



Preventure; a brief, personality-targeted intervention to improve wellbeing and reduce behavioural problems in secondary school students

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SPEAKERS

Dr. Erin Kelly, Dr. Smriti Nepal

Smriti Nepal 00:01

Welcome everyone. I'd like to welcome you to the Positive Choices webinar series. Before I move on, I would like to, I'd like to acknowledge, do an acknowledgement of the country we are all coming together from different parts of the country today. So 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 Dharawal people and pay my respects to elder's past, present and emerging. I further acknowledge the traditional owners of the land on which you are, and pay my respects to the elders past, present and emerging. I would also like to acknowledge the Aboriginal and Torres Strait Islander people joining us for the webinar today. My name is Smriti Nepal, and I'm the project Manager on Positive Choices. We have with us Dr. Erin Kelly today who is going to be talking about Preventure, which is a brief, personality targeted intervention to improve well being and reduce behavioral problems in secondary school students. Dr. Kelly is a research fellow at the Matilda Centre for Research in mental health and substance use based at the University of Sydney, and she's also a practicing clinical psychologist. Before we move on a little bit of housekeeping, I would like to tell you that you are on listen only mode, which means that we cannot see you or hear you. This webinar is being recorded and will be made available on the Positive Choices portal within the next 48 hours. We have a question and answer session at the end of the webinar, so please type your questions using the comment box in your portal.

Smriti Nepal 02:00

What is Positive Choices? So Positive Choices is a portal that was developed by the Matilda the Centre and the National Drug and Research Institute in consultation with teachers, parents and students. It is funded by the Australian Government Department of Health. It is a central access point for trustworthy, up to date, drug and alcohol information and drug and alcohol educational resources. We have learning resources, factsheets, videos and games as well as other resources to engage young people with drug



education. We also provide access to evidence based classroom drug prevention programs that have been proven to be and that have been shown to be effective in a classroom setting. In accordance with that Preventure is such a program which we would like you all to be familiar with. And that is what Dr. Kelly is going to be talking to us about, over to you Dr. Kelly.

Erin Kelly 03:06

Thank you Smriti. I'll just pop up my slide. Yes. Okay. So as Smriti said, Thank you. Hello, everyone. As Smriti said, I'm going to be talking about the Preventure program. So I'll just give you a broad overview of what's involved in the program and its evidence base. To start with, I'm going to talk about mental health among adolescents in Australia and some ideas for what we can do about it. Mental disorders such as anxiety disorders, depressive disorders, and such substance use disorders are a leading cause of disability for young people worldwide, and a major cause of death in young people through suicide. Mental disorders have a broad array of impacts for adolescence, such as impacting on their learning and development, their peer relationships and functioning in their families. Early onset of mental disorders leads to more chronic mental and physical health problems over the lifetime. So what are the rates in Australia? According to the second survey of mental health of children and adolescents, one in five adolescents report high or very high levels of psychological distress.

Smriti Nepal 04:42

I'm sorry, Dr. Kelly, we can't see your slides you might need to go on SlideShare.

Smriti Nepal 04:49

Sorry.

Smriti Nepal 04:53

Yes, that's good. Thank you. Yes, yeah, we can see it now.

Erin Kelly 05:10

Okay. So 1 one in five adolescents record high or very high levels of psychological distress and more than one in 10 have a 12 month prevalence of any mental disorder. And that's as reported by parents or carers. There's slightly higher prevalence in male adolescents than female, and the highest rates are for anxiety disorders followed by ADHD, major depressive disorder and conduct disorder. That prevalence does differ by sex. So there's more internalizing disorders like anxiety and depression, are a bit higher in females, and more of the externalizing disorders, ADHD and conduct disorder tend to be higher among male adolescence. Interesting when reported themselves 8% adolescents reported major depressive disorder so that's compared to 5% as by parents and carers, and many of those adolescents reported that their parent or carer knew only a little, or not at all about how they were feeling. This really important highlights the importance of schools and also peers in mental health.

Erin Kelly 06:25

Looking at the impact of mental disorders on educational outcomes, it's been shown that students with mental disorders actually had poorer NAPLAN results in Australia to students with mental disorders scored lower than students with no match disorder in every test domain and year level. The gaps in achievement increased over time so that by year nine students with a mental disorder were 1.5-2.8



years behind students with no mental disorder. And for students with ADHD or conduct disorder, they were up to five years behind. Students with mental disorders also had more absences from school. Across year seven to 12 students with a mental disorder missed 23.8 days per year, compared to 11 for those without a mental disorder. Students with mental disorders also had lower levels of connectedness to school and engagement with school work.

Erin Kelly 07:26

Moving on to substance use we can also see that quite a minority of young people in Australia do report substance use, but the most commonly used type's alcohol and cannabis. We know with substance use that teenagers tend to start during that adolescent period people tend to start during the adolescent period, and then the typical onset of a substance use disorder by age 19. There is some good news however, As the young people are delaying the onset of drinking, so when in about 1998, the average age of onset for drinking in Australia was 14.4 years. But in the last survey in 2016, it increased to 16.1. While there hasn't been a drop in illicit drug use. The rates are fairly stable and have been stable for a while. So in 2016, about 16% of 14 to 19 year old's reported that they had used an illicit substance in the past 12 months.

Erin Kelly 08:32

But back to the bad news. Unfortunately still quite a lot of young people in Australia are drinking at risky levels. So in terms of reporting 11 or more drinks, 6% reported, of 14-19 year old's, reported 11 or more drinks, and amongst the 18 to 25/24 year old's, this was 15%. These rates are very high risk. Binge drinking remains significant, the highest among young people. Young people are also much more likely to be victims of alcohol related crime. These findings are similar across Europe and North America that while drinking has reduced overall, there's still quite a significant minority of young people that are drinking at very harmful levels so we need to focus more on those young people.

Erin Kelly 09:31

Why is it important to prevent substance use overall? You're probably not surprised to know that there's a really high burden of disease and social costs associated with alcohol use. That the earlier young people start drinking alcohol, a greater risk of an alcohol use disorder, it's more likely that they'll experience co-occurring mental health problems, they have worse academic performance, are more likely to drop out of school, and can have substantial neuropsychological deficits. There is good evidence that for each year we can delay the onset of drinking we reduce the odds of developing alcohol use disorder by 9%.

Erin Kelly 10:13

So how can we do this? Since we know that the onset of substance use as well as mental disorders typically occurs during childhood and adolescence, this is also the period that young people tend to be in school. Unfortunately, most mental disorders remain undetected and untreated. Optimal intervention for substance use and other mental disorders should be timed prior to their onset, targeted to those at greatest risk and be easily accessible to all in need. So schools are the ideal setting to implement such programs. However the delivery of targeted prevention programs for substance use and other mental disorders in school is limited, and few evidence based programs are routinely used in schools. But there is a program that ticks all these boxes.



Erin Kelly 11:06

Next I'm going to talk to you about the Preventure program. Preventure is an evidence based prevention program that is feasible for delivery in schools and is targeted to adolescents with a greater risk of experiencing substance use problems and other mental health problems based on their personality traits. This is the group that we're really wanting to target in Preventure. The Preventure program was developed by Professor Conrod at the University of Montreal, and has been adapted for use in multiple countries. It is typically delivered to 13 to 14 year old's, which is just prior to the age of onset for substance use and many mental disorders. It aims to increase coping skills to prevent substance use and improve well being.

Erin Kelly 11:57

Preventure targets four personality types that have been linked to adolescent substance use and mental health problem. One is negative thinking. So that's for people that are prone to low mood, and they typically have negative beliefs about themselves, others, and the future. Next is anxiety sensitivity this is more specific than just being prone to anxiety, its the particular fear of the anxiety related physical sensations. For example, you might be fearful of increased heart rate. Impulsivity is rapid decision making and action they have poor response inhibition, it's hard to control their behaviors. And then sensation seeking, these are people that have an elevated need for stimulation, they can be very prone to boredom and tend to have increased rates of risk taking.

Erin Kelly 12:51

The personality types relate to substance use in particular ways. Those high in negative thinking tend to start drinking earlier and when they do drink they tend to drink more heavily in order to try and cope with their low mood to kind of numb them. Anxiety sensitivity they tend to drink later than others. But once they do drink they can drink at more problematic levels, which can be related to that, they're more responsive to the anxiety reducing effects of alcohol so they get a very rewarding drop in their anxiety, which reinforces ongoing drinking. Both those sensation seeking and impulsivity tend to start drinking earlier, more likely to binge drink or drink in more problematic ways. Those in high sensation seeking are more likely to experience alcohol related harms, and they tend to drink due to enhancement effects, they have, they enjoy that feeling from alcohol and having fun drinking so they wouldn't have more and more and more of that. On the other hand, those high in impulsivity, drink due to poor response inhibition, if it's around, they'll do it they have a harder time kind of controlling those impulses.

Erin Kelly 14:16

These personality types also relate to other emotional and behavior problems in addition to substance use. So you're probably not surprised to hear that those high in negative thinking have increased chances experiencing later depression and more general emotional problems, as measured on the strengths and difficulties questionnaire. Similarly, higher emotional problems for those with anxiety sensitivity, and then specifically, they're at greater risk of later having had panic-related disorders. Both high sensation seeking and impulsivity are both more likely to have anti social and risk taking behavior. So it should be noted that these personality types just increase the chances of these problems either concurrently or later, doesn't mean that these problems are definitely going to occur just that the the odds are greater for these young people that screen high in these traits.



Erin Kelly 15:14

So what does the Preventure program involve? So basically, you start by screening all of the adolescents with a scale called the Substance Use Risk Profile Scale, or the SURPs, which has 23 items that measures those four personality dimensions. It's a really interesting scale and it's measuring those personality types, not substance use. It's actually very broad and can look at [inaudible] that higher chance of substance use as well as those other mental health problems. Previous studies of the SURPS have demonstrated that it's reliable and it's valid in predicting both substance use and emotional problems. And it has high cross cultural abilities, it's been used across Europe, Asia, North America and Australia it's been translated in several different languages.

Erin Kelly 16:09

So once you've screened the students, those that score highly in one of the four personality types, so it's one standard deviation above the mean, for one of those personality types, get invited to take part in the program. The program includes 2 90 minute coping skills workshops, preferably one run one week apart, so they've got time to practice in between. And these workshops are focused on their personality, not substance use, so they learn what their personalities like, how they're likely to kind of think about things, the emotions they'll feel, the physical sensations, what kind of behaviors they might engage in. And they one of the things that they look at is the risky ways of coping for that particular personality type. And that's where substance use comes in. But it might be one risky way of coping with their personality type, but other risky ways are discussed too, such as withdrawing from their peers. The interventions are based on evidence based treatments and motivational interviewing and cognitive behavioral therapy. Basically, the students make goals that they want to achieve for the future. They go through exercises to learn about the pros and cons of their behavior. They learn about CBT so that our thoughts are really important in our behaviors. And there's lots of different ways to think about a situation our first thought is not necessarily always true. And then they learn how they could actually challenge them unhelpful ways of thinking that are related to their particular personality type.

Erin Kelly 17:55

The program is delivered by trained facilitators and co facilitators. So this could be school counselors, psychologists, youth work, or other health professionals interested in the program. To take part if you're already a counselor, it's a two day program. If you haven't got any counseling background, you do three days, including a day of general counseling skills as well as a day learning all about Preventure, personality types and the evidence base of Preventure. And there's a third day where you review the specific components of the Preventure programs, you learn the CBT and the motivational interviewing. And you have some practice with role plays. If you want to be a high fidelity trainer, so that's the level that we use in research trials. I was trained by Professor Conrod as a high fidelity trainer and as part of that, you get supervision. So you conduct the program with some students once you've done your training, then it's observed by a trainer and then you get sort of checked out as a high fidelity trainer if you meet all the key criteria for the program.

Erin Kelly 19:15

Now you know a bit about what the Preventure program involves let's have a talk about its effectiveness. This is an overview of eight randomised control trials examining the effectiveness of



Prevention around the world. Overall Prevention has a moderate effect size for reducing or preventing alcohol use and other mental health problems, which is a pretty strong effect for a prevention program. Basically, those students that undertake, or that are in Prevention schools, have about 30 to 50% less alcohol use than students that are in control schools, and by control schools I mean schools that undertake their usual drug and alcohol education. You can see down there next to the star, that's the study that we did in Australia. And we found that effects of Prevention still held after three years, which is pretty impressive for 2 90 minute sessions. So I'll go into a little bit more detail about the Prevention program.

Erin Kelly 20:28

So as I mentioned earlier, the program was developed in Canada. So before undertaking the trial in Australia, the team adapted it for Australian students as recommended by Professor Conrod. So, to do this, focus groups were undertaken with both students and teachers and health professionals. So the students that scored highly in one of the four personality types were asked to look through the manuals and give their feedback, as well as provide examples of scenarios that they might be likely to drink, or when they've been high in that particular personality type. We use those examples to update the manuals and make them really specific to Australian adolescence. We also updated the language in line with what the students recommended, changed the names and the look at the images that felt very, very relevant to them. We asked the teachers and health professionals what they thought of the program. Overall, they thought it was very appropriate in terms of learning, educational content, students acceptability and efficacy, they thought the content would be very useful for the students. However they did recommend that the manuals be updated and made more relevant for Australian adolescents, so in line with what the young people suggested as well. So that was done, we made all those changes and updated it to make it relevant for Australian young people.

Erin Kelly 21:59

Then we undertook a randomised control trial, so about half the schools were in the control group where they did their usual drug education, and the other half were allocated to Prevention. All students in both schools filled out the SURPs, which means in about 40% of students into one of the four personality types so roughly 10% into each of those four. But only those students that screened in, in the Prevention schools were provided with the Prevention program.

Erin Kelly 22:30

They were followed up from regularly over the 3 year period. So immediately after and then 12, 24 months and 36 months after the survey from about age 13 average at baseline up to age 16 at follow up. And we've actually now at, been followed up for six or seven years and we'll be getting results from that long term outcomes soon.

Erin Kelly 23:00

So overall, over the three years it was found that students, relative to students in the control schools, students in the Prevention schools reported significantly less alcohol use. So including less uptake of alcohol and among those that were drinking they had lower rates of binge drinking and less alcohol related harms. In addition, relative to students in control schools, students in Prevention schools,



reported significantly less emotional and behavioral issues, including psychological distress, anxiety symptoms, depressive symptoms, conduct problems and hyperactivity.

Erin Kelly 23:42

In addition to the effectiveness, students tended to report that they found it really useful as well. So these are some of our student comments. What did you like about the sessions? One young person said "it opens up a part of our personality we were unaware of" another "it helps us to reflect on who we are and what we aim for" "we got to understand what anxiety is and how to get rid of the feelings." "It helped me identify and challenge my thoughts and feelings." Although with any program, there was also some things they didn't like about it. For example, one young person said "it can be uncomfortable talking about personal stories." Another said "not enough time, maybe needed more sessions- a bit rushed." Unfortunately, some schools we only have a 60 minute period to try and squish the sessions in, so I can agree sometimes it was quite rushed trying to get through it all. And another person said "it takes up lesson time, perhaps lunch?" So there was kind of some students that didn't want to miss out on class, but also some students reported that a benefit of the Preventure program was that they got to miss out on a class, so I guess we couldn't please everyone.

Erin Kelly 24:53

I actually looked as well at whether Preventure might be helpful for bullying. So I'd found that those particular personality types were also related to be involved in bullying, victim and or perpetrator of bullying, so it made sense to me that maybe Preventure program would then be helpful for them. Amongst those that reported bullying victimization at baseline those in the Preventure schools reported, reduced victimisation rates, suicidal ideation, emotional symptoms and conduct problems compared to those in the control schools. There weren't that many bullies to look at so I couldn't really look at the rates of bullying perpetration. It's hard to know if it reduced bullying perpetration or not. But amongst those that did report bullying at baseline, the ones in Preventure schools reported significantly less conduct problems over time. And for female students, there was less suicidal ideation over time. So promising results that Preventure could also be really helpful for reducing bullying victimisation, and for reducing those associated problems amongst those involved in bullying.

Erin Kelly 26:15

So these are very exciting results for us. It was the first study in Australia to support the long term effectiveness of Preventure in both alcohol use as well as mental health problems and some evidence for other behavioural problems such as bullying. These results were consistent with trials in UK and Canada. However, we wanted to see whether we could make the Preventure program more accessible for schools in Australia. We went into schools as external psychologists coming into schools, but we wanted to be able to make it something that schools could run themselves. There's a study in the UK which showed that when Preventure was delivered by teachers in the school, the results were quite equivalent to external clinical psychologists coming into schools.

Erin Kelly 27:05

So this led us to design the school led Preventure study. So we wanted to examine the effectiveness of Preventure on alcohol use, depression and anxiety symptoms when delivered by school staff in Australia. This is really important to enable broader reach of Preventure across schools at a lower cost.



In addition to their main outcomes of anxiety, depression, and alcohol use, we're also interested in whether the Preventure program might have broader outcomes. So we're looking at some school factors such as school engagement, attendance and grades to see if those undertaking Preventure improve in those areas. Broadening out the outcomes from bullying to more general peer and family relationships. Interested in whether Preventure improves quality of life and self compassion. And then in light of everything, that's been happening in 2019/20 we also added in climate changing anxiety as a measure, and we're interested in whether it will help people cope with all of the distress and change around COVID-19. We'll be following students up over a one year period. We have started recruitment for this program now. So if you are based at a school in the Greater Sydney Area or Wollongong and would like to take part in the trial, there is still time, so feel free to contact me. I'll share my contact details at the end of the presentation.

Erin Kelly 28:37

Basically, what the program, the study would include for you would be the school would either be randomised to control or Preventure. Control, undertake a baseline and two follow up surveys. The intervention schools in addition have up to 4 staff that get trained in Preventure Program free of charge and get the supervision as well and then they'll deliver the program in schools. The control school don't miss out on the program, they just wait to the end of the follow up period, then they'll also be given free training and supervision as well as all the study Preventure materials for the delivery.

Erin Kelly 29:23

There's also more general training in Preventure that's offered. So health and school youth workers as well as professionals are welcome to undertake training. We offer the training about three times per year in Australia, and it's also run regularly in North America through the University of Montreal team. If you're in Australia, you can sign up to our mailing list on the Positive Choices website or email Lucy so Lucinda Grummitt the email address there to get more information.

Erin Kelly 30:03

We're also hoping to have online delivery coming soon to Australia. So the Preventure Montreal team are finalising the processes at the moment. This is both that you can get trained via Zoom. But also that you could then deliver the program to young people via Zoom. This is something that team wanted to do for a long time but obviously with COVID this pushed things along so that will be available shortly.

Erin Kelly 30:32

There's also lots of new projects happening internationally. So if you'd like to check out more of those the Preventure lab website there lists all of the ongoing projects. For example, the CUSP program, is the Canadian underage substance use prevention trial, which is really focusing on the outcomes for illicit drug use, including non prescription opioid use because that's a huge problem internationally. But in Canada there's the Well-venture study which is looking at adapting Preventure for children in child welfare services.

Erin Kelly 31:14

NeuroVenture which is looking at the impact of Preventure on the brain and seeing if they really [inaudible] get into the aspects there. And InterVenture, which is adding a little bit extra to Preventure.



So the young people, they're still experiencing problems, get one on one support and there's also parent training involved.

Erin Kelly 31:40

A lot is happening. I'd like to thank the whole of the research team involved in all aspects of the Preventure training, as well as the Preventure research, and Professor Conrod and her team at the University of Montreal. I'd like to thank all of the various funders that we've had for Preventure. If you'd like more information, as I said, you can access information on what we're doing in Australia, through the Positive Choices website. And for the information internationally, you can look at the Conrod venture lab website, as well as the Preventure Canada website for the training.

Erin Kelly 32:19

You're also welcome to email me directly. If you're a school wanting to take part in the trial you can email me, or if you'd like to answer, ask any questions about the Preventure program, or to undertake the general training of Preventure, please let me know. But I'm also happy to answer questions now if anyone has any questions.

Smriti Nepal 32:49

Thank you, Dr. Kelly. That was such an interesting presentation and I think it's going to be a really useful program for schools and for students. So I would like to tell, request our audience to add any questions that you might have into your question and answer panel at the bottom of your screen. And I would also like to apologize to our audience for any technical issues today. Please note that this webinar session is being recorded, and it will be made available on our Positive Choices website, along with the transcript from the webinar, as well as the slides from the webinar. So while we wait for the question and answer, Dr. Kelly, I thought I would start off with a couple of questions of my own. So my first question is, I was interested to know whether you think, but not whether, why you think the effects of Preventure program are so broad?

Erin Kelly 33:57

Hmm. Thank you. I think because it's about personality generally, it's not just looking at, you know whether people are already using substances yet or already have a mental health problem. It's just looking at their personality. So our personality impacts on, you know, all aspects of our life. So we're basically born with our temperament and then that interaction with our parenting and our early experiences, starts to well create our personality types. That's our general way of thinking about things, ourselves, our way of interacting with others impacts in our relationships. So it's really who we are is going to impact on so many different outcomes. So that's why it makes sense to me that Preventure could help with school engagement, that it could help with general quality of life, it could help relationships because personality is just so, so broad.

Smriti Nepal 35:02

Thank you. I will go to audience questions now. The first question is, has this program been run in any department schools in New South Wales?

Erin Kelly 35:16



Yes, thank you, we're not allowed to say which schools have taken part in the program, but definitely in the CAP study that I went through, we had both public schools and private independent Catholic schools. There's also been people trained in the program from department schools. And for the school led Preventure program we have SEARP ethics so we can basically recruit from all government schools in Sydney and Wollongong. And we also have ethics to recruit people from private or independent schools and we're currently trying to finalise the ethics for Catholic schools in those areas as well.

Smriti Nepal 36:06

Okay, the next question is did the Australian efficacy study include students from rural and remote locations?

Erin Kelly 36:16

Unfortunately, not that one was based in Sydney so it was only students in the Sydney area. It's a very strong interest of mine. So one day I would like to be able to update Australian manuals to make it more relevant for young people in rural and remote areas. And by that I mean the the scenarios and the images, the content itself stays the same. It has been shown to be effective amongst many different countries and cultures. But to make it acceptable to people in different areas, the the images and the scenarios are changed. So rather than having a picture of the Sydney Opera House we would have pictures of things from other areas.

Smriti Nepal 37:08

The next question is, I noticed it only starts in year eight. The audience member wants to know, why doesn't it start in year seven?

Erin Kelly 37:17

Yeah, good question it can do it's kind of almost a sweet spot between their sort of cognitive development, they're able to take on the concepts. And then early enough before most young people start using alcohol or before the onset of most typical disorders, it can be run in year seven, then maybe just would need a little bit help understanding the content sometimes, but it's Yeah, it's just been found over time that year eight tended to be the best balance of all of those factors.

Smriti Nepal 37:59

Next question may not directly be relevant to Preventure, but I still think it's important to answer this. So I just wonder if you would have some thoughts on this. So the user, the audience member says My son is 16 and already has a drug and alcohol addiction, has talked about suicide, misses many days at school grades are low from trying to support him. I believe that these youth fall through the gaps and no support systems to turn to. They're wondering if you have any suggestion for students like him.

Erin Kelly 38:36

Great point. Because we do know that's the case that often it can take people years before they actually access treatment. That is one reason that prevention is very important. Of course, not all people are going to go on to use alcohol or other drugs or have mental health problems, but if you can get good prevention early, it's going to reduce the numbers. Then at the next level, It's really helpful to have screening and early intervention before the problems really kind of take on, but still obviously have



really good treatment available for people further along down the track, maybe like your son that can access help. This depends kind of on your particular area for treatment options for you. But often, generally, Headspace can be a good place that young people can access free and high quality healthcare, that young people might not see their GP, but there's usually a GP within the house with the head spaces that they can access. There's lots of online programs available, so while young people might not feel comfortable going to seek treatment, they might undertake their own online program, which I assume probably a lot are discussed on the Positive Choices website. Sorry could you just repeat the last part of the question for me Smriti make sure I've covered everything.

Smriti Nepal 40:04

So they're saying that I'm trying to support him, they feel that these youth fall through the gaps and there's no support system for them. So they're just looking for suggestions from you.

Erin Kelly 40:16

Hmm, yeah. So hopefully the school could still be able to support him even if he's not attending very regularly that it could be beneficial to connect with the school and see if they do have services to support him there. So in addition to what you could find on Positive Choices and Headspace and through a GP. Hopefully he can get some support.

Smriti Nepal 40:44

Yes. And to add to that, I'd like to say that yes, we definitely have a lot of resources for young people on Positive Choices, not just for young people, for parents who might need that kind of support. So if you need any support, any specific support, please make sure you email the team at Positive Choices as well. Okay, moving on to questions on Preventure. So Could this be implemented into PDHPE?

Erin Kelly 41:13

Yeah, it actually ticks off all the criteria for the curriculum. So generally, so with the trial, it made sense for the Preventure program to be run at the same time as PE so that people with, um, without those personality traits would do the general drug and alcohol curriculum and those with those personality traits, we get kind of that extra help through the Preventure program, because it really does tick off the PE curriculum. So we think that it's really beneficial for schools. And it could be a really, really, really useful kind of method moving forward that we know that the normal drug and alcohol education is sufficient for most young people, but for those that will kind of have more difficulties they would need, would benefit from more of a targeted approach like Preventure.

Smriti Nepal 42:15

The next question is, can Preventure target cannabis use specifically?

Erin Kelly 42:22

Yes, one good thing about Preventure is that there's a whole range of different scenarios. Some of them do include cannabis and alcohol, but it could be say, you know, feeling low or having trouble with friends so it's quite a broad focus. And that there's also sections where the young people can bring forward their own examples. And we have found positive effects of Preventure on cannabis use both in Australia and internationally.



Smriti Nepal 42:54

And the next question is, is this program only in the trial phase, or are the schools able to deliver the program right now?

Erin Kelly 43:03

Yep well Preventure itself has been around for a long time. So I think close to 20 years. So it's definitely a you know an evidence based program that can be taken up by any schools. We do offer the general Preventure training. So you basically one deliver Preventure in your school, you undertake the training program. And then you purchase the manuals which you can also see on our Positive Choices site and run the program. And just if you happen to be in Sydney or Wollongong at the moment, rather than being offered that general training, we're holding off on training for the time being in those areas but you [inaudible] before you can take part in the trial and then you actually receive the training and the student manuals for free.

Smriti Nepal 43:57

The next question is do you know when the online training platform will be available?

Erin Kelly 44:08

I believe in the next few weeks, so been in contact with the team at Montreal and they said they're trialing at the moment making sure they can iron out any little glitches, and hopefully it could be up and running by July. So I'm happy to keep people posted on that, or feel free to email me and check in. Previous trainees will be sent the links, the online training, sorry, the online delivery as well.

Smriti Nepal 44:40

And I recall that you said that this is you were calling out for schools in Greater Sydney and Wollongong area to participate in the trial. This is a question from a teacher based in the Central Coast. They want to know when this will be expanded to include schools in other areas.

Erin Kelly 45:00

Yeah, um, email me you might just fall into our catchment greater Sydney, we're kind of stretching quite broadly. So you your school might already fit in? And if not, we can talk with you to arrange training for your area. And we'll be offering training probably later in the year, depending on how things, how busy things are with the trial, if not next year.

Smriti Nepal 45:31

Okay, um, don't have men have much time left for questions. Just one last question before we sign off. So, as the sessions are designed for small groups of select high risk students, do you see any benefit to entire classes or cohorts participating in such programs?

Erin Kelly 45:53

Great question. Interestingly, yes, so even though it's only say 40% of the year that do the program, the benefits tend to reduce substance use rates across the whole year. And it's thought of that that potentially is the herd effect. So that the say that there might be less use overall than that actually



impacts on the other students as well. So might be less people taking it up. So there's actually less opportunity for other students to use or less peer pressure or those kind of things. So it does tend to benefit the whole year, even though only, you know, less than half of the year actually do the program.

Smriti Nepal 46:38

And the last question, would it be suitable for outside school settings such as residential programs or youth programs such as the PCYC?

Erin Kelly 46:49

Yes, definitely. So it's not something it's been done in Australia so much yet, but definitely overseas. It's been tried in lots of different settings. There it would just be kind of working out how best to facilitate that within the group, how to do the screening to be offered to as many people as possible things like that, but definitely has been done and can be done and would be useful.

Smriti Nepal 47:15

Thank you. Um, I'd like to thank Dr. Kelly again, thank you Dr. Kelly, for giving us your time and for the wonderful presentation you had for us today. If you want to learn more about Preventure or any of other Dr. Kelly's work, then you can follow her on Twitter. Her Twitter handle is on the screen. And before we sign off, I would like to remind our participants that we have a webinar coming up next week on the 25th of June. It will be based on the on cannabis used amongst adolescents. It will be a very interesting one. So I hope that you will Register for it and hope that we will see you there. So thank you again from the Positive Choices team. If you have any questions or any comments for the Positive Choices team, please feel to feel free to email us at info@positivechoices.org.au. And please don't forget to visit our website. You can see the URL on the screen. Thank you again and I hope to see you all next week. Thank you. Thank you, Dr. Kelly.

Erin Kelly 48:28

Thank you. Thank you, everyone.