PC Implementation

Wed, Nov 26, 2025 3:01PM • 59:43

SUMMARY KEYWORDS

Positive Choices, substance use prevention, mental health, evidence-based programs, Our Futures, Preventure, school-based interventions, adolescent health, vaping prevention, mental health disorders, harm reduction, implementation challenges, teacher training, student engagement, support services.

SPEAKERS

Natalie Gorgioski, Tara Guckel, Lauren Gardner, David Brown

Tara Guckel 00:07

Hello, everybody. We'll just wait a few more moments while people start rolling through. Thanks again, everyone for joining today. I can see the numbers are climbing up. Okay, I think we can get started. As I can see, people have started to join. So hello everyone, and welcome to the Positive Choices webinar series. My name is Tara Guckel and I work at the Matilda Centre for Research in Mental Health and Substance Use based here at the University of Sydney, and I work on the Positive Choices project. Welcome and thank you again for our audience for joining us today. So we are all joining from different parts of the country today. So I'd just like to begin by acknowledging the traditional owners of country throughout Australia, and I recognise their connection to land, water and culture. I'm currently on the lands of the Gadigal people of the Eora nation, and I pay my respects to elders past and present. And I'd further like to acknowledge any traditional owners of the land in which you are on today, and pay my respects to elders past and present. And I'd just like to acknowledge any Aboriginal and Torres Strait Islander people who may be joining us today. So just before we get into today's presentation, I'll go through a few housekeeping points. So as participants in this webinar, you're currently on listen only mode, so that means we can't see you or hear you, and we are recording the session, and it's going to be made available via the Positive Choices website, along with the slide handouts afterwards, and because you've registered for this webinar, you'll automatically get an email with that information tomorrow. And we're also going to have a chance for a Q and A session at the end of the webinar today. So as you're going throughout the presentation, feel free to use the Q and A box to type in any questions you may have and we'll answer those ones at the end. Now, some of you might be familiar with Positive Choices, but for those that are new to Positive Choices, let me just give a quick introduction. So Positive Choices is a website that provides access to trusted evidence based alcohol and other drug information and educational resources, and we have resources for parents, school, communities and students. Positive Choices is funded by the Australian Government Department of Health, Disability and Ageing, and it was developed by researchers of the Matilda Centre for Mental Health and Substance Use in consultation with teachers, parents and students. So some of the examples of resources that we have on Positive Choices include fact sheets, videos, webinars, games and classroom based drug prevention programs, which you're going to be hearing more about today. And I encourage you to visit our website and have a look at these. And again, we'll send through the link in the post webinar information as well. We're now on to today's webinar, so it's going to be covering real world implementation of evidence based substance use prevention and mental health programs. And we're very excited today to have Dr Lauren Gardner, Natalie Gorgioski and David Brown presenting for us today. And I'll give you a quick introduction to our three presenters, as they have quite impressive bios. So Dr Lauren Gardner is a Senior Research Fellow and an NHMRC Emerging Leadership Fellow within the Matilda Centre at the University of Sydney. She's the program lead of school based health interventions, and has expertise in the development, evaluation and

translation of digital prevention interventions to enhance adolescent health and wellbeing. And she also leads implementation research to drive large scale dissemination of these evidence based resources. Natalie is a research assistant at the Matilda Centre at the University of Sydney, and she comes from a health promotion background, having worked for the Northern Sydney Local Health District in the school years team. She's also worked at a research assistant for Health Equity organisations and at Macquarie University under the School of Education. She's passionate about youth, mental health, well being and building healthy communities. And we're also very fortunate today to have doctor, sorry, not doctor. David Brown is a dean of students at Scotch College in Melbourne, and he has a role which includes overseeing the pastoral curriculum in the senior school. He's passionate about enabling adolescents to be the best versions of themselves and equipping them to flourish. He has expertise in teaching in boys schools in Melbourne, Sydney, Singapore and the UK, and he has first hand knowledge of the issues confronting young men in a complex world. David undertook graduate studies at Monash University in adolescent mental health, and he's currently undertaking a Master of Arts in Character Education at the University of Birmingham in the UK, where he's exploring how character education can strengthen mental health. So thank you very much. Lauren, Natalie and David. I'll hand it over to you now.

Lauren Gardner 04:42
Thank you, Tara. I will just share my screen. There we go. And hello everyone. And it is such a pleasure to be here and joining the Positive Choices audience today. And as Tara said, we're particularly grateful to have David here with us to give us those insights from a teacher's perspective. So this webinar will be focusing on that implementation of evidence based programs, because we recognise that what happens in our research studies may not be reflective of what happens in the real world all the time. So we'll have a bit of a focus in on some research that was funded by the Movember Foundation, which was really about that real world implementation of two of our programs that have strong evidence behind them being our futures and prevention programs, but you'll hear all about those later on. And before I begin, I'd also like to acknowledge the traditional custodians of the lands I'm on the lands of the Gadigal people, and I pay my respect to those who have cared and continue to care for country. Okay, so starting off with some background and considering substance use among young people in Australia. So when we look at lifetime or ever use among those who are aged 14 to 17, we can see that 34% have used alcohol, 13% cannabis, 1% MDMA, 3% tobacco cigarettes, and 28% e-cigarettes. When we look at trends over time, we are seeing some positive shifts for most substance use. So here I've highlighted our biggest one, which is the number of young people who are choosing not to drink alcohol. So this is in the past 12 months, these ones. So you can see back in 2001 the majority of 14 to 17 year olds were reporting drinking. So there was only 31% abstaining. That then rose to 59% abstaining by 2013 and then up to 70% by 2019 and that's been relatively stable for the past six or so years. We're also seeing the age of first drink is increasing. So it used to be around 14 or 15, back in 2001 and that's now around 16. So some positive news, which is great. However, I will also note that risky or binge drinking is still most common among young people up to age 24 and that, of course, comes with significant risk, so there's certainly still work to be done. And despite seeing these promising downward trends for the most part, as I'm sure everyone here is well aware, we have witnessed a spike in e cigarette use or vaping among young people in recent years. So those rates actually tripled between 2016 and 2022-23. Moving to mental health, so we know that half of all mental disorders emerge by the age of 15 and by age 25 that number rises to 75%, so adolescence and early adulthood is really a critical period for preventing and addressing mental health. You know, not only do mental health problems lead to functional impairments in the short term, like issues concentrating and learning in school, but we also know that they tend to track into adulthood and increase the risk of other health problems, including things like heart disease and cancer. In terms of the most common types of mental health problems among those aged 12 to 17, these are things like anxiety and depressive disorders, ADHD, and we also see that 20% report high or very high levels of psychological distress, which can occur without a diagnosed mental disorder, but is still significant. Now these figures are from

an older survey. We only had one national survey conducted just recently, so those results are still coming out, but it's very possible that these numbers are a lot higher now, as we have seen trends globally with rates of growing mental disorders among young people. For example, this graph here shows the rates of serious illnesses from 2009 to 2021 specifically among 15 to 34 year olds, and that red line at the top represents depression or anxiety. So we can see that not only are the rates a lot higher than for other serious illnesses. So that closest blue one being asthma, and then the ones down the bottom being things like heart disease, diabetes, circulatory conditions, but we can see that sharp increase over the years, so the burden is disproportionately falling on young people. It's also very important to consider substance use and mental health together, as research shows that they do often co-occur and share common risk factors. And in fact, they are key risk factors for each other, and evidence suggests there is a bidirectional relationship between the two. Together, they contribute to a substantial proportion of the burden of disease and significant social and economic costs, and as touched on before, the onset of these issues typically occurs during adolescence, with disability greatest among those aged 15 to 24 so it's really critical that we reach young people to intervene before patterns of substance use and these mental health problems are established and in good news, interventions that are effective at preventing these issues and improving those trajectories of young people do exist. Now, before I jump into some examples of those effective interventions, I wanted to take a moment to consider what evidence based means. So it's a term that is thrown around fairly loosely these days, as there is a broad range of evidence. So I think it's really important that teachers are able to ascertain the quality of that evidence to ensure that they are choosing programs that have higher quality evidence to show that they actually work. So this figure here depicts the evidence hierarchy, which essentially just ranks different research or evaluation study designs based on the rigour of their methods. If we start in the bottom of the pyramid or in the grey section, that's the weakest quality evidence. So we might have publications like expert opinion pieces, case studies, the pre and post studies. These lack a comparison group, which we call a control group, so they can't actually prove that a program led to any change in the outcomes or whether it was just other factors that happened at the time. So here, we should be using framing like there are signs that this program improves students knowledge about alcohol, or experts believe that. Although just be aware that that's not always the case. You know, we quite often see people talking about these studies as if they are proving a program works. So that's why it's really important for you to be able to identify the quality of the evidence and figure out if there is better evidence available. Now, moving up to the second level, with designs like quasi-experimental studies, cohort studies, case control studies, so these have a comparison or a control group, but they don't have random assignment to groups, and this means that there's more likely to be bias and inaccuracies as there may be some difference between the groups that causes that difference in the final outcome. So here we should be making claims based on the results, saying, you know, it's likely that this program reduced anxiety symptoms. But then once we get to the top of the pyramid for the highest level or the gold standard evidence, we have meta analyses and systematic reviews as well as randomised control trials. So systematic reviews synthesise the results of multiple studies identified through a comprehensive search of the literature, with those that contain meta analyses providing the most reliable evidence. And meta analyses are basically a combination of results to determine the overall effects, then we've got randomised control trials. So these involve randomly assigning participants to either a group that receives an intervention or the control group who don't receive it, and this allows us to generate robust evidence about whether outcomes differ between the two intervention, between the two groups. So these high quality designs are the only ones that allow us to start making those claims like 'it's shown that' or 'it's proven that' this program works. We did have a pre submitted question about whether schools should be conducting their own evaluations of programs when they're running them, so I thought this was a good point to address that question. If you are choosing programs that have that high level of evidence, you can be confident that they work and that no additional evaluation is required. And it's actually important to keep in mind that any evaluation would probably not be of the same standard. So without, you know, large sample sizes, that random assignment, the control group, you really can't be sure that any change is

actually due to the program, so that's why we wouldn't really recommend that. Now on to the types of interventions, because the two evidence based interventions that we'll introduce in a moment are different types. So firstly, we have universal or population level interventions. So these are things like, delivered to whole populations, and things like the recent laws banning vapes. It could be school based programs that are delivered to everyone in the class or the year group or the school even, and that's where the OurFutures substance use and mental health programs for then for early intervention and harm reduction interventions we're talking or we're targeting at risk groups. So that might be through selective prevention, whereby we target a subgroup who are at higher risk but maybe aren't yet exhibiting symptoms. Yes, and that's where the PreVenture intervention falls, is it targets students based on personality factors, which Nat will talk you through in a moment. Then there's other approaches for people who might be showing those early signs and symptoms, along with harm reduction approaches, and then finally, treatment. So this is aimed at people who are already using substances or experiencing mental health issues with the aim of treating them, which could be through, you know, things like psychosocial interventions, pharmacotherapy or other services. So just keep in mind that the work that we are focusing on today is at that prevention level and universal and selective approaches. And we focus much of our research on the school setting is we believe that school is the ideal location for prevention. However, in saying that, I also want to make it clear that we're not saying the responsibility should fall solely on schools. You know, parents and community also play critical roles in preventing substance use and mental ill health. However, there are some key advantages to the school environment. You know, it's practical. Students are spending over a quarter of their waking lives there. We can reach students at the time, and critically for prevention, the time just before they start to experiment with alcohol or other drugs or experience mental health problems, we are able to tailor messages at different developmental levels and substance use and wellbeing education is mandatory under our health education curriculum, so we've got dedicated time for this education, which we're really fortunate to have. And the good news is that we have high quality or gold standard evidence supporting the effectiveness of some school based substance use and mental health programs in Australia, and I'm going to hand over to Nat to introduce you to two of those programs. Thanks Nat.

Natalie Gorgioski 16:53
Hi everyone. It's so lovely to have you all online today. Thank you so much for joining us. So the first program I'll start with is OurFutures. So it was originally called Climate Schools, up until a few years ago when we did a rebrand. So if you are looking at the older literature, it will be under Climate Schools, but we'll just be going with OurFutures from now on. So it is a universal prevention model. So as mentioned earlier, this means it's designed to be delivered to all students, regardless of their level of risk, and it also adopts a harm minimisation and comprehensive social influence approach to prevention. So the OurFutures programs and modules that we're going to be focusing on today include alcohol, alcohol and cannabis, cannabis and psychostimulants, MDMA and emerging drugs and mental health. So each module contains four to six lessons, including a 15 to 20 minute cartoon component with embedded quizzes and reflective activities. There's also a range of additional teacher facilitated class activity. So that's things like worksheets, role plays and discussion prompts, fact sheets for students, and there's teacher and parent summaries as well of the lesson content and also other teacher resources, including implementation guidelines and curriculum mapping outlines for the national, state and state based health curriculums. So there is a large amount of evidence to support the OurFutures program, as seen on the slide, which includes 11 randomised control trials in Australia. The trials have shown that the OurFutures programs are effective at improvement knowledge as well as preventing the uptake and reducing the harmful use of alcohol, cannabis, psychostimulants and emerging drugs, as well as improving mental health, we have also continued to follow up our study participants in long term trials and found lasting effects into early adulthood, so around 20. Now, PreVenture. So PreVenture is a well being program, and it's designed to up skill adolescents with personality targeted coping skills with the aim of preventing substance use and mental health problems. The PreVenture program focuses on four personality traits and that have the potential to influence

adolescent substance use, mental health and risk taking behaviors. So these are negative thinking, anxiety sensitivity, impulsivity and sensation seeking. So the prevention program was a. Originally developed and tested by Dr Patricia Conrod, who is a Professor of Psychiatry at the University of Montreal in Canada, and it has also been adapted for the USA, Central America, Europe and Australia. It is based on motivational interviewing and also cognitive behavioral therapy. And it actually aims to help adolescents understand aspects of their personality and to develop healthy ways of coping, to promote mental health and to also prevent substance use. And it includes a range of exercises as well, and these include goal setting, decisional balancing and cognitive restructuring. So students are screened using the substance use risk profile scale, and those who score one or more standard deviations above their schools mean on any of the personality profiles are then invited to participate in the program, and they're then allocated to one of those four personality groups. And so PreVenture it's a face to face intervention, and it consists of 2 90-minute sessions delivered one week apart. And as you can see, there are booklets there on the screen, so each student would receive a manual that they've been allocated to in terms of their their personality group. So the evidence behind PreVenture, it includes eight randomised control trials that were actually conducted worldwide. So with the findings over three years, it was found that there was an improvement in mental health symptoms, there was a reduction in risky alcohol use, and also reduction in illicit drug use as well. There were also findings over of seven years which improved mental health symptoms, and it also reduced alcohol related harms as well. So two programs with strong evidence behind them, but the dissemination or uptake in schools was relatively low. They just weren't really getting out there into the classrooms. And this is a problem because poor or low implementation of evidence based programs in schools, it means poorer outcomes for young people, and this, unfortunately, it's a common issue, and we're researchers, and we're not in the marketing to know how best to package the program. We just generate the evidence to show what works in our research trials, but we understand that we needed to go that step further to figure out what works in real world classroom settings, and that's to ensure that we're offering, what we're offering is something that meets the needs of your school while preserving the effectiveness of our programs as well. And I guess this is where the Movember Scaling What Works project comes in. So as you can see on the slide, it goes over the aim and methods. So staff from nine schools were invited to choose what combination of programs and modules they wanted to deliver in accordance with the needs that they see in in their school. So that was between OurFutures and PreVenture. So staff involved in the delivery of the programs were asked to complete a teacher evaluation survey at the conclusion of the delivery of the programs, and there was also a sub sample of schools where students were also asked to complete a pre and post survey. And the RE AIM framework is a tool that's used to evaluate health interventions beyond just whether they work in a controlled setting. So it looks at how well a program can actually be implemented and sustained in real world settings. So we're just going to go into the results that we found so for OurFutures. So in terms of the RE AIM framework, so it's an acronym, and the framework focuses on five key areas, with the R standing for reach, so how many and which people actually used the program. So for OurFutures, in this study, we had 27 teachers across four states and a mix of school types and sectors, and each of the five OurFutures modules was delivered by between one and eight teachers, most commonly the mental health and alcohol and cannabis modules. So E stands for effectiveness, and I guess that's how well does the program achieve its intended outcomes. So given we have substantial evidence from our previous randomised controlled trial supporting the effectiveness of the programs and improving alcohol and other drug use, along with mental health, here we focused on teacher perceived effectiveness. As you can see, there are some results there up on the screen. So next is adoption. So typically, this component of the framework would focus on the number of school or teachers who chose to implement a program that is openly available. However, schools were actually actively recruited to a research study, so we had to operationalise it slightly differently here, and we have instead focused on feasibility of continued implementation. As you can see on the slide here, 83% felt continued implementation of OurFutures would be feasible at their school. Now the implementation component focuses on how the program was delivered and if that delivery was as intended. So class delivery, this was sometimes done using the

voiceover feature, but some teachers prefer to have students take on the role of characters and read their lines. In terms of the recommended format, some teachers chose to implement two lessons in one week. Some chose to break the lesson up over more lessons. And some teachers also reported the activities to the reported that they had to adapt the activities to the needs of their class, such as, you know, creating their own summary sheets or even adapting discussion topics, for example. So in terms of maintenance, so 84% are likely or very likely, to use the OurFutures program in the future. It was found that 79% were likely to recommend OurFutures to others, and 26% could foresee barriers to continued implementation. Now, the single biggest barrier identified by teachers was a lack of time to run the program, and some teachers also identify things like cost and functionality issues. So while time issues are very hard to address, we do offer flexibility in delivery to assist with this. So such as delivering the two lessons in the one week, choosing some of the shorter activities or adapting them to suit them to the needs of your students. We'll also be hearing from David shortly about how he managed the delivery of OurFutures at his school, so we'll touch on that very soon. So in terms of barriers, we also acknowledge that cost is a key barrier for schools, and we do everything we can to offer our programs for free. However, there are, of course, the operating costs involved in getting them out to schools, and as such, we seek funding to cover the costs wherever possible. And we are pleased to say that the OurFutures vaping prevention program is supported by the federal Government, and it's actually available free of charge to all Australian schools. And we'll give you some some information about that, on on accessing that a little bit later. And we also note that some states have initiatives to support schools to, you know, access evidence based programs and examples such as the Vic schools mental health menu, and we'd encourage teachers to advocate, or continue advocating for schemes like this. So, as we know, it makes, you know, such a huge difference, and in terms of functionality, we are working with our web developers to implement a new delivery format to ensure smoother transition between cartoon slides, for example. So we have David Brown. We already did a little intro for David earlier, but I'll just remind you that we have David from Scotch College Melbourne, who was also involved in the Movember scaling What Works program. Everyone say hello to David. Hi, David. Thanks for joining us today. Really appreciate it once again. So I guess I'll start with the first question. So if you could please just share your experience in implementing the OurFutures program at your school as part of the Movember study, and you know you can offer other details, such as the mode of delivery and what worked for your school best.

David Brown 29:58
Great. Thank you. And. Hello everybody. Good to be with you. So we implemented OurFutures and also PreVenture at Scotch and it was really great to be able to take advantage of that offering from the Matilda Centre. So thank you for that. We were able to really run it through our tutor groups and pastoral care systems. It was an exciting thing to be able to find a solution, because in the past, with drug and alcohol education, it's always been a bit tricky trying to find experts. I really feel that it's something where you've got to be ahead of the game, provide information for students that then they can make informed choices and things. And so we're really trying to find some mode that was really useful for that. And what appealed most, I think, about the storyboard, was that it gave a scenario, it gave some type of context where there's dialogue happening. We tried, in the past to try and do some role play things, but as all the teachers know, it sounds great in theory, but it gets very cringe worthy, trying to get students try to do role plays about what they might say in different situations. And the storyboards really took on that language for us and gave us words that maybe our students might be able to use when they're in those situations, and it also helps expose them to situations that they might get into at some stage. So for us, you know, one of the questions, I suppose, was, is it appropriate for all our students? Because we were doing it across the year levels within those tutor groups, and I think there's always something to be gained from being ahead of the game. So for some of our students, they might be a little bit more naive or protected, but it was still really good that they're thinking about some of these situations that they might end up in, whether that's in two years time, or whether it'll be in a month's time. So that was really interesting to look at. So that worked really well for us, for us, I guess

the challenge, barriers really were to do with staff buy in. I think a lot of people probably resonate with this, a lot of teachers at schools feel as though they're not really equipped to be able to deliver some of these programs, because they feel they're not experts in these areas. But I really love the fact that there was so much information in the our futures program, you could go to those fact sheets, they were all there lots of evidence. There's lots of statistics. And so if students did have questions, it was actually quite easy then just to look it up and go with them to those places. I think also, some teachers can be a bit worried about disclosures. You know, what happens if somebody opens up in the class and talks about some kind of substance use or the parents using something as there's some concern there, and so a bit of training helps with that. And also, some teachers are worried about, will the students ask them questions about their personal lives, you know, about their alcohol use or their drug exposure and so on. And so the lovely thing with OurFutures was the focus is on the story that's through the cartoon. So it takes the focus away from actually the teacher. The teacher is just really facilitator, and then the content is delivered through the platform, which is really useful. We did try to train up staff. We gave it an added incentive. They came out of an assembly, and while the students were there, and we trained up staff, just showing them what it really looked like, and ran through that with them and how they might be able to use it. Because it's a new program, there's often skepticism, and so we said to our staff, we're viewing this as a trial. We really value your feedback, and so that gave them a little bit of autonomy in the process, and increased buy in as well. And I think the other thing that we used was once one group had run it, it was really great. We could use the champions from that, so the staff members could then speak to other staff members about their experience and demystify the process. It's also really good for the staff to know where to refer to, so our psychological helpers, student counselors and so on, and knowing to refer to them and other people that can support them around the time. The other challenges you were saying is time. You know. How do you find time to do it? And it is tricky when you got really crowded schedule of things, we adapted it to run it into 25 minute slots, which is what we have. And so it worked reasonably well, because we're able to do the cartoon in one session and then have a follow up session where we're unpacking some of the ideas. It was important to give some flexibility to staff, and I know you've touched on that as well, this idea where ultimately the staff that are working with the students know them best, and it's great to take those moments that are really connecting. So some of our staff would pause in the middle of the story and ask extra questions and get a bit of engagement that way. There are also in the storyboards options to be able to type things in and engage with it too and really get a bit of connection. Some other staff would bring along bottles of wine, a beer, whatever, and they'd look at the labels and be able to see what was going on with that. So just bringing it to life depended a lot on the member of staff, and some engaged more than others with that. We did find one group did it over a holiday, you know, where there's some lessons before the holiday and some after, and that didn't work so well. Lost a little bit of momentum, but otherwise, a lot of the students were really quite engaged in the storyline and were asking what happens next, and it was really good just to be able to explore that with them. In terms of the students, there were some students who were probably a little bit uncomfortable at the beginning, because it's a storyboard. Some people think, Oh, this is really childish, but after a few moments, they really do get into the story and what it's representing. And likewise, sometimes there are a few little giggles of discomforts from some of the students who go through but that really dissipated very quickly as they actually really thought about what the content was saying. But we did it as classes because we just really like that idea of the relational learning that can take place there. They can see how others are responding, they can contribute and listen to other people, and all of that was really terrific. Another benefit then as well for us was that if students were absent, it was great that there was that option to be able to go on individually and be able to listen to it, because often we find that some of our students have music lessons and so on and are away from class, and it's really nice to think that everybody can get that content rather than they've missed it. The parent sheets were really useful, so we linked that into our school newsletters and had it really up front for the year level, just saying, Okay, this week the boys in this year level are going to be talking about alcohol. And then it really up skilled the parents, but allowed some of those conversations, hopefully to happen at home as well. So overall, we found that it

wasn't too threatening. The staff really bought into it in the end, and they were really quite impressed by the quality of the product, and found that it was really very relevant. One thing that we're just still trying to work out is how much exposure to do, because we've run it now to a few year levels, and so it's just making sure that the appetites are still there as we get on to different modules. But I think it's been really a terrific program, and it really has provided a lot of content for us and really informed the boys to be able to make good decisions, hopefully as they go into their lives.

Natalie Gorgioski 37:41
Oh, thank you, David for that really, really valuable and also very insightful response to the questions. Thank you so much. And I'm sure a lot of staff online can also relate to a lot of the the content that you just mentioned there. So thank you so much, David. We honestly, again, really, really appreciate having you on here. And if any staff or teachers online have any questions, feel free to pop some things in the chat, and if we have time at the end, we can get to them. Fantastic. Thank you. David, no problem. Okay, so now looking at PreVenture results. So the other program that I was speaking about before, so we had nine school staff, which were mostly teachers, a student support officer, a psychologist, a school counselor and also a head teacher, and these were across New South Wales and Victoria and predominantly from single sex and independent schools. So for effectiveness, as you can see on the screen. So 78% felt students benefit very much or extremely from the program. 67% felt students could recall the information well, 89% thought students liked the PreVenture program, and 100% felt that the program held students attention well now in terms of adoption, so 100% felt continued implementation of PreVenture would be feasible at their school. Again, here are some more stats in terms of implementation. As you can see here, 78% of teachers use the program as a universal intervention. And you can see 56% of teachers implemented the program exactly in line with the delivery guidelines, with three teachers reporting that they followed almost all the guidelines with some reworking, and one teacher adapted the guidelines freely to suit their needs, and 75% of teachers found it easy to implement. And we can also see here that 100% felt confident in their ability to implement the PreVenture program, which is very, very important. And lastly, in terms of maintenance of the program, so 100% stated that they intended to deliver prevention at their school in the future, although, again, despite this plan, teachers did note that time and cost could be a potential barrier, as we previously discussed. I'm just going to hand over back to Lauren now.

Lauren Gardner 40:29
Thank you Nat and thank you so much, David. I did see there was one question in the chat for you. David around, was there any feedback from parents?

David Brown 40:39
Sadly, not. I would love to tap into that. It's one of those things that it would be great to be able to have some conversation. So I think now that we're at this stage of the year, I'll try and look out for some of the parents at some of the end of year functions, and just see if I can get some feedback from them. There's been no negative feedback, which I suppose is really handy, but it is something whereby often when you're doing a good job, you don't hear about it.

Lauren Gardner 41:08
Absolutely no news is good news. But yeah, please, if you do get some feedback, please let us know. We'd love to hear it as well. Okay, so on to the next section. We wanted to give some key takeaways for teachers. Firstly, choose programs that fit your schools needs. So we've highlighted two substance use and wellbeing programs that have that really high quality evidence behind them, but they do vary quite substantially in their delivery, and as we just heard, it is possible to adapt them to fit your school. And I think you know, despite them being so different, what's important to remember is that we also ran a research trial that looked at delivering these programs in isolation or together, and we found that

there was actually no additional benefit of delivering both. So more isn't necessarily better, and either of them can lead to benefits for your students. So again, whatever fits your needs is the best one to go with providing it's an evidence based program. Importantly, that research trial I was referring to also continued to follow up students for seven years after receiving the program, and we found long term benefits. So I guess understand that although it can feel tricky to find the time for these high quality programs, you are setting your students up for long term health and well being. So whatever you can do is really beneficial. Also just to be aware that not all evidence based programs are created equally, despite some clever marketing that might suggest that they are. So I really want teachers to go away from today with an understanding of those different levels of evidence, what constitutes high quality evidence. However, having said that, I know that you don't have the time to be going away and checking the literature behind every program that's available. So I did want to highlight again what Tara was talking about earlier around Positive Choices, which essentially just does the work for you. So positive choices only recommends programs that have evidence behind them, and they use this evidence rating system. So you can see those metals in the top right hand side of the screen, and these are the resources with this different evidence so platinum is the strongest evidence rating, followed by gold, silver and then bronze. And the evidence behind those receiving the platinum metal really come from those rigorous evaluations that we talked about at the top of the pyramid earlier. So those randomised controlled trials and systematic reviews, currently, there are only three resources on Positive Choices, with that platinum evidence rating OurFutures being one of them, as well as the botvin Life Skills Training Program and the European Unplugged program. Now I also want you to remember that your job is to be an educator, not a substance use or mental health expert, as David was saying, you know, it's really not your responsibility, nor is it possible to be an expert in every single topic. So that's why it's so important to be able to identify and provide the evidence based programs. But we do acknowledge that there will be times when you're not necessarily delivering a program that you recognise the need to provide support to a student, and we had quite a few pre submitted questions around how to assist students with substance use and mental health concerns. You know, particularly if parents or the student themselves aren't necessarily keen to address it. There were some questions about what to do if a student isn't old enough to have a Medicare card or, you know, there's minimal counselor services in the school. Positive Choices has some great resources focusing on how to talk to young people and where to get help, which we can share afterwards, but I will briefly touch on a few of the key things that we want to do in these instances. So firstly, it's important to arm yourself with the facts so you're informed and you're ready to have these frank and non judgmental conversations. So this could be with the Positive Choices factsheet on different substances, for example, other credible resources, like government resources on mental health. It can even be useful to have these on hand when you start having the conversations with the young person, and be able to refer back to them as credible sources of information. And you want to find the right moment so when you feel equipped, calm and ready for the conversation, but also a time when they're also calm, you know you're in a comfortable environment which feels safe and familiar to your student, and it's private, so you know that you're not going to get interrupted. You could use opportunities like a recent news story about the issue, or perhaps you've just covered the topic or something related in class as a segue into the conversation. Now you want to make sure that you're approaching the conversations without judgment, so don't use judgmental language and label behaviors is wrong, or don't make assumptions about using drugs, and you want to use open ended questions like, I've noticed you don't seem yourself lately. How are you going? You know, they're likely to be more receptive. If it's a two way conversation, it's also unhelpful to make comparisons such as, you know, other people have it so much worse, or trying to remind them of the positives, because this can make them feel misunderstood or invalidated. You want to listen with patience so making sure you're not interrupting them. Give them the space and the safety to express themselves, and also be prepared for a negative reaction and to hear their criticism. So you know the 'Yeah, but you drink', you make want to make sure that you're staying calm and reasonable and you're not letting this turn into an argument. Instead, you'll need to express your concerns in a supportive and non confront confrontational way. Evidence shows that motivational,

rather than confrontational, conversations are most helpful. Importantly, you want to communicate your support, such as by saying your well being is my top priority. I want you to be the best version of you. Ask them how you can best support them, although they might not even know themselves. So it can be useful to offer some suggestions you know, you might brainstorm or encourage other healthy activities, like going out for a walk, or if they don't want to change, encouraging them to learn how to reduce the risk of harm until they are ready to change, or perhaps quit vaping or whatever substance it might be. Oh, sorry. Also the final point there around reassurance, so just reassuring them that solutions are possible and that help is available. So that could be, just be you being available to talk in the future through to formal support services. And there are a range of support services available to young people, many of which don't require a Medicare card and can even be accessed 24/7, and anonymously through online chat functions with counselors. So these are often more palatable to young people, so I've got some examples there, like the kids help line Beyond Blue, Lifeline, and specific to vaping, which came up a few times in the questions around the Quit Line. And there's also the Pave and My Quit Buddy apps that are available for free, or, of course, the GP, however you do need a Medicare card, and then finally, making sure that you check in with them again another time. So these conversations are ongoing, and it's helpful for the young person to know that you're consistently there for them to talk. Now we also had a pre submitted question about how to tell if a student has been vaping, given that it's harder to identify than the scent of a cigarette smoke. So as mentioned, when you want to approach conversations, it's really important that we're not making any accusations, so you really want to be instead focusing on ensuring that the students have access to evidence based education about vaping and know where to get support. So I will go into the OurFutures vaping program a little bit more in a moment. But the other thing I would say is really just keeping an eye out for signs of addiction. So it might be that you know, you're noticing the student more agitated, maybe they're requiring frequent bathroom breaks, or you're noticing them to be more withdrawn. So these things could be the catalyst for you starting a conversation or referring them on to those other support services. If the student is open to the conversation, there are three questions that can be used to assess addiction. So firstly, how soon after you wake up? Do you first vape? If they say it's within 30 minutes, it's likely a sign of addiction. Do you vape? On your own or at home alone, and if they say yes, it's likely a sign of addiction. And then finally, do you wake up in the night to vape? If they say yes, again, it's likely a sign of addiction. Now, given time constraints, I won't be able to go into the details of supporting students to quit vaping. However, we can send out some links and resources after this. And I would encourage you to view the Positive Choices webinar presented by Associate Professor Emily Stockings, so that goes into vaping and dealing with addiction in a lot more detail. And again, just being aware of those support services like I had on the other slide around the QuitLine and the Pave app. And I would also like to remind teachers that if you do find a student is vaping, we would advise against punitive responses like suspensions and expulsions. You know, these can actually make the problem worse for students. So we'd be suggesting diverting the student to educative interventions and support services. Okay, now back to the interventions. I did want to just quickly highlight some of our other evidence based programs that are available or are currently under evaluation. So firstly, Health4Life, that one is a multiple health behavior change intervention to reduce chronic disease risk, and it targets what we call the Big Six health behaviors, so that being physical activity, diet, sleep, screen time, alcohol use and tobacco, cigarette smoking, as well as vaping. So that one again evaluated in a randomised controlled trial. We had over 6000 students in that one, and we had demonstrated effects on knowledge, intentions and mental health. There's also the OurFutures vaping program, which has come up a few times. So this one is specific for specifically for year seven and eight students, again evaluated in a randomised controlled trial among over 5000 students. And this one is actually Australia's only vaping prevention program that is proven to reduce students likelihood of vaping. And because of this, the program has been backed by the federal government and is now available free of charge to all Australian schools. So if you are interested in getting a taste of OurFutures, that's a great place to start, and you can head to use the QR code on the screen there, which will take you to the page to register for access. We also have several new programs that are currently being trialed,

including the Strong and Deadly Futures Program, which is a school based alcohol and other drug prevention program specifically for Aboriginal and Torres Strait Islander secondary school students. We have new vaping prevention programs underway for younger cohorts, so in the primary school setting, as well as stage five and stage six students, and we also have respectEd. So this is a new consent and healthy relationships education program for Stage five students, which I'm just going to put the spotlight on before we finish up. So respectEd follows that OurFutures prevention model, and it's curriculum aligned. It's based on the latest evidence, co designed with students, teachers and a range of experts, and it's age appropriate, delivered in a strengths based and trauma informed way, and it's also contemporary as it focuses on both online and offline dating and relationship experiences. So we're now seeking secondary schools to take part in this Australian first trial. If you do want to be involved, it will include getting first access to run this five lesson program and provide some feedback on it. If you're allocated to the intervention group. If you're not, then you will get it at the conclusion of the study, allowing some time for students to complete three surveys over a six month period, which really just aim to assess changes in their knowledge, their attitudes and behaviors. And teachers will also complete a brief log book. So if you would like to express interest, you can scan the QR code or contact the team using the details on the screen. And that's all. So thank you again, and a big thank you, particularly to David. It was really, really useful and insightful hearing from you. So thank you. Thank you.

Tara Guckel 54:31
Thank you so much. Lauren, Nat and David, yeah, just echoing what Lauren said, it was great to have your perspective from the school as well there, David, I'm just going to get my screens up and look at the chat see apologies if we won't get to everyone's questions today. Please do feel free to send you can send through those to the Positive Choices email address, and we can also pass them on to answer them as well. So I'll do the first question. There's one that says, Is there any pre and post student evaluations regarding the program highlighting students impact on improved knowledge and skills? I think we touched on this a bit, but maybe if you just wanted to expand on that one.

Lauren Gardner 55:17
Natalie, yeah, or I can take it. Natalie, yeah, yeah, yes. So we, I think that this one was specific to the PreVenture program when Nat was presenting those results. So we did do a sub sample that we looked at some pre and post surveys. But again, because we have these RCTs that have provided such robust evidence about behavior change among students. It was really just quite a brief looking at differences in things like knowledge. However we will be, oh, sorry, huge, thunder struck. Yeah. So we've got these. We've got strong, robust evidence out of the RCTs, but within the Movember program, it was just a small subset, perfect.

Tara Guckel 56:08
Thank you. And then we just have a question here about the respectEd program. It says is respectEd co design with students or teachers?

Lauren Gardner 56:16
Both. We've got students, teachers, health experts as well as lived experience experts too. So they've done a really comprehensive co design process, wonderful.

Tara Guckel 56:30
And then I know we focused a lot on prevention in the presentation, but we have a question here that says, Do you have any high quality evidence based programs for students who are specifically at high risk or already experiencing co occurring alcohol and other drug or mental health difficulties that would be delivered in school settings or in partnerships with schools.

Lauren Gardner 56:50
Yeah. So PreVenture program is probably the has the strongest evidence there. So although in the Movember study, a lot of teachers decided to use that as a universal program that Nat spoke to, whereas they just wanted all of their students to have it because that suited the needs of their schools, that program would usually be identifying high risk students based on their personality types, and it's had really strong results on alcohol and other drug use as well as mental health.

Tara Guckel 57:20
Wonderful. Thank you. And yeah, Positive Choices does have a list of other resources on our Get Help pages, which might be helpful in that situation as well. And then, just before you mentioned the stages five and six, what is the age group for stages five and six? They don't use that reference in Western Australia.

Lauren Gardner 57:40
Oh, okay, sorry, yes, here we have stage four is year seven and eight, then five is nine and 10, and then six is 11 and 12, perfect.

Tara Guckel 57:50
And then we've got a question here for David that says David time is a real issue. So my question is really about when you mentioned pastoral care workers delivering did you find this help to balance the weight of the HPE curriculum and time available to cover all the focus areas.

David Brown 58:04
Yes, I mean, we are really constricted, so what we're trying to do is to prioritise certain things. And so we've realised that we're not going to cover absolutely everything that we'd love to cover every year. So we're just trying to balance what the demands that we have to do are and then we did find that we're able to get the OurFutures work in there. It does take a bit of time. I mean, the lessons can take really about 40-50 minutes each one, so there's quite a lot there to get through. But we felt that it was worthwhile sacrificing that time. Some of the courses are longer than others, and so I think it is good to get to the end of it, because both the storyline and the whole content kind of evolves as you go through so it's really good investing the time in it, but good luck finding it.

Tara Guckel 58:56
Thanks David, yeah, great to understand how you kind of made it work in the real world setting. Because, you know, we develop these in the research setting, so hearing that perspective is really valuable, and just coming up to 1pm now, so I might start wrapping it up there. Thank you again, everyone for joining us today, and apologies again if we didn't get a chance to answer your question. Please feel free to send an email to Positive Choices. We've got the email address on the screen there, and you will receive a copy of the recording and webinar slides as well for signing up for this webinar, thank you again. Lauren, David and Natalie, we really appreciate your time today, and thank you to our audience. Have a wonderful day. Thanks everyone. Bye.