



Effective Programming

There are effective universal school-based programs that reduce youths' risk of problematic substance use by supporting positive youth development.

What the RESEARCH says:



School communities need holistic approaches that support positive youth development to prevent problematic substance use among students.

Historically, school-based substance use prevention programs were primarily designed to increase students' awareness of potential social and health consequences of substance use, often through fear appeals or "just say no" messaging. Research is clear that these approaches are largely ineffective [1-3] and more holistic approaches to enhancing youths' health and well-being are needed [4-8].

Positive youth development is an approach to youth-centred programs and policies that is gaining popularity internationally [9]. This approach reflects the view that youth are individuals with inherent strengths and infinite potential, as opposed to individuals with problems that need to be solved [10].

School-based positive youth development programs provide teachers with the training, guidance and strategies shown to enhance students' well-being and positive mental health (i.e., the ability to feel happy and satisfied with life, participate in meaningful activities and have positive relationships with others) [11] and reduce the likelihood of problematic substance use, as well as other negative outcomes (e.g., poor mental health, bullying, violence and gender inequities).

Skills development is a critical component of positive youth development programming.

Interactive programs that help build key social-emotional and executive function skills, such as planning, decision-making, communication and peer resistance skills, can support students' positive development and ability to effectively manage challenges and stress.

For example, youth experiencing a mental health concern may be reluctant to seek help (e.g., due to a lack of knowledge or awareness of how to access help, confidentiality concerns, stigma and belief that they can handle their own problems). This can be circumvented by having a toolbox of skills and supports that help protect youth against negative outcomes.



For more information and additional resources, please visit:

<https://www.csmh.uwo.ca/research/positive-youth-development.html>



Public Health
Agency of Canada

Agence de la santé
publique du Canada

Western  Centre for School
Mental Health



There are evidence-based positive youth development programs that can effectively promote resilience and decrease problematic substance use among students.

For example, [The Fourth R](#) programs have demonstrated tremendous success in Canada and abroad [12]. Fourth R programs are based on the contention that relationship skills can be taught the same way as many other academic or athletic skills. There are different Fourth R curricula to match different grade levels and education systems. The Fourth R has been evaluated extensively and shown to be effective and easy to implement [13].

The Fourth R team has developed specific programming for LGBTQ2 and Indigenous youth, who often face challenges that put them at an increased risk of certain negative outcomes, such as problematic substance use [14,15]. These specific Fourth R programs are designed to bolster LGBTQ2 and Indigenous youths' unique protective factors by exploring themes of identity and connectedness.

[Healthy Relationships Program for LGBT2Q+ youth \(Canada\)](#) [16]

[Uniting Our Nations Programming for Indigenous youth \(Canada\)](#) [17]

International positive youth development programs with promising results include: the Aussie Optimism Program (Australia) [18], Building Resilience and Vocational Excellence (USA) [19], Dutch Skills for Life Program (the Netherlands) [20], Keepin' it REAL (USA) [21], the Life Skills Program IPSY (Germany) [22], Life Skills Training (USA) [23] and Resilience and Protective Factor Intervention (Australia) [24].

Common elements of these effective positive youth development programs include:

Program Content

- Healthy relationships
- Resisting peer pressure
- Problem-solving skills
- Social & communication skills
- Decision-making skills
- Self-awareness
- Empathy

Program Activities

- Interactive in nature (e.g, role-play)
- Engaging and relevant material
- Allow for personal reflection
- Encourage peer-to-peer sharing (e.g., group discussion)



Strategies school communities can adopt to implement effective programming

Connect with organizations that offer programs and other resources on positive youth development

There is a growing body of evidence in support of initiatives that prevent problematic substance use among students by bolstering positive youth development. There are numerous evidence-informed resources accessible online that were developed in Canada and internationally that focus on supporting positive youth development. The lesson plans, videos and other resources these organizations offer are a great complement to more formalized, rigorously evaluated programs (e.g., the Fourth R). The organizations and initiatives listed below are a great starting point.

- [School Mental Health Assist \(SMH-Assist; Canada\)](#)
- [Teach Resiliency \(Canada\)](#)
- [Social & Emotional Resource Finder \(Canada\)](#)
- [The Pan-Canadian Joint Consortium for School Health \(JCSH; Canada\)](#)
- [Collaborative for Academic, Social, and Emotional Learning \(CASEL; USA\)](#)

Implement positive youth development in your school through research and knowledge mobilization opportunities

Collaboration between researchers and educators is essential to developing, implementing and evaluating school-based programs and resources. There are many opportunities to get involved with research and knowledge mobilization efforts in the community. Be informed of research projects being carried out at universities, colleges, research centres and your local school district. Visit the [Knowledge Network for Applied Education Research \(KNAER\)](#) for more information and the [Ontario Education Research Exchange \(OERE\)](#) for short summaries on recent Ontario educational research.

Check out these resources and try a strategy in the classroom

There are various worksheets and activities available related to supporting positive youth development, such as the tutorial on [Recognizing and Responding to Anxiety in the Classroom](#) from School Mental Health Assist and the [Youth Engagement Toolkit](#) from the Joint Consortium for School Health. These resources provide teachers with some practical, relevant strategies that they can adopt in their classroom.



References

1. Faggiano, F., Silvia, M., Versino, E., & Daria, B. (2014). Universal school-based prevention for illicit drug use. *Cochrane Database Systematic Review*, 1-167.
2. Lemstra, M., Bennett, N., Nannapaneni, U., Neudorf, C., Warren, L., Kershaw, T., & Scott, C. (2010). A systematic review of school-based marijuana and alcohol prevention programs targeting adolescents aged 10–15. *Addiction Research & Theory*, 18(1), 84-96.
3. Butters, J. E. (2004). The impact of peers and social disapproval on high-risk cannabis use: gender differences and implications for drug education. *Drugs: Education, Prevention and Policy*, 11(5), 381-390.
4. Butler, A., Patte, K. A., Ferro, M. A., & Leatherdale, S. T. (2019). Interrelationships among depression, anxiety, flourishing, and cannabis use in youth. *Addictive Behaviors*, 89, 206-215.
5. Thomas, R. E., McLellan, J., & Perera, R. (2013). School-based programmes for preventing smoking. *Evidence-Based Child Health: A Cochrane Review Journal*, 8(5), 1616-2040.
6. Stewart-Brown, S. (2006). *What is the Evidence on School Health Promotion in Improving Health Or preventing Disease And, Specifically, what is the Effectiveness of the Health Promoting Schools Approach?*. World Health Organization.
7. Faggiano, F., Silvia, M., Versino, E., & Daria, B. (2014). Universal school-based prevention for illicit drug use. *Cochrane Database Systematic Review*, 1-167.
8. Hodder, R. K., Freund, M., Wolfenden, L., Bowman, J., Nepal, S., Dray, J., & Wiggers, J. (2017). Systematic review of universal school-based 'resilience' interventions targeting adolescent tobacco, alcohol or illicit substance use: a meta-analysis. *Preventive medicine*, 100, 248-268.
9. Moore, K. A. (2017). Commentary: Positive youth development goes mainstream. *Child Development*, 88(4), 1175-1177.
10. Damon, W. (2004). What is positive youth development?. *The Annals of the American Academy of Political and Social Science*, 591(1), 13-24.
11. Public Health Agency of Canada. (2016). *Measuring Positive Mental Health in Canada: Social support*. Retrieved from: <https://www.canada.ca/en/public-health/services/publications/healthy-living/measuring-positive-mental-health-canada-social-support.html>.
12. Crooks, C., Chiodo, D., Lapointe, A., & Dale, S., (2018). The Fourth R: Promising Practices for School-based Mental Health Promotion and Violence Prevention. Retrieved from: <https://www.csmh.uwo.ca/docs/Promising-Practices-Full.pdf>.
13. Crooks, C. V., Chiodo, D., Zwarych, S., Hughes, R., & Wolfe, D. A. (2013). Predicting implementation success of an evidence-based program to promote healthy relationships among students two to eight years after teacher training. *Canadian Journal of Community Mental Health*, 32(1), 125-138.
14. Currie, C. L., Wild, T. C., Schopflocher, D. P., Laing, L., & Veugelers, P. (2013). Illicit and prescription drug problems among urban Aboriginal adults in Canada: the role of traditional culture in protection and resilience. *Social Science & Medicine*, 88, 1-9.
15. Reisner, S. L., Greytak, E. A., Parsons, J. T., & Ybarra, M. L. (2015). Gender minority social stress in adolescence: disparities in adolescent bullying and substance use by gender identity. *The Journal of Sex Research*, 52(3), 243-256.
16. Lapointe, A., & Crooks, C. (2018). GSA members' experiences with a structured program to promote well-being. *Journal of LGBT Youth*, 1-19.
17. Crooks, C. V. & Dunlop, C. (2017). *Mental health promotion with Aboriginal youth: Lessons learned from the Uniting Our Nations program*. In J. R. Harrison, B. K. Schultz, & S. W. Evans (Eds). *School Mental Health Services for Adolescents* (pp. 306-328). London: Oxford University Press.
18. Roberts, C., Williams, R., Kane, R., Pintabona, Y., Cross, D., Zubrick, S., & Silburn, S. (2011). Impact of a mental health promotion program on substance use in young adolescents. *Advances in Mental Health*, 10(1), 72-82.
19. Griffin Jr, J. P., Holliday, R. C., Frazier, E., & Braithwaite, R. L. (2009). The BRAVE (Building Resiliency and Vocational Excellence) Program: evaluation findings for a career-oriented substance abuse and violence preventive intervention. *Journal of Health Care for the Poor and Underserved*, 20(3), 798-816.
20. Fekkes, M., van de Sande, M. C. E., Gravesteyn, J. C., Pannebakker, F. D., Buijs, G. J., Diekstra, R. F. W., & Kocken, P. L. (2016). Effects of the Dutch Skills for Life program on the health behavior, bullying, and suicidal ideation of secondary school students. *Health Education*, 116(1), 2-15.
21. Hecht, M. L., Marsiglia, F. F., Elek, E., Wagstaff, D. A., Kulis, S., Dustman, P., & Miller-Day, M. (2003). Culturally grounded substance use prevention: An evaluation of the keepin'it REAL curriculum. *Prevention Science*, 4(4), 233-248.
22. Spaeth, M., Weichold, K., Silbereisen, R. K., & Wiesner, M. (2010). Examining the differential effectiveness of a life skills program (IPSY) on alcohol use trajectories in early adolescence. *Journal of Consulting and Clinical Psychology*, 78(3), 334-348.
23. Botvin, G. J., & Griffin, K. W. (2014). Life skills training: preventing substance misuse by enhancing individual and social competence. *New Directions for Student Leadership*, 2014(141), 57-65.
24. Hodder, R. K., Daly, J., Freund, M., Bowman, J., Hazell, T., & Wiggers, J. (2011). A school-based resilience intervention to decrease tobacco, alcohol and marijuana use in high school students. *BMC Public Health*, 11(1), 722.