**Summary of SHCC comments on Blueprint for Action Draft**

**September 2020**

**Overall:** requesting greater emphasis on youth empowerment, gender, Indigenous students/communities, Social Determinants of Health, equity, social justice

**General comments** from JCSH School Health Coordinator Committee representatives and colleagues in their ministries shown below: (see documents marked with PT names for specific comments)

**From AB:**

Ensure statements are focused on youth, rather than generalized

Soften language when making suggestions to school communities

Link research to key messages to show they are based on evidence

Ensure the CSH framework is used to address school assets and gaps, not just frame actions

Lead examples’ lists with positive – move later to negative

Support how schools can review policies to provide more engagement with how policies can reinforce their goals

Use consistency in messaging in the four components’ key messages of the CSH framework; make messages as easy as possible for schools to adopt (curriculum in first bullet of Teaching and Learning; Assess policies in place in first bullet of Policy)

**From BC:**

Make clear distinctions among preventing use, harm, and addiction

Examples suggested in preventing harms key messages

Add Social Determinants of Health suggestions to key messages; include SDoH, equity, and social justice in messaging

Clear definition of ‘evidence base’

School management of substance use – supportive responses that ensure health and caring over punitive responses

Include gender-based analysis perspective in key messages

Ensure the healthy school environment message is linked as an essential component to reduction of substance use harms in youth

Note sex education and drug education as moral purity links to messaging

Order messaging to ensure the emphasis on systems not on individual youth actions that have resulted in disproportionate negative impact on those affected youth

**From MB:**

(These points are provided as an email, rather than as review within the Word Document, so are listed in their entirety here)

Overall, I think it’s a pretty decent resource and certainly a much more progressive and evidenced based approach to talking about substance use in schools.

Areas that I think were maybe a miss or could be expanded on are:

* It’s not clear to me what ages this is geared towards…but I think it would be helpful to include something that would allow early, middle school teachers ways to incorporate age appropriate discussions with younger students that would help build the foundation re addressing stigma, cause and effect, understanding colonization etc.
* Doesn’t really address the differences between urban vs rural/remote/northern or FN communities.  Acknowledging these differences and identifying strengths, challenges and opportunities on how to apply the Blue Print in each of these settings would likely be super helpful in having uptake beyond major urban settings.
* First time any meaningful reference to cultural is page 13.  I think this is VERY important and should be a key message early in the document.
* No mention of gender until page 19 yet there are gender related differences in substance use (peer pressure, sports initiation etc) and guidelines are often based on gender (low risk drinking for example).
* Pages 7 & 8 talk about “balancing the scales” yet it fails to really acknowledge/name poverty, access to education, food security etc as contributing factors.  Meal programs can be referenced as a policy to address equity.
* It doesn’t really acknowledge/name the reasons that youth use substances in the first place. i.e. curious, fun, peer pressure, coping/self-medication, prescribed medication, addiction etc.  I think it’s important to link cause/effect so folks understand that most youth who use substances do not have problem substance use.
* The harm reduction continuum does include **abstinence**. The way the information is presented would make it seem likes it one or the other but if presented properly – it can acknowledge that both can be part of the discussion and that the choice of where youth fall on the continue is up to them (based on informed discussions/choice).
* Box 3 (page 9) example of HR.  Not sure it’s the best example to truly define HR.  Drinking and not driving is great and it’s a responsible decision.  However, a true harm reduction example would be that Simon, a grade 12 student, normally drinks a case of 12 beer or more at parties but ends up not remembering half the night and feeling crappy afterwards.  Simon decided instead of drinking 12 beers he was going to just bring a 6 pack so he could still have fun but remember the events and feel better the next day.  Simon also planned for a designated driver (or to sleep over at the party).  Would need to nuancing but you get the idea.
* Page 12 – Stigma reduction chart, third bullet.  References anti-racism and anti-oppression but doesn’t acknowledge anti-homophobia/transphobia yet LGBTQS+ youth have been identified throughout the doc as high-risk.
* Page 14 – Equity Oriented Interventions:
  + Under the teaching and learning section it doesn’t reference teaching about colonization, learning true Canadian history.
  + Policy section: introducing the concept of sexual identities when this hasn’t previously been.  Language throughout has been sexual orientation; trans; LGBTQ2+
* Page 15 – fourth paragraph repeated word “reasons reason”

**From SK:**

(items below mimic feedback on the SK-tagged version of the draft)

* P. 6 - JCSHs Addressing Substance use in Canadian Schools – is there opportunity for JCSH to update the resource series. Dated 2009 – over 10 years old. (this might be a question for JCSH)
* P. 8 – Social and Physical Environment box – last bullet - add Elders/Knowledge Keepers to list of suggested mentors. Due to residential experiences/60s scoop/child abuse by church leaders – suggest removing “faith leaders”.
* P. 10 – Policy box - like the addition of the Good Samaritan Act, having community sessions and how the Act could be used to develop/inform school board/school level policies.
* P. 11 – 1st paragraph – should “identity” follow gender to be inclusive of all genders? The way the it is currently reads, gender implies there are only two genders.
* P. 14 – Social and Physical Environment box – should be Gay-Straight Alliance – remove “and”.
* P. 14 – Policy box – 1st bullet – remove “and not seen as inconveniences” – not needed.
* P.14 – Policy box – 2nd bullet – why is sexual identification used? Other times it has been sexual orientation or gender identity. Why is “class” important to include – suggest removing. This bullet troublesome – suggest rewording the whole bullet.
* P. 14 – Partnerships and Services box – 1st bullet – please change “Blanket Ceremonies” to KAIROS Blanket Exercise – this is the correct title. Change the rest of the sentence to read:  “that fosters truth, understanding, respect and reconciliation among Indigenous and non-Indigenous peoples”. The bullet currently reads from a colonial perspective.
* P. 14 – Partnerships and Services box – 2nd bullet – collaboration should occur with local Indigenous groups or people not “cultural organizations”. Should be a comma after powwows. Remove parades and maybe add feasts. Has this bullet been vetted by the Indigenous community?

Additional Comments from SK:

The document will be very helpful for those supporting youth in schools. The Blueprint model does an excellent job to explain how to address this issue in a holist, integrated, and evidence-based way. Below are some specific suggestions for your consideration.

In the “Introduction”  (page 1) statement about COVID-19:

* The statement “The COVID-19 pandemic has underscored the significance of school communities in the lives of young people and their families, as well as their central place in society more broadly” may need more explanation. More detail about the “significance” may be helpful.
* Given the challenge of the evolving nature of the pandemic and the emerging impacts ,it may be helpful to reflect on this in the document to provide further context.  Likely the bulk of the development of the Blue Print was developed pre-COVID-19 (i.e. the School Matters forum held in Feb 2020) so this make it challenging . Although we do not want to “date” this document to the current COVID-19 context, some of the suggested activities in the document conflict with current guidance for schools. For example in SK, schools are currently asked to identify alternatives to in-person assemblies (e.g. virtual assemblies) and not share foods such as would happen with potlucks. Adding COVID-19 context may help if the document is to be released within the current context. The good thing about the Comprehensive School Health approach is that it not prescriptive and allows for plans to be nimble to needs to be nimble to needs of youth. Perhaps a sub-section in the “Introduction” could address COVID-19?
* It is very positive to see that the document emphasizes the importance for activities to address the diverse realities and needs of students and school communities for example in the “Purpose” on (p. 2).   It may be beneficial to include some suggested tools or approaches to identify/assess these needs.   I am thinking along the lines of the healthy school planner [Healthy School Planner](http://healthyschoolplanner.com/) or the checklist referred to in [Canadian Standards for Youth Substance Abuse Prevention,](https://www.ccsa.ca/sites/default/files/2019-05/2014-CCSA-Canadian-Standards-Youth-Substance-Abuse-Prevention-Overview-en.pdf) 
  + The document provides excellent examples of evidenced based strategies and engaging youth in solutions. Including some practical tools and approaches on how to identify needs to move forward on choosing the best strategies could be helpful and further emphasize the importance of this consideration.
* It is positive to see the reference to public health nurses.   In SK there are other health professionals who may work with schools or school divisions to support health promotion efforts.  An example is “health promotion practitioners”.
* It is also very positive to see the reference to the “built environment”.   It would be helpful to elaborate on what might be meant with the term “built environment” especially since the term “physical environment” is the term used in the Comprehensive School Health Framework and is also referenced in the document.   There may be questions about this.  The concept “built environment” aligns well with Principle 4 in draft policy paper “Collaborate across sectors at multiple levels”  I used the documents  below as I was reflecting on my comments so sharing with you although you are likely aware of these.
  + [The Chief Public Health Officer’s Report on the State of Public Health in Canada 2017 – Designing Healthy Living](https://www.canada.ca/en/public-health/services/publications/chief-public-health-officer-reports-state-public-health-canada/2017-designing-healthy-living.html#a9)

This document addresses the topics of alcohol for the general population and children and youth as a subpopulation ad the topic of psychosocial health in the broader community (not specific to schools).

* + [Communicating about Substance Use in Compassionate, Safe and Non-Stigmatizing Ways](https://www.canada.ca/en/public-health/services/publications/healthy-living/communicating-about-substance-use-compassionate-safe-non-stigmatizing-ways-2019.html)

[A Primer to Reduce Substance Use Stigma in the Canadian Health System](https://www.canada.ca/en/public-health/services/publications/healthy-living/primer-reduce-substance-use-stigma-health-system.html)

These documents mention the built environment but provide little detail.

* + [Mental Health & Well-being: Considerations for the built environment](http://www.bccdc.ca/pop-public-health/Documents/mental-health-built-environment.pdf)

Good evidence review.

* I am not sure the below point on page 4  is clear enough.  I have provided a suggestion assuming that this is what is meant by this statement.

… “rarely acknowledge *how other ways education  can be used as part of a more holistic and coordinated approach* to prevent substance-related harms (e.g., by educating school community members on substance use stigma,…

**From YT:**

Overall we feel this is a very good document that may benefit from greater clarity in the following areas

> Harm reduction vs. upstream approaches – on page 15: the concept that harm reduction and upstream prevention are “more similar than distinct” needs further evidence. One suggestion is to bring in the river concept (page 9) and consider that they are interventions that work towards the same goal, along different parts of the river, and that both are equally necessary and urgent.

> Planet Youth – There is so much here that is consistent w. the Icelandic model, yet the doc makes no explicit reference to the model. With growing awareness of and interest in model in Canada, it may make sense to be deliberate about referring to it and explaining and key differences between PY and the Blueprint (for example, they diverge on the question of if/how substance use prevention and harm reduction can interact)