## Do school-based prevention programs impact co-occurring risky alcohol use and psychological distress from adolescence to emerging adulthood?

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**Issue:** Adolescence is the peak time of onset for mental health concerns and substance use, representing a critical time for prevention. School programs tend to target these concerns separately; however, co-occurrence is common and related to worse outcomes. This study explores prevention effects of leading school-based prevention programs on co-occurring risky alcohol use and psychological distress across adolescent development.

**Method:** Data was harmonised across two Australian, globally unique longitudinal cluster randomized trials designed to examine the effectiveness of various programs on reducing alcohol use and emotional symptoms. Data includes 8,676 students in 97 schools receiving either health education as usual (control) or one of five substance and/or mental health prevention programs (universal and/or targeted). Assessments occurred across ages ~13-20 at baseline, 6, 12, 24, 30-36, 60-66, and 72-84 months. Multilevel multinomial regressions were used to predict longitudinal prevention effects on the odds of students reporting psychological distress and risky alcohol use, risky alcohol use only, distress only, or neither (reference).

**Results**: Preliminary results suggest four programs significantly reduced the odds of students reporting risky alcohol use with and without distress across adolescence, in comparison to control (Odds Ratios<sub>7years</sub>=0.38-0.75). Targeted personality-based interventions had the largest effects on co-occurrence. No program reduced rates of distress without risky alcohol use. The universal mental health program did not yield any significant effects.

**Discussions:** Universal and/or targeted substance use prevention programs reduce risky alcohol consumption and co-occurring psychological distress across adolescent development. New or adapted programs are needed to prevent distress without comorbid alcohol use.

**Implications for Practice or Policy:** There are existing, evidence-based, school prevention programs that reduce risky alcohol consumption and co-occurring psychological distress for young people. We need to invest in new or adapted programs to prevent rates of psychological distress on their own.

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