



European Society for
Prevention Research



3rd International Conference and Members' Meeting

*“Common risk and protective factors, and
the prevention of multiple risk behaviours”*

**Krakow, Poland
December 6-7, 2012**

Programme and abstracts of posters and presentations

*This conference is proceeding under the patronage of the Mayor of the city of Kraków,
Jacek Majchrowski*



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Day 1 - 6th December

8.30 - 9.30 **Registration**

9.30 - 9.45 **Opening and salutations**

Prof Harry Sumnall (EUSPR Board President), and Krzysztof Brzozka - the Director of the State Agency for Prevention of Alcohol Related Problems

9.45 - 11.15 **Plenary Session 1**

- Adolescent Resiliency: Applications of Theory and Research
- Prof Marc Zimmerman, University of Michigan (USA)
- Methods of quantifying change in multiple risk factor interventions
- Prof Judith Prochaska, Stanford University (USA)

11.15 - 12.30 **Extended Coffee break**

This first morning coffee break is extended to allow delegates time, if they so wish, to view Krakow's famous Nativity Competition, which is being held near to the conference venue.

12.30 - 13.30 **Parallel Sessions 1 - guided poster session**

All posters have been allocated to one of three streams - Interventions; Prevention Policies, Structures and Evidence; and Risk and Protective Factors. Allocation to poster streams is indicated later in the programme. All poster presenters should be available to talk about their work as per a usual poster session. However, 3-4 presenters in each stream have been selected in advance by the Conference Committee to give a more detailed description of their work to the whole stream. These talks will take place at regular intervals across the parallel session.

13.30 - 14.30 **Lunch**

14.30 - 15.15 **Plenary Session 2**

Impulsivity and other personality traits as shared vulnerability factor for multiple problem outcomes - Dr Patricia Conrod, Université de Montréal (Ca)

15.15 - 16.00 **Selected topics**

- Common risk factors across adolescence - Dr Daniel Hale, UCL (UK)
- School as a protective environment for multiple risk
- Prof Kris Bosworth, University of Arizona (USA)

16.00 - 16.30 **Coffee break**

Day 1 - 6th December

16.30 - 18.00 Parallel sessions 2 - Prevention across different outcome domains

Stream 1 - Substance use (tobacco, alcohol, and illegal drugs), and associated behaviours

- Talic S - UTRIP (SL) - Promising Results Of School-Based Prevention Programme Unplugged In Slovenia
- O'Driscoll R - Member of Irish Association of Alcohol and Addiction Counsellors (IRL) - Effectiveness Of A Culturally Adapted Strengthening Families Program 12-16 Years For High-Risk Irish Families
- Amer J - University of the Balearic Islands (ES) - Implementation And Cultural Adaptation Of The Spanish Strengthening Families Program 6-11: The Perspective Of The Professionals
- Crano WD - Dept. of Psychology, Claremont Graduate University (USA) - Parents beliefs and children's marijuana use: evidence for a self-fulfilling prophecy

Stream 2 - Diet, exercise and social behaviours

- Forssell Y - Karolinska Institute (SW) - Physical activity and depression
- Van der Kreeft P - University College Ghent (BE) - Study on the implementation of prevention targeting nutrition and physical activity
- Wójcik S - Nobody's Children Foundation (NCF)(PL) - Risk and protective factors of Internet Addictive Behaviour among European adolescents - results from EU NET ADB study
- Bleckmann P - Criminological research institute in lower Saxony (KFN) (DE) - Screen Time Reduction As Multi-Purpose Preventive Measure. Targeting A Common Risk Factor For Addiction, Academic Failure, Aggression And Obesity

Stream 3 - Externalising behaviour, violence, and aggression

- Petras H - JBS International, Inc., Research and Development (USA) - The Use Of Multiple Versus Single Assessment Time Points Of Aggression To Improve Screening Accuracy In Identifying Children At Risk For Later Serious Antisocial Behavior
- Schroeder D - CEPOL (EU) - Violence prevention
- Steketee M - Verwey-Jonker Institute(ND) - Youth delinquency

20.00

Social dinner, details to follow

(please note that the conference fee does not include the dinner)

Day 2 - 7th December

08.30 - 09.30 EUSPR Member's meeting

09.30 - 11.00 Parallel Sessions 3 - Experiences

Stream 1 - Risk and prevention in adults, families, and communities

- Helgason A - Karolinska Institute (SW) - EU Smoking Quitlines
- Jonkman H, Groeger-Roth F - Verwey-Jonker Institute (NL) / Crime Prevention Council of Lower Saxony (DE) - Developing comprehensive prevention strategies at the local level - Applying the Communities That Care approach in two European countries
- Özdemir M - Center for Developmental Research, Örebro University (SW) - A National Evaluation of Parenting Programs in Sweden: The Short-Term Effects using a RCT Effectiveness Design
- Giannotta F - Center for Developmental Research, Örebro University (SW) - Parenting programs to prevent conduct problems in children: can we detect an interventionist effect?

Stream 2 - Risk and prevention in children, adolescents and young people

- Mihic J - Faculty of Education and Rehabilitation Sciences, University of Zagreb (CRO) - Prevention Of Risk Behaviours Through The Promotion Of Socio-Emotional Learning
- Hutchings J - Bangor University (UK) - Identifying risk factors for conduct disorder in young children and using an evidence-based programme to address them: a case study of research and dissemination in Wales
- Koutakis N - University of Örebro, School of Law, Psychology and Social work (SW) - Overview And Effectiveness Of A Universal Parent Directed Prevention Program Targeting Underage Drunkenness: EFFEKT (Formerly Known As The Örebro Prevention Program)

Stream 3 - Society, structures, and prevention

- Gabrhelik R - Charles University in Prague, 1st Med Faculty, Department of Addictology (CR) - Czech Standards for Prevention of Risk Behaviours and Certification Guidelines: Introduction to Second Revision
- Miovsky M - Charles University in Prague, 1st Med Faculty, Department of Addictology (CR) - Czech Standards for Prevention of Risk Behaviours and Process of Certification: From Voluntary to Compulsory Quality Assessment
- Axford N - Social Research Unit, Dartington (UK) - Blueprints for Europe: Evidence-based Programmes and How they Affect Outcomes and Risk and Protective Factors
- Poirier JC - CRAMIF (FR) - Health and well being at the work place

11.00 - 11.30 Coffee break

Day 2 - 7th December

11.30 - 13.00 Plenary Session 3 - Moderated debate - Evidence based prevention and health promotion: is there room for integration? Featuring contributions from Prof. Czeslaw Czabala - Academy of Special Education (PL), Prof Geir Arild Espnes - Norwegian University of Science and Technology (NO), Prof Rosaria Galanti - Karolinska Institutet (SW), and others.

13.00 - 14.30 Lunch

14.30 - 15.15 Plenary Session 4
Evaluation of effectiveness of complex interventions
- Prof Fabrizio Faggiano, Avogadro University (IT)

15.15 - 16.00 Poster presentations
All conference posters are entered into the poster competition. First Prize is complimentary 2013 EUSPR Membership + free 2013 Conference attendance + a Krakow gift; Second Prize is free 2013 Conference attendance + a Krakow gift; and Third Prize is a Krakow gift. Winners will be invited to give a 5 minute presentation on their work, followed by a commentary and questions.

16.00 - 16.30 Conference close -
Prof Harry Sumnall + Dr Zili Sloboda Director, Research & Development;
JBS International, (USA)



Here in Kraków, we feel privileged that our city has been chosen to host the 3rd International Conference of the European Society for Prevention Research.

Your presence here and acknowledgment of the importance of Kraków as a significant academic centre is a great honour.

For the last few years we have observed with satisfaction the growing popularity of our city. We welcome participants of the increasing number of social, political, cultural and scientific conferences and meetings that are held here.

We are glad that you have joined this circle.

I believe that Kraków will meet your expectations and that the atmosphere of our city will inspire your discussions, whereas its countless attractions will let you spend your free time in an enjoyable and interesting way.

I wish you successful and fruitful work together, and that you gain the best impression from your stay in our city.

*Jacek Majchrowski
Mayor of Kraków*

Welcome to the 3rd European Society for Prevention Research Conference. We are honoured to have received the patronage of the Mayor of Krakow, Jacek Majchrowski, and are very grateful to our sponsors the State Agency for the Prevention of Alcohol-Related Problems (PARPA, PL), Krakow Municipal Centre for Prevention of Addictions, and Europe against Drugs (EURAD). It is a real pleasure to be able to hold this year's conference in the historic Jagiellonian University Medical College, which can trace its roots back to the 14th century. As well as taking part in the scientific programme and making connections with fellow researchers and prevention professionals we hope that you will be able to find time to enjoy the beauty of Krakow, a UNESCO World Heritage site.

The theme for this year's conference is Common risk and protective factors, and the prevention of multiple risk behaviours. Diseases and health harms are almost always attributable to multiple risk factors, and the World Health Organisation has identified five key behavioural factors that are estimated to contribute to 90% of the total burden of disease in high income countries. These are tobacco use, alcohol consumption, poor diet, physical inactivity, and obesity. Whilst epidemiological work has led to a greater understanding of the complex interactions between these factors and their moderators, European prevention practice and policy has been slower to catch up. For historic reasons, and through the influence of different policy actors and stakeholders, we have tended to address each of these risk and protective factors in isolation. However, research also tells us that a greater positive impact can be made upon population health, wellbeing and social welfare by targeting multiple outcomes. For example, cardiovascular disease in adult populations (which costs EU Member States a total of over €150 billion each year), is directly affected by risk factors as blood pressure and diet, which in turn are moderated by alcohol and tobacco use, and physical activity. Targeting diet alone will bring some rewards, but a much more comprehensive, evidence based, and of course more difficult, strategy would be to initiate programmes of activities to address all these important factors together.

This is not just an intellectual challenge. We must also recognise that prevention funding is being reduced in many European Member States, or merged into other more general streams. All of us are working to increase the visibility and quality of prevention work in our own different ways, and so I hope that the next two days will provide you with some new ideas and the inspiration to take a broad multidomain perspective towards prevention research and practice.

I would like to end my brief welcome by thanking everyone who has contributed to the EUSPR and its activities in 2012. We have exciting plans for 2013 and I hope that you can all be part of them. Like all good prevention work, we are taking a long term perspective on ensuring the health and wellbeing of the Society, taking small steps at a time, and it is only with the continued support of our members that we will be able to achieve this. I would like to encourage all members to approach the Board with their suggestions for future activities, and ideas on how you would like to see the Society develop. Thank you to all non-members who are attending the conference as delegates, perhaps for the first time, and I hope that your participation will encourage you to sign up to the Society and take an active role in our future. Lastly, thanks once more to all EUSPR Board Members who have given freely of their time and energies in order to organise this conference and guide the Society over the last 12 months.

Prof Harry Sumnall
EUSPR President

Plenary Sessions – Abstracts

Plenary 1

Professor Marc Zimmerman is Chair at the Health Behavior and Health Education faculty, at the University of Michigan School of Public Health (USA). His research focuses on health and resiliency of adolescents, and on empowerment theory. His work on adolescent health examines how positive factors in adolescent's lives help them overcome risks they face. His research includes analysis of adolescent resiliency for risks associated with alcohol and drug use, violent behavior, precocious sexual behavior, and school failure. He is also studying developmental transitions and longitudinal models of change. Prof. Zimmerman's work on empowerment theory includes measurement and analysis of psychological and community empowerment. The research includes both longitudinal interview studies and community intervention research. Prof. Zimmerman is also the Director of the CDC-funded Prevention Research Center of Michigan and the CDC-funded Youth Violence Prevention Center. He is the Editor of *Youth and Society*, a member of the editorial board for *Health Education Research*, and member of the Editor Emerita of *Health Education and Behavior*.

Judith (Jodi) Prochaska, PHD, MPH, is an Associate Professor of Medicine at Stanford University. A clinical psychologist, Dr. Prochaska's science centers on bold health solutions that address leading risk behaviors in neglected, disenfranchised individuals and populations. Dr. Prochaska co-founded the Society of Behavioral Medicine's Special Interest Group on Multiple Health Behavior Change (MHBC) and served as Guest Editor and contributor for an MHBC Special Issue in *Preventive Medicine*. Dr. Prochaska has published reviews on the efficacy of MHBC interventions as well as methods for quantifying change in multiple health behaviors. Her research has examined physical activity as a strategy for maintaining nonsmoking and the impact of changing multiple health behaviors on quitting smoking. Funded by the US National Institute on Drug Abuse, she is currently conducting a randomized controlled evaluation of an MHBC intervention with veterans in addictions treatment using mobile and motivational technologies.

Methods of quantifying change in multiple risk factor interventions

Prof Judith Prochaska, Stanford University (USA)

Risky behaviors such as smoking, alcohol abuse, physical inactivity, and poor diet are detrimental to health, costly, and often co-occur. Greater efforts are being targeted at changing multiple risk behaviors to more comprehensively address the health needs of individuals and populations. With increased interest in multiple risk factor interventions, the field will need ways to conceptualize the issue of overall behavior change.

Dr. Prochaska will present an overview of the recent research literature on interventions targeting multiple risk behaviors for change for primary prevention. Analyzing data from over 10,000 participants in five multibehavioral interventions, she will present five different methods for quantifying and reporting changes in multiple risk behaviors.

The methods are: (a) the traditional approach of reporting changes in individual risk behaviors; (b) creating a combined statistical index of overall behavior change, standardizing scores across behaviors on different metrics; (c) using a behavioral index; (d) calculating an overall impact factor; and (e) using overarching outcome measures such as quality of life, related biometrics, or cost outcomes. The methods' interpretations, strengths, and limitations will be discussed.

Plenary 2

Dr Patricia Conrod is Associate Professor in Psychiatry, Université de Montréal, Canada, Senior Clinical Lecturer in the Addictions Department, King's College London, and a Registered Clinical Psychologist with the Ordre des psychologues du Québec, Canada. Her research focuses on cognitive, personality and biological risk factors for the development and maintenance of drug abuse and the factors that mediate the co-occurrence of addictive behaviours with other mental disorders. Her experimental research focuses on factors that make people more susceptible to seek out behavioral reinforcement from drugs of abuse. More recently, her research findings have led to the development of new approaches to substance abuse treatment and prevention that target personality risk factors and the underlying motivational determinants of drug use in subtypes of substance misusers.

Plenary 3

Professor Jan Czeslaw Czabala is Head of the Clinical Psychology Chair, Institute of Applied Psychology, Academy of Special Education. Professor Czabala has worked at the Academy of Special Education since 2004, firstly as Head of the Institute of Applied Psychology, then taking up his current position in 2012. He was Head of the Department of Mental Health Promotion at the Institute of Psychiatry and Neurology, from 2003 to 2010. Professor Czabala began his career at the Institute as a researcher and clinician, later becoming the Head of the Department of Clinical Psychology, and Deputy Director for Research.

He is currently the Polish coordinator of the European project "Online European MSc in Mental Health Recovery and Social Inclusion" (Rise).

Professor Geir Espnes is Director of the Research Centre for Health Promotion and Resources, Department of Social Work and Health Science, Norwegian University of Science and Technology. He has an extensive and wide-ranging

research portfolio, and leads a number of international research networks. His interests include areas such as health promotion, health psychology, chronic pain, physical activity and quality of life studies.

Professor Maria Rosaria Galanti graduated in Medicine at the University of Rome in 1978, she worked several years in the field of public health, especially management and evaluation of preventive programs, serving as head of primary care service in the urban area of Turin, Italy. In 1992 she moved to Sweden, where she took her PhD Degree in Cancer Epidemiology in 1996.

From 1996 to 2008 she held a tenure position as senior epidemiologist in the Stockholm Centre for Public Health/ Unit of Tobacco Prevention. In 2006 she was appointed Associate Professor in Epidemiology at the Karolinska Institutet, one of the most prominent medical universities in the world.

From 2009 she has a position as researcher in the same University, Department of Public Health Sciences, where she also leads courses in outcome evaluation of Public health interventions in the Master Degree Program.

Her research projects cover a wide span of public health topics, including cancer etiology, behavioural determinants and health consequences of tobacco use, evaluation of preventive programmes. She has been consultant in several research projects, both nationally and internationally, and author of 63 publications in peer-reviewed journals and numerous scientific reports.

Plenary 4

Professor Fabrizio Faggiano is Professor in the Faculty of Medicine at the University of Eastern Piedmont. His research career began in the field of cancer epidemiology but now includes work in a wide range of topics including substance abuse prevention, drug treatment, mental health, evidence review, and research methodology. Professor Faggiano is an Editor for the Cochrane Drugs and Alcohol group, coordinator of the EU-DAP study group, and is a founding member of the EUSPR.

A series of horizontal dotted lines for writing, spanning the width of the page.

Parallel Session 1 - poster presentations

- 1 Frode Adolfsen
- 2 Elias Allara
- 3 Joan Amer
- 4 Elena Arkhangelskaya
- 5 Nick Axford
- 6 Paula Bleckmann
- 7 Irma Brito
- 8 Irma Brito
- 9 Andrew Brown
- 10 P K Budzyna-Dawidowski
- 11 Amador Calafat
- 12 Miroslav Charvát
- 13 Ewa Ciekielecka
- 14 Vincenza Cofini
- 15 Diego Concina
- 16 Alessandro Coppo
- 17 Emma L Davies
- 18 Agnieszka Dawidowska
- 19 Katalin Felvinczi, Borbala Paksi
- 20 Laura Ferrer-Wreder
- 21 Giuseppe Gorini
- 22 Giuseppe Grosso
- 23 Elis Haan
- 24 Daniel Hale
- 25 Sarah Hennelly
- 26 Tim Hobbs
- 27 Tim Hobbs
- 28 Patricia Kennedy
- 29 Valentina Kranzelic
- 30 Jeff Lee
- 31 Michael Little
- 32 Daniel Lloret
- 33 Daniel Lloret
- 34 Catia Magalhaes
- 35 Kareena Maloney
- 36 Stefano Marventano
- 37 Ede Nagy
- 38 Katarzyna Okulicz-Kozaryn
- 39 Maria Paula Luna
- 40 Elisabete Santos
- 41 Nanteza Solome
- 42 Yeshambel Tesfa Nigatu
- 43 Krzysztof A. Wojcieszek
- 44 Kinga Wojcieszek
- 45 Maria Wojcieszek

POSTER STREAM 1 - INTERVENTIONS

1. 'Paesaggi di Prevenzione', a prevention intervention against multiple risk behaviours. RCT presentation and baseline results.

Allara E, Angelini P, Bosi S, Gorini G, Tamelli M, Carreras G, Martini M, Beltrami P, Storani S, Fridel M, Faggiano F

Avogadro University, Novara, and University of Torino, Turin

BACKGROUND. Prevention interventions are poorly evaluated in Italy. This study aims to evaluate the effectiveness of a prevention intervention implemented in an Italian region, Emilia-Romagna.

METHODS. 54 middle schools and 44 high schools were stratified by social economic status (SES) and randomized into an intervention and a control group. The intervention group implemented 'Paesaggi di Prevenzione', a school-based programme intended to develop children's autonomy and responsibility through a DVD and interactive activities. The programme aims to (1) reduce initiation to smoking and alcohol, (2) improve quality of diet (3) increase frequency and intensity of physical activity. An anonymous questionnaire was administered before and after the intervention in order to evaluate behavioural outcomes and mediators.

RESULTS. 46 middle schools (5001 children) and 38 high schools (3407) were included. At baseline, 8% middle school children and 25% smoke at least once in the past 30 days; 9% and 17% reported at least one drunkenness episode in the past 30 days; 25% and 19% ate fruit and vegetables more than 5 times per week; 35% and 39% ate chips or fried food or drank carbonated beverages more than 5 times per week; 17% and 24% did not do intense physical activity; 30% and 37% did not do moderate physical activity.

CONCLUSIONS. This is the first Italian study to evaluate the effectiveness of a prevention programme against multiple risk behaviours. Baseline characteristics are balanced among study groups and in line with literature. Sex, family, friends and SES appear to influence almost all behavioural variables, with different intensity.

2. Parents as mediators of children 's media (ab)use: An elementary-school based programme to prevent problematic media use as precursor of internet and gaming addiction

Bleckmann P, Freitag E, Seidel M, Kleimann M

Criminological research institute in lower Saxony (KFN), Germany

Excessive use of screen media during childhood is a common risk factor for a large number of negative health outcomes, with internet and video game addiction recently being added to the list.

It is one of the major challenges for parents today to follow a path of age-adequate media use in the family. This path ideally runs from protecting small children from any kind of screen media exposure (American Academy of Pediatrics, 2011) to limiting time and content and accompanying responsible use in elder children to a step-by-step release of youths into taking on their own responsibility for a limited, skilled and critically informed use. As media routines in the family are difficult to change once they are established, a crucial point for intervention is the time children enter school.

We present the design of a new intervention with a focus on targeting parents. It is based on our RCT evaluated program targeting mainly children (Kleimann et. al., 2008), and consists of a triangle of approaches to support parents: Information on media effects, pedagogical assistance to limit and accompany their children 's media use, plus technical support for installing protection software.

American Academy of Pediatrics. (2011). Media Use by Children Younger Than 2 Years. Council on Communications and Media Pediatrics, 128(5)

Kleimann, M., & Mößle, T. (2008). The Logs of Eliza and Other Media Stories. Behavioral and Developmental Effects of a School Based Media Education Program - Berlin Longitudinal Study Media. International Journal of Behavioral Development, 32(6), Supplement 2 (54), 55-59.

3. Widening the Net: Engaging Young People in the Community in a Brief Intervention to Address Alcohol and Drug Misuse

Brown A, Russell C, Radford S, Dago S
Mentor UK

Young people are vulnerable to the effects of substance misuse (Hermens, 2012; Mirza, 2008). For some, a deleterious impact upon social, emotional and cognitive development is exacerbated by limited resources that do not inspire young people to access support. In this evaluation, two national organisations partnered with the aim to provide training to implement a screening, evidence based brief motivational interviewing intervention and evaluation package into 20 organisations across England. An innovative ‘app’, accessible through hand held devices and online supported this process. By aligning technology to young people’s social-cultural practice, the ‘app’ provided an effective vehicle to deliver the intervention and to spread the net wider to reach more young people. A sample of 2196 young people, aged 10-19 years participated in the evaluation. The methodology comprised a pre, post and follow up design, using a quantitative and qualitative approach to analyse data from practitioners (training evaluation) and young people (screening and evaluation measures). Valid and reliable measures were utilised to screen and assess substance using risk, self-esteem and wellbeing. Questionnaires asked young people about their knowledge, confidence and intentions to change behaviour. In addition to significant proclivity towards substance use, 37% of young people disclosed risk levels that reached eligibility for the intervention. Pre and post intervention confidence and knowledge about accessing support were statistically significantly different. Likewise, intention to reduce problematic substance use was high. Future work includes a randomised control trial and exploration of intervention and technology benefits in widening the net to engage young people.

4. The need for ethnic-specific approaches to increase efficacy of preventative intervention with multicultural mental health services for youth

Budzyna-Dawidowski PK
Marinoto Youth West, Waitemata District Health Board,
Auckland, New Zealand

Modern societies with multicultural populations need to adapt their mental health service provisions to the various needs of diverse groups. Customs, styles and ‘ways’ of the groups need to be considered and incorporated into the practices of public mental health providers. Cultural

sensitivity is extremely important in the area of mental health services provided to children and youth. It has a major impact on indigenous and immigrant groups and on the efficacy of mental health interventions provided. In this presentation the author intends to highlight similarities and differences in the work amongst major ethnic groups of New Zealand (Maori, Pacifica, Asian, and European). Government policies and non-governmental initiatives will be outlined. The presentation describes some specific approaches which have been identified as salient in the engagement of different ethnicities in mental health services.

5. Ferrer-Wreder L, Eninger L, Trost KRH, Smedler A-C, Ginner Hau H, Westling Allodi M, Olsson TM, Sundell K, Domitrovich CE, Thomas S, Herkner B, Karlberg M

Department of Psychology, Stockholm University,
Sweden

When well implemented and evaluated imported evidence-based interventions (EBIs) do not replicate previously demonstrated benefits in a new context, researchers often cannot determine if failure was due to cultural differences or a lack of effectiveness. The Planned Intervention Adaptation (PIA) protocol is an adaptation model designed for effectiveness research on imported EBIs (Ferrer-Wreder et al., 2012). This poster describes PIA and its application to two Swedish effectiveness trials: the preschool edition of Promoting Alternative Thinking Strategies (PATHS; Bierman et al., 2008; Domitrovich et al., 2007) and Check & Connect (CC; Sinclair et al., 1998; 2005). PATHS is an ongoing large-scale study designed to test the intervention’s effects on the promotion of Swedish children’s social emotional competence. Check & Connect (CC) aims to improve adolescents’ school engagement. The CC trial in Swedish junior high schools is a planned study with small-scale pilot work ongoing. PATHS and CC are American school-based EBIs and their cultural adaptation will be guided by PIA. This is a newly launched program of research that is at the crossroads of developmental and intervention science. An organizing theme of this program of research is that of better understanding developmental processes that have demonstrated links to a diversity of behavioral and health outcomes. Another theme is to improve the technology surrounding imported EBIs. This poster is dedicated to a presentation of PIA – as a conceptual model – and the intervention effectiveness study designs for Swedish trials of PATHS and CC, as illustrations of PIA in two specific research contexts.

6. A school-based peer-led smoking prevention intervention with extra-curricular activities: the LILT-LdP cluster randomized controlled trial design, study population, and preliminary results

Gorini G, Bosi S, Tamelli M, Monti C, Storani S, Martini A, Allara E, Carreras G, Angelini P, Faggiano F

Environmental and Occupational Epidemiology Unit; ISPO Cancer Prevention and Research Institute, Florence, Italy

The “Lega contro i Tumori - Luoghi di Prevenzione” (LILT-LdP) is a trial (ISRCTN10561880) to evaluate a smoking prevention intervention for students aged 14-15.

Components of the intervention were: 1) the out-of-school “Smoking Prevention Tour” (SPT) at the “Luoghi di Prevenzione” Centre (Prevention Place). These 4-hour extracurricular activities consisted of four 40-minute sessions, 2) The “Smoke-free Schools” intervention, a peer-led intervention at school based on life skills, an in-depth school lesson on one of the SPT sessions, and an enforcement surveillance of the school smoking policy. A questionnaire, administered before and after 6 months from the intervention, was used to record tobacco use. The LILT-LdP Study was submitted and approved by the Ethics Committee of the Local Health Authority of Reggio Emilia. A policy of informed consent was adopted.

Estimates of the intervention effects were obtained with random effects logistic regression models with school as a random effect. Analysis was by intention to treat.

Twenty out of 25 secondary schools located in Reggio Emilia, Italy, participated to the study, and 2,476 out of 3,050 eligible students (81.2%) participated in the baseline survey. Gender and type of school showed a different distribution between intervention arm and controls at baseline. Sixty-nine percent (= 1352/1957) of follow-up questionnaires were linked to baseline questionnaires using an anonymous individual code.

Students in the intervention arm recorded a significant 51-percent reduction in reporting ≥ 20 cigarettes per month (CPM) at the follow-up compared to controls (OR=0.49;95%CI:0.25-0.94). This effect was particularly evident in non-smoking students at baseline (OR=0.36;95%CI:0.15-0.83). Students in the intervention arm did not record any reduction in reporting 1-19 CPM at follow-up.

This programme was effective in delaying the progression from occasional to daily smokers in adolescents.

7. Treating substance abuse and other mental health problems among adolescents in a Children Hospital in Estonia.

Haan E, Oja M

Clinical Child Psychologist, Cognitive-Behavioural Psychotherapist

Introduction: Research has shown that often children’s mental health problems are complex and very often associated with high rates of comorbid substance abuse problems (SUD). The 2009-2010 National Institute for Health Development report on the risky behavior of Estonian children indicated that almost 70% of children aged 11 to 15 years have used alcohol and an increasing number of children are also using cannabis and other drugs.

Objective: The aim of this research is to describe a psychiatric treatment model and its components of SUD at the Youth Addiction and Behavioral Disorders Department at the Tallinn’s Children Hospital in Estonia.

Methods: The proposed research is a descriptive analysis of the Tallinn’s Children Hospital Psychiatry unit that offers inpatient and outpatient treatment for adolescents who suffer from SUD and other mental health problems. The treatment program is based on structured interventions and the work at the inpatient department follows structured everyday schedule. The team consists of 14 staff members, including psychiatrist, psychologist, social worker, youth workers, nurses and one head nurse. In addition to assessment of the patients’ problems the treatment model includes network meetings with child welfare, teachers, school social workers, parents and other family members.

Results: The treatment model at the Tallinn’s Children Hospital follows treatment components that have shown effectiveness in the treatment of SUD.

Conclusion: Research results have pointed out that substance abuse treatment among adolescents needs integrated services and multi-disciplinary team. Future directions for treating SUD among adolescents in Estonia should concentrate on measuring treatment effectiveness and developing manual based treatment programs.

8. Realising Ambition: Selecting, Supporting and Evaluating Preventive Interventions for Anti-social and Offending Behaviour

Hobbs T, Axford N, Berry V, Blower S, Legg M, McNeil B, Watson N

Social Research Unit, Dartington, UK

Realising Ambition is a UK-wide initiative that is investing £25million in a portfolio of 25 prevention and early intervention projects aimed at 10-14 year-olds and targeting pathways into offending. Projects receive support over 3-5 years to replicate 'model' interventions or to enable 'promising' interventions to develop their evidence-base through rigorous evaluation. Collectively, and to some extent individually, the funded interventions target multiple outcomes and risk and protective factors.

The paper will focus on four aspects of Realising Ambition. First, it will summarise the process for selecting projects. Standards of evidence were applied to select 25 projects from nearly 250 applications received. Interventions were assessed according to four components: intervention specificity; evaluation quality; intervention impact; and system readiness. Projects were also graded for organizational health.

Second, the paper will identify common themes in the logic models underpinning the long-list of interventions. Together, the results of the assessment and the analyses of logic models provide a unique picture of practice in the UK in relation to preventing or intervening early with offending among young people.

Third, the paper will examine emerging support needs that projects are presenting with, covering intervention refinement, organisational health, and system readiness. The way in which these factors are assessed and the nature of the support provided to enable replication will be discussed.

Fourth, the paper will explore how Realising Ambition is tracking progress across the 25 projects, focusing on the outcomes framework that has been developed and the dynamic monitoring systems for measuring implementation and outcomes.

9. Evaluation of Prevention Program Unplugged In Croatia – Lessons Learned

Feric Slehan MF, Kranzelic V, Rihtaric ML, Ricijas N

University of Zagreb, Faculty of Education and Rehabilitation Sciences, Croatia

Prevention Program Unplugged was created by initiative

of the European Union Drug Abuse Prevention (EU-Dap) and implemented in many European countries for some time now. The program is based on CSI comprehensive social influence model (elements from life skills (Botvin) and normative beliefs) and (1) promotes positive and healthy behavior, and (2) impacts on the prevention of the use of addictive substances (smoking, alcohol use and other addictive substances). Funded by the European Commission, the project was implemented and cross-evaluated in seven countries and showed effectiveness.

In 2009. and 2010., as part of the European project Unplugged-European Drug Addiction Prevention Trail (Mentor Foundation International) Croatia and 4 other Eastern-European countries got the chance to adapt and implement the Unplugged program. During the school year 2009/2010. Unplugged was implemented in 5 schools in Zagreb district (367 students). Process evaluation and effectiveness evaluation were planned and organized by Piedmont Centre for Drug Addiction Epidemiology (Torino, Italy). The evaluation results showed lower effectiveness than the evidence from EU-Dap I trial showed. The results will be presented and discussed regarding the methodology and experiences within the program evaluation in Croatia with emphasis on lessons learned and guidelines for improvement of evaluation process. In Croatia there is still relatively strong insufficiency of evidence-based prevention programs. The presented results of effectiveness evaluation and improvements of evaluation process are important for the dissemination of the Unplugged program in Croatia, as well as for improvement of Croatian prevention science and practice.

10. Evaluation of the impact of a sex education program for adolescents with high level of depressive symptoms.

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Sexual risk taking is a multicausal problem for public health; one of the factors that has been linked to unprotected sex is depressive symptomatology. There is little evidence on the effect of school-based interventions for HIV prevention in adolescent-specific profiles. The objective of this study was evaluating the effectiveness of a protocolized school-based program to reduce sexual risk (COMPAS) among adolescents with high level of depressive symptoms (HDS). Eight hundred and thirty adolescents aged between 14 and 18 years were recruited ($M = 15.80$, $SD = 0.78$), of which 67% were girls and 42% reported being sexually active. The 15 participating schools located in four Spanish Autonomous Communities were randomly assigned to the experimental or control group. Depressive symptoms, cognitive variables and

attitudes related to sexual risk were assessed with pre/post self-reports. A subsample of participants who scored above the 75th percentile on the Beck Depression Inventory ($n = 265$) were selected. Multivariate analyses controlled for baseline differences among the study groups. Following the intervention, participants who received the program increase significantly their knowledge about HIV, the effects of the virus, transmission routes and showed more favorable attitude towards HIV test in comparison to the control group. The findings suggest COMPAS program can successfully increase the knowledge about HIV and improve attitudes towards HIV test among adolescents with HDS. However, it requires more empirical evidence on the role of depression disorder as a mediator of the effectiveness of sex education programs.

11. Family influence in prevention of multiple risk behaviors: A study of Strengthening Families Program among US Portuguese Immigrant Families and Families in Portugal

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Introduction and objectives. A Cochrane Collaboration review (Foxcroft, et al., 2003) concluded that the Strengthening Families Program (SFP) is the most effective school-based substance abuse prevention programme and also cost effective (\$11 saved/dollar spent) (Miller & Hendrie, 2008). For this reason, a culturally adapted version of SFP was developed for Portugal. There is a need to determine the effectiveness of the new Strengthening Portuguese Families Program, compared to the USA and Portuguese USA SFP outcomes. A secondary aim was to determine if the SFP is as effective for girls as for boys (Kumpfer, et al. 2002).

Methods. The outcomes were compared using existing SFP data with Portuguese families in the USA and in Portugal with SFP international norms using a quasi-experimental 2 repeated measures (pre- to posttest) by 3 group design. Standardized test scales from the Kellam POCA, BASC, and Moos Family Environment Scale (FES), CES-D and NIDA 30-day ATOD use measured 21 risk and protective factors such as child overt and covert aggression, depression, social skills, family cohesion, bonding, conflict and parenting skills.

Results. Statistically significant positive results ($p < .05$) were found for 16 or 76.2% of the 21 outcomes measured for Portuguese families, 17 or 80.1% of the 21 outcomes for USA Portuguese families. The outcome effect sizes are somewhat larger for the girls than for the boys in the gender analysis for the total SFP sample for girls and boys.

Conclusion. High-risk Portuguese families and US

Portuguese families can benefit substantially from SFP participation. SFP will be equally effective for girls as for boys because girls are more impacted by family relationship.

12. First Evaluation of the EU funded drug education program REBOUND – Resilience and Risk Competence

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REBOUND is an EU funded universal prevention program for youth groups and schools. The target group is young adults aged 14 to 25 years. A curriculum of 16 lessons was co-constructed together with the youths. The program is supposed to promote resilience and risk competency as well as autonomous and healthy decision-making concerning alcohol and other drugs. The four pillars of REBOUND are a youth course, an e-learning system, a mentoring program and impulses for school development. The program is built on best practices, but involves several innovative elements, such as the video-based scenario analyses (explorative film work) and the e-learning system. Long-term intervention effects are targeted (2-years plus x), the current analysis reports post-intervention results.

REBOUND version 0.5 was developed between 2010 and 2011. The courses were taught by trained teachers at six schools in 29 classes in the Rhine-Neckar-Area in Germany. By a control study with repeated measurement, the short-term effects of REBOUND on consumption-related/proximal outcomes (abstinence, incidence, changes in consumer behaviour, risk perception, substance knowledge) and on psychosocial/distal outcomes (resilience, group norms, consumption-related self-reflection, intention to search for support when having problems with alcohol and other drugs) were examined. As part of the formative evaluation process-related variables, such as treatment fidelity, teacher-student relationship and the use of the e-learning system were analysed. Multilevel analysis (hierarchical linear model) was used.

The paper presents the results of this first evaluation of REBOUND.

13. A longitudinal analysis of the Spanish Strengthening Families Program 6-11: assessing the effects of the educational intervention with families

Orte C, Ballester LL, March M, Oliver J, Amer J, Vives M, Gomila MA

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The Family Competence Program, the Spanish Adaptation of the Strengthening Families Program 6-11 has been implemented in contexts of drug treatment programs and in contexts of social services. Here the longitudinal analysis will refer to the results in the applications in the context of social services. Method: SFP has been applied with a quasi-experimental design with control group and pretest and posttest. Also with follow-ups the two years after the end of the program. The sample counts with 217 families that participated in the program and 14 families that participated in the control group. Validated instruments have been used for the evaluations of the methodological processes and the family evaluations. Results: Positive changes are observed in six fundamental family factors, in the short term, and also in the 2 years follow-up. The quality of the methodology and the fidelity of the application of the Spanish SFP obtain excellent results. Methodology and fidelity indicators correlate positively with the family results. Discussion: Self-assessments of both participants and professionals, even though they controlled rigorously, could be biased. Short-term results could show overvalued results, which are corrected with the follow-up analysis.

14. Scout Law as a protective factor.

Wojcieszek K, Wojcieszek J

Cardinal Stefan Wyszyński University, Poland

Educational program in Polish Scouts is based on the unequivocal requirement and promotion abstinence among members of this organisation. From the preventive perspective, Scout Law can be treated as a protective factor. Scout assumptions exist in agreement with important protective factors, such as positive relationship with God, constructive peer group, proper system of norms and values. One of the most important rule in the Scout educational system is testimony of abstinence of instructors, who should live according to the professed values. Therefore, abstinence among adult scouts who are responsible for education of younger members can be considered as effective preventive strategy. Important assumption in Polish Scouts is shaping positive normative beliefs concerned good development without substances. According to the integral prevention, contact between instructors and younger scouts can be treated as a normative education.

The aim of the study is to examine whether the abstinence among older scouts has influence to reduce risky behaviours. The study will answer the question whether rules and activities in Polish Scouts can be regarded as a form of protective factor. The study shows attitudes of adult scouts and the degree of satisfaction of being a teetotaler scout.

Social emotional competence and school engagement and their importance to multiple child and adolescent behavioral and health outcomes: Testing developmental processes through the cultural adaptation of evidence-based imported interventions .

15. Summative evaluation of 'Korekta' alcohol prevention program.

Wojcieszek M

University of Warsaw, Poland

The program 'Korekta' addresses the problem of alcohol misuse among young adults. It includes challenging expectations about drinking alcohol, the elements of brief intervention as well as the informational part thanks to which participants get basic skills of estimating blood alcohol content. Cognitive dissonance theory and theory of normative beliefs play important role in the theoretical base of program. Among program goals may be found these: drawing attention on the scale of danger involved by risky drinking, individual, anonymous assessing the extent to which each participant's pattern of using alcohol remain safe, motivating to change harmful habits of drinking, correcting false normative beliefs. Methods used in program include short lectures, brainstorming, individual work and viewing film about FAS.

Assessment of program's outcomes was conducted in March, 2011, during implementation of the program engaging a group of studying women. A quasi-experimental research plan with pre-test and post-test (two weeks after realization of program) was found adequate to assess short-term effects of program. As far as the results of research are concerned, the decrease in self-reported frequency of binge-drinking was observed. Also the mean amount of alcohol drunk during 'last occasion' declined, however the statistical significance of this effect variables between different analyses. Additionally, participation in the program turned out to increase students' expectations of negative consequences of drinking alcohol and improve students' knowledge about some aspects of more safe alcohol drinking. Therefore, the research proves that to some extent the program causal effects coincide with its goals.

POSTER STREAM 2 – PREVENTIONS POLICY, STRUCTURES AND EVIDENCE REVIEWS

1. The role of observational studies in Public health: A critical review of scientific literature

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The objective of present work is to define the role of observational studies (OS) in public health by searching for the review of the evidence available in a specific field of public health: Alcohol use and misuse primary prevention in young people.

National and International Alcohol Prevention Policies and Guidelines were identified to delineate Alcohol Primary prevention's Interventions generally used. Systematic reviews on Alcohol use and misuse Primary prevention in young people were searched to extract primary studies.

112 original unique studies were extracted for the analysis. The collection of 112 studies was divided into the groups considering follow up periods applied. 36 studies with follow up from 0 to 6 months were analysed and confronted. 30 of RC design and 6 of OS. There are mainly school based interventions: 27 RC studies out of 30; and 6 OS out of 6;

The cumulative results of the analysis show apparently even distributions of RC and OS according to the study effectiveness and intervention type, which basically consists with the results of the Ioannidis's study 2001, and Kjell Benson's, 2000.

The preliminary results obtained within chosen group of 36 studies cannot be generalized to entire group with different study settings. Although, the methodology developed might be applied for more extensive research on the role of OS in Public health.

2. The social and financial impact of a portfolio of evidence-based programmes targeting selected risk factors in the child population in Birmingham, England

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Historical and cross-national comparisons indicate reason to be concerned about child well-being in the UK. In this context, the Birmingham Brighter Futures strategy was developed through a series of structured, facilitated discussions for service directors informed by epidemiological data on outcomes and risk and protective factors in the local child population and evidence on 'what works'. The strategy included the implementation and evaluation by randomised controlled trial (RCT) of three evidence-based programmes in regular children's services systems.

This paper starts by outlining the epidemiological analysis that informed the selection of programmes and the plans for their implementation. Representative surveys using standardised measures were conducted with 500 families of children aged 0-6 and over 5,000 children aged 7-18. The data enabled reliable estimates of need in the population and the likely demand for the selected programmes.

Next, the paper summarises the three RCTs, covering: the Incredible Years BASIC parenting programme (161 children aged 3-4 at risk of a social-emotional or behavioural disorder); the universal PATHS social-emotional learning curriculum (children aged 4-6 in 56 primary schools); and the Level 4 Group Triple P parenting programme (146 children aged 4-9 at risk of a social-emotional or behavioural disorder). Effects of the programmes on outcomes and risk and protective factors are summarised.

The paper also provides an analysis of implementation quality, examining programme adherence, dosage and participant responsiveness for all three programmes.

The paper concludes with an analysis of the costs of implementation and, for the Incredible Years programme, an analysis of cost effectiveness.

3. PEER: Participatory health research through healthy universities

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When it comes to Health Promotion Research, different contexts influence efficiency of prevention models,

including charisma and abilities of researchers themselves. Participatory Health Research (PHR) is gaining recognition internationally as a valid alternative to experimental designs. However, lack of commonly recognized definitions and methodological standards has limited the use of PHR on a large scale.

Within PEER project, we will use PHR in various cultural contexts, practice settings and intervention frameworks in order to systematize use of PHR for mobilizing youth on a large scale regarding issues related to healthy lifestyles. PEER aims to be a PHR model to activate university communities in addressing the problems faced by youth, through using Community Mobilization strategies.

Objective: To evaluate quality of community-based research practice with regard to seed group engagement and healthy universities principles.

Multicentre research: (1) Training seed groups; (2) Initial assessment of community lifestyle and existing Health Promotion Projects (outcomes, weaknesses and potential applications); Focus Group data collection.

It was applied to 6 universities in Portugal (4), Cape Verde and Brazil. All six “seed group” recognize the link between peer education and PHR as strategies that will achieve the objectives of a health promoting university and believe that to engage youth in community development projects will be an asset to reduce the gap between young people of different social status, allowing students to models and also have social contact and support socially excluded communities.

Conclusions: Participatory action research seems to be a strategy that reconciles the different dimensions of Higher Education mission: training, research and community service. Through PEER we intend to draw upon knowledge from international experts on empowerment leadership and PHR to expand on current quality frameworks of healthy settings.

4. Four-level Model of Qualifications for the Practitioners of the Prevention of Risk Behaviour in the School System: Czech republic experience

Charvát M, Miovský M, Jurystová L

Charles University, Prague, Czech Republic

The presentation presents the proposal for a new model of qualifications in prevention of risk behaviour and the related training system. It responds to the need for a higher number of trained prevention practitioners and brings the opportunities for their professional growth. The model was created on the basis of analyzing existing scheme and current situation in Czech republic. The

content analyses of the documents (laws, decrees, training programme syllabi and guidelines, NGO web pages etc.) and the focus groups consisting of the Czech foremost experts in prevention were used as the main methods. The proposal concerns four qualification levels arranged hierarchically by the degree of complexity which correspond with the typical positions of the prevention practitioners in the school system. They are the first – “prevention basics”, the second – “intermediate”, the third “advanced”, and fourth “expert” levels. Each higher level includes the requirements and the application opportunities of the lower levels. Each level is defined by the requirements for the target knowledge, skills and competencies the applicant must meet. The draft outlines the conditions for obtaining a certain level of qualification and how it will be verified. The authors submit the proposed model to the Czech Ministry of Education and all the institutions and experts involved in prevention to launch a debate. The model represents a sophisticated and innovative system which brings harmonisation into the assessment of the quality of the training programmes and of their deliverables – i.e. professionally trained prevention practitioners.

5. An Overview of Cochrane Systematic Reviews on NCD prevention – Preliminary Results

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Department of Translational Medicine – Avogadro University, Novara (Italy)

Background: NCDs are life style-related chronic and life-threatening conditions. 86% of European deaths before age of 70 and 77% of DALY are due to NCDs. NCDs’ burden added to life expectancy’s increment could result in a significant impact on social welfare systems. Universal prevention aims to avoid premature deaths and to reduce the diseases’ burden. Universal prevention should be regarded as an investment in health and welfare system.

Objectives: to summarize the evidences from Cochrane systematic reviews (SRs) on the efficacy of Universal prevention on NCDs.

Methods: Cochrane library was searched to identify all relevant SRs on NCDs Universal prevention. Reviews were screened using inclusion criteria developed for this overview. Taxonomy of conditions and interventions was applied to categorize included SRs. All eligible studies were extracted. Primary outcomes were assessed to estimate the effect of each interventions’ arms.

Results: 30 SRs and 412/748 trials are included. 503 interventions’ arms (714,095 participants) analyzed. 171/503 (34%) showed an effect size in favor of

intervention group, 316 (63%)-not significant, 16 (3%)-in favor of control. Addictive substances group encompassed 137/171 (80%) interventions' arms with positive effects, most of those (83%) were SBP.

Discussion: Universal prevention shows some positive effects on NCDs' prevention. However, there are some iatrogenic effects as well. Not all of interventions' categories are analyzed by the Cochrane SRs. Present overview allows to identify the fields where the effective interventions are not present and further research is needed.

6. Anti-tobacco policy in schools: upcoming preventive strategy or prevention myth?

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Department of Translational Medicine, Avogadro University, Novara, Italy

Objective: To summarize the evidence on effectiveness of school anti-tobacco policies in preventing tobacco use among pre-campus students

Methods: The search was conducted between September 1 and November 30, 2011 on six electronic databases. Studies were included if they targeted the relevant grades/age; reported at least one outcome measure of students' behavior; reported on the effects of policy separately from other interventions. Inclusion criteria were assessed independently by two researchers. Of 2723 initially identified, 31 articles met the inclusion criteria (1.1 %). Independent multiple observers extracted the data following the GRADE system guidelines to classify the level of evidence in relation to the review objective.

Results: Studies were very heterogeneous in the definitions of exposure and outcomes, adjustment for potential confounders and reporting of results, therefore summary quantitative measures of effect were not calculated. Qualitative summary statements were derived by reviewing the results reported in text and tables for distinct policy constructs. Evidence could be classified in all cases as low or very low, resting on cross-sectional studies with high risk of bias. Studies were rather consistent in indicating that comprehensive smoking bans, clear rules, strict policy enforcement, availability of education and prevention were associated with decreased smoking prevalence. Effects of policy formality level, surveillance measures and presence/severity of sanctions were less consistent.

Conclusions: The evidence concerning the effectiveness of a school policy alone in preventing youth tobacco use is weak and inconclusive. Experimental studies or observational studies with longitudinal design are warranted, employing clear definitions of policy components and careful control for confounding.

7. Is it beneficial and justifiable to create national programmes aiming to prevent the development (or the delay of onset) of dementia?

Dawidowska A

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Dementia is recognized as a public priority and a significant problem which needs to be addressed. With the exponentially growing number of effected people there is global concern with the cost and required standards of the care provided. It has been a national priority in many countries with national strategies and plans aimed at organizing care for dementia patients. In this presentation the author intends to review available the literature and current evidence regarding behavior and life style in mid life and the impact they have on delaying or preventing dementia. The possible focus on increasing awareness of people and the beneficial effects of prevention programmes on policies will be discussed.

8. Is there a relationship between theoretical evaluation of complex prevention interventions and the accreditation system?

Felvinczi K

Eötvös Loránd University, Institute of Psychology, Hungary

Borbala Paksi

Corvinus University of Budapest, Hungary

Background: During the last 15 years – until 2009 – reflecting to the challenges stemming from the epidemiological data describing the psycho-active substance use patterns of the population and especially of young people a huge number of prevention/health promotion programmes had been initiated. The broadening selection of interventions was not accompanied neither by systematised description nor evaluation of them. Parallel to this widening of the

supply an increasing interest was emerging regarding accreditation arrangements. In 2003-2005 the Corvinus University in collaboration with the National Institute for Drug Prevention launched a large scale comprehensive research project; within its framework it became possible to collect and describe all those prevention/health promotion programmes which were operational and targeted school aged children. One of the main aims of the research was to develop a method through which the basic characteristics of all programmes could be described according to a predefined set of criteria and to check their inner consistency (theoretical evaluation). This arrangement gave us the chance to analyse the relationship between outcome measures and the programmes' coherence; it was also hoped that important lessons can be learnt in view of the aforementioned accreditation ambitions. Method: Among all the programmes belonging to the above described category (being operational in the school setting) a full range data collection was carried out. The battery was based on the criteria specified by the EMCDA for describing programmes to be presented under special circumstances in the EDDRA data base and was further developed by our research team. It was presented in the format of a data collection software. The data base obtained this way was the starting point of the so called theoretical evaluation. Parallel to it in a smaller number of programmes outcome and process evaluation was also carried out. During this process the programme descriptions were anonymised and three independent experts rated them along 12 specific criteria (i.e.: general objective, specific objectives, applied methods, length of the intervention, skills and competencies of those who actually executed the programmes, etc.) on a five grade scale. The results were analysed along different factors, among others it was tested if the results of the theoretical evaluation can predict any of the relevant outcome indicators. **Results:** The presentation will focus on the results of the theoretical evaluation, on the coherence of the programmes along the above mentioned criteria and in those cases where it was possible also on their predictive power regarding the outcomes. Conclusions and further questions: Prevention programmes at the school setting in Hungary are characterised with large scale heterogeneity in the way they are elaborated and also in the extent of their coherence. The analysis of the predictive power of theoretical coherence on outcome measures was found to be quite small. This finding therefore raised the question of programme based accreditation systems which can mostly rely on theoretical evaluation of the programmes with the hope that highly consistent ones would produce the expected outcome measures. According to our research findings this hope is not properly substantiated and calls for further research in improving the set of programme description criteria and more outcome targeted research.

9. A Systematic Review Of Effective Interventions For Multiple Risk Behaviour.

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Background: Though there is strong evidence that risk behaviours co-occur most intervention strategies target a single risk behaviour. The current study aims to identify evidence-based interventions for multiple risk behaviours.

Methods: By conducting searches in several key medical and social science databases and reviewing meta-analyses for risk behaviours, we aimed to identify randomized controlled trials of universal or targeted interventions with significant effects for more than one domain of risk behaviour in adolescents. These risk behaviours were defined as tobacco use, alcohol use, illicit drug use, unsafe sexual behaviour and aggressive or violent behaviour. We extracted key information from pertinent publications including the quality of the study, a description of the intervention, population demographics and risk behaviour outcomes.

Results: We identified 55 relevant studies. These ranged in duration from a single session to several years. Most interventions were universal and school-based. The majority were designed to target multiple risk behaviours, though several described interventions focussing on a single risk but had knock-on effects on others. Most interventions had significant effects on multiple types of substance use; substantially fewer had significant effects on sexual risk and substance use, and aggression rarely featured as a significant outcome. Effect sizes generally ranged from small to medium.

Conclusions: There is a small established research base for the effectiveness of interventions on multiple risk behaviour, particularly multiple substance use. This suggests that interventions targeting multiple risk behaviour may provide an effective and efficient form of prevention for adolescent risk behaviours..

10. Measurement of 'key developmental outcomes', risk and protective factors to inform shifts in resource allocation in public systems and communities

Hobbs T, Eisenberg N; Moore K; Catalano R

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Evidence2Success is a new framework designed to help leaders of public systems and communities take joint responsibility for understanding the needs of children and young people, prioritising outcomes for improvement, selecting evidence-based intervention options and shifting financial and human resources to support their implementation and sustainability. Evidence2Success is currently being tested in Rhode Island, US, and Perth and Kinross, Scotland.

This paper will describe the development, refinement and implementation of a suite of standardised measures to measure the well-being of children and young people. Specifically, it will describe the conceptual underpinning of what we refer to as 'key developmental outcomes' – specific outcomes that if not achieved are likely to lead to a disrupted developmental trajectory.

The empirical justification for measurement of these outcomes and a range of associated risk and protective factors will then be described, drawing upon robust multivariate longitudinal studies confirming the predictive power of such indicators in relation to children's subsequent health and development.

The paper will then describe how data from these tools are being administered to large representative populations of children and young people across cities, specific communities and to those children and young people served by public systems. It will then provide examples of how these data on outcomes, risk and protective factors are currently being used to guide the selection and implementation of evidence-based interventions.

11. Adolescent sexual practice. Legislation as a preventative tool. The case of Ireland.

Kennedy P

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This paper focuses on the Irish response to concerns about sexual activity among young people aged under eighteen. The Criminal Law (Sexual Offences) Act 2006 is a gendered biased law which was introduced to deter young people in Ireland aged under 18 from engaging in sexual intercourse. It is a gender-biased law in that it makes it an offence for young men to have sex (defined as sexual

intercourse or buggery) with another young person aged under seventeen. At the same time the Act states: 'a female child under the age of 17 years shall not be guilty of an offence under this Act by reason only of her engaging in an act of sexual intercourse.'

This paper looks at recent research on sexual activity among young people in Ireland, the discourse on adolescent sexuality and how in Ireland a Supreme Court ruling decided that while pregnancy is a deterrent for females engaging in sexual activity, males needs the threat of criminalisation.. It discusses sexual citizenship and how it is denied to young people in Ireland and as a result there is a dearth of research and appropriate policy and service responses.

12. The Role of the Mentor Prevention Hub to inform exchange of best practice with practitioners and policy makers

Lee J, Travis-Roberts J

Mentor Foundation (International)

The Mentor Prevention Hub is a new initiative funded by the IKEA Foundation.

Mentor wishes to develop a hub that coordinates and disseminates learning, resources, news and other materials from the world of drug prevention and the promotion of health and well-being. It will act as a central point for all those that are working in the field of prevention around the world, providing them with the latest, most up to date and effective resources, research and know-how. The Drug Prevention Hub will support all those who wish to learn more and improve their drug prevention work on the ground, therefore ensuring that young people receive the most effective, informed, evaluated and knowledge based interventions.

This presentation will focus on the plan for development and for the role and delivery of the Prevention Hub. It will provide as an opportunity to inform and enlist the support and contribution from the EUSPR network to provide a Hub that will meet their needs. It will also aim to involve them in providing the input that will help practitioners, policy makers and the drug prevention/health promotion community generally.

The prevention hub can become a major vehicle for supporting the conference theme beyond the conference event itself and operate as an ongoing platform for addressing and communicating policy, research and practice relevant to common risk and protective factors, and the prevention of multiple risk behaviours.

13. From Innovation to Proven Model: A Method for Developing Evidence-based, System-ready Interventions

Little M, Axford N, Berry V, Blower S, Hobbs T

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The increasing emphasis in several European countries on implementing evidence-based programmes (EBPs) is in danger of alienating practitioners engaged in innovation. Unless a path is charted for turning innovations into proven models the debate will become polarised and resistance to EBPs and rigorous methods of evaluation, notably randomised controlled trials, will grow.

This paper outlines a logical process of intervention development in which promising innovations are strengthened and tested with a level of rigour appropriate to their stage of gestation until, eventually, some can be considered effective and ready for dissemination in public service systems. The proposed process draws heavily on Social Research Unit projects, including the development of standards of evidence for the Greater London Authority's Project Oracle and service design work in Birmingham and Ireland.

The underlying standards of evidence cover intervention specificity, evaluation quality, intervention impact and system readiness. These have been translated into five 'levels' of intervention development, from '1 Good intentions' to '5 System ready'. The paper outlines these levels, showing clearly the criteria that need to be fulfilled to move from one level up to the next and describing methods for helping those involved to achieve this. A particular focus of the process, early on, is using data on

outcomes and risk and protective factors, and associated 'what works' evidence, to construct a logical logic model (or theory of change).

The paper also demonstrates an online tool that helps projects to self-rate interventions against the levels of development and gain guidance on next steps.

14. Is alcohol abstinence a proper prevention proposal for adolescents? Data from the "Debate" project.

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Typically, during the course of prevention of alcohol problems of children and youth we advocate abstinence (to the age of majority). Often, however, we do not believe in the effectiveness of this proposal because children start drinking early. Meanwhile, it can be shown that the willingness to accept such an attitude lies in the depths of the psyche of adolescents and waiting for activation. In the course of specific prevention programs like "Debate" are asked questions about the readiness for abstinence. It turns out that most of the answers are moving in this direction. Perhaps young people do not take this attitude, because they do not receive sufficient support from adults. Speech shows the range of acceptance of abstinence from alcohol as disclosed in the course of this program. This case seems to be crucial in the prevention of alcohol problems. Deserves attention and revision too pessimistic approach of adults.

POSTER STREAM 3 – RISK AND PROTECTIVE FACTORS

1. Prevalence and determinants of alcohol use among adolescents in Norway

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Alcohol drinking among adolescents remains one of the major social and health problems to both the individual and the society in regards to alcohol related damages (Ellickson, 2003). Alcohol use among young people in Europe has not decreased over the past 5 years (Heron et al. 2012), and the level of heavy episodic drinking among European adolescents has shown a small but continuous increase over the last 12 years (Hibell et al. 2009). Norwegian studies have showed that there is a tendency to a small decrease in alcohol consumption among youth (Øia & Strandbu, 2009). Adolescents who begin early drinking often have other problems related to psychosocial adjustment and violations (Pape & Rossow, 2007). The main objective of the present study was to estimate the prevalence of alcohol use among Norwegian adolescents and identify factors associated with early drinking behavior. This study included 1553 8th graders. The results indicated that 25% of the adolescents have tried alcohol. A total of 7.5% of them reported to have used alcohol 2 times or more during the last 3 months. Altogether 32% have close friends who also use alcohol. Determinants showing significant association with alcohol use are male gender (OR=1.8), Christianity religion (OR=0.2), one parent/caregiver (OR=0.6), smoking (OR=2.6), drug use (OR=24), lack of organized activities (OR=0.5), poor school performance (OR=0.2), and have been cyber mobbed (OR=0.3) or have cyber mobbed others (OR=0.1).

Early drinking also significantly correlated with positive attitudes regards alcohol ($r=0.47^{**}$), social positive ($r=0.35^{**}$) and global positive ($r=0.22^{**}$) expectations towards drinking, positive social norms ($r=0.51^{**}$) and intentions to use alcohol in a future ($r=0.46^{**}$).

2. Social representations about youth alcohol consumption

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According to WHO (2012), Europe leads the world consumption of alcohol, with an annual average of 12.4 liters per capita. Portugal is one of five countries (a list of 29) authorizing the sale of alcohol to persons under 18 years and has an annual average of 13.4 liters per capita. In the 16 year olds, prevalence of alcohol consumption in the last year is 74% in the last month of 52% and “binge drinking” was 22% (ESPAD, 2011). These data indicate that alcohol consumption is part of youth day-to-day and therefore becomes pertinent to identify protective/risk factors for regular alcohol consumption based on Social Representations Theory. The representations are derived from social interaction and therefore are common to a specific group of people. The research “Preventing alcohol consumption on school adolescents: improving knowledge for effective prevention” (PTDC/CPE-PEC/117991/2010) begins with the study of social symbols at both macro and micro analysis, ie, the study of symbolic exchanges developed in social, interpersonal relationships, and how this influences the construction of shared knowledge and therefore of culture, in this case recreational youth culture. Three youth groups (18 to 25 years) in 2 different cities, by using the worldcafe (consensus technique), discuss on factors that influence and hinder the regularly consumption of alcoholic beverages, determinants of consumer and perception of consumer limits, “healthy consumption”, consumption effects in men/women and over time. Worldcafe is a focus group methodology of which believes that reproduce the ambience of a bar promotes dialogue among participants and may allow access to the collective comprehension. Results facilitate the construction of a questionnaire to analyse determinants that influence or hinder youth alcohol consumption.

3. How parenting styles have an influence on adolescents' alcohol and drug use and other risk behaviours in different European countries.

Calafat A, Becoña E, Duch M, Gabrhelik R, García F, Juan M, Kosir M, Mendes F, Ramstedt M, Sumnall H

IREFREA – European Institute of Studies on Prevention, Spain

Data analysis is based on a survey sample of adolescents (8.266), between 11 and 18 years of age, and their parents (3.878) carried out in six European countries during the winter of 2010-2011. Survey data is complemented with information from parents' focus groups carried out in each country.

Different issues on parenting such as warmth, communication, control, setting rules, substance use (both by parents and children) are being explored. Parents and children responses will be analysed and results compared using several methodologies: cluster analysis, structural equations, path analysis, parenting styles...

Preliminary findings suggest that parental permissiveness is the main risk factor and that parental warmth could also be a risk factor; while having clear rules is critical to prevent alcohol and drug use.

This study is part of the European Family Empowerment project with the financial support from the Drug Prevention and Information Programme of the European Union.

4. Neurobehavioral markers of vulnerability to Substance Use Disorders (SUD) in parents with and without SUD and their children: significance and preliminary findings from a brain-imaging pilot study

Geronazzo-Alman L, Ciekielecka E, Rowny S, Musa G, Amsel L, W. Hoven C

Columbia University/New York State Psychiatric Institute, USA

BACKGROUND. Children with family history of Substance Use Disorders (SUD) have higher risk of acquiring it. Identifying generational biomarkers of vulnerability could predict individuals at risk and facilitate prevention. Our NIH funded study aims to examine these markers at the level of the brain's structure, its connectivity, and function in response to cognitive control tasks.

METHODS. Participants: The sample draws on two

ongoing longitudinal psychiatric/epidemiological studies (N=1,120) of parents with criminal justice history and their children. Each study has an age and gender matched child-control. This pilot recruits parents with and without SUD and their 12-15 year-old children (total=48).

Brain imaging: fMRI, MRI, DTI.

Cognitive-control tasks that assess: (1) Frame-dependent intertemporal decisions, (2) cognitive control over emotional distracters (3) risky decision-making in conditions of higher and lower affective arousal.

PRELIMINARY RESULTS. Initial results from the three tasks in 10 parent-child dyads show that (1) diverse decisional frames generate differences in the proportion of patient vs. impatient choices, (2) spontaneous regulation of emotional processing is impaired in both parents and children, and (3) children, compared to parents take more risk only in affectively-charged task conditions.

CONCLUSIONS. Recognizing conditions that reduce impulsivity could help in the development of novel methods of internal reframing when facing decisions involving drug use. Abnormalities in implicit emotional regulation may be the focus of novel treatments. Finally, adolescents with positive family history of SUD might be more likely to engage in risky behaviors under conditions of heightened emotional involvement, putting them at greater risk for negative outcomes.

5. Alcohol as an adjuvant of relationships? A study among university students

Cofini V, Cecilia MR, di Orio F

University of L'Aquila, Italy

Many evidences show that one of the reasons why people drink alcohol, is due to the fact that their consumption involves a series of pleasurable effects. In October 2010, a survey was conducted on a sample of 1004 students of University of L'Aquila with the objective to investigate the tendency of young people to consider alcohol as an adjuvant of relationships.

65% of respondents were female and the average age was 22 years (\pm 2.5).

68% reported having consumed alcohol at least once in the last month (95% CI: 65% - 71%).

45% of respondents was defined as binge drinking (\geq 6 drinks on \geq 1 occasion in the past month). The prevalence of binge drinking was not significantly higher in men than women (48% vs 43%; $p=0.108$).

The logistic model shows that the consumption of 6 or more units of alcohol on the same occasion is statistically associated with the belief that alcohol improves sexual performance (OR = 4.2, CI95%: 3.1 - 5.6), facilitates friendship (OR = 1.6, CI95%: 1.2 - 2.2), makes the most cheerful (OR = 2.0, CI95%: 1.4 - 2.9), but not the fact that makes you feel less shy (OR = 0.9, CI95%: 0.6 - 1.4), and not with the gender (OR = 1.2, CI95%: 0.9 - 1.6).

The study puts in evidence the dangerous sexual function performed by the alcohol among consumers at risk. Our data suggest that young people should be the principal target for binge drinking prevention strategies with a greater focus on youth sexual discomfort.

6. Prototypes, willingness and alcohol consumption in UK adolescents: Implications for intervention

Davies EL, Martin J, Foxcroft D
Oxford Brookes University, UK

The Prototype Willingness Model (PWM) explains adolescent risk-taking on the basis that it is strongly driven by social reactions to risk-conducive situations. It assumes that young people are willing to consume alcohol to gain some of the characteristics associated with the image or 'prototype' of the typical same age drinker. Evidence from a previous focus group study (Davies et al. in press) indicated that this model would be a suitable basis for an intervention to reduce risky drinking in teenagers in the UK. The current study aimed to explore the relationship between the constructs in the PWM and alcohol consumption to identify: 1. specific intervention components; 2. population target groups; and 3. outcome measures.

An online questionnaire with sections on prototypes, willingness, intentions and alcohol was completed by 182 young people aged 11-17 (85 males and 93 females).

Strong statistically significant correlations between PWM constructs and alcohol variables were found. The results indicated that: 1. The intervention should aim to increase the non-drinker prototype favourability and decrease drinker prototype favourability with a focus on characteristics related to sociability; 2. 11-15 year olds would be a better target for this type of intervention than 16-17 year olds; 3. willingness, alcohol consumption and alcohol harms may be appropriate outcome measures.

The results provide further support for the PWM as the basis for a preventive intervention with 11-15 year old UK adolescents. An intervention targeting the favourability of drinker and non-drinker prototypes may be effective in reducing willingness and alcohol consumption. Limitations and future stages of the project are discussed.

7. Adherence to Mediterranean diet and cardiovascular risk factors in Sicily, South Italy

Grosso G, Marventano S, Nolfo F, Giorgianni G, Mistretta A
Department of Drug Sciences, Section of Biochemistry, University of Catania, CT 95123, Italy

We evaluated the prevalence of obesity, diabetes, and hypertension in relation to adherence to the Mediterranean diet. A cross-sectional survey was conducted on randomly enrolled 3090 subjects (14 to 88 y old) living in Sicily, Southern Italy. Anthropometric indices were measured and adherence to the Mediterranean diet was assessed by a diet score that incorporated the inherent characteristics of this diet. Adherence rates did not differ between rural and urban area, although older age (odds ratio [OR] 1.01, 95% confidence interval [CI]: 1-1.01), higher education (OR 1.26, 95% CI: 1.03-1.54), and marital status (OR 1.31, 95% CI: 1.05-1.63) were associated with higher adherence compared with lower categories. Prevalence of overweight and obesity was 35.4 and 13.9%, respectively. Hypertensive subjects were 27.7% and diabetic were 5.7%. An inverse relation was observed between diet score, body mass index ($r = -0.045$, $P < 0.001$) and waist circumference ($r = -0.023$, $P < 0.001$) after adjusting for sex and age. Greater adherence to the Mediterranean diet (i.e., highest tertile) was associated with lower odds of being obese (OR 0.34, 95% CI: 0.24-0.50), hypertensive (OR 0.74, 95% CI: 0.56-0.98), and diabetic (OR 0.40, 95% CI: 0.24-0.77) compared with a non-Mediterranean diet (i.e., lowest tertile) after controlling for age, sex, physical activity status, and other variables. We observed an inverse relation between adherence to a Mediterranean dietary pattern and prevalence of obesity in population-based sample, irrespective of various potential confounders.

8. Mind over maternity - are mindfulness and mood associated with unhealthy behaviours during pregnancy?

Hennelly S, Foxcroft D, Smith L
Oxford Brookes University, UK

Pregnancy is recognised as a "window of opportunity" to improve health behaviours. In the UK, pregnant women are advised to abstain from alcohol and smoking and to adhere to specific dietary, exercise and weight-gain guidelines. However, many pregnant women maintain unhealthy lifestyles, increasing the risks of poor maternal and child health outcomes. The strongest predictors of unhealthy behaviours during pregnancy are poor maternal psychological health and pre-existing habits.

Health behaviour models emphasise the importance of self-efficacy and self-determination for improving behaviours, but beliefs and goals can be over-riden by specific moods and environments which trigger established maladaptive coping and social behaviour habits. Mindfulness is a cognitive trait which, perhaps because it is characterised by high levels of resilience and self-regulation, protects against poor psychological health and formation of unhealthy habits. Importantly, mindfulness can be enhanced through training programmes, and this is associated with significant improvements in psychological health and in resilience to urges to overeat, smoke and drink alcohol.

We describe a research project to establish the extent to which dispositional mindfulness and enduring mood are associated with pregnant women drinking alcohol, smoking, eating poorly and taking inadequate exercise. An association between these factors will provide new insight into the maintenance of unhealthy behaviours during pregnancy, and inform subsequent research to evaluate the acceptability and effects of a mindfulness training programme on pregnancy health behaviours.

9. Screening of multiple risk factors for the early detection of drug use: Design and validation of a scale

Lloret D, Garcia del Castillo JA, Tirado, S.
Universidad Miguel Hernández, Spain

Risk factor is consider an individual feature, social condition and /or environment characteristic that increases the probability of substance use / abuse (onset) or the transition into higher use (Clayton, 1992). Prevention planners include risk and protective factor indicators, as a central component of prevention needs assessment. Tools to support epidemiological assessment of a broad set of risk and protective factors among community youth population are needed (Arthur, Hawkins, Pollard, Catalano & Baglioni, 2002).

From clinical perspective, several tools to assess the use of substances or severity of addiction are available. Such instruments offer a general addiction index based on different parameters related with substance use behaviour and its bio-psycho-social consequences. However in the prevention arena there is no general scale or integrative evaluation tool for prevention providers to know the level of risk of a group or individual.

The aim is to construct and validate a screening scale to early detect the drug use risk level on adolescent population. An initial scale of 122 items distributed in 24 psycho-social factors was tested in a sample of 2558 (test) and 2607 (retest) adolescents (15,2 years old). The scale

is compound by macrosocial, microsocial and individual subscales.

After discriminant analysis 44 items were removed and factors were reduced to 20. Preliminary results show good internal consistency, test-retest stability and predictive validity.

10. Clustering of lifestyle behaviours among UK youth: a latent class analysis

Maloney K, Graham H, Law C, Platt L, Wardle H, Hall J
University of York, Department of Health Sciences, UK

Background: Smoking, drinking, physical activity and dietary behaviours are all linked with ill-health and the development of chronic disease, and socio-economic gradients in health behaviours contribute to socio-economic inequalities in chronic disease morbidity and mortality. Healthy behaviour patterns are particularly important for youth, as patterns established in adolescence often track into adulthood. This paper investigates the clustering of the four behaviours among young people in the UK, using Understanding Society, the new UK Household Longitudinal Study.

Methods: The UKHLS is a nationally representative survey of UK households with detailed information on health behaviours and socio-demographic characteristics. The analysis sample included 4,700 young people aged 10 - 15 living in the c.32,000 participating households in the first wave of the main study (2009/2010). A latent class analysis (LCA) was performed to identify underlying patterns of behaviour. Regression models were estimated to investigate the social patterning of the latent classes by age and socio-demographic characteristics of the young person and their household as predictors.

Results: Distinct classes based on the patterns of behaviours were identified, and regression models indicated that age, gender, ethnicity, religion and socio-economic status were all independently associated with cluster membership.

Conclusions: This paper presents an analysis of the most recently available health behaviour data on young people from across the whole of the UK. LCA revealed distinct classes of behaviour patterns among young people, and class membership varied by young people's socio-demographic characteristics. The implications of these findings are discussed.

11. Eating and lifestyle habits of urban and rural students attending secondary school in Sicily, South Italy

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Department G.F. Ingrassia, Section of Hygiene and Public Health, University of Catania, CT 95123, Italy

We investigated the relationship of personal eating, lifestyle habits, weight status and their place of living (i.e., urban vs. rural) of young Italian adolescents. A cross-sectional survey was conducted on 976 urban and 102 rural students (12 to 16 y old) attending 13 secondary schools in Sicily, Southern Italy. Validated instruments have been used to assess eating and lifestyle habits, and logistic regression and bivariate analyses were used for data analysis. Rural students consumed during breakfast significantly higher amount of cereals, fruit juice, fruits, and home-made cakes over packaged snacks and reported to prefer home-made cakes and fruit as snacks. Urban adolescents were found to be more than twice more likely to eat between meals (odds ratio [OR] 2.24, 95% confidence interval [CI]: 1.13-4.44) and out of home (OR 2.03, 95% CI: 1.36-3.02) as well as to spend time on TV/computer (OR 1.6, 95% CI: 1.15-2.23) and less likely to practice physical activity (OR 0.66, 95% CI: 0.46-0.94) compared with rural. These results remarked the lower BMI values observed among rural compared with urban students. Our findings showed significant differences relating the eating and lifestyle habits to the place of residence.

12. Bidirectional association between obesity and major depression: A longitudinal cohort study in the general population

Nigatu YT, Bültmann U, Rosmalen J, Reijneveld SA
UMCG, Netherlands

Background: Obesity and major depression are major public health problems in the developed world and often co-occur. However, the direction of the relationship between obesity and depression remains unclear. The objective of the present study was to assess the direction of the relationship between obesity and major depression in a longitudinal cohort study in the general population.

Methods: The study was performed in the PREVENT cohort study among 1094 participants, on whom data were collected in 2002/3 and at follow-up in 2004/6. Major depression disorder as single (MDD-S) and recurrent (MDD-R) episode was assessed by the Composite International Diagnostic Interview (CIDI 2.1 lifetime and past 1-year version). Obesity was defined as

> 30kg/m² of Body Mass Index (BMI). Multiple logistic regression was used to examine whether obesity predicts major depression or vice versa, adjusting for age, sex and marital status.

Results: The incidence of obesity was 19.8 per 1000 person-years. The incidence of MDD-S and MDD-R was 24.5 and 1.6 per 1000 person-years, respectively. Prospective analysis showed that obesity predicted onset of MDD-R (adjusted OR=14.1, 95%CI [1.45, 137.49]), but not of MDD-S. Neither MDD-S nor MDD-R predicted the onset of obesity during 2-year follow-up.

Conclusion: Obesity is a risk factor for MDD-R, but not for MDD-S. The reverse causal pathway was not found. Hence, it is worthwhile to monitor the recurrence of depression among obese individuals.

13. Risk and protective factors in school environment related to youth problem behaviours

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(1) Institute of Psychiatry and Neurology, (2) State Agency for Prevention of Alcohol Related Problems, Poland

The case study approach was applied to explore within-school risk and protective factors for adolescents' psychoactive substance use and violence. Four Warsaw middle schools participated in the project. Qualitative and quantitative methods allowed in-depth assessment of their culture (defined as "objective" school structure and characteristic), climate (defined as "psychological reality") and students' problem behaviours. Data were collected from external observers, teachers and students, during one school year (2010/2011).

The cross-schools comparisons showed significant differences in school's culture (structure; level of education; socio-demographic characteristics of students), and in school's climate (rates of students who like their school; students' sense of safety; perception of school norms, load with school tasks and teachers' reactions to students' misbehaviours).

Statistical and qualitative analysis indicated that the most significant risk factors leading to psychoactive substance use and aggressive behaviours among students were: teachers' orientation on students achievements (instead of their orientation on students' development) and "romantic" ideology; negative student-teacher relationships and positive relationships among students. Students' load with school tasks was found to have protective value.

Interesting variability was found in youth and adults perception of school climate and its influence on students behaviours, showing two different “psychological realities” in each school.

This study results suggest that strengthening teachers skills and involvement will be especially beneficial for school-based prevention.

14. How far can quality of life go? The role of quality of life as a protective factor for substance use.

Santos ER, Bellis MA, Baptista TM, Pascoal C
University of Lisbon & Liverpool John Moores University,
Portugal/UK

This presentation shows data on and present the relationship between the multidimensional construct of quality of life and on the ten sub-scales that it comprises (physical well-being, psychological well-being, moods and emotions, self-perception, autonomy, parental relation, financial resources, peers and social support, school environment and bullying) and on lifetime use, current use and regular use of tobacco, alcohol, cannabis and cocaine.

Data was collected during 2009 and 2010 within a sample of 3116 Portuguese students, aged 12 years old and above, who filled in a self-report questionnaire which included the KIDSCREEN instrument (a standardized instrument developed within an European project designed to careen the quality of life among European children and adolescents)

The results shows which quality of life subscales are associated with and best predicts each type of substance use.

15. Risk factors and suicide attempts associated with sexual harassment victims

Solome N
YCWU, Uganda

Sexual harassment impacts differently to different individuals; it leads to a number of consequences to the victims like eating disorders, anger, stress, victimization and sometimes leads to suicide.

This paper is aimed at providing a detailed analysis of the consequences that arise after the effects of sexual harassment most especially to women.

After experiencing sexual violence, in most cases victims tend to engage in risk behaviours like starting smoking, heavy drinking, drug abuse and risk sexual behaviour, this is in most cases caused by effects of the violence that happened and in most cases comes with a number of negative consequences.

Sexual harassment can be defined as a form of illegal sex discrimination, it is most likely to be done by people who are sexually aggressive, witnessed or experienced violence as a child, Alcohol or drug users, and people exposed to social norms, or share beliefs that support sexual violence.

This presentation tries to provide a deep understanding of the plight of the victims and suggests a useful intervention strategy.

16. Hill K, Foxcroft D, Pilling M Oxford Brookes University, UK

Behaviour change theories aimed at preventing alcohol misuse view intentions as the best predictor of behaviour, based upon the view that cognition guides behaviour. However, while these theories predict intentions well, they are often poor predictors of actual behaviour. A more embodied, embedded approach to cognition has since been proposed. Instead of explaining behaviour in terms of brain functioning, this approach places the level of explanation at the interplay of brain, body and world. Therefore, meaning exists at the relation of an organism to its environment, as suggested by James Gibson's *affordance* construct. Affordances represent possibilities for action which humans are able to utilise, for instance, certain objects are graspable and certain individuals can be spoken-to. Based upon these ideas, a non-participant observational study was conducted in the environments where risky drinking behaviours are carried out. By focusing on the functional features (or “affordances”) of licensed premises, this research highlighted environmental features that appeared to be relevant to adult drinking behavior. This included the shape and availability of the containers drinks were served in, alcohol advertising, noise levels and staff sales techniques. This study also explored the features of *vertical drinking* establishments, which have limited seating or tables for patrons to rest drinks upon. In such establishments, drinking is an end in itself and there is little opportunity to engage in other activities, such as having a meal. This has informed the subsequent stage of research, which is exploring the subjective meaning that patrons place on their drinking environments.

Selected Topics

Multiple risk behaviour throughout adolescence: A longitudinal analysis of risk factors.

Hale D, Viner R

General and Adolescent Paediatrics, Institute of Child Health, University College London

Background Multiple health risk behaviours are common throughout adolescence, due partially to common risk and protective factors for risk behaviours. Little is known about the course of multiple risk behaviour and when it is established. Further, few studies have longitudinally examined predictors for risk behaviours alongside those for multiple risk behaviour allowing for comparisons between patterns of association.

Methods Using data from the Longitudinal Study of Young People in England, we examined the association between regular smoking, drinking, illicit drug use, sexual risk behaviour and aggressive behaviours throughout adolescence. We also assessed associations of risk factors in earlier adolescence with age 19 individual and multiple risk behaviour.

Results Risk behaviours were strongly associated throughout adolescence, though associations weakened with age. A number of socio-demographic, interpersonal, school and family factors in early adolescence predicted multiple risk behaviour at 19. Similar risk factors were associated with unsafe sex and drug use, though the pattern of association with heavy drinking often deviated from that of other risk behaviours. Multiple risk behaviour is most often established by mid-adolescence.

Conclusions Our findings reaffirm the link between health risk behaviours but suggest that early and middle adolescence is characterized by broader involvement in risk behaviour than in late adolescence. In fact, by mid-adolescence involvement in only one risk behaviour is often protective for later multiple risk behaviour suggesting a shift from earlier phases of experimentation. Multiple risk behaviour is largely explicable based on common risk factors for risk behaviours.

Schools as protective environments

Bosworth K

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For decades schools have been the sites for programs and interventions aimed at prevent many risk taking behaviors. Many of these interventions have had some success, but have not made much of a dent overall in reducing behaviors such as smoking, drinking and drug use. Whole school interventions show promise as a complement to curriculum based programs. Creating and maintaining protective environments can reduce risk taking behavior for the majority of the population by increasing student engagement and connectedness through social support for students and adults.

This talk will describe the role of teacher leadership in changing school culture and implementing school wide safety interventions.

Parallel Sessions 2 - Prevention across different outcome domains

Stream 1 - Substance use (tobacco, alcohol, and illegal drugs), and associated behaviours

1. Promising Results Of School-Based Prevention Programme Unplugged In Slovenia

Talić S, Košir M
UTRIP, Slovenia

The institute UTRIP implemented the pilot phase of the Unplugged school-based prevention programme in 48 Slovenian primary schools in the school year 2010/2011 (26 in the intervention group and 22 in the control group) participated in the pilot phase of the unplugged school-based prevention programme. However, 4 schools from the intervention group decided not to participate in the evaluation of effects. Thus, the evaluation of programme effects covered 2,937 students from 44 schools or 155 classes. The final sample of students participating in the first phase of evaluation, which was compared to the initial situation (before the implementation), included 2,218 students, that is 75.5% of all participants from the initial phase of the survey. Preliminary evaluation results show that the programme was very successful in the intervention group of schools in comparison with the control group. The comparison was made on the basis of the initial situation and the evaluation carried out four months after the implementation of the programme in the intervention group. Results show that smoking, occasional drinking, frequent drinking and intoxication as well as marijuana use and the use of other illicit drugs decreased significantly among students who participated in the implementation (intervention group), while it had not changed much among students in the control group. In 2011, the institute UTRIP also carried out a process evaluation of the programme. 63 school teachers and 406 7th and 8th grade students participated in the evaluation. Those results will be presented at the conference as well.

2. Effectiveness Of A Culturally Adapted Strengthening Families Program 12-16 Years For High-Risk Irish Families

Kumpfer K, Xie J, O'Driscoll R
Member of Irish Association of Alcohol and Addiction Counsellors, Ireland

Background: Evidence based programs (EBPs) that target parenting skills and family environments have shown to be the most cost effective means for improving behavioural health problems long-term in children and adolescents. The Strengthening Families Program (SFP) 3-17 years is one of the most effective family interventions and as a result has been disseminated to many countries. Over the years a standard series of steps to successful cultural adaptation have been developed.

Objective: This article presents the wide scale SFP implementation in Ireland with high risk youth, their parents and family members and the steps to cultural adaptation for the EBP. A unique dissemination system was developed that involved inter-agency and discipline collaborations across Ireland. It addresses issues of how much the SFP program can be culturally adapted to attract and engage Irish families, retain model fidelity and still be effective.

Methods: Implementations involving 250 families with high-risk adolescents were evaluated with feedback on results used to improve outcomes the next year. The cultural adaptation process of SFP to the Irish context is described including the adaptation process for program materials, staff training, on-site supervision and the process and outcome evaluation feedback.

Results: Positive results from over 250 families in this national evaluation involving many agencies are presented. Comparisons to the non-Ireland sites internationally and in the USA suggest larger effect sizes and more statistically significant positive results than generally found for SFP participants.

Conclusions: This study suggests that SFP is quite effective in reducing behavioural health problems in Irish adolescents, improving family relationships and reducing substance abuse. Additionally, the interagency collaboration model fostered in Ireland may be a viable solution to recruitment, retention and also staffing in rural communities where finding five skilled professionals to implement SFP can be difficult.

3. Implementation And Cultural Adaptation Of The Spanish Strengthening Families Program 6-11: The Perspective Of The Professionals.

Orte C, Ballester LI, March M, Pascual B, Amer J, Pozo R
University of the Balearic Islands, Spain

The Family Competence Program (FCP, the Spanish adaptation of the Strengthening Families Program) is assessed from the perspective of the professionals in charge of its implementation (trainers and coordinators). The program aims to reduce risk factors, reinforce protection factors in children and improve parent-child relationships. The aim of this study is to record the assessment made by professionals in charge of implementing the program on the changes observed in the families, the suitability of the program, and the adequacy of the families' chosen profile. Likewise, the personal and professional resources that facilitated the task of the implementing team (coordinators and trainers) are also assessed along with any existing difficulties. The assessment of the trainers and coordinators provides basic information in order to learn about how the implementation took place. With this aim in mind, we added to the existing assessment instruments the application of a questionnaire that combines open and closed answer questions, to enable us to go further into the quantitative and qualitative analysis of the implementation process and results. The main results

point towards positive transformations in families, suitability of the FCP as an instrument and improvement of the relationship between professionals and families. The assessments of the professionals are essential in order to provide a better understanding of the development of the program, constituting an instrument of communication and legitimization of the role of the trainers and coordinators.

4. Parents beliefs and children's marijuana use: evidence for a self-fulfilling prophecy

Crano WD, Lamb C
Dept. of Psychology, Claremont Graduate University, USA

Parents' beliefs about their children's involvement in delinquent behaviors are variable and sometimes inaccurate, but they may be influential nonetheless. This research is concerned with inconsistencies between children's self-reports of marijuana use, parents' estimates of their children's use, and children's usage one year later. Research on the self-fulfilling prophecy suggests such errors could have detrimental or beneficial outcomes, depending on the direction of the discrepancies. This possibility was investigated with data from a panel survey of a nationally representative sample of US parents and their adolescent children (N = 3401 pairs of respondents). Marijuana-abstinent adolescents in the first year (T1) of the survey were significantly more likely to initiate marijuana use a year later if they had been characterized by parents as users (vs. nonusers) at T1. Conversely, adolescent marijuana users at T1 were significantly less likely to continue usage in the second year if they had been labeled by parents as abstinent at T1 (both $p < .0001$). Parent-child communication patterns were significantly associated with differences in parents' perceptions and youths' marijuana uptake, and may provide useful insights for prevention.

Stream 2 - Diet, exercise and social behaviours

1. Forssell Y

2. Study On The Implementation Of Prevention Targeting Nutrition And Physical Activity

Van der Kreeft P, Van Havere T, Schamp J, Jongbloet J
University College Ghent, Belgium

Overweight and obesity in adulthood are predicted by overweight during childhood and adolescence, indicating the importance of preventive interventions targeting a balanced diet and sufficient physical activity at an early age. However, even though interventions are often found effective on the level of an intervention and control group during research, there exist a discrepancy between the theoretical development of a program and its practical application and adoption. Hundred per cent loyalty to the conceptual model is impossible in concrete school settings. This is often referred to as the degree of program adherence, i.e. the loyal application of the intervention the way it was designed.

Main objective of this research project is to develop an implementation guide for school-based interventions promoting healthy lifestyles through balanced nutritional habits and sufficient exercise. Connected to this main objective is a set of secondary objectives:

1. Inventory of existing interventions targeting nutrition and physical activity in Flanders for all three compulsory education levels, i.e. pre-school, primary and secondary school levels.
2. Identifying facilitating and interfering factors during the implementation phase of aforementioned interventions.
3. Developing, testing and modifying implementation guidelines for a quality adoption of those interventions on the school level.

In this presentation we will share results (objective 1 and 2) on the inventory, the school survey and the first conclusions of the qualitative part of this project (interviews and site visits in schools).

3. Tsitsika A, Janikian M, Tzavela E, Schoenmakers TM, Ólafsson K, Halapi E, Tzavara C, **Wójcik S**, Makaruk K, Critselis E, Müller KW, Dreier M, Holtz S, Wölfling K, Iordache A, Oliaga A, Chele G, Macarie G, Richardson C

Nobody's Children Foundation (NCF), Poland

Aims: To investigate the prevalence of internet addictive behaviour (IAB) among adolescents as well as related risk and protective factors in seven European countries (Greece, Spain, Poland, Germany, Romania, the Netherlands and Iceland).

Methods: A cross-sectional study (N=13,284; F/M: 7000/6284) of 14-17 year-olds was conducted in the participating countries. The self-completed anonymous questionnaires included questions on Internet access and use; the Internet Addiction Test (IAT; Young, 1998), the Assessment of Internet and Computer Gaming Addiction (AICA-S; Wölfling, Müller & Beutel, 2011), the South Oaks Gambling Screen - Revised for Adolescents (SOGS-RA; Winters, Stinchfield, & Fulkerson, 1993), and the Youth Self Report (YSR; Achenbach & Rescorla, 2001).

Results: About one percent (1.2%) of adolescents exhibited IAB and an additional 12.7% was classified as being at risk for IAB. In total, 13.9% had a dysfunctional way of using the internet, i.e. dysfunctional internet behaviour (DIB). The prevalence of DIB was higher among boys than girls (15.2% vs. 12.7%) and it varied widely across countries. Adolescents who heavily engaged in various online activities (e.g. SNS use, gaming) had increased risk of developing DIB. DIB was associated with emotional and psychosocial maladjustment among adolescents. Multiple logistic regression analysis indicated that the educational level of the parents, age at first use of the internet, were independently associated with DIB.

Conclusions: findings provide important evidence to identify risk and protective factors of internet addictive behaviour and may thus serve for the purpose of prevention of maladaptive internet use by young people.

4. Screen Time Reduction As Multi-Purpose Preventive Measure. Targeting A Common Risk Factor For Addiction, Academic Failure, Aggression And Obesity

Bleckmann P, Mößle T, Stalter S

Criminological research institute in lower Saxony (KFN), Germany

Longitudinal studies have shown excessive use of screen media during childhood to be connected to a number of negative outcomes, namely tobacco use, obesity, poor educational performance, alcohol use, drug use, and ADHD in descending order of the strength of evidence according to a recent review. In presenting results from a German longitudinal study which confirmed most of these connections and additionally showed links to decreased

sleep quality, loss of empathy/aggression, and video game dependency (Mößle, 2012), we shall try to differentiate between direct effects of high media exposure and effects mediated via problematic content.

In the past, reduction of obesity has been the goal in almost all RCT evaluated interventions targeting children 's screen time (Wahi et al 2011). Now, with the rise of cyber disorders, screen time reduction can additionally be seen as a preventive measure targeting a direct precursor of internet and video game addiction. On the basis of a comprehensive literature search we try to characterize existing measures aiming at the reduction of problematic media use (target groups, evidence-based or not, focus on excessive screen time or problematic content, etc.) and identify the most promising strategies.

Stream 3 - Externalising behaviour, violence and aggression

1. The Use Of Multiple Versus Single Assessment Time Points Of Aggression To Improve Screening Accuracy In Identifying Children At Risk For Later Serious Antisocial Behavior

Petras H

JBS International, Inc., Research and Development, USA

Guided by Kraemer et al.'s (1999) framework for measuring the potency of risk factors and building on the work by Petras et al. (2004a) and Petras et al. (2005), this presentation will assess whether the classification accuracy can be improved by using multiple as opposed to single point in time assessments of early aggressive and disruptive behavior for identifying youth who would likely benefit from targeted preventive interventions. Different from Petras et al. (2004a; 2005), the outcome used in this study included serious antisocial behavior in young adulthood (i.e. Antisocial Personality Disorder, violent offense adjudication), as well as in adolescence (i.e., juvenile court record for a violent offense). The sample consists of 893 youth who were assessed during the elementary school years and reinterviewed in young

adulthood originating from the Johns Hopkins Prevention Study (Kellam et al., 2009). Among males, the use of multiple time points did not yield greater classification accuracy than the highest single time points found in third and fifth grades. For females, although fifth grade represented the best single time point in terms of classification accuracy, no significant association was found between earlier time points and the later outcome, rendering a test of the multiple time points hypothesis moot. The findings presented in this study have strong implications for the design of targeted intervention for violence prevention, indicating that the screening quality based on teacher ratings of aggression during the elementary years, while significantly associated with the outcome, is rather modest, particularly for females.

2. Schroeder D

3. Steketee M

Parallel Sessions 3 - Experiences of prevention

Stream 1 - Risk and prevention in adults, families and communities

1. Asgeir Helgason

2. *Developing comprehensive prevention strategies at the local level – Applying the Communities That Care approach in two European countries*

Jonkman H, Groeger-Roth F

Verwey-Jonker Institute (NL) / Crime Prevention Council of Lower Saxony (GER)

Strong community coalitions representing diverse stakeholders on the local level and the use of tested and effective programs are prerequisites to develop a comprehensive local prevention strategy for multiple youth problem behaviours by tackling common risk and protective factors.

The Communities That Care (CTC) approach was originally developed in the U.S. to assist and guide community prevention coalitions in making use of prevention science knowledge and to implement evidence-based prevention programmes with fidelity. CTC is a field-tested and evaluated method, which is based on cross national research on shared risk- and protective factors for several youth problem behaviours as violence, delinquency, alcohol and drug abuse, school failure, teenage pregnancy and depression / anxiety. Core elements of CTC are the community ownership of local implementation, use of epidemiological data about the prevalence of youth behaviour problems as well as the prevalence of risk- and protective factors in the community (CTC Youth Survey), working with effective prevention programmes, proactive training as well as technical assistance and evaluation of local results.

CTC is implemented in Europe in several countries in the last years and new sites are still following. But there is a lack of systematic knowledge transfer of CTC implementation conditions and results at the European level.

In this workshop we present recent evaluation results from the CTC implementation in the Netherlands (2008-2012),

results from a pilot implementation of CTC in Germany (2009 – 2012) and prospects of a starting project to make CTC work at the European level (2012 and onwards).

3. *A National Evaluation of Parenting Programs in Sweden: The Short-Term Effects using a RCT Effectiveness Design*

Özdemir M, Stattin H

Center for Developmental Research, Örebro University, Sweden

In the current research, we evaluated the relative effectiveness of four parent training programs for children with externalizing problems in reducing child problem behavior problems, ADHD symptoms, improving positive parenting, and increasing parents' sense of competence and emotions connected with parenting. Three of the programs were behavioral (Incredible Years, Cope, Comet) and one was non-behavioral (Connect). The design of this national study was a RCT effectiveness trial. The treatments were carried out in 37 clinical and community-based practices. Parents of 763 children (aged 3 – 12 years) were randomly assigned to one of two parent training programs or to a control condition. Before and after treatment the parents completed ratings of child behavior problems and parental strategies. At post treatment, children whose parents had received the interventions showed a large decrease in child conduct problems and a moderate to strong decline of ADHD symptoms. About half of the parents whose children scored over the 95th percentile on the behavior measures (ECBI, SNAP IV) reported that their children no longer were above the clinical cutoff after the intervention. The effect sizes including all programs were large but the program-specific effects were few. Parents showed considerably less negative behaviors towards their children at posttest compared than pretest, they were less stressed, and they increased in sense of parental competence. All four programs produced about similar effects. The results support the general efficacy of parent training in the short-term perspective.

Stream 2 - Risk and prevention in children, adolescents and young people

1. Parenting programs to prevent conduct problems in children: can we detect an interventionist effect?

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Center for Developmental Research, Örebro University, Sweden

Parenting programs aimed to prevent children conduct problems are often run in groups by one or two group leaders. The leaders' ability to establish personal relationship with the participants may play a role in the effectiveness of the program itself, independent of implementation fidelity. Such effect has been called "therapist effect" and has been investigated in clinical trials, where it explains 5-8% of the variability in treatment outcome. To date, no study investigated whether such effect exists also in well-structured, manualized preventive interventions. The goal of our study is to investigate whether the "interventionist effect" can explain variability in the outcome of 4 parenting programs aimed at preventing children conduct problems. Data come from an RCT national evaluation of parenting programs in Sweden. The sample was composed of parents of 908 3-12 year old children. Parents were randomly assigned to one of the most common parenting programs in Sweden or to a waitlist condition. Measures included parenting behaviors (coldness/rejection, attempted to understand, outburst, rewarding), and children conduct problems. We adopted a multilevel approach. Results showed that the characteristics of group leaders were related to how much parents changed, but not the variations across the parenting groups. Moreover, mediation analyses revealed that changes in parents behaviors was due to higher parent satisfaction from their relationships with the group leaders. This study highlights the role of the leaders in the effectiveness of an intervention even when the program is well structured and open to little interpretation by the individual group leaders.

2. Prevention Of Risk Behaviours Through The Promotion Of Socio-Emotional Learning

Mihić J, Novak M, Bašić J, Nix R

Faculty of Education and Rehabilitation Sciences, University of Zagreb, Croatia

Children who enter school with cognitive and social-emotional delays are at risk for behaviour problems, negative relationships with teachers and peers,

academic underachievement and other behavioural problems (La Paro & Pianta, 2000; Vitaro et al., 2005). Social and emotional skills buffer these types of risk factors by enabling children to engage in school, follow classroom rules, and relate effectively to teachers and peers. PATHS program (Promoting Alternative Thinking Strategies) is one of the most successful programs of universal prevention within preschool and school-based programs. It is designed to increase children's emotional understanding, self-regulation and problem solving skills.

This paper will present the results of PATHS program study conducted during the international project "Implementation of scientifically-based prevention programs focused on social and emotional learning through scientific evaluation and application in Croatian schools and kindergartens". Project was financed by the Unity through Knowledge Fund and led by the Faculty of Education and Rehabilitation Sciences, University of Zagreb and the Penn State University. Program was implemented in 12 preschool and 30 first grade classrooms in Croatia. In the period from the June 2010 until June 2012 randomized control study of preschool and school PATHS curriculum was conducted. The paper will present the effects of PATHS program, with the accent on the analysis of differences between the experimental group who participated in the program and the control group. Results have shown significant impact of the PATHS program on the internalizing symptoms, emotion regulation, peer problems, self-control, aggressive behavior, inattention and hyperactivity symptoms.

3. Identifying risk factors for conduct disorder in young children and using an evidence-based programme to address them: a case study of research and dissemination in Wales

Hutchings J

Bangor University, UK

Unless treated, behavioural difficulties in young children, aggression and non-compliance, are a significant risk of later adolescent and life-time problems. The early risk factors are known and identifiable and can be addressed to reduce these risks.

This paper explored the establishment of the Incredible Years parent, child and teacher programmes in Wales, starting in 2000 with delivery of the parent programme with parents of clinically referred children. It describes the subsequent take up of the programmes in primary

care and early intervention settings and the research and service developments that led in 2006 to funded support for the programmes by the Welsh Government.

By 2012 there is widespread delivery of the programmes across the 22 counties of Wales. The paper describes how the research programme at Bangor University helped to establish an evidence base in Wales and how this has helped to ensure the delivery of the programmes with fidelity.

The paper provides a case study example of the use of the Society for Prevention Research (SPR) criteria for translational research. Many of the challenges were overcome through the inclusion of strategies to maximize effectiveness with differing populations, and by gaining the support of government and local services. The paper discusses the challenges of taking an evidence-based programme to scale.

4. Overview And Effectiveness Of A Universal Parent Directed Prevention Program Targeting Underage Drunkenness: EFFEKT (Formerly Known As The Orebro Prevention Program)

Koutakis N

University of Örebro, School of Law, Psychology and Social work, Sweden.

EFFEKT is a universal prevention program targeting all parents of youth in the ages 13-16. EFFEKT is designed to decrease underage drunkenness by maintaining parents' restrictive attitudes and expectations concerning underage drinking even when their children reach their teens. The program quickly became the most utilized prevention program aimed at parents in Sweden, and is now used in several other countries. EFFEKT is delivered to parents through structured 20-minute presentations as a part of ordinary parent meetings in school, one new presentation each school term. The manualized biannual presentations follow the same logic. First, parents are provided with information on how common underage drinking is, and also its potential short- and long-term consequences on their youth. This is done to affect parents emotionally, so that they will perceive underage drinking as something that is worthwhile to prevent. Next, parents are made to understand that they can still influence their children's attitudes and behaviors. Hence, parents are advised to clarify that they expect their child not to use alcohol at home or when out with their peers. The final step is to provide parents with concrete methods to make their views clear, and to set rules on underage alcohol-drinking.

EFFEKT is formerly known as Orebro Prevention Program; the main difference from ÖPP is that EFFEKT is intended to be more potent and direct in communications and to better address sub-groups. The presentation will describe this new program and its effect on the general population as well as for some at-risk sub-groups.

Stream 3 - Society, structures and prevention

1. Czech Standards for Prevention of Risk Behaviours and Certification Guidelines: Introduction to Second Revision

Gabrhelik R, Miovsky M, Pavlas-Martanova V
Charles University in Prague, 1st Med Faculty,
Department of Addictology, Czech Republic

Czech Standards of Professional Competency of the Providers of Programmes of the Primary Prevention', together with the 'Certification Rules and On-Site Inspection Guide for the Certification Process' and the 'Certifier's Manual' are implemented in practice on the national level since 2005.

Prevention is quickly evolving in the Czech Republic, e.g., emergence of new conceptual documents or changes in legal framework, to name a few. As a reaction to changes in the field and based on seven years of experience, we have completed a 2nd revision of the 'Standards',

'Certification Guidelines' and operational 'Certifier's Manual'.

We will introduce the contents and interconnectedness of all this three documents. The main changes to the Standards are:

- inclusion of all types of risk behaviours recognized by the Czech Ministry of Education (e.g., racism/xenophobia, bullying/aggression, truancy...), as opposed to previous versions focusing on addiction only,
- unification of the minimum requirements in order to restrict the access of non-certified (and thus potentially harmful) prevention providers to schools.
- coherence in education and training of prevention professionals entering schools
- broadening the concept of Standards so these can be accepted and implemented by other ministries (e.g., Ministry of Health, Ministry of Interior...)
- etc.

2. Czech Standards for Prevention of Risk Behaviours and Process of Certification: From Voluntary to Compulsory Quality Assessment

Miovsky M, Gabrhelik R, Pavlas-Martanova V

Charles University in Prague, 1st Med Faculty,
Department of Addictology, Czech Republic

Process of creating and implementation of quality standards has started in 1999 during 'Phare Twinning Project 2000', under umbrella of the Primary Prevention working group. First version of the Standards was created in close collaboration with non-governmental organizations (NGOs) and representatives of government bodies. This first attempt for quality assessment was targeted only on drug prevention. During the 2001-2005 period, Standards were used on a voluntary basis, however, with real impact on NGOs. In 2005, Ministry of Education (ME) implemented the Standards into it's funding system – making Standards compulsory in application procedures. In the following years two complications remained unsolved: Standards and Certifications in prevention were part of the ME funding but 1) only for NGOs (not for other providers) and 2) only for drug prevention (no other types of risk behaviour). We have completed the 2nd revision of the 'Standards' in 2012, including 'Certification Guidelines' and operational Certifier's Manual. This quality assessment system is designed to be compulsory for all providers of prevention interventions and covers all types of risk behaviour recognized by the Czech ME. There is the Agency for Certification responsible for the assessment procedures and supervision. ME controls the certification process through the established 'Certification Board'. Assessment is based on preparatory evaluation (form and documents of program) and process evaluation (observation and interview of staff). First experiences and impressions with the whole system will be introduced.

3. Blueprints for Europe: Evidence-based Programmes and How they Affect Outcomes and Risk and Protective Factors

Axford N, Elliott DS, Little M

Social Research Unit, Dartington, UK

Blueprints is a publicly accessible online database of evidence-based programmes covering multiple outcome areas across developmental stages from infancy to early

adulthood. Blueprints programmes must have been tested by at least one good randomised controlled trial or two good quasi-experimental studies, with a preponderance of evidence demonstrating a positive impact. They must also be ready for dissemination in communities and public service systems.

This paper starts by outlining the standards of evidence that underpin Blueprints, covering intervention specificity (whether the programme is focused, practical and logical), evaluation quality (whether the evaluations produces valid and reliable findings), intervention impact (how much positive change in outcomes can be attributed to the programme), and dissemination readiness (whether the necessary infrastructure exists to enable the programme's successful implementation in communities and public service systems).

The paper then summarises the outcomes that approved programmes affect and the risk and protective factors (RPFs) that they target. Outcomes cover behaviour, physical health, relationships, emotional well-being and education. RPFs include individual/peer, family, school, work and neighbourhood factors. The paper explores the relationship between the type of programme and outcomes/RPFs, and also highlights outcomes/RPFs that few or no programmes address.

The paper identifies common elements of the logic models that underpin approved programmes, and examines how far programme evaluations have tested those logic models through mediation analyses. Finally, the paper considers implications of the analysis for developing, implementing and evaluating evidence-based programmes in Europe.

4. Health and well being at the work place

Poirier JC

CRAMIF, France

Beyond occupational safety and health in a traditional approach, companies can play an important role for keeping their employees in good health.

This aim corresponds to their companies' social responsibility on one hand and to their own interest on the other.

1. Public health and enterprise

Several aspects of public health can lead direct or indirect

consequences for companies: costs for occupational accidents which are caused by private behaviours, absenteeism, late deliveries, higher contributions for sickness benefits of employees.

This justifies various types of initiatives of amelioration.

- The doctrine of the European Network for Work Place Health Prevention.
- Governmental measures : Switzerland
- Limited but convincing fulfilments : Canada, France
- Orientations of developing those actions of health promotion.

2. Well-being programs within companies

Enhancing sport activities.

Selling fresh fruits and vegetables

Offering services of caretakers

Providing legal help



European Society for
Prevention Research



3rd International Conference and Members' Meeting

*"Common risk and protective factors, and
the prevention of multiple risk behaviours"*

Krakow, Poland
December 6-7, 2012



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