



HOW SCHOOL SYSTEMS CAN IMPROVE HEALTH AND WELL-BEING



Background

Schools play a key role in providing safe, nurturing learning environments that provide the foundation for learners to grow, learn and become healthy, educated and engaged citizens.

What is a health-promoting school?

Health-promoting schools (HPS) are schools with strengthened capacity to be healthy settings for living, learning and working. HPS reflect a whole-school approach, comprising healthy school policies, curricula, environments, communities and health services. A comprehensive school health programme aims to make every school a health-promoting school, which can be achieved by building health-promoting education systems. A health-promoting education system is one that, through intentional, planned actions, institutionalizes health promotion in all its functions, i.e. governance of the educational process and its content, resource allocation, educators' professional development, information systems and performance management.

What is new?

Although the concept of HPS was introduced by WHO many decades ago, the aspiration of fully embedded, sustainable HPS within educational systems is yet to be achieved; few countries have implemented HPS at scale. To fulfil the vision of "making every school a health-promoting school", United Nations agencies collaborated on developing global standards for HPS and systems, implementation guidance and case studies from low- and middle-income countries. These evidence-informed resources are intended to be used by national education, health and associated sectors to strengthen their school health programmes in order to build health-promoting education systems.

TOPIC BRIEF

Substance use

Why is addressing substance use important for health and well-being?

Substance use refers to the consumption of any psychoactive substance, regardless of its controlled status. They include alcohol, nicotine in tobacco and e-cigarettes (and similar products), psychoactive prescription drugs used for non-medical reasons and other substances (e.g., cannabis). Experimentation with substances is a normal part of adolescent development, as risk-taking behaviour increases with the transition into adulthood. Some learners, however, may sustain substance use and develop patterns of use that place them at high risk of harm. These risky patterns include frequent use, use of high quantities, use for a long time, high intensity of use and polysubstance use.

Learners who use substances may be at risk of short-term health consequences such as overdose or injuries and are at risk of longer-term consequences such as substance dependence and other health and social problems. Substance use by children and adolescents can disrupt their physical, cognitive, and psychological development. Substances that are smoked or are otherwise inhaled have been linked to respiratory difficulties and chronic health conditions. Substances that are injected increase the risk of contracting and transmitting blood-borne diseases.



Substance use can also contribute to other short and long-term difficulties in life, including in educational attainment, in relationships and in employment. Learners who possess or use substances may also face, depending on the legal and cultural contexts, stigmatization, discrimination, human rights violations and other punitive outcomes (e.g., criminal conviction).

Why is addressing substance use important for education and learning?

Substance use can be associated with disruption of learners' education, including truancy, poorer academic performance, drop out and exclusion. This is often exacerbated by the punitive approaches taken by some schools towards learners who use substances (e.g., suspension, expulsion).

Substance use by others (e.g., caregivers, school staff, peers) can also result in harm to learners. In families and communities, substance use by others can increase the risks of detrimental outcomes such as poor social functioning, neglect, abuse and economic hardship.

The global learning crisis is due not only to inadequate investment in teachers and school infrastructure but also to lack of attention to the well-being of children and adolescents. Addressing substance use in learners and their communities involves approaches to improve social and emotional skills (e.g., managing stress), which in turn improves learning and other measures of quality of life.

Why are schools important for addressing substance use?

Most children and adolescents spend much of their time at school. People who use substances typically initiate use during adolescence, which makes schools well placed to address substance use and associated harms. Social norms with respect to substance use are formed through interactions with peers and staff at schools. Peers, in particular, are known to

influence substance use patterns, indicating that whole-school approaches will be especially effective.

Some schools implement prevention based exclusively on maintaining abstinence and are intolerant of any use of psychoactive substances. This often has the unintended effect of ostracizing learners who are already using substances and can be ineffective in reducing harm resulting from substance use. Factors that contribute to early initiation and maintenance of substance use include broader aspects of socioemotional well-being (e.g., peer and parent influence, experiencing discrimination, difficulty in emotional regulation) that require approaches beyond addressing substance use as a singular issue.

Schools should create conditions in which learners can develop social and emotional skills to protect themselves from substance use. Schools can also facilitate timely access to support services when required for learners who are experiencing substance use problems. When schools provide a safe, non-judgemental environment, learners will be more likely to seek help on issues including substance use and associated health or social consequences.

What are the current gaps?

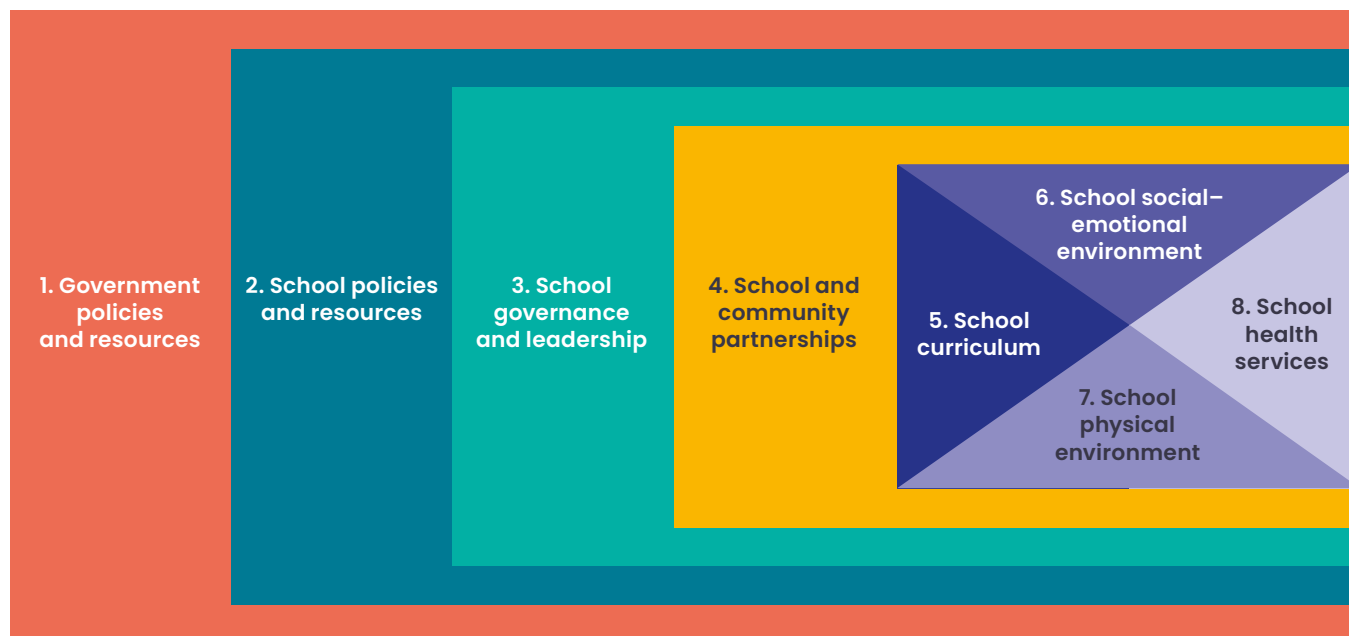
Schools may have already implemented strategies to address substance use that disrupts learning; However, few schools sustainably embed these programmes or approaches within an HPS and systems framework.

The many determinants of substance use require solutions within many systems and sectors, including health, education, social protection and justice. Bringing these systems together is the essence of the HPS and systems approach. The advantage of this approach is its potential to amplify benefits for well-being, health and education by harmonizing policies and practices across multiple health areas simultaneously, leveraging not only the school's resources but also the surrounding environment and community. This brief explores how policies, curricula, environments and services can be better designed and integrated to address substance use.

What are health-promoting schools and systems?

The eight global standards are a system of interconnected elements (Fig. 1) comprising governance structures (primarily standards 1–4), community partnerships (standard 4) and school operations (primarily standards 5–8). A systems approach ensures that policies, mechanisms and resources for health and well-being are sustainably promoted in all aspects of school life. This involves cross-sectoral collaboration, participatory processes, models of distributed leadership, capacity-building and effective monitoring and evaluation.

Fig. 1. The eight global standards for health-promoting schools and systems



As in this topic brief, the global standards are designed to be used by various stakeholders involved in identifying, planning, funding, implementing, monitoring and evaluating any whole-school approach (even if the term HPS is not used) at local, subnational, national and global levels, primary and secondary schooling and public and private educational institutions.

Activating synergies in interventions

What is the relation between substance use and mental health?

Substance use can increase the risk of mental health problems (e.g., depression, anxiety) and increase the severity of existing mental health problems. Furthermore, having mental health problems can increase the risk of substance use (e.g., as a way of coping), which impacts learning and development.

Substances can also interact with medications for mental health problems (e.g., antidepressants), making them less effective or causing harmful side-effects.

The most effective ways of reducing the harm of substance use involve developing skills that are also crucial to mental health, such as emotional regulation and stress management.

What is the relation between substance use and sexual and reproductive health, rights and gender?

Substance use can be linked to a range of sexual and reproductive health (SRH) risks, including having unprotected sex and having more sexual partners. Young people who have experienced sexual and gender-based violence are also at greater risk of substance use, with health and social

consequences. Additionally, substances can contribute to chronic sexual and reproductive health conditions; for example, tobacco use is associated with persistence of human papillomavirus infection and development of cervical cancer.

SRH risks can result in substantial harm to learners and disrupt their education (e.g., sexually transmitted infections, unintended pregnancy). Addressing substance use and SRH in tandem can benefit learners' physical as well as mental health.



How can we address substance use using a health-promoting schools and systems approach?

The following are examples of actions, activities or initiatives that can be conducted to address substance use using an HPS and systems approach. The list is not exhaustive; actions will depend on the context (e.g., social, cultural, country specific) and the level of schooling (e.g., primary, secondary) and are ideally generated through engagement with all stakeholders (e.g., teachers, learners, community, caregivers, government, private sector and civil society organizations), based on local data. Solutions that target multiple aspects of education, health and well-being are encouraged as cost-effective ways of amplifying benefits.



1 Government policies and resources

- Develop national policies for HPS and substance use (e.g., substances should not be possessed, used or distributed on school premises or during school functions by anyone present; substance possession and use should not result in responses that deny access to education; learners with substance use problems should be given access to school and complementary support), alignment should be assured between the ministry of education and all relevant sectors (e.g., health, youth, community and social services).
- Ensure that the comprehensive national health and nutrition curriculum integrates evidence-based approaches that reduce substance use through a combination of substance-specific and skills-based education (e.g., the effects of substance use, managing stress, responsible decision-making, awareness of social influences).
- Support training and professional development in whole-school approaches for pre-service and in-service school staff (e.g., identifying risk factors for harm, managing emotions, navigating difficulties, self-harm prevention, protocol for referring learners and families to mental health and substance use services where relevant).
- Collect data on beliefs about, behaviour towards and prevalence of substance use among learners and caregivers at national and subnational levels (e.g., national and school surveys) to inform policy planning and implementation (e.g., curricula to address common misconceptions about substance use).
- Develop national policies to reduce children's and adolescents' exposure and access to legally available substances (e.g., implement or raise a minimum legal age of purchase and consumption of substances; restrict the sale and advertising of substances in the vicinity of educational settings; regulate supply of substances to children and adolescents from caregivers and other adults).



2 School policies and resources

- Communicate and endorse policies and standards (e.g., nicotine- and tobacco-free school grounds and events; guidelines for early identification of substance use problems; how learners with substance use problems can seek help) to learners, staff, caregivers and the wider community, in all local languages.
- Establish clear policies and processes to ensure confidentiality, identification, assessment, management and referral pathways for learners with substance use problems, developed in consultation with learners, caregivers and staff.
- Support staff training and continued professional development (e.g., delivering structured skills-based education approaches with learner-learner interactivity; recognizing and accommodating individual differences).
- Develop accessible resources that provide ongoing support to staff (e.g., a booklet or website that summarizes recent research findings, with practical strategies to address substance use problems in learners).

EXAMPLES OF ACTIONS, FRAMED WITHIN THE GLOBAL STANDARDS FOR HPS AND SYSTEMS

3 School governance and leadership

- Establish an HPS committee comprising learners, staff, caregivers, community leaders and health experts to plan, implement and evaluate initiatives to create and maintain a safe, discrimination-free school environment.
- Involve all teachers, school health staff, learner representatives and caregivers in decision-making to promote HPS and address substance use.
- Encourage teachers, school staff and caregivers to act as role models of healthy behaviour (e.g., not consuming substances in the presence of learners, openly communicating about difficulties, respecting and treating other people as equals).





4 School and community partnerships

- Engage with local community and cultural groups to promote awareness of social issues and encourage a safe social environment (e.g., participate in community service, social justice movements, local events, sporting and other extracurricular activities).
- Provide caregivers with practical guidance on addressing substance use (e.g., practical and evidence-informed guidance, awareness of their own substance use, encourage responsiveness and supportiveness in the family) and recognise risk factors for substance use (e.g., genetic risks, conduct and other mental health problems).
- Endorse substance-free policies among community partners (e.g., sports organizations, recreation centres).
- Communicate with local businesses located near schools to discourage sale of substances.
- Encourage local businesses that sell substances to avoid any point-of-sale advertisements or displays of substances and ensure that all substances are stored securely (e.g., keep tobacco products locked behind the counter).



5 School curriculum

- Emphasize skills-based and interactive curricula. Avoid approaches that only passively educate learners on substances or focus solely on abstinence. Ensure that the social structures that contribute to substance use are discussed and critically analysed by learners (e.g., social norms of masculinity).
- For primary school learners (typically aged 6–12 years), focus on improving personal and social skills (e.g., decision-making, goal-setting, emotional regulation, social awareness, negotiating and managing relationships) without referring to specific substances and avoiding fear-based approaches.
- For secondary school learners (typically aged 13–18 years), provide opportunities to continue practising and learning personal and social skills (e.g., coping with difficulty, decision-making, risk assessment), in addition to enhancing substance use literacy (e.g., change the perception of the risks and immediate consequences of substance use, address misconceptions about the expectations and prevalence of substance use, recognize and minimize social, societal and socio-political influences).



6 School social-emotional environment

- Instruct all staff and attendees at school events that no substances are to be consumed during school events and functions (e.g., no smoking, use of e-cigarettes and related products or other forms of tobacco use).
- Establish staff-supervised peer support and peer-led programmes to foster positive social connections among learners (e.g., mentoring, extracurricular clubs).
- Ensure that staff and learners have the skills to build positive relationships, including resistance to peer pressure and conflict resolution.
- Commit to “zero tolerance” of bullying and discrimination among learners and staff.

7 School physical environment

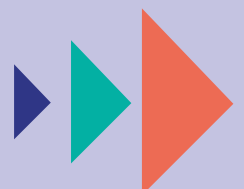


- Ensure that the school grounds are secure and that all visitors are registered and agree that no substance is to be used on school grounds.
- Supervise all school spaces, and limit learners’ access to spaces where substance use may occur.
- Provide environmental prompts to remind all learners, staff and visitors that no substances are to be used on school grounds, including in staff-only areas.
- Provide environmental prompts to promote well-being in the community (e.g., posters encouraging help-seeking, messages supporting diversity and inclusivity).



8 School health services

- Provide access to support and counselling services for mental health issues and substance use delivered by trained staff.
- Provide timely one-to-one support and intervention for learners who may be at risk of substance use.
- Facilitate referral to community and other professional health services as required for learners with substance use or learners who have been impacted by others’ substance use problems (e.g., social services).
- Ensure that health and well-being support services are confidential and that learners are not singled out by staff for their use of support services (e.g., schedule support sessions during breaks or after school hours so that learners are not deprived of educational opportunities and are not identified in front of other staff and peers).



How does a systems approach to addressing substance use work in various contexts?

Lions Quest Skills for Adolescence, Montenegro, North Macedonia and Serbia

Background: In collaboration with the United Nations Office on Drugs and Crime (UNODC), the ministries of education in Montenegro, North Macedonia and Serbia pilot-tested the Lions Quest Skills for Adolescence, beginning with a pilot intervention in Serbia in 2014 and scaling up regionally thereafter.

Approach: The Lions Quest Skills for Adolescence is an evidence-based programme developed by the Lions Clubs International Foundation to reduce substance use and associated risky behaviours by improving social and emotional skills. The programme is delivered by trained facilitators in 40 interactive sessions across two academic years, the topics including communication skills, managing emotions and improving peer and family relationships. Participating elementary schools were selected by the ministries of education and the local Lions Clubs of each country. Potential facilitators were trained in five 3-day workshops, beginning with an introduction to the programme material and implementation methods and then to shadowing, co-leading and leading sessions. The results were compared with those of existing curricula.

Results: In all three countries, students that received the programme showed less alcohol, tobacco and cannabis use and greater refusal skills than students on the existing curriculum. After these promising results, the programme was extended to Croatia in 2019, with adjustments made to extend the programme timeframe from one to two academic years after feedback from the pilot studies.

Message: A systems approach to addressing substance use involves collaboration among government ministries, schools and non-profit organizations to combine resources and knowledge for programme implementation as well as for improvement.

Reference: Maalouf W, Stojanovic M, Kiefer M, Campello G, Heikkila H, El-Khatib Z. Lions Quest Skills for Adolescence program as a school intervention to prevent substance use – a pilot study across three south east European countries. *Prev Sci.* 10§9;20:555–65 (doi: 10.1007/s11121-019-01012-6).

SmokeFreeGreece, Greece

Background: In order to reduce smoking rates in Greece, the Hellenic Cancer Society George D. Behrakis Research Laboratory, a nongovernmental organization, launched the SmokeFreeGreece initiative in 2009, which continues to be implemented with the approval of the Hellenic Ministry of Education, Religious Affairs and Research. SmokeFreeGreece is currently managed in conjunction with the WHO and the American College of Greece Institute of Public Health.

Approach: A multidisciplinary group of educators and health-care providers developed SmokeFreeGreece with feedback from students, teachers and parent representatives. To broaden the reach of the programme to students living in remote areas, collaboration was established with Symplefsi, a non-profit organization for improving the lives of residents on remote Greek islands. The initiative comprises a broad range of approaches, including school-based interventions, educational material, school conferences and student competitions. Interactive school-based interventions were tailored to specific ages; for example, the primary school version includes an activity in which students breathe through straws to simulate respiratory difficulties. The initiative includes components to address the health risks of tobacco, peer norms, social influences, media literacy and development of refusal skills, with emphasis on the health benefits of being smoke-free. An annual student conference on tobacco prevention is part of the initiative, with students engaging in tobacco prevention through music, art and theatre.

Results: Since its implementation, SmokeFreeGreece school interventions have reached over 40 000 students across Greece, and 7200 students have attended the annual conferences. Although Greek legislation forbids collection of personal information on minors, the prevalence of smoking has decreased among adolescents and young adults since 2009, suggesting that the initiative has had a positive impact. SmokeFreeGreece materials have been translated into other languages, and the initiative is to be implemented in other European countries.

Message: Partnerships across nongovernmental organizations, government ministries and school community representatives are integral to development of effective systems approaches to address substance use in learners of all ages.

Reference: The SmokeFreeGreece initiative. Athens: SmokeFreeGreece; 2018 (https://health.ec.europa.eu/system/files/2018-09/summary_report_hellenic_en_0.pdf).



Resources

Health-promoting schools



Making every school a health-promoting school: global standards and indicators

<https://www.who.int/publications/item/9789240025059>



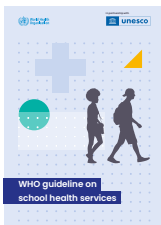
Making every school a health-promoting school: Implementation guidance

<https://www.who.int/publications/item/9789240025073>



Making every school a health-promoting school: country case studies

<https://www.who.int/publications/item/9789240025431>



WHO guidelines on school health services

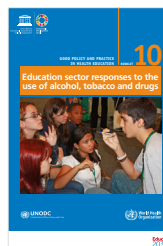
<https://www.who.int/publications/item/9789240029392>

Substance use



International Standards on Drug Use Prevention, second updated edition (UNODC and WHO)

https://www.unodc.org/documents/prevention/UNODC-WHO_2018_prevention_standards_E.pdf



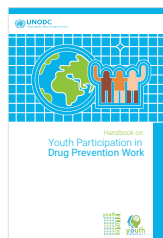
Good Policy and Practice in Health Education: Education sector responses to the use of alcohol, tobacco and drugs (UNESCO)

<https://cdn.who.int/media/docs/default-source/substance-use/247509eng.pdf>



Helping Adolescents Thrive Toolkit (WHO and UNICEF)

<https://www.who.int/publications/item/9789240025554>



Handbook on Youth Participation in Drug Prevention Work (UNODC)

https://www.unodc.org/res/prevention/youth-initiative/resources-new_html/Handbook_on_Youth_Participation.pdf



Family United (UNODC)

https://www.unodc.org/res/listen-first/parenting-under-covid-19_html/Family-UNited-leaflet-20200218.pdf



Strong Families (UNODC)

https://www.unodc.org/res/prevention/strong-families_html/Strong_families_Brochure_updated.pdf

Acknowledgements

Development of this series of topic briefs was coordinated by Dr Faten Ben Abdelaziz, Dr Valentina Baltag, Dr Mervat Nessiem and Ms Audrey Kettaneh at WHO; Mr Yongfeng Liu and Ms Emilie Sidaner at UNESCO; and Ms Deepika Sharma and Ms Joanna Lai at UNICEF.

The briefs were written by Professor Susan Sawyer, Centre for Adolescent Health, Murdoch Children's Research Institute, Royal Children's Hospital, and University of Melbourne, Australia, a WHO Collaborating Centre for Adolescent Health, in collaboration with Dr Monika Raniti. The lead writers were Dr Monika Raniti (Mental health); Dr Natalie Evans (Nutrition and WASH); Dr Dorothy Dumuid and Associate Professor Carol Maher (Physical activity); and Dr Wing See Yuen and Associate Professor Amy Peacock (Substance use).

WHO acknowledges the valuable contributions of technical experts at WHO, UNESCO, UNICEF, WFP and UNODC, including regional advisers and other academic experts who provided feedback.

WHO gratefully acknowledges the financial support of the NORAD Fund.

How school systems can improve health and well-being. Topic brief: substance abuse

ISBN 978-92-4-006481-2 (electronic version)

ISBN 978-92-4-006482-9 (print version)

© **World Health Organization 2023**. Some rights reserved.
This work is available under the CC BY-NC-SA 3.0 IGO licence.

Design and layout by Inis Communication



For further information, please contact:

Health Promotion Department

World Health Organization

20, Avenue Appia CH-1211 Geneva 27 Switzerland

<https://www.who.int/health-topics/health-promotion>

