



An Overview of the Drug Education Centred on Youth Decision Empowerment (DECYDE) Strategy

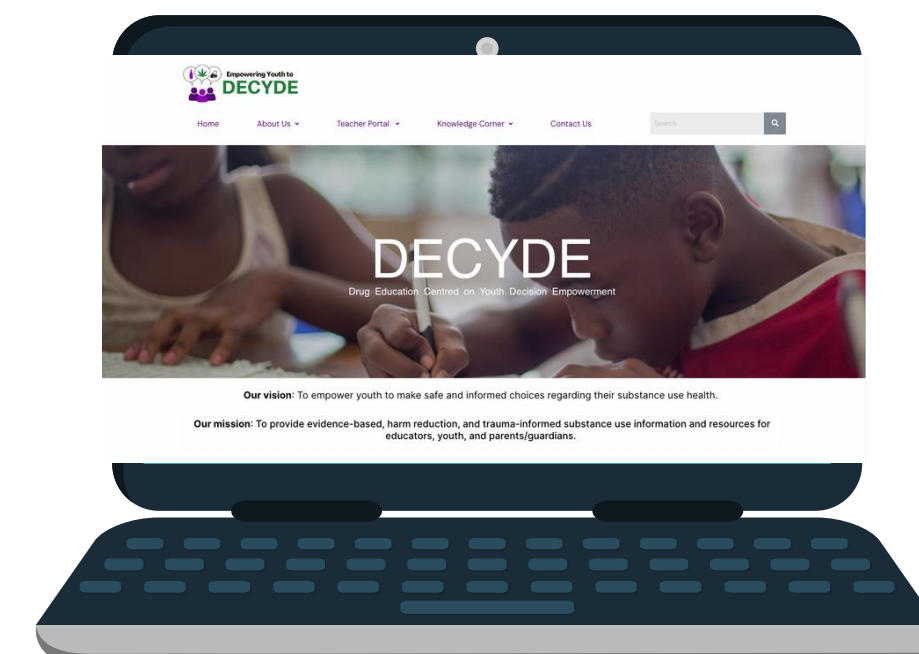
The Research & Knowledge Exchange on Harm Reduction and Critical Drug Studies
Newfoundland and Labrador Centre for Applied Health Research

October 29, 2024

DECYDE Leadership:

Dr. Lisa Bishop - Pharmacist & Professor, School of Pharmacy, Memorial University

Dr. Jennifer Donnan - Associate Professor, School of Pharmacy, Memorial University



Land Acknowledgement



Overview

1	Youth Substance Use
2	Work That Informed DECIDE
3	DECIDE Materials
4	Evaluation
5	Looking Ahead
6	Discussion



Background

- The risk for developing problematic substance use and associated harms later in life increases significantly when substance use is initiated young.
- Focusing on interventions at an early age can mitigate potential risky behaviors and minimize long-term adverse health consequences.



DeWit et al., 2000; Patton, 2002; Hall, 2015; CCSA, 2022

<https://www.cbc.ca/news/canada/british-columbia/youth-deaths-toxic-drug-crisis-bc-1.6950003>

Richmond-Rakerd, L. S., Slutske, W. S., Lynskey, M. T., Agrawal, A., Madden, P. A., Bucholz, K. K., Heath, A. C., Statham, D. J., & Martin, N. G. (2016).

Calls for more education, less stigma as report shows toxic drugs the leading cause of death in B.C. youth



Youth age 10-18 now more likely to die from an overdose than in a vehicle accident: B.C. Coroners Service



Tessa Vikander · CBC News · Posted: Aug 31, 2023 11:05 PM NDT | Last Updated: September 1



16-year-old Elliot Eurchuk died of an overdose in 2018. Illicit toxic drug overdoses are now the leading cause of death among youth ages 10 to 18 in B.C. (The Canadian Press/Rachel Staples)

Background



NL Youth Substance Use

Grade 7 - 12 rate of substance use is higher than national average



Age of First Use

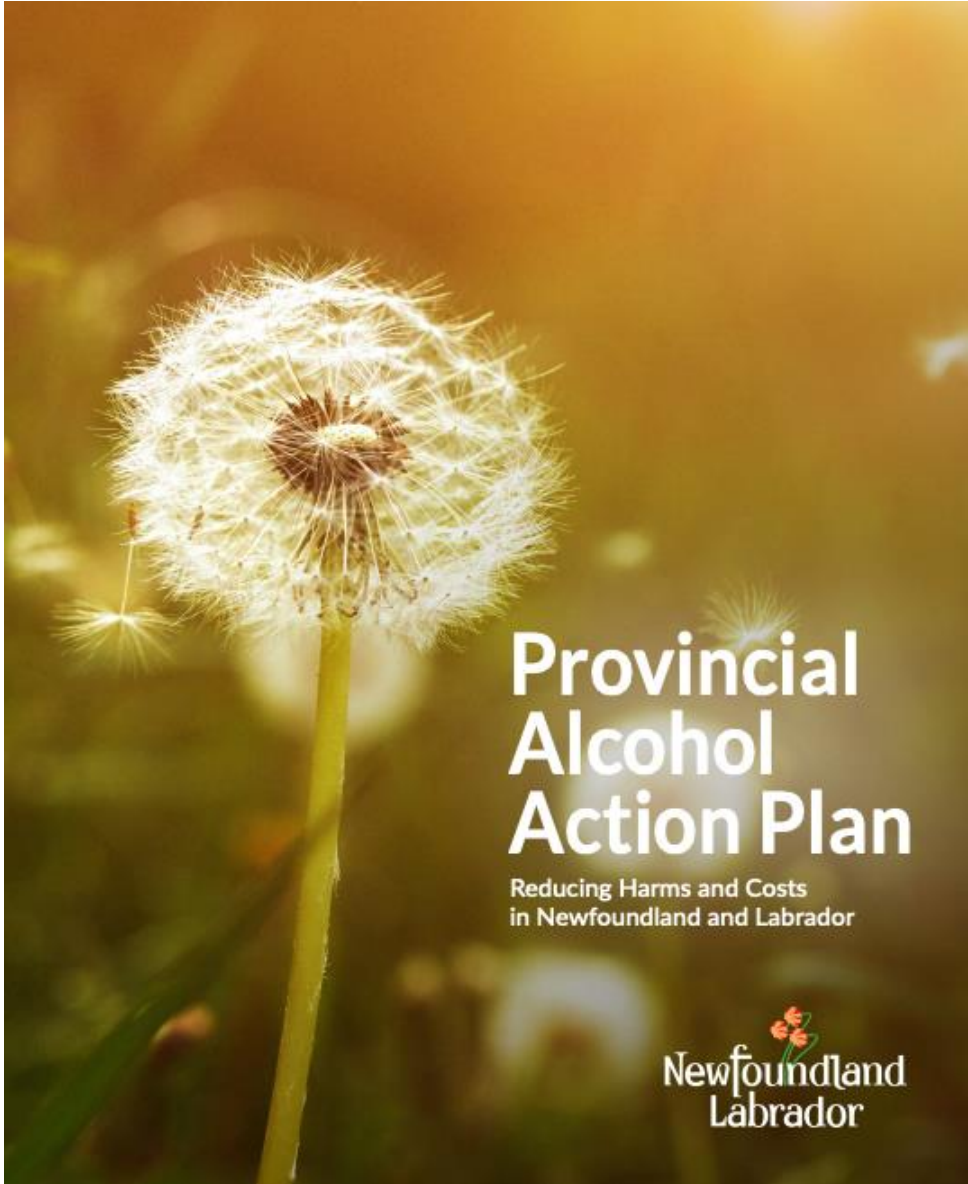
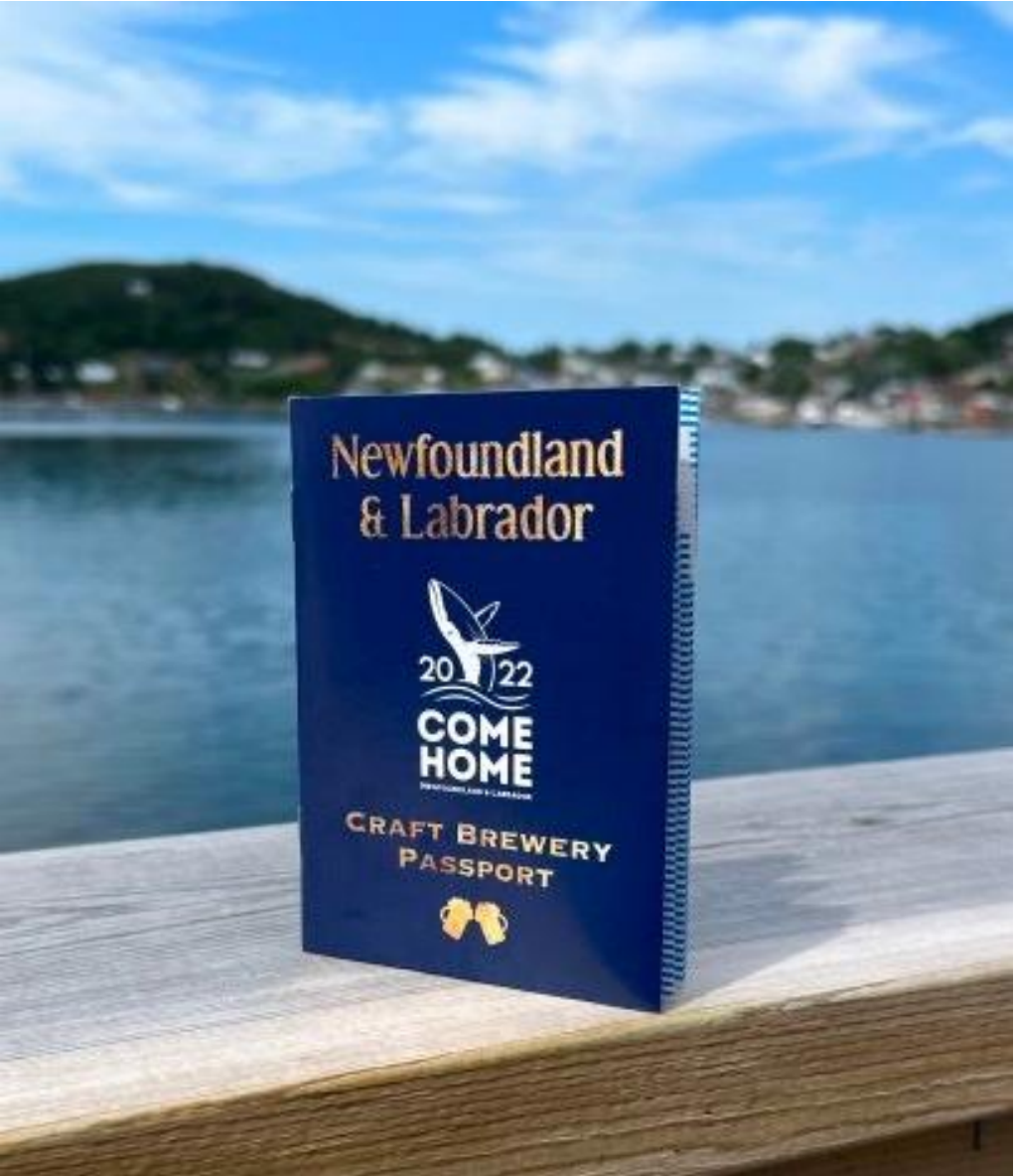
Average age of first use of alcohol, cigarettes, cannabis 13 to 14 years



Alcohol

NL rates of alcohol use is among the highest at 47.6% (Canada – 44.1%)

Background



Substance Use Spectrum

Substance use occurs on a **spectrum**, with varying degrees and patterns ranging from no use to addiction. Substances have different effects on individuals depending on many factors including sex, age, weight, tolerance, and underlying health conditions. Recognizing an individual's position on the substance use spectrum is crucial for offering tailored care that promotes well-being and minimizes risks or harm.

Non-Use
(Abstinence)

**Beneficial
Use**

**Lower-Risk
Use**

**Higher-Risk
Use**

Addiction
(Substance Use Disorder)

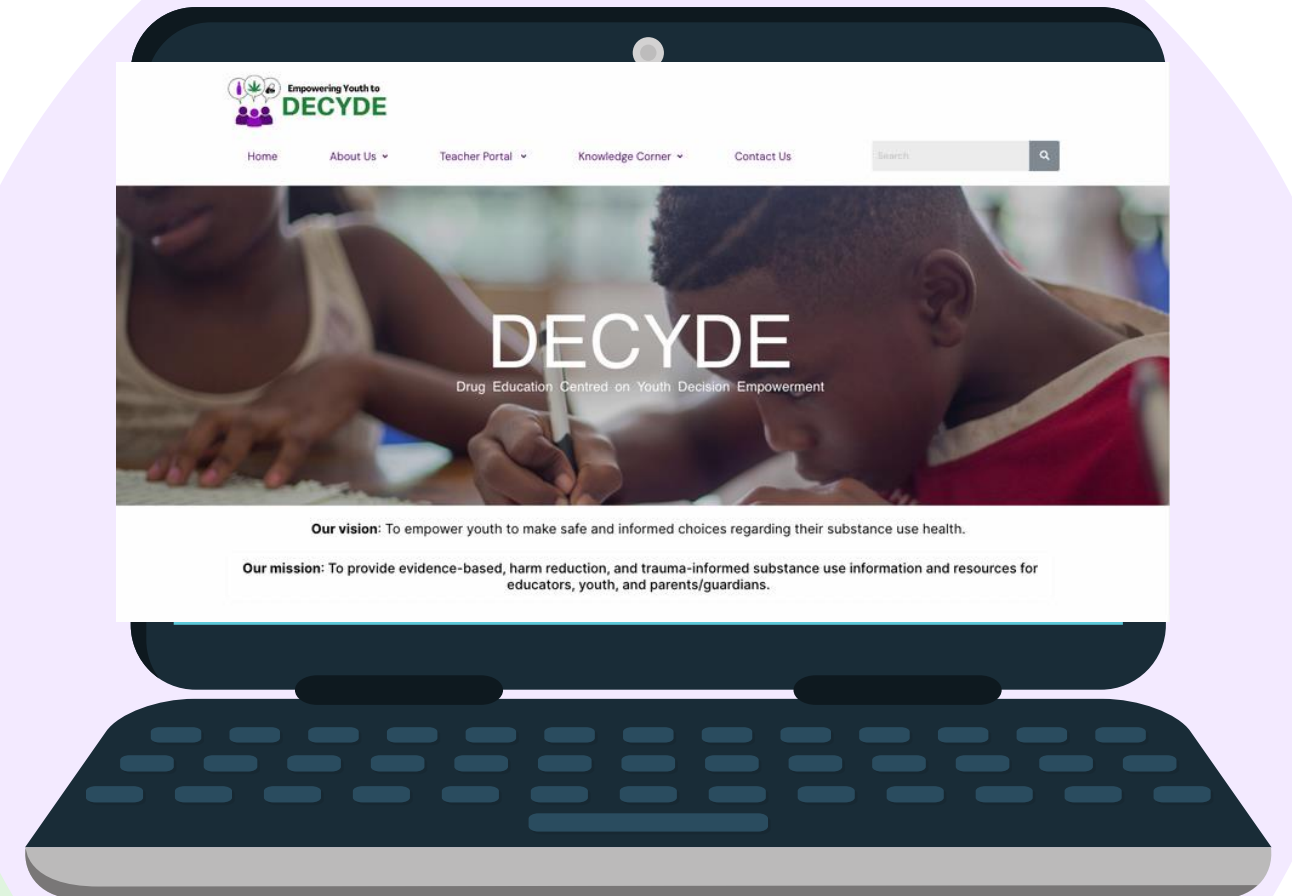
**Substance use can be seen on a spectrum.
Individuals may move back and forth along the spectrum in their lifetime.**

DECYDE

Drug Education Centred on Youth Decision Empowerment



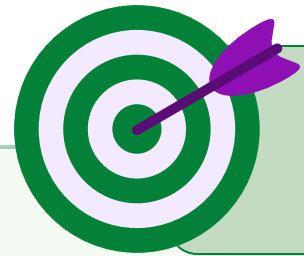
Three overlapping infographic cards from the "Substance Snapshot" series. The top card is about "ALCOHOL" and "OPIOIDS". The middle card is about "ALCOHOL" and "OPIOIDS". The bottom card is about "OPIOIDS". Each card includes sections for "What is it?", "How is it used?", and "What are the effects?". The cards are designed with a clean, modern aesthetic using purple, green, and white colors.



visit us at:
www.DECYDE.ca

What is DECYDE?

DECYDE (Drug Education Centred on Youth Decision Empowerment) is a **drug education and awareness strategy** created by an interdisciplinary research team at Memorial University.



MISSION

To provide evidence-based, trauma-informed, substance use education and resources with a focus on prevention and harm reduction for youth, educators, and guardians.



VISION

To empower youth to make safe and informed choices regarding their substance use health.

DECYDE Foundational Principles



Evidence-Informed

The information presented in the DECYDE strategy and materials are balanced, unbiased, and draws on the best available research evidence.



Trauma-Informed Approach

Being Trauma Informed is a strengths-based approach grounded in an understanding of the impact of trauma and creates opportunities to rebuild a sense of control and empowerment.



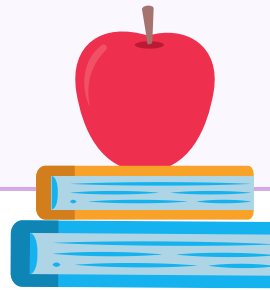
Prevention & Harm Reduction

Primary prevention aims to delay substance use by enhancing protective factors. Harm reduction aims to provide people with knowledge to make safe and informed choices and reduce the negative consequences associated with drug use.



Skills-Based Health Education

Skills-Based Health Education (SBHE) is a learning approach implemented through various perspectives and methods to support the development of skills and attitudes to enhance well-being.



DECYDE Team



DR. LISA BISHOP
Lisa Bishop is a pharmacist and professor with the School of Pharmacy at Memorial University. She is an established educator and researcher and is co-leading the DECYDE strategy.



DR. JENNIFER DONNAN
Jennifer Donnan is an Associate Professor with the School of Pharmacy. She has a passion for protecting youth from the harms of substances, and has expertise in program evaluation. She is co-leading the DECYDE project.



DR. GREG HARRIS
Professor
Faculty of Education



DR. NICK HARRIS
Associate Professor
Department of Psychology



WILL LUMMIS
Harm Reduction Consultant
NL Health Services



TEGAN BAKER,
MPH
Project Coordinator
School of Pharmacy



GARY PEDDIE
Community Advisor
SUNAR

DECYDE YOUTH ADVISORY PANEL

The Youth Advisory Panel consists of youth aged 12-18 from across NL that identify areas of focus and share feedback on project materials.

CURRENT STUDENTS

Robyn Cumben	Molly Downey	Mahiba Khan	Aliya Seward
Kathryn Dalton	Megan Heath	Virginia McNeil	

COLLABORATING ORGANIZATIONS

NL Health Services
NL Teachers' Association (NLTA)
Canadian Students for Sensible Drug Policy (CSSDP)
SafeWorks Access Program (SWAP)
Government of Newfoundland & Labrador

Work That Informed DECYDE

Youth & young adult focus groups



Community & citizen engagement



Teacher survey & focus groups



Scoping reviews of educational materials & programs



Youth Advisory Panel & youth engagement workshops



Evidence & best practices



Article

Exploring Youths' Cannabis Health Literacy Post Legalization: A Qualitative Study

Journal of Adolescent Research
1-31

© The Author(s) 2022



Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/07435584221118380
journals.sagepub.com/home/jar



Lisa D. Bishop¹ , Dalainey H. Drakes¹ ,
Jennifer R. Donnan¹, Emily C. Rowe¹ ,
and Maisam Najafizada¹



Study Population

Total Sample (N=91)

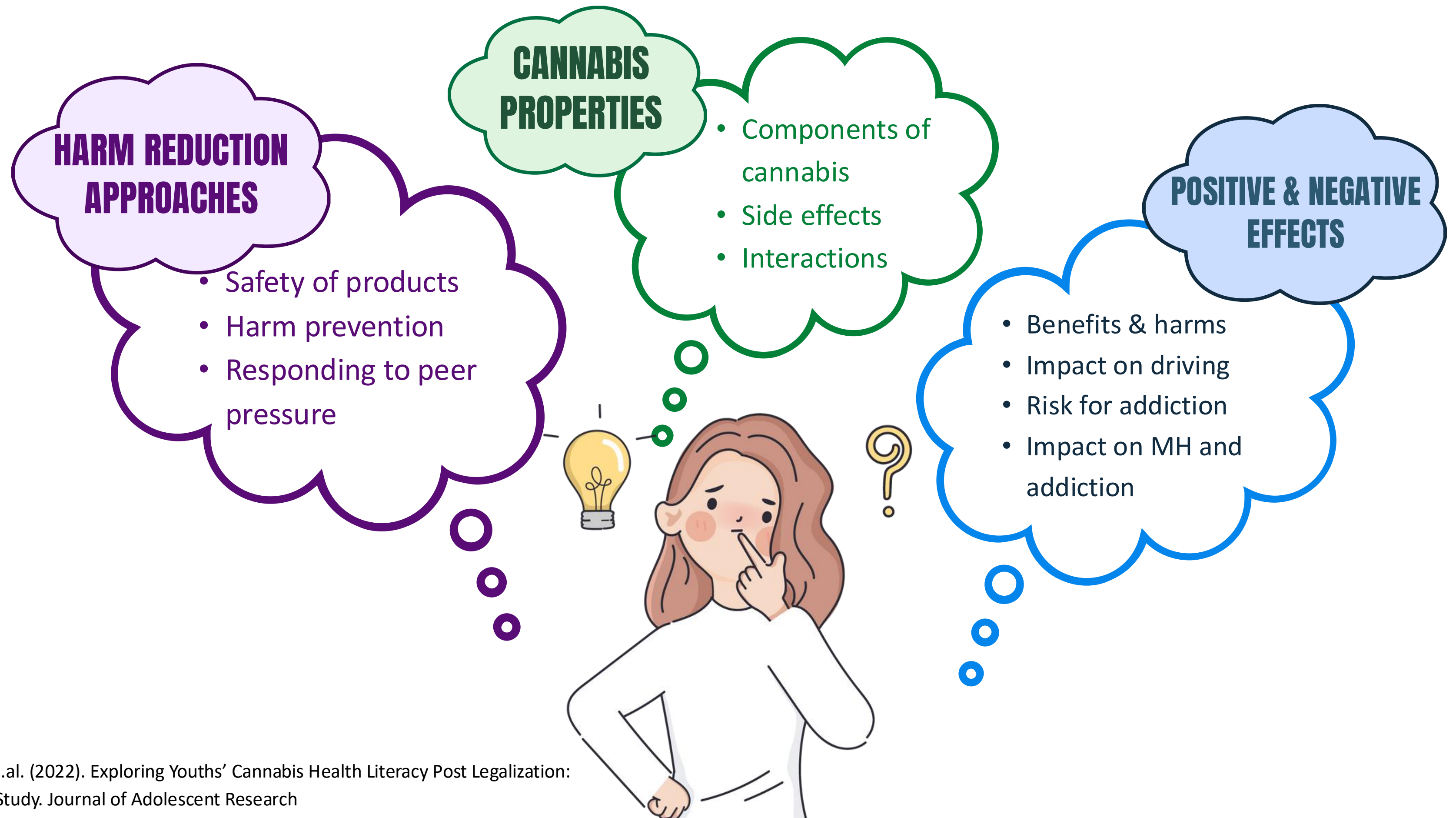
Youth

- Age 13-18
- Six FGs (n=38)

Youth Adult

- Age 19-25
- Five FGs (n=53)

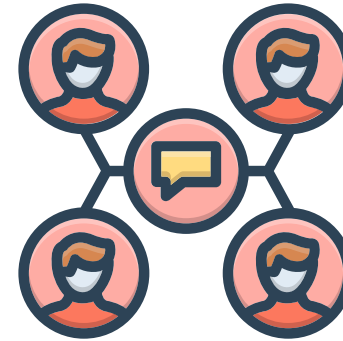
YOUTH DESIRED CANNABIS HEALTH LITERACY



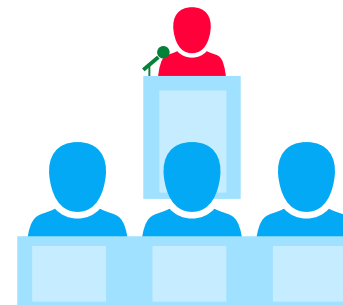
Delivery of Substance Use Education



Frequent Education



Interactive



Facilitated by a relatable speaker



Easy, age-appropriate delivery



Equitable Access

What are **teachers' perceptions** about using a harm reduction approach?



Results: Harm Reduction

In **2022-23**, the DECYDE team surveyed **170** educators across NL



92% believed harm reduction was an effective approach

However...

16% felt that teaching students about safer substance use would encourage substance use

100% agreed students need honest information about substance use to reduce harms

However...

46% thought that youth who use substances should be expected to pursue abstinence

68% believed they would be able to recognize if a student was under the influence of cannabis

However...

61% felt uncertain how to properly respond to student cannabis use

77% of educators would be comfortable supporting a student who had consumed cannabis

However...

8% thought their teacher training would allow them to intervene and prevent cannabis-related harms

Teacher Survey: Key Learnings

NL educators may not fully understand principles of harm reduction but are **open to the approach**

Both **educators and students** urgently need harm reduction substance use education

PLOS ONE

RESEARCH ARTICLE

A survey of educator perspectives toward teaching harm reduction cannabis education

Molly K. Downey¹, Lisa D. Bishop^{2,3*}, Jennifer R. Donnan², Emily C. Rowe¹, Nick Harris¹

¹ Department of Psychology, Memorial University of Newfoundland, St. John's, NL, Canada, ² School of Pharmacy, Memorial University of Newfoundland, St. John's, NL, Canada, ³ Faculty of Medicine, Memorial University of Newfoundland, St. John's, NL, Canada

Educators **feel unprepared** to teach students about this topic

Educators require harm reduction training and **additional support** in order to successfully teach and support students



Engagement with youth

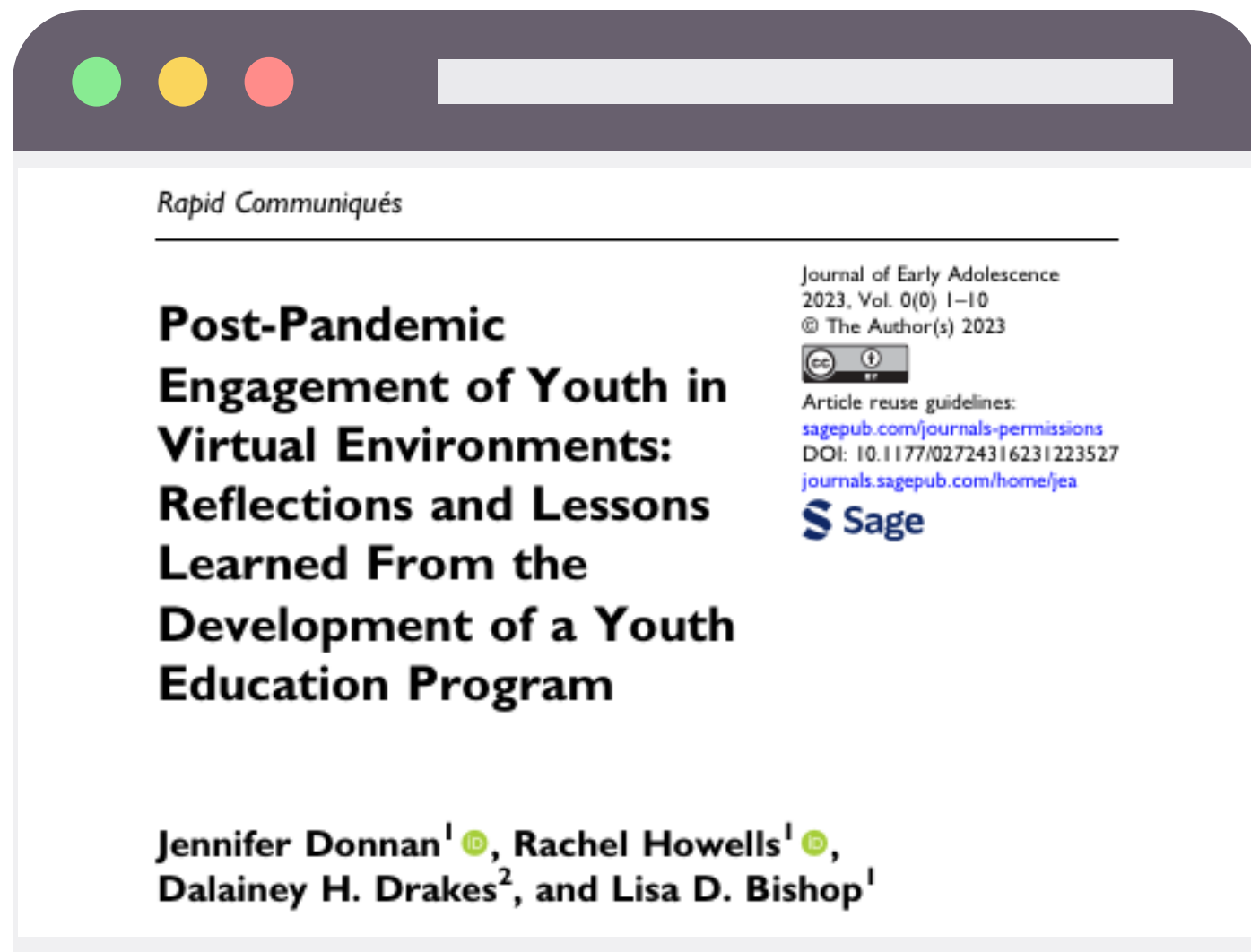
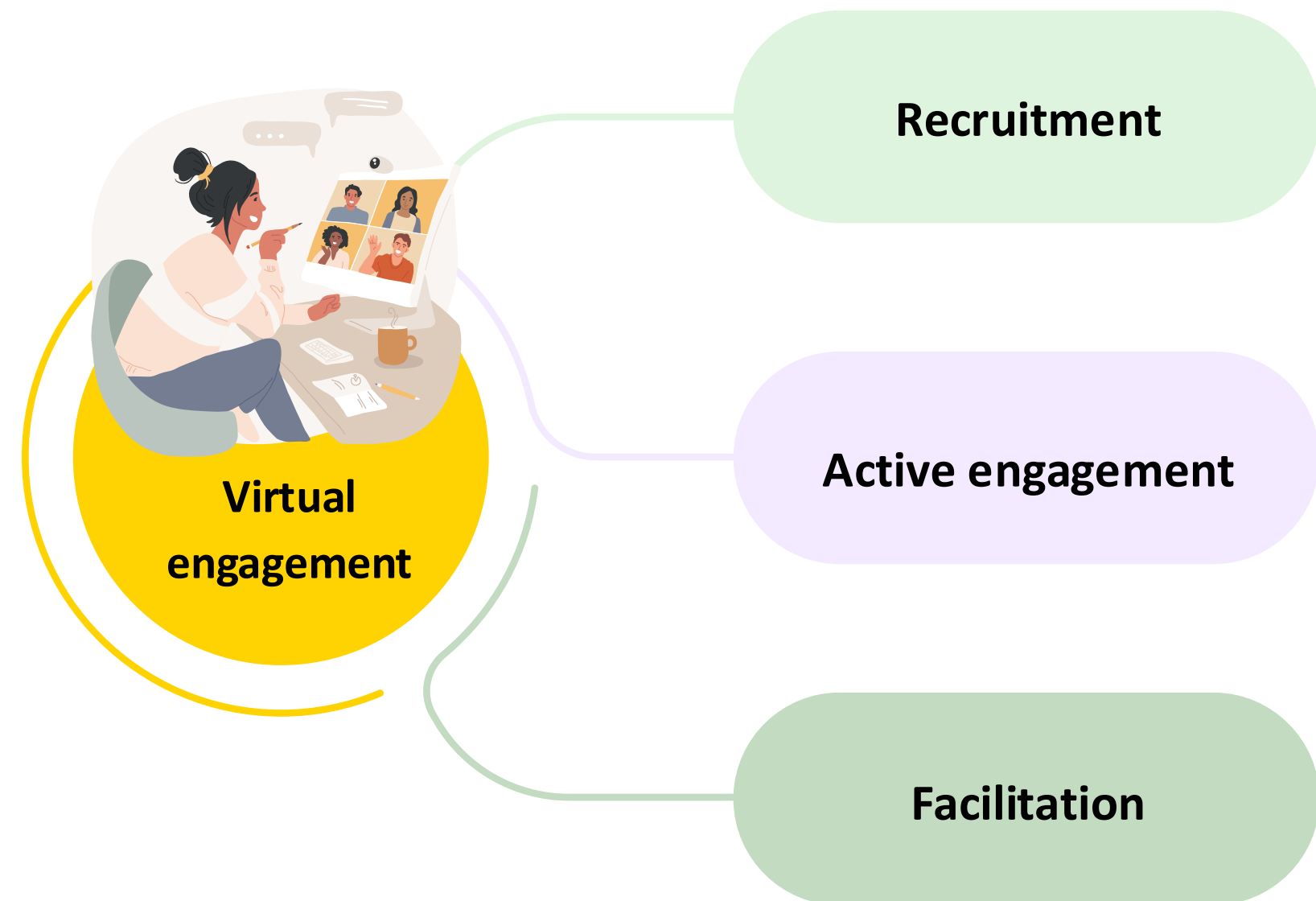


Figure 1. Youth engagement in the development of a youth education program.



Youth Engagement

Interactive brainstorm sessions and facilitated discussions with Youth Advisory Panel members directly informed DECYDE materials.



Grade 7 Lesson: Unhealthy and Healthy Ways of Coping



Empowering Youth to DECYDE
Grade 7 Lesson 2
Learning Activity 2

Learning Activity 2: Assessing Coping Strategies

Situation 3: Chloé and Anton: Losing a Pet

Situation 3: Chloé and Anton: Losing a Pet
Chloé recently experienced the loss of her childhood dog, Spot. Spot was part of her family for 10 years. Chloé is devastated and spends hours crying in her room. She is not even able to spend time with her best friend who has been reaching out to her. The grief is so upsetting that she finds herself unable to sleep or eat.

Anton's cat passed away last year. Anton's cat was part of their family. Anton was sad but understood that their cat was old and unwell. They felt comfort knowing their cat was no longer in any pain.

Classify these coping behaviours into healthy, low, medium, or high risk:

- Chloé goes to a party and drinks 6 coolers to help her forget about losing her dog. _____
- Chloé continues to feel sad, not eating or sleeping for several weeks and doesn't reach out to anyone. _____
- Chloé and Anton decide to make a scrapbook to honour both their dogs. _____
- Chloé takes a sip of her friend's beer to help her deal with the grief of losing her dog. _____

Healthy Coping Strategy Low-Risk Medium-Risk High-Risk

Youths' suggestions were recorded and incorporated as the foundation of learning activities in lesson plans

Empowering Youth to DECYDE
Grade 7 Lesson 2
Learning Activity 3

Scenario 3:

Taylor - Fear of Missing Out: Will Alcohol Help?

Read through the following scenario on alcohol use. Once you have read it, imagine that you are person involved. Complete the questions that follow to help you **FACE** your decision in the safest manner.

Scenario: It's Friday night and Taylor is bored and at home alone. As they were scrolling through their favorite social media, they noticed that their best friends posted a story showing them together at a sleepover. Taylor felt crushed. They were not invited and were not even aware of the sleepover. Taylor is feeling left out and very disappointed. They remember how their moms sometimes have a drink after a stressful day at work. Taylor knows that there is a bottle of vodka in the cupboard and wonders if taking a few sips will help them feel better. What would you do if you were Taylor?

What is Taylor's stressor? _____

Feel:

- How does Taylor feel in this stressful situation?

This process created real-life scenarios that were relevant, relatable and interesting to students

Collaborator Consultations



Consultations held with external collaborators to date.

GOVERNMENT
(DEPARTMENTS OF HEALTH & COMMUNITY SERVICES, EDUCATION)

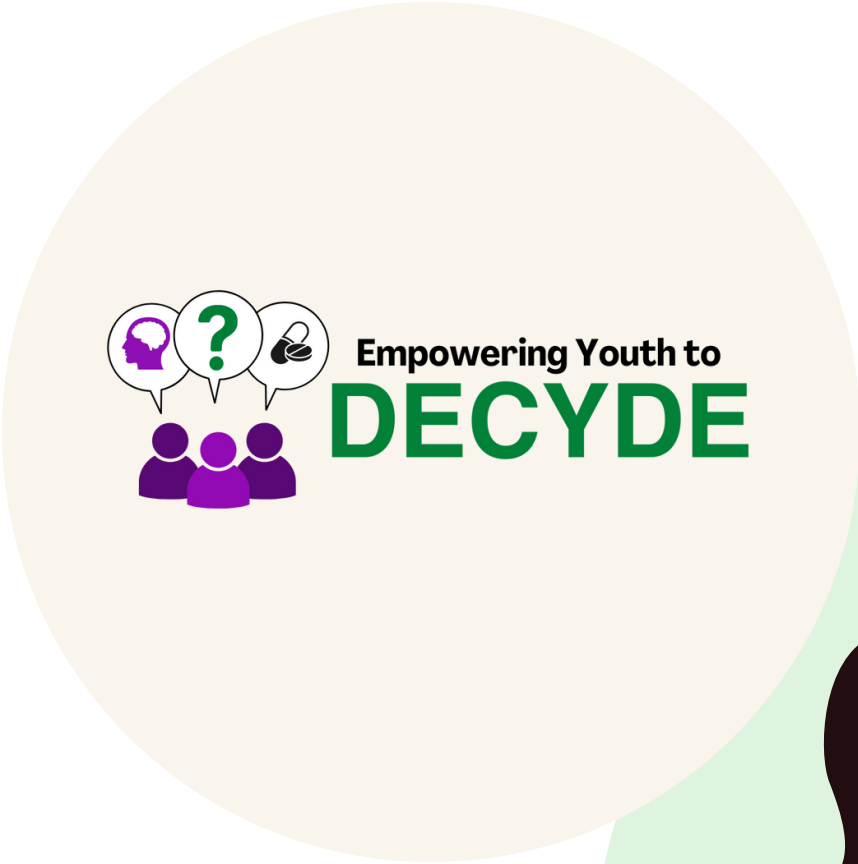
MENTAL HEALTH & ADDICTIONS
(NL Health Services, Provincial Harm Reduction Consultants)

EDUCATION
(NL SCHOOLS, NL TEACHERS' ASSOCIATION, EDUCATORS)

COMMUNITY ORGANIZATIONS
(AUTISM SOCIETY, PLANET YOUTH, END SEXUAL VIOLENCE NL)

PEOPLE WITH LIVED/LIVING EXPERIENCE
(SUNAR, CSSDP, SWAP, Youth Advisory Panel)

Drug Education Centred on Youth Decision Empowerment (DECYDE)



SAFE MEDICATION USE: LOOKS LIKE CANDY	
	SETTING In the kitchen at your grandparent's house with your siblings.
SITUATION There is a bottle of brightly coloured capsules on the counter. Your little sister thinks they are candy and tries to open the bottle.	QUESTION What safe choices could you make in this situation? Give 2 examples. 1. 2.



visit us at:
www.DECYDE.ca



DECYDE Materials



Teacher Resources

- **Lesson plans** (Gr. 4-9) aligned with NL health curriculum.
- **Substance Snapshots** provide information summaries about a particular substance.
- **Evidence-based educator infographics** provide information on related topics.
- **Educational videos** support delivery of lesson plans.
- **Educator professional learning** presentations



Public Resources

- **Substance Snapshots** provide information summaries about a particular substance.
- **Harm reduction resources** that share information on topics like naloxone, substance use, and stigma.
- A list of **Supportive Resources** available locally and nationally.



Research & Engagement

- **Public engagement** including events, activities, and advisory panels
- **Presentations** at conferences, educational events, schools and research symposiums
- **Publications** in academic journals, websites and media
- **Research summaries and reports**

DECYDE Overview

visit us at:
www.DECYDE.ca



Home

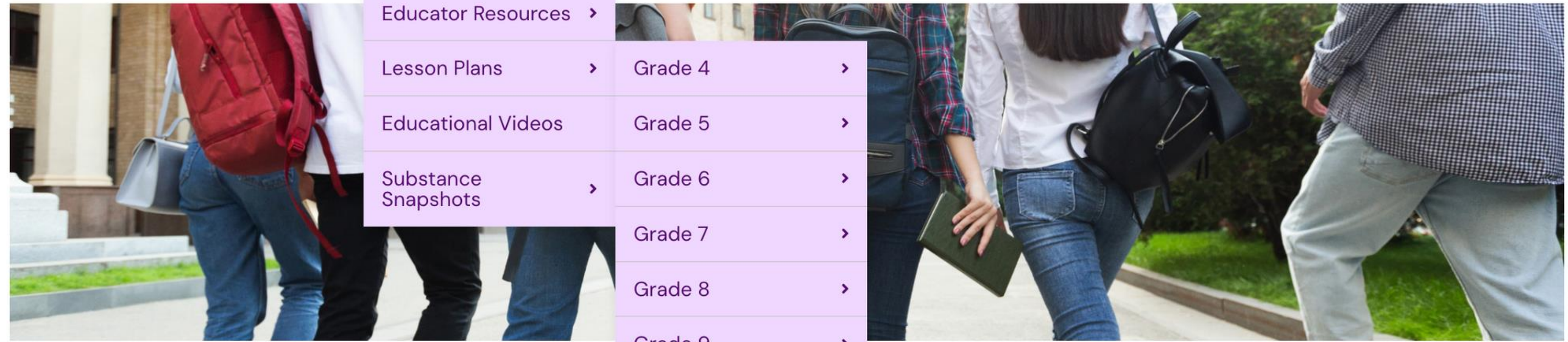
About Us ▾

Teacher Portal ▾

Knowledge Corner ▾

Contact Us

Search



- Educator Resources ▾
- Lesson Plans ▾
- Educational Videos

Lesson 8.1: Substance Use and Decision-Making: Social Influences, Laws and Health

This lesson is aligned with the following learning outcomes from the NL Grade 8 Health Curriculum:

- ▶ Drug Education
- ▶ Mental Health



Skills-Based Health Education (SBHE)

An emphasis is placed on learning skills that will promote and protect student health and well-being.

Students develop skills when they **actively participate in their own learning.**

Students should be given the opportunity to observe and practice health-skills.

Examples:

- Class Discussion
- Brainstorming
- Role Play
- Small Groups
- Games
- Simulations
- Situation Analysis
- Case Studies
- Debate
- Storytelling

How to Assess Student's Learning

- Presentations
- Portfolios
- Research projects
- Hands-on activities
- Essays
- Journals
- Observations
- Interviews
- Student self-assessments
- Peer observations

Tips for Delivering SBHE

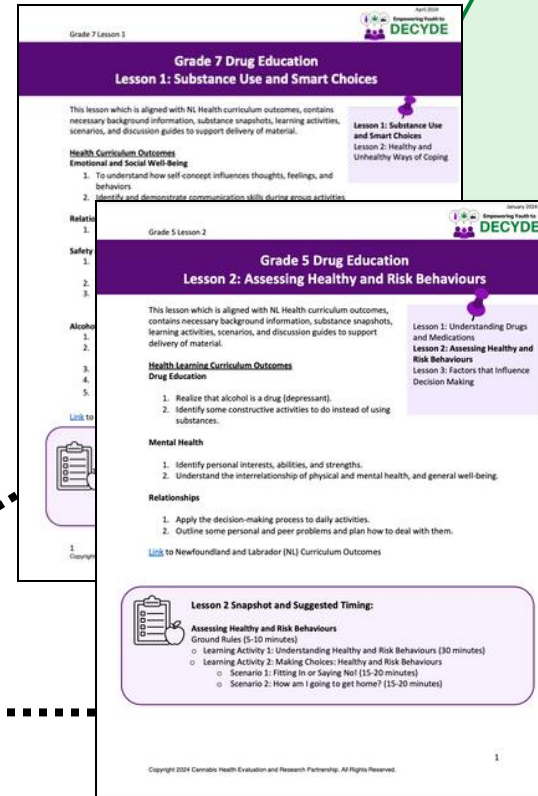
- Be a guide, rather than a lecturer
- Support students and their individuality
- Be prepared to discuss sensitive topics such as substance use, sexual health, hygiene, etc.
- Create an open and judgment-free learning environment
- Provide up-to-date, factual knowledge
- Use other sources and expertise to help deliver content

DECYDE

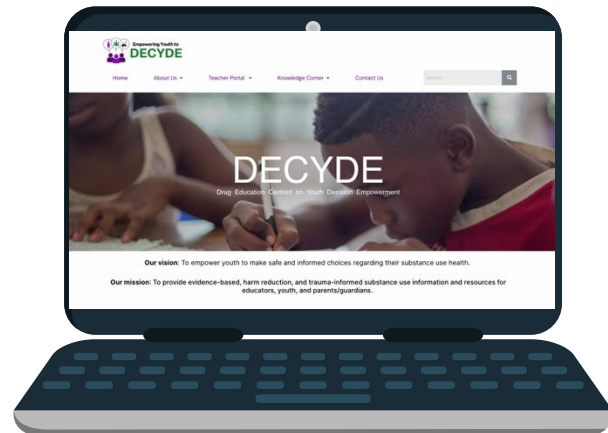


Lesson Plans

- Comprehensive, interactive lesson plans that align with provincial health curriculum outcomes



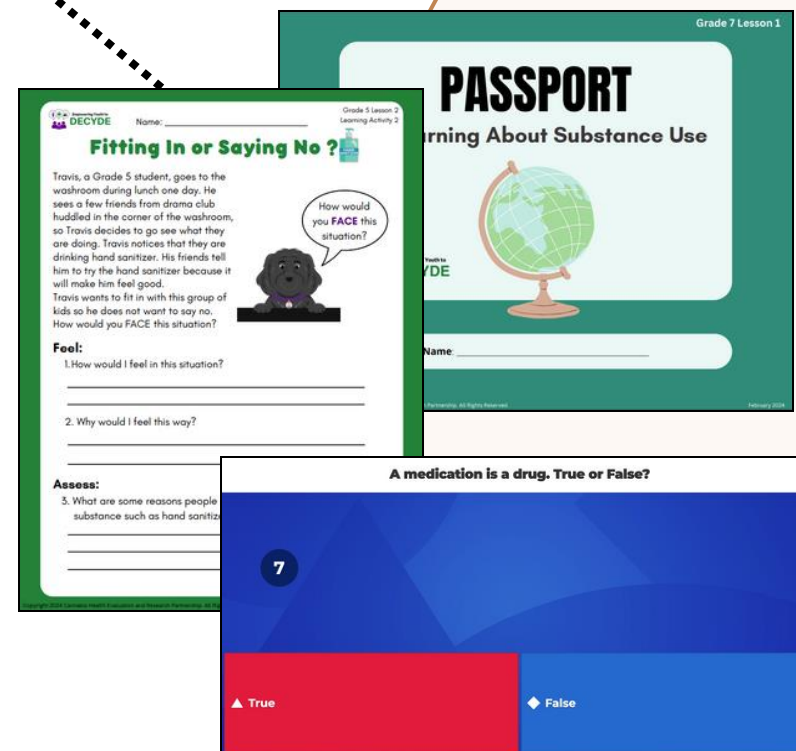
Skills-Based Health Education



visit us at:
www.DECYDE.ca

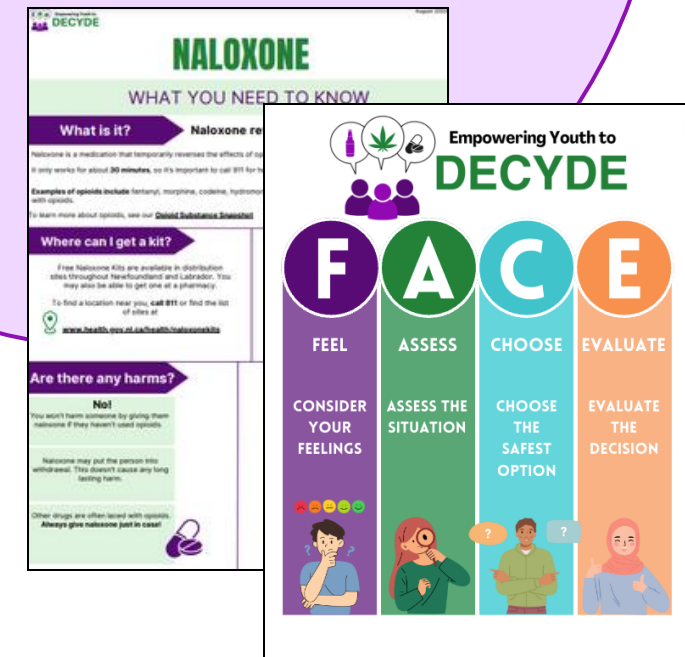
Student Activities

- Case scenarios
- Group activities
- Discussions
- Projects
- Quizzes



Educator Resources

- Skills-Based Health Education
- FACE Decision-Making Model
- ACEs and TIPs
- Substance Snapshots



FACE Decision-Making Model

Feel **A**ssess **C**hoose **E**valuate

The **FACE decision-making model** is an evidence-based and follows a harm reduction and social-emotional learning approach. DECYDE lesson plans incorporate FACE to help students feel empowered to make safer decisions when faced with substance use and mental health-related situations.

How would you **FACE** this situation?



Evidence informed

1

Social Emotional Learning

2

Responsible decision-making

3

Interpersonal communication

4

Reflection

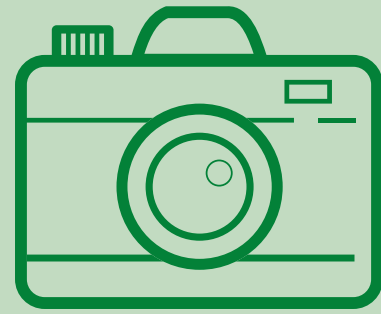
FACE DECISION-MAKING MODEL

Scenario 1: Jordan and Vaping



Lately, Jordan’s home has been filled with the tense atmosphere of his parents' frequent arguments, adding stress to their daily life and disrupting their ability to get a good night's sleep. To cope with this, Jordan finds comfort in watching their favorite streamer on social media who uses nicotine vaping for relaxation. Faced with their own stressors, Jordan wonders whether trying nicotine vapes could offer them similar relief. What decision should Jordan make?

How would you FACE this situation?



SUBSTANCE E SNAPSHOT

A summary of information for various substances, including:

- Cannabinoids (e.g., edibles, inhaled, dabbing)
- Depressants (e.g., alcohol, benzodiazepines, date rape drugs, fentanyl, opioids)
- Hallucinogens (e.g., DMT, DM, ecstasy, mescaline, LSD, psilocybin, salvia)
- Stimulants (e.g., amphetamines, caffeine, cocaine, methamphetamine, methylphenidate, nicotine)
- Other (e.g., anabolic steroids, antihistamines, bath salts, household items, inhalants, mixing drugs, poppers)

These can also be used by the public.



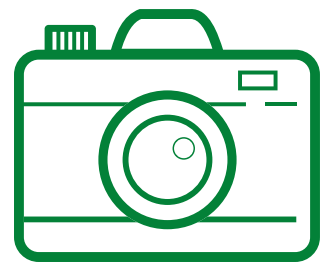
CANNABIS
WHAT YOU NEED TO KNOW
What is it? Cannabis can be psychoactive
Cannabis is a complex plant that contains several components. The main chemicals are THC (psychoactive) and CBD (calming). Cannabis can be stimulating, hallucinogenic, or cause drowsiness. It can be used for its psychoactive properties but also may be used for medical reasons (e.g., pain).
Cannabis comes as a dried flower, concentrated oil/wax, capsules, tablets, or mixed in food or drinks.
For information on different types of cannabis, check out our website [here](#).

DEPRESSANTS
WHAT YOU NEED TO KNOW
What are they? Depressants are a group of substances that slow down messages between your brain and your body. They are used for their relaxing and euphoric effect.
Depressants include alcohol, opioids (including narcotics), benzodiazepines, nicotine, barbiturates, date rape drugs, and sleeping medication like zolpidem.
For information on individual types of depressants, check out our website [here](#).

ECSTASY
WHAT YOU NEED TO KNOW
What is it? Ecstasy is psychoactive
3,4-methylenedioxymethamphetamine (MDMA) is commonly known as ecstasy and molly.
It is a synthetic, psychoactive (mind-altering) drug with hallucinogenic and amphetamine-like effects. It's used during party events, such as raves, because of its ability to give intense feelings of bliss and pleasure.
It is commonly used with other drugs, and the amount of ecstasy in the product varies widely.

ALCOHOL
WHAT YOU NEED TO KNOW
What is it? Alcohol is a depressant
Alcohol affects the brain by slowing down messages sent to the body. While it can bring feelings of happiness to some, others may experience sadness or aggression. Common forms of alcohol include beer, wine, and liquor like vodka. Alcohol can be many different colors, tastes, smells, and strengths.

OPIOIDS
WHAT YOU NEED TO KNOW
What are they? Opioids are depressants
Opioids are a family of drugs that provide pain relief. Opioids may be synthetic (made in a lab) or natural (from the opium poppy plant).
In addition to pain relief, opioids may be used for relaxation and a sense of euphoria.



SUBSTANCE E SNAPSHOT

Identification of the substance,
and its drug classification
category

Common names or slang terms
for the substance

<https://decyde.ca/cannabinoids-kc/>



CANNABIS

WHAT YOU NEED TO KNOW

What is it?

Cannabis can be psychoactive

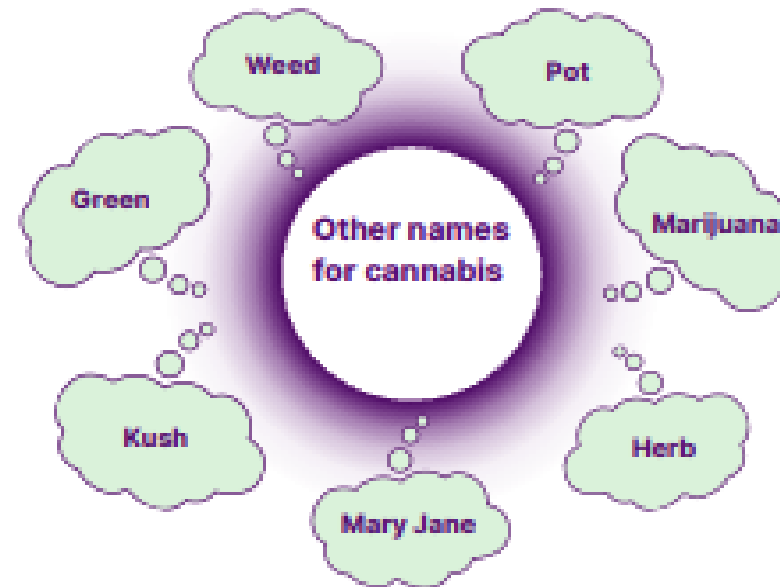


Cannabis is a complex plant that contains several components. The main chemicals are THC (psychoactive) and CBD (calming). Cannabis can be stimulating, hallucinogenic, or cause drowsiness. It can be used for its psychoactive properties but also may be used for medical reasons (e.g., pain).

Cannabis comes as a dried flower, concentrated oil/wax, capsules, tablets, or mixed in food or drinks.

For information on different types of cannabis, check out our website [here](#).

Description of the various ways
the substance may be
used/consumed



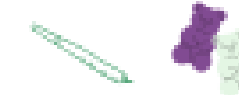
How is it used?

Oral:

Edibles (e.g. gummies, drinks, chocolates)
Capsules, tablets, oils

Inhaled:

Vape, smoke, dab



THC: The main psychoactive chemical in cannabis. It causes the 'high'.

CBD: The non-intoxicating component that may have some calming effect.

Outlines the various
effects of the substance

What are the effects?



The effects of cannabis depend many factors, like mood, food intake, the amount of THC, taking other drugs, and tolerance.



THC may make you more talkative. However, it can also cause panic and paranoia.



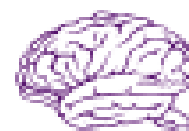
THC may causes senses to be felt differently, such as taste, touch, and hearing.



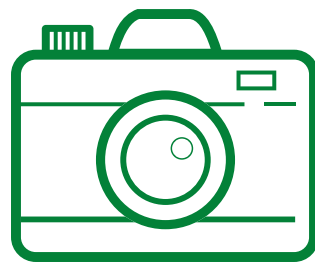
Cannabis may increase your appetite and make you feel sleepy. In rare cases, it can cause severe nausea and vomiting.



Regular use may lead to dependence and addiction. It may be hard to stop using cannabis, even if you know it's negatively affecting you.



Regular cannabis use may worsen symptoms for individuals with mental health disorders or a family history of such conditions.



SUBSTANCE E SNAPSHOT

Description of the warning signs to look for, and when to seek emergency help

Interesting fact or statistic about the substance

Harm reduction tips to consider when using a particular substance

Disclaimer and references

<https://decyde.ca/cannabinoids-kc/>

Page 2

SUBSTANCE SNAPSHOT


CANNABIS

When do you seek emergency help?

Screening out: A term given to cannabis overdose or poisoning (taking too much cannabis).

Signs: Signs of taking too much cannabis include intense anxiety, panic, dizziness, intense nausea or vomiting. Additionally, some individuals may experience shortness of breath, rapid heartbeat, chest pain, or hallucinations.

Get help right away! Cannabis overdoses or poisonings can be very distressing and lead to serious injury.



Did you know?

Compared to legal cannabis, illegal cannabis is not quality controlled! The amount of CBD and THC is often incorrect or misleading.



There also may be other substances (e.g. ketamine, fentanyl) added.

How to stay safer

- 1 Not using cannabis** is the best way to stay safe, but that may not be realistic for everybody.
- 2 Timing matters:** Avoid using before school, work or driving, as it impairs concentration and reaction time.
- 3 Avoid synthetic!** Synthetic cannabis is unregulated and much more potent. It has a higher risk of dependence and dangerous side effects.
- 4 Start low & go slow:** Try a small amount and wait to feel the full effects. Choose products with a lower amount of THC and an equal or higher amount of CBD.
- 5 Moderate use:** Use in moderation to prevent brain fog and potential strain on relationships.
- 6 Be mindful of inhalation:** Avoid inhaling smoke deeply or holding your breath, this can harm your lungs.
- 7 Don't mix (Cross-Fading):** Mixing cannabis with tobacco, alcohol, or other substances will increase impairment and the risk of serious health effects.
- 8 Choose legal.** Get cannabis from a licensed store. Illegal and synthetic cannabis products (e.g., K2, Spice) may contain other substances such as fentanyl that can cause serious health problems such as accidental overdose or poisoning.

Characteristics of Legal Cannabis

- Displays a standard cannabis symbol
- Plain, child-resistant packaging
- Indicates the amount of THC and CBD
- Has a yellow box with a Health Canada warning in English and French
- Has an excise stamp representing the province/territory it's meant to be sold in

Learn more about ways you can stay safe when using cannabis: [Canada's lower-risk cannabis use guidelines](#)

For more information visit us at:
www.DECYDE.ca

These documents are intended to support educators in their delivery of drug education. They are not for direct student use unless deemed developmentally appropriate.

DECYDE MEMORIAL UNIVERSITY



Educator Resources

Evidence-based educator resources that provide information on topics including:

- ACEs & TIPs
- Empathic Strain
- Decision-Making Model
- Harm Reduction, Naloxone
- Mental Health (e.g., Emotional Regulation Health & Wellness, Neurodiversity, Self-Care, Self-Concept, Stress)
- Protective and Risk Factors
- Substance Use Spectrum, Caregiver Substance Use
- Substance Use Laws
- Skills-Based Health Education
- Stigma

These can also be used by the public.

Adverse Childhood Experiences (ACEs)

ACEs are stressful or traumatic events which may occur between birth and 17 years of age.

2 out of 3 people have experienced at least 1 ACE.

Both the prevalence and risk of chronic health conditions increase as the number of ACEs increase.

Did you know? Children who experienced at least 1 ACE are:

- 3x more likely to have difficulty finding work
- 2x more likely to develop an alcohol use disorder
- 2x more likely to try drugs before the age of 14

ACEs

Neglect: Experienced physical or emotional neglect

Neighbourhood Safety: Felt unsafe in their neighbourhood and/or did not trust their neighbours

Racism/Discrimination: Treated unfairly because of race, sex, gender, sexual orientation, or disability

Witness Violence: Witnessed a violent act in real life

Foster Care

Maltreatment

Homelessness

Witnessing violence

Bullying

Remember, traumatic experiences are individual. We should not judge.

Caregiver High Risk Substance Use and Substance Use Disorder (SUD)

An estimated 21% of Canadians, about 6 million people, will meet the criteria for addiction in their lifetime.

1 in 4 students are exposed to higher risk substance use in the home.

Caregivers with higher risk substance use come from diverse backgrounds with varying academic, social & emotional strengths.

Supporting children who have a caregiver with SUD

- 1 Use person-centered language
- 2 Use a trauma-informed lens
- 3 Understand the stigma associated with SUDs

For more information, check out our **Stigma and Trauma-Informed Practices (TIPs)** infographics

Schools are a protective factor

- Provide **stability** and **structure** for youth in chaotic home environments.
- Increase youth's **protective factors** such as enhancing their communication skills, building on their strengths, learning positive coping skills, and developing a feeling of self-worth and autonomy
- Strive for a **compassionate, trusting, and safe** environment
- Can increase access to internal **resources** like the school counselor and educational programs, and may be able to **connect families and students** to supports outside of the school

Teachers can...

Offer **support and connect** children with the resources they need

School-level interventions can nurture teacher-student relationships and provide routines.

Four Take-Home Messages

- Addiction is a disease
- It's not your fault
- You are not alone
- It's OK to talk

For examples and common Q&A's that students may have about caregivers drinking alcohol, [click this link!](#)

EMPATHIC STRAIN

An occupational hazard for educators

Teachers' roles evolve and expand in response to their students' increasing emotional, cognitive, and behavioral needs. They often need to respond to emotional and behavioral crises in schools, and hear about student traumas. As a result, teachers at a higher risk for experiencing occupational hazards, such as empathic strain.

WHAT IS EMPATHIC STRAIN?

Empathic strain is caused by empathy. It is the natural consequence of stress resulting from caring for and helping traumatized or suffering people. It refers to the profound emotional and physical exhaustion that takes place when helpers are unable to refuel and regenerate. Empathic strain affects the most caring of individuals and has been described as "the cost of caring" for others in emotional pain.

Early recognition and intervention is important; without empathic strain may negatively impact personal, occupational functioning and increase risk for burnout and mental health conditions.

Relational

- Detached withdrawal
- Impatient communication
- Poor communication

Morale

- Decreased confidence
- Apathy
- Loss of interest

Behavioural

- Withdrawn or isolated from loved ones
- Increased irritability
- Easily startled
- Neglect self care

Teachers' hearts and minds to their students – unfortunately, this is often profoundly affected by their work and yet it is an occupational hazard and a sign of a compassionate educator.



Harm Reduction Resources



Ways You Can Stay Safer With Drugs

	Avoid using substances		Choose pharmaceutical grade or legal supply
	Start low and go slow		Avoid mixing substances
	Avoid using substances before work or school		Use in moderation
	Always have a buddy		Always be prepared

Ways You Can Stay SAFER With Drugs

<p>Avoid using substances The best way to avoid harms from drugs is to avoid using them. This is not realistic for everyone.</p>	<p>Choose a pharmaceutical grade or legal supply Illegal supplies may have additives like fentanyl. You can never be sure what's in your substance, so take a small amount to test and go slow.</p>
<p>Start low and go slow Smaller doses lower your risk of overdosing or having other harmful effects.</p>	<p>Avoid mixing substances Mixing drugs raises your risk of harms, such as overdose. It can also put extra stress on your organs.</p>
<p>Avoid using substances before work or school Some substances can make it hard to focus and think clearly.</p>	<p>Use in moderation Regular use can affect your physical and mental health. Try to minimize how often you use.</p>
<p>Always have a buddy Have someone with you in case you use too much and you need help.</p>	<p>Always be prepared Plan your transportation. Operating any vehicle while high can put you and others at risk. Some drugs may reduce your inhibitions, for example, engaging in sexual activity.</p>

Copyright 2023 Canada Health Evaluation and Research Partnership. All Rights Reserved.

About that equipment...

Avoid sharing and reusing supplies!
Serious infections, including **hepatitis C**, can be passed through needles that have been reused or shared with others.

Avoid homemade!
Supplies made out of **plastic, thin glass, steel wool, or pop cans** can cause you to **cut yourself or develop infections** in your lungs and/or heart.

New, safe equipment can be obtained anonymously **FOR FREE** anywhere in NL through the **SWAP program**
Call SWAP at (709) 757-7927 or dial 811 to find where you can receive supplies free of charge

Do you have a personal or family history of... Schizophrenia? Psychosis? Substance Use Disorder? Depression?
Substance use **raises the risk** of developing or worsening of these conditions.

Additional Consideration: Are you pregnant or breastfeeding?
Substance use may cause **harm** to your baby.

Naloxone Can Save a Life!

Naloxone is a medication used to **temporarily reverse the effects of opioids such as fentanyl or morphine**.
Illegal substances may be **laced with opioids**.
When in doubt, **always** give naloxone. It will not cause harmful effects.
To learn more about the signs and symptoms of opioid overdose, visit www.gov.nl.ca/hcs

To get a free naloxone kit, call 811 or visit <https://www.gov.nl.ca/hcs/naloxonekits/>

Good Samaritan Drug Overdose Act
This act provides **some legal protection** for people who have or witness an overdose and call 911 for help.
It prevents you from being charged with a controlled substance or breaching parole.

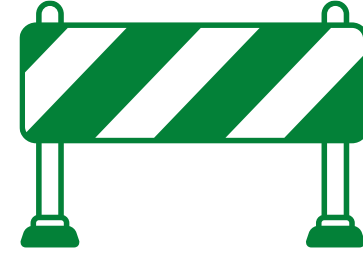
For more information visit us at: www.decyde.ca

© 2023 DECYDE. All rights reserved. For more information visit us at: www.decyde.ca

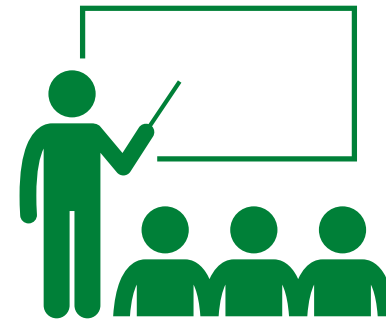


Stigma

Stigma is a barrier to asking for help. Youth may fear being **shamed** or **judged**, which may lead them to **isolate** themselves.



Stigma may make youth feel **uncomfortable** engaging in discussions or speaking to adults worrying what others may think.



Stigma may cause youth to conceal their substance use or use alone. This can increase their risk of drug poisoning or prevent them from seeking help.



How people can help decrease stigma



Use Person-First Language: set a positive example



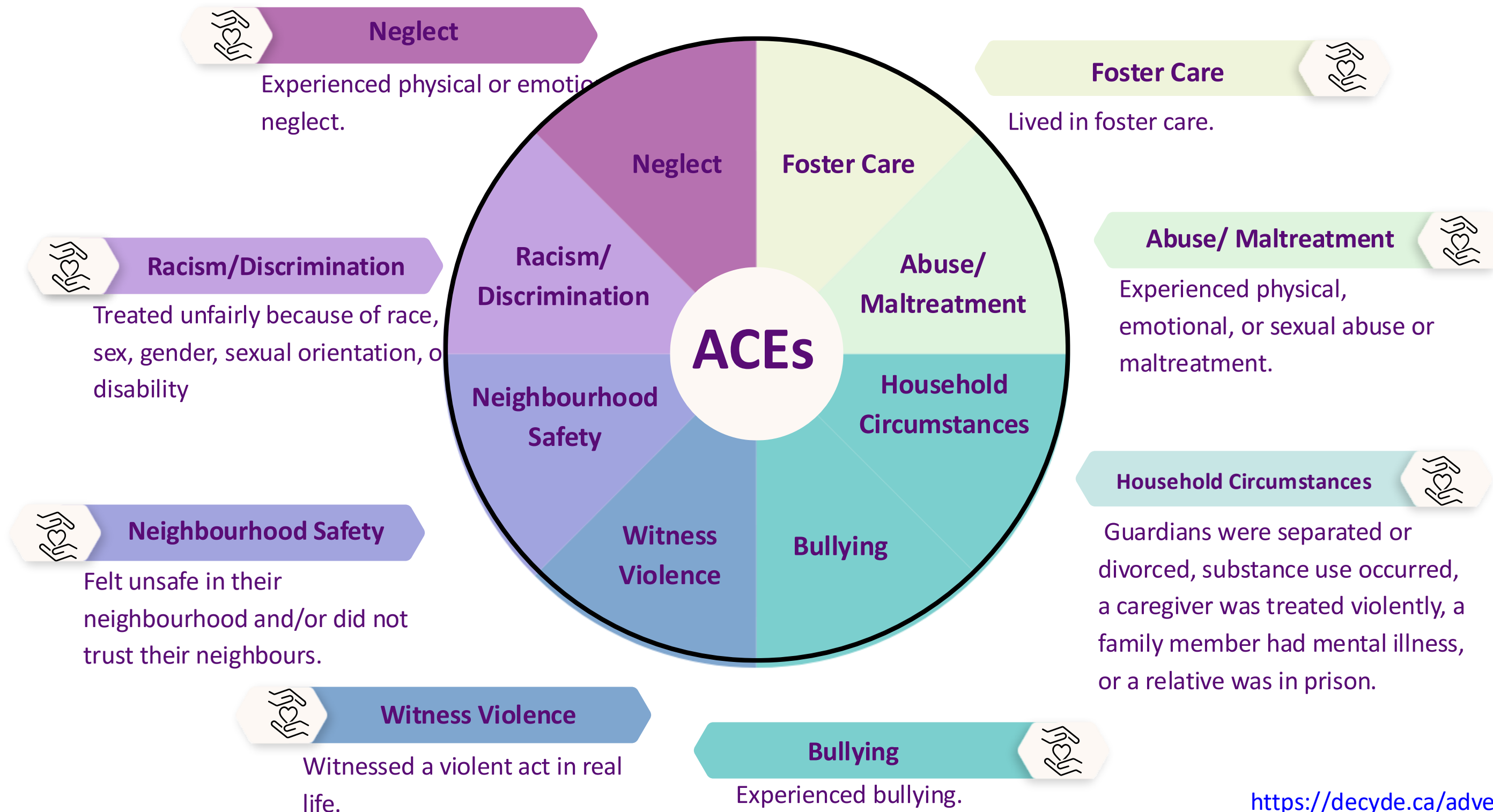
Support Youth: have open conversations



Foster Self-Care and Self-Acceptance: help youth develop confidence

ACES

Adverse Childhood Experiences & Adverse Community Experiences



<https://decyde.ca/adverse-childhood-experiences/>

As the ACE study has shown, child abuse and neglect is the single most preventable cause of mental illness, the single most common cause of drug and alcohol abuse, and a significant contributor to leading causes of death such as diabetes, heart disease, cancer, stroke, and suicide." Bessel A. van der Kolk. *The Healing of Trauma*

Trauma Informed Practices (TIPs)

Incorporate a Structured Learning Environment



Foster Supportive, Safe and Positive Learning Environment



Incorporate Social Emotional Learning Strategies



Foster a Positive Self-Concept



Use Restorative Practices





Caregiver Substance Use

Caregivers with SUDs are highly **stigmatized** by multiple systems (e.g., healthcare, education, legal, social). As a result, they are more likely to experience **discrimination** and **health inequities**.

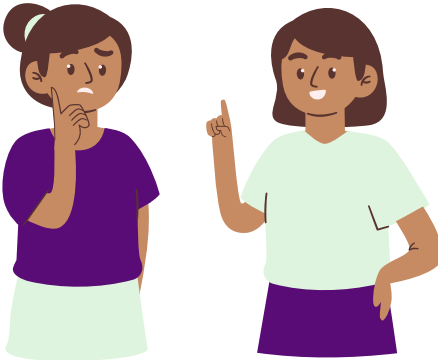
Children of caregivers with SUDs frequently experience **stigma** and **challenges** by association.

Four Take-Home Messages

Addiction is a disease



It's not your fault



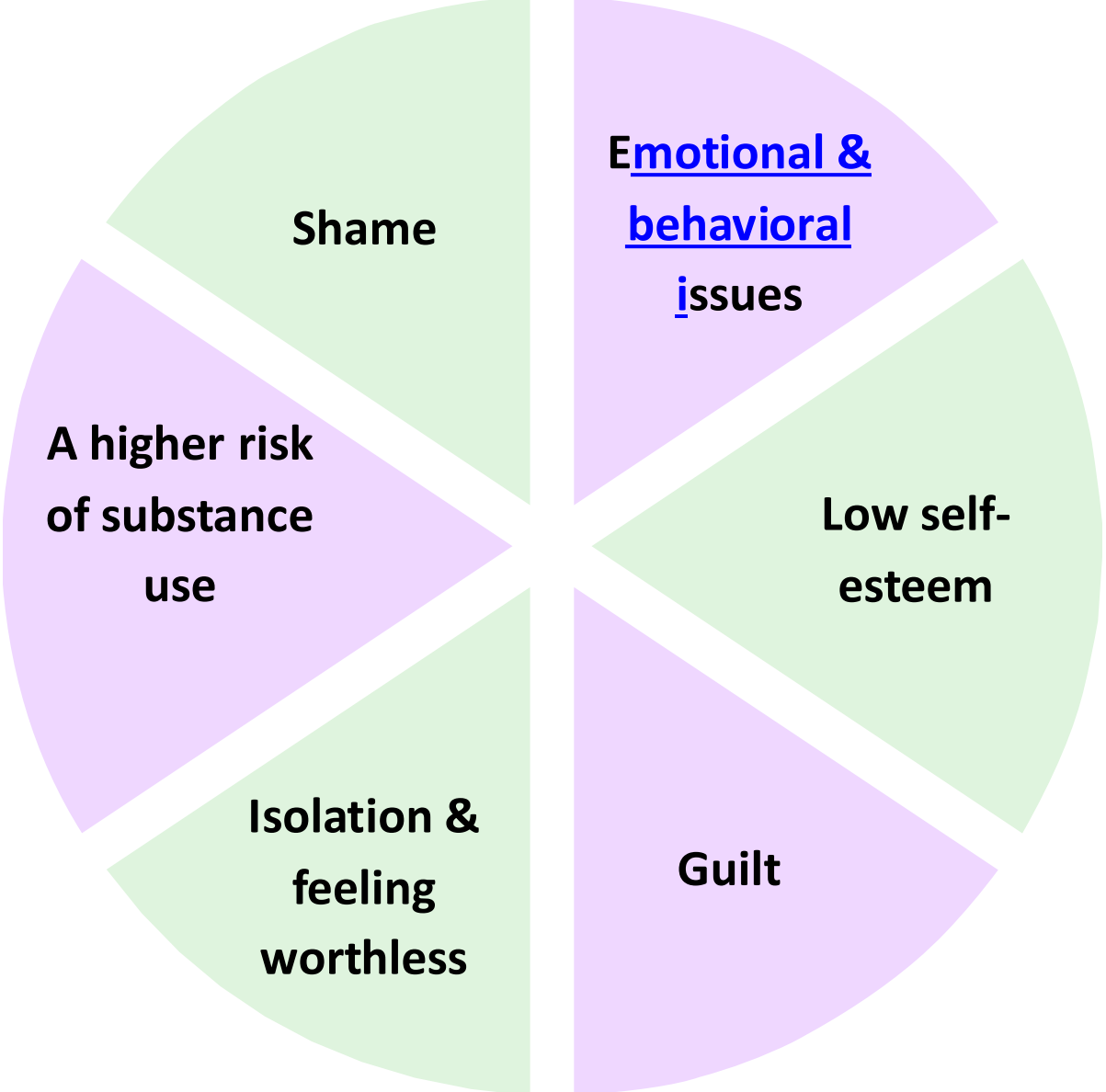
You are not alone



It's OK to talk



Challenges for children



Empathic Strain

An occupational hazard for educators

The work of helping requires those in various professions to open their hearts and minds to those they work with. This very process is what makes these workers vulnerable to being profoundly affected by their work and yet it is an essential skill to maintain in order to be effective, ethical and compassionate.



Early recognition and intervention is important; without intervention empathic strain may negatively impact personal, social and occupational functioning and increase risk for burnout and other mental health conditions.



Evaluation



GOAL of HARM REDUCTION IS TO REDUCE NEGATIVE CONSEQUENCES FROM DRUG USE

TEACHERS PREFER INTERACTIVE TRAINING

Legal drug: A drug such as prescription drugs over the counter drugs are legal; non-medical drug such as caffeine; other non-medical drugs may be legal, but have age restrictions.

Examples: Alcohol, cannabis, etc.

Examples: Cocaine, ecstasy, heroin

ACEs: Child trauma often stems from adverse childhood experiences (ACEs). For more information on ACEs, visit www.decycle.ca

Effects of Traumatic Experiences: Trauma and stress may alter a young person's brain development, impacting memory and learning.

Memory & Learning: Short attention span, Distracted & disengaged, Challenges transitioning to new tasks, Challenges with reasoning skills.

Emotion Regulation: Negative self-talk, Anger, rage or aggression, Intense emotional reactions, Difficulty managing stress.

Physical Health: Stomach aches, Headaches, Fatigue, Hypersensitivity to light, sounds, smells, Difficulty sleeping, Changes in appetite, Long-term or recurring illness, Body aches.

Childhood trauma may increase risk behaviours: Smoking, Eating disorders, Substance use, High risk activities.

Other names for cannabis concentrates: Hashish, Honeyoil, Honeycomb, Shatter, Wax.

Electronic vape pen: May be disposable or a cartridge to be reloaded with concentrates.

Dabbing rig: A glass rig similar to a bong. Concentrates are placed in it and heated with a lighter.

Dabbing devices can be purchased legally or made at home.

THC: The main psychoactive chemical in cannabis. It causes the 'high'.

CBD: The non-intoxicating component that may have some calming effect.

What are the effects? The effects of cannabis depend many factors, like mood, food intake, the amount of THC, other drugs, and tolerance.

Dab pens and rigs can irritate the mouth, throat, and lungs, potentially causing infections and a lingering cough.

Regular use may lead to dependence and addiction. It may be hard to stop using cannabis, even if you know it is negatively affecting you.

Types of ACEs: Neglect, Abuse/Maltreatment, Foster Care.

Did you know? Children who have experienced at least 1 ACE are 2x more likely to have difficulty finding work. Children who have experienced at least 2 ACEs are 3x more likely to develop an alcohol use disorder. Both the prevalence and risk of chronic health conditions increases with the number of ACEs in a person's life.

2 out of 3 people have experienced at least 1 ACE.

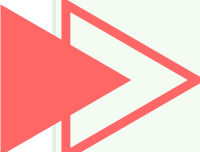
Abstract: Substance use is common among youth which can adversely affect youth health. Despite the prevalence of cannabis in Canada and much of the United States, there is a lack of evidence-based harm reduction education in schools. In addition, educators may not feel prepared to teach about cannabis use.

RESEARCH ARTICLE: A survey of educator perspectives on teaching harm reduction cannabis education

Molly K. Downey¹, Lisa D. Bishop^{2,3*}, Jennifer R. Donnan², Emily C. Rowe¹, Nick Harris¹

¹ Department of Psychology, Memorial University of Newfoundland, St. John's, NL, Canada, ² School of Pharmacy, Memorial University of Newfoundland, St. John's, NL, Canada, ³ Faculty of Medicine, Memorial University of Newfoundland, St. John's, NL, Canada

* ldbishop@mun.ca



Grades 4, 5, and 7

- Spring 2024
- 6 educators participated from urban and rural areas of NL
- All received professional learning
- Delivered in classroom, then completed feedback form and interview



Grades 7-9

- Fall 2024, currently recruiting teachers



Teacher Professional Learning

9

DECYDE Professional Learning Workshops



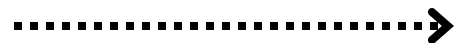
154

Educators participated

To expand reach, the professional learning modules have been adapted to **shorter informational presentations** delivered in-person and virtually.

10

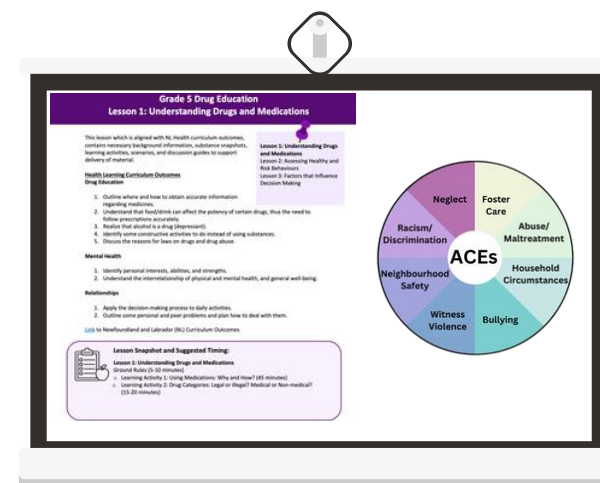
DECYDE Informational Presentations



242

Educators participated

95% reported an **increase in knowledge** about substance use prevention and harm reduction



“This was one of the **most beneficial and practical** professional learning sessions I have done in my 9 years of teaching... I really appreciate **leaving with resources I can actually use** in my classroom.”



Pilot Evaluation: Themes

SKILLS BASED HEALTH EDUCATION (SBHE)

- Sub themes:**
- (1) Timeliness of program
 - (2) Quality of materials
 - (3) Professional learning
 - (4) Cross curricular

SUBSTANCE USE

- Sub themes:**
- (1) Alcohol & other drugs
 - (2) Harm reduction
 - (3) Primary prevention

THEMES AND SUB- THEMES

DECISION MAKING

- Sub themes:**
- (1) Classroom engagement
 - (2) Application of decision making

STUDENT EXPERIENCES

- Sub themes:**
- (1) Student engagement
 - (2) Equity, Diversity, & Inclusion
 - (3) Trauma & Adverse Childhood Experiences

(DECYDE is) really well done. I'm continuously impressed by it .. the curriculum and the guides that are given to me, and then I can adjust it because of the high needs in my classroom. But it's fantastic. I tell everyone about it ... it's what we've been asking for, for all these years.

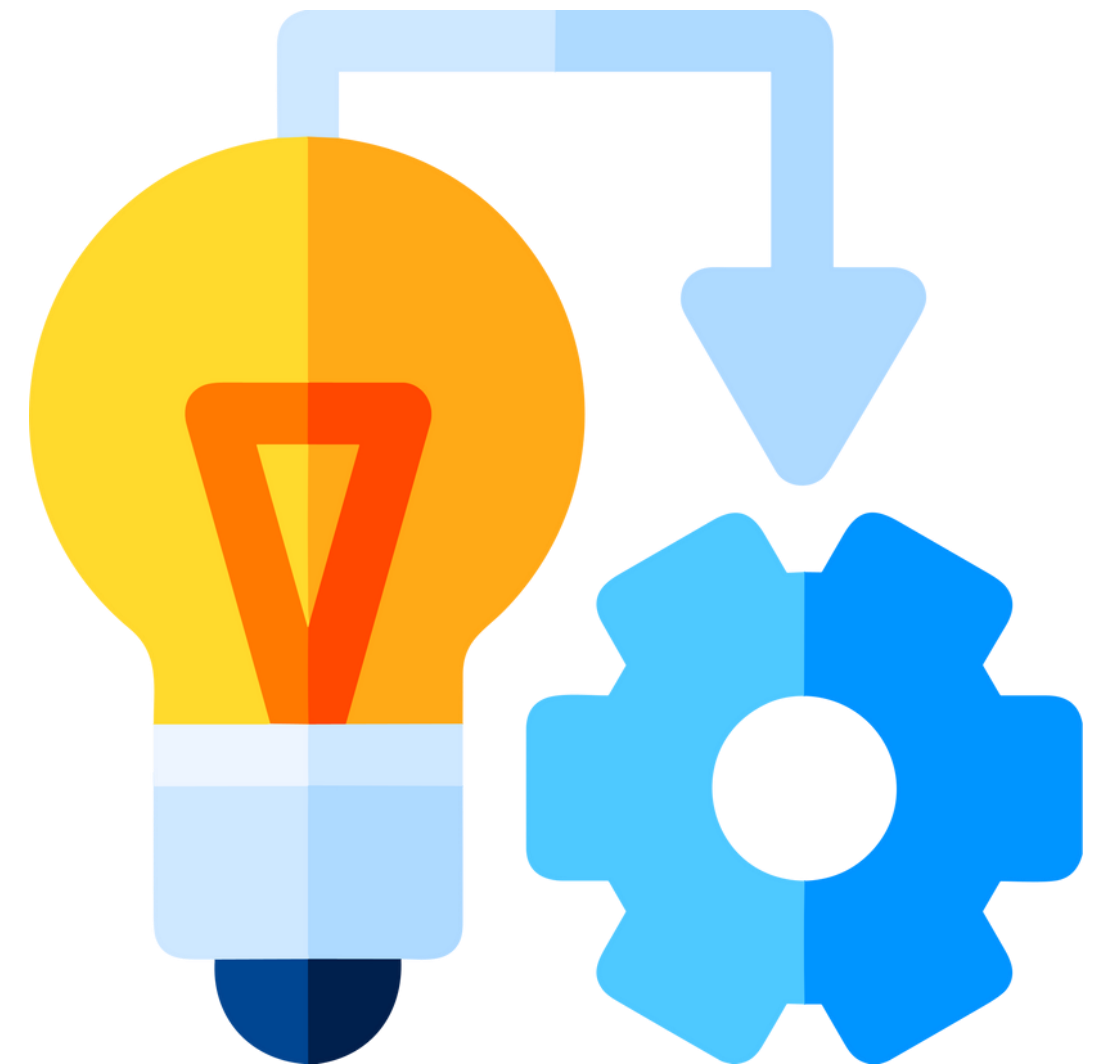
The health curriculum hasn't been updated since the 90s... And the whole idea of harm reduction is just not something that even clicked in the kids minds at all - before it was you just say no to drugs, you don't do this. But that's obviously not the answer. As everybody would probably agree on, it's about kind of showing them the right choices to make with those situations.

One of the things (we were) talking about was wearing a helmet. One of my students lives near me and the day before, had been biking up and down with no helmet. And then I saw him that evening after we had that discussion - he was wearing his helmet ...I felt like I was making a difference that day... He evaluated his decision.

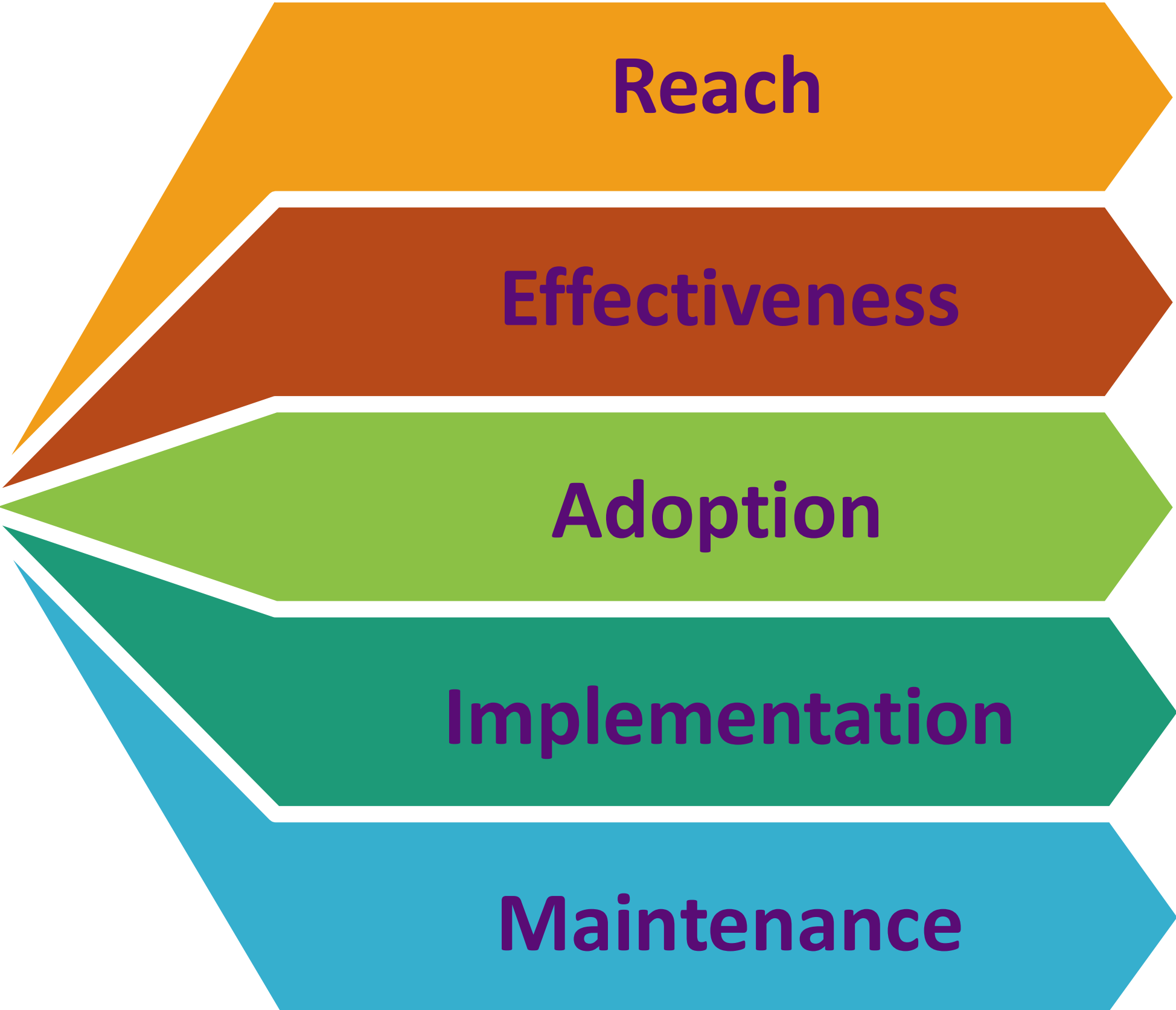
I was blown away by how much they took away from it. And I even asked them when we're done .. did you guys like this? ... and they were like, yeah, it was way better than the normal health ... but they were really engaged because it was new and relevant. And they seem like they were paying more attention. And I had kids participating in the discussion that I had barely heard from all year.

Full Implementation

- Materials and resources are being translated into French
- DECYDE has been added as a recommended resource within the Dept of Education's curriculum guides
- District wide professional learning for health teachers in 2025



Evaluation - PRISM RE-AIM Framework



COMPASS Survey




Provincial systematic data collection

Funding to pilot-test the survey within a few schools to generate a preliminary data set has been provided by the Janeway Foundation.

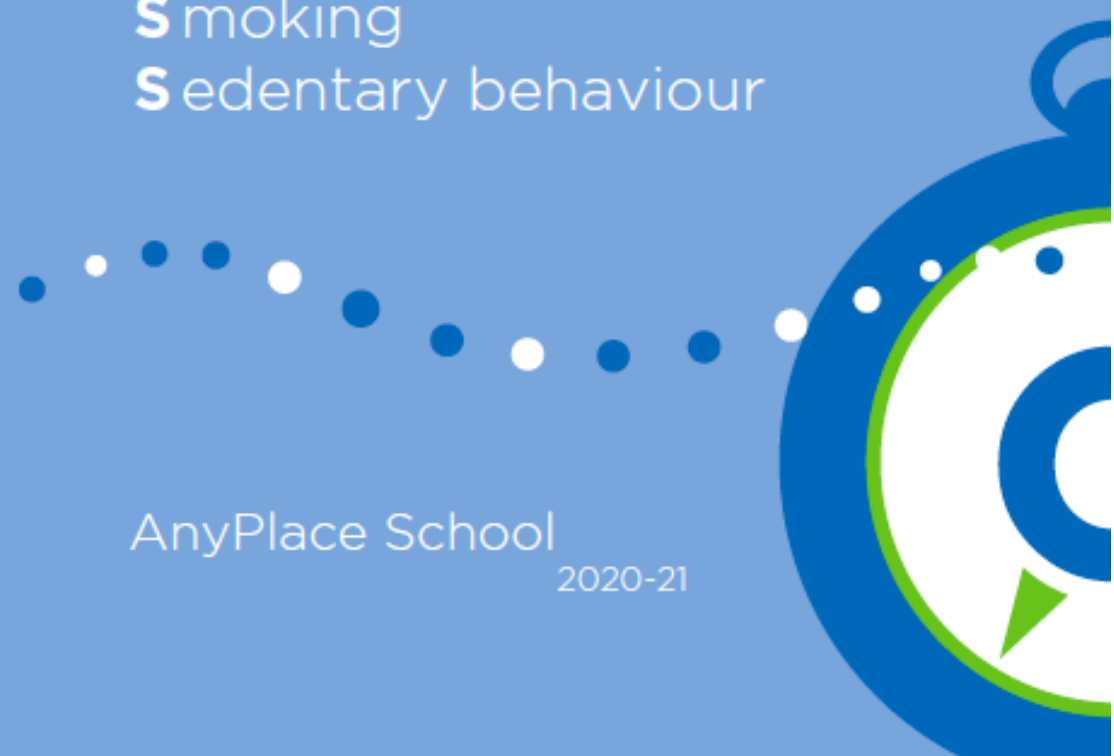
COMPASS Survey

- 1** The COMPASS study is designed to annually collect health survey data from Canadian secondary school students (Grades 7-12)
- 2** COMPASS provides timely & school-specific evidence on how school environments are related to student health behaviours.
- 3** The resulting **School Health Profile** allows for the development of new school programs, policies, and resources to improve student health outcomes.

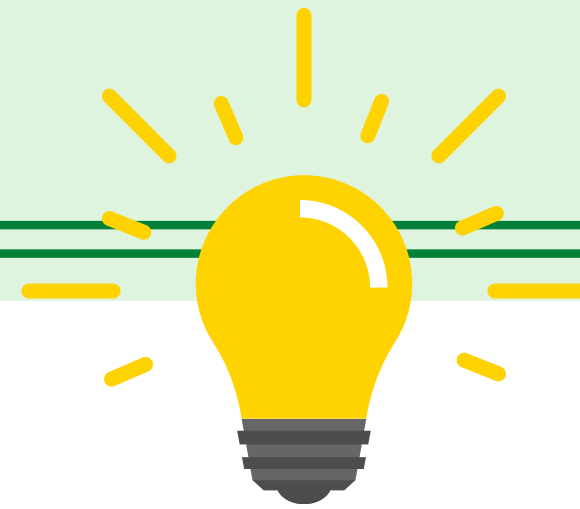


Cannabis use
Obesity
Mental health
Physical activity
Alcohol use
Smoking
Sedentary behaviour

AnyPlace School
2020-21

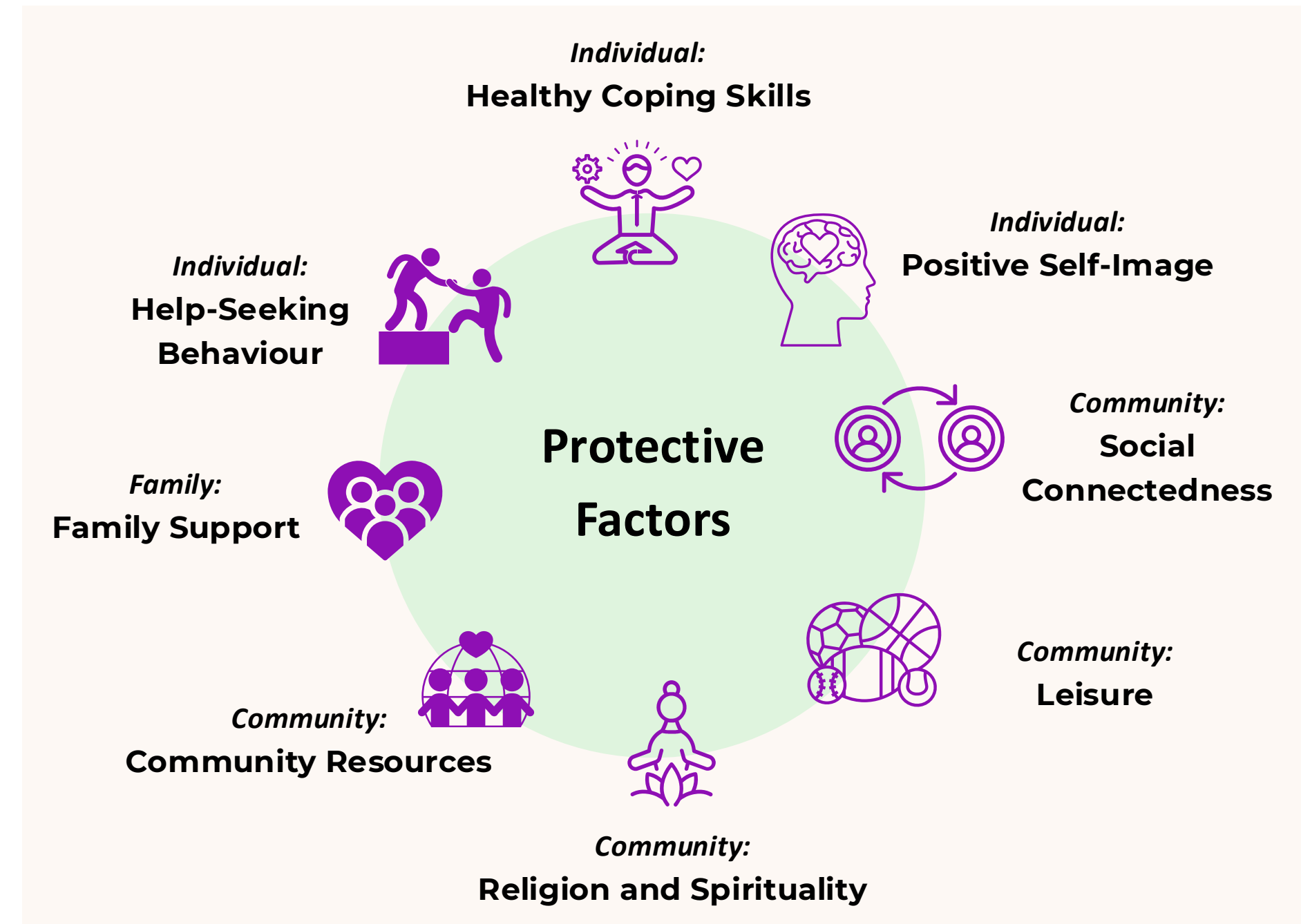
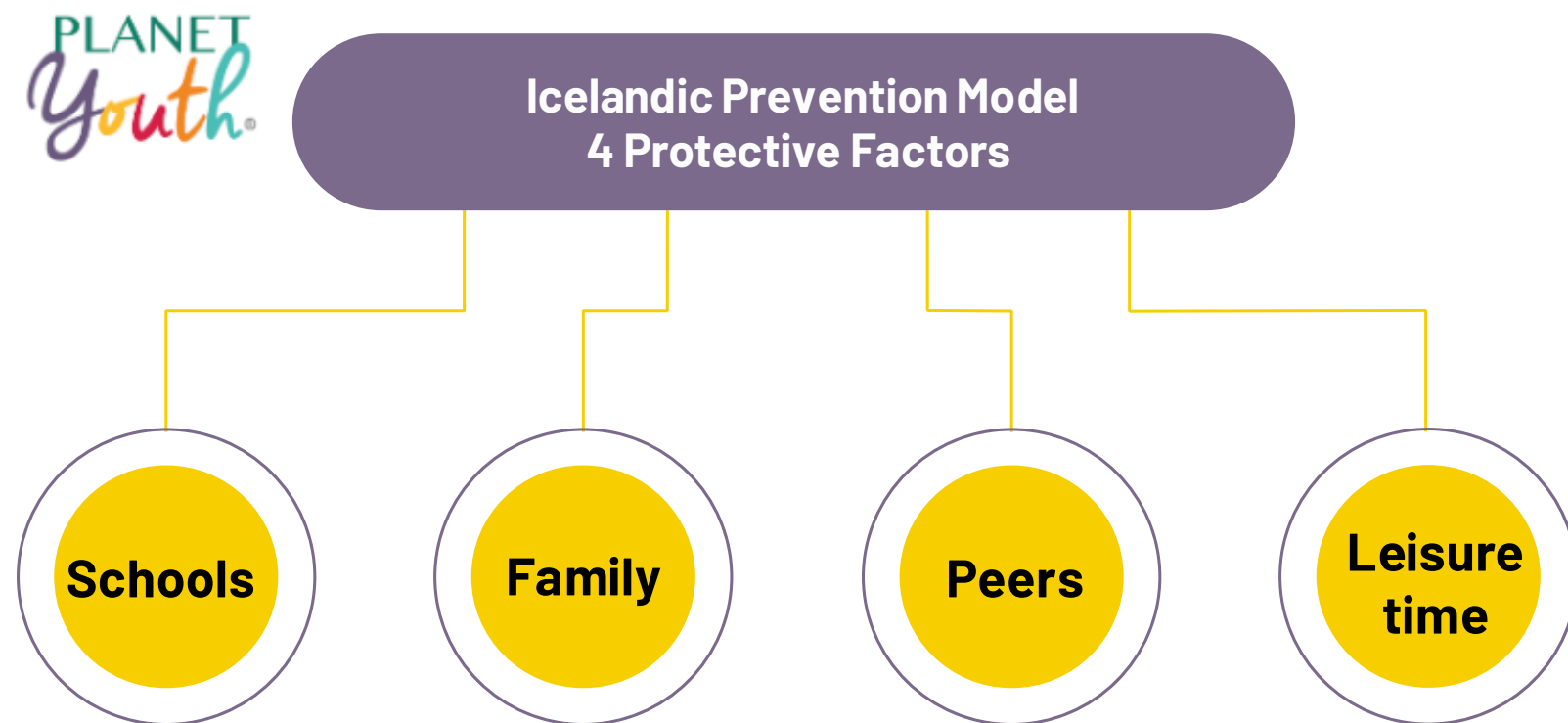


Looking Ahead



Primary Prevention for Community-Level Programs and Services

According to Planet Youth, the organization supporting international adoption of the Icelandic Prevention Model (IPM), the four protective domains for substance use can moderate the negative consequences of risk exposure.

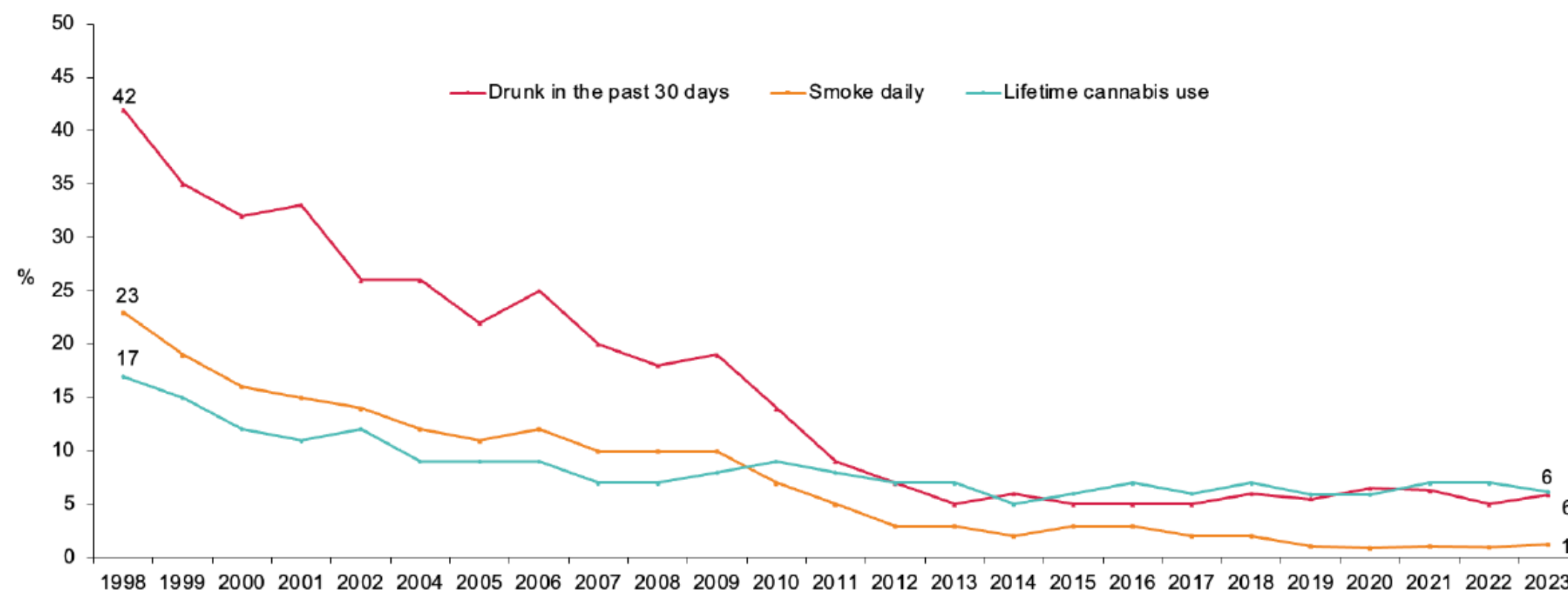




Collecting data engages and empowers community members to make practical decisions using **local, high-quality, accessible data.**

The Icelandic Prevention Model: Prevention Through Social Change

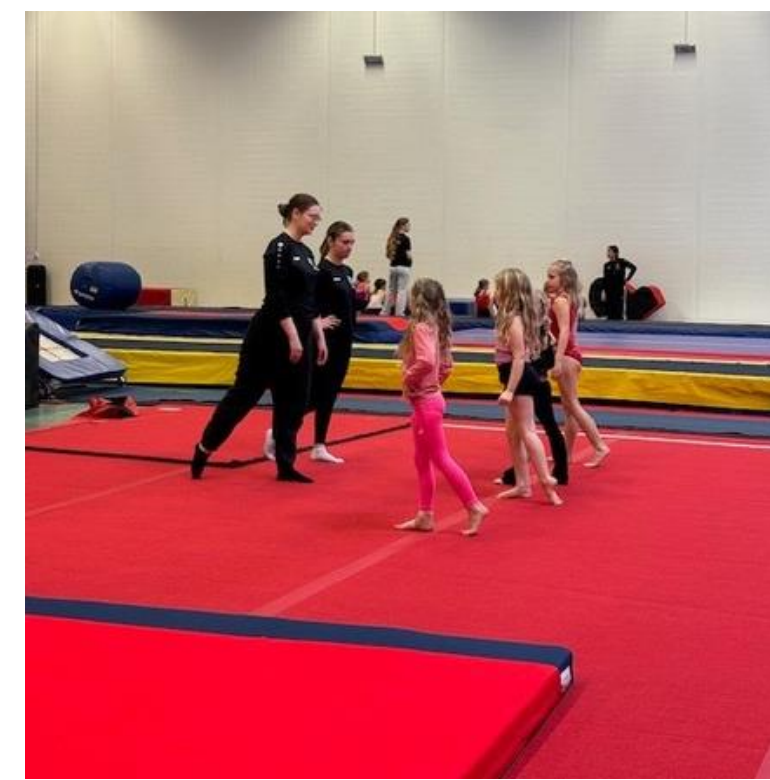
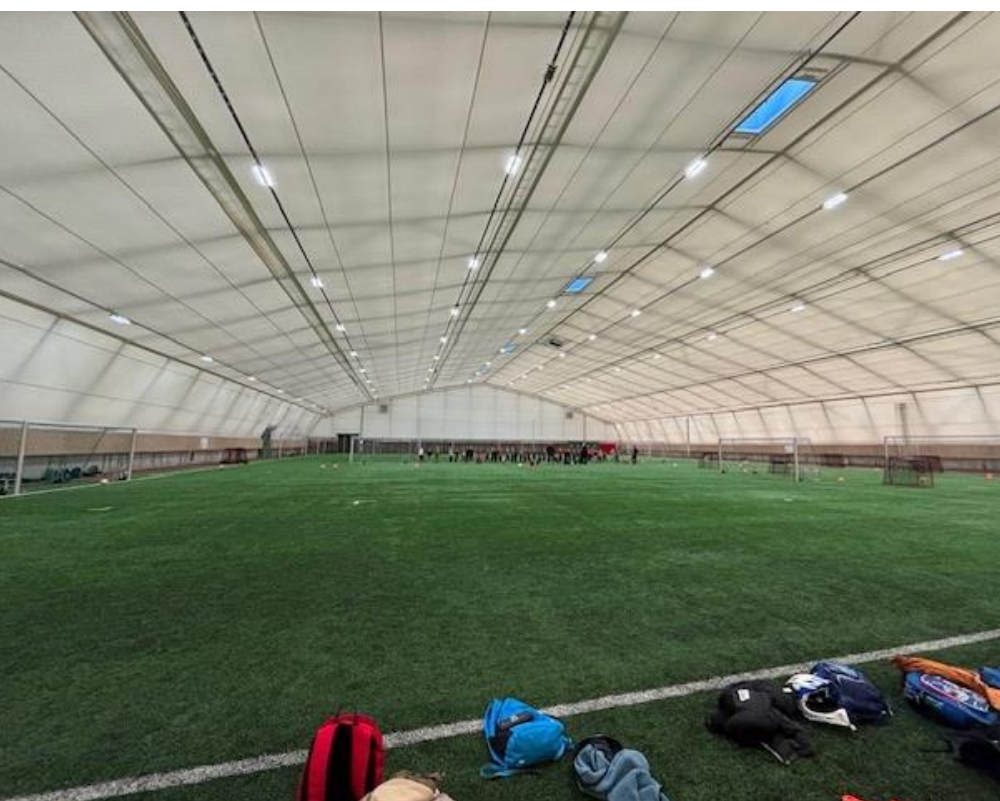
Development of substance use among 10th grade students in Iceland, years 1998-2023



Data: The Icelandic Centre for Social Research and Analysis, ICSRA/ 2023



Primary Prevention for Community-Level Programs and Services



Prioritize primary prevention and social change



Table 1 The Five Guiding Principles of the Icelandic Prevention Model

Guiding Principle 1	Apply a primary prevention approach that is designed to <u>enhance the social environment.</u>
Guiding Principle 2	Emphasize community action and <u>embrace public schools as the natural hub of neighborhood/area efforts to support child and adolescent health, learning, and life success.</u>
Guiding Principle 3	Engage and empower community members to make practical decisions using local, <u>high-quality, accessible data and diagnostics.</u>
Guiding Principle 4	Integrate researchers, policy makers, practitioners, and community members into a unified <u>team dedicated to solving complex, real-world problems.</u>
Guiding Principle 5	<u>Match the scope of the solution to the scope of the problem,</u> including emphasizing long-term intervention and efforts to marshal adequate community resources.

Drug Education Centred on Youth Decision Empowerment: A drug education and awareness strategy

MISSION

Provide evidence-based, trauma-informed, substance use education and resources with a focus on prevention and harm reduction for youth, educators, and guardians.

VISION

To empower youth to make safe and informed choices regarding their substance use health.

Educator

Guardian/Public

Stakeholder

Educator Resources and Lesson Plans

Professional Learning



FACE Decision-Making Model



Topical Infographics



Support Resources



Caregiver Café



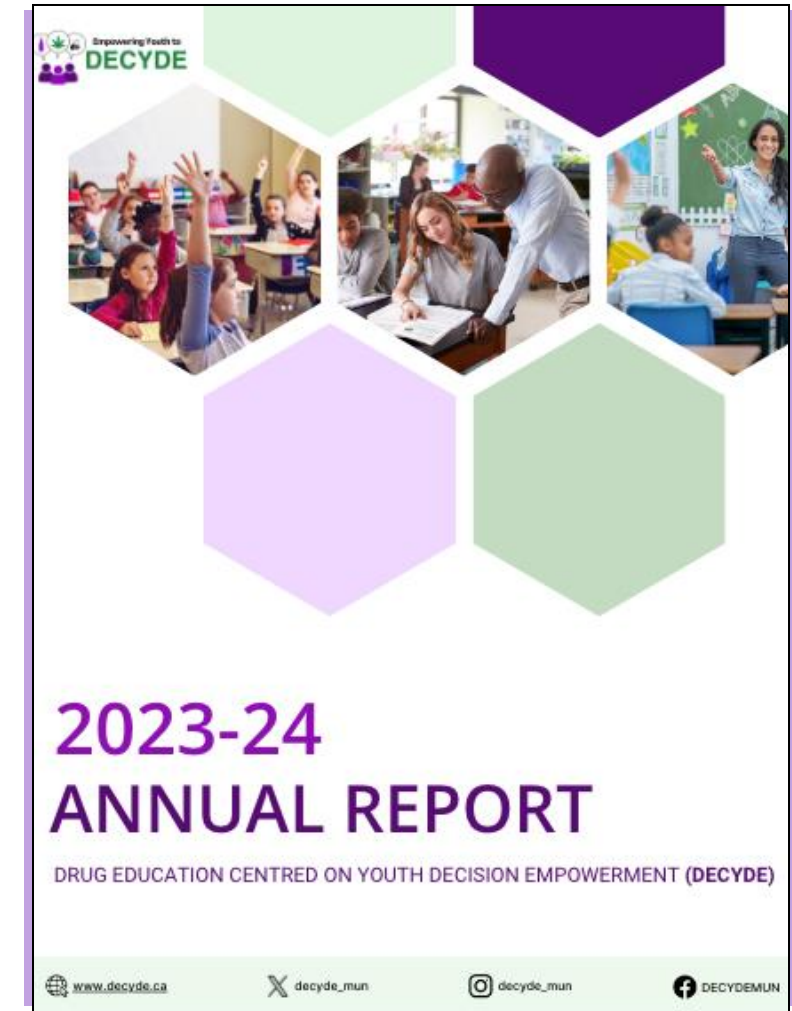
School/Community Reports



Empowering Youth to
DECYDE

Thank you!

Please share your feedback:



DECYLE 2023-24 Annual Report

Now available at www.decyle.ca!



@DECYDE_mun



@DECYDEMUN



@decyle_mun



decyle@mun.ca