

Supplementary Material

Appendix 1

| Workshop 1: Alcohol and the growing adolescent brain |
|--|
| <ul style="list-style-type: none"> • Examine the outcomes alcohol and drugs are seen to deliver • 7 drug type categories (e.g. stimulants, empathogens, depressants etc.) • Drugs do not have fixed and predictable effects • Compare harms of different drugs • Personal definition of danger • How the brain works (neurons, neurotransmitters, parts of the brain and their function) • How drugs hijack naturally occurring systems to bring about intoxication • Developmental neuroscience and how the growing adolescent brain is different • The brain matures from back to front, with the prefrontal cortex being the last part of the brain to mature • Dose-dependent effects of alcohol in the body and blood alcohol concentration • Locate brain regions affected by alcohol and connect this to intoxicated behaviour • Long-term effects of alcohol on the brain • Understand how the brain changes based on our experiences, a concept called neuroplasticity i.e. the 'use it or lose it' principle • Recent trends in substance use in Australia compared to the individual (people are waiting longer to engage and using less) • Australian guidelines for low risk drinking limits • Normalise abstinence from drug and alcohol use • Tips to resist peer pressure to drink, including why peers should not pressure friends to drink • Respond to a series of situations involving alcohol E.g. Resisting peer influence, when to call an ambulance • How different societal figures are responsible for preventing alcohol and drug related-harm (government, parents, teachers, friends, the individual) • How the individual can minimise the harms of alcohol (short-term and long-term) • Goal-setting tools that increase self-efficacy and reduce the power of peer influence • Appreciate that brain health can be optimised by decreasing stress, using certain techniques such as mindfulness and exercise • Where to find e-resources and valid scientific research on alcohol and drugs |
| Workshop 2: Drugs, the reward pathway and responding to crisis |
| <ul style="list-style-type: none"> • Define society's perception of danger as risk to individual and risk to society • The three dimensions of harm: set, setting and drug • How the bio/psycho/social model can influence the progression of harms with on-going drug use • There is no such thing as a 'soft' or 'hard' drug, risk varies on the drug and the individual • Myth busting around MDMA and cannabis • Varying strength of MDMA and cannabis • Examine the impact of MDMA and cannabis use on the brain over a night • Examine the impact of MDMA and cannabis use on the brain over a year such as to the hippocampus (memory), the amygdala (emotions) and link to mental illness • Case studies and harm minimisation with MDMA and cannabis • Apply concepts in neuroplasticity to MDMA and Cannabis use • Cannabis is an addictive substance • Difference between physical dependence and psychological addiction • Learn the legal frameworks around use, possession & supply |

- Apply concepts in 'the growing adolescent brain' - how to play to our strengths
- Dispel common misconceptions around other recreational drug use. Including non-medical use of prescription drugs
- Learn & share strategies to reduce stress elevate a low mood
- Learn where to go for evidence-based drug and alcohol information

Workshop 3: Addiction & mental health

- Investigate factors that influence addictive behaviour
- Understand the neurological mechanism behind cravings, urges and habit formation
- Understand the way pleasurable things work to induce cravings and repeat behaviour
- Define addiction as a developmental disorder that progresses over time
- Analyse the bio/psycho/social influences that encourage repeat behaviour with alcohol and other drugs
- Critical risk analysis around likelihood of running into problems with a particular behaviour
- Understand the role of the prefrontal cortex in the loss of control over behaviour
- Examine how to break habits and set positive ones
- Understand the stages of change model in behaviour change
- Learn how to use behavioural change tools such as a cost-benefit analysis and urge log
- Brainstorm different psychological triggers, emotional responses and how we like to be treated when we are not feeling ok
- Consolidate learnings and answer any questions around the program

Appendix 2 The Drug Literacy (knowledge) levels at baseline (n=272) and at post-test (bracketed; n=257).

| Questions | Correct (%) | Incorrect (%) | Did not know (%) |
|---|----------------|----------------|------------------|
| 1. Young people are starting to drink alcohol at a later age than before | 17.3 (72.8) | 62.9 (19.1) | 19.9 (8.2) |
| 2. Most people my age, have tried an illicit substance | 42.6 (68.0) | 29.0 (23.0) | 28.3 (9.0) |
| 3. If you do choose to do drugs, it's better to do them whilst your young than when you're older. | 73.5 (89.9) | 7.7 (5.1) | 18.8 (5.0) |
| 4. Alcohol is one of the most harmful drugs | 47.1 (80.2) | 41.5 (15.6) | 11.4 (4.3) |
| 5. The drinking age is 18 because that's when your brain is fully developed | 30.5 (86.8) | 59.9 (10.1) | 9.6 (3.1) |
| 6. If someone is heavily intoxicated, you should monitor their breathing and keep them aroused | 40.2 (81.0) | 19.9 (8.9) | 29.8 (10.1) |
| 7. There are 'SAFE' levels of some drugs | 58.5 (51.4) | 23.2 (42.0) | 18.4 (6.6) |
| 8. Cannabis can change the structure of your brain if you use it before your brain is fully developed | 67.5 (89.5) | 8.3 (4.7) | 24.2 (5.8) |
| 9. Cannabis is an addictive substance | 34.9 (87.6) | 49.3 (7.8) | 15.8 (4.6) |
| 10. It is reasonably safe for 15 to 17-year-olds to have up to 4 standard drinks on any one day, if they drink occasionally | 14.3 (81.7) | 69.9 (14.0) | 15.8 (4.3) |
| 11. Being an attendant at a festival gives the police a warrant to search you | 47.6 (75.9) | 18.3 (12.5) | 34.1 (11.6) |
| 12. Roadside drug tests can detect drugs in the body days after consumption | 73 (90.3) | 8.7 (4.7) | 18.3 (5.1) |
| 13. Australian youth (18-24 years old) experience mental illness more than any other age group | 72.8 (86.4) | 6.6 (2.7) | 20.6 (10.9) |
| 14. It is not always legal to possess prescription drugs | 69.1 (80.2) | 14.7 (4.3) | 16.2 (15.6) |

* Shaded area represents questions where over half (50%) of the participants answered incorrectly or did not know the answer. Note: the pre- and post-test data include total number of participants at each point.

Appendix 3 Drug Literacy (skill) levels at baseline (n=246) and post-test test (bracketed; n=240)

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|-----------------------|----------------|----------------|-----------------|--------------------------|
| A. I feel comfortable discussing the risks associated with illicit drugs with my parents (%) | 33.7 (38.8) | 39.0 (34.2) | 20.3 (15.0) | 4.1 (9.6) | 2.8 (2.5) |
| B. I know where to go for help if I needed it (%) | 37.0 (41.7) | 45.9 (48.8) | 12.2 (7.1) | 2.4 (0.8) | 2.4 (1.7) |

| | | | | | |
|--|----------------|----------------|----------------|--------------|--------------|
| C. The link between drug use and mental illness is clear to me (%) | 32.9 (41.7) | 43.5 (44.2) | 18.7 (11.3) | 4.5 (2.1) | 0.4 (0.8) |
| D. I feel confident that I could minimise the short-term harms associated with drugs (%) | 25.2 (33.8) | 34.6 (50.0) | 31.3 (11.7) | 7.3 (3.3) | 1.6 (1.3) |
| E. I feel confident that I could minimise the long-term harms associated with drugs (%) | 26.0 (31.7) | 32.9 (48.8) | 29.3 (12.1) | 9.3 (5.8) | 2.4 (1.7) |
| F. I do not feel inclined to take drugs (%) | 52.2 (43.3) | 22.4 (31.7) | 19.6 (16.3) | 3.7 (5.0) | 2.0 (3.8) |

*Shaded area represents questions where over a quarter (25%) of the participants were neutral or disagreed with the statement.