



European Society for
Prevention Research



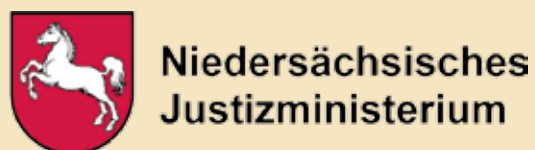
SUSTAINABLE PREVENTION IN A CHANGING WORLD

7th EUSPR Conference and Members' Meeting

October 31st - November 2nd 2016 | Berlin, Germany | EUSPR.ORG

We are very pleased that the 2016 conference is co-organised with the Crime Prevention Council of Lower Saxony, CPC (Landespräventionsrat Niedersachsen, LPR), Ministry of Justice of Lower Saxony (Niedersächsisches Justizministerium), the German Congress on Crime Prevention (Deutscher Präventionstag, DPT) and the National Centre for Crime Prevention (Nationales Zentrum für Kriminalprävention, NZK).

The conference proceeds in collaboration with the Public Health Institute (PHI) at Liverpool John Moores University, UK; the State Agency for Prevention of Alcohol-Related Problems, (PARPA), PL; The Dartington Social Research Unit (DSRU)



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Welcome

Dear EUSPR members and Conference Participants,

This year's annual EUSPR conference is held in Berlin, a fantastic and vibrant location. This neatly mirrors the Society itself: a fantastic organisation and network for prevention scientists across Europe, with a vibrant and developing community. It is with great pleasure that I reflect on the last year, especially with the development of the Early Career Researcher activities, with a forum, blogs and a dedicated workshop at this year's conference. This is great to see. Over the past year EUSPR has also been moving forward with the relocation of the administrative base of EUSPR from Poland to Spain. This move will help with smoother administration and reporting of the activities of the organisation. Over the next year this move will be completed and the original base, in Poland, relinquished. All memberships will be transferred to the new base automatically, following approval at the members meeting. We have also launched the first issue of the EUSPR newsletter, using a digital content delivery format via email. We are also trying out a more traditional 'pdf' version of the newsletter, and have combined information from the first two issues in a special Conference version of the newsletter, including some great information and insight about prevention science in Germany. Over the next year we'll improve and refine the newsletter and would welcome information for inclusion.

Here in Berlin, the theme of the meeting is "Sustainable Prevention in a Changing World", and we have assembled an exciting programme of plenary speakers, covering:

- Developing evidence-based guidance on prevention for migrant populations in the EU
- Sustainable prevention systems as a response to population change
- What is the place and value of prevention in today's society?
- The dark logic of prevention – harmful consequences of public health interventions

Populations and behaviour in Europe are in transition, and new challenges to health and wellbeing are emerging. This has led to an increased focus on changing needs, and how sustainable prevention systems and structures can be developed in order to offer evidence based and rapid prevention responses to these issues. For example, current international events mean that many people have left areas of conflict, and the consequences of poor infrastructure and the breakdown of family and other social structures. Populations are changing in other ways; the EU has an ageing population and low birth rate, and treaties have encouraged mobility (of young people) across borders in search of work and education opportunities. Mobile populations may already be experiencing poor health and wellbeing, and may not be optimally served by the prevention systems of their host country, thus reinforcing inequalities and poorer outcomes.

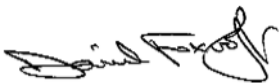
We will also have a special session discussing the way forward for prevention science. Panel members will be asked to explore the future of prevention science and ask questions about the 'politics' of prevention, the meaning of participant autonomy in contested policy and intervention areas, and how prevention scientists negotiate changing societal attitudes to health and social behaviours. While prevention science has advanced over the past 30 years in terms of the conceptualisation and accumulation of evidence of effective interventions and policies, prevention in real-life practice lags behind in most European countries. Prevention providers often use unproven and ineffective prevention strategies without scientific foundations. Evidence however suggests that the success of prevention interventions depends not only on whether effective interventions are available but to a greater extent on the people who implement them and their level of training. Therefore it is a real milestone for EUSPR that we are supporting the further development of the

Universal Prevention Curriculum (UPC) to be pilot-implemented in 9 EU member states, in an EC funded project called UPC-Adapt. The UPC was developed through the US-based organization APSI, Applied Prevention Science International with renowned prevention researchers in the US. It is based on UNODC's International Standards on Drug Use Prevention and the EDPQS, European Drug Prevention Quality Standards. It is good news then that a key meeting for UPC-Adapt stakeholders is being held in Berlin at the EUSPR conference.

We are very pleased to have been supported with the organization of this meeting by the Crime Prevention Council of Lower Saxony, CPC (Landespräventionsrat Niedersachsen, LPR), the Ministry of Justice of Lower Saxony (Niedersächsisches Justizministerium), the German Congress on Crime Prevention (Deutscher Präventionstag, DPT) and the National Centre for Crime Prevention (Nationales Zentrum für Kriminalprävention, NZK). This conference also proceeds in collaboration with the Public Health Institute (PHI) at Liverpool John Moores University, UK, the State Agency for Prevention of Alcohol-Related Problems, (PARPA), Poland, and the Dartington Social Research Unit (DSRU), UK.

I am sure that you will agree that this promises to be an exceptional meeting, in a great location, and demonstrating once again that EUSPR is at the forefront of Prevention Science in Europe. Our Annual Meeting is really the flagship event for our field, and for our Society, and the EUSPR Board is very grateful to Professor Harry Sumnall for his leadership of the Conference Organisation, to Stuart Smith for his enthusiastic and meticulous administrative support, and to Frederick Groeger-Roth, Julian Golembek and Daniela Koentopp with local organisation and logistics.

Enjoy EUSPR. Enjoy the Meeting. Enjoy Berlin.

A handwritten signature in black ink, appearing to read 'David Foxcroft', with a stylized flourish at the end.

David Foxcroft
EUSPR President

About our co-organisers

Crime Prevention Council of Lower Saxony, CPC (Landespräventionsrat Niedersachsen, LPR)

With the founding of the Crime Prevention Council of Lower Saxony (CPC) in 1995, a forum for common efforts to prevent crime and increase the citizens' feeling of security was established. The underlying philosophy was that for investigating and countering the causes of crime effectively, shared responsibilities and strategies of society as a whole were required.

More than 250 member organisations from all relevant social sectors, among them some 200 local prevention bodies and networks, contribute with their expertise to concepts concerning public security and support their realisation. Supporting them and linking up their efforts is the primary task of the Crime Prevention Council of Lower Saxony and its secretariat, which is part of the Ministry of Justice. The Ministry of Justice, as the state's supreme judicial authority, is responsible for all courts, prosecuting authorities and penal institutions in Lower Saxony. This Ministry is also involved in planning legislation at both state and national level.

In Germany, crime prevention is the responsibility of all three levels of government (Federal, State and Municipal). Due to the constitutional principle of subsidiarity, the role of non-governmental organisations and local communities has precedence over activities at the state- or federal level. To coordinate these efforts, crime prevention councils have been established in many municipalities and most states. State crime prevention councils support and advise local crime prevention bodies and networks, disseminate scientific findings and practical experience concerning crime prevention, analyse crime trends and advise the government on issues of crime policy and interdepartmental cooperation in this field.

The Crime Prevention Council of Lower Saxony

- strengthens crime prevention at the municipal level
- develops concepts and describes the necessary framework for their implementation
- promotes the ensuring and improvement of quality in crime prevention
- offers a platform for the transfer of knowledge and information
- coordinates and supports networking in crime prevention
- cooperates with institutions relevant to crime prevention including those outside Lower Saxony
- imparts competence in prevention
- publicises the goals, methods, and concepts of societal crime prevention
- encourages the citizens' involvement in crime prevention

www.lpr.niedersachsen.de

Ministry of Justice of Lower Saxony (Niedersächsisches Justizministerium)

<http://www.mj.niedersachsen.de/startseite/>

German Congress on Crime Prevention (Deutscher Präventionstag, DPT)

Since 1995 the German Congress on Crime Prevention (GCOCP) is hosting the Annual International Forum (AIF) to address the international (non-German speaking) audience. The aim of the AIF is to add an international perspective to the German Congress and to give the opportunity to share

experiences in crime prevention on an international level. While the world is growing closer research as well as experience should be disseminated within a broad professional framework. Therefore we ask international experts from all areas of crime prevention to introduce, share and discuss their ideas, goals, outcomes, projects and speeches with other experts and to experience the German modality of crime prevention. About 2,700 speakers have held more than 3,000 lectures in the course of the previous twenty German Congresses on Crime Prevention. The online documentation contains more than 1,000 contributions with presentations or articles.

Congress 2017: The next German Congress on Crime Prevention with the 11th Annual International Forum will take place on 19 and 20 June 2017 in Hanover, Germany (Hanover Congress Centre - HCC). Hosting partner institutions are the federal state of Lower Saxony, the city of Hanover and the Crime Prevention Council of Lower Saxony.

DPT-institute: The DPT-institut for applied prevention research (dpt-i) promotes the dialogue between prevention research, practice and politics. Major tasks of the dpt-i are:

- Intensification of the dialogue between science, politics, administration, organizations and civil society on the results of prevention research with the aim of a stronger foundation of knowledge in the field of prevention
- Cooperation with other scientific institutions in order to implement research projects with a practical orientation
- Consulting of the German Congress on Crime Prevention and its partner organizations concerning the results and present situation of prevention research
- Implementation of research projects with the perspective of a practical application of research results.

www.gcocp.org

National Centre for Crime Prevention (Nationales Zentrum für Kriminalprävention, NZK)

The German National Center for Crime Prevention (NZK) is a newly established research institution for evidence based practices in crime prevention. It prepares systematic reviews and research synthesis for selected crime prevention approaches and crime problems, such as sexual offender treatment, young multiple offender rehabilitation and prevention of violent extremism. As a knowledge broker one of its objectives is to translate research evidence into policy relevant information. Whenever possible this includes information about the effectiveness of crime prevention programs. Although this kind of research evidence often is of particular interest to policy makers, methodologically sound impact evaluations in Germany are scarce. In absence of better data, German decision makers in crime prevention often have to rely on whatever “evidence” is available. In order to avoid biased interpretation of weak evaluation results the NZK develops a web-based register for research results on crime prevention (following the example of similar tools, such as the Crime Reduction Toolkit). It includes an easy-to-read metric that shows to what extent the results of evaluation studies are backed up by empirical evidence.

Next to the dissemination of research results the NZK also carries out evaluation research in particular in areas that lack impact evaluation. One such area is the prevention and countering of violent extremisms (CVE) where our understanding about the impact of preventive programs and measures is still very limited despite the massive expansion of programs in many countries.

Evidence based practices are well established in the health sector and many countries have adopted this paradigm in the area of crime prevention, policing and social policy in general. In Germany

it is a rather emerging trend. The Crime Prevention Council of Lower Saxony (LPR), the German Congress on Crime Prevention (DPT) and the German Forum for Crime Prevention (DFK) are early pioneers and advocates of this idea. As the result of a national expert dialogue in 2012, the German Federal Chancellery decided to establish a National Center for Crime Prevention, which opened in Bonn January 2016. The NZK is funded by the German Federal Ministry for Crime Prevention and is organized as a research unit within the DFK. A steering commission and an advisory board agree on the NZK research agenda. The center is made up by a team of 4 researchers with interdisciplinary backgrounds in criminology, forensic psychology, political science and education.

www.nzkrim.de

About our collaborators

Public Health Institute (PHI) at Liverpool John Moores University

The Public Health Institute (PHI) is a vibrant research and teaching community working at a local, regional, national and international level. The organisation specialises in applied research and educational programmes addressing health issues at all levels from policy development to service delivery. PHI is committed to a multidisciplinary approach to public health and works in partnership with health services, local authorities, judicial bodies, environmental services and community groups.

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

State Agency for Prevention of Alcohol-Related Problems, (PARPA), PL

The State Agency for the Prevention of Alcohol-Related Problems is a professional government-based institution created to construct the foundations of the state health care policy concerning the improvement of alcohol-related harm prevention, treatment, and public education in Poland. The Agency, established in 1993 as a specialized government agency subordinated to the Minister of Health, develops and presents expert opinions on draft laws and action plans in the field of alcohol policy.

The Agency provides support to the staff of addiction treatment institutions, cooperates with state and regional administration and provides specialized knowledge to several institutions and associations that are committed to the implementation of the National Program for the Prevention and Solving of Alcohol-Related Problems.

Polish system of prevention and solving of alcohol-related problems is considered to be one of the best in the world. Still, the Agency works to further develop it and make it even more effective. This is why it remains open to acquiring new partners across Poland and abroad and looks forward to the implementation of efficient and verified methods aimed at the reduction of negative social, health and economic consequences of alcohol use in Poland.

Dartington Social Research Unit, UK

The Dartington Social Research Unit is an independent charity that brings science and evidence to bear on policy and practice in children's services to improve the health and development of children and young people.

Established in 1963, the Unit has a long track record of influencing national policy across social care, health, early years, education and youth justice. Known originally for groundbreaking studies of how these systems operated, over recent decades work has focussed more on what works, particularly in the area of prevention and early intervention.

The current portfolio comprises experimental evaluations & evidence reviews, epidemiological studies of children's needs as well as a range of projects experimenting with different ways of visualising data and putting it into the hands of decision-makers.

www.dartington.org.uk

Programme at a glance

Pre-conference workshops – 30th October 2016

Workshops 1, 2, and 4 begin at 9.30am. Please note that workshop 2 is a half day event and is followed after lunch by workshop 3 (separate registration required)

1. **“Give me the money!” How to ask for research funding.** Full day workshop convened by Kimberley Hill and Angelina Brotherhood, The University of Northampton (UK); University of Vienna (AT)
2. **An Introduction to Latent Class Analysis for Prevention Research: Identifying High-Risk Subgroups in the Population.** Half day workshop convened by Dr Bethany C. Bray, The Methodology Center, The Pennsylvania State University (USA)
3. **An Introduction to the Multiphase Optimization Strategy (MOST) for Building More Effective, Economical, and Sustainable Preventive Interventions.** Half day workshop convened by Prof Linda M. Collins, The Methodology Center, The Pennsylvania State University (USA)
4. **Introduction to the Universal Prevention Curriculum (UPC).** Full day workshop convened by Gregor Burkhart, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (PT) and Zili Sloboda, Applied Prevention Science International, Inc.

Conference Day 1 – 31st October 2016

12:00 – 13:45: Conference registration (lunch for EUSPR members, welcome coffee for other guests)

14:00 – 15:00: Conference opening and salutation

- Antje Niewisch-Lennartz (Minister of Justice of Lower Saxony, DE)
- Erich Marks (Executive Director of the Crime Prevention Council of Lower Saxony and Executive Director of the German Congress on Crime Prevention, DE)
- Andreas Armbrorst (Head of the National Center for Crime Prevention, DE)
- Representative from Federal Centre for Health Education, DE
- Prof David Foxcroft (EUSPR Board President & Oxford Brookes University, UK)

15:00 – 16:30 Plenary Session 1

- Developmental Approaches to Crime and Violence Prevention: Issues of Evaluation, Generalization and Differentiation – Prof Friedrich Lösel (University of Cambridge, UK; University Erlangen-Nuremberg, DE)
- How do we develop prevention programs and health systems in dynamic environments and in response to changes in population, through the arrival of refugees and migrants? – Prof Göran Tomson (Karolinska Institutet, SE)

16:30-17:30 Parallel Session 1 – Posters and drinks reception

17:30-19:00 Special Session 1 - Ecosystems of prevention: examples of building local practice networks

Special sessions are delegate - Chaired symposia that focus on new projects, new opportunities for collaboration, and work to strengthen research and practice networks. Symposia have been reviewed by the conference committee and selected because of their relevance and interest to EUSPR. We strongly encourage your participation.

17:30-19:00 Special Session 2 - Global perspective on Prevention Science in a Changing World

17:30-19:00 Early Career Presentations 1

An additional Early Career parallel session is being held this year for our Early Career members, in order to provide valuable opportunities for presentation and discussion. Please show your support by attending these talks.

Conference Day 2 – 1st November 2016

09:00-10:30 Plenary Session 2: Scientific Round Table

What is the role of prevention and prevention science in a changing world?

A facilitated discussion including contributions from Professor Nanna Mik-Meyer (Danish National Centre for Social Research, DK); Albert Kern (Federal Ministry of Health, DE); Dr Kathryn Oliver (University of Oxford, UK)

10:30-11:00 Coffee Break

11:00-12:45 Parallel Sessions 2

- 2.1: Prevention systems and policy
- 2.2: Resilience and risk reduction in young people
- 2.3: Promoting wellbeing in a changing world
- 2.4: Understanding health and social behaviours to inform prevention

12:45-14:15 Lunch

14:15-16:00 Parallel Sessions 3

- 3.1: Focus on supporting evidence based practice
- 3.2: Understanding and supporting positive development in childhood
- 3.3: Improving transferability and uptake of prevention
- 3.4: Early Career Presentations 2

16:00-16:30 Coffee Break

16:30-18:00 Plenary Session 3 – Systems Approaches to Prevention

- Health system dynamics – Prof Peter Hovmand (Washington University in St. Louis, USA)
- Complex systems approaches to prevention – Prof Harry Rutter (LSHTM, UK)

20:30 Conference dinner (prior booking required)

Conference Day 3 – 2nd November 2016

08:30-10:00 Special Session 3: Promoting healthy behaviours in the hospital setting; the Emp-H project

10:00-11:45 Parallel Sessions 4

- 4.1: Focus on alcohol
- 4.2: Substance use in young people
- 4.3: Prevention in a changing world
- 4.4: Recent developments in prevention research

11:45-12:15 Coffee Break

12:15 – 13:00 Plenary Session 4: Society Lecture

- ‘Dark logic’: theorising the harmful consequences of public health interventions– Prof Chris Bonell (LSHTM, UK)

Prize giving and conference close

Main Conference Close – 13.30

Plenary Speaker biographies

Plenary Session 1 – Prof Friedrich Lösel

Friedrich Lösel, Dr. phil., Dr. sc. h.c., is emeritus professor and past director at the Institute of Criminology, Cambridge University (UK), and at the Institute of Psychology, University of Erlangen-Nuremberg (Germany). He has carried out research on juvenile delinquency, developmental prevention, family education, offender treatment, prisoners and their families, football hooliganism, school bullying, psychopathy, resilience, close relationships and child abuse. He has published ca. 30 books, research monographs and special journal issues and ca. 400 articles in journals and books. FL served in numerous national and international functions, e.g. as president of the European Association of Psychology and Law (EAPL), president of the Criminological Society of the German-speaking countries, panel-chair of the Violence Commission of the German Government, and member of the expert panel on future policies of the German Federal Chancellor. Currently he works on the Correctional Services Accreditation and Advice Panel of England & Wales, on the coordinating group of the Campbell Crime and Justice Collaboration, as speaker of the steering committee of the German National Center of Crime Prevention, and on various advisory panels on crime control and prevention. In recognition of his work he has received various honors and awards, e.g. the Sellin-Gluck Award of the American Society of Criminology (ASC), the Lifetime Achievement Award of EAPL, the Lifetime Achievement Awards of the ASC Divisions of Experimental Criminology and Developmental & Life Course Criminology, the Joan McCord Award of the Academy of Experimental Criminology, the German Psychology Prize, and the Stockholm Prize in Criminology.

Plenary Session 1 – Prof Göran Tomson

Karolinska Institutet, SE

Senior Professor International Health Systems Research Karolinska Institutet, Honorary Guest Professor Shandong University, China, Board member China Centre for Health Development studies Peking University. Research, capacity building and policy dialogue for universal health care coverage of good quality especially in low and middle income countries. Member Norwegian and Netherlands Research Council's Global Health Committee respective GLOBVAC Board. Chair Scientific Advisory Committee Alliance Health Policy Systems Research WHO, member European Advisory Committee Health Research WHO. Ongoing projects include Swe Research Council funded One Health IMPACT ABR project in China and EC funded SMART2D DM type2 health system project in Uganda. Co-founder React network to contain antibiotic resistance. Two hundred publications, Major interest institutional and individual capacity building supervised 30 PhDs.

Plenary Session 2 – Prof Nanna-Mik-Meyer

The Danish National Centre for Social Research, DK

Nanna Mik-Meyer is a Professor in sociology at SFI – The Danish National Centre for Social Research. Her extensive research focuses particularly on the encounter between the citizen and the state, health, employment policies, marginalisation processes, and qualitative methods. She has led several major research projects in the areas of health, social work, and employment, and has recently completed a research project for the Elsass Foundation on disability and employment. Prior to this study, she led a project for the Danish Ministry of Employment on sickness benefits, and before that she led a research project on overweight and health funded by the Danish Independent Research

Council. All her projects are based on qualitative methods. Mik-Meyer has been the main organiser of international conferences as well as edited several books and magazines (both national and international). She has received a number of awards for her research and has a broad dissemination track record. Recent sole-authored publications include “Othering, ableism and disability: A discursive analysis of co-workers’ construction of colleagues with visible impairments” (Human Relations, 2016); “Disability and ‘care’: Managers, employees and colleagues with impairments negotiating the social order of disability” (Work, Employment and Society, 2016); “Gender and disability: Feminising male employees with visible impairments in Danish work organisations” (Gender, Work & Organization, 2015); “Health in a risk perspective” (Palgrave Macmillan, 2015); “The social negotiation of illness: Doctors’ role as clinical or political in diagnosing patients with medically unexplained symptoms” (Social Theory and Health, 2015); “Health promotion viewed in a critical perspective” (Scandinavian Journal of Public Health, 2014) and “The imagined psychology of being overweight in a weight loss program” (Routledge, 2013).

Plenary Session 2 – Albert Kern, Federal Ministry of Health, DE

Federal Ministry of Health, Division Addiction and Drugs, since 2006

- Administrative management of project funding by the Federal Ministry of Health in the field of licit and illicit drugs, misuse of psychoactive prescription drugs, pathological use of the internet and cross-cutting themes
 - Member of the EU Committee on National Alcohol Policy and Action
 - National Counterpart Alcohol Policy for WHO
-

Plenary Session 2 – Dr Kathryn Oliver, Department of Social Policy and Intervention, University of Oxford, UK

Dr Kathryn Oliver is a social scientist at the Department of Social Policy and Intervention, University of Oxford. Kathryn studied Molecular Biology at UCL (2003). Via a MSc in History of Science, Technology and Medicine (2004), she soon became interested in broader questions about how scientific knowledge and expertise are constructed, owned and used. Her PhD (Manchester, 2012) was half sociology, half public health, exploring social networks of power, influence and evidence-use in public health policymaking. She has interests in the use of evidence in policy making, especially public health policy, the evaluation of social interventions and policies and research impact and science policy. She is an Associate Editor of Evidence and Policy journal, an expert advisor for WHO, a member of SocSocMed and INSNA, and a regular contributor to the Guardian, Research Fortnight and other media.

Plenary Session 3 – Prof Peter Hovmand, Washington University in St. Louis, USA

Prof Peter Hovmand, PhD, is the founding director of the Brown School’s Social System Design Lab at the Washington University in St Louis, USA. His research and practice focuses on using participatory group model building methods to involve communities and other stakeholders in the process of understanding systems and designing solutions using system dynamics models and computer simulations with a specific emphasis on promoting social justice. Application areas include early child and maternal health, childhood obesity, energetics and cancer, mental health, domestic violence, child welfare, household economic security, structural racism, educational equity, K-12 education, and the implementation and scale-up of health innovations. He has been funded by the National Science Foundation, National Institutes of Health, Centers for Disease Control and

Prevention, Robert Woods Johnson Foundation, Lupina Foundation, Substance Abuse & Mental Health Services Administration, Waters Foundation, and Bill & Melinda Gates Foundation.

Plenary Session 3 – Prof Harry Rutter, London School of Hygiene and Tropical Medicine, LSHTM, UK

Harry Rutter is a senior clinical research fellow at the London School of Hygiene and Tropical Medicine, a senior strategic adviser to Public Health England, and an adjunct professor of public health at universities in both Ireland and Norway. He was the founder director of the English National Obesity Observatory, led the development of NICE guidance on measures to promote walking and cycling, sat on the NICE group on whole system approaches to obesity, and on the management group of the Foresight Obesity project, and led the development of the English National Child Measurement Programme.

Harry sits on WHO Europe steering groups for the Cycling and Walking Health Economic Appraisal Tool; the European Health and Environmental Economics Network; and the Child Obesity Surveillance Initiative, and has advised on child obesity surveillance for the WHO Western Pacific region. He chairs the public health and prevention task force of the European Association for the Study of Obesity.

Harry has a broad interest in complex adaptive systems approaches to public health evidence and policy; evaluation of public health interventions within complex systems; and the relations between transport, sustainability, built environment and health, in particular the health impacts of walking and cycling.

Plenary Session 4 – Prof Chris Bonell, London School of Hygiene and Tropical Medicine, LSHTM, UK

Chris works at the London School of Hygiene and Tropical Medicine, UK. Before that he worked at University College London, Oxford University and in the UK government's Social Exclusion Unit. His main areas of research are on adolescent health, sexual health, substance use and social exclusion and health, as well as in research methodology. His research on adolescent health focuses on how schools and school based interventions as well as youth services can benefit or harm young people's health. Chris has written a number of methodological papers on: theorising and evaluating intervention harms; realist trials which combined rigorous evaluations of intervention effects with quantitative and qualitative analyses of what works for whom under what conditions; systematic reviews not only of effectiveness evidence but also process evaluation, qualitative evidence and theories of change; situations in which randomised trials are not appropriate and what alternatives exist; process evaluation; and empirical assessment of intervention transferability.

Conference Day 1 – 31st October 2016

EUSPR Members' Meeting

10:00 – 10:30 Conference Registration for EUSPR Members Meeting attendees

10:30 – 12:00 Members' Meeting

EUSPR Early Careers Forum Networking Lunch

Prior booking required

11:30 – 12:00 Conference registration (for Forum attendees who have not yet registered for the conference)

12:00 – 13:45 Early Careers Forum networking lunch

Conference start – 12.00 on 31st October 2016

12:00 – 13:45 Conference registration (lunch for EUSPR members, welcome coffee for other guests)

Location - Großer Saal

14:00 – 15:00 Conference opening and salutation

- Antje Niewisch-Lennartz (Minister of Justice of Lower Saxony, DE)
- Erich Marks (Executive Director of the Crime Prevention Council of Lower Saxony and Executive Director of the German Congress on Crime Prevention, DE)
- Andreas Armbrorst (Head of the National Center for Crime Prevention, DE)
- Representative from Federal Centre for Health Education, DE
- Prof David Foxcroft (EUSPR Board President & Oxford Brookes University, UK)

15:00 – 16:30 Plenary Session 1

Location - Großer Saal

Chair: Prof Rosaria Galanti (Karolinska Institutet, SE)

Developmental Approaches to Crime and Violence Prevention: Issues of Evaluation, Generalization and Differentiation – Prof Friedrich Lösel (University of Cambridge, UK; University Erlangen-Nuremberg, DE)

ISSUES OF EVALUATION, GENERALIZATION AND DIFFERENTIATION

In the last decades there has been a strong expansion of programs of developmental prevention of delinquent, violent and other antisocial behavior in many countries. Numerous programs have been implemented in families, kindergartens, (pre)schools, family education centers, child guidance clinics and other social services to reduce risk factors and strengthen protective factors. Most meta-analyses showed a desirable effect, however, they also revealed a lack of well-controlled evaluations with long follow-up periods and consistent behavioral outcomes. In addition, the majority of studies stem from North America and replication within and across different countries cannot simply be taken for granted. There are also challenges in reaching specific subpopulations, e.g. migrant and at-risk minority groups. Many evaluations are based on demonstration projects and most prevention programs that are implemented in practice do not have any systematic evidence base. The planned lecture will at first illustrate this background. Then I will present some prototypical findings from our Erlangen-Nuremberg Development and Prevention Study. A third part of the lecture will briefly review own and other research syntheses that address issues of generalizability and transfer. The final part of the lecture will discuss a constructive perspective by emphasizing the necessity of differentiation and sustainable multi-level prevention approaches in a complex and changing world.

How do we develop prevention programs and health systems in dynamic environments and in response to changes in population, through the arrival of refugees and migrants? – Prof Göran Tomson (Karolinska Institutet, SE)

Migration is considered a major social, political and public health challenge for the European Region. Evidence of especially poorer mental health and perinatal outcomes for some refugees and asylum seekers suggests significant unmet needs of both prevention and care.. Systems thinking is needed here. This is a prerequisite for good health services, with a well-performing health workforce, a functioning health information system, access to essential medical products, appropriate health financing enabling universal health coverage and finally a leadership and governance ensuring that strategic policy frameworks exist to ensure service including prevention to those most in need. Access to health care is shaped by legal frameworks governing the rights of refugees and asylum seekers and by the regulation of the migration process. Barriers in accessing prevention in health services include communication difficulties (e.g. lack of interpreters), cultural issues (e.g. gender preference for doctors), structural problems (e.g. transport) and bureaucratic barriers (e.g. social insurance systems). Policy options that will be discussed are:

- improved access to services by removal of legal restrictions;
- provision of full health coverage for all pregnant women and for children regardless of immigration status;
- adoption of approaches to improve communication, such as provision of interpreters, improved cultural competence, good documentation for patients;
- adjustment of health care provision to improve prevention services (e.g. longer appointment times, transport provision).

References

Broadby H et al. Public health aspects of migrant health: a review of the evidence on health status for refugees and asylum seekers in the European Region. HEN synthesis report 44, WHO 2016.

Simon J et al. Public health aspects of migrant health: a review of the evidence on health status for labour migrants in the European Region. HEN synthesis report 43, WHO 2016.

Tomson G. The Impact of Global Processes on Health Systems in Europe. Geneva, Switzerland: Global Health Europe Research paper Nr.2, 2010.

16:30-17:30 Parallel Session 1: Posters and drinks reception

Location - Cafeteria

Agnieszka Pisarska and Krzysztof Ostaszewski

Poster 1

NON-SUBSTANCE ADDICTIVE BEHAVIOURS AMONG WARSAW ADOLESCENTS: RISK AND PROTECTIVE FACTORS

Introduction: Non-substance addictive behaviours such as problematic gambling, shopping or internet use among adolescents have been growing public health concern. However, the knowledge on risk and protective factors associated with these relatively new problems is still limited.

Aim: The study aim was to analyze the association between adolescent gambling, shopping and internet use and related socio-demographic, individual, and social risk and protective factors.

Method: Data were collected from a random sample of 14-19-year old students attending Warsaw middle and high schools (N = 1488). The self-administered anonymous questionnaire had been completed during school lessons.

Results: Approximately 16-17% of adolescents had symptoms of problematic internet use and shopping and 6% indicated problems associated with gambling. Regression analyses results indicated that problematic internet use was associated with following risk factors: mental health problems (elevated stress and symptoms of depression), sensation seeking, passion for computer games and for shopping as well as friends' acceptance of risky behaviours; problematic gambling was associated with sensation seeking, aggressive behaviours, low educational achievements, passion for computer games and for shopping and friends' acceptance of risky behaviours, and problematic shopping was associated with: elevated stress, cigarette use, problematic internet use, cyberbullying and gambling. Moreover, problematic shopping was associated with time spent in shopping centres and amount of pocket money. Family and peer support and constructive ways to use leisure time appeared to be protective factors for examined non-substance addictive behaviours

This presentation was prepared within a frame of research project supported by a grant from the Polish National Bureau for Drug Prevention (the Gambling Problem Solving Fund of the Ministry of Health)

Alba González-Roz, Sara Weidberg, Ángel García-Pérez and Roberto Secades-Villa

Poster 2

GENDER DIFFERENCES IN GAMBLING AMONG ADOLESCENTS

Gambling is one of the most prevalent recreational activities among adolescents worldwide with rates of problem gambling being at least four times higher than in adults. Despite many studies have shed light on several demographic and gambling correlates among adolescents, few studies provide information regarding gender differences in this population. This study aimed to explore gender differences in both gambling and sociodemographic characteristics among a sample of adolescents. Participants were 1,767 Spanish adolescents (53, 8 % boys) that filled out a survey battery by means of electronic tablets. Chi-square and T-tests were conducted in order to explore differences by gender. A binary logistic regression analysis with

the best subset variable selection was conducted in order to explore factors differentiating at-risk/problem gamblers separately for males and females. Results showed that males were more likely to report at-risk/problem gambling than females. Likely, a significantly higher proportion of females were non-problem gamblers. Males were more likely compared to females to report last year gambling prevalence of poker ($\chi^2 = 81.094$, $p < .001$), other casino games (OCGs) ($\chi^2 = 13.209$, $p < .001$), lottery ($\chi^2 = 7.357$, $p < .007$), and sport-betting ($\chi^2 = 52.723$, $p < .001$). Regression analysis showed that sensation seeking [OR = 1.341, CI = (1.019-1.765)], is a significant predictor of at-risk/problem gambling status among females. Regarding male gender, poker predicted being at-risk/problem gambler [OR = .219, CI = (.059-.811)]. These results show that gender differences in gambling are relevant when both prevention and treatment strategies are developed.

Alexandra Morales, José P. Espada, Mireia Orgilés, Silvia Escribano and María T. González

Poster 3

MEDIATION OF AN EFFICACIOUS HIV RISK REDUCTION INTERVENTION FOR SPANISH ADOLESCENTS: THE IMPORTANCE OF KNOWLEDGE ON HIV AND STIS

Promoting sexual health in adolescents in an important public-health goal; however, there are few published mediation analyses studies on sexual health promotion interventions. The program ¡Cuídate! for adolescents in Spain has proven to be effective to promote a health sexuality; however, the mechanisms underlying its effects to promote long-term consistent condom use are still unknown. This study aimed to identify mediators of the intervention's effects compared to a control group. The potential mediators were Theory of Planned Behavior constructs that the intervention targeted, including knowledge about HIV and STIs, attitudes towards condom use, self-efficacy, perceived norms, and intention. Primary outcome was self-reported consistent condom use by 24 months post-intervention. This study comprised 940 adolescents aged 14-16. The mean age was 14.81 (SD = 0.77) and 50% were males. They were students enrolled in 9th and 10th grades at 12 high schools located in the north, east, and south of Spain. Participants completed baseline, immediate-post-test, 12-month and 24-month follow-up assessments. Each school was randomly assigned to the intervention or the control group. Mediation analyses using the product-of-coefficients approach in a generalized-estimating-equations framework revealed that ¡Cuídate! positively affected consistent condom use indirectly through the knowledge on HIV and STIs in serial with the intention to use condoms. Findings underscore the importance of targeting knowledge on HIV and STIs in adolescents through sexual health promotion interventions to promote condom use intention and consistent condom use.

Alexandra Morales, Sibília Reis, José P. Espada, Iván Fernández-Martínez and Silvia Escribano

Poster 4

THE HIV-RELATED ATTITUDES SCALE (HIV-AS): FACTOR STRUCTURE AND PSYCHOMETRIC PROPERTIES IN PORTUGUESE ADOLESCENTS

The HIV Attitudes Scale (HIV-AS) is a brief multidimensional tool to measure HIV/AIDS related attitudes among adolescents, widely used in Spain. Because of the high risk of HIV in adolescents in Portugal and the scarcity of multidimensional measures to assess attitudes

towards HIV-related aspects, reliable and valid instruments are essential for understanding sexual risk behaviors in this population. The aims of this study were to validate the Portuguese version of the HIV-AS and analyze its psychometric properties with Portuguese adolescents. Factor structure, internal consistency, and temporal stability were examined. Participants were recruited from 10 high schools located in 6 cities of Portugal: 71.8% Funchal, 9.9% Santa Cruz, 8% Santana, 3.7% São Vicente, 3.3% Ponta del Sol, and 2.2% Machico. Analyses were conducted based on a sample of 624 adolescents aged 15-18 (M = 17.06; SD = 0.79). Results of confirmatory factor analysis using EQS 6.1 confirmed the four-factorial structure of HIV-AS, including attitudes towards obstacles to safe sex, HIV testing, condom use and, people living with HIV/AIDS. Reliability of the Portuguese version of the HIV- AS was excellent ($\alpha = .82$), while temporal stability was moderate ($r = .51$). The Portuguese version of the HIV-AS seems to be a valid and reliable tool to assess important dimensions of attitudes towards HIV-related aspects in adolescent population of Portugal. More research is needed to consolidate these findings and to generalize them to other populations and countries.

Ana Aparecida Miranda and Sheila Giardini Murta

Poster 5

THE DIFFUSION OF STRENGTHENING FAMILIES PROGRAM (SFP 10-14) IN BRAZIL: A GROUNDED THEORY BASED STUDY.

The Strengthening Families Program (SFP 10-14) is a drug abuse preventive program developed abroad and adopted by the Ministry of Health from Brazil to enhance evidence-based preventive practices. The present study examined the characteristics of the SFP 10-14 that has influenced its adoption in Brazil and analyzed the barriers and facilitators for its dissemination, adoption, implementation and sustainability. A qualitative study was performed based on Grounded Theory Methodology and Theory of Diffusion of Innovations from Everett Rogers. Semi-structured interviews were done with 6 participants in charge of administration, supervision and monitoring of the program from 2012 until 2015. Analysis of documents and observations of team meetings were also conducted. The SFP 10-14 has been perceived as advantageous, compatible with local needs and with preliminary positive results. On the other hand, its implementation has been faced problems related to its complexity and feasibility. Perspectives and challenges for its sustainability are discussed.

Ana Borota-Šraj, Matej Knep and Ingrid Kristančič-Šömen

Poster 6

YOUTH STREET WORK IN KOPER, SLOVENIA

Youth street work in Koper, Slovenia, started to develop recently, around five years ago, when some examples of good prevention practices, which were in line with the recommendations from the EU Action Plan on Drugs (2009-2012), were implemented. Youth street work in Koper has since been carried out by NewPrevent association, which is developing particular youth preventive programmes tailored to the needs of the local community. NewPrevent is a civil society organization, a community of youth street workers and a network of volunteers, operating under the auspices of the Svit Society from Koper. The main goal of NewPrevent is to promote healthy lifestyles among youth.

The aim of NewPrevent is to identify and to swiftly respond to the needs of local communities in

the field of prevention work for youth. NewPrevent has a flexible and iterative approach when developing particular, community-located prevention programmes for youth. One of the most important factors that contributes to the success of the prevention programmes is to establish a genuine relationship not only with target groups, but also with the local community where the prevention programmes are being implemented.

With the poster, NewPrevent would like to present some of its research and its fieldwork, which is the basis for the development of prevention programmes for youth. When NewPrevent started to implement youth street work in Koper in 2012, there very little was known about lifestyles and cultural habits of local youth and how do they spend their free time. The lack of information was one of the leading reasons for the decision of NewPrevent to start research and fieldwork, which today represents the basis for monitoring risk factors and for planning and developing of its innovative prevention programmes for youth.

Andrea Leite Ribeiro Valerio, Carolina Fausto de Souza Coutinho and Francisco Inacio Bastos

Poster 7

IMPLEMENTING PROGRAMS AIMING TO PREVENT SUBSTANCE MISUSE IN BRAZIL

The Brazilian government, via its Office on Drug Policy (SENAD) in partnership with the Oswaldo Cruz Foundation (FIOCRUZ) to develop and implement programs aiming to prevent substance use & misuse in different Brazilian municipalities. The Brazilian initiatives were based on international programs, tailored to the cultural and social specificities of the country and are listed as follows: “Elos” (based on the Good Behavior Game – AIR); “#Tamojunto” (based on Unplugged –EU-DAP); & “Famílias Fortes” (based on Strengthening Families Programme – Oxford Brookes University). The cross-cultural validation and careful implementation of prevention programs is key to their acceptability and potential impact in real-life situations. Unfortunately, the comprehensive assessment of such programs has been scarce and uneven in Brazil.

This abstract summarizes the process of implementation of these 3 programs, in Rio Grande do Norte state, Brazilian Northeast, currently affected by the highest homicide rate all over the country. The program was anchored on a partnership between the state governor’s office, the attorney general’s state office and the mayors of three municipalities (Natal, Parnamirim e Mossoró) and comprised 3 phases: 1) Agreement between the partners; 2) Preparation; & 3) Implementation.

The agreement between partners begins with formal presentation of programs followed by the meeting to establishment political consensus among managers. Preparation phase includes activities related to territory network. In this stage is carried out territorial diagnosis, which lets you scale how many people will be formed in each program and how many groups will be reached.

The last phase is the staff training, seeking to have those enabled actors for the implementation of the program in schools and communities and organization of monitoring.

Currently, perspective to reach in each program is: 2321 students with “Elos”, 1549 teenagers with “Tamojunto” and 72 families with “Famílias Fortes”. The process is phase 3 of implementation.

Anne Pasquereau, Olivier Smadja, Raphaël Andler, Romain Guignard, Jean-Baptiste Richard and Viêt Nguyen Thanh

Poster 8

6 MONTHS' EFFECTIVENESS OF THE FRENCH SMOKING CESSATION QUITLINE

Background: France has one of the highest smoking prevalence in Europe (28.8% of daily smokers among 15-75 years). One of the objectives of the French plan to reduce smoking is to help those daily smokers to quit. Smoking cessation quitlines are considered as effective interventions for motivated smokers. Created in 1998 and run by Santé publique France, the national public health agency, the French quitline has significantly evolved since its launching in accordance with the growing body of knowledge regarding quitlines' effectiveness and organization. It has recently been evaluated.

Methods: Since April 2013, all quitline callers who were in contact with a counsellor are called back 6 months later. The main objective is to measure the abstinence rate and the factors associated with abstinence.

Results: Between September 2012 and July 2014, counsellors of the quitline took care of 13,161 smokers. Young people, unemployed people as well as manual workers are underrepresented compared to the population of French smokers. Among those accepting to be called back after 6 months, more than a fifth (21.9%) report being abstinent for at least 7 days (unreachable individuals or those refusing to answer are considered to be still smokers). The abstinence rate reaches 32.4% among smokers who were initially trying to quit and 19.3% among the other smokers. This rate is lower among the most tobacco-dependent and increases with the number of follow-up calls with a counsellor.

Discussion: The results are consistent with those of other European or American quitlines. They suggest that the quitline is an effective help for smokers, in particular for those who are already trying to quit when they first contact the service. In order to reduce social inequalities, it could be useful to enhance advertisement for this, almost free, service among unemployed and manual workers who are currently under-using it.

Annmarie Wesley and Helena Löfgren

Poster 9

TOWARDS EVIDENCE BASED SUBSTANCE USE PREVENTION - THE SWEDISH PUBLIC HEALTH AGENCY'S ALLOCATION OF FUNDS FOR EFFICACY EVALUATION

Introduction: Substance use prevention in Sweden is mostly, at municipality level, administrated by alcohol-, narcotics-, doping- and tobacco (ANDT) prevention coordinators and non-governmental organizations (NGOs). Even though the municipality coordinators and NGOs are using established preventive methods, there is very little evidence of the effectiveness, in a Swedish context, of these efforts. To stimulate a progress of more evidence-based prevention, the Swedish government in 2002 initiated funds for projects working with substance use prevention. The purpose of the funds were to create better circumstances for evidence-based implementation of effective preventive methods. Since 2014 the criteria for these development funds have progressed even more towards focusing on prevention effectiveness and scientific evaluation. In 2015 the Swedish government allocated SEK 40 million.

Method: The development funds are distributed yearly and the applying projects are assessed

in a structured process including set templates, predefined project criteria and are evaluated by experts. All projects are assessed for their ability to measure effectiveness and projects including collaboration between NGOs and researchers are prioritized.

Results: In 2015 The Public Health Agency distributed grants to 44 ANDT development projects, five of these projects included an efficacy evaluation. NGOs account for 21 per cent of funded projects. In 2016, funds were distributed to 14 new projects (43% were administered by NGOs), three projects included an efficacy evaluation while 11 received funding for a preparative year to set up a full scale efficacy evaluation.

Conclusion: The ANDT development funds have contributed to a diversity of organizations involved in substance use prevention. The last years of alteration towards a more scientific and outcome-oriented approach, does not seem to limit the allocation of funds to NGOs. The Public Health Agency has also initiated a process towards developing targeted funds to projects and methods, identified as in need of further evaluation.

Antje Ullrich, Lisa Voigt, Sophie Baumann, Franziska Weymar, Diana Guertler, Ulrich John, Marcus Dörr and Sabina Ulbricht

Poster 10

DETERMINANTS OF NON-PARTICIPATION IN A BEHAVIOR CHANGE INTERVENTION STUDY IN APPARENTLY HEALTHY INDIVIDUALS AGED 42 - 65 YEARS

Background: Non-participation can bias the outcome in intervention studies. We examined individual-related characteristics associated with non-participation in a study aiming to increase physical activity and to reduce sedentary time in leisure time.

Methods: Based on information of a prior study that investigated the reach of different population groups within a computerized cardiovascular risk factor screening followed by facultative blood pressure measurement (N=1231), a total of 378 randomly selected individuals were invited to participate in a feasibility study of a tailored counselling letter intervention. Eligibility criteria included: no history of cardiovascular events (myocardial infarction, stroke) or vascular interventions, age ≥ 42 and ≤ 65 years, self-reported body mass index ≤ 35 kg/m², and resident in a pre-defined zip-code area. Participants of the feasibility study agreed to attend a cardiovascular examination programme and to wear an accelerometer for seven days at baseline and at 12-month follow-up. Comparison of characteristics of non-participants (N=200; mean age of 50.98 years; SD=6.35; 33.50% men) and participants (N=176; mean age of 52.28 years; SD=6.13; 36.36% men) were analyzed using multivariate logistic regression. All analyses were stratified by sex.

Results: Non-participation was significantly associated with smoking (OR=2.53; CI=1.49-4.30), education (reference group <10 years vs. =10 years: OR=.40; CI=.18-.86; and vs. >10 years: OR=.24; CI=.09-.59), and female gender (OR=1.83; CI=1.01-3.35). Data analysis stratified by sex confirmed smoking (men: OR=3.14; CI=1.30-7.59; women: OR=2.17; CI=1.11-4.24) and education (reference group <10 years vs. >10 years: men: OR=.22; CI=.05-.97; women: OR=.22; CI=.07-.76) as predictors of non-participation. Non-participating men had higher systolic blood pressure (OR=1.03; CI=1.00-1.05) than participating men.

Conclusion: Smoking, low education, and female gender were associated with non-participation in our analysis. For men only, systolic blood pressure was a predictor for non-participation. To optimize recruitment strategies of intervention studies, consideration of these individual-related factors is suggested.

Anumeha Sah

Poster 11

WHEN SUGAR BECOMES SALIENT...? THE ROLE OF NON-CONSCIOUS MOTIVATION IN HEALTHFUL CHOICES FOR SELF AND SIGNIFICANT OTHERS.

Most consumers are well aware that consuming high sugar food and drink is detrimental to health. Their conscious intention is to avoid sugary food and beverages but somehow very limited effects of this intention are seen on the actual behaviour and consumption of individuals. There is an urgent need to facilitate behaviour change that is not dependent on conscious intention. This might be achieved by non conscious motivational routes to influence the behaviour of individuals. This research aims at identifying behaviour change interventions wherein people adopt a change willingly and with pride, thus ensuring sustainability of the behaviour. This research hopes to contribute to public policy and social marketing.

1. Most of our thoughts and actions are intuitive. Salience refers to how visible or noticeable the information is. Salient information reduces cognitive load thus making choices easier.
2. Behaviour is influenced by cues in the environment which activate cognitive structures from past experiences

Objectives

This research aims to explore beverage choices made by people for self and significant others (child). The objectives of this research are:

- To explore whether making the sugar information easily accessible (salience) and easy to understand will make the food choice a decision of reasoning rather than intuition.
- To research if priming the individuals for enjoyment and responsibility will make the beverage choice a more effortful process, thus directing increased attention towards the sugar content.

Theoretical basis

1. Heuristics and biases (Tversky and Kahneman, 1974).
2. Nonconscious influences on behaviour (Bargh and Chartrand, 2000; Custers and Aarts, 2005).

Pretest – online experiment with N=164 participants conducted wherein salient sugar information was presented in understandable currency (candies, cookies, sugar cubes, teaspoons and no sugar information). Statistically significant results were obtained and teaspoon emerged as the clear winner as it was widely understood and comprehended.

Aris Grande-Gosende, Alba González-Roz, Ángel García-Pérez and Roberto Secades-Villa

Poster 12

ABUSE LIABILITY AND NICOTINE DEPENDENCE LEVELS AMONG E-CIGARETTE USERS

Many health concerns have emerged since electronic cigarettes (e-cigarettes) have been launched. Recent evidence has proposed the use of e-cigarettes as a harm reduction strategy. Nonetheless, scarce data exists regarding its efficacy and abuse liability. The aim of this study is to explore nicotine dependence levels in a sample of experienced e-cigarette users (n= 48) and to compare them with current tobacco cigarette smokers (n=50). We conducted several face-to-face interviews in order to assess sociodemographic and dependence related characteristics in both e-cigarette users and in smokers. Adapted versions of both the Fagerström test for nicotine dependence (FTND) and the nicotine dependence syndrome scale (NDSS) were used to analyze nicotine dependence in each of the groups. Biochemical markers of carbon monoxide and urinary cotinine analysis were also collected. Results showed that e-cigarette users scored lower than cigarette smokers in both FTND and all NDSS subscales. Biochemical measures of both carbon monoxide and cotinine were also lower in e-cigarette users. Our findings extend previous research on e-cigarette use and nicotine addiction and suggest that e-cigarette users are less dependent on nicotine than current tobacco cigarette smokers. These results suggest that the use of e-cigarettes might be a harm reduction intervention among smokers who are not successful in quitting. Further prospective studies are needed to better ascertain their addictiveness potential, comparing those smokers who switched to e-cigarettes from smoking cigarettes, and those who had never been tobacco cigarette smokers.

Birgit Knapp and Susanne Schmitt

Poster 13

HALT – HART AM LIMIT (“STOP – CLOSE TO THE LIMIT”): TWO STRATEGY ALCOHOL PREVENTION PROGRAM FOR TEENAGERS UNDER 18 YEARS

“HaLT” is one of the most broadly applied German alcohol-specific prevention program for teenagers under 18 years of age and is currently implemented in 155 locations across Germany. It was initiated 2002 by “Villa Schöpflin”, centre for drug prevention (Lörrach, Germany), against the background of growing numbers of adolescents in need of emergency medical care following an episode of acute alcoholic intoxication (AAI).

HaLT involves two strategies:

First, “HaLT reactive”: This is a brief bedside intervention including a psycho-social risk assessment for adolescents hospitalized due to AAI. The interview is usually conducted by a social worker based on the principles of Motivational Interviewing. The goal is to enhance the adolescent’s motivation to change risky drinking behavior. The emergency setting offers an opportunity to reach at-risk alcohol consuming adolescents in a potential “teachable moment”. Furthermore, an individual counselling is offered to the parents and they are provided with general information on alcohol-related risks.

Second, “HaLT proactive”: This is a structural regional prevention component that I) sensitizes adults to the risks of alcohol consumption, II) encourages adults to set a good example to adolescents and III) reminds adults to act in compliance with the German law for the protection of the youth. For that purpose, HaLT proactive gets in contact with local actors such as the police, schools, associations, festival organizers, retail shops and restaurants/bars in order to gain them as multipliers.

During the implementation process HaLT was evaluated by Prognos AG (Basel, Switzerland). Furthermore, HaLT and specific aspects of HaLT have been subjects to several scientific German studies.

Boris Chapoton and Véronique Regnier-Denois

Poster 14

INTEGRATING OCCUPATIONAL CANCER PREVENTION INTO EDUCATIONAL PROGRAM DEDICATED TO YOUNG PEOPLE IN PROFESSIONAL TRAINING

According to the French national Medical Surveillance of Risks Exposure survey (SUMER), about 1 worker out of 10 is exposed to at least one occupational carcinogen. Disparities exist among the working population in regard to these expositions: even if 70% of the most exposed workers are the ones who have studied the least and who work as “manual workers”, the young individuals under training are among those who are the most at risk. The automotive sector is particularly exposed to occupational carcinogens with 81% of the employees being exposed to at least 3 carcinogenic agents. Collective and individual means of protection exist, yet people seem to have difficulty applying the recommendations made to ensure their safety. In 2009, The French Ministry of Education created a program to be developed within professional training school courses: “Prevention, Health and Environment”. The program aims to work on risk prevention in general; however, discrepancies exist between what is supposed to be learnt and what is applied at work.

A 3 phase project was created to improve occupational carcinogen awareness:

1. to make an exploratory analysis of the role of carcinogen prevention within professional training;
2. to develop a preventive tool that can easily be integrated into the school environment ;
3. to test the efficiency of the tool.

The 1st phase of the project has been completed. A questionnaire was sent to teachers specializing in automotive professional training, from 3 different schools. 72.7% of teachers feel concerned by the instruction of carcinogen prevention. They consider that ideally, this issue should be given twice as much consideration than it is currently given. Time is considered as a major obstacle to doing so. The 2nd phase of the project has started. Preventive tools will be developed and tested with teachers.

Carmela Martinez-Vispo, Ana Lopez-Duran, Elena Fernandez Del Rio, Ruben Rodriguez-Cano and Elisardo Becoña

Poster 15

THE RELEVANCE OF DEPRESSIVE SYMPTOMS TO PREVENT SMOKING RELAPSE

Introduction: People with depression have more difficulty quitting smoking and are more likely to relapse. The aim of this study is to analyze if people who quit smoking through a psychological treatment and remain abstinent present significant differences regarding post-treatment depressive symptomatology compared to relapsers at 3 months follow-up.

Method: The sample consisted of 438 participants who achieved abstinence after a psychological treatment for smoking cessation (61.2% women; mean age = 41.66, SD = 10.99). Beck Depression Inventory-II was used to assess depressive symptoms at the beginning and at the end of treatment. Abstinence was corroborated through carbon monoxide in expired air (CO

< 10). At 3-months follow-up, 44.2% of participants were smoking again.

Results: Relapsers obtained higher scores on BDI-II at the end of treatment ($t = -2.01$; $p < .05$) than those who continue abstinent at 3 months follow-up (6.22 vs. 5.19 respectively). No significant differences regarding to BDI pretreatment were found between those who remained abstinent and those who relapsed.

Conclusion: The presence of depressive symptoms at the end of a treatment for smoking cessation can influence the probability of relapse. In that sense, evaluation of depressive problems at different moments of the process of smoking cessation seems to be important in order to prevent smoking relapse.

Carmela Martinez-Vispo, Elena Fernandez Del Rio, Ana Lopez-Duran, Ursula Martinez and Elisardo Becoña

Poster 16

PERCEIVED HEALTH STATUS, DEPRESSION AND SMOKING CESSATION TREATMENT OUTCOMES

Introduction: Depression often has a marked impact on an individual's mental and physical health leading to considerable impairment in several domains of quality of life. The relationship between tobacco consumption and depression has been well established. People with depression have more difficulties to quit smoking and are more likely to relapse. The aim of this study was to analyze the perception of quality of life in smokers with depression compared to those who did not.

Method: The sample was made of 255 smokers who received a psychological treatment to quit smoking (60.8% female; mean age = 43.78, SD = 11.30). At pre-treatment we assessed lifetime and current treatment for depression and perceived health status with the visual analogue scale of the EQ-5D. Treatment outcomes were analyzed at the end of treatment and at 3 months follow-up. Abstinence was corroborated through carbon monoxide in expired air ($CO < 10$).

Results: Smokers lifetime treated for depression ($t = 2.65$; $p < .01$) and those who were in treatment ($t = 3.49$; $p < .01$) had a poorer perceived health status than people who never received treatment for depression. Logistic regression analysis was realized for predicting smoking status. We found that people with poorer perceived health status had a higher likelihood for being smoker at the end of treatment (OR = 0.98) and at 3 months follow-up (OR = 0.98).

Conclusion: The results of this study showed that smokers treated for depression had poorer perception of their health status. This variable related to the quality of life of the smoker was more relevant than receiving treatment for depression in order to predict smoking cessation treatment outcomes.

Carmen Orte, Lluís Ballester, Belen Pascual, Maria Antonia Gomila and Margarita Vives

Poster 17

CO-RESPONSIBILITY IN EDUCATION: KEY ELEMENTS FOR THE ENHANCEMENT OF THE TRAINING OF PROGRAM DEVELOPERS IN EVIDENCE-BASED FAMILY PREVENTION PROGRAMS

The Program of Family Competences for families of adolescent children from 12 to 16 years

old (PCF in Spanish) is the Spanish adaptation of the Strengthening Families Program (SFP) (Kumpfer & DeMarsh, 1985, Kumpfer et al. 1989). The programme aims at increasing parental competences, enhancing social skills and diminish behavioural problems among vulnerable families. Developers qualifications are a key element in the educative action of family interventions and specific formation is therefore an important part in the adaptation process and to assess the efficiency of the program. The developers' curriculum is also permanently monitored in order to adjust it to the perceived needs of the professionals.

This paper presents some results of a study of the needs of the developers relating competences, skills and attitudes that boost the educative practice in the PCF. The study considers a qualitative approach, with 16 deep interviews and 4 discussion groups to developers who participated at the 4 last implementations of the PCF in 2015. The results of the interviews provide information about developers' perceptions regarding the key competences needed for the implementation of the program. The analysis indicates that knowledge and previous experiences in social skills management are some of the key elements professionals consider as the most important and needed to develop their task as facilitators. Attitudes towards the development of bonds with participants and other colleagues are highlighted. They consider that the professional should be able to be open-minded in order to accept and include the different ways to understand different problematic situations that have to be faced during the delivery of the programme. Capacities such as willingness to learn, being natural, having sense of humour, capacity to listen, capacity to moderate debates, clarity in their expositions, being close of the participants are some of the mentioned skills.

Carmen Orte, Lluís Ballester, Joan Amer, Rosario Pozo and Karol Kumpfer

Poster 18

ATTITUDES OF ADOLESCENTS TOWARDS DRUG USE. AN ANALYSIS BY GENDER OF THE EFFECTS OF THE SPANISH STRENGTHENING FAMILIES PROGRAM (SFP)

Attitudes towards drug use are predictors of current and later adolescent drug use (SAMHSA, 2015). Examination of drug attitudes by gender should be also incorporated given the lack of data on impact of prevention interventions by gender (Kumpfer, 2014, UNODC, 2016). In the current study, we analyzed the long-term attitude change after participating in an evidence-based family prevention program, the Family Competence Program (FCP), which is a cultural adaptation of SFP for Spanish families (Orte, et al, 2008). The data analysis included 78 adolescents that had completed the program and a control group. The standardized measure was the Drugs Attitudes Questionnaire, a Spanish validated questionnaire and used as a reference by the Spanish National Plan Against Drugs. Three measurement points were taken including the pre-test, post-test, and 24-month follow-up. Main results indicate that significant reductions in attitudes towards drug use were achieved for both boys and girls as well as perceptions of the availability of drugs and harmfulness of drug use by the end of the program, but not at the 24-month point. There were no significant differences in amount of positive change for girls compared to boys, despite findings that SFP is more effective for girls (Magalhaes & Kumpfer, 2014).

Carolina Coutinho, Lidiane Toledo and Francisco Inácio Bastos

Poster 19

PREVENTION PROGRAMS OF DRUG MISUSE SCHOOLS BASED: TEACHER'S PERCEPTIONS OF MATERIALS

Substance use & misuse by schoolchildren in Brazil constitutes one of the most important

public health challenges. In 2012, a partnership between the Office on Drug Policy (SENAD) and the Oswaldo Cruz Foundation (FIOCRUZ) was established in order to implement the project “Say Yes to Life” – SYL (aiming to prevent alcohol and substance misuse in schools). This abstract summarizes findings from the assessment of educators’ perceptions who were trained in the context of the 5th edition of the course/training sessions on Drug Abuse Prevention for Public School Educators (SENAD/MEC [Ministry of Education]) as regards to the use of the pedagogic materials as follows: Monica’s pals, Monica Teen’s pals, and Tina’s pals “fanzines” (SYL’S key components), identifying their receptivity by educators who completed the course and training process. Based on the educators’ database (i.e. those who actually attended the Drug Use Prevention course/training sessions) the fanzine were sent to the educators. They were asked to answer an online survey from October 2013 to February 2014. Overall, 5,743 educators answered the survey. In general, educators evaluated the material as follows: 80.5% agreed that the language/approach fitted their needs and expectations and just 0.3% stated they believe they would have problems to use the material in the classroom, because of their own difficulties to deal with the theme ‘alcohol and other drugs’. Most educators said they would use the materials of the SYL project in their classes, and approximately 27.0% said they would use the SYL project material in the school in the 2014 term. In sum, educators evaluated the material positively and ready to be incorporated into their regular classes.

Cristiano Piccinelli, Elena Coffano, Fabrizio Faggiano and Nereo Segnan

Poster 20

BURDEN OF DISEASE, HEALTH AND ECONOMIC IMPACTS: A PREVENTION LAB IN PIEDMONT REGION.

Background: The WHO shows that in Italy the loss of almost 70% of years of life is due to the cardiovascular diseases and cancers. Whereas the Italian population is aging with a significant increase of non-communicable chronic diseases, it seems a priority to try to reduce the incidence of such diseases or at least to delay its onset. In order to address this scenario, a “Prevention-Lab” was set up in Piedmont.

Aims: Identifying priority prevention interventions for the Piedmont region: burden of disease, most relevant risk factors, effectiveness of prevention interventions and their cost-benefit ratio, in order to drive regional policies.

Methods: The Prevention-Lab brings together multidisciplinary expertises: politics, public health, economy, law, sociology. The activities are managed through regular meeting, and driven by an analysis of the diseases and their main risk factors. Effective interventions were identified and then used to build some scenarios of intervention, with analysis of cost-benefit.

Results: The Lab, started in December 2015, will be active until the end of 2018. The first four causes of disability on which it was decided to intervene are: cardiovascular diseases (15.6% of total DALYs), cancer (18%), musculoskeletal diseases (13.8%) and mental illness (9%). To reduce the risk factors (hypertension, smoking, alcohol-abuse, physical-inactivity and poor-diet) about 50 effective interventions were combined in different scenarios, in order to estimate their impact (in terms of DALYs avoided) and costs.

Conclusion: The use of resources in prevention should not only be interpreted as expenditure, but also as an investment and an avoided cost. Prevention allows to gain years of healthy life, potentially reducing or postponing disability and health care costs. To achieve such goals, a multidisciplinary approach is needed. The Prevention Lab enhances cooperation between the

various stakeholders for the realization of a prevention policy.

Darko Rovic

Poster 21

MOLECULAR PREVENTION? INTERACTION OF SEROTONIN TRANSPORTER POLYMORPHISM 5-HTTLPR AND PSYCHOSOCIAL CONDITIONS AND OUTCOMES RELATED TO DRUG ADDICTIONS: IMPLICATIONS FOR PREVENTION SCIENCE AND PRACTICE

A functional serotonin transporter promoter (5-HTTLPR) polymorphism has been implicated in moderating vulnerability to stress related psychopathology upon exposure to environmental adversity. A short (S) allele of the SLC6A4 gene is related with anxiety related personality traits, depressive symptoms and suicide following adverse early experiences or stressful life events in childhood. The S allele is also associated with stress reactivity, impulsive and aggressive behavior, novelty seeking and poor delay-of-gratification behavior, alcohol dependence, tobacco and drug use, conduct problems and delinquent behavior.

This study seeks to determine the prevalence of genetic polymorphism of 5-HTTLPR, and DNA methylation profiles of the 5-HTTLPR promoter, among opiate drug addicts and among control group of healthy individuals. Furthermore, the aim is to determine interactions of the genetic and epigenetic profiles and psychosocial conditions and outcomes, such as parental bonding, childhood maltreatment, stress exposure and coping skills, personal psychopathology and substance abuse.

A blood sample of 4 ml for DNA extraction, was taken from 135 drug addicts engaged in treatment at Institute for Public Health, Rijeka and 149 control subjects- students and employees of University of Rijeka and Institute for Public Health, Rijeka. All subjects filled up standardized questionnaires: Personality assessment Inventory; Brat impulsivity scale; Risk Taking Scale; Childhood Trauma Questioner; Connor-Davidson resilience scale ; Parental Bonding Instrument; Drug Use Disorders Identification Test; Alcohol Use Disorders Identification Test.

Preliminary results show significant differences between the two groups regarding the genotype as well as interactions between the genotype, and psychosocial conditions and outcomes. To elucidate this relations better, both genetic and epigenetic variations affecting the transcriptional efficiency of the SLC6A4 gene are to be analyzed.

Understanding of the gene x environment interactions and the processes that facilitate it add up to the discussion on how to build up individualized prevention and treatment intervention.

David Razboršek, Barbara Kos, Darja Topolšek and Tina Cvahte

Poster 22

PROMOTING SAFER BEHAVIOUR OF YOUNG DRIVERS THROUGH WORKSHOPS WITH TRAFFIC ACCIDENT SURVIVORS WITH SPINAL INJURIES

Among young people aged between 15 and 29 years, traffic accidents are the number one cause of death in the world. Raising awareness on the importance of safe driving practices and prevention programmes targeting youth are therefore extremely important not only short-

but also long term. The VOZIM organization, based in Slovenia, has partaken in organizing workshops that primarily target teenagers. Through the »I still drive, but I can't walk« programme, lecturers are raising awareness on the importance of road safety through life stories of traffic accident victim with spinal injury (paraplegic and quadriplegic). The involvement of real life stories and seeing the lecturer and their life before and after obtaining serious injuries in a traffic accident has a large impact on participants and can potentially alter their driving habits.

In order to evaluate the short and long term effectiveness of the workshops, a comparison of safe driving practices among attendees of the workshops and the general population was performed. The base for comparison was the widely used »Driver behaviour questionnaire« (DBQ), which was used to measure driving practices of each participant. The results confirm that drivers that listened to the lecture »I still drive, but I can't walk« are generally safer drivers compared to the control group. They also have higher awareness of possible dangers in traffic. Those drivers that attended »I still drive, but I can't walk« workshops are satisfied with its effects and support the idea that all novice drivers should hear these workshops, which points to opportunities for developing a wider prevention programme based on real life stories of traffic accident survivors.

Elis Haan, Käthlin Mikiver and Anna Toots
Poster 23

IMPROVING ACCESSIBILITY AND EFFICIENCY OF CHILDREN'S MENTAL HEALTH SERVICES IN ESTONIA

Introduction: Under the Public Health Initiative programme area financed by the Norwegian Financial Mechanism one of the outcomes is improved access to and quality of health services which will be achieved through developing better out-patient and web-based mental health services. In terms of mental health problems, awareness, reliable information, early detection and integration of services between health care, social and education sector are of utmost importance.

Objective: The aim is to describe an integrated system how children mental health services are developed and mental health literacy is improved in Estonia.

Methods: The proposal is a descriptive analysis of an ongoing development of children's mental health services and mental health system in Estonia.

Results: By developing children mental health centres, out-patient mental health cabinets and web-based mental health services shortages of the service delivery were improved. For example in 2015 451 professionals from the centres, cabinets and other relevant sectors have been involved with the trainings. In addition 1489 boys and 737 girls benefited from the integrated mental health services and approximately 3251 children and youngsters got help through e-counselling services. Moreover several self-help tools were developed, for example smartphone applications for preventing common mental health problems, interactive cognitive trainings, videos and animations.

Conclusion: Considering the small area of Estonia and the number of children and youngsters not all specific services must be made available in every region. However, it is essential to provide correct and reliable information on mental health, foster preventive and self-help interventions and ensure capability of first contact care to detect mental health problems as

early as possible. Additionally web-based mental health services are cost-effective and easily accessible to the numbers of users which will help to decrease the pressure to the health care system, foster help-seeking behaviour and decrease stigmatization of mental health problems.

Emina Mehanovic, Federica Mathis, Romeo Brambilla, Chiara Benevenuta, Serena Vadrucci, Martina Bonino, Federica Vigna-Taglianti and The Eu-Dap Study Group

Poster 24

FACTORS ASSOCIATED WITH TOBACCO USE AMONG ADOLESCENTS: THE ROLE OF PARENTS, PEERS, ATTITUDES AND SKILLS

Introduction: Tobacco use among adolescents represents a major public health problem. Smoking initiation can be influenced by several factors such as peer smoking, social influences, individual risk conditions, parental tobacco smoking and related behaviors.

Objectives: The purpose of this study is to investigate risk factors for adolescent lifetime tobacco use and to evaluate differences by gender and socio-economical status.

Methods: This is a secondary analysis of the baseline survey of the EU-Dap (European Drug Addition Prevention) randomized controlled trial. The analytical sample included 7,011 students 12-14 years old from seven European countries who participated in the baseline survey of the trial and answered the questions investigating lifetime smoking. Socio-demographic characteristics, friends' substance use, knowledge, attitudes and beliefs toward substances, risk perceptions, refusal and decision making skills, self-esteem, parental tobacco smoking and permissiveness, and family climate were studied as risk factors for lifetime tobacco use through a forward multivariate logistic regression model.

Results: Low refusal skills toward tobacco use was the strongest predictor of lifetime smoking (OR 6.09, 95% CI 5.08-7.30), followed by having friends who smoke (OR 3.79, 95% CI 2.95-4.86). One-parent household (OR 1.44, 95% CI 1.14-1.82), parental smoking (OR 1.42, 95% CI 1.23-1.64), parental permissiveness to smoke out of home (OR 1.43, 95% CI 1.15-1.79), bad family relationship (OR 1.30, 95% CI 1.12-1.52) and low connectedness with parents (OR 1.24, 95% CI 1.02-1.51) proved to be associated with adolescent smoking. Wrong risk perceptions and beliefs, negative self-esteem, positive attitudes toward substances, negative decision making skills and low respect for teachers were also significantly associated with tobacco use. Differences by gender and socio-economic status were observed.

Conclusions: The present findings identified some risk factors for lifetime smoking among European adolescents. Forthcoming prevention programs should address these factors in order to prevent smoking initiation.

Emina Mehanovic, Romeo Brambilla, Federica Mathis, Federica Vigna-Taglianti and The Eu-Dap Study Group

Poster 25

FACTORS ASSOCIATED WITH DRUNKENNESS EPISODES AMONG ADOLESCENTS: THE ROLE OF PARENTS, PEERS, ATTITUDES AND SKILLS

Introduction: Alcohol is the most widely available and most commonly used psychoactive substance among adolescents. Early onset of alcohol use contributes to the development

of drinking outcomes, alcohol abuse and dependence. Heavy drinking is strongly influenced by parental alcohol use, perception of family approval, poor family management and family conflicts, perceived friends' drinking and drunkenness as well as peer pressure to drink. Also individual factors such as positive and negative expectancies about alcohol, attitudes towards alcohol and ability to refuse are predictors of drinking behavior and binge-like episodes.

Objectives: The purpose of this study is to investigate risk factors for adolescent lifetime drunkenness and to evaluate differences by gender and socio-economical status.

Methods: This is a secondary analysis of the baseline survey of the EU-Dap (European Drug Addition Prevention) trial. The analytical sample included 7,042 students 12-14 years old from seven European countries who participated in the baseline survey and answered the questions investigating lifetime drunkenness episodes. Socio-demographic characteristics, friends' substance use, knowledge, attitudes and beliefs toward substances, risk perceptions, refusal and decision making skills, self-esteem, parental drinking and permissiveness, and family climate were studied as risk factors for drunkenness episodes through a forward multivariate logistic regression model.

Results: Having friends who get drunk was the strongest risk factor for lifetime drunkenness (OR 5.81, 95% CI 4.39-7.70) followed by low refusal skills toward alcohol (OR 2.26, 95% CI 1.90-2.69) and tobacco (OR 2.24, 95% CI 1.87-2.67) use. Family conflicts, parental smoking and parental permissiveness to drink, as well as positive attitudes toward drugs, low negative beliefs, high positive beliefs, low refusal skills, knowledge about substances and low respect for teacher were also associated with the risk of lifetime drunkenness. Differences by gender and socio-economic status were observed.

Conclusions: Prevention programs should address the identified factors to prevent early excessive drinking.

Emina Mehanovic, Romeo Brambilla, Federica Vigna-Taglianti and The Eu-Dap Study Group

Poster 26

FACTORS ASSOCIATED WITH CANNABIS USE AMONG ADOLESCENTS: THE ROLE OF PARENTS, PEERS, ATTITUDES AND SKILLS

Introduction: Cannabis is the most frequently used illicit drug among adolescents. In order to prevent initiation of use, risk factors should be identified.

Objectives: The purpose of this study is to investigate risk factors for adolescent lifetime cannabis use and to evaluate differences by gender and socio-economic status.

Methods: This is a secondary analysis of the baseline survey of the EU-Dap (European Drug Addition Prevention) randomized controlled trial. The analytical sample included 7,028 students 12-14 years old from seven European countries who participated in the baseline survey of the trial and answered the questions investigating lifetime cannabis use. Socio-demographic characteristics, friends' substance use, knowledge, attitudes and beliefs toward substances, risk perceptions, refusal and decision making skills, self-esteem, parental tobacco smoking and alcohol drinking and related permissiveness, and family climate were studied as risk factors for lifetime cannabis use through a forward multivariate logistic regression model.

Results: Having friends who use cannabis was the strongest risk factor for lifetime cannabis

use (OR 9.08, 95% CI 5.93-13.89), followed by a low risk perceptions (OR 3.57, 95% CI 2.40-5.30) and low refusal skills toward cannabis use (OR 3.30, 95% CI 2.50-4.37). One-parent household (OR 1.61, 95% CI 1.07-2.41), parental permissiveness to smoke (OR 2.05, 95% CI 1.39-3.03) and parental smoking (OR 1.31, 95% CI 1.00-1.72) were associated with the risk. Low refusal skills toward tobacco and alcohol use, low negative beliefs toward cannabis, high positive attitudes toward drugs and knowledge about cannabis were also significantly associated with lifetime cannabis use. Differences by gender and socio-economic status were observed.

Conclusions: Friends' use, risk perceptions, refusal skills, attitudes and beliefs, but also parental behaviors play a great role in adolescents' initiation of cannabis use. These factors should be taken into account in orienting future prevention programs.

Emma Davies, Adam Lonsdale, Sarah Hennelly and David Foxcroft

Poster 27

PERSONALISED DIGITAL INTERVENTIONS HAVE NO IMPACT ON RISKY DRINKING AND ALCOHOL RELATED HARMS IN YOUNG PEOPLE IN A RANDOMISED CONTROLLED TRIAL

Background: Digital alcohol interventions have advantages over traditional face-to-face brief interventions in terms of anonymity, cost, and potential reach. In recent years there has been a sharp rise in such products, but the market is unregulated and many remain untested.

Design and Methods: In this randomised controlled trial, 402 participants aged 18-30 completed baseline questionnaire measures and were then randomly allocated to complete one of two digital interventions or a control group. Four weeks later they completed follow up measures. Primary outcomes were AUDIT-C, drinking harms and preloading.

Interventions: One intervention provided participants with personalised normative feedback about their drinking, including about calories consumed and money spent. The other presented a series of socially embarrassing scenarios that may occur when drinking, and participants were scored according to if/ how recently they had been experienced.

Results: There was a significant decrease in all outcome measures between baseline and follow up in the sample, but no significant differences between the conditions. Post-hoc sub group analyses found that for lower risk drinkers, being allocated to the social embarrassment intervention was associated with a greater number of reported minor harms at time two.

Discussion: Overall, digital interventions in this study had no effect on risky drinking and alcohol related harms compared to controls. Reductions in outcome measures in the study period could be attributed to the mere measurement effect, the timing of the study, and regression to the mean. An increase in the reporting of minor harms by low risk drinkers could be artefactual, due to reporting bias caused by exposure to the embarrassing scenarios. These findings highlight the need for caution and rigorous testing of digital interventions throughout their development, to ensure they are effective and to discount the likelihood of iatrogenic consequences.

Fidelie Kalambayi

Poster 28

PRACTISING EXTRACURRICULAR ACTIVITIES: IS IT A PROTECTIVE FACTOR FROM RISK

BEHAVIORS AMONG ROMANIAN ADOLESCENTS?

Several studies to date suggest that active engagement is a factor facilitating adolescents' successful adjustment to the social and psychological challenges related to their age (Mahoney & Stattin, 2000; Eccles et al., 2003; Darling, 2005). This paper discusses the findings from a 2014 study on Romanian adolescents, indicating that actually participation in extracurricular activities is not a protective factor for all the four risk behaviors analyzed: smoking cigarettes, drinking alcohol, using drugs, having sex before the age of 16.

Data was collected in five large cities, from adolescents aged 10 to 18, through 1870 questionnaires, 30 in-depth interviews and 6 focus groups. The study „Social Norms influencing Risk Behaviors of Romanian Adolescents” was funded by UNICEF Romanian Office.

Flavio Marsiglia, David Alarcón, Stephen Kulis, Cristina Villalba and Isotta Mac Fadden
Poster 29

PILOT RESULTS OF MANTENTE REAL (KEEPIN' IT REAL), AN EVIDENCE-BASED YOUTH DRUG PREVENTION PROGRAM FOR SPANISH SECONDARY STUDENTS

Despite recent decreases in drug use among secondary students (ESTUDES, 2016), Spain continues to have some of the highest prevalence rates of legal and illegal drug use in Europe (European Drug Report, 2016) along with narrowing gender differences in use. The Spanish National Plan on Drugs emphasizes the need for evidence-based drug use prevention programs targeting adolescents. This presentation reports on a pilot study to implement and assess the USA-based Mantente REAL (keepin' it REAL) program in the Spanish context. The Mantente REAL curriculum teaches adolescents a repertoire of strategies used commonly and effectively by youth (Refuse, Explain, Avoid, Leave-REAL) to make healthy decisions in difficult and risky situations, such as receiving offers of drugs and alcohol. The study objectives were to assess the effectiveness of the program in preventing or reducing alcohol and drug consumption, determine the feasibility of implementation in Spanish schools, and identify where the curricula should be culturally adapted for greater effectiveness. The sample included four public secondary schools in Seville (Spain) from similar socio-economic status neighborhoods, with two schools assigned randomly to receive Mantente REAL and remaining schools serving as a control group. Student participants (N=274) were in their third grade of secondary studies (mean age=14.7, gender balanced). Self-administered pretest and posttest surveys in all schools measured alcohol and drug use behaviors and attitudes. The pretest demonstrated the need for prevention: last-30 day prevalence rates were 40% for alcohol, 19% for heavy episodic drinking, 20% for tobacco, and 11% for marijuana use. To assess program effectiveness we report relative changes (Mantente REAL versus controls) in drug use behaviors and norms using baseline adjusted regression models in Mplus with FIML, and estimated effect sizes (Cohen's d). We also report on recommended adaptations to the program using focus-group data collected from program participants (students and teacher-implementers).

Gail Chan and Alessandra Podesta
Poster 30

LESSONS LEARNED FROM YEAR 1 OF THE GOOD BEHAVIOR GAME RANDOMIZED CONTROL TRIAL IN UK PRIMARY SCHOOLS

This session will provide an overview of the partnership between American Institutes for

Research (AIR), Mentor UK and Manchester University as part of the current Good Behavior Game (GBG) UK Randomized Control Trial (RCT). The project offers primary schools the opportunity to implement GBG in their classrooms while participating in ongoing research designed to measure the impact of GBG in UK schools.

The Good Behavior Game (GBG) is an evidence-based strategy teachers use to help children develop skills such as teamwork and self-regulation. Children receive positive reinforcement for promoting and following behavioral expectations, and practice monitoring and managing their own behavior and supporting the positive behavior of their classmates.

GBG is one of the few preventive interventions aimed at aggressive and disruptive behavior that has shown short- and long-term impacts in rigorous randomized field trials. Research shows that children introduced to GBG in first and second grade show less aggressive and disruptive behavior through later primary school. Furthermore, children who participated in GBG in early primary school experienced more physical and mental health benefits in early adulthood compared with children from the same primary schools who were not exposed to GBG.

During this two-year trial, GBG will be delivered to more than 2,000 children and 37 primary schools across the North of England. Our goal is to share some of the early findings and lessons learned from the first year of implementation. Colleagues from the Mentor team will share some implementation data and discuss next steps for Year 2 of the RCT.

Giuseppe Gorini, Giulia Carreras, Barbara Cortini, Simona Verdi, Maria Grazia Petronio, Piersante Sestini and Elisabetta Chellini
Poster 32

HOUSEHOLD SMOKING BANS AND YOUTH SMOKING BEHAVIOUR IN ITALY: FINDINGS FROM THE SIDRIAT LONGITUDINAL STUDY INTRODUCTION:

The Italian nationwide smoking ban entered into force in 2005 partially contributed in increasing the adoption of household smoking bans (HSB). Aim of this study was to determine whether youths living with HSB were more likely to develop antismoking attitudes and less likely to progress to smoking.

Methods: we conducted a longitudinal, 12-year, 2-wave study on a sample of 3,091 Italian youths aged 6-14 years in 2002; 1,763 (57%) were re-interviewed in 2012-2014. We used logistic regression to investigate HSB effects on youth anti-smoking attitudes and smoking behaviours.

Results: Youths living with HSB significantly increased from 60% at baseline to 76% at follow-up ($p < 0.001$), particularly those living with ≥ 1 smoking parent (from 22% to 47%, $p < 0.001$). Youths with no HSB at baseline were more likely to become established smokers at follow-up (OR=2.15; 95%CI=1.47-3.14), even with smoking parents (OR=1.83, 95%CI=1.09-3.10). Youths with HSB at baseline but no HSB at follow-up were more likely to become experimenters or established smokers compared to youths with HSB in both waves (OR=1.86, 95%CI=1.23-2.81; OR=2.38, 95%CI=1.52-3.73, respectively). The effect was greater in youths with no HSB in both waves (OR=1.67; 95%CI=1.01-2.76, OR=5.85; 95%CI=3.35-10.24, respectively), as if there was a dose-response relationship. Moreover, youths with no HSB in both waves were more likely to overestimate adult smoking prevalence (OR=2.14; 95%CI=1.39-3.29), and to consider smoking as social acceptable (OR=1.81; 95%CI=1.04-3.15).

Conclusions: HSBs recorded in 2002 had a significant impact in protecting youths from becoming established smokers in the 10-12 subsequent years, even in homes with smoking parents.

Helena Križan, Irena Velimirovic and Čaha Dinka
Poster 33

CURRENT STATE OF SELECTIVE PREVENTION PRACTICE IN DRUG ABUSE, CROATIAN PERSPECTIVE

The results of the European School Survey Project on Alcohol and Other Drugs (ESPAD) for 2011 show that Croatia is one of the European countries with a rising trend when it comes to the prevalence of drug use among youth. During 2015 in all health institutions in Croatia, 7533 persons were registered for receiving treatment for substance abuse addiction, of which 484 (6,3%) were under the age of 20 (Hrvatski zavod za javno zdravstvo, 2016). The National Strategy for Combating Drug Abuse 2012 – 2017 (Vlada Republike Hrvatske, 2012) stresses the important role of using prevention on all levels in strategic efforts to combat drug abuse. But in the implementation of said strategy, most of the efforts are directed towards universal prevention programs directed at the general population of children and youth (Ured za suzbijanje zlouporabe droga, 2015). More and more focus is now being put towards the development of selective and indicated prevention programs because those programs are severely lacking in the entire country. According to the Database of projects and programs administered in the field of combating drugs abuse that is run by the Office for Combating Drugs Abuse, among the 130 prevention programs, there are only 17 selective prevention programs, which indicates the need for further development of these programs. Also, the Croatian prevention field is characterized by a hyperproduction of programs that lack logic modeling and rigorous evaluation and there is a lack of proper analyses of these programs. This paper will provide an analysis of the current state of selective prevention practice in Croatia, offer a comprehensive theoretical model of the development of addiction problems in adolescence from a perspective of developmental psychopathology, and provide some guidelines for the further development of selective prevention policy and practice in the field of substance abuse prevention.

Helene Eng, Charlotte Reedtz, Monica Martinussen, Joshua Patras and Simon-Peter Neumer
Poster 34

IMPLEMENTING SUSTAINABLE EVIDENCE BASED INTERVENTIONS WITHIN SERVICES FOR CHILDREN IN NORWAY: WWW.UNGSINN.NO

Although knowledge about effective interventions for children and adolescents is regularly made available, most child and adolescent mental health services in Norway are not evidence based. One reason for this might be that practitioners and decision-makers do not know which interventions have scientific evidence for effectiveness. This may be because the knowledge of which interventions are effective is too difficult or time-consuming to access through tradition research literature. The knowledge transfer process is important to bridge the gap between research and practice to improve usual care.

Aim: To facilitate evidence-based practice dissemination in the field of child and adolescent

mental health in Norway.

Method: The Norwegian web-site, Young Mind (Ungsinn in Norwegian); www.ungsinn.no, has been developed to give access to information about psychosocial interventions and evaluate their level of evidence. The web-site contains information about programs available in Norway. Each program presentation includes a description of the intervention followed by an empirical review and a classification based on available evidence in the Nordic countries. Young Mind is based on criteria listed by Society for Prevention Research and other international systems of grading evidence used in databases and systematic reviews.

Results: To date, 46 interventions have been reviewed and classified and the number of page views has risen from 15000 in the first year, 2009, to 53000 in 2015. The website has recently been accredited as a scientific journal and 25 authors and reviewers have been trained in applying the classification system.

Discussion: Identifying the most effective evidence-based practices within child and adolescent mental health services is challenging. To facilitate dissemination of evidence-based practices, strategies must include efforts to make information about rigorous research readily available to the field. The Norwegian website www.ungsinn.no may facilitate effective dissemination and implementation of evidence-based interventions.

Jaroslav Vacek and Roman Gabrhelík

Poster 35

LINKING ANONYMOUS DATA FROM STUDENT'S QUESTIONNAIRES IN PROSPECTIVE PREVENTION TRIAL USING SELF-GENERATED IDENTIFICATION CODES

Participation in prevention studies often requires respondents to answer sensitive questions about their risk behavior, such as sexual experiences or substance use. Maintaining anonymity appears necessary not only to obtain valid answers but also to protect the participants and their environment. A self-generated identification code (SGIC) is an anonymous identifier generated from information available to the participant but not to the researcher on the basis of identical instructions for all participants. Linking data on individual level allows to employ statistic methods which outperform those with grouped or aggregated data.

We conducted a feasibility study of matching subjects using an anonymous SGIC and assessed its methodological properties (variability, proximate relevance to the respondent, number of elements). Data comes from students who participated in a Czech school-based randomized controlled prevention trial. There were five waves of data collection conducted from September 2013 to December 2015 in 71 schools, with total of 11,361 valid questionnaires collected (initiated with 2,553 sixth-graders, average age 11.94 years, 50.4% female).

We used a 9-character SGIC adapted from Galanti et al. (2007) and additional unique numerical control code (CC) associated with each subject (also anonymous). The school affiliation variable was also used in the linking procedure. Pairs were identified on the basis of unique matches of all nine or less (at least four) characters. The efficiency of the anonymous linkage was calculated for SGIC-only and SGIC+school linking. Then we calculated the precision, recall (sensitivity) and F-measure of SGIC-only and SGIC+school linking in comparison with CC linking.

We identified a high number of unique matches while guaranteeing anonymity to the participants: 98.4% of possible matches for SGIC+school and 94.7% for SGIC-only linking

across all waves were identified. General recommendations and adjusted forms for generating the SGIC are introduced.

Jennifer Richards, Catharina Hartman, Bertus Jeronimus, René Veenstra, Frank Verhulst, Wilma Vollebergh and Albertine Oldehinkel

Poster 36

BEYOND NOT BAD OR JUST OK, INVESTIGATING SOCIAL PREDICTORS OF YOUNG ADULTS' MULTIDIMENSIONAL FUNCTIONING – A TRAILS STUDY

Background: The social environment plays a crucial role in child development. At first, parents are key figures in their children's lives. Later, peers become increasingly important. Parental influences remain substantial, yet now become intertwined with influences from peers. Several studies have shown that both social contexts during childhood and adolescence can have lasting effects well into adulthood. In this study we aim to investigate which social experiences during adolescence contribute to later functioning in young adulthood. This will be done by adopting a multidimensional approach on functioning; encompassing physical health, mental health, and socio-academic functioning.

Method: Potential predictors of multidimensional functioning were investigated in participants from the longitudinal population-based Dutch Tracking Adolescents' Individual Lives Survey (TRAILS) study (N=2228). Functioning during late adolescence (mean age 22) was assessed through measures of mental health (i.e. affective problems, degree of positive and negative affect, happiness, satisfaction), social functioning, academic functioning (i.e. personal achievement, attention problems, education) and general health ratings. As main predictors we included measures of parenting, peer, and classroom experiences assessed during pre- and mid adolescence.

Expected results & Conclusions: Consistent with previous literature, we expect positive social relations in adolescence to be associated with more positive functioning in young adulthood and vice versa, negative social relations with worse functioning. Further, we expect to find buffering effects of positive social factors for negative social experiences during adolescence. Importantly, most studies so far have focused on associations of (adverse) social experiences during childhood and adolescence with later psychopathology. By combining information on both positive and negative ends of the spectrum the results of this study, therefore, will provide more insight into the contribution of the social environment to an individual's overall functional state in late adolescence. Identified predictors of later functioning can be targeted in intervention and prevention studies to promote well-being.

Jenny Scala and Gail Chan

Poster 37

AMERICAN INSTITUTES FOR RESEARCH GOOD BEHAVIOR GAME RESEARCH AND IMPLEMENTATION

This poster session will provide an overview of the American Institutes for Research Good Behavior Game (GBG) research and implementation projects. Implementation of the Good Behavior Game, an evidence-based prevention program, has shown correlation with a reduction in drug, alcohol, and tobacco use, particularly for males who enter school with

early indicators of aggressive and disruptive behavior. During this poster session, presenters will provide an overview of the core elements of GBG and will answer questions regarding adaptation of GBG (distance learning, walking school bus settings, and international contexts) and research outcomes of GBG studies.

Johanna Gripenberg, Natalie Durbeej and Tobias Elgán

Poster 38

ALCOHOL AND FOOTBALL: A STUDY OF ALCOHOL SERVICE AND ALLOWED ENTRY OF OBVIOUSLY ALCOHOL-INTOXICATED SPECTATORS AT SPORTING EVENTS

Introduction: Alcohol intoxication and related problems among spectators at sporting events is of great concern in Sweden and other countries. This matter has been on the agenda for Swedish policy makers, authorities and key stakeholders, demanding action to be taken. Environmental prevention strategies have a promising potential to reduce these problems. However, knowledge is lacking about the extent of these problems and intervention rates towards obviously alcohol-intoxicated spectators.

Objective: The objective of this study is to examine the occurrences of overserving at licensed premises inside and outside arenas hosting football matches, and allowed entry of obviously alcohol-intoxicated spectators into the arenas.

Method: This cross-sectional study assessed the frequency of denied alcohol service and denied entrance to arenas of trained actors portraying a standardized scene of obvious intoxication, monitored by observers. The setting is two arenas in the largest city in Sweden and one in the second largest city, hosting games in the Swedish Premier Football League (SPFL), including entrances and licensed premises inside and outside the arenas.

Results: The rates of refusal of service were 67% (n = 151) at licensed premises outside the arenas, and 25% (n = 237) at premises inside the arenas. The rate of denial of entrance to the arenas was 11% (n = 102).

Conclusions: Results reveal that overserving and allowed entrance of obviously intoxicated spectators are problematic and may contribute to an overall high level of intoxication among spectators. Thus, intervention strategies aimed at lowering the intoxication level among spectators is needed and could include community mobilization, training, policy, and increased enforcement.

Josipa Mihić, Miranda Novak, Annalisa Morganti, Charli Eriksson, Brenda Heinrichs and Josipa Basic

Poster 39

EFFECTIVENESS OF SOCIAL-EMOTIONAL EDUCATION ON PREVENTING CHILDREN PROBLEM BEHAVIORS ACROSS EUROPE: RESULTS OF EAP_SEL PROJECT

European Assessment Protocol for Children's SEL Skills - EAP_SEL project (Comenius Multilateral Project), whose results will be presented in this paper, represents the first effort to implement an evidence-based social-emotional skills curriculum in public schools in several different EU countries: Croatia, Italy, Slovenia, Sweden and Switzerland. Within a project, conducted from 2013 until 2016, four countries were implementing PATHS curriculum (Kusché

& Greenberg, 1994) while Swedish partner was conducting program Socio-Emotional Training (Kimber, Skoog & Sandell, 2013). A quasi-experimental research study included sample of 876 children followed from the beginning of first grade to the end of their second grade of elementary school. Sample had somewhat equal numbers of boys (N=459) and girls (N=417). Also, about the half of the total sample was in intervention condition (N=449) and other half in comparison condition (N=427). In order to assess the benefits of interventions on children behaviors, a set of outcome measures have been used in all five countries assessing different behaviors - conduct problems, hyperactivity, impulsive behavior, peer problems, emotional symptoms, inattention, learning behavior, emotional regulation, prosocial behavior, aggression and withdrawn/depressed behavior. To test intervention effects, hierarchical linear models (Raudenbush & Bryk, 2002) were estimated, with children nested within school. Baseline levels of functioning were controlled. To determine whether PATHS and SET programme were effective for specific subgroups of children, moderation analyses were conducted. Results of analysis were positive showing effectiveness of SEL curriculums in preventing behavioral problems even if some of the country-specific results were fewer. A project results provide important information on the usefulness of social and emotional learning in Europe.

Katja Haberecht, Sophie Baumann, Beate Gaertner, Ulrich John and Jennis Freyer-Adam
Poster 40

DO SOCIO-ECONOMIC FACTORS EXPLAIN VARIATIONS OF HEAVY DRINKING OVER THE COURSE OF THE WEEK AMONG JOB-SEEKERS WITH AT-RISK ALCOHOL USE?

Objective: Low socio-economic status is related to impaired health, an elevated risk of all-cause mortality and alcohol-attributable mortality. This might be partially caused by higher proportions of health risk behaviors in low socio-economic status groups. In this study, we aimed to investigate the influence of socio-economic factors on heavy drinking over the course of the week.

Method: As part of the randomized controlled "Trial on proactive alcohol interventions among job-seekers, TOPAS", 1,282 18 to 64 years old job-seekers with at-risk alcohol use were systematically recruited at three job agencies and reported number of drinks consumed on each day in the past week. Latent growth curve models represented variations of heavy drinking over the course of the week. School education and duration of lifetime unemployment were tested as socio-economic predictors (model 1). In model 2, further adjustment was made for socio-demographic variables, namely age, sex, and living in a steady partnership.

Results: In model 1 a weekly rhythm with constant low alcohol use on working days, escalation on Friday and a further increase on weekends was found in the total sample. For those with longer duration of lifetime unemployment, higher initial alcohol use on Sundays ($p < 0.001$) and less increase of alcohol use on Fridays ($p = 0.001$) was found. In model 2 socio-economic predictors were no longer significant. Sex and age were the only variables that had a significant impact on alcohol use trajectories.

Conclusions: Although longer duration of lifetime unemployment was associated with higher initial alcohol use, socio-economic factors do not appear to affect alcohol use trajectories over the course of the week, when adjusted for socio-demographic variables.

Funding: German Research Foundation (FR2661/1-1, FR2661/1-2), German Cancer Aid (108376, 109737, 110676, 110543, 111346)

Kimberley Hill

Poster 41

ALCOHOL CONSUMPTION WITHIN ON-CAMPUS CONTEXTS: A UK PILOT STUDY

Alcohol misuse is a pressing area of public health concern, particularly for young adults who are most at risk of alcohol-related harm. More than half of young people now attend university and a key part of this transition in a student's life involves alcohol-related recreational activities. In the UK, on-campus alcoholic environments (e.g. Student's Union venues, shops, residential halls) are some of the main locations in which young people can access alcohol. While these contexts are important for young people, both in terms of the physical and social action opportunities that they afford them, a growing number of research studies have associated features of these environments with problematic alcohol-related behaviour. For example, increased consumption and harm has been associated with certain types of events, promotions, crowding, noise levels and other functional features. A marked increase in pre-loading behaviour also suggests that many individuals are intoxicated before entering premises, which complicates premise management. The clustering of on and off-licensed premises with residential properties makes university campuses unique, but also problematic in terms of alcohol-related issues. Additionally, while universities are dedicated to improving the student experience by running enjoyable and sustainable events, they have an ongoing duty of care for their students. As on-campus contexts provide an important opportunity to understand drinking behaviour, this pilot study aimed to understand on-campus consumption using archival on and off-licensed sales data, event attendance records, alcohol-related incidences, observation and photographs. Preliminary findings, including features identified as potentially aggravating problematic alcohol-related behaviour will be identified, alongside challenges and implications for future work.

Kimberly Rhoades, Laura Hill and Anamaria Martinez

Poster 42

HEALTH PROFESSIONALS OR THE INTERNET?: MARIJUANA HEALTH COMMUNICATION PREFERENCES FOR RURAL HISPANIC/LATINO ADULTS IN THE UNITED STATES

In 2012, Washington State legalized recreational use of marijuana through Initiative 502. As a provision of Initiative 502, the Washington State Department of Health was mandated to develop and implement media-based education campaigns across television, internet, radio, print, and out-of-home advertising, that provide medically and scientifically accurate information about the health and safety risks posed by marijuana use. Intersecting with this policy change, we also see shifting demographics within the United States in general, and Washington State in particular. As of July 1st 2015, the Hispanic population within the United States was 56.6 million (17.6% of total population). This represents an increase of 1.2 million persons from 2010. It is projected that the Hispanic population will represent 28.6% of the US population by 2060 (United States Census, 2016). Within Washington state, the Hispanic/Latino population was 12.4% in 2015, an increase from 11.2% in 2010. Although the state of Washington is tasked with implementing marijuana education campaigns to reach the entire state population, little is known about health communication preferences among rural Hispanic/Latino individuals, especially those who are predominately or exclusively Spanish speaking.

The current study sought to obtain information about health communication preferences among rural Hispanic/Latino adults in central and eastern Washington state. We are currently collecting survey data from 260 individuals and key informant interviews from 6 highly integrated and

influential community members. Preliminary data suggests that respondents obtain general health information and marijuana health information from different types of sources, with doctors, nurses, and pharmacies being the most frequently used source of general health information, but the internet, newspapers, and friends and family being the top sources of health information about marijuana. Most sources of health information about marijuana were reported as being used infrequently. Public health and policy implications will be discussed.

Kristian Krause, Diana Guertler, Jennis Freyer-Adam, Sabina Ulbricht, Gallus Bischof, Hans-Jürgen Rumpf, Anil Batra, Anette Stiegler, Michael Lucht, Ulrich John and Christian Meyer

Poster 43

A COMPUTER BASED INTERVENTION FOR PRIMARY CARE PATIENTS WITH AT-RISK ALCOHOL CONSUMPTION AND DEPRESSIVE SYMPTOMS: RESULTS FROM A PILOT STUDY

Background: Current evidence revealed that motivational interventions based on computer expert-system technology can effectively reduce alcohol use in entire populations. However, concurrent depressive symptoms may impede health behavior change. Within the research consortium AERIAL (Addiction: Early Recognition and Intervention Across the Lifespan; Grant No. FKZ01EE1406F) we developed a fully automatized intervention system that simultaneously targets depression preventive behaviors in addition to alcohol consumption. In preparation of an efficacy trial we conducted a pilot-study to test (1) the feasibility of a proactive, primary care based screening program for the recruitment of participants and (2) the acceptability of the intervention for the target population.

Method: Recruitment took place on three sites across Germany. Consecutive patients of general hospitals and general medical practices were systematically screened for hazardous alcohol use and depressive symptoms. In addition volunteers were recruited via media solicitation. The intervention development was guided by the intervention mapping approach. The depression part of the intervention addressed five strategies to prevent depressive states: 1) dealing with negative thoughts, 2) value oriented activities, 3) exercising, 4) stress management, 5) help seeking. Counselling letters and weekly SMS messages were delivered over a period of 6 months.

Results: Among patients eligible for the screening program, 88.6% (N=2886) participated. Of those eligible for study inclusion, 65.9% consented to receive the intervention. Among those, 82.5 % finished the first intervention assessment.

Discussion: The proactive screening program was found to be feasible, however subsequent attrition across different steps of the intervention is critical for achieving a population impact. The inclusion of feedback from potential users of representative samples at an early stage of the intervention development may improve the likelihood of later translation to prevention practice.

Kristian Krause, Silvia Lewin, Diana Guertler, Anja Bischof, Gallus Bischof, Hans-Jürgen Rumpf, Ulrich John and Christian Meyer

Poster 44

THE ASSOCIATION OF BROODING WITH THE SEVERITY OF GAMBLING RELATED PROBLEMS AND ITS REMISSION

Background: Rumination, especially its sub-factor brooding is thought to facilitate the development and continuation of depressive symptoms. It has been linked to other forms of psychopathology including problem drinking and binge eating. Such behaviors might be used in order to suppress or avoid ruminative thoughts. In case of problematic gambling an association with depressive disorders is well established. However, no data exists analyzing the interplay with rumination.

Method: Data were collected within the Pathological Gambling and Epidemiology Project (PAGE). Participants were drawn from the general population and from populations with a high risk of gambling problems. The sample consists of 506 (99 female) participants in the age of 14 to 64 years fulfilling at least one DSM-IV criterion for pathological gambling. Sociodemographic data, gambling behavior and depressive symptomatology were assessed with standardized clinical interviews. Brooding was measured with a paper-pencil questionnaire (RSQ-10-D). To assess the influence of brooding on gambling related problems a multiple linear regression with a forward backward variable selection was performed. Logistic regression was performed to analyze symptom remission.

Results: Brooding was associated with the severity of gambling problems ($\beta = .159$, $p = .000$) when controlling for gender, depressive symptomatology, education and employment status. People with higher brooding scores are also less likely to show remission from gambling problems (adj. OR = 0.93, $p = 0.01$) holding marital status, employment status, age and migration experience constant.

Discussion: Brooding and depression may constitute independent risk factors for gambling disorders. Therefore, interventions may target reduction of brooding to prevent or relieve gambling problems.

Krzysztof Wojcieszek

Poster 45

THE RECEPTION OF THE PREVENTION PROGRAM "TASTE OF LIFE - A DEBATE ABOUT DESIGNER DRUGS" IN THE DIFFERENT GROUPS OF PUPILS FROM THE UNIVERSAL AND A HIGHER RISK LEVEL.

In the recent years, it appeared in Poland (and the world) a new threat which are called: designer drugs, legal highs, smart drugs, herbal highs. As the public answer have been designed and implemented both legal and administrative actions and educational efforts. The wave of poisonings in the summer of 2015 years led to increased interest in the educational program "Taste of life that - a debate about designer drugs". This program was for the several years successfully used in schools and was directed to the young people from the age of 13 as the universal program. However, users of legal highs are in the majority the members of the increased risk group, using already also alcohol, nicotine and other drugs. So arise the question of the adequacy of the program in relation to this specific audience. The author of the program has conducted a standard programs with the pupils from universal level group (young people from middle school class I) and with pupils from the higher risk (young people from special center for difficult youngsters). In the second group pupils used afterburners very frequently in comparison with a universal group. Surprisingly, in both cases, the program has been well received, although at higher risk group the relevant indicators were significantly lower. It has been shown usefulness of this type of scenario in the selective level of prevention, which is very important from the point of view of the current needs of prevention in the country.

This widens the capabilities of choice for preventive strategies in this area.

Laimute Bulotaite, Kestutis Dragunevicius and Inga Mileviciute

Poster 46

MOTIVATIONAL SYSTEMS, DRINKING EXPECTATIONS AND DRINKING BEHAVIOUR OF UNIVERSITY STUDENTS

Certain personality traits have been studied to explain drinking habits. Gray's (1987) reinforcement sensitivity is a biologically based model of personality that has linked individual-level traits to drinking outcomes. Behavioral activation system (BAS) influences sensitivity to rewards, whereas the behavioral inhibition system (BIS) is to underlie sensitivity to punishment. A lot of research is done trying to explain the relationship between motivational systems and drinking behaviour. One of mediated pathways – via alcohol expectancies (Mileviciute, 2015; Wardell, Read, Corlender, Merrill, 2012). Alcohol expectancies act in memory as representations of an individual's acquired information regarding the outcomes of alcohol use. Positive drinking expectancies are associated with excessive and abusive drinking patterns of students (Baltrušaitytė, Bulotaite, 2011; Browne et al., 1985). The main aim of our study - to test how specific motivational systems – BAS and BIS influence alcohol expectancies and drinking behaviour of university students. 205 students from Vilnius University took part in the study. 86, 8% - female and 13, 2% male. Measures: Timeline Follow Back Calendar, Alcohol Use Disorders Identification Test (AUDIT), BIS/BAS questionnaire (Carver & White, 1994), The Comprehensive Effects of Alcohol Questionnaire (CEOA) (Fromme, Stroot & Kaplan, 1993). Our results revealed, that students with high BAS profiles reported more frequent alcohol use and consumption of more alcohol units per month. Also they have more positive alcohol expectancies. BIS has different effect on various types of positive and negative drinking expectations. Although our sample of students was limited in number, more females participated, still some recommendations for prevention can be done.

Lorena Crusellas

Poster 47

NINO & NINA: SKILLS PROGRAMME

“Nino & Nina” is an early intervention programme that promotes personal and social skills in children (3-6 years old). After being applied in Portugal for 8 years, “Nino & Nina” has now been developed in Spain as a “pilot experience” (2013-2015) in Oviedo and Tenerife, involving 50 teachers and more than 1,100 children and families. The Programme's main goal is the promotion of safe, healthy and positive behaviour patterns in preschool children, before the risk of maladjusted behaviour occurs. For 2 years, Self-control, Discipline, Emotional Intelligence, Self-esteem and Social Skills are promoted in the children, through play, with appellative material structured in sessions, with activities, stories and games. In order to evaluate the programme, the teachers and pupils were given various tests (Pre-test and Post-test, comparing experimental and control groups) and a social impact evaluation model was also defined, based on the SROI system. The evaluation results reveal statistical differences between the groups in 3 of the variables worked on, teachers' perception and children's perception: - Self-Control. General linear model: $F(1, 390) = 13,35$ $p \leq 0,00^{**}$; - Emotional Intelligence. General linear model: $F(1, 390) = 18,48$ $p \leq 0,00^{**}$; - Self-esteem. General linear model: $F(1, 390) = 25,11$ $p \leq 0,00^{**}$;

The main limitation of the results was the evaluation methods used, based on perceptions. Sometimes the answers were not an accurate reflection of all the areas and results improved during the programme.

Regarding the Social Impact Evaluation, 4 Outcomes were identified:

1. All teachers state that they will be using Nino & Nina in new groups of pupils;
 2. All teachers state that they learnt new strategies, easy and structured ones to promote the children's skills;
 3. All teachers observed improvement in their pupils in all the variables developed;
 4. The majority of teachers successfully involved the families in the programme.
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Andrea Leite, Luciana D'Assunção, Iara Albuquerque, Iveluska Lemos and Sandra Santiago
Poster 48

THE INDUCTION OF POLICY OF DRUGS IN THE STATE RN, BRAZIL

The increase in the harmful use of drugs in the state of Rio Grande do Norte, Brazil, accentuated by the absence of public policies and lack of coordination among institutional public responsible people dealing with this issue, the prosecutor chose the subject as a priority. The aim of this paper is to present the actions of the Transforming Destinations Project, which is an innovative starring role in the induction of policy of drugs. The work develops through the integration of Prosecutors of different regions and among the various public services networks. The execution takes place through coordinated, intersectoral and worked simultaneously in all axes recommended by the national legislation -Prevention, care and repression. As a result, the Public Ministry of the project, has promoted the qualification of debates around the theme and supported by international guidelines, has promoted intense direct adjustment with municipal and state executives and the national coordinators of the program Connection Prevention, enabling the implementation of drug abuse prevention projects in amplitude pioneer in the country. For Elos Game Project were qualified 180 (one hundred eighty) professionals. For #tamojunto project, 85 (eighty-five) professionals are already trained, reaching 711 (seven hundred and eleven) students. For the Project Familias Fortes (strong families), 228 (two hundred and twenty-eight) professionals are able to run the project, totaling 105 people attended. Before the absence in our state of normative acts that foresaw or disciplinasse authentic drug policy of systematization, was created by Law 10,036 / 2015 Police State System of Rio Grande do Norte Drugs (SISED / RN), composed of Committee Manager State Drug Policy, the State Council for Drug Policy (CONEN) and State Fund on Drugs (FUNED / RN). The Christmas cities (Law No. 6,604 / 2016), Mossoro (Law No. 3,379 / 2016), Macau (Law No. 1.170 / 2016) and Parelhas (Law No. 2440).

Luda Sukhareva and Halyna Netliukh
Poster 49

SUPPORT FOR PEOPLE SUFFERING FROM WAR RELATED POST TRAUMATIC STRESS DISORDERS IN UKRAINE.

The war conflict in Eastern Ukraine has tragically resulted in deaths and displacement of thousand people. The Ministry of Social Policy of Ukraine has registered over 1.7 million IDPs.

The total number of casualties is up to 30,729, with 9,333 deceased and 21,396 wounded (UN report). Inevitably, the psychological consequences for witnesses of war are enormous. All of that has great influence on mental health of many people. Ukraine is facing a significant increase in stress and trauma-related disorders.

It is difficult to be adapted into peaceful life for participants of war and witness of traumatic events, and even those who didn't get psychological trauma. Change of values, roles, relationship, routine of life, - all of it is accompanied by painful feeling, worsening of psychological condition, lessening of level of social adaptation, depressions, anxiety disorders, emotional regulation disorders, alcohol/drug consumption.

Problem of alcohol consumption is quite large in our country. Alcohol use is spread much among veterans returned back home from a war. Being in the war and after demobilization alcohol very often becomes the only way to cope with difficult emotions and traumatic memories, and dealing with 'other' reality. It is "a comfortable way to escape from real life". War brakes human mind.

The Ukrainian Catholic University is implementing programs for people suffering traumatic events. Programs propose new adaptive coping strategies for clients in coming back to peaceful life or adapting in new places. Psychosocial work is held in individual and group format. Programs assist in integrating traumatic memories and in having qualitative life, and promote posttraumatic rising. Cooperation is also set with school's psychologists in the alcohol preventive work at local schools.

Difficulties in realizing programs: no culture of mental health in society; lack of funds in programs financing; no effective preventive mechanisms on national level.

Marie-Hélène Véronneau, Marie Claire Vaillancourt, Olivier Gaudet and Rhea Marshall-Denton

Poster 50

PARENTAL MONITORING AND SCHOOL MOTIVATION IN FRENCH-CANADIAN ADOLESCENTS: A THREE-YEAR TRANSACTIONAL MODEL

Middle adolescence being a critical period for loss of motivation and school dropout, parents may help prevent these issues by engaging in monitoring behaviors. Monitoring is a reciprocal process involving the parent and the child, and it includes three central components. Parental solicitation consists in directly asking teenagers for information about their life, parental control involves the enforcement of rules around the youth activities, and child disclosure is the spontaneous sharing of information by the adolescent with his or her parents. We conducted three yearly assessments starting when our 434 participants were on average 14 years old and attended public schools in the province of Quebec, Canada. We hypothesized that changes in parental solicitation, parental control and child disclosure are interrelated, such that (1) high solicitation predicts increases in child disclosure over time and (2) high control predicts decreases in child disclosure over time. Because parents' soliciting of information shows that they care about their child's life, we hypothesized that high solicitation also increases intrinsic motivation in school. Monitoring was measured using a scale from Keijsers and Poulin (2013), and intrinsic motivation was assessed with the Motivation in Education Scale (Vallerand et al., 1989). Analyses controlled for participants' gender. Structural equation modeling yielded adequate model fit: $\chi^2(40) = 53.76$, $p = .06$, CFI = .98, RMSEA = .03. As expected, solicitation led to an increase in child disclosure from age 14 to age 15 and again to age 16. Unexpectedly, parental control at age 15 increased child disclosure by age 16. Also, solicitation led to increased intrinsic motivation, but only from age 14 to age 15. In conclusion, promoting communication skills that allow for successful parental solicitation should be considered as a part of programs that promote academic success and school persistence in secondary school students.

Martina Feric and Lana Juranic

Poster 51

POSITIVE YOUTH DEVELOPMENT THROUGH MUSIC: EL SISTEMA MOVEMENT

In promotion of positive youth development, as well as prevention of risk behavior, many different media can be used as a tool to deliver content. It can be education, training, literature, dance, drama, music, etc. In this poster focus is on music and music education as a way to promote positive youth development. Influence of music on different aspect of human development is known for many years. Positive youth development, as a new way of understanding youth development that focus on youth potentials and strengths, opens the door to the music as a media to promote healthy development of youth, as well as environment they live in. El Sistema movement is a music education program with the goal of youth positive development promotion and increasing equal opportunities for children in risk/vulnerable children (Tunstall, 2012). During the years, El Sistema has expanded through the world. El Sistema based programs are close to the positive youth development philosophy and have proven effects in building self-esteem, prosocial values, responsibility, bonding, competence, resilience, academic achievement, employability, conflict resolution, social involvement, etc. (Cuesta and al., 2007, Michael, 2012, Glasgow Centre for Population Health, 2015). Evaluation results also showed that there is an influence on communities such programs were implemented in (1) creating more, better paid jobs in a strong, sustainable economy, (2) building a fairer community and tackling inequality and (3) passing power to people and communities (Glasgow Centre for Population Health, 2015). Programs inspired by El Sistema all over the world have given good results regarding influence in individual level as well as influence in community level. Croatian program SoDo inspired by El Sistema will be presented in the poster as well as other initiatives close to its philosophy.

Martina Feric, Ivana Maurovic, Antonija Zizak, Josipa Mihanović and Gabrijela Ratkajec Gasevic

Poster 52

METRIC CHARACTERISTICS OF THE FAMILY RESILIENCE ASSESSMENT SCALE (FRAS) IN CROATIAN CONTEXT

The aim of this poster is to present metric characteristics of the Family Resilience Assessment Scale (FRAS) on Croatian sample. Sixbey (2005) developed the Family Resilience Assessment Scale to aid in understanding how families deal and cope with adversity. The process of validation involved translating the scale to Croatian and back-translating it to English. The translation was reviewed (involving two independent researchers) in order to ensure that content validity was not lost in the translation process and that the scale had cultural validity for the Croatian context. In the research, parents of first grade schools students from secondary schools Ivan Svear in Ivanic Grad and The First high school in Zagreb were included in research (N=219, 53.9% of mothers and 46.1% fathers). Factor analysis of shortened version of the instrument (54 variables) point to six-factor solution that explains 48.89% of the variance: Family communication and problem solving, Making sense of adversity, Neighbors support, Family spirituality, Family connection and Security and support in the community. Obtained factor solution was similar to the original model (Sixbey, 2005). Reliability of four scales is satisfactory (α from .65 to .92), while two scales have lower reliability (Making sense of adversity, α = .58, Neighbors support, α = .60). Descriptive data indicate a negative asymmetry of results distribution on all factors, and high results values that may indicate low sensitivity of the instrument. Proposals for instrument improvement will be discussed in the poster.

Mirta Vranko, Irena Velimirovic, Martina Ferić and Petrana Brečić

Poster 54

SOCIAL COMPETENCE AND DEPRESSION AT THE TIME OF THE GREAT REFUGEE CRISIS; EUROPEAN CONTEXT

Social competence self-assessment of patients diagnosed with depression Social competence is part of emotional intelligence that refers to the effective functioning in the social context (Stump et al., 2010). Social context plays a very important aspect in the process of understanding the relationship between social competence and depression in the time of major changes that are affecting Europe, such as a large refugee crisis that has repercussions on most of the European countries and their politics. Social competence offers a framework to understand some protective factors in times of such a huge changes. Despite the great diversity among the different groups, common themes emerge regarding these people's efforts to adapt to the new environment and society. Levels of psychological stress are high among both native and immigrant population, and people are becoming even more vulnerable (Fong, 2004). In this context it is interesting to reflect on those suffering from depression that actively participate in different social contexts and form a part of urban culture. The aim of this paper is to observe and evaluate social competence of patients diagnosed with depression taking into account their views and perceptions of their own social competence. The study included 100 participants, who were hospitalized at University Psychiatric Hospital Vrapče at the time of the survey. Considering the results of our research we can conclude that the individualization of treatment programs can strengthen the level of social functioning of patients. Strengthening of social competence and individualization of treatment and adaptation programs can be viewed as a protective factor and a necessary part of the process of prevention of depression relaps among native, immigrant and refugee population.

Moshe Israelashvili and Abeer Nahhas

Poster 55

PEOPLE HOLD IMPLICIT THEORY OF PREVENTION: THE BELIEF IN PREVENTION (BiP) SCALE

A preliminary condition for developing sustainable prevention is to ensure that all those who are involved in the implementation of the intervention program – i.e., the target group (e.g., school students), the relatives (e.g., parents, siblings), those who are supposed to implement the intervention (e.g., teachers), etc. – that prevention of the given problem is possible. The current research, composed of three studies, explored the reliability and validity of a new scale that measures people's belief in the possibility of preventing adolescents' risk behaviors. The Belief in Prevention (BiP) Scale is composed of 8 short episodes of adolescents' risk-behaviors. Respondents are requested to indicate their belief in the possibility of preventing the given problem behavior, on a 6-point Likert Scale (1– not at all; 6– definitely yes)

Study 1. Significant differences exist between adolescents, school teachers and parents (Total N = 958) in their (BiP) general belief ($\alpha = .82$) regarding the possibility of preventing adolescents' problem behavior.

Study 2. High-BiP students studying in a high-school of the arts (N= 63) and high-BiP parents ($\alpha = .86$) perceive school intervention for learning difficulties to be more helpful than low-BiP students and/or parents.

Study 3. At-risk youth (N =98), especially males hold lower levels of BiP in comparison to normative youth (N=100).

The three studies' findings indicate that people hold an implicit theory of prevention that relates

to variance in belief in the possibility of preventing adolescent problem behavior. Hence, it is possible that BiP level is a significant moderator/determinant in the construction of sustainable prevention. If so, (sometimes) preliminary interventions to promote the general belief in ability to prevent problems (BiP) are needed before proceeding into either efficacy or effectiveness trials.

Natalie Durbeej, Tobias Elgan and Johanna Gripenberg

Poster 56

ALCOHOL INTOXICATION AT SWEDISH FOOTBALL MATCHES: A STUDY USING BIOLOGICAL SAMPLING TO MEASURE BLOOD ALCOHOL CONCENTRATION LEVELS AMONG SPECTATORS

Introduction: Heavy alcohol use and violent behaviours at sporting events are of increased concern in Sweden and other countries. The relationship between alcohol use and violence has been confirmed, and can be explained by the level of intoxication. Environmental prevention strategies may be promising to reduce these problems. Knowledge on intoxication levels among spectators at sporting events, is, however, rather scarce.

Objective: The objective of this study is to assess the level of alcohol intoxication among spectators at Swedish football matches.

Methods: The study uses a cross-sectional study design. The setting is two arenas in the largest city and capital of Sweden (Stockholm) and one arena in the second largest city (Gothenburg), hosting matches in the Swedish Premier Football League (SPFL). Spectators are randomly selected and invited for anonymous study participation. Alcohol intoxication is assessed with a breath analyser for Blood Alcohol Concentration (BAC) levels, and data on gender, age, and recent alcohol use are measured through face-to-face interviews.

Results: In total, 4352 BAC-samples were collected (response rate: 72%). The proportion of males was 83% and the mean age was 38 years (range 16-94 years). The mean BAC level among spectators with a BAC level above 0% (n= 2025) was 0.062%, whereas the mean BAC level among spectators with a BAC level above $\geq 0.1\%$ (n = 386) was 0.134%. Male gender, lower mean age, attending a derby, self-reported alcohol use prior to having entered the arena, attending a weekend match, and being a spectator at a supporter section were factors that were significantly predictive of a higher BAC level.

Conclusions: The results reveal that BAC levels are high among spectators at Swedish football matches. We aim to reduce the BAC levels by implementing a number of environmental prevention strategies such as Responsible Beverage Service training.

Raquel Turci Pedroso and Michaela Batalha Yuhasova

Poster 57

THE CHALLENGES OF DISSEMINATING EVIDENCE-BASED PRACTICES TO PREVENT DRUG USE IN BRAZILIAN PUBLIC POLICY

Preventing the use drugs in countries of low and middle income, as Brazil, is still being discussed in the framework of actions and programs, putting in question the challenge of

setting up as a system, regulated by policies with infrastructure and services.

This study, a literature narrative review, reflects on the diffusion of innovation and best practice in prevention in public policies, especially on the challenges of disseminating of prevention evidence-based programs on social vulnerability contexts, as in the case of Brazil.

The main challenges of implementing evidence-based practices in the context of Brazilian public policies are: the integration of the different sectors in a networking context; public investment is focused on treatment and not in prevention; low capacity of human resources qualified; the belief that manualized programs are uncreative; resistance to programs imported from other countries; spontaneous adjustments in the planned prevention activities based more on good intentions than on evidence; low investment in research efficacy and effectiveness; lack of process monitoring; low local investment capacity for sustainable, long-term, preventive actions; insecurities by approach of the implementers of drug use in trafficking contexts; and laws and normative beliefs based on punishment and prohibitionist.

There is a need to induce the public policy decision makers incorporate the evidence-based practices to prevent the use of alcohol and other drugs, as well as investment induction in new evidence from the evaluation of actions and programs. There is a challenge between research and public policy management, with its different times and priorities and, above all, there is a challenge of ensuring that in addition to the study of the impacts is necessary to study the processes that support efficiencies in order to make the replicable actions and supported by models of dissemination to maintain quality.

Romain Guignard, Olivier Smadja, Anna Mercier, Céline Mansour, Jennifer Davies, Anne Pasquereau, Camille Bertrand, Elodie Safta, Jean-Baptiste Richard and Viêt Nguyen-Thanh

Poster 58

EVALUATION PROTOCOL OF THE FIRST MOI(S) SANS TABAC IN FRANCE, A NATIONAL AND REGIONAL CAMPAIGN AGAINST SMOKING

In November 2016, Santé publique France, the French National Public Health Agency, will launch a national campaign aiming at triggering quit attempts among smokers: “Moi(s) sans tabac”. This campaign is inspired by the English ‘Stoptober’, which generated 350,000 additional quit attempts in 2012. Moi(s) sans tabac sets smokers the objective of being smoke-free for one month. After this period, smokers are five times more likely to become permanent ex-smokers. Moi(s) sans tabac will be preceded by a mass media campaign in October encouraging people to participate in the program and to register on a website. Once they are registered, smokers will be directed to a quitline and an interactive mobile phone-based coaching, and will be able to order a self-help kit. Besides, “ambassadors” were recruited in each of the 13 metropolitan French regions to coordinate local interventions, train and support stakeholders and complete a detailed reporting of all local interventions. The evaluation of the project will consist in a process evaluation and an effectiveness evaluation. A post-test will be implemented just after the campaign among 2,000 people to measure recognition, understanding and participation. Qualitative interviews of health professionals will be conducted to collect their perceptions towards the intervention and the perceived impact on their practices. Registration data, use of cessation services and orders of self-help kits will be available at national and regional level. The effectiveness evaluation will be principally based on a specific analysis of the Health Barometer, an annual random survey on health behaviors on more than

15,000 respondents. The 2017 version will allow to test the association between exposure, the level of regional and local interventions and quit attempts in the last quarter of the year. Finally, the trend in quit attempt rates will be analyzed from a monthly tracking survey implemented in May 2014.

Ronja Dirscherl

Poster 59

TRIAL OF A PROGRAM-SPECIFIC IMPLEMENTATION FRAMEWORK

Prevention programs that have proven their effectiveness and are ready for dissemination still have another barrier to take: An effective and sustainable implementation.

This presentation will give a brief introduction into the field and science of implementation and then describe the trial of a program-specific implementation framework in a German community. An evidence-based program (Triple P) has been chosen to be offered to families as an early intervention model and become a part of the existing service structure. To support the process of program implementation and maintenance, the Triple P Implementation Framework, based on international implementation research, is used. The Framework specifies five phases corresponding to key decision-making and activity sequences that reflect the flow of effective implementation. Each phase contains a set of critical activities to be addressed by an organisation or community. Implementation consultants work with the community to ensure that the implementation process is smooth, timely, and responsive to the contextual needs and constraints of the implementing community. Based on the principles of self-regulation and minimal sufficiency, the level of support depends on the capacity and needs of the community.

The implementation support is funded by the “DFK - Stiftung Deutsches Forum für Kriminalprävention”. Lessons learned are shared in an open web blog (www.wegweiser-praevention.de) and in this presentation. To our knowledge, this is the first trial of a precise and program-specific implementation model in Germany.

Sabine Kaiser, Ane Sætrum, Frode Adolfsen and Monica Martinussen

Poster 60

USERS' EXPERIENCES WITH THE OPEN KINDERGARTEN IN NORWAY

The open kindergarten is a low-threshold preventive pedagogical service embedded in the community's Family's house. Preschool aged children accompanied by an adult can use the service during the opening hours and without registration. It is an informal meeting place with pedagogical guidance from teachers and other health care personnel that offer activities like sing-a-longs or playtime.

The aim of the open kindergarten is to promote health and to support caregivers by providing a gathering place where they can strengthen their social network and receive information related to their child's health and well-being. Additional goals are to stimulate positive interaction between children and their parents and early identification of challenges.

Aim: To examine users' experiences with the open kindergarten in Norway.

Method: The sample presented here is a subsample of a larger study that examines employee well-being and user satisfaction in different municipal health care services in Norway. The

results of this study are based on a questionnaire with 54 questions that was distributed to the caregivers by the employees in eight different open kindergartens.

Results: Most of the 180 caregivers that answered the questionnaire were the children's mother (83 %) who accompanied one child (83 %) to the open kindergarten. Most children (45 %) were between 0 and 12 month old. Overall, the majority of the parents (96 %) were very or extremely satisfied with the service. Almost all users were very satisfied with how the staff cares about the child. Furthermore, the vast majority felt supported in their role as a parent and that it is easy to socialize with other parents at the open kindergarten.

Discussion: Overall, the users of the open kindergarten seem to be very satisfied with the service. The results suggest that the open kindergarten is a health promoting arena.

Samia Abreu, Michaela Juhasova, Janaina Barreto, Débora Pereira, Adriana Simonsen, Flora Lorenzo, Karen Oliva, Daniela Trigueiros, Raquel Pedroso and Roberto Tykanori

Poster 61

LARGE-SCALE (UN)SUSTAINABLE DRUG ABUSE PREVENTION PROGRAMMES: THE BRAZILIAN EXPERIENCE

Introduction: In 2013 the Brazilian Ministry of Health (MoH), in cooperation with the UNODC, choose to work with 3 evidence-based drug prevention programmes: 'Good Behavior Games' (AIR), 'Unplugged' (EU-DAP) and 'Strengthening Families Programme' (Oxford Brooks). The programmes were implemented in 3 phases: a) pre-pilot in 5 municipalities testing cultural adaptation (2013);b) pilot in 12 municipalities testing decentralised governance design (2014) and c) expansion into 22 municipalities (2015). To strengthen networks and promote sustainability the programmes involved the Health, Education and Social Care sectors and were implemented through State and Municipal Government.

Methods: Health, Education or Social assistance professionals were supporting the implementation process, additional monitoring instruments were developed by the MoH (2014).

Results: Jogo Elos (Brazilian adapted version of 'Good Behaviour Game') reported: difficulties scheduling school visits (49%), unavailability of supervisory teachers (29%), teachers assessed the support role as relevant (53%) or very relevant (47%). #Tamojuntto (formally Unplugged) reported;an absence of health professionals (43%) and school coordinators (50%) and teachers received support from their school to plan the activities (63%). The Famílias Fortes (formally 'Strengthening Families Programme') reported: professionals requested extra material for program execution (56%); Social Care Units incorporated the program in order to achieve the National Guideline for Bonds Strengthening (50%).

Conclusions: Although between 2013 and 2015, Jogo Elos reached 4,760 children, #Tamojuntto has benefitted 30,060 adolescents, Famílias Fortes was reached 611 families the large-scale has to be reviewed. Whilst continuous support from Education, Health and Social Care professionals is of great importance it is necessary to guarantee the support of the schools, health and social care unit coordinators for successful programme execution. Further investment is necessary to improve adoption, incorporation of e--learning methodologies and the creation of an innovative, sustainable system to support the public policy demands of a continental-sized country.

Samuel Tomczyk, Barbara Isensee and Reiner Hanewinkel

Poster 62

SMOKING AND VAPING AMONG GERMAN ADOLESCENTS – LIFETIME USE OF CIGARETTES, HOOKAH, AND E-CIGARETTES

Background: While cigarette use is declining among adolescents, use of other products, like e-cigarettes, is on the rise. However, research on adolescent use - outside of the U.S. - is scarce. Thus, we aim to investigate the use of cigarettes, e-cigarettes, and hookah in German adolescents.

Method: The cross-sectional sample consists of 4,120 adolescents (M=15.61years, SD=0.73; 52% female) from two Federal States (Schleswig-Holstein, Lower Saxony). We gathered data on lifetime use of cigarettes, e-cigarettes, and hookah via self-reports. We examined differences in sociodemographic data, and sensation seeking between use patterns via multinomial logistic regressions.

Results: About 55% of the sample report any lifetime smoking or vaping (43% ever used cigarettes, 38% e-cigarettes, 37% hookah). Overall, about 16% report single use (9.0% cigarettes, 3.5% e-cigarettes, 3.6% hookah), 14% dual use (5% cigarettes and e-cigarettes, 5% hookah and e-cigarettes, 4% hookah and cigarettes), and 25% poly use (cigarettes, e-cigarettes, hookah). Compared to abstainers, users were consistently older (RRR_{Age}=1.22-1.67), reported higher sensation seeking (RRR_{sese}=1.61-2.27), and lower socio-economic status (RRR_{SES}=1.41-2.79). This was also observed for poly use compared to single (RRR_{Age}=1.38, RRR_{sese}=1.41, RRR_{SES}=1.97) and dual use (RRR_{Age}=1.25, RRR_{sese}=1.33, RRR_{SES}=1.32). Dual users reported a lower socio-economic status than single users (RRR_{SES}=1.50).

Discussion: In Germany, cigarettes remain prominent among adolescents; however, use rates of e-cigarettes and hookah are nearly as high, about a quarter has even used all three products. Further research is necessary to investigate potential differences between user groups, in order to foster prevention and health care efforts.

Conclusion: Smoking and vaping is continuously present among German adolescents, with e-cigarettes, and hookah becoming increasingly popular. Since a substantial amount of adolescents has tried all three products, it is indispensable to monitor trajectories of use, and mould prevention accordingly.

Funding: Federal Centre for Health Education on behalf of the Federal Ministry of Health.

Sara Weidberg, Víctor Martínez-Loredo, Sergio Fernández-Artamendi and José Ramón Fernández-Hermida

Poster 64

PREVALENCE AND RISK FACTORS OF PROBLEM GAMBLING IN ADOLESCENTS

Public concern has recently emerged regarding the potential increase of gambling related problems among the young population. Few have explored specific characteristics of gamblers as a function of gambling venues within adolescents. This study sought to analyze last year prevalence of gambling among a sample of adolescents, as well as sociodemographic and gambling-related characteristics as possible predictors of at-risk and problem gambling. The

sample comprised 1,313 adolescents (aged 14-18 years). Participants were asked to respond several questions regarding their gambling behavior. Chi-square and ANOVA tests were performed in order to explore differences between groups, and a set of multinomial regressions established significant severity predictors. The prevalence of at-risk and problem gambling was 4% and 1.2%, respectively. Regression analyses showed mixed-mode gambling [OR = .302, (CI = .140 - .653)] and the presence of relatives with gambling problems [OR = .162, (CI = .042 - .629)] as predictors of being an at-risk gambler. Mixed-mode of gambling access [OR = .197, CI = (.058 - .663)], family structure (living with no parents [OR = 11.631, CI = (1.621 - 83.474)]; monoparental family [OR = 3.406, CI = (1.058 - 10.970)] and last year prevalence of Electronic Gambling Machines (EGMs) [OR = .145, CI = (.048 - .435)] were significantly associated with problem gambling. Our findings extend previous research on gambling among adolescents by exploring gambling behavior according to different modes of access. Although the prevalence of exclusive online gambling among the total sample was low, these results support the need of considering specific subgroups of gamblers and their specific related features when conducting prevention protocols for adolescents.

Sarah Hennelly

Poster 65

MIGHT MINDFULNESS PROTECT AGAINST THE FORMATION OF MALADAPTIVE HEALTH BEHAVIOUR HABITS, OR HELP TO ALLEVIATE THEM?

Maternal health behaviours appear to be associated with pregnancy complications, birth outcomes, and infants' childhood and adult health. Emergent evidence indicates that trait mindfulness is associated with lower incidence of "unhealthy" behaviours and indicators of physiological disease, and with better psychological health.

Might trait mindfulness be associated with maternal health behaviours? A cross-sectional survey was used to collect health behaviour and trait mindfulness data from 318 pregnant women. There were no significant relationships between maternal health behaviours and trait mindfulness. There were small to moderate relationships between subjective wellbeing, health behaviour motivation, and trait mindfulness.

Might mindfulness training be a feasible maternal behaviour change intervention? The development of a novel mindfulness-based maternal behaviour change intervention called Mind the Bump was guided by the Behaviour Change Wheel handbook. An uncontrolled evaluation with 32 pregnant women indicated that it was moderately feasible in terms of recruitment, retention, and acceptability. Adherence was low to moderate. There were pre-post increases in self-reported mindfulness and subjective wellbeing. Self-reported maternal health behaviours did not improve.

Suzy Clarkson and Judy Hutchings

Poster 66

CASE STUDY: OUTCOMES AND LESSONS LEARNED FROM IMPLEMENTING KIVA IN A NORTH WALES SCHOOL

KiVa, the Finnish school based anti-bullying programme, was introduced into Wales in 2012. Research conducted in Finland, established a large and robust evidence base for the programme. The programme bases its content on the principle that bullying is a group

phenomenon. Participant role research has indicated that bystanders act as “reinforcers” contributing to the persistence of the bullying behaviour. By changing the behaviour of bystanders the bully’s motivation is lowered, rewards are reduced and consequently bullying behaviour decreases. Presently there is growing evidence of the programme’s transportability. The programme includes universal actions, the core of which are class lessons, and indicated actions, specific strategies to deal with confirmed bullying incidents.

Introduction of KiVa into Wales provided an opportunity to observe and examine the implementation of the programme. Units 1 and 2 of the KiVa programme curriculum were delivered to pupils aged 7-11 years, the UK age range for Key Stage Two pupils. The programme’s indicated actions were used throughout the school when dealing with highlighted bullying incidents.

This paper presents a case study, from one primary school, reporting contextually rich information from interviews and class observations. The KiVa programme was implemented in the school from September 2013. Significant reductions in annual pupil survey self-reported victimisation and bullying after one year of implementation, and further reductions after two years are reported. The implementation process, experience, and impact of the programme will be described from the perspective of the head-teacher, teaching staff, and pupils and factors deemed likely to have contributed to the excellent outcomes will be highlighted.

Tereza Sadková and Miroslav Charvát

Poster 67

THE PLACE OF PREVENTION IN SEXUAL AND REPRODUCTIVE HEALTH

Overview of the current situation of sexuality education in the Czech Republic. Background: In the Czech Republic the role of any sexual education is underestimated. Even though the topics of sexual and reproductive health and rights are included in the school curriculum, in the reality teacher frequently avoid teaching then – current researches suggest that teacher lack the means and methods what and how to teach, especially young pupils.

The poster offers an overview of teaching and methodological materials and other relevant documents regarding (holistic) sexuality education that are currently available for teachers and researches in the Czech Republic. The overview is the first step in the applied research aiming to detect the needs of the target population (teachers, trainers, pupils, parents) and develop the methodics for holistic sexuality education for 1st to 3rd grade pupils(6 - 9 years old). Draft design of the research will be included in the poster presentation.

Tobias Elgan, Nicklas Kartengren, Maria Ingemarson, Anna Strandberg and Johanna Gripenberg

Poster 68

A WEB-BASED GROUP COURSE PREVENTIVE INTERVENTION FOR 15-25 YEAR OLDS HAVING PARENTS WITH SUBSTANCE USE OR MENTAL HEALTH PROBLEMS: A RANDOMIZED CONTROLLED TRIAL INTRODUCTION

Depending on how the problem is defined, between 5-20% of all Swedish children grow up with parents having alcohol problems which put them at risk for many negative consequences. Most

Swedish municipalities therefore provide support, but less than 2% are reached, mainly due to difficulties in the identification and recruiting process. Delivering intervention programs to this target group via the Internet is a promising strategy. We have therefore translated a Dutch web-based preventive intervention and are currently evaluating the intervention.

Methods: This study uses a two-armed RCT including at least 140 15–25 year olds allocated into an intervention group or a control group. Participants are recruited via ads on social media. Inclusion criteria comprise having a parent with mental health and/or substance use problems. Those having symptoms of severe depression are excluded. Assessment consists of a baseline measurement (t0) and three follow-ups after six (t1), 12 (t2), and 24 months (t3). Measures include the YSR, CES-DC, the Ladder of Life, Brief-COPE, WHOQOL-BREF, and AUDIT-C.

Results: The study was initiated during April 2016 and so far about 800 individuals have completed the screening. A large proportion is not eligible to participate due to high scores on the depression scale and is referred to other care. A total of 30 participants have completed the t0-assessment. The study is ongoing and during the fall 2016 efforts will be made to increase the number of participants. Preliminary results from the t1-assessment will be available during the fall 2016.

Conclusions: There is an urgent need to develop and evaluate web-based preventive interventions targeting adolescents having parents with substance use or mental health problems. This study therefore makes an important contribution to this novel field of research.

Valentina Kranželić, Martina Ferić and Dijana Jerković

Poster 69

STRENGTHS AND CHALLENGES IN PREVENTION PRACTICE: STATE OF THE ART IN CROATIA

Needs and resources assessment of 27 prevention projects (25 non-governmental organizations) was conducted within the project “Enhancing the quality of drug prevention interventions in Croatia” (2013-2014). Project was conducted in the partnership of the Office for Combating Drugs Abuse of the Government of the Republic of Croatia, Faculty of Education and Rehabilitation Sciences, University of Zagreb, and non-governmental organizations in Croatia.

European Drug Prevention Quality Standards (EDPQS) were used as a basis for the assessment. Special attention was put on the programmes development, their implementation and evaluation. Analysis was based on the available projects documentation, visits to the non-governmental organizations and unstructured interviews with project providers. Results showed that some of the strengths of the prevention programmes are linked to the various methods used in programme delivery, use of epidemiological data with the purpose of needs assessment, positive relationships as a basis for prevention programmes, incorporated process evaluation, effective dissemination of the result, etc.

The biggest challenges are focused on building a logic model of an intervention that is based on the comprehensive needs and resources assessment in regard to the targeted group(s). In addition, structured monitoring of implementation is often missing, as well as an outcome evaluation.

Some of the recommendations for the improvement of prevention practice are developed, and these are focused on capacity building, especially in the field of professional competencies for development, as well as implementation and evaluation of drug prevention programmes.

As a conclusion remarks of this presentation, the next steps in the aforementioned process of Croatian drug prevention improvement will also be discussed.

Valentina Kranzelic, Martina Feric, Antonija Zizak, Nivex Koller-Trbovic, Irma Kovco Vukadin, Anita Jandric Nisevic, Ivana Jedud Boric, Martina Lotar Rihtaric, Josipa Mihic, Miranda Novak, Dora Dodig Hundric, Gabrijela Ratkajec Gasevic, Ivana Maurovic and Anja Miroslavljevic

Poster 70

PROJECT OVERVIEW: SPECIFIC CHARACTERISTICS OF FAMILIES AT RISK - CONTRIBUTION TO COMPLEX INTERVENTIONS PLANNING

Recent findings indicate that intervention systems for children, youth and adults with behavioural problems should focus simultaneously on the individual with the problem and his/her family. Therefore, gaining new knowledge on families at risk and development of new interventions and services present a permanent research and professional challenge.

The overall objective of the research is to identify characteristics of specific groups of families at risk, their resilience, readiness for change, readiness for intervention; and life satisfaction, as a set of new, under-researched processes that could be of importance for complex family interventions planning. Specific objectives, on one hand, relate to the family at risk research methodology development and, on the other hand to determine the relationship between the aforementioned characteristics of families at risk, which were never researched in Croatia.

The study sample includes 200 families at risk, with at least one family member who is, due to behavioural problems, a beneficiary of interventions in the area of education, social welfare, mental health and/or justice in the City of Zagreb and Zagreb County. Outcomes of the research contribute to development of guidelines for complex family at risk interventions planning based on beneficiary perspective and scientific data. In the poster project plan will be presented: theoretical construct, sampling, data collection and analysis methods, ethical issues etc.

Wadih Maalouf, Milos Stojanovic, Matthew Kiefer, Heikkila Hanna and Giovanna Campello

Poster 73

LIONS QUEST SKILLS FOR ADOLESCENCE IN SOUTH EAST EUROPE: CASE-CONTROL CHANGES ACROSS STUDENTS EXPOSED TO THIS LIFE SKILLS BASED PROGRAMME.

UNODC has an ongoing global initiative promoting the implementation of effective prevention interventions in line with the UNODC International Standards on Drug Use Prevention particularly in low and middle income countries. In this regard, the UNODC collaboration with Lions Club International Foundation has availed the possibility to pilot an adapted version of Lions Quest Skills for Adolescence (LQSFA) in elementary schools in Serbia, FYRO Macedonia and Montenegro. The pilots were implemented in the academic year 2014-2015 (Serbia) and the academic year 2015-2016 (FYROMacedonia and Montenegro) in partnership with the respective Ministries of Education.

Overall, 85 schools from the 3 countries of concern participated in the process and a total of 231 teacher were trained on the programme. A total of 5,041 students took part of the pilot, out of which 2954 elementary age students received LQSFA (cases) and 2087 students did not

(control). The average age of these students was 13.3 years. All student received a pre-post questionnaire assessing different indicators of concern: use, opportunities to use and intention to use substances as well as normative belief, refusal skills, attitudes and perception of harm towards substances.

This abstract will presents changes (pretest/posttest) on these indicators as documented across this pilot in cases and controls by gender. Such results will document information on the adaptability, fidelity, affinity and effectiveness of such school based and life skills focused interventions from low or middle income countries where such data remains very limited (particularly from case-control modality of implementation).

Ying-Chih Chuang

Poster 74

COMMUNITY CORRELATES OF TEENAGE BIRTH RATES AMONG TOWNSHIPS IN TAIWAN: SPATIAL AND TEMPORAL DIMENSIONS

This study analyzed township differences in teenage birth rates and associated factors in Taiwan. Birth rates among 15-19 year-old females were compared across 359 townships every 5 years from 1995 to 2010. The data came from Taiwan Demography, The City and County Statistics, and Census. Measures included population density, the percentage of aborigines, the percentage of people over 65 years old, divorce rates, the percentage of people with college degrees, the number of physician per 10,000 people, and social welfare spending. This study used Geographic Information System (GIS) to create maps and Local Indicators of Spatial Association (LISA) to identify clusters. We estimated the influence of township-level factors on teenage birth rates using spatial regression models and conducted the analyses separately by year. The study results showed that teenage birth rates declined from 22.5 per 1,000 in the year of 1995 to 4 per 1,000 in the year of 2010. In the year of 1995, the percentage of elderly, divorce rates, and the percentage of aborigines were positively associated with teenage birth rates, whereas population density and the percentage of college educated people were negatively associated with teenage birth rates. The number of significant factors associated with teenage birth rates decreases along the year. In the year of 2010, only the percentage of aborigines and the percentage of college educated people were positively and negatively associated with teenage birth rates, respectively. The coefficients for the spatial lag were significant and positive in all models. The positive spatial lag terms indicate that teenage birth rates are determined by the spillover effects between neighboring townships. This study findings offer the potential to more appropriately prioritize public health resources for preventing teenage birth rates. Future research and policy should focus on improvement in regional equity as well as fulfilment of regional needs.

Silvia Escribano

Poster 75

POSITIVE EFFECTS OF IMPLEMENTING AN HIV RISK REDUCTION INTERVENTION WITH THE HIGHEST FIDELITY OF IMPLEMENTATION IN SCHOOLS

The effects of interventions are strongly associated with their application in the same way that the interventions were designed and validated; while the interventions' effects can be diminished if changes occur during application. Despite of the importance of fidelity of the implementation to increase the effectiveness of preventive interventions, there are scarce

studies in Spain that measure the fidelity of implementation of school-based HIV risk reduction interventions. Therefore, the aim of the present study was to examine the level of fidelity (understood as dose and adherence) of the Spanish version of ¡Cuídate! program in scholars; and evaluate the effects of the program based on the degree of fidelity of implementation. A total of 626 adolescents aged between 14 and 16 years (47.1% boys) were evaluated. Of them, 48.72% received the intervention and the 51.28% served as a non-intervention group. Participants responded self-reports to evaluate knowledge on HIV and STIs, attitudes related to HIV, condom use intention, and sexual behaviors at pretest, posttest, and 12 months follow-up. Findings showed an elevated fidelity of implementation of the program. The group receiving the program more faithfully was more likely to present higher level of knowledge of HIV and STIs, more favourable attitudes toward HIV, and increased condom use in penetrative sex. This study provides valuable support to the positive effects of the implementation of preventive programs with the highest fidelity.

17:30-19:00 Special Session 1 - Ecosystems of prevention: examples of building local practice networks

Location - Großer Saal

Kate O'Brien, Jamila Boughelaf, Ian MacDonald, Sam Beal

Mentor UK undertook a review of the drug education provision in secondary schools across Brighton and Hove in Sept 2015-Feb 2016 to ensure evidence-based delivery. Activities were informed by, and monitored against, national and international evidence. On the basis of this review, Mentor supported Brighton and Hove City Council to implement an improvement plan, working towards a multi-agency approach to prevention.

This project is a positive case study, relevant to both EUSPR aims and the specific focus of the 2016 conference, showcasing how practitioners can contribute to local capacity building through developing and strengthening sustainable prevention systems at local level. The drug education review in Brighton and Hove not only allowed Mentor to work closely with schools to understand the current capacity and expertise, but also made links and developed strategies to strengthen communication and collaboration with other relevant actors within the community.

Specifically, this project highlighted best practice and effective methods to develop and strengthen systemic and functional networks for enhancing sustainable drug prevention at local level.

This model is likely to have significant interest from EUSPR colleagues because similar reviews, if replicated and scaled at national level, will enable Local Authorities or regional Public Health services to build effective local preventative systems, developed with, and grounded in the community. This is a major asset to ensure capacity building and self-sustainability at local level.

This session will combine research evidence and practice, ensuring lack of overlap with recent EUSPR conference sessions, mainly informed by, and analysed through a research evidence perspective.

Key objectives of this session will be:

- Sharing best practice – overcoming challenges
- Using findings to shape policy and advocacy opportunities

- Exploring the replicability of this project in other countries, including other risky behaviours.

With the aim of:

- Drafting common standards
 - Developing collaboration opportunities
-

17:30-19:00 Early Career Presentations 1

Location - Raum Lessing

Aniek van Herwaarden, Hilde Schuiringa, Bram Orobio de Castro, Maroesjka van Nieuwenhuijzen and Walter Matthys

STANDING STRONG TOGETHER: THE RELATIONSHIP BETWEEN THE THERAPIST AND CLIENT IN PREVENTING EXTERNALIZING BEHAVIOUR IN ADOLESCENTS WITH MILD TO BORDERLINE INTELLECTUAL DISABILITIES

Speaker: Aniek van Herwaarden

Abstract: Youth with mild to borderline intellectual disabilities (MBID–IQ 55-85) with comorbid externalizing problem behaviour are highly at risk for adverse future development. Therefore, reducing these behavioural problems is of great priority in the Dutch healthcare system. Due to the specific characteristics of this target group (i.e. low IQ, problems in social information processing, aggressive behaviour) usual intervention and prevention programmes should be adjusted and targeted to the specific needs of adolescents with MBID and their families. Currently, only one intervention programme targeted at this group has found to be effective in the reduction of externalizing problem behaviour in adolescents with MBID (Schuiringa, 2016). “Standing Strong Together” (SST) intervenes in the aggression-related behavioural problems of adolescents with MBID to prevent adverse development. This intervention targets both parenting skills in therapeutic sessions for parents, as well as the resolution styles of the adolescents in social situations in sessions for adolescents with MBID. In this presentation, secondary analyses of the effectiveness study and a follow-up study will be discussed, with special focus on the importance of the therapist-client relationship. Where the effectiveness study focused on decreasing problem behaviour, improving parenting skills and parent-child relationships, the follow-up study focused on enhancing these outcomes by an intensified therapist-training. Generally, we hypothesized that therapist skills and therapist-client relationship would moderate the effect of SST on externalizing problem behaviour in children with MBID. While previous research has often shown the importance of therapist-client relationships in general treatment effectiveness, it is important to confirm this hypothesis also for SST, which is especially targeted on adolescents with MBID. Observations of sessions were coded and therapist-client relationships were validated based on these observations. These dyadic and nested data require specific data-analysis techniques. While these data-analyses are still ongoing, preliminary results of the project will be shared during this presentation.

Sinziana-Ioana Oncioiu and Maria Rosaria Galanti

WATERPIPE USE AMONG YOUNG ADULTS IS PREDICTED BY EARLY ONSET OF OTHER SUBSTANCE USE - RESULTS FROM A POPULATION-BASED COHORT IN SWEDEN

Speaker: Sinziana-Ioana Oncioiu

Abstract: Introduction: Evidence regarding the predictors of waterpipe use in young adulthood is scarce. We investigated if early onset of alcohol drinking, tobacco and illicit drug use is associated with waterpipe smoking in young adulthood.

Methods: In the BROMS cohort study, 3020 children aged 11-12 years were recruited in 1998 in the County of Stockholm and followed up until 2011 on eight subsequent surveys. The sample in this study comprised 1228 individuals who participated both in the baseline and in the last follow-up survey. Past month and past year waterpipe use was self-reported at age 24-25, while age at initiation of other substance use was derived from self-reports on earlier surveys. Logistic regression was used to calculate the odds ratios of waterpipe use conditionally on age at initiation of other substances.

Results: Compared with no drunkenness episode by age 18, a first one by age 15 increased three to four times the odds of using waterpipe more than once in the past year (age 13 or below: OR = 4.13, 95% CI [1.74, 9.78], age 14-15: OR = 3.35, 95 % CI [1.50, 7.46]). The likelihood of young adulthood water-pipe use was higher for cigarettes smokers and lower for snus users who initiated by age 13 compared with those who did so at age 18 or after, but the estimates were not statistically significant. Early illicit drug onset was rare (0.3%) in this sample.

Conclusion: Among Swedish adolescents early onset of drunkenness predicts recurrent waterpipe use in adulthood. **Implications:** Waterpipe use among Swedish youths may be part of a general pattern of early poly-substance use behavior. Preventive and educational programs should address this behavior as part of a global developmental phenotype, avoiding the segmentation and the “hazard oriented” approach that has been traditionally used for the prevention of cigarette smoking.

Dijana Jerković, Valentina Kranželić and Martina Lotar Rihtarić

SELF-DETERMINATION AS A MODERATOR IN THE RELATIONSHIP BETWEEN PERSONALITY TRAITS AND CANNABIS CONSUMPTION

Speaker: Dijana Jerković

Abstract: Self-determination theory (SDT) is a comprehensive motivational theory that has not been tested much in the context of cannabis consumption. The aim of this research was to check the moderating role of self-determination in the relationship between some personality traits and frequency of cannabis consumption. In the sample of 438 students (37.9% males and 62.1% females; mean age $M=19.62$ $SD=0.826$) that live in student dormitories in Zagreb the following instruments were applied: Self-Determination Scale (Sheldon & Deci, 1993), International Personality Item Pool (IPIP50) - extraversion, conscientiousness and neuroticism subscales; and the question on the number of days person has consumed cannabis in the lifetime. Before analysis, all the variables were centered. Hierarchical regression analysis was conducted with a number of days person consumed cannabis in a lifetime as a criterion, personality traits and self-determination as predictors in the first step and their interactions in the second step. If occurred, observed simple effects were checked with additional hierarchical analysis and the interaction effects were examined with post –hoc testing (multiple hierarchical analyses). There is a significant interaction effect of self-determination and extraversion on the frequency of cannabis consumption. The whole model explained 5.4% of variance of cannabis consumption, out of which the interaction effect explained 3.1%. Among participants

that were average and high in self-determination, increase in extraversion was followed with an increase in cannabis consumption, and the effect was stronger among students with higher self-determination. These effects are not present among students that were low in self-determination. Findings of this research have important implications on prevention practice, since they show that students that seem to function well are not necessarily sufficiently equipped for life challenges. Results also show dynamic in which self-determination, as a protective factor, in combination with extraversion, transforms into a risk factor for cannabis consumption.

Víctor Martínez-Loredo, Aris Grande-Gosende, Sergio Fernández-Artamendi and José Ramón Fernández-Hermida

RELATIONSHIP BETWEEN IMPULSIVITY, SENSATION SEEKING AND ALCOHOL-RELATED PROBLEMS AMONG ADOLESCENTS: TWO YEARS FOLLOW-UP

Speaker: Víctor Martínez-Loredo

Abstract: Impulsivity and Sensation Seeking are key variables for risk behaviors such as substance abuse. Exploring both the predictive power of impulsivity and sensation seeking on substance abuse and the reciprocal influence of abuse on these measures, is an important outcome for prevention. The aim of this study is to test the influence of impulsivity, sensation seeking and alcohol abuse among adolescents along two years. The sample was made of 1178 adolescents (mean age 12.97, SD = 0.53) from 16 Spanish High schools. Students were assessed once a year during three years. They performed both a behavioral task (Delay Discounting, DD) and self-reports (Barratt Impulsiveness Scale, BIS, and Impulsive Sensation Seeking, ImpSS). Impulsivity measures were the logk for the DD, and total scores for the BIS and ImpSS subscales. Alcohol abuse at the second and third waves was assessed through the Rutgers's Alcohol Problem Index (RAPI). Structural Equations Modelling was performed to assess the mutual influence of both Impulsivity and Sensation Seeking, and alcohol abuse. The overall models fit were good for all the measures: BIS, Imp, SS and logk (CFI \geq 0.95). Cross-lagged paths from BIS, Imp and SS to RAPI one and two years later were all significant ($p < .01$), while cross-lagged paths in the opposite direction were all non-significant ($p > .05$). None of the DD paths reach significance levels ($p > .05$). In summary, self-reported impulsivity seems to be more useful to predict alcohol-related problems than behavioral tasks. Most importantly, the presence of alcohol abuse and related-problems seems not to have a significant effect on their levels of impulsivity or sensation seeking. These results could be useful when designing strategies for preventing drug involvement among adolescents.

17:30-19:00 Special Session 2 - Global perspective on Prevention Science in a Changing World

Location - Raum Gauss

Moshe Israelashvili, Amador Calafat, Petra Buchwald, Maria Rosaria Galanti

The symposium will present examples and highlights of global prevention efforts, as outlined in the forthcoming Cambridge Handbook of International Prevention Science (Moshe Israelashvili & John L. Romano, Editors). The symposium will include five presentations, all made by contributors to the Handbook, that will give the audience an up-to-date perspectives on current prevention efforts across the globe, similarities and differences across these efforts, examples of global and local adaptations of prevention interventions, challenges that global prevention science faces globally and the emerging conclusions as to the future of global prevention science. Participants in the symposium and the titles of their presentations, will be:

Moshe Israelashvili, Tel Aviv University, Israel: A differential perspective on Global Prevention Science

Maria Rosaria Galanti, Department of Public Health Sciences, Karolinska Institutet, Sweden: Evaluation of Complex preventive Interventions

Amador Calafat, European Institute of Studies on Prevention (IREFREA), Spain: Prevention in the context of Recreational Nightlife

Petra Buchwald, Bergische Universität Wuppertal, Germany: Stress Prevention among German Teachers

Moshe Israelashvili, Tel Aviv University, Israel: Global Prevention Science: A Call for Action

Conference Day 2 – 1st November 2016

09:00-10:30 Scientific Roundtable: What is the role of prevention and prevention science in a changing world?

Location - Großer Saal

Chair: Prof Harry Sumnall (LJMU, UK)

This session presents a facilitated discussion about the contributions, opportunities and limitations of prevention practice in a changing world. It features short presentations from Prof Nanna Mik-Meyer (Danish National Centre for Social Research, DK), Albert Kern (Federal Ministry of Health, DE), and Dr Kathryn Oliver (University of Oxford, UK) who will be reflecting on what questions we ask, and how we choose to answer them are not just scientific issues, but partly a response to wider social, political, cultural, and technological trends. The session provides an opportunity for delegates to discuss their own work in the context of these issues and share thoughts and ideas on how as a field we can ensure that we are responsive to the demands.

Prof Nanna Mik-Meyer

The aim of my talk is to critically reflect on the concept of health. 'Health' refers not only to the absence of biomedical diseases and bodily and mental dysfunctionalities; today, the concept is also synonymous with wellness, happiness, and a good life. However, this broad definition of what it means to be healthy nowadays produces a number of problems for citizens who struggle to meet the standards of this changed ideal of health. Consequently, unhealthy citizens, such as overweight individuals, possess not only a biomedically defined unhealthy body or mind; they are also, in a broader sense, believed to lead a lesser work life, family life, love life, etc. I link this moral aspect of health work to a) the medicalization tendency in current Western society (e.g. a growing pharmaceutical industry and its economic interest in transforming the human condition of, for instance, being overweight into a treatable disorder) and b) the strong focus on individual risk today. One of my main arguments is that health in relation to overweight is primarily defined from a biomedical perspective that praises certain physical measurements of the body, as well as dominant societal values such as self-responsibility and self-control, and that a combination of biomedicine and these dominating values can lead to health promotion becoming a problematic moral endeavor.

Albert Kern

On the basis of a brief information on the prevention law adopted in Germany in 2015, the contribution outlines the understanding of today's prevention from the point of view of the German Federal Ministry of Health. As far as research and studies on prevention are concerned, the focus is at practice-related care research. Various points will be addressed: evidence-based prevention, central target groups of prevention, the role of digitalisation for preventive activities and measures as well as the question "What are the objectives of modern prevention?"

Dr Kathryn Oliver

As researchers, why do we ask the questions we do? What shapes our research programmes? University researchers are constrained by access to funding from research councils and governments, which are often allocated to priority areas. How are these priorities set? There are a number of voices which may play a role in deciding how research areas are prioritized, or open funding allocated, including elected officials, experts, and citizens. These systems are intended to enable research of importance to relevant audiences, including the public. Yet, perhaps inevitably, these systems are not able to identify emerging issues; tend to be responsive rather

than preventative; focus on the short-term impact or cost-effectiveness rather than upstream or exploratory research; and may be influenced by political discourses, either directly (e.g. through prescribing methods for evaluation) or indirectly (through pervasive discourses about e.g. behavioural approaches to inequalities). This talk will consider these issues in the context of unintended consequences of health policies and interventions, and pose questions for the prevention science community.

10:30-11:00 Coffee Break

11:00-12:45 Parallel Sessions 2

2.1: Prevention systems and policy

Location - Großer Saal

Gregor Burkhardt and Stefanie Helmer

HOW CAN PREVENTION SYSTEMS BE DEFINED AND COMPARED ACROSS EUROPEAN COUNTRIES?

Speaker: Gregor Burkhardt

We performed a comparative analysis of descriptive information from EMCDDA reporting countries aiming at a typology of prevention systems. Main parameters are: how prevention is funded and planned, whether funding is conditional to quality criteria, whether the different policy sectors (health, youth, criminal justice and education) cooperate, and how much effective prevention principles are prioritised. Important moderators are regulatory policies of alcohol, tobacco and leisure industries; social capital and the harshness of drug laws; while mediators would be the coverage (provision) of interventions, and the predominance of office-based services over street based services in selective prevention. Crucial however is how prevention policies are delivered at the ground. Countries much differ regarding the training level of the workforce that delivers prevention and only the Czech Republic has addressed this to date with an accreditation system. In several countries prevention professionals repudiate manualised interventions or believe in rational human decision making (“informed choices”) and despise therefore normative interventions. Especially indicated prevention is very dependent on such professional cultures. Distinct patterns emerge in the comparison where some countries address certain aspects of a prevention system better than others do. Portugal for instance has an impressive central funding and quality control system that uses the financial and human resources for prevention in a very efficient way, but has almost no evidence-based programmes in place. Federal regions in Germany and Spain focus on delivering evidence-based manualised programmes, but sometimes lack mechanisms for roll out, quality control and financial incentives of their implementation. In some cases, education ministries hinder the access to schools. However, and especially in those countries where all factors: funds, planning, development and implementation of prevention are entirely and autonomously delegated to the local level, it is difficult to assess how much communities actually follow the sometimes-existing evidence-based guidelines from national institutes.

Frederick Groeger-Roth

IMPROVING PREVENTION SYSTEM FUNCTIONING ON STATE LEVEL

Speaker: Frederick Groeger-Roth

Prevention science advocates for the large-scale implementation of proven effective prevention interventions to achieve positive results on population level. Implementation research aims to identify factors for successful large-scale implementation processes on different level (e.g. programme characteristics, staff competencies, community conditions etc.). The level of support for the front-line prevention stakeholders seems to play a crucial role for positive implementation results. In my talk I will describe the lessons learned in the last decade to improve the functioning of a prevention support system for community-based prevention coalitions in the State of Lower Saxony in Germany. The implementation of the “Communities That Care” – model in Lower Saxony in the last years reveals a lot about the potentials, weaknesses and challenges of prevention support systems on state level. Results from evaluation studies and quality improvement circles will be utilized to discuss some ideas for further improving of prevention support systems.

Frances Gardner, Patty Leijten, GJ Melendez-Torres and Wendy Knerr

HOW WELL DO PREVENTION PROGRAMMES TRANSPORT ACROSS COUNTRIES? USING MULTI-LEVEL META-REGRESSION TO TEST THE EFFECTIVENESS OF IMPORTED VS. HOME-GROWN PARENTING PROGRAMMES FOR CHILD DISRUPTIVE BEHAVIOUR

Speaker: Frances Gardner

Objective: Children’s disruptive behaviour problems place children at high risk for oppositional defiant disorder and conduct disorder, and carry a high burden for individuals and society. Policy makers and service providers aiming to prevent or reduce children’s disruptive behaviour problems must often choose between importing an intervention developed abroad or instead developing or using a “home-grown” (i.e., local) intervention. No comprehensive comparison of these interventions exists.

Method: We performed a systematic review and multilevel meta-regression of 129 randomised trials (374 effect sizes) of transported and home-grown parenting interventions. We identified trials by searching the included trials lists of systematic reviews, found through searches in 6 databases (e.g., MEDLINE, EMBASE). Trials that had not yet been reviewed were found by searching the same databases. Primary outcome was the mean difference in effectiveness between transported and home-grown interventions to reduce disruptive child behaviour. We also compared this differential effectiveness for various intervention “brands” (e.g., Incredible Years, Triple P) and geographical regions (e.g., North America, Europe).

Results: Transported and home-grown interventions did not differ in their effectiveness for reducing disruptive child behaviour ($d = 0.10$, NS). Results were robust across intervention brands and geographical regions. Six trials on transported interventions in Hong Kong, Iran, and Panama suggest promising results for transporting interventions to “non-western” countries, whereas one trial in Indonesia does not.

Conclusion: Parenting interventions based on the same principles led to similar outcomes, whether transported or home-grown. This finding supports the selection of interventions based on their evidence base rather than on cultural specificity.

Alessandro Coppo, Francesco Barone-Adesi and Fabrizio Faggiano

THE TRANSITION FROM EFFICACY TO EFFECTIVENESS OF PREVENTION INTERVENTIONS: REFLECTIONS FOR A MORE RATIONAL CHOICE OF PUBLIC HEALTH INTERVENTIONS

Speaker: Alessandro Coppo

Background: The evidence based prevention is becoming increasingly important to guide the policy-makers to choose preventive interventions to offer to the people. Sometimes, however, the impact of an intervention in real conditions (effectiveness) may be less than the theoretical efficacy (efficacy) estimated on the results of published studies. The analysis of interventions aimed at changing risky lifestyles often does not take into account this aspect.

Aim: To evaluate the discrepancy between efficacy and effectiveness in preventive field we used as an example some interventions for smoking cessation currently available in Italy:

1. Interventions offered by Smoking Cessation Centers,
2. “Minimal Advice” provided by family doctors.

Methods: Using epidemiological data and Monte Carlo simulations, we estimated the expected effectiveness of interventions under different scenarios. We also investigated the role of some determinants of effectiveness.

Results: The Smoking Cessation Centers, even if they offered the most effective intervention available do not seem able to exert a significant influence on smoking cessation rates (estimated effectiveness: 0.7%). On the contrary, the interventions based on minimal advice are anticipated to have much greater effectiveness (21%).

Discussion: The only assurance of effectiveness of prevention interventions is not enough to ensure a significant impact on health. The decision to implement a large-scale preventive action should be preceded by a careful evaluation of the expected effectiveness and be followed by a post-implementation monitoring in order to estimate the real impact of the intervention.

Louisa Mitchell, Tim Hobbs and Daniel Ellis

COLLECTIVE IMPACT: SETTING UP IS HARD, SUSTAINING IT IS HARDER.

Speaker: Daniel Ellis

The effort involved in establishing an outcomes driven, place-based, collective impact initiative is enormous. Just one of these things is demanding, but the three together is a real challenge. To get going, you need early investment. And before you can get that, you need to have built a skilled core team which has identified the needs in your ‘place’ and therefore what outcomes the initiative intends to deliver. You need to have found the right partners prepared to adopt the collective impact values and approach in order to meet those needs, deliver those outcomes and evidence them. You need to navigate public systems and multiple commissioners.

There is no doubt that set-up is hard. But sustaining this in the long-run is even harder.

Sustainability requires monitoring, learning and improvement, and this requires data. This paper describes the West London Zone's (WLZ) approach to this.

In collaboration with the Dartington Social Research Unit (DSRU), WLZ is building a simple and engaging data system to monitor implementation of the individual and collective support provided to the cohort of young people, as well as the outcomes and trajectories of those young people. Data are collected systematically and presented via a series of innovative dashboards in a clear and visually engaging way to reduce the time burden associated with data monitoring. Data serve two primary functions: (1) learning, improvement and tailored support; and (2) monitoring of individual children's engagement and progress to improved outcomes and accountability of partners' provision. We will describe the set-up, data systems and flows, and provide illustrations of dynamic dashboards. We will conclude by discussing some of the successes and challenges faced creating these systems and balancing improvement with accountability functions.

2.2: Resilience and risk reduction in young people

Location - Raum Lessing

Sarah Blower, Nicole Gridley, Tracey Bywater, Abigail Dunn, Zoe Hindson and Kate Thorley

PRELIMINARY FINDINGS FROM A SYSTEMATIC REVIEW OF TOOLS AND INSTRUMENTS USED TO MEASURE PARENT AND CHILD OUTCOMES IN EVALUATION STUDIES OF PARENT PROGRAMMES FOR PARENTS WITH CHILDREN AGED 0-5 YEARS

Speaker: Nicole Gridley

Prevention and early intervention in the first five years of life is of significant public health importance as children with impaired social and emotional health and development are at risk of poor outcomes in later life. Research highlights the effectiveness of parenting programmes to promote child and parent well-being. Despite this, a lack of consistency in the types of outcome measures employed across different evaluation studies limits the comparability of programmes in terms of their impact on key outcomes. For example, there are a variety of tools available to assess child behaviour problems but there is uncertainty on which to choose and the rationale for the choice. Moreover, practitioners are increasingly seeking to assess impact of interventions or services on family outcomes, and there is a growing need to be able to choose the right measure, fit for purpose and context.

The purpose of the review was two-fold, and therefore a systematic dual-search strategy was applied;

1. we sought to identify the most commonly used standardised measures of parent and child social, emotional and psychological outcomes reported in randomised controlled trial evaluations of one-to-one and group-based parenting programmes designed for parents of children under the age of five;
2. we sought to identify from this list a sub-set of reliable and valid tools that could be used interchangeably by both researchers for evaluation purposes and professionals as part of ongoing monitoring processes.

This presentation will describe the rationale for conducting a systematic review of tools in parenting research. The search strategy and process for identifying appropriate tools for review will be presented, followed by an overview of our findings. The findings will focus specifically

on quantitative data derived from a modified COSMIN checklist and qualitative data on acceptability obtained via focus groups with parents, researchers and health professionals.

Judy Hutchings, Suzy Clarkson, Joanne Charles, Nick Axford, Gretchen Bjornstad and Zoe Wrigley

INTRODUCING AND RESEARCHING THE KIVA ANTIBULLYING PROGRAMME IN WALES

Speaker: Judy Hutchings

The development and evaluation of the school based KiVa antibullying programme was funded by the Finnish Government and shows excellent results in Finland, in an RCT involving 30,000 pupils and from subsequent broader roll-out and is now delivered in over 90% of all Finnish comprehensive schools. The programme includes universal actions, the core of which are class lessons, and indicated actions, specific strategies to deal with confirmed bullying incidents.

Wales has a statutory Personal Social Education (PSE) curriculum and KiVa lessons cover over 50% of this curriculum. KiVa was introduced in Wales in 2012 with Welsh Government support in a pilot trial of 17 schools. This trial targeted children aged 9 - 11 and delivered Unit 2 of KiVa. Significant reductions in reported bullying and victimisation were reported after one year of implementation and these reductions were maintained one year later. This success led to a successful bid to the BIG Lottery Innovation fund to undertake a small randomised controlled trial with Key Stage Two pupils aged 7 – 11 years in 20 Welsh primary schools. In the meantime the Bangor Centre was accredited as a training agency for the UK and over 100 schools, including 70 in Wales, have now been trained.

This presentation reports on the outcomes from the pilot trial, the preliminary results from the RCT and broader roll out of KiVa in Wales in terms of child reported bullying and victimisation. The cost to schools of implementing KiVa is also presented. The paper describes challenges for implementers and researchers of introducing the programme to Wales and describes changes that have been made to the training and support to schools as a result of these experiences.

Reiner Hasmann, Olaf Alexander Hampel, Norbert Karpinski and Franz Petermann

USING PARENT TRAINING IN ADDITION TO STANDARD INTERVENTIONS FOR DEVELOPMENTALLY DELAYED AND DISABLED CHILDREN IMPROVES BEHAVIOURAL PROBLEMS OF CHILDREN, LOWERS PARENTAL STRESS AND REDUCES FAMILY-RELATED CONFLICT POTENTIAL

Speaker: Reiner Hasmann

Developmentally retarded and disabled children have a higher risk of becoming victims of violence. The Stepping Stones Parent Training (SSTP) offers for parents of affected children a behavioural intervention. It promotes social skills and encourages parents to support their child creating an inspiring learning environment and to positively influence child behaviour through consistent parenting strategies. Parents learn to have realistic expectations towards their child and to take care of their own needs. They are encouraged to accept their child's disability and to take part in social life together. Through raising parenting competencies the parent-child relationship improves while conflict potential is reduced. Three studies investigate in different settings, how complementing medical standard treatment with SSTP positively influences

dysfunctional parenting, parental stress and child behavioural problems. It is indicated to improve the child's autonomy in everyday life and to raise parents' self-efficacy. The effects are supposed to last beyond the end of the parenting training and high parental treatment satisfaction is expected. The data of three studies was gathered in early intervention centres (Theobald M et al, 2015 Z Psychiatr Psychol Psychother), sociopaediatric centres (Hampel OA et al, 2015 Monatsschr Kinderheilkd) and a specialized ambulance for autism-spectrum-disorders (Sprenger L et al, 2015 Kindh Entwickl). Subjects are parents with children (2 – 12 years old) treated in the respective centres during data collection. Parenting courses lasted 2 – 3 months. The pre- and post-treatment conditions were compared. Randomisation was conducted for one condition in one of the studies. Analyses and parent-interviews in these three studies showed significant improvements in child behaviour, parenting and parents' self-efficacy, lower psychological burden for parents and improved child autonomy. Effects were stable for several months. SSTP is a useful add-on intervention treating developmentally delayed and disabled children, reducing main reasons for family-related conflicts, violence and supporting inclusion.

Ralf Schäfer, Daniel Hagen, Dirk Rampoldt and Matthias Franz

PREVENTIVE SUPPORT OPTIONS AFTER PARENTAL DIVORCE USING THE EXAMPLE OF WIR2

Speaker: Ralf Schäfer

About 170.000 children per year experience parental divorce in Germany. Every fifth child grows up in single parent families. In 90% of all cases the children live with their mothers. Thus and inconsistent with the demographic change, single parent families are the only family structure in Germany with tendency to rise.

Studies show the high risk of poverty associated with increased psychosocial stress and health strains among single parents and their children. Single parents face enormous challenges: Multiple burdens in everyday life, loss of social support and in some cases stressful divorces.

It is proved, that single mothers are at a higher risk of developing illnesses, compared to mothers in partnerships, for example addictive disorders, increased use of medicine, smoking, respiratory diseases, lung cancer, chronic pain, psychosomatic diseases and especially depression.

These burdens increase the risk of infantile behavior problems plus a negative educational impact and impairments to health. Long-term effects up to adult age are possible.

wir2 Bindungstraining (www.wir2-bindungstraining.de) can help to reduce these intergenerational risks. wir2 Bindungstraining is an attachment oriented parental training for single parents with children aged three to ten years.

The efficacy and sustainability of wir2 was proven within a RCT study. Therefore, it is listed in the highest category of evidence of the "Grüne Liste Prävention" and available throughout many communities of Germany.

Kurt Hahlweg, Wolfgang Schulz and Sören Kliem

TEN YEAR FOLLOW-UP OF A RANDOMIZED CONTROLLED AND AN UNCONTROLLED TRIAL OF TRIPLE P-GROUP: OUTCOME FOR PARENT AND CHILD VARIABLES

Speaker: Kurt Hahlweg

Parent training is a major intervention for preventing behavior problems in childhood. The aim of the paper is to analyze the ten-year efficacy of the Triple P parent group training as a universal prevention strategy from the perspective of mothers and fathers. Method. At pre, 17 preschools were recruited for participation. Based on their respective preschool, families were either randomly assigned to a Triple P group parent training or a control group. The efficacy was analysed with a multimethod and multimodal assessment in 280 families. Furthermore, an uncontrolled trial was conducted with approximately 190 families from a low SES-background. Ergebnisse. At the follow-up's up to 4 years later, most of the significant post-treatment changes were maintained. Mothers reported a significant reduction in dysfunctional parenting (PS), child behavior problems (CBCL), and in their psychological distress (DASS), while their relationship satisfaction (ADAS) improved. At the 10-year follow-up 249 families from the randomized controlled study were re-interviewed (retention rate 90%) as well as 110 families from the low-SES-group. Results showed stable reductions of child behavior problems at 10 year follow up, in particular Externalizing Disorders and Total CBCL scores. Furthermore, relationship quality was enhanced longitudinally, while no effects for parental stress was shown. This is the first study showing long-term effects for a brief parenting program in a universal setting.

2.3: Promoting wellbeing in a changing world

Location - Raum Gauss

Andreas Beelmann

THE DEVELOPMENTAL PREVENTION OF PREJUDICE AND HATE CRIMES. RESULTS FROM THE PARTS EVALUATION STUDY.

Speaker: Andreas Beelmann

Prejudice and other forms of negative intergroup attitudes cause serious social problems in many societies throughout the world. Their consequences may include social exclusion and segregation and as well as racism, political extremism and hate crimes. The presentation reports results of an extended research program conducted of our research team within the last 10 years. Core of this research is an extensive evaluation study on the PARTS prevention program, a multimodal intervention to prevent prejudice and promote tolerance in elementary school children. It combines three intervention components: Intercultural learning, extended contact stories, and exercises to promote related cognitive and social-cognitive skills (e.g., multiple classification skills, perspective-taking, social-problem solving). The study has a randomized treatment-control-group design with five measurement points (pre, post, three follow-ups up to five years later) and was implemented at 15 elementary schools in the State of Thuringia, Germany (Total n = 560). The results revealed significant short-term improvements favouring the program group on proximal outcome measures (e.g., prejudice toward a target outgroup, intercultural knowledge), while effects on distal outcomes (e.g., interpersonal tolerance, social distance to a non-target outgroup) were weak. However, as there were significant long-term effects one or even five years later on some prejudice and tolerance

measures, small but stable preventive effects of the PARTS programs could be confirmed. Differential results showed that the quality of implementation was one of the most predictable factors for program effectiveness. Overall, these and the meta-analytic evidences clearly speak for a developmental perspective for preventing negative intergroup attitudes.

Nora Döring, Diana Sonntag, Finn Rasmussen, Per Tynelius, Niklas Zethraeus and Jeroen de Munter

ECONOMIC EVALUATION OF AN EARLY CHILDHOOD INTERVENTION TO PREVENT OBESITY: THE PRIMROSE STUDY

Speaker: Finn Rasmussen

Background: Childhood obesity is a major public health concern. Given the individual and societal consequences of childhood obesity, decision-makers are in need of cost-effective prevention strategies. The aim was to assess the costs and cost-effectiveness of a novel primary prevention program targeting pre-school children attending child health centers in Sweden.

Methods: The economic evaluation is based on the PRIMROSE cluster-randomized controlled trial aiming to establish healthy eating and physical activity among preschool children (9-48 months of age) through motivational interviewing applied by trained nurses at child health centers. The cost-effectiveness is assessed over the trial period taking a societal perspective. The primary outcome of this trial is BMI at age 4. Cost data was prospectively collected alongside the trial. To account for uncertainty, bootstrapping techniques and sensitivity analyses were carried out.

Preliminary results: The mean total costs of the PRIMROSE intervention was 4067 SEK per child. During preschool years direct costs mainly consist of training costs and costs for the additional time used by child health center nurses to implement the intervention compared to usual care. Early indirect costs mainly consist of parents' absence from work due to their participation in the intervention. Based the trial-based economic evaluation the incremental cost-effectiveness ratio was 1981 SEK per 0.1 BMI unit avoided.

Conclusion: This health economic evaluation is among the first European economic evaluations of an early childhood obesity prevention intervention. A simulation study incorporating the life time societal impact is planned to capture all relevant costs and effect.

Main messages: This economic evaluation of an early childhood obesity prevention intervention is expected to provide an estimate of the effect size needed to get lower costs per one BMI unit than by 'usual' primary obesity prevention at Swedish child health centers.

Daniel Hale and Russell Viner

OPTIMISING HEALTHCARE TRANSITIONS FOR YOUNG PEOPLE

Speaker: Daniel Hale

Background: For young people with chronic health conditions the transition from paediatric

to adult health services is fraught with difficulty. Despite policy initiatives to improve transition processes, there is little evidence of improvement. This study aims to describe transition outcomes and predictors of successful transition within a British cohort of adolescents using routinely collected hospital data.

Methods: We used data from Hospital Episodes Statistics. Our cohort included those aged 10-18 in 2004. We conducted analyses across chronic conditions as well as within asthma, cystic fibrosis, diabetes, epilepsy, and sickle cell disease. We defined successful transition as any adult service use within 6 months of the last paediatric appointment. We examined predictors of successful transition, including sociodemographics, area and pre-transition service use. Finally, we examined the association of transition success with subsequent health service use and mortality.

Results: Economically deprived young people less likely to transition successfully to adult services, as are those who transition at an early age. There were also clear area effects with London and the North-East of England performing particularly poorly. Within diabetes, poor transition predicts mortality but not post-transition service use. Within other conditions, poor transition was associated with reduced emergency contacts, inpatient service use and a reduced risk of mortality.

Conclusion: Our results suggest area and socio-economic inequalities in the provision of adequate transition. Within diabetes, there is clear evidence that poor transition increases the risk of mortality whereas across conditions, the transition to adult services occurs primarily for those with particularly severe health conditions. This confounding results in increased health risk among transitioning adolescents. Targeting policy initiatives at underserved populations could increase transition success. This may include delaying typical transition age. Within diabetes, this would decrease post-transition mortality and across conditions, may increase preventative service use within adolescents with less severe health conditions.

Lisa Voigt, Antje Ullrich, Sophie Baumann, Franziska Weymar, Ulrich John and Sabina Ulbricht

PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOR IN LEISURE TIME IN 42-65 AGED APPARENTLY HEALTHY ADULTS

Speaker: Lisa Voigt

Background: Regular physical activity (PA) and reduced sedentary time are independently and negatively associated with cardiovascular risk factors and all-cause mortality. Both aspects were examined in a sample of 42-65 aged apparently healthy adults who participated in an intervention study aimed to increase moderate and vigorous PA and to reduce sedentary time during leisure time.

Methods: Among individuals who participated in a cardiovascular risk factor screening program (N=1231), 177 of 401 randomly selected apparently healthy individuals participated in the intervention study. After data cleaning 174 individuals remained for analyses (mean age of 54.4 years, SD=6.2; 35.6% men). The International Physical Activity Questionnaire and the Last 7-d Sedentary Behavior Questionnaire were completed at baseline to assess PA and sedentary behavior. Participants provided socio-demographic information. Descriptive statistics and non-parametric tests were calculated.

Results: In total, leisure-time activity encompassed 15.5 MET-hours per week (Median; IQR=3.3-33.1). Participants spent 1.0 hours per week (Median; IQR=0.0-3.0) walking, were 0.5 hours per week (Median; IQR=0.0-2.0) physically active on a moderate-intensity level,

and 0.0 hours per week (Median; IQR=0.0-1.5) physically active on a vigorous-intensity level. Furthermore, participants spent 2.6 hours per day (Mean; SD=1.6) watching TV and 0.9 hours per day (Mean; SD=1.4) using the computer during leisure-time (total screen time: Mean=3.5 h/day; SD=2.2). PA or screen time did not differ between sexes and regarding age. Individuals being regularly employed were less physically active (MET-h/week) in leisure time than those not ($z=-3.39$; $p=.001$) or not regularly employed ($z=-3.15$; $p=.002$). Unemployed individuals reported higher screen time than regularly employed individuals ($z=-3.37$; $p=.001$).

Conclusion: Moderate and vigorous activities which are positively associated with cardio-preventive factors only account for a small amount of total leisure-time PA. Furthermore, participants reported high levels of screen time per day. The results suggest that individuals with potential to benefit from the intervention were addressed.

Sophie Baumann, Stefan Groß, Lisa Voigt, Antje Ullrich, Franziska Weymar, Thea Schwaneberg, Marcus Dörr, Christian Meyer, Ulrich John and Sabina Ulbricht

DOES ACCELEROMETER WEARING BIAS PHYSICAL ACTIVITY DATA? TRENDING IN TIME SERIES OF PHYSICAL ACTIVITY MEASURED BY ACCELEROMETRY AS AN INDICATOR OF MEASUREMENT REACTIVITY

Speaker: Sophie Baumann

Background: Accelerometry is thought to provide objective data on physical activity (PA). However, when a behavior is monitored, it is likely to change, even if no change may be intended. Evidence on reactive effects of accelerometry is inconclusive. The aim of this study was to investigate time trends in accelerometer-based PA as an indicator of measurement reactivity among apparently healthy adults.

Methods: One hundred seventy-one participants from the general population (65% women; mean age = 55 years, range: 42–65 years) wore accelerometers during waking hours for seven days and recorded their working hours on each day wearing the accelerometer. Latent growth models were used to investigate linear and non-linear trends in three accelerometer-based PA indicators over the measurement period: sedentary behavior, light PA, and moderate-to-vigorous PA. Significant trends would imply reactive effects of accelerometry. Working hours and accelerometer wear time were included as time-varying covariates. The weekday on which the measurement started was tested as a predictor of time trends in the PA indicators.

Results: Participants increased their sedentary behavior during the measurement period by 2.52 minutes per day ($p = 0.02$, Cohen's $d = 0.64$). Light PA was reduced by 2.06 minutes per day ($p = 0.04$, Cohen's $d = 0.49$). For moderate-to-vigorous PA, a quadratic rather than a linear time trend was found (i.e., it initially decreased and then sloped upwards). However, the differences between the first and consecutive measurement days were not significant (incidence rate ratios = 0.88–1.05, $ps > 0.08$). Adjusted for working hours and accelerometer wear time, the weekday on which the measurement started did not significantly affect time trends in the PA indicators.

Conclusions: Accelerometry is likely to be susceptible to reactive effects which may bias PA data. The magnitude and functional form of reactivity effects may depend on the PA indicator.

2.4: Understanding health and social behaviours to inform prevention

Location - Heilige Elisabeth von Marburg Saal (in Hessische Landesvertretung building)

Irena Velimirovic, Mirta Vranko, Martina Ferić and Petrana Brečić

SOCIAL COMPETENCE AND DEPRESSION AT THE TIME OF THE GREAT REFUGEE CRISIS; EUROPEAN CONTEXT DIFFERENCES IN SOCIAL COMPETENCE SELF-ASSESSMENT OF PATIENTES DIAGNOSED WITH DEPRESSION DUE TO THE FORM OF TREATMENT

Speaker: Mirta Vranko

Depressive disorders are often associated with poor social competence and significantly disrupted social functioning that includes interpersonal relationships, frequency of interaction, a positive self-concept and social and cognitive skills (Stump et al., 2010). In the light of recent events of immigrant crisis and the many traumas and stressors faced by immigrants and refugees during their physical and psychological odyssey, they have been found to generally be at high risk for mental health problems (Keyes, 2000), especially depression and anxiety disorders, particularly post-traumatic stress disorders (Fox, Burns, Popovich, & Ilg, 2001). The aim of this paper is to observe and evaluate social competence of patients diagnosed with depression taking into account their views and perceptions of their own social competence. The study included 100 participants. A part of the sample is formed by patients who were hospitalized at University Psychiatric Hospital Vrapče at the time of the survey. The other part of the sample involves patients who were engaged in the program of daily hospitals and social therapy program in the context of outpatient treatment. The results point out the need of strengthening social competence in different contexts similar to the needs of immigrants and refugee groups. The third phase of treatment of immigrants and refugees involves helping the refugee family maintain communication and liaison with the appropriate social services and mental health who help them in the process of adaptation and acculturation into the new host community (Guarnaccia & Lopez, 1998). Social competence plays an important role in the process of adaptation and prevention of mental health problems, including depression, among immigrants and refugees. Taking all this into account there is a need for practitioners to design a contextually appropriate services for mental health support and strengthening of protective factors for empowering social competence of immigrants and refugees.

Flora Lorenzo, Aline Godoy, Darlene Cardoso, Lorena Alves, Regina Tibúrcio, Samia Abreu, Raquel Pedroso, Daniela Trigueiros, Débora Pereira, Tauane Gehm, Aline Aveiro and Roberto Tykanori

THE IMPACT OF BRAZILIAN DRUG ABUSE PREVENTION PROGRAM "JOGO ELOS" IN PROMOTING THE BASIS FOR CULTURAL CAPITAL APPROPRIATION

Speaker: Raquel Pedroso

Introduction: Drug-related mental disorders are the second leading cause of hospitalization in Brazilian public psychiatric institutes. The Coordination on Mental Health, Alcohol and Other Drugs Ministry of Health in Brazil in partnership with American Institutes for Research and with support of United Nations Office on Drugs and Crime, selected Good Behavior Game strategy to implement throughout national territory due to its effectiveness to decrease 2.7 times the long-term risk of substance abuse. However, significant portion of teachers who applied GBG

in national territory used negative reinforcement or positive punishment contingencies, harmful conditions to emotional involvement with learning. Conceptual and structural adaptations were needed to diminish that risk.

Methods: Pre-pilot and Pilot versions of the program were experimented from 2013 to 2015 in 15 cities. To scale-up the strategy and simultaneously adapt it to national needs, the following procedures were taken:

1. analysis of program's fundamentals;
2. language review in instructional materials;
3. reinforcement contingencies analysis in accompanied classes;
4. efficacy analysis of modeling procedures to improve teaching performance;
5. structural and conceptual changes.

Results: Cross-cultural adaptations included:

1. differentiation between reinforcement and reward;
2. inclusion of praises during the game, unrelated with rule-breaking;
3. removal of public individualized feedback to rule-breaking;
4. addition of group directed feedbacks when members remain excluded of tasks;
5. addition of steps to favor children's autonomy. 83% of teachers felt comfortable/very comfortable with the strategy; 77% reported improvement on their positive perception of themselves as educators; and 90% reported that students became more cooperative.

Qualitative data indicates impacts on students' self-esteem related to their ability to learn and belong to a group.

Conclusions: Results indicate Jogo Elos effectiveness on favoring affective dispositions with school and knowledge, important path to diminish the historical disadvantage of Brazilian poorest segment of population on achieving academic success.

Christian Meyer, Josephine Poser, Kristian Krause, Diana Guertler, Jennis Freyer-Adam, Sabina Ulbricht, Gallus Bischof, Hans-Jürgen Rumpf, Anil Batra, Anette Stiegler, Sophie Baumann and Ulrich John

LATENT PATTERN OF HEALTH RISK FACTORS IN RELATION TO DEPRESSIVE SYMPTOMS AMONG PRIMARY CARE PATIENTS

Speaker: Christian Meyer

Background: The majority of the current burden of disease is attributable to unhealthy lifestyle behaviors. Epidemiological studies revealed that fulfilling multiple health risk behaviors is common. Depressive symptoms are highly prevalent as well and might be seen as a key factor

impeding the adoption of a healthy lifestyle. The present paper aims to identify patterns of health risk behaviors and explore their association with depression.

Methods: As part of a project conducted within the research consortium AERIAL (Grant No. FKZ01EE1406F), 2,886 consecutive patients from general medical practices and general hospitals (participation rate 88.6%) were screened for overweight/obesity, low fruit/vegetable consumption, tobacco smoking, alcohol consumption and physical inactivity. The presence of subclinical or clinical depression was assessed via the Patient Health Questionnaire depression scale (PHQ-8). Latent class analysis was performed to identify patterns of health risk behaviors. Multinomial logistic regression adjusting for age and sex was used to analyze the association of class membership with depression.

Results: Best fit was found for a 3-class solution separating individuals with a healthy lifestyle (prevalence=35%), unhealthy substance abuse lifestyle (prevalence=29%), and an unhealthy overweight/inactive lifestyle (prevalence=35%). Both unhealthy lifestyle classes included low fruit and vegetable consumption. The healthy lifestyle class was less likely to report clinical or subclinical depression than the unhealthy lifestyle classes ($p=.002$). Clinical depression was more likely to be reported by individuals allocated to the overweight/inactive lifestyle class than the substance abuse lifestyle class ($p=.03$).

Discussion: Depression might be considered for public health interventions addressing multiple health risk behaviors. In particular, preventive measures targeting individuals characterized by overweight and physical inactivity might benefit from including intervention content addressing depressiveness. Because our study is based on cross-sectional data, future prospective and experimental studies are necessary to further investigate causal relations of depression with health risk behaviors.

Martha Canfield, Polly Radcliffe, Gail Gilchrist and Ana Flavia D' Oliveira

CONTROLLING BEHAVIOURS AND TECHNOLOGY-FACILITATED ABUSE PERPETRATED BY MEN RECEIVING SUBSTANCE USE TREATMENT IN ENGLAND AND BRAZIL: PREVALENCE AND RISK FACTORS

Speaker: Martha Canfield

Introduction and Aims: Controlling behaviour (e.g. isolation, threats, intimidation, minimization) and sexual jealousy are highly prevalent forms of non-physical intimate partner violence (IPV) and often represents a precursor to physical and sexual violence. A wide variety of technology is now being used to abuse partners including email, text messaging, phone calls, social media, and GPS tracking. IPV perpetration is common among men receiving treatment for substance. The prevalence of controlling behaviours and technology facilitated abuse (TFA) perpetrated by men receiving treatment for substance use in England ($n= 223$) and Brazil ($n=280$) was explored. Factors associated with the perpetration of these behaviours and the association with other forms of IPV (emotional, physical, and sexual) were also explored.

Design and Methods: Secondary analysis of two cross-sectional studies was conducted. Data on participants' socio-demographic characteristics, infidelity, IPV perpetration and victimisation, adverse childhood experiences, attitudes towards gender relations and roles, substance use, depressive symptoms, and anger expression were collected.

Results: 64% (223/143) of participants in England and 65% (280/184) in Brazil reported perpetrating controlling behaviour in their current/most recent relationship. Participants from England (33%) were more likely than those from Brazil (20%) to report perpetrating TFA (OR 1.90, 95%CI 1.27, 2.85). The odds of perpetrating TFA increased almost seven fold with the perpetration of controlling behaviour. Anger expression, infidelity, emotional IPV victimisation (England only) and experiencing a greater number of adverse childhood adversities (England and Brazil) predicted perpetrating controlling behaviour. Anger expression (England only), sexual IPV perpetration (Brazil only), and age (England and Brazil) predicted perpetrating TFA.

Discussions and Conclusions: Technological progress provides perpetrators with additional opportunities to control their partners. Addressing the characterise controlling behaviour associated with TFA could improve interventions to reduce intimate partner violence perpetration among male substance users.

Cristiano Piccinelli, Paolo Carnà, Angelo D'Errico and Giuseppe Costa

SOCIO-ECONOMICAL INEQUALITIES IN MORTALITY AND THE CONTRIBUTION OF LIFE STYLES IN THE ITALIAN LONGITUDINAL STUDY.

Speaker: Cristiano Piccinelli

Background Social inequalities remain significant in mortality, with higher rates among the most disadvantaged people. In recent studies Behavioural Factors (BF) would appear to explain about 20-50% of inequalities in mortality.

Aims: To measure social inequalities in overall mortality and assess the contribution of smoking, sedentary lifestyle, and Body Mass Index to mortality inequalities, in an Italian cohort.

Methods: Cohort participants were 85,308, aged 25-74. Mortality follow-up was performed until 2012. Level of education was used as socio-economic status proxy. Mortality risks were estimated using multivariate Poisson models. The contribution of BF was estimated through the Explained Fraction (EF), comparing the model based on education, age, health status and behavioural factors with the model based on education, age and health status.

Results: Mortality among low educated was 35% higher among highest educated in men and 34% in women, adjusting for age and state of health. Smoking (RR=1.59 for men and RR=1.66 for women) and sedentary lifestyle (RR=1.81 men and RR=1.46 women) were significantly associated with the risk of death in both genders, while the BMI showed contrasting effects between men and women. Among men, the BF explained 25% of the difference in mortality between the extreme classes of education, while among women their contribution was zero.

Conclusions: In both sexes the differences in mortality for education are significant. Smoking, sedentary lifestyle and BMI reduce by 25% the differences in mortality between extreme classes of instruction in men. No reduction was observed in women. The reason of this difference is the social gradient in smoking, that is the opposite between men and women. The persistence of a differential in mortality may be due to other proximal factors not considered, such as dietary habits and exposure to environmental factors, but also to a direct effect of the socioeconomic status on mortality.

12:45-14:15 Lunch

14:15-16:00 Parallel Sessions 3

3.1 Focus on supporting evidence based practice

Location - Großer Saal

Miguel Garcia-Sanchez

LESSONS LEARNED FROM PRACTICAL EXAMPLES OF PREVENTION IN THE UK PUBLIC SECTOR

Speaker: Miguel Garcia-Sanchez

This paper synthesises findings from three separate research projects, which assessed the impact of policy programmes implemented by public sector organisations between 2013 and 2016 in the UK.

Outcomes: The projects assessed prevention outcomes cross all age groups, including:

- Academic attainment of under-18s from deprived backgrounds
- Emotional wellbeing of families experiencing stressful circumstances, such as bereavements
- Mental health of adults exposed to domestic violence
- Levels of independence of socially isolated elderly people
- Health status of elderly people who receive support at their homes

Methods: The projects were assessed by the same team of researchers using a wider range of evaluative techniques, including:

- Pre-and-post tests
- Statistical counterfactuals
- Qualitative interviews The team used established questionnaires like EQ-5D, Warwick-Edinburgh mental health and wellbeing questionnaire, Adult Social Care Survey, and Health Survey for England.

Applications: By October 2016, the research will have been used by decision makers in a number of English local authorities to make operational and investment decisions. At the presentation, we will explain how the research has been used in practice.

Relevance: This paper is relevant to the objectives of the conference because it provides evidence of the effectiveness of programmes that intend to bring the health of a number of target groups in line with that of the rest of the population. This is particularly the case in relation to our statistical counterfactuals.

Implications: This paper will have meaningful implications for prevention research. Far from a purely academic exercise, the paper will highlight how research conclusions are used by

decision makers. We will place the emphasis on the challenges around putting prevention into practice, for example, the extent to which the principle of 'prevention, rather than cure' is practical when short-term resources are limited.

Jeremy Segrott, David Gillespie, Jo Holliday, Sarah Morgan-Trimmer, Simon Murphy, David Foxcroft, Jonathan Scourfield, Mandy Lau, Kerry Hood, Zoe Roberts, Ceri Phillips and Laurence Moore

FEASIBILITY OF A PROPORTIONATE UNIVERSAL APPROACH TO THE DELIVERY OF A FAMILY-BASED SUBSTANCE MISUSE PREVENTION INTERVENTION: RECRUITMENT, GROUP COMPOSITION AND IMPLEMENTATION FIDELITY

Speaker: Jeremy Segrott

Background: Universal interventions have been criticised for having low reach among those most in need of support. Targeted approaches also face difficulties in identifying such groups, and may create barriers to engagement through stigmatisation. Proportionate Universalism (PU) addresses these limitations by integrating universal and targeted approaches (Marmot Review, 2010). Few studies have examined the implementation of PU, including the feasibility of combining universalism and targeting.

Aims: This study evaluated the Proportionate Universal approach adopted by the Strengthening Families Programme 10-14 – a universal prevention intervention, in Wales, UK. Groups of participants comprised a mix of families who would find participation in a group intervention challenging and families who would not be challenged (target split=30:70%). This aimed to optimise implementation fidelity by managing challenge levels, and create group dynamics supporting hypothesized behaviour change. The study assessed: recruitment and reach across families with/without challenges; fidelity to the group composition model; and relationships between group composition and intervention implementation.

Methods: Routine data were used to describe recruitment/retention and group composition. Questionnaires completed by parents/carers and children provided data on family characteristics. Intervention fidelity was assessed through facilitator/observer scores, and researcher observation. Interviews with recruitment/programme staff explored implementation of the group composition model.

Results: Recruitment (n=715 families) succeeded in reaching families with heightened support needs. Most programmes achieved group compositions in which the majority of participants were families without challenges, which was the 70:30 model's aim. Intervention fidelity and family attendance were high. Staff valued PU because it helped manage group dynamics, provide support to participants with higher levels of need, and enable delivery of activities as intended.

Conclusion: Proportionate Universalism may improve the reach of universal interventions, and enable provision of support to participants with differing levels of need whilst maintaining intervention fidelity and avoiding some of the iatrogenic effects of targeted programmes.

Matej Košir

DEVELOPING EVIDENCE-BASED PREVENTION SYSTEM FOR LOCAL COMMUNITIES IN SLOVENIA

Speaker: Matej Košir

Institute Utrip conducted an analysis of situation in Slovenia in the field of prevention in 2011. One of the main conclusions was that there is a huge lack of evidence-based interventions at local level and also that there is an unstable and inadequate infrastructure for quality prevention work in almost all local communities in the country. Despite of rather long tradition of so-called “local action groups” approach (since the beginning of 1990s), there is a very small number of such local counselling bodies still active in reality. Furthermore, in most cases the work of those bodies is not based on evidence-based principles and minimum quality standards at all. The project which was initiated by rather small local community in northern part of Slovenia (Radlje ob Dravi) intends to develop a sustainable local prevention system and the major focus in pilot phase has been to increase knowledge and skills on quality prevention of local key stakeholders (e.g. local authorities, school staff, health and social services, youth workers, police etc.) and bring some evidence-based prevention interventions to their local community. The main catalysts of this progress are local authorities and youth centre. The project which started in 2013 uses the Communities That Care (CTC) programme as a model approach, but a bit adapted to national and local context. There have been several improvements of local situation in the field of prevention since the start of the project. Some results will be presented at the conference and several challenges for the future will be discussed with other attendees.

Michal Miovsky

TRAINING AND EDUCATION IN PREVENTIVE SCIENCE AND INTERVENTIONS: PILOT IMPLEMENTATION OF UPC INTO THE COMPLEX MODEL OF ACADEMIC MASTER STUDY PROGRAM IN ADDICTION SCIENCE IN PRAGUE

Speaker: Michal Miovsky

The undergraduate bachelor’s study programme in addictology (Addiction Science) in the Czech Republic was opened in 2005. The academic addictology programme consists of full undergraduate education at the bachelor’s and master’s degree levels and, more recently, a doctoral (Ph.D.) degree. Prevention theory and practice is separate part/component of this study program and graduates are trained and prepared for real preventive work and using different preventive interventions in real practice. The Prague creative team has decided to implement Universal prevention curriculum (UPC) unto the master program and create completely new model of university master program for international students in English. It is a pilot implementation of UPC curriculum into the university context covers evaluation study conducted in collaboration with the International consortium of universities providing addiction programs (ICUDDR) established in Honolulu (USA) in March 2016 and University of South Florida. Author will reflect the process of developing an original Prague comprehensive program in addiction science and explain the context and procedure of UPC pilot implementation and creating new master study program integrated UPC curriculum.

Rachele Donini, Anna Zunino and Maurizio Panza

TRANSLATING INTO PRACTICE THE EDPQS TRAINER'S GUIDE: AN EXPERIENCE WITH UNIVERSITY OF GENOA (ITALY), FACULTY OF PSYCHOLOGY STUDENTS

Speaker: Rachele Donini

The European Drug Prevention Quality Standards (EDPQS) were published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in 2011. They can help the prevention community as they:

- Define what quality means in relation to drug prevention
- Offer a vision of what prevention should aspire to
- Formulate basic- and expert-level expectations toward prevention activities
- Translate good practice recommendations into specific quality statements

In October 2015 were launched a number of practical tools and materials, descending from the EDPQS, which aim to support practitioners, policy-makers and other members of the prevention community to achieve quality in their activities. EDPQS Toolkit 3, the EDPQS trainer's guide, is one of the tools mentioned above and is designed to help trainers and professional educators to deliver training on quality and quality standards in drug prevention, including suggestions for interactive workshops with practitioners, decision-makers and University students, supported by presentation slides, participant handouts and more. An experience with 60 students of University of Genoa, that were trained following the EDPQS trainer's guide will be proposed and discussed in its translation. The aims of the training were to test the tool, to train the new generations and to enhance students' awareness, including in the psychological and cultural background classes and teachings about prevention and health promotion, which are still considered a subject not specific to the psychological profession. The difficulties of adapting to a specific context, the strengths of the EDPQS toolkit 3 and some of the training impacts will be presented, taking into account both the quantitative and qualitative results based also on the pre and post seminar quiz and the satisfaction forms, compiled by the students. The presentation wants to show the trainer's guide translation process into practice and to offer some suggestions to enhance the tool.

3.2: Understanding and supporting positive development in childhood

Location - Raum Lessing

Metin Özdemir, Johan Barrhök, Linda Huss and Håkan Stattin

WHY DO GROUP-BASED BEHAVIOURAL PARENT TRAINING PROGRAMS INCREASE PARENTS' WELL-BEING? UNDERSTANDING MEDIATING MECHANISMS

Speaker: Metin Özdemir

Background: Group-based behavioural parent training programs, such as Incredible Years and Comet, primarily focus on helping parents develop behavior management skills to reduce problems behaviors in children. Their effectiveness in reducing children's conduct problems is well documented. Several studies also have shown that parents who participate in these

programs reduce in depressive symptoms and stress. This (unintended) positive outcome of such programs has not been explained. The current study tested three potential mediating pathways (i.e., increased parenting efficacy, reduced problem behaviors in children, and increased social support) that may explain why behavioural parent training programs may improve parents' mental-health by reducing depressive symptoms and stress.

Method: The mediation hypotheses were tested using data from an RCT study that evaluated the effectiveness of Incredible Years and Comet programs in actual service settings. The data included 423 parents who were randomized into either one of the treatment conditions or a waitlist control group. The mediation models were fitted using latent change models.

Results: The results of the mediation analyses showed that both increased parenting efficacy and reduced child problems mediated the link between participation in group-based parent training programs and improved well-being in parents. The mediation effects held for both parents of boys and girls.

Conclusion: The findings suggest that evidence-based behavioural parent-training programs not only has the potential to reduce child problem behaviors but also improve parents' mental-health. This secondary outcome set additional ground for dissemination of effective parent-training program programs.

Frances Gardner, Patty Leijten, Sabine Landau, Victoria Harris, Judy Hutchings, Jeni Beecham, Joanna Mann and Stephen Scott

UNDERSTANDING MODERATOR EFFECTS IN PREVENTION BY USING INDIVIDUAL PARTICIPANT DATA (IPD) META-ANALYSIS: EQUITY EFFECTS OF PARENTING INTERVENTIONS ACROSS EUROPE

Speaker: Frances Gardner

Parenting interventions are a key strategy for preventing youth disruptive behaviour problems. Although beneficial main effects are well-documented, the extent of subgroup effects is unclear. Moderator analyses are important for targeting interventions, and establishing whether they have unwanted effects on social disparities. Unfortunately, most randomised trials lack power for moderator analyses. Systematic reviews produce conflicting findings, and by relying solely on aggregate trial-level moderators (eg sample mean SES), fail to utilise rich within-trial variability in participant characteristics. For understanding if programs are likely to widen or narrow social inequalities in child disruptive behaviour, which is highly patterned by social class, well-powered moderator analyses are needed.

Thus we pooled individual participant data (IPD), behavioural and economic, from a near-complete set of 14 randomised trials across 6 European countries (n=1800; ages 2-12) of one parenting intervention, Incredible Years. Trials were conducted independently of the programme developer. Where measures differed, we harmonised predictor /outcome data across trials, using norm deviation scores. We examined family and child moderators of intervention effects on disruptive behaviour. Analyses used random effects modelling to separate individual- from trial-level variation, and multiple imputation for missing data.

The pooled intervention effect on disruptive behaviour was $d=.50$. Moderator analyses found disadvantaged, and ethnic minority families benefit as much from the intervention as families without those characteristics. Having more severe levels of disruptive behaviour, or parental depression, increased effectiveness and cost-effectiveness of the intervention.

This study is the first to synthesise data from multiple independent trials of a parenting intervention, and suggests that the intervention, if scaled up, would not only have average benefits across a population, but would also have no detrimental effects on social disparities in child disruptive behaviour. The study illustrates benefits of IPD meta-analysis for enhancing power and transparency, and understanding moderators and equity effects in prevention science.

Peer van der Kreeft and Annemie Coone

CULTURAL ADAPTATION OF THE UNPLUGGED EVIDENCE BASED INTERVENTION IN A VARIETY OF COUNTRIE

Speaker: Peer van der Kreeft

Unplugged is a school based drug prevention intervention of twelve sessions, designed and tested by the EU-Dap Drug Abuse Prevention Trial group, based on a CSI Comprehensive Social Influence model. It has been made available open source on the eudap.net website and the EU-Dap Faculty project °2011 established a cascade trainer of trainers network for further dissemination after publication of results. EU-Dap Faculty was also mandated to support new dissemination centers in the adaptation of materials. While the original study group encompassed 7 EU-countries, as of today number of implementing countries is more than tripled and includes regions in Asia, the Middle East and Africa. The adaptation of the printed materials and of the teacher training are documented in project reports*. In the presented study the team of University College Ghent (Belgium) categorized documented adaptations in superficial and deep issues. We established a database for further analysis and as a utensil for current implementers to improve their Unplugged versions. This presentation will reveal some interesting topics of the adaptation process in conjunction with UNODC in Brazil, the Region of Middle East and North Africa, Pakistan and Nigeria. Also the adaptation process in an IKEA Social Initiative together with Mentor for Lithuania, Russia, Romania, Croatia and Kyrgyzstan will be covered. Further we will disclose the systematic overview of concrete adaptation issues and throw a light on their background or narrative. We will open discussion on the degree of fidelity to the proven effective intervention and on the use of the findings of this study for other adaptation processes. *Van der Kreeft, P., Jongbloet, J., & Van Havere, T. (2014). Factors affecting implementation: cultural adaptation and training. In Z. Sloboda, & H. Petras (editors), *Defining prevention science*. (blz. 315-334). New York: Springer.

Stephen Kulis, Stephanie Ayers and Justin Jager

ECODEVELOPMENTAL PREDICTORS OF DISTINCTIVE PROFILES OF ALCOHOL AND DRUG USE BY URBAN AMERICAN INDIAN YOUTH

Speaker: Stephen Kulis

The majority of American Indians (AI) now live in cities, but research is lacking on the social determinants of their unique vulnerability to and resilience against substance use. This presentation describes how distinctive substance use patterns of urban AI youth are related to multi-level ecodevelopmental influences. Data come from 2,407 urban AI youth in the 2012 Arizona Youth Survey, a state-wide survey of 8th, 10th, and 12th grade students. Eight dichotomized last 30-day substance use measures (alcohol, binge drinking, tobacco,

inhalants, marijuana, other illicit drugs, prescription misuse, OTC misuse) were employed in an Mplus latent class analysis (LCA) that also tested for mean differences on measures of positive and negative influences of families, peers, schools and neighborhoods. The LCA supported a 4-class solution: (1) non-users of all substances (69%); (2) users of tobacco and marijuana but not alcohol (4%); (3) “gateway” users (alcohol, cigarettes, marijuana, usually at least two in combination) (17%); and (4) polysubstance users who combined “gateway” and other illicit drug use (6%). There were significant mean differences across the classes on 21 ecodevelopmental measures (all except peer approval of prosocial behavior). The general pattern was that the non-user class reported the highest scores on positive influences (e.g. positive family communication, peer prosocial behavior, positive teacher interactions, neighborhood attachment) and lowest scores on negative influences (e.g., adult substance abuse in family, involvement with antisocial peers, neighborhood drug availability), while polysubstance users scored lowest on positive and highest on negative influences. The latent class using substances other than alcohol is distinctive in this population; compared to other urban AI substance using youth, they reported less exposure to negative ecodevelopmental influences. Knowledge of how to strengthen positive family, peer and school influences on urban AI youth and prevent, counter, or buffer key negative influences can inform family and school interventions.

Candice Donaldson, Lindsay Handren and William Crano

LONGITUDINAL EFFECTS OF PARENTS’ BEHAVIORS ON ADOLESCENT CHILDREN’S BINGE DRINKING AND LATER ARRESTS IN YOUNG ADULTHOOD: A SECONDARY ANALYSIS

Speaker: William Crano

This research was designed to assess the effects of parental actions on their children’s binge drinking and later criminally antisocial behaviors in adulthood. For adult males, binge drinking typically is defined as imbibing 5 or more alcohol beverages in a 2-hour period; for women, the definition involves 4 or more drinks in that time. For youth, the limits probably are lower, but as yet are ill defined. A longitudinal weighted path analytic model (N = 9421 parent-child pairs, spanning 12-14 years) across four measurement waves indicated that low levels of parental monitoring and warmth, alcohol use, and expectations regarding their 9-14 year-old children’s alcohol usage predicted these children’s binge drinking one year later. These variables, along with adolescent binge drinking, predicted bingeing in young adulthood 5 to 6 years later. Binge drinking in both adolescence and young adulthood predicted these young adults’ likelihood of incarceration 5 to 7 years later. These results indicate the strong and enduring effects of parental behaviors on their children’s alcohol use and related consequences, and counsel development of prevention campaigns designed to help parents adopt strategies involving strict rules regarding their children’s alcohol use, and the importance of a warm and supportive family environment.

3.3: Improving transferability and uptake of prevention

Location - Raum Gauss

Zoe Wrigley, Gretchen Bjornstad, Nick Axford, Judy Hutchings and Suzy Clarkson

TAKING AN EVIDENCE-BASED PROGRAMME TO SCALE: INSIGHTS FROM THINKING ABOUT KIVA IN WALES

Speaker: Nick Axford

It rare for evidence-based programmes be taken to scale. Initial funding is often allocated for efficacy evaluations only. One repercussion of this is that little attention is given to scale issues until after a programme has been tested and found effective. By then, it may be too late: decisions about what to fund have been taken, and too often the EBP fizzles out.

An RCT in Wales of the KiVa bullying prevention programme afforded the opportunity to consider from early on three issues deemed pertinent to any effort to scale an EBP: (i) the need and demand for the programme (and approach generally), and how to build demand; (ii) how well the programme aligns with the local social, policy, cultural and educational context; and (iii) how the implementation of the programme at scale can best be enabled given the context (i.e. the most suitable support structure for implementation, including training, technical assistance and financing).

Focus groups were held with key stakeholders in the implementation of school-based bullying interventions in Wales, namely policy makers and anti-bullying advocates (including representatives from Welsh Government, local education authorities, anti-bullying NGOs, teacher unions), teachers and other educators (working in KiVa schools), and parents (also from KiVa schools). These were supplemented by data from structured interviews with 41 staff in KiVa schools.

Four themes emerged from focus groups: (i) “We need consistency, but...”; (ii) An ideal world; (iii) “Do we even want an anti-bullying programme?”; and (iv) Modifying content is what good teachers do. Messages from the interviews focused on: improving integration within schools; tailoring the materials; adjusting aspects of the training; re-thinking costs; and encouraging wider uptake.

In addition to describing the method briefly and the research findings, the presentation will consider implications for the scaling of EBPs within schools and potentially other settings.

Katja Haberecht, Sophie Baumann, Beate Gaertner, Gallus Bischof, Ulrich John and Jennis Freyer-Adam

DO COMPUTER- AND THEORY-BASED BRIEF ALCOHOL INTERVENTIONS AMONG UNEMPLOYED PERSONS WITH AT-RISK ALCOHOL USE DECREASE UNEMPLOYMENT AFTER 15 MONTHS?

Speaker: Katja Haberecht

Objectives: Brief alcohol interventions (BAI) can reduce at-risk alcohol use. However, little is known about positive effects on other aspects of life. This study aimed to investigate 15-month effects of two computer- and theory-based BAIs on unemployment among initially unemployed persons with at-risk alcohol use.

Methods: As part of the randomized controlled “Trial on proactive alcohol interventions among job-seekers, TOPAS”, 1,243 18- to 64 years old job-seekers with at-risk alcohol use were systematically recruited at three job agencies, and randomized to (i) a stage tailored intervention based on the trans-theoretical model of intentional behavior change (ST), (ii) a non-stage tailored intervention based on the theory of planned behavior (NST) and (iii) assessment only (AO). After baseline and after the 3-month assessment, both intervention groups received individualized computer generated feedback letters and self-help manuals. All study groups were followed up 6 and 15 months after baseline. This study included only those 586 participants initially unemployed. To test the effects of ST and NST on employment status 15 months after baseline, latent growth models with study group as a predictor were calculated. Socio-demographic and socio-economic variables as well as self-rated health, at-risk alcohol use and motivation to change were included as covariates.

Results: In all three groups unemployment significantly decreased over 15 months (ST: OR = 0.06; 95%-CI: 0.01-0.27; NST: OR = 0.04; 95%-CI: 0.01-0.18; AO: OR = 0.05; 95%-CI: 0.01-0.21). No intervention effects were found on unemployment. Age, school education, self-rated health, alcohol consumption and motivation to change significantly affected the development of unemployment over time.

Conclusions: After 15 months, no BAI effect on unemployment was found. BAIs resulting in reduced at-risk drinking and in improved health might be helpful in improving chances to be re-employed. This however could be a longsome process needing longer follow-ups to be detected.

Jennis Freyer-Adam, Sophie Baumann, Katja Haberecht, Stefanie Tobschall, Gallus Bischof, Ulrich John and Beate Gaertner

DO IN-PERSON AND COMPUTER-BASED BRIEF ALCOHOL INTERVENTIONS REDUCE ALCOHOL USE AMONG GENERAL HOSPITAL INPATIENTS AFTER 2 YEARS? RESULTS FROM THE RANDOMIZED CONTROLLED TRIAL PECO

Speaker: Jennis Freyer-Adam

Background: Little is known about the efficacy of in-person and computer-based alcohol interventions beyond the first year after intervention. The aim was to investigate the comparative 2-year efficacy among general hospital inpatients with at-risk alcohol use.

Methods: As part of the randomized controlled trial „Testing delivery channels of individualized motivationally tailored alcohol interventions among general hospital inpatients: in-person versus computer-based, PECO” 18-64 year old general hospital inpatients were systematically screened for at-risk alcohol use. Nine-hundred-sixty-one of those who screened positive for at-risk alcohol use and negative for more severe alcohol problems were randomized by timeframe to:

a) in-person counseling (PE), b) computer-generated individualized feedback letters (CO) and c) assessment only (AO). Both interventions were designed to include three contacts: on the ward, and 1 and 3 months later. At months 6, 12, 18 and 24 computer-assisted telephone interviews were conducted assessing self-reported gram alcohol per week, at-risk alcohol use

and highest blood alcohol concentration. Latent growth modeling was used. Trial Registration: www.ClinicalTrials.gov: NCT01291693.

Results: At month 24, CO resulted in a greater reduction of self-reported gram alcohol per week than AO (incidence rate ratio, IRR=0.74, $p<0.05$); CO and PE differences did not reach statistical significance (IRR=1.23, $p<0.09$). PE resulted in reduced at-risk alcohol use at month 6 compared to AO (odds ratio=0.50, 95% confidence interval 0.25-0.98, $p<0.05$).

Conclusions: CO resulted in reduced self-reported alcohol use after two years. PE resulted in an impressive reduction of at-risk alcohol use in the short-term only. Theory-based computer-delivered interventions are an effective and staff-releasing alternative to in-person interventions. Future studies should investigate whether computer-based and in-person interventions have differential long-term effects on health and quality of life. Funding: German Cancer Aid (108376, 109737, 110676, 110543, 111346).

Claudia R. Dr. Pischke, Frauke Wichmann, Stefanie M. Dr. Helmer, Michael Braun, Thomas Ganz, Marion Prof. Dr. Laging, Thomas Prof. Dr. Heidenreich and Hajo Prof. Dr. Zeeb

DISSEMINATION AND SUSTAINABLE IMPLEMENTATION OF WEB-BASED INTERVENTIONS FOR THE PREVENTION OF HARMFUL SUBSTANCE USE AMONG GERMAN UNIVERSITY STUDENTS – PRELIMINARY RESULTS OF THE DIOS-PROJECT

Speaker: Claudia R. Dr. Pischke

In the past 2½ years, the German Federal Ministry of Health funded the development, implementation, and scientific evaluation of multiple web-based interventions for the prevention and/or reduction of harmful substance use in German university students. Two controlled intervention studies demonstrated the effectiveness of these web-based interventions (i.e., ISPI, eCHECKUP TO GO- German version) in reducing alcohol and cannabis use in this population. Both interventions are, in part, based on the ‘social norms’ approach, highlighting perceived discrepancies between personal and peer substance use, and providing feedback based on actual consumption rates assessed in student populations at respective universities. Following the intervention studies in the initial funding period, the aims of the current DIOS-project are:

1. to develop a strategy with university stakeholders for broadly disseminating the previously tested interventions,
2. to assess the current status of web- and non-web-based substance use prevention programs at 10 selected universities, and
3. to implement ISPI and eCHECKUP TO GO – German version at these universities. To develop a dissemination strategy, two workshops will be held jointly with university stakeholders in Northern as well as Southern Germany. To assess the current implementation status of preventive programs, telephone interviews will be conducted with four key stakeholders at each of the participating universities. In addition, readiness for implementing web-based interventions at each university will be assessed. To implement ISPI and eCHECKUP TO GO – German version at the selected universities, a toolbox, including intervention materials, will be created. Furthermore, based on the interview results, university stakeholders will be given recommendations which intervention to implement at their university.

They will also be coached during the implementation process and the implementation will be monitored employing a process evaluation. Preliminary findings regarding the dissemination strategy and university readiness to implement web-based interventions will be presented.

3.4: Early Career Presentations 2

Location - Heilige Elisabeth von Marburg Saal (in Hessische Landesvertretung building)

Patty Leijten, Frances Gardner, G.J. Melendez-Torres, Wendy Knerr and Geertjan Overbeek

WHY CHILDREN COMPLY: A MULTILEVEL META-ANALYSIS OF PARENTING BEHAVIORS THAT PREVENT CHILDREN'S NON-COMPLIANCE

Speaker: Patty Leijten

Why do children do what parents ask them to do? Understanding why children comply, or not, is essential for understanding how conduct problems develop and for optimizing prevention strategies to reduce conduct problems. Current strategies for reducing conduct problems are moderately effective at best (Weisz & Kazdin, 2010) and fail to benefit a quarter to a third of the participating families (Shelleby & Shaw, 2012). We classified relevant theoretical work into three perspectives: reciprocity theory posits that children comply to repay parent's investments, reinforcement theory posits that children comply to approach rewards and avoid punishments, and, as a variant of the latter perspective, social deprivation theory posits that children comply to approach acceptance and avoid exclusion. We performed a multilevel meta-analysis of the effects of experimentally manipulated discrete parenting behaviors that tap into each of the perspectives to prevent children's non-compliance. We identified studies by systematically searching databases and through contacting experts. Twenty studies (78 effect sizes) on five discrete parenting behaviors were included: parent-child play (reciprocity), praise and verbal reprimands (reinforcement), and time-out and ignore (social deprivation). We included two types of outcomes: observed child compliance and parent-reported disruptive child behavior. There was no support for the reciprocity hypothesis—parent-child play did not affect child compliance, and there was no support for the reinforcement hypothesis—praise and verbal reprimand did not affect child compliance. Only the social deprivation hypothesis was supported: providing time-out for noncompliance and withholding attention from the child after non-compliance led to improved child compliance. All findings were robust across observed and parent-reported outcomes. Our findings suggest that one main motivation for why children comply may be to avoid social exclusion from their parents.

Anna Szuster, Julia Barlińska and Magdalena Kozubal

FINDING A SIMPLE FORMULA - A HUMAN FACE AS AN EFFECTIVE, AUTOMATIC FACTOR INHIBITING CYBERBULLYING

Speaker: Magdalena Kozubal

Multiple studies picture bullying as a group process in which peer bystanders play an important role (on-line and off-line alike). Body of evidence clearly show the relation between empathy and lower rates of bullying and cyberbullying also in the context of cyberbystanders. In most of antibullying programs empathy is activated by the exposure of a complex material presenting a victim's predicament. The study dealt with the issue to what extent the empathic stimuli – can be reduced remaining effective in limiting reinforcing bullying behaviour of a cyberbystander. Numerous studies confirm the exceptional significance of the human face as an universal

social stimulus. Mere exposure of a face with the expression of sadness or pain activates mirrored neurons responsible for activating empathy. Experimental research was carried out on junior high-school students aged 14-17 n = 292 exploring if a human face will suffice in limiting online violence peer reinforcement. Empathy activation was varied on the level of the stimulus complexity exposing: a face with the expression of sadness (1), a film presenting a cyberbullying victim in a specific social context in regard to a cyberbullying victim (2), and control conditions (3). Cyberbystander reinforcing bullying behaviour, i.e. forwarding or deleting a message ridiculing a peer, was the dependent variable. The results revealed that not only a complex stimulus, such as the physical and psychological characteristic of a victim, but also a mere exposure of a face activate empathy and significantly limit reinforcing bullying behaviour of a cyberbystander.

Diego Garcia-Huidobro

ENGAGING FATHERS IN PARENTING PROGRAMS: INSIGHTS FOR NEW INTERVENTIONS

Speaker: Diego Garcia-Huidobro

Introduction: Parenting programs are one of the most effective strategies to prevent multiple risky outcomes during adolescence, including substance use, sexually transmitted infections, and teen pregnancies. Parenting programs that engage two parents when available have reported better outcomes. However, these programs are mostly attended by mothers. Using mixed methods, this study evaluated delivery preferences of fathers and other non-attenders in a parenting program targeting immigrant Latino families with adolescents (Padres Informados. Jovenes Preparados, PIJP).

Methods: A convergent parallel study, including a simultaneous individual interview and survey, was used with 1) fathers who could have enrolled in PIJP but did not, 2) mothers with low attendance at PIJP, and 3) Latino parents with adolescents without exposure to PIJP. **Results:** 36 participants (18 fathers and 18 mothers) enrolled in this study.

Qualitative findings grouped in:

1. general preferences (want to have fun, choose topics, and highlight family benefit),
2. delivery preferences (want group component including sessions with mothers and fathers separated, as well as an individual option in case unable to attend a meeting with online videos and follow-up phone calls or home visits),
3. recruitment strategies (pre-intervention engagement home visit), and
4. participation strategies (incentives that promote family connection such as movie tickets for the whole family). Quantitative findings identified preferences regarding scheduling, and verified qualitative findings.

Conclusions/Translation to Practice: Interventions including father and non-attender preferences are more likely to engage a higher number of fathers and other participants, and make family-based parenting programs even better strategies to reduce adolescent health-risk behaviors.

Sanela Talić

DRUG PREVENTION QUALITY STANDARDS - SCIENCE FICTION OR ...?

Speaker: Sanela Talić

Prevention science is rather young field but there have already been significant developments in the theory, research and practice. This is particularly true for the US. In Europe, the situation is slightly different. Findings within the project Science for Prevention Academic Network (SPAN) confirm often-mentioned requirement for education of prevention workers and the desired establishment of the education system, which will offer quality education and training for these workers. In any case, despite the short existence of prevention as a science, we have some quality tools (such as the European Drug Prevention Quality Standards) and programmes that are result of diligent and very professional work of researchers and practitioners. Unfortunately, in practice, they are not used or are used in very small extent. The aim of presentation is to give the audience the insight into the main idea, methods and theories of my doctoral dissertation, which will be focused on existing quality standards (EDPQS, UNODC and others). Plan is to determine the readiness of existing prevention system in Slovenia for standards and to seek opportunities for their introduction into practice and so lay a solid foundation for a more stable prevention system.

Silvia Escribano, Alexandra Morales, Mireia Orgilés, José P. Espada and Iván Fernández-Martínez

PERCEIVED BARRIERS TO CONDOM USE AMONG ADOLESCENTS FROM SPAIN: IMPLICATIONS FOR CONDOM USE

Speaker: Alexandra Morales

Consistent and correct use of condom sex is a highly effective method for preventing sexual transmission infections and unplanned pregnancies. The current literature is not consistent in identifying what are the most relevant barriers in adolescents; and few studies have evaluated so far the relationship between barriers to condom use and condom use in adolescents from Spain. The objectives of the study were threefold: (1) to analyze perceived barriers to condom use in Spanish adolescents; (2) to examine whether there are gender differences in perceived barriers, and (3) to analyze the relationship between barriers to condom use and self-reported condom use. The sample consisted of 629 Spanish adolescents between 13 and 18 years ($M=15.17$, $SD=0.04$); 51.5% were males. The most prevalent barriers for not using condoms were the following: the fact that people may think that they wear a condom because they seek sex (40.9%), the fear of that condoms get broken (37.9%), and fear of that condoms can be found by their parents (37.4%). There were gender differences in 10 of the 19 analyzed barriers. Compared to females, males were more likely to report decreased pleasure and discomfort in wearing a condom as condom use barriers; both were associated with lower condom use. Compared to males, females were more likely to report barriers such as that their parents could find the condoms, shame to wear them and do not know how to put condoms correctly; however, these barriers were not related to condom use. In females, the perception of rejection of condom use by the sexual partner was associated with less use of condoms during sex. It is important to design campaigns and interventions aimed at overcoming these barriers, taking into account gender differences, with the principal goal of increasing consistent condom use among adolescents.

16:00-16:30 Coffee Break

16:30-18:00 Plenary Session 3: Systems Approaches to Prevention

Location - Großer Saal

Chair: Dr Gregor Burkhardt (EMCDDA, PL)

Health system dynamics – Prof Peter Hovmand (Washington University in St. Louis, USA)

Complex systems approaches to prevention – Prof Harry Rutter (LSHTM, UK)

We are faced with a growing crisis of non-communicable diseases driven by factors such as unhealthy diets, physical inactivity, tobacco, and alcohol, and compounded by major inequalities in health. Over recent decades biomedical research methods have helped to answer many important questions about treatment and prevention, but the kinds of tools that can help inform a decision between two treatment options are not well suited to helping address complex social and environmental challenges such as designing healthier cities, or creating healthier, more sustainable food systems.

There is a pressing need to change the focus of research and action to address complex public health problems. Research funding must grapple with the challenges not only of evaluating complex interventions, but also simple interventions within complex systems. The tools required to do this are still in their infancy, but we need to rebalance our approach to public health research to encompass complex systems science and methods as well as more traditional biomedical approaches. This presentation will explore the implications of these challenges, and map out potential solutions to them.

16:00-16:30 Coffee Break

Conference Day 3 - 2nd November 2016

08:30-10:00 Special Session 3: Promoting healthy behaviours in the hospital setting; the Emp-H project

Location - Großer Saal

Chair: Dr Alessandro Coppo (Università del Piemonte Orientale, IT)

The goal of the EU-funded project Empowering Hospital (<http://www.emp-h-project.eu>) is to foster health promotion interventions and environments suitable for the prevention of chronic diseases in the hospital setting. The strategy is based on the Health Promoting Hospitals (HPH) framework with a strong emphasis on evidence based prevention and would operate through the following actions:

- Profiling patients, their relatives and health professionals according to their behavioural risk factors,
- Engaging them in counselling sessions and in workshops aimed at monitoring and changing their risk factors,
- Providing a healthy environment for both patients, their relatives and health professionals,
- Creating strong liaisons with the available resources in the hospital catchment area.

The session will cover:

1. the results from a systematic review on effective interventions to promote healthy behaviour in hospital setting,
 2. the evaluation method and preliminary data, 3) the characteristics of the adopted model. Participants are invited to share experiences in this field in order to develop new research lines.
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10:00-11:45 Parallel Sessions 4

Location - Großer Saal

4.1: Focus on alcohol

Axel Budde, Michaela Goecke, Sandra Rados Krnel, Janja Misic and Wim Van Dalen

DEVELOPMENT OF AN ONLINE GOOD PRACTICE TOOL KIT FOR REDUCING ALCOHOL RELATED HARM IN EUROPE

Speaker: Axel Budde

Background: As a work package within an action co-financed by European Union member states, Joint Action "Reducing Alcohol Related Harm in Europe" (RARHA), we collected

examples of good practice and developed an online tool kit for practitioners and policymakers in the field of alcohol prevention.

Methods: We solicited examples of good practice from prevention professionals in European Union member states, Norway and Iceland who participated in Joint Action RARHA in three areas: early interventions, public awareness campaigns and activities in school settings.

The submissions were evaluated by means of a classificatory system which qualifies interventions according to the level of underlying evidence, along an ordinal scale of four categories. The classification scheme constitutes an adaptation of an approach originally developed in the Netherlands and presently employed by the Dutch Ministry of Health.

Results and conclusions: From 32 (EU MS/EEA/EFTA) Countries, 48 cases in the three focus areas were collected and categorised in line with the methodology employed. We will present the 26 accepted interventions and describe in detail the creation of the RARHA online tool kit.

Kaidy Stautz, Giacomo Bignardi, Gareth Hollands and Theresa Marteau

REACTIONS TO UPDATED ALCOHOL GUIDELINES IN THE UNITED KINGDOM: A CONTENT ANALYSIS OF TWEETS

Speaker: Kaidy Stautz

Background: In January 2016 the United Kingdom's Chief Medical Officers released updated guidelines for lower risk levels of alcohol consumption. This study aimed to assess responses to the updated guidelines using comments made on Twitter.

Methods: Tweets containing the hashtag #alcoholguidelines made during one week following the announcement of the updated guidelines were retrieved using the Twitter Archiver tool. The source, sentiment, and themes of the tweets were categorised using manual content analysis.

Results: A total of 3,061 tweets was retrieved. Six sources were identified, the most prominent being members of the public and health-related organisations or individuals. Of 819 tweets rated as expressing sentiment specifically towards the guidelines, 658 expressed negative sentiment. Eleven themes were identified, three of which were broadly supportive of the guidelines, seven broadly opposed, and one neutral. The most common theme was sharing information, although many tweets using this theme were from health- or news-related accounts. The most common themes in tweets by members of the public were encouraging others to drink and disagreement.

Conclusions: Findings give an insight into public responses to the new guidelines and may be useful in tailoring initial and subsequent communications of alcohol and other public health guidance.

John Foster and Martha Canfield

DRINKING ALCOHOL AT HOME: PREDICTORS OF AT-RISK DRINKING USING AUDIT CUT-OFFS

Speaker: John Foster

The United Kingdom has witnessed a large shift from drinking in pubs, bars and restaurants to drinking at home- to date this phenomenon has received little attention across Europe, in particular the link if any to at-risk drinking. An internet survey of university staff (n=458) was conducted using the AUDIT to assess at-risk drinking as a dependent variable. The independent variables included age, gender, frequency of home consumption, alcohol purchasing habits and motivations for drinking at home. There were two cut-off scores for at risk drinking firstly (Audit greater than or equal to 6 (females) and (Audit greater than or equal to 8 (males) which is consistent with much international research (Model 1) and secondly Audit greater or equal to 6 for both males and females (Model 2). This was in response to a recent change in UK guidelines suggesting that at-risk cut-offs for men and women are the same In Model 1 there were 286 hazardous drinkers (181, females 63.3%) and (105 males 36.7%). The variables that predicted at-risk drinking following a logistic regression were female (OR=5.42 95% CI 1.87-15.66), being < 39 years of age, greater frequency of consuming alcohol at home, preloading (drinking before going out), purchasing in an off licence rather than supermarket and drinking alcohol at home because it is cheaper than drinking out. For model 2 there were 328 at-risk drinkers (Female 181, 55.2%, Male 147 44.8%)and the significant predictors were age, frequency of alcohol consumed at home and not feeling comfortable drinking outside the home. These findings provide data that could be invaluable in preventing at risk drinking in adult populations

Ina Koning and Wilma Vollebergh

SECONDARY EFFECTS OF AN ALCOHOL PREVENTION PROGRAM TARGETING STUDENTS AND/OR PARENTS

Speaker: Ina Koning

The secondary effects of an alcohol prevention program (PAS) on onset of weekly smoking and monthly cannabis use are examined among >3000 Dutch early adolescents (M age=12.64) randomized over four conditions: 1) parent intervention (PI), 2) student intervention (SI), 3) combined intervention (CI) and 4) control condition (CC). Rules about alcohol, alcohol use, and adolescents' self-control are investigated as possible mediators. PI has a marginal aversive effect, slightly increasing the risk of beginning to smoke at T1, and increased the likelihood of beginning to use cannabis use at T1 and T2. SI delayed the onset of monthly cannabis use at T3. CI increased the risk to use cannabis at T3. No mediational processes are found. In conclusion, though this study show mixed results, negative side effects of the PI are found, particularly at earlier ages. Moreover, these results indicate the need for multi-target interventions.

Harry Sumnall, Michael McKay, Ashley Agus, Jon Cole, Paul Doherty, David Foxcroft, Séamus Harvey, Lynn Murphy and Andrew Percy

STEPS TOWARDS ALCOHOL MISUSE PREVENTION PROGRAMME (STAMPP): A SCHOOL AND COMMUNITY BASED CLUSTER RANDOMISED CONTROLLED TRIAL

Speaker: Harry Sumnall

Earlier onset of self-reported drunkenness and the establishment of regular alcohol drinking in adolescence is associated with a greater risk of adult alcohol-related problems. We investigated the effectiveness of a combined skills based classroom curriculum and brief parental intervention

(The Steps Towards Alcohol Misuse Prevention Programme; STAMPP), compared to alcohol education as normal (EAN), in reducing self-reported heavy episodic drinking (HED) and alcohol-related harms (ARH) in UK school children. A cluster randomised controlled trial was undertaken in 105 schools in Northern Ireland (NI) and Scotland. Schools were randomised (1:1) to STAMPP or EAN. Inclusion criteria were students attending mainstream secondary schools in NI and Scotland (academic year 2011/2012; students aged 11/12 at randomisation). The primary outcomes were: i) the prevalence of self-reported HED in the previous 30 days and ii) the number of self-reported ARHs in the previous six months, assessed at 33 months. Of the full sample (those who completed a questionnaire at either baseline or 12 months, N=12,738), 10,405 also completed the questionnaire at 33 months (81.7%). We found that fewer students in the STAMPP group reported HED compared to EAN (17% versus 26%; odds ratio=0.60, 95% CI 0.49-0.73). There was no difference in the number of self-reported ARHs (incident rate ratio = 0.92, CI 0.78-1.05). Although the classroom component was largely delivered as intended, there was very low uptake of the parental component. The results suggest that STAMPP could be an effective school-based programme to reduce the prevalence of HED in young people.

4.2 - Substance use in young people

Location - Raum Lessing

Maximilian von Heyden and Dr. Henrik Jungaberle

BUILDING A BRIDGE BETWEEN PREVENTION RESEARCH AND PRACTICE:
CONCLUSIONS FROM THE LONG-TERM DEVELOPMENT AND IMPLEMENTATION OF THE
REBOUND LIFE SKILLS AND DRUG EDUCATION PROGRAMME

Speaker: Maximilian von Heyden

From 2010-2012 REBOUND has been developed as a European school based prevention programme at Heidelberg University Hospital with funds from DPIP and Mentor Foundation Germany. Following its first evaluation, the programme has been further optimized in 2013 and subsequently been disseminated by a newly founded organization with the purpose of building a bridge between prevention research and practice. We want to present the conclusions for programme adaption that we drew from the first evaluation, explain subsequent programme adjustments and illustrate how we built structures for effective dissemination and further evaluation. How did „best practice“, evaluation data, practical and financial considerations impact the programme? Finally we will give an in-depth description of succeeding and failing implementation endeavours by comparing two prototypical REBOUND schools in their struggle for providing evidence-based drug education. Which changes do we see in schools that have been working with REBOUND up to five years?

Zila Sanchez, Adriana Sanudo, Ana Paula Pereira, Daniela Schneider and Solange Andreoni

EFFECTIVENESS EVALUATION OF THE SCHOOL-BASED DRUG PREVENTION PROGRAM
#TAMOJUNTO IN BRAZIL: 21 MONTHS FOLLOW UP OF A RANDOMIZED CONTROLLED
TRIAL

Speaker: Zila Sanchez

Introduction: The European school drug prevention program Unplugged was culturally adapted

and named #Tamojunto in Brazil. This study evaluates the impact of the Program #Tamojunto for drug use prevention among adolescents in public middle schools in Brazil. Methods: A randomized controlled trial was conducted in 2014/2015 with students from 7th and 8th grades in 72 public schools in 6 Brazilian cities. At the baseline, 6610 students were evaluated and 5028 students were matched in at least one of the two waves of follow up (9 months and 21 months later). The intervention group attended 12 weekly classes of the #Tamojunto school drug prevention program, and the control group did not attend to any school prevention program during the study. Generalized Estimating Equations (GEE) were used to evaluate changes in the use of each drug, in time and between groups, focusing on past year use, recent use and first use of drugs (incidence).

Results: The mean age of the adolescents was 12.5 + 0.7 and 51.3% were females. Alcohol past year use prevalence changed from 30.1% to 49.8% at the intervention group and from 29.9% to 45.8% at the control group, after 21 months. Adolescents at the intervention group was 16% more likely to have reported past year use of alcohol than students in the control group at 9 months (aOR= 1.16; 95%CI 1.02; 1.33) and at 21 months (aOR= 1.16; 95%CI 1.00; 1.35). The opposite trend was found for past year inhalants use at the 9 months follow up (aOR=0.72; 95%CI 0.57; 0.92) but not at 21 months. Incidence analysis show similar results, suggesting iatrogenic effects for alcohol initiation and protective effects for inhalants initiation.

Discussion: The Brazilian version of the Unplugged program may be being misinterpreted by public school students, allowing, perhaps, the arouse of curiosity for alcohol use.

Daniel Lloret, Ramon Morell-Gomis, Juan Antonio Moriano, Ana Laguña, Luisa Ardizzone, Miguel Angel Rodríguez, Paulo Dias And Gabi Cicu

EFFICACY ASSESSMENT OF “PASA LA VIDA”: A SELECTIVE PREVENTION PROGRAM FOR CANNABIS ABUSE.

Speaker: Daniel Lloret

16% of European population aged 15 has used cannabis during the last year, a third of them reported problematic use, two or more points in CAST (ESPAD). The “Pasa la vida” (PLV) program is a selective prevention intervention for 15-18 years old cannabis users. It uses an audio-visual support to encourage reflection about cannabis consequences from a non-directive approach. PLV is implemented in five sessions where beneficiaries debate about the use of cannabis as an amusement resource, its value as a social facilitator and its usefulness as coping style when difficulties arise. The aim of this study is to assess the efficacy of PLV. 3097 secondary students from Portugal, Spain, Italy, and Romania aged 15-18 years old were assigned to control (1321) and experimental group (2586). A pre-post intragroup design was carried out. The interval between measurements was 7-9 weeks. The evaluated variables were: Intention to Use Cannabis, Attitude towards Use, Self-Efficacy to Avoid Using, Risk Perception, and Use during the last 30 and seven days. In experimental group all measures significantly decreased but with a small size effect. No differences were found in the control group in Intention, Self-Efficacy, and Risk-Perception. Conclusions: A non-directive approach is a good strategy to reach late-adolescent cannabis users. Adolescents' beliefs are well settled down and resistant to change. Changing habits and attitudes in frequent cannabis users may require a longer intervention. CAPPYC Project. Funded by European Commission. General Directorate of Justice. Funding program JUST/2013/Action Grants.

Alessandro Coppo, Roberta Molinar, Silvia Caristia, Alberto Dal Molin, Elias Allara and Fabrizio Faggiano

EFFECTS OF THE MOST PROMISING UNPLUGGED COMPONENTS ON SELECTED MEDIATORS: RESULTS OF A FEASIBILITY RCT

Speaker: Alessandro Coppo

Background: Little is known about the components which make behavioural prevention interventions successful in tackling alcohol abuse and illicit drug use. Identification of the most effective components may contribute to making behavioural prevention interventions more effective and efficient.

Aim: To test the feasibility of a method to evaluate components of behavioural prevention interventions by assessing the effects of 2 promising units of the Unplugged curriculum (UC) on predefined mediators.

Methods/Design: A randomized controlled trial involving 1,040 students aged 13-14 years old was performed in Novara, Italy, in the framework of the EU funded ALICE RAP project (www.alicerap.eu). Two schools were randomly selected and allocated to intervention and control group. A brief school-based intervention comprising two individual components selected from the UC was delivered by previously trained teachers. Students in the control group received the usual school curriculum. A self-report questionnaire was administered before and after the intervention. Results: Regression analyses adjusted for age, sex, and socioeconomic status revealed no evidence of a difference with regard to the mediators assessed. However, the greater levels of baseline negative mediators in the control group disappeared after the intervention, and this can be interpreted as an effect of the intervention in the expected direction.

Discussion: Whether an intervention of two units (out of twelve) of the UC is able to affect the mediating mechanisms which contribute to the program effect on addictive behaviour, is a hypothesis that remains to be studied. The component evaluation used in this study model could serve to create a repository of effective components that can be offered to prevention researchers and professionals.

Roman Gabrhelik and Jaroslav Vacek

RESULTS FROM THE RANDOMIZED PREVENTION TRIAL OF TWO CONSECUTIVE UNIVERSAL DRUG PREVENTION INTERVENTIONS TARGETED ON ALCOHOL, TOBACCO, AND MARIJUANA

Speaker: Roman Gabrhelik

Data on Czech children suggest a high prevalence of substance use leading to exposure to serious long-term health problems. We conducted a randomized, controlled, 3-arm, prospective, school-based prevention trial to study the effectiveness of the two independent prevention interventions (Unplugged and nPrevention) in comparison to a single prevention intervention (Unplugged) and no intervention at all. There were five waves of data collection conducted from September 2013 to December 2015, collected in 71 schools, with total of 11,361 valid questionnaires collected. The number of respondents decreased from 2,547 in the first wave to 2,082 in the fifth wave. The Unplugged intervention was implemented in

the 6th grade during the 2013/2014 school year, the n-Prevention intervention consisting of four lessons (including two supportive animated videos for children about neurology and neurobiology of addiction, further modified the intervention lessons) was delivered in the 7th grade. Other prevention activities were monitored. The effectiveness of primary prevention activities was assessed using the method of Generalized Estimating Equations (GEE). Effective, as compared with the (no intervention) control group, after the fourth follow-up (30 months after baseline) appear only the combination of interventions nPrevention and Unplugged. We found no statistically significant effectiveness in the Unplugged intervention group only in any of the monitored prevalence indicators, on the contrary, it appears that belonging to this study group increases the chance of drunkenness in the past 30 days (OR = 1.42, $p < 0.05$). Preliminary results also indicate a slightly higher effectiveness in boys than in girls for combination of the interventions, Prevention and Unplugged. Implication for further dissemination and research will be discussed.

4.3 - Prevention in a changing world

Location - Raum Gauss

Brenda A Miller, Beth Bourdeau, Hilary Byrnes, Veronica Rogers, Mark Johnson, Joel Grube, Dave Buller, Julia Griffith and James Shane

PREVENTING HIGH RISK BEHAVIORS AMONG YOUNG ADULTS IN CLUBS: USING A PEER GROUP APPROACH TO REDUCE HARM

Speaker: Brenda A Miller

Young adults engage in high risk behaviors (e.g., heavy alcohol use, drug use, physical/sexual aggression, and driving drunk/riding with a drunk driver) in clubs. We developed a group-based intervention to use the influence of the peer group to keep group members safe for the evening and to reduce harms. Based on group members' responses to a short screener, an algorithm calculates in real time the type of risks (e.g., sexual aggression) that group members are most likely to experience that night at the club. Using a random control trial, the experimental condition consists of engaging group members in a brief, interactive app tailored to their specific risks for that evening. This intervention app provides specific skills: 1) Recognizing early indicators of emerging problems; (2) Reaching out to the vulnerable group member; (3) Identifying acceptable options to avoid risky behavior; (4) Deciding upon conditions under which the entire group would leave the club. Groups assigned to the control condition reviewed a program on fire safety. Upon exiting the club, patrons provide self-report data on physical and sexual aggression experiences and intentions to drive intoxicated or ride with an intoxicated driver. Biological markers of alcohol and drug use are attained to assess the levels of use. Group members' data are linked and data are nested within club and evening. This presentation will focus on the first 200 groups that were randomized into the experimental or control condition with data on the levels of high risk behaviors and actions taken during the evening. For groups in the experimental condition, process data are presented including the group plans to intervene if needed, the types of options that were identified, and the agreed plan for exiting. Discussion includes next steps for sustainability and how social media may provide an important technique for delivery.

Larissa Maier

EFFECTIVE PREVENTION OF PROBLEMATIC PHARMACOLOGICAL NEUROENHANCEMENT IN A CHANGING WORLD

Speaker: Larissa Maier

Objectives: The ever-increasing demands of life, coupled with internal and external pressure to succeed, require functional stress coping and enhancement strategies. Pharmacological neuroenhancement (PNE) refers to the non-medical use of prescription and recreational drugs for the purpose of cognitive or mood enhancement to improve performance at work or while studying. The ongoing bioethical debate on PNE is often legitimated by the assumption that neuroenhancement will widely spread. This assumption was questioned as the enhancing effects of the substances used differ between and even within individuals. Furthermore, the debate focused mainly on illicit substance use of healthy individuals while individuals with mental disorders who might enhance themselves as well were excluded.

Methods: Data from three self-conducted Swiss studies on pharmacological neuroenhancement (N=10,084, N=6,275, and N=64) will be presented and contextualized within the current European literature. Moreover, two different forms of self-medication will be discussed that require different prevention strategies. Key factors for preventing problematic PNE will be identified based on the research findings.

Results: Cognitive enhancement most likely relates to students using drugs for better grades. Nevertheless, mood enhancement was more common than cognitive enhancement in the general population. Moreover, current medical treatment of a mental disorder was the strongest predictor of both enhancement forms. Additional self-medication of mental disorders bears further health risks and calls for adjusted environmental prevention approaches.

Discussion: Taking into consideration the complexity of substance use for PNE, problematic use patterns, vulnerable groups and effective prevention strategies have been identified. The importance of the prevention of substance use for PNE in school, workplace, family, and recreational settings will be discussed with a special focus on the transition from adolescence to adulthood.

Flavio Marsiglia and Stephen Kulis

CHALLENGES AND OPPORTUNITIES IN ADOLESCENT SUBSTANCE USE PREVENTION FOLLOWING THE DECRIMINALIZATION OF MARIJUANA IN URUGUAY

Speaker: Flavio Marsiglia

Uruguay is the first country to decriminalize marijuana and involve the national government in marijuana cultivation (certifying growers), distribution (through pharmacies) and adult user registration. Critics argue that decriminalization will normalize drug use for children, erode norms discouraging drug use, undermine social cohesion, and lead to greater marijuana use among adolescents. While it is too soon to know the full impact of decriminalization, national statistics show increasing adolescent marijuana use, particularly in the capital, Montevideo. Piloting and adapting a culturally-grounded substance use prevention program in Uruguay provides an opportunity to better understand how to prevent adolescent marijuana use in a global context where marijuana is increasingly decriminalized/legalized. We pilot tested a linguistically adapted version of the U.S.-based keepin' it REAL (kiR) substance use prevention program in two Montevideo middle schools. Randomized into a treatment, kiR, (N=58) and control (N=96) condition, students (mean age = 12.4) completed a pre-test prior to implementation and post-test immediately after. Changes in last 30-day amounts and frequency of marijuana were examined with paired t-tests, baseline adjusted regression models with full information maximum likelihood adjustments for attrition, and Cohen's d effect sizes. The control group reported significant increases in amount and frequency of marijuana

use from pretest to post-test while these measures declined among students receiving kiR. Differences between the control and intervention schools were statistically significant, and achieved medium effect sizes ($d=.31$, $.32$). The results indicate that kiR can be an effective tool in teaching drug resistance strategies and reducing marijuana use among adolescents in a country where marijuana use is decriminalized. Although results cannot be generalized due to the small sample and particular characteristics of the schools and neighborhood, they provide sufficient evidence to continue exploring the impact of decriminalization, marijuana use, and the impact that evidence-based prevention programs like kiR can make.

Raphael Andler, Jean-Baptiste Richard, Viet Nguyen-Thanh and Carla Estaquio

TOBACCO AND E-CIGARETTE: RECENT EVOLUTION OF DUAL USE IN FRANCE

Speaker: Raphael Andler

Tobacco smoking is high in France; its burden is colossal, especially compared to many of its European neighbors. Widely advertised as tobacco replacement products, e-cigarettes recently gained much popularity in France. Yet, they cause many controversies, mostly related to tobacco smoking: “can they be considered as effective smoking cessation tools?”, “do they undermine tobacco denormalization?”, “are they a gateway to smoking, especially in young non-smokers?”.

To cope with a situation combining a tremendous threat (smoking) with a new and potentially effective help (vaping), it is necessary to monitor closely their use. Cross sectional datasets do not allow for causal inference, however, they are helpful in highlighting patterns of consumption, health related behaviors and factors associated with them. In that sense, general population representative surveys such as the 2014 Health Barometer (financed by Santé publique France, the national public health agency) and the 2015 Cancer Barometer (financed by the French national cancer institute- INCa), bring out results which take part in the overall discussion.

These two studies based on random sampling included respectively 15,635 and 3,931 individuals and are representative of the French population aged 15-75yo. They allow estimating smoking and vaping rates as well as dual use and characteristics related to those behaviors. Both daily smoking and daily vaping rates remained stable between 2014 and 2015 (at respectively 28.8% and 3.0%). However, current vaping rate decreased (from 5.9% to 4.0%), resulting in an increase of the proportion of daily users among vapers. Moreover, the proportion of former tobacco smokers among vapers is 26% in 2015 (vs 15% in 2014), significantly increasing in a one year period. Those findings will be compared with recent trends observed in other European countries.

Patricia Kennedy, Siobhán Curran and Gabi Muntaen

NATIONAL NEEDS ASSESSMENT OF ROMA IN IRELAND; SOCIAL DETERMINANTS OF HEALTH

Speaker: Patricia Kennedy

A National Needs Assessment of Roma in Ireland was conducted in 2015 which highlighted the

poor health status of Roma which mirrors the international experience of Roma. Peer researchers were involved in every stage of the study which included 106 household (600 individuals) and used mixed methods including a survey of Roma households; in-depth interviews and focus groups with Roma, service providers and policy makers; and case studies with Roma.

The social determinants of health that contribute to or detract from the health of individuals and communities include: income; housing; education; transportation; access to services; physical environment; socioeconomic status/position; discrimination; social and environmental stressors. This paper presents the findings of the study along with recommendations as to what can be put in place to prevent ill health among the Roma community.

4.4 - Recent developments in prevention research

Location - Heilige Elisabeth von Marburg Saal (in Hessische Landesvertretung building)

Ferdinand Keller

SUB-GROUP ANALYSIS IN PREVENTION RESEARCH: METHODOLOGICAL APPROACHES, SOME RISKS, AND SOME RECOMMENDATIONS

Speaker: Ferdinand Keller

Various intervention programs are available that show positive effects on substance use or other targets of prevention, but there exist as well studies where there is only a very small or even no effect. In extension of addressing the question “what works”, the interest of prevention scientists and policy makers is now often accompanied by “what works for whom”. Sub-group analysis can help in detecting differential response to an intervention in case of an effective intervention. If there is no significant effect on the overall study population, sub-group analysis is often used to evaluate whether the tested program is effective for specific subgroups within the study population. The presentation illustrates some statistical approaches to evaluate the intervention effect in a subset of the participants in a trial, in particular hierarchical (or multi-level) linear models for longitudinal designs and approaches based on identifying latent classes, e.g. growth mixture models, where the individuals are attributed to (previously unknown) trajectory classes which are characterized by different courses over time. In a second part, several risks and limitations of this strategy will be discussed. Biostatisticians have especially criticized that exploratory analyses testing many subgroup differences increase the risk of false-positive results and may produce spurious findings. Therefore, guidelines have been developed for analyses in pharmacological trials as well as recommendations for interpreting and reporting estimates of intervention effects for subgroups of a study sample that may also be applicable and useful in the field of prevention research.

Nick Axford, Shreya Sonthalia, Zoe Wrigley and Frederick Groeger-Roth

WHAT IS TESTED AND EFFECTIVE IN EUROPE? A REVIEW OF HOME-GROWN AND IMPORTED PROGRAMMES

Speaker: Nick Axford

The majority of evidence-based programmes (EBPs) have been developed in the USA. A

significant number of them have now been tested in Europe using experimental and quasi-experimental methods. In addition, recent years have seen the emergence in Europe of a number of 'home-grown' EBPs.

This research sought to identify key prevention and early intervention programmes for children and families that have been tested in randomised controlled trials or quasi-experimental design studies in Europe. The context was the Communities that Care (CtC) community change process for reducing youth violence, alcohol and tobacco use and delinquency, and the need to inform CtC sites in Europe about effective programmes.

The research involved searching the literature and selected international and national intervention databases. Programmes were reviewed against standards of evidence to determine the quality of the interventions, the strength of the evaluations and the consistency and strength of their impact in Europe. Preliminary scrutiny of system (or dissemination) readiness was undertaken. The extent to which interventions were tested and found effective in two or more European countries was also examined.

The presentation will provide a descriptive analysis of the interventions that were identified, including the outcomes they focus on, the risk and protective factors they target, the age group they address and the level of intervention. Programmes are categorised according to the strength of evidence for their impact in a European context and their predicted transportability. Challenges in doing the work will also be considered, along with implications of the analysis for the transportability of programmes across contexts and for the development and evaluation of interventions in Europe.

Sarah Blower, Jo Dixon, Sarah Ellison and Nicole Gridley

BARRIERS AND FACILITATORS OF IMPLEMENTING COMPLEX EVIDENCE-BASED INTERVENTIONS FOR YOUNG PEOPLE ON THE EDGE OF CARE

Speaker: Sarah Blower

A large proportion of children and young people entering care in the UK are aged 10-15 years. Research reveals that this group are likely to experience poor outcomes and highlights the need for innovative support for adolescents and their families to prevent family breakdown and reduce the risk of entry to state care.

A number of evidence-based therapeutic interventions designed to improve outcomes for this population have been developed and tested in the US, including Functional Family Therapy, Multi-systemic Therapy and Multidimensional Treatment Foster Care. Typically the set-up of these complex interventions require significant up-front investment, which can be prohibitive for those seeking to offer them.

This presentation will explore findings emerging from a UK evaluation study of the implementation of a suite of US-developed interventions for adolescents on the edge care. These interventions were implemented in a project funded through the Department for Education's 'Children's Social Care Innovation Programme' and involved an innovative pooling of resources and partnership between multiple local authorities and a third sector organisation.

The study explored key stakeholders' perspectives on the barriers and facilitators of setting up and delivering the interventions during the initial implementation phase of the project. Data

was collected via online questionnaires and qualitative interviews conducted at two timepoints: (i) at an early stage during which time the project was transitioning from set-up to initial implementation and (ii) 10 months later during ongoing implementation and at a time when discussions around ongoing sustainability were being held.

We will share lessons learned, including key considerations that emerged as salient to the acceptability, feasibility, and sustainability of the project that will be useful for local authorities, third sector organisations and funders considering similar approaches in the future.

Paul Montgomery

DEVELOPING A GRADE EXTENSION FOR COMPLEX PREVENTION PROGRAMMES

Speaker: Paul Montgomery

Introduction: Programmes commonly applied in social disciplines, such as multi-systemic therapy for juvenile crime prevention, are most frequently complex. These programmes are better characterised as events in social systems and operate by psychosocial and behavioural processes, targeting multiple outcomes and interacting with local contexts. In this light, researchers argue that systematic reviews of complex prevention programmes should assemble evidence of different types to explore variation in effects across different populations, contexts and implementation. This approach will contribute to better understanding of the most effective and sustainable prevention programmes, and therefore improve the use of evidence in policy and practice. The Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach is the most widely adopted system worldwide for synthesising and rating the quality of evidence. This paper outlines the specific challenges of applying GRADE to complex prevention programmes, and describes an ongoing project to extend GRADE for these programmes and interventions.

Methods: We retrieved forty systematic reviews from the Cochrane Database of Systematic Reviews, and we analysed their application of GRADE and the quality of evidence ratings. We then contacted the review authors to explore the challenges they encountered when applying GRADE to complex interventions.

Results: Specific challenges were identified in applying GRADE to complex interventions, namely assessments of heterogeneity, indirectness, performance bias and use of non-randomised studies in complex interventions. Authors perceived these challenges to contribute to frequent downgrading of the “best evidence possible” for these interventions. Meanwhile, GRADE was found to lack an analytic approach to integrate “parallel” evidence on programme implementation and context.

Conclusions: An extension to the GRADE approach is needed to address identified challenges and enhance its value for evidence syntheses of complex interventions. We invite interested researchers to participate in this project and help us achieve the best-informed consensus on this guidance.

Simon-Peter Neumer, Kristin Martinsen, Solveig Holen, Joshua Patras, Lene-Mari Rasmussen, Frode Adolfsen and Ann Mari Sund

COPING KIDS: A RANDOMIZED CONTROLLED STUDY OF A NEW TRANSDIAGNOSTIC PREVENTIVE INTERVENTION FOR CHILDREN WITH SYMPTOMS OF ANXIETY AND DEPRESSION

Speaker: Simon-Peter Neumer

High levels of anxiety and depression are common psychological symptoms among children and adolescents that often affect them negatively in multiple life domains, and are possible precursors of disorders. Despite high prevalence rates, relatively few children with emotional problems are referred for treatment, indicating the need for preventive approaches. Aim Evaluation of a new indicated preventive program in schools: Coping Kids, to reduce high levels of anxiety and depressive symptoms among children aged 8 to 10 years. The program is based on empirically supported treatments, The Coping Cat program and the ACTION program, and developed in collaboration with the program owners. Method This is a clustered randomized controlled trial. The unit of allocation is 30 schools which are assigned to one of two conditions; The group cognitive behavioral intervention Coping Kids or Treatment as usual (TAU). Assessments will be undertaken at base-line, post treatment, using self-reports questionnaires for the children (n = 559), and reports on children by parents and teachers. The participants will be reassessed 12 months after the intervention. The primary outcome will be changes in depressive symptoms as measured by MFQ and anxiety symptoms by MASC. Secondary outcomes will be changes in self-esteem, Life Quality, school and daily functioning. Ethnicity and gender will be studied as moderating factors. Results Preliminary results concerning the recruitment process (CONSORT) and characteristics of the participants will be presented. Conclusion In conclusion, the transdiagnostic indicative intervention can be conducted with high fidelity in a school setting. We reach school children with high levels of anxiety and depressive symptoms. Effective early intervention with these children will have important public health implications.

11:45-12:15 Coffee Break

12:15-13:00 Plenary Session 4: Society Lecture

Location - Großer Saal

Chair: Prof David Foxcroft (EUSPR President & Oxford Brookes University, UK)

'Dark logic': theorising the harmful consequences of public health interventions – Prof Chris Bonell (LSHTM, UK)

13:00 – 13:30 Prize giving and conference close

Location - Großer Saal

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European Society for
Prevention Research

