



European Society for
Prevention Research



Is an ounce of prevention still worth a pound of cure?

The economics and value of prevention



5th International Conference and Members' Meeting

Palma de Mallorca

October 16-18, 2014

IS AN OUNCE OF PREVENTION STILL WORTH A POUND OF CURE?

The economics
and value of prevention

Co-organised with the European Institute of Studies on Prevention (IREFREA).

Held in collaboration with the Centre de Cultura Sa Nostra, Universitat de les Illes Balears (UIB),

D.G. de Salut Pública i Consum, Conselleria de Salut, Plan Nacional sobre Drogas (PNSD), the Social

Research Unit, Dartington, UK, and the Centre for Public Health at Liverpool John Moores University.

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WELCOME

Dear EUSPR Members and Conference attendees,

It gives me great pleasure to welcome you to Palma for our 5th Annual Conference and Members' meeting. It's always great to be here in Palma, and I know that our local hosts from IREFREA will be pleased to give you their local insight into this beautiful island.

I would like to take this opportunity to thank my fellow Board members and advisors for their hard work in helping to organise this year's event, and I extend my warmest appreciation to all presenters, and of course attendees, who will ensure that we will have another successful meeting. Elections for the new EUSPR Board take place as part of our Members Meeting, and I would like to thank everyone who has taken part in this process.

For this year's conference we have worked with a number of partners who have contributed time, expertise, and resources. We are extremely grateful for their support, and commitment to prevention research in Europe. This year the conference has been co-organised with the European Institute of Studies on Prevention (IREFREA); whilst it is being held in collaboration with the Centre de Cultura Sa Nostra, Universitat de les Illes Balears (UIB), D.G. de Salut Pública i Consum, Conselleria de Salut, Plan Nacional sobre Drogas (PNSD), the Social Research Unit, Dartington, UK, and the Centre for Public Health at Liverpool John Moores University.

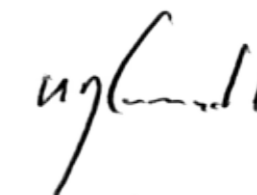
Once again I am indebted to my colleague Stuart Smith, who has ensured that the conference organisation has been another relatively smooth affair. Stuart puts a lot of his own time into working on the conference, and will no doubt still be very busy over the next few days whilst we are enjoying the scientific programme, so please do pass on your appreciation to him.

Our theme this year is 'Is an ounce of prevention still worth a pound of cure? The economics and value of prevention'. The case for initiating discussions about economic research and decision making in European prevention is of course compelling. Whilst health economics is a mature discipline, it is relatively undeveloped and underutilised with regards to European prevention programmes. We're therefore very pleased to be able to welcome **Franco Sassi** from OECD who will provide an overview of key economic concepts, and how an understanding of different economic techniques can support evidence based decision making. With respect to this, our colleagues in the SPAN project have convened a pre-conference workshop on economic analysis and cost-effectiveness, convened by **Claire McKenna** and **Rita Faria** from York University (UK), which I hope you were able to take advantage of. Incidentally, I am also grateful to **Linda Collins**, who has travelled over from Penn State (USA) to provide an overview of the MOST model approach to optimising

interventions in the other SPAN workshop. Many of you will be aware of the benefit:cost programme undertaken by the Washington State Institute for Public Policy to support USA decision makers in commissioning prevention actions. We're delighted to be able to welcome **Stephanie Lee** from the Institute who will talk about this innovative strategy. The talk is particularly pertinent, as there are a number of European initiatives working to develop similar models here.

We also have a number of plenary speakers discussing the expectations of society towards prevention, and how we might maximise value to support policy advocacy. **Kevin Fenton**, from Public Health England will be discussing the integration of prevention into policy making, and **Theresa Marteau** from University of Cambridge will discuss her programme of research that has examined the acceptability of population level interventions in society. Extending the conference theme, I am delighted that **Peter Anderson** from Maastricht University will be joining us to discuss the role of economic interests in the development of European prevention policy. This is certainly an important issue, especially considering the contribution of preventable consumer behaviours such as alcohol and tobacco use, and diet in the development of non-communicable disease.

Finally, I am now coming to the end of my term of office as EUSPR President. I have thoroughly enjoyed representing the EUSPR in these early years of activity, and it's great to have been part of the Society as it has developed from our early discussions and first meeting in Amsterdam to where we are now. It has been a great privilege to be able to meet and work with Members and conference attendees, and I have enjoyed learning about all the exciting prevention work that is taking place in the EU. Professor David Foxcroft takes over as EUSPR President in January 2015, and I'm sure you'll join me in wishing him well. I think it is particularly important that Members shape the Society and its actions, and are always encouraged to contribute. I think we have the confidence and security in the Society to begin a new phase of development, one that is driven by the expectations and needs of Members, through advocacy for prevention, providing a structure for collaboration, or indeed as the organiser of our prevention initiatives such as training, professional development, and policy engagement. Considering the opportunities offered by the EC's Horizon 2020 programme it would be a great testament to the progress we have made so far if research ideas germinated here at EUSPR led to successfully funded research collaborations between researchers, practitioners, and policy makers.



Prof Harry Sumnall
EUSPR President
October 2014

EUROPEAN INSTITUTE OF STUDIES ON PREVENTION – IREFREA



Founded in 1988, IREFREA is probably one of the oldest professional drug prevention networks, with delegations in seven European countries and maintaining active collaborative contacts with many other organizations across Europe and abroad.

The Spanish group has had the scientific leadership since the group's initiation promoting prevention on the risks that affect children, adolescents and youngsters. For over 20 years IREFREA has outstood in the description and analysis of the high impact of recreational nightlife –as an hegemonic model– and the role it plays on drug use among young people with achievements that have had a major impact in the scientific and social field. Alongside with recreational nightlife, IREFREA is well involved in family prevention and school prevention through the development and implementation of prevention programmes.

From a multidisciplinary approach IREFREA's activities can be organized around four main areas:

Research studies - In the field of alcohol and drug prevention and related risk behaviours including accidents, injuries and violence, risky or unwanted sex, and driving under the influence.

Socialization of prevention - Through the training and empowerment of family and civil society organizations to actively engage them in the promotion of healthy behaviours and lifestyles among children, adolescents and youngsters.

Promotion of community coalitions – To make solid progress in the prevention of problems and risk behaviours related to nightlife and recreational contexts.

Promotion of evidence based prevention - Through the revision of implemented prevention programmes and initiatives

The composition of IREFREA's staff covers the whole spectrum of prevention research and implementation with sound knowledge in design, implementation and evaluation of prevention programmes, research methodology, network analysis, training, qualitative research and data analysis, and health policy; and has extensive experience in the coordination of research projects at national and European level and the organization of seminars and conferences, as well as participating in international events to present research project findings and prevention developments.

IREFREA members are very active in the professional and scientific arenas having been invited to collaborate with institutions including EMCDDA, NIDA, UNODC, the Pompidou Group and the Spanish National Plan on Drugs (PNSD) and actively participate in European networks such as EUSPR, Eurocare, The Civil Society Forum on Drugs, ISAJE and the Club Health initiative.

PLAN NACIONAL SOBRE DROGAS – PNSD



The National Plan on Drugs (PNSD) is a government initiative designed to coordinate and strengthen the policies carried out by the different Public Administrations and social entities within Spain in regards to drugs. The Plan, accordingly with the present situation of drug addiction, contains the following lines of action:

Promoting prevention policies to decrease the supply and the demand on drugs.

Strengthening a network of centres to attend and rehabilitate people with problems derived from drug consumption and promote their incorporation in social life.

Developing the necessary legal reforms to successfully face the problems related to drug consumption and drug traffic.

Coordinating joint and efficient action of all national organizations dealing with supply control.

Promoting the programmes and activities carried out by regional and local institutions and NGOs in this area.

Promoting responsibility and participation of all citizens.

The Royal Decrees 1885/1 996 and 783/1998 regulate in detail the functions corresponding to the Government Delegation for the PNSD, among them and more in particular:

Preparing and informing on the matters to be submitted to the Interdepartmental Group for the National Plan on Drugs and developing the actions and proposals derived from these agreements supervising their execution.

When necessary, executing the coordination in this area between the Services or Units of the different Departments of the Ministries.

Maintaining relations with the different Public Administrations and Non-Governmental Organizations as well as with other private and expert Institutions, both at national and international level.

Directing the Information System on Drugs.

Coordinating the allocation of budget resources of the National Plan on Drugs.

Keeping the General Records of Catalogued Chemical Substance Operators and executing the remaining competences on control measures of catalogued chemical substances susceptible to be deviated for illegal drug production.

Information reception, analysis and study of drug traffic and money laundering in relation to such traffic.

Proposing action programmes to fight drug trafficking and drug consumption.

Serving as the state organ of communication with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and acting as the Spanish Monitoring Centre for Drugs and Drug Addiction.

With regard to the coordination of the State Security Forces and Bodies, the PNSD may take over the competence for drug trafficking offences and money laundering in connection to such traffic, and offences connected or related to them.

CONSELLERIA DE SALUT DE LES ILLES BALEARS



Govern de les Illes Balears
Conselleria de Salut

Conselleria de Salut de les Illes Balears is responsible for the Regional Coordination of Drugs through the DG Public Health and Consumer Affairs and the Regional Plan on Substance Use and Drug Addictions (PADIB).

The phenomenon of drug use is a major public health problem that affects both people, individually, and society, as a whole. Therefore Conselleria de Salut is responsible for planning and coordinating the strategies developed at national level and implementing the interventions at regional level from a comprehensive approach that integrates prevention, harm reduction, treatment and social integration.

Through the Regional Plan on Drugs (PADIB), Conselleria de Salut plays a key role in assessing administrations at insular and local level as well as other organizations working in the field, planning and coordinating actions, articulating networks, elaborating conventions and informing and guiding the general public on drugs and drug addictions.

In the area of prevention, PADIB provides updated information, advice and guidance to health professionals, social services and education services as well as to the public; and addresses prevention through the school environment (providing prevention programmes for children, adolescents and youngsters) as well as working at environmental level leading a working platform addressing recreational nightlife and the night time economy with the participation of main stakeholders at regional level including public institutions, recreational and tourist industry and civil society organizations. PADIB also develops information campaigns address both to local people and visitors to raise awareness on drug use and related risks and promotes specific trainings in the field of addiction and risk prevention for professionals in the health, education and social services field.

UNIVERSITAT DE LES ILLES BALEARS – UIB



Universitat de les Illes Balears

Vicerektorat de Campus,
Cooperació i Universitat Saludable

The Universitat de les Illes Balears (UIB) is one of the country's leading universities in teaching, research, international cooperation and technological development and innovation. UIB ranks among the top 5 Spanish universities in innovation and technological development and in research quality, as well as being in the world top 10 in tourism research and among the top 8 in quality and innovation in teaching.

UIB is a time-honored member of prominent international university networks, attracting countless students from abroad and successfully partaking in the European Space for Higher Education. It is a university committed to building the European Union, and an institution that aspires to become a motor of economic growth and wellbeing for the people.

UIB has made research one of its fundamental objectives and therefore has a staff of excellent researchers and high quality research facilities that let them work with a high

quality level. Research in the UIB is financed by own funds (Research promotion program), European funds (including FEDER), national funds (R+D+i State Plans), regional funds (Balearic Science and Technology Plans) as well as funding provided by other institutions through participation in open calls. This continuous and collaborative effort has allowed UIB to achieve great prestige as a research organization, at a national and international level.

For the last 10 years the growth of scientific production has been over 170% and UIB is responsible for 47.5% of the total expenditure at regional level. UIB has also contributed to the social cohesion of society in the Balearic Islands facilitating the development of professional curriculums and careers and the creation of more skilled jobs.

CENTRE DE CULTURA "SA NOSTRA"



The Cultural Centre "SA NOSTRA" opened in December 1989 in order to offer the city an opportunity to promote cultural awareness. It is a multidisciplinary centre where activities of social, cultural and educational character mainly develop.

It is an open space to organizations and groups that can offer diverse programming in order to promote social progress of our community. Located in the historic center of Palma, responds to the architectural remodeling of a palace of the seventeenth century, although it is the late nineteenth century that takes the form from which the current restoration and remodeling was done.

"SA NOSTRA" fulfills its foundational purpose of providing goods and services of general interest in the whole society through social work. The essential purpose is to promote development and social and cultural well-being in its geographical scope, and to promote the conservation of natural heritage and the environment, with the aim of promoting actions aimed at improving the quality of life and the welfare of the population and contribute to the cultural development of the Balearic Islands.

SOCIAL RESEARCH UNIT, DARTINGTON, UK



The Social Research Unit at Dartington is an independent charity that seeks to increase the use of evidence of what works in the design and delivery of services for children and their families. We are also a strong advocate of prevention and early intervention based approaches.

We have over fifty years' experience of researching what works in improving children's outcomes across the education, health, social care and criminal justice systems.

We disseminate research on what works to people working at the frontline of services, by bridging the gap between social science evidence and everyday service delivery. We have significant expertise in the design, delivery and implementation of evidence-based programmes and interventions.

Much of our work is also focused on supporting decision-makers and practitioners to develop and use evidence of what works in decisions that get made about how children's services are designed, commissioned and delivered. We work with local authorities, trusts and foundations, and children's service providers across the UK and internationally.

CENTRE FOR PUBLIC HEALTH



The Centre for Public Health (CPH) is a vibrant research and teaching community working at a local, regional, national and international level.

The organisation specialises in applied research and educational programmes addressing health issues at all levels from policy development to service delivery. CPH is committed to a multi-disciplinary approach to public health and works in partnership with health services, local authorities, judicial bodies, environmental services and community groups.

Influencing health service design and delivery, as well as health related policy, the Centre for Public Health's research has been at the forefront of the development of multi-agency strategies to promote and protect public health. CPH turns information and data into meaningful and timely intelligence.

CONFERENCE DAY 1 16TH OCTOBER

EUSPR MEMBERS' MEETING

09.30 – 10.30 **BOARD ELECTIONS**

10.30 – 11.00 **COFFEE BREAK AND NETWORKING**

11.00 – 12.15 **MEMBERS MEETING**

12.30 – 13.00 **CONFERENCE REGISTRATION**
(for Members' Meeting attendees only)

13.00 – 13.45 **COMPLIMENTARY LUNCH**
(for Members' Meeting attendees only)

CONFERENCE START

13.00 – 14.00 **REGISTRATION**

14.00 – 15.00 **OPENING AND SALUTATIONS**
Sr. Martí Sansaloni (Conseller de Salut, Govern de les Illes Balears, ES)
Dr. Llorenç Huguet (Rector de la Universitat de les Illes Balears, ES)
Sra. Sonia Moncada (Jefa del Área de Prevención de la Delegación del Gobierno para el Plan Nacional sobre Drogas, ES)
Prof Harry Sumnall (EUSPR Board President),
Dr Amador Calafat (President of IREFREA, ES)

15.00 – 16.30 **PLENARY SESSION 1**
Chair Rosaria Galanti Room Main hall

- 1.1 *The economic and social value of prevention in policy development*
Prof Kevin Fenton (Public Health England, UK)
- 1.2 *The economics of prevention*
Dr Franco Sassi (The Organisation for Economic Co-operation and Development, FR)

16.30 – 17.30 **PARALLEL SESSION 1**
and complimentary drinks reception

STRUCTURED POSTER SESSION
and complimentary drinks reception.
> Room Exhibition hall

17.30 – 18.15 **SPECIAL SESSION 1**
WSIPP/Investing in Children economic model
Nick Axford, Stephanie Lee, and Gretchen Bjornstad
> Room Main hall

CONFERENCE DAY 2 17TH OCTOBER

09.30 – 10.30 **SCIENTIFIC ROUND TABLE**
Strategies to compare the costs and benefits of prevention?
Main Speaker **Stephanie Lee** (Washington State Institute for Public Policy, USA) and expert responses
> Chair Fabrizio Faggiano *> Room Main hall*

10.30 – 11.00 **COFFEE BREAK AND NETWORKING**

11.00 – 12.45 **PARALLEL SESSIONS 2.**
Prevention science methodologies

- **SESSION 2.1** *The Strengthening Families Program in the USA and EU* *> Room Main hall*
- **SESSION 2.2** *Cost effectiveness and economic decision making* *> Room Aula 1*
- **SESSION 2.3** *Methodological challenges in prevention research* *> Room Aula 2*

12.45 – 14.15 **LUNCH**

14.15 – 16.00 **PARALLEL SESSIONS 3.**
Society and community

- **SESSION 3.1** *Families and education in prevention* *> Room Main hall*
- **SESSION 3.2** *Exploring Universal and Family prevention* *> Room Aula 1*
- **SESSION 3.3** *Understanding and responding to risk behaviours* *> Room Aula 2*

16.00 – 16.30 **COFFEE BREAK AND NETWORKING**

16.30 – 17.15 **PLENARY SESSION 2**
2.1 *The role of economic interests in the development of European prevention policy*
Professor Peter Anderson (Maastricht University, ND)
> Chair Gregor Burkhardt *> Room Main hall*

17.15 – 18.15 **SPECIAL SESSION 2**
Communities that Care (CTC) in Europe. Community Diagnosis and Prevention Programmes
Frederick Groeger-Roth; Harrie Jonkman; Nick Axford *> Room Main hall*

20.30 **CONFERENCE DINNER** at Restaurant Pesquero
(Must be booked separately, €35, not included in conference fee)

CONFERENCE DAY 3 18TH OCTOBER

10.00 – 11.45 **PARALLEL SESSIONS 4**

- **SESSION 4.1** *Open theme – health and wellbeing interventions* *> Room Main hall*
- **SESSION 4.2** *Supporting the use of prevention evidence in practice and policy making* *> Room Aula 1*
- **SESSION 4.3** *Post graduate and early career parallel session* *> Room Aula 2*

11.45 – 12.15 **COFFEE BREAK AND NETWORKING**

12.15 – 13.00 **PLENARY SESSION 3**
3.1 *Acceptability of Population Level Interventions*
Professor Theresa Marteau (University of Cambridge, UK)
Chair David Foxcroft *Room Main hall*

13.00 – 13.20 **POSTER PRIZE GIVING**
Welcome to the new EUSPR President, & Conference Close
Prof Harry Sumnall (EUSPR President, and Liverpool John Moores University, UK); **Professor David Foxcroft** (EUSPR President Elect, and Oxford Brookes University, UK)

Professor Kevin A. Fenton MD, PhD, FFPH
National Director for Health and Wellbeing, Public Health England, UK

Professor Kevin Fenton, MD, PhD, FFPH, is the Public Health England National Director for Health and Wellbeing. In this role he oversees PHE's national prevention programmes including screening for cancer and other conditions, Health Checks, national health marketing campaigns, public mental health, and a range of wellbeing programmes for infants, youth, adults and older adults. The Health and Wellbeing Directorate also leads PHE's Health Equity portfolio with a range of programmes and activities focused on addressing the social determinants of health, and promoting settings-based approaches to health improvement.

Professor Fenton was previously the director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC), a position he held for seven years from November 2005. He also served as chief of CDC's National Syphilis Elimination Effort and has worked in research, epidemiology, and the prevention of HIV and other STDs since 1995. Previously he was the director of the HIV and STI Department at the United Kingdom's Health Protection Agency.

At CDC, Dr. Fenton led a number of critical efforts to address the U.S. HIV epidemic, including the release of revised HIV screening recommendations to make HIV testing a routine part of medical care for all Americans, and the implementation of a new surveillance system to provide more precise estimates of new HIV infections in the United States. Under Dr. Fenton's leadership, CDC expanded its efforts to engage, mobilize, and partner with at-risk communities to address health disparities, and CDC launched Act Against AIDS, the first national HIV/AIDS public health communications campaign in 20 years. He championed the need for more integrated and comprehensive approaches to HIV, hepatitis, STD and TB prevention through the launch of major NCHHSTP initiatives including Program Collaboration and Service Integration, and Prevention through Healthcare. He strengthened and expanded the Center's commitment to addressing Health Equity by focusing on the social and structural determinants of health.

He is a Fellow of the Faculty of Public Health of the Royal Colleges of Physicians of the United Kingdom; and a visiting professor in Epidemiology and Public Health, University College London. He also serves as a member or on the boards of a number of charitable organizations, government committees, and peer-reviewed journals related to HIV and STD prevention and sexual health research. Dr. Fenton has received numerous awards, including a Telly Award for the Discovery Health CME program on "Comorbidities of HIV/AIDS"; the Leader to Leader Award; the Thurlow Tibbs Award; the Community Health Advocate Award; and the Gerald A. Ludd Lifetime Achievement Award for Dedication and Commitment in HIV/AIDS Prevention, among others.

He attended medical school in Jamaica, obtained his master's in public health at the London School of Hygiene and Tropical Medicine, and PhD in Infectious Disease Epidemiology at the University College London. He has authored or co-authored more than 250 peer-reviewed scientific articles and policy reports. He is a speaker in great demand and speaks Spanish and French.

Dr Franco Sassi
The Organisation for Economic Co-operation and Development (OECD), FR

Franco Sassi, PhD, is a senior health economist at the Organisation for Economic Co-operation and Development (OECD). He is responsible for the OECD Economics of Prevention programme, aimed at supporting public policies to tackle major chronic diseases and risk factors for health, especially poor nutrition, physical inactivity, alcohol and tobacco use. He is the author of numerous publications on economic aspects of prevention, including the book "Obesity and the economics of prevention: Fit not fat", in 2010. Previously, Franco was a senior lecturer in health policy at the London School of Economics and Political Science (LSE), and director of the graduate programme in Health Policy, Planning and Financing, one of the longest established health policy programmes worldwide. Franco obtained his doctorate in health economics from the University of London. The overarching theme of his research and publications has been the evaluation of health interventions. He held an adjunct professor

position at the Université de Montréal, as well as visiting positions at a number of universities in the United States, including University of California at Berkeley, Harvard University, University of California at San Francisco, and Duke University, and at the Catholic University of Rome. He was awarded a 2000-01 Harkness Fellowship in Health Care Policy by the Commonwealth Fund.

Abstract

Health promotion and disease prevention may provide the means for increasing social welfare, enhancing health equity, or both, relative to a situation in which chronic diseases are simply treated once they emerge. Testing this hypothesis requires the completion of several conceptual and methodological steps. The pathways through which chronic diseases are generated must be identified as well as the levers that could modify those pathways. Justification for action must be sought by examining whether the determinants of chronic diseases are simply the outcome of efficient market dynamics, or the effect of market and rationality failures preventing individuals from achieving the best possible outcomes. Where failures exist, possible preventive interventions must be commensurate to the extent of those failures and to the severity of the outcomes arising from them. A positive impact of such interventions on social welfare and health equity should be assessed empirically through a comprehensive evaluation before interventions are implemented. Combining cost-benefit with cost-effectiveness analysis would make such assessment relevant to different decision and budget perspectives, improving comparability across interventions. Externalities that may be relevant in the decision maker's perspective should be included. Both costs and benefits should be discounted assuming consistent time preferences over time. Evidence shows that people are willing to trade off efficiency and equity in the pursuit of health. The impact of preventive interventions on health equity should be assessed by estimating changes in indicators of health distribution, but it should be best kept separate from the assessment of efficiency.

Stephanie Lee
Washington State Institute for Public Policy, USA

Stephanie Lee is a Senior Research Associate at the Washington State Institute for Public Policy (WSIPP), a non-partisan organization created by the legislature to carry out practical research on issues of importance to Washington. She studied experimental psychology at Trinity University and at Washington University in St. Louis. Stephanie began her career in prevention research at the British charity Communities that Care (UK). She has been at WSIPP since 2007. Her primary responsibility is to identify and evaluate the research evidence for programs and policies that impact children and families. This work is centered on estimating

the long-term economic impacts of strategies to improve outcomes for people in the state of Washington. She develops and maintains the WSIPP benefit-cost software tool, which has become instrumental in decision-making in Washington State and elsewhere. Stephanie also leads WSIPP's work with the Results First initiative, a collaboration between the MacArthur Foundation and the Pew Charitable Trusts. This project aims to develop and extend the capability of WSIPP's benefit-cost analytic software, and to support other states in the USA in using the WSIPP benefit-cost approach in their own specific contexts. In the UK, Stephanie coordinates WSIPP's collaboration with the Social Research Unit, supporting the UK adaptation of the benefit-cost tool.

Abstract

"Evidence-based decision making" is a popular concept in today's world. The Washington State Institute for Public Policy has been working since the mid-1990's to bring both research evidence and economic analysis into the policy-making conversation at the state level. We use consistent methods to assess the evidence and the economic value of programs and policies across a variety of topic areas, and over time, we have become an important part of the state policy landscape. Because of increasing demand for evidence in decision-making, we have begun working with outside organizations (both in the U.S. and the U.K.) to allow other jurisdictions to use our methodological and analytical tools. I will present an overview of our methods, our latest findings on the long-term benefits and costs of selected prevention programs, as well as a discussion of lessons learned in communicating with policymakers.

Professor Peter Anderson, MD, MPH, PhD, FRCP
Professor, Substance Use, Policy and Practice, Institute of Health and Society, Newcastle University, England; Professor, Alcohol and Health, Faculty of Health, Medicine and Life Sciences, Maastricht University, Netherlands

Dr Anderson is an international expert in the impact of alcohol and addictions on health and well-being, and in the impact of policies and programmes to reduce the harm done by alcohol, tobacco and addictions. From 1992 to 2000, he worked as the regional advisor for both tobacco and alcohol with the European Office of the World Health Organization and directed the Department of Health Promotion and Disease Prevention. He is an adviser in public health, alcohol, tobacco and addictions to the European Commission and the African, European, Western Pacific and Headquarters offices of the World Health Organization. He was the international coordinator of the European Commission co-financed AMPHORA project, and is the international coordinator of the European Commission co-financed ALICE RAP project, studying addictions and

lifestyles in contemporary Europe. He has brought science to policy across a range of public health issues for several governments, intergovernmental organizations and public and private sector think tanks around the world. He has over 150 publications in international peer reviewed journals, is the author or editor of some 15 books and has published 12 monographs on addictions for the European Commission and the World Health Organization.

Abstract

Producers and service providers impact health positively and negatively through the products they provide and the services that they offer. It has been estimated, for example, that ABInBev, the world's largest brewer, contributed 3.34 million alcohol-attributable DALYs in 2012, 0.13% of all DALYs from all causes. Producers in the alcohol, food and tobacco sectors also impact health negatively through influencing policy processes at European and country levels that favour their own businesses at the expense of health. A health footprint (HFP), modelled on the carbon footprint, is proposed as a tool to conceptualise and measure health impacts and as a spur to action by public and private sectors, civil society, and individuals to achieve health improvement. The HFP can be defined as a measure of the total disease burden of a defined population, sector, or action. As a tool for accountability and for managing change, HFPs can be estimated for the different jurisdictional levels of countries, regions and cities, for sectors and organizations, for products and services, and at the level of the individual. Based on its HFP, ABInBEV, for example, could choose to commit to reducing its HFP by 10% to 3 million alcohol-attributable DALYs over the next five years. ABInBEV products could be labelled with their global HFP contribution. Likewise, jurisdictions at differing levels can influence the HFP through the policies and programmes that they implement or do not implement. Policy HFPs could be estimated to measure the HFP between current and ideal health policy. For example, the UK government's failure to live up to its promises for a minimum price per gram of alcohol leaves on its shoulders some 9,000 avoidable deaths over ten years, a U-turn health deficit under the influence of the alcohol industry.

Professor Theresa Marteau

Director of the Behaviour and Health Research Unit at the Institute of Public Health University of Cambridge, UK

Professor Theresa Marteau is Director of the Behaviour and Health Research Unit at the Institute of Public Health University of Cambridge (funded by the Department of Health as the Policy Research Unit on Behaviour and Health). She studied social psychology at the London School of Economics and clinical psychology at the University of Oxford.

Her research interests include: i. the development and evaluation of interventions to change behaviour (principally diet, physical activity, tobacco and alcohol consumption) to improve population health and reduce health inequalities, with a particular focus on targeting non conscious processes; ii. risk perception and communication particular of biomarker-derived risks, and their weak links with behaviour change; iii. the role of evidence for behaviour change in policy.

She is a Fellow of the Academy of Medical Sciences and of the Academy of Social Sciences.

Abstract

An estimated 40% of cancers, cardiovascular disease and diabetes would be avoided if people changed their behavior to stop smoking, consume less alcohol and food and be more physically active. Policy makers have a variety of means at their disposal to change these behaviours including the provision of information, taxation, and regulating to alter physical environments to make healthier behaviours more likely. In addition to evidence of effectiveness and cost, governments are influenced by public acceptability in their choice of intervention.

Drawing upon the results of a current programme of research, including a systematic literature review, discrete choice experiment, an online experiment and focus groups, acceptability varies with:

- 1 The target behavior
- 2 The nature of the intervention
- 3 Perceived effectiveness
- 4 Characteristics of respondents

Highest acceptability is generally accorded to information-based interventions (with, at best, modest effects) and lowest to price-related interventions (often with greater effects) thereby making acceptability frequently inversely related to intervention effectiveness.

While acceptability can be increased by providing information about intervention effectiveness, it remains to be seen how such experimentally-induced effects might be sustained in the face of interventions from industries (eg tobacco, alcohol and food industries) for which effective public health interventions would erode profit, thereby rendering them unacceptable.

1 **Johanna Gripenberg, Annika Frykholm, Mats Ramstedt, Ulric Hermansson, Ann-Sofie Bakshi, Marie-Louise Holmberg**

Can student health care centers be used in alcohol prevention among university students - Implementation of alcohol screening and brief intervention at student health care centers

Introduction Alcohol use during the college years is a public health concern. University Student Health Centers is one arena where student with hazardous alcohol use could be offered alcohol screening and brief intervention.

Objective To evaluate the feasibility of implementing alcohol screening and brief intervention at University Student Health Centers in Sweden.

Method Staff at six University Student Health Centers was trained in a screening and brief intervention method, including the use of the Alcohol Use Disorders Identification Test (AUDIT) and to the counseling approach Motivational Interviewing. During a 10-week period all students visiting the Student Health Centers were to be asked to fill out the AUDIT questionnaire. If the AUDIT scores were above the level for hazardous and harmful alcohol use the students were offered brief advice. After the screening process the students were inquired to anonymously answer a questionnaire covering for example how they perceived the alcohol screening process. Furthermore, semi-structured interviews were performed with the staff at the student health Centers, to find out how they perceived the implementation of the model.

Results During the winter of 2013 a total of 680 students were asked to participate in the study and 628 filled out the AUDIT questionnaire. Almost half, 44.7%, scored above the level for hazardous and harmful alcohol use. Of these, 48.0% agreed to continue with further brief counseling beyond feedback on screening results.

Conclusion This study indicates that it is feasible to implement alcohol screening and brief intervention at University Student Health Centers in Sweden.

3 **Ana López-Durán, Fernández del Río, E, Martínez, U, Martínez-Vispo, C, Rodríguez-Cano, R. A, & Elisardo Becoña**
Benefits of Smoking Cessation on Blood Pressure

One of the parameters that faster improves when quitting smoking is blood pressure. The aim of this study is to analyze the changes in blood pressure in a sample of 134 participants (62.7 female) who attended a psychological treatment for smoking cessation. Systolic and diastolic

pressures were assessed to each smoker before and at the end of the treatment using a sphygmomanometer. A decrease in blood pressure was observed both in those participants who quit smoking and those who continued to smoke, especially in the systolic pressure (abstainers: 123.46 pretreatment and 128.49 at 3 months; smokers: 130.54 and 125.38 respectively). These results could be due to the decrease of the amount of tobacco use in both groups, as those participants who do not quit significantly diminished their consume (22.88 cigarettes/day pretreatment vs. 5.63 cigarettes/day at the end of the treatment) as a result of the characteristics of the treatment used. Therefore, although the final goal is to stop smoking, reducing the number of cigarettes has important health benefits, so it can be considered an intermediate step towards abstinence.

4 Ana López-Durán, Fernández del Río, E, Martínez, U, Martínez-Vispo, C, Rodríguez-Cano, R. A, & Elisardo Becona
Smoking Cessation and Weight Gain

Weight gain that can occur when quitting smoking is one of the most common concerns among smokers. In some cases it can even reduce the likelihood of trying to quit smoking. The aim of this study is to analyse the changes in body weight at 3 months follow-up in people seeking treatment for smoking cessation. The sample was composed by 96 smokers (61.5% female) who received psychological treatment for smoking cessation. Weight was assessed using a precision scale before starting the treatment and at the completion of the 3 months follow-up. The difference observed between the weight at 3 months and the initial weight was 2.17 kg (SD = 3.07) in nonsmokers and 0.99 kg (SD = 2.11) in smokers. Therefore, we found that both, abstainers and smokers, increased their weight at 3 months, although it is more likely that those who stop smoking have a greater increase ($\chi^2 = 8.02, p < .05$). The benefits of smoking cessation are more important than the possible negative consequences of this slight increase in body weight.

5 Alexandra Morales, Espada, J. P, Secades, R, Orgilés, M, Jemmott, L. S, & Jemmott, J. B III
A One-Year Follow-Up Evaluation Of A Sexual-Health Education Program For Spanish Adolescents Compared To A Well-Established Program.

Competencies for adolescents with a healthy sexuality (COMPAS) is an evidence-based program in Spain designed to promote the sexual health in schools. This study compares the outcomes of COMPAS with an internationally evidence-based intervention (¡Cuidate!) and a waiting-list control group by evaluating the effects of the three conditions on the adolescents' knowledge, attitudes, and sexual behaviors

after a 12-month intervention period. Eighteen schools from five provinces of Spain were randomly assigned to one of three conditions. Participants (N = 1,563; 34% attrition) were evaluated one week before and after the program, and one year post-program implementation. Forty-eight percent were male (average age = 15.87, SD = 0.88). We found that COMPAS was as effective as the evidence-based program in increasing the adolescents' knowledge about sexually transmitted infections and in fostering favorable attitudes about condom use and people living with HIV/AIDS. COMPAS was more effective than ¡Cuidate! in increasing the adolescents' perceptions of their peer's consistent condom use and the age delay of their first vaginal intercourse. However, it was less effective in maintaining the adolescents' intentions to use condoms and in delaying the age of their first oral sex experience than ¡Cuidate! COMPAS was as effective as ¡Cuidate! in delaying the age of the first sex among adolescents. The results of this study are relevant to clinical researchers and promoters of sex education in schools. School programs to promote sexual health may delay the age of the sexual debut because of their information and skills development.

6 Aina Riera-Sampol, Pedro Tauler, Miquel Bennasar-Veny, Teófila Vicente-Herrero, Antoni Aguiló, Ángel A. López-González
Effectiveness of the Heart Age tool for communicating cardiovascular risk in subjects with different values of cardiovascular risk factors

Purpose To test whether the changes observed in cardiovascular risk factors (CVRFs) when the cardiovascular risk is communicated using the Heart Age tool and a traditional percentage-based tool depend on the initial value of the CVRF.

Methods A single-blind, randomized intervention study was carried out in a Caucasian population. 3,153 subjects were randomly allocated to one of three study groups: control (conventional medical advice and value of the CVRFs was given to the subjects), Framingham-REGICOR (10-year percentage risk score, calibrated to Spanish population was given to the subject) or Heart Age group (Heart Age tool was informed to the subjects). Values of the CVRF and related parameters were determined at recruitment and 12-months post-intervention. To complete the statistical analysis, participants were stratified depending on the initial value of the CVRF.

Results Communicating the cardiovascular risk using the Heart Age tool induced decreases in total cholesterol levels and blood systolic pressure in subjects with both high and low initial values of these CVRFs. When the Framingham-REGICOR was used, cholesterol levels and blood systolic pressure decreased only in participants with high initial

values, while slightly increased in participants with initial low levels. All the participants, with high or low initial values of the CVRFs, who received the conventional advice and the value of the CVRF increased cholesterol and blood pressure values.

Conclusions Telling people they have high cholesterol or blood pressure did not lead to behavior change. Giving people the Heart Age tool instead lead to lower cholesterol and blood pressure values.

7 Aina Riera-Sampol, Pedro Tauler, Ángel A. López-González, Teófila Vicente-Herrero, Antoni Aguiló, Miquel Bennasar-Veny.
Effective Strategies for Communicating Cardiovascular Risk: Heart Age Tool

Purpose To find out the usefulness, understanding and the motivation for changing the lifestyles of communicating the cardiovascular risk by means of the Heart Age tool.

Methods A single-blind, randomized intervention study was carried out in a Caucasian population (n=2,844). Subjects were randomly allocated to one of the following three study groups: control (patients were given the conventional medical advice), Framingham-REGICOR (FR, participants were informed of their 10-year CVD risk according to the Framingham-REGICOR model) or Heart Age (HA, participants were informed of their heart age value). Framingham-REGICOR risk score was determined at recruitment and 12 months later. At recruitment, participants were asked, using Likert scales, how useful and easy to understand the information received was for them. The motivation for improving lifestyles and an overall score for the information received was also recorded.

Results Communicating the cardiovascular risk using the Heart Age tool was considered more useful, was qualified with a higher overall score and, also, was considered more motivating for improving lifestyles. At 12 months follow-up the Framingham-REGICOR score increased in the control group, and decreased in both intervention groups, with a higher decrease in the HA group. In the three groups the usefulness of the information was correlated with higher improvements in the Framingham-REGICOR risk score, with a higher correlation for the Heart Age tool.

Conclusions Information received by the participants from the ha group was considered more useful, better in terms of an overall score and more motivating for improving lifestyles.

8 Briony Enser, David Foxcroft, Dr Jane Appleton
Alcohol-Related Collateral Harm in the family and social circle: Effective prevention must first identify all dimensions of alcohol-related harm

The study contends that there is a dimension within the totality of alcohol-related harm that remains largely unseen; the harm caused to people around the drinker, Alcohol-Related Collateral Harm (ARCH). This thesis is pursued through an examination of the extent to which young adults' health and wellbeing are affected by others who misuse alcohol in their family and social circle and through consideration of the significance of the findings as a neglected Public Health issue.

Phase 1 A sample of 450 university and sixth-form college students aged 16-24 was recruited to complete an electronic survey which examined their knowledge and behaviours around alcohol, smoking, diet and exercise. The survey collected quantitative and qualitative data, to assess participants' relative health and wellbeing and to appraise their experiences of ARCH.

Phase 2 A purposive sample of 45-50 survey participants was identified for semi-structured interviews to follow up experiences of ARCH. Thematic analysis of this ongoing qualitative data collection will classify the experiences reported, explore their relevance and assess their wider significance.

Emerging findings Almost half (47%) of survey participants reported having personal experience of ARCH.

Participants' parents' drinking every day was predictive of reporting an experience of ARCH.

Participants reported an extensive range of physical and psychological experiences of ARCH, from the relatively trivial to the impact of the alcohol-related death of a family member.

Experiences of ARCH reported in Phase 1 proved susceptible to coding and categorisation for subsequent incorporation into the ongoing thematic analysis of the Phase 2 data.

9 Cristiano Piccinelli, Nereo Segnan
Increase Tobacco Prices: Health and Cost Saving In Piedmont Region.

Even though the prevalence of smokers in Piedmont (as well as in Italy) has decreased in the last thirty years, about 5.500 people die each year from tobacco-related disease (2.250 aged between 34 and 75 years), and causes a burden of disease of approximately 123.000 daly's each year.

The International Agency for Research on Cancer (IARC) review of more than 100 econometric studies confirmed that tobacco taxes and consumption are strongly inversely related. It concluded that a 50% increase in tobacco prices reduces consumption of tobacco by about 20%.

Implementing a similar price-policy in Piedmont, could mean avoiding about 1,100 deaths (450 in a population aged 34-75 years) and about 25.000 daly's each year. Regarding direct costs the for regional health system, every year in Piedmont (data of 2011) tobacco causes more or less 14000 hospitalizations, at a cost of 25 million of euro per year. According to what has been said the reduction of prevalence, due to a price policy, would lead to a reduction of attributable diseases and a consequent cost saving of 5 million of euro per year (considering only direct costs).

A big obstacle to increase the prices of cigarettes in Italy is the huge economic interest of the Government in the tobacco market as the 58% of tobacco revenue goes into the vaults of the State as taxes, with a budget of 11 billion euro per year.

10 Jozef Benka, Olga Orosova
Is Problematic Internet Use Associated With Deficiencies In Self-Regulation And Autonomous Functioning?

Theoretical background: Problematic Internet use (PIU) is a relatively new type of risk behavior which has become a new challenge for Prevention Science. This work focuses mainly on self-regulatory processes and applies Caplan's concept of PIU and Self-determination theory (SDT) which relate PIU to stress, self-regulatory processes and lack of autonomous functioning.

Research aims The aim was to analyze the relationships between stress, self-regulation, autonomous functioning and PIU. Secondly, the aim was to test the moderating role of autonomous functioning.

Methods The sample consisted of students attending Slovak universities (n=492; 75% females) who participated in a larger online study SLiCE (Student Life Cohort in Europe; VEGA1/1092/12, APVV-0253-11). The PIU was measured by the GPIU2 scale, autonomous functioning was assessed with the Self-determination scale SDS, two components of self-regulation (impulse control and goal setting) were addressed by the SSRQ and perceived stress was measured by the perceived stress scale PSS-4. The data were analyzed using linear regression which also allowed to perform the moderation analysis. All analyses were carried out in SPSS 21.

Results PIU was positively associated with stress and negatively with impulse control and autonomy. The strongest negative association was found between

autonomy and PIU ($\beta=-0.264;p<0.001$). The moderation analysis showed a significant interaction term of autonomous functioning and goal setting ($\beta=0.121;p<0.05$) but post hoc testing did not show further evidence for this effect.

Conclusion These findings suggests that self-regulation and especially autonomous functioning might be important protective factors of PIU but further research is needed to provide additional evidence.

11 Ondřej Skopal, Jaroslava Suchá, Martin Dolejš
The Relationship Between Self-Esteem, Impulsivity and Risk Behaviour Of Fourteen-Year old Pupils In The Czech Republic

Adolescence is referred to as a bridge between childhood and adulthood. This is a term, which may negatively affect the risky behaviour. As the most fundamental areas of risky behaviour were found in substance abuse, delinquency and bullying. We focused on fourteen-year-old pupils in the Czech Republic. The main objective of the research was to find out how risk activities are influenced by personality characteristics. We investigated two personality traits, self-esteem and impulsivity. The method that we use for the analysis of variables was Rosenberg Self-Esteem Scale RSES, The scale of personality characteristics in adolescents (Škála osobnostních rysů u adolescentů ŠORA) and the presence of risky behaviour in adolescents (Výskyt rizikového chování u adolescentů VRCHA). The final section contains the prevalence of forms of risky behaviour in the sample of the fourteen-year-olds. The main outcomes were that girls show lower self-esteem than boys and demonstrably higher manifestations in all the evaluated risk areas (abuse substance, delinquency, bullying, the total risk behaviour) for pupils of elementary schools in comparison with the pupils of secondary schools. The high negative correlation was found between bullying and the total self-esteem factor. A significant relationship was also illustrated between impulsivity and all factors of the VRCHA method. Based on our results, we consider the personality characteristics of self-evaluation and impulsivity a significant variable in relation to risky behaviour.

12 Karmen Saul
Piloting An Out-Reach Service Model For Treating Mental Health Problems Among Children And Adolescents In A Community Settings In Estonia.

Introduction Research has indicated that children and young people with severe mental health difficulties should be managed in the community wherever possible. Inpatient care is not suitable for all patients and therefore out-reach services can be an alternative for some patients and families.

Objective The aim of this research is to describe an out-reach service model and service characteristics of the example of the pilot project at the Tallinn's Children Mental Health Centre.

Methods The proposed research is a descriptive analysis of the out-reach service in the Tallinn's Children Mental Health Centre. The service is piloted through the national programme "Public Health Initiatives" that aims to improve children mental health services in Estonia and it's funded from the Norway Grants. During the period 2012 autumn till spring 2014 30 cases have been in work. Several interventions like counselling, family therapy, assistance of other specialists were used.

Results The target group contained children and adolescents in age 1 till 17. Referrals were mostly made by the specialists from social and education system and main problems on referral were conduct and mood problems, parent-child relationship problems, difficulties of coping with crisis and etc. The out-reach team consists of child psychiatrist, psychologist, 2 nurses and 2 social workers. Work is in pairs in different settings and the first outcomes have shown success of decreasing symptoms and referring to further treatment.

Conclusion The out-reach service has a good potential for reaching to those people who otherwise would not seek help and moreover provides an alternative approach to inpatient care. Future directions should concentrate more on financial implications

13 Lenka Cablova, Ladislav Csemy, Jiri Michalec, Michal Miovsky
Parenting Styles and Typology of Adolescents Drinking

Background Recent studies show that behavior of parents and their parenting styles may significantly participate in the frequency and pattern of alcohol use among children and adolescents. The factors characterizing the particular parenting style include: family communication, family rules, father's and mother's control (monitoring), and emotional warmth and affection. AIM: The aim of our study is to examine the influence of parental behavior and specific parenting styles on the incidence of drunkenness, frequency of alcohol drinking and then, based on these findings, propose a typology of drinking among children and adolescents.

Methods Data were obtained via a questionnaire survey among children and adolescents. The research sample consisted of 1,263 pupils and students aged 10-18 years (mean age = 14.7 years, 54 % of boys and 46 % girls).

Results The results indicate significant relation between the incidence of drunkenness in the last 30 days and frequency of alcohol drinking among children and adolescents and perceived family rules and father's emotional warmth.

Conclusion Parenting styles may significantly affect the onset, development and type of alcohol use among children and adolescents. It is therefore important in primary prevention to focus both on research and on practical application and implementation of the programs in which parents and their children are involved.

14 Lillianne Eninger, Laura Ferrer- Wreder, Smedler A, Allodi Westling, M, Olsson, T.M, Ginner Hau, H, Trost, K, Herkner, B, & Domitrovich, C.E
The Swedish Preschool Paths Trial – The Integration of Implementation Science Best Practices in an Imported Evidence-Based Intervention Effectiveness Research Study

"An innovation is a new or significantly improved service, communication method, process or organisational method" (European Commission, 2013, p. 9). Evidence-based interventions, including social and emotional learning curricula, are social innovations. Children's social and emotional learning is a rapidly changing field. Improved support from implementation science (e.g., Berkel et al., 2011; Fixsen et al., 2005) exists to help organize and support work done in schools around social and emotional learning and other evidence-based initiatives. In several European nations, there is an interest and efforts being made to better support schools in their use of new knowledge (e.g., Swedish Parliament, 2013). Implementation is as important as the innovation itself, and without high quality implementation, there is little chance for interventions to have a public health impact. This poster describes how implementation science best practices will be integrated into an ongoing Swedish effectiveness trial of the preschool edition of Promoting Alternative Thinking Strategies (PATHS; Domitrovich et al., 2007). PATHS is an American developed, teacher-implemented, evidence-based intervention designed to promote children's social and emotional competence. The intervention trial is now in the implementation phase. This poster describes a model for empirically linking implementation-related activities (e.g., teachers' participation implementation teams as learning communities, coaching), to facets of PATHS program implementation (e.g., fidelity, dosage), and to intervention benefits. This case study in preschools can inform how other public sector organizations, including those outside of education, might conduct research to improve their insight into the empirical links between implementation, innovation, and outcomes.

15 **Lene Lindberg, Malin Ulfsdotter**
Have a Health-Promoting Parenting Program Any Effect? – Results from a Randomized Controlled Trial

Background Parents are seen as crucial when it comes to the promotion of children's health. One way to support parents is by offering participation in parenting programs. Since there is a lack of programs designed to promote children's health, a new program, All Children in Focus (ABC), was developed. The purpose of this study was to investigate the program effectiveness on parental self-efficacy and child health and development, and also to investigate moderators.

Methods A randomized controlled trial was conducted including 621 parents with children ages 3–12 years old. Parents were randomized to an intervention group (receiving the program directly) or to a control group (a waiting-list receiving the program after approximately six months). Assessments were completed at baseline, post-intervention, as well as at follow-up. Multilevel modeling with a repeated measures design was applied to evaluate the effectiveness and moderating variables.

Results Intervention group parents reported an increase over time in both their self-efficacy ($t(486.7) = 12.24, p < .001$), as well as in their child's health and development ($t(450.3) = 9.49, p < .001$). Variables found to moderate parental self-efficacy was parents' positive mental health, educational level, and number of children, whilst parents' positive mental health and child's age moderated child health and development.

Conclusions The program ABC was found to have a positive effect on parental self-efficacy and children's health and development, and several variables moderated the outcomes. Additional research is though needed to evaluate the program further.

16 **Alegria-Lertxundi I, Escribano-Ott I, Telleria-Aramburu N, Telletxea S, Bennasar-Veny M, Arroyo-Izaga M**
Sport, physical activity and factors associated with activity: a pilot study in university students

The aim of this study was to assess the physical activity (PA) and the sport practice (SP) in students of the University of the Basque Country (UPV/EHU) and to analyze the possible influence of environmental factors on these activities. This cross-sectional study was carried out in a sample of 140 students (71.4% females, 18–32 years old). The International Physical Activity Questionnaire (IPAQ, short version) was used to determine levels of PA. The SP information was compiled with an ad hoc questionnaire. Dietary intake was assessed with a validated food frequency questionnaire and the adequacy using the MedDietScore (MDS). Data

about demographic aspects, sleep, tobacco and alcohol consumption were registered by the questionnaire of the National Health Survey. Psychological factors assessed were: share flow, emotional communion, identity fusion and share efficacy. Data were analyzed with SPSS vs. 22.0. The level of PA was moderate or high in 63.6% of participants; 52.9% practiced sport and 23% of them at competition level. More men (70%) than women (46%) played sport activities ($P < 0.01$); and men played mainly team sports, whereas women practiced principally individual sports ($P < 0.01$). The high level of PA and SP were associated with male sex and with the MDS ($P < 0.01$). In conclusion, the PA and SP were related to gender and to other healthy behaviours. It would be advisable to promote the PA and SP during the university period and in this way to improve the dietary habits. Acknowledge: this survey was supported with funding from the UPV/EHU (EHU12/24).

17 **Telleria-Aramburu N, Ovejas-Arzá V, Alegria-Lertxundi I, Telletxea S, Bennasar-Veny M, Arroyo-Izaga M**
Factors associated with dietary habits in university students: a pilot study

We conducted a cross-sectional survey to assess the dietary habits of students of the University Basque Country (UPV/EHU) and to establish the influence of various environmental factors on the diet quality. A sample of 140 students (71.4% females, 18–32 years old) was studied. A food frequency questionnaire was used to collect information on the dietary intake and the adherence to the dietary guidelines was evaluated using the MedDietScore (MDS). Data about demographic aspects, sleep, tobacco and alcohol consumption were registered by the questionnaire of the National Health Survey. The International Physical Activity Questionnaire (IPAQ, short version) was used to determine levels of physical activity. Psychological factors: emotions, experiences and happiness; were registered by Fredrickson and Pemberton indices. And weight status was evaluated using the body mass index measured. Data were analyzed with SPSS vs. 22.0. The consumption of some basic food groups as whole grains, legumes and potatoes was inadequate; whereas that the intake of red meat and derivatives, and whole-fat dairy products was high. The food groups that best fit the recommendations were: fruits and vegetables, olive oil and alcohol beverages. The MDS was of 62.5% and the factors associated with MDS were: feminine sex (adjusted OR=5.05; $P=0.005$) and breakfast length (adjusted OR=1.08, $P=0.039$). In conclusion, adherence to the Mediterranean diet was intermediate and was associated to some demographic and lifestyle factors. So it would be advisable to promote healthy lifestyles during the university period, to prevent illnesses. Acknowledge: this survey was supported with funding from the UPV/EHU (EHU12/24).

18 **Marianna Berinšterová, Olga Orosová, Roman Gabrhelik**
"Unplugged" program in Slovakia. An association between perceived risk of substance use and program non-participation.

Background The Unplugged is a school-based prevention program aimed at the prevention of tobacco, alcohol and marijuana use. The aim of this study is to explore associations between perceived risks of substance use and program non-participation among early adolescents in Slovakia.

Methods A representative sample of 1,298 (baseline: 53.4% girls; Mage=11.52; SD=.61) early adolescents formed an experimental ($n=636$) and a control ($n=662$) group. After the baseline data collection (September 2013), 12 lessons were implemented (1 lesson per week). The follow-up data collection was carried out immediately after the program was completed (December 2013). Questionnaires from the ESPAD study were used for data collection. The following items were used for the analysis: perceived risks of "smoke cigarettes occasionally", "smoke one or more packets of cigarettes per day", "have one or two drinks nearly every day", "have four or five drinks nearly every day", "have five or more drinks each weekend", "has tried marijuana or hashish (cannabis) once or twice", "smoke marijuana or hashish (cannabis) occasionally", "smoke marijuana or hashish (cannabis) regularly". A chi-square test of independence was used for statistical analysis.

Results At the baseline, no significant associations were found between adolescents in the experimental/control group regarding the perceived risks of substance use. However, significant associations were found between the program participation and all the explored variables immediately after the program was completed.

Conclusion The Unplugged program helps to increase the awareness of risks connected to alcohol, tobacco and marijuana use among early adolescents in Slovakia.

Grant Affiliation APVV-0253-11

19 **Miquel Bennasar Veny, Pilar Fuster-Parra, Pedro Tauler, Aina Yáñez, Teófila Vicente-Herrero, Ángel A. López-González, Antoni Aguiló**
Epidemiological system analysis of the cardiovascular Heart Age tool through a Bayesian network modelling

Purpose To study the relationships among eleven relevant epidemiological features of the Heart Age domain in order to analyse the influence on the cardiovascular lost years (CVLY).

Methods Bayesian network modelling was used to analyse the dependencies between variables associated to cardiovascular risk measured as the CVLY (difference between the chronological age and the Heart Age).

Variables used were gender, age, smoking status, physical activity practice, body mass index, waist circumference, blood pressure, HDL-cholesterol, glucose and CVLY. Data obtained from 3,994 subjects (56% women, 44% men) aging 34–65 years was considered to elaborate the network.

Results Causal reasoning was applied to reason from causes to effects. As an example, when Smoking variable was instantiated to yes the fourth quartile value in CVLY variable increased from 22.4% to 43.6%; under this situation when Physical Activity variable was instantiated to No Practice the fourth quartile value for CVLY variable increased to 53.1%

Intercausal reasoning was used to optimize the CVLY variable taking into account its Markov blanket (composed of Blood Pressure, HDL-cholesterol, Smoking and Gender variables). To maximize the first quartile value for CVLY, the Blood Pressure value was instantiated to Optimal HDL-cholesterol to high value Smoking to no value and Gender to Women, inducing an increase for the first quartile of CVLY from 28.2% to 91.6%.

Conclusions Bayesian network modeling seems to be an interesting approach for the study of relationships between variables related to cardiovascular risk and, in particular, to the Heart Age tool.

20 **Miroslav Charvát, Eva Maierová, & Martin Dolejš**
A Czech adaptation of a targeted brief intervention programme "PreVenture" – a contribution to a headway in an indicated prevention in Czech secondary schools

A poster describes a progress and an experience with an adaptation of an indicated drug prevention programme Preventure to the Czech environment. The method comprises diagnostic screening and prevention sessions which target vulnerable young people at risk of co-occurring substance use and other emotional or behavioural disorders by dealing with anxiety sensitivity, sensation seeking, negative thinking and impulsivity which are known risk factors for early onset substance misuse. It was created by Dr Patricia Conrod, in Canada. The programme uses psycho-educational manuals within interactive small group sessions with pupils of secondary schools. The PreVenture method transfer involved several steps until now: a) the adaptation plan was discussed with authors, b) the core team was established and trained, c) the diagnostic tool SURPS was standardized in the Czech Republic d) all materials were translated and culturally adapted, e) a new graphical design was applied, f) sessions

with pupils were piloted and g) adapted materials with some tips for facilitators were written and printed. We are ready now for a first research trial. The aim of the research is to find out how effective the PreVenture programme can be in terms of reducing risk behaviour and substance use in targeted populations. We also plan a qualitative part of research focused on potential implementation problems while running interventions the Czech school system.

21 Martina Feric

Postgraduate Doctoral Study Prevention Science and Disability Study: An Overview

The postgraduate doctoral study Prevention Science and Disability Study was developed at the Faculty of Education and Rehabilitation Sciences of the University of Zagreb as a result of the project realized within the Programme of the National Foundation of Science, Higher Education, and Technological Development of the Republic of Croatia - Support to the Reform of Higher Education - Establishing Third Cycle Programmes of Doctoral Studies (2005/2006). The program is based on contemporary scientific insights regarding the promotion of health, prevention of mental and behavioural disorders, risk behaviour of children and youth, and relationship and support of the society to persons with disabilities. The program has been taught since the academic year of 2007/2008 and the second generation of doctoral students was enrolled in the academic year of 2011/2012.

In the year 2013, the program was in the process of Thematic evaluation.

Pursuant to Croatian law and following international best practices, the Agency for Science and Higher Education of the Republic of Croatia carries out thematic evaluation in higher education. Upon the completion of the procedure, a report is drafted by a panel of experts, containing the level of compliance with the subject of evaluation.

In the poster postgraduate doctoral study Prevention Science and Disability Study will be presented as well as the results of Thematic evaluation. Results of the Thematic evaluation will be discussed in the direction of further program development and further harmonization with Standards and Guidelines for Quality Assurance in the European Higher Education Area.

22 María T. González, Espada, J. P, Orgilés, M, Morales, A & Sussman, S
Mood and tobacco use in Spanish adolescents

Tobacco is the second most used drug among Spanish adolescents. There is evidence of the influence of mood

on the consumption in relation to other variables, but the direct influence of this variable is unknown. The aim of this study was to compare the mood among adolescent smokers and nonsmokers, and to analyze if there is more intensity of tobacco consumption depending on the mood. Participants were 1,507 Spanish adolescents aged 14 to 19 years (M = 15.28; SD = 1.20). Brief version of 20-item from the Center for Epidemiologic Studies Depression Scale (CED-D) was used, and items to assess tobacco consumption were included. The results indicate worse mood in adolescent smokers. The logistic regression analysis confirmed that there is more likely to smoke when there is a low mood (B = 1.17; p < .001). The subsample of adolescent smokers (n = 487) was classified into three levels depending of their mood: low (N = 51), medium (n = 97) and high (n = 339). Adolescents with low mood have greater rates of daily smoking than those with better mood. Participants with better mood were those with lower intensity of daily tobacco use. It is concluded that depressed mood is a factor that may influence smoking initiation in adolescents, and is associated with greater intensity of consumption. Preventive interventions with adolescents should address the emotional factors related to tobacco use.

This research was supported by the Spanish Ministry of Economy and Competitiveness (PSI2011-26819)

23 Patricia Insúa, Maria del Mar Lledó
New methodologies to work drug abuse prevention with high school students. E-learning program for teachers

Osasun Ekintza (www.osasunekintza.org/drogas) has worked the last 14 years by providing to those working with drug users, selective and indicated prevention materials, that allow them to reduce the risks associated with drugs abuse.

In recent years, we have focused on the training of teachers of Secondary Schools, meaning that they have access to boys and girls between 12 and 16 years, and knowing that many of these teens use different drugs, and must develop skills to make appropriate decisions against such consumptions.

This Guide presented here is aimed at teachers of Secondary Education, to offer their students strategies and skills to solve problems related to drug use through Case Method. The Guide consists of 4 parts:

Part 1 What is the status of teachers against drug use among adolescents and what role they play with them.

Part 2 A Case is proposed to work: the consumption of alcohol and illegal drugs in adolescence with its consequences, through the experiences of two girls and their friends.

The Case is presented in a "comic" format with 17 comic vignettes that develop a story that puts the students before a decision.

Part 3 To work with students, teachers are given detailed five sessions, each one with their Educational goals, as well as Techniques and Sequence of the session, the schedule included.

Part 4 Evaluation: The question is how to make a co-assessment with students and rubrics are provided in order to do so.

The work is available for free on the internet.

24 Miranda Novak, Petek, Ana
Mental Health Policy in Croatia

Paper combines insights from prevention science and political science by using public policy theories for broad-spectrum approach to mental health issues. Holistic approach to mental health addresses health policy but also related multisector policies that determine state of the art. Comprehensive mental health policy in Croatia that would stress holistic approach to mental health issues is underdeveloped and still has to come onto the list of important political issues.

Authors will recommend steps for interdisciplinary research that lead to the development of national policy for mental health and to the development of the practice of mental health promotion. Analysis of content and process of mental health policy in Croatia shows that Croatia needs to invest in the multidisciplinary research. That has to cover longitudinal research of positive mental health, epidemiology research covering specifics of disorders and risk and protective factors, in depth analysis of stakeholders involved in mental health field, research of mental health perception and research of implementation of the existing policies.

Results of pilot Croatian research have shown that only one third of experts working in the field of mental health in Croatia think that Croatia has a national strategy for mental health promotion and prevention of mental and behavioral disorders. One fourth of the experts included in the research feel that different stakeholders do not have a consensus about the terminology. Almost eighty percent of examined mental health professionals think that Croatian policy is more oriented towards treatment of mental illness and neglects mental health promotion.

25 Olga Orosova, Marianna Berinsterova, Jozef Benka, Roman Gabrhelik
The short-term effect of the Unplugged Prevention Intervention among Slovak school population.

Background The investigation of the effectiveness of school-based drug use prevention programs among Slovak adolescents has been an urgent task. This study is one of the first presentations of the research on the effectiveness of the Unplugged prevention program adapted and implemented among Slovak school population (APVV-0253-11).

Aim To explore whether the non/participation in the Unplugged predicts a change in expected consequences of alcohol use among adolescents.

Methods The research sample consisted of 1295 adolescents (53.4% girls, Mean age=11.52(SD=0.61), a stratified random sampling based on the number of inhabitants, 60 elementary schools (experimental/n=634, control/n=661). The twelve-sessions program Unplugged was carried out during the school year 2013/14 (baseline testing prior to program implementation, follow-up testing immediately after the program). All adolescents were asked to complete selected ESPAD questions related to alcohol use and expected positive/negative consequences of alcohol use. Linear regression models were used for the data analysis (the change in expected consequences(baseline-follow-up) was used as the dependent variable and the non/participation in Unplugged was used as the predictor after controlling gender, the expected consequences and lifetime prevalence of alcohol consumption (0/1-2/3 or more number of occasions) at the baseline.

Results The non/participation in Unplugged significantly predicted the change in the expectations regarding the negative consequences of alcohol use (R²=31%). An increase in these expectations was found among adolescents in the experimental group when compared to the adolescents in the control group.

Conclusions The participation in the Unplugged intervention program contributed to the raising of adolescents' awareness regarding the negative consequences of alcohol use.

26 Matej Košir, Peer van de Kreeft, Julie Schamp, Elisardo Becona, David R. Foxcroft, Roman Gabrhelik, Rosaria Galanti, Harrie Jonkman, Janet Mifsud, Michal Molcho, Kobie Mulligan on behalf of the SPAN Partners
Mapping Prevention Science Workforce Education and Training Needs In Europe

Background The Science for Prevention Academic Network (SPAN) is funded by the European Commission and involves

32 institutions across 25 European Countries. SPAN aims to improve the integration of prevention science in the higher education sector and to improve skill mobility across Europe. One objective was to map the education and training needs of the prevention science workforce across Europe.

Methods An electronic survey was developed and piloted in several countries. A list of European prevention scientists was identified from PubMed publication records. A sampling plan, with weighting for country population size and number of PubMed records, was used to target recruitment of participants and achieve a balanced response across countries. The survey was distributed to 353 scientists from 40 countries. Further participants were recruited within each country via a snowball technique.

Results 169 questionnaires from 26 countries were completed and returned. Responses were mostly from academic prevention scientists. Most respondents (73%) said that prevention science work was highly or very highly valued by their organisation. A number of prevention science skill and competence deficits were reported: advocacy (75%), grant writing (funding) (67%), program development (58%) and implementation (46%), and project management skills (46%). Responses were similar from prevention workers and junior prevention researchers.

Conclusions There is a need for prevention science education and training to be more practically orientated in future. Survey respondents reported on deficits in practical skills and competencies in areas such as development and implementation of prevention programs and funding.

27 Peer van der Kreeft / Julie Schamp, Elisardo Becona, David R. Foxcroft, Roman Gabrhelik, Rosaria Galanti, Harrie Jonkman, Matej Kosir, Janet Mifsud, Michal Molcho, Kobie Mulligan on behalf of the SPAN Partners
Mapping Prevention Science Education in Europe

Background The Science for Prevention Academic Network (SPAN) is funded by the European Commission and involves 32 institutions across 25 European Countries. SPAN aims to improve the integration of prevention science in the higher education sector and to improve skill mobility across Europe. One objective was to map prevention science in higher education across Europe.

Methods An electronic survey was developed and piloted in several countries. A list of European prevention scientists was identified from PubMed publication records. A sampling plan, with weighting for country population size and number of PubMed records, was used to target recruitment of participants and achieve a balanced response across countries. The survey was distributed to 353 scientists from

40 countries. Further participants were recruited within each country via a snowball technique.

Results 169 questionnaires from 26 countries were completed and returned. English was the leading language for prevention science courses, and the majority of courses (68/71) included information about European Credit Transfer and Accumulation System (ECTS) credits. The majority of courses included public and behavioural health topics, with a good spread across epidemiology, policy, qualitative and quantitative methods, and intervention development, evaluation and implementation. Some courses included work experience placements.

Conclusions We found only a few dedicated prevention science courses, although prevention science modules and topics were incorporated into many other higher education courses in European countries, with a high level of ECTS integration.

28 Maria Rosaria Galanti, Jozef Benka, Katalin Felvinczi, Jose-Ramon Fernandez-Hermida, Olga Orosova, Harry Sumnall, David Foxcroft
Mapping Prevention Science Research Activity and Capability in Europe

Background The Science for Prevention Academic Network (SPAN) is funded by the European Commission and involves 32 institutions across 25 European Countries. SPAN aims to improve the integration of prevention science in the higher education sector and to improve skill mobility across Europe. One objective was to map prevention science research activity,

Methods An electronic survey was developed and piloted in several countries. A list of European prevention scientists was identified from PubMed publication records and sampled after weighting for country population size and number of PubMed records. The survey was distributed to 353 scientists from 40 countries. Further participants were recruited within each country via a snowball technique.

Results 169 questionnaires from 26 countries were completed and returned, of which 93 reported on research activities. Only 55% of these participants belonged to organizations with research as primary vocation. Most prevention research activity was funded by external grants (45% of the answers) or from Government funds (33%). The top 4 areas constituting the focus of research were behaviour problems (20% of the answers), public health (19%), alcohol / drug abuse (18%) and mental health promotion (15%). Out of 42 main studies where efficacy or effectiveness was evaluated most were experimental or quasi-experimental (66%). The greatest perceived need for improvement in prevention research capability was in intervention development,

implementation and evaluation as well as policy research. These areas accounted for 62% of the answers, most of the remaining referring to research methodology such as qualitative and quantitative methods, and epidemiology.

Conclusions Capability in prevention science research across Europe could be improved by enhancing education and training provision in academic and non-academic environments and in areas including intervention development, implementation and evaluation, policy research, as well as research methodology.

29 Roman Gabrhelik, David R. Foxcroft, Michal Miovsy, Elisardo Becona, Rosaria Galanti, Harrie Jonkman, Matej Kosir, Peer van de Kreeft, Janet Mifsud, Michal Molcho, Kobie Mulligan, on behalf of the Science for Prevention Academic Network (SPAN) partners
Developing a Quality Plan for Prevention Science Education and Training In Europe

Background The Science for Prevention Academic Network (SPAN) is funded by the European Commission and involves 32 institutions across 25 European Countries. SPAN aims to improve the integration of prevention science in the higher education sector and to improve skill mobility across Europe. One objective was to outline a quality plan for prevention science in higher education, setting out a set of core skills and competencies for the prevention science workforce.

Methods Results from the SPAN European survey of prevention science education and training provision and gaps were summarised, and considered alongside existing quality frameworks, in the development of a draft quality plan for higher level skills and competencies for prevention science in Europe.

Results Existing prevention science education and training provision was further developed in some countries (e.g. Croatia) than others, and was largely embedded in other courses (e.g. Public Health, Mental Health Promotion). There was no consistent coverage of core skills and competencies for prevention science as specified in existing quality frameworks (e.g. US SPR Standards), and survey respondents consistently identified gaps in existing provision.

Conclusions In a draft quality plan we specify higher level skills and competencies for prevention science in Europe, and recommend that institutions review existing provision against this new quality framework. Looking forward, a final part of the SPAN project will support some institutions to develop an action plan to implement the quality plan, and set within the European Credit Accumulation and Transfer System (ECTS) to facilitate student mobility in Europe.

30 Roman Gabrhelik, Michal Miovsy, Peer van der Kreeft, Lenka Skácelová
The Unplugged: Past, Present, and Future

The Unplugged - a school-based universal prevention intervention - is an evidence-based intervention designed to delay drug initiation and suspend progression from early stage drug use to heavier drug use.

The Unplugged was developed within the consortium of several European countries (please refer to www.eudap.net).

A school-based randomised controlled prevention trial was conducted in the Czech Republic between years 2007 and 2010. We found that all children, who underwent the intervention in the 6th grade, profited from the intervention. Therefore, we decided to study the effect of reinforcement of the initial Unplugged intervention with booster sessions in the 7th grade. For the ongoing study, we designed the Booster Sessions that consist of four additional lessons.

Besides introducing the Booster Sessions, we aim to discuss practical aspects of the follow-up intervention, such as: the relationship between the Booster Sessions and the Unplugged universal prevention intervention, future plans and opportunities etc.

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31 Sigrid Vorobjov, Katri Abel-Ollo, Riina Raudne, Maris Salekešin
Underage Drinking Prevention Starts with Parents

Aim As parenting has been identified a crucial factor on their children's drug use, we aimed to identify how parents perceive their role in the prevention of their children alcohol use and how this topic is treated in Estonian families.

Methods In total 83 parents were interviewed in 12 focus groups conducted in December 2013. Focus groups were held both in Russian and in Estonian among parents with children 5 to 17 years old.

Results Parents were aware about the problems related to underage drinking. At the same time they were confused when and how is appropriate to discuss alcohol use with their children. In general parents felt that they cannot influence their children's alcohol consumption. They believed that friends and other factors have more important role. Also common belief was that the best prevention is to let their children to try the alcohol at home with the aim that the disgusting taste of alcohol would prevent children's future alcohol use. Parents found that the best prevention is an early bad experience with alcohol.

Conclusion We can summarize that parents have normalized the underage alcohol use in Estonian community. Parents believed that their children will try alcohol anyway. Although they acknowledged their role in guiding children's behavior, parents believed that they have little or no influence on their children alcohol use. The results stress the need for wide scale parents educating activities including media interventions and school or community based prevention programs to Estonian families.

is important for their mothers as well as what kind of educational means mothers undertake to help children realize their goal to maintain abstinence. The research group consisted of 81 mothers, who filled the questionnaires containing several questions. All women taking part in the research were working as a teacher, school psychologist or pedagogue. The majority of subjects declared to drink less (16%) or considerably less (59%) alcohol in comparison with an average woman. The half of the group declared that their oldest child is less than 18 years old, others – that he/she is 18 years or more old. The results of the research show that maintaining abstinence by children remains a strong educational goal of mothers: they require from their children total abstinence until he/she is 18 years old and tell this openly to their children. Some of the mothers even answered that they would prefer if their child remain an abstinent after becoming an adult. The majority of respondents described the access to alcohol at home as limited (~20%) or declared that there is no access to alcohol for children at home (~40%). Nearly no one admitted to serve alcohol to her child personally. Circa half of the participants even do not buy their children non-alcoholic champagne for celebrations.

34 Víctor Martínez-Loredo, José Ramón Fernández-Hermida, Roberto Secades-Villa, Olaya García-Rodríguez, José Luís Carballo
Relationship Between Impulsivity and Parenting Styles

Adolescents' impulsivity and parenting styles are considered risk factors in the early use of substances. It is very possible that both variables are not independent of each other. Impulsivity could influence the parents' adaptive strategies to cope with their children's behaviour and children's perception of parenting style can be also modulated by parents' reaction.

The aim of this study was to analyze the possible relationship between impulsivity and parenting styles. Both variables were assessed in adolescents aged 12-14, as that is the average age at which Spanish adolescents start using substances (ESTUDES, 2013), and it is very unlikely that the use modulates their self-reported impulsivity or the perceived parenting style in that early stage.

The sample used was 1,317 adolescents (mean age = 13.04 y.o.; SD = .512). The parenting style perceived by the adolescents was assessed with Rohner's PARQ/C scale and the impulsivity with a computerized version of traditional questionnaires: Barratt Impulsivity Scale 11-A and ImpSS (Impulsive Sensation Seeking Scale).

Adolescents who perceived their parents' styles to be authoritarian scored significantly higher than the rest on impulsivity ($p < .01$), according to BIS-11 and ImpSS. Those

who perceived them as indulgent scored significantly lower on both questionnaires ($p < .01$). Effect sizes of the differences were medium and different between genders.

Results can be interpreted as a confirmation that they are not independent variables but correlated and point to a dynamic relationship between the children's behaviour, parental control reactions and the subsequent evaluation of higher/lower control perceived by the adolescents.

Impulsivity and parenting styles are variables to keep in mind when designing early intervention programs and prevention strategies, taking gender differences into account.

National Drug Plan (2013). Study on the State Survey on the Use of Drugs in Secondary Education Students 2012: Spanish Ministry of Health and Social Policies.

35 Alessandro Coppo
A Network to Disseminate Evidence-Based Prevention Practices in Italy

The Italian Network for Evidence-based Prevention (NIEBP) has gathered together national institutions skilled in produce evidence in the field of prevention. During last years the network NIEBP has developed a strategy to collect evidence in order to inform national and local agencies about the best available scientific literature. This was considered of particular value every time a prevention plan is put in force. The contribution aims to illustrate the methodology used to search, to synthesize and to disseminate prevention strategies and interventions, For the main risk factors identified by the new Italian national prevention plan (2014-2018) will be described a set of instruments addressed to policy makers and practitioners.

36 Antonis Gardikiotis, Crano, D. William
Interactive effects of social norms on adolescents' drug use

This research argues that the complexity of young individuals' social context should be taken into account when developing anti-drug campaigns. Adolescents are influenced by the immediate social groups of their friends and by the more distant social groups of their peers. Adolescents' perceptions of their friends and peers' illicit drug behavior seem to be important in a complex and interactive way. Moreover, this relationship is further complicated by adolescents' own prior use. Not only there is a difference between users and non-users but also there is a significant difference between resolute (have never tried) and vulnerable (considering initiation) nonusers. A secondary analysis of a U.S. representative sample of

respondents (N=1,458) from the National Survey of Parents and Youth revealed that the interaction of adolescents' perception of friends and peers use predicts their onset of marijuana use later in time. When adolescents think their friends are users but their peers are not, they are more likely to start using themselves at a later time. However, when they think both their friends and peers are users, they are less likely to start using themselves. In the case of vulnerable non-users, on the other hand, perceived use by friends did not predict use. Perceived use by peers was all that mattered, irrespective friends' use. This complex image of social influences on adolescents' drug use begs a deeper understanding of the processes and the conditions that affect the relationship between social norms and drug use, so that future anti-drug campaigns are sensitive to these multilayered social influences.

37 Brianna A. Lienemann, Christopher S. Lamb
A Moderated Mediation analysis of the Relationship between Anxiety and Risky Sexual Behavior: An Examination of Gender, Alcohol Intoxication, and Sexual Compulsivity

Risky sexual behavior can result in emotional suffering, unwanted pregnancies, and exposure to sexually transmitted infections (STIs). As such, it is vital to establish the variables associated with risky sexual behavior to prevent such negative consequences. A moderated parallel mediation model was tested with trait and social anxiety as predictors, gender as a moderator, alcohol intoxication and sexual compulsivity as mediators, and risky sexual behavior as the outcome. US adults (N=850) completed an online survey. Males reported higher levels of sexual compulsivity and risky sexual behavior than females. Anxiety was positively related to sexual compulsivity and risky sexual behavior, although these relationships were stronger for males than females. Alcohol intoxication and sexual compulsivity were positively associated with risky sexual behavior. While the relationship between trait anxiety and risky sexual behavior was explained by alcohol intoxication for females, sexual compulsivity explained the relationship between anxiety and risky sexual behavior for females and males. The results suggest that prevention efforts for risky sexual behavior may be more effective if tailored for gender. Anxiety may be a better mechanism to target for males, while alcohol intoxication may be more effective to target for females. Across gender, the prevention of anxiety, alcohol intoxication, sexual compulsivity, and risky sexual behavior could have a positive impact on psychological, physical, and economic burden. Such prevention efforts could reduce such harmful consequences as social isolation, alcohol overdose, impaired driving, violence, suicide, unwanted pregnancies, STIs, HIV, and billions in economic costs to society.

33 Maria Wojcieszek
The importance of children's abstinence for their mothers.

The main questions of the research were as following: to which extent the children's abstinence from alcohol

38 **Dijana Jerković, Valentina Kranželić, Martina Ferić, Lidija Vugrinec, Sanja Mikulić, Željko Petković, Josipa-Lovorka Andreić, Nataša Vukičević**
Enhancing the quality of drugs abuse prevention in Croatia: linking the prevention evidence, practice and policy making

With the aims of getting insight into conducted prevention activities and enhancing their quality, in 2011 the office for combating drug abuse of the government of the republic of Croatia (OCDA) created the database of drug abuse prevention projects. as a parallel activities, and with the support of the European monitoring centre for drugs and drug addiction and technical assistance and information exchange instrument of the european commission, in 2011 and 2012, OCDA conducted regional workshops on drug abuse prevention projects and on minimum quality standards. Further efforts were focused on linking quality criteria with funding, and in 2013, the OCDA decided to finance only projects that fulfil minimum quality criteria. since only few projects fulfilled these criteria, OCDA and the faculty of education and rehabilitation sciences university of Zagreb conducted the project on enhancing the quality of the financed projects, in which the Croatian translation of the european drug prevention quality standards - quick guide was used. As a result of these efforts, in 2014, the OCDA, ministry of health and ministry of social policy and youth for the first time organized a common call for tender, in which one of the priorities was the addiction prevention projects that fulfill EDDRA level I criteria. In spite of the efforts that have been made in the last few years, the prevention projects in Croatia still need to be improved, so that dissemination of effective projects could be achieved.

39 **Elias Allara, Monica Bonifetto, Fabrizio Faggiano**
Estimation of Primary Prevention Investments in Three Large Healthcare Authorities in Piedmont, Italy: Analysis of Working Time

Background The amount of resources allocated to primary prevention is largely unknown in Italy, and such missing information prevents a comprehensive evaluation of prevention activities.

Objective To estimate working time spent on prevention of seven risk factors held responsible for 60% of the burden of disease in Italy: dietary risks, smoking, high blood pressure, high body mass index, physical inactivity, excessive alcohol consumption, high blood cholesterol.

Methods We drew a random sample of healthcare professionals working in three large local healthcare authorities in Piedmont, North-western Italy. Healthcare professionals employed in prevention services were provided with a structured diary in which they recorded

the amount of working time spent on prevention activities for two consecutive weeks. Healthcare professionals employed in other services who were occasionally working on prevention activities were asked to fill out a survey and provide a weekly estimate of the working time spent on prevention activities.

Results Eighty-seven healthcare professionals employed in prevention services completed the computer diary and 24 healthcare professionals employed in other services completed the survey. They spent 14.8% of their working time on prevention of the seven major risk factors: 4.8% on prevention of high body mass index and dietary risks, 3.9% on smoking, 3.6% on excessive alcohol consumption, 1.8% on physical inactivity, 0.5% on high blood pressure, and 0.2% on high blood cholesterol.

Conclusions A relatively small amount of working time was spent on prevention of major risk factors, and this should be urgently corrected.

40 **Elis Haan, Ms Käthlin Mikiver, Ms Anna Toots**
Improving accessibility, efficiency and quality of mental health services by developing regional children mental health centres in Estonia

Introduction According to the Estonian Psychiatric Association 12–20% of children in Estonia have psychiatric problems and less than half of them are diagnosed at first contact and only some of them are referred to a mental health specialist. In terms of mental health problems early detection and relevant treatment are of utmost importance.

Objective The aim of this research is to describe a model how children mental health services are reorganized in Estonia and how these services are delivered in an integrated manner.

Methods The proposed research is a descriptive analysis of the policy proposal and reorganization of children's mental health services in Estonia. Under the Norway grants Estonia is developing four regional children mental health centers that are based on hospitals' psychiatry units. Developed centers are increasing accessibility of the inpatient and outpatient psychiatric services and also will improve case management and cooperation with other relevant specialists from social and education sector.

Results By developing regional children mental health centres shortages of the service delivery and cooperation with other sectors will be improved. Moreover integrated interventions will help to identify children and youngsters with mental health problems and also observe the condition of patients with chronic mental disorders.

Conclusion Considering the small area of Estonia and the number of children and youngsters not all specific services must be made available in every region. However, it is essential to ensure equal regional out-patient psychiatric care of children as well as the capability of first contact care and the educational and social system to detect relevant risk groups.

41 **Fidelie Kalambayi**
Pshycho-social factors predicting the intention of condom use among young people living with AIDS in Romania

Long term survivors of HIV/AIDS represent almost half of the population living with the disease in Romania and constitute the largest cohort in Europe for the age group 23–26. They have been facing for years now the challenges of initiating adult lives, including finding partners and starting families. Thus, it is important to identify and understand the psychosocial factors that could predict their adoption of protective behaviors, such as condom use.

Methodology The paper uses multivariate analysis to identify the psychosocial determinants of the intention to use a condom at the next sexual contact among a sample 551 young people living with HIV/AIDS (YPLHIV), aged 18 to 24. The data was collected during the latest Romanian behavioral surveillance survey (2011), conducted on a stratified random sample of 835 infected adults (18+).

Results: YPLHIV are more likely to report the intention of using a condom in the future, if: 1) they believe they are able to convince their partner of the necessity to use it (three times more likely, $p < 0.05$); 2) believe they are at risk of contracting a sexually transmitted disease (four times more likely, $p < 0.05$); 3) agree that protected sex is as pleasant as unprotected sex (twice more likely, $p < 0.1$). Having a steady HIV positive partner is negatively associated ($p < 0.05$) with the intention to use condom.

Conclusions Positive prevention should rely on behavior change interventions that build skills for condom use self-efficacy among YPLHIV and address perceptions about pleasure and sexuality. Tailored actions for seroconcordant couples are needed.

42 **Jeremy Segrott, H. Rothwell, D. Gillespie, S. Murphy, S. Morgan-Trimmer, J. Scourfield, C. Thomas, J. Holliday, Z. Roberts, D. Foxcroft, K. Hood, C. Phillips, H. Reed, I. Humphreys, L. Moore**
Implementation of the Strengthening Families Programme 10-14 UK in Wales UK: Findings From a Mixed-Method Process Evaluation Within a Randomised Controlled Trial

Background A pragmatic randomised controlled trial of the Strengthening Families Programme (SFP) measured impacts on alcohol use and other outcomes. 56 SFP programmes were delivered in seven areas of Wales between April 2010 and July 2012. Two hundred and eighteen (60%) of 361 families randomised to SFP received the intervention (defined as attending ≥ 5 of 7 sessions). We present findings from a mixed-method process evaluation.

Methods Interviews and self-report data from SFP staff; observation of SFP sessions; and routine data were used to assess fidelity. Descriptive analyses of quantitative data were conducted with appropriate tests of significance and reliability. A thematic framework was developed for coding and analysis of qualitative data. Further analysis investigated processes leading to between-area variation using a theoretical framework.

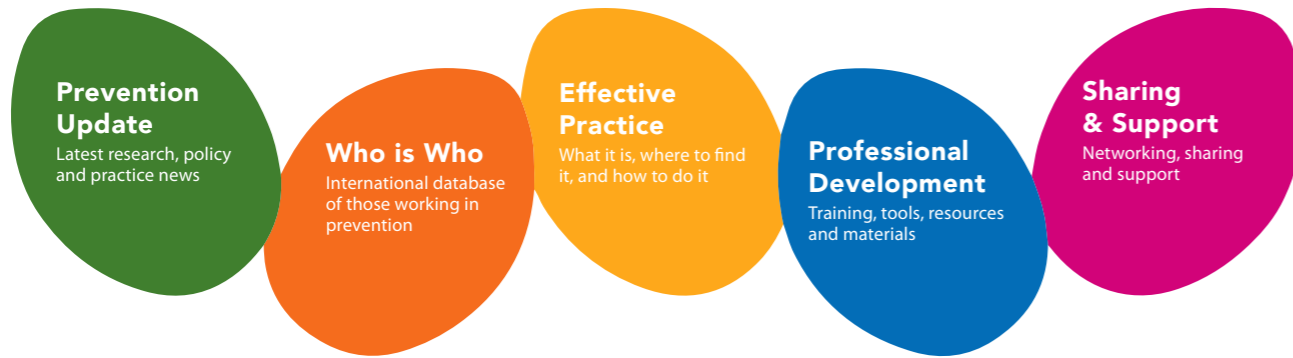
Results Fidelity to the programme manual was high: staff reports indicated that 96% of 13, 101 activities had been mostly or fully covered. Variation between areas was partly explained by the priority given to pre-session preparation of staff. Standards for staffing numbers and consistency were achieved in 97% of programmes but over time, the intended multi-agency staffing model became more difficult to implement and the burden of staffing fell disproportionately on SFP co-ordinators' employing organisations.

Conclusions While the Strengthening Families Programme was delivered with reasonably high fidelity overall, measuring and understanding variation in implementation has provided important added value to the interpretation of findings. Theory-based, mixed-method analysis of variation has identified how differences in processes affected maintenance of staffing standards and fidelity of content delivery.

43 **Joanna Travis-Roberts**
Delivering localised and relevant support to prevention around the world – the Prevention Hub

Background Drug prevention is a relatively new science and we are still discovering new learning about what is effective policy and practice. There are many people, agencies and institutions involved in research and delivery of drug prevention. Amongst this wealth of drug prevention activity much of the commitment, effort and enthusiasm is not based on sound evidence. This can lead to duplication of effort, reduced capacity and wasted resources because there is limited access to information about effective policy and practice.

Objective To address this limited capacity to deliver evidence based prevention by providing the global community with relevant advice, information and resources.



Process The programme is being implemented in close consultation with the evaluators at Oxford Brookes University. Their feedback has indicated that users find international information helpful, but localised resources, networks and information in local language are more desirable to support their work. In response to this, the model for developing national hubs has been developed, with Canada as our first operation. The infrastructure is in development and will be launched in stages, in consultation with users during Autumn 2014.

Conclusion The remit to deliver effective prevention internationally is difficult to achieve, MI's learning and experience provides insight into the global adaptation of prevention initiatives and the relevance of localised knowledge and delivery. It also has the added benefit of providing users of the international site with multiple languages and a wider spread of content.

44 Krzysztof Ostaszewski, Agnieszka Pisarska
A longitudinal analysis of psychosocial risk and protective factors and adolescent polydrug use

This study examined the effects of risk and protective factors on polydrug use across the middle school years of adolescence in a sample of Polish urban adolescents (N=1841). Participants were assessed at three time points (at age 13.5, 14.5 and 15.5). Polydrug use was a latent variable measured by cigarette, alcohol, illegal substance use and drunkenness. Risks were represented by negative social influences and family structure (single parent or stepparent families). Protective factors included parental monitoring (and its antecedents), school bonding (and its antecedents) and constructive after school activities. Using structural equation modelling (SEM), the associations between parental monitoring/ school bonding/after school activities/ negative social influences and adolescent polydrug use were tested. Parental support and family rituals predicted parental monitoring. Positive attitudes towards school, adult

mentor support, friends support predicted school bonding. Higher parental monitoring and higher school bonding were directly associated with lower levels of adolescent polydrug use. Both parental monitoring and school bonding were also indirectly associated with polydrug use by lowering the negative social influences and increasing adolescent's constructive after school activities. These constructs accounted for about 35-40% of the variance in polydrug use. The results support the risk-protective model of resilience. Parental monitoring and school bonding were proved to be protective factors that influenced adolescent polydrug use across middle school years. Implications for prevention are discussed.

45 Lauren E. Connell, John W. Graham, David E. Conroy, Linda Caldwell, Shawna E. Doerksen, Steriani Elavsky
Improving Validity of Physical Activity Measurement: An Application of the Two-Method Measurement Model

Physical activity (PA) is assumed to be important to good health, although its true reach remains to be established. Accurate estimation of the predictors and effects of PA first requires valid PA measures.

Self-reports (SRs) and accelerometers (ACCs) are the most common measures of PA. SRs are cost-effective, but because of assumed biases, expensive ACCs are used as objective measures.

For situations where a gold standard measure is limiting due to its expense, and cheaper measures are limiting due to questionable validity, Two-Method Measurement (TMM; Graham et al., 2006) is an effective solution.

Unfortunately, ACCs are not a gold standard: They measure only some activities well; and participants often fail to wear ACCs as instructed. Thus SRPA-ACC correlations are typically low and the standard TMM model is not the correct model.

We present a modified TMM strategy for analyzing PA data. We identify half the participants for whom the SRPA-ACC correlation is high, and for whom the standard TMM model is the correct model. All data in this group are used with the standard TMM model; and ACC data are set to missing for the other participants.

We present results from two empirical data sets demonstrating the value of our method. Variables studied include intentions to be active, attitudes toward PA, and physical conditioning.

We show how using just SRPA or ACCs produces bias; and using our modified TMM approach yields reasonable results. Our method offers prevention scientists a valuable and accessible approach to measuring PA and evaluating PA interventions.

46 Melissa Kenzig
Mediating Effects of College Students' Personal Development on The Relationship Between Sleep Behaviors and Reported Overall General Health

University attendance includes various activities and experiences that can have a unique impact on psychosocial development and adult health behaviors, and can influence life course outcomes such as short- and long-term health and quality of life. Student health has a significant impact on student success (grades, retention, etc.), and students who are healthier are more likely to progress through college to graduation. In addition, research suggests that personal development, which includes factors such as social integration, developing a deeper personal sense of self, and enhancing problem-solving skills, may be crucial ingredients for students to feel positive enough about college to endure the stressors, achieve academic success, and enjoy the many opportunities for growth and development. Therefore, identifying the factors associated with enhanced health status while in college would ensure that a greater number of the overall population has access to the potential health benefits of progressing through and graduating from an institution of higher education. This study explored the connection of how student subgroup participation and sleep behaviors affected the overall general health status of US undergraduate university students and how personal development mediated those relationships. Results indicated that students who had better sleep habits reported overall better general health and higher rates of personal development while at university. Personal development slightly moderated the effect of sleep habits on health, suggesting that personal development during university may be one pathway to improved health and academic success. Recommendations for how to improve university students' sleep behaviors and personal development are provided.

47 Marta Lima-Serrano, María D. Guerra-Martín, Joaquín S. Lima-Rodríguez, José A. Zafra-Agea, José M. Martínez-Montilla
Binge-drinking pattern: A comparative study between adolescents from Andalusia and Catalonia, Spain

According to WHO, binge drinking is a pattern of heavy drinking characterized by consuming five or more (male) or four or more standard drinks (female), on one occasion. This pattern is observed mainly in young people all over Europe. Although this pattern used to be more often in northern regions, according to latest reports Spain shows a great prevalence compared to other European countries. The objective was to compare the binge-drinking pattern among adolescents from northern and southern regions of Spain, i.e., Andalusia and Catalonia, regarding origin and gender. A descriptive correlational study was carried out with 431 adolescents (54.2% females, mean of age: 16.06±1.35), 320 from Andalusia and 121 from Catalonia that were online-surveyed about alcohol drinking and socio-demographic variables. Prevalence of binge drinking was 39.7%, participants mostly drinks at weekends: 17.3% had drunk the previous Friday, 22.9% had drunk the previous Saturday; in last six months they mostly had drunk at a party (68.6%), following by their or someone else's house (44.4%) and a bar (34.2%). Some differences were found regarding origin. For instance, more Andalusian had drunk on Saturday and more Catalanian used to drink at home; and regarding gender, in general males had drunk more than females. A similar prevalence and the pattern of consumption, biased at weekends and linked to festival situations, were found by previous authors. Given damage associated to alcohol and binge drinking, adolescents should be targeted in interventions to reduce alcohol use and these characteristics should be considered in designing of interventions.

48 Marivi Mateo, Javier Arza
Family-based Prevention Program Families and Peer Group Education in Navarre, Spain (2000-2013)

The aim of this project is to establish a universal family-based prevention program in the school setting by developing training groups, and using a peer education approach.

The Project has three stages: Information, motivation and selection of Mediators, training of Mediators and implementation of the family training groups.

This project has been implemented eleven times (2000-2013), some of the results obtained are: have been trained 208 Mediators, 104 family groups were established and 1924 parents have participated in the training groups.

According to the Mediators, the main advantages of this methodology over other forms of family prevention are: Greater parent involvement (63%), opportunity to learn from other parents (34%) and more adapted to the interests and needs of parents (26%)

The views of parents participating in the training groups are: 89% "agree or strongly agree" that the training was dynamic and motivating, 73% "agree or strongly agree" that the training helped them improve their parenting skills in family prevention and 70% "agree or strongly agree" that the training had provided them with tools to address drug abuse within the family.

49 **Michelle Miller-Day, L. Edward Day, Michael Hecht**
D.A.R.E.'S New Keepin' It Real Prevention Intervention: A Small Efficacy Trial

D.A.R.E. America and D.A.R.E. International provide substance use and violence prevention content to more than 2.5 million youth worldwide. This is one of the largest delivery systems for prevention programming world-wide. In 2012 a new elementary school prevention intervention was rolled out—D.A.R.E.'s keepin' it REAL elementary program. This is a socio-emotional learning program targeted to 5th or 6th grade students. This paper discusses the findings of the efficacy study with youth 10-11 years of age and discusses implications for needing an evidence-based program in such a far reaching prevention organization. When compared to control group youth, results of the study indicate significant program effects on target variables of the program such as smoking intention, drug use knowledge, decision-making application, communication skill, and the likelihood of resisting peer pressure. Treatment students also had a more positive view of police than did control students.

50 **Ramona Marinache**
Medicalization of sleep in Romania – civilizing process and prevention science

My goal in this paper is to approach medicalization of sleep as an instance of the civilizing process (as it was constructed by Norbert Elias) and as the founder process of 'sleep chapter' in the prevention science.

In the 20th century the human body becomes the property of medicine, the subject of medicalization. Medicine monopolizes not just the ill body but it extends its expertise over the healthy body for which it offers a 'guidebook of life' through medicalization. As a way of the body, the sleep couldn't escape this process and the civilizing role it has over it.

I will address the thesis of this presentation, by using data collected from magazines and histories of social hygiene and social medicine published in Romanian society, from the end of the 19th century until the beginning of World War II.

51 **Viveca Olofsson**
Closing the Gap: The Challenges of Implementing Parenting Programs in Regular Practice

Introduction A lot of children suffer from mental health problems. In order to meet the need of treatment and prevention several evidence-based parenting programs targeting children's mental health problems have been developed and are now available for use. Even though these programs have been proven effective there seem to be barriers hindering their full implementation. As a consequence, help and support is available but fails to reach the parents and children in need. This article discusses the implementation challenges faced by research and practice that needs to be met before full scale delivery of parenting programs is possible.

There are challenges within all levels involved in the implementation process; mental health care, community and governmental levels, and the research communities. These challenges involve:

- Knowledge translation
- Competency development
- Fit
- Capacity
- Feasibility
- Delivery - marketing and communication
- Evaluation
- Cost-effectiveness
- Accountability
- Sustainability

Discussion Just because a parenting program is developed does not mean it will be used. The implementation process is not automatic. It is important that each of the above mentioned challenges are taken into account and solved without losing track of how they interact with the other challenges. If parenting programs are not feasible for large scale dissemination, the organizations lack capacity, or the programs do not fit well with practitioners or parents, the programs will not be implemented or sustained in regular care.

Conclusion Program developers and other stakeholders (policy and decision makers) need to take implementation and dissemination into account at early stages of program development.

52 **Roberta Molinar, Elias Allara, Fabrizio Faggiano, Laura Marinaro, Franca Beccaria, Antonella Ermacora**
Diario Della Salute, a School Based Intervention Aiming to Promote Subjective Well-Being Among Italian Pre-Adolescents: A Cluster Non-Randomised Controlled Study

Diario della salute (DDS) is a school-based intervention aiming to provide 12-13 years old children with the social and emotional skills to cope successfully with the developmental tasks of adolescence, thus improving their psychological adjustment and health. It is composed by 1) five highly-standardised interactive units on common psychosocial and health issues in adolescence, administered by trained teachers, 2) a booklet for adolescents telling the story of four same age students, 3) a booklet for parents telling the experience of two parents with teenage children. This abstract aims to present the effect of DDS on subjective well-being. A cluster non-randomised controlled study was conducted in middle schools in 5 different site across Italy and was registered on Clinicaltrials.gov (reference number NCT01720199). Sixty-two middle schools were sampled and equally allocated to intervention or control arm. 1.462 students (82.79% of eligible students) in the intervention group and 1.465 students (85.67%) in the control group filled in the baseline questionnaire.

Psychosomatic complaints were used as indicator of subjective well-being. subjects in the intervention group had 24% greater odds of reporting non-specific somatic pain compared to subjects in the control group (odds ratio [OR] 1.24; 95% confidence interval [C.I.] 1.05, 1.46); 30% greater odds of low morale (or 1.30; 95% c.i. 1.10, 1.52); and 32% greater odds of irritability (OR 1.32; 95% c.i. 1.13, 1.55). An increased perception of psychosomatic complaints among students exposed to the intervention may be suggestive of increased emotional competence, a factor positively associated with well-being over the course of life.

54 **Carmen Orte, Joan Amer, Marga Vives & M. Antònia Gomila**
Validation of the scale of satisfaction of SFP/PCF 7-12 participants, in a 24-month perspective

Participants are an important source of information about the quality of the applications of family prevention programs. Satisfaction of participants plays a role in the program results, and these are dependant, among other factors, on the quality of the implementation of the sessions. Our hypothesis is that there is a direct relationship between satisfaction of participants and the achieved results. The aim of this study is to validate a satisfaction scale for users of a selective family prevention program, the Family Competence Program (FCP), the Spanish adaptation of the SFP. Verifying the dimensions implied in the satisfaction of participants allows to improve the processes of the program and to promote the prevention component of FCP.

Method The satisfaction scale is applied at the end of the program (14 sessions) and includes an interview with all family members that participated in the sessions.

Sample 154 families at risk. Differentiated analysis depending on the implementation agency: drug treatment program Projecto Home (N=50) and social care services (N=104).

Instruments semi-structured questionnaires and evaluation of family results, using Spanish validated instruments (BASC and Kumpfer's questionnaires). Quasi-experimental design, with control group. 24-month follow-up of 154 families.

Analysis procedure confirmatory factorial analysis of the principal dimensions of satisfaction.

55 **Hana Voňková, Michal Mioviský, Roman Gabrhelík, Lenka Čablová**
Cannabis Use in Different Risk Groups of Czech Adolescents: Possibilities and Limits of Universal Prevention Intervention

Purpose To study the effect of an universal prevention intervention on groups of adolescents with different levels of risk of cannabis use.

Methods A school-based randomised controlled prevention trial was conducted over a period of 33 months (n = 1,874 6th-graders at baseline, mean age 11.82). We employed a two-level random intercept logistic model for panel data to predict the probabilities of cannabis use for each student. The prediction is based on eight risk/protective factors and on whether a student is included in the control or intervention group. Having divided the sample into a low-risk group (1/4 of students), a moderate-risk group, and a high-risk group (1/4 of students), we calculated the effect of the intervention and described the risk and protective factors for each of the groups.

Results All children profited from the intervention. The average predicted probabilities of cannabis use for the students in the control and intervention groups were 6.53% and 4.3% for the low-risk group, 15.34% and 10.91% for the moderate-risk group, and 32.61% and 25.51% for the high-risk group, respectively. The probability of cannabis use was related to all eight of the risk/protective factors. School grades, thoughts of hurting oneself, and breaking the rules are the three most important factors distinguishing between high-risk and low-risk children.

Conclusions Selective/indicated prevention efforts are encouraged in children with high-risk profiles, as our universal prevention programme does not produce sufficient improvement in this group. The questionnaire items used are strong predictors of cannabis use in adolescents aged 12-15 years.

Grant support GACR no. 13-232905

56 **Martí X. March, Belén Pascual, Josep Lluís Oliver & Rosario Pozo**
Effectiveness in the techniques of family involvement in Family Competence Program 7-12 (Spanish adaptation of SFP)

In manualised family prevention programs, it is important to assess the effectiveness of the techniques of family involvement. In the Family Competence Program (Spanish

adaptation of SFP), this effectiveness is measured with both self-evaluations and external evaluations.

Family involvement techniques aim at motivating and engaging emotionally the participants. These techniques encompass role-playings, games led by facilitators and other dynamics of participation.

They are able to increase program adherence, and promote emotional and cognitive positive changes.

Design of the program application. A 14-session program was implemented, based on a group interactive design and pursuing to increase protection factors and to decrease risk factors among children aged 7-12.

Method 6 out of the 14 sessions are analysed. These sessions had external observers in charge of studying facilitators' application of the family techniques and response of the participants. 154 families at risk constituted sample. Differentiated analyses were undertaken according to the implementation agency where applications took place: the drug-treatment program Projecte Home (N=50) and social care services (N=104).

Instruments Control list used by external observers, we count as well with the results evaluations of families, based on validated instruments for the Spanish population (BASC and Kumpfer questionnaires). Used instruments have a version for parents and a version for children.

Design is cuasi-experimental, with control group and rigorous control of potential biases. 154 families were followed up along 24 months, with a longitudinal analysis initiated in the beginning of the Family Competence program sessions.

Results Data analysis confirms the effectiveness of the family involvement techniques. Nevertheless, the positive impact on program adherence could not be tested. No significant results were found regarding greater or lesser program adherence. Family implication techniques have been effective, in relation to dependent variables, to expected changes in the families that end the program, but not in the maintenance or dropout of the program. It is acknowledged that better results are obtained when family techniques are implemented successfully.

57 **Riina Raudne, Katri-Abel Olo**

Parental attitudes about children's alcohol and tobacco initiation in Estonia

Problem Early drinking initiation is a significant problem in Estonia. Parent's role in early drinking has been implicated.

Formative studies demonstrate that Estonian parents' attitudes about children's drinking can be permissive.

Methods As a baseline evaluation for a communication campaign targeting parents, a telephone survey was carried out with a nationally representative sample of parents of children aged 6-14 (n=600) in Estonia in 2013.

Results 44% of the sample were men; 75% were native Estonian speakers, 25% spoke Russian as their first language. 26% of the respondents did not think that parents can influence children's drinking and smoking behavior. While 70% of respondents considered important to instruct children of the dangers of alcohol before the teenage years (before age10), many parents suggested setting specific limits on alcohol and tobacco at a much later age, with 29% suggesting setting limits at 14 or after, 14% not knowing when to set limits. 34% of parents thought that it was an important preventive measure to offer children alcohol at home to reduce adolescent curiosity about drinking and 68% considered important to instruct children on how to minimize alcohol's harmful consequences. In general, respondents considered tobacco more harmful than alcohol and reported willingness to set stricter limits on tobacco than alcohol.

Conclusion A large proportion of parents in Estonia have beliefs and attitudes that do not consider alcohol dangerous for adolescents and support early initiation of teen drinking. Large communication campaigns targeting parents could change parents norms on alcohol specific socialization.

SESSION 2.1 THE STRENGTHENING FAMILIES PROGRAM IN THE USA AND EU

i Karol Kumpfer

Cost/Benefit Analysis of Family-based Prevention Interventions plus Improved Cost Effectiveness of the new SFP 7-17 Years Home Use DVD for Substance Abuse Prevention

Background EBP family interventions are the most effective school-based adolescent prevention programs (Foxcroft, et al., 2003). Unfortunately, cost/benefit reviews (Miller & Hendrie, 2008) find youth-only school programs have 3 x higher cost/benefits; however, staffing costs were included only for family interventions and benefits to the whole family were not included.

The author's cost/benefit analysis of EBP family interventions will be presented by program type and individual program. SFP is cost effective at \$11 saved per dollar spent, yet costly to administer—\$500 to \$1500/family for a 7-14 week group. Also, SFP health benefits should be included of 50% reduced depression/anxiety, substance use, delinquency, and HIV) in genetically at-risk youth (Brody, 2014).

Methods To reduce costs to \$5/family, a 10-session self-administered SFP 7-17 DVD was created and evaluated in 6th and 8th graders (n=140) using a quasi-experimental design comparing DVD to family group+DVD and SFP norms. Results on 21 outcomes were measured using the standardized SFP instrument and analyzed using 3 x 2 ANOVAs.

Results Compared to the group+DVD version, the DVD-only resulted in 18 of 21 significant outcomes and almost as large effect sizes for parenting (d = .48 vs. .65) and family outcomes (d = .69 vs. .70), but better youth results (d = .54 vs. .48). The group+DVD produced larger effect sizes than the 14-session SFP age-matched norms.

Conclusions These promising results suggest that family interventions' cost/benefit ratios can be dramatically increased using digital delivery (e.g., DVD, web, UTube, and phone apps) to create a broader public health impact.

ii Carmen Orte, Martí X. March, Belén Pascual, Josep Lluís Oliver, Rosario Pozo

Effectiveness in the techniques of family involvement in Family Competence Program 7-12 (Spanish adaptation of SFP)

In manualised family prevention programs, it is important to assess the effectiveness of the techniques of family involvement. In the Family Competence Program (Spanish adaptation of SFP), this effectiveness is measured with both self-evaluations and external evaluations.

Family involvement techniques aim at motivating and engaging emotionally the participants. These techniques encompass role-playings, games led by facilitators and other dynamics of participation. They are able to increase program adherence, and promote emotional and cognitive positive changes.

Design of the program application. A 14-session program was implemented, based on a group interactive design and pursuing to increase protection factors and to decrease risk factors among children aged 7-12.

Method 6 out of the 14 sessions are analysed. These sessions had external observers in charge of studying facilitators' application of the family techniques and response of the participants. 154 families at risk constituted sample. Differentiated analyses were undertaken according to the implementation agency where applications took place: the drug-treatment program Projecte Home (N=50) and social care services (N=104).

Instruments Control list used by external observers, we count as well with the results evaluations of families, based on validated instruments for the Spanish population (BASC and Kumpfer questionnaires). Used instruments have a version for parents and a version for children.

Design is quasi-experimental, with control group and rigorous control of potential biases. 154 families were followed up along 24 months, with a longitudinal analysis initiated in the beginning of the Family Competence program sessions.

Results Data analysis confirms the effectiveness of the family involvement techniques. Nevertheless, the positive impact on program adherence could not be tested. No significant results were found regarding greater or lesser program adherence. Family implication techniques have been effective, in relation to dependent variables, to expected changes in the families that end the program, but not in the maintenance or dropout of the program. It is acknowledged that better results are obtained when family techniques are implemented successfully.

iii Joan Amer, Carmen Orte, Karol Kumpfer, Lluís Ballester

Determinant factors of the maintenance of the family competence

Methods of survival analysis are an important instrument in the follow-up studies. In our 24-month follow-up research, the "family competence" aggregated effect is expected to last along the two years for an important amount of the participant families in the Family Competence Program (FCP, Spanish adaptation of SFP). We would like to know how different key components of the program influence on the factor "family competence". This variable is understood as an aggregation of protection factors that have been significant in family selective prevention research. Family competence is understood as a complex factor based on a positive family dynamic.

Method Conjoint analyses. Sample: 154 families at risk.

Instruments Evaluation of family results, using Spanish validated instruments (BASC and Kumpfer's questionnaires).

Design is quasi-experimental, with control group and rigorous control of potential biases. 154 families were followed up along 24 months, with a longitudinal analysis initiated in the beginning of the Family Competence program sessions.

Procedure Cox regression is used since it has the advantage that is not based in modelling a predetermined survival curve. And it allows seeing the influence of the predictors in the presence or absence of a positive event (in our case the presence of family competence).

Results The aggregated analysis, based on Cox's regression, offers satisfactory results of family competence of 24-month duration (after finalisation of FCP)

iv Clodhna Mahony, Karol Kumpfer, Marie Lawless, Jing Xie, Keely Cofrin-Allen

The First Teen Gender Analysis of Outcomes of the Strengthening Families Program (SFP 12-16 Years) Ireland (2008-2014)

Family-based substance abuse prevention is an effective means to decrease risk factors and increase resiliency (Foxcroft, et al., 2003) and is cost-beneficial. The unique community coalition implementation of the Strengthening Families Programme (SFP12-16 years) has rapidly expanded since 2007 across Ireland. In 2012 the National SFP Council of Ireland was established including multi-agency SFP Site Coordinators/Trainers/Managers to provide inter-regional collaboration, research and advocacy. Gender analyses of substance abuse prevention EBPs (UNODC, in press; Kumpfer, 2014) found that youth-only programs worked for boys but not for girls; whereas family-based programs including SFP worked for girls and boys (Magalhães, 2013).

This paper will report outcomes of the first Irish gender analysis collected from 51 14-week SFP 12-16 groups conducted in Ireland. We will report on SFP's impact on male and female participants to address the research question of whether the SFP is as effective for girls as for boys in Ireland. Using national Irish data from self-reported retrospective pre and post parent SFP questionnaires (n=333), the effect sizes and significance levels of 21 outcome variables (parent, teen and family) will be analysed using a 2x2 ANOVA quasi-experimental design. These data analyses will include post-hoc statistical comparisons for separate populations of girls (n = 151) and boys (n = 178) to the Ireland national and US norms SFP 12-16 Year norms (n = 1792).

The results will aim to inform policy and practice in addition to contributing to an increased understanding of family-based prevention interventions and the implications for ongoing programme development.

v Wadih Maalouf, Giovanna Campello, Hanna Heikkilae

"Implementing family skills pilots in South East Europe: infrastructures needed, cost implications, value added and lesson learned"

While the evidence on the effectiveness of family skills programme in preventing risky behaviours in children and adolescents is growing, a significant gap remains in the areas of adaptability and practicality of implementing such initiatives in low and middle countries.

UNODC as part of its global initiative to advocate for evidence based prevention programming, as per the International Standards on Drug Use Prevention, has been implementing a global project piloting family skills programmes in at least 18 countries in 5 different

geographical regions (Central Asia, Central America, South America, South-East Europe and in East Africa.

Currently, in South East Europe the main family skills programme implemented is Strengthening the Family Programme 10-14 (SFP 10-14). These pilots have been ongoing in Albania, Serbia, Montenegro and FYR of Macedonia. All implementation has been done together with governmental counterparts to ensure a possible podium for sustainability.

We will describe the field experience developed in the process of setting up a global multi-country UNODC prevention project: including the selection of evidence-based programmes; the infrastructure cost for its piloting; the advocacy to mobilise governmental counterparts and policy makers to accept such pilots; the development and use of national cultural adaptation teams; the training and monitoring of culturally-adapted programme integrity and the evaluations of the implementation of the pilots (process and outcome) – value added; as well as the sustainability process plan for governmental counterpart to scale up the use of such programmes nationally and regionally. This would arm international researchers with further knowledge and experience on complications, challenges and needs to account for during implementation in low and middle income countries.

SESSION 2.2 COST EFFECTIVENESS AND ECONOMIC DECISION MAKING

i **Inna Feldman, Filipa Sampaio**

Can group-based parenting programmes reduce early child behaviour problems for reasonable costs? A cost-effectiveness analysis of a Swedish RCT

Background Child conduct problems increase the risk of costly negative outcomes later in life. Parenting programmes are effective in reducing child conduct problems but only few health economics studies are published. A cost-effectiveness analysis of four programmes, Komet, Connect, the Incredible Years, Cope, and a self-guided book on parenting strategies compared to a waitlist control was conducted based on a RCT.

Method The study samples consisted of 961 parents of 3-12 year-old children with conduct problems, including 862 who started a programme or reading a self-guided book, and 159 in the waitlist control. Conduct problems were measured by the Eyberg child behaviour inventory (ECBI). The outcomes were the incremental cost per one point reduction in the ECBI intensity scale, and incremental cost per one averted clinical case of conduct problems.

Results Average intervention cost per child ranged between €13 for the book – €1337 for the Incredible Years. The book and Komet were cost-effective in the reduction of ECBI mean intensity scores with an ICER of €1.4 and €86 per one ECBI point reduction. Cope was cost-effective targeting the number of averted clinical cases, with an ICER below zero and yielded the lowest average cost per averted case, €1814. Analyses showed that program completion led to greater cost-effectiveness.

Conclusions The book and Komet were cost-effective in improving child behaviour on a group level, whereas Cope was cost-effective in reducing clinical cases of conduct problems. The appropriate programme should be determined by the aim of the intervention, budget constraints and decision-makers willingness-to-pay.

ii **Dr Miguel Garcia-Sanchez**

Evaluation of the Prevention Matters programme in Buckinghamshire (United Kingdom)

Prevention Matters is a preventative care programme for adults who live in Buckinghamshire. Its total funding is £4 million for the period 2013 to 2016. The aim is to involve up to 6,000 participants and more than 100 organisations that provide services such as befriending and adapted transport. 21 practitioners work to signpost participants to preventative services and to identify preventative needs that can be met through new additional services, partly funded also through the programme. There is a volunteer hub that recruits new volunteers for the local communities. Outcomes include health, wellbeing, and active participation in social activities. It is the first time that a preventative programme of this scale has been tried in the United Kingdom. Social care officials from other European countries, such as Denmark, have expressed an interest in the programme publicly.

Buckinghamshire County Council has engaged a team of evaluation experts to conduct an evaluation of Prevention Matters over two years. The evaluation includes logic model review, process mapping, impact assessment (longitudinal outcome measurement), and cost-benefit analysis. The focus of the evaluation is on the economic returns that can be expected from delaying the point in time when adults require formal social care. Specific econometric techniques include valuation of health gains, and cost-savings to the health and social care systems.

The presentation at the conference will focus on the overall approach to the evaluation, including details of the costing work done as part of the cost-benefit analysis. High-level findings on baseline outcomes may be available.

iii **Malin Ulfsdotter, Lene Lindberg, Anna Månsdotter** *Cost-effectiveness of the universal parenting program "All Children in Focus"*

Background There have been few health economic evaluations conducted on parenting programs, especially in the field of universal programs. Therefore, a cost-effectiveness analysis was planned for within the randomized controlled trial of "All Children in Focus". At this stage, our aim is to present a first cost-effectiveness analysis of the program.

Method Information about costs was mainly collected through questionnaires to group leaders and through information from program developers. To measure health related quality of life, a VAS-scale was applied where parents rated their child's quality of life at baseline and three months post baseline. Three assumptions were made concerning how the effect, which was transformed to quality-adjusted life-years (QALYs), lasted over one year. First, the effect returned to the starting point after six months, second, it lasted for 6 months and returned to the starting point after nine months, and third, it lasted for 9 months and returned to the starting point after twelve months.

Results The cost per parent for the program (counted on four sessions, one booster session and ten parents in the group) was 293 Euro. Regarding the effect, it ranged between 0.0067-0.0203 QALYs gained per child depending on the different assumptions. The cost-effectiveness ratios ranged between 14 434-43 731 Euro/QALY.

Conclusion According to the first analysis, the program can be viewed as cost-effective. However, the complementing analysis based on the effectiveness from the 12-months follow-up may change the results. Additionally, future analysis of the cost-effectiveness would benefit from including potential QALY gains for the parents.

iv **Gretchen Bjornstad, Triin Edovald, Daniel Ellis, Nick Axford** *The Cost of a Child Abuse and Neglect Case to Children's Services in England*

Child abuse and neglect is a serious and widespread problem with profound and far-reaching effects. The services involved in each child protection case are complex and they are likely to be expensive. The prevention of child abuse and neglect is invaluable in terms of protecting the mental health and development of children. At the same time, prevention could help us to conserve limited public resources to potentially serve more children more effectively. Knowing the cost to children's services of each case of abuse or neglect can therefore help us to understand the economic benefits of prevention by forecasting the amount of potential savings. However, very little has been done previously to draw together information about these

services to estimate the average cost of a substantiated child abuse or neglect case in England. In the current study, a conservative estimate of the cost of an average case was calculated by combining the cost of individual legal and social work services with the likelihood of receiving each service. The average cost of a single child abuse or neglect case was estimated to be £11,222 in 2011 pounds sterling. For each child who then becomes 'looked after' and gets placed in local authority care, the cost rises to £101,459. Knowing this cost is the first step to understanding the financial savings that could potentially be made if an abuse case is successfully prevented.

v **Gretchen Bjornstad, Triin Edovald, Michael Little, Daniel Ellis, and Nick Axford** *The Adaptation of the WSIPP Benefit-Cost Model for England*

In the current economic climate, policymakers in central and local government need to make smarter investment decisions, improving outcomes but also saving money. A benefit-cost model has been developed by the Washington state institute for public policy (WSIPP) for Washington State to provide lawmakers with information that is used in policy development. This model has led to an increase in the state in the use of evidence-based interventions and a reduction in spending on expensive policies such as the expansion of prisons. It uses a consistent approach across policy areas, produces cautious estimates, and has a track record of use in real investment decisions. The Social Research Unit has been adapting this model for England since 2010 and presenting the results in on the website Investing in Children (www.investinginchildren.eu). All components of this complex model have been considered for relevance to the English context. The overarching assumptions have been maintained, as have some of the actual figures, such as the estimate of programme effect sizes and the links between short- and long-term outcomes for children. For the majority of the model, the inputs have been replaced to provide forecasts of benefits for England. In addition, where possible, the actual costs of programme delivery in England have been collected. Where programmes are not yet delivered in England, programme costs have been converted from US dollars to pounds sterling. Details about the model and the process of adaptation will be presented.

i **Maria Rosaria Galanti**

The “natural history” frame to select endpoints for intervention evaluation

Common disputes in intervention research concern the choice of endpoints to measure the “effect” of an intervention, as well as their placement on a theoretical frame distinguishing between “outcome”, “process” and “output”.

In this presentation, a different approach is proposed, building on the concepts of “natural history” of a disease/ health problem, and capitalizing on examples taken from existing evaluation studies.

The disease process in its prognostic shape, (Miettinen, 2010) i.e. the naturalistic course of events starting from its etiology, will be visualized and used to localize the nodal events that the intervention is supposed to impact on. In its turn, this impact can be used to make predictions on the subsequent shape of the trajectory and to select the events (end-points) that will most probably reflect the net effects of the intervention.

Because of the predictive approach this frame can be also used to identify possible modifiers of the intervention’s effects, both at the individual and at the community level, and can be applied to any study design.

Last but not least it may constitute an instrument to facilitate the dialogue between scientists and decision-makers.

MIETTINEN, O. S. (2010). ETIOLOGIC STUDY VIS-A-VIS INTERVENTION STUDY. EUR J EPIDEMIOL, 25(10), 671-675.

ii **John W. Graham, Lauren E. Connell, Michael L. Hecht**
Advances in Research on Participant Attrition from Prevention Intervention Studies

This paper describes a promising approach to dealing with participant attrition, a methodological challenge common in prevention research. Attrition undermines the internal validity of studies evaluating the efficacy/effectiveness of preventive interventions. Reducing the impact of attrition is key to these essential evaluations. Graham (2012) suggested several strategies for studying attrition, including a taxonomy of eight cases of attrition that consider all possible combinations of the treatment (vs. control: T), the dependent variable (Y), and the interaction between them (TY) as causes of missingness. Attrition is not a problem

in two cases because missingness is either MCAR or MAR. Previous research (Collins et al, 2001; Graham et al., 2008; Graham, 2012) has shown minimal attrition bias in a third case. The remaining five cases have not been studied.

Graham (2012) also suggested data collection methods for reducing the impact of attrition. One strategy involves asking attrition relevant questions about mobility and whether the participant will be available for the next wave of measurement. The benefits of this strategy have not been studied previously in empirical research. This paper describes a utility, which uses analytic and Monte Carlo simulation methods (along with empirical prevention data from Colby, Hecht et al, 2013), for studying the impact of attrition bias in any of the eight cases of the attrition taxonomy. Using the utility, we demonstrate the benefits of using the attrition-relevant measures to reduce attrition bias, and show that these benefits are observed regardless of which of the eight attrition cases underlies missingness.

iii **Inna Feldman, Anna Sarkadi**
Cost-effectiveness of public health interventions – a new methodological approach

Background and objectives We recently presented a novel method to estimate the population-level impact of a public health intervention that allows to calculate the proportion of the target population that benefited from an intervention. The objective of this study is to demonstrate the potential of the method to estimate not only the effect, but also the cost-effectiveness of public health interventions.

Method A population-based model was developed to simulate changes in incidence and related societal costs of several chronic diseases, following assumed changes in life style risk factors: obesity, tobacco smoking, physical inactivity, and risky consumption of alcohol. The health gains are calculated as decreased incidence of the disease, increased health-related quality of life years (QALYs) and decreases in disability-adjusted life years (DALYs). The changes in the distribution of physical inactivity as a result of a hypothetical intervention in Stockholm County was used as the input parameter for the model.

Results The intervention was estimated to reduce the prevalence of physical inactivity by two percent. This reduction among the Stockholm County population under five years is estimated to lead to a health gain of 81 QALYs and societal savings (health and municipality care, sickness insurance) of €3,200,000. The intervention is estimated as cost-effective if the intervention costs are less than €6,000,000 with ICER < €35,000 /QALY.

Conclusion This study opens a new avenue to calculate the cost-effectiveness of public health interventions by

using changes in the distribution curve of health-related outcomes combined with population-based modeling of risk reductions and costs.

iv **Miranda Novak, Josipa Mihic, Josipa Bašić**
Teacher and school characteristics: Moderating effectiveness of school socio-emotional interventions?

Aim of this paper is to problematize the importance of the teacher and school role and its moderator effect on effectiveness of interventions delivered in schools. Implementation context of PATHS program in Croatia is researched from 2010 in order to determine the context factors role. Teacher burnout, school psychosocial climate, sense of professional effectiveness and feelings at workplace were assessed. Together with demographic variables, these factors influence teacher performance and effective teaching of all academic curricula, including universal programs developing socio-emotional competencies of children. Previous research showed that teacher attitudes and school support affect the learning habits of children and classroom climate (Ashton, 1985; Enochs et al, 2000). Research of school implementation context on SEL programs shows that classroom climate affects the implementation quality, while organizationally healthy schools provide greater commitment of teachers and pupils outcomes (Kam, Greenberg and Walls, 2003; Han and Weiss, 2005; Domitrovich et al, 2008). Social and emotional skills buffer risk factors by enabling children to engage in school, follow classroom rules and relate to teachers and peers (Zins et al., 2004).

Croatian study tested interactions between teacher and school variables and PATHS effectiveness: cohort of 30 teachers delivering PATHS program from 2010 until 2012 and a cohort of 10 teachers from 2013 until 2014. This paper provides insight of teachers stress level, supporting conditions in their schools, relationships with colleagues and principles and their own report of teacher effectiveness. Paper will show how those context variables and implementation support characteristics moderate PATHS curriculum effectiveness.

v **Roberta Molinar, Alessandro Coppo, Fabrizio Faggiano**
Effective interventions for prevention of alcohol abuse and illicit substance use in adolescence: reviewing theories and mediators

This study is part of the Alice Rap European project (www.alicerap.eu) aimed to promote a science-based policy approach to addictions. The goal of this study is to understand the functioning of effective prevention interventions for adolescent alcohol abuse and illicit

substance use by identifying the theories upon which interventions are based on, the mediators targeted by the interventions and thought to be causally related to the outcomes, and the components responsible for effectiveness. This abstract presents an analysis of the theories and mediators of effective interventions for prevention of adolescent alcohol abuse and illicit substance use, whose effectiveness has been demonstrated through high-quality evaluation studies included in the published systematic reviews. 103 studies have been identified. 20 different interventions have been selected. Authors have been contacted to gain detailed information about the theories and mediators of the intervention. Information have been collected for 12 interventions. Theories and mediators have been compared, categorized and, where possible, integrated by researchers. All interventions are based on theoretical constructs and address multiple area of mediators. Although there are a number of conceptual frameworks, interventions are based on the most common theories that interpret and predict the use of substances in adolescence. Few interventions used theory to extensively select mediators and thus components. The same mediator can be linked to different theories as well as different theories are associated to similar mediators. Results show that effective interventions for prevention of adolescent alcohol abuse and illicit substance use have much in common even if based on different theoretical frameworks.

SESSION 3.1 FAMILIES AND EDUCATION IN PREVENTION

i **Federica Vigna-Taglianti, Federica Mathis, Martina Bonino, Serena Vadrucci**
The Influence of Parents' Attitudes and Behaviours on Smoking Habits Among Children

Background Adolescence is a critical period for the experimentation of risk behaviours. The initiation of substance use is influenced by several factors, including peers' and parents' attitudes and behaviours.

Objectives The objective of this study is to measure the influence of parents' attitudes, habits, permissiveness and rules about tobacco smoking on cigarette smoking of 12-14 years old children.

Methods The sample consisted of 7,079 7th, 8th and 9th grade students enrolled in the EU-DAP Study in Autumn 2004. The study was carried out in seven European countries: Italy, Spain, Germany, Belgium, Sweden, Greece, and Austria. For this analysis only baseline data were used. The association between recent smoking and gender, socio-economic status of the school area, family structure, parents' and friends' smoking, family attitudes and rules towards smoking, family's climate, kids' self-esteem, risk perception, and problem behaviour was analysed through multivariate logistic regression analysis.

Results The analysis showed a higher risk of smoking among females, kids of schools of low socio-economic status, having at least one smoking parent, spending most of their leisure time with smoking friends, of whom parents would allow to smoke, perceiving bad family climate, with low risk perception, high positive beliefs towards cigarette smoking, and having had fights or arguments in the last year.

Conclusions Parents smoking habits as well as their attitudes towards smoking increase the probability of their kids to smoke. Preventive interventions addressed to kids should be complemented with effective interventions on their parents.

ii **Michelle Miller-Day, Michael L. Hecht, HyeJeong Choi, Jonathan Pettigrew, JeongKyu Lee, YoungJu Shin, John Graham, and Janice L. Krieger**
Parent Prevention Communication Profiles and Adolescent Substance Use: A Latent Profile Analysis and Growth Mixture Model

This paper investigates parent-adolescent prevention communication as a determinant of adolescent health behavior. Preventive interventions often encourage parents to talk with their adolescents about substances and parent-adolescent communication has been found to effectively buffer against the risks of early use initiation, predict negative attitudes toward alcohol use, shape less favorable views of substance users, reduce binge drinking, and promote abstinence-based alcohol use norms. Yet, these interventions typically use a universal or "one size fits all" approach to parental prevention communication, when—in fact—there is significant variation in the ways parents approach prevention communication with offspring. This study reveals that there are four distinct profiles of parental prevention communication and there are differential effects of these profiles on adolescent drug use over time. The study sample included 784 middle school adolescents in the United States with an average age of 12.3 years at the beginning of 7th grade during wave one data collection, surveyed again at the end of 7th grade, and at the end of 8th grade prior to students matriculating into high school. A latent profile analysis reveals four clear profiles of parent prevention communication and a growth mixture model reveals differential effects of these profiles on adolescent substance use behaviors. Challenging the notion that "one size fits all" when conceptualizing substance-specific communication, this paper examines variation in parental approaches to prevention within the context of how parents and children naturally interact as a family.

iii **Ingrid Obsuth, Sutherland, A., I, Nordby, L, Scott, S, Cope, A, Eisner, M**
Results of the LEIP CRCT – is the Engage in Education London (EiEL) programme effective.

We will present the results of a cluster-randomisation control trial which addresses the effectiveness of

the Engage in Education London (EiEL) intervention. Effectiveness of the EiEL intervention is assessed and will be presented based on several key outcome variables, which are targeted in the intervention. Specifically, we assess whether young people's behavioural problems, including the likelihood of school exclusion and delinquency will have decreased in treatment schools compared to control schools. Similarly, we assess whether young people's academic outcomes and communication skills in treatment schools have improved significantly in the intervention group compared to the control schools. In addition, a range of factors is explored and results will be presented related to potential mechanisms of change (mediators/moderators) in behavioural outcomes, including change in communication skills, changes in teacher-child relationships, changes in empathy and prosocial skills.

iv **William D. Crano, Candice Donaldson, Brandon Nakawaki**
Good Parents, Bad Parents: Parental Effects on their Children's Substance Use

Considerable research implicates parental monitoring as a powerful force for prevention of their children's substance misuse. A recent meta-analysis, for example, showed an effect of medium size associating parental monitoring with their adolescent children's cannabis resistance. Calls to inform parents about proper monitoring techniques and key facts regarding substance misuse are common in the prevention literature. However, recent research indicates that parental behavior also may be associated with increased adolescent substance use. For example, parental cannabis use, and the recency of its use, is significantly and monotonically related to children's usage status. Mediators of this relation include children's anticipated punishment for usage, attitudes toward cannabis, and expectations regarding positive cannabis effects. Recent research also has shown that parents' beliefs regarding their children's usage status anticipates children's usage one year later – a type of self-fulfilling prophecy that may backfire if the prophecy is incorrect. How these effects come about is examined via two structural models that show how parental monitoring/involvement and family climate can move their children from abstinence to use, and vice versa. The models make use of large nationally representative samples of parents and children and are focused on use of cannabis, prescription analgesics and stimulants. They indicate how parental monitoring and family warmth indirectly affect factors associated with usage, children's drug-relevant attitudes and friendship choices, which affect usage intentions. Ultimately, the research clarifies the conditions under which well-meaning parents may prove to be facilitators of their children's substance misuse – and what can be done to reverse this outcome.

v **Ingrid Obsuth, Alex Sutherland, Sara Valdebenito, Nordby, L, Scott, S, Cope, A, Eisner, M**
Implementing a cluster randomized control trial – practicalities and challenges.

This talk will introduce the London Education and Inclusion Project (LEIP). LEIP is a cluster-randomised control field experiment in 36 Greater London schools designed to evaluate the effectiveness of a social and communication skills based intervention (Engage in Education – London, Catch22). EiEL is for Year 9 and 10 pupils at high risk for fixed-term school exclusion. In 2011/2012 there were 304,370 fixed period exclusions across all maintained primary, state-funded secondary and special needs schools across England and Wales, equating to 4.05% of the school population being given a fixed term exclusion at least once during that school year (Department for Education, 2013). The short- and long-term adverse impact of fixed-term school exclusion on young people's lives is significant. The known risk factors as well as reasons for school exclusions will be also reviewed and implications for intervention and prevention will be derived. Pupils who are experiencing fixed-term exclusions generally receive minimal support despite exclusion being a risk factor for numerous negative life outcomes. This talk will highlight the importance of the LEIP project in filling this very important gap. It will describe the theoretical as well as empirical background of the project and address the questions of design, challenges, solutions and project progress. While describing each step practical suggestions for future similar trials will be offered from our 'lessons learnt'.

SESSION 3.2 EXPLORING UNIVERSAL AND FAMILY PREVENTION

i **Josipa Mihic, Miranda Novak**
Implementation quality as a moderator of prevention interventions' effectiveness

Determinants of an intervention's impact or effect are referred to as "effect predictors" or "effect moderators" (Hosman, 1994; Hosman & Engels, 1999). Importance of implementation process quality is more and more researched and recognized in a context of understanding prevention programs effectiveness (Greenberg and Domitrovich, 2000; Domitrovich et al, 2008, Clarke et al., 2010, Domitrovich et al., 2013). Authors differentiate different aspects of implementation as fidelity, dosage, quality, participant's responsiveness, program differentiation, monitoring of control/comparison conditions, program reach and adaptation (Dane and Schneider, 1998; Durlak and Dupre, 2008).

In order to examine the influence of implementation process on programs effectiveness, during 2012, researchers from the University of Zagreb have conducted a broad study "Preffi – Quality Assurance in the County of Istria" in collaboration with researchers from the Netherlands and Penn State University, USA.

A study focused on assessing the predictors and moderators of prevention programs effectiveness on the cohort of 24 prevention interventions in Croatia. Within the study, a meta-analysis of effectiveness of all included interventions was conducted just as the study of each intervention implementation quality. A quality of implementation was measured from the perspective of intervention managers, implementers and participants. The main intention of study was to examine if the effectiveness of prevention intervention is moderated by a quality level of particular implementation aspect. Methods of meta-analysis and hierarchical linear modelling were applied in this analysis.

Based on the results, specific directions and recommendations for developing more effective interventions achieving desirable outcomes will be presented and elaborated.

ii **Metin Özdemir, Frida Åström, Håkan Stattin**
Are Group-based Parenting Programs to Prevent Child Problem Behaviors Equally Effective for Children with Clinical and Non-clinical Problem Levels?

The effectiveness of parenting programs in preventing child problem behaviors have been increasingly supported in the literature. However, studies revealed contradictory findings of how much children with severe problem levels benefit from the programs. Most studies in the literature tested this question for a single program. This strategy limits our ability to make comparisons of the findings across studies. In the current study, we performed secondary analysis on parent-reported externalizing behaviors and ADHD symptoms of 749 children, aged 3-12 years, to evaluate the effectiveness of four different parenting programs on children with clinical and non-clinical problems (i.e., Comet, Incredible Years, Cope, and Connect). Mixed design ANOVA models revealed that all four programs significantly reduced children's externalizing behaviors and ADHD symptoms at post-test. Furthermore, the same mixed design ANOVA models and post-hoc tests revealed significant differences in program impact for children with and without initial clinical problems on all measures of externalizing problems and ADHD symptoms. The magnitude of the program effect was larger for children with clinical problem levels compared to children with less severe problems. Findings indicate that group-based parenting programs are effective for children with externalizing behavior and ADHD symptoms and that children with clinically high levels of problems may benefit substantially.

iii **Gretchen Bjornstad, Triin Edovald, Daniel Ellis, Louise Morpeth**
Assessment of the Cost and Benefits of Family Nurse Partnership in Two Contexts

Since 2010 the social research unit has been adapting a cost-benefit model developed in the United States to the English context. This model is used to forecast the costs and benefits of interventions for participants, taxpayers and the wider society over the life course of participants. It is unique in that it covers a range of policy areas and benefits for each programme can be estimated from multiple outcomes at once. Many of the programmes that have been analysed in the US version of the model could also be delivered in England, but the costs of delivery and the potential benefits are likely to differ for many reasons. Predicting the likely differences is complex. The adaptation of this model has involved modifying the inputs to fit with the structure and costs of public services and other economic factors in England. However, the major assumptions and methodology in the model have been maintained. It is therefore possible to use this model to begin to compare the estimated unit costs and forecasted benefits for interventions across the two contexts in a consistent way. A comparison of one of the best-known evidence-based programmes, the Nurse Family Partnership/Family Nurse Partnership, in the US and England will be presented, along with a discussion of the similarities and differences in the two contexts and the reasons for and implications of those differences.

iv **Nikolaus Koutakis, Metin Özdemir**
Is promoting parents' norms against underage alcohol use an effective strategy for prevention? A mediation and moderation study testing theoretical soundness of the EFFEKT-prevention-program and its effectiveness on different populations.

Ideally, prevention programs should focus on modifying mediating mechanisms that are causally linked to the targeted outcome. Controlled prevention trials where a single or very few components are included are an optimal context to test the effectiveness of a prevention strategy and the causal link between the mediating factors and program outcomes. The Örebro Prevention Program (currently known as EFFEKT) is a prevention program where parents' restrictive attitudes are the primary prevention focus. Data from this program is optimal to test whether promoting parents' attitudes against youth drinking could be an effective prevention strategy. Another research question that will be addressed is to test whether the mediating role of parents' restrictive attitudes on youth drinking are moderated by demographic characteristics, parent-child relationship, and environmental factors. A strong prevention strategy should be robust in its effect across different groups and conditions.

We did a series of mediation test using latent growth models to examine whether the reductions in youth drinking was explained by the changes in parents' attitudes towards youth drinking. The results showed that the changes in parents' attitudes against underage drinking were a significant mediator of the program effect. Further analyses were conducted to test if the mediating role of parents' attitudes against underage drinking was robust across gender, parent education, and alcohol use of significant others such as parents, peers, and siblings.

v **Rachele Donini**
Adolescents Listening To Each Other: An Online Service for Health Promotion

The presentation is about a universal prevention intervention, delivered by the "prevention activities" Unit based in the Addiction Department of the local health agency (ASL 2) of Savona, Italy, in the years 2011-2014. It presents an overview of the ongoing project named "YOUNGLE" that selected and trained a group of peer educators between 16 and 18 years old. The aim is to create an online service for teenagers addressing the main topics of this target, such as sexuality and relationships, substance abuse, eating disorders and in general every issue pertaining adolescence. By the adoption of a peer-education approach and media education strategies, the project focuses on health promotion, with a particular attention to drug prevention. The outcomes of the first two years implementation will be presented: costs of the project, numbers and topics of the chats, software and technologies used. A qualitative analysis is discussed about the results in terms of: group cohesion; cognitive and affective empowerment; communicative skills development.

SESSION 3.3 UNDERSTANDING AND RESPONDING TO RISK BEHAVIOURS

i **Russell M. Viner, Daniel R. Hale**
Health is a strong predictor of gain in educational outcomes across adolescence

Background Education is recognized as a social determinant of health with poor academic attainment linked to poorer health. Reverse causal pathways have been largely overlooked. Likewise, exploration of risk factors for youth unemployment have rarely examined the impact of poor adolescent health. This study longitudinally examines causal pathways from poor adolescent health to low academic attainment and unemployment in young adulthood.

Methods We used nationally-representative data from the Longitudinal Study of Young People in England (LSYPE; Wave 1, age 13 N=15,770). Having a chronic condition, poor mental health and poor self-reported general health were assessed between ages 13 and 15. Outcome variables included poor academic performance at age 16 and unemployment at age 19. We examined associations between health and subsequent outcomes, and conducted mediator analyses to assess the proportion of the association attributable to hypothesized mediators including school absences, classroom behaviour, truancy, social exclusion, health behaviours and psychological distress.

Results Poor mental and general health and long-term conditions predicted low educational attainment at age 16. Poor mental health and poor general health (but not long-term conditions) predicted unemployment. Social exclusion was a consistent mediating variable. Long-term absences mediated associations between general health and mental health and later outcomes whereas school behaviour, truancy and substance use were significant mediators for general health and mental health.

Conclusion Poor adolescent health disrupts educational and employment pathways. Due to the economic and social costs of educational underachievement and unemployment, policy interventions should focus on improving outcomes for unhealthy adolescents.

ii **Olivier Lareyre, Stoebner-Delbarre A, Margueritte M, Cousson-Gélie F**
One year effects of P2P, a TPB-based program against tobacco for the students and by the students

In France, the issue of youth smoking remains a major challenge for public health. If the peer influence can encourage tobacco use, we observe that the peer education has therefore a beneficial potential to change smoking behavior of adolescents. Moreover, it was demonstrated that Theory of Planned Behaviour (TPB) has yielded the best prediction of intentions and behavior in several health domains. However, TPB is usually confined to measure the processes by which interventions change behavior, rather than to develop these interventions. In P2P program, voluntary students in professional high schools conceived and performed their own intervention, based on the TPB (with help of trained educators), to reduce their schoolmates smoking.

The main objective of this study is to measure the 1 year impact of the P2P program on a highly exposed young population composed by college students from professional schools. The primary hypothesis is that intervention avoids increasing of the daily smoking prevalence during the year in the intervention group compared to the control group.

A RCT design is used with 7 schools in the intervention group and 8 in the control one. Socio-demographic, tobacco status, and elements of the TPB are measured with self-questionnaire before and after the intervention.

At T0, among 1568 respondents (Male=16.7, girl=35%), 30% smoked daily, 11% occasionally and 57% are non-smokers. At T1 (N=1325), they were respectively 31%, 13% and 56%.

We will analyse evolution of tobacco consumption and TPB components and comparison between groups. Results will be available at this time.

iii **Sarah Lynch, Ben Styles, Anneka Dawson, Jack Worth, David Kerr, John Lloyd**
Evaluation evidence in practice: The impact of the Alcohol Education Trust's Talk About Alcohol school-based intervention in England

The presentation will summarise evidence from the National Foundation for Educational Research's independent evaluation of the Alcohol Education Trust's Talk About Alcohol school-based intervention for 11-16 year olds, carried out across England between 2011 and 2013. The intervention, awarded by England's Personal, Social, and Health Education Association with its Quality Assurance Mark, offers a 'pick and mix' of materials to suit the experience of students. It includes: lesson plans and a DVD; information sheets for schools; a website with games, quizzes, and dedicated area for teacher, the students and their parents; and information booklets for parents and young people.

The evaluation compared the alcohol-related knowledge, attitudes, and behaviour of students aged 12-14 in an intervention group with a matched comparison group. Three identical surveys were carried out with approximately 4000 students to explore change over time over 16-18-months. Multilevel modelling looked at changes in outcomes over time and controlled for measured differences between intervention and comparison groups.

There was evidence of a statistically significant delay in the age at which teenagers start to drink. There was also a significant association between the intervention and knowledge of alcohol and its effects. Although levels of frequency of drinking and binge drinking were slightly lower in the intervention schools, the difference between groups was not statistically significant (which could be due to small proportions of frequent drinkers). Students from both groups identified personal, social, and health education lessons as a preferred source of information about alcohol and its effects.

iv **Kimberley M Hill, Michael Pilling, David R Foxcroft**
Action-Oriented Predictive Processing as a Bellwether for Ecological and Psychological Research in Alcohol Misuse.

Behavior change theories aimed at understanding and preventing health-risk behaviours are underpinned by psychological theory. Many of these models view cognitive attributes (e.g. beliefs, attitudes and intentions) as the primary mediator of behavior, based on the assumption that the brain guides behavior. However, many of these approaches have been found to be limited. Another conceptual position is that the environment is a key determinant of behavior and that cognitive processing is secondary to this. Instead of explaining behaviour in terms of brain functioning, a focus is on how behavior emerges from the direct and unmediated transactions between individuals and their environments. These ideas have been associated with action-oriented predictive processing, which provides a challenging alternative basis for prevention research. This suggests individuals respond automatically to available opportunities for action in their environments, without mediation or conscious awareness. Consequently, when action potentials in a particular environment are inconsistent with prior expectations, individuals might be motivated to change their behavior. This could lead individuals to form habits, beliefs or expectations from experience. This presentation will focus on the possibility that action-oriented predictive processing and affordances could explain and prevent health risk behavior, or enable individuals to make better health choices. These ideas will be discussed using findings from a programme of research which explored affordances for alcohol consumption. As a bellwether for ecological and psychological research, these ideas are conceptually and methodologically challenging, but have potentially substantial implications for prevention science and for understanding a range of health risk behaviours.

v **Séamus Harvey, McKay M, Sumnall HR, McBride N**
The impact of an alcohol harm reduction intervention on adolescents with different drinking behaviours at baseline: Results from an adapted version of SHAHRP

The adapted version of the School Health and Alcohol Harm Reduction Project (SHAHRP) implemented in Northern Ireland was designed to increase alcohol-related knowledge, develop safer attitudes toward alcohol, and reduce alcohol consumption and alcohol-related harm among adolescents. The present study sought to evaluate whether these outcomes were affected by baseline drinking behaviour.

This study is a secondary analysis of data collected from a non-randomised trial of the intervention. Over two consecutive academic years, a group of students received

the intervention from external facilitators, another group of students received the intervention from their teachers, and a control group received the normal Northern Ireland alcohol education curriculum. 2,349 participants were recruited at baseline, at which point alcohol-related knowledge and attitudes, frequency of consumption, quantity of alcohol consumed during last drinking episode, and harms associated with alcohol use were assessed. Follow-up data collection took place at 12, 24, and 32 months after baseline.

The results of Multi-Level Growth Modeling indicate that there were significant improvements in knowledge of and attitudes toward alcohol in the intervention groups regardless of whether they were baseline abstainers, supervised drinkers or unsupervised drinkers. However, significant positive effects in terms of alcohol-related harm, amounts of alcohol consumed and frequency of drinking were observed almost exclusively among unsupervised drinkers in the intervention groups. These results indicate that some intervention outcomes can be affected by baseline drinking behaviour.

PARALLEL SESSION 4

Conference Day 3 – 18th October 2014

SESSION 4.1 OPEN THEME – HEALTH AND WELLBEING INTERVENTIONS

i **Federica Vigna-Taglianti, Vadrucci S, Salmaso S, Bobbio A, Randino S**

The dissemination of the “Unplugged” prevention program in Italy: evaluation and impact

Introduction “Unplugged” is a Social Influence school curriculum developed and tested in the EU-Dap collaborative study. The program was shown to be effective in reducing tobacco, drunkenness episodes and cannabis use among adolescents 12-14 years old. After the publication of efficacy results, a dissemination phase was started.

Methods The dissemination was designed according to a cascade model, coordinated at the international level by the EU-Dap Faculty. The international training leaders organized several international courses to train master trainers of the European countries. National master trainers in turn trained national trainers, and these teachers of their communities. Teachers finally applied the program in the schools.

In Italy, this model was carefully applied, and was supported and pushed by the constant monitoring carried out by the OED coordinating centre. Booster sessions for local trainers were held once a year, and process monitoring reports were provided to the local teams to evaluate, maintain and improve quality of the application of the program.

Results The effort to disseminate the program around the country resulted in 15 out of 20 Italian regions currently adopting the program. In the school year 2011-2012 more than 20,000 students received the program.

Process monitoring data showed high implementation rates at the class level, and high satisfaction of teachers and students towards the program.

Conclusions The “cascade model” is an effective model for the dissemination of prevention programs. However, constant contacts between coordinators and local teams, update sessions and monitoring activities are critical for the model to be successful.

ii **Giuseppe Gorini, Giulia Carreras, Sandra Bosi, Paola Angelini**

Mediation analysis of the school intervention “Smoke free schools with LdP methodology”

Introduction Few school programs showed to be effective in preventing smoking initiation in adolescents. “Smoke free schools with LdP methodology” is a school-based intervention evaluated through a cluster randomized trial that showed an overall effect of delay in the progression to a daily smoking habit, and a reduction of smoking in schools areas [Gorini et al. *Prev Med* 2014].

Objectives To study factors that mediated the effect of the intervention.

Results The LDP intervention resulted in a significant increase in the ability to reject offered cigarettes and this showed a strong effect on reduction of smoking, resulting in a very marked mediated effect of smoking reduction.

The increased risk perception significantly mediated the effect of the intervention. In contrast to expectations, the intervention significantly increased normative perception and this led to a reduction of smoking. However, the resulting indirect effect was of smoking reduction.

The program resulted in a significant increase in smoking knowledge, but this did not show an effect on smoking reduction.

Finally, the program showed a significant direct effect on reduction of smoking in school areas, independently to considered mediators.

Conclusions The effectiveness of the intervention in delaying the smoking habit has been shown to be mediated by an increase in the ability to refuse the offered cigarette, by risk perception and by the decrease in normative perception.

The program showed a significant direct effect on the reduction of smoking in school areas, suggesting that implementing anti-smoking policies may act directly on reducing smoking in school areas.

iii **Mathieu Gourlan, Bruno Pereira, Céline Lambert, Bruno Fregeac, Olivier Coste, Monika Takito, Florence Cousson-Gélie**
Does promoting physical activity at school have a similar impact on all children? Impact and moderating variables of the “Great Challenge: Leave and Move”

Background The “Great Challenge: Leave and Move” is a project implemented since 2013 in order to promote physical activity (PA) in 7-11 years old French school-aged children. Objective: Drawing upon the theory of planned behavior (TPB; Ajzen, 1991), this pilot study aimed to (1) test the impact of the “Great Challenge” on the PA practice and the TPB variables of children, and (2) evaluate to what extent the impact of the intervention varied according to personal (i.e., sex, age) and environmental variables (i.e., school class). Method: A sample of 306 children (M age = 8 years old) selected in 10 public schools took part in this study. Intervention was one month long and included components targeting both TPB key constructs (e.g., attitude) and actual PA practice (e.g., playful PA games). Children answered a questionnaire measuring PA and TPB constructs before and after intervention. Using Stata software, random-effects models were performed. Results: Analysis revealed that children increased their PA practice ($p < .001$) and their level on all TPB variables ($p < .001$). Otherwise, younger children reported a higher increase for attitude ($p < .01$) and perceived control ($p < .01$). Lastly, the intra-class correlation coefficients (ICC) indicate that school class explained a meaningful variance in the evolution of perceived control (ICC = 0.22), intention (ICC = 0.16), and PA (ICC = 0.14). Conclusion: This study highlights the feasibility of a TPB based intervention to promote PA among school aged children. However, the impact of the intervention can vary in function of the age of and the school class of the children.

iv **Marta Lima-Serrano, Joaquín S. Lima-Rodríguez, María D. Guerra-Martín, Tamara Moreno-García, Sheila Giardini Murta**
Evaluation of Mental Health Promotion Computer –Tailored Programs and others Computer-Based Interventions for Adolescents. A Systematic Review.

The increasing prevalence of risk behaviors in adolescence may have important health consequences. So that should be encouraged an approach between youth people and resources for health promoting and risk preventions, where can be a strategy using Information and Communication Technology (ICT). The objective was to identify and summarize the most significant interventions and findings of studies based computer –tailored programs and others computer-based interventions aimed to prevent from tobacco and alcohol consumption, risk-sexuality and promote mental health. We conducted a literature review of those studies based on our search strategy of original or review articles from 01.01.2009 to 31.12.2013. We use

PubMed, PsycINFO, Eric, Scopus, and WOS databases. The selection process was carried out by two independent reviewers in three phases: title and article review, whole article review and methodological quality appraisal. Articles should have been published in Spanish, English or Portuguese and include an abstract. The intervention should aim to said behavioural domains, include computer –assisted advices and targeted to adolescents between 11 and 17 years. 542 were reviewed but 17 articles reached inclusion criteria, four of the intervention protocol, ten evaluating health promotion programs as computer-based (computer tailored), and three assessing other actions you computerized. The effects of variable size were found on different behavioral and intermediate variables. The present study could throw light on the effectiveness and characteristics of computer-based programs. The variability found in effects together with the potential usefulness of ICT, yields the need to improve the prevention research in this field.

v **Harrie Jonkman, Ron van Wonderen**
Effect study ‘Thuis Op Straat’/at Home on the Street’. Results and Practical Cons

The playing and living environment for children in problematic neighborhoods is often so bad that children have insufficient opportunities for undisturbed and safe play or sports. Studies have shown that these conditions have a negative impact on the psychosocial development of children. TOS (‘at Home on the street’, www.thuisopstraat.nl) aims to improve the playing and living environment for children in problematic neighborhoods. TOS is promising prevention program with a long standing position in the Netherlands. Over a four year period we researched the impact of the program on the development of children in neighbourhoods (6-14 years). Aim of the present research was to determine through an experimental (longitudinal) research design (800 participating children in 20 neighbourhoods) if TOS really improves emotional and social safety for children and reduces psychosocial problems and antisocial behaviour. We used for this the Strength and Difficulty Questionnaire which was set out three times among the parents of the children. Selection bias between experimental and control neighbourhood was controlled for by the use of Propensity Score Matching. Missing data were imputed by the use of multiple imputation techniques and the data were analyzed with multilevel analyse techniques. In the presentation the final results of the study will be presented and practical consequences for cities and professionals are discussed. A lot of effective programs come from US. There is a lack of home grown European programs which are researched on effectiveness. This is a Dutch example of such a home grown prevention program.

i **Angelina Brotherhood**, Geoff Bates, Amanda Atkinson, Harry Sumnall

The challenges of developing evidence-based approaches to address young people's substance use and gambling: can reviews of reviews help?

Systematic evidence reviews support decision makers to determine 'what works'. In recent years, reviews of reviews (RoRs) have emerged as a special type of evidence review. RoRs are likely to appeal to decision makers, as they can address broader research questions and summarise a greater evidence base than reviews of primary studies. We argue, however, that caution is warranted in the use of RoRs for evidence-based policy making. To support our argument, we draw upon a systematic RoR of approaches to address young people's substance use and gambling, which we conducted as part of the EU co-funded ALICE RAP project. We found that the review-level evidence meeting our inclusion criteria was unevenly distributed across topics (alcohol, tobacco, illegal drugs, and gambling) and types of approaches. The included evidence concentrated on three areas: prevention; treatment; and (broadly defined) harm reduction; but it was insufficient to draw conclusions with regard to other approaches, such as age limits, advertising bans, or warning labels. However, our RoR applied relatively stringent criteria regarding the quality of included reviews, and we had to reject the majority of available evidence. This also explains why our findings differ from those of earlier RoRs conducted in the addictions field, which present a broader evidence base but of unknown validity. We conclude that RoRs are useful tools for decision makers in well-researched areas. However, in under-researched areas, RoRs should limit their conclusions to formulating recommendations for future research, and decision makers will need to refer to other types of evidence.

ii **Hanna Heikkilä (/Giovanna Campello)**, Wadih Maalouf
"Prevention Strategy and Policy Makers" in South East Europe and Beyond: A UNODC Initiative to Support the Adoption of Evidence-Based and Cost-Effective Prevention Strategies.

"Prevention Strategy and Policy Makers" is an Initiative of the United Nations Office on Drugs and Crime aiming to disseminate the UNODC International Standards on Drug Use Prevention and support policy makers in planning a national drug prevention system that is health-centred, based on scientific evidence and cost-effective. The Initiative was initiated in 2013 and has so far created regional prevention hubs connecting and training policy makers in 6 different regions through a series of regional

training seminars that aim to promote and support the improvement of the coverage and quality of national systems for drug use prevention in the participating countries.

To date, over 200 policy makers from over 50 countries have taken part in this initiative. One of the geographical regions covered was South East Europe where (Albanian, Serbian, Bosnia-Herzegovinan, Macedonian, Croatian and Montenegrin) policy makers have went through the training seminar and proposed updated national prevention strategy plans based on the International Standards on Drug Use Prevention as well as the design of data collection efforts.

We will present data on the value added and impact of these trainings in directing efforts towards cost effective and evidence based prevention responses and policies, reflecting quantitative data on change in attitude and knowledge of policy makers going through the seminar (based on pre-test and post-test questionnaires and actual practical action taken on the ground).

iii **Zili Sloboda**
Dissemination of Evidence-Based Substance Use Prevention: The Universal Prevention Curriculum

This presentation will describe the development of the Universal Prevention Curriculum (UPC) that is being developed and pilot tested in Asia and Africa. UPC is designed to meet the current demand for an evidence-based curriculum for substance use prevention specialists. There are two parts of the UPC: Series 1 is designed to introduce the prevention coordinator or decision maker to prevention science and its application to prevention interventions and policies. The prevention coordinator is viewed as someone who is the 'face of prevention' with at least a bachelor's degree and two years of prevention experience. The next series, UPC-2, is designed to provide the knowledge and skills to prevention specialists who will deliver prevention interventions within the community. Such standardized curricula will help ensure that regionally- and nationally-based prevention specialists obtain consistent science-based information and skills training.

The foundation of both curriculum series is drawn from the International Standards on Drug Use Prevention that was completed by the United Nations Office on Drugs and Crime and the European Drug Prevention Quality Standards developed by the Centre for Public Health, Liverpool John Moores University and published by the European Monitoring Centre on Drug and Drug Addiction. The curricula are being written by prevention researchers who are specialists in substance use epidemiology and evaluation and in prevention strategies that are delivered to families; within schools, the workplace and the community; and through the media and regulatory. Primary emphasis

is on evidence-based interventions and policies and on implementation quality and sustainability.

iv **Marion Weigl**, Sabine Haas, Christine Knaller, Petra Winkler, Gabriele Gruber, Sophie Sagerschnig
Early Childhood Networks – From evidence to implementation in Austria

Sufficient evidence on the effectiveness of early childhood interventions/networks is available and shows the potential of these interventions/networks to reduce health inequity as well as the relevance for the Health in all Policies-approach. But how can this be transported and implemented in practice? Since 2011 the Gesundheit Österreich GmbH is commissioned with a project to support the implementation of early childhood networks in Austria by

- collecting existing evidence on as well as experiences with early childhood networks,
- assessing the availability and structure of early childhood interventions and networks in all nine Austrian provinces,
- agenda setting: raising awareness and knowledge among stakeholders on federal and provincial level in different sectors and professions,
- networking on national and European level,
- developing a model for early childhood networks in Austria,
- analyzing the experiences and results of the first early childhood network of Austria in the context of the DRIVERS project,
- supporting the implementation of pilot projects on provincial level,
- supporting activities on federal level to ensure further implementation as well as the quality of early childhood networks in Austria.

These activities led to a broad commitment to early childhood networks throughout Austria, across different professions and sectors, as well as the inclusion of this topic in several policy documents and strategies. The model, which combines a universal and indicated approach, is used for the planning and expansion of pilot projects in all Austrian provinces. Financial support on federal level for further implementation activities is ensured.

v **Michal Miovský**
Pilot implementation of the National qualification system based on interdisciplinary approach for professionals in prevention of risk behaviour

For many years is a significant complication to assess qualification of preventive workers (professionals in prevention of school behaviour) not only because of part of quality standards and quality assessment in prevention

but also because of safety and economical issues. Who has enough qualification for what (intervention), on which level (general, selected and indicated prevention), for whom (target population incl. risk groups etc.) etc.? Who is potential arbiter (GPs, psychologist, teachers etc.)? Who to solve dilemma with different professional groups and how to compare their qualification for school prevention of risk behaviour? During period 2010-2012 were created in the Czech republic a original new model of qualifications (Charvat et. al, 2012) in school prevention. It responds to the need for a higher number of trained prevention practitioners and the opportunities for their professional growth. The objective is to present such a model of qualifications for the practitioners of the prevention of risk behaviour in the school system which is compatible with the current practice and respects the current situation and expert opinions while innovating the existing scheme for the further training of education professionals. The model was created on the basis of analysing the content of the documents dedicated to school prevention training (laws, decrees, training programme syllabi and guidelines, their creation, etc.) and on the basis of four focus and working groups consisting of the foremost experts in primary prevention in the Czech Republic. The model also underwent opposition proceedings. The proposal concerns four qualification levels arranged hierarchically by the degree of complexity which correspond with the typical positions of a prevention practitioner in the school system. They are the first – "prevention basics", the second – "intermediate", the third – "advanced", and the fourth – "expert" levels. Each higher level automatically includes the requirements and application opportunities of the lower levels. Each level is defined by the requirements for the target knowledge, skills and competences the applicant must meet. The draft outlines the conditions for obtaining a certain level of qualification and how it will be verified. There is the option of recognising the qualification for a provisional period if the applicant has received qualification in other prior courses or through prior experience. We created this model in collaboration with Ministry of Education and in September 2014 we have started a pilot implementation study in 4 regions in the Czech Republic. There is a wonderful opportunity to link this significant step to National system of quality assessment in prevention and chance (in the case of successful piloting) for National implementation in third phase in close collaboration with Ministry of Education, Ministry of Health and selected university faculties participated on trainings and education in the field.

Citation Charvát, M., Jurystová, L., & Miovský, M. (2012). Four-level model of qualifications for the practitioners of the primary prevention of risk behaviour in the school system. *Adiktologie*, (12)3, 190–211.

i **Elisabete Santos, Karen Hughes, Mark A. Bellis, Telmo M. Baptista**
Evaluation of the outcomes of prevention interventions in Portugal

This presentation shows data on the effects of 15 prevention interventions implemented in Portugal by non-governmental agencies. Data were gathered through a self-report questionnaire assessing variables mediating substance use and substance use behaviour. The questionnaire was delivered between 2009 and 2011 among a sample of 1.756 vulnerable adolescents targeted with substance use prevention interventions (i.e., cases) and an additional sample of 375 not participating in such interventions (i.e., controls). Some interesting findings were that alcohol was considered the least harmful substance, leading to less problems and more benefits, perceived as most accessible, most consumed among best friends, and less expected to be prohibited by parents; tobacco evoked the highest percentage of negative attitudes; the percentage of adolescents considering cannabis to have low risks to health was higher than that for tobacco; attitudes, best friends' substance use, parental approval, and increasing age were the only variables that consistently increased the risk for the use of all substances; expected problems was not a significant risk factor for the use of any substance; expected benefits was a significant risk factor for all substances except for cocaine. Regarding prevention interventions' outcomes, results indicate that, overall, there were not statistically significant changes in most of the variables associated with substance use. However, and even though positive effects were found on attitudes towards smoking, smoking level, and best friends' smoking behaviour, iatrogenic effects were found on drinking level, expected benefits from smoking, expected benefits from cannabis use, and intention to use cocaine.

ii **Martha Canfield, Catherine Gilvarry**
Does acculturation affect predictors of alcohol and substance misuse? Evidence from Brazilian immigrants in the UK

Background Although acculturation (the process of adopting the cultural traits or social patterns of another group) has become a popular variable in research on health disparities amongst certain minority ethnic groups, the majority of research has applied this construct as a way of measuring health outcomes rather than exploring how the other factors interplay with this variable. With this in mind, the present research has sought to challenge existing models by exploring whether psychological factors related to alcohol

and substance misuse interplay differently amongst those - from the same cultural background - who have experienced acculturation and those who not.

Method A cross-national research design was adopted, where 164 Brazilian residents in the UK and 161 Brazilian residents in Brazil completed self-report questionnaires measuring socio-demographic factors, resilience, personality traits, psychological distress, acculturation outcomes, and quantity and frequency of alcohol and substance use. Data have been analysed mostly using correlation and regression analysis.

Results Levels of resilience predict positively the use of cannabis for Brazilian immigrants in the UK but not for Brazilians in Brazil. Psychological distress was associated with sedative drugs only for the sample in Brazil, but was associated with the integration element of acculturation for the sample in the UK.

Findings From this study findings suggest that psychological changes resulting from the migratory process to the UK should be further explored as this presents a promising path for addressing the high susceptibility to alcohol and substance misuse particularly in people who migrate to another country.

iii. **Lene-Mari Rasmussen, Joshua Patras, Frode Adolfsen, Kristin Martinsen, Simon-Peter Neumer, Monica Martinussen**
Coping Kids Are Organizational Support, Fidelity and Program Delivery Contributing to a Better Outcome?

"Coping Kids" is a randomized controlled study of a new indicated preventive intervention for children with symptoms of anxiety and depression. The focus of the intervention is to reduce these symptoms and help children develop skills to enhance self-esteem in order to improve life quality.

This is an indicative intervention in a school setting, meaning that we search for children at risk and try to reach them before the symptoms develop above a clinical cut off. The training of the personell is given to those who work close with the schools (e.g. school health nurse etc.) in the local municipalities, and this enhances the collaboration between clinicians and school personell, thus creating a better continuity of care.

In this project, the implementation research is performed parallel with the effectiveness study to create a smoother and faster progress in the transfer from the research field to the practice field. by combining elements from both effectiveness and implementation research, the aim is to

benefit from it in different ways, e.g. knowledge transfer and uptake/sustainability in the services, more efficient implementation strategies, and more information to both researchers and policy makers.

This is a relatively new way of thinking, and by looking at organizational support, fidelity and program delivery, the goal is to increase the outcome results. This presentation gives an overview of the implementation processes, including the measures for implementation used in the study.

iv **Suvi Virtanen, Zangin Zeebari, Rosaria Galanti**
Effectiveness of a brief counselling for tobacco cessation among Swedish smokers and snus users attending dental clinics. A cluster randomised controlled trial.

Background Tobacco cessation has important – positive – health consequences. Dental care has been shown to be a promising setting for tobacco cessation, but no previous studies have evaluated the effectiveness of brief counselling in Swedish dental clinics.

Aim To determine the effectiveness of a brief counselling for tobacco cessation delivered by dental care personnel.

Setting and participants Twenty-seven clinics in two Swedish counties participated in the study, and recruited to the study 467 adult participants.

Method The design was a cluster randomised trial with clinics as unit of randomisation. At each clinic, participants received either brief counselling on tobacco cessation or usual care. Self-reported tobacco use, demographics, and other information were collected at baseline and at 6-months follow-up. Study outcomes were: 7-day abstinence (primary outcome); 3-month sustained abstinence; reduction of tobacco consumption by 50%; quit attempts lasting at least 24 hours.

Results Ninety-seven percent of participants completed the follow-up. The participants consisted of 43.6% snus users, 47.5% smokers, and 8.9% dual users. The proportion reporting positive changes in their tobacco behaviour was higher in the intervention than in the control clinics for all studied outcomes, but the effect was only significant for 50% reduction of tobacco consumption (OR = 2.07 95% CI 1.28-3.35).

Conclusions Brief counselling was not associated to statistically significant effect concerning abstinence from tobacco use after 6 months, but it had a significant effect on reduction of tobacco consumption. The effect of the intervention seemed to be mainly due to change in tobacco behaviour among snus users.

v **Alexandra Morales, Espada, J. P., Orgilés, M., González, M. T. y Piqueras, J. A.**
Barriers to consistent condom use among adolescents in Spain

Consistent condom use is the most effective way to prevent STIs among sexually active adolescents. However, little is known about the barriers of condom use among this population in Spain. The objective of this study was to identify the barriers to condom use and analyze in a sample of adolescents the relationship between the main reason for not using condoms and attitudes toward condom use when obstacles exist, intention to seek condoms prior to sex, intention to use condoms, and perception of the frequency of peers' condom use. a total sample composed of 1,563 Spanish adolescents was recruited. Only those sexually active were selected for this study (n = 492). Sixty percent were male (average age = 15 23 (SD = .76). Fifty percent reported consistent condom use. Of those who reported inconsistent condom use, 24% reported not-having available condoms, 16% said that condoms reduced sensitivity/pleasure, 3% reported that condoms were expensive and 7% pointed out other reasons such as being in a stable relationship, and drugs consume. Not-having condoms available in the heat of the moment was related to a less favorable attitude toward condom use when obstacles exist, lower intent to seek condoms and perception of a low frequency of peer's condom use; however it was unrelated to intent to use condoms. Preventers of STIs are encouraged to increase availability of condoms by providing them free or at low cost. Preventive programs must focus on how to remove the obstacles that Spanish adolescents have in obtaining and using condoms.

SPECIAL SESSIONS

SPECIAL SESSION 1

Conference Day 1 – 16th October 2014

Investing in Children

This will be a demonstration of the UK version of the WSIPP/Investing in Children benefit-cost model. We will look at back end of the model, including the underpinning data used in the cost-benefit analyses of interventions across policy areas. We will also show how the results from these analyses can be found for interventions on the Investing in Children website (<http://www.investinginchildren.eu>).

Gretchen Bjornstad (1), Stephanie Lee (2) and Nick Axford (1)

(1) Social Research Unit, Dartington, UK

(2) Washington State Institute for Public Policy, US

SPECIAL SESSION 2

Conference Day 2 – 17th October 2014

Frederick Groeger-Roth, Harrie Jonkman, Nick Axford
Communities that Care (CTC) In Europe. Community Diagnosis and Prevention Programmes

Communities that Care (CTC) is an effective community prevention strategy developed and researched in the USA. The method, or core elements of it, is used in different European countries, among them: United Kingdom, Netherlands, Germany, Croatia, Cyprus, Austria and Sweden. Researchers and practitioners from these countries are working together in a European CTC-network. In an EU-funded project they presently collaborate on three topics: research on risk and protective factors and problem behaviours at a community level; a review of prevention programmes tested and found effective in Europe; and an evaluation of the implementation of CTC in Europe. In this session we will present, first, on the general goals of the CTC – EU project (Groeger-Roth). What do we know about the generalizability of a science-based community prevention strategy in Europe?

Second, we will explore similarities and differences between countries in problem behaviours (delinquency and substance use) and their relationships to risk and protective factors in the domains of family, school, peers and community (Jonkman). What can we learn when we compare community profiles in different countries and how should reliable community research be set up? How can we use prevention research knowledge for this? Third, we will present on establishing a database of available effective prevention programmes in Europe that communities can use (Axford): issues like the search process, the standards of evidence applied and initial results will be discussed. What are the implications of the findings for developing the knowledge base on effective programmes in Europe?

RESTAURANTS

Our co-organisers, European Institute of Studies on Prevention (IREFREA), have provided us with a list of local restaurants. Alternatively you could use a website such as TripAdvisor (<http://www.tripadvisor.co.uk/>) to identify local restaurants.

SIMPLY FOSH

Run by a British chef, Marc Fosh. Located in the refectory of the 17th Century Hotel Convent de la Missió. Expensive in the evenings but offers a more affordable set-lunch menu (25 EUR). *Carrer de la Missió 7, tel: +34 971 720114, simplyfosh.com. Open 1pm-3.30pm and 7.30pm-10.30pm daily*

CASA MARUKA

Well known among locals. Menu based on Majorcan dishes with a twist. Excellent quality (30-60 EUR). *Carrer de la Reina Maria Cristina, 7, tel: +34 971 20 02 72*

LA 5º PUÑETA

For 'pinchos' and finger food. Open at lunch but more crowded and fun at night. *Carrer de les Caputxines 3, tel: +34 971 711571, no website. Open Tues-Sat midday-4pm and 7.30pm-midnight, Mon 7.30pm-midnight*

SA LLOTJA CAFÉ

Tapas and 'garrotins' (extra-thin baguette sandwiches) in one of the most beautiful squares in Palma. Winter terrace. Affordable. *Carrer de la Llotja de Mar, 2, tel: +34 971 72 27 99*

EL PESQUERO

EUSPR's social dinner will be held here on 17th October. *Paseo Marítimo, Moll de la Ilonja, s/n, tel: +34 971 715 220*

TAST UNIÓ

C/ Unió, 2, 07001, tel: +34 971 72 98 78

TAST AVENIDAS

Av. Compte de Sallent, 13 07003, tel: +34 971 10 15 4

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