

# Youth Gambling, Gaming and Substance Use Prevention Program

**To:** Chair and Members of the Board of Health

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**Medical Officer of Health & CEO** 

## Recommendations

It is recommended that the Board of Health receive this report for information.

## **Key Points**

- Concerning rates of potentially harmful and addictive behaviours such as gambling, gaming and substance use have been reported by school-aged youth in Wellington-Dufferin-Guelph (WDG).
- Community Addiction Services (CADS) at Homewood Health Centre created a gambling, gaming and substance use prevention and education program for grade eight students in partnership with Upper Grand District School Board (UGSBD) and Wellington Catholic District School Board (WCDSB).
- To support Homewood Health Centre and school board partners, WDG Public Health conducted an evaluation of this program between January and March 2024.
- Evaluation results suggest that students learned the critical thinking skills required to consider the possible consequences of engaging in risky behaviours and gained confidence and knowledge about reaching out for help for themselves or others.



- Students recognized the importance of the program for their mental health and well-being and provided suggestions for program improvement.
- Evaluation findings are being incorporated into future program planning to tailor the program to better suit youth needs, as well as exploring expansion of this program within and beyond WDG.
- The collaborative partnerships involved in this project between WDG Public Health, Homewood Health Centre, UGDSB and WCDSB were critical to its overall success.

# **Background**

Problem gambling is a significant public health issue.¹ It is defined as gambling that interferes with work, school or other activities, as well as harms a person's mental or physical health, relationships or finances.¹ Problem gambling may also pose a greater risk to youth compared to adults. Research suggests that youth from more socially-deprived backgrounds and those who have experienced adverse childhood experiences (e.g., abuse, household dysfunction) are at higher risk for engaging in this behaviour.² Youth gambling has also been associated with low self-esteem, poor self-discipline, drug and substance use, depression and anxiety, and suicide and suicidality.²,³ The detrimental effects from gambling behaviours may have long-term consequences that can exacerbate existing inequalities.⁴ The full spectrum of gambling-related harms can include psychological or emotional distress, disrupted social relationships, financial hardships, deteriorating work or school performance, cultural harms, negative health outcomes and criminal activity.³,5 Moreover, modern technology such as online gaming and sports betting applications are increasing youths' exposure to gambling, which may further exacerbate the risks for this vulnerable population.6

Although Ontario's legal gambling age is 18 years old, youth across Ontario regularly engage in gambling activities. According to the 2021 Ontario Student Drug Use and Health Survey, 26 percent of students in grades seven to 12 reported gambling money on at least one activity in the past year, with the most prevalent activity being online gambling (15 percent); this was an increase from 4 percent reported in 2019.<sup>7</sup> These behaviours have also been reported locally. Data from Wellington-Dufferin-Guelph (WDG) Public Health's 2024 Well-being and Heath Youth (WHY) survey found that nearly 22 percent of WDG students in grades seven to 12 reported gambling in the past year.<sup>8</sup> Other potentially harmful behaviours were reported in 2024 by grade seven to 12 students in WDG – 11 percent reported cannabis use, 31 percent reported alcohol use and 81 percent reported three or more hours of screen time outside of school per day.<sup>8</sup>

Given local data and evidence-based associations between gambling and addictive behaviours, and poor mental health and well-being in youth, programs and services supporting youth gambling prevention and education are needed in WDG.<sup>2,3</sup>



## **Project Purpose**

WDG Public Health conducted an evaluation of a youth gambling prevention program called SPAW (Strengthen, Prevention and Awareness Workshops) between January and March 2024. This program was created by Community Addiction Services (CADS) at Homewood Health Centre in partnership with the Upper Grand District School Board (UGDSB) and Wellington Catholic District School Board (WCDSB). The program was developed for grade eight students in WDG and was piloted in two schools in Spring 2023. Initial feedback suggested that students enjoyed the program and learned about resources to help in times of distress, as well as healthy decision making related to gambling, gaming and substance use. Given these positive preliminary findings, expansion and formal evaluation of this pilot program was needed.

## **Discussion**

In October 2023, WDG Public Health and Homewood Health Centre received a one-year grant from the Gambling Research Exchange Ontario (GREO) to implement and evaluate the SPAW program according to the following objectives:

- 1. Expand the SPAW program to four elementary schools in WDG.
- Evaluate the impact of the program on students, including knowledge, coping skills, critical thinking and awareness of resources regarding gambling, gaming and substance use.
- 3. Explore opportunities for wider application of the program across WDG schools and other regions within Ontario.

## Implementation and Evaluation

Schools invited to participate in the SPAW program were selected in consultation with the mental health leads at UGDSB and WCDSB. The decision was based on prior knowledge of schools with higher rates of reported mental health challenges and gambling and substance use behaviours, as well as ensuring the inclusion of both rural and urban schools for comparison.

Between January and March 2024, four schools (nine classes) with a total of 258 grade eight students received the program – 65 at School A, 112 at School B, 55 at School C and 26 at School D. Schools A and C are in an urban-rural mixed community setting, School B is in an urban setting and School D is in a rural setting.

The SPAW program involved three consecutive sessions, each 45 minutes in length, delivered during the regular school day and completed over a two-to-four-week period. Each session was facilitated by two CADS therapists specializing in addictions and mental health.



- **Session one** aimed to build awareness of issues related to gambling, gaming, drug and alcohol use and how to identify facts while dispelling common myths.
- **Session two** educated students about mental health wellness, opened conversations and built rapport with students about how to utilize critical thinking and healthy coping skills to help during challenging experiences or distress.
- **Session three** involved an interactive activity to consolidate content in previous sessions and allow students to apply their learning and healthy decision making using a "Choose Your Own Adventure" activity.

Prior to session one, students completed a pre-program survey, to generate a baseline understanding of their self-reported knowledge, coping skills, critical thinking and awareness of resources relating to gambling, gaming, and substance use. After session three, students completed a post-program survey, where they self-evaluated whether these factors were affected after participating in the program. In-person focus groups were also conducted with a subset of students' post-program, to better understand student experiences and learning throughout the sessions as well as to offer an opportunity to provide feedback on areas of improvement.

Throughout the implementation and evaluation stages of the project, regular meetings occurred between WDG Public Health, CADS at Homewood Health Centre, UGDSB and WCDSB. This consistent communication and collaboration between the project team ensured strong partnerships were established and maintained, and each partner could contribute their expertise, which was critical to the project's success.

## **Pre- versus Post-program Survey Results**

Of the 258 students, 212 (82 percent) completed the pre-program survey. In general, most students reported a high degree of baseline knowledge to make healthy and safe choices related to gambling, gaming, and substance use. However, nearly one-fifth (18 percent) disagreed (strongly or somewhat) or were unsure when asked whether they knew where to get help with these issues if needed. Additionally, 22 percent of students disagreed or were unsure about whether they knew how to deal with strong emotions/feelings in healthy ways and 15 percent of students disagreed or were unsure that they thought about the possible consequences of their actions before engaging in risky activities. See **Figure 1** for more details.



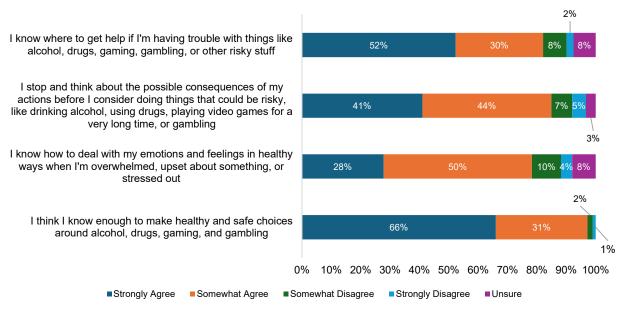


Figure 1. Pre-program survey results from participating grade eight students (n=212).

Of the 258 students, 202 (78 percent) completed the post-program survey. Despite reporting a high degree of baseline knowledge and understanding pre-program, 81 percent of students agreed (strongly or somewhat) that after the program, they know more and feel more confident to make healthy and safe choices around gambling, gaming and substance use. Furthermore, 81 percent agreed they have a better understanding of how/where to get help, 71 percent agreed that the sessions taught them how to deal with strong emotions/feelings in healthy ways, and 80 percent agreed that the sessions helped them to learn critical thinking skills to consider the possible consequences of engaging in risky activities. See **Figure 2** for more details.

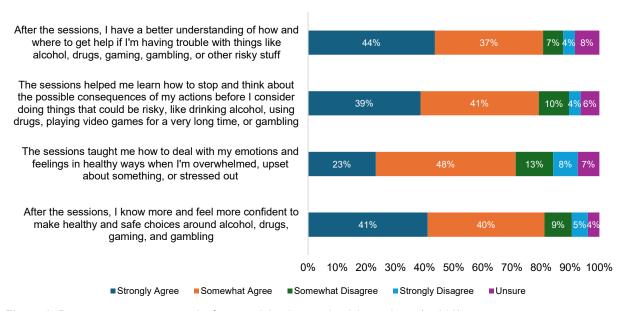


Figure 2. Post-program survey results from participating grade eight students (n=202).



Overall, the survey results suggest that many students felt confident about their ability to make healthy decisions relating to gambling, gaming and substance use before they participated in the program. Since students completed the pre-program survey before participating and learning from the program, it is possible that they initially thought they knew more than they did, and their responses may have been overconfident and not a true depiction of actual knowledge and understanding. However, once students learned more about these topic areas, most students reported that the sessions increased their knowledge and skills. Results suggest that students gained an increased understanding of the complexity of issues related to gambling, gaming and substance use. As some students disagreed or felt unsure about the program's impact on enhancing their knowledge and skills - especially around coping skills -additional opportunities for learning, like engaging in more programs such as SPAW are likely required to better prepare youth for exposure to potentially harmful and addictive behaviours.

## **Focus Group Results**

Three focus groups with 8 students per group (total n=24) occurred at School D. This school was purposefully chosen given an interest to gather perspectives from a rural population.

#### Knowledge and understanding

#### **New learning**

At first, students noted that most of the program content was already well-known, but as they engaged further in discussion during their focus group, new learning was reported. This included:

- The impacts of negative self-talk (e.g., automatic negative thoughts) and emotional dysregulation.
- Specific harms associated with mixing substances like drugs and alcohol.
- What to do in situations when someone needs help while they are under the influence of alcohol and/or drug use.
- Learning that they would not get in trouble if they were to reach out for help for someone else in need (e.g., the Good Samaritan Act).

#### **Knowledge gaps**

Students reported wanting to learn more about gambling, its associated risks and how to recognize gambling (e.g., identifying the gambling aspects involved in some video games). Some requests for more information about the risks associated with drug and alcohol use were made as well.

Students also shared examples of topics that they felt were missing and should be considered for future programming. This included vaping, peer pressure, social media safety and cell phone



addiction. Students placed an emphasis on learning more about vaping, as they expressed concern with the increased exposure to vaping, given the rise in vape stores within their community, as well as the assumed high prevalence of vaping among high school students. One student commented:

"...they should focus a lot on vaping because vaping is the one that, like a lot of grade 8's, will see."

#### Coping skills and resiliency

#### Helpful coping strategies

Some students noted helpful coping strategies they learned, like turning to a resource such as Kids Help Phone or talking to a parent/guardian or trusted friend. Students benefited from specific coping strategies presented by the CADS therapists such as tips for engaging in stress-reducing activities when feeling overwhelmed and methods for managing automatic negative thoughts. Some students expressed that the information shared in the program did not necessarily provide new ways to cope with strong emotions or feelings and felt that the information was already well-known.

#### Critical thinking and decision making

#### Critical thinking

Students responded confidently when answering whether the sessions provided enough information to make healthier choices, especially related to substance use. Many commented that the information shared in the program will affect their decision-making in a positive way (e.g., using substances less or not at all). However, many students shared that they would like the program to go into more detail on the topic of gambling.

#### **Decision making**

Some students reported that they would not make different decisions, since they felt they already knew about the risks related to these behaviours (e.g., not gambling given prior knowledge about the low odds of winning). However, others reported behaviour changes that they might make because of their learning from this program, including:

- Not drinking alcohol or the amount of alcohol consumed.
- Not mixing alcohol and other drugs.
- Not buying video game add-ons.
- Reaching out for help (e.g., feeling more comfortable calling the police if needed).
- Spending less time gaming for example, one student said:

  "For sure, yeah. [The program] deterred me from a lot of those things. It's been making me game less more actually, I haven't gamed a lot ever since the first session."



#### Awareness of available supports and resources

#### How, where or who to ask for help

Students listed a variety of resources to turn to for help with potentially harmful behaviours, such as Kids Help Phone, Here 24/7, parents, friends, grandparents, police, teachers and youth workers. Many students commented that they already knew how, where and/or who to ask for help prior to the program but agreed that the program reinforced and reminded them about these supports and resources.

#### Overall experience

#### Positive feedback and areas for improvement

Students shared that they enjoyed having external speakers (i.e., CADS therapists) coming into their classroom to lead the sessions, instead of their teachers or other school staff. One suggestion for improvement was to include opportunities for greater connection with the therapists.

Most students felt that the length and duration (i.e. three sessions, 45 minutes each) of the program was appropriate, but some recommendations were made for an additional one to two sessions to spread out or add more content.

Additionally, students recounted enjoying activities that involved active and hands-on/interactive components. Students strongly suggested incorporating even more interactive activities and opportunities for movement during the learning activities.

Another suggestion for improvement was to gather student input into creating the various "options/choices" for activities, such as the "Choose Your Own Adventure" session, so that it may be more relatable and applicable to their lives.

## **Next Steps**

Program evaluation results have been shared with CADS at Homewood Health Centre, UGDSB and WCDSB so appropriate changes may be made to better suit youth needs. This may include revisions to program content, such as greater education provided related to gambling and its associated risks, safer practices to consider for future substance use and exposure, and enabling more discussions related to vaping, as well as including more movement during activities and engagement with the therapists.

The school boards have expressed their strong support for continuation of this program and are committed to working with CADS at Homewood Health Centre and WDG Public Health to explore additional funding through GREO and other partners to expand this work across more



schools in WDG. The knowledge gained from the evaluation of this program will be critical to the success of those efforts. These results have been shared with other public health units, community organizations and school boards who may be interested in learning how to adapt this program for their communities.

WDG Public Health will continue to measure long-term trends in gambling, gaming and substance use behaviours among youth in WDG using WHY Survey data, and work with community partners such as Homewood Health Centre and WDG local school boards to address these issues. WDG Public Health is currently working with these partners to develop an interactive parent information session about gambling and gaming to help parents and other adults who interact with youth become better informed about this issue.

As described in the program, youth who have the support of a trusted adult are much more likely to having positive coping behaviours during stressful experiences. All residents have a role to play in supporting the youth in the lives of WDG community members to make healthy choices related to gambling, gaming and substance use.

### **Health Equity Implications**

Health equity considerations were at the forefront of this project. The program audience includes school-aged youth who are especially vulnerable to the effects of gambling, gaming and/or substance use. During program development, team members from CADS at Homewood Health Centre and the mental health leads at UGDSB and WCDSB were mindful of ensuring visual components of the program were culturally inclusive. To confirm that the program was targeting students at the greatest risk of potentially harmful behaviours, participating schools were selected based on school-specific indicators including those with higher rates of reported mental health challenges, substance use and gambling behaviours, identified through consultations with the school board mental health leads and 2022 WHY survey data. Efforts were made to diversify the geography of participating schools to include both rural and urban settings. Students from the participating rural school were also specifically invited to partake in the focus groups, to ensure rural perspectives could be captured in this project. Despite these efforts, only one of the four participating schools was truly located in a rural setting. This school also had the fewest number of grade eight students, so a truly representative sample of rural youth may not have been included. Inviting more rural schools to participate in the program should be a focus for the future. Additionally, gender- and sex-based comparisons between survey responses of students were not made, as this data was not collected from youth in an effort to further protect privacy. Future evaluations should consider collecting demographic information, to measure whether gender- and/or sex-based differences exist for program learning and experiences.



## **Conclusion**

As gambling-related harms are complex and often intertwine with other potentially addictive and harmful behaviours, preventative efforts are needed, especially among vulnerable youth populations whose exposure to online gambling and sports betting is increasing. Funded by GREO, this project examined the effects of a gambling, gaming and substance use prevention and education program (SPAW) developed by CADS at Homewood Health Centre in partnership with UGDSB and WCDSB. According to a program evaluation consisting of surveys and focus groups, students appeared to gain confidence and knowledge about reaching out for help for themselves or others for substance use issues and learned critical thinking skills to consider the possible consequences of engaging in risky behaviours, as a result of participating in the SPAW program. Overall, students recognized the importance of the program for their well-being but provided suggestions for improvement, such as greater content on the risks associated with gambling and vaping, in addition to more movement and engagement to solidify learning. These evaluation results are being incorporated into future program planning at a local level, as well as being shared with other interested regions who may be able to adapt a similar program for youth that they serve.

## **Ontario Public Health Standards**

Foundational Standards
Population Health Assessment
☐ Health Equity
☐ Effective Public Health Practice
☐ Emergency Management
Program Standards
☐ Chronic Disease Prevention and Well-Being
☐ Food Safety
Healthy Environments
Healthy Growth and Development
☐ Immunization
☐ Infectious and Communicable Diseases Prevention and Control
☐ Safe Water
School Health
Substance Use and Injury Prevention



# 2024-2028 WDGPH Strategic Goals

More details about these strategic goals can be found in <u>WDGPH's 2024-2028 Strategic Plan</u> .
⊠ Focus on children's health
□ Build strong partnerships
☐ Innovate our programs and services
Lead the way toward a sustainable Public Health system

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# **Appendices**

## Appendix A

School comparisons of **pre-**program survey data:

Measure	Survey question	Likert rating scale					
		Strongly	Somewhat	Somewhat	Strongly	Unsure	
		Agree	Agree	Disagree	Disagree	Ulisure	
School A (n=	=56)						
Awareness	"I know where to get help if I'm having trouble with						
of	things like alcohol, drugs, gaming, gambling or	30 (54%)	18 (32%)	3 (5%)	1 (2%)	4 (7%)	
resources	other risky stuff."						
	"I stop and think about the possible						
Critical	consequences of my actions before I consider						
thinking	doing things that could be risky, like drinking	21 (38%)	25 (45%)	6 (11%)	2 (4%)	2 (4%)	
	alcohol, using drugs, playing video games for a						
	very long time or gambling."						
Coping	"I know how to deal with my emotions and	40 (040()	05 (450()	4 (70/)	4 (70/)	4 (70/)	
skills	feelings in healthy ways when I'm overwhelmed, upset about something or stressed out."	19 (34%)	25 (45%)	4 (7%)	4 (7%)	4 (7%)	
	"I think I know enough to make healthy and safe						
Knowledge	choices around alcohol, drugs, gaming and	34 (61%)	21 (38%)	1 (2%)	0 (0%)	0 (0%)	
Milowicage	gambling."	34 (0170)	21 (50%)	1 (270)	0 (070)	0 (070)	
School B (n=							
Awareness	"I know where to get help if I'm having trouble with			1			
of	things like alcohol, drugs, gaming, gambling or	45 (50%)	26 (29%)	9 (10%)	4 (4%)	6 (7%)	
resources	other risky stuff."		, ,		, ,		
	"I stop and think about the possible						
Critical	consequences of my actions before I consider						
thinking	doing things that could be risky, like drinking	44 (49%)	34 (38%)	5 (6%)	4 (4%)	3 (3%)	
umming	alcohol, using drugs, playing video games for a						
	very long time or gambling."						
Coping	"I know how to deal with my emotions and						
skills	feelings in healthy ways when I'm overwhelmed,	22 (24%)	45 (50%)	13 (14%)	3 (3%)	7 (8%)	
	upset about something or stressed out."						
l/n avvla alava	"I think I know enough to make healthy and safe	C4 (C00/)	20 (200()	2 (20()	4 (40/)	0 (00/)	
Knowledge	choices around alcohol, drugs, gaming and gambling."	61 (68%)	26 (29%)	2 (2%)	1 (1%)	0 (0%)	
School C (n=							
Awareness	"I know where to get help if I'm having trouble with						
of	things like alcohol, drugs, gaming, gambling or	24 (56%)	15 (35%)	1 (2%)	0 (0%)	3 (7%)	
resources	other risky stuff."	,			, ,	` ,	
O-::4: 1	"I stop and think about the possible						
Critical thinking	consequences of my actions before I consider	13 (33%)	24 (56%)	2 (5%)	3 (7%)	1 (2%)	
	doing things that could be risky, like drinking						



	alcohol, using drugs, playing video games for a					
	very long time or gambling."					
Coping skills	"I know how to deal with my emotions and feelings in healthy ways when I'm overwhelmed, upset about something or stressed out."	13 (30%)	22 (53%)	4 (9%)	1 (2%)	3 (7%)
Knowledge	"I think I know enough to make healthy and safe choices around alcohol, drugs, gaming and gambling."	30 (72%)	11 (26%)	1 (2%)	1 (2%)	0 (0%)
School D (n=	=23)				•	
Awareness of resources	"I know where to get help if I'm having trouble with things like alcohol, drugs, gaming, gambling or other risky stuff."	12 (52%)	4 (17%)	4 (17%)	0 (0%)	3 (13%)
Critical thinking	"I stop and think about the possible consequences of my actions before I consider doing things that could be risky, like drinking alcohol, using drugs, playing video games for a very long time or gambling."	9 (39%)	10 (43%)	2 (9%)	1 (4%)	1 (4%)
Coping skills	"I know how to deal with my emotions and feelings in healthy ways when I'm overwhelmed, upset about something or stressed out."	5 (22%)	15 (65%)	0 (0%)	0 (0%)	3 (13%)
Knowledge	"I think I know enough to make healthy and safe choices around alcohol, drugs, gaming and gambling."	15 (65%)	8 (35%)	0 (0%)	0 (0%)	0 (0%)



# Appendix B

School comparisons of **post-**program survey data:

Measure	Survey question	Likert rating scale					
		Strongly Somewhat Somewhat Strongly					
		Agree	Agree	Disagree	Disagree	Unsure	
School A (n:	= 55)	•			•		
Awareness	"After the sessions, I have a better						
of	understanding of how and where to get help if I'm	21 (38%)	22 (40%)	4 (7%)	3 (5%)	5 (9%)	
	having trouble with things like alcohol, drugs,						
resources	gaming, gambling or other risky stuff."						
	"The sessions helped me learn how to stop and		29 (53%)	4 (7%)	3 (5%)	4 (7%)	
Critical	think about the possible consequences of my						
thinking	actions before I consider doing things that could	15 (27%)					
umking	be risky, like drinking alcohol, using drugs, playing						
	video games for a very long time or gambling."						
	"The sessions taught me how to deal with my		26 (47%)	7 (13%)	3 (5%)	4 (7%)	
Coping	emotions and feelings in healthy ways when I'm	15 (27%)					
skills	overwhelmed, upset about something or stressed	10 (21 70)					
	out."						
	"After the sessions, I know more and feel more	19 (35%)	27 (49%)	3 (5%)	5 (9%)	1 (2%)	
Knowledge	confident to make healthy and safe choices						
	around alcohol, drugs, gaming and gambling."						
School B (n:	,						
Awareness	"After the sessions, I have a better		29 (37%)	4 (5%)	5 (6%)	7 (9%)	
of	understanding of how and where to get help if I'm	33 (42%)					
resources	having trouble with things like alcohol, drugs,	00 (4270)					
	gaming, gambling or other risky stuff."						
	"The sessions helped me learn how to stop and	36 (46%)	28 (36%)	8 (10%)	2 (3%)	4 (5%)	
Critical	think about the possible consequences of my						
thinking	actions before I consider doing things that could						
J	be risky, like drinking alcohol, using drugs, playing						
	video games for a very long time or gambling."						
	"The sessions taught me how to deal with my	17 (22%)					
Coping	emotions and feelings in healthy ways when I'm		38 (49%)	9 (12%)	8 (10%)	6 (8%)	
skills	overwhelmed, upset about something or stressed						
	out."						
IZ dd	"After the sessions, I know more and feel more	07 (470/)	20 (20%)	4 (50()	4 (50/)	0 (40/)	
Knowledge	confident to make healthy and safe choices	37 (47%)	30 (38%)	4 (5%)	4 (5%)	3 (4%)	
0   10 /	around alcohol, drugs, gaming and gambling."						
School C (n:	,	I		1			
Awareness	"After the sessions, I have a better		19 (40%)	4 (9%)	0 (0%)	5 (11%)	
of resources	understanding of how and where to get help if I'm	19 (40%)					
	having trouble with things like alcohol, drugs,						
	gaming, gambling or other risky stuff."						



Critical thinking	"The sessions helped me learn how to stop and think about the possible consequences of my actions before I consider doing things that could be risky, like drinking alcohol, using drugs, playing video games for a very long time or gambling."	14 (30%)	20 (43%)	6 (13%)	2 (4%)	5 (11%)
Coping skills	"The sessions taught me how to deal with my emotions and feelings in healthy ways when I'm overwhelmed, upset about something or stressed out."	10 (21%)	20 (43%)	9 (19%)	4 (9%)	4 (9%)
Knowledge	After the sessions, I know more and feel more confident to make healthy and safe choices around alcohol, drugs, gaming and gambling."	17 (36%)	15 (32%)	10 (21%)	1 (2%)	4 (9%)
School D (n=	=22)	1		•		ľ
Awareness of resources	"After the sessions, I have a better understanding of how and where to get help if I'm having trouble with things like alcohol, drugs, gaming, gambling or other risky stuff."	15 (68%)	5 (23%)	2 (9%)	0 (0%)	0 (0%)
Critical thinking	"The sessions helped me learn how to stop and think about the possible consequences of my actions before I consider doing things that could be risky, like drinking alcohol, using drugs, playing video games for a very long time or gambling."	13 (59%)	5 (23%)	3 (14%)	1 (5%)	0 (0%)
Coping skills	"The sessions taught me how to deal with my emotions and feelings in healthy ways when I'm overwhelmed, upset about something or stressed out."	5 (23%)	13 (59%)	1 (5%)	2 (9%)	1 (5%)
Knowledge	"After the sessions, I know more and feel more confident to make healthy and safe choices around alcohol, drugs, gaming and gambling."	10 (45%)	9 (41%)	2 (9%)	1 (5%)	0 (0%)