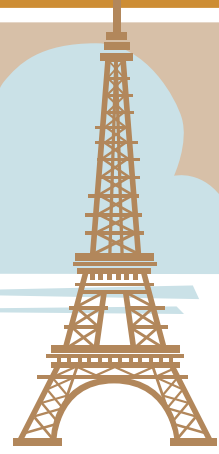




European Society for Prevention Research

IOA



# 4th International Conference and Members' Meeting

Le Centquatre, Paris, France  
November 13-15, 2013

# Understanding differences in prevention outcomes

Pre-conference workshops are in collaboration with



This year's conference has been co-organised with a number of leading French organisations with specialisms in prevention; INPES (Institut national de prévention et d'éducation pour la santé), MILDT (Mission interministérielle de lutte contre la drogue et la toxicomanie), INCa (Institut National du Cancer), IReSP (Institut de Recherche en Santé Publique) and Aviesan (Alliance nationale pour les sciences de la vie et de la santé).



Dear EUSPR Members and Conference attendees,

**I**t gives me great pleasure to welcome you to Paris for our 4th Annual Conference and Members' meeting.

I would like to take this opportunity to thank my fellow Board members for their hard work in helping to organise this year's event, and I extend my warmest appreciation to all conference presenters and attendees who have ensured that we will have another successful meeting. I would also like to offer my sincere thanks to my colleague Stuart Smith, who has largely been responsible for administering this year's event. If you see him over the next couple of days, please do pass on your appreciation.

This year's conference has been co-organised with a number of leading French organisations with specialisms in prevention; INPES (Institut national de prévention et d'éducation pour la santé; French Institute for Prevention and Health Education), MILDT (Mission interministérielle de lutte contre la drogue et la toxicomanie; Interdepartmental Mission for the fight against drugs and drug addiction), INCa (Institut National du Cancer; French National Cancer Institute), IReSP (Institut de Recherche en Santé Publique; French Institute For Public Health Research) and Aviesan (Alliance nationale pour les sciences de la vie et de la sante; National Alliance for Life Sciences and Health). We are extremely grateful for their support, and commitment to prevention research in France and Europe.

Our theme this year is '**Understanding differences in prevention outcomes**'. Although it is well known that differences in health and wellbeing within and between populations are influenced by a range of biological and social factors, less attention has been given to how these factors may influence the outcomes of prevention work. This is important because interventions and policies, particularly those delivered at a population level or with an assumption of universality, may also inadvertently generate health and social inequalities by disproportionately benefiting some populations, to the disadvantage of others. It is my belief that it is the responsibility of all of us working in prevention to actively ensure that our activities do not inadvertently lead to reductions in health and wellbeing, regardless of what funding or political pressures we might face.

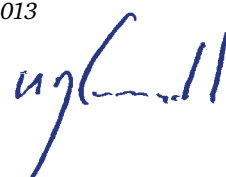
To help us explore these issues we have a number of plenary talks and discussions by leading prevention scientists from Germany, Italy, Poland, UK, and the USA. However, just as important are the parallel sessions and networking opportunities, where I hope you will gain a

better understanding of the fantastic work that is taking place across Europe (and internationally), and are able to identify future collaborations. The prevention science field in Europe is relatively small, and prevention research funding is always uncertain, so it is vital that we look to take advantage of these opportunities whenever we can.

This year we have a number of special sessions that I hope you will participate in. Firstly, we have convened two pre-conference methodology workshops in collaboration with our colleagues in the Science for Prevention Academic Network (SPAN). I hope that this is a tradition we can continue in future. SPAN have also sponsored this year's poster prizes and have generously provided bursaries for a number of early career conference attendees. Secondly, we are convening a number of special lunchtime sessions that I'm sure will tempt you away from your food. I'm particularly pleased to welcome Harold Perl, who is Chief of the Prevention Research Branch at NIDA (USA), who will be discussing NIDA's prevention portfolio, and alongside Maria Moreira from the EM-CDDA, will help us to understand what research funding opportunities are open to European scientists. We also have two extremely interesting symposiums on Transportability of evidence-based programmes and Screen-time related prevention research which aim to foster collaborative work. Finally, we have our first post graduate student/early career researcher forum, which I hope as many of you as possible will attend. This gives young researchers an important opportunity to present their research ideas or findings at an international conference, and hopefully the feedback provided will give them the support and encouragement to remain in the field.

As ever, if you are not already a Member I would like to encourage you to join the EUSPR, and if you already are a Member then I thank you for your continued support. We are always looking to identify how we can develop and improve the Society, whether through suggestions for future conferences, or additional Member-led activities. Please get in contact with a Board member either during the conference or afterwards as we always welcome your ideas and feedback.

*Prof Harry Sumnall, EUSPR President  
November 2013*



### Institut national de prévention et d'éducation pour la santé (INPES)



For more than 10 years now, the “Institut National de Prévention et d'Éducation pour la Santé” (the National Institute for Prevention and Health Education, INPES) has been the leading agency in terms of health prevention, promotion and education in France. An official public body created by the law of 4 March 2002 governing the rights of patients and the quality of the healthcare system, and under the supervision of the Ministry for Health in France, INPES pursues actions within the general framework of the main directions on public health established by the government. It promotes healthy behaviour, lifestyle habits, and environments which are favourable to health, taking into account developments within society and the relationship between the French public and their health.

For that purpose, INPES promotes the adoption of individual and collective behaviour which contributes to reducing the risk, or any worsening, of illness or accident. Its central missions are organised around 5 main themes:

- Implementing public health programmes, on behalf of the State and its public institutions;
- Providing expertise and advice on matters of health promotion and preventive measures;
- Ensuring the development of health education;
- Participating in the management of emergency and exceptional situations which have collective health consequences;
- Establishing training programmes for health education.

The development of research in prevention and health education is an important issue. Indeed, the implementation of preventive measures requires mobilizing sufficient knowledge to understand as precisely as possible the context and situation that need prevention, their psychological, cultural, social and societal aspects and the work of actors involved. From this knowledge must be derived the future preventive actions required on the basis of empirically valid theories. Finally, it must be ensured, prior to generalization, that the proposed intervention will have a positive impact. This is not always the case as shown in the literature and in particular in the Cochrane systematic reviews in our field.

Preventive actions can have a positive impact, no impact, and deleterious effects, which are unacceptable since prevention is aimed at healthy people.

Unfortunately, French studies are rarely found in the Cochrane meta-analyses cited above. Over the past decade, the National institute for prevention and health education (Institut national de prévention et d'éducation pour la santé – Inpes) has contributed by devoting a portion of its financial resources to developing this research in France, but this effort will have to be pursued for several decades.

Contrary to popular belief, prevention and health education do not merely boil down to school and the doctor's office. It can take place before birth, in childhood, throughout adulthood, among our elders. It must be performed where people live and love, work and play.

In its 10 years of existence, Inpes has supported more than 150 research projects. These funded projects involve scientific discussion (conferences, seminars), understanding and observation (surveys, studies), and the evaluation of preventive action.

Beyond the number of projects, it is important that our exchanges with the research teams have been humanly and scientifically rewarding.

In coming years, our effort must focus on the scientific evaluation of preventive measures.

We will have to find ways to motivate researchers to the fledgling field of scientific assessment of preventive actions. This will require exchange seminars and methodological seminars. We will also have to find the right time and place for meetings between the project leaders and research teams. Indeed, the scientific evaluation of intervention includes two parallel and integrated projects: an intervention of quality and an assessment of quality, which rely on the expertise of different teams for each of the two approaches.

## Interministerial mission for the fight against drugs and drug addiction (MILDT)



### MISSION

Founded in 1982, and reporting to the Prime Minister, the MILDT has the task of organising and coordinating the State's activities regarding the fight against drugs and drug addiction, particularly in the following areas: Monitoring and research, Law enforcement, Prevention of drug use, Fight against drug trafficking, Treatment, harm reduction and rehabilitation, European and international cooperation

### ACTIVITIES

To successfully complete its task of animating and coordinating offer and demand reduction policies, the MILDT:

Provides the different ministries as well as the MILDT's institutional partners with the information, communication, training and scientific research instruments they need.

Offers funding and methodological advice to innovative projects.

Works closely with the Ministry of Foreign Affairs (Ministère des Affaires étrangères) and the General Secretariat for European Affairs (Secrétariat général des affaires européennes) to coordinate France's position within the international organisations, with responsibility for all drug-related issues. In addition, the President of the MILDT chairs the Pompidou Group of the Council of Europe, an intergovernmental organ dedicated to the development of drug policies, which comprises 36 member States. France promotes a balanced approach to the drug problem, based on prevention, treatment and care of drug addicts and the fight against drug trafficking.

To do so, the MILDT prepares the decisions of the Interministerial Committee for the Fight Against Drugs and Drug Addiction (Comité interministériel de lutte contre la drogue et la toxicomanie), chaired by the Prime Minister. In September 2013, the Committee adopted the new Government Plan to Combat Drug and Drug Addictions for 2013-2017.

The 2013-2017 government plan to combat drug and addictive behaviours

The Plan constitutes the framework of the French government's action regarding drugs and addictive behaviours. Its priorities are:

Basing Public Initiative upon Observation, Research and Assessment - The constant objective of improving the identification of the motivations behind drug use and of making drug use less commonplace – including in the professional environment – with regard to alcohol, tobacco and cannabis in particular, makes it essential to support research efforts. These efforts should also strive to improve the care and treatment of drug users by developing new medication and innovative therapeutic strategies. Furthermore, basing drug policies upon validated scientific data is a means of simultaneously increasing their effectiveness and acceptance.

Taking the most Vulnerable Population Groups into account in order to Reduce Health and Social

Risks and Negative Impact – Some segments of the population are exposed to greater risk-taking behaviours: the youth, women – especially when pregnant – and the most disadvantaged social groups such as the working poor, the unemployed and the homeless. The Plan aims to take these specific population groups into account and reach out to “those who do not seek help”. It also provides for the development of appropriate preventive and therapeutic strategies which include social and professional integration or social mediation initiatives.

Reinforcing Public Security, Order and Health by Fighting against Trafficking and all Forms of Crime Linked to the Use of Psychoactive Products – Intensifying the fight against trafficking by initiating action further upstream, i.e. by increasing international cooperation in this field, and combating the illicit cultivation of cannabis; increasing and adapting law enforcement skills to the changing methods of drug traffickers; addressing the problem of new psychoactive substance; and facilitating the seizure and confiscation of criminal assets.

## Institut National du Cancer (INCa)



The French National Cancer Institute is a health and science agency dedicated to cancer. Placed under the umbrella of the Ministries of Health and Research, it brings together all of the players involved in the fight against cancer in France, to enable a long-lasting, coordinated national policy against cancer. It operates on an interdisciplinary basis, with the aim of federating, uniting and mobilising players and resources around joint projects.

The Institute is a public expertise agency (produces or coproduces regulatory documents) whose means of actions are the implementation of partnerships with and through the existing public and/or private structures of Care, Public Health and Research, and calls for proposals.

The Institute covers the whole spectrum of the fight against cancer and has four main areas of interventions:

**Public Health:** Implement a better cancer prevention strategy and diagnose cancer earlier

**Care:** Guarantee access to top-quality care for all, in line with the principle of equity

**Research:** Make innovation and progress more accessible

**Public information:** Bring the means to participate in the fight against cancer to everyone (general public, patients, health care professionals)

The Institute's aspiration is to help lower mortality due to cancer and improve the quality of living for people with cancer.

**RESEARCH STRATEGY FOR CANCER PREVENTION:** impulse actions for individual and collective determinants to change at risk behaviours

There is a continuous increase in cancer occurrence in France although the cancer death rate is now on a descending slope, thanks to early detection and earlier and more efficient treatment. Therefore a long term major target should be to increase our efforts in prevention as to reduce

new occurrences and promote this culture in the population and its appropriation at the political level.

This should contribute to the general health of the citizens in France accepted at large and for cancer at risk subgroups: research should identify how to reach this end and how to transfer findings into health intervention research and implementation into public health decisions.

The objective set for achieving this strategy is to build a supportive environment for research on prevention and behavioural change in order to increase both its quantity and quality. Having the results of this research more quickly adopted by the policymakers and practitioners is also a major goal.

Since some evident targets, although identified such as tobacco smoking, alcohol drinking, but also on a smaller scale nutrition, physical activity, infections failed to be efficiently fought, there is a need to understand their failure, expand research programmes for better comprehensiveness of behaviour risks in specific populations, and develop our capacities to interact and provide arguments to modify Public Health policies in France.

It can be observed that France has only a small number of research projects: 2% of INCa's call for proposal investigator-driven for which prevention is indicated as a priority; therefore, a limited number of researchers and research groups interested in this field, like in many other countries. In 2012, INCa's international Scientific Advisory Board therefore proposed to provide a programme strategy for prevention research on changing behaviour in order:

To bring more powerful arguments to public health decision makers

To build initiatives in translational research on behaviour change

To develop and fund basic research on behavior patterns and metrology

## French Institute for Public Health Research (IReSP)



Pooling expertise and financial support in public health research

Established since 2004 under a collaborative agreement, the French Public Health Research Institute is under Inserm financial administration.

### MAIN GOALS:

To develop and promote research in Public Health in France, with the help of a partnership made of 23 members (Ministries, Research Institutions, Health Agencies and Social Protection Organisations).

### AIMS:

- To define a scientific policy for public health research
- To develop a policy for collective management of research tools
- To set up working groups to help with decision-making and provide expertise
- To promote Public Health research

### RESEARCH FIELDS OF INTEREST

- Health services research
- Health public policies
- Health determinants interaction

### MAIN ACTIONS

- Inventory of public health research teams and cohort studies in France
- Funding public health research projects
- Supporting new emerging public health research groups
- Organising working groups on different public health topics
- Making available resources and tools for public health research: merging health surveys, funding coordination for very large cohorts
- Supporting events promoting public health research: quarterly journal “Public Health Issues”, organising events and conferences

### THE 23 MEMBERS OF THE BOARD OF DIRECTORS:

Chair: Director General for Health.

Ministries

Ministry of Health (DGS and DREES),

Ministry of Research and Higher Education.

Public Health Research Institutions

National Centre of Scientific Research (CNRS), National Institute for Health and Medical Research (Inserm), Research Institute of Development (IRD), National Institute of Demographic Studies (INED), School of Advanced Studies in Public Health (EHESP), Union of Catholic Further Education Establishments (UDESCA), French Rectors' Conference (CPU), National Foundation of Political Sciences, Pasteur Institute, National Conservatory of Arts and Crafts.

Public Health Agencies

The National Authority for Health (HAS), the National Agency for Medicines and Health Products (ANSM), the National Agency for Food, Environment and Occupational Health and Safety (Anses), the National Institute for Public Health Surveillance (InVS), the National Institute for Health Promotion and Health Education (INPES), the Biomedicine Agency (ABM), the French Institute for Blood (EFS), the National Cancer Institute (INCa).

## AVIESAN ITMO Public Health



ITMO Public Health is one of the ten thematic multi-organization institutes (ITMOs) put in place by the French National Alliance for Life Sciences and Health in order to coordinate all publicly funded research in this field. The focus covers the whole scope of public health research and is strongly multidisciplinary with the involvement of a range of scientific disciplines: epidemiology, biostatistics, social, economic and human sciences applied to public health issues, toxicology, and clinical research methodology. The primary objectives of ITMO Public Health are to improve the international visibility of French research in public health and to promote the use of research evidence in order to improve the efficiency and equity of public health policies and programs.

ITMO Public Health is organised around three units: Clinical Research, Collective Expertise and Public Health, and operates in close collaboration with IReSP (the French Institute for Public Health Research). IReSP brings together all the key organisations that finance public health research and contribute to implementation of public health policy in France. Jean-Paul Moatti is director of both organisations, in order to facilitate a coherent policy and initiatives.

### Clinical Research

A national network of 41 Clinical Investigation Centres (CIC) which coordinate 54 units: 26 of them are multi- thematic, 9 on clinical epidemiology, 11 on biotherapies and 8 on technological innovations.

A platform, recognised by the European Union: ECRIN (European Clinical Research Infrastructures Network), that manages and promotes clinical research. Its French chapter, FCRIN, has been awarded an “Investissements d’Avenir” (“Investments for the future”) status, a program used to select innovative projects that require long-term investments.

Management of an annual call, in collaboration with the Ministry of Health (Department of Hospitals and Health Care Organisations [DGOS]), for translational research projects to facilitate transfer of fundamental research results to clinical practice and vice versa.

Promotion of clinical trials (more than 150 trials in 2011).

### Collective Expertise

Management of a formal expertise procedure, based on a combination of literature reviews and high level experts’ consultation to synthesise existing evidence on key public health and research issues.

This procedure involves choosing 10 to 15 experts to review the evidence in the domain.

Approximately 5 collective expertise reports are undertaken every 18 months. The evidence and recommendations in the reports are used by public authorities, health, and social protections agencies.

### Public Health

Coordination of a total of 250 research teams, in various institutes, universities and public organisations including both public health and social sciences researchers.

13 national epidemiological cohorts financed by the Very Large Research Infrastructures program (TGIR) and/or the “Investissements d’Avenir” program (“Investments for the future”) of the Ministry of Research, as well as support to epidemiological Registries.

# PROGRAMME

## Day 1 – 14th November

**8.30 - 9.30**      **Registration**

**9.30 – 10.00**    **Opening and salutations – Main auditorium**

Prof Harry Sumnall (EUSPR Board President), Dr Thanh Le Luong (Director General, INPES)

**10.00 – 10.30**    **Coffee break and networking**

**10.30 – 12.00**    **Plenary Session 1 – Main auditorium**

What factors are likely to moderate the outcomes of family based prevention? (Prof Frances Gardner, University of Oxford, UK)

The influence of gender on moderating prevention outcomes (Dr Federica Vigna-Taglianti, University of Torino, IT)

Chair: Prof Rosaria Galanti (Karolinska Institutet, SW)

**12.00 – 14.00**    **Lunch and Lunch Activities – break out rooms**

Post-graduate student Forum – an opportunity for post graduate students to present and discuss their work (Angelina Brotherhood, AT; Anna-Theresa Renner, AT; Kimberley Hill, UK; Nathan Keane Gardner, UK)

Special interest group - Screen time related prevention research (Paula Bleckmann, DE; Michael Seidel, DE; Daniel Lloret Irlles, ES)

**14.00 – 15.45**    **Parallel Sessions 1 – break out rooms**

Sessions 1.1; 1.2; 1.3

**15.45 – 16.15**    **Coffee Break**

**16.15-16.30**    **Conference address from INCa – Main auditorium**

Prof Agnès Buzyn (President, INCa)

**16.30 – 17.45**    **Parallel Sessions 2 – break out rooms**

Sessions 2.1; 2.2; 2.3

**20.00**            **Conference social dinner**



## Day 2 – 15th November

**08.30 – 09.15 EUSPR Member’s Meeting – Main auditorium**

**09.15 – 09.30 Conference address from IReSP/ Aviesan – Main auditorium**

Prof Jean-Paul Moatti (Director of IReSP and Aviesan)

**09.30 - 10.30 Plenary Session 2 – Main auditorium**

Contextual factors affecting prevention. Including contributions from Dr Jeanne Poduska (USA); Dr Katarzyna Okulicz-Kozaryn (PL); Mr Frederick Groeger-Roth (DE).

Moderator/discussant: Prof David Foxcroft (Oxford Brookes University, UK)

**10.30 – 11.00 Coffee Break**

**11.00 – 12.00 Structured poster session**

**12.00 – 14.00 Lunch and Lunch Activities**

Symposium - The NIDA Prevention Portfolio – Harold Perl (Chief, Prevention Research Branch, NIDA, USA); Prevention in EC Funding (Maria Moreira, EMCDDA, PT)

Symposium - The transportability of evidence-based programmes (Nick Axford, UK; Vashti Berry, UK; Frances Gardner, UK)

**14.00 – 16.00 Parallel Sessions 3 – break out rooms**

Session 3.1; 3.2; 3.3

**16.00 – 16.15 Conference address from MILDT – Main auditorium**

Danièle Jourdain-Menninger (President, MILDT)

**16.15 – 17.00 Conference Chair’s Plenary – Main auditorium**

Unpacking the black box: Engineering more potent behavioral interventions using the Multiphase Optimization Strategy, MOST (Prof Linda Collins, Penn State University, USA)

Challenges of economic evaluation in Prevention (Dr Franco Sassi, OECD)

Chair: Prof Fabrizio Faggiano (Avogadro University, IT)

**17.00-17.10 SPAN Poster Prize Giving & Conference Close – Main auditorium**

Prof Harry Sumnall (EUSPR President, and Liverpool John Moores University, UK)

# Plenary Speakers

## **Prof Frances Gardner**

University of Oxford, UK

Professor Frances Gardner is Professor of Child and Family Psychology in the Department of Social Policy and Intervention, and Fellow of Wolfson College. She has been Director and Deputy Director of the graduate programme in Evidence-Based Social Intervention at Oxford since it began in 2003, as well as co-Director of the Centre for Evidence-Based Intervention. Her research focuses on two related areas:

**Parenting and antisocial behaviour:** her research in this area focuses on the development of anti-social behaviour or conduct problems in children and young people, particularly how early parenting style influences young people's adjustment, and how this can help inform and understand intervention mechanisms. She conducts randomised controlled trials of community-based parenting programmes in the UK, US, and South Africa, as well as systematic reviews, investigating questions about effectiveness of parenting interventions for families and children with different clinical and social characteristics; their mechanisms of change, and their transportability across countries and cultures. She specialises in direct observational methods for assessing parent-child interaction.

**Risk and resilience in young people's mental health:** this work investigates factors promoting poor mental health vs resilient outcomes in young people, using longitudinal studies of the development of antisocial behaviour and other mental health problems in young people, with low income families in the USA, and with orphans and vulnerable children in South Africa. She also uses UK national cohort data to assess how risk factors for antisocial behaviour, such as parenting, have changed over recent decades.

## **Dr Federica Vigna-Taglianti**

University of Torino, IT

## **Prof Linda M. Collins**

Penn State University, USA

Linda M. Collins, Ph.D., is Professor of Human Development & Family Studies and Professor of Statistics at Penn State. She is also Director of The Methodology Center, an interdisciplinary research center devoted to the advancement and dissemination of quantitative methods for applications in the behavioral sciences. Dr. Collins's research interests center on engineering-inspired methods for improving behavioral interventions, particularly the Multiphase Optimization Strategy (MOST), a methodological framework for optimizing and evaluating behavioral interventions. Her peer-review publications have appeared in a wide range of outlets, including methodological journals such as *Clinical Trials*, substance use journals such as *Nicotine and Tobacco Research*, behavioral health journals such as *Annals of Behavioral Medicine*, and engineering journals such as *IEEE Transactions on Control Systems Technology*. She has co-edited several books and special issues of journals, and co-authored a book on latent class analysis. Her research has been funded by the National Institute on Drug Abuse, the National Science Foundation, the National Cancer Institute, and the National Institute of Diabetes and Digestive and Kidney Diseases.

## **Dr Franco Sassi**

OECD

## **Dr Jeanne Poduska**

American Institutes for Research (AIR), USA

Jeanne Poduska is a managing scientist at AIR, and has worked at the intersection of public health, prevention, and education for over 20 years, partnering with schools and districts to develop, test, and implement prevention programs. Her work is guided by a developmental epidemiological prevention research strategy. She has served as the principal investigator or project director on numerous projects funded by NIMH, NIDA, NICHD and IES ranging in focus from efficacy through effectiveness and into implementation research.

### **Dr Katarzyna Okulicz-Kozaryn**

Institute of Psychiatry and Neurology (IPiN); State Agency for Prevention of Alcohol-Related Problems (PARPA), PL

Katarzyna Okulicz-Kozaryn is Assistant professor at IPiN, as well as Head of Public Education, Research and International Cooperation Department at PARPA. Katarzyna's research interests are factors related to young people's mental health and substance use; implementation of evidence-based prevention programs and effective strategies in local communities; improvement of services addressing risky and harmful alcohol users as well as children with prenatal alcohol exposure.

### **Mr Frederick Groeger-Roth**

Crime Prevention Council of Lower Saxony, DE

Frederick Groeger-Roth, M.A. works at the Crime Prevention Council of Lower Saxony (CPC) / Ministry of Justice of Lower Saxony (Germany). He graduated in Sociology at the Freie Universität of Berlin in 1996. His work covers research on youth violence and deviant behaviour in urban areas (1997 – 2002) and the management of the German Associations of Community Workers at state and federal level (2002 – 2008). Since 2009 he is project manager at the CPC for implementing the "Communities That Care" - CTC approach in the State of Lower Saxony.

# Parallel Session 1

## Session 1.1

**John Kjøbli, Terje Ogden**

### ***A nationwide effort to prevent conduct problems in children and adolescents in Norway: Does age and gender affect the effectiveness of evidence based interventions?***

The dissemination of evidence-based programs is paramount in the effort toward improved child mental health services. The Norwegian service system has been a pioneer in this regard: In 1997, a policy decision was made to scale up the use of evidence-based intervention to prevent and reduce youth conduct problems. Consequently, Parent Management Training-Oregon (PMTO), Brief Parent Training (BPT; short-term adaptation of PMTO) and Multisystemic Therapy (MST) have been disseminated throughout Norway. Following their successful implementation and five randomized effectiveness trials showing positive results, the next step was to examine for whom and under what conditions the interventions were effective. Thus, the current study explored whether child gender and age influenced intervention outcomes. Method: This study was based on three samples: 1) 323 families who received PMTO. Children were aged 4–12 years, 27 % were girls. 2) 216 families who were randomized to BPT or practice as usual. Children were aged 3-12 years, 32 % were girls. 3) 117 families who received MST. Adolescents were aged 12-17 years, 35 % were girls. Results: Few gender differences in outcomes emerged, indicating that the interventions were equally effective for boys and girls. In PMTO, findings indicated differential effects in favor of the youngest children. However, age was generally not related to outcomes in BPT or MST. Conclusions: Age and gender was not systematically related to outcomes. This finding may suggest that the interventions were robust and flexible enough to be effective, regardless of age and gender.

**Cátia Magalhães, Karol Kumpfer**

### ***Effectiveness of the Strengthening Families Programme for boys and girls***

Few published studies investigate the relative effectiveness of substance abuse prevention programs for their differential effectiveness by gender. When sub-group gender analyses are conducted, there is often a statistically significant result for boys but not for girls because of reduced base rates of use. Girls are more influenced by

their families in terms of substance use and other problem behaviors according to the SEM-tested Social Ecology Model. Because a gender analysis for the Strengthening Families Program (SFP) has never been conducted the aim of this research was to determine the relative effectiveness of SFP for girls and for boys. An archival SFP 6-11 Years data base (n = 1,700) of parent self-reported pre- and post-tests including 21 parenting (5), family (5) and youth risk and protective scales plus parent substance use was used. Statistical analyses employing within- and between-groups 2 gender x 2 repeated measures ANOVAs compared the outcomes for girls versus boys. The outcome tables including means, SDs, Mean Change, F-values, p-values and Cohen's d effect sizes. The between-groups ANOVA that made comparisons of the outcomes for the large normative sample of girls and boys revealed no statistically significant difference in the positive outcomes of SFP for girls as compared to those for boys. The outcome effect sizes were somewhat larger for girls than for boys. This analysis suggests SFP is equally effective for girls as for boys possibly because girls today have similar levels of behavioral problems compared to boys because girls are more impacted by family relationships.

**Jeremy Segrott, Rothwell, H, Murphy, S, Morgan-Trimmer, S, Scourfield, J, Holliday, J, Thomas, C, Gillespie, D, Roberts, Z, Moore, L, Foxcroft, D, Hood, K, Phillips, C, Reed, H, Humphreys, I**

### ***Programme fidelity in a large pragmatic trial: findings from a process evaluation of the Strengthening Families Programme 10-14 UK (SFP10-14UK)***

**Background:** Pragmatic trials afford greater potential for variation than explanatory trials. In these trials it is therefore particularly important to examine fidelity of implementation. Project SFP Cymru, the randomised controlled trial of the Strengthening Families Programme (SFP10-14UK) which involves more than 700 families, incorporates an integral process evaluation which has examined adherence, exposure, quality of delivery, participant engagement and programme differentiation. SFP10-14UK was delivered by local voluntary and statutory bodies in seven areas of Wales. Training, funding and programme manuals were provided as they would be in a non-research context and no special measures were used to control programme delivery.

**Methods:** Data collection comprised: interviews with, and self-report data from programme staff; observation of programme sessions; and routine data from each area.

Descriptive analyses of quantitative data were conducted with appropriate tests of significance and reliability. A thematic framework was developed for coding and analysis of qualitative data.

**Results:** This paper details key findings from the self-report data and programme observation on the extent to which the SFP10-14 was delivered with fidelity. Key influences on programme implementation are also discussed. These included: group size; participants' response to programme content; and facilitators' management of tensions between adherence to the manual and social interactions.

**Conclusions:** Findings highlight the value of examining delivery quality as well as adherence, and the importance of understanding the relationship between group dynamics and programme fidelity

**Samia Abreu, Sheila Giardini Murta** (University of Brasília; Ministry of Health)

***Primary prevention on mental health in Brazil: a comprehensive systematic review and the perspective of experts***

The goal of this study was to identify the research state of the art in mental health prevention in Brazil from the perspective of literature and experts. Thus, were developed three sequential studies. The first was a systematic review of national literature, without limitations on the publication's age. We found 4131 articles. 3016 (73.08%) were studies of physical illness prevention and 651 (15.76%) of mental illness. Of these, the most prevalent were exploratory studies, 256 articles (68.45%). 31 articles (8.29%) described programs and only 2.94% were programs systematically evaluated. The second study was a systematic review of the characteristics of preventive interventions identified in the previous study. Were analyzed the characteristics of 42 interventions. National interventions are characterized by long, with a small number of subjects, held weekly, and were aimed at teaching skills. 84% of them did not undergo follow-up. The third study examined the perspective of experts, identified in previous reviews. We adopted a randomized study of multiple cases. Ten Brazilian researchers were interviewed. These experts highlight the validation step as one of major current challenges in the area. Therefore, personal, professional and environmental resources were listed as important factors for expert's career. Prevention education and teaching skills for future professional are also discussed. The results indicate the discontinuity of the transformation of basic research on preventive interventions and technologies, the lack of interlocution between academic research and public policy, the need for investment in measures of assessment, so prevention programs could be disseminated on a large scale.

**Federica Vigna-Taglianti, Caria MP, Galanti MR, Faggiano F, and the EU-Dap Study Group**

***Can school-based prevention programs reduce health inequalities? The example of Unplugged***

Despite the potential high impact of prevention programs in reducing health inequalities, this question has received little attention in intervention research. The aim of this study was to evaluate whether the social environment modifies the impact of a preventive school curriculum (Unplugged) program on students' alcohol use. During the school year 2004-2005, 143 schools (7079 pupils) of seven European countries were randomly assigned to either control or a 12-session curriculum based on a social influence model. Randomisation was blocked within socioeconomic levels of the school environment. Alcohol use and alcohol-related problem behaviours were investigated at baseline and 18 months thereafter. Data was analysed using multilevel regression modelling. At baseline, adolescents from schools located in neighbourhoods of low socioeconomic level were more likely to report problem drinking than other students. Participation in the programme was associated in this group with a decreased odds of reporting episodes of drunkenness (OR = 0.60, 95% CI = 0.44-0.83), intention to get drunk (OR = 0.60, 95% CI = 0.45-0.79), and marginally alcohol-related problem behaviours (OR = 0.70, 95% CI = 0.46-1.06). No significant programme's effects emerged for students in schools of medium or high socioeconomic level. Effects on frequency of alcohol consumption were also stronger among students in disadvantaged schools. Comprehensive social influence school-based curricula may have a more favourable effect on problematic drinking among students in underprivileged social environments. If administered in unselected populations, they can contribute to reduce inequalities in risk factors for ill-health.

**Daria Buscemi, Caria MP, Vigna-Taglianti F, Faggiano F**

***Prevention Programmes Can Reduce Social Inequalities In Health?***

**Background:** Alcohol abuse in adolescence is a cause of social inequalities in health. This study aims to assess European alcohol abuse prevention interventions among adolescents effects on different social economic classes (SES).

**Methods:** A systematic literature search identified all studies conducted in Europe and published after 1995, assessing effectiveness of interventions to prevent alcohol abuse among adolescents. Eight studies met the

inclusion criteria, three were included: EU-DAP study evaluates Unplugged; Conrod study analyzes Preventure; Morgenstern study describes Aktion Glasklar. The authors of the studies were contacted to obtain a re-analysis according to SES. Results: In EU-Dap, disadvantaged SES children have greater benefits from the program than the others, particularly on drunkenness. Conrod study showed a similar short term reduction in alcohol use in both SES groups. In Morgenstern study, binge drinking students belonging to disadvantaged SES seems to get more benefits from the intervention compared to those of the wealthier classes. Conclusions: Two of the three studies included (EU-Dap and Morgenstern) showed a greater effectiveness among lower SES students, particularly to alcohol abuse. Prevention interventions appear to reduce social inequalities, although the weak is evidence, relying on a limited number of studies lacking power to show effects at the level of social strata. Moreover, the included studies don't assess other prevention interventions, other than school-based; no evaluations have been done on "environmental" interventions, such as policies on alcohol accessibility or price. Assessing prevention equity effect is a priority, and it requires that evaluation studies consider SES as a standard variable to be collected and used in the testing.

**Martin Bergström, Håkan Stattin, Pia Enebrink, Viveca Olofsson**

### ***Are they equally effective in distributing parenting programs? Parental outcomes for different sectors of care***

**Introduction:** Parenting programs are typically delivered by three Swedish sectors of care: Child and Adolescent Psychiatry (CAP), Social care, and School health. The three sectors differ in terms of organization, children's problem levels, and personnel professions. Here, we examined if changes in parental wellbeing differed depending on sector. This has not been reported before.

**Methods:** We use pre-, post- and one year data from a randomized control trial evaluating four established parenting programs: The Incredible Years, COPE, Connect, and COMET. Within the three sectors, 27 units recruited 749 families, with a child aged 4 thru 12 years. Only 5% of the 635 families who participated in a program were lost to attrition. We investigated initial differences at sector level on socio-demographic characteristics. Using Mixed model analysis we compared the sectors on Parent Sense of Competence, Caregiver stress and Depression.

**Results:** At pretest the parents differed significantly on several socio-demographic characteristics. They also differed in their initial levels of wellbeing with the parents

at CAP having the lowest levels and the parents at School having the highest of wellbeing. At posttest, and after one year, the significant positive time effects on all outcomes were independent of sector ( $F = .02 - .08$ ).

**Conclusions:** Concerning socio-demographics characteristics and parental wellbeing, the three sectors seem to care for different families. However, they seem to be equally good in altering wellbeing. This opens for enhanced collaboration between the sectors of care.

**Nick Axford, Fabian Davies, Lynn McDonald**

### ***How can we make evidence-based programmes more socially inclusive?***

Evidence-based family skills training programmes can improve the well-being of children and families significantly. However, their market penetration is poor. When they are adopted, services struggle with recruitment and retention, particularly with so-called 'hard to reach' families. Such programmes often jar with cultural norms in new settings and are rarely sustained beyond initial funding. More needs to be done to ensure that such programmes reach the largest possible proportion of their target group. They need to be more socially inclusive.

The paper is based on three sources: a seminar involving representatives from several groups serving and representing families in the UK; a review of the literature; and a survey of the developers of 23 UN-endorsed family skills training programmes. The focus was on identifying means for making such programmes more socially inclusive.

The paper identifies four strategies. First is maximising the recruitment of low-income and minority ethnic families and reducing their drop-out. Second is 'co-producing' programmes with service user parents and local health, education and social care professionals. Third is building social capital in local communities by modelling mutually respectful relationships with parents and professionals during the process of programme selection and then supporting delivery structures that build relationships that span home life, school and the wider community. Fourth is planning for sustainability by working to make programmes 'system ready' and systems 'programme ready'.

If evidence-based family skills training programmes are to maximise their impact then significant work is needed by designers and implementers to make them socially inclusive.

## SESSION 1.3

**Ina M Koning, Lugtig, P., & Vollebergh, W.A.M.**  
***Moderation by Baseline Drinking Status: Effects of an Alcohol Prevention Program targeting Students and/or Parents (PAS) among weekly drinking students***

The effects of an intervention designed to prevent onset of weekly drinking in non-drinking students (PAS) was investigated in the group of students that was already drinking at baseline. A cluster randomized trial was used including 3,490 Dutch early adolescents (M age=12.66, SD=0.49) randomized over four conditions; 1) parent intervention, 2) student intervention, 3) combined intervention and 4) control group. Outcome measures were amount and growth of weekly alcohol drinking measured 10, 22 and 34 months after baseline. The combined intervention significantly curbed the growth of drinking among both non-drinkers (the target group of the intervention) and drinkers at baseline. Overall, less strong increases of drinking over time are found among non-drinkers compared to drinkers at baseline. Thus, the combined PAS intervention is also effective in curbing adolescents' drinking behaviour in those who already were drinking at baseline. Implementation of the combined parent-student intervention is recommended.

**Veronica Velasco, Mariella Antichi, Francesca Mercuri, Elena Paganini, Corrado Celata**  
***The implementation and dissemination of an evidence-based program: the LifeSkills Training Lombardia***

Many evidence-base programs have been developed and evaluated but few of them have been widely adopted. The gap between science and practice has long been noted in literature and in the prevention practice. The presentation will report the experience of the implementation and dissemination of the LifeSkills Training (LST) program in Lombardy, a region in the north of Italy. The LST is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence and it is recognized as a model program by an array of government agencies. The program have been adapted and implemented in Lombardy involving the Regional Government, 15 Health Units and the Regional School Authority. The project includes a cascading training starting from the Botvin's staff and the OReD trainers. About 160 health professionals, 1650 teachers and 19000 students have been involved in the project.

The presentation will focus on the activities delivered to assist health professionals and teachers and to evaluate both the quality of the implementation and its efficacy. The project was able to reduce the tobacco use initiation and to increase students' skills. Many activities have been realized to integrate the program with the local prevention culture, the education role of the school and with the communities' needs. The barriers faced during the LST implementation and the lessons learned will be summarized. The LST Lombardia project represents a good opportunity to identify some strategies to disseminate and maintain preventive evidence-based programs in new cultures and communities.

**Federica Vigna-Taglianti, Giannotta F, Galanti MR, Scatigna M, Vadrucci S, Faggiano F, and the EU-Dap Study Group**

***Factors mediating the effectiveness of a school-based intervention to prevent substance use in adolescence ("Unplugged")***

Adolescents' substance use is still a major concern in Western countries. During the last twenty years, advances in prevention field have been made and some programs have been shown as effective in preventing youth from drug use in late adolescence and adulthood. Particularly, programs based on enhancement of individual competences and on social influence theory seem to be promising. In spite of the advancement in knowledge, there are still many unanswered questions, e.g. the mediation mechanisms through which interventions work. The present study aimed at investigating factors mediating the effects on tobacco, cannabis use and alcohol abuse of a European school-based intervention (Unplugged) that has been shown to decrease alcohol and tobacco use in the short term. The program consisted of 12-hour curriculum based on a social-influence approach. 143 schools (7079 pupils) of seven European countries were randomly assigned to experimental or control condition. Data was collected before and three months after the end of the program. Multilevel multiple mediators models were performed to study mediators of the effects on tobacco, cannabis use and drunkenness episodes, for users and abstainer at baseline. Participants in the program decreased positive attitudes toward drugs, positive beliefs about cigarettes, alcohol, and cannabis, and the normative perception of peers actually involved in tobacco and cannabis use. They also increased negative beliefs about tobacco, knowledge and refusal skills towards all substances compared to control group. Positive attitudes towards drugs, refusal skills and perception of peer using tobacco and cannabis mediated the effects of the program on the use of substances.

# Parallel Session 2

## Session 2.1

**Jeremy Segrott**, Rothwell H, Murphy M, Hewitt G, Hickman M, Playle R, Huang C, Reed H, Moore L

***Preventing alcohol misuse in young people: implementation, feasibility and acceptability of a primary school-based intervention with a family component – the Kids, Adults Together (KAT) Programme***

The Kids, Adults Together (KAT) programme aims to reduce alcohol misuse through promoting pro-social family communication.

**Objectives:** To determine the value/feasibility of conducting an effectiveness trial of KAT.

**Methods:** Cluster-randomised exploratory trial involving 9 primary schools in Newport, UK. An embedded process evaluation comprised observation of programme delivery, interviews with teachers and parents, and focus groups with pupils. Data on socio-economic status (using the Family Affluence Scale) and intervention participation was collected via questionnaires.

**Intervention:** KAT addresses social and health effects of alcohol through classwork for children; a family event for children and parents/carers; and a DVD to take home.

**Main outcomes:** Outcomes included implementation fidelity; and acceptability/feasibility of the KAT programme.

**Results:** Nine schools (23% of those eligible) took part with rates of free-school-meal (FSM) entitlement from 1% to 37.2% (county median 18.4%). KAT was acceptable to teachers, children and parents and was delivered as intended, though two intervention schools withdrew. For children, the participation rate in the programme was 94%. Fifty percent of families from intervention schools were represented by an adult member at KAT family events. In the school with the highest FSM entitlement (37.2%), the largest proportion (22/34, 66%) of children reported that family members attended. But overall, more children with higher FAS scores (more affluent) reported family participation.

**Conclusions:** KAT showed some promise in terms of participation, feasibility and acceptability in schools from a wide social/demographic range. Further work should include strategies to improve school retention; and within schools, to involve less affluent families.

**Josipa Mihic**, Novak, M., Hosman, C  
***A study on predictors of prevention programs effectiveness***

Available scientific knowledge from earlier successful and unsuccessful trials to prevent mental, emotional and behavioral problems offers a base for designing and implementing effective prevention programs and policies. Determinants of an intervention's impact or effect are referred to as "effect predictors" or "effect moderators" (Hosman, 1994; Hosman & Engels, 1999). General principles gleaned from effective interventions may help mental health promotion and prevention practitioners to select, modify or create more effective programs.

This paper will present the results of a study focused on assessing the predictors and moderators of prevention programs effectiveness on the cohort of 24 prevention interventions in Croatia. Study was conducted with the collaboration of University of Zagreb, Faculty of Education and Rehabilitation Sciences and the Region of Istria, Department of Health and Social Services. Within the study, written proposals of 24 prevention interventions were firstly assessed with the quality assessment instrument – Preffi 2.0 (Molleman et al., 2003). Preffi 2.0 consists of 39 quality criteria – effect predictors, variables that are demonstrably related to the program's intended output. Its items are distributed within eight clusters: (1) problem analysis, (2) determinants of behavior and environment, (3) target group, (4) objectives, (5) intervention development, (6) implementation, (7) evaluation and (8) contextual conditions and feasibility. The outcome evaluation of included prevention interventions was also conducted. The main intention of the study was to examine if interventions that accomplish higher scores on Preffi 2.0 instrument achieve more effective outcomes than interventions which are not reflecting available knowledge on effect moderators. Methods of meta-analysis and hierarchical linear modelling were applied in analysing the validity of the Preffi 2.0 instrument in predicting the effectiveness of the interventions.



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

**Nick Axford, Jane Barlow, Victoria Baker**  
*Towards a better start: using science to improve outcomes for children from conception to three years*

The Big Lottery 'A Better Start' programme aims to improve the nutrition, socio-emotional development and language of children from conception to three years of age living in disadvantaged communities in England. 15 sites are being supported using the Evidence2Success method to develop evidence-based prevention strategies, and the 3-5 selected for further funding will receive support with implementation. Sites are encouraged to base their strategies on the best available evidence.

The paper first outlines a framework synthesising what is known about the key influences on a child's early development. It covers the role of: maternal physical and mental health during pregnancy; the home environment and parenting in infancy and toddlerhood; the family's economic situation and their wider physical and social environment; age, gender, temperament and gene-environment interaction in moderating risks; and the mechanisms by which risk and resilience get into the body.

The paper then summarises the best available evidence of 'what works' to improve outcomes, organising options in terms of the focus of activity (maternal health, parenting, economic situation etc.) and the type of activity (policy, programmes, practices, processes, quality improvement, population-level interventions). It shows how the approach encourages activities that are evidence-based (i.e. tested and found effective) as well as those that are science-based (innovations rooted in the best-available evidence that are yet to meet the highest standard for evaluation quality and impact).

The approach demonstrates an innovative approach to marrying system reform and community-based innovation that is rooted in science and designed to contribute to better outcomes.

## Session 2.2

**Fabrizia Giannotta, Metin Özdemir, Håkan Stattin**  
*Implementation integrity of parenting programs. What aspect is more important?*

Implementation of preventive interventions is considered a crucial aspect of their success. However, few studies have investigated what component of the Implementation process is more important. In this study, we aimed at understanding whether the different components of implementation integrity, namely adherence, quality of implementation, dose, and participant responsiveness affected the effectiveness of four different parenting programs in Sweden. We also investigated the effects of implementation integrity at both group and individual level. Data come from the national evaluation of parenting programs in Sweden. The study design was randomized controlled trial. The sample was composed of parents of 908 3-12 year old children. Parents were randomly assigned into one of the most common parenting programs in Sweden or to a waitlist condition. Measures included parenting behaviors (coldness/rejection, attempted to understanding, outburst, rewarding), children conduct problems, and measures tapping onto four unique components of implementation integrity (quality, participants responsiveness, attendance, and satisfaction). Results indicated that the parents who participated in groups were the quality of implementation was high improved their parenting and their children decreased in problem behaviors. Moreover, parents' responsiveness, in terms of attendance, completion of homeworks and satisfaction with the program, was associated with decreased negative parenting practices and child conduct problems, at both group and individual level. Our findings suggest that all components of implementation integrity are important to ensure intervention effects, independent of the type of program.

**Michelle Miller-Day, Michael L Hecht, Janice Krieger, John Graham, Jonathan Pettigrew, L. Edward Day**

*Narrative as a Promising Adaptation to Substance Use Prevention Curricula*

In creating prevention messages for youth in school-based settings, a goal is to create messages that resonate with youth and heighten identification. Creating identification is particularly difficult when seeking to change the story of adolescent substance use. In universal drug prevention programs, the audience is often youth whose experience

## Parallel Session 2

with illicit substances ranges from none at all to significant use; thus, providing a challenge for presenting prevention messages in a way that is personally relevant or meaningful to adolescents all along this continuum of experience. One way to appeal to a range of personal experiences is to insert narratives—personal stories or stories of known others—into lessons. Implementers often adapt program content to align more closely to their student needs and needs for the classroom, with evidence suggesting that lesson adaptations (such as adding narrative material) occur in more than 50% of lesson implementations. This study seeks to understand teacher narratives as a particular type of lesson adaptation.

Trained observers coded a random sample of 276 video recorded prevention lessons taught by 31 teachers in two rural states in the mid-Atlantic region of the United States who implemented the keepin' it REAL drug prevention curriculum in 7th grade classrooms (n = 25 schools). Qualitative and quantitative analyses were conducted.

The presentation will discuss the concept of narrative in prevention, identify the forms and functions of teacher narratives occurring during lesson implementation, and discuss associations of narrative adaptations with student engagement.

**Michelle Miller-Day, Michael Hecht, Janice Krieger, Jonathan Pettigrew, John Graham, L. Edward Day**

### ***Implementation Quality, Real World Adaptations, and Implications for Student Engagement in a Classroom-Based Prevention Curriculum***

As interventions are disseminated widely, issues of fidelity and adaptation are important. Prevention models typically define fidelity as loyalty to planned curriculum content and delivery; yet, recent research reveals that, when implemented in real-world settings, adaptations to program models are the norm rather than the exception. This study describes the types of adaptations made by teachers delivering a school-based substance use prevention curriculum.

To determine the degree to which implementers adhere to a prevention curriculum and naturally adapt the curriculum, the study examined lesson adaptations made by the 31 teachers in two rural states in the mid-Atlantic region of the United States who implemented the keepin' it REAL drug prevention curriculum in 7th grade classrooms (n = 25 schools). From the total sample, 276 video recorded lessons were randomly selected for observational coding and quantitative and qualitative analyses.

This study reveals that implementers adapted more than 90% of program components, frequently by omitting program components altogether. The study describes the variety of adaptations made by teachers/implementers, the frequencies of those adaptations, and adaptation clusters. Findings also reveal the associations of different teaching profiles (general teaching approach and adaptation clusters) with student engagement.

## Session 2.3

**Bianca Langmann**

### ***Oral Health among socio-economically deprived children in Austria. Recommendations for action to reach the target group***

**Introduction:** According to data in Austria, there is a total improvement in dental health status. Nevertheless, there is a huge necessity for preventive methods especially for socially disadvantaged groups (Das Land Steiermark & gesundheit steiermark, 2010, p. 8). The main risk group are children of socially deprived families. This is because of little health care utilisation and emerging problems with cavity (Stadt Köln, 2012, p. 6). The aim of this thesis is to find out proper methods for dental health promotion, to help socially disadvantaged children gaining a better oral health.

**Methodology:** Proper literature has been taken out largely from studies of literature databases. Used databases were Cochrane Library, PubMed, DARE (Database of abstracts of reviews of effects), Medline, Embase and ScienceDirect. Additional literature was used from books and online sources. Secondary, a guided interview with experts from Austria was done. Subsequently, the results from literature research and expert interviews were compared.

**Results:** Results say, simple, frequent and low-threshold services are successful in reaching socially disadvantaged children in dental health promotion activities (Splieth, Treuner, Berndt, 2009, 119-123). With toddlers, so the experts, it is important to reach their parents, therefore pediatricians, day nannies, parent-child-centres but also to train for example midwives as multipliers are good possibilities. For people with migrant background, patient-oriented prevention is of great importance. Cultural sensitivity must be trained (Garcia, Cadoret, Henshaw, 2008, p. 6). There are a lot of preventive methods that can be used in Settings, but experts

and Vassallo (2012, p.8) state, the focus should be on establishing healthy settings. According to Azarpazhooh, Main (2008, p. 77) and Menghini (2008, p. 168) the best method to improve risk groups' dental health is the use of fluoride varnish twice a year. However, the costs for the application of fluoride varnish are not covered by social insurance in Austria.

### **Nikolaus Koutakis**

#### ***The need for new ways to approach parents in schools from a drug preventive perspective: Theory and consumer satisfaction of a new universal prevention program***

Effekt-tobacco is a prevention program targeting 10-12-year old pupils and their parents'. The long term objective is to prevent cannabis use among young adults through preventing tobacco smoking among youth. The program relies on the gateway hypothesis that assumes that the use of certain legal substances might facilitate the use of illegal ones. The relationship between teenage tobacco smoking and later cannabis use is particularly strong in Sweden. The intervention targeting parents follow the same format as Effect. Hence parents are presented arguments and useful research based information on what they can do to keep their child out of trouble in general and from alcohol in particular. This information is presented through brief presentations during ordinary parent meetings, once each semester. Since the short time aim is to decrease early adolescent tobacco use the topic targeting parents is on preventing tobacco use through expressing clear expectations towards youth tobacco use. A major difference from the Effect-program: Effekt-tobacco is also targeting youth directly. This part of the intervention is carried out during ordinary school activities. The activities targeting youth is mainly focuses on misconceptions about normative behaviors and attitudes among same are peers, but also on concrete individual strategies on how to resist perceived peer pressure, in particularly having to do with tobacco use or other norm breaking behavior. The intervention is carried out by trained classroom teachers. The presentation will focus on the program theory and teachers experiences working with the program targeting students as well as their parents.

### **Jeff Lee, Joanna Travis-Roberts, Jack Tonkin**

#### ***The role of the Mentor International Prevention Hub in promoting global awareness of practice, providers and diversity in the field of substance abuse prevention***

The Mentor International Prevention Hub is a new and unique initiative to offer a focal point for all those who are working or who have an interest in issues relating to the prevention of substance abuse. It is an online resource and meeting place for all who make up the drug prevention community. The Hub is targeted at practitioners, policy makers, researchers and others working and interested in substance abuse prevention and the related area of health promotion. It aims to maintain an update on major research, events, and other relevant news in the field; to provide a registry of all who are active in both the NGO and institutional arena; offer information on best practice; provide opportunities for professional development; and provide a forum for sharing and support to those active in the field.

The Prevention Hub aims to improve prevention activities to ensure that young people receive the highest quality education and interventions by fostering a well-informed, skilled and engaged international prevention community; promoting and sharing evidence based policy and practice; sharing drug prevention knowledge support and advice; demonstrating the application and dissemination of prevention know-how.

This session will inform the audience of the Hub and their essential role in ensuring it has international visibility and relevance.

# Parallel Session 3

## Session 3.1

**Roberto Tykanori**, Nara Santos, Raquel Turci Pedroso, Samia Abreu, Anissa Rahnamaye Rabbani, Viviane Rocha, Daniela Schneider, Zila Sanchez, Roberta Atayde, Pollyana Fausto Pimenta de Medeiros, June Scafuto

### *Adaptation and evaluation of drug abuse prevention programs as a Brazilian public policy*

The Brazilian Ministries of Health and Education, in partnership with UNODC (United Nations Office on Drugs and Crime) are in process of cultural adaptation and evaluation of three programs to prevent drug abuse between children and adolescent. The programs selected were: Good Behavior Game (GBG) for children (6-10 years old), Unplugged for teenagers (11-14 years old) and Strengthening Families Program (SFP 10-14) for families of teenagers. Unplugged was selected for its adaptability in different cultures and contexts, GBG and SFP for their outcomes in multiple domains and levels. The process of implementation and evaluation of three programs, simultaneously, followed the subsequent steps: (1) pre-pilot, with the cross-cultural adaptation and evaluation process for 5200 students from public schools, in three Brazilian cities during the second semester of 2013, (2) pilot, with a randomized control trial in seven Brazilian states, 15 cities, to evaluate the effectiveness of the three programs, in 2014, (3) expansion of programs as a national public policy for drug abuse prevention, starting at 2015. The assessment follows a complex intervention and includes adaptation of the material to the Brazilian context, monitoring and evaluation of the training of facilitators and teachers, implementation of programs in schools, to compare results before and after the intervention, follow-ups of 3, 6 and 12 months and sustainability of programs as part of a public policy. This unique initiative is guided by the principle of investing public funds in validated drug prevention programs.

**Sarah Blower**, Vashti Berry

### *Fidelity as a moderator of programme success: strengthening influencing factors*

Programme fidelity, the extent to which the implementation of a preventative intervention reflects the model design, has been demonstrated as a significant factor in achieving the targeted outcomes. Although this is often portrayed as an absent/present concept, in

reality there are scales of fidelity and the reasons for its variable levels are complex. In addition, the relationship to outcome is not linear.

Definitions of fidelity include not only adherence to core programme content and structure but also the quality of delivery, the dose of the intervention received and engagement/participation of participants.

Many contributing factors are responsible for the levels of fidelity achieved, including structural factors such as supporting systems and leadership; service-level factors such as routine observation and monitoring, accreditation, and quality of the delivery agents; the overlap/embedding of fidelity processes within the service(s); valuing professional judgement and expertise; and 'fit' of the programme with the local population.

This paper will explore the factors influencing implementation fidelity in a study of three evidence-based prevention programmes, all trialled in the same local authority in the UK (Little et al., 2013). Different requirements from programme developers, for example in relation to accreditation, as well as local expertise and investment in the supporting infrastructure, support and supervision led to different rates of fidelity and, potentially, different levels of impact.

The paper also explores how future studies might test the notion that by enhancing the different factors affecting fidelity we can promote fidelity as an important moderating factor of a programme's success.

**Miranda Novak**, Josipa Mihic, Celene Domitrovich, Clemens Hosman

### *Study of implementation quality of prevention programs in Croatia*

Data on program outcomes will not help implement those prevention programs: implementation is an entirely different process. Implementation of an intervention must be well defined and carefully evaluated with regard to its effects on its intended consumers (practitioners, managers, organizations or systems).

This paper will present results of the doctoral research which focused on implementation quality of the cohort of 24 mental health and preventive interventions. Study was conducted within the collaboration of University of Zagreb, Faculty of Education and Rehabilitation Sciences and the Region of Istria, Department of Health and

Social Services and is the first study of implementation in Croatia. Main aim of this study was to monitor overall level and variability of implementation quality of 24 programs which represent community interventions which are financed through the public funds of the Region of Istria.

Three different measures of implementation quality were constructed, including items covering factors which affect the implementation quality i.e. implementation drivers (attitudes towards the intervention, training and knowledge, support for implementer, monitoring system, implementer's skill, program standardization) and items covering different aspects of implementation quality (fidelity, dosage, participants' responsiveness, quality, perception of program impact).

This paper will offer suggestions for implementation research field in general, especially regarding the community-based interventions which still have to be researched. Conceptual model of implementation will be presented, together with implementation quality measures which are proven to be valid and reliable. Paper will present significant predictors of implementation quality as well as relationship of implementation quality and program effects.

## Session 3.2

**William D Crano, Jason T. Siegel, Eusebio M. Alvaro**

### ***Trajectories of Adolescent Marijuana Use: A Retrospective Longitudinal Analysis***

Hundreds of variables have been associated with heightened risk for adolescent marijuana misuse, but in most cases assigning individuals to conditions based on controlled manipulation of these variables (e.g., gender, smoking, drinking, delinquency) is unfeasible. How then, can we decide which of the many variables linked to adolescents' drug initiation offer the greatest hope for ameliorative intervention? Adopting a retrospective longitudinal method from econometric analysis, the present research provides empirical insights into variables which, though not directly manipulable, offer the greatest promise for prevention efforts. Using longitudinal data from a nationally representative sample of U.S. youth (12-18 years of age), the research isolated respondents who were resolutely opposed to marijuana use over the first two years of the panel study. In year three, some respondents had become users, others remained abstinent

but expressed openness to marijuana use (vulnerable nonusers), and still others remained resolute nonusers. The method retrospectively isolated differences between these groups on factors earlier research had identified as associated with drug initiation. The analysis identified three variables (tobacco and alcohol use, and parental monitoring) whose significant change from the first to the second year of study anticipated the movement to drug use in year 3, one (academic achievement) that predicted marijuana use three years before actual initiation, and four (marijuana approval, sensation seeking, refusal strength, and delinquency) that did not clearly predict later movement into marijuana use. This information may help interventionists identify marijuana-linked variables whose attenuation may deter marijuana initiation.

**Daniel Hale, Russell Viner**

### ***Adult outcomes of multiple risk behaviour in adolescence***

**Aims:** Adolescent risk behaviours are associated with negative outcomes in adulthood relating to health, education, work and personal life. However, few studies have explored adult outcomes of multiple risk behaviour in adolescence. Individual differences in the extent of risk behaviour involvement may contribute both to an understanding of the importance of coordinated prevention as well as a clearer definition of risk in adolescence.

**Method:** We used data from the British Cohort Study which includes respondents born in 1970. A risk score based on simple summation of five risk behaviours at age 16 (smoking, alcohol use, drug use, early sexual initiation and accidents) was the main predictor. We examined the association of risk score with outcomes at age 30 and 34 including health indicators, health risks, socioeconomic status, education and social outcomes.

**Findings:** The findings suggest that adolescent multiple risk behaviour is associated with a range of health and social outcomes in a clear dose-response fashion. For many outcomes, particularly social and educational outcomes, single risk behaviour was unassociated with harm; only multiple risk behaviour was a significant risk factor. For two outcomes (having never had a job and currently having a partner), increasing risk behaviour was associated with (socially defined) positive outcomes.

**Conclusions:** Multiple risk behaviour represents an accumulation of risk for subsequent poor outcomes in adulthood. Consideration of the extent of risk involvement is critical in defining adolescent risk and appropriate prevention.

**Andrew Percy**

***The potential impact of recanting on the assessment of prevention outcomes***

Recanting is where study respondents deny previous positive reports of sensitive behaviours (e.g. saying you used an illicit drug use at time 1 but then claiming that you have never used at time 2). Recanting is a well recognised form of measurement error in longitudinal studies, with an emerging international literature examining reporting inconsistencies across a range of existing cohort and panel surveys (see for example, Percy et al., 2005; Shillington et al., 2010; Stanton et al., 2007). One key finding to emerge is that recanting is not evenly distributed across study populations, but varies with particular individual characteristics and experiences. In particular, recanting has been shown to be higher amongst males, young people with positive attitudes towards school, and those who report fewer other illicit behaviours (Percy et al., 2005).

However, one area that has received relatively limited attention is the potential impact that recanting may play in the assessment of behavioural change in prevention trials. This paper will examine recanting behaviour within an ongoing longitudinal cohort study. It will identify the various patterns of reporting within the cohort and examine the individual factors associated with various recanting patterns. In particular, it will test the extent to which the receipt of prevention materials may increase the level of recanting behaviour. Such an effect, if undetected, may lead to a significant overestimation of behaviour change within a prevention trial. Consideration will also be given to possible methods for correcting identified recanting within the repeated measurement of sensitive behaviours.

This presentation will show results of the research of key people from 4 wider local areas in Istria, Croatia.

Research was a part of the project “Communities that care” that is being conducted in Croatia, Region of Istria since 2002. In the study which will be presented, a modified version of the Community Key Leader Survey (Western Region Center for Application of Prevention Technology, USA) was applied during the three time points from 2004 to 2009. The aim of the research was to consider the possibilities for mobilizing the community for prevention through the willingness of key people.

Key people readiness for prevention was measured with 38 variables which reflect 5 areas (results of factors analyses) of key people readiness: (1) general attitude about prevention in the community, (2) knowledge about prevention programs and interest in improving that knowledge, (3) their organization’s readiness for various forms of assistance for the prevention and cooperation with others, (4) the assessment of the investment efforts of their organizations and cooperation with others, (5) estimates of investment in various forms of assistance for prevention in the last 12 months. Paper will display descriptive data and the differences between key people readiness throughout the observed period (three points). Analysis of variance and robust discrimination analysis will also be conducted (particularly for gender, age, education, institutions of key people).

Described results represent a contribution to further increase of the level of key people readiness for prevention and in monitoring the state of readiness and mobilization of key people. Adequate readiness that can be estimated through the contribution of key people and through professional public/stakeholders as advocates of prevention and risk behaviors of youth will ensure greater effectiveness of preventive strategies implemented in local communities.

### Session 3.3

**Josipa Basic, Miranda Novak, Josipa Mihic**

***Importance of key people readiness for prevention in ensuring prevention effectiveness***

Understanding and assessment of readiness and capability of community is a key factor in organizing the community to invest efforts in the prevention of risk behaviors in children and youth. The most common way to measure community readiness for prevention includes the research of key informants.

**Michal Miovski, Roman Gabrhelik**

***School-based Prevention of Risk Behaviour: proposed structure, scope, and content of the Comprehensive Preventive Programme for elementary schools in the Czech Republic***

**Background:** 10 years ago the Czech Ministry of Education formulated aim to create a comprehensive preventive program for elementary school called “Basic Preventive Programme”. The Basic Preventive Programme (BPP) refers to a general/model framework for a school-based prevention programme. This concept was introduced by the Czech Ministry of Education in order to provide a basic idea of what such a comprehensive

and long-term programme should fulfil while remaining a component of an educational programme stemming from the relevant framework educational programme or being an attachment to the existing curricula and syllabi. Unfortunately, no accurate specifications of the parameters of such a programme have been provided and no specific model that meets the objectives and requirements of the Ministry of Education and the general standards of good and effective school-based prevention has been discussed.

**Aim:** To draw up a model structure and scope of the BPP as an option for a comprehensive long-term programme for basic schools (attended by children aged 6–15) intended to promote healthy lifestyles among students and their personality and social development, and the development of their social and communicative skills, including components addressing specific forms of risk behaviour.

**Sample:** Documentation pertaining to programmes carried out in the Czech Republic, school laws and by-laws, and published guidelines on the prevention of risk behaviour.

**Methods:** Using content analysis of all the school documentation with relevance to the BPP, legal norms, and the documentation pertaining to the programmes that have been implemented, in combination with a literature search, the authors designed and developed a structure, content, and scope for a programme intended for basic schools.

**Results:** The structure and scope of the BPP as proposed are based on encouraging students' own activities, using diverse forms of prevention work with students, involving all the school's teaching staff, and working with students' statutory representatives. In general, the BPP is to comprise at least three components: a set of rules to enhance children's safety at school and at school events, programmes intended to promote the development of life skills, broken down into programmes focused on the development of social skills and self-management, and, finally, programmes specifically aimed at addressing the individual forms of risk behaviour. The BPP is expected to comprise a total of 86 lessons during the years of basic school attendance from the first to the ninth grades (i.e. approximately from the age of 6 to 15). The BPP is developed annually for each academic year by the school prevention worker.

**Conclusions:** This draft of a comprehensive preventive programme should be viewed as indicative guidance as to how to develop a BPP that takes account of the school's specific needs and resources.

**Matej Košir, Sanela Talić**

### *The Prevention Platform for NGOs – How to Improve Quality of Prevention in Slovenia?*

The area of prevention is highly fragmented and incoherent in Slovenia, especially within the civil society. There were several improvements in last years, especially establishment of Prevention Platform for NGOs in 2010 as project co-funded under the European Social Fund and led by Institute Utrip. Slovenian NGOs in prevention were also very rarely involved in different decision- and policy-making processes at all levels and had no umbrella network which could promote quality standards and best practices among prevention practitioners, advocate for recognition of NGOs in this field and organise different study and exchange visits, trainings and conferences which would increase knowledge, skills and expertise in NGOs in practical application of quality standards and best practices. The main purpose of establishment of such platform for NGOs was particularly in building capacity of NGOs to offer and advocate for quality prevention and of authorities to recognize the importance of NGOs in prevention and thus assure sustainable support for developing and implementing best practices. The platform aims to promote and increase the implementation of European minimum quality standards (EQUUS) and recognized best practices in NGOs in Slovenia and advocate for investments by authorities and other stakeholders in EQUUS and best practices. The objectives of the project are also (1) to support an exchange of practical knowledge, skills and experience and long-term partnership for dissemination and sustainability of quality prevention in Slovenia; (2) to provide effective and supportive environment (platform) for NGOs in prevention by offering them mentorship and counselling; (3) to develop different practical tools and other materials for prevention practitioners, such as manuals, guidelines and recommendations, training materials and handbooks; (3) to stimulate future sustainable collaboration among NGOs in this field; (4) to strengthen the capacity of NGOs in this field by organising study and exchange visits, trainings and conferences; and (5) to increase an awareness of various public (e.g. governments, media and economy sectors) on the meaning and importance of investing in quality prevention. The results of the project will be presented at the conference in details.

# Structured poster session

**1. Alessandro Coppo**, Sandro Baldissera, Gianluigi Ferrante, Alessandro Migliardi, Valentina Minardi, Cristiano Piccinelli, Elisa Quarchioni, Fabrizio Faggiano and PASSI Coordinating Group

## ***The impact of smoking policies on cessation rate in Italy in the last two decades***

In the last 20 years and in particular from 2000 in Italy, as in many other western countries, public health initiatives to promote smoking cessation or to prevent second-hand smoking increased. The ratification by governments of Framework Convention on Tobacco Control (FTCT) charter provided an appropriate agenda to reach this goal. According to annual survey in the same period it is possible to observe a continuing slow decrease of smoking prevalence. This reduction derived from the joint effect of changes in smoking initiation and cessation. The aim of this contribution is to show data on smoking cessation rate from 1990 to 2012. Differences between gender, age and instruction will be taken in consideration in order to define what social categories deserve special attention for next initiatives. For this purpose data collected by Italian Statistics Office (ISTAT) and by PASSI, an ongoing surveillance system for adult behavioral risk factors, will be analyzed. Finally a comparison with the introduction of specific smoking policies and the diffusion of smoking cessation services in the last years will be presented.

**2. Arijana Mataga Tintor**, Sanda Puljiz  
***Effects of Prevention Programs based on the Results of Research that Examines Risk and Protective Factors for Behavioral Problems in Town of Velika Gorica, Croatia***

This paper presents experience and good practice in Town of Velika Gorica, a local community which, within the system of self-government, develops and conducts Town's Prevention Program. The Program consists of different programs conducted by NGO's selected by Board of Experts and institutional programs conducted by Center for Children, Youth and Family, a city institution. The programs are based on the research conducted in 2009 on risk and protective factors for behavioral problems. The research to assess the effects of the Programs was conducted in 2012. The programs are, in the most part, conducted in schools. Their aim is to educate teachers, parents and children.

There is also a number of campaigns to draw attention to problems and needs in the local community. The Centre for Children Youth and Family also provides psychosocial support for children, youth, and their family members. The Centre also organizes education for professionals.

The programs are conducted on all three levels – universal, selective and indicated, in forms of workshops or individual counseling for a child and family, and by publishing educational materials. Selective and indicate prevention programs are aimed at children and youth aged 7 to 18. The participants are interviewed and categorized by their age, sex and the school they attend, how they learned about the program and what is their reason for coming. The above mentioned programs are developed on the basis of needs analysis and the results the Research. Some of the programs were created after analyzing the results of the Research while other programs were adapted accordingly.

**3. Joan Amer**, Orte C, Ballester L, March MX, Vives M, Oliver JL Pascual B  
***Facilitators in evidence-based family prevention programs: analysis via a Delphi technique***

In the research about evidence-based family programs, there are several bibliographies related to program contents and family results. Yet, less information is found about facilitators, key actors in the implementation of these programs. This paper is the result of a debate between eight facilitators and eight academics, using Delphi technique; the objective was to generate consensus about the principal qualities that define a good facilitator, as well as the best methodologies for assessing the facilitators' work. The research consisted of two parts. The first part included a baseline document about the role and profile of facilitators and their evaluation, with amendments from the Delphi participants. The second part article consisted in the discussion generated by a questionnaire about facilitators and evaluation methodologies for assessing their role in family prevention programs. The Delphi participants highlighted the importance of a facilitator's interpersonal skills and experience in family interventions. Concerning assessment techniques, the interviewees suggested that facilitators are better assessed using qualitative techniques such as observation and focus groups



#### 4. Carmen Orte, Ballester L, Vives M, Pozo R, Gomila MA, Joan Amer

##### *Analysis of gender differences in the long-term follow-up in the Family Competence Programme (FCP) in Spain.*

Along with the growing attention to gender-specific programming, researchers and policy makers have increased their attention on evidence based to prevent behavior problems and drug use; but there is a lack of studies that have published their results disaggregated by sex.

The objective of this paper was to describe the outcomes obtained and to provide significant data that improve the general knowledge of gender differences in children, from the analysis of the results obtained from the implementation of the Family Competence Programme (FCP), which is an Spanish adaptation of the Strengthening Families Programme (SFP) (6-11 years old) (Kumpfer and DeMarsh, 1985 Kumpfer, DeMarsh and Child, 1989).

Methodology was based on a longitudinal research from a controlled quasi experimental design with pretest and posttest measures and with matched control group. Treatment consisted of longitudinal data taking third at two years of the end of each one of the applications of the PCF (29 from Social services and 11 from nationwide Proyecto Hombre or PH applications). The sample of this study were 136 families with one child as reference for analysis (53 daughters) from social services (92 families) and from PH applications (44 families) of different implementations of the FCP made between 2009 and 2011.

Results analyzes significant differences between sons and daughters from the differentiation of two ages groups: a) 7 to 12 years and b) over 12 years from two groups of factors: 1) Related to the set of family and parenting and 2) Related to family and children.

#### 5. Cristiano Piccinelli, Alessandro Coppo, Livia Giordano, Angelo Penna, Giulio Fornero, Oscar Bertetto

##### *Developing a Smoke-free Hospitals Network in north-west Italy*

A survey carried out in 2008 in seven Italian hospitals (Ficarra, 2010) showed that smoking ban in health care facilities was not adequately enforced. It also appeared that the proportion of health professionals who smoke (both women and men) was higher than general population. Smoking ban in hospitals is strategically important for an environment whose aim is not only to provide care but also to ensure citizen's health.

The aim of this project is to facilitate the activation of smoke-free policies in healthcare environment in

Piedmont and Valle d'Aosta. Activities started in May 2012 through the collaboration of Cancer Care Network of Piedmont and Valle d'Aosta (project funder), Regional Network of Health Promoting Hospital (HPH) and Piedmont Reference Center for Epidemiology and Cancer Prevention. 13 hospitals and local health agencies joined the project. Every agency was required 1) to institute a working group, 2) to monitor lifestyles among employees, 3) to communicate smoking ban, 4) to activate an appropriate control of the policy, and 5) to offer support for smokers who want to quit. In this contribution methodology, evaluation process and first results will be presented.

#### 6. Daniel Hale, Steve Morris, Laura Vallejo-Torres, Russell Viner

##### *Income-related inequality: Equalisation in adolescence*

**Aims:** There is a clear and pervasive socioeconomic gradient in health with increased deprivation associated with poorer health. However, the 'equalisation hypothesis' suggests health inequalities diminish or disappear in adolescence due in part to increasing school and social factors. We used a large cross-sectional survey to examine health inequalities in a number of health indicators across the lifespan. This allows us to examine not only the extent to which equalisation occurs but also clarify its timing as well as any differences in the equalisation process across health indicators.

**Methods:** We used five years of data (2006-2010) from the Health Survey for England. Using concentration indices, which give an indication of the distribution in health outcomes across household income, we explore health inequalities across the lifespan in six health measures: general health, longstanding illness, limiting longstanding illness, wellbeing, obesity and smoking.

**Findings:** While low household income is associated with poor health outcomes, this association is significantly reduced in adolescence and early adulthood (and disappears for several outcomes). Inequalities emerge stronger than ever before in mid-adulthood. Equalisation effects are stronger in females.

**Conclusions:** The findings offer clear evidence of equalisation across health measures. However equalisation occurs in late adolescence and early adulthood, later than the classic definition stipulates. Policy strategies to reduce health inequalities should strive to build on the mechanisms that induce health parity in adolescence and early adulthood in an effort to sustain equalities in health throughout adulthood.

**7. Dijana Jerkovic, Valentina Kranzelic, Dalibor Dolezal, Lidija Vugrinec, Zeljko Petkovic**  
***Croatian perspective on new trends in psychoactive substances consumption – implication for prevention and harm reduction interventions***

Goal of this research was to get an insight into consumption of the new psychoactive substances in Croatia, whether or not they are on the List of drugs, psychotropic substances, plants used to produce drugs and substances that can be used in the production of drugs. Survey was conducted in cooperation with the Faculty of Education and Rehabilitation Sciences of the University of Zagreb and the Office for Combating Drugs Abuse of the Government of the Republic of Croatia. It is known that there are new psychoactive substances in the drug market that were not so widespread in the past and have not been present long enough to provide information on their types, the extent of the consumption by the youth, expected effects and the modes of purchasing/buying them. The survey was conducted with the aim of providing basic information gathered from the youth/adults that experiment with the psychoactive substances. The survey was conducted in the years 2011 and 2013 with a sample of 1 330 (year 2011) and 1 037 (year 2013) active participants at the web-site “forum.hr” with the on-line questionnaire. Results have shown that participants were familiarised with the new trends in psychoactive substances consumption and that they had knowledge where to purchase “new drugs” and how to administer them. The collected data were descriptively analyzed and interpreted in order to be used as guidelines for monitoring the trends of new psychoactive substances available on Croatian market but moreover for development of prevention, harm reduction and treatment evidence-based interventions

**8. Elias Allara, Fabrizio Faggiano, Zili Sloboda, Romeo Brambilla, Peggy Stephens, C. Hendricks Brown, Ferdinand Keller, Katherine Masyn, Federica Vigna-Taglianti, Scott F. Grey**

***What can explain the differential effectiveness between two similar school-based universal programmes for prevention of substance use? The US-EU cross-country study***

Background: National context is known to influence substance use, a common target of prevention. However, trials conducted in different contexts have rarely been compared. Two similar prevention programmes targeting substance use were implemented in different contexts and had diverse outcomes. “Unplugged”, conducted in the E.U., was successful in reducing drunkenness and

cannabis use. “Take Charge of Your Life” (TCYL), conducted in the U.S., was effective in reducing marijuana use and had an apparent iatrogenic effect on alcohol and cigarette use.

Objective: To compare two prevention programmes implemented in different contexts, “Unplugged” and “TCYL”.

Methods: Four assessors evaluated materials and implementations using a pre-defined form. Prevalence rates of substance use in each study group were compared using chi-square tests. Contextual factors such as country-specific policies and prevalence of substance use were also compared.

Results: Overall there were few differences between “Unplugged” and “TCYL” content. Class teachers delivered “Unplugged” and trained police officers delivered “TCYL”. U.S. control students had greater exposure to other prevention interventions. Baseline prevalence of alcohol and cannabis use was higher in the U.S. sample. Policies appeared to be more restrictive in the U.S for all substances. Prevalence of smoking and drunkenness were greater in E.U. countries; cannabis consumption was greater in the U.S.

Conclusion: Proximal factors such as programme delivery and exposure in the U.S. control group to prevention programming appear to be influential in determining the differential effectiveness of “Unplugged” and “TCYL”. The impact of contextual factors remains unclear, and needs to be explored employing common protocols in future cross-national studies.

**9. Elisardo Becoña, Ana López-Durán, Elena Fernández del Río, Bárbara Piñeiro, & Úrsula Martínez**

***The importance of preventing tobacco consumption: respiratory and cardiovascular diseases in smokers at psychological treatment for smoking cessation***

Smoking is still the leading preventable cause of morbidity and mortality worldwide. We know that tobacco use is directly related to different diseases primarily of the respiratory and cardiovascular systems. The aim of the present study was to determine the prevalence of different respiratory and cardiovascular diseases in a sample of 285 smokers who seek psychological treatment for smoking cessation (years 2010-2012) at the Smoking Cessation Unit of the University of Santiago de Compostela (Spain). Physical diseases related to tobacco use that were suffered at that time or in the past were assessed. Among the

results obtained it highlights the prevalence of diseases such as bronchitis, asthma, tuberculosis, myocardial infarction, angina pectoris and circulatory problems. Regarding gender, it is more likely that female smokers, compared to male, present poor circulation, varicose veins and migraines. According to the number of cigarettes smoked per day those who smoked more were more likely to have had bronchitis and migraines. Therefore, these results indicate the need for tobacco use prevention in young people and the early intervention for smokers to quit. This could reduce morbidity and mortality and improve quality of life.

**10. Giulia Carreras, Barbara Cortini, Simona Verdi, Giuseppe Gorini**

***The home smoking ban has an effect on reducing smoking initiation? Preliminary results from the SIDRIAT study***

**Introduction and aims:** The SIDRIAT study is a prospective multicenter cohort study involving 6863 Tuscan youths already interviewed in 2002 and re-interviewed in 2011-2013. The objective of this preliminary analysis is to assess whether the home smoking ban reduced smoking experimentation.

**Methods:** The analysis involves 1107 youths interviewed until March 2013. Five measures were considered: perception of smoking prevalence among adults and youths, perception smoking social acceptability among youths, progression to established smoker ( $\leq 100$  cigarettes/life) and progression towards experimenter ( $< 100$  cigarettes/life). The analyses were stratified by adolescents (17-18years) and young adults (23-25years). The effect of the smoking ban was analyzed for youths with at least a close person (close friend/relative) that smokes, and with all close persons non-smokers.

**Results:** The perception of youth smoking prevalence, in youths with non-smokers close persons, is higher for those who live in homes without ban (odds ratio [OR]=1.88, 95% confidence interval [CI95]=0.77,4.58). Youths with no ban perceive a higher prevalence of adult smoking, both for those with at least one close person that smokes (OR=1.88, CI95=1.19,2.97), and for those with all close persons non-smokers (OR=1.55, CI95=0.82,2.93). The absence of the ban increases the risk of becoming experimenter among adolescents with all close persons non-smokers (OR=2.36, CI95=0.89,6.26). Among young adults, the ban reduces the risk of becoming established smoker, independently from having close persons who smoke.

**Conclusions:** The home smoking ban helps to reduce

smoking initiation among youths, changing the perception of smoking prevalence. Moreover, the ban reduces the risk of becoming an established smoker

**11. Irma Brito, Fernando Mendes, Armando Silva, Fernanda Principe, Luisa Gonçalves, M Conceição Rainho, Rosa Godinho, Elga Carvalho, Edmundo Silvestre**

***PEER-LifeStyle: life style self-monitoring of partygoer students***

Nowadays risk behaviors in recreational settings are often assumed has been part of a youth culture but have underlying, for many young people, lack of self-control and knowledge of their effects on health and well-being. Therefore it is pertinent to know the importance of self-monitoring of behaviors in recreational settings in the understanding of lifestyles and academic performance of students of higher education. Like other health problems, self-monitoring can facilitate the understanding of the phenomenon not only for health professionals and for the individual. However, in the case of lifestyles and behaviors of youth in recreational settings, the traditional self-report for monitoring purposes (paper questionnaire) would be little or nothing acceptable to a student community. We propose the use of a pre-existing online platform (with applications to computer, phone or tablet) for continuous recording of information about lifestyles, recreational behavior (especially binge drinking), their determinants and consequences for academic performance. This record include an initial and final lifestyles assessment and records weekly behaviors in recreational settings, nutrition, physical activity, psychological well-being, sleep and study time, giving the information system an idea of student's schedule. Multicentric Study applied to higher education students from four regions of 3 lusophone countries, belonging to PEER network: Portugal, Angola and Cape Vert. This study will reveal the relationship between the lifestyles and behaviors of partygoer students.

**12. Jozef Benka, Olga Orosova**

***Satisfaction of basic psychological needs in relation to motivation of alcohol use among university students in Slovakia.***

This study was based on the concepts of Self-determination theory (Deci & Ryan) and the Motivation model of alcohol use (Cox & Klinger). The main aim was to address the associations between basic psychological needs and different types of motivation to drink alcohol. The sample was taken from a larger international study SLiCE (SLiCE study, APVV-0253-11, VEGA 1/1092/12)

and consisted of 237 (79% women, mean age 20.8, SD = 3.6) university students studying in Slovakia. The basic needs were assessed by the BMPN (Balanced measure of psychological needs = 0.60-0.71) consisting of three subscales measuring satisfaction with basic psychological needs (autonomy, relatedness and competence). Alcohol use was assessed by AUDIT (The Alcohol Use Identification Test). Motivation of alcohol use was measured by the DMQ-R (Drinking Motivation Questionnaire-Revised version). This measure identifies four types of motivation of alcohol use: enhancement, social motivation, conformity and coping ( =0.70-0.90). The correlation analysis showed that satisfaction with basic psychological needs was negatively associated with conformity motivation and coping motivation of alcohol use ( $p < 0.05$ ). Furthermore, when the sample was dichotomized according to the overall AUDIT score, the identified problem drinking individuals showed lower satisfaction regarding need competence ( $p < 0.05$ ). These findings are generally in accordance with the theoretical assumptions and show the importance of personality and motivational aspects in prevention. However, further research is needed to address the causal mechanisms of the associative findings.

### 13. Janne S Tolstrup, Lise Skov-Ettrup, Peter Dalum

#### *Uptake of a reactive and proactive a phone-based smoking cessation intervention*

**Background:** Telephone counseling for individuals who wish to stop smoking is a well known smoking cessation method, freely available in many countries. Telephone counseling can be delivered reactively implying that individuals who want counseling have to initiate the call, or proactively implying that the counselor is initiating the call. We wish to test if the delivery (reactive or proactive) is associated with uptake (ie usage) of telephone counseling for smoking cessation. Further, we test if individual characteristics such as age, sex and length of education are associated with uptake.

**Methods:** We used data from a randomized smoking cessation trial conducted in 2011 where 452 and 453 individuals who smoked and wished to quit were randomised to reactive and proactive telephone counseling. Information about intervention uptake was self-reported at one-month follow-up.

**Results:** Large differences in intervention uptake were observed: 9% used reactive telephone counseling while 74% used proactive counseling. There was a tendency that more men than women used proactive telephone counseling (OR=1.47 (95% CI 0.86-2.49)). Compared

to participants with long education, those with shorter education were more likely to use proactive telephone counseling [OR= 3.2 (95% CI 1.2-10)]. Age was not significantly associated with uptake of proactive telephone counseling.

**Conclusions:** Proactive delivery of telephone counseling for smoking cessation lead to much higher uptake than reactive delivery among smokers who were motivated to quit. Further, proactive delivery appealed especially to individuals with short education. This finding is interesting because a frequent challenge for health promotion is a negative social gradient in program uptake.

### 14. Sarah Thomas, Eninger L, Ferrer-Wreder L, Herkner B, Smedler A, Allodi Westling M, Ginner Hau H, Trost K, Domitrovich CE, Olsson TM – Preliminary results from the Swedish preschool PATHS trial

#### *Culturally appropriate assessment as a foundation for rigorous testing of intervention effects, and the development of such assessments for the measurement of preschool social-emotional competence*

Preliminary results from the Swedish preschool PATHS trial – Culturally appropriate assessment as a foundation for rigorous testing of intervention effects, and the development of such assessments for the measurement of preschool social-emotional competence. The preschool edition of Promoting Alternative Thinking Strategies (PATHS; Domitrovich et al., 2007) is an American-developed, school and evidence-based intervention aimed at promoting children's social-emotional competence. This poster describes the preliminary results from the first wave of a formative research study, reporting psychometric properties of selected assessments from PATHS, in a Swedish sample of children (N=76, 4 and 5 year olds). The cultural adaptation of PATHS and the assessment instruments selected for the Swedish trial, are guided by an intervention adaptation model called Planned Intervention Adaptation (PIA; Ferrer-Wreder et al., 2012). Part of the cultural adaptation process, involves testing the supposition that fundamental developmental processes involving social and emotional competence, which we intend to intervene on and improve in a randomized controlled effectiveness trial sample (i.e., Swedish children), operate in a comparable manner to the original intervention validation samples (i.e., American children). Psychometric testing (e.g., reliability and construct validity) is currently being conducted and will be ready to report at the time of presentation. Wider discussion of evidence-based assessment as a foundation for cross-national outcome evaluations, and practical

issues surrounding culture and assessment will also be addressed in this poster presentation.

**Domitrovich, C. E.,** Cortes, R. C., & Greenberg, M. T. (2007).

*Improving young children's social and emotional competence: A randomized trial of the Preschool PATHS curriculum. The Journal of Primary Prevention, 28(2), 67-91.*

**Ferrer-Wreder, L.,** Sundell, K., & Mansoor, S. (2012).

*Tinkering with perfection: Theory development in the intervention cultural adaptation field. Child and Youth Care Forum, 41(2), 149-171.*

**15. Marie Broholm-Jørgensen,** Kamstrup-Larsen N, Tjørnhøj-Thomsen T

### **Practical and ethical challenges with recruitment of 'hard-to-reach' individuals**

**Background:** Research shows an important under-representation of individuals without formal education, in the recruitment and adherence to primary prevention. Social differentiated recruitment appears to have a positive effect on this unequal recruitment and attendance.

With this presentation I discuss the intervention design of the intervention Early detection and intervention towards chronic diseases. The discussion will draw on the analytical concept of recruitmentology and focus on individuals at risk.

**Methods/design:** The intervention employs a randomized controlled trial (RCT) design together with a process evaluation to understand how to recruit and retain 'hard-to-reach' individuals. The aim of the intervention is to examine whether an invitation to health checks by the general practitioner (GP) can motivate individuals without formal education to change adverse health behaviour. Individuals aged 45-64 years identified from the patient lists of participating GPs receive baseline questionnaires. Individuals who answer the baseline questionnaire and do not have any education beyond secondary school are randomly divided into the intervention group (IG) or the control group (CG).

Individuals allocated to the IG receive a personal invitation to an appointed health check and follow-up consultation, as well as the possibility for an appointed follow-up health check after six months. A 12 month

follow-up questionnaire will be sent to both IG and CG. The study is conducted in Copenhagen, Denmark in 2013-2014.

**Discussion:** The aim of the presentation is to discuss the practical and ethical challenges with recruitment, especially, in relation to individuals categorised as being in risk based on their social profile.

**16. Miroslav Charvát,** Ondřej Skopal, Martin Dolejš, Markéta Komárková, Lucie Vavrysová, Stanislav Toman

### **Comparison of different methods used to assess risk factors of adolescents and their potential for research and evaluation**

Which method is the best choice for assessing risk factors in the adolescent population? Should we ask pupils at schools by means of pen-and-paper questionnaires, should we speak with them individually, should we observe them or should we concentrate on other possible sources of information such as teachers or parents? Questions which every researcher must ask himself/herself at some point of research process. The contribution presents the authors' experience with adaptation and application of different methods and their comparison based on in practice gained cons and pros. Discussion is focused on the ecological validity that means how selected methods prove their potential in the real-world of school setting. The main methods presented in the contribution are: POSIT - Problem Oriented Screening Instrument for Teenagers (Czech version of the American original), SURPS (Substance use risk profile scale), Pupil risk behaviour scale (original Czech method T-184 based on teacher observation), semi-structured interview and others. Considering that results are based on a number of smaller projects rather than one complex design, authors do not dare to speak about the evidence-based proof of reliability and validity. More likely they would like to share experience and present a summary of possible dead ends and pitfalls.

**17. Martha Canfield,** Catharine Gilvarry, Marcia Worrell

### **Association between migratory process and alcohol and substance use: evidence from Brazilian immigrants in the UK**

Evidences from previous research on alcohol and substance misuse in Europe have shown that patterns of alcohol and substance use are changing significantly among some members of minority ethnic groups. In

the UK, very little research has actually explored the aetiology and predictors of substance misuse in minority people in the UK and therefore, much existing work has followed the assumption that constructs valid for the majority hold equal validity for minorities. There exists a multitude of factors which underpin the susceptibility of immigrants to use and misuse such substances. The issue is exacerbated as the aforementioned factors differ according ethnic group. Prior research has demonstrated however, that the years of living in the UK is a significant risk factor for substance use in the majority of ethnic groups. Within the prospect that changes on patterns of alcohol and substance use should not be seen in terms of ethnicity only, the purpose of this study was to explore the impact that years of living in the UK and psychological pressure caused by the migratory process have on patterns of alcohol and substance use. A total of 162 Brazilian immigrants completed self-report questionnaires and data has been analysed using correlation and regression analysis. Results indicated that psychological changes risen through migratory process to the UK should be further explored as this presents to be a promising path for addressing the high susceptibility to alcohol and substance misuse in cultural diversity

**18. Martina Feric Slehan, Valentina Kranzelic, Arijana Mataga Tintor, Mirna Gajski Jolic**  
***Risk and Protective Factors Assessment – Overview of Substance Abuse Prevention in City of Velika Gorica (Croatia)***

In 2009, local government of the City of Velika Gorica decided to invest local resources in substance abuse prevention within wider prevention initiative. City of Velika Gorica is 7th town by size in Croatia. It is very close to capital of Croatia (Zagreb) and that is the reason for very specific problems of youth in that large suburban area. Local government and University of Zagreb - Faculty of Education and Rehabilitation Sciences made partnership for risk and protective factors assessment in order to identify prevention priorities on local level. Risk and protective factors were assessed in population of children aged 12-15 years (N=2000, 7th and 8th grade of elementary schools, and 1st grade of high schools students), as well as risk behavior. The Communities that Care Youth Survey (2006) was used in the research. The results of assessment were starting point for creating comprehensive substance abuse prevention program in community.

In 2013, assessment was repeated with the same methodology (N= 1131 students, same age range).

The aim is to determine is there a difference in the trend

of children and youth substance abuse and behavior disorders, as well as risk and protective factors. The results of research will serve the local government as starting point in assessment of prevention activities implemented through past four years as well as guide mark for further planning of prevention activities in the City.

**19. Maja Bæksgaard Hansen, Anette Søgaard Nielsen, Ulrik Becker, Janne S. Tolstrup.**  
***Alcohol and Employment – a Randomized Controlled Trial among unemployed individual with problematic alcohol use***

**Introduction:** It is well known that a high level of alcohol consumption is associated with adverse consequences on multiple levels. Recent research has shown that there is no systematic approach in the Danish municipalities towards alcohol problems among unemployed welfare recipients, despite the fact that 33% have an alcohol problem to such an extent that it constitutes a barrier to employment. The purpose of Alcohol and Employment is to test whether welfare-to-work schemes combined with alcohol treatment are more efficient, in relation to reduce the alcohol consumption and return to the labour market, compared to a welfare-to-work scheme alone for unemployed welfare recipients with high alcohol consumption.

**Methods:** The randomised controlled trial (Alcohol and Employment) was conducted among unemployed welfare recipients with alcohol problems in four Danish municipalities in 2011-2013. The job consultants identified welfare recipients with alcohol problems by systematic screening using the alcohol use disorder test (AUDIT). Those who met inclusion criteria and agreed to participate were randomised to either an intervention group (receiving welfare-to-work scheme combined with alcohol treatment) or a control group (receiving only welfare-to-work scheme). At 6 and 12 months follow-up participants answered a questionnaire about employment status and alcohol use. Employment status was also assessed by information from administrative registers.

**Results:** Preliminary results from the study will be presented including response rates, employment status and levels of alcohol consumption at follow up.

**Conclusions:** Based on our results, the implications of the intervention will be discussed.

**20. Nick Axford, Victoria Baker, Minna Lehtonen**  
*With whom have evidence-based programmes been tested and found effective?*

Increasing attention is paid to the transportability of evidence-based programmes across countries and between cultures. This has led to interest in the extent to which programmes have been tested and found effective with different ethnic groups. There is also interest in whether programmes work better for poorer children and families.

100 programmes were reviewed against standards of evidence developed for the Evidence2Success project. Collectively the programmes targeted outcomes in health, emotional well-being, behaviour, education and relationships – from infancy to early adulthood. The standards of evidence focused on evaluation quality, impact, intervention specificity and system readiness. For programmes that were approved the studies that met the standards were selected. For each one, information was collected on the population with whom the programme was tested and what effects were found.

The paper seeks to answer to three questions. First, to what extent do evaluations report well on the populations on whom programmes have been tested with? Second, to what extent have evidence-based programmes been tested and found effective with different ethnic/socio-economic groups? Third, to what extent is there evidence that programmes work better for some ethnic/socio-economic sub-groups rather than others?

The paper considers implications for the measurement and collection of data on race/ethnicity and socio-economic status in programme evaluations. It also considers implications for how programmes are disseminated for use in new settings, including whether and how they may need to be adapted.

**21. Nina Kamstrup-Larsen, Broholm-Jørgensen M, Dalton SO, Tolstrup J**  
*A pilot study testing a socially differentiated recruitment strategy by the general practitioner*

**Introduction:** Unhealthy health behaviour such as smoking, excessive alcohol use and physical inactivity is most common in socioeconomically less advantaged groups. However, general population-based health promotion programs and interventions seem to reach relatively more individuals with high socioeconomic status, which unintentionally increases social inequality in health. Social differentiation in recruitment can be a way to overcome this. This is examined in the randomized controlled trial Early detection and intervention towards

chronic diseases that includes individuals without formal education to a preventive health check at the general practitioner (GP). The present study investigates if the recruitment strategy of the trial is successful by examining characteristics of individuals who respond to an invitation from their GP; hence, we investigate if a proactive approach from the GP is a feasible way of reaching socioeconomically less advantaged groups.

**Method:** We conducted a pilot study in one general practice including 250 individuals aged 45-64 years. Questionnaires (socioeconomic factors, health related quality of life and health behaviour) together with a letter from the GP were mailed to the participants. We examine; 1) response rate (success full response rate = 40%); 2) differences in gender and socioeconomic status between responders and non-responders, and 3) health behaviour (smoking, alcohol use and physical activity). The pilot study is conducted in Copenhagen, Denmark in 2013.

**Results:** The preliminary results include response rates regarding health behaviour in relation to gender and socioeconomic factors (education and cohabitation status).

**Conclusion:** The results of the pilot study will determine if any changes are necessary before enrolment.

**22. Olga Orosova, Rene Sebena, Jozef Benka, Beata Gajdosova**  
*Gender, social support, and alcohol drinking among Slovak university students. A longitudinal study.*

The main aim of the research was to explore the trends in alcohol drinking among university students according to gender as well as social support changes within a longitudinal design. (SLiCE study, APVV-0253-11, VEGA 1/1092/12). University freshmen (N = 237, 79.4% females, mean age 20.8 at follow-up, SD = 3.6) completed a self-report on-line questionnaire, AUDIT-C (Babor et al., 2001), Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988) in 2011 and one year later. Each of the social support dimensions was recorded into three groups using the Visual Binning method (increase, without important change, decrease of social support from baseline to follow up). The mean scores of AUDIT-C (4.33, SD = 2.28/males, 3.12, SD = 2.10/females at baseline, 4.60, SD = 2.37/males, 3.26, SD = 2.04/females at follow up) were close to the recommended gender specific limits for identifying hazardous drinking. A significantly higher level of alcohol drinking was found among males compared to females at the baseline and at the follow-up measurements. A

significant increase in alcohol drinking was found only among females who reported a decrease of family social support from the baseline to follow up. The findings of this study support the importance of a universal alcohol drinking prevention program aimed at the difficulties of the transition period of entering university study especially among female adolescents. Increasing awareness of parents regarding the importance of family social support especially for their daughter(s) after entering university study should be an important objective of interventions.

### 23. Patricia Conrod

#### *The impact of youth internalizing and externalizing symptom severity on the effectiveness of brief personality-targeted interventions for substance misuse: A cluster randomised trial*

Pupils excluded from school are at elevated risk for a raft of negative outcomes, such as substance use, antisocial behaviour, crime and lower educational achievement. Since personality factors have been implicated in the vulnerability to substance misuse and other emotional and behavioural problems in adolescence, the present study examined whether providing personality-targeted interventions to adolescents who have been excluded from school can reduce levels of substance misuse and other psychological problems in these adolescents. 87 adolescents aged 13 - 15 attending specialist educational facilities (Pupil Referral Units (PRUs)) across Greater London were randomly assigned to a personality-matched intervention or a no-intervention control group. The interventions targeted four personality risk factors: negative thinking (NT), anxiety sensitivity (AS), impulsivity (IMP) and sensation seeking (SS). Baseline and follow-up data were obtained on drinking and drug use, drinking problems, reckless behaviour and problem behavior. The ability to rigorously assess outcome of the intervention was affected by an unexpectedly high rate of attrition from the trial and from the school system more generally. Findings on the 50% of youth who were followed revealed some significant intervention effects on substance use and truancy, as well as specific intervention effects for those who received the IMP intervention. This study provides a preliminary investigation of the feasibility and possible efficacy of a personality-targeted intervention approach for school excludes.

### 24. Bruna Priotto, Remo Angelino, Luca Cuomo, Federica Vigna-Taglianti, Roberto Diecidue, Romeo Brambilla

#### *Problematic Internet Use: Prevalence and Related Factors in a sample of Italian High School students*

Problematic Internet Use (PIU) has emerged in recent years as a problem among teenagers worldwide. Currently, little is known about its potential risk factors. We designed a cross-sectional study to measure the prevalence of PIU and identify its related factors in a sample of high school Italian students. Information on socio-demographic and psychological factors was gathered through an anonymous questionnaire including the Internet Addiction Test (IAT). All the schools of Pinerolo district in Piedmont region were invited to participate in the study, and all accepted. A total of 2022 students from 25 high schools participate in the survey between December 2010 and March 2011. Almost all students declared to use Internet (99.4%). The prevalence of PIU was 12.0%. Multivariate logistic regression analysis revealed that people attending a vocational school (OR = 1.62; 95% CI 1.07-2.47), being of a younger age (OR = 1.71; 95% CI 1.08-2.70), feeling lonely (OR = 3.65; 95% CI:2.05-6.51), visiting pornographic sites (OR = 2.44; 95% CI 1.62-3.69), logging onto the Internet several times a week, and connecting for at least two hours consecutively (OR = 2.34; 95% CI 1.60-3.41) were risk factors for PIU, while searching for information for school purposes was a protective factor (OR= 0.48; 95% CI 0.33-0.70). No gender differences were detected. The high prevalence of PIU observed in this population suggest particular care to be applied by teachers and parents in checking at-risk habits of pupils when using Internet, and the need of public health practitioners to plan preventive interventions .

### 25. Séamus Harvey, Harry Sumnall

#### *Are alcohol prevention outcomes affected by baseline drinking behaviours? Results from an adapted version of SHAHRP*

An adapted version of The School Health and Alcohol Harm Reduction Project (SHAHRP) was implemented in Northern Ireland. The objectives of the intervention included improving alcohol-related knowledge and attitudes and reducing alcohol-related harms among 14-16 years olds. This particular study examined the intervention's impact on students with different experiences of alcohol at baseline (e.g., abstainers, supervised drinkers, unsupervised drinkers, and both supervised and unsupervised drinkers).



The study used a non-randomised control longitudinal design. 2,349 students were recruited at baseline. Over two consecutive academic years, a group of students received the intervention from external facilitators, another group of students received the intervention from their teachers, and a control group received alcohol education as normal. Data were collected at baseline, 12, 24, and 32 months after baseline and assessed alcohol-related knowledge and attitudes; frequency of consumption; quantity of alcohol consumed during last drinking episode; and harms associated with alcohol use.

The results of Multi-Level Growth Modeling indicate that there was a significant improvement in alcohol-related knowledge in all baseline context of use groups who received the intervention. However, the intervention failed to significantly improve attitudes toward alcohol in any group. Furthermore, supervised and unsupervised drinkers who received the intervention significantly reduced their frequency of consumption; while unsupervised drinkers who received the intervention experienced significantly fewer harms associated with alcohol use.

These findings suggest that universal interventions such as SHAHRP can differentially impact individuals depending on their drinking experiences.

**26. Serena Vadrucci, Vigna-Taglianti FD, Burkhart G, Wiborg G, van der Kreeft P, Vassara M, Scatigna M, Melero JC, Faggiano F, and the EU-Dap Study Group**

### ***The theoretical model of the school-based prevention program Unplugged***

Unplugged is a school-based prevention program designed and tested in the framework of the EU-Dap prevention trials. The program consists of 12 standard units, one-hour each, delivered by class teachers to adolescents 12-14 years old, and it has been shown to be effective in reducing cigarette use, drunkenness episodes and cannabis use at short term. It is a strongly interactive program including a training of personal and social skills with a specific focus on normative beliefs. From the definition of the theoretical model of the program, and of the contribution of the theories to the units, it is possible to identify the main targeted mediators and to study mechanisms of effect of the program. The program is based on several theories: Social Learning, Social Norms theory, Health Belief model, theory of Reasoned Action-Attitude and Planned Behaviour, and Problem Behaviour theory, which are integrated creating a complex model. Every theory contributes to the development of the units' contents, with specific weights. Problem Behavior theory accounts for

47% of the Unplugged content, and other theories account each for about 12-15% of the contents. Knowledge, risk perception, attitudes towards drugs, normative beliefs, critical and creative thinking, relationship skills, communication skills, assertiveness, refusal skills, ability to manage emotions and to cope with stress, empathy, problem solving and decision making skills are the targeted mediators of the program.

**27. Tina Van Haveré**

### ***Using media in alcohol and drug interventions in nightlife: a systematic review***

Drug use in nightlife is higher than in the general population which makes it a good opportunity for interventions to reduce and minimize harm from the use of illegal drugs and excessive alcohol consumption. This setting is packed with electronic media possibilities (TV, social network sites, mobile phones applications) which makes it possible to communicate on a more personal level. A systematic review of peer-reviewed articles was conducted to determine interventions published since 2000 in the broader nightlife scene (bars, clubs, dance events, festivals...) with an active electronic media component to target their audience. In total 14 manuscripts were retrieved. It can be concluded that the least promising actions towards effectiveness are isolated social marketing campaigns. More valuable effects are seen with media advocacy. Reported effectiveness for all multi-component studies that include media advocacy were found. Furthermore, training for public health workers on working with media can result in more effective implementation of the interventions. Future studies should focus on more recent media technologies like mobile phone applications which are not (yet) published in peer-reviewed journals, although some experimental interventions in nightlife exist.

**28. Vincenza Cofini, R Bernardi, MR Cecilia, C Martini, F di Orio**

### ***Adolescents and Internet addiction: analysis of gender differences***

Many evidences show health issues from new addictions, particularly internet addiction in adolescents. The present study aims to examine the gender differences among web users and the psychological and social effects on adolescent population.

A representative sample from a city of central Italy was chosen using the probability proportional to size (PPS) cluster technique. Classes (IV and V) were the basic unit.

The total sample size was calculated to be 664 subjects from 10 schools and 66 classes. Data were collected from a sample of 535 students, enrolled after parents informed consent. All participants completed the Internet Addiction Test.

57% of respondents are female and the average age is 17 years ( $\pm 0.9$ ). 67% of participants have a test score in normal range (0-30 points) 24% reports mild addiction (31-49 points), 10% has a score from 50 to 79 points (moderate addiction) and only one person shows a severe addiction (80-100 points). More than 50% of the subjects admit a network abuse without perception of its negative effects, regardless of gender. There are statistically significant gender differences in the factors that investigate the psychological and social consequences. Males appear to be lazier than females ( $F=5.14$ ,  $p=0.0238$ ), they have less active social life's ( $F=13.34$ ,  $p=0.0003$ ) and self-control ( $F=7.84$ ,  $p=0.0053$ ), preferring the excitement offered by internet than partner intimacy (chi test=6.8;  $p=0.009$ ).

The study shows how internet use influences the quality of life of the two sexes in adolescence in a different way and how the gender can be a discriminating factor in prevention strategies.

### 29. Valentina Kranzelic, Neven Ricijas, Dora Dodig, Aleksandra Huic

#### *Development, implementation and evaluation of youth gambling prevention program in Croatia*

In year 2011 first comprehensive Croatian national research on youth gambling was conducted. The aim of the research was to explore the strength that experiences with gambling activities, specific motivation for gambling, ways people think about gambling, and broad personality dimensions have in explaining psychosocial consequences of adolescent gambling. A representative sample of 1.952 high-school students from four major Croatian cities (regional centers) participated in the study. The results were used as a base for development of youth gambling prevention program named "Who really wins?". Prevention program "Who really wins?" is based on national research results but also on relevant and recent literature reviews on effective gambling prevention programs for children and youth. In school year 2012/2013. developed program was implemented in two 1st and two 2nd grades of two different types of high schools in Zagreb. Process evaluation showed high fidelity in program implementation and high level of students' satisfaction with program. For the effectiveness evaluation, control trial was conducted and the results showed significant effects in intervention group on knowledge about gambling, cognitive distortions

and relevant social skills that were integral part of the prevention program. The evaluation results were starting point for program improvement and modification and preparation of the program implementation package for dissemination. Described process represents the model of development of evidence-based prevention programs that are still insufficiently developed in Croatian prevention practice.

### 30. Vasileios Kiosses, Vasileios Karathanos, Athina Tatsioni

#### *Interventions to promote empathy responses in health professionals: A systematic review of the literature*

We systematically assessed whether interventions aiming at improving health professionals' empathy are effective.

We searched Pubmed, Cochrane Database of Clinical Trials, Scopus, and PsycInfo for randomized controlled trials in English. Change in empathic responses was the main outcome. We categorized studies based on whether empathy was measured by observers, participated staff, or patients.

Out of 722 items, 17 articles were eligible. Thirteen studies used experiential while 4 non-experiential learning approaches. Duration ranged from 2 days to 24 weeks. Observers in 5 studies rated simulated interviews. Raters used the motivational interviewing treatment integrity 3.0 in one study, and supported that trained medical students scored better ( $p<0.001$ ). In another study, coders used the Staff-Patient Interaction Rating Scale to assess students' improvement after training in a communication program, and showed a significant time by group interaction effect ( $p=0.038$ ). Observers in 7 studies rated actual interviews. Raters used the Global Rating Scale for empathy and the Empathy Communication Coding System in one study, and supported that trained physicians expressed more empathy ( $p<0.01$ ). In another study, coders found that trained oncologists used more empathic statements ( $p=0.024$ ) and were more likely to respond to negative emotions empathically ( $p=0.028$ ). Six studies used physician self-rated questionnaires without reporting significant changes. Patients (actual or simulating) rated health professionals' empathy in 5 studies. Patients used the Consultation and Relational Empathy Measure in one study, and reported that trained physicians had greater improvement ( $p=0.04$ ). Few of the trials that evaluated empathy promoting interventions among health care staff showed a significant improvement.

**31. Viveca Olofsson, Metin Özdemir**  
*A National Evaluation and Comparison of Parenting Programs: The One-Year Effects*

**Introduction:** A number of group based parenting programs, based on different theoretical foundations, have been developed to prevent children's conduct problems. However, no comparisons have yet been made between these programs. Our aim was to compare the effectiveness of two behavioral programs (Incredible Years and COMET) with an attachment based program (Connect) short term and at one year after posttest.

**Method:** In total 477 parents to a child 4 through 12 years participated in this randomized control trial. 88.9% completed pre, post- and the one year assessment. Using Mixed model analysis we compared the parenting programs with each other on children's problem behaviours, parent's negative and positive behaviours, and parents' emotions.

**Result:** When we compared the programs pretest to posttest, and posttest to the one-year follow-up, our results indicated differences in program effectiveness. Incredible Years and COMET, the behaviorally based programs, showed sharper reductions short-term concerning children's problem behaviors, parents' negative and positive behaviors, and the levels of parental stress and depression compared to Connect. However, between posttest and the one year follow-up, the parents and children in the Connect program continued to improve whereas the effects of the other two behaviorally based programs were essentially maintained. At the one year follow-up no significant differences existed between the programs.

**Conclusion:** Over one year after post-test, the programs were equally effective. However, the programs seemed to affect parents and children differently depending on their theoretical base.

**32. Cristel Antonia Russell, Veronique Regnier, Shefali Kepadia**  
*Alcohol Brands in Music Videos: Impact on Youth*

References to alcohol are increasingly common in the content of entertainment programming popular with youth, especially music videos (Primack et al., 2012) and these embedded messages may influence listeners' beliefs about and attitudes toward alcohol (Christensen et al. 2012). This research reports findings from 1) a content analysis of the top 40 music videos of 2012 in the US and 2) an experiment in which young American college students were exposed to one of three conditions: the original music video that contained an alcohol brand placement, a version in which the alcohol brand was blurred, or a version without any reference to alcohol.

The experiment was designed to assess the influence of the alcohol placements on the viewers' brand recall and drinking intentions.

26 percent of music videos include at least one appearance of an alcoholic product, mainly hard liquor, the alcohol category most strictly regulated in television advertising. In the videos, alcohol is consistently associated with an overall positive experience, happiness and fun. The experiment shows that the presence of an alcohol brand in a music video alters viewers' responses to product placement in general and their views of alcohol: the video with alcohol led to greater drinking intentions than the video in which the alcohol brand was blurred.

This research is being extended into the French context where different consumption practices exist as well as different regulations regarding alcohol promotional messages (including the requirement for the brands to be blurred in music videos on TV). This program includes a content analysis of the top 50 music videos in France, a national survey to determine the relationships between exposure to these videos and teenagers' alcohol beliefs, and an experimental study similar to the US-based study.

**33. Subash Thapa**  
*Risk of HIV infection among the wives of the returnee labor migrants in Nepal*

Europe is one of the destinations for labor migration for Nepalese. Labor migration has increased risk of HIV infection among the wives of labor migrants, moreover after the return of the husband from abroad. This matched case control study has been carried out to identify the risk factors for HIV infection among the wives of labor migrant in Nepal. Wives of labor migrants who had been diagnosed with HIV were the cases (n=112) and who had been tested negative for HIV were the controls (n=112). The matching criteria were the current age of the women and the age at marriage. Semi-structured interview was carried out to obtain the information and conditional logistic regression analysis was carried out to identify the factors contributing to HIV infection. The results showed that 3% of the cases and 22% of the controls had ever used a condom after the return of the husband. The study identified an association between ethnicity of the women, living status of the women, the type of work done in abroad by the husband, alcohol consumption by the husband, country of migration, living status of the husband while in abroad and having unpaid partners during the stay in abroad after adjusting with the literacy status of the women and the husband. It is recommended that special HIV screening programs should be made mandatory in order to prevent the HIV transmission to the wives before the departure to the home country.

34. **Roberta Molinar**, Fabrizio Faggiano

***Effective interventions for prevention of adolescent substance use: what are they composed of and how do they work?***

**Introduction:** Evaluation studies commonly attest the overall effectiveness of prevention interventions. What the components responsible for effectiveness are and how they exert their effect on outcomes is unclear. This limits the possibility of understanding the causal mechanisms, testing theories, and designing and implementing effective interventions.

**Objectives:** identify the single components, theories, and mediators of effective interventions for prevention of adolescent substance use. This study is part of a wider project included in the Alice Rap European project.

**Method:** this study is based on the identification of 103 evaluation studies documenting the effectiveness of interventions for prevention of adolescent substance use through the scanning of systematic reviews and according to specific inclusion criteria. 20 effective interventions have been selected. Authors have been contacted to collect the description of the components, mediators, outcomes, and theories.

**Results:** Information have been collected from 12 interventions (4 non-participating interventions, 4 still waiting for answer). Most of the components are in-class interactive activities. The number of components is highly variable (from 1 to 103). Mediators include mainly personal skills, social skills, and drug resistance skills. They refer to different theories and approaches. The relationship of intervention components and mediators congruent with theory is not clear.

**Conclusion:** there is no a common terminology used to describe interventions and consensus on how components and mediators are labeled and defined. There is the need to conceptualize and describe with greater clarity and specify the relationship between theories, intervention components, mediators and outcomes.

# Lunch Activities

Day 1 – 14th November

## Post-graduate student Forum

**Angelina Brotherhood** (University of Vienna, AT)

### *Spaces of substance use – a typology*

Space is relevant to many aspects of drug use, be it as a space of consumption or as a means of preventive or other intervention (such as smoking bans). Yet most research on the role of space in drug use appears to have focussed on alcohol and illegal drug use in the night time environment. Far fewer studies have explicitly examined the role of space from the perspective of individual substance use practices (not limited to a particular setting), and these studies have tended to examine one substance only.

Using repertory grids, the planned PhD project seeks to explore how young adults make sense of the spaces in which they consume (or do not consume) a variety of legal or illegal substances. It is assumed that different substances ‘create’ different spaces of consumption within the context of social space, depending on for example the legal status of substances, societal norms surrounding use, and the function of substance use for the person. The aim of the project is consequently to develop a typology of spaces of substance use. Of interest to prevention research, this study will contribute to an understanding of how drug-related needs (and consequently experiences of intervention) may vary across different types of spaces.

This research has recently started and therefore the presentation will focus on the rationale for the study (in the form of a conceptual framework on space and drugs) as well as the proposed methodology.

**Anna-Theresa Renner**

(Gesundheit Österreich GmbH, AT)

### *Socioeconomic Status and Risky Health Behaviours – Explaining the Health Gradient*

The main research objective of my work (master thesis for the master program “Health Economics, Policy and law” at the Erasmus University Rotterdam in 2011) was to identify possible channels through which socioeconomic status proxied by education influences the risky health

behaviours: smoking tobacco, alcohol abuse and consumption and overeating. Econometric estimations on each of these bad habits shows that measures of cognitive ability, attitude towards life, social integration, description of the main job and the monthly household income together explain over 67% of the negative smoking gradient by education, 77.5% of the differences in at least occasional alcohol consumption but only around 6% of the negative gradient on being obese. The relationship between heavy alcohol abuse and education is against all expectations a positive one and only some measures of attitude towards life and social integration reduce the probability of alcohol abuse. Furthermore, the additive theory, introduced by the author, which states that an individual accumulates risky health behaviours reflecting, and hence explained by, personal characteristics is tested. The results of the econometric analysis confirm that schooling has a negative effect on cumulating bad habits. It is shown that the level of education has little impact on picking up one unhealthy habit, whereas the chance of adding another one or two to this vice on average decreases by about 8% with each level of education.

**Kimberley Hill** (Oxford Brookes University, UK)

### *Understanding Alcohol Subjectivities: A Q-Methodology Approach*

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, intentions are a fairly poor predictor of behaviour. Instead of explaining behaviour in terms of brain functioning and putting the brain before behaviour, an ecological approach places the level of explanation at the interplay of brain, body and world. Meaning exists at the relation of an organism to its environment, as suggested by Gibson’s affordance construct. Affordances represent possibilities for action which humans are able to utilise, for instance, certain objects are graspable and individuals can be spoken-to. During stage 1 of this research programme, a non-participant observational study illustrated potential affordances for promoting or inhibiting alcohol consumption within UK licensed premises, from an independent observer’s perspective. During stage 2, a photo-elicitation interview approach uncovered the individual subjectivity that exists between young adults and their drinking environments. A combination of these findings provided a varied concourse of alcohol-related affordances for a q-methodology study. 40 participants ranked 60 statements along a

symmetrical grid with 'strongly disagree' at one end and 'strongly agree' at the other, based on their perceptions of their drinking behaviours and drinking environments. A preliminary factor analysis of these rankings and post-sort interviews uncovered factors which highlighted patterns of subjectivity from individual perceptions of drinking environments and drinking behavior. A focus will be on the conceptual and methodological challenges for this research, including the implications this has for theory, policy and future research

**Nathan Keane Gardner** (LJMU, UK)

***Implicit cognitions tests: a tool for prevention research?***

Cannabis is the most widely produced, used, and trafficked illicit drug in the world (UNODCCP, 2011). One of the main challenges in drugs research is understanding why people engage in behaviours despite possessing knowledge that it is detrimental to their health. Explicit measures, like attitudes, knowledge, and use expectancies, have been primarily used to predict behavioural outcomes of drug use (von Sydow et al., 2002). Despite their extensive use, explicit measures have considerable limitations, including participants' self-presentation efforts for answers to be aligned with social convention, and lack of introspection and knowledge regarding the underlying mechanisms that contribute to behaviour (Nisbett & Wilson, 1977; Schwarz, 1999; Schwarz & Oyserman, 2001). Theories regarding behaviour suggest that a dual-process model of "rational" and "impulsive" processes jointly predict behaviour (Strack and Deutsch, 2004), an indication that the sole use of explicit measures (rational processes) to predict behavioural outcomes may be insufficient.

Prevention efforts often use screening tools to deliver tailored-interventions to individuals (Conrod et al., 2010). Results of this study (N = 40) explore explicit measures of impulsivity and cannabis effect expectancies and how predictive they are of cannabis use outcomes in comparison to implicit measures of impulsivity (Affect Misattribution Procedure; Payne et al., 2005) and cannabis expectancies (Single-item IAT; (Greenwald et al., 1998, Dekker et al., 2009) in a sample of young people (18-35 years-old) who use cannabis weekly. Furthermore, the implications for prevention research and the feasibility of using implicit cognitions tests as a prevention screening tool will be discussed.

## **Screening related prevention research: Prevention of problematic and addictive use of screen media – a call for action**

**Paula Bleckmann** (Criminological Research Institute, Kfn, DE)

***Current state of media effects research – first evidence of its neglect in preventive practise due to conflict of interest***

**Michael Seidel** (DE)

***Supporting parents to limit children 's problematic media use. Results and lessons learned from MEDIA PROTECT***

**Daniel Lloret Irles** (Universidad Miguel Hernández, ES)

***Teens and their parents as targets in an intervention to reduce problematic use of screen media***

The first part of the workshop will give a comprehensive and critical introduction into the topic and give positive examples from new German and Spanish interventions. The second half of the workshop will serve as discussion forum and possible kick-off meeting for a new EUSPR working group "eHealth/screen-related prevention" with three possible aims:

First, to serve as a starting point for a network of researchers and practitioners based on a widened and balanced understanding of "eHealth": working to reduce problematic use of screen media and using new media for health promotion purposes where appropriate. Second, to avoid the errors made in the past of prevention science, e.g. trusting economic stakeholders (in this case: media industry) to develop concepts for prevention. Third, to discuss possibilities for a joint European intervention design for prevention of problematic use of screen media that could be proposed to future EU funding streams.

## Discussion of prevention research priorities in the USA and Europe

### Harold Perl

(Chief, Prevention Research Branch, NIDA, USA)

#### *The NIDA Prevention Portfolio*

General overview of NIH and NIDA;

Review of some of the most recent and relevant findings emerging from the NIDA portfolio of prevention science;

Description of several specific areas of prevention research questions that NIDA expects to emphasize and support in the coming years;

How prevention (and drug abuse prevention in particular) fits into the ongoing and upcoming health care reform process in the USA.

### Maria Moreira (EMCDDA, PT)

#### *Prevention in EU Funding*

Current major EU funding schemes and what they have funded/are funding;

How the EMCDDA is supporting the setting of the EU research priority agenda;

Overview of the new EU funding programme (Horizon 2020) starting January 2014, inc. opportunities for prevention research and international cooperation

**Nick Axford** (Social Research Unit at Dartington, UK);

**Vashti Berry** (University Of Central Lancashire, UK);

**Frances Gardner** (University of Oxford, UK)

#### *Symposium on: The transportability of evidence-based programmes: conceptual issues and empirical examples*

Most rigorous trials of evidence-based programmes are undertaken in a few high-income countries – mostly the US. Policy makers across Europe are increasingly interested in importing such programmes. This is unsurprising: arguably it is not feasible for each country to (re-)invent its own programmes. However, there have been several failures to replicate across countries. Programmes that worked in the US have not been as effective in Europe. Why is this, and what can be done about it?

This symposium involves four papers. The first outlines the main issues, drawing on a systematic review of the transportability of evidence-based parenting interventions for reducing child problem behaviour. It examines various factors that could potentially affect transportability, including: the nature/quality of the intervention; the fidelity of implementation; the degree of programme developer involvement; the design/execution of the study; the nature of the comparison group; cultural congruence; and the policy/practice context.

The next two papers examine these issues in relation to discrete programmes. One looks at a case of successful transportability, namely the implementation and evaluation by randomised controlled trial (RCT) of the Incredible Years programme in Wales and Birmingham. The other concerns an example of apparent unsuccessful transportability, namely the implementation and RCT evaluation of the PATHS social-emotional learning programme in Birmingham.

The final paper considers the ongoing implementation and RCT evaluation of the Finnish KiVa bullying prevention programme in Wales, focusing on the steps taken to learn from previous examples – like those discussed above – and increase the likelihood of successful transportability.





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