CREMS Webinar Series: Welcome!

UPCOMING WEBINARS

MAY 19, 2015: 2PM AEST
Drug and alcohol use among young people. What can parents and schools do to prevent the harms?
DR NICOLA NEWTON AND DR LEXINE STAPINSKI

JULY, 2015
Co-occurring mental health and substance use disorders: how do they affect young people?
DR CATH CHAPMAN

SEPTEMBER, 2015
Early intervention for depression and problematic alcohol use in young people
MR MARK DEADY

NOVEMBER, 2015
Locating free resources to support evidence-based practice
DR ERICA CROME

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What is CREMS?

NHMRC Centre of Research Excellence in Mental Health and Substance Use (CREMS)
Directed by Prof Maree Teesson

CREMS aims to significantly improve
- understanding
- prevention
- treatment

of comorbid mental health disorders and substance use
Drug and alcohol use among young people. What can parents and schools do to prevent the harms?

Dr Nicola Newton & Dr Lexine Stapinski
# Prevention Team & Contributors

## Academic
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- Dr Wendy Swift
- Dr Emma Barrett
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**Funding:** NHMRC, Australian Government Department of Health
Outline

1. Who gets into trouble with drugs and alcohol, and why does it matter?

2. Can we prevent the problems?

3. How do we help schools and parents access evidence-based resources?
Alcohol and drugs in Australia

• 80% of Australians (aged 14 & over) drink alcohol
• More than 1 in 3 (38%) consumed alcohol at a level that put themselves at risk of harm or injury, (26% did this monthly)
• 35% have tried cannabis
• 11% have tried ecstasy
• 1.2% had used synthetic cannabis
• 0.4% other emerging psychoactive substances
Who is most likely to have an alcohol disorder?

A

B

C
Who has a substance use disorder?

- Contrary to common perception, young males are the group most likely to have an alcohol use disorder.
- Males are twice as likely to experience problems with alcohol and other drugs, but this is changing.
At what age do Australians start drinking?

The gender gap is closing...

- **Age of initiation of alcohol use**
  - **Males**
  - **Females**

- **Born 1953-1962**
- **Born 1963-1972**
- **Born 1973-1982**
- **Born 1983-1991**

*Slade et al. (in preparation)*
Some good news on the horizon....

- More 12–17 year olds are **abstaining** from alcohol
  - (increased significantly between 2010 and 2013 from 64% to 72%)

- **Daily smoking** declined significantly between 2010 and 2013 (from 15.1% to 12.8%)
  - Daily smoking rates have almost halved since 1991 (24.3%).

- Younger people are **delaying uptake** of smoking
  - age at first cigarette increased from 14.2 in 1995 to 15.9 years in 2013.
Teenagers and Drugs & Alcohol

Why it’s so important..

- The peak onset of drug and alcohol use in during teenage years

- Associated harms are considerable: peak impact is ages 15-24, alcohol and drug use contribute to the top 3 causes of death

- Earlier initiation → greater risk of adulthood problems (dependence, delinquency, mental health problems, poorer education outcomes)
Effect on the developing adolescent brain

- Adolescence is a critical period for brain development and maturation
- Alcohol and cannabis impact the brain and functions:
  - Immediate short-term effects
  - Affect how the brain develops: longer term impact
- Recommended video series for young people: “Under Construction” by Turning Point

Alcohol and the Teenage Brain
Cannabis and the Teenage Brain
Risk Factors for Teenage drinking

Many!

Recent study by Mattick et al (2014) examined a range of individual, family and peer factors on teenage drinking

Parental factors: rule-setting around alcohol, monitoring of teenagers and consistent rule enforcement protected against teen drinking

The most important risk factors when all were considered were:

- Peer use of alcohol
- The perception of alcohol use as normative (“everyone is doing it”)
- Behavioural problems
- Parental supply of alcohol

Mattick, Wadolowski, Aiken, Najman, Kypri, Slade, Hutchinson, Bruno & McBride, 2014
Outline

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2. Can we prevent the problems?

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**Types of prevention**

1. **Universal**: delivered to an entire population regardless of level of risk
2. **Selective**: targeted to groups at greatest risk of developing problems
3. **Indicated**: targeted to those experiencing early symptoms of a disorder

Adapted by the Commonwealth Department of Health and Aged Care, 2000
Prevention needs to occur early

School is the ideal location

• Practical - spend > 25% waking lives
• Time when first start to experiment
• Tailor messages at developmental levels
• Educate prior to harmful exposure
Effective principles of school-based drug prevention

- Evidence-based and theory driven
- Developmentally appropriate & immediately relevant to students
- Implemented prior to harmful patterns of use
- Be part of a comprehensive health education curriculum
- Use peer leadership but keep teacher as the central role
- Employ interactive teaching approaches
- Adopt a social influence or comprehensive approach

Social Influence: Flip the numbers

1. Information – facts and harms
2. Provide resistance skills training, and
3. Incorporate normative education – challenge view that “EVERYONE is doing it..” – no they’re not!

Only 1 in 50 students aged 12–17 tried ecstasy last year.
Universal school-based drug prevention

Evidence-based programs do exist:

- Life Skills Training program *(Botvin et al)*
- School Health and Alcohol Harm Reduction Project (SHAHRP) *(Midford & McBride)*
- EU-DAP Study ‘Unplugged’ program *(Faggiano et al)*
- Get Ready program (DEVS Study) *(Cahill & Midford)*

Dissemination of evidence-based programs is low

- 14% schools use programs with correct content and delivery
- Due to barriers & obstacles that arise when implementing programs in the school environment
Universal school-based drug prevention

Common obstacles to effective implementation

- Insufficient resources – materials, time and money
- Adaptation
- Lack of training
- Commercially based packing
- Sustainability

Poor implementation → poor outcomes
Innovative new prevention model

Clearly a new approach was needed that was:

1. Evidence-based: adheres to effective principles of drug prevention
2. Overcame barriers to implementation to increase fidelity & outcomes
Climate Schools programs

Universal prevention programs which aim to prevent substance use and related harms in adolescents

- Social influence approach
- Harm-minimisation goal
- Internet-based
- Easy to implement
- Embedded in curriculum
- Age and context appropriate
- Interactive – cartoons & activities
- Reinforcement - booster
Climate Schools programs

Three modules for Australian high school students

1. Alcohol module (Yr 8: 13-14yr olds)
3. Cannabis & Psychostimulant module (Yr 9/10: 14-16yr olds)
Extensive development process

- Focus groups & interviews teachers, students and health prof.
- Developed by the ‘user group’ for the ‘user group’

Module = 6 lessons of...

- Part 1: 15 min online
- Part 2: 25 min class activities
  - Assertion skills
  - Calling for assistance
  - Recovery position
  - Decision making
  - Group discussions

Covering...

- Alcohol guidelines and laws
- Normative use
- Short & long term risks
- Influences of media & peers
- Drug refusal & harm minimisation skills
- Staying safe & first aid
Climate Schools

Climate Schools provides health education courses which aim to empower students to gain knowledge about their health and wellbeing. This knowledge will assist them in making good choices. Students learn about ways to avoid harm and to optimise their physical and mental health.

Prior to registering your school, you can preview the Climate Schools course material including lesson 1 of the Alcohol module and lesson 1 of the Alcohol and cannabis module. These interactive student lessons will provide a preview before your school registers for full access to the Climate Schools programs.

Who is behind Climate Schools?

Climate Schools is the work of researchers and practitioners from the National Drug and Alcohol Research Centre (NDARC) and the NHMRC Centre for Research Excellence in Mental Health and Substance Use at the University of New South Wales (UNSW), Sydney, Australia.

Course Benefits

Our research shows that Climate Schools programs improve student outcomes by:

- Reducing alcohol consumption
- Reducing binge drinking
- Reducing the frequency of cannabis use
- Increasing knowledge about alcohol and cannabis
- Improving attitudes towards alcohol
Part 1: Online component

Lessons

Alcohol - Lesson 1

This lesson will teach you about:

- Alcohol, the law and underage drinking.
- Standard Drinks.
- Australian Guidelines to reduce health risks from drinking alcohol.
- Identifying the number of standard drinks in alcoholic beverages.
- Societal pressures and expectations to drink alcohol.

Cartoon  Teacher summary  Activities  Student summary
Hey Clare, jump in!
Don't be stupid Michael, the driver is drunk.

Come on Clare bear. It will be fun!
I would prefer to live thanks.
Come on!
Come on, get out of the car mate.
You know 500 teenagers died from alcohol in the last 10 years and most of them were males!
Seriously Mike - Alcohol slows down your brain so your reaction time is slower.
Not that Michael has a brain!
Fine, your loss... ...Later!
The day after
KNOCK!
KNOCK!
Honey, Michael is here to see you.
Tell him to go away.
Hi Michael. I really don't have anything to say to you.
I just want to say I'm really sorry about last night.
Why do you always have to do stupid things?

I suppose I get carried away when I have a few drinks.
At the time it seemed like a good idea...
...that was until I threw up in that older girl's lap...
Good one Michael!

To be continued....