

One province, one plan

substance and overdose
safety in B.C. schools

A REPORT FROM THE BC SCHOOL TRUSTEE ASSOCIATION'S
COMPREHENSIVE SCHOOL HEALTH WORKING GROUP

June 2024

BCSTA

British Columbia
School Trustees
Association



Summary

This report focuses on substance use and overdose policies in B.C. public schools and aims to guide action toward creating a unifying, province-wide approach. Survey responses from 45 of our 60 member school districts revealed a range of policies and practices on substance use, prevention, education and overdose response. Our report underlines the urgency in creating consistent provincial guidelines for schools based on expert advice and evidence while still allowing for local flexibility.

RECOMMENDATIONS

- 1. Provincial policy development**
Request cohesive guidelines on substance use in schools, with input from relevant experts, from the province.
- 2. Consultation process**
Advocate for an inclusive consultation process with community stakeholders and Indigenous rights-holders.
- 3. Expert guidance**
Ensure policies are based on the best available expert advice and evidence.
- 4. Resource development**
Develop an age-appropriate substance use resource toolkit for school districts.
- 5. Standardization**
Mandate standardized policies across all school districts to ensure consistency.
- 6. Implementation support**
Offer training and support to effectively implement new substance use policies.
- 7. Monitoring and evaluation**
Establish mechanisms to monitor and evaluate the effectiveness of substance use policies in schools.
- 8. Local autonomy**
Allow flexibility for local adaptation while maintaining core policy principles and encouraging data-sharing to identify best practices.

Background

In 2023, BCSTA members passed the following motion:

Motion 18: Substance Education and Opioid Overdose Response in School Settings

That BCSTA request the provincial government establish and fund the implementation of provincial guidance for substance education and guidelines for opioid overdose response in school settings; created by a provincial task force comprised of specialists from: Ministry of Health, Ministry of Mental Health and Addiction, Ministry of Education and Child Care, Provincial Health, FNESC, Métis Nation BC and representatives from all education stakeholders, including those with lived experience.

To address the motion, BCSTA's board established an ad hoc working group of six trustees:

- Lynne Block, West Vancouver
- Kim Dumore, Maple Ridge-Pitt Meadows
- Heather Grieve, Kamloops-Thompson (chair)
- Tracy Loffler, Mission (board liaison)
- Pammila Ruth, Sunshine Coast
- Kristen Van't Schip, qathet

Supported by Rachel Garrick, BCSTA's Media Relations and Design Specialist, the working group met seven times between September 2023 and May 2024.

The group's terms of reference directed them to undertake a district scan to identify current district substance education and overdose policies, which the group completed in spring, 2024. Survey results were evaluated by an independent data analyst. This report summarizes those findings and includes the group's recommendations on moving forward with the creation and implementation of provincial guidelines on substance education and overdose response in school settings.

Survey

The working group undertook a survey of BCSTA's member school districts. Forty-five responses were received from 60 districts. The group developed five open-ended survey questions. Responses were collected through an online survey tool.

SURVEY QUESTIONS

1. What are your district's policies, protocols and administrative procedures regarding overdoses / non-responsive students and Naloxone training?
2. What are your district's policies and administrative procedures regarding substance use (including education, prevention, and harm reduction)?
3. What educational programs and resources are your district supporting? (Including educational programs prevention and harm reduction.)
4. Who are your district's community addiction services partners?
5. Please share any district initiatives or additional resources or comments that would assist in the committee's work.



Highlights of findings

The survey data was analyzed independently, and the following key themes were identified:

- Overdose response and Naloxone training
- Substance use policies and procedures
- Educational programs
- Community partnerships
- Local initiatives and resources
- Additional needs



Overdose response & Naloxone training

Key highlights:

- Different school districts have different rules for what to do if someone overdoses, is non-responsive or needs Naloxone
- Over half of respondents reported offering Naloxone training to staff
- The most reported procedure was having a staff person call 911 and administer first aid
- Naloxone is not universally available in schools





Substance use policies & procedures

Key highlights:

- A third of respondents reported having a district policy on substance use
- A third of respondents reported having administrative procedures on substance use
- About 15 per cent of respondents reported that substance use policies are included in the district's student code of conduct

Educational programs

Key highlights:

- Responding districts reported a wide variety of educational programs on substance use
- Thirteen districts reported participating in PreVenture
- Nine districts reported participating in Open Parachute
- Six districts reported accessing resources from iMinds
- Eleven districts reported working with Foundry
- Eleven districts reported working with their local health authority
- A fifth of districts reported using family engagement tools, such as community information nights



Community partnerships

Responding districts listed over 50 community addiction service partners

PARTNERS	NUMBER OF RESPONDENTS WORKING WITH
Regional health authority	30
Ministry of Children and Family Development / Child and Youth Mental Health	15
First Nation, Métis or Inuit organization, including First Nations Health Authority	7
Integrated Child and Youth (ICY) Team	7
Law enforcement (e.g., RCMP)	4
Ministry of Health	2
Ministry of Mental Health and Addictions	2
Community organization other than listed above *	43

* Organizations not easily recognized by specific names like health authorities, government departments, child and youth teams, Indigenous groups or law enforcement agencies.



Local initiatives and resources

Districts surveyed reported several local programs including educational programs and collaborative efforts with community partners. Some districts focused on community outreach and others on district resources and support systems. Professional development for staff and policy development and advocacy efforts were also cited as work undertaken by districts in this area.



Additional needs

Responding districts identified the following additional needs:

- Ways to help younger children with substance issues
- Training for teachers on substance use, addiction and mental health
- Help for students struggling with addiction, such as housing and medical care
- Reliable funding to keep programs going
- Clear rules from the province on how to help students with addiction
- Data and information sharing between districts on what works to help each other



Recommendations

Every school in British Columbia must be equipped to tackle substance use and overdose situations during the current opioid epidemic. School districts need access to standardized policies based on expert advice, rather than relying on fragmented approaches. District programs, while varied and innovative, must ensure their practices are in line with current research findings. By implementing cohesive provincial policies, we can ensure a more unified, coordinated effort in safeguarding the well-being of students both at school and in the community.

The committee recommends the following action items to support B.C.'s boards of education:

1. Provincial policy development

Request that the province initiate the development of a cohesive set of guidelines and policies addressing substance use in schools. This should involve input from experts in relevant fields, including addiction, education, health and community stakeholders.

2. Consultation process

Advocate for a comprehensive consultation process involving school districts, educators, parents, students and community organizations to gather insights and feedback on the proposed policies. This ensures that the policies will reflect the diverse needs and perspectives of communities in B.C., including Indigenous rights-holders.

3. Expert guidance

Emphasize the importance of basing the policies on the best available expert advice and evidence-based practices. This may involve collaborating with academic institutions, research organizations and healthcare professionals to ensure provincial policies are grounded in scientific research and proven strategies.

4. Resource development

Propose that the province develop a toolkit of age-appropriate resources on substance use, designed to be easily implemented by school districts across the province. While some school districts have access to extensive resources and service providers, many rural and remote communities face significant gaps in this area. The toolkit would be similar in structure and implementation to the successful SOGI 123 resources, providing schools with the flexibility to use these materials according to their specific needs.

5. Standardization

Urge the province to ensure consistency and standardization across all B.C. school districts by mandating the adoption of the developed policies. This eliminates the current disjointed approach and ensures that every district has access to the same high-quality resources and guidelines. Mandating the adoption of the guidelines also removes the politicization of potentially controversial issues such as Naloxone training.

6. Implementation support

Advocate for training and support to school districts to effectively implement the new policies. This may include, but is not limited to, professional development opportunities for educators, resources for student education and support and guidance on policy enforcement.

7. Monitoring & evaluation

Request the government establish mechanisms for monitoring and evaluating the implementation of the policies to assess their effectiveness in addressing substance use in schools. This includes collecting data on key indicators, such as rates of substance use among students, disciplinary actions taken, and access to support services.

8. Local autonomy

Allow room for local innovation. The working group recognizes the importance of local autonomy in the work of boards of education and encourages stressing the importance of flexibility and adaptability in creating provincial policies to accommodate the unique needs and challenges of different school communities. This may involve providing guidelines for customization based on local contexts while adhering to main principles and standards. Districts that currently have policies, programs and interventions should collect and share data on outcomes to help identify effective practices.

Conclusion

The findings of our comprehensive survey highlight the urgent need for standardized, provincial guidelines and resources to effectively address substance use and overdose response in school settings. The discrepancies in policies, training and available resources across districts underscore the importance of a unified approach. Implementing these recommendations will provide a consistent framework to support the well-being of students across British Columbia. While this report was being finalized, the tragic news of another preventable accidental overdose, this time at a postsecondary institution, has spurred conversations and discussions on introducing mandatory CPR and Naloxone training at secondary schools across B.C. At the same time, the B.C. Coroners Service [reported](#) that 126 children and youth died of toxic drug overdose between 2019 and 2023; drug toxicity was the leading cause of unnatural death among youth in that period. The Comprehensive School Health Working Group is hopeful that this paper will add to the needed dialogue on this pressing issue. We believe all students, regardless of geographic location, deserve consistent, high-quality education on substance use and equitable access to life-saving overdose policies and protocols at school.



Appendix

The independent analysis of our survey data is attached as an appendix.





BCSTA Comprehensive School Health Working Group Survey: District Substance Education, Overdose Policies and Mental Health Resources and Practices

Survey Report

Submitted to:

BCSTA Comprehensive School Health Working Group

Prepared by:

Directions Evidence and Policy Research Group, LLP

April 28, 2024

Table of Contents

INTRODUCTION	3
CONTEXT: POLICIES AND ADMINISTRATIVE PROCEDURES	3
METHOD	4
RESULTS	5
WHAT ARE YOUR DISTRICT’S POLICIES, PROTOCOLS AND ADMINISTRATIVE PROCEDURES REGARDING OVERDOSES / NON-RESPONSIVE STUDENTS AND NALOXONE TRAINING?	5
WHAT ARE YOUR DISTRICT’S POLICIES AND ADMINISTRATIVE PROCEDURES REGARDING SUBSTANCE USE (INCLUDING EDUCATION, PREVENTION, AND HARM REDUCTION)?.....	7
WHAT EDUCATIONAL PROGRAMS AND RESOURCES ARE YOUR DISTRICT SUPPORTING? (INCLUDING EDUCATIONAL PROGRAMS PREVENTION AND HARM REDUCTION.)	10
WHO ARE YOUR DISTRICT’S COMMUNITY ADDICTION SERVICES PARTNERS?	12
PLEASE SHARE ANY DISTRICT INITIATIVES OR ADDITIONAL RESOURCES OR COMMENTS THAT WOULD ASSIST IN THE COMMITTEE’S WORK.	13
SUMMARY	14

Introduction

BCSTA created a working group tasked with developing substance education and overdose response guidelines for districts and action recommendations for boards of education. The working group will also review student, staff, and trustee mental health. The first step for the working group was to identify current district substance education and overdose policies and mental health resources and identify ‘lighthouse’ practices that can be shared to develop recommendations for province-wide best practices.

This report provides the results of a survey to identify current policies, administrative procedures, education programs, resources, and partners in substance education and overdose policies and mental health. BCSTA intends to use the survey results to inform advocacy when requesting action by the Ministry of Education and Childcare.

Context: Policies and Administrative Procedures

Policies are formal statements of principles or rules that an organization (e.g., school district) must follow. They are developed or ratified by a governing body (e.g., school board) and set the strategic direction and establish the priorities of an organization. School district policies related to overdoses, non-responsive students, and Naloxone training would typically outline the overarching commitments for the district regarding issues such as health and safety, drug education, and harm reduction. For example, a policy might state that the district values student safety above all and will take necessary measures to ensure safety in cases of potential overdoses. A policy related to substance use might also set a strategic direction to prioritize student health, promoting a safe learning environment, and collaborating with community partners.

Policies do not include specific actionable steps; instead, they set the tone and intention behind the district’s response to drug-related emergencies and substance use. They allow for allow for interpretation and adaptability to different situations.

Administrative Procedures are detailed, step-by-step operational instructions that put policies into practice. Developed by administrative staff (e.g., Superintendent), they encourage consistency by detailing exactly how various policies are to be executed within an organization. Administrative procedures related to overdoses, non-responsive students, and Naloxone training might include the process for training staff in Naloxone administration, how Naloxone kits are maintained and stocked, or the documentation required after an incident occurs. Administrative procedures related to substance use

might address the specifics of educational programs, interventions, how incidents of substance use are to be handled, and procedures for engaging with external support services. These procedures help schools manage consistency and compliance across schools within the district.

Protocols are specific guidelines or methods for handling particular situations. They are more detailed and action-oriented than policies and usually outline the steps to follow in certain scenarios. Protocols may be part of an administrative procedure but are more focused on direct actions to be taken in specific situations. Protocols for responding to overdoses could include steps for managing a student under the influence of a substance, protocols for administering Naloxone in cases of opioid overdose, and the procedures for referring students to counseling or health services. Protocols provide clear instructions to be followed to support an effective and immediate response to incidents.

Administrative procedures typically encompass protocols within a broader framework that includes such matters as the documentation, communication, scheduling, resources, compliance, and human resources functions to ensure efficient and effective implementation. This formal structure ensures that every part of the policy implementation is accounted for, from initial action through to follow-up and documentation.

Method

The survey on “Substance education, overdose policies and mental health resources and practices in your district” was distributed by the BCSTA Comprehensive School Health Working Group to member school districts. The open-ended survey questions were as follows:

1. What are your district’s policies, protocols and administrative procedures regarding overdoses / non-responsive students and Naloxone training?
2. What are your district’s policies and administrative procedures regarding substance use (including education, prevention, and harm reduction)?
3. What educational programs and resources are your district supporting? (Including educational programs prevention and harm reduction.)
4. Who are your district’s community addiction services partners?
5. Please share any district initiatives or additional resources or comments that would assist in the committee's work.

Forty-five survey responses were received. At least two responses were from the same district and two responses were anonymous.

Data analysis and limitations: Survey responses to each question were reviewed to identify key themes in the responses. Responses were then reviewed a second time to categorize them into the key themes.

While open-ended questions allow respondents to provide more detailed and nuanced information, they can also result in ambiguity because respondents may not provide sufficient context or specify what they are referring to. For instance, for the policy and administrative procedures responses, it was not always clear if respondents were describing a formal policy or administrative procedure, or a less formal protocol. In some responses, actions were described but it was not clear if it was part of a formal procedure. Thus, specific counts of policies and procedures are not provided. Where responses were possible to categorize (e.g., mentions of Naloxone training), proportions are provided. For future data collection where gathering counts is important, closed-ended survey questions are recommended in addition to open-ended responses that provide additional detail and nuance.

For the survey questions on resources and partners, districts may not have been exhaustive in listing their education programs, resources, and partners. In many cases, the nature of the resources and partnerships were not described.

Results

What are your district's policies, protocols and administrative procedures regarding overdoses / non-responsive students and Naloxone training?

The following themes were observed in the responses:

Policy. Few respondents named specific policies related to overdoses / non-responsive students and Naloxone training. The few examples provided were policies for Safe, Caring and Orderly Schools, health care needs, and substance use. While policies were not identified by most districts, it is possible that administrative procedures related to

overdoses / non-responsive students and Naloxone training are guided by similar policies on safe and caring schools and substance use that have been established in a district.

Administrative Procedures. Responses varied significantly in the formality and specificity of administrative procedures related to overdose responses, non-responsive students, and Naloxone training. A few districts have detailed administrative procedures related to opioid overdoses, while others lack specific administrative procedures on Naloxone and rely more on general emergency response or accident and injury procedures.

Some districts are in the process of revising their administrative procedures to include more detailed responses to overdoses and Naloxone training. Other districts are discussing whether existing administrative procedures need to be revised or new ones created specifically for overdose response.

Quotes:

- "We are currently conversing about whether to update this AP to include/specify appropriate responses related to overdoses and Naloxone, or whether we should create a new AP."
- "We do not have specific policies and procedures except for administering medication."
- "We only have an 'Emergency Management and Response' + 'Critical incident Response' + 'Intoxicating and Controlled Substances' + 'Student Illness/Injury' policy's (sic) and procedure that are silent on the subject of overdoses etc."

Naloxone Training and Availability: Naloxone kits were reported by many districts as being available in secondary and some middle schools, often coupled with training for the staff. Over half the districts reported that they provided access to Naloxone training to staff members, including principals, vice-principals, and teachers. Training is sometimes extended to other staff such as youth workers and counselors, as well as to students, particularly those identified as vulnerable. Some districts mentioned collaboration with community addiction services and health providers to facilitate training and support for Naloxone administration. A few districts use a risk scale to assess the need for Naloxone training in schools, which determines how they distribute resources and training.

Quotes:

- "We have provided all of the secondary PHE teachers with train-the-trainer Naloxone training, which allows them both to administer Naloxone and to train students and/or colleagues in the use of Naloxone."

- “All Secondary and Middle schools have been provided with nasal spray Naloxone kits. All First Aid attendants at those sites have been trained in how to recognize signs of overdose and how to administer the nasal spray.”
- “To treat a case of suspected opioid overdose in a school setting, any First Aid attendant with the appropriate training may administer Naloxone to any student or staff suspected of having an opioid related drug overdose.”
- "Schools are assessed on a provincial risk scale for whether Naloxone training is needed, so some schools have had staff training."

Gaps. Not all districts have clear and actionable administrative procedures that include steps to take in relation to overdoses, non-responsive students, and Naloxone training. The common protocol in response to an overdose involves calling 911 and administering first aid. This includes the use of Naloxone where staff are trained to do so. However, this protocol is not necessarily formalized as an administrative procedure.

As well, training on and availability of Naloxone are not universally implemented in all schools.

Quotes:

- “I don't believe we have a clear policy in place with regards to procedures for either overdoses or Naloxone training. We have had overdose/non-responsive students in the past. We promptly called 911 and activated emergency services.”¹
- “We currently do not have a policy or procedure with regards to Naloxone. Our Health and Safety manager is doing a scan across BC is doing a scan to see what other districts are implementing. Our current process for students in distress or who have overdosed is to call 911.”

What are your district’s policies and administrative procedures regarding substance use (including education, prevention, and harm reduction)?

Policies. A third of respondents reported a policy on substance use. These policies include the establishment of guidelines and expectations regarding the prohibition of substance use within school environments, including tobacco, alcohol, cannabis, and other drugs. They cover a broad spectrum from prevention and education to intervention and disciplinary actions. The policies also detail specific roles for adults in enforcement,

¹ Note that this response fails to distinguish between policy and procedure.

the necessity of confidentiality, and the involvement of community and healthcare resources to support students and staff.²

Administrative procedures. A third reported an administrative procedure on substance use, including administrative procedures on prevention and education, policy enforcement and discipline, support and intervention, and comprehensive substance use management.

Student code of conduct. About 15% of responding districts reported that substance use policies are explicitly incorporated within the student codes of conduct, which may be formalized in policies or administrative procedures.

Quotes:

- “AP ##³ Student Code of Conduct outlines expectations regarding student behavior concerning substance use and the associated disciplinary actions for violations.”
- “Policy ## Code of Conduct highlights the expectations for student behavior in relation to substance use.”
- “Each school site has a published code of conduct. Within it, the expectation is outlined that students are drug and alcohol-free while at school. It is explained in these documents that school responses and processes with regard to substance use during school are individualized, and progressive; in cases of substances uses at school, part of the process is to connect the student and family to support in the form of substance use education and counseling.”

Education, prevention, and harm reduction. A third of the respondents referred specifically to education related to substance use. Where it was delivered through the curriculum, it was primarily located within the Physical and Health Education curriculum, with relevant curricular content noted from Grade 6 onwards. In some districts, alternative learning programs were mentioned as providing adapted or intensified substance use education to meet the needs of students requiring additional support.

Approximately one-fifth of responding districts specifically mentioned prevention efforts, and approximately one-fifth mentioned harm reduction as part of their approach.

Quotes:

² Such operational matters should be detailed within administrative procedures, rather than policy.

³ Specific policy and administrative procedure numbers were removed to protect the confidentiality of survey respondents.

- "The most common location of curriculum that addresses education and prevention regarding the topics of substance use, addictions and overdose is located in the Physical and Health Education curriculum."
- "Education is governed by the BC Curriculum in the area of Physical Health Education."

Support Services and Counseling. A third of the responding districts mentioned the availability of support services, including counselors, mental health workers, and substance use liaisons, who provide ongoing education and support to students. Partnerships with health services and community organizations enhance the support network available to students, including educational workshops and professional development for staff on substance use issues.

Quotes:

- "The student support staff that provide ongoing education, prevention, and harm reduction information include Counsellors, Mental Health Workers, Inclusion Support Teachers (neuro-diverse population required adapted information), Indigenous Support Workers, and Education Assistants."
- "Safe Schools has a team of 4 Substance Use Liaisons who support our school district High Schools, Learning Centers, Elementary Schools, and District Alternate Programs. Substance Use Liaisons connect affected students to community-based programs and supports."
- "We partner with Interior Health and make referrals to the Drug and Alcohol support team."

Enforcement and Compliance. Some districts mentioned consequences for students when substance use policies are violated. The enforcement of substance use policies involves a combination of disciplinary actions and educational interventions. Schools may use a progressive discipline approach where the consequences for substance use escalate with repeated offenses or severity.

Quotes:

- "Policy ## and Administrative Procedure ## highlight the district's strategy in handling substance abuse cases, which includes mandatory counseling sessions and the possibility of suspension for students under the influence or caught onsite with substances."
- "Suspension and mandatory counseling sessions before return."

Community and Family Engagement. Several districts highlight the importance of engaging with families and the broader community to combat substance use. This includes parent information nights, community forums, and involving parents in the development of safety plans for their children. Family School Liaison Workers and similar roles are key in bridging the gap between school interventions and home support.

Quotes:

- "As per our AP ##, the district is committed to 'home-school-community partnership support program that includes prevention, intervention, community treatment, referral, and aftercare support'."
- "Collaborative relationships with our community partners and service providers, to provide wrap around support for children and youth, is a top priority."

Ongoing efforts to address gaps. Some districts indicate ongoing efforts to update and refine policies and administrative procedures, reflecting an understanding of the need for policy and administrative procedure updates to address current substance use issues effectively.

Quotes:

- "We have a Substance Use Policy and Regulation which we are updating to have it more student-centered and supportive. This was based on a conversation with students with student input."
- "Update AP ## to explicitly include education; Update AP to include information regarding legalization."

What educational programs and resources are your district supporting? (Including educational programs prevention and harm reduction.)

The responses demonstrate a multifaceted educational approach to prevention, intervention, and harm reduction as supported through supported through curricula, specialized programs, community partnerships, and comprehensive school health initiatives.

Educational Programs and Resources. A wide range of specialized programs⁴ were mentioned by approximately two-thirds of districts. Frequently named programs were:

⁴ Respondents generally named programs rather than describing them. Descriptions have been gathered from program websites.

- [PreVenture](#): (13 mentions) A prevention program for youth aged 12-18 that uses personality-focused interventions to promote mental health and reduce the risk of substance use.
- [Open Parachute](#): (9 mentions) Provides Tier 1 MTSS (multi-tiered system of supports) mental health resources, online lessons from K-12, standalone lessons and curriculums, and educator and caregiver resources.

Districts provided a wide-ranging list of resources, with the most frequent being [iMinds](#), (6 mentions), which is a collection of resources for schools related to substance use, including specific competencies for drug literacy.

Numerous other programs and resources were named, such as The Fourth R, STOMP, SafeTeen, ABCs of Substance Use, ERASE, DARE, Kelty Mental Health Resources, and more, but they were not mentioned more than once or twice.

A few districts explicitly mentioned education through the Physical Health and Education Curriculum.

Counseling and Tier 3 Interventions. Approximately one-fifth of responding districts noted that they provided access to Tier 3 interventions, which can include one-on-one counseling sessions, highly personalized plans, and sometimes involve external service providers.

Mental Health Addictions Coordinator/Manager. A few districts reporting having a staff member that manages and coordinates mental health and substance use initiatives within the district.

Liaison Worker. A few districts reporting having a staff member to facilitate communication and support between the school, students, families, and external service providers.

Community Resources. School districts work with organizations such as local health authorities, community organizations, and local police to provide a broad spectrum of support and educational opportunities. Frequently mentioned resources were:

- [Foundry](#) (11 mentions). This province-wide network provides integrated health and wellness services for young people ages 12-24. Districts mentioned utilizing Foundry to provide outreach, counselling, and educational services.

- Local health authorities (11 mentions). Health authorities were frequently mentioned as key partners in various educational and preventative programs related to substance use and mental health.

Parent/Family Engagement: A fifth of responding districts mentioned parent and family engagement in substance use education that could include informational evenings; engagement nights; and specific sessions aimed at enhancing understanding, providing resources, and facilitating open discussions about substance use prevention.

Staff Training and Professional Development: A few responding districts also mentioned their staff training and professional development resources, which included Naloxone training and professional development sessions on substance use and mental health.

Who are your district's community addiction services partners?

Responding districts listed a wide variety of over 50 community addiction services partners, including regional health authorities, ministry partners, and law enforcement. Table 1 summarizes the types of partners identified by districts.

Table 1. Types of community addiction service partners

Partner	Number of respondents reporting each type of partner
Regional health authority	30
Ministry of Children and Family Development / Child and Youth Mental Health	15
First Nation or First Nations, Métis, or Inuit organization, including First Nations Health Authority	7
Integrated Child and Youth (ICY) Team	7
Law enforcement (e.g., RCMP)	4
Ministry of Health	2
Ministry of Mental Health and Addictions	2
Community organization other than listed above ⁵	43

For the community organizations, districts named those that provided counselling, health screenings, direct interventions, educational sessions and workshops, in-school supports

⁵ Partners were classified in this category if they were not readily identifiable by name as a regional health authority, ministry, Integrated Child and Youth Team, First Nations, Métis, or Inuit organization, or police organization.

for students, training and resources for staff, and family and community engagement. While many community organizations were named only once or twice, [Foundry](#) was mentioned 14 times.

Please share any district initiatives or additional resources or comments that would assist in the committee's work.

Thirty-four district respondents provide additional comments.

Educational Programs and School-based Interventions. Some districts have implemented targeted educational programs and interventions within schools. This includes preventative education programs that focus on early intervention for vaping and substance use, comprehensive health approaches integrating physical, mental, and social health education, and alternative education methods like outdoor programs for engaging vulnerable youth.

Collaborative Efforts with Community Partners: Many districts work closely with local health authorities and community organizations to provide targeted support and resources. As well, the introduction of Integrated Child and Youth (ICY) teams indicates a move towards more integrated and collaborative care models within the community.

Resource Accessibility and Community Outreach: Districts have focused on enhancing resource accessibility and community outreach efforts. This includes the creation of roles like Community Outreach Coordinators, development of resources like Naloxone overdose response procedures, and the provision of outreach services by organizations such as the Foundry. Efforts also extend to educational tools such as the [ERASE reporting tool](#) and mental health literacy curricula.

Support Systems and Wraparound Services: Districts place emphasis on developing support systems that provide wraparound services for students and their families. This includes direct support through school-based clinicians, peer support workers with lived experience, and specialized positions like Substance Use Liaisons. Programs are designed to provide continuous and comprehensive support, covering aspects like housing, legal aid, and emergency services.

Capacity Building and Professional Development: Some districts are actively working on building staff capacity to better support student mental health and well-being. This involves professional development opportunities, training programs such as EASE

(Everyday Anxiety Strategies for Educators), and initiatives aimed at enhancing the mental health literacy of educators and staff.

Policy Development and Advocacy: Districts have made efforts towards policy development and advocacy to support substance use education and prevention. This includes the implementation of district-wide policies, guidelines for best practices in dealing with students in active addiction, and efforts to influence broader provincial policies.

These themes suggest a shift towards more integrated, collaborative, and comprehensive approaches to dealing with substance use in educational settings. There is a strong emphasis on education, community involvement, and the development of resources and support systems that are accessible and effective for students and their families.

Responses also revealed a range of needs across districts focused on improving responses to substance use and enhancing mental health support within school settings. Identified needs included:

- Resources for intervention targeted at younger children, as substance misuse is increasing in younger students.
- Professional development opportunities for educators, particularly training related to substance use, addiction, and mental health literacy.
- Support for students in active addiction, including housing and consistent and reliable access to medical care.
- Sustainable and sufficient funding to support ongoing and new initiatives, pointing out the difficulty of maintaining programs with limited or inconsistent budget allocations.
- Development of provincial policies and guidelines that provide evidence-based best practices for managing and supporting students in active addiction.
- Better communication and resource sharing between districts so that they can learn from each other's experiences and solutions.

Summary

The survey results are a starting point for identifying best practices that can be shared to develop recommendations for province-wide best practices.

Current practices. Respondents identified a range of policies, administrative procedures, and educational programs across districts. This includes the presence or absence of specific policies related to substance use and overdose response, the variability in the scope and detail of administrative procedures, and the diversity in educational programs offered.

Identification of best practices. While several districts identified their practices on Naloxone training, administrative procedures for handling overdoses, and educational programs aimed at prevention and harm reduction, guidance on best practices should be informed by a review of existing research on substance use education, prevention, and overdose response to understand what has been demonstrated to be effective in similar educational contexts. Existing district practices should be aligned with evidence-based practices identified in the research literature. Districts should also collect and share data on the outcomes of the policies and programs. This could include changes in substance use rates, feedback from students and staff, and other indicators of program effectiveness. Having outcome data will help distinguish between well-intentioned practices and those that are truly effective.

Policy and administrative procedure development. The findings suggest a need for clearer and more consistent policies and administrative procedures across districts. While some districts seem to have developed relevant policies and administrative procedures, others lack specific guidelines, indicating an opportunity for standardization and sharing of best practices.

Advocacy with the Ministry of Education and Childcare: The survey results form a basis for BCSTA to advocate for specific actions from the Ministry, such as increased funding for evidence-based educational programs and support for standardized policies across districts.



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