



Welcome to the Positive Choices Webinar Series

positivechoices.org.au



@pos_choices



@positivechoices1



Australian Government

Department of Health,
Disability and Ageing



THE UNIVERSITY OF
SYDNEY
—
Matilda Centre



Acknowledgement of Country

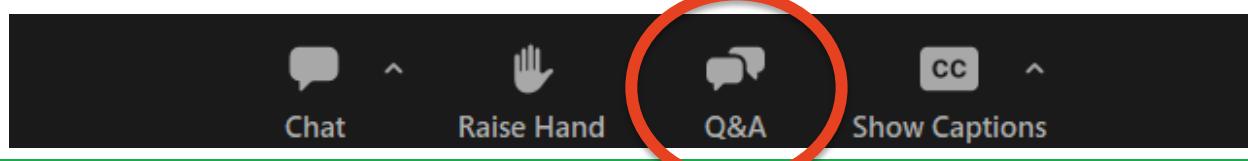
I'd like to begin by acknowledging the Traditional Custodians of Country throughout Australia and their connections to land, water and community. I am currently on the land of the Gadigal people of the Eora Nation and pay my respects to Elders, past and present. I further acknowledge the Traditional Owners of the land on which you are and pay my respects to their Elders, past and present.

I would also like to acknowledge any Aboriginal and Torres Strait Islander people joining us for the webinar today.



Housekeeping

- 1 Listen only mode.
- 2 This webinar is being recorded and will be made available on the Positive Choices website.
- 3 We will have a Q&A session at the end of the webinar. Please add questions to the Q&A box available.





What is Positive Choices?

positivechoices.org.au

- Central access point for trusted, evidence based drug and alcohol information and educational resources.
- Developed by the Matilda Centre in consultation with teachers, parents and students. Funded by Australian Government Department of Health, Disability and Ageing.
- Learning resources, factsheets, videos, webinars and games to engage young people with drug education.
- Access to classroom-based drug prevention programs that are proven to reduce drug-related harms.



Drug and Alcohol Information
Get informed, stay smart, stay safe

Teachers & Schools

Parents & Families

Students

Culturally & Linguistically Diverse Peoples

Aboriginal & Torres Strait Islander Peoples

Drugs A to Z About us

Get support

Search resources Teacher & Schools



Positive Choices is an online portal to help Australian schools and communities access accurate, up-to-date evidence based alcohol and other drug education resources.

More about us

Developed in collaboration with
researchers, teachers, parents
and students across Australia



Teachers & Schools

Evidence-based teaching programs and activities, webinars for teachers, and resources for your students



Parents & Families

Parenting advice and information to help you talk to your children about drugs and alcohol



Students

Facts, advice and interactive tools to help you find out information about drugs and alcohol and make positive choices



Culturally & Linguistically Diverse Peoples

Evidence based drug education resources for individuals from Culturally and Linguistically diverse communities



Aboriginal & Torres Strait Islander Peoples

A collection of culturally appropriate resources based on research and consultation with people from Aboriginal and Torres Strait Islander communities



Search all resources

Enter keywords

Teacher & Schools

Find resources





From the lab to the classroom: Real world implementation of evidence-based substance use prevention and mental health programs

Dr Lauren Gardner, Natalie Gorgioski & David Brown

The Matilda Centre for Research in Mental Health and Substance Use,
the University of Sydney

26th November 2025

From the lab to the classroom: Real world implementation of evidence-based substance use prevention and mental health programs

Dr Lauren Gardner & Mrs Natalie Gorgioski
The Matilda Centre, The University of Sydney

Mr David Brown
Dean of Students, Scotch College, VIC



OUR **Futures**

pre**V**enture



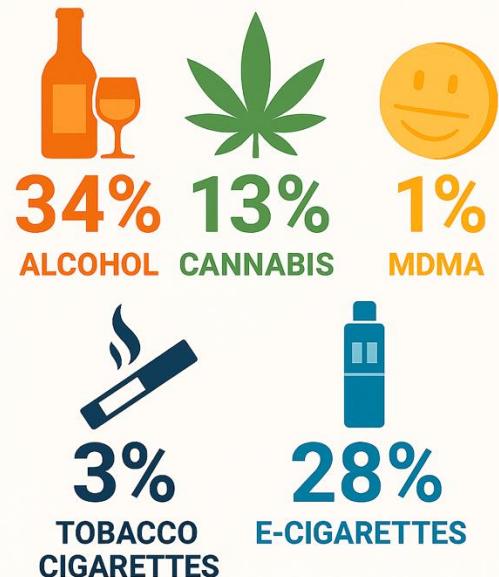
We acknowledge the tradition of custodianship and law of the Country on which the University of Sydney campuses stand. We pay our respects to those who have cared and continue to care for Country.



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SYDNEY

Substance use among young people in Australia

LIFETIME SUBSTANCE USE AMONG YOUNG PEOPLE AGED 14-17



Youth 14-17 years who are abstaining from alcohol



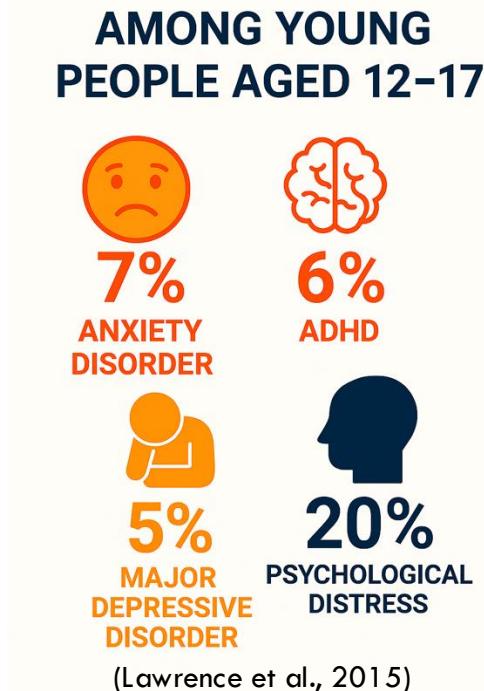
Risky drinking highest among young people up to age 24

Vaping among youth 14-17 years

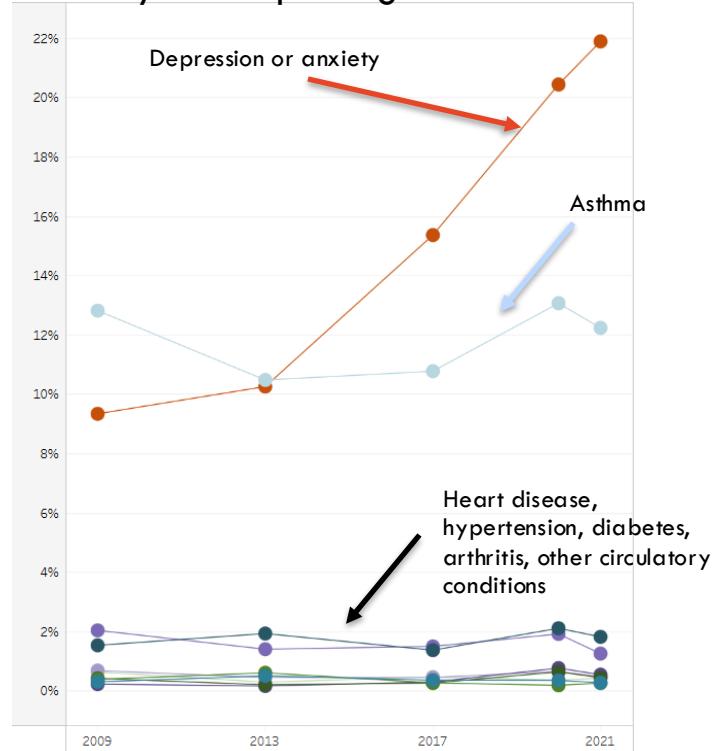


Mental health among young people in Australia

Half of all mental health disorders emerge by age 15 and 75% by age 25



Estimated proportion of Australians aged 15-34 years reporting serious illnesses

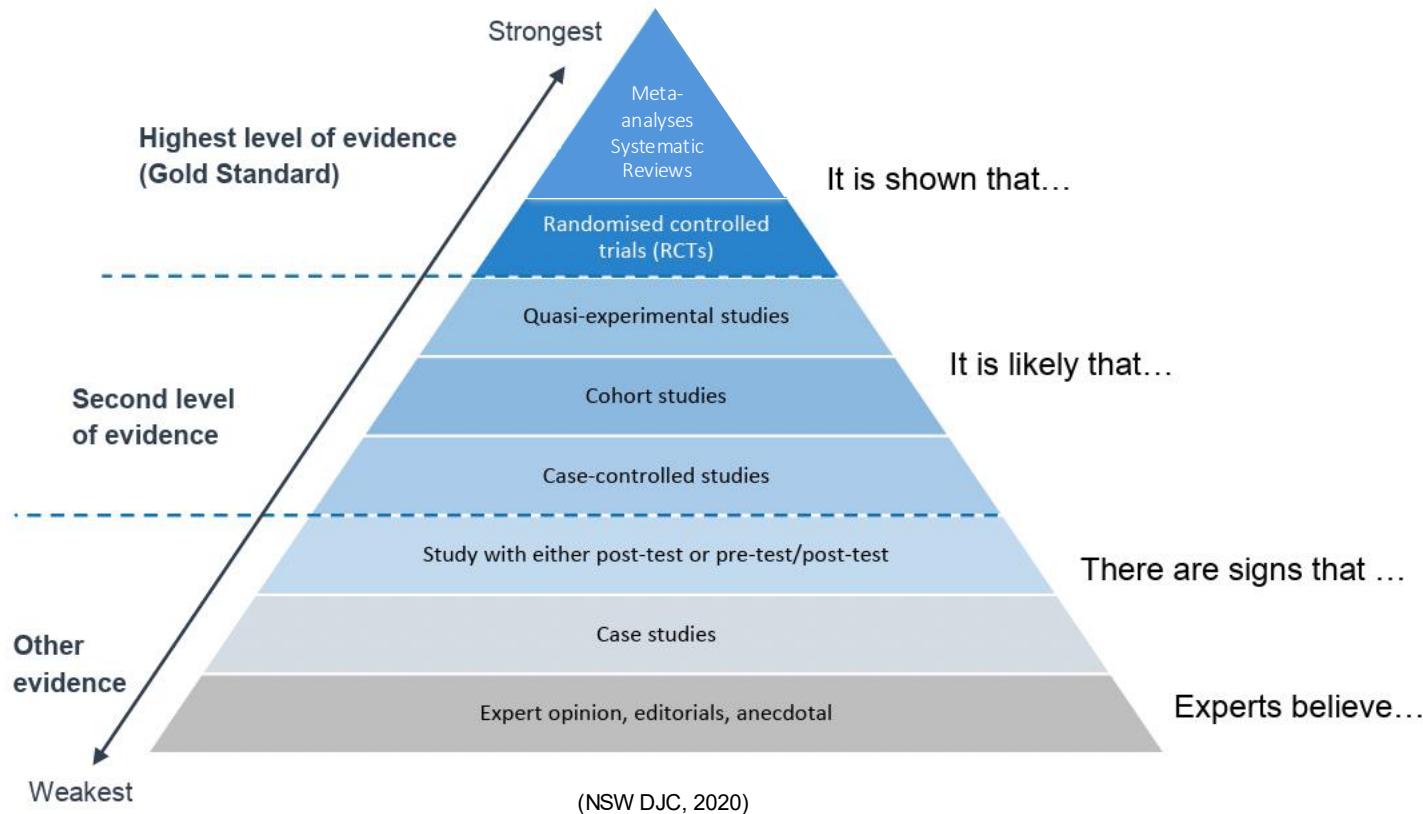


(Household, Income and Labour Dynamics in Australia Survey, 2021)

Substance use and mental health

- Often co-occur and share common risk factors
- Contribute to:
 - A substantial proportion of the burden of disease
 - Significant social and economic costs (>\$43B each year in Australia)
- Onset typically occurs during adolescence (greatest disability 15-24yrs)
- Prevention is critical and evidence-based interventions exist!

Levels of evidence

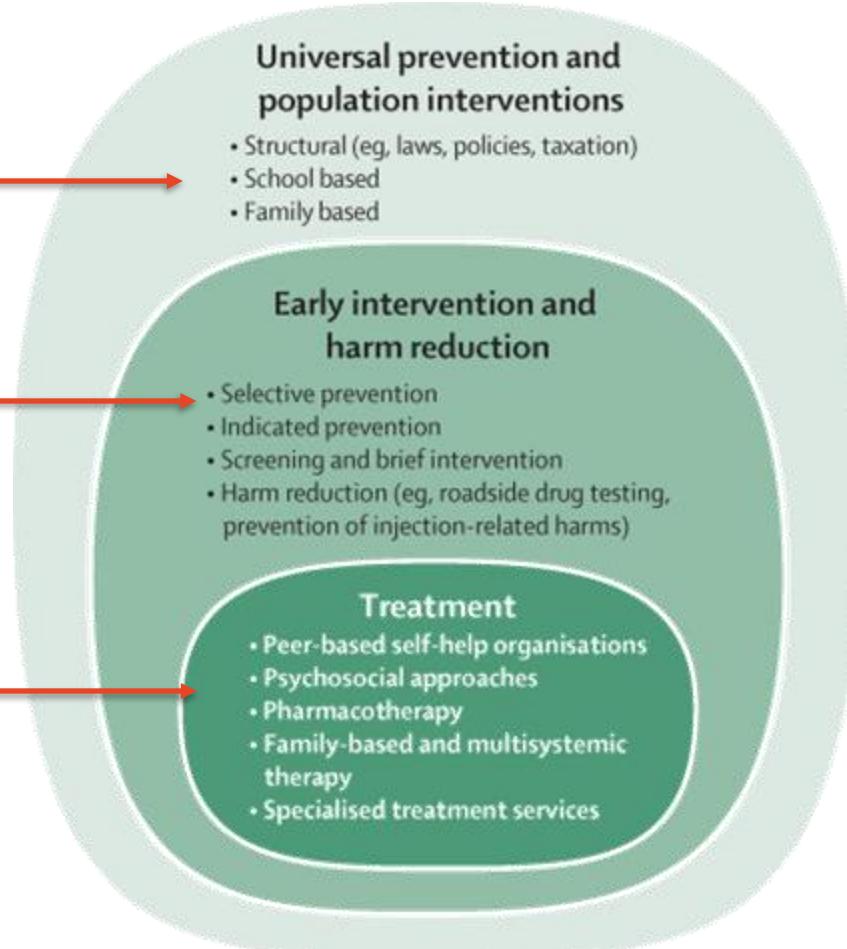


Types of interventions

– Whole of population

– At-risk groups

– People already using substance/experiencing issues



School is the ideal location for prevention

- Practical - spend > 25% waking lives
- Time when first start to experiment/experience mental health issues
- Tailor messages at developmental levels
- Mandatory part of the health education curriculum



OurFutures



- Universal prevention model that adopts a harm minimisation and comprehensive social influence approach

Five interactive modules



Alcohol



Alcohol & Cannabis



Cannabis & Psychostimulants



MDMA & Emerging Drugs



Mental Health



OurFutures



15-20 min online cartoons



In-class activities – adapt to suit!



Fact sheets for students,
teachers and parents



Teacher resources e.g.,
implementation guidelines
and curriculum mapping

Evidence behind OurFutures

11 RCTs in Australia

- 326 schools and >29,000 students



Internet-based prevention for alcohol and cannabis use: final results of the Climate Schools course

Nicola C. Newton¹, Maree Teesson¹, Laura E. Vogl¹ & Gavin Andrews²

University of New South Wales, National Drug and Alcohol Research Centre, Sydney, NSW, Australia¹ and University of New South Wales, Clinical Research Unit for Anxiety and Depression, St Vincent's Hospital, Sydney, NSW, Australia²

Research



A cross-validation trial of an Internet-based prevention program for alcohol and cannabis: Preliminary results from a cluster randomised controlled trial

Australian & New Zealand Journal of Psychiatry
2016, Vol. 50(1) 64–73
DOI: 10.1177/0004867415577435

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Katrina E Champion, Nicola C Newton, Lexine Stapiński,
Tim Slade, Emma L Barrett and Maree Teesson

Vogl et al. *Substance Abuse Treatment, Prevention, and Policy* 2014, 9:24
<http://www.substanceabusepolicy.com/content/9/1/24>



RESEARCH

Open Access

A universal harm-minimisation approach to preventing psychostimulant and cannabis use in adolescents: a cluster randomised controlled trial

Laura Elise Vogl¹, Nicola Clare Newton², Katrina Elizabeth Champion² and Maree Teesson²

Abstract

Background: Psychostimulants and cannabis are two of the three most commonly used illicit drugs by young Australians. As such, it is important to deliver prevention for these substances to prevent their misuse and to reduce associated harms. The present study aims to evaluate the feasibility and effectiveness of the universal computer-based Climate Schools: Psychostimulants and Cannabis Module.

Methods: A cluster randomised controlled trial was conducted with 1734 Year 10 students (mean age = 15.44 years; SD = 0.41) from 21 secondary schools in Australia. Schools were randomised to receive either the six lesson computer-based Climate Schools program or their usual health classes, including drug education, over the year.

Results: The Climate Schools program was shown to increase knowledge of cannabis and psychostimulants and decrease pro-drug attitudes. In the short-term the program was effective in subduing the uptake and plateauing the frequency of ecstasy use, however there were no changes in meth/amphetamine use. In addition, females who received the program used cannabis significantly less frequently than students who received drug education as usual. Finally, the Climate Schools program was related to decreasing students' intentions to use meth/amphetamine and ecstasy in the future, however these effects did not last over time.

Conclusions: These findings provide support for the use of a harm-minimisation approach and computer technology

Results

*Reduced harmful use of alcohol and other drugs for up to 7 years
(Newton et al. 2021)*



Increasing knowledge about alcohol, cannabis, MDMA and new psychoactive substances



Reducing alcohol consumption and binge drinking



Reducing cannabis and ecstasy use



Slowing the progression of anxiety symptoms



Reducing psychological distress



Reducing harms related to the use of alcohol and ecstasy



Reducing intentions to use MDMA, psychostimulants, new psychoactive substances and synthetic cannabis



Improving attitudes towards alcohol

PreVenture

- A selective prevention program that targets 4 personality traits associated with increased risk of internalizing/externalizing problems (SURPS: Woicik et al., 2009)

Negative Thinking (NT)	low mood, negative beliefs about self, others & future
Anxiety Sensitivity (AS)	fear of anxiety-related physical sensations
Impulsivity (IMP)	rapid decision-making, poor response inhibition
Sensation Seeking (SS)	elevated need for stimulation, risk-taking

PreVenture

- Developed in Canada; has been adapted for USA, Central America, Europe, Australia
- Based on MI and CBT
- Helps adolescents understand aspects of their personality and develop healthy ways of coping to promote mental health and prevent substance use
- Includes a range of exercises, such as:
 - Goal setting
 - Decisional balancing
 - Cognitive restructuring



How is PreVenture delivered?

- Students are **screened** for risk: Substance Use Risk Profile Scale ($\approx 40\%$)
- High risk students are invited to participate in **2 x 90-minute** face-to-face sessions, delivered one week apart
- Delivered by **trained facilitators** and co-facilitators eg registered clinical psychologists
- Delivered to **students in Yr 8/9** (13-14yrs)



Evidence behind PreVenture

8 RCTs worldwide

- Findings over 3yrs
 - ✓ Improved mental health symptoms
 - ✓ Reduce risky alcohol use
 - ✓ Reduced illicit drug use
- Findings over 7yrs
 - ✓ Improved mental health symptoms
 - ✓ Reduce alcohol-related harms

Conrod. (2016). *Current Add Reports*.

Newton, N. et al. (2018). *JCPP*.

Newton, N. et al (2019). *ANZJP*.

Newton, N. et al (2022). *JAMA Network Open*.

Table 1 Summary of eight randomized trials of personality-targeted interventions for substance misuse and standardized effect sizes (Cohen's *d* equivalent)

Trial	Personality traits targeted	Population targeted	Behavioural outcomes targeted	Effect sizes all reported as Cohen's <i>d</i>
1. Montreal Prescription Drug and Alcohol Dependence Trial [22]	IMP/SS, AS, HOP	Alcohol and/or prescription drug-dependent women Int: <i>n</i> = 78 Ctr: <i>n</i> = 45	Alcohol use Alcohol QF Dependence symptoms Remission prescription drug use	0.47 (0.10 to 0.84)* 0.02 (-0.35 to 0.39) 0.47 (0.10 to 0.84)* 0.46 (0.10 to 0.83)* 0.58 (0.03 to 1.13)*
2. Canadian Preventure Trial [60]	AS, SS, HOP	HR secondary students (drinkers) Int: <i>N</i> = 166 Ctr: <i>n</i> = 131	Alcohol use (4 months) Binge drinking (4 months) Drinking problems (4 months)	0.20 (-0.02 to 0.43) 0.37 (0.14 to 0.60)* 0.32 (0.09 to 0.55)*
3. College AS Trial ^a [78]	AS	College students Int: <i>n</i> = 51 Ctr: <i>n</i> = 56	Drinking frequency Binge drinking Drinking problems	00 (ns) Not reported 0.37 (-0.02 to 0.75)
4. UK Preventure Trial ^b [61, 62*, 81]	AS, IMP, HOP, SS	HR secondary students Int: <i>n</i> = 190 Ctr: <i>n</i> = 157	Alcohol use (6 months) Binge drinking (6 months) Drinking problems (6 months) Drinking problems (2 years) Drug use frequency (2 years) Cannabis use (2 years) Cocaine use (2 years)	0.22 (0.00 to 0.43)* 0.21 (0.00 to 0.42)* 0.35 (0.00 to 0.42)* 0.33 (0.12 to 0.54)* 0.25 (0.10 to 0.40)* 0.16 (0.04 to 0.34)* ^d 0.80 (0.94 to 1.17)* ^d
5. Dutch Preventure ^c Trial [77]	AS, IMP, HOP, SS	HR secondary students (drinkers) Int: <i>n</i> = 343 Ctr: <i>n</i> = 356	Alcohol use (12 months) Binge drinking (12 months) Drinking problems (12 months)	0.02 0.33 (0.17 to 0.47)* 00 (ns)
6. Adventure Trial ^c [24, 63*]	AS, IMP, HOP, SS	HR secondary students Int: <i>n</i> = 558 Ctr: <i>n</i> = 437	Alcohol use (2 years) Drinking Q (2 years) Binge drinking (2 years) Binge drinking-freq (2 years) Binge drinking-growth (2 years) Drinking problems (2 years) Cannabis use (2 years)	0.68 (0.55 to 0.81)* 0.36 (0.23 to 0.49)* 0.88 (0.75 to 1.0)* 0.38 (0.25 to 0.50)* 2.07 (1.91 to 2.22)* 1.02 (0.88 to 1.16)* 0.06 (-0.06 to 0.18)* ^d
7. Australian CAP ^c Study [51]	AS, IMP, HOP, SS	HR secondary students Int: <i>n</i> = 202 Ctr: <i>n</i> = 291	Alcohol use (3 years) Binge drinking (3 years) Drinking problems (3 years)	0.47 (0.29 to 0.65)* 0.65 (0.46 to 0.84)* 0.54 (0.35 to 0.72)*
8. CBT for High AS [64]	AS	Community-recruited adults	Alcohol use Binge drinking Drinking problems (phys) Drinking problems (interper)	Not reported Not reported 0.64 0.48

But what's happening in the real world?

Poor implementation → poor outcomes



The Scaling What Works Project



MOVEMBER®

Aim: To bridge the evidence-to-practice gap by understanding what works for delivering evidence-based substance use and mental health programs in real-world classroom settings.

Methods: School staff from 9 secondary schools across NSW, QLD, SA and VIC delivered OurFutures and/or PreVenture and completed a questionnaire to provide feedback and assess barriers and facilitators to implementation, guided by the RE-AIM framework.

Results

Reach

E

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M



N= 27 teachers

- **56% female**
- **NSW (37%), QLD (15%), SA (4%) & VIC (44%)**
- **56% at co-ed schools**
- **Across Government (22%), Independent (70%) and faith-based (7%) schools**



- **Mental Health (n=8 teachers; n=411 students)**
- **Alcohol & Cannabis (n=8 teachers; n=385 students)**
- **Alcohol (n=4 teachers; n=78 students)**
- **Cannabis & Psychostimulants (n=1 teachers; 22 students)**
- **MDMA & Emerging Drugs (n=3 teachers; n=64 students)**

Effectiveness

-

A

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M

75%

rated the
program as
either good or
very good

71%

thought
students liked
the cartoon
stories

74%

rated the
educational
quality of the
activities highly

74%

believed
students would
benefit from the
module

R
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-
Adoption
I
M

83%

Felt continued
implementation of
OurFutures would be
feasible at their school.

R

E

-

A

Implementation

M

65%

found the
program easy
or very easy to
implement

88%

chose to view
the cartoon as a
class, instead of
individually

63%

followed the
recommended
format of one
lesson per week

R
E
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Maintenance

84%

likely or very
likely to use
OurFutures in
the future

79%

were likely to
recommend
OurFutures to
others

26%

could foresee barriers
to continued
implementation

Addressing barriers



Key barriers:

- **Time**
- **Cost**
- **Functionality**



Overcoming barriers

- **Flexibility in delivery**
- **Free programs and support schemes**
- **Improving user experience**



Q&A with David Brown

Dean of Students, Scotch College, VIC

Reach

E

-

A

I

M



N = 9 school staff

- **62% female**
- **From NSW (44%) and VIC (56%)**



- **Teachers (n=5), student support officers (n=1), psychologist (n=1), school counsellor (n=1), head teacher (n=1)**
- **22% at co-ed schools**
- **Across government (n=1) and independent (n=8) schools**

R

Effectiveness

- A

I

M

78%

felt students
benefited very
much or extremely

67%

felt students
could recall the
information well

89%

thought students
liked the
Prevention
program

100%

felt the program
held students'
attention well

R
E
-
Adoption
I
M

100%

**Felt continued implementation of
PreVenture would be feasible at
their school**



R
E
-
A

Implementation

M

78%

used the program
as a universal
intervention

56%

implemented the
program exactly
as intended

75%

found PreVenture
easy to implement

100%

felt confident in
their ability to
implement
PreVenture

R
E
-
A
I

Maintenance

100%

Intended to deliver PreVenture
at their school in the future

Key takeaways for teachers

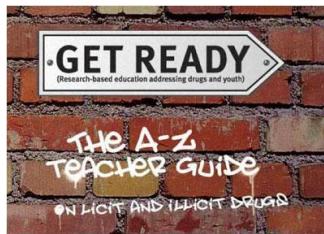
- Choose the evidence-based program that fits your school's needs
- Although barriers may exist, evidence-based program can have long-term benefits for students
- Not all evidence-based programs are created equally
- Know how to identify high-quality evidence-based programs



Recommended programs



Positive Choices only recommends programs that have proven benefits in at least one published study



Having supportive conversations

1

Be confident with the facts

Draw on credible sources e.g., Positive Choices

2

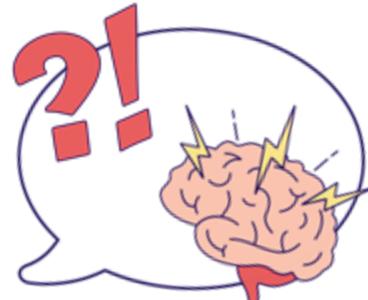
Find the moment:

When you are both calm and in a comfortable and private environment.

3

Start a conversation:

- Be non-judgemental and avoid making assumptions
- Bring up concerns using open-ended questions e.g.,
 - *"I've noticed you don't seem yourself lately. How are you going?"*
- Don't make comparisons or invalidate their feelings.
- Draw on the facts e.g.,
 - *"Vaping to quit smoking or because you're already addicted is different to starting"*



Having supportive conversations

4

Listen with patience

- Don't interrupt, let them find their words
- Be prepared for a negative reaction and hear out their criticisms (e.g. "but you drink!?)")
- Be supportive and non-confrontational



5

Communicate your support

- Let them know that you are there for them e.g.,
 - *"Your wellbeing is my top priority – I want you to be the best version of you"*
- Ask what might help for them and how you can assist e.g.,
 - *"How can I best support you, right now and moving forward?"*
- Brainstorm and encourage healthy alternative activities e.g., physical activity
- Reassure them that solutions are possible and help is available



Having supportive conversations

6

Seek help where needed:

- [Kids Helpline](#) (1800 55 1800 or 24/7 WebChat)
- [Beyond Blue](#) (1300 22 4636 or 24/7 WebChat)
- [Lifeline](#) (13 11 14 or 24/7 WebChat)
- [Quitline](#) (13 78 48)
- [Pave app – free to download!](#)
- [MyQuitBuddy App – free to download](#)
- GP

7

Check in

- Ask if you can check-in with them again another time soon



Vaping addiction

Ask 3 questions

1

**How soon after
you wake up do
you first vape?**

**If less than 30 mins:
Likely addicted**

2

**Do you vape on
your own, or at
home alone?**

**If Yes:
Likely addicted**

3

**Do you wake up
in the night to
vape?**

**If Yes:
Likely addicted**



Where to next?

New modules now available



Health4Life



OUR *Futures*
VAPING PREVENTION



Register for access here

Being trialled



**STRONG
& DEADLY
FUTURES**



respect 

respect ED

Consent and respectful relationships education for Stage 5 students that is:

- curriculum aligned
- evidence-based
- co-designed
- age-appropriate
- contemporary



We are now seeking
secondary schools
to take part
in an **Australian first**
research trial in 2026.



Thank you

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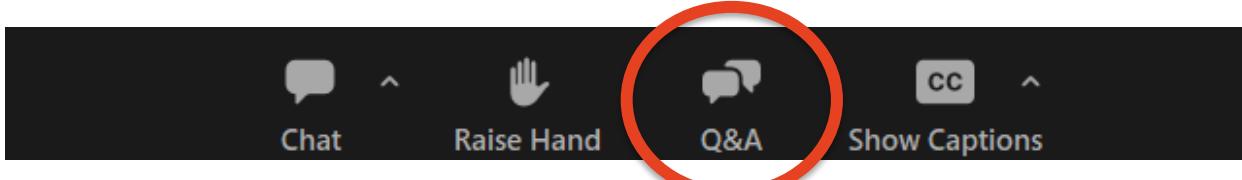
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preVenture



Questions?





Thank You

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