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Providing new options for improving wellbeing: The role of online interventions

in this issue

Associate Professor Jane Burns, CEO Cooperative Research Centre for Young People, Technology and Wellbeing and Ms Michelle Blanchard, Acting Manager, Communications and Partnerships, Cooperative Research Centre for Young People, Technology and Wellbeing, Victoria.

There is no doubt that information communication technologies play an important and growing role in the lives of young people. In 2008, 95 per cent of Australians aged 18 to 25 years used the Internet (Ewing et al. 2008). There is emerging evidence exploring the role that technologies can play in improving mental health and wellbeing for young people (Burns et al. 2008; Christensen & Hickie 2010; Cuijpers et al. 2008; Griffiths et al. 2010) and reducing problematic substance use (Tait & Christensen 2010).

Acceptance of e-health services

The acceptance of e-health interventions is high among young people due to their affinity with the online environment. The traditional barriers to help-seeking, such as physical access, confidentiality and stigma can be overcome through the strategic use of technologies.

> MANY YOUTH HEALTH WORKERS ARE INTERESTED IN HOW NEW TECHNOLOGIES CAN BE USED TO STRENGTHEN THEIR OWN ENGAGEMENT WITH YOUNG PEOPLE

This has led many who are working to improve health and wellbeing outcomes for young people to become interested in how these technologies can be used to strengthen their own engagement with young people.

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Guest editorial

Drugs and information and communication technologies

by Monica Barratt, Research Fellow, National Drug Research Institute, Western Australia

People are using drugs in an environment saturated with information and communication technologies (ICT). What are the challenges and opportunities that this context presents to the alcohol and other drug (AOD) sector?

In discussing this topic, we tend to focus upon the risks associated with how people who use drugs engage with ICT alongside the opportunities offered by new ways of responding to drug problems. For example, we emphasise the risks of purchasing drugs online and easier access to information and people that may promote drug use, as well as the potential to access otherwise hard-to-reach populations, monitor drug trends and increase the AOD sector's capacities for communication and information dissemination (Ministerial Council on Drug Strategy 2011).

An area that is often neglected in this work is how young people use ICT to shape the trajectories of their own lives—with beneficial results. ICT are used to create and maintain "cultures of care": communities and social networks that can strengthen resilience and mental wellbeing (Duff 2009). People also participate in online discussions of drugs that are underscored by a harm reduction ethic (Tackett-Gibson 2008). If we can better understand how ICT are used by people who use alcohol and other drugs, we will be better informed about what kinds of ICT interventions might attract them.

Developing a comprehensive understanding of how young people use ICT requires a broadening of how we conceptualise technologies. While many of us think of technologies merely as tools that enable us to get something done more quickly or efficiently, ICT are not only tools. As a place, ICT, and especially the Internet, offer a location where one can spend time interacting with other people. As a way of being, digital technology is incorporated into the fabric of everyday life, rather than being a tool or place that is separate from "normality" (Markham 2003).

We also need to broaden our understanding of the relationship between technology and society. Technology is not a separate agent that acts upon people: rather, it is embedded within society. Yet, technology shapes how we live and it is part of the context within which drug use takes place (Fuchs 2008). We should look twice at statements proclaiming "the impact of the Internet on young people". Young (and not so young) people are not only impacted by ICT, they are actively creating the content distributed through ICT and are active in defining new ways of using ICT and being in ICT-enabled places.

The interventions that are the most credible and likely to be the most useful to young people who use alcohol and other drugs come directly from their peers. Full partnerships between young people and funded agencies can assist them to develop their ideas into projects with wider reach. Hello Sunday Morning, a campaign about young people who are changing their relationship with alcohol, is a successful example of this participant-led model **(http://hellosundaymorning.com.au).** Reducing the stigma associated with illicit drug use may enable more people who use drugs to publicly identify as former and current users. These people can then lead ICT-driven campaigns that build on their personal experiences of living with drugs, seeking help when necessary, and moving and growing through life's challenges.

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A historical perspective on social media

Chris Raine, CEO and Founder, Hello Sunday Morning, Queensland

> SOCIAL MEDIA HAS BECOME THE CONDUIT FOR THE VOICE OF THE INDIVIDUAL WHO WANTS TO STAND UP AND BE ACCOUNTABLE FOR CHANGE IN THE WORLD

Social media is nothing new

Social media has been around for centuries. Bare bones, it is simply a manifestation of how we, as a society, value the voice of the individual.

If you look back through history, you can see clear cycles of growth and change as humanity has stepped from an era of collective mediocrity to an era of inspired individual questioning. There was social media in the enlightened dialogues of ancient Greek philosophers in 400 BC. There was social media in the advancement of art in the Renaissance in the 14th century that took us out of the Dark Ages. In both examples, it was the power of the individual's voice that brought about change.

Following a few environmental and economic shake-ups, humanity is now on the precipice of another great evolution—a new Renaissance. We have transcended the assembly lines of the industrial age in the 18th century to now all be "independent contractors" within the information age (if you have a boss—you are just working for one client at the moment).

We have come to accept that we are responsible for the world around us. Social media has become the conduit for the voice of the individual who wants to stand up and be accountable for the change they want to see in the world.

Hello Sunday Morning

Hello Sunday Morning (**http://hellosundaymorning.com.au**) is just one example of a platform that has been created to facilitate such a shift for people who want it. As a movement, we believe that this country is on the precipice of a paradigm shift around the way we use alcohol. We aren't against drinking or the value it can bring to one's life but we believe we have a responsibility to each do our part to change the dysfunctional elements of it. We are a space where people can take a step back and step up to create a better choice for themselves and those around them.

Hello Sunday Morning has experienced quite a massive amount of success in a short time. We now have over 920 people across the country signed up to our three-month online program, with about 20 people joining our movement every day. They sign up, not just to improve their own life, but also to improve the lives of people they have never met; people who never thought change was possible. This success can be attributed to the power of social media to connect individuals behind a common issue, a common idea.

The place of "new" technologies in alcohol and other drug treatment

Dr Nicole Lee, Associate Professor, National Centre for Education and Training on Addiction, Flinders University, South Australia, and Director, LeeJenn Health Consultants, Victoria

There is increasing interest in using alternative methods to face-to-face counselling to address alcohol and other drug (AOD) issues.These include online, CD-ROM, Bluetooth and Smartphone applications. These are no longer "new" technologies, although we still refer to them as such. I recently found a (typed and faxed) letter from a colleague dated 1995 urging me to try some amazing new communication tools—the Internet and email. More than 15 years later, the community is now largely familiar with the online environment, and uses it to engage in a range of health and social activities.

Technology in counselling

Even the application of technology to counselling is not that new. From the late 1980s Isaac Marks successfully used a computer-aided interactive voice response telephone system to treat agoraphobia and depression and by the mid 1990s online/email counselling was beginning to emerge. What is relatively new is the widespread access to these services provided by recent developments such as higher speed broadband.

Demand for treatment services outstrips supply and funding is limited, making self-guided and automated interventions potentially useful in both increasing the reach of interventions and decreasing the cost. Many people don't want or need tertiary treatment services and many, such as those in rural and remote areas, have relatively few options for treatment.

On the other hand, we know that brief interventions are effective for both alcohol (Kaner et al. 2008) and other drugs (Baker et al. 2005). However, while the research literature consistently identifies their efficacy, there are substantial barriers to the uptake of brief interventions in general practice, which has been the traditional focus of these

interventions. Brief intervention is a highly effective public health strategy if it is widely implemented and online services, with their extensive potential reach, are an ideal vehicle to apply brief intervention.

Meth.org.au

We know that these types of interventions are attractive to people who use drugs, especially when the information is clear and based on good practice. In 2009, we developed meth.org.au (**www.meth.org.au**) specifically for people who use methamphetamine. This group is particularly reluctant to access tertiary treatment, but has a number of issues associated with their drug use, even at relatively low levels, including sleep and appetite problems and mental health symptoms. Over 7700 unique visitors and 2600 repeat visitors accessed the site in its first eight months; they stayed on the site for an average of 30 minutes, viewing an average of six pages each time.

The meth.org.au site used a stepped care approach, based on an initial screening questionnaire to direct users to the part of the site most appropriate for their needs. Those who had significant problems or screened likely for dependence or high readiness to change were directed to a self-help intervention based on a face-to-face brief intervention we developed in 2003 (Baker et al. 2003). Those with lower level issues or low readiness to change were directed to harm reduction information.

'BRIEF INTERVENTIONS ARE A HIGHLY EFFECTIVE PUBLIC HEALTH STRATEGY AND ONLINE SERVICES ARE AN IDEAL VEHICLE TO APPLY THEM'

The next steps?

Many groups have been trialling more structured interactive tertiary interventions for drug use online. We should now be looking at how we can enhance professional development for practitioners online to overcome the similar issues of time, inclination and access.

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The Internet and the emergence of new drugs

Cameron Francis, Social Worker, Dovetail, Queensland

Throughout the late 1990s, there was an explosion of new or rediscovered drugs appearing on the Internet. Most of these drugs were popular because they weren't always specifically illegal. Drug manufacturers were trying to stay one step ahead of the authorities, and get their product onto the market before it became illegal. These drugs were often advertised as "legal highs" and linked to natural products so that they appeared to be somehow safer.

Alexander Shulgin and trip reports

Alexander Shulgin, who is famous for rediscovering and popularising MDMA, invented many of these early Internet drugs. Shulgin published two books in the early 1990s, PiHKAL (Phenethylamines I have known and loved) and TiHKAL (Tryptamines I have known and loved). In these books, Shulgin describes the process of manufacturing hundreds of new substances, alongside his so-called psychonautic bioassay whereby Shulgin would administer increasing doses of each drug in order to determine the effects. These experiences were described in a "trip report" which detailed the drug effects, including what is now referred to as the Shulgin scale—a four-point scale to measure the subjective experience. The trip report became a popular tool for people discovering new drugs. There are now hundreds of thousands of trip reports online, describing every imaginable drug and a huge array of experiences both good and bad.

The emergence of "Neo Dove"

Mephedrone was one of many similar chemicals that came out of this environment in the mid 2000s. Online retailers began supplying capsules referred to as "Neo Doves" (a reference to a popular ecstasy tablet brand "white doves") which were specifically marketed as being legal in many countries, including Australia. The ingredients of these capsules were kept secret. Trip reports began appearing online, and the majority of reports were positive. It wasn't until samples of "Neo Dove" capsules were anonymously provided to Royal Adelaide Hospital that the ingredients were revealed to be mephedrone.

Mephedrone is the commercial name for 4-methylmethcathinone, also

known as M-Cat. It is closely related to the illegal stimulants methcathinone and cathinone, the latter found in the Catha edulis plant, more commonly known as khat. Khat has a long history of use mostly in Africa and the Middle East. Its leaves contain moderate amounts of cathinone, and when chewed it produces a stimulant effect. Cathinone is illegal throughout Australia; khat is not illegal in Australia, but its import is very strictly controlled .

> **'THE INTERNET PROVIDES THE MEANS TO LEARN ABOUT THE EXISTENCE OF NEW DRUGS AND TO ACCESS THE SUBSTANCES'**

The popularity of the "Neo Doves" increased rapidly and over time the trip reports started to reveal some potential problems. There were many reports of people bingeing on mephedrone, in much the same way as people binge on methamphetamine. It also appeared that the binges were followed by a "crash", with low mood and everything that goes along with that. Over time, there were online reports of people developing what appeared to be dependence on mephedrone and, just like methamphetamine, there were reports of mephedrone psychosis in some people, especially those who were bingeing.

Among all the trip reports, some further health problems from mephedrone appeared. A number of people reported developing bluish hands and feet after using mephedrone, even after single doses. One theory is that this may have been the result of peripheral vasoconstriction caused by mephedrone. It's difficult to know what is really going on here, but given the number of similar reports, we can start to see a pattern.

New ways to monitor drug markets

So in the case of mephedrone and other emerging drugs, we can see that the Internet provides the means to learn about the existence of new drugs and to access the substances. Health professionals can use these same channels to start assessing the changing trends in availability, as well as some of the emerging health problems caused by these new substances.

Given the speed at which some of the newer drugs are emerging and then falling back into obscurity, it is unlikely that high quality research into the effects of these substances can be completed in a timely manner. Instead, new ways of monitoring drug markets have to be considered. For example, the European "Psychonaut Web Mapping Project", which concluded in late 2009, actively sought out online discussion about various new and emerging drugs, and compiled the available information into reports available on their website **(www.psychonautproject.eu)**. This is the type of innovative strategy that is required in the new world of Internet drugs. It is a world in which the number of available substances has skyrocketed, and health professionals and policy makers are only just starting to catch up.

Information and Communication Technologies Seminar

This free interactive seminar also aims to reflect the themes arising from the soon to be released *DrugInfo* newsletter and *Prevention Research Quarterly* "Information and communication technologies".

Presenters include:

- **Prof. Dan Lubman**—Director, Turning Point Alcohol and Drug Centre and Professor of Addiction Studies and Services, Monash University
- **Prof. David Kavanagh**—Professor, Faculty of Health, School of Psychology and Counselling, Queensland University of Technology
- **Julia Reynolds**—Clinical Services Manager, Australian National University e-Hub
- **Dr Frances Kay-Lambkin**—Research Fellow, National Drug and Alcohol Research Centre, University of NSW, & Centre for Brain and Mental Health Research, University of Newcastle
- **Dr Jane Burns**—CEO, Cooperative Research Centre for Young People, Technology and Wellbeing
- **Ray Stephens**—Manager, Online Projects, UnitingCare Moreland Hall
- **Simone Rodda**—Coordinator, Gambling Programs, Turning Point Alcohol and Drug Centre

Date: Monday 22 August 2011

Venue: Multicultural Hub, 506 Elizabeth Street, Melbourne

Time: 9:30am–12:30pm (9:00am registration)

Bookings are strictly limited, so book early.
Bookings close at 4:00 pm on Thursday 18 August 2011.

For more information, or to book your place, call 1300 85 85 84
or send your name, organisation and contact phone number to **druginfo@adf.org.au.**

Using web-based assessment to expand the reach of brief alcohol intervention

Jonathan Hallett, PhD candidate, Western Australian Centre for Health Promotion Research, School of Public Health, Curtin University, Western Australia; **Professor Peter Howat,** WACHPR and Centre for Behavioural Research in Cancer Control, Curtin University; **Professor Alexandra McManus**, Curtin Health Innovation Research Institute, Curtin University; **Professor Bruce Maycock**, WACHPR, Curtin University; **Associate Professor Kyp Kypri,** University of Newcastle, New South Wales

The recent release of the Western Australian Parliament's Education and Health Committee's report *Alcohol: Reducing the harm and curbing the culture of excess* (Education and Health Committee 2011) provides a timely recommendation calling for funding to expand the provision of web-based alcohol interventions to all tertiary institutions in Western Australia. There is a particularly high prevalence of hazardous alcohol use among young people at university. They have been found to drink more heavily and to exhibit more clinically significant alcohol-related problems than their non-student peers do. Web-based methods have been shown to produce high survey response rates in this group, and can be used to deliver interventions that address risk-taking behaviours such as risky and high-risk alcohol and illicit drug use.

In 2007, Curtin University trialled the use of an Internet intervention aimed at reducing risky and high-risk drinking by university students. The electronic screening and brief intervention (e-SBI) called THRIVE was funded by Healthway and involved a six-month randomised controlled trial. Invitations were sent to 13 000 undergraduates (aged 17–24 years) to complete a web-based Alcohol Use Disorders Identification Test (AUDIT). In total 7237 students (56 per cent of those invited) completed the screening; 2435 (34 per cent) screened positive for unhealthy drinking; 1251 were randomly assigned to receive the intervention; 1184 students served as controls.

THRIVE consisted of 10 minutes of web-based motivational assessment and personalised feedback comprising: AUDIT score, risk feedback and peer comparisons; facts about alcohol; tips for reducing the risk of alcohol-related harm; and where medical help and counselling support could be found. The control group received only screening, while the intervention group received the full assessment and feedback.

Heavy drinkers who received the intervention drank 17 per cent less alcohol than controls one month after screening, and 11 per cent less alcohol six months after screening. These differences in overall volume consumed were mainly driven by reductions in the frequency of drinking, though there were also small reductions in the amount consumed per drinking episode. There were small non-significant differences between groups in the incidence of acute alcohol-related problems.

In addition to the direct effects of the intervention, participant self-report after the six-month follow-up suggests that the intervention prompted students with unhealthy alcohol use to seek help to moderate their drinking.

Of those who completed the intervention:

- 99 per cent found THRIVE easy to complete
- 76 per cent said it provided personally relevant information
- 55 per cent would recommend it to a friend with a drinking problem
- 30 per cent sought additional information on support services through the site.

Given its accessibility and reach, THRIVE provides an opportunity to engage university students about their drinking behaviour on a larger scale than programs confined to on-campus health services and importantly accesses students who do not view their drinking as a problem (non-treatment seekers). THRIVE has subsequently been rolled out at the University of Queensland as part of their health service. The intervention could be implemented in other educational institutions as well as medical and community settings.

For more information including a preview go to **http://wachpr.curtin.edu.au/thrive/index.cfm**

References

Education and Health Committee 2009 Alcohol: Reducing the Harm and Curbing the Culture of Excess downloaded from www.parliament.wa.gov.au/parliament/commit.nsf/%28ReportsAndEvidence%29/1511331A52931060482578B80007F0D5?opendocument (accessed 10 June 2011)

Other references are available on request.

Creating a DIY social network: Heads together

Ray Stephens, Manager Online Programs Education, Communication and Workforce Development, UnitingCare Moreland Hall, Victoria

Knowledge and resource creation in the alcohol and other drug (AOD) sector is typically project driven, subject to tenders, timeframes and competition. What gets researched and developed is influenced by a combination of an organisation's priorities, funding criteria and budgetary limitations.

Dissemination of the subsequent knowledge or resources (research publications, brochures, CDs, DVDs or a range of other media) is often limited within the scope of individual projects. Some resources are distributed locally or within service networks, but many remain unknown outside the organisations that developed them.

Challenge

For some time, staff at Moreland Hall had sought to create a space to share, collaborate and discuss projects and issues in our sector, without being able to attract funding for such a project.

Response

Inspiration came from the establishment of the ning social network by the Victorian Dual Diagnosis Intitiative (VDDI; **http://dualdiagnosis.ning.com**). We recognised that this site provided the model we had been looking for. The price was right (free), the development time and requisite skills necessary were minimal, and our decision makers at Moreland Hall were supportive.

The Heads Together site (**http://headstogether.ning.com**) was created in April 2009 with one day's work in template design and some customised code. It was piloted within Moreland Hall to establish initial content and resources, and then advertised via the Victorian Alcohol and Drug Association (VAADA) E-News service, Alcohol and other Drugs Council of Australia (ADCA) Update and our own networks.

"THE NETWORK NOW VIRTUALLY RUNS ITSELF, WITH GROUPS FORMING AROUND COMMON INTEREST"

Results

After two years, Heads Together now has 733 members (from 24 countries), 26 interest groups, 12 administrators and a large repository of discussions, blogs, videos, images and resources collected.

The network now virtually runs itself, with groups forming around common interest. It has fostered collaboration on a wide range of issues, promoted the sharing of research, resources, practice wisdom and the development of vital service networks (and friendships).

Heads Together has also inspired other organisations and individuals to create their own ning social networks. We have worked with them to develop their own sites.

Lessons

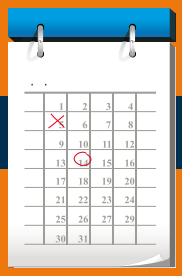
The development of this site was possible due to the enthusiasm of members, the use of free or cheap open source platforms, and Moreland Hall's willingness to experiment. We learned that sometimes you need to just "jump in".

Other key lessons from creating a social network include:

- There are many open-source, cloud-based solutions that require little funding, technical support or knowledge to get started (but be aware of potential for changes in costs).
- Networks rely on recruitment of champions (or "nodes") to connect across the community.
- Governance needs to be democratic, unaffiliated and shared by nature representing all parties.
- Sustainability is reliant on monitoring, content updates, conversations and prompting.
- Time required can be small if shared.
- Blocking access to social media hampers rather than protects our sector.
- Returns on investment in new technologies are difficult to measure and require new tools for evaluation.

We need to adopt a practice of publishing resources under a Creative Commons licence (**http://creativecommons.org**) where possible (and share!).

Calendar



August

22 August 2011

Information and Communication Technologies in Reducing Alcohol and Other Drug-Related Harms Seminar, Melbourne, Victoria

http://www.druginfo.adf.org.au/druginfo-seminars/seminar-information-and-communication-technology

September

26–28 September 2011

Public Health Association of Australia 41st Annual Conference, Brisbane, Queensland

www.phaa.net.au/41stPHAAAnnualConference.php

October

3–5 October 2011

Contemporary Drug Problems Conference: Beyond the Buzzword—Problematising 'Drugs', Prato, Italy

http://ndri.curtin.edu.au/events/cdp2011

18–20 October 2011

Oceania Tobacco Control Conference, Brisbane, Queensland

www.oceaniatc2011.org

23–27 October 2011

9th Asia Oceania Congress of Geriatrics and Gerontology, Melbourne, Victoria

www.ageing2011.com

November

9–11 November 2011

The Australian & New Zealand Adolescent Health Conference: Youth Health 2011, Sydney, New South Wales

www.youthhealth2011.com.au

11–13 November 2011

General Practitioner Conference and Exhibition (GPCE), Melbourne, Victoria

www.gpce.com.au

13–16 November 2011

Australasian Professional Society on Alcohol and other Drugs 2011 Conference, Hobart, Tasmania

www.apsadconference.com.au

December

1 December 2011

World AIDS Day

www.worldaidscampaign.org

Review

Anna Gifford, Resource Centre Manager, Australian Drug Foundation

Sending the right message: ICT use and access for communicating messages of health and wellbeing to CALD communities

Melbourne: Victoria University
O'Mara B, Babacan H, Borland H 2010

http://www.vu.edu.au/sites/default/files/Sending%20the%20right%20message.pdf

Information and communication technologies (ICT) are increasingly being used to support health initiatives in Australia and worldwide. This report, supported by VicHealth and Victoria University, aims to investigate the opportunities and challenges that people from culturally and linguistically diverse (CLD) backgrounds face in accessing ICT-driven health resources.

As the authors note, recent advances in health promotion and health communication using ICT carry the potential to either exacerbate health inequities for CLD communities, or address them.

After summarising current evidence in a literature review, the report presents outcomes from interviews and focus groups conducted across three CLD communities: Sudanese, Vietnamese and Pacific Island (specifically Samoan). It concludes with a reflection on some policy and practice options for effective ICT strategies targeting CLD populations.

The report's findings are interesting in that they demonstrate how CLD communities engage with ICT health initiatives—sometimes positively, sometimes negatively—depending on a number of factors including communication styles, socio-economic status and age. The report is invaluable reading for anyone seeking to understand some of the complexities—but also some of the opportunities—in engaging CLD communities using ICT.

Review

Ian Comben, Information Officer, *DrugInfo*, Australian Drug Foundation

Somazone—reducing AOD related harm

www.somazone.com.au

Teenagers often feel overwhelmed by the emotional and physical changes they are going through. At the same time, they may be facing a number of external pressures such as fitting in with friends and from parents to do well in school. With so many changes going on young people can feel as if they have no one to turn to.

Somazone offers a safe space where young people can ask health related questions, share stories and get help. They can find information on issues ranging from mental health, sexual health, relationships, abuse, body image, and drug use. Information is free and the young people remain anonymous.

Somazone was one of the first interactive websites developed. It was originally a CD ROM released in 1997. It aims to empower young people to address their physical, emotional and social health needs in a way that is relevant and non-judgemental. All information is quality assured and provided by health professionals such as doctors, psychologists and nurses.

Somazone is a great website and its longevity is testament to this. It is easy to navigate and has an abundance of information including fact sheets on such diverse topics as masturbation and drug testing. The site also has a very comprehensive help and support section that features a searchable service directory as well as a number of links to international sites that provide health information.

Web reviews

Karen Gough, Web Support Officer, *DrugInfo*, Australian Drug Foundation

CounsellingOnline —A Turning Point Alcohol and Drug Centre program

www.counsellingonline.org.au

Counselling Online provides free online access to professional counselling for people seeking help for alcohol or other drug use. Counselling is available for people seeking help for themselves, or for a family member or friend. Counselling can either be anonymous or through registration on this secure site, and can be accessed 24 hours a day, 7 days a week. Sessions are confidential (except where there is the danger of someone hurting themselves or others).

As well as counselling, the site offers a referral and information service that assists people in making informed choices about alcohol and other drug use. The site also provides links to emergency care for people experiencing a crisis. Being internet-based, this service is particularly useful for people in rural or isolated areas.

Linda Rehill, Web Content Editor, *DrugInfo*, Australian Drug Foundation

Bluebelly

www.bluebelly.org.au

Bluebelly is a collaborative, wiki-style website owned and operated by Uniting Care Moreland Hall. The site looks at ecstasy, cocaine and amphetamines with a harm reduction focus.

The idea of the site is that registered users contribute their own information and comments, to build a community of users and a broad source of shared information.

There don't seem to have been a huge number of contributions to the site recently, but there is still plenty of information that is useful and difficult to find elsewhere.

The highlight for me is the video section, which includes the excellent, ***Break the ice*** video, looking into the use of amphetamines in the gay and lesbian community. There are also some fascinating animated videos showing exactly how ecstasy and amphetamines work on the body.

While the site does not promote drug use in any way, it does acknowledge that drug use happens, and provides much needed information about reducing harms, living a healthy lifestyle and getting help when it's needed.

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A recent study that investigated the attitudes of the youth health workforce to the use of technologies, found that while many were concerned about young people's safety online:

- 80.4 per cent of participants believed they have the skills to use technologies in their practice
- 78 per cent of participants would like to use technologies in their practice
- 79.5 per cent of participants believed there is evidence that technologies have a role to play in promoting early identification and treatment
- 72 per cent believed that utilising technologies would allow them to have a greater impact in their work with young people.

However, those surveyed had very low levels of awareness of evidence-based online resources that their clients might find useful. Participants in the study wanted to know where they could find out more about how they could apply the evidence regarding the use of technologies to improve young people's wellbeing.

Online resources

Reach Out Pro (**www.reachoutpro.com.au**) is a professional development initiative of the Inspire Foundation (**www.inspire.org.au**). It is designed to help healthcare professionals, youth workers and health promoters to better engage with young people through the use of technology. They recently launched an educational module aimed at providing a basic understanding of the benefits of technology with some introductory "how to" exercises and practical solutions.

Beacon (**www.beacon.anu.edu.au**), developed by the Centre for Mental Health Research at the Australian National University, is a portal to online applications for mental and physical disorders. A panel of health experts categorise, review and rate online applications and this information is made available to consumers and practitioners.

The Cooperative Research Centre for Young People, Technology and Wellbeing (YAW-CRC) was established under the Australian Government Cooperative Research Centres program. It aims to unite young people with researchers, practitioners and innovators from 63 organisations from across the not-for-profit, academic, government and corporate sectors to conduct research that helps us better understand how technologies can be used to ensure that all young Australians are safe, happy and resilient. YAW-CRC's DigiEd Professional Development Program will provide information, resources and training to support those who care for young people to use technologies to improve wellbeing.

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