



European Society for
Prevention Research

Make prevention science relevant for all: co-production and impact

**11th EUSPR conference
and members' meeting**

7-9 October 2020
Online event

euspr.org

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WELCOME

The conference program our scientific committee led by Dr Elena Gervilla has prepared in the challenging circumstances this year is really stimulating. To our relief and pleasure a great number of abstracts have been submitted and will be presented in a variety of formats in this online event.

Keynotes, presentations, campfire and poster sessions, pre-conference workshops, network side-gatherings and the member's meeting will bring us as close as possible to the lively sharing of ideas, expertise and experience we are used to live each year.

This year's theme Make prevention science relevant for all: co-production and impact will be translated to the work environment of various actors that EUSPR encompasses: researchers, practitioners, policymakers, community workers. Together with you I look forward to the synergy and boost I am used to experience in our conferences. A warm welcome!



Peer Van der Kreeft

EUSPR President

PARTNERS

Co-organisers



European Monitoring Centre
for Drugs and Drug Addiction

European Monitoring Centre for Drugs and Drug Addiction

<https://www.emcdda.europa.eu>

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level. It sits at the hub of the European information network on drugs and drug addiction ('Reitox network'), comprising national monitoring centres in 30 countries. The agency monitors the drug situation and responds to it and operates a rapid-information system on the emergence and risks of new drugs and related trends. In 2017, it launched the EMCDDA Strategy 2025, a long-term strategic and operational plan setting out an ambitious course of travel for the coming years. This presents a vision to contribute to a healthier and more secure Europe, through better informed drug policy and action.

Collaborating organisations



European Institute of Studies on Prevention

<http://irefrea.eu/>

The IREFREA network was founded in 1988 with experts from several European countries and it is one of the oldest professional drug networks. The Spanish group has had the scientific leadership of the different research projects since the group's initiation. The areas covered by IREFREA include alcohol and drug prevention (research, evaluation and programme implementation) covering questions like risk factors, risky behaviours, related violence and programmes efficiency among others. IREFREA members are very active in several professional and scientific arenas, having been invited to collaborate with organizations including EMCDDA, EC, NIDA, UNODC and the PNSD (Spanish National Plan on Drugs) and actively participate in networks such as Eurocare, EUSPR, DC&D and The Civil Society Forum on Drugs.



Universitat
de les Illes Balears

Faculty of Psychology at University of the Balearic Islands

<https://www.uib.eu/>

The University of the Balearic Islands (UIB) is a work-oriented environment designed to educate, generate knowledge and innovate. The UIB is one of the country's leading universities in teaching, research, international cooperation and technological development and innovation. The UIB has made research its fundamental objective. To achieve this objective, it has excellent researchers and high-quality research facilities that let them work with a high-quality level. The UIB is a prestigious university in research and has a strong international impact. With almost 20.000 students, the University of the Balearic Islands is among the 500 best universities in the world, according to the Academic Ranking of World Universities 2019.

ACKNOWLEDGEMENTS

We would like to offer our special thanks to the following colleagues who have helped in organising the programme, reviewing abstracts, and supporting administration.

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Capilla Navarro – University of the Balearic Islands, Spain
Carmela Martínez – University of Santiago de Compostela, Spain
Clarisse Guimarães – IREFREA, Spain
Daniel Lloret – Miguel Hernández University of Elche, Spain
Dinka Caha – Faculty of Law, Department of Social Work, Osijek, Croatia
Elena Gervilla – University of the Balearic Islands, Spain
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Larissa Nobre – IREFREA, Spain
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Luka Fistrić – University of Zagreb, Croatia
Mariàngels Duch – IREFREA, Spain
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Nick Axford – University of Plymouth, UK
Samuel Tomczyk – University of Greifswald, Germany
Sandra Sanmartín – University of Santiago de Compostela, Spain
Stefanie Helmer – Universitätsmedizin Berlin, Germany
Susana Henriques – University Institute of Lisbon, Portugal
Véronique Regnier – Health Services and Performance Research, France
Victor Villanueva – Valencian International University, Spain
Yasmina Castaño – IREFREA, Spain

Scientific Committee

Andrew Brown – Public Health England, UK
Boris Chapoton – Université Jean Monnet Saint-Etienne, France
Elena Gervilla – University of the Balearic Islands, Spain
Emma Crashaw – Crew, Scotland
Enkelejda Shkurti – University of Medicine, Tirana, Albania
Eric Carlin – Scottish Health Action on Alcohol Problems, Scotland
Gregor Burkhart – EMCDDA, Portugal
Ina Koning – Utrecht University, Netherlands
Jeremy Segrott – Cardiff University, UK
Karin Streimann – National Institute for Health Development, Estonia
Peer van der Kreeft – University College Ghent, Belgium
Samuel Tomczyk – University of Greifswald, Institute of Psychology, Germany

Organising Committee

Clarisse Guimarães – University of the Balearic Islands, Spain
Elena Gervilla – University of the Balearic Islands, Spain
Gregor Burkhart – EMCDDA, Portugal
Mariàngels Duch – IREFREA, Spain
Peer Van der Kreeft – University College Ghent, Belgium
Yasmina Castaño – IREFREA, Spain



LIVE SESSIONS' SPEAKERS

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The value of prevention: a health economic approach to support decision making



Inna Feldman

Department of Public Health and Caring Science, Uppsala University, Sweden

Inna Feldman is an Associate professor in health economics in the Department of Public Health and Caring Science, Uppsala University, Sweden. She is a head of health economic unit at the research group CHAP (Child Health and Parenting). Feldman teaches courses in health economics and researches value in health care. Her area encompasses theoretical and empirical health-economics evaluations, with a particular focus on the economic evaluation of: 1) Interventions targeting mental health problems in children and adolescents, and 2) Prevention interventions targeting lifestyle choices.

Feldman continues to develop research interests related to health economics of prevention and health policy.

In how many ways can exceptional global events disrupt preventive work? Lessons learned during the COVID-19 pandemic



Rosaria Galanti

Karolinska Institutet; Centre for Epidemiology and Community Medicine

Graduated in Medicine at the University of Rome (Italy) she worked for several years in the field of general medicine and public health, especially management and evaluation of preventive programs.

She holds a PhD in Cancer Epidemiology and is currently adjunct professor at the Department of Global Public Health and Head. Besides, she is also Head of the Unit Health Promotion and Lifestyle at the Centre for Epidemiology and Community Medicine of the Stockholm County.

Her research covers a wide span of public health topics, including cancer etiology, behavioural determinants and health consequences of tobacco use, evaluation of preventive programmes and especially school-based research. In this field, she has conducted several cluster-based randomised trials of preventive interventions, among which the collaborative EU-based EUDAP study.

In the field of education, MRG leads a course on "Outcome evaluation of public health interventions" at the international Master Program in Public Health Epidemiology at Karolinska Institutet. The course has received very positive evaluations and is being replicated in international contexts outside Sweden.

She holds international research collaborations and networks. MRG has authored more than 125 publications in peer-reviewed journals, several book chapters and scientific reports.

Pilot project implementation of the Icelandic prevention model in 6 Chilean municipalities



Lorena Contreras
ISSUP Chile

Psychologist, Pontifical Catholic University of Chile. Master in Drug Addiction, University of Barcelona. Diploma in Addiction Neurobiology, Pontifical Catholic University of Chile. Postgraduate in family therapy, Chilean Institute of Family Therapy. Postgraduate training in drug prevention UPC, University of the Balearic Islands. Specialist in Motivational Interview. She was head of mental health prevention for Student Health for 17 years at the Pontifical Catholic University of Chile, were was in charge of university prevention policy. She is currently working in the Addiction Unit of the Psychiatric Clinic of the University of Chile, participating in clinical and research activities and is the technical coordinator of prevention in the Icelandic model pilot project. Also, Lorena is the president of ISSUP Chile.

Prevention in Iceland - Success and development



Rafn Jónsson
Directorate of Health

Employed at the Directorate of Health as a national specialist in alcohol and drug prevention. Main objective is to lead preventive work at a national and international level, gather information and give advice to government, municipalities, and organizations. Also to facilitate cooperation in the field of alcohol and drug prevention. 16 years' experience of diverse prevention projects in Iceland, Scandinavia and Europa. Prior to current position worked for 3 years with adolescents with substance use problems and their families. National counterpart for WHO 2005 – 2012 and currently Permanent Correspondent to the Pompidou Group.

Writings

Report on enhancing service for drug users in Iceland 2015.

National Alcohol and drug policy in Iceland 2013.

Non-medical use of human enhancement drugs, particularly anabolic-androgenic steroids in Iceland. Nordic Studies on Alcohol and drugs Vol.32. 2015.

Alcohol og drug policy in Iceland 2012-2020. NAD 6, 2013 – vol 30.

Ecstasy-two user's history- coauthored a book on young Ecstasy users.

LIVE SESSIONS' SPEAKERS

Communities That Care (CTC)



Mats Glans
Malmö STAD

Mats Glans is a lawyer who changed working in courts for working in the City Hall as an answer to the question: couldn't you do anything to prevent youth from getting into trouble, keeping them out of the justice system? Since 2003 he is working as a prevention strategist, coordinator and policy maker to the Executive Board in the city of Malmö in Sweden. Mats and his colleagues have brought the CTC system to Malmö and adapted it to a Swedish context.



Frederick Groeger-Roth
Crime Prevention Council of Lower Saxony

Frederick Groeger-Roth studied Sociology, Psychology and Political Sciences in Bielefeld and Berlin. He has researched on youth violence in deprived urban areas and worked for NGO's on regional and national level in the area of urban development. Since 2009 he joined the Crime Prevention Council of Lower Saxony (CPC), located in the Ministry of Justice of Lower Saxony. He was the project leader of the first "Communities That Care – CTC" pilot in Germany, and is at present senior advisor for community-based prevention and in this function responsible for the implementation of CTC in Lower Saxony and for running the evidence-based prevention programme registry "Green List Prevention". Honorary he serves as member of the managing board of the Association for Community Work in Lower Saxony. He was appointed to the expert advisory board of the German Forum for Crime Prevention on national level and was the project coordinator of the CTC – Europe project from 2013 – 2015.

Climate and Public Health: Where Hope and History Rhyme



Gerard Hastings
Stirling University

Gerard Hastings is Professor Emeritus at Stirling University and also works with L'École des Hautes Etudes en Santé Publique, Rennes. He founded the Institute for Social Marketing which he directed for many years, and his academic career has focused on researching the impact of marketing on society – both for good and ill. This has involved him in advising Government and working with policy makers and civil society nationally and internationally. He was a Special Advisor to the House of Commons Health Select Committee during its enquiries into the tobacco (2000), food (2004), pharmaceutical (2005), and alcohol industries (2010) and acts as a Temporary Advisor to the World Health Organization on communicable and non-communicable disease. He has also been an expert witness in litigation against the tobacco industry in the UK and internationally, and in 2011 successfully challenged the Industry's right to access confidential research through Freedom of Information. He sits on the BMA Board of Science, is a member of the Lancet Obesity Commission, a Trustee of the UK Health Forum and a Schools Speaker for Amnesty International. He has published widely in academic outlets, especially in health and business journals. His latest books are *Social Marketing: Rebels with a Cause* (with Christine Domegan) and *The Marketing Matrix: how the corporation gets its power and how we can reclaim it* are published by Routledge. In 2009 he was awarded the OBE for services to health care. In 2014 he accepted the Queen's Anniversary Prize for Higher and Further Education on behalf of the University of Stirling for the Institute for Social Marketing's critical marketing research.

On-line course: Introduction to Evidence-based Prevention



Roman Gabrhelik
Charles University

Roman Gabrhelik, an Associate Professor at the 1st Faculty of Medicine, Charles University, Prague, Czech Republic, serves as head of Research and Development. Apart from his recent interest in utilizing data from national health registers and research and applications of eHealth and mHealth in the treatment of addictive disorders. His work is also focused around Prevention Science research and education and Implementation Science in prevention of risk behaviors (mainly addictive behaviors).

LIVE SESSIONS' SPEAKERS



Michal Miovsky

Charles University and General University Hospital, 1st Faculty of Medicine, Department of Addictology, Prague, Czech Republic

Michal Miovský is a clinical psychologist and psychotherapist. A graduate of a single-major academic programme in psychology at the Faculty of Arts of Masaryk University, Brno, and a postgraduate programme at the Faculty of Arts of Palacky University, Olomouc, he qualified as a senior lecturer (“docent”) in clinical psychology at Palacky University in 2005 and was appointed as professor in the same field at Charles University in 2012. He started his professional career as a prevention and counselling worker in the Podané ruce association (NGO) in Brno, where he later worked as the head of the Elysium psychotherapeutic day-care centre and the manager of the Department of Treatment Facilities. In parallel, he developed his expertise in clinical psychology at the Brno-Bohunice Clinic of Psychiatry. From 2001 to 2005 he was affiliated as a researcher with the Institute of Psychology of the Academy of Sciences of the Czech Republic and worked as a lecturer and researcher at the Department of Psychology of the Faculty of Arts of Palacky University, Olomouc, where he was especially concerned with research methodology, substance use treatment and prevention, and film-oriented narrative psychology. In 2005 he was appointed as the head of the Centre for Addictology at the Department of Psychiatry of the 1st Medical Faculty, Charles University, Prague. In January 2012 he became the head of the Department of Addictology, an independent institution created by the merger of the Centre for Addictology and the Addiction Treatment Unit of the General University Hospital (“U Apolináře”). Since 2008 he has held the office of the Vice-dean for non-medical study programmes at the 1st Faculty of Medicine, Charles University, Prague. From 2016 to 2018 he was the president of the International Society of Addiction Journal Editors (ISAJE). In 2016 he became a founding member of the International Consortium of Universities for Drug Demand Reduction (ICUDDR) and in 2017 he was elected the first ever president of this international organisation following its incorporation. He is a permanent member of the Scientific Board of Charles University and a member of the Scientific Board of the Czech Health Minister.



Helena Fialova

Charles University

Helena works at the Department of Addictology, Charles University, 1st Faculty of Medicine. She focuses on quality and efficiency in primary prevention of risky behaviour and training professionals in this area. She refers to effective strategies in the area of risk behaviour prevention at international professional meetings, including the implementation of quality control of primary prevention standards in practice.

Embracing complexity and uncertainty to create impact: exploring the processes and transformative potential of co-produced research through development of a social impact model



Kate Beckett
University of Bristol

Kate Beckett (KB) co-developed the 'Social Impact Framework' which aims to capture multi-level, non-linear, potentially transformative impacts of research co-production. She also recently completed the 'Enhancing Post-injury Psychological Intervention and Care (EPPIC)' study which uses forum theatre to mobilise diverse stakeholder knowledge/improve NHS trauma care. EPPIC was funded by a UK National Institute for Health Research 'Knowledge Mobilisation Research Fellowship'. KB's research draws on her clinical background in nursing/midwifery and academic training in Psychology/ Anthropology. It focuses on knowledge mobilisation, psychological/physical trauma, mindlines and NHS practice and uses creative means to bring different communities together to share knowledge and catalyse change.



Michelle Farr
University of Bristol

Michelle Farr is a qualitative health researcher who works at the National Institute for Health Research (NIHR) Applied Research Collaboration (ARC) West within the University of Bristol. She has 15 years experience of conducting collaborative research projects, with a strong interest in participatory and co-produced research. She has recently published resources to support the development of more equitable co-produced research, and is keen to ensure that research makes a difference to practice and policy, and challenges health inequalities.



Andrée Le May
University of Southampton

Andrée's longstanding focus on research implementation and impact began in 1986 as Specialist Nurse for R&D, a role created to move research into practice across NHS professional groups, specialties and organisations. Staying close to practice through research, service development and education, she has since then taught/mentored postgraduate students in knowledge management/mobilisation, change-management and clinical leadership. Her research expertise focuses on developing and evaluating implementation techniques especially communities of practice, co-producing evidence-based practice/policy change and researching quality improvement skills. Now working as joint Implementation Lead for the NIHR East of England Applied Research Collaboration, she is Professor Emerita of Nursing at the University of Southampton, Honorary Visiting Senior Fellow at Cambridge Public Health, Editor-in-Chief for the National Institute of Health Research's Health Services and Delivery Research, Public Health, and Programme Grants for Applied Research journals and co-editor of the Journal of Research in Nursing.



Anita Kothari
University of Western Ontario

Anita Kothari is a faculty member at the University of Western Ontario. Her research focuses on understanding how to best support the use of research and knowledge in healthcare decision-making; within this domain, she concentrates on integrated knowledge translation (i.e., research co-production) particularly in public health systems and services. Please see further information about her Lab (<https://www.uwo.ca/fhs/kt/>) and the Integrated Knowledge Translation Research Network (<https://iktrn.ohri.ca/>). Anita's academic background involved training in health research methodology, population health, and health policy and services. She is a member of the College of the Royal Society of Canada.

7 October

**PRE-CONFERENCE
WORKSHOPS**

PRE-CONFERENCE WORKSHOPS - 7 OCTOBER

Workshop 1. Prevention & co-creation (2.30 pm – 3.30 pm)

Presenters: **Charlotte de Kock¹** and **Ina Koning²**

(1) Ghent University

(2) Utrecht University

This workshop is aimed at professionals who want to co-create prevention activities together with the target groups, communities and key stakeholders. Co-creating prevention activities in close collaboration with these partners can lead to more targeted activities and embedded in context, but also comes with several challenges. Professionals and target groups are best placed to set the goals of prevention activities but often do not have the tools to set up such an activity. This workshop aims at supporting professionals in translating clearly defined goals into an action plan. By using practical examples of co-created prevention activities, workshop participants will gain more insight into the various ways of engaging in co-creation (i.e. CTC, Icelandic approach etc.). The focus will be on the step by step process of defining the goals, creating an action plan and monitoring activities. The third part of the workshop will focus on sharing experiences between the participants.

Workshop 2. EU-Dap Training of Trainers (4.00 pm – 5.30 pm)

Presenters: **Johan Jongbloet¹**, **Annemie Coone¹**, **Peer van der Kreeft¹**, **Oihana Rementeria²**, **Clarice Madruga³** and **Zila Sanchez³**

(1) Hogeschool Ghent

(2) Gaya Consultoria

(3) Universidade Federal de São Paulo

The workshop is aimed at experienced school prevention trainers from the EU-Dap Faculty network focusing on the Unplugged intervention, and trainers in other interactive prevention programmes. First 60 minutes: Working with Unplugged activities in online mode. We exercise some online energizers and processing. We experience two activities from the Unplugged lessons "Express your emotions" and "Normative beliefs". Discussion and possibilities to adapt this to the classroom in the different cultures and contexts present. In this part we discuss also the possibilities to adapt the three-day Unplugged training of teachers to an online mode. There is no protocol or training outline at hand, this will be an exchange of ideas and interest, including steps for the future. Last 30 minutes: Update on studies and findings regarding possible negative influence of poor adaptation on program effects. In Brazil iatrogenic effect on alcohol initiation have been found in a study published by Zila Sanchez. Zila talks further in the conference also about positive results in a later stage of Unplugged implementation. Clarice Madruga is in lead of a group that studied the influence of adaptation of teaching materials and teacher training on these results that diverge so much from other Unplugged evaluations. These adaptations will be subject of presentation and discussion.

Workshop 3. Involving members of the public in the design and conduct of research: developing Public Involvement in Prevention Science (4.00 pm – 5.00 pm)

Presenters: Jeremy Segrott¹, Peter Gee¹ and members of DECIPHer's young people's advisory group – ALPHA (DECIPHer)

(1) Cardiff University

Chair: Boris Chapoton (Université de Lyon, Université Jean Monnet)

This workshop explores how researchers can involve members of the public in the design and conduct of Prevention Science studies. It will consider ways of consulting the public on aspects of the research process such as: research aims and questions; study procedures (e.g. information for participants), recruitment strategies; and data analysis and dissemination activities. The workshop will consider three key questions: – What are the potential benefits of public involvement (for research, and for members of the public)? – How best should public involvement be planned and undertaken? – What are some of the key challenges to undertaking high quality public involvement, and how can they be addressed?

8 October

**FULL
PROGRAMME**

FULL PROGRAMME - 8 OCTOBER

Welcome ceremony (09:30am – 10:00pm)

Presenters: Jane Mounteney (EMCDDA) and Peer Van der Kreeft (Hogeschool Ghent)

Keynote session. The value of Prevention: A health economic approach to support decision making (10:00am – 11:00am)

Presenter: Inna Feldman (Uppsala University)

Chair: Harry Sumnall (Liverpool John Moores University)

All public health actors face competing alternatives and demands in light of scarce resources. Moving ahead from viewing public sector initiatives as a financial burden to seeing it as an investment in human capital and society calls for a long-term economic perspective. Health economic approach considers the public sector as an investor, rather than a body for allocating and spending resources. Through the application of evaluative methods, health economics can be used as a tool to inform decision-makers on how to best allocate resources. What is “state-of-the-art” and research challenges in health economic evaluations of different interventions targeting central areas of public health, such as physical activity and diet, alcohol, narcotics, doping, tobacco (ANDT), mental health and suicide? How public health initiatives can be strengthened by involving health economists into research processes?

Campfire: In how many ways can exceptional global events disrupt preventive work? Lessons learned during the COVID-19 pandemic (11:30am – 12:30pm)

Presenter: Rosaria Galanti (Karolinska Institutet; Centre for Epidemiology and Community Medicine)

Chair: David Foxcroft (Oxford Brookes University)

The current pandemic caused by SARS-Cov-2 virus has already profoundly impacted on populations' health in several ways, including indirect effects through economic and social consequences of the disease and of the measures to contain it. One specific process potentially inducing adverse consequences on health is the disruption of preventive activities, especially those requiring contacts between preventive agencies and the population, as it is the case for several universal, selective, and indicated interventions. Based on data routinely collected by health care and other public services, scientific publications as well as personal narratives, pathways to prevention disruption during the current pandemic and similar exceptional global events will be identified and illustrated. A perusal of the information sources listed above allowed the identification of the following pathways of disruption: **Accession** – fruition of preventive activities becomes less accessible to the target, because of re-organization or reduction of the preventive opportunities (e.g. screening programs, closure of schools); **Abstention** – the intended target population avoids or delays the contact with the preventive instances because of restrictive measures meant to limit the transmission of the virus; **“Infodemic”** – Circulation of a plethora of not-authoritative, not evidence-based, often contrasting information (including hastily released scientific findings) may confuse the average “consumer”, who is left with the ultimate responsibility of making (dis)informed choices for own health; **Vested interests** – For-profit organizations may gain ground, capitalizing on the above process and on mass-media propensity to lead the public debate; The identified pathways could be used as a guide to anticipate and counteract the disruption of potentially life-saving activities, beyond the impact of the pandemic itself.

Early Career oral presentations 1

Chair: Boris Chapoton (Université de Lyon, Université Jean Monnet)

DRUG USE AND CONFINEMENT: ANALYSIS OF THE COVID-19 PANDEMIC AND ITS EFFECTS IN DRUG USE IN THE CITY OF QUITO-ECUADOR

Batul Rojeab¹, Gabriela Hernández²

(1) Pontificia Universidad Católica del Ecuador

(2) Universitat de València

ABSTRACT. Since the emergence of the pandemic caused by COVID-19, the world is submerged in a social, economic, and structural crisis. Since March 2020, authorities of Ecuador put in confinement to the population indefinitely. It is predictable that psychosocial problems related to drug use will appear, like changes in consumption patterns, increased use, risk of contagion, withdrawal symptoms, difficulty in access, or appropriate health care. Faced with this problem and to suggest urgent socio-sanitary measures, a survey was conducted, aiming to know the changes in the consumption patterns from confinement and their relationship with the problems surrounding population. This study was compound by residents of the city of Quito (410), Ecuador, of an age range mostly (95.3%) between 28 and 45 years old. Variables: Consumption patterns before and after confinement, the influence of the current work and family situation, changes in the ways of acquiring substances, physical and emotional consequences of confinement. **Results:** Most of the sample uses alcohol (86.8%), followed by tobacco (41.7%) and cannabis (36.3%). From the confinement, 28.5% used the same as before, and 19.8% have not used substances. Illicit drugs: Before and after confinement, the main way of supplying substances is face to face with the dealer. Frequency of alcohol use: Before confinement, 36.8% used "2 to 3 times a month", and after confinement, 59% used "never" or "once a month". Effects of withdrawal: 10.5% had physical symptoms, and 16.1% had psychological symptoms. Half of the sample presents work difficulties related to the pandemic. This study helps to understand the psychosocial consequences associated with drug use and confinement, and how to respond to them, based on evidence. No other research like this is known to be made in Quito, or Ecuador. It is important to expand the range of the sample at the national or regional level.

ISOLATING THE ISOLATED: IN-PATIENT DETOXIFICATION TREATMENT FOR SUBSTANCE USE DISORDERS IN THE AGE OF COVID-19

Paola Rosca¹, Barak Shapira², Yehuda Neumark²

(1) Department for the Treatment of Drug Abuse, Israeli Ministry of Health

(2) Braun School of Public Health and Community Medicine, Hebrew University of Jerusalem

ABSTRACT. Introduction: The spread of the novel SARS-COVID-2 virus and its resultant COVID-19 pandemic is an ongoing global medical emergency. Individuals with substance use disorder are particularly at risk, due to the effects of the disease on their physical and psychological well-being, as well as the disruption of addiction treatment services. During the pandemic, in-patient services, which provide detoxification services and psychosocial treatment, have experienced several disturbances in function. These disruptions were mostly due to fast-rolling government regulations requiring the application of social distance measures and mandatory isolation of suspect COVID-19 cases. This article presents a case vignette of quarantine, and its implications, in an in-patient detoxification center. Furthermore, the report also lists and discusses policy recommendations for addressing some of these implications. **Methods:** We describe a case vignette of patient and staff contact with a confirmed COVID-19 infected employee within a detoxification in-patient center, and the resultant quarantine measures

applied to patients and staff following contact. Additionally, we present policy and guideline changes instituted by the Department for the Treatment of Substance Abuse at the Israel Ministry of Health in the wake of the COVID-19 emergency. **Results:** New guidelines addressed face-to-face appointments, group meetings, staff turnaround, social distancing, isolation of newly admitted patients, and of those who refused quarantine measures, living quarter arrangements, and the use of personal protection equipment for staff. Moreover, changes were instituted regarding the length of stay and admission of new patients. **Conclusion:** In the wake of COVID-19, drug treatment services such as in-patient detoxification services must institute fast policy changes to mitigate the impact of the emergency on patients; the approach should be moderate, and practical, weighing the need for patient retention against that of keeping patients and staff safe.

ECONOMIC EVALUATION OF AN ALTERNATIVE LEARNING SYSTEM COMPARED TO A 'DO NOTHING APPROACH' FOR YOUTHS AT RISK OF URBAN VIOLENCE IN BAGONG SILANG, MANILA, PHILIPPINES

Nishant Mehra¹, Shr-Jie Sharlenna Wang², Juancho Reyes³, Mette Mohl², Johan Jarl¹

(1) Lund University

(2) Danish Institute Against Torture

(3) Balay Rehabilitation Centre

ABSTRACT. Introduction: Globally, violence has far reaching economic and health consequences on nations due to loss of productivity among youths. Research suggest that by attaining higher level of education promotes factors which insulate youths from violence. In this study we aim to investigate the efficacy of a non-formal education program with an additional psychosocial component, in achieving its short-term outcomes which was attainment of higher level of education, a crucial step for youth empowerment. We analysed the Alternative Learning System (ALS) at Bagong Silang which targeted out of school youth living in urban slums of Manila. **Methods:** We did the first cost-effectiveness analysis of ALS compared to a 'do nothing approach' in a developing country, from the perspective of the service provider. The study sample was 239 learners who were enrolled at ALS during 2015-2018. For the comparator 'do nothing approach' a counterfactual scenario was hypothesised. Average cost of intervention per enrolled learner and ICER for a positive outcome was calculated. The positive outcome evaluated was a pass in Accreditation and Evaluation (A&E) exam at elementary or secondary level. **Results:** The ALS intervention resulted in 97 learners passing the exam over a period of four years 2015 – 2018. The total cost of the intervention was \$ 371,110. The average cost per enrolled learner was \$ 1,550 and ICER for a pass in the exam was \$ 3,830. On comparing the ICER for ALS with other interventions from different settings, it was found to be more cost-effective. **Conclusion:** From a service provider's perspective, the ALS for out of school youths was found to be cost effective compared to a 'do nothing approach'. We think it is a valuable investment towards poor youths living in slums in Manila.

A BRIEF ONLINE PROBLEM-SOLVING INTERVENTION TO PREVENT AGGRESSION

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ABSTRACT. Aggressive behaviour among adolescents is a social problem that can be reduced by social problem-solving interventions. However, these interventions usually include more than one technique, and the specific techniques that are effective in reducing and preventing aggression remain to be identified. Therefore, the main aim of this study is to test whether the instruction and practice of problem-solving on their own are effective in preventing aggressive behaviour among late adolescents. Participants between 18 and 21 years old were randomised to a brief online problem-solving intervention or a control group. In the intervention, participants read two scenarios presenting an interpersonal conflict, identified the problem and several possible solutions, and chose the solutions they considered best suited for the situation. Finally, they applied the same steps to a real-life situation

they had experienced recently. Measures of physical, verbal and relational aggression, anger and problem-solving skills were collected before and one month after the intervention. Participants in the intervention group showed lower levels of anger at the follow-up than participants in the control group. No effect was found on problem-solving skills or any type of aggression. The rapid growth in the use of the Internet among young people provides an opportunity to deliver interventions universally in a cheap and efficient way. This trial showed that a 20 minutes problem-solving intervention is effective in preventing anger. However, another trial should be conducted with younger adolescents to confirm the results. It is expected that a similar intervention including behavioural practice would bring effects in other outcomes.

IMPLEMENTING GOVERNMENTAL POLICIES TO PREVENT VIOLENCE, TRAUMA AND ASSAULTS TOWARDS CHILDREN AND YOUTHS IN PUBLIC SERVICES ON A NATIONWIDE BASIS

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ABSTRACT. Background: The Norwegian government developed a strategy for parental support to prevent violence, trauma and assaults towards children and youths. Center of Expertise for parental support and prevention received a mandate to implement knowledge-based programs for parental support on a nationwide basis. One action plan in the government's strategy is to develop parental support services for parents with youths. The purpose is to prevent extremism. A large-scale implementation of universal parental support programs involving the Norwegian Offices for Children, Youth and Family Affairs calls for a new implementation strategy. **Aims:** 1) To implement and disseminate knowledge-based parental support programs to parents with youths. 2) To establish an organizational structure for large scale implementation on a nationwide basis. 3) To evaluate the effectiveness of a modified version of the International Child Development Program (ICDP) to include evidence-based components from Tuning in to Teens. **Method:** Facilitators and barriers for implementation will be investigated in a hybrid type 3 design before full scale implementation. Relevant measures for implementation are assessment of fit to stakeholders needs, acceptability, compatibility and the complexity of the modified version as well as satisfaction with the program. The outcome measure to evaluate effectiveness of the modified version relative to the original program will be level of conflict between parents and youths. **Conclusions:** A national implementation team from 5 different regions in Norway is established and is coordinated by Center of Expertise for parental support and prevention. Conferences and seminars for the stakeholders was crucial to engage and prepare the stakeholders for the revision. Data from qualitative interviews reveal a need to revise ICDP. Consequently, data reveal acceptance from the stakeholders for revision as long as the core elements is still intact. A pilot will be conducted when restrictions due to the corona situation will be lifted.

MEDIATORS OF THE RELATIONSHIP BETWEEN CHILDHOOD ADVERSITY AND SUBSTANCE USE IN YOUNG PEOPLE

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ABSTRACT. Introduction: Substance use and mental disorders are the leading cause of disease burden in young people. A large body of literature has established adverse childhood experiences (ACEs) as a risk factor for substance use in youth. However, less is known about the mechanisms that underlie this relationship. Importantly, these mechanisms may be amenable to intervention, allowing for the prevention of problematic substance use in children exposed to adversity. **Method:** A systematic review was conducted using PubMed, MEDLINE, PsycINFO, Web of Science and CINAHL databases, to determine modifiable mediators of the relationship between ACEs and substance

use. ACEs were defined as, prior to 18 years of age: abuse or neglect; household violence, substance abuse, mental illness or incarceration; parental separation; bullying victimisation; or experiencing social isolation. Outcomes included any substance use, including problem or heavy use, abuse, and disorder/dependence, between the ages of 10 – 24 years. **Results:** After duplicates were removed, 4004 studies were screened for inclusion. Of these, 61 studies were included. Qualitative synthesis revealed at the individual level, externalising behaviours, internalising symptoms, suicidal ideation, psychological distress and coping strategies mediated the relationship between childhood adversity and substance use. Interpersonal factors, including peer and parenting factors, also mediated this relationship. **Conclusion:** The mediators identified by this review are vital targets for substance use prevention for youth exposed to ACEs. Substance use prevention efforts should especially address externalising behaviour, internalising symptoms, coping skills, and peer and parent relationships. Prevention efforts already targeting these factors may need to provide additional support in these areas for ACE-exposed youth, as the level of impairment in these mediators was high (e.g. externalising disorder). While preventing exposure to ACEs is the ultimate goal, the results of this review suggest that targeting mediating factors could prevent the negative sequelae resulting from adverse childhood experiences.

ASPECTS OF INDIVIDUAL RESILIENCE & RISKY SEXUAL BEHAVIOR: PERCEPTION OF ADOLESCENTS FROM THE NORTHERN COUNTY OF CROATIA

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ABSTRACT. The Laboratory for Prevention Research, Department of Behavioral Disorders, ERF-UNIZG is the leader of the project “Positive Development of Adolescents in Croatia”, which aimed to study indicators of positive development, risk behavior and mental health of adolescents. The aim of this paper is to determine the contribution of aspects of individual resilience to the explanation of risky sexual behavior of adolescents from county from North of Croatia. The study involved 1,647 adolescents (46% girls and 52% boys, aged 14 to 19 years), which is 30% of all enrolled high school students. To answer our research question, modified version of the Resilience and Youth Development Module (California Department of Education, 1997) and seven questions about risky sexual behavior were examined. Regarding risky sexual behavior, 26.6% of adolescents from had sexual intercourse, and of those who had this experience, 8.9% reported this experience before the age of 14. Of those adolescents who reported having sexual intercourse, 33.4% reported having more than two partners. To achieve the objectives of this paper, binary logistic regression was conducted. The sample consisted of 385 adolescents. Risky sexual behavior of adolescents was defined by two facts: had sexual intercourse before the age of 16 and had more than two partners. In general, the results showed that predictors that reduce the possibility of risky sexual behavior among adolescents are higher levels of empathy, better problem-solving skills and higher goals and aspirations. On the other hand, predictors that increase the possibility of risky sexual behavior among adolescents are higher level of self-efficacy and self-awareness. Other studies based on risky sexual behavior show similar results on self-efficacy. These results suggest that attention to aspects of individual resilience—which can help youth navigate adolescence in healthy ways—is promising for development and implementation of prevention programs for risky sexual behavior.

MEN'S STORIES: A STUDY OF YOUNG ADULT MALE'S HPV VACCINATION NARRATIVES

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ABSTRACT. The aims of this study were two-fold. The first aim was to evaluate the awareness of human papillomavirus (HPV), knowledge of HPV-associated diseases, conversations about HPV vaccination with others, insight into HPV vaccine decisions, as well as willingness to undergo HPV vaccination and perceived barriers to

vaccination among young adult males in the Northeastern United States. The second aim was to adapt the findings into HPV vaccination promotion videos for dissemination in clinical settings and social media campaigns. We first conducted in-depth qualitative interviews with seventeen HPV negative heterosexual males between the ages of 18 and 26 in the Northeastern United States. Using purposive critical case sampling, the sample consisted of 29% vaccinated males, 71% unvaccinated males, 41% African Americans, 35% Caucasians, 6% Hispanic, and 6% Middle Eastern. We assessed a) the awareness of HPV, b) knowledge of HPV-associated diseases, c) factors shaping the decision to get or not get the vaccine, d) sources of information about HPV, e) HPV vaccination intentions, and f) views on vaccination in general. Next, all interviews were transcribed and analyzed using an iterative phronetic approach. Findings from these interviews with a focus on the men's vaccine-decision narratives were adapted into four 1.5 to 2 minute vaccine promotion video scripts and then produced into videos for dissemination. The results suggest that young adult males know very little about HPV infection, males' attitudes regarding vaccination are not informed by facts, there needs to be messaging that "normalizes" HPV vaccination, accessibility of the vaccine should be addressed, messaging focusing on protecting yourself and protecting others may be promising in promotion efforts, messaging should address the fear of shots, and encouraging young adult males to take charge of their own health.

BRINGING THE ICELANDIC MODEL TO SCOTLAND: A QUALITATIVE STUDY OF STAKEHOLDER VIEWS OF A PREVENTION INTERVENTION

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ABSTRACT. In Scotland, substance use amongst young people is a significant public health concern, with many young people reporting alcohol, tobacco and/or drug use. Prevention of youth substance use is complex. The most effective method is by restricting access to substances through regulation, pricing, taxation and laws. While evidence for school and family-based interventions is under-developed, some show promise. The Scottish Government drug and alcohol strategy prioritises the need to develop new approaches in the area of universal prevention for young people. Iceland had similar problems with high rates of substance use amongst young people during the 1990s and, since implementation of a new approach, the Icelandic Model (IM; now Planet Youth), rates of alcohol, tobacco and drug use have decreased dramatically. Between 1997 and 2014 rates of drunkenness decreased from 29.6% to 3.6%, and smoking from 17% to 1.6%. The IM is a community-based approach aiming to prevent young people's substance use through reducing risk factors and increasing protective factors. Key components are parents, organised extracurricular activities, schools, and involvement of young people. Schools are encouraged to strengthen supportive networks between themselves, parents, and other community organisations. The approach has been implemented in more than 30 countries worldwide, with adaptations to suit locally specific conditions. The aim of this project was to gain an understanding of local and national stakeholders' views regarding whether the IM could be implemented in Scotland. Semi-structured interviews were conducted with 16 stakeholders across Scotland, including those working in third sector, statutory and health services, and parents, to explore whether the IM is a suitable approach to substance use prevention in Scotland. This presentation will discuss participant views on the potential of the IM approach to prevention, including barriers and facilitators and implications for policymakers and practitioners.

SOCIAL MEDIA AND MENTAL HEALTH AMONG EARLY ADOLESCENTS IN SWEDEN – A LONGITUDINAL STUDY WITH 2-YEAR FOLLOW-UP (KUPOL STUDY)

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ABSTRACT. Purpose: To assess the longitudinal associations between the frequency of social media use and symptoms of mental ill-health among Swedish adolescents. **Methods:** Data came from KUPOL, a Swedish school-based longitudinal cohort accrued in 101 participating schools in 8 regions of Sweden. The study sample consisted

of 3501 adolescents in Grade 8 (14-15 years, 51.5% n=1765 girls) followed for 2 consecutive years. Daily social media use was measured as weighted average of self-reported use in weekdays and weekend days. Mental health was measured with the Strength and Difficulties Questionnaire (SDQ). A Random-Intercept Cross-Lagged Panel Model (RI-CLPM) was applied to distinguish between-person from within-person associations between social media use and symptoms of mental ill-health. **Results:** Median SDQ-score at baseline was 9 (IQR 6-14). Median social media use was 1.7 hours at baseline (IQR 0.6-3.0), and increased over the 3-year period. Adolescents with more social media use also reported higher SDQ-scores $B(95\%CI) = 2.40(2.03-2.77)$. On a within-person level, no cross-lagged associations were found between changes in social media use and subsequent changes in symptoms of mental ill-health after 1-year $B(95\%CI)=0.02(-0.12-0.16)$ or vice-versa $B(95\%CI)=0.00(-0.02-0.02)$. Weak cross-sectional associations were found between changes in social media use and concurrent changes in symptoms of mental ill-health $B(95\%CI) = 0.24(0.00-0.48)$. **Conclusions:** Adolescents with higher use of social media report more symptoms of mental health problems, but there is no evidence for a longitudinal association between increased use and mental health problems. This suggests that social media may be rather an indicator than a risk factor for symptoms of mental ill-health.

RELATIONSHIPS WITH SIBLINGS AND PSYCHOLOGICAL STATE OF PEOPLE WHOSE BROTHER OR SISTER HAS ALCOHOL PROBLEMS

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ABSTRACT. Addiction of alcohol is one of the most widely common diseases. It affects the whole family and leads to negative feelings, such as anger, anxiety and guilt. Unfortunately, this topic doesn't gain enough interest in research, especially when it comes to addicted people and their siblings relationships. It is important to emphasize the uniqueness of this relationship: it is one of the longest lasting relationships. The aim of this study was to examine how alcohol abuse affects siblings relationships, self – esteem and psychological well – being of people whose siblings are addicted. 119 people participated in this study. 26 of them had sibling who abuses alcohol. Average age of participants – 24,34 years (SD = 3,40). Adult Sibling Relationship Questionnaire (ASRQ) (Stocker, Lanthier & Furman, 1995), Rosenberg Self – Esteem Scale (RSES, 1965) and Lithuanian Psychological Well – Being Scale (LPGS – S) (Kairys, Bagdonas, Liniauskaitė ir Pakalniškienė, 2013) were used in this study. Student t-test and two-way ANOVA were used for making comparisons between groups and linear regression was used to predict siblings relationships. Results showed that alcohol abuse negatively affects siblings relationships: relationship is less close (less emotional support, acceptance and fewer similarities) when compared with participants whose siblings didn't abuse alcohol. Interesting result was found while analyzing quarrels: more quarrels were found between siblings who had taken treatment for alcohol abuse than between those who didn't. It shows that family members usually lack knowledge about addiction.

EFFECTIVENESS, FEASIBILITY, AND SUSTAINABILITY OF THE STRENGTHENING FAMILIES PROGRAM (10-14): A REAIM-BASED REVIEW

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ABSTRACT. Prevention is considered the keystone of substance abuse approaches. Furthermore, family-based preventive interventions, as opposed to individual or parental-only interventions, have demonstrated to be more effective in addressing this issue. One example of family-based intervention is the Strengthening Families Program – SFP (10-14). The aim of this study was to analyze indicators of the reach, effectiveness, adoption, implementation, and maintenance of the 7-session SFP (10-14). This was achieved through a systematic review based on the RE-AIM

framework. Sixty-eight articles were included. Results revealed that 1) it was not possible to determine a percentage of the target population reached due to discrepancy on indices reported; 2) mixed effectiveness evidence can be noted: both positive and null effects on drug abuse prevention were observed; 3) implementation fidelity was high; 4) little information about adoption and no information about maintenance by the organizations that implemented the program were reported. New studies must examine the reach, adoption, and sustainability of SFP (10-14) to inform implementation agents and stakeholders about the program feasibility in different contexts.

EXPLORATORY STUDY OF A PREVENTIVE FAMILY-BASED INTERVENTION WITH VULNERABLE BRAZILIAN POPULATION: EFFECTS ON PARENTING STYLES

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ABSTRACT. This study reports the outcome evaluation of the Brazilian-adapted version of the Strengthening Families Program (SFP 10-14), involving a sample of 361 vulnerable families with young adolescents in northeastern Brazil. A single-group longitudinal design with four data collection moments was adopted. Findings revealed that: 1) Maccoby and Martin's parenting styles taxonomy can be applicable to a vulnerable population; 2) although living in a disadvantaged social and economic environment, most northeastern Brazilian parents present an adequate and protective style of raising their children/adolescents: the authoritative one; 3) consistent with the proven effectiveness in other Latin American countries, such as Bolivia, Chile, Colombia, Ecuador, Honduras, Panama, and San Salvador, the Brazilian-adapted version of the SFP 10-14 appears to be promising in improving parenting styles; 4) family-based preventive programs can improve parent knowledge and skills in low- and middle-income countries. Future studies must examine effects on parenting styles in the middle- and long-terms, as well as on other outcomes proposed in the program logic model.

THE HEALTH4LIFE INITIATIVE: A SCHOOL-BASED EHEALTH INTERVENTION TARGETING MULTIPLE LIFESTYLE RISK BEHAVIOURS AMONG ADOLESCENTS TO PREVENT CHRONIC DISEASE

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ABSTRACT. Background. Physical inactivity, poor diet, sedentary behaviour (e.g., recreational screen time), poor sleep, alcohol use and smoking (the "Big 6") are key risk factors for chronic disease. The Big 6 typically emerge during adolescence, co-occur and, once established, persist into adulthood. To improve short-term health and reduce the risk of chronic disease later in life, early and effective prevention is critical. **Methods.** A cluster

randomised controlled trial (ACTRN12619000431123) is being conducted among Australian Year 7 students from 71 schools across NSW, QLD and WA. Schools are randomised to the Health4life intervention or the control group (health education as usual). The intervention has three components, spanning universal and selective prevention: 1) An online, school-based program (delivered to all students); 2) A companion smartphone app (delivered to all students); 3) Booster content, delivered to students who remain at risk in Years 8 and 9. Students complete self-report assessments on the Big 6, knowledge and mental health on five occasions over three years. **Results.** Preliminary analyses including 6716 students (49% female) indicated that 22% of participants met national guidelines for physical activity, 27% reported drinking 2+ cups of sugar-sweetened beverages/week, 3% had consumed a standard alcoholic drink in the prior 6 months, 2% had tried smoking, 86% engaged in excessive recreational screen time, and 32% had inadequate sleep. The final dataset will be analysed for the conference. **Conclusions.** Many Australian adolescents are engaging in lifestyle behaviours that put them at risk of chronic disease. Effective and scalable preventive interventions that target these behaviours are needed. Health4Life is the first eHealth intervention to concurrently target the Big 6 among adolescents. If effective, it has the potential to make a substantial public health impact by improving the physical and mental health of adolescents and reducing the incidence of chronic disease later in life.

FACTORS AND INTERVENTIONS WITHIN EDUCATIONAL SETTINGS THAT IMPACT ON STUDENT MENTAL HEALTH – A SYSTEMATIC LITERATURE REVIEW

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ABSTRACT. Background: Mental health difficulties are on the increase among children and young people. The aim of this study was to determine which organisational, cultural, and physical factors within the educational environment are important for mental health improvement in children and young people. **Methods:** PsychINFO, Embase ERIC, ASSIA and the British Education Index were systematically searched between 18-20/06/2019. Included studies i) had a target population aged 4-18 years, ii) focused on one or more physical, cultural or organisational factors or interventions within a statutory educational setting, iii) reported at least one mental health outcome. A total of 226 full-text articles were independently screened with 10% double screened, from which 67 were included. Each study was critically appraised, including for risk of bias, independently, by two members of the research team. **Results:** Access to outdoor green space (2), having an inclusive, flexible and supportive culture (1), later school opening time (2), peer/adult mentoring (8), physical activity (4), training teachers in classroom management strategies (6) and involving parents in school mental health activities (4) were found to have a positive impact on mental health (number of studies where an effect was found in brackets). Studies examining the impact of examining the impact of policies and organisational aspects of school life were lacking, and few studies examined impact on mental health inequalities or the cost effectiveness of interventions. Quantitative studies were of a reasonably high standard with 68% having a moderate or strong rating. **Conclusions:** Future studies should focus on the impact of organisational, cultural and physical factors of school life on inequalities, and the cost effectiveness of interventions. Educational leaders should explicitly consider ways in which their policies, practices and physical environments might be changed to better support mental health, which may in turn result in better educational attainment.

THE MENTORING PROGRAM OLDER BROTHER, OLDER SISTER (OBOS) AS A PREVENTION PROJECT FOR DISADVANTAGE CHILDREN: A QUALITATIVE STUDY TO EXAMINE SUCCESS FACTORS IN THE MENTORING RELATIONSHIP

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ABSTRACT. The Older brother, older sister (OBOS) mentoring program has been carried out in Sarajevo (Bosnia and Herzegovina) since 2004 with the aim of connecting a student with a socially disadvantaged child (younger brother / younger sister), in which both have high-quality, build caring and supportive relationships for the child. OBOS' main task is to mitigate and compensate for the consequences of developmental disorders and difficulties in socially disadvantaged children in order to prevent social exclusion and to prevent risky behavior in connection with violence, crime and addiction. The purpose of the study was to explore the mentor-mentee relationship with a focus on determining the success factors within the relationship that are relevant for achieving project goal. Individual, semi-structured Interviews have been conducted with 14 former mentees who finished the program between 2010 and 2015. Seven of them have currently a well-organized and structured life. The other seven show various behavioral problems and disorders (school dropout, crime, delinquency, alcohol and addiction problems, violence, etc.) despite participation in the program. The transcripts of the interviews have been analyzed and drawing on qualitative content analyses. Successful mentoring relationships were characterized by reciprocity, mutual respect, clear expectations, personal connection, shared values and common interests. Failed mentoring relationships were characterized by poor communication, lack of commitment and personality differences. Successful mentoring is vital for life success and satisfaction of mentees. Results of the study shows that identified success factors in Mentoring relationship could have crucial role in preventing risky behavior of disadvantage children. Given the importance of mentorship on disadvantage children, future studies must address the association between a failed mentoring relationship and a mentees life success.

INTEGRATING CHILD PERSPECTIVE INTO SCHOOL BASED PREVENTION

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ABSTRACT. Fundamental justification for the inclusion of the children's perspective is the UN Convention on the Rights of the Child, where one of the four basic principles is the right of children to express their views freely in all matters concerning them and to be involved in decision-making within their family, school and community. In this context, there is a growing debate among researchers and practitioners on how to involve children, not only to encourage them to take part but also to involve them actively in the research and intervention process. In this paper, we present the conclusions of some relevant research carried out in Croatia over the last five years concerning children's perspectives on school life, adults at school, and opportunities for participation in school life. The analysis includes scientific papers, research reports, doctoral and master thesis available in open access. The results show that children are very interested and competent partners. They clearly emphasize the need to be more involved in decision-making at school, but also believe that adults often consider them not competent enough to participate in school life. At schools, children take part in many prevention, sport, and creative activities, but they are neglected in decision-making processes. Because of that, they are clearly advocating for better relations with adults and more freedom to express their opinions and needs regarding curriculum and school activities. In order for schools to be a positive and innovative environment for children's development, it is necessary to develop interventions in which both children and adults can actively participate, feel accepted, and have the opportunity to create common goals to improve school life. Integrating the child's perspective brings more opportunities to design high-quality school-based prevention and to bridge the gap between research and practice.

BIOLOGICAL PATHWAYS BETWEEN CHRONIC STRESS AND TOBACCO USE AMONG ADOLESCENTS

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ABSTRACT. Introduction: Previous studies have indicated a robust association between stress and tobacco use phenotypes. Little is known about the biological mechanisms behind this association. The aim of this study was to clarify if cortisol, as an indicator of stress and the hypothalamic–pituitary–adrenocortical axis activation, predicts the onset and manifestations of tobacco use among adolescents. **Methods:** A sample of 381 students (13–14 years of age at inception) from a cohort of Swedish adolescents (the KUPOLstudy) with salivary cortisol measurements at baseline and without a history of tobacco use was included in the present study. We considered as predictors morning and afternoon cortisol salivary concentration, as well as cortisol area under the curve between 2 and 8 hours after awakening. Initiation and duration of cigarette smoking, snus use or either type of tobacco were considered as outcomes. Outcomes were measured once a year for three consecutive years. Unadjusted and adjusted risk ratios (RRs) and corresponding 95% confidence intervals (CIs) were calculated as measures of associations. **Results:** Morning cortisol levels and cortisol area under the curve among adolescents 13–14 years old were associated with a 1.2–1.3-fold increased risk of initiation of cigarette smoking, snus use and any tobacco use, while afternoon cortisol salivary concentration was not associated with any of the outcomes. Considering a dose-response relationship yielded similar results, as did adjusting for confounding. No sex difference was detected. **Conclusions:** The results of the present study suggest an association between activation of the hypothalamic–pituitary–adrenocortical axis (as indicated by morning salivary cortisol) and tobacco initiation and duration. Future studies should confirm these results, investigate whether this activation indicates the effect of dysregulation of responses to stress and examine the potential role of adverse life events in the life course on this pathway.

CO-DEVELOPMENT AND PILOT OF A SCHOOL-BASED SUBSTANCE USE PREVENTION PROGRAM

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ABSTRACT. Introduction: School-based prevention programs have proven effective in reducing alcohol and other drug (AOD) related harms; however, consultations with Australian Aboriginal and Torres Strait Islander communities have identified a lack of evidence-based, culturally inclusive, substance-use prevention programs for Indigenous youth. We have co-developed and pilot tested a culturally inclusive computerised school-based AOD prevention program with Aboriginal and Torres Strait Islander and non-Indigenous secondary students. **Method:** Co-design and development of the project was done with an expert advisory board, an Indigenous creative agency and teachers and students from four schools. The resulting program (Strong & Deadly Futures) combines illustrated story telling with interactive classroom activities. The program was pilot tested in Year 7 and 8 Health classes in 4 schools over a period of six weeks. Students completed surveys relating to drug and alcohol knowledge and attitudes, and wellbeing, before and after the program. Teachers and students were asked for feedback about the program content and ease of implementation. Local Aboriginal facilitators supported the implementation and interviewed teachers about the program's feasibility and acceptability. **Results:** Students reported finding the program relevant, useful and enjoyable. Teacher feedback indicated the program was easy to implement, appropriate, and that students

found it engaging. The program demonstrated flexibility in implementation, making it easy for teachers to adapt to their schools. Students improved significantly in their knowledge of alcohol, tobacco, and cannabis-related harms from pre- to post-program implementation. Students also demonstrated a significant reduction in psychological distress. **Conclusions:** Strong & Deadly Futures demonstrated acceptability and preliminary efficacy as a culturally inclusive, substance-use education program. In collaboration with Aboriginal communities, the program will be further adapted and rigorously tested for efficacy in preventing AOD uptake over a longer timeframe.

DISCUSSING CANNABIS USE: CO-DEVELOPING COMMUNICATION STRATEGIES WITH AND FOR PROFESSIONALS IN SETTINGS FOR VULNERABLE YOUTH

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(1) Trimbos Institute

ABSTRACT. Professionals working with vulnerable youth regularly have difficulties addressing cannabis use with their clients. Meanwhile, prevalence of cannabis use is higher in youth care settings as opposed to, for instance, Dutch high school students. Furthermore, they are more susceptible to adverse effects as a result of cannabis use. The current project therefore aims to develop communication strategies aimed at professionals in youth care settings in order to facilitate and promote early conversation about cannabis use. The approach consists of a co-development trajectory in four youth care settings: youth work, judicial juvenile institutions, youth care, and care for youth with a mild intellectual disability. Through a literature search and expert consultation, possible facilitating and impeding factors in addressing sensitive topics have been identified. Subsequently, brainstorm sessions are held with professionals from the four settings. They are asked to make statements about their individual views concerning the central thesis: "In order to make the addressing of cannabis use with youth more self-evident, it would help me if...". Visual maps of these statements show clusters to demonstrate interconnections between ideas. Furthermore, the maps show how professionals rate statements in terms of importance. Next, working sessions are conducted with professionals in which we collaboratively work towards concrete action points, based on which communication strategies customised to each professional setting will be co-developed. Preliminary results show that professionals have a need for unambiguous organisational policies and processes regarding cannabis use, a need for access to tools for prevention, and for guidance and possibilities regarding customised responses towards youth who use cannabis. In the presentation, the process of and methods used in co-development with youth professionals so far will be discussed, as well as current preliminary outcomes.

INTERNET-BASED PREVENTION OF SUBSTANCE USE, ANXIETY AND DEPRESSION FOR SECONDARY SCHOOL STUDENTS: AN OVERVIEW OF THE CLIMATE SCHOOLS PROGRAMS

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ABSTRACT. Background: Substance use, depression, and anxiety commonly co-occur and are the leading causes of disability among youth in high-income countries. Climate Schools are universal school-based programs designed to prevent substance use and improve mental health among adolescents. Co-designed with students, teachers and health professionals, the curriculum-aligned modules utilise cartoon storylines, quizzes and class activities to engage and educate students. This presentation provides an overview of the effectiveness of the Climate Schools programs and future directions. **Methods:** To date, five Climate Schools modules have been developed: 1) Alcohol; 2) Alcohol & Cannabis; 3) Cannabis & Psychostimulants; 4) Ecstasy & Emerging Drugs; and 5) Mental Health. Seven cluster randomised controlled trials (RCTs) have been conducted to evaluate the effectiveness of the modules, including over 14,600 students from 169 schools across Australia. **Results:** The Climate Schools programs have been shown to be effective in increasing knowledge about alcohol and other drugs and mental health, decreasing substance use and related harms, reducing psychological distress, and slowing the progression of anxiety symptoms. Students found the cartoon stories to be an enjoyable and interesting way to learn, and teachers rated the programs favourable than other substance use and mental health programs, highlighting the high educational

quality. **Conclusions:** The Climate Schools programs are evidence-based prevention resources that can be readily accessed online by schools. Future directions include the development and evaluation of an accompanying parenting program, a culturally inclusive substance use prevention program for Aboriginal and Torres Strait Islander secondary students, and a multiple health behaviour change program to reduce chronic disease risk. Climate Schools will soon rebrand and launch as OurFutures, with plans to take the program to scale and empower more young people to improve their wellbeing.

ADAPTATION PROCESS OF A PROTOCOLIZED SCHOOL-BASED SEXUAL HEALTH PROMOTION PROGRAM FOR ITS IMPLEMENTATION THROUGH SERIOUS GAMES

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ABSTRACT. Serious games are attractive to youth and valuable because they promote user participation. Despite the advantages of using serious games in health promotion, there are still very few experiences that describe how to adapt a preventive intervention in the field of sexual health. Competencies for adolescents with a healthy sexuality (COMPAS) is a protocolized program aimed at training communication skills, solving interpersonal problems and the correct use of contraceptive methods, in addition to providing information. This program has proven to be effective in promoting healthy sexual habits in several cluster-randomized controlled trials in Spain and Colombia. The implementation of the program is face-to-face and in the school environment, but there is no evidence of the effectiveness of this intervention in other formats. In this context, a new line of research was started to adapt COMPAS to be implemented through serious games, including gamification elements. The programming of serious games involved four phases: 1. Image planning and design (how it looks) and operation (how it works). Paper activities were adapted to digital and game format, 2. Development of the graphic design elements (e.g. hearts, game board, etc., according to the instructional procedure agreed with the authors of the program) and interface programming of the activities that are part of the digital version, 3. Quality management, which involved the correction of possible mistakes in the design and programming phases, and 4. Execution of the game in a pilot stage to test areas such as the logistics of time, the operation of controls, etc. (e.g. checking that what has been designed works correctly when the implementer runs the game). The strengths and limitations found in the adaptation process of the intervention are discussed, in order to serve as a guide for the adaptation of preventive programs to serious game formats in the future.

DOES PARENTING STYLE AND PARENTING ALCOHOL USE IN EARLY ADOLESCENCE PREDICTS PATTERNS OF RISK BEHAVIORS 21 MONTHS LATER?

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ABSTRACT. The aim of this study was to identify different patterns of risk behaviors and to evaluate whether these patterns are being predicted by certain parental behaviors among Brazilian adolescents. A cluster randomized controlled trial was conducted with 6391 7th- and 8th-grade students in 72 Brazilian public schools to evaluate the effects of the European drug prevention program Unplugged, called #Tamojunto in Brazil. Baseline data were collected prior to program implementation, and follow-up data were collected 9 and 21 months later. Patterns of risk behaviors were identified through latent class analyses using measures of the adolescents' past-month drug use, bullying and unprotected sex. Multinomial logistic regression analyses examined whether parental alcohol use, parenting style and parental living status at baseline predicted patterns of drug use after 21 months follow-up controlling for sociodemographic covariates and outcomes baseline measures. Four latent classes of risk behaviors

were identified among the students: “Low Risk Behaviors”, “High Bullying”, “High Alcohol Use and Bullying” and “High Risk Behaviors”. Authoritative parenting style is an important protective factor for the three risk behaviors classes (e.g. High Bullying aOR= 0.64, 95%CI = 0.42; 0.98). Indulgent parenting style seems to protect against belonging to the “High Bullying” class (aOR= 0.59, 95%CI =0.40; 0.87). Maternal episodes of drunkenness are a strong risk factor, predicting adolescents’ likelihood of belonging to the “High Alcohol Use and Bullying” and “High Risk Behavior” classes (aOR= 3.73, 95%CI =1.25; 11.11 and aOR = 4.98, 95% CI = 1.20; 20.76, respectively). Maternal drunkenness and parenting style seem to be important predictors of adolescent’s likelihood of belonging to different latent classes of risk behaviors. This conclusion may point to the importance of considering the inclusion of positive parenting skills, such as supervision and support, and maternal problematic alcohol use within the scope of adolescents’ preventive interventions.

CO-PRODUCTION OF TWO WHOLE-SCHOOL SEXUAL HEALTH INTERVENTIONS FOR ENGLISH SECONDARY SCHOOLS: POSITIVE CHOICES AND PROJECT RESPECT

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ABSTRACT. There is widespread interest in involving intended beneficiaries, implementers and other stakeholders in the development of complex public health interventions to maximise their applicability prior to costly implementation and evaluation studies. Practical accounts reflecting on the process and impact of co-production in intervention design, however, remain scarce. We critically reflect on the value and challenges of co-producing two whole-school sexual health interventions for English secondary schools with school staff, students, other youth and professional and policy stakeholders. Seven consultations were conducted in southeast and southwest England involving 75 students aged 13–15 and 22 school staff. A group of young people trained to advise on public health research were consulted on three occasions. Twenty-three sexual health and sex education practitioners and policy makers shared views at a stakeholder event. Written summaries of activities were prepared. Negotiated consensus between researchers and intervention providers was reached about how participant views should inform intervention design. Findings confirmed acceptability of intervention aims, components and delivery models; informed important refinements to the format of guidance and lesson plans; highlighted the need for greater flexibility to enable local adaption; and for robust engagement strategies with schools. Genuine engagement and incorporation of stakeholder views was challenging where stakeholder availability and time for refinement was limited, and where stakeholder input conflicted with the logic of the interventions or what was practicable within the constraints of the trials. Co-production in intervention design can reduce research waste by improving the feasibility of interventions prior to formal piloting. Genuine involvement requires sufficient time to both engage with participants and refine interventions. Limitations in relation to the representativeness of participants, potential burden on contributors and how they will be recompensed must also be considered. From the outset, having well-defined transparent procedures for deciding how stakeholder input will be incorporated are also essential.

Poster session 1

Chair: Elena Gervilla (University of the Balearic Islands)

IMPLEMENTATION AND RECEIPT OF A WHOLE-SCHOOL INTERVENTION TO PREVENT ADOLESCENT DATING AND RELATIONSHIP VIOLENCE: EVIDENCE FROM A PILOT TRIAL IN ENGLISH SECONDARY SCHOOLS

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ABSTRACT. Widespread in England, adolescent dating and relationship violence (DRV) is associated with partner violence in adulthood, poor mental health and sexually transmitted infections. School-based DRV interventions have been effective in the US, but English schools face pressures limiting their implementation capacity. Project Respect is a new DRV prevention programme informed by US evidence and refined with local students and teachers for English secondary schools. It comprises: staff training; school policy review; mapping DRV “hotspots” to inform staff patrols; parent information; help-seeking app; student-led campaign; and DRV curriculum for students ages 13-15. Our pilot cluster randomised controlled trial assessed the acceptability and feasibility of, and contextual enablers/barriers to, implementing Project Respect via fidelity measures and semi-structured interviews with intervention school students, staff and parents. Interview data were analysed using thematic content analysis. Fidelity was highest where components integrated with existing procedures (e.g., curriculum) and lower where they required new initiatives (e.g., reviewing patrols). Staff and students supported schools addressing DRV and suggested Project Respect offered a valuable opportunity to challenge harmful attitudes and norms. Parents supported programme aims but had mixed awareness of implementation. Implementation was strengthened where staff recognised and valued schools’ role in DRV prevention and undermined where key staff were less engaged or schools struggled to timetable DRV lessons among other health topics and the short notice required in this trial. Fidelity was poorest where emergent challenges (e.g., budget cuts) undermined staff engagement and collective action. Findings suggest school-based health interventions must build staff buy-in and avoid overburdening schools, particularly in systems stressed by resource and performance pressures. Students, staff and parents support school-based DRV prevention, but a DRV-focused intervention may be unfeasible in busy schools with a range of health responsibilities. DRV might best be addressed in this context as an aspect of broader comprehensive sex education.

SCHOOL AND FAMILY FACTORS ASSOCIATED WITH POSITIVE MENTAL HEALTH AND WELL-BEING AMONG CROATIAN YOUTH

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ABSTRACT. Study of adolescent development in Croatia has traditionally focused on problem behavior. The Positive Youth Development (PYD) framework was utilized in the present study to better characterize both the strengths and risks experienced by Croatian youth in modern family and school environments. The aim of this paper is to describe the relation of school and family factors with internalizing symptoms and mental health outcomes among 10,138 Croatian adolescents, in order to inform future research and practice using the PYD approach in Croatia and similar nations. A multi-site survey study was conducted among adolescents residing in the five most populous cities in Croatia, with the aim of examining cross-sectional associations of family and school factors with youth well-being.

Participants were 52% female, with a mean age 16.26 years. Key measures assessed resilience, school belonging, depression, anxiety, stress, and family communication and satisfaction. Multi-level modelling was used to examine relations of interest. Preliminary analyses showed that perceived school belonging, effective family communication, and higher family life satisfaction are significantly related with lower internalizing problems including anxiety and depression symptoms. Results also showed important differences in these relations by participant sex. Findings suggest that interventions for mental health promotion and prevention of internalizing problems should include both school and family contexts, and may be more effective when accounting for differing developmental experiences of male and female adolescents.

THE EFFECTS OF A SCHOOL-BASED FAMILY PREVENTION PROGRAM IN FAMILY RESILIENCE

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ABSTRACT. The ways in which family manages conflicts between parent and adolescent have important effects on family cohesion and its capacity to cope with crisis and problematic situations. Helping parents to handle with adolescents and children to control their behaviours and express their feelings in a positive way might have an important impact in family cohesion and resilience. The study shows the results of the implementation of the Universal Family Competence Programme 11-14 (PCF-U 11-14). It is a school-based version of the Strengthening Families Program (SFP 10-14 Iowa), addressing families with children in the early adolescence, aiming to enhance family dynamics, strengthen protective factors and reducing risk factors. **Objectives:** The study focus on the correlation between parent-adolescent conflict management and family resilience. The objective of the work is to analyse to what extent the participation in a school-based family programme for universal prevention helps the family to cope with conflict and have any impact on family resilience. **Method:** The study followed a pre-test post-test quasi-experimental design with both experimental and control groups. A total of 16 experimental groups (154 families) and 17 control groups (95) participated. **Results:** The results show positive effects in terms of enhancement in family resilience and a maintenance of family conflict after their participation in the programme. The paper addresses the convenience of family training in social and parenting skills in school settings, in order to strengthen families capacity to cope with difficulties and to boost cohesion.

UNPLUGGED: HOW TO ENSURE QUALITY IMPLEMENTATION? THE CREATION OF A USER GUIDE

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ABSTRACT. Background: The Unplugged program (Kreeft et al., 2009) for drug prevention in school environment is based on a theoretical model of social influence. This 12-session program teaches life skills, provides information on drugs and aims at developing critical thinking toward social and normative beliefs. This program has shown its efficacy in delaying initiation of tobacco, cannabis, and alcohol use among students aged between 12 and 14 years (Faggiano et al., 2008, 2010; Medeiros et al., 2016; Vigna-Taglianti et al., 2014). A French study conducted by Santé publique France (SPF), identified a relationship between the efficacy of the program and the conditions of its implementation such as the number of sessions delivered. **Objectives:** Our objective was to identify how to ensure that this evidence-based program was implemented under relevant conditions that guarantee its efficacy. **Methods:** Existing data allowed us to identify various factors that could have an impact on the implementation of the program. Personal factors such as: motivation, personal involvement, self-efficacy but also external factors such as the time available for implementation and the support of the school management. The program was delivered in more than 130 different classes from September until March 2020. We have developed an ecological momentary assessment (EMA) monitoring which had to be completed after each of the 12 sessions. **Results:** The time available

for the implementation of the program seemed to greatly affect the feasibility of the program. Motivation and the feeling of self-efficacy also had an influence on the implementation. Moreover, some sessions seemed more difficult to implement than others, mainly because of their more complex content. More results are coming, the data has been collected and the analysis will be done in September 2020. **Conclusion:** We plan to conduct future assessments to follow the empowerment of teachers delivering Unplugged.

PERSONAS OF YOUNG ADULTS AND SUBSTANCE USE

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ABSTRACT. Background: To develop targeted interventions for (young) adults who use drugs, developers need a better understanding of how different subgroups engage with substances. Personas – archetypes describing distinct patterns of goals, attitudes and behaviours of subgroups – may contribute to this understanding. No substance use-related personas have yet been developed. The purpose of this project was to develop evidence-based personas of young adults, based on their involvement with alcohol and drugs. **Methods:** Data was collected among young adults (18–25 yrs) through in-depth interviews (N=43) and a questionnaire (N=4182). The questionnaire was based on the insights from the interviews. Participants answered questions about their experiences and intentions with substance use, expectations, descriptive norm and intention to quit. For developing personas from the quantitative and qualitative dataset, we combined Goodwin’s methods for persona development with latent class analyses. Currently, the personas are presented among professionals working with the target group (e.g. addiction care workers, youth workers) in order to validate the personas and to determine suitable health promoting strategies for each persona. **Personas:** Ten personas are distinguished: a non-user, moderate alcohol user (no drugs), social binge drinker without drug use intentions, social binge drinker with drug use intentions, drug-starter, drug-stopper, stimulant-user, hallucinogens-user, coping user and actual quitter. Each persona has a detailed profile that describes their distinct pattern, supported with illustrative quotes from the interviews. **Discussion:** The personas can lead to a better understanding of different perceptions and experiences of young adults regarding substances. The personas will be used to improve the development and implementation of interventions that aim to reduce (risks associated with) substance use. The aim of this session will be to discuss our findings with an international group of professionals, and together explore to possibilities of working with these personas in other countries.

PREVENTING SUBSTANCE USE IN NIGHTLIFE AMONG 16 TO 25-YEAR-OLD ADOLESCENTS

Chella Harreveld¹

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ABSTRACT. Dutch drug monitoring studies show that the use of ecstasy, amphetamine and cocaine is increasing in the general population. In particular, the use of these substances in nightlife among young people aged 16 to 25 seems relatively high and increasing in The Netherlands. In this group, it also appears to become more common and accepted to talk and write about drug use more openly, and to be seen by peers whilst under the influence of drugs. The Dutch government has asked the Trimbos-instituut to develop a communication strategy that aims to prevent youth and young adults to start using ecstasy, amphetamine and cocaine during nightlife. This approach will focus on adolescents who do not use drugs themselves, but do regularly go out in environments where substance use is common. Based on literature search, consultations with prevention workers and other experts, and interviews with the target group, we identified three promising approaches: 1) Creating or strengthening a positive attitude towards not using ecstasy, amphetamine and cocaine, 2) Increasing self-regulation and autonomy around substance use, 3) Strengthening the social norm for peers to express their acceptance and respect of other people’s choice not to

use substances. In this presentation I will go into more detail regarding the findings of the literature review and interviews. I will furthermore explain our experiences with the process of co-producing intervention concepts with media students, the target group as well as communication experts.

Poster session 2

Chair: **Elena Gervilla (University of the Balearic Islands)**

SCHOOL-BASED PREVENTION INTERVENTION BASED ON THE UNIVERSAL PREVENTION CURRICULUM (UPC) IN PERU 2018-2019

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ABSTRACT. Introduction: The 2012 and 2017 Peruvian steadily increment in substance use. School districts in Peru have administered various prevention programs. However, almost all of them have lacked any evidentiary base, and because attention has not been paid to fidelity of their implementation, their likelihood of their effectiveness is dubious. A demonstration and evaluation study of the UPC Series was conducted, which comprises a RCT, in which a set of schools were randomly assigned to intervention or control group. Selected teachers from intervention schools participated in UPC Implementer Series training on Introduction to UPC and School-Based Prevention Interventions courses. Intervention and control group teachers were trained in a prevention evidence based school prevention curriculum. The school prevention curriculum comprises a manualized set of activities and teaching strategies designed to enable teachers to deliver effective prevention programming in the classroom. Hence it is evaluated the added effect of UPC to the prevention school curricula. **Mid-term results:** The 12 sessions of school curriculum were implemented in all intervention schools and 7 in average in controls. Mean of respect to teachers is 2.3 in intervention and 1.5 in control, being better in the intervention. After one year of intervention, in intervention schools past-year smoking dropped 5.8% and 3.8% in controls; last month smoking 4.4% and 3.1%; past-year alcohol consumption 5% and 3%; past-month 3.1% and 2.8%; mean of intentions to smoke cigarettes next year is 1.48 for intervention and 1.55 in controls; alcohol 1.78 and 1.9; to get drunk 1.5 and 1.56; mean of perceived cigarettes use among friends 1.42 for intervention and 1.5 for controls; alcohol 1.45 and 1.63; marihuana 1.26 and 1.3 higher mean is negative. **Mid-term conclusions:** intervention is showing positive effect in substance use intentions and behaviors especially for alcohol and tobacco and in positive climate indicators so far.

DRUG PREVENTION IN EUROPE - KEY INSTITUTIONS AND EDPQS

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ABSTRACT. The aim of the presentation is to present the results of the ASAP project in terms of identifying key drug prevention institution in Europe and progress in implementing the European Drug Prevention Quality Standards (EDPQS). Under the ASAP project, information on the key drug prevention institutions in Europe was collected from 20 EU Member States. The information collected through questionnaires is going to be used to recruit participants for the ASAP trainings and to set up a website containing brief profiles on drug prevention institutions (currently under construction but already contains some information: <http://preventionasap.pl>). The website will be updated as more information is received. The website is intended to facilitate collaboration between various institutions concerned with drug prevention in Europe. In order to promote the ASAP project and the website a side event was held during the 63rd CND session. Moreover, the EDPQS have been promoted in Europe for a number of years e.g in Poland through publications in the Polish language devoted to this topic (http://www.cinn.gov.pl/portal?id=15&res_id=1418110) as well international conferences hosted in Warsaw. The project featured an analysis of the possibilities of implementing the EDPQS. In Poland, a questionnaire survey was conducted among over 2000

local governments. The findings will be available in September and included in the presentation. The survey sought to answer the following questions: what is the current state of the EDPQS implementation process? What obstacles to the implementation are there? How can the standards' implementation process be supported?

PSYCORE: AN OPEN ACCESS REPOSITORY TO HELP WITH DEVELOPING EFFECTIVE PREVENTION CAMPAIGNS

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ABSTRACT. Prevention often aims to minimize risk behaviour or promote healthy behaviour. Prevention campaigns, therefore, are often ultimately behaviour change interventions. To develop an effective behaviour change intervention, it is first necessary to understand the target behaviour. To this end, prevention practitioners and researchers first conduct determinant studies, often combining literature reviews with qualitative and quantitative empirical research. Such determinant studies yield a list of relevant determinants of behaviour. These are then targeted in a prevention campaign using matching behaviour change principles. However, the constructs studied in determinant studies are often ill-defined, causing homonymous constructs to differ per theory in terms of what they are (i.e., definition) and/or how they should be operationalized. This results in large heterogeneity in measurement, hinders the application of theory in the development of interventions, and thwarts the systematic testing and synthesis of behaviour change theory. We present PsyCoRe: an Open Access repository with psychological constructs, specifically a set of determinants drawn from various prevention science theories. These determinants have comprehensive definitions, as well as up to four distinct instructions. The first are instructions for developing measurement instruments, for determinant studies using a survey. The second are instructions for coding qualitative data, for determinant studies using interviews. The third are instructions for eliciting construct content, supporting the development of interview schemes for qualitative determinant studies. The fourth are instructions for coding measurement instruments for conducting literature reviews. We will briefly illustrate how this repository and the specifications contained therein can be used to support and optimize the development of theory- and evidence-based behaviour change interventions. Specifically, we will show how one would leverage this resource to conduct a systematic review, a qualitative study, and a quantitative study to obtain an overview of the most relevant determinants to target in a prevention campaign.

SEXUALITY IN ADDICTION TREATMENT: A HIGHLY RELEVANT, YET MARGINAL ISSUE

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ABSTRACT. Introduction: Research demonstrates manifold associations between sexuality and substance use as, for example, a higher risk of developing substance use disorders due to sexual abuse or the disinhibitory effects of specific substances which may facilitate and intensify sexual encounters. These associations indicate that sexual activities represent a risk of relapse after completion of addiction treatment. This presentation, therefore, examines if and how the issue of sexuality gets attention in addiction treatment. **Methods:** Content analysis of expert interviews (n = 25) with professionals from outpatient and inpatient addiction treatment facilities in Germany. **Results:** All interviewed professionals view sexuality as a highly relevant issue. Depending of the substance primarily used by the patients, a non-consideration of the issue is even regarded as a "treatment error". Nonetheless, drawing attention to sexuality within addiction treatment is not an institutionalised practice. Instead, a treatment of the issue depends of the motivation and knowledge of single professionals. Moreover, the issue is not treated with the help of acknowledged concepts (e. g. sexual anamnesis), but based on personal thoughts and experiences. In general, professionals view sexuality as a tabooed issue whose consideration requires (oftentimes non-existent) expertise

and trust. **Discussion:** Despite its relevance, addiction treatment professionals do not pay a lot of attention to sexuality. Therefore, a systematic consideration of sexuality within addiction treatment is necessary. This requires awareness raising among addiction treatment professionals as well as training specifically focused on talking about sexuality.

THE ASAP TRAINING PROJECT PROCESS TO IMPROVE NATIONAL PREVENTION SYSTEMS BY ADOPTING EUROPEAN PREVENTION QUALITY STANDARDS

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(1) ALISA Azienda Ligure Sanitaria della Regione Liguria

ABSTRACT. ASAP training project aims to improve EU national prevention systems by spreading knowledge and skills about quality standards and evidence-based interventions. To this end, we suggest to refer to the EDPOS theory of change and to the prevention system analysis model presented by EMCDDA (EMCDDA, 2019)¹ as useful tools. In both models, an important changing factor is represented by the involvement in the whole process of DOPs (Decision, Opinion and Policy makers), which are the main target of the ASAP training project, both for the professionalizing of the workforce and for the analysis of prevention systems. The ASAP training project designed a four-step process in order to impact the national prevention systems and hopefully - as explained in the theory of change - assure a better outcome for target population: **Stakeholder maps:** to identify the most relevant actors in the different prevention systems. **Prevention System Analysis:** to analyze how the prevention system works interviewing a set of selected DOPs. **National Recommendations:** to empower the European national prevention systems. To achieve this goal two actions have been developed (1) a SWOT analysis of the national prevention system based on the results of step 2 and (2) a set of recommendations, based on SWOT analysis, discussed through interviews with the key stakeholders in the country prevention system. **Advocacy Actions:** to support the implementation of the National Recommendations. An advocacy plan will be developed in order to support the adoption of the recommendations in the national prevention systems.

IDENTIFYING THE NEED FOR SCREENING AND BRIEF INTERVENTION IN GENERAL HOSPITAL PATIENTS: ACCUMULATION OF BEHAVIORAL HEALTH RISK FACTORS AND SOCIO-ECONOMIC DIFFERENCES

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ABSTRACT. Background: Little is known about the accumulation of behavioral health risk factors (HRFs), namely of tobacco smoking, at-risk alcohol use, overweight and physical inactivity in general hospital patients. Furthermore, social inequalities in HRFs, health and life expectancy are a major concern in public health. The study aimed to determine the accumulation of HRFs in patients, and to investigate socio-economic differences. **Methods:** A systematic multiple HRF screening was conducted at one general hospital in northeastern Germany. In total, 6251 18-64 year old patients (92% of eligibles) participated. Proportions and 95% confidence intervals stratified by school education (low/ medium/ high level) and employment status (employed/ unemployed/ other), and an adjusted multivariate poisson regression analysis were calculated. **Results:** In total, 92.2% of the participants (58.6% male) reported ≥ 1 HRF, and 65.7% ≥ 2 HRFs. The lower the level of school education was, the significantly larger the proportion of ≥ 2 HRFs (79.0% [76.8-81.2], 66.5% [64.9-68.0], 48.0% [45.1-51.0]). Unemployed patients had larger proportions of ≥ 2 HRFs than employed patients (77.8% [74.7-80.8], 63.6 [62.0-65.1]). In the multivariate analysis,

low and medium level of education (incident rate ratio, IRR=1.39, IRR=1.23) and unemployment (IRR=1.12) were significantly related to a higher number of HRFs. **Conclusions:** Two in three patients require interventions targeting two or more behavioral HRFs. The need was most pronounced in patients with the lowest level of school education and unemployed patients. Systematic screening and intervention could reach most patients, including those most in need and hardest to reach, with socio-economically disadvantaged people in particular. Funding: German Cancer Aid (108376, 109737, 110676, 110543, 111346, 70110543)

FACTORS ASSOCIATED WITH EATING DISORDER SYMPTOMS AMONG STUDENTS: EMPHASIS ON DRUG USE AND BULLYING DIMENSIONS

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ABSTRACT. The main purpose of this study was to evaluate possible factors associated with eating disorder (ED) symptoms among Brazilian adolescents, such as drug use and bullying. Sample consisted of 5,213 students mean aged 13.24(SD±0.01), in the 8th grade of 93 public schools from three Brazilian cities. Data were collected through an anonymous self-report questionnaire, assessing: sociodemographics, use of alcohol, tobacco, and illicit drugs (marijuana, inhalants, cocaine), binge drinking, bullying victimization and perpetration, and ED symptoms (from an adapted Portuguese version of the SCOFF screening test). Confirmatory factor analysis and multivariate linear regression were used. We found that 19,28% engaged in binge drinking in the last year, 12,71% used illicit drugs, 44% were victims of bullying and 45,7% presented at least two ED symptoms. Multivariate regression pointed that being a girl ($\beta = 0.39$, 95%CI= 0.31; 0.47), engaging in binge drinking ($\beta = 0.54$, 95%CI= 0.45; 0.64), using illicit drugs ($\beta = 0.14$, 95%CI= 0.05; 0.24) and unprescribed weight-loss substances ($\beta = 1.63$, 95%CI= 1.19; 2.07) were associated with increased score on SCOFF for ED. In addition, each point on the bullying victimization scale increases 0.5 points on eating disorders questionnaire ($\beta = 0.53$; 95%CI= 0.48; 0.58). These results demonstrate a significant association of ED symptoms with drug use and bullying, which highlights the importance of addressing these factors in the development of ED prevention strategies.

ASSESSING THE FEASIBILITY AND ACCEPTABILITY OF A CULTURE-SENSITIVE DIGITAL INTERVENTION IN YOUNG REFUGEES WITH HAZARDOUS USE OF ALCOHOL AND/OR CANNABIS: STUDY PROTOCOL FOR A SINGLE-ARMED FEASIBILITY TRIAL

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ABSTRACT. Background: Refugee populations are at substantial risk of developing substance use disorder (SUD) and other mental health disorders. Refugee populations are also under-represented in mental health services. Risks such as barriers posed by legal systems, language barriers, acculturation challenges, and non-adapted services may act against accessibility, compliance, and acceptance of interventions for help-seeking cultural and ethnic minorities. Digital interventions can address some of these issues. Emerging evidence indicates that digital interventions offer an effective, low-cost alternative with high accessibility and similar efficacy as standard SUD prevention programs. They present a viable approach to the lack of personnel available for foreign language communication in preventive and therapeutic settings. Digital interventions can be culturally adapted and tailored to the target population's needs. Respecting cultural and social contexts may enhance acceptance and compliance and guarantee the quality of treatment and prevention efforts. The primary aim of this study is to assess the feasibility and acceptability of a digital culture-sensitive brief intervention for young refugees. **Methods:** We conduct a single-armed clinical trial among 150 young refugees with hazardous use of alcohol and/or cannabis.

Participants will receive a digital screening and brief intervention (eSBI) carried out over a 4-week time frame. The primary outcomes are the intervention's feasibility and the target population's acceptance. The secondary outcome is a baseline change in substance use. Measurements are taken pre-intervention, post-intervention, and at 3- and 6-month follow-ups. We expect the intervention to be feasible and accepted by the target group. **Discussion:** The present study will establish to what degree the digital intervention ("BePrepared-App") is feasible and accepted by the target group. The evaluation of an easily accessible, feasible, and accepted intervention may impact refugees' mental health and health-related consequences. It aims to overcome the preventive health care barriers in the substance use field for underserved refugee populations.

30 YEARS OF SUICIDE PREVENTION AMONG UNIVERSITY STUDENTS - PREDICTORS OF EFFICIENCY, EFFICACY AND EFFECTIVENESS

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ABSTRACT. A scoping review was carried out in order to identify the evidence of efficiency, efficacy, and effectiveness of suicide prevention programs for university students. The BVS (Biblioteca Virtual em Saúde), Cochrane Library, Eric, Pubmed, and Scielo databases were searched until January 2020 without time and language limit by two reviewers. Study references were also consulted. Inclusion criteria were: a systematic review, meta-analysis, or meta-synthesis on interventions for the primary prevention of suicide among university students; reviews with data on the efficiency, efficacy and/or effectiveness of interventions. 335 publications were identified. After applying the inclusion and exclusion criteria, 6 reviews evaluating effectiveness and 1 evaluating efficiency (cost-effectiveness) have been obtained. Together they tracked 25 interventions, published from 1989 to 2018. No reviews were found evaluating efficacy. The results show that the strategies used are psychoeducation, gatekeeper and multimodal. Psychoeducation incorporates themes such as depression and suicide into the school curriculum. The gatekeeper strategy trains members of the school community to detect and help at-risk youth. Multimodal interventions use several different strategies that are interrelated. Psychoeducation was effective in increasing knowledge about suicide and its prevention. The gatekeeper strategy was effective for increasing knowledge about suicide and its prevention, and for self-efficacy and attitudes towards suicide. The multimodal strategy was effective in increasing attitudes towards suicide and school performance, in addition to decreasing suicide. The gatekeeper strategy was more cost-effective than psychoeducation. The greatest effectiveness results from the combination of cognitive and behavioral content in the design of interventions. It was concluded that the interventions reduced symptoms related to suicide and promoted the subjective well-being of young people.

YOUNG UNIVERSITY STUDENTS AS PREVENTION AGENTS

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ABSTRACT. Introduction. The inclusion of young educators in preventive actions for drug use has positive effects since they provide closeness and facilitate other young people to identify with them (MacArthur, Harrison, Caldwell, Hickman and Campbell, 2015). Furthermore, the experience of these young educators will increase their communicative capacity, self-confidence, assertiveness, and awareness of their own learning process (Backett-Milburn and Wilson, 2000). The research Youth as active agents of prevention, linked to the UNODC Positive Youth Development project, contemplates the training of young Social Education students at the Balearic University (UIB) as prevention agents. In addition to the students' academic and professional training, they have the opportunity to participate and get involved in preventive actions, such as the Family Competency Program, an evidence-based program developed at the UIB (GIFES). This research aims to assess the effects of the experience and explore possible ways of participation of university students as active prevention agents. **Method.** After completion of the training program, three discussion groups with 45 students are organized. The topics covered are: (a) the training experience, (b) the perception of the relevance of prevention in the professional and academic field, (c) their participation as prevention agents. **Results.** The experience allows them to acquire prevention skills. The students

highlight practical learning and acquired social skills: the experience of being involved in a community, accepting their own limitations, preparing, working as a team, improvising and daring to act. **Discussion.** The project allows them to grow as role models and, mainly, increases their perception of empowerment (Soler et al., 2019), contributing to their positive development through experience and active participation in society (Catalano et al., 2019), and introducing them and promoting their presence into community projects.

FANTOCHE NÃO ÉS - SOCIO-EMOTIONAL COMPETENCIES PROGRAM FOR PRIMARY SCHOOL CHILDREN

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ABSTRACT. O Fantoche Não és is a universal preventive program designed to promote health and prevent risk behaviors, particularly substance abuse. The main aim is to develop socio-emocional skills in primary school children as a protective factor for risk behaviours. Fantoche não és consists of 25 interactive educational sessions in which storytelling with puppets, plastic and performative arts are key in the development of activities, as well as training sessions and monitoring throughout the project. 109 children from 6 to 10 years old in After School Centers in the 6 municipalities of S. Miguel are included. It was a non-experimental research-action study. An extended process assessment was conducted during the program for measure participant's receptivity through various indicators: attendance, active participation and satisfaction. The implementation of the program was also evaluated with regard to the facilitator in the field of reliability and activities's adaptation. The outcomes are measured in regard of 7 dimensions: (1) identity; (2) self-esteem; (3) emotional identification and differentiation (4) anger management (5), interpersonal relationship with peers (6) assertiveness; (7) decision making (choice-consequence and opinion vs fact) which were measured through a test (to assess cognitions and behaviors) before and after the program. The program was not completed due to contingencies of pandemic, therefore post-intervention assessment have not been applied.

TRAINER'S PROFILE IN EVIDENCE-BASED PREVENTIVE PROGRAMS: "PROGRAMA DE COMPETENCIA FAMILIAR 11-14"

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ABSTRACT. Introduction: Evidence-Based Programs (PBE) are characterized by rigorous methodological designs, which guarantee the effectiveness of their interventions (UNODC, 2015, 2018). To ensure effectiveness, trainers will need to adhere to the principles and components of PBE (Asgary-Eden & Lee, 2011; Borntrager, Chorpita, Higa-McMillan, & Weisz, 2009; Forehand, Dorsey, Jones, Long, & McMahon, 2010; Lochman et al., 2017). According with PBE criteria, the "Programa de Competencia Familiar" (PCF) (a preventive program focused on family) considers trainers as a key element to promote optimal performance of the program. The objective of study was to assess whether the results of SFP 11-14 were linked to the competences of the trainers. **Method:** A cross-sectional study was chosen, based on the administration of questionnaires. The sample was made up of 16 experimental groups, for 174 mothers who evaluated the SFP 11-14 trainers. **Results:** Through the analysis of clusters, 3 different clusters of trainers were obtained according to the assessment of the mothers. The cluster formed by trainers with limited abilities is associated with low changes between the pre-test and post-test in the symptoms of their children. **Discussion:** Although exploratory, the study highlights the relevance of the figure of the trainer in evidence-based programs. The design and implementation of the PBE should take into account the evaluation of trainers (Beidas & Kendall, 2010).

THE ROLE OF LAW ENFORCEMENT OFFICERS/POLICE IN DRUG PREVENTION WITHIN EDUCATIONAL SETTINGS - MIXED METHODS OF MAPPING LITERATURE AND EXPERTS' OPINION

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ABSTRACT. Background: Safe and healthy school environments are fundamental for adolescent development. Yet, school safety and adolescent health outcomes can be threatened by drug use and crime. As such, collaborative, multi-level, evidence-based, developmentally sensitive, substance use prevention programmes are imperative. In this project, we aim to explore the role of law enforcement in preventing substance use in schools. **Methods:** Mixed methods, including three phases: i) Preliminary literature review on the best practices for effective law enforcement in school-based drug prevention; ii) Qualitative interviews with experts in substance use prevention and training law enforcement in school-based drug prevention and iii) Developing guidelines for law enforcement based on the findings. **Results:** Phase I: A preliminary review of 23 papers showed that while the collaboration between law enforcement agencies and school-based substance use prevention programmes continue to be the focus of research and policy, the actual and perceived roles of police are largely unclear and/or variable. Clear outlines regarding law enforcement's role within schools are crucial as one study showed that an officer's role influences how they respond to student conduct. A secondary emergent theme from the preliminary review indicates that there is potential for positively impacting youth's perceptions of police through collaborative and engaging school-based programmes. Phase II: Currently we are identifying the key experts based on scientifically published peer reviewed and grey literature/guidelines to investigate elements that make the role of law enforcement officers in school-based prevention more effective. **Conclusion:** Given the frequency of implication of law enforcement in this field, guidelines on their roles within schools is a gap that needs to be filled. Such efforts would improve drug prevention in schools and better orient law enforcement's role in drug prevention within educational settings.

FINDINGS FROM A RANDOMISED CONTROLLED TRIAL WITH PROCESS AND ECONOMIC EVALUATIONS OF THE INCREDIBLE YEARS INFANT AND TODDLER PARENTING PROGRAMMES, DELIVERED IN A PROPORTIONATE UNIVERSAL MODEL (ESEE STEPS)

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ABSTRACT. Introduction: Behavioural and mental disorders are a public health crisis and may surpass physical illness as a major cause of disability. Early prevention is key. Two Incredible Years (IY) parent programmes that aim to enhance child wellbeing, IY Infant and IY Toddler, were delivered and evaluated in a proportionate universal intervention model called Enhancing Social-Emotional Health and Wellbeing in the Early Years (E-SEE) Steps. Proportionate universalism trial approaches reflect real-world provision of services for families. Main question: Does E-SEE Steps enhance child social emotional wellbeing at 20 months, compared with services as usual? **Methods:** Trial design and implementation was informed by a large randomised pilot study with >200

families. E-SEE Steps was delivered in community settings by Early Years Children's Services and/or Public Health staff in English local authorities. Parents of children aged 8 weeks or less were eligible. We recruited 341 participants. The randomisation allocation ratio was 5:1 (intervention to control). ESEE Steps intervention arm comprised three 'levels' of intervention, and four possible 'doses' of intervention according to need. Intervention parents received an IY Infant book (universal level), and were offered the Infant and/or Toddler group-based programme/s based on parent depression scores (PHQ9), or child social emotional well-being scores on the Ages and Stages Questionnaire: Social Emotional (ASQ:SE-2). Control parents received services as usual. A process and economic evaluation were included. The study was powered to explore the effectiveness of the overall E-SEE steps model (not each level of intervention). **Results:** We present themed findings and considerations from this multi-centre trial in this order; 1.outcomes (Professor Bywater, Drs Blower and Bursnall), 2.process evaluation (Drs Berry and Mitchell), 3.co-parent inclusion (Professor Whittaker), 4.economic evaluation (Mr Cox), 5.predictors of emergency department attendance (Dr Mason-Jones), 6.methodological challenges in trialling proportionate universal interventions (Dr Bursnall). Sponsor: The University of York. Trial registration: ISRCTN11079129.

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A NOVEL APPROACH TO TACKLE GHB-RELATED PROBLEMS IN THE NETHERLANDS

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ABSTRACT. Gamma hydroxybutyrate (GHB) is a very addictive drug with high levels of relapse after treatment. GHB-substance use disorder (GHB-SUD) can affect people in many different ways, e.g. by losing their job or home, by accruing debts and by physical and mental health problems. It also often negatively impacts on their environment, such as nuisance and other disturbances in the public space. Although GHB-addiction is not the most prevalent addiction in the Netherlands, it nonetheless requires a disproportionate amount of time and capacity from healthcare and public safety professionals. The nature of the addiction, together with the enormous impact on the user and their environment, warrants an efficient and dedicated policy approach in which the municipality takes the lead. The Trimbos institute, in collaboration with others, has developed a blueprint for a novel approach. This approach is implemented through close collaboration of three core partners; the municipality that acts as a chairman, the police, and addiction care. Individuals with GHB-SUD are discussed in frequent and case-focused meetings, in which the needs for support are identified and acted upon. The ultimate goal is to provide a customized trajectory for the person with GHB-SUD that supports the individual in working towards a stable life. As it is crucial to be able to act fast, mandate to make decisions and access to financial and professional resources are absolute preconditions. In this talk, we will present this approach, and provide examples of successful implementation in the Netherlands.

NETWORK DIGITAL EDUCATION FOR PREVENTION WORKFORCE NEEDS – TRAINING AND PROFESSIONAL DEVELOPMENT

Susana Henriques¹

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ABSTRACT. Prevention programmes have become more effective, as scientific evidences point out 'what works' and 'how' (Leadbeater, et al., 2018; Ostaszewski et al., 2018; UNODC, 2015; EMCDDA, 2011). Prevention science researchers and practitioners are facing new challenges as we move into a digital age and, more recently due to the COVID-19 global pandemic. Recent research highlights training needs for prevention practitioners (Charvát, Jurystová, Miovský, 2012; Miovský, et al., 2016; Pavlovská, et al., 2017; Ostaszewski, et al., 2018; Henriques, Silva, Hsu, 2018; Henriques, Burkhart, Miovský, 2019). Digital technologies are transforming the ways we learn, work, remember, communicate, consume, socialize... Filled by social media and other communication technologies network digital education has become an essential part of coursework in higher education and of professional training, including in prevention practitioners. In this presentation, we discuss the following issues:

- How is communication and interaction in digital network education scenarios?
- What strategies work best for professional development in a technology rich environment? – virtual communities of practice; microlearning
- How to maintain high quality in teaching in a rapidly changing learning environment while managing workload?

PRESENTING PIRM, AN EVALUATION OF INTERVENTIONS FOR PARENTS WITH REFUGEE BACKGROUNDS

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(5) R-bup

ABSTRACT. The study, Parenting Interventions for Families with Refugee Backgrounds (PIRM) is an evaluation of interventions to promote positive parenting practices and parental attachment, and to decrease harsh and inconsistent parenting. The Incredible Years (IY) Parenting Program and the International Child Development Programme (ICDP) may be useful in helping families with refugee backgrounds settle into new lives in their adopted countries. Both IY and ICDP are widely implemented throughout Norway, though they have not been extensively evaluated in this population. The present study uses a randomized two-by-two factorial design to evaluate the adaptation and use of IY and ICDP for families who have settled in Norway as refugees. In addition to the parenting programs (factor 1), measurement feedback systems (MFS; factor 2) have the potential to improve intervention outcomes by giving professionals timely feedback regarding the experiences of clients during intervention. A total of 360 families with refugee backgrounds who have settled in Norway within the prior 9 years will be recruited to the study. After recruitment and baseline assessment, families will be randomized to either an IY or ICDP group, and then the groups will be randomized to either the MFS or no-MFS condition. Qualitative interviews will be conducted with a sub-set of families and group leaders. We will present a short overview of the methods and design of the PIRM study. This presentation will focus particularly on the underlying components and implementation strategies of the two parenting interventions with specific examples and experiences from the early phases of this research project.

FAMILY UNITED: PROMISING IMPACT IN THE FIELD FROM A NEW UNIVERSAL OPEN-SOURCE AND FREE FAMILY SKILLS TRAINING PROGRAMME AIMED AT PREVENTING A BROAD SPECTRUM OF RISK BEHAVIOURS

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(1) UNODC

ABSTRACT. Background. Family skills programmes support caregivers to be better parents and strengthen positive age-specific and age-appropriate family functioning. Such evidence-based family skills programmes are an effective tool in preventing substance use and crime among adolescents. Family UNited (FU) is a universal family skills programme that can be easily adapted and is best suited for families with children between 8 and 15 years. It is delivered through 4 training sessions, over 4 weeks. **Methods.** FU has been piloted in Bangladesh and Indonesia. Short-term impact on child mental wellbeing, parenting skills and child resilience was measured using a set of questionnaires (demographics, Strengths and Difficulties Questionnaire (SDQ), Parent and Family Adjustment Scale (PAFAS) and Child and Youth Resilience Measure (CYRM-R)), once before and twice after the training, after 2 and 6 weeks. **Results.** In Dhaka, Bangladesh, 21 female and 8 male caregivers attended the programme with their children.

27% of caregivers had a university or post-graduate degree. The mean age of children (16 boys and 13 girls) was 13 years. The total difficulty score of the SDQ reduced significantly after the programme, from 11.3 at pre-test to 9.1 and 9.0 at post-tests, particularly due to declines on the hyperactivity, peer problem and emotional problem scale. PAFAS scores improved after the programme, with caregivers with the highest scores at baseline improving most. CYRM-R scores improved at t2 and t3, particularly in those with poorer scores at baseline, and on the personal resilience subscale. Similar results were found in 37 families in West Java, Indonesia. **Discussion.** The implementation of a brief family skills programme was feasible in resource-limited settings and had an impact on child mental health, parenting practices, family adjustment skills and child resilience. These findings indicate potential for application at a larger scale, however long-term effects need to be verified.

PREDICTORS OF EMERGENCY DEPARTMENT ATTENDANCE FOR MOTHERS AND THEIR BABIES

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ABSTRACT. Previous research has shown a link between mothers' poor mental health and inconsistent parental care in households with the increased use of emergency departments for their children. A sub-study was conducted to explore the predictors of emergency department attendance for mothers and their babies enrolled in the E-SEE trial. The outcome (attendance at the emergency department during the trial of mother or baby) was self-reported through the client services receipt inventory (CSRI). Mixed-effects logistic regression analyses were conducted to determine the odds of the child or mother attending the emergency department. The most common reason for babies' attendance were respiratory conditions, whereas for mothers it was reproductive health issues. We found poor mental health of mothers, problems during pregnancy, younger maternal age, mothers without a relationship, with a history of partner abuse, and baby's prematurity predicted attendance for the babies. For mothers themselves, being unemployed, having secondary education and above, poor mental health, and history of partner abuse predicted their attendance. There was also a relationship between attendance of mothers and their babies. This study highlights the complex interplay of factors associated with emergency service utilisation and suggests the potential for preventative public health interventions to support mothers and their babies.

TESTING POTENTIAL CAUSAL MECHANISMS IN MULTICOMPONENT PREVENTION INTERVENTIONS: A CAUSAL MEDIATION ANALYSIS

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ABSTRACT. Many substance use prevention programmes combine multiple components targeting various individual, family-based and community risks, to maximising overall intervention effects. As a result, overall intervention effect may be due to several distinct causal mechanisms. However, it is possible for individual components within a programme to be less than optimal due to implementation issues that may affect one, but not all of the components. The STAMPP programme, which combined a school-based and parental interventions, was shown to have an overall positive effect on heavy episodic drinking in school children up to one-year post-intervention (McKay et al 2018). However, preliminary analysis suggested that while the implementation of the school-based component was satisfactory, the implementation of the parental component was less than ideal. Using data from the STAMPP cRCT, this paper utilised causal mediation with counterfactuals to test the extent to which the overall intervention effect was partially mediated via parental behaviours (setting alcohol rules) targeted specifically by the parental component of STAMPP. A latent growth curve for parental rules was estimated over four sweeps of data collection (T0-T3). Heavy episodic drinking at T3 (HED - distal outcome) was regressed on the estimated LGC slopes (with cluster robust standard errors) along with the intervention arm and covariates used in the random allocation of schools. While both the direct effect of the intervention arm and the rate at which parental rules on access to alcohol were relaxed (slopes) remained significant predictors of HED at T3, the indirect path of the intervention effect via rules was non-significant. It was concluded that the overall intervention effect

was predominantly due to the school-based component. While parental behaviours were important in determining drinking behaviour in adolescents they were not affected by the intervention and no differences parental rule-setting could be detected between pupils the intervention and control school.

A TRANSFERABLE FOOD LABELING INTERVENTION AT WORKSITE

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ABSTRACT. We describe a food labeling intervention at worksite. Supported by the European Institute of Innovation and Technology (Horizon2020), the intervention was implemented in six sites of a multinational pharmaceutical company across 2 countries, France (1 intervention site and 1 control site) and the United States (5 intervention sites). The intervention consisted in a “Green Apple Label” displayed on dishes in worksite cafeterias. Based on international guidelines on healthy eating behaviors, the label indicated healthy low-calorie food items that employees were nudged to consume. The theory underpinning this food labeling was food literacy defined as the easy access, understanding, appraisal and application of information on what is good to eat. We collected repeated data from all sites corresponding to purchase of labeled items and percentages of total sales were compared. We assessed the transferability of the intervention as the extent to which the measured effectiveness of such intervention could be achieved in different settings. We also reported the costs of the intervention. Results were that purchase of labeled items was higher than other food items in the French intervention site compared to the control site ($P < 0.001$). Food labeled items consumption steadily increased annually ($P < 0.001$). Findings were confirmed in the United States sites (+8.0% from T0 to T1 of sales of labeled items). The cost of the intervention was of 1.4 euros per employee. We provide evidence of the effectiveness of a simple, practical and non-expensive intervention encouraging healthier food choices, using the worksite as a setting of major interest for health promotion. Adopting a food literacy approach seems to have increased the effectiveness of this intervention. In order to confirm transferability of the intervention, controlled data from other sites of the same company are to be collected and cross-compared and will be available early October for further analysis and discussion.

CHOICE ARCHITECTURE AS A COMPLEMENTING STRATEGY IN RESPONDING TO THE PSYCHOACTIVE SUBSTANCE ABUSE AMONG FORENSIC PATIENTS

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ABSTRACT. While traditional prevention interventions focus on conscious decision-making, motivation and intent, environmental prevention approach targets the automatic system of behaviour, and therefore requires lower individual personal resources. Forensic patients with substance-related problems often have weak impulse control, and focusing on their self-regulation solely doesn't seem sufficient in responding to substance abuse. In the past decades, from foundation of the forensic psychiatry department at the University Psychiatric Hospital Vrapče in Croatia, forensic patients were treated in physical environment with inadequate security, i.e. at ward where patients with various forensic risk, treatment goals and characteristics mutually interacted and shared the same space. In such an inpatient setting, problem of psychoactive substance abuse has been present continuously. From February 2019, forensic patients moved to a building with more complex security measures that directly change design of situations (e.g. video surveillance, electronic bracelets, separate wards based on the course of the treatment, forensic risk and other characteristics). The aim of this paper is to present some aspects of substance abuse among forensic patients at the University Psychiatric Hospital Vrapče before and after introducing choice architecture, and to discuss influence of physical environmental measures in responding to this problem. Research was based on the records review: medical information system, Registry of forensic patients, judicial and social data. Data were

collected in the two timeframes: before (February 2018 – January 2019) and after (February 2019 – January 2020) introducing choice architecture. Besides the primary diagnosis (most commonly psychotic disorders), documented history of substance abuse and/or diagnosis of substance-related disorders are inclusion criteria. Results showed that choice architecture decreased opportunities for drug consumption among inpatients, and therefore should be combined with individual interventions in order to decrease substance use among forensic patients.

IMPLEMENTATION OF PARENT PROGRAMS FOR REFUGEE FAMILIES; CHALLENGES WITH RECRUITMENT, DELIVERY, AND RETENTION

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ABSTRACT. Implementing two group-based parenting programs, the Incredible Years (IY) and the International Child Development Programme (ICDP), for refugee and immigrant families, adds complexity to the standard implementation process. This presentation focuses on implementation challenges regarding recruitment, delivery, and retention in our participant group. Recruitment is an important part of the implementation process. Having municipalities and group leaders to run two groups 12-15 weeks twice a year is essential, but a resourceful and demanding task for the services. Recruitment of families further requires a well-planned strategy to overcome potential cultural barriers. Retention may also be a particular challenge within this group, and keeping both municipalities and families motivated during this study is important. Training, supervision, and program delivery for this project requires the use of several different translators from a variety of different countries, as well as extra cultural sensitivity training. These conditions add complication to the existing structures and implementation requirements of the programs. The group- and service leaders will fill out implementation surveys before and after delivering the intervention at several points during the study period. Group leaders will also rate how they experience running the groups and describe their experiences in qualitative interviews. Checklists will also be gathered to assess fidelity to the programs' components. Investigating and evaluating recruitment and delivery of two separate parent programs for refugee and minority families is important for the future support of these families. This study will provide information on how to adapt and integrate interventions for these families into existing, first-line services. This study will provide a broad implementation perspective and allow for comparative implementation outcomes between the two programs.

ESTABLISHING CRITERIA FOR THE EVALUATION OF INTERVENTIONS IN PUBLIC HEALTH

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ABSTRACT. There are many different public health interventions in Slovenia, but there are few for which there is evidence of their effectiveness and credibility; rather than being based on evidence, many of them are based on values. Systematic monitoring of these interventions is missing and evaluation of interventions is not yet accepted as an indispensable part of the activities in health promotion and prevention programs, and is often completely ignored in the planning and design phase. For that reason a team of experts from Slovene NIPH and the Faculty of Social Sciences, who have knowledge and experience in both the design and implementation, as well as the evaluation of interventions, has developed Criteria for evaluating interventions for the purpose of identifying and selecting examples of good practice in (public) health. The criteria for evaluating interventions are divided into

three consecutive levels: (1) exclusionary, (2) basic and (3) additional. The first level is the exclusion criteria, which determine whether the intervention fulfils the basic conditions for further evaluation in relation to the Criteria. It assesses whether an intervention is sufficient to act as a benefit, or whether there is a risk that it may be harmful, unfair or ineffective. The intervention that crosses the first inclusion threshold is further evaluated against basic criteria covering its effectiveness, as well as its contribution to addressing health inequalities. At the third level, the potential to transfer the intervention to other areas, to another geographical environment, to another population, etc., is evaluated. Criteria for evaluating interventions can also be understood as guidelines for the planning and implementation of different interventions. As a result, it can be expected to increase the quality of work of all organizations that carry out activities in the field of health protection and promotion, disease prevention and improving the quality of life.

NOVEL APPROACH TO REDUCE ALCOHOL RELATED HARM IN SLOVENIA – MOBILE APP “VešKajPiješ?”

Sandra Rados Krnel¹, Anita Kusar², Igor Pravst³, Bojan Blazica³

(1) National Institute of Public Health

(2) Nutrition institute

(3) Jozef Stefan Institute

ABSTRACT. Regulation (EU) No. 1169/2011 on the provision of food information to consumers, provides that the labelling of ingredients and nutritional declaration is not mandatory for alcoholic beverages with more than 1.2% alcohol by volume. Consequently, consumers generally do not have access to similar information on alcoholic beverages as they do for food and non-alcoholic beverages. In Slovenia, drinking alcohol is a serious public health problem, both among adolescents and adults. Per capita consumption of pure alcohol in Slovenia is above the EU average. In order to achieve better results and reduce alcohol related harm, we need a comprehensive alcohol policy that incorporates proven effective measures in different areas of action. In 2019, in the frame of Slovenian programme “VesKajJes” (Know what you eat) supported by MoH, a mobile application was developed that enables consumers to scan EAN code for gaining the nutrition profile of selected food item. Analysis of the behaviour of mobile app users revealed that alcoholic beverages are one of the most frequently sought products; of all searches, 36% of users wanted to get information about alcohol beverages. This was a major reason for upgrading the mobile application with information about alcoholic beverages. Additionally this newly developed communication channel will be used for raising awareness about alcohol-related harm. Mobile application “VešKajPiješ?” (You know what you drink?) will be developed within which we will: (1) collect information on at least 1,500 alcoholic beverages; (2) develop the protocol for a reliable assessment of the energy values depending of the type of alcoholic beverages; (3) prepare short health messages to raise awareness about the effects of hazardous and harmful alcohol use; (4) develop an application upgrade to show the alcohol content, energy value of alcoholic beverages, health messages and a link to a screening tool for assessing the alcohol consumption (AUDIT).

Campfire: Parenting during COVID-19 (1:00pm – 2:00pm)

Ina Koning (Utrecht University), Jeremy Segrott (Cardiff University)

This session will be structured in three parts. First, an introduction will be offered and the results of the survey will be summarized. Second, some case studies will be exposed. Finally, a discussion will be encouraged.

Invited Symposium: Specific experiences with comprehensive substance use prevention interventions: Communities That Care (CTC) and the Icelandic Model of Adolescent Substance Use Prevention (3:00pm – 4:00pm)

Presenters: Lorena Contreras (ISSUP Chile), Frederick Groeger-Roth (Crime Prevention Council of Lower Saxony), Rafn Jónsson (Directorate of Health), Mats Glans (Malmö STAD)

Chair: Zila Sanchez (Universidade Federal de São Paulo)

ABSTRACT. The importance of environmental approaches on health behavior has received growing recognition in the last years. Communities That Care (CTC) is a preventive approach which aims to empower local communities to use evidence-based prevention programs and early intervention to prevent youth problems and behaviors. The Icelandic Model of Adolescent Substance Use Prevention is a community-based bottom-up approach with an emphasis on strengthening the supportive role of parents and schools and the network of opportunities around them. Both approaches that are based on a local diagnosis of risk and protective factors will be presented and discussed regarding modus operandi, evidence, and experiences of implementation.

Pilot project implementation of the Icelandic prevention model in 6 Chilean municipalities

Lorena Contreras

The Icelandic model has been implemented in six communities of Chile since 2018. From the beginning it had broad political, communicational support and from the scientific communities of the country. The Addictions Department of the University Psychiatric Clinic, University of Chile, has been in charge of translating the material into Spanish and coordinating the implementation in 6 Chilean municipalities. Throughout the project, the university team has also developed methodologies and tools to strengthen this implementation and, since this year, this team is developing a research, with state funds which aim is to evaluate the acceptability, feasibility and effectiveness of this model of substance use prevention in adolescents. This presentation will show the main characteristics of the implementation process of the first 2 years, the methodologies and tools developed and future challenges.

Prevention in Iceland - Success and development

Rafn Jónsson

In the '90s the usage of alcohol and illicit drugs amongst Icelandic adolescents, 15-16 years of age, was ranking amongst the highest in Europe. Despite an intensive approach to provide school-based education about the negative effects of drugs, alcohol and drug use appeared to be spiraling out of control. Underage drinking was the main concern resulting in a group of parents organizing a project named "Stop youth binge drinking" in 1996. The following years the focus was set on bringing down the youth usage of alcohol and illicit drugs. A group of policy makers, researchers, practitioners and NGO's sat down together to gather their strengths to reverse the negative trend. This cooperation led to several multisector projects such as Drug - Free Iceland and an annual Prevention Day in schools.

Every year, nationwide, Icelandic students 10-16 years of age take part in a comprehensive survey of "Life and Living Conditions of Youth". Analysis of data from these surveys shows that affiliations with family, peer group effects and types of recreational activities available are strong predictors for alcohol and drug use. Results are essential in local response and policy.

Iceland's progress is evident. From 1998 the percentage of 15-16 year-old Icelandic being drunk in the past 30 days, daily cigarette smoking dropped and having used cannabis one or more times has declined dramatically.

Communities That Care (CTC)

Mats Glans, Frederick Groeger-Roth

The Communities That Care (CTC) approach was originally developed in the U.S. to assist and guide community coalitions in making use of prevention science knowledge and to implement evidence-based prevention programmes with fidelity on scale. What makes CTC unique are the extensive proactive training and technical assistance for community coalitions and the clear working structure to guide the local CTC implementation; the specific survey instrument to carry out the local diagnosis of risk and protective factors and the usage of a menu of effective prevention programmes. CTC has been adapted and implemented in various countries worldwide, including in Europe. We will present on the characteristics of the CTC approach; what is known about the evidence of CTC in preventing a variety of youth behavioural health problems, among them adolescent substance use and experiences of implementation with a particular focus on the City of Malmö in Sweden.

Campfire: The role of prevention scientists on climate change (4:30pm – 5:30pm)

Presenter: Gerard Hastings (Stirling University)

Chair: Brenda Miller (Prevention Research Center)

This session has been organised by the Society for Prevention Research (SPR) and the European Society for Prevention Research (EUSPR). Gerard Hastings will offer a speech describing what the COVID-19 situation is telling us and a discussion will be encouraged regarding the role of prevention scientists on this issue. We invite delegates to attend this session and specially to share ideas and questions.

9 October

**FULL
PROGRAMME**

FULL PROGRAMME - 9 OCTOBER

Oral presentation: EUSPR position papers (10:00am – 11:00am)

Ina Koning (Utrecht University), Gregor Burkhardt (EMCDDA)

At its last conference, the EUSPR has decided to take a more active and public stance about issues that are relevant, pressing and controversial in the field of prevention policies and “markets” in Europe and beyond. Advocacy - by deploying the massive scientific expertise we have within our members - has therewith become one of the activities of our society, in order to promote evidence-based, more ethical and safer approaches to prevention. The defence of these values and underlying principles of the EUSPR have now also been laid down in its code of ethics. At this campfire session, we are going to quickly outline the rationales of the position papers we have produced until now, and then discuss with the participants how to improve or speed up the process, which topics could be actively chosen for such papers, and by which other means the society can have a more active role in promoting the implementation of more effective and ethical prevention, as a way to make prevention science relevant to practice and policy.

EUSPR member's meeting (11:30am – 12:30am)

Posters and recorded communications 2 (On demand)

EC posters

DOES EMPLOYMENT COMMITMENT AND SOCIAL INTEGRATION IN THE COMMUNITY INFLUENCE MENTAL HEALTH OF UNEMPLOYED?

Dinka Caha¹

(1) Faculty of Law, Department of Social Work, Osijek

ABSTRACT. Ever-changing and sensitive economic conditions keep the unemployment rate fluctuating and as such retain research focus on strategies for preserving mental health and building equal employment opportunities. This paper contributes to a significant body of research on relationship between unemployment and mental health while it examines predictors of mental health among unemployed welfare recipients. Specifically, it explores the contribution of employment commitment as a stable intrapersonal trait and integration in the community to the mental health of unemployed. Additionally, it determines whether the relationship between employment commitment and mental health varies depending on sense of integration in the community. This quantitative study was conducted in August 2017. on 212 unemployed welfare recipients as part of a larger evaluation study of workfare intervention in Croatia. A hierarchical multiple regression was conducted to see if integration in the community and employment commitment predicted the level of mental health of unemployed welfare recipients. Using the enter method it was found that both predictors accounted for a significant 35.8% of the variance in mental health ($R^2 = .36$, $R^2_{\text{Adjusted}} = .35$, $F(2,206) = 57.49$, $p < .01$). The analysis shows that employment commitment ($Beta = .23$, $t = 3.52$, $p < .01$) as well as integration in the community ($Beta = .56$, $t = 9.84$, $p < .01$), significantly predicted the level of mental health among unemployed welfare recipients. Employment commitment remained significant predictor after entering integration in the community in the analysis ($Beta = .11$, $t = 2.05$, $p < .05$). Results show that employment commitment and integration in the community are important for preserving mental health and buffering the impact of unemployment. Adding components to evidence-based interventions that

increase sense of integration in community and work centrality has the potential to preserve mental health during unemployment.

INTERNAL AND SOCIAL DRINKING MOTIVES ARE RELATED TO HIGHER LEVELS OF ALCOHOL USE IN COLLEGE STUDENTS

Elena Bonet¹, Elena Gervilla¹, Maria Balle Cabot¹

(1) University of the Balearic Islands

ABSTRACT. The aim of this study was to explore the potential relationship between alcohol consumption, drinking motives and emotion regulation strategies. We interviewed 177 college students (71.8% women, M age = 21.56 years, SD = 2.77) from the University of Balearic Islands (Spain). Students answered the Emotion Regulation Questionnaire (ERQ), Modified Drinking Motives Questionnaire – Revised (MDMQ-R) and Alcohol Use Disorders Identification Test (AUDIT). The ERQ indicated that 93.2% of the sample used cognitive reappraisal usually. For emotional suppression, 30.5% make infrequent use, 34.5% intermediate use and 35% high use. 20.9% of the sample had a risky alcohol consumption (AUDIT score > 8) (75.7% women). We did not find a relationship between the use of emotion regulation (ER) strategies and high scores on AUDIT test. We found no differences in the use of ER strategies between high and low internal drinking motives scores (enhancement, coping-anxiety, and coping-depression). Results showed that social motives were the most common (M = 6.52, SD = 3.78) followed by enhancement motives (M = 5.21, SD = 4.49), coping-depression (M = 2.33, SD = 4.53), coping-anxiety (M = 1.46, SD = 1.93) and conformity (M = .88, SD = 1.68). We found a positive correlation between higher AUDIT test scores and social ($r = .429, p < .001$), enhancement ($r = .612, p < .01$), coping-depression ($r = .382, p < .01$) and coping-anxiety ($r = .453, p < .01$) drinking motives. Balearic college students seem to drink alcohol more often due to internal and social motives. And this is related to higher levels of alcohol consumption. The use of the ER strategies assessed is not related to increased alcohol use. It is important to consider the reasons why students use alcohol to design substance use prevention and treatment interventions, as well as harm control strategies.

PREDICTING TRACING APP USE AS A PUBLIC HEALTH MEASURE DURING COVID-19

Samuel Tomczyk¹

(1) University of Greifswald, Institute of Psychology

ABSTRACT. Background. The COVID-19 pandemic is connected to an increase in psychological distress, anxiety, and depression. To aid containment efforts, Corona tracing apps are being developed and distributed among the population to better monitor infection chains and to support preventive efforts by offering timely information. While tracing apps have clear epidemiological benefits, their impact on individual well-being, and subjective health is largely unexplored. **Method.** In an online convenience sample (May-June, 2020), 318 German adults (M=35,6 years, 66% female) reported their health concerns, self-rated health status, perceived stress, and their current utilization of and intentions towards Corona tracing apps. Between group comparisons and hierarchical regression models tested the impact of stress, health status, and health concerns on the utilization of tracing apps, controlling for age, gender, and ethnicity. **Results.** Overall, 16% of the sample currently use tracing apps. App users report significantly higher health concerns, but do not differ regarding health status or stress, gender, age, or ethnicity. Similarly, intentions of app use are predicted by health concerns ($b = 0.31, p < .01$) but not by stress, health status, age, gender, or ethnicity. **Limitation.** The sample is not representative, and data collection is still ongoing. Therefore, the results are preliminary. **Discussion.** Utilization of tracing apps seems to be directly connected to health concerns, but not perceived stress or health status, pointing to a potential area for public health efforts to improve containment, and a lack of adverse effects. However, further studies framing app use and mental health outcomes within health behavior models are warranted.

RELATIONSHIP BETWEEN BINGE DRINKING AND PARENTAL STYLES AND PRACTICES: A CROSS-SECTIONAL STUDY

Marisa Acuña-san-Román¹, Carmen Torrejon-Guirado¹, Pablo Fernández-León¹, Hein de-Vries², Sanne Gerards², Marta Lima-Serrano¹

(1) University of Seville

(2) University of Maastricht

ABSTRACT. Introduction: Binge Drinking (BD) is a great concern in the adolescence. It is known that social influence affects the adolescent's decision making about BD, but parental styles and practices can be a factor that reduce its effects. The aim is to determine the relationship between parental styles and practices and social modeling (alcohol consumption by family and peers) with BD in Andalusian adolescents between 15 and 19 years. **Method:** a cross-sectional study was carry out using the online baseline questionnaire from a community clustered randomized controlled trial (CRCT) of the program "Alcohol Alert in Family" (n=2260) in November 2018. The self-administrated questionnaire included demographics, family and school characteristics, parental styles and practices, alcohol consumption and other substances, and alcohol consumption among peers and family variables. The dependent variable was BD in the last 30 days. Binary logistic regression was carry out using IBM SPSS Statistics 21. **Results:** The average age was 15.41 years (TD=1,10), 17.2% have done BD in the last 30 days and 51.5% was boys. The resulting model of the regression after prove introduce by steps method and removal no significant variables is significant ($p = 0.000$ in Chi² omnibus value), and explain between 0.216 (Cox and Snell R²) and 0.310 (Nagelkerke R²) of the dependent variable. According to global percentage, 78.0% of the cases are correctly classifying. Sex variable was significant (0,009), family influence is not significant ($p=0.115$) and consumption of peers takes on special importance ($p<0.05$). For parental practices, the arrival limit time on weekend helps to explain the BD ($p=0.025$). Regarding parental styles, the only variable that is significantly associated with BD is parental psychological control ($p=0.017$). **Conclusion:** This results show the importance how negative parental styles and practices could lead to risk behaviors in adolescence. Pay attention to it is necessary for health promotion.

FACTORS ASSOCIATED WITH ALCHOL USE AMONG ADOLESCENTS IN SLOVENIA: DO THEY DIFFER BY SOCIO-ECONOMIC STATUS? A CROSS-SECTIONAL STUDY

Emina Mehanović¹, Matej Košir², Sanela Talić², Helena Jeriček Klanšček³, Federica Vigna-Taglianti¹

(1) Department of Clinical and Biological Sciences, University of Torino, Italy and Piedmont Centre for Drug Addiction Epidemiology

(2) Institute of Research and Development UTRIP

(3) National Institute of Public Health, Ljubljana

ABSTRACT. Background: Alcohol use is widespread among Slovenian adolescents. According to the European School Survey Project on Alcohol and other Drugs, alcohol use among adolescents in Slovenia exceeds the European average. Moreover, alcohol use is recognized as a socially acceptable behaviour in the country. This paper aims to investigate the association of parental, friends, and personal factors with the risk of alcohol use in a sample of Slovenian adolescents, and whether these associations differ by socio-economic status of the school area (SES). **Methods:** The survey involved 2,946 primary school students of 7th and 8th grades of 44 schools in Slovenia in October-November 2010. The association between sociodemographic characteristics, parental alcohol use and permissiveness to drink, parental monitoring, perception of friends' alcohol use, beliefs toward alcohol, self-esteem and refusal skills, and the probability of recent alcohol use was evaluated through multiple multilevel logistic regression analysis. **Results:** The mean age of the students was 13 years. The prevalence of recent alcohol use was 26.4%. Parental alcohol use, parental permissiveness to drink alcohol, parental monitoring, perception of friends' alcohol use, positive beliefs toward alcohol use and low refusal skills were significantly associated with the risk of alcohol use. Differences in factors correlated with alcohol use emerged by socio-economic status of the school area. Parental drinking and permissive attitudes were stronger correlates of alcohol use among adolescents of middle and low SES schools, while friends' alcohol use and personal factors among adolescents of high SES schools. **Conclusions:** Public health actions should take into consideration socio-economic environment when designing

interventions to prevent alcohol related behaviours. Prevention efforts involving parents of low SES areas to reduce risk behaviours of children deserve further attention.

THEORIES OF CHANGE FOR E-HEALTH INTERVENTIONS TARGETING SEXUAL RISK, SUBSTANCE USE AND MENTAL ILL HEALTH AMONG MEN WHO HAVE SEX WITH MEN: SYSTEMATIC REVIEW AND SYNTHESIS

Rebecca Meiksin¹, GJ Melendez-Torres², Jane Falconer¹, T Charles Witzel¹, Peter Weatherburn¹, Chris Bonell¹

(1) London School of Hygiene & Tropical Medicine

(2) College of Medicine and Health, University of Exeter Medical School

ABSTRACT. Sexual risk, substance use and mental ill health constitute a syndemic among men who have sex with men (MSM). E-health interventions offer accessible, anonymous support and can be effective in addressing these health outcomes in general populations, suggesting the potential value of developing e-health interventions that addresses these simultaneously and holistically among MSM. We conducted a systematic review to describe the theories of change underpinning relevant interventions. We identified eligible reports via expert requests, reference-checking, Google and database searches. We screened results for reports published since 1995; focused on MSM; reporting on e-health interventions providing ongoing support to prevent HIV/STIs, sexual risk behaviour, substance use, anxiety or depression; and describing intervention theories of change. Reviewers assessed report quality, extracted intervention and theory data and developed a novel method of theory synthesis using diagrammatic representations of theories of change. Twenty-four reports on 17 theories of change were included, tending towards low/medium-quality. Inductively grouping intervention theories according to their core constructs, we identified three distinct theoretical pathways. In the largest grouping, 'cognitive/skills mechanisms', information and activities are theorised to influence distal cognitive mediators which influence behaviour via motivation/intention and self-efficacy/perceived control. In the 'self-monitoring mechanisms' group, theory focuses on triggering reflection, self-reward/critique and self-regulation. In the 'cognitive therapy' group, theory is rooted in cognitive-behavioural techniques, aiming to reframe negative emotions to improve mental health. The synthesised theories of change provide a framework for developing e-health interventions holistically addressing interacting syndemic health problems among MSM. Improving reporting on theories of change for such interventions would enable a better understanding of how they are intended to work and the evidence supporting this. Our novel diagrammatic method of theory synthesis can be used for future reviews where interventions are driven by existing behaviour change theories. Further work will synthesise evidence on effectiveness of these interventions.

YOUTH WITH HIGHER FEAR OF NEGATIVE EVALUATION PRESENT MORE INTERNET USE-RELATED INTRAPERSONAL AND INTERPERSONAL CONFLICTS

Alexandra Morales¹, Miriam Rodríguez-Menchón¹, Silvia Melero¹, José Pedro Espada¹, Mireia Orgilés¹

(1) Miguel Hernández University

ABSTRACT. Social anxiety is reportedly related to Internet addiction. However, more evidence is needed of which specific components of social anxiety are associated to Internet-related intrapersonal and interpersonal conflicts, in order to improve prevention and treatment programs. This work was aimed at exploring the relationship between social anxiety (including three components: Fear of Negative Evaluation (FNE), Social Avoidance and Distress specific to new situations or unfamiliar peers (SAD-New), and Social Avoidance and Distress that is experienced more generally in the company of peers (SAD-General) and the addiction to Internet (including two components: intrapersonal conflicts and interpersonal conflicts). Participants were Ecuadorian college students (N = 280) from 17 to 25 year-old. About 70% were females and mean age was 20.44 (SD = 1.87). All responded online to the Internet Related Experiences Questionnaire (IREQ) and Social Anxiety Scale (SAS). Linear regression results reported that youth with higher level of FNE ($[\beta] = 0.33$; 95% CI, 0.29, 0.75) and younger ($[\beta] = -0.11$; 95% CI, -1.03, -0.01) were

more likely to present higher level of Internet-related conflicts. Participants with higher level of FNE and those younger were also more likely to present higher level of Internet-related intrapersonal and interpersonal conflicts. Participants' gender, SAD-New and SAD-General were not associated to Internet-related conflicts. In conclusion, FNE was the component of social anxiety related to Internet-related intrapersonal and interpersonal conflicts. These results suggest that FNE should be included as a main area or work in interventions when young people present Internet addiction or conflicts associated with its use. Further work is required to replicate these results and evaluate the clinical significance of the association.

ADDICTION TO INTERNET IN ECUADORIAN YOUTH: PSYCHOMETRIC PROPERTIES OF THE INTERNET RELATED EXPERIENCES QUESTIONNAIRE (IREQ)

Alexandra Morales¹, Clayton Carrasco¹, Iván Fernández-Martínez¹, María T. González¹, Mireia Orgilés¹, José Pedro Espada¹

(1) Miguel Hernández University

ABSTRACT. The Internet Related Experiences Questionnaire evaluates intra and interpersonal Internet-related conflicts. Despite the usefulness of this instrument to identify cases of internet addiction, its psychometric properties have not been examined in Latin American countries, such as Ecuador. Therefore, the aim of this paper was to validate the Internet Related Experiences Questionnaire (IREQ) with a sample of 280 youth (from 17 to 25 years old) from Ecuador. An online survey was disseminated in two Universities (one public and one private) located in Guayaquil, in the coast area of the country. Women represented the 70% of the sample, and group mean age was 20.44 (SD = 1.87). The Spanish version of the IREQ was culturally adapted (expressions and contexts) by four Ecuadorian experts in technology and educational innovation. The factorial structure, reliability and validity of the final version of the IREQ with Ecuadorian youth were explored. Confirmatory factor analysis supported the good fit of the original two-factor model, including "Intrapersonal conflicts" and "Interpersonal conflicts" factors (CFI = .97; TLI = .96; RMSEA = .09 [95% CI: .07, .11]). Evidences of internal consistency of the Ecuadorian version of the IREQ were found for the total score (alpha = .83) and subscales (alpha = .78, and .68, respectively). Evidence of validity was provided by positively and from moderate to large Spearman correlations between IREQ subscales and total score and Mobile Related Experiences Questionnaire subscales and total score (ρ = from .41 to .72). No gender differences were found in the IREQ and its subscales. Younger participants presented higher levels of intrapersonal and interpersonal conflicts related to Internet use (ρ = -.14 and -.12, respectively). Results provide support for the use of this questionnaire to assess addiction to Internet in Ecuadorian youth.

THE COMPLEX EVALUATION OF A COMMUNITY-BASED PREVENTION PROGRAMMES: A GLIMPSE INTO THE MULTI-METHOD APPROACH

Yasmina Castaño¹, Mariàngels Duch¹, Clarisse Guimarães², Montse Juan¹

(1) IREFREA

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ABSTRACT. The evaluation of community-based prevention programmes constitutes a challenge for the scientific community, since it requires a multimethod approach, integrating both quantitative and qualitative techniques. Besides, it entails three more requisites: development of necessary links to provide coherence among results; co-production of the intervention among researchers, implementers and target population; the ability to elucidate unexpected questions, outcomes and potentialities that may arise during the evaluation process. An example of this evaluation method is presented through the EPOPS programme: an applied, research-action programme focusing on the empowerment of family organisations to enhance community prevention by the co-production of strategies in collaboration with prevention professionals and other stakeholders. The EPOPS evaluation was conducted through a multimethod assessment, integrating quantitative (a five-scale battery: GSES, Intention, ICSEPS, PAP, CISES) and qualitative approaches (Focus Group, CRA, Case Studies), all coordinated by an external evaluation team. The sample included parents involved in EPOPS activities, policy makers and other stakeholders from CSOs, who participated along the process. After two years of implementation, the results obtained were somehow

controversial: comparison between experimental and control groups showed lower scores at GSES and CISES scales for the experimental group. Besides, CRA scores suggested vague awareness on community readiness. Nevertheless, these results do not correlate with the high involvement of the participants in preventive actions as found in the Focus Group analysis and Case Studies description. These controversial results suggested that it is important to rethink the implementation pathways and the evaluation approaches. Besides, it has enabled a look beyond the evidence found and its real implications.

USE OF A NEW MEASUREMENT FEEDBACK SYSTEM (MFS) FOR PARENTING GROUPS – HOW CAN THE “MYECHO” APP IMPROVE OUTCOMES?

Ida Mari Haug¹, Simon-Peter Neumer², Therese Halvorsen¹, Merete Saus³, Lene-Mari Potulski Rasmussen³, Marcela Douglas³, Ragnhild Bjørknes⁴, Joshua Patras¹

(1) RKBU-North

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(4) RKBU-West

ABSTRACT. Client- or user feedback using Measurement Feedback Systems (MFS) shows promising results in mental health interventions, and there are a number of MFS developed for use in mental health contexts. Yet, studies rarely report using MFS in conjunction with other psychosocial interventions, for example parenting programs, and few MFS have been developed for use in group-based interventions. In general, current MFS suffer from use of measures that are not well validated, a rigid structure that is not adaptable, or a monetized approach to distribution that is not compatible with large-scale distribution. The MFS used in the current study is called “myEcho”. It is delivered via an app developed in close collaboration with the University of Oslo. A goal of the PIRM study is to adapt and test the app within two different parenting interventions, Incredible Years (IY) and International Child Development Programme (ICDP), for families with a refugee background. **METHODS:** The “myEcho” app includes an idiographic measure of three personal aims and nine items measuring participants’ experience in the parenting program which are answered on a weekly basis. Results are displayed on a visual data dashboard to guide the group leaders in tailoring the intervention to parents’ needs. **RESULTS:** We will address the limitations of established MFS systems and give a presentation of the MFS app that is currently in use in the PIRM study. Example results and initial experiences will be presented. **CONCLUSION:** One way to optimize effects is to combine a psychosocial intervention with MFS. Such systems can give feedback about parents’ progress to the group leader, enabling them to adapt the intervention to better serve the needs of the parents.

QUALITATIVE METHODS IN THE PARENTING INTERVENTIONS FOR REFUGEE AND MINORITY FAMILIES (PIRM) PROJECT

Therese Halvorsen¹, Merete Saus², Marcela Douglas², Lene-Mari Potulski Rasmussen², Ida Mari Haug², Ragnhild Bjørknes³, Simon-Peter Neumer⁴, Joshua Patras¹

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ABSTRACT. The Parenting Interventions for Refugee and Minority Families (PIRM) study examine two group-based parenting programs, Incredible Years Basic (IY) and International Child Development Programme (ICDP), for refugee and minority families with children aged 6-12 years. The study has a mix-methods design. This presentation highlights the qualitative part of the study, focusing on the different actors participating. Bringing up children in new countries is challenging for most parents. Raising children as refugees and minorities adds strain to the usual stress. Using qualitative interviews, we investigate the families’ experiences and question if IY and ICDP are appropriate interventions to the challenges refugee and minority parents’ experience. We will interview a

selection of parents attending parental groups, their children, and group leaders. Additionally, IY group sessions films will be analyzed. This multi - actor design provides multiple perspectives. Exploring these different views and comparing them, will contribute to have better knowledge of the adequacy of parent programs for parents with refugee and minority background. The aim of the qualitative part of the study is to: 1) explore experiences regarding participation in parenting programs; 2) understand the phenomenon concerning raising children in alien cultural contexts after difficult life experiences. The questions and interview situations will differ for the diverse actor groups due to their varied experiences. However, we will cover some main areas from all actors: Parents will be asked about their experiences regarding parenting; comparisons to what they did in their homeland; and about their experiences and reflections concerning the parent program. Children will be invited to tell more about their experiences and reflections regarding growing up in a new country. We adjust these questions to the child's age and maturation. Group leaders will be interviewed about their experiences and reflections concerning parent programs for minority and refugee parents.

EXERCISE ADDICTION: FEATURES AND OPPORTUNITIES FOR PREVENTIVE INVESTMENT AND RESEARCH

Zrinka Selestrin¹

(1) Faculty of Education and Rehabilitation Sciences

ABSTRACT. Regular physical activity plays a crucial role in health maintenance, but also prevention of different aspects of behavioral disorders and mental issues. However, dark side of this "positive" behavior is often ignored and repressed in the society. Recently, negative effects of exercising are more investigated in the scientific circles with some of them related to exercise addiction. Thus, it is important to acknowledge that excessive exercise has the potential to have adverse effects on both aspects of health. The empirical and scholastic discussion of excessive physical activity focuses on obsessive and compulsive exercising. However, this review is emphasizing that excessive physical exercise fits the typical and most common characteristics of behavioral addictions. The aim of this review is to synthesize the current knowledge on symptomology, diagnosis, etiology and epidemiology in the world and specifically in Croatia. Also, the goal is to give an emphasize on behavioral determinants of exercise addiction as well as its risk factors and social context and determinants in the world and Croatia that contribute to its onset and maintenance. This paper also contains an overview of some of the existing measures in Europe and Croatia related to the promotion of physical activity and its connection to prevention of mental health disorders. These measures and activities are crucial for prevention of bibehavioral and mental disorders especially connected with this problem, such as eating disorders and binge eating. Also, it is important to underline a multicomponent level of this problem and the need for wide range of sectors to be all connected in the efforts to sustain and prevent this disorder from the beginning and not to mix it with the undeniable benefits of physical activity. Given its unexplorance in account, this poster will show in more details the contribution of this topic to the field of prevention.

THE RELATIONSHIP BETWEEN PREVENTION OF MENTAL, EMOTIONAL AND BEHAVIORAL PROBLEMS AND PROMOTION OF MENTAL HEALTH: CRITICAL REVIEW FOR PREVENTION PLANNING AND INVESTMENT

Zrinka Selestrin¹

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ABSTRACT. Prevention and protection of mental health are important topics for the future of our society. Given today's lifestyle in account and life challenges each individual faces, importance of this human's health part is unquestionable. However, despite the growing recognition of the topic of good mental health, this problem remains a neglected aspect of public health in many countries. In order to prevent this, it is necessary to develop strategies for prevention of various forms of mental, emotional and behavioral problems and to promote mental health in public health and other public policies that require a high level of cooperation between government departments, agencies and different sectors. It is the concept of promoting mental health and introducing different prevention strategies in many countries that is proving to be the most sustainable way to reduce the increased

burden of mental disorders and improve the general health and well-being of the population. It is important to understand the seriousness of this public health problem, pay special attention to prevention at all levels of public policy, both in the agenda setting and in the decision-making process. Also, it is crucial that the implementation of policy decisions is the result of expertise, allocation of favorable resources as well as ensuring an evaluation. The aim of this critical study is to offer an overview of two concepts, the concept of prevention of mental, emotional and behavioral problems and mental health promotion, frame their relationship, taking into account their similarities and differences. Also, the goal is to emphasize the connection between positive mental health approach and positive youth development in the above stated concepts. Thus, this poster will provide a critical insight into the relationship between the two concepts in order to contribute to a better understanding of the challenges of modern society related to prevention science.

EVOLUTION AFTER ADOLESCENTS' ACUTE ALCOHOLIC INTOXICATION ATTENDED IN A HOSPITAL EMERGENCY DEPARTMENT

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ABSTRACT. Adolescence is a transitional stage with important physical and mental changes. These changes may lead to significant risk behaviors among adolescents. One of these risks is alcohol abuse, which is also related to other short and long-term problems. The objective of this study is to analyze abnormal or pathological behaviors identified in patients treated at a hospital Emergency Department (ED) after an Acute Alcoholic Intoxication (AAI) over a period of time. Cross-sectional and observational study in children under 18 years of age during the two years immediately following an episode of AAI treated at an ED. Epidemiological variables such as age and sex and subsequent visits such as another AAI, psychopathologic consultations at an ED, specific follow-up for mental health, risky sexual behaviors, and accidents or visits in ED for other reasons were analyzed. The results were compared with a control group. A total of 62 cases with AAI were reviewed (53.2% females). The AAI group presented a higher rate of subsequent consultations for psychopathological problems (21% vs. 3%), need of specialized psychiatric follow-up (23% vs. 8.8%) and risky sexual behavior (11.3% vs. 0%). However, the subsequent accident rate was not statistically different in the two groups. In conclusion, the follow-up result reaffirms the need to carry out actions that help detect patients at higher risk when treated for an AAI.

EVALUATION OF THE IMPLEMENTATION FIDELITY OF BRAZILIAN KEEPIN' IT R.E.A.L. CURRICULA (PROERD) AND ITS EFFECTS ON SUBSTANCE USE

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ABSTRACT. Introduction: PROERD is a school prevention program performed by the Brazilian military police since 1992. Its current curriculum is an adaptation of the program Keepin'it REAL, originally developed in the US. The program had not yet been evaluated in Brazil, although it is widely disseminated in the country. **Objectives:** Evaluating the implementation fidelity of PROERD and its effect on preventing drug use. **Methods:** Two PROERD curricula were analyzed using randomized controlled trials conducted with 1,742 5th grade students and 2,316 7th grade students in 30 public schools in the city São Paulo. The intervention group received 10 PROERD classes, applied by the military police, and the control group was not exposed to any prevention program. Data collection was performed at two points in time, with an interval of 8 months, using self-administered questionnaires on smartphones. After each class, the PROERD instructor recorded in a database the activities performed and the changes made to the original script. Descriptive analyzes and multinomial logistic regressions were used to assess the impact of fidelity on the effect on drug use in the month (outcomes: alcohol, binge drinking, cigarettes,

marijuana, inhalants and cocaine). **Results:** There was no effect of fidelity in reducing drug use (example: OR = 0.97; 95% CI 0.89-1.08 alcohol in the 7th year). 77.3% of the 5th grade classes received the complete program. Lesson 7 (Effective Communication) was the most incomplete one (40%), and lesson 3 (Making choices) was the most altered one (17.9%). 72% of the 7th grade classes received the complete program. Lesson 10 (Eco map) was the most incomplete one (10.8%) and lesson 4 (Assertively refusing) was the most altered one (21.6%). **Conclusions:** A more careful investigation of the reasons for the alteration and incompleteness of the program is necessary for possible adjustments to the content of PROERD.

MOTIVATIONAL DETERMINANTS AND CANNABIS USE IN ANDALUSIAN ADOLESCENTS: BINARY LOGISTIC REGRESSION

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ABSTRACT. Introduction: Given cannabis use is increasing at an early age over the world, this paper aims to determine the prevalence of cannabis use, as well the motivations for its consumption in Andalusian adolescents (Spain). **Method:** A cross sectional study was carried out with a questionnaire self-administered to adolescents between 14-18 years in 2018, that explores the motivations to cannabis use based on I-Change model. The independent variables were sociodemographic and family variables, and motivational variables (attitude, social influence and self-efficacy). The dependent variable was cannabis use in the previous 12 months. Binary logistic regression analyses with backward method (likelihood ratio) were carried out by two blocks (sociodemographic and motivation), supported by IBM SPSS Statistics 26. **Results:** 369 adolescents participated. 53.8% were girls. 57% belonged to 10th course. Mean age was 16.34 years and the prevalence of cannabis use in the last 12 months was 24.2%. In the regression analysis we found that, after removing those variables that were not significant (probability for stepwise removal= $p < 0,10$), the variable associated with cannabis use were sex ($p = .159$, OR=.576), age ($p = .51$, OR=1.109), boyfriend/girlfriend ($p = .107$, OR=1.879), scale of attitude cons ($p = .000$, OR=.855), social Norm ($p = .036$, OR=1.124), Social Modelling ($p = .001$, OR=1.161) and Self-efficacy ($p = .000$, OR=.917). Attitude cons and self-efficacy are a protective factor ($b = -.206$, Exp(B)=.814) while the other are a risk factor. **Conclusions:** Our results show the convenience of intervening in the variables determined as a form of prevention in subsequent use, which could avoid its direct and indirect costs.

TERTIARY PREVENTION OF DEPRESSION IN CONFINEMENT DURING COVID-19 CRISIS

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ABSTRACT. Introduction: Depression is one of the most prevalent mental disorders, which also has a strong trend to becoming chronic. Patients whose Depression episode last more than two months and they do not tolerate or accept at least two attempts of pharmacological treatment are considered to have Resistant Depressive Disorder. Confinement situations due to health alert like the one we experienced make necessary an online alternative intervention for these patients, but there are few studies to support it. The main objective of the present study is to evaluate the efficacy of an online Mindfulness-based Cognitive Therapy (MBCT) program as an adjuvant of pharmacological treatment in patients diagnosed with Resistant Depression. **Method:** This is a 2-arm parallel randomized controlled trial study. A sample of 44 people was randomized with a ratio of 2:1. The intervention group ($n = 29$) received an online group treatment for 8 weeks and Lifestyle Recommendations. Active Control

Group (n=15) only received Lifestyle Recommendations. Sociodemographic data was collected and the Beck-II Depression Inventory was used as the main measure of program effectiveness. **Results:** Both groups showed a decrease between baseline and post-intervention evaluation in Beck-II ($p < 0.05$). Intervention compliance was good compared to other similar studies (66.81%). In addition, no side effects or relevant problems were reported. On the other hand, Spearman's correlation between depressive symptomatology and attendance of -.242 sessions is worth to mention. In short, this preliminary post-intervention study allows us to confirm that online intervention is well accepted among patients. However, at this time we cannot demonstrate its effectiveness. Therefore, it is necessary to reevaluate it when the sample is completed and all patients have been followed up for 12 months.

SARS-COV-2 TASTE AND SMELL DISORDERS: A CROSS-SECTIONAL STUDY IN A NORTHERN ITALY LOCAL HEALTH DEPARTMENT

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ABSTRACT. Background: in Italy, since the beginning of COVID-19 pandemic, patients tested positive for SARS-CoV-2 through nasopharyngeal swab reported taste and smell alterations. These symptoms are not common in other respiratory infections; therefore, their specificity and prevalence are useful for differential diagnosis. **Objective:** to describe taste and smell alterations in patients diagnosed with SARS CoV-2 infection and define the onset of those disorders in the clinical course of the disease. **Methods:** a cross-sectional study was conducted on adult patients tested positive for SARS-CoV-2 infection through nasopharyngeal swab in a Northern Italy Local Health Department. In order to investigate the clinical course, the onset of the first symptoms, smell and/or taste alterations, a phone-based questionnaire was administered during the programming of the second nasopharyngeal swab, in the period between 04/27/2020 and 05/27/2020. **Results:** We recruited 168 patients; the mean age was 52 years old, and 94 were female. Among the 135 symptomatic patients, 87 (64,4%) reported taste and smell alterations. Patients with mild clinical course showed the highest prevalence for taste and smell disorders (76,6%) that are also associated with a more benign clinical course of the disease (p -value=0.0166). Furthermore, in 33 (37,9%) of this patients, changes in smell and taste perception appear before the acute phase of the disease; among the 14 patients with a severe clinical course of SARS CoV-2 infection, 8 reported a variation of taste and smell perception before the hospitalization, with a median of 4 days (IQR 2-7). **Conclusions:** Smell and taste disorders can be mentioned among the first symptoms of SARS-CoV-2 infection and may anticipate the acute phase of the disease.

COVID-19 CONFINEMENT IMPACT ON CANNABIS CONSUMPTION

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ABSTRACT. Cannabis is consumed by many people as part of their life style. It can be consumed as a way to release stress, caused by coronavirus confinement measures. Restriction on dealers mobility, on the other hand, might have compromised the access to cannabis (Rodríguez, 2020). Our goal is a thorough research on the impact of COVID-19 confinement in the consumption pattern of cannabis by Spanish people. Our sample contains 3.780 participants (70% women; 30% men), 18 to 64 years old. Participants in the survey voluntarily filled a set of online instruments focused on the analysis of consumption (frequency, quantities, types and ways of consumption) and the Cannabis Abuse Screening Test (CAST) to assess problematic consumption. Descriptive analysis and average comparisons, according to age and sex, were performed with IBM-SPSS-26 statistical package. 9,6% (n=364) of the sample admit consumption of cannabis in the last 6 months; 40,9% (n=149) show a risk consumption, with greater impact in men than women ($t_{(227)} = -3,78$; $p < 0,001$). We have not found age-related trends ($t_{(227)} = 1,43$; $p = n.s.$).

Quantity of joints (cannabis and tobacco) consumed per day has decreased during confinement ($t_{(228)}=2,19$; $p<0,05$), while that of joints containing only cannabis has increased ($t_{(228)}=-2,66$; $p<0,01$). We do not find significant differences in the daily consumption of joints of other composition (hashish with marijuana, hashish oil -CBD-, synthetic cannabis) before and during confinement. During confinement, risk consumers have decreased the daily consumption of joints (cannabis with tobacco). No differences, before and during confinement, in the consumption patterns of other types of cannabis mixes have been found. Likewise, in a subset of our sample, there is an increase in cannabis consumption (without tobacco). This shows evidence of how the consumption of cannabis has been affected by confinement in different ways according to the way of consumption, and other variables taking part of consumption patterns.

CHANGES IN THE PATTERN OF ALCOHOL CONSUMPTION BEFORE AND DURING COVID-19 CONFINEMENT

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ABSTRACT. The consequences of COVID-19 confinement, could imply an increase alcohol consumption among citizens, not only as a form of distraction or an avoidance strategy, but also as a consequence of anxiety or depressive symptoms experienced in these situations (García-Álvarez et al., 2020; Lebeaut et al., 2020). The goal is to identify patterns of risk alcohol consumption before and during confinement, seeking for reliable data to carry out a more effective public health planning. A convenience sampling of 3,780 Spanish people (70% women, 30% men), was collected via a set of online instruments to analyze the pattern of alcohol consumption, including AUDIT-C questions. Descriptive analyzes and comparisons of means were performed using the IBM-SPSS-26 statistical package, according to sex and age (18-29, young, or 30-64, mature). The results indicated that 63.8% ($n=2412$) admit consumption of alcohol in the last six months. From them, the percentage of risk consumers is higher before (25%; $n=607$) than during confinement (14.6%; $n=353$) ($t(2343)=22,361$; $p<0.001$), regardless of sex and age. When comparing men and women, the former show a higher risk consumption score before ($t(2343)=-7,887$; $p<0.001$) and during confinement ($t(2343)=-5,644$; $p<0.001$). Between age groups, there were no significant differences before confinement ($t(2343)=1,820$; $p=0.069$). However, mature people have higher risk consumption during confinement ($t(2343)=-12,603$; $p<0.001$). Our findings indicate that alcohol consumption was reduced during confinement, regardless of sex and age. This is to be expected because the predominant pattern of alcohol consumption is associated with leisure time among social groups in Spain. Despite the reduction in the prevalence of this risk behaviour, it should not be forgotten that the literature warns of the psychological effects of COVID-19 confinement (Lima et al., 2020), especially in vulnerable groups, such as young people, so it is necessary to develop preventive initiatives adapted to the new needs of the population.

IMPACTFUL SOCIAL CHANGES RELATED TO THE COVID-19 PANDEMIC IN PRENATAL WOMEN

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ABSTRACT. Background: With the onset of the COVID-19 pandemic came unprecedented socio-environmental changes and uncertainty for many vulnerable populations, including pregnant women. Because it is well-established that maternal mental health and wellbeing play a role in maternal-infant health outcomes, it is important to understand both the concrete lifestyle changes experienced by pregnant women in this unique time as well as the health behaviors and psychological implications that have resulted from the pandemic. **Methods:** A

cross-sectional survey was completed by pregnant women (N=83) recruited through the Prolific survey platform in the United States during the COVID-19 pandemic in May 2020. Participants were assessed for stressors and health/coping behaviors related to the pandemic. Using the collected data, correlations and a multiple binary logistic regression analysis were conducted. **Results:** Statistical analysis indicated that participants working from home during the pandemic significantly increased ($p<.05$). We also found a significant interaction between participant endorsement of increased time working at home and income level on their endorsement of connecting with others, including talking with people they trust about their concerns and how they were feeling ($p<.05$). Women who endorsed working from home more often during the pandemic had 9.46 times the odds of connecting with others that they trusted. **Conclusion:** Our findings highlight impactful social changes that came about as a result of the COVID-19 pandemic for pregnant women, specifically increased ability to connect with others while working from home. Positive familial relationships have been repeatedly shown to be beneficial to the health and outcome of a pregnancy. These data have implications for prenatal guidelines to encourage a work-from-home model in pregnant women to allow for increased opportunity for familial relationships that positively impact maternal-infant health. Future work on this topic will include follow-up with survey participants to determine the relationship between survey responses and birth outcome.

BASAL CHARACTERISTICS OF THE INTERVENTION OF THE EIRA STUDY IN THE ARAGONESE POPULATION

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ABSTRACT. Introduction: Nowadays, chronic diseases cause great personal, social and economic problems. Education for the improvement of healthy habits and lifestyles is essential to achieve good control of chronic diseases and a better quality of life for patients. Multi-behavioral interventions improve morbidity and mortality figure and promote the participation of citizens and professionals in the intervention. **Aims:** The aims of this work were to describe the baseline characteristics of the patients residing in the autonomous community of Aragón included in phase III of the EIRA study, and to analyze the relationship that the different independent variables may have with quality of life. **Method:** Baseline data from all patients residing in the Autonomous Community of Aragón who were included in phase III of the EIRA study were analyzed. Patients who were selected, had ≥ 2 unhealthy lifestyles (smoking, low adherence to the Mediterranean diet and / or low level of physical activity). Quality of life was measured with the EQ-5D-5L questionnaire. A descriptive and bivariate study was carried out. The variables did not follow a normal distribution. Non-parametric statistical tests were used. To identify influencing factors on quality of life, automated linear regression was used with SPSS v19. **Results:** 392 patients were included (12.79% of the total EIRA study population [95% CI = 11.98 to 13.65]); 254 in the Intervention Group (GI) and 138 in the Control Group (GC), without significant differences between both groups. In the control group 65.22% women, age (median) 57 years. In the intervention group: 60.63% women, age (median) 59 years. Most prevalent risk behaviors in descending order: low level of physical activity (87.68%), low adherence to the Mediterranean diet (84.78%), and smoking (67.39%). **Conclusion:** There are no significant differences motivated by the study design. The influence of mental health, work activity and educational level on the EQ-5D-5L is remarkable.

INTERVENTION IN THE PREVENTION OF OBESITY AND OVERWEIGHT IN SCHOOLCHILDS: A META-ANALYSIS

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ABSTRACT. Introduction: Childhood obesity is a public health problem, which starts more soon. It has psychic and social consequences for health, in childhood and adulthood. The best treatment for obesity is the prevention of childhood obesity. Therefore, it is important to promote healthy eating and physical activity at all ages. With this work, it is about the visualization of the quality and the performance of the health education programs that intervenes in a promotion of healthy habits around the improvement of the prevalence values of sedentary lifestyle and obesity. **Objective:** To review intervention studies conducted in the school setting to examine the effectiveness of strategies aimed at improving the implementation of school programs in terms of reducing the prevalence of obesity and childhood overweight. **Methodology:** The PRISMA guidelines are used according to Moher et al. 2009, to perform the meta-analysis. An exhaustive search is carried out using the following electronic bibliographic databases. The search in PUBMED included the combination of the terms Mesh: "Obesity" OR "Overweight" and the terms in free text "School" OR "Child" OR "Childhood" OR "Adolescent" OR "Pediatric" AND "Spain". The prevalence estimates were calculated using random effects models. The sources of heterogeneity were explored through univariate metaregressions. **Results:** Seven studies were included in the meta-analysis with a total sample of 6716 schoolchildren. The prevalence of current childhood obesity is 10.3%, and may be reduced after an intervention in health habits by 4.00% (95% CI: -6.44, -1.55). **Limitations:** A small publication bias was detected in the evaluation of the difference of prevalences pre-post intervention. **Conclusions:** Some heterogeneity between studies was found in relation to the follow-up of the studies. It is crucial to carry out more research around the intervention programs, taking into account the age, duration and follow-up of the included schoolchildren.

IS LIFESTYLE MODIFICATION AN EFFECTIVE INTERVENTION AS AN ADJUNVANT TREATMENT OF DEPRESSION IN PRIMARY HEALTH CARE? RANDOMIZED CONTROL TRIAL

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ABSTRACT. Depression is considered the main cause of disability worldwide, contributing to the overall global burden of morbidity and mortality probably being in 2030 the main contributor to the burden of morbidity. About 25-35% of patients who consult in primary healthcare suffer a psychiatric disorder, with more than 80% of them suffering Depression or Anxiety Disorders. Given that the onset and maintenance of depression are related to a wide variety of biological and psychosocial factors, many of them related to different aspects of lifestyle. Therefore, most of the strategies that promote a healthier lifestyle could have an antidepressant utility. The objective of this study is to analyze the effectiveness and cost-utility of the recommendations of healthier lifestyles as an adjunctive treatment of subclinical, mild or moderate depression in Primary Healthcare patients. Multicenter pragmatic randomized controlled trial in 3 parallel groups. Patients allocated in the first arm (control group) followed the usual antidepressant treatment provided by their GP (TAU). Patients allocated in the second arm (intervention group) followed the TAU and a Lifestyle Modification Program (LMP). This program will be composed of 6 weekly group sessions (with a duration of 90 minutes) conducted by an experienced psychologist. Patients allocated in the third arm (intervention group) followed the LMP and will be monitored using a wearable smartwatch that will track their

daily sleep pattern and physical activity (LMP+ICTs). The main variable was the Severity of depression measured by the Beck II Self-Applied Depression Inventory (BDI-II). The clinical effectiveness analysis based on linear regression analysis was performed. The subjects who participated in the LMP (either with ICTs or without ICTs), presented a statistically significant reduction of their depression in relation to the control group (p-value 0.014 and 0.002, respectively). Group interventions to modify lifestyles are useful and can be implemented in Primary Health Care.

ASSOCIATIONS BETWEEN THE SEVERITY OF DEPRESSION, PERSONAL FACTORS ON HEALTH BEHAVIOR AND LIFESTYLES

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ABSTRACT. Background and purpose: Depression is considered the main cause of disability worldwide. The onset and maintenance of depression are related to a wide variety of biological and psychosocial factors, many of them related to different aspects of lifestyles. So the study of the lifestyles, the associated personal factors and the severity of the depression may be interesting in order to support the existence of this relationship.

Objective: Analyze the association among the severity of depression, personal factors on health behaviour and lifestyles. **Methods:** Cross-sectional study. The sample consisted of 100 patients with depression recruited in primary health centers. The variables are the severity of depression, measured by BDI-II; lifestyles: Physical activity, measured by the International Physical Activity Questionnaire-Short Form (IPAQ-SF); adherence to the Mediterranean Diet, measured by the 14-item Mediterranean Diet Adherence Screener (MEDAS); Quality and patterns of sleep, measured by the Pittsburgh Sleep Quality Index (PSQI); personal factors on health behaviour: Self-Efficacy, measured by the Self-Efficacy Scale; Patient activation in their own health, measured by the Patient Activation Questionnaire (PAM); Sense of coherence, measured by the questionnaire of Antonovsky (SOC-13); Health Literacy, measured by the Health Literacy Europe Questionnaire (HLS-EUQ16); Procrastination, measured by the Irrational Procrastination Scale (IPS). Correlations and linear regression were performed. **Results:** Significant indirect correlations have been obtained between depression severity and self-efficacy, sense of coherence, and health activation, and significant direct correlations between depression severity and sleep quality and procrastination. Regarding the determinant of health literacy, no significant correlation has been obtained. **Conclusion:** The results support the relationship between depression, personal factors on health behaviour and lifestyle.

DEVELOPING A SYSTEM COMPRISING MOBILE HEALTH TECHNOLOGY INTEGRATED WITH CLINICAL CARE AIMED AT PREVENTING TYPE 2 DIABETES COMPLICATIONS BY SUPPORTING ADHERENCE TO MEDICATION AND LIFESTYLE RECOMMENDATIONS

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ABSTRACT. Introduction: Type 2 diabetes (T2D) is a common condition affecting 4 million people in Spain. Alongside lifestyle changes, medicines are used to prevent long-term complications. Interventions based on the use of Short Message Service (SMS) are a promising strategy to support medication adherence and lifestyle changes. We aimed at developing a mHealth intervention to prevent T2D complications by supporting adherence to medication and lifestyle recommendations. **Methodology:** We developed the system by: 1) developing a library of SMSs (conducting a qualitative study with 34 T2D patients and 36 healthcare providers to understand the way by which messages might work; 4 workshops with 28 experts and 6 patients to produce SMSs; and mapping SMSs onto behavior change techniques (BCTs)); 2) developing a system to automatically extract clinical data from electronic health records fortnightly, and 3) integrating the information from the message library and the electronic records, to automatically send patients personalized SMSs based on their clinical and lifestyle characteristics. **Results:** The qualitative study indicated a high acceptability and perceived utility of the system by patients and providers. As a result of the workshops 862 SMSs were produced. They covered four topics (medication, prevention of complications, diet, physical activity) and used 13 different BCTs (most frequently “shaping knowledge” and “natural consequences”). 372 SMSs were personalized according to self-reported lifestyle behavior and clinical characteristics (antidiabetic treatment, body mass index, HbA1C, blood pressure, among others). **Conclusion:** A mHealth system to prevent T2D complications has been successfully designed. The feasibility of intervention delivery will be evaluated in 40 patients who will receive 90 SMSs during 12 weeks; whereas its effectiveness will be evaluated in a 12-months RCT (740 patients). If effective, this program could be incorporated to the Health Service portfolio and offered to around 55,000 T2D patients in the Balearic Islands.

COSTS AND HEALTH EFFECTS OF CHRONIC KIDNEY DISEASE IN THE CHILEAN ADULT POPULATION

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ABSTRACT. Background: Chronic Kidney Disease (CKD) is a leading global public health problem, with substantial burden for healthcare systems and for the individual's survival and quality of life. The aim of this study is to adapt Schlackow and colleagues' CKD-CVD policy model to estimate the health and economic burden of CKD for adults 40+ years from the Chilean public healthcare system perspective. **Methods:** The CKD-CVD model was built based on the CKD and cardiovascular disease (CVD) data from the Study of Heart and Renal Protection (SHARP). The CKD submodel included five mutually exclusive states: from CKD Stage 3b to Stage 5 with and without need for renal replacement therapy (RRT: dialysis or transplant). The CVD submodel used the individuals' annual risks of the cardiovascular (CV) outcomes (both fatal or non-fatal) and non-vascular death. Both submodels were combined into a Markov model with annual cycles and included all the possible states between the CKD stages and the CVD outcomes. Data to populate the model were extracted from nationally representative Chilean data. Only direct costs were included; Quality Adjusted Life Years (QALYs) were calculated based on the UK EQ-5D-3L tariff. Both used a 3% discount rate. **Results:** We predicted CV risk of individuals with CKD; life years (LY); costs; and QALYs. On average, an individual in CKD stage 3b has a survival time of 9.6 years, 7.2 QALYs, and lifetime costs of USD \$21,047. An individual in RRT has a predicted survival time of 6.4 years, 4.7 QALYs and lifetime costs of \$40,873. **Conclusions:** These estimates show the significant decrease in QALYs and LY and increase in healthcare costs for advanced stages. This model emphasises the need to develop effective preventive and treatment plans to reduce incidence and delay the progression of CKD and thus reduce the burden of the disease in Chile.

THE E-HEALTH BEHAVIOUR CHANGE WHEEL: A COMPREHENSIVE BEHAVIOUR CHANGE MODEL APPLIED TO TECHNOLOGICAL HEALTHCARE SERVICES

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ABSTRACT. The aim of our work was to create a comprehensive health behavior change model that could be used to help the development of a connected healthcare service (or e-health service). The base structure of the model originates from the Behavior Change Wheel (Michie, 2011) and the Transtheoretical Model of Health Behaviour Change (Prochaska & Velicer, 1997). We used these models to build two overlapping dimensions: sources of behaviour (Motivation, Capacity, Opportunity); and stages of change (Contemplation, Determination, Action and Maintenance). This means that users will be characterized according to specific psychosocial variables used as leverage to foster change, and be positioned along a continuum of change encompassing the entirety of the health process. On these dimensions we integrated other existing motivational models (e.g. Health Belief Model, Self-Determination Theory) and well-tested interventional tools and techniques (e.g. planning, regulatory feedbacks) to characterize the motivational application of each new functionality. We then used technology acceptance literature recommendations to further precise the design of each functionality. The E-Health Behavior Change Wheel aims to allow researchers and practitioners alike to develop precise and testable technological services, by accurately pinpointing the targeted health behaviours as well as considering a possible over time evolution. Moreover, this model allows for both a personalized follow-up of each individual involved in a program, and scaled-up actions targeting bigger groups of people. Future work should focus on examining the validity of this model, by testing it in situ and gathering data, and pushing its theoretical boundaries by extending the scope used in this paper.

GAMBLING ADVERTISING INFLUENCE ON GAMBLING BEHAVIOR ON ADOLESCENTS AND YOUNG ADULTS

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ABSTRACT. Gambling advertising was growing in Spain at a mean annual rate of 24.59% from 2013 to 2019, reaching the latter year up to 369 million Euros investment. Active gamblers have increased, reaching a 60% growth in 2017. Gambling companies offer special promotions and welcoming deposit bonus to attract new gamblers. Participation rate in gambling grows fast in the transition from adolescence to adulthood. For this reason, young people between 18 and 24 years old are the segment of the population being targeted by gambling advertising. The purpose of this study is to analyze the impact of gambling advertising on gambling behavior. We measured and analyzed several variables regarding gambling behavior and advertising on a sample of 2195 adolescents and 479 young adults. We found that advertising impact is related to gambling behavior, especially in males. Although people who have previously gambled, and those who have not, experience similar media pressure from gambling advertising, the impact of advertising is significantly higher on the first group. This finding is important because problem gamblers may be especially vulnerable to this kind of advertising. We also find a significantly better attitude towards gambling advertising on those people who have gambled before, compared to those who have not. No difference was found in beliefs towards advertising between those two groups. Besides to implement prevention programs, it may be necessary to adopt regulatory measures of gambling advertising. This is particularly important as to its influence on population groups that may be vulnerable to developing gambling problems.

OPINIONS AND MOTIVATIONS OF THE FRENCH POPULATION WITH REGARD TO THE INCREASE IN TAXES ON TOBACCO

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ABSTRACT. Background: As part of the National Tobacco Control Program, the increase in tobacco taxes is spread over three years: 2018, 2019 and 2020, at the rate of two increases per year, leading to a pack of 20 cigarettes at 10 € in 2020. This study examines the opinion of the population on these increases and the motivation aroused to quit smoking. **Methods:** Data come from the Santé publique France 2018 Health Barometer, a national telephone survey with random sampling conducted between January and June 2018 among 9,076 adults aged 18-75 living in metropolitan France. **Results:** Half (50.2%) of the population believed that increasing tobacco taxes is justified. This proportion varies according to smoking status: from 18.9% among smokers of 10 or more cigarettes per day to 66.0% among people who have never smoked. Between 2005 and 2018, the proportion of people who find it justified to increase tobacco taxes has changed little (from 52.4% to 50.2%). In 2018, 44.3% of smokers said that tax increases motivate them to quit smoking. Among former daily smokers, 40.1% said that this reason was a motivation to quit smoking. The socio-economically less favored smokers declared themselves as motivated to quit by raising taxes as the most favored smokers. **Conclusion:** These results document the role of tobacco prices in motivating smokers to quit smoking in the French context. They emphasize the role of tax increase on tobacco products as part of an integrated tobacco control policy, including measures to help quit smoking.

Poster session 3

IMPACT ON THE SEVERITY OF DEPRESSION IN PRIMARY CARE PATIENTS AFTER A PERIOD OF ISOLATION BY COVID-19 AND ASSOCIATED FACTORS

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ABSTRACT. Background and purpose: Covid-19 infection has been devastating in many countries around the world. In Spain, as in other countries, total isolation measures have been carried out for the population during more than 15 days. The consequences of these isolation measures on the health of the population are y will be very negative. This study aims to analyze the consequences in patients with depression of isolation measures, and the factors associated with these consequences. **Methods:** Longitudinal study. 20 patients with depression were evaluated two week before the implementation of the isolation measures and will be evaluated after the isolation. The variables collected were the following: Severity of depression measured by the Beck II Self-Applied Depression Inventory (BDI-II); lifestyles: Physical activity measured by the International Physical Activity Questionnaire-Short Form (IPAQ-SF); adherence to the Mediterranean Diet Measured by the 14-item Mediterranean Diet Adherence Screener (MEDAS), Quality and patterns of sleep measured by the Pittsburgh Sleep Quality Index (PSQI); personal determinants on health behavior: Self-Efficacy measured by the Self-Efficacy Scale; Patient activation in their own health measured by the Patient Activation Questionnaire (PAM); Sense of coherence (SOC) measured by the questionnaire of Antonovsky; Health Literacy measured by the Health Literacy Europe Questionnaire (HLS-EUQ16); Procrastination measured by the Irrational Procrastination Scale (IPS). Before-after comparisons, correlations and lineal regressions will be performed. **Results and conclusions:** People are expected to worsen in their severity of depression after the period of isolation but on the other hand, factors such as sense of coherence or activation of the patient are expected to act as protectors.

PROBLEMATIC INTERNET USE AND OLINE RISK BEHAVIOUR IN ADULTS BEFORE AND DURING COVID-19 CONFINEMENT

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ABSTRACT. Use of internet and online risks in adult population have been scarcely studied. The work presented here was carried out during confinement in Spain as a consequence of COVID-19 pandemic. The main goals were: a) estimate the percentage of Problematic Internet Use (PIU), (scale EUPI; $\alpha=0,85$) in adults during confinement; b) estimate the prevalence of online risk behaviour before and during confinement; and c) analyse the relationship between PIU and online risk behaviour, taking into account sex, age and other possible intervening variables. The initial sample comprised 3780 individuals aged from 18 to 64 (M=37,76; SD:11,95). Our results allow to confirm that PIU percentages in adults during confinement are slightly lower than those of younger population, but equally significant (14%). There are no trends related to sex (M:13,4%, F:14,7%; $\chi^2=1,25$; $p=0,263$), but there are in terms of age (18-30: 20,3%, 31-49: 12% y 50-64: 7,8%; $\chi^2=66,24$; $p<0,001$), i.e., PIU is a transversal phenomena at an evolutionary level. With respect to online risk behaviour, it has not increased as a consequence of confinement. Those individuals showing patterns of online risk behaviour during confinement showed the same patterns before

confinement, furthermore, our data suggests a slight decrease. Most of the risk practices (more common in the young population), are transversal, and we find, for example, cases of sexting in adults. These practices are found both in male and female population, although with higher percentage in males, specially those of sexual nature. Intervening variables both in PIU and internet use patters are cohabitation and job occupation. IT can be stressed out that individuals with PIU show a significant higher percentage of online risk practices, revealing a maladjusted use of internet, rather than isolated behaviours.

PROBLEMATIC INTERNET USE AND DEPRESSION AMONG SPANISH COLLEGE STUDENTS DURING COVID-19 CONFINEMENT

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ABSTRACT. WHO alerts than depression has become one of the big public health problems. Infantile and Juvenile depression are growing (Vandana & Ambelas, 2004) as well as suicide rates, being the latter the main cause of death among the European young population. These problems coincide with important social and live style changes, related to the globalization, internet, social networks and patters of intensive use of internet (Odaci & Cikricki, 2017; Strong et al., 2018). The work presented here was carried out during the confinement in Spain as a consequence of COVID-19 pandemic, with next goals: a) estimate the rate (percentage) of Problematic Internet Use (PIU) among college students in Spain during confinement (scale EUPI; $\alpha=0,81$); and b) explore the relationship of PIU_ with juvenile depression (scale PHQ-9; $\alpha=0,82$). The final sample comprises 919 Spanish college students, aged fro 18 to 30 ($M=24,86$; $SD: 2,88$). Our results show a correlation of both variables on the order of 0,38 ($p<0.001$), with the mean in PHQ-9 significantly higher among college students with PIU (6,61 vs. 10,05; $t=-7,81$; $p<0,001$). Likewise, suicidal ideation from PHQ-9 and PIU correlate ($r=0,20$; $p=0,000$). On the other hand, the percentage of severe depression or moderately severe depression was 7 times higher among college students with PIU (1,2% vs. 8,3%; $\chi^2=51,52$; $p<0,001$). If both variables are exchanged in the analysis, percentage of PIU increases progressively as a function of depression level: 14.3% in individuals with moderate depression ($PHQ=11-14$) and 63.2% in individuals with severe or relatively severe depression ($PHQ>14$). Despite of not being possible to establish casual relationship, the link between PIU and depressive symptoms in young population is suggested.

YOUNG PEOPLE, PROBLEMATIC INTERNET USE AND GAMING DISORDER DURING COVID-19 CONFINEMENT

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ABSTRACT. Many experts warn about the consequences of excessive use of connected devices in terms of health, cohabitation and personal development. Despite of neither WHO nor APA recognise internet use ad a specific type of addiction (different from the case of video games), health authorities accept that internet intensive use is becoming a problem for an increasing number of people. Although the focus of worries has been centered on childhood and adolescence, recent results start to show that a Problematic Internet Use (PIU) is affecting the entire population. Specific circumstances due to confinement (experienced by a large fraction world population) can contribute to an even more frequent and intensive use of connected devices and, as a consequence, a larger risk of PIU. The work presented here has been carried out in the framework of an online poll which took place during confinement in Spain due to COVID-19 pandemic, with the goal to account for the rate of PIU among the

young population, as well as seeking for a possible Gaming Disorder (GD) under confinement conditions. 1422 young people participated in the poll, aged from 18 to 30 (M=25,22; SD: 2,91). Collected data allow to estimate a prevalence of PIU of 19,8% and a 9,2% of GD. This number are alarming, and even higher than those detected in teenagers. A close relationship between both problems has been spotted, with rates of addiction 4 to 5 times larger in those young people showing PIU.

ENGAGEMENT IN RISK BEHAVIOUR BEFORE AND AFTER THE COVID-19 OUTBREAK: A PRELIMINARY ANALYSIS OF GERMAN UNIVERSITY STUDENT DATA

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ABSTRACT. Introduction: Previous research indicates that risk behaviour, such as substance use, is prevalent among students at German universities. We know from earlier crisis experiences that risk behaviour is influenced by external factors. To our knowledge, so far, no research has been conducted that examines risk behaviour among students during the COVID-19 pandemic. Thus, this study assessed changes in risk behaviour during this crisis.

Methods: The COVID-19 International Student Well-being Study (ISWS) is a multi-national project conducted at universities during the COVID-19 pandemic. Four German universities collected data in May 2020. 5.920 students completed the web-based survey. A variety of health-related topics were covered in the cross-sectional survey and risk behaviour was assessed retrospectively and at the time of data collection to examine situation-specific changes during the COVID-19 outbreak. **Preliminary results:** 69% of responding students were female and 30% male. The mean age was 24.4 years (SD=5.1). 30% of students smoked cigarettes more than once per week before and after the COVID-19 outbreak. 4% of students reported binge drinking more than once per week after the COVID-19 outbreak, versus 2% prior to the pandemic. Asked about the number of cigarettes and alcoholic drinks, higher percentages of students reported extreme smoking/drinking behaviour (no cigarettes/drinks or more than 10 drinks/cigarettes) after the outbreak. While 51% of students reported performing vigorous physical activity more than once a week before the COVID-19 outbreak, this percentage was at 45% after the outbreak (results are preliminary). **Discussion:** The ISWS study provides new data on the impact of COVID-19 on German university students' health behaviour and well-being. The prevalence data suggest that health behaviour changed only slightly among German students during the COVID-19 outbreak. Data analysis of this recent survey is ongoing, and further results will be presented at the upcoming conference.

IMPACTS OF DRINKING DURING COVID-19 LOCKDOWN FOR PEOPLE WITH AND WITHOUT MENTAL HEALTH CONDITIONS: FINDINGS FROM THE GLOBAL DRUG SURVEY SPECIAL EDITION ON COVID-19

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ABSTRACT. Background: The COVID-19 pandemic forced people around the world to dramatically change their lifestyles. The Global Drug Survey (GDS) Special Edition on COVID-19 was developed in April 2020 to understand the impact of the pandemic on peoples' lives, with a focus on the use of alcohol and other drugs, mental health, and relationships. **Methods:** In this anonymous online survey, respondents were asked whether their drinking behaviours had changed compared to February 2020, why this was, and what impacts any changes had on their physical health, mental health, relationships, finances, work/study performance, and enjoyment of drinking. This analysis included only respondents who reported drinking alcohol in the last 12 months and in countries with >500 respondents, leaving N=55,015 (Mdn age = 32; 51.9% male; 24.6% with a current mental health condition – MHC). **Results:** Overall, 29.6% reported reduced drinking (28.6% with MHC and 29.9% without) and 38.4% had increased drinking (42.2% with a MHC and 35.3% without). Reasons for increasing drinking were having more time, boredom and stress. 33% of people with a MHC said increasing drinking made their mental health worse (9% said better) and 41.4% said it made their physical health worse (5.9% said better), compared to 16.9% and 29.5% respectively for people without. For those who reduced their drinking, 20.5% of those with a MHC said their mental health was better, compared to 13.8% without. **Discussion:** The impacts of drinking more alcohol during lockdown were felt to a greater extent by people with existing MHCs. Ways in which people could be supported to monitor and reduce their consumption during uncertain times are discussed with an emphasis on the risk that increased drinking poses for those with pre-existing MHC.

COVID-19 COLLATERAL IMPACT ON CANCER PATIENTS IN CHILE

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ABSTRACT. Background: Coronavirus disease 2019 (COVID-19) has put unprecedented work overload on healthcare services worldwide with an important impact on individuals' access to healthcare. Several international reports have shown that diagnosis of cancer has decreased significantly during this time of pandemic compared to previous years. This study aims to assess the impact in the number of cancer diagnoses and surgical procedures in adults 18 years and over from a Chilean academic cancer center between April and June 2020. **Methods:** This cross-sectional design study analysed secondary data from a Chilean academic private cancer center between the months of April to June of 2019 and 2020. We compared the number of new cancer cases diagnosed by biopsy and number of surgical procedures of Chilean adults aged 18+ during 3 months of lockdown due to coronavirus. Cancers were grouped in: carcinomas, skin cancer and all types of cancer, including sarcomas and melanomas. This study did not involve patients as secondary data was used, so no ethical approval was needed. **Results:** The results showed a reduction of 61.4% in the number of new diagnoses for all types of cancers, a 65.7% reduction in diagnoses of carcinoma and 85% reduction in diagnoses of skin cancer, in addition to a 50% reduction in surgical

curative procedures for cancer patients, with no difference between gender. **Discussion:** This significant reduction in the number of cancer diagnoses and treatment must create awareness in both health practitioners and decision makers, as the burden to the healthcare system might be even more severe in the near future if preventive measures are not taken. It is imperative to resume the screening programs, generate policies and strategies to decrease the barriers generated during this time of pandemic for timely consultation, early referral and appropriate management of people with cancer in our country.

SUPPORTING PARENTS IN CARING FOR THEIR CHILDREN DURING COVID-19

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ABSTRACT. Coronavirus disease 2019 (COVID-19) is no doubt changing family life. This has serious implications for child wellbeing. Evidence shows that the relationship children have with their parents or primary caregivers is one of the most significant indicators in their current and future wellbeing and in their likelihood of participating in risky behaviour such as drug misuse and violence. During health emergencies and stress, violence and vulnerability increases for children as parents navigate increased stress, fear, financial worries, media hype and reduced social support. As parental stress increases as does abuse and violence against children. In response to COVID-19, the United Nations Office On Drugs and Crime (UNODC) has developed open-access parenting resources that focus on developing a positive relationships between parents and their children, teaching caregivers to listen and communicate, manage misbehaviour, navigate working from home and suggesting ways to keep children active. UNODC have developed a global parenting leaflet and also one specifically aimed for families living in crowded or refugee contexts. They have also developed a more extensive booklet which delves deeper into positive parenting techniques and steps to achieve a healthy and positive relationship with children. These resources have been translated in over 50 languages and are being used globally in many contexts. They are shared in many formats, including a specific UNODC webpage, through social media, smartphones and printed copies. These COVID-19 specific resources are based on global evidence-based research and the extensive experience UNODC has built developing, implementing and evaluating evidence-based parenting resources for low and middle income countries globally. Utilizing light touch effective resources during this pandemic can be a protective effective way to strengthen families globally, to both get through this challenging period, but also develop family tools to help parents navigate life after lockdown by building healthy protective relationships with their children.

Poster session 4

COGNITIVE FLEXIBILITY AND SELF-COMPASSION IN TERTIARY PREVENTION OF RESISTANT DEPRESSION

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ABSTRACT. Introduction: Despite the many efforts devoted to the study of the prevention and improvement of depression treatment, are still insufficient given the non-decreased prevalence largely associated with the significant proportion of cases that are chronic (Bschor, 2010). Acceptance and Commitment Therapy (ACT) stands as a possibility of fighting depression compatible with first-choice treatments, through improving cognitive flexibility and self-compassion (Zhang et al., 2018). However, the relationships between these two constructs and Resistant Depression (RD) have been little studied, especially in critically ill patients under conditions of routine practice (Marshall and Brockman, 2016). **Methodology:** 13 patients with an episode of RD participated in a multimodal lifestyle program complementary to usual treatment. Part of the program was improving stress management through mindfulness and self-compassion through 8 sessions of 3 hours duration. **Results:** Results

indicate a correlation between the pre-post differences produced in the variables subject of study in the expected sense. Thus, the greater the increase in cognitive flexibility, the greater the decrease in depressive symptoms ($r: 0.620$; $p = 0.021$) and the increase in self-compassion was associated with an increase in cognitive flexibility ($r: 0.812$; $p = 0.01$). **Conclusions:** At the tertiary prevention level, this uncontrolled preliminary study suggests that it is possible to work on cognitive flexibility and self-compassion also in patients with RD and that doing so may contribute to improving their depressive symptoms, although this hypothesis needs to be tested in controlled studies.

VIABILITY OF A PILOT MULTIMODAL INTERVENTION PROGRAM ON LIFESTYLE THAT INCLUDES MINDFULNESS IN PATIENTS WITH RESISTANT DEPRESSION

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ABSTRACT. Introduction: Depression causes sleep problems, decreased energy and activity level, preference for processed foods with high sugar and carbohydrate content, tendency to social isolation and high comorbidity with anxiety (Hidaka, 2012). All this worsens the depressive symptoms, making it more resistant to treatment. In the framework of tertiary prevention, the possibility of intervening therapeutically through multimodal programs on these aspects of lifestyle has been little studied in patients with Resistant Depression (RD) (García-Toro et al., 2016). **Methodology:** A multimodal lifestyle intervention was designed and applied as a pilot viability study to 13 patients suffering a RD episode as a complementary treatment to usual treatment. The program consists of 8 sessions (3 hours duration) carried out in consecutive weeks. Half of the time in each session is devoted to Mindfulness and the rest to work on improving different aspects of lifestyle. **Results:** The average attendance at the sessions by the patients was 85%, who also rated the program qualitatively in a very positive way. Only two patients dropped out, one due to worsening, and the other due to restarting work after improvement. There were no side effects or safety issues. The changes in the scales used revealed a significant effect size but did not reach statistical significance due to small sample. **Conclusions:** The results suggest a good general acceptance of the program described by patients and professionals at the Psychiatric Day Hospital of the Son Espases University Hospital, which encourages us to test its efficacy in a larger sample and in a controlled study.

THE NEED OF EVIDENCE-BASED PREVENTION PROGRAMS FOR ADOLESCENTS IN SPAIN: THE CULTURAL ADAPTATION OF THE PREVENTION PROGRAM MANTENTE REAL (SPAIN, SEVILLA AND SANTIAGO DE COMPOSTELA)

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ABSTRACT. The Government Delegation for the National Plan on Drugs (PND) of Spain, highlights the need of evidence-based and culturally adapted programs to address the significant consumption of alcohol and other substances in adolescents in Spain. In this sense, the experience of the effectiveness of the Mantente REAL program in Spain (2015-2019) is presented. STAY REAL is a Evidence-Based Substance Use and Risk Behavior Prevention Program designed and led by Drs Marsiglia and Kulis, from Arizona State University, Southwest Interdisciplinary Research Center (SIRC). The adaptation process of this Program in Seville (Spain) has been carried out through three phases:

- 2015-2017: Pilot Study in 4 secondary schools (IES) (2 experiments / 2 control) with participating Students (N = 274) (age: 14 years)

- 2017-2018: Socio-cultural adaptation in two Secondary Education Centers Participating students (N = 60) (Age 11 to 18 years) - 2018-2019: Randomized experimental study in 6 Secondary Schools (3 experimental / 3 control) with participating Students (N = 503) (age 11-12 years). The objective of this presentation is to describe the effectiveness of the adaptation process of the Mantente REAL Program, carried out in Seville (Spain) in the academic year 2017-2018). For this, an analysis is made of the speeches of the focus groups of students and teachers that were carried out in the randomized experimental study (2019) in Seville and Santiago de Compostela. These analyzes highlight fundamental cultural elements in the prevention of risky behavior and consumption of alcohol and other substances in adolescents, especially the importance of evidence-based and cultural adopted programs.

EFFECTIVENESS EVALUATION OF THE 2019 VERSION OF THE BRAZILIAN UNPLUGGED PROGRAM: TAMOJUNTO 2.0

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ABSTRACT. Tamojunto2.0 is the third Brazilian adaptation of the European school drug prevention program “Unplugged”. In this 2019 version, all core elements of Unplugged were included and changes previously made on Tamojunto (2014 version) alcohol lessons were dismissed. This study aimed to evaluate the effectiveness of the school program Tamojunto2.0 in preventing the use of alcohol and other drugs. A parallel, two-arm cluster randomized controlled trial was conducted to assess the effectiveness of the program. The study included 5,208 students in the 8th grade from seventy-three public schools in three Brazilian cities. In 2019, the intervention group took 12 classes of the program Tamojunto2.0 under the supervision of the team from the Brazilian Ministry of Health. The control group did not receive any intervention to prevent alcohol and drug use. Data collection was performed at two points in time: pre-intervention and at 9 months of follow-up. Three different paradigms were used in multilevel statistical models: complete-case analysis (CC), intention-to-treat (ITT), and complier-average causal effect (CACE). When considering CC, students who were exposed to the program were 22% less likely to initiate alcohol use than those in the control group (odds ratio [OR]=0.780, 95% confidence interval [CI] 0.631-0.965). The same result was obtained for the ITT analysis (OR=0.782; 95%CI 0.636-0.961). The improvement in the results was only observed when all 12 classes were included in the analysis (CACE). In this case, the chance of initiation of alcohol use in the intervention group was 30% less than that in the control group (OR = 0.707; 95%CI 0.526-0.951). For all other variables, no statistically significant effects were found. The reinstatement of the original components of the European program may be effective and may provide subsidies for disseminating the school drug prevention program #Tamojunto2.0 as a public policy to delay the initiation of alcohol use.

IMPULSIVITY DIMENSIONS AND SMOKING RELAPSE IN A SAMPLE OF TREATMENT SEEKING FEMALES

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ABSTRACT. Introduction: Tobacco smoking is the major preventable health-related risk factor and cause of death worldwide. Although available smoking cessation treatments have shown to be efficacious to quit, smoking relapse is a frequent and challenging phenomenon. Several studies have reported that female smokers have greater difficulty maintaining smoking abstinence. To provide tailored interventions to quit smoking and prevent relapse is warranted the examination of factors related to relapse in this population. Therefore, this study aims to examine impulsivity dimensions related to smoking relapse in a sample of female smokers who received a smoking cessation treatment. **Method:** The sample was composed of 131 seeking treatment females (Mage = 45.1; DT = 10.58) who received a psychological smoking cessation treatment. Abstinence was biochemically verified through carbon

monoxide in expired air ($CO \leq 5$) at the end of treatment and 3-, 6-, and 12 months follow-up. Smoking relapse was defined as self-report of smoking seven days before each time point follow-up or having a CO level of > 5 . A multinomial regression analysis was conducted to examine whether specific impulsivity dimensions predicted continued smoking and relapse relative to abstinence outcomes during one year. **Results:** Our findings showed that higher scores on cognitive impulsivity were related to continued smoking. In contrast, both cognitive and non-planning impulsivity were significantly associated with smoking relapse in unadjusted and adjusted models (covariates: treatment condition, age, the baseline number of cigarettes smoked per day). **Discussion:** Health-related risk factors prevention is a significant public health challenge. Our results extend previous literature by showing that specific impulsivity dimensions are relevant predictors of females' smoking outcomes. These findings have several implications for relapse prevention efforts, as suggests that specific processes may maintain smoking in seeking treatment females. Therefore, tailored treatments may be needed to address sex-specific characteristics.

THE ROLE OF PARENTS IN PREVENTION OF PSYCHOACTIVE SUBSTANCE USE: PARENTAL VIEW

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ABSTRACT. The goal of online survey held in 2020 was to assess the bond between parents and children and their enrollment in psychoactive substance use prevention. The sample size was more than 18 thousand parents of school age children (1st-12th grade) in Lithuania. Survey results showed that 74 percent of parents feel that their relationship with their children is strong and close. But just 55 percent of parents spend at least 15 minutes a day with their children giving them full attention. 66 percent of families have family rules. 82 percent of parents most often know where and with whom their children spend their free time. Only 55 percent of parents believe that their role is significant in children's decision to use psychoactive substances. 8 percent of parents are reluctant to talk to children about the dangers of psychoactive substance use because of lack of information, 11 percent are afraid to increase children's interest, and 15 percent believe that their children are still too young for such conversations. 30 percent of alcohol-consuming parents never hide from their children when they drink, and 29 percent of smoking parents never hide from their children when they smoke. But with increasing parental awareness in the last 4 years the number of parents smoking in the presence of their children fell almost by half. 8 percent of parents were faced with the problem of children psychoactive substance use, 59 percent of them solved the problem themselves without seeking help. Families with history of conflicts over the children psychoactive substance use, expressed a much greater need for parenting skills training programs, information on where to turn for help, and services for parents whose children experiment with psychoactive substances.

IS GENDER RELATED TO SUBSTANCE USE? A CLUSTER ANALYSIS OF SUBSTANCE USE IN NATURAL ENVIRONMENT USING OBJECTIVE AND SUBJECTIVE MEASURES

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ABSTRACT. The aim of this study was to explore the relationship between alcohol, tobacco and cannabis consumption among young people, and to assess if this relationship is linked to gender. 1351 participants (51.5% men, M age=21.43, SD=3.26) were interviewed while they were socializing in public settings of Palma (Spain). We assessed Breath Alcohol Concentration, Alcohol Use Disorders Identification Test (AUDIT) and tobacco and cannabis use. We found not statistically differences between proportion of smokers that were alcohol users (31.1% smokers) in comparison with non-alcohol users (26.3% smokers) ($\chi^2(1)=2.418$, $p=0.120$). Furthermore, 16.8% of the participants were cannabis users, with similar cannabis use proportions among alcohol users in comparison with non-alcohol users ($\chi^2(1)=0.035$, $p=0.851$). Women showed lower mean age than men ($t(1349)=6.233$, $p<0.001$). The proportion of women who smoked (33.6%) was higher in comparison with the proportion of men (26.9%)

($\chi^2(1)=7.239$, $p=0.007$). Moreover, women showed a relationship between tobacco and alcohol use measured by BrAC ($t(371.122)=-3.546$, $p<.001$) and AUDIT ($t(313.569)=-4.764$, $p<.001$). However, among men, only the relationship between tobacco use and AUDIT was statistically significant ($t(442)=-2.505$, $p=.013$). Males showed a higher proportion of cannabis use (22.4%) than females (10.8%) ($\chi^2(1)=32.336$, $p<0.001$). Although we did not find a relationship between cannabis use and BrAC regardless of gender, interestingly a significant relationship appeared between cannabis use and AUDIT in men ($t(442)=-2.659$, $p=.008$). Additionally, we used cluster analysis to compare young people who only used alcohol with others who used a combination of substances. Proportion of men is higher (66%) when alcohol is associated to cannabis, and increases to 73.5% when they also use tobacco. Instead, proportion of women is higher (59.1%) when alcohol is associated to tobacco ($\chi^2(3,N=1026)=41.023$, $p<.001$). Results suggest that gender perspective should be taken into account when designing effective actions to prevent substance use in young people.

UNDERSTANDING (INTERNATIONAL/UNINTERNATIONAL) BINGE DRINKING AT HOME AMONG IRISH ADULTS

Ann Stokes¹, Sheena Horgan¹

(1) Drinkaware

ABSTRACT. Pre-COVID 19 alcohol consumption in the home setting had become the new 'norm' with 62% of all drinking occasions taking place within the home in Ireland (Drinkaware Index, 2019). In addition, high levels of binge drinking had been reported (WHO, 2018). The aim of this research was to explore the views and experiences of at-home drinking and (intentional/unintentional) binge drinking at home among Irish adults. A Qualitative research design was employed. Six qualitative, semi-structured focus group discussions were conducted with a sample of Irish adults ($n=39$) in late 2019. Thematic analysis was applied to examine the data and five core themes were identified across the six focus groups, namely 1. Attitudes to At-Home Drinking – an easy, affordable and acceptable alternative to going out; 2. Motivations – a sociable habit was key; 3. Intention-Knowledge Gap - People are aware but are not informed and can't deliver on their intentions; 4. Moderation in Action- how intent translates (or not) into moderate consumption; and 5. Impacts – there can be unintended consumption and consequences. The findings provide an extensive suite of qualitative data on Irish adults' experiences of at-home drinking and their intentions surrounding at home drinking. They provide vital learnings into the specific gaps in knowledge on binge drinking among a sample of Irish adults. The majority of participants do not set out to drink excessively while at home. However, unknowingly, many are consuming more than intended when drinking at home. The results of this study will be crucial to informing the development, implementation and roll out of a focused national information campaign on drinking in the home setting and the harms associated with binge drinking. The results also provide valuable qualitative baseline context against which current COVID-19 drinking at home data can be viewed.

IS A RESILIENCE AND POSITIVE YOUTH DEVELOPMENT A PROTECTIVE FACTOR FOR PEER VIOLENCE?: PERCEPTION OF CROATIAN HIGH SCHOOL STUDENTS

Matea Belosevic¹, Miranda Novak¹, Martina Ferić¹, Josipa Mihić¹, Valentina Kranželić¹

(1) Laboratory for prevention research (PrevLab), Department of Behaviour Disorders, Faculty of Education and Rehabilitation Sciences, University of Zagreb

ABSTRACT. The Laboratory for Prevention Research, Department of Behavioral Disorders, ERF-UNIZG is the leader of the project "Positive Development of Adolescents in Croatia", which aimed to study indicators of positive development, risk behavior and mental health of adolescents. Previous studies have shown that resilience is associated with positive youth development and less participation in different risk behaviors. The Resilience & Positive Youth Development approach is dedicated to assessing internal and external assets. The purpose of this paper is to examine the differences in the experience of peer violence and internal and external assets in the family, school and peer environment. The study involved 10,138 Croatian high school students (aged 14 to 19 years). For this paper, CTC Youth Survey (modified by Mihić, Novak and Bašić, 2011) and a modified version of the Resilience and Youth Development Module (California Department of Education, 1997) were applied. Kolmogorov-

Smirnov test, Kruskal-Wallis test and Mann-Whitney test were used to test the hypothesis of this paper. The finding revealed that more likely to experience peer violence are students who perceive the lower level of internal assets. Concurrently, students who are more likely to engage in fight perceive a high level of self-efficacy, and those who are more likely to be victims of physical and emotional peer violence, including cyberbullying, perceive a high level of empathy. In addition, students who report a higher level of witnessing violence and being victims of physical and emotional peer violence, including cyberbullying, perceive a lower level of external assets in the peer and family environment. Moreover, students who report higher levels of physical and emotional victimization and experiencing theft and damaging their private property perceive a lower level of external assets in the community environment. The contribution and practical implications of the results will be discussed in details in the poster.

Campfire: Introduction to evidence-based prevention (1:30pm – 2:30pm)

Presenters: Roman Gabrhelík, Helena Fialova, Michal Miovsky (Charles University)

Chair: Rachele Donini (ALISA Azienda Ligure Sanitaria della Regione Liguria)

We would like to inform you about the existence of the on-line course that adheres to good practice principles in prevention education and training for beginners. This e-learning course is created as a complex web-based on-line course. The improved `flow` of the on-line training includes loads of additional materials, test questions and final test. And much more. The on-line course Introduction to Evidence-based Prevention (INEP) is delivering up-to-date information in the field of prevention science. INEP is available immediately. The course does not have a start and end date. You can start right away or at a time that suits you. INEP is free of charge. There is no need to pay for this course. Work through at your own pace. You can spend as long as you like on this course. Simply register to start. Sign up. Track your progress and work towards a Certificate of completion. The overall goal of the INEP on-line course is to reduce the health, social, and economic problems associated with substance use by building international prevention capacity through training about the most effective evidence-based interventions and prevention strategies, professionalising the prevention professional standards, and expanding the European prevention workforce.

We believe that the course is convenient not only for decision/policy makers but also for university students in different areas (pedagogy, psychology, education sciences, health professions etc.) from partnering universities and beyond.

Campfire: Co-creation. Embracing complexity and uncertainty to create impact: exploring the processes and transformative potential of co-produced research through development of a social impact model (3:00pm – 4:00pm)

Presenters: Kate Beckett (University of Bristol), Michelle Farr (University of Bristol), Anita Kothari (University of Western Ontario), Andrée le May (University of Southampton)

Chair: Gregor Burkhart (European Monitoring Centre for Drugs and Drug Addiction (EMCDDA))

This session is going to address co-creation in a very practical and dynamic way. In order to get prepared for the session, audience members might like to consider the following questions in advance:

- Thinking of co-produced research (your own or others) what kinds of impact have you experienced and/or do you think are likely to occur?
- How/when are traditional impact metrics applicable to co-produced research - what are their limitations?
- The classic dilemma for preventative health/health research is that it's difficult to capture what doesn't happen
- What might an impact model incorporating relational, intellectual, tangible and tacit impacts add?

Closing ceremony and awards (4:30pm – 5:30pm)

Presenters: **Peer Van der Kreeft (Hogeschool Gent)**, **Jeremy Segrott (Cardiff University)** **Johanna Gripenberg (Karolinska Institutet)**

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