examining substance abuse and related harms. Evidence across the province and Abbotsford indicates substances become problematic for youth as early as elementary school, but become much greater a concern by middle school. By the time students reach high school drug suspensions prevail over all other infractions. Higher-risk students continue to present greater concern and incidence levels, but many others (10-20%) are equally as vulnerable at the experimentation stage. There is no clear profile from data sources as to which group of students is most exposed to the risks of substance abuse; it is a topic that can affect all youth.

Some of the surveys and data sources may not be exactly representative of our school district's population, but this information is critical to understanding specific drug use patterns and emerging trends among our regular and high-risk students.

There have been encouraging downward trends in usage rates for alcohol, tobacco and marijuana over the past 10 years in B.C. However, rates of higher risk usage and substance-related harm remain a significant concern, particularly among older students. The rate of students using prescribed drugs, without a doctor's consent, and the rate of students using hallucinogens, such as ecstasy, has increased since 2003.

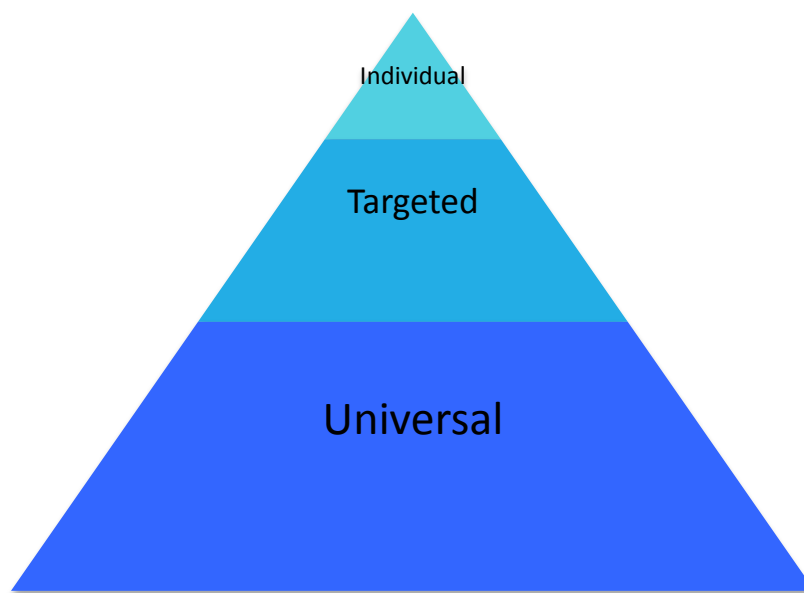
Data and feedback suggests there needs to be a consistent, district-wide, grade by grade teaching tool that not only addresses risk factors and prevention, but continues to build and increase the number of student assets. Clayburn Middle data suggests students are experimenting with various drugs as early as grade 6. The same behaviour can be assumed for other middle schools. Students who struggle at home and at school begin experimenting with risky behaviours more frequently, and are more vulnerable to continue abusing substances as they age. Abbotsford Youth Health Center information suggests the readmission rates for hospitalization of youth in Abbotsford for substance abuse and mental health are at 5% higher than the provincial average.

Building strong adult-student relationships in a caring environment that separates the student from the behaviour will be a key factor in reducing substance abuse while building those ever so important "Assets" as demonstrated in the 2009 Assets Survey. A large US study found that the most important factor in reducing risk-taking behaviours was a student's feeling of connectedness to their school community and to the caring adults within this setting (McNeeley et al., 2002).

RECOMMENDATIONS

The recommendations of the committee stem from a philosophy that encompasses a healthy approach with a focus on connection and “care tactics” rather than a model based on discipline first and “scare tactics”. Focus should be on implementing some recommendations over the short term, while others can be long-term initiatives. The committee believes that commitment must be sustained for at least four years and the recommendations in the document below are necessary to allow for substantial and measureable change in the district.

The committee also believes that a comprehensive approach with our students is required to address the challenges around drug and alcohol use. Implementation of these recommendations follows a three-tiered approach of interventions: universal, targeted, and individual. Similar to a pyramid of interventions approach in an academic setting, the committee understands that different approaches and strategies are required for different audiences and levels of susceptibility to drugs and alcohol. At the base of all interventions exists a strength-based philosophy that is student centered and promotes healthy lifestyle (ex: Motivational Interviewing Approach). By using all three tiers of interventions, all students in our system will be serviced. We also recognize that an ongoing evaluation system needs to be in place to measure the effect on student behaviours and substance use. This will provide the essential data to drive effective programming at various grade levels and school wide initiatives.



Universal Interventions: Universal refers to a holistic, widespread, general approach accessible to ALL students. While all students will have access to universal interventions, approximately 75-80% are likely to be responsive to this type of intervention.

Student Profile: A typical learner with a good to average support system, who responds to most interventions, and adapts to the school system on a regular basis.

1. A district administrator be assigned to oversee a number of school safety, school completion, and social responsibility initiatives, which as part of the duties will include the coordinating of programs, partnerships, and initiatives related to substance use. This person will also set a timeline and prioritize recommendations based on best practice (Appendix 1).
2. Provide evidence-based health curriculum for Gr. 6-10, focusing on problem solving, drug education, and prevention. “iMinds” is a proven effective strength-based resource that builds knowledge and skills young people need to survive and thrive in today’s world (Appendix 2).
3. The district would benefit having future sources of data. There are several data providers which the district could contemplate using, such as in the McCreary Center Society’s B.C. Adolescent Health Survey in 2013 and/or BC Center for Safe Schools & Communities at UFV. This would provide information to better understand substance use and abuse in our community. There is plenty of data that demonstrates the substance abuse problem that exists with youth in our province. We are still missing specific data as to which groups of students are using what substances in Abbotsford.

Abbotsford could also conduct their own survey to examine the exact extent of the problem. Kyle Stark (Clayburn YCW) can compile an online a survey to get valid and reliable feedback from youth. SACY, in Vancouver, does not collect data, but rather focuses their energy on building programs and evaluating the effectiveness those programs. They rely on data collated by The Center for Addictions Research of BC (CARBC) and the McCreary Centre Society, both agencies recognizing that surveys on adolescent drug use, repeated at regular intervals, can be a key source of tracking long-term trends in youth substance use. Such surveys also provide evidence-based prevention strategies and policy-planning recommendations.

4. Each middle and secondary school will run Link Crew and Web Programs as proactive approaches to building connections. Focus needs to be on a full year program, not just an emphasis at the start of the school year. The district should support every high school and middle school with a LINK or Web program. This proactive initiative will build the connectedness among youth in those integral ‘transition’ years between grade 5-6 and 8-9. In order to have the greatest impact, schools should consider offering a block of time for the teacher who runs this program, as well as provide credit for LINK and WEB student leaders involved in the program.
5. All school counsellors, alternate teachers, and youth care workers should be trained on ‘Motivational Interviewing’ in order for the district to create a common language with a strength-based approach. (Appendix 3)

6. Partner with the Abbotsford Police in order for School Liaison Officers to build capacity through presentations about drugs to staff, parents and students at all elementary, middle, and secondary schools.
7. Use multimedia sources to educate the community about drugs and prevention programs, as well as to report drug dealers and potential crime to police and school administration. There should be a strict stand and campaign against drugs as well as the start of a “Care Tactics” campaign. The district should develop and implement a campaign against drug dealing on our school campuses, which includes fair notice warning for students involved in this activity, the consequences associated with this activity, and an anonymous tip line for students to report potential drug dealers.

Targeted Interventions: These interventions refer to approximately 10 - 15% of students who demonstrate moderately risky behaviours.

Student Profile: This student experiments with drugs or is at risk of being exposed to the drug culture on a regular basis, and belongs to a group that requires a moderate amount of support and ongoing interventions at the school level.

1. Align training and practices for all drug and alcohol youth care workers at the middle schools in the first year as well as providing “Motivational Interviewing” training; align training and practices for staff overseeing secondary alternate programs in the second year. An emphasis would be on making connections with youth through open dialogue and strong trusting relationships. The nurturing adult advocates would be “Advisors” for youth as they navigate those crucial developmental years in middle schools. YCWs in conjunction with classroom teachers will present curriculum to all grades 6-8.
2. In partnership with Impact, hire a student engagement worker to facilitate groups for identified youth at high schools, train school and district staff on curriculum, and coordinate programs on all campuses in year one (Appendix 1).
3. In partnership with Impact hire a parent engagement worker to facilitate parent forums (“capacity cafes”), group discussions, outreach for identified parents, and one on one parent coaching in year two. (Appendix 1) IMPACT has started parent workshops and received feedback. (Appendix 4)
4. Create a district “outdoor education” program that will involve experiential learning, relationship development and peer mentoring for identified youth. This program for high-risk youth would utilize older students who have struggled and overcome obstacles to partner up with younger students in an environment beyond the school setting. This mentoring program would emphasize connections, communication, and appropriate decision making.

5. Acquire relevant curriculum and resources and make accessible to all middle and high schools for running group sessions on the topic of stress management, problem solving and overall health.
6. Partner with community groups (Impact, Youth Commission, Community Services) and support current school break programs or implement new programs at the middle school level which will engage at risk students and connect them to something or someone. These programs need to be structured for afterschool hours, spring break and summer holidays without any or minimal cost. There may exist an opportunity to hire high school students to run these middle school programs.

Individual Interventions: These interventions refer to approximately 1% - 5% of students; they are individual and specific to student needs.

Student Profile: This student experiments with drugs and is involved in the drug culture on a regular if not daily basis. Ongoing interventions at the school level need to be intense and involve community experts to provide support.

1. Expand the YMCA Alternate Suspension Program to the west side of Abbotsford and expand it to Grades 7-12. This program builds connectedness and problem-solving skills for these students.
2. Have aligned standards for all students returning to school from a drug suspension to be communicated at the 'Reintegration' meeting. Until trust is rebuilt and harm is repaired students will be subject to: campus restriction, no backpack or cell phone, supervised lunch breaks or designated location (gym, library), connection to YCW or significant adults (check-in/check-out), random searches, IMPACT, monthly review/timeline in place.
3. Support students through an inter-agency care team approach, involving community; ensure students are connected to school-based alternate programs, school-based case managers, and provided with IEPs as needed and appropriate.
4. Refer students for ongoing one-on-one counselling through Impact, Mental Health, or other.

CONCLUSIONS AND NEXT STEPS

Is it worth spending the time and resources necessary to properly educate and support our students in order to keep them safe from drugs? If our answer is yes, we have no other choice but to take action to implement these recommendations. We need to provide opportunities for our youth to be connected so they make decisions that will foster positive growth, not bring negative consequences.

Substance abuse has significant implications for the health of Abbotsford youth and there needs to be a concerted effort as a community to implement effective strategies for their well-being. Currently, our school district and the community has various resources and programs to address the issues of student misuse of drugs, but a merger of those key components will provide us with a more successful response system. Schools, parents, police, agencies and other community groups can play a significant role in the betterment of our youth. Schools can provide the leadership and help facilitate substance abuse education. This is a vast responsibility, which cannot be addressed singularly, but through community partnerships. Working together to create a comprehensive prevention and education strategy that covers all grades and delivers a similar message to youth in a variety of formats is important.

We also need to engage youth and parents in leadership roles to provide assistance in responding to substance misuse. The current 'District Youth Council' model is one effective structure, which is working to improve communication and input.

The district has many effective health promoting programs, but there is still a lack of critical drug prevention information at each school level. Programs tend to be less effective than using a whole school/system based approach. Multiple interventions can act in a synergistic way to both improve educational outcomes and reduce risky behaviours such as substance abuse. Each school needs to have multi-level strategies embedded within the educational and social structures. This will not be an easy assignment given the level of commitment, which will be required of staff and administrators.

Evidence is growing that schools should adopt a competency enhancement approach to increase a range of cognitive, social and emotional skills in students, as opposed to approaches that focus specifically on the harms of drugs. Research has demonstrated that 'drugs are bad' or 'fear based' approaches do not work with students. We need to promote 'Care tactics' instead of 'Scare tactics'. We need to appeal to their intellect and get them to participate and evoke their intelligence. The information should be designed to be developmentally appropriate, interactive and targeted to specific audiences.

Middle school years are particularly important for substance use education and prevention as this is the time drug use experimentation generally begins and when students are most vulnerable due to developmental changes and changes in school, friends, and academic pressures.

The district has good drug enforcement parameters in place, but a greater emphasis on building strong relationships through 'Motivational Interviewing' and other strategies will

demonstrate significant success for youth. When good foundations are built in regards to respect, confidentiality, and communication students have advocates they can go to for advice, guidance and disclosure of a problem. There is significant evidence showing that lesser levels of harm are experienced by youth who are more connected to their school, community, peers, and caring adults.

It is important to note that changes such as those mentioned will take time. The committee has put forward some promising practices which need to be constantly re-examined. In order for this to happen a district administrator needs to oversee this entire project and to lead an inter-agency steering committee through the recommendations. Our ever-encompassing goal should be to continue building connectedness for students while similarly enhancing our prevention and intervention strategies for substance use.

RESOURCES & ACKNOWLEDGEMENTS

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LIST OF APPENDICES

Appendix 1

The Abbotsford School District already has productive working relationships with entities of expertise in an area of substance use. Given the current economic environment, duplicating efforts would be futile. We have many effective programs in the community which are functioning independently, but better coordination with common goals would lead to greater success. Impact is a service provider of Fraser Health Authority and has been an important district partner since 1988. Impact could play an integral role in partnering to establish student and parent engagement coordinators.

IMPACT, in partnership with the School District and other community partners, such as Abbotsford Community Services, the Abbotsford Police Department, Abbotsford Restorative Justice and Advocacy Association, the Ministry of Children and Family Development, the Abbotsford Youth Commission, the Abbotsford Youth Health Centre and the Abbotsford Child and Youth Committee, already develops and delivers evidence-based programs in the community and on School District campuses. Some of these programs focus on student workshops, recreational programs, counselling, parent group meetings and many more.

Two new coordinating YWC positions should be established collaboratively with IMPACT Youth Addiction Services. These are:

- A Student Engagement Coordinator
- A Parent Engagement Coordinator

While these two positions would likely collaborate extensively, we see it as a high priority to establish both positions so that the needs and capacities of both students and parents stay front and centre in the respective coordinator's mandates. Evidence from the SACY program in Vancouver has demonstrated significant gains with the addition of these positions over the past 6 years.

The committee recommends that the general duties of the Student and Parent Engagement Coordinators will be as follows:

- Create and keep up-to-date an inventory of all prevention and intervention resources available to engage students and parents in addressing substance use issues within the district, including:
 - School staff whose job descriptions specifically include addressing substance use.
 - Community resources that can be brought to bear on substance use issues.
 - A knowledge base of empirically-supported interventions and approaches.
 - Organize "Parent Forums" at each family of schools. Provide information related to learning and growing, including resources related to substance use with dinner &

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- child minding. On the Westside of our district a 'Parent Forum' needs to be presented in Punjabi.
- "Parent Workshops" for targeted groups of people whose child is using drugs. Could be structured as 'Capacity Café' like the ones set up by the SACY program in Vancouver. The Capacity Cafes focus on open dialogue where adults listen to students. These cafes increase cross-generational understanding and compassion. Impact has also recently put on parent workshops with great success. Should be set up off school sites at places like Community Services and/or Impact. Neutral sites for parents provide a better setting.
 - Determine, develop and deliver training and capacity-building opportunities for school staff and community resources aimed at creating a response to substance use among students and parents that is:
 - empirically-supported,
 - consistently messaged and implemented,
 - coordinated,
 - sustained,
 - evaluated,
 - reported on, and
 - continually refined.

Appendix 2

Long term there should be a development and implementation of a drug curriculum program for each of the three levels: elementary, middle, and secondary. Effective drug education is best positioned within a broad health and personal development curriculum that includes mental health issues such as stress management. Effective programs focus on both knowledge and skills for problem predicting and problem solving and assist students in relating their learning to real-life situations. Currently there is no consistent drug prevention program being delivered to our students.

As a district we should begin by implementing the grade 6-10 "iMinds" curriculum from Center for Addictions Research BC. This consists of:

- Six lessons are at each grade level.
- Consultation/planning related support provided by 'Carbc' personnel.
- Provide the necessary training for teachers/YCW/counsellors where needed.
- All learning resources are online and should be tailored for use in each classroom setting.

No data is available on the effectiveness of the project. "iMinds" started about 4 years ago and refinements have occurred throughout. Informal responses demonstrate student engagement to be high and numerous school districts have implemented it extensively.

Appendix 3

There is plenty of research demonstrating the effectiveness of training staff for 'Motivational Interviewing' in order for the district to create a common language with a strength-based approach. This program equips school personnel with proactive strategies to assist some of our vulnerable youth.

The one-day workshop is available through the Justice Institute. An open invitation can be provided to other staff members who may be interested in the training. MI equips school professionals with tools to help students explore positive changes in their behaviour, including their use of alcohol and other drugs. Grounded in a motivational approach, the aim is to support students in examining their situation and deciding if and what *they* would like to change. These are typically short conversations designed to increase motivation for change or to encourage and support continued positive action. Studies suggest that school-based brief interventions have the potential to be cost efficient and effective in reducing harm associated with substance use.

Appendix 4

IMPACT Parent Merge Group - Parent Feedback letter

It's every parents fear to wake up and realize your teen is not living the life that you had planned for them: a life full of academic classes, afterschool sports, and a peer group that inspires and encourages them to be the best they can be! You slowly let go of that fantasy and hope for passing grades, and a conversation about university once in a while. Then slowly things can start to unravel to the point where you are lying in bed at 11 PM wondering where they are and if they are ok. It can happen very fast or very slow, and during the transition you can have some really wonderful days where you are filled with hope, but they can be followed with some days that are so devastating that you don't know how much longer you can do it for.

Every parent has different emotions, feelings, thoughts, and different ways of handling their teen and handling themselves. For me being a type A and a "doer" by nature, my natural reaction was to constantly try to change my teen's behaviour... I really didn't know any better, and although it was clearly not working, I continued to keep trying. This was met time and time again with anger, frustration, and sadness.

I kept trying to reach out for my son, talking to counsellors, community support and anyone who I could think of. I would talk to my son and he would reluctantly agree. I would book these appointments, however more often than not he would cancel or not show up. One of the things they kept telling me about was these parent groups that they had including at IMPACT. The first thought that came to mind was... I'm not the one that needs help!

That all changed one day when I was having a conversation with someone and realized that I was the ONLY one who could change. I could not be responsible for the behaviour of my teen, but I COULD be responsible for mine! and that meant being aware of ME, my actions, my feelings, my words, and my behaviour. This was hard, but at the same time a huge relief because it meant that I could finally DO something. This is how I could love and help my teen.

I had no idea what it would look like or what it would mean but I signed up! I really didn't have a whole lot of expectations because I didn't even know if it would be the right thing for me. I thought I would run into a number of families and situations that I possibly couldn't relate to. After all, we came from a fairly normal family and I was sure I wouldn't really fit in with the group. Well, I was so wrong. As soon as I showed up and glanced in the room I was pleasantly surprised when I saw a number of really normal and really pleasant looking moms and dads. The kind you would run into at a PAC meeting or basketball practice... just normal moms and dads. This immediately put my mind at ease and also opened me up to what this program would have to offer.

The next seven weeks proved to be an experience I wouldn't trade for anything. I came away every week feeling a little more capable and more prepared to handle what I was going through. Some of the things that stood out for me were the really well-rounded amount of information that was provided. We covered the physical, mental & social aspects of drug use. We learned more about how drugs were physically affecting our teen's brains, short term and long term effects. We learned so much more about why our teens use drugs, and what they might perceive as both positive and negative effects. We also learned so much more about how other parents were handling different situations and although each situation was a slightly different one, I don't think that there was one that I couldn't relate to on some level. There was always a very effective combination of practical education, and emotional support.

At the end of the day, we really aren't much different than our teens. We just want to feel connected; we want to feel that we are not the only one going through something, and like our teens, we NEED the support of anyone around us who understands what we are going through.

One of the first things we are taught when we board a plane is that if the plane is going down we have to make sure that we have a lifeline before we even try to help those around us that need it. Why do we have to be told that, and why does it seem so counter-intuitive sometimes? That I don't know, but I do know that sometimes it feels like I need a bit of a lifeline, and I am grateful that it's out there, and I know that as a result of the experience I am in a lot better position to love and care for my teen as he goes through this very turbulent time.