

# 13th

## EUSPR CONFERENCE AND MEMBERS' MEETING



# Prevention Between Ethics and Effectiveness

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SECRETARÍA DE ESTADO  
DE SANIDAD

DELEGACIÓN DEL GOBIERNO  
PARA EL PLAN NACIONAL SOBRE DROGAS

Colabora con



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# WELCOME

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“

*Prevention - Between Ethics and Effectiveness* will ask critical questions regarding ethics and effectiveness in prevention, discussing the value of our field. As always, we will give attention to quality research and current practice. This year's conference is hosted by the Estonian Tervise Arengu Instituut (TAI). This solid and active Prevention Institute succeeded both in obtaining noteworthy national funding for the 2022 conference and producing highly adequate contributions to the program.

The 13th Conference encompasses the annual meeting of our Research Society, with the results of the 2022 elections on the agenda. A new president and other roles within the elected board of directors will be announced and immediately start working for the next three years.

TAI and the EUSPR Scientific Committee, under the lead of our experienced Dr. Elena Gervilla, could establish not only an interesting scientific program, but also an attractive location and social program that facilitates sharing, networking and gathering in the beautiful city of Tallin.

I look forward to meeting you.

*A warm welcome to you all.*

”



PEER VAN DER KREEFT  
EUSPR President

# PARTNERS

## Co-organisers



### **National Institute for Health Development**

<https://www.tai.ee>

The National Institute for Health Development is a government established research and development body collecting, connecting and providing reliable national information from a multitude of sources, related to the health of the Estonian population. Its mission is to establish and share health related knowledge as well as to influence health behavior and determinants of health so as to increase the wellbeing of the people in Estonia and help them live longer and healthier lives. The National Institute for Health Development engages in public health related research and health promotion as well as development and implementation of disease prevention programmes and activities. Its further responsibilities include the administration of Estonian national health statistics and five population based registers and databases.



### **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**

<http://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.

**Alba González-Roz** – University of Oviedo, Spain

**Boris Chapoton** – Université Jean Monnet Saint-Etienne, France

**Capilla Navarro-Guzmán** – University of the Balearic Islands, Spain

**Elena Gervilla** – University of the Balearic Islands, Spain

**Emilio López-Navarro** – University of the Balearic Islands, Spain

**Emma Crawshaw** – Crew 2000, Scotland

**Federico Leguizamo** – University of the Balearic Islands, Spain

**Gregor Burkhardt** – European Monitor Centre for Drugs and Drug Addiction, Portugal

**Karin Streimann** – Estonian National Institute for Health Development, Estonia

**Samuel Tomczyk** – University of Greifswald, Germany

## Scientific Committee

**Alba González-Roz** – University of Oviedo, Spain

**Boris Chapoton** – Université Jean Monnet Saint-Etienne, France

**Capilla Navarro-Guzmán** – University of the Balearic Islands, Spain

**Elena Gervilla** – University of the Balearic Islands, Spain

**Emilio López-Navarro** – University of the Balearic Islands, Spain

**Emma Crawshaw** – Crew 2000, Scotland

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**Gregor Burkhardt** – European Monitor Centre for Drugs and Drug Addiction, Portugal

**Karin Streimann** – Estonian National Institute for Health Development, Estonia

**Kenn Konstabel** – Estonian National Institute for Health Development, Estonia

**Merike Sisask** – Estonian National Institute for Health Development, Estonia

**Peer van der Kreeft** – Hogeschool Gent, Belgium

**Samuel Tomczyk** – University of Greifswald, Germany

## Organising Committee

**Elena Gervilla** – University of the Balearic Islands, Spain

**Federico Leguizamo** – University of the Balearic Islands, Spain

**Helena Heidemann** – Estonian National Institute for Health Development, Estonia

**Karin Streimann** – Estonian National Institute for Health Development, Estonia

**Mariàngels Duch** – IREFREA, Spain

**Maite Kefauver** – IREFREA, Spain

**Triin Vilms** – Estonian National Institute for Health Development, Estonia

# KEYNOTE SPEAKERS



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TALLINN, ESTONIA

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# KEYNOTE SPEAKERS



## Generating evidence to inform policy and practice - how hard can it be?

### **Triin Edovald**

Education Endowment Foundation, United Kingdom

Triin Edovald (PhD in Evidence-Based Intervention) has over 20 years of experience in generating and summarising high-quality evidence and promoting its better use in the design and delivery of public services. Her former roles include the Director of Evidence and Experimentation at UK innovation agency Nesta and the Head of Evaluation at the Education Endowment Foundation, one of the leading organisations of the What Works movement. She is passionate about supporting outcomes for children through impactful research that is rigorous, ethical, participatory and transparent. She has extensive experience in developing guidance for designing, running and reporting of randomised controlled trials. Triin is committed to improving the quality of evidence and transparency of research, so that policy and practice are informed by the best possible evidence.



## Climate change and health – the role of prevention

### **Hans Orru**

University of Tartu, Estonia

Hans Orru is a Professor of Environmental Health at the University of Tartu and a Visiting Fellow at Umeå University. His main research area is the health impact of the external environment. Within his research, he has focused on air quality and climate change, but more recently also on the industrially contaminated areas, indoor air pollution and the health impact of noise. Over the past 15 years of investigations, he has been involved in more than 30 research or development projects which have had a significant effect in raising public awareness about the health effects of the environment. Prof Orru has published more than 90 original scientific articles and he is contributing author of the IPCC WGII Sixth Assessment Report.



# KEYNOTE SPEAKERS



## Ethical and practical considerations in effectiveness research: New challenges and efforts

### **Yasemin Kisbu**

Istanbul University, Turkey

Yasemin Kisbu is a faculty member and the director of Independent Evaluation Laboratory at Koç University in Istanbul Turkey. She completed her post-doc in causal inference methods at Northwestern University Institute for Policy Research and PhD in Quantitative Psychology at Arizona State University. She has more than ten years of experience in implementing randomized controlled trials and quasi-experimental evaluations, models to maximize intervention effectiveness, and transportability and adaptability studies to bring evidence-based programs to countries different from where they originated. She currently serves as the lead evaluation advisor for the experimental evaluations of digital interventions at UNICEF Eastern Europe and Central Asia Regional Office and the associate editor of *Advances in Methods and Practices in Psychological Science*, the methodology journal of Association for Psychological Science.



## Cost-effectiveness of prevention in mental health – towards cross-sectoral impact assessment

### **Kristian Wahlbeck**

Finnish Institute for Health and Welfare (THL), Finland

Research Professor Kristian Wahlbeck is a psychiatrist and psychotherapist with more than twenty years' experience of policy development, monitoring and evaluation at the governmental Finnish Institute for Health and Welfare (THL) and the national NGO for mental health MIELI Mental Health Finland. He has contributed to several national clinical Current Care guidelines in the field of mental health. He has also led several European research and development projects in the field of public mental health and promotion of mental health. He has published more than 140 original papers and has an h-index of 67.

# KEYNOTE SPEAKERS

## Ethical challenges of prevention research and development

### **Margit Sutrop**

Member of the Estonian Parliament; Professor of Practical Philosophy at the University of Tartu, Estonia



Margit Sutrop is a Professor of Practical Philosophy and the founding Director of the interdisciplinary Centre for Ethics at Tartu University. She is the leading ethicist in Estonia and besides scholarly articles regularly comments on the ethical issues in media. Since January 2021 she is a Member of the Estonian Parliament (Reformparty) and in the Parliament she belongs to the committee of social affairs. She has studied journalism, philosophy and literary theory in the universities of Tartu, Oxford, Oslo and Konstanz. She received her PhD from the University of Konstanz in Germany in 1997. She is an elected member of Academia Europaea (London), independent ethics expert of the European Commission. She is also a member of the international advisory board of the University of Konstanz and of the International Centre for Ethics in the Sciences and Humanities at the University of Tübingen. Over 15 years she was a Member of the Clinical Ethics Committee at Tartu University Hospital. Now she is actively involved in the work of the Ethics Council at the North Estonia Medical Centre.

In Spring 2020 she led a working group which compiled the Guidelines for the Estonian Hospitals on how to distribute scarce resources during the Covid-19 pandemic.

Her research interests are bioethics, ethics of new technologies, ethics in education, normative ethics and aesthetics. She has published more than 100 articles on values education, moral disagreements, ethics codes, trust in science, ethical issues of genetic databases and pharmacogenetics, biometric technologies, and AI ethics. She has held over 50 national and international grants from the European Commission, as well as from UNESCO, Volkswagen Stiftung, European Economic Area, NorFa, Nordic Spaces, Estonian Ministry of Education and Research, and Estonian Research Council. Since 2009 she is also leading the state programme "Values Development in the Estonian Society".

# PRE-CONFERENCE WORKSHOPS



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28 SEPTEMBER

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# PRE-CONFERENCE WORKSHOPS

**Workshop 1** Classroom visits to experience the implementation of PAX GBG and reflect on the experience | 8:00 – 12:00

## **National Institute for Health Development (Estonia)**

In partnership with school, regional mentors and teachers of PAX GBG

The PAX GBG was adopted in Estonia in 2014 by the National Institute for Health Development (NIHD) and has been implemented since in over 150 schools by more than 600 teachers. Several studies have demonstrated that PAX GBG is accepted and appropriate for Estonian teachers (70% of the teachers feel that adaptations to the intervention are not necessary) and teachers' satisfaction with the intervention and with the support that PAX GBG mentors provide to them is high (most teachers would recommend the programme for other teachers – the average recommendation rate is 9.0–9.1 points on a 10-point scale and the average score given by teachers for their satisfaction with mentoring has remained between 5.6–5.9 on a 6-point scale). We offer the interested participants a chance to visit classrooms where PAX GBG is implemented, and reflect the observations later with the mentor and the teacher. Participants can observe 1-2 lessons and experience the implementation of behaviour influence strategies which promote a positive classroom environment.



**Workshop 2** Enhancing GBG and PAX GBG implementation through mentoring - challenges and benefits | 13:00 – 16:30

## **National Institute for Health Development (Estonia) & City of Malmö (Sweden)**

Teachers need ongoing support to implement preventive interventions and to acquire skills needed for that. Mentors can provide individual support and encourage teachers to try out different elements of the intervention, guide them in the correct use of the methods, and model the use of intervention elements with teachers themselves. European countries currently have various systems in place for supporting the teachers in the implementation of Good Behavior Game and PAX Good Behavior Game in elementary schools. During this workshop we will talk about different forms of mentoring, and the benefits and challenges regarding these. Different strategies for supporting teachers are shared.

# PRE-CONFERENCE WORKSHOPS

## **Workshop 3** Supporting families in challenged settings | 13:00 – 16:30

### **UNODC Prevention, Treatment & Rehabilitation Section, Institute of Mother and Child (Poland)**

In cooperation with UNICEF, Cardiff University and Oxford University (United Kingdom)

During last decade, Europe has seen many refugee crisis, latest following Russia's invasion of Ukraine where many families have experienced devastating consequences. Some of them have been internally displaced, migrated, live in refugee camps or in conflict/post-conflict situations all over Europe. During this workshop we will discuss what can prevention professionals do to reach parents who have fled from the war and what skills and practices can support them face the challenges wrought by the war?



## **Workshop 4** Interactive workshop on the implementation of the Unplugged school-based prevention programme | 9:00 – 12:00

### **University College Ghent (Belgium)**

Annemie Coone & Johan Jongbloet

The workshop is aimed at trainers, implementers, decision makers and researchers with interest in universal prevention with social influence and life skills approach. This workshop is interactive, building on experiences and visions of participants. If participants like to make a contribution in the form of a presentation on opportunities, contribute an exercise, latest project results, etc.

The main agenda of the workshop:

- Presentation of HOGENT Unplugged online training of teachers workshop manual with discussion on opportunities and limitations.
- Introduction to the LineUp LiveUp sports based program from UNODC: inclusion of criminality indicators as outcomes, try out, discussion on program potential.
- Latest updates on Unplugged projects worldwide, including Pakistan project. Future challenges and possible directions for the network.

# PRE-CONFERENCE WORKSHOPS

## **Workshop 5** Open (Prevention) Science: Barriers, Opportunities, and Where to Start | 13:00 – 16:30

### **European Society for Prevention Research (Early Career)**

Samuel Tomczyk

The umbrella term Open Science refers to strategies, tools and methods to increase transparency, openness, communication, replication and reusability of scientific research. As a scientific paradigm, it targets the entire research process from developing ideas, formulating research questions to study design, implementation, analysis, and evaluation. So far, many applications of Open Science frameworks, toolboxes and manuals have been developed to guide basic and applied, qualitative, quantitative and theoretical research from an Open Science perspective. However, for many preventionists, there are many educational, economic and structural barriers to Open Science Practice, challenging the goal of Ethical Prevention Science. Therefore, this workshop aims to introduce core principles of Open Science, present their connection to ethical prevention (science), and provide tips and tools for early career researchers in applying them to their work.



## **Workshop 6** Common Flaws in Designing and Analyzing Preventive Interventions and How to Avoid Them | 9:00 – 12:00

### **Society for Prevention Research (United States)**

Karl Hill, Yasemin Kisbu, Jon Moyer, Pamela Buckley

The purpose of this preconference workshop is to highlight common serious flaws seen in proposed and published preventive interventions and discuss strategies for avoiding them. Despite the field's published Standards of Evidence (Flay, et al. 2005; Gottfredson, et al. 2015), many studies with serious design and implementation flaws get funded, incorrectly analyzed and become published. The workshop begins with an overview of a range of common design and analysis problems seen in published preventive interventions. Then, two specific problems are then discussed in greater depth: (1) designing and analyzing mediation and moderation of intervention effects and (2) designing and analyzing cluster-randomized and related designs. The workshop then discusses the importance of and approaches towards increasing research transparency (making public the underlying information, materials, and processes informing a scientific claims) as a means of increasing trust in and validity of research findings.



# FULL PROGRAMME



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29 SEPTEMBER

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# FULL PROGRAM - 29 SEPTEMBER

**Welcome ceremony** | 9:00 – 9:30

**Peer Van der Kreeft** *EUSPR President*

**Annika Veimer** *Director of the Estonian National Institute for Health Development*

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**Keynote session 1** | Ethical challenges of prevention | 9:30 – 11:00

**Chairs:** *Boris Chapoton ((Université Jean Monnet Saint-Etienne, laboratoire Coactis, France), Ina Koning (Utrecht University, Netherlands)*

**Presenters:** *Dr. Margit Sutrop (University of Turku, Finland), Dr. Triin Edovald (Former Head of Evaluation at the Education Endowment Foundation, United Kingdom)*

Dr. Margit Sutrop talks about ethical challenges of prevention research and development. Dr. Triin Edovald brings experience in evidence generation and how to use evidence to inform policy and practice.

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**Coffee break** | 11:00 – 11:30

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**Parallel Session 1.1** | Implementing KiVa antibullying program in three different contexts | 11:30 – 13:00

**Chairs:** *Dr. Sanna Herkama (University of Turku), Prof. Christina Salmivalli (University of Turku)*

**The UK Stand Together Trial: A two-arm pragmatic multicentre cluster randomised controlled trial of the KiVa anti-bullying intervention in the UK**

Lucy Bowes 1, Elinor Coulman 2, Matthew R. Broome 3, Rebecca Cannings-John 2, Joanna M. Charles 5, Rhiannon Tudor Edwards 5, Tamsin Ford 7, Richard P. Hastings 8, Rachel Hayes 9, Paul Patterson 10, Jeremy Segrott 2, Julia Townson 2, Richard Watkins 13, Suzy Clarkson 14, Julia Badger 15, Judy Hutchings 14 (1. Department of Experimental Psychology, Oxford University and visiting Professor at INVEST Flagship Research Center, University of Turku, 2. Centre for Trials Research, Cardiff University, 3. Institute for Mental Health, University of Birmingham/Birmingham Women's and Children's NHS Foundation Trust, 4. Centre for Health Economics and Medicines

# FULL PROGRAM - 29 SEPTEMBER

Evaluation, Bangor University, 5. Department of Psychiatry, Cambridge Biomedical Campus, 6. Centre for Educational Development, University of Warwick/Centre for Developmental Psychiatry and Psychology, Monash University, 7. Institute of Health Research, University of Exeter, 8. Birmingham Women's and Children's NHS Foundation Trust, 9. Regional School Effectiveness and Improvement Service for North Wales (GwE), Bae Colwyn, UK and Bangor University, 10. Bangor University, 11. Department of Experimental Psychology, Oxford University/Centre for Educational Development and University of Warwick

Reducing bullying is a public health priority. KiVa, a school-based anti-bullying programme, is effective in reducing bullying in Finland and requires rigorous testing in other countries, including the UK. Following the results of two positive UK pilot trials, the Stand Together Trial' two-arm pragmatic multicentre cluster randomised controlled trial will evaluate the KiVa anti-bullying intervention to generate evidence of the effectiveness, cost-effectiveness and scalability of the programme in the UK. We began collecting data for our trial in February 2020 and were forced to restart due to school closures as a result of the pandemic. We experienced another school closure shortly before collecting our new baseline data. Nevertheless, we were able to recruit 118 schools, collect baseline data from 12,580 children and are currently collecting our follow-up data. Our school retention has been excellent. This talk will reflect on our experiences of running KiVa in the UK context, and particularly running such a large school-based trial during a pandemic. We describe how we adapted our trial in the context of the pandemic, and discuss challenges and opportunities for school-based trials post-COVID.

## **Sustainable Bullying Prevention in Schools - Nine years of KiVa Antibullying Program in Estonia**

Kristiina Treial 1 (1. Bullying Free School Foundation)

Bullying in schools is universal and widespread problem with average of 20% of Estonian students suffering from victimization every year. KiVa Program has been adapted into Estonian schools in 2013 as a whole school system including KiVa lessons for grades 1-6. In Estonia additional support options (trainings, supervision groups, and schools' mentors) have been created to support the implementation quality. Schools have been closely followed through the years. This presentation aims to describe different implementation practices and their relations to changes in prevalence of bullying and victimization. The changes during COVID-19 are described. A nine year cohort-longitudinal study involved 20 to 103 schools implementing KiVa Program up to 9 years. In annual student survey prevalence of bullies and victims with Olweus/Bully Victim Questionnaire's general items were assessed in 2013 to 2022. Implementation data from staff surveys were included to describe predictors for program success and sustainability. Risk factors for discontinuation were derived from qualitative data from interviews with drop-out school staff members. The first year of KiVa implementation brings on average a 22% reduction in victimization. In majority of schools the decrease in victimization continues during following years. In 2020 and 2021 the student survey results were heavily affected by COVID-19 crises, in 2020 the percentage of victimized students dropped significantly but the rates bounced back already in 2021. The organizations disseminating antibullying programs can do a lot to support the high quality and sustainability of program implementation.

## **Improving the implementation of a school-based bullying prevention program: Introducing a support model and a RCT trial testing it's efficacy**

Sanna Herkama 1, Marie-Pier Larose 1, Inari Harjuniemi 1, Virpi Pöyhönen 1, Elisa Poskiparta 5, Christina Salmivalli 1 (1. INVEST Flagship Research Center, University of Turku, 2. University of Turku)

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There are evident gaps in bullying prevention research concerning implementation: lack of studies concentrating on implementation across years, little focus on schools' capacity to deliver programs and only few studies on how to support schools in implementation. In this presentation we will introduce IMPRES –IMPLementation RESearch project - which addresses these gaps by 1) developing a support model to improve the program fidelity, 2) testing the efficacy of it in a RCT and 3) exploring the possible mechanisms of change involved. IMPRES uses Finnish KiVa antibullying program which has been nationally disseminated since 2009 as a context for the study. Evaluation studies indicate that KiVa program is effective in reducing bullying especially in primary schools (Kärnä et al. 2011), but there are also studies emphasizing the need for implementation support. Namely, recent studies indicate that many schools have a decreasing trend in program implementation over the years (Sainio et al. 2020) and schools face various barriers in sustaining KiVa (Herkama et al. 2022). IMPRES aims to offer support to elementary schools over one academic school year (2022-2023) and explore whether support offered can improve the program effectiveness. In practice, this will be done in a randomized controlled trial (RCT) where 12 schools will be offered with implementation support and 12 others will serve as controls where they will implement the program as usual (see for more, pre-registration doi.org/10.1186/ISRCTN15558617). We expect that the implementation support offered will increase primarily program fidelity (i.e., the number of lessons delivered and adherence to program guidelines for indicated actions) as well as individual and organizational implementation capacity – which in turn could influence student outcomes (e.g., students reports of being bullied and bullying others). In this presentation, we will introduce briefly the project as well as insights on building up an implementation support trial.

## **Parallel Session 1.2 | Ethics and effectiveness in prevention | 11:30 – 13:00**

**Chair:** *Dr. Rachele Donini (ASL2 Savonese)*

### **Negative or null effects of prevention programs: what is the ethical implication of ignoring the evidence?**

Zila Sanchez 1, Patricia Galvao 1, Rodrigo Garcia-Cerde 1, Julia Gusmões 1, Juliana Valente 1 (1. Universidade Federal de Sao Paulo)

Brazil has significantly expanded its experiences in evaluating drug use prevention programs in the past decade. The country currently has two school programs for adolescents to reduce alcohol consumption in this age group. Both programs, Tamojuntto2.0 and Proerd are public policies and have federal and/or state dissemination. However, the evaluation processes showed different results that implied different decision-making by political decision-makers. These contrasts lead to essential reflections on the ethical implications of using (or not) the results obtained from the evaluation of programs of national dimension, which reach millions of children and adolescents each year. The two opposing experiences will be described and discussed in this presentation. Each program was evaluated for effectiveness through cluster randomized controlled trials, for processes, based on the assumptions of implementation science. The results were the opposite, while there was an effect on the reduction of the onset of alcohol use for Tamojuntto2.0, for Proerd the effect was null for initiation of alcohol use and negative for binge drinking. However, what stands out in this process is not the quantitative results per se, but how stakeholders managed the results and dealt with the need for curricular and process adaptations. For Tamojuntto 2.0, there was a frequent dialogue between researchers and federal managers, which allowed a joint decision on the necessary adaptations before disseminating the program. In the case of Proerd, which has been disseminated in half of Brazilian schools, the initial partnership between researchers and managers took very different paths after the presentation of negative results for effectiveness. The whooping evidence for the need for adaptation on several levels was never considered a real option. This presentation intends to present study results for these two programs and discuss the ethical implications of not evidence-based decision-making.

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## Prevention Effectiveness – between science, policy strategy and practice

Susana Henriques 1 (1. Iscte – Instituto Universitário de Lisboa / Centro de Investigação e Estudos de Sociologia (Cies-Iscte); Universidade Aberta (UAb), Portugal)

What can science learn from practice about interventions? This question has been present in our recent work. In the scope of a European research project (Frontline Politeia) all the 15 European partners are involved in mapping the information collection and prevention system in two selected communities. The Portuguese drug public policy is one of the most advanced ones. Since 2001 it would no longer consider drug consumption, acquisition, and possession for personal use a crime. This legal framework has been operationalized through National Strategies pointing out for the increasing of scientific research, the training of human resources in the field of drugs and behavioural addictions, and the development of prevention (more recently evidence-based prevention). In this presentation we present some data regarding the practical effects of these National Strategies in evidence-based prevention systems in two Portuguese communities. Based on those we look forward to answer to the initial question - what can science learn from practice about interventions?

## Role of law enforcement and substance use prevention workers: different roles for different professions? Looking for answers and critical notes

Annemie Coone 1, Johan Jongbloet 1, Cynthia Deman 1 (1. HOGENT)

Several European projects address the encounter between law enforcement and prevention such as the SWAPOL Erasmus+ project (2019-2020) (<http://www.swapol.eu/>) and more recently the Frontline Politeia project (2022-2023), funded by the European commission (<https://onderzoek.hogent.be/projecten/frontline-politeia-take-prevention-science-training-to-the-substance-use-and-crime-prevention-frontline/>). During those projects the role of law enforcement (LE) in prevention work, is seen as an important issue, this because those professions meet often in different daily life practices (think about building a safe and healthy nightlife environment, crime prevention to realize a safe school environment or prevention work towards substance use in schools). In those contexts we should dare to ask ourselves if every LE-intervention is meaningful in the case of prevention knowing that law enforcement officers and prevention workers are two different professions with different organisation cultures. Both have different tasks and ways to look at prevention work (cf. core tasks, vision, finality) and start from different working principles. In this Pecha Kucha we have a look at the professional culture of law enforcement and prevention work (seen from the perspective of a social work engagement). In which situations can prevention work and LE meet? What are the factors that stimulate and hinder a collaboration? What can be the assignment of LE for prevention (e.g. in the case of creating a safe and healthy nightlife) and what should not be addressed by LE (e.g. in the case of substance use prevention in schools)? Next to the theoretical background, we link the role of LE in prevention to the two previous named projects and come up with some experiences from real-life practice: when LE and prevention meet, which assignments do they take up? Is it an ethical choice and what about the effectiveness of those tasks? We try to answer some questions but leave the audience behind with some critical notes as well.

## Parallel Session 1.3 | Prevention training and intervention | 11:30 – 13:00

**Chair:** *Dr. Rachele Donini (ASL2 Savonese)*

# FULL PROGRAM - 29 SEPTEMBER

## Strengthening the drug prevention systems in Europe

Katalin Felvinczi 1, Szilvia Kassai 2, Edit Sebestyén 3 (1. Institute of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary, 2. National Research Development and Innovation Office, Hungary, 3. Institute of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary; Doctoral School of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary)

Introduction: Systems thinking in the field of drug prevention is relatively new. Research suggests that a country's drug prevention system can be described in five main areas: 1. organisational structure, 2. research and quality assurance, 3. interventions, 4. workforce, and 5. target groups. Together, these are essential for effective, high-quality drug prevention work. Methodology: The European ASAP Training project aimed at describing drug prevention systems in EU countries. National drug coordination offices in 18 countries participated in the data collection. The theoretical framework used to explore the systems was published by the EMCDDA in 2019. The data were collected by an online questionnaire and from the annual prevention workbooks of the national drug focal points. Based on the country profiles of the prevention systems similarities, differences, strengths and weaknesses were identified together with recommendations for improvement with a particular focus on workforce development. Results: The EMCDDA model worked well to describe in detail the prevention systems. Due to the specific characteristics of the administrative background in each country, in which prevention systems are fully embedded, there seem to be many variations, making any typification difficult. It is positive that large-scale epidemiological studies are used to inform prevention policies. Technical assistance, methodological support, manualised prevention programmes and service-type prevention interventions are working to varying degrees. However, the responding countries can also be characterised by e.g. the lack of training requirements for prevention workers, the lack of widespread use of quality standards or the lack of certification systems and systematic collection of information on interventions and prevention organisations. Conclusions: Although various support mechanisms exist, countries need to make further efforts to provide predictable financial support, and flexible training opportunities (for both practitioners and decision-makers), to increase the availability of high-quality evidence-based programmes, eliminate harmful interventions, and further strengthen the culture of evaluation.

## Training of trainers and monitoring implementation of evidence based drug prevention in Pakistan

Johan Jongbloet 1, Annemie Coone 1, Peer van der Kreeft 1 (1. HOGENT)

EU-Dap Faculty training of trainers network, established at HOGENT, carried out the training and certification of 5 qualified trainers of teachers, 1 qualified master trainer and for the sustainable delivery of the evidence based universal prevention program Unplugged. It exists of 12 lesson to be implemented in schools with youth between 12 and 14 years. Unplugged was first tested and found effective on substance use initiation and continued use in 7 European countries in 2007. Since, the programme raised interest in countries over the globe. Eu-Dap Faculty was established to coordinate training of trainers and lead cultural adaptation of the programme. In the city of Islamabad, Pakistan, 14 3-day workshops were organized from August to November 2021 to select and train 5 trainers of teachers and one master trainer of trainers for the sustainable implementation of the Unplugged program in Pakistan. An online implementation system was developed and the program was translated and adapted to Pakistani culture in English and Urdu. Main results include the delivery of 14 workshops and 6 qualified trainers (among them 1 master trainer). After year one, this reaches 26.880 pupils. After 5 years on an average of 6 workshops to be delivered by every trainer and 2 additional trainers every year, trained by the master trainer, it has the potential of reaching 1.637.760 pupils.

Training monitoring data show high satisfaction rates of participants after training, indicating feasibility, applicability and implementers' readiness for implementing the program. Implementation data will be gathered from January 2022 onwards. The tangible results in Pakistan further underscore practical applicability and cultural fit of this comprehensive social influence program in countries as diverse as Germany, Pakistan, Peru, Nigeria, etc.

This project was funded under the EU-ACT program, EU action against drugs and organized crime.

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## **Best possible selves during the Covid-19 pandemic: An examination of positive future expectations in times of uncertainty**

Samuel Tomczyk 1, Lisa Marlinghaus 1, Stefanie Bartha 1 (1. University of Greifswald)

Background: The Covid-19 pandemic has tremendous impact on public mental health as well as psychological resources, such as hope or resilience. In this context, positive psychological interventions like the best possible self (BPS) intervention may be useful tools for resource activation. Aims: To test the impact of the BPS, and a Covid-19 specific BPS (C-BPS) on hope, positive and negative affect as well as self-efficacy in a community sample during the Covid-19 pandemic in 2021. Methods: A randomized controlled trial between January and December 2021 compared BPS (n=72), C-BPS (n=70), and daily activity writing groups (DA; n=73) regarding hope, positive and negative affect as well as self-efficacy. Each group completed a writing task across four consecutive weeks. Data was analyzed via repeated measures ANOVA, controlling for gender, age, and Covid-19 risk perception. Results: The BPS but not the C-BPS significantly improved positive affect but did not any other outcome compared to DA. The BPS group consistently reported the highest values in all positive outcomes. Risk perception was associated with outcomes. Time-related effects differed across outcomes. Conclusion: The traditional BPS improved positive affect, but a pandemic-specific adaptation did not yield any significant effects. While most comparisons were not significant when compared to an active control group, they pointed to clinical significance and thus hold promise for practical applications within specific groups (e.g., clinical samples). Moreover, the associations with risk perception and diverse time-related effects point to contextual as well as differential effects that warrant further investigation.

## **Gender sensitivity in drug prevention matters. An impetus for policy makers and practitioners by the Council of Europe**

Carine Mutatayi 1 (1. French Monitoring Centre on Drugs and Drug Addiction (OFDT))

Gender mainstreaming is a modern challenge of drug policies. Under the aegis of the Pompidou Group, Council of Europe, experts from eleven countries came to a consensus on cross-cultural and evidence-based guidelines to support gender mainstreaming in policy making, services and interventions in the drug field. Based on the literature review on drug and gender intersectionality, recommendations have been compiled in a handbook (Mutatayi et al.). Improving prevention is a priority. Data call for action at an early stage and in the long-term, by developing drug prevention and building on gender specific needs and expectations. Women and trans people who use drugs are disproportionately affected by drug-related health issues and victimisation. Besides, the gender gap is narrowing in drug use, especially among young people (The ESPAD Group; UNODC). Inequalities are structural (Morton et al.). Drug prevention responses should implement evidence-based approaches involving social influence and address how gender norms may heighten drug use and gender-based violence. They should promote solidarity across genders, in order to early curb mechanisms of antisocial attitudes and lower barriers in help seeking. The continuum of responses from prevention to treatment should better include trauma-informed approach. Adapting programmes and services across genders and gender diversity, beyond the issues of pregnancy and motherhood, and facilitating quick access to help services for girls, women and trans people are crucial goals. This work shows the feasibility for political and professional stakeholders to develop gender sensitivity in drug responses. There is a critical need to enact innovative and effective responses and develop research and evaluation in order to support knowledge building, adaptation, transferability and mainstreaming. New avenues are emerging for prevention designers and researchers.

## **Co-production as an emerging methodology for developing school-based health and wellbeing interventions with secondary school stakeholders**

Hayley Reed 1, Rhiannon Evans 1, Simon Murphy 1 (1. Cardiff University)

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Increased support for stakeholder co-production has led to a growing number of school-based co-production studies, but co-production types and processes vary. To provide clarity, this project developed theory for the co-production of school-based health interventions through a mixed-methods study with two sequential phases. Phase 1 built promising theory through a systematic review of co-production studies. The review described three types, with the system-level capacity building type chosen for phase 2. This was because located studies provided a strong evidence base to develop theory from, and it led to stakeholders' health priorities being delivered more often than other types. This type involved the establishment of Research Actions Groups (RAGs) with multiple stakeholders, including a facilitator, that developed school-specific health plans. Phase 2 refined theory by developing RAGs in two diverse secondary school cases. A process evaluation assessed the delivery and functioning of co-production, and the validity of the resultant plans. Successful implementation in schools was due to intervention alignment with needs and duties, intervention flexibility, and the redistribution of resources. Further, the intervention adequately resourced, guided and empowered RAGs to share problem-setting decision-making. However, school differences between intervention embeddedness and support for student wellbeing and voice were found. This resulted in plan priorities being adopted in one school but not the other. Challenges were also found in both schools with engaging families and undertaking problem-solving decision-making. Refinements to the theory addressed school challenges. Articulating co-production types and theory provides a useful step in understanding how co-production can be used with secondary school stakeholders to develop interventions.

## **Parallel Session 1.4** | Early Careers Session | 11:30 – 13:00

**Chair:** *Mr. Boris Chapoton (Université Jean Monnet Saint-Etienne, laboratoire Coactis)*

### **Supporting students' mental wellbeing during transition – what can schools do?**

Triinu Reedik 1 (1. Märjamaa Municipality Government, Tallinn University)

**Introduction.** Youngsters' mental health problems have recently been on the rise. Vulnerable students might present mental health problems around age 14, feeling uneasy and anxious in classes. This influences their school attendance and learning abilities. Schools can help prevent students' mental health problems by developing a school climate supporting students' mental wellbeing. **Methods.** A qualitative study was carried out in one Estonian school to understand the students', teachers' and school management's views on the needs and opportunities of supporting students' mental wellbeing in the transition from class teachers to subject teachers. Four semi-structured focus group interviews were conducted with the aim to understand what do the students need to feel good at school, and how can the school support their mental wellbeing. The interviews took place January–March 2022 with teachers (n=4), 5th grade students (n=15) and school management members (n=5). **Results.** Five themes appeared to describe the opportunities of supporting students' mental wellbeing at school: teachers' professionalism and opportunities, development of students' social-emotional competencies, enforcement of agreements, promoting cooperation and acceptance, and creating a physical environment conducive to mental wellbeing. Students feel the need for different teaching methods and communication support in lessons, teachers to notice their needs and school environment to support learning and relaxation. Teachers need more time for developing meaningful connections with students and consider students' communication and self-regulation skills important. In school management's opinion teachers need better self-regulation and self-reflection skills to build trusting relationships with students. **Conclusions.** For providing better support for students' mental wellbeing: 1) teachers need more time to develop supportive and trusting relationships with students; 2) teachers' and students' self-regulation skills need to be developed; 3) support from management is needed to make collaboration between teachers smoother and 4) agreements need to be meaningful for everyone in order to be taken seriously.

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## **Can we improve the estimation of cannabis use in young populations? A study of randomized response technique in Sweden**

Filip Andersson 1, Mats Ramstedt 2, Erica Sundin 2, Cecilia Magnusson 1, Rosaria Galanti 1 (1. Karolinska Institutet, 2. Centralförbundet för Alkohol- och Narkotikaupplysning)

Background: The prevalence of cannabis use based on self-reports is likely to be underestimated in population surveys, especially in contexts where use is a criminal offense, as it is the case in Sweden. Using indirect survey methods ensuring complete anonymity may achieve more reliable estimates. Aims: To evaluate if the indirect survey method "Randomized Response Technique" (RRT) entails increased response rate and/or increased disclosure of cannabis use among young people aged 18-29 years compared to a traditional survey, overall and in different socio-demographic subgroups. Methods: We conducted two parallel nationwide surveys during the spring and the summer of the year 2021. The target participants were young adults (age 18-29) living in Sweden. One survey was a traditional questionnaire-based one. The second survey applied for the first time in Sweden an indirect method known as "the crosswise model" to questions related to cannabis use. Apart from this, the two surveys employed identical procedures (e.g., invitations, reminders, questions' wording etc.). Results: The estimated prevalence of cannabis use was two- to three-folds higher on all measures (use during lifetime; during the past year; during the past 30 days) when estimated through the indirect survey method compared to the traditional survey. The discrepancy was larger among males and among individuals with short education, unemployed, born in non-European countries. Conclusion: Severe and socially unequal underestimation of the prevalence of self-reported cannabis use can occur in traditional surveys. Use of illicit substances and other sensitive matters should be investigated with methods assuring complete anonymity if reliable estimation of prevalence is of importance for prevention strategies.

## **Developing preventive interventions for youth in local settings – what can science learn from practice about intervention development?**

Matilda Karlsson 1, Therése Skoog 2, Martin Bergström 3, Tina Olsson 1 (1. Department of Social Work, University of Gothenburg, 2. Department of Psychology, University of Gothenburg, 3. School of Social Work, Lund University)

Children and teens placed in out-of-home care experience a long-term disadvantage in virtually all health-related and socioeconomic outcomes compared to youth who do not have this experience. Few interventions that aim to support youth in leaving out-of-home care and help them prepare for adult life have been identified in the scientific literature. Even fewer have evidence of being effective. As a response to the lack of consistent support for young care leavers in Sweden, two attempts to develop transition services have been initiated during the past few years. Practice experience of intervention development has not been leveraged in scientific research and though many theoretical frameworks for intervention development have emerged in recent years, such frameworks are often developed by researchers, for researchers. Still, most interventions are developed by practitioners, in local, practice settings. Research indicates that locally developed interventions seem to be more successful than interventions that are adopted without adaptation. Investigating how practitioners approach conceptualization and development of interventions can provide an important insight into how interventions can better be designed to fit the needs of those for whom they are designed and increase our theoretical and empirical understanding of this process. By exploring the development process of locally developed interventions for youth leaving out-of-home care in Sweden, the aim of this project is to contribute to the intervention development literature by investigating the possibility for researchers to learn from practice about how we can develop more effective and ethical interventions for vulnerable populations. Interviews with developers of preventive interventions for youth will explore activities and priorities in the practice-based intervention development processes and how these compare and contrast across a spectrum of approaches to intervention development in the scientific literature. Preliminary results and implications for future practice and research will be discussed based on the interviews.



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## **Adolescents conceived through assisted reproductive technologies display significantly reduced left ventricular diastolic function**

Franziska Sciuk 1, Theresa Vilsmaier 2, Marie Kramer 1, Magdalena Langer 1, Brenda Kolbinger 2, Pengzhu Li 1, André Jakob 1, Nina Rogenhofer 2, Robert Dalla-Pozza 1, Christian Thaler 2, Nikolaus Alexander Haas 1, Felix Sebastian Oberhoffer 1 (1. Division of Pediatric Cardiology and Intensive Care, University Hospital, LMU Munich, Munich, Germany, 2. Division of Gynecological Endocrinology and Reproductive Medicine, Department of Gynecology and Obstetrics, University Hospital, LMU Munich, Munich, Germany)

**Introduction:** Worldwide, over 8 million children have been conceived through assisted reproductive technologies (ART). Some studies suggest an increased vascular risk in ART conceived subjects. As vascular dysfunction is closely linked with the onset of left ventricular (LV) diastolic dysfunction, this study aimed to evaluate whether such differences can be observed in ART subjects compared to spontaneously conceived peers. **Methods:** Families who were successfully treated at the LMU fertility center were invited to our pediatric cardiology outpatient clinic. LV diastolic function was assessed echocardiographically by measuring mitral inflow velocities (E [cm/s], A [cm/s]). In addition, myocardial velocity at early diastole (E' [cm/s]) was recorded at the LV wall and the interventricular septum (IVS) by tissue Doppler imaging. Ultimately, the ratio of E/A and the average of E'/LV and E'/IVS (E'/AVG) were calculated. Data is presented as mean±SD. An unpaired t-test was utilized to test for significance defined as a  $p < 0.05$ . **Results:** In total, 38 ART subjects (23 ICSI, 14 IVF, 1 GIFT) and 53 spontaneously conceived peers were included in the present study. The ART group and control group did not differ significantly in age ( $16.77 \pm 4.46$  years vs.  $16.54 \pm 4.77$  years,  $p = 0.814$ ) and sex (21 female vs. 28 female,  $p = 0.818$ ). No significant differences were found for E, A, the ratio E/A, E'/LV and E'/IVS between both groups. However, the ART cohort displayed a significantly higher E'/AVG ratio ( $6.50 \pm 0.97$  vs.  $6.05 \pm 0.99$ ,  $p = 0.035$ ). **Conclusion:** This study indicates a reduced LV diastolic function in a cohort of young ART subjects visualized by a significantly higher E'/AVG ratio. Potentially, these results are caused by subtle vascular changes and an increased prevalence of prematurity linked with ART. Further studies are required that assess LV function of ART subjects in later adulthood.

## **Young adults conceived through assisted reproductive technologies display significantly reduced cardiorespiratory fitness**

Marie Kramer 1, Theresa Vilsmaier 2, Magdalena Langer 1, Franziska Sciuk 1, Brenda Kolbinger 2, Pengzhu Li 1, André Jakob 1, Nina Rogenhofer 2, Robert Dalla-Pozza 1, Christian Thaler 2, Nikolaus Alexander Haas 1, Felix Sebastian Oberhoffer 1 (1. Division of Pediatric Cardiology and Intensive Care, University Hospital, LMU Munich, Munich, Germany, 2. Division of Gynecological Endocrinology and Reproductive Medicine, Department of Gynecology and Obstetrics, University Hospital, LMU Munich, Munich, Germany)

**Introduction :** Worldwide, more than 8 million children have been conceived through ART. Some studies suggest signs of vascular dysfunction in the ART-offspring. Increased vascular morbidity is closely linked to lower cardiorespiratory fitness in the general population. Hence, this study aimed to evaluate whether young ART-adults display reduced cardiorespiratory fitness in comparison to spontaneously conceived peers. **Methods :** In cooperation with the LMU fertility center, adult subjects conceived through ART were invited for an overall fitness assessment. Naturally conceived peers were acquired by public calls. The 14-Item Mediterranean Diet Assessment Tool was applied to investigate adherence to the Mediterranean diet and the Global Physical Activity Questionnaire to assess physical activity level. Hand grip strength was measured with a dynamometer. To evaluate cardiorespiratory fitness, subjects performed a Progressive Aerobic Cardiovascular Endurance Run (PACER). Reduction of vital parameters between 1 and 10 minutes

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post exercise was assessed. Data is presented as mean $\pm$ SD if normally distributed and as median (range) if non-normally distributed. To test for significance, the unpaired t-test or the Mann-Whitney-U-test was used. A p-value  $<0.05$  was defined as significant. Results: For this study, 14 ART-subjects (10 female) and 21 spontaneously conceived adults (13 female) were included. Both groups did not differ significantly in age (20.98 $\pm$ 2.33 years vs. 22.15 $\pm$ 2.07 years), adherence to Mediterranean diet, physical activity level and hand grip strength. ART-subjects demonstrated significantly lower PACER-test results (24.29 $\pm$ 7.18 laps vs. 56.14 $\pm$ 26.64 laps,  $p<0.001$ ). Reduction of vital parameters post exercise did not differ significantly between both groups. Conclusion :

The results of this study suggest that young ART-adults display a significantly reduced cardiorespiratory fitness compared to spontaneously conceived peers visualized by a significantly lower amount of achieved PACER-laps. Hence, healthy life style habits are recommended for cardiovascular risk reduction. Further studies with a greater sample size are required to confirm these preliminary results.

## **Mindfulness-based intervention and management emotional for the prevention of Burnout syndrome**

Sandra Gómez-Martínez 1, María Dolores Alaminos Hervás 1, Begoña Iranzo Ejarque 3, Marlena Kaplon 3 (1. Facultad de Ciencias de la Salud. Universidad Internacional de Valencia. Valencia, España., 2. Facultad de Ciencias de la Salud. Universidad Internacional de Valencia. Valencia, Spain)

Burnout syndrome was first coined in the 1970s to define a state of complete physical, emotional, and mental fatigue, accompanied by diminished performance capacity (Freudenberger, 1974). The objective of this work was to design a mindfulness program and emotional management techniques as self-regulation tools for the development of full attention, to produce significant changes in stress levels and therefore prevent burnout.

This proposal was based on 132 workers belonging to seven professional categories of a technology-based company. Of these, 89 were men with a mean age of 42.6 years and 31 were women with a mean age of 36.6 years.

Participants will answer several instruments, before and after program application. The program consists of 10 sessions of 60 minutes each, taught twice per week, during working hours. The participants present on-premises meet in the room, while remote employees will participate through the link to the live recording, or watch the session deferred. The first session aims to introduce participants to the experience of attention, perception and reflection and explain the syllabus. The 5 week consecutive sessions are designed under the following scheme: at the beginning of each session it is proposed a meditation of approximately 10 minutes duration based on the technique of mindfulness for the training and development of full consciousness called "Flow Meditation" (Franco, 2009). After, the theoretical contents are presented. Each session ends with immediate feedback consisting of an exchange of opinions, and feelings about the topic discussed. The last session compiles the contents put into practice throughout the program. After the analysis of the quantitative data, it is expected that our participants find their levels of perceived stress and anxiety reduced by increasing the capacity for self-regulation and focused attention. Also we expect that the program can increase their motivation and improve their attitude.

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## Poster Session 1 | 13:00 – 14:00

**Chair:** *Prof. Federico Leguizamo (University of the Balearic Islands)*

### **Another way of addressing principles in ethics: the role of a community advisory board in Myanmar**

Karine Le Roch 1, Cho Mar HTWE 1, Maung Maung Tin 1, Lisette SUAREZ 1, Laetitia Clouin 1, Lauren Yan 6, Sarah Murray 6, Molly Lasater 6 (1. Action Contre la Faim, 2. Johns Hopkins Bloomberg School of Public Health)

**Background.** Following the COVID-19 pandemic and the Myanmar coup in February 2021, the submission of research proposal to the Institutional Review Board in Yangon has become a challenging and lengthy process. As we aimed at developing a psychometric tool measuring maternal well-being in Central Rakhine State, we set up a Community Advisory Board where members looked at study purpose, cultural relevance of the informed consent, any sensitive issues, and the degree to which confidentiality was ensured. **Methods.** For this purpose, we used a method by learning experience, where participants from the Rohingya community attended a one-day workshop and reviewed the following ethic principles: respect of persons, voluntary participation, vulnerable population, personal privacy, protection of personal information, and confidentiality. For each principle, a guided question and a definition was followed by a group activity. Then, participants measured the clarity of the information provided with a visual analogue scale including a Likert scale ranging from 0 (=not at all) to 4 (=extremely). Besides, they were asked to report expected challenges and they elicited questions, concerns and inputs. They reviewed the informed consent and the plan for dissemination of findings. **Results.** Eight community stakeholders (i.e., teachers, traditional birth attendant, auxiliary nurse midwife, community health worker, religious and village leaders) attended the workshop conducted by the research project officer. The majority found that respect of persons and voluntary participation were extremely clear. Protection of personal information and confidentiality were clear for all except one participant. Vulnerable populations and personal privacy were less clear for three participants. Finally, they gave some inputs on other-related topics to explore. **Conclusion.** Enquiring about principle in ethics through community consultation is a valuable and appreciated process where the community advisory board becomes the guarantor of a culturally and contextually relevant study where the protection of participants is respected.

### **Look before you leap: theorising harmful consequences ahead of a pilot trial, the case of app-based trauma support for youth**

Georgina Warner 1, Kerstin Edvardsson 1, Maria Thell 1 (1. Uppsala University)

Research indicates that technological approaches to the delivery of trauma-based support can help address structural and perceptual barriers. Yet, there is a lack of research on digital trauma support for children and adolescents. A systematic review of trauma apps identified 2 of 69 were for children, neither of which were evidence based. Over the last 18 months, our research group has worked together with seven young people (14-20yrs; 3 male, 4 female) to develop a trauma support app based on a community-based group support program called Teaching Recovery Techniques. Design Studio, a collaborative workshop method, has been employed to develop the app content. Before embarking on a pilot trial, we have applied Bonell et al.'s concept of dark logic to the app. Scientific literature on mHealth has been used to build a comparative understanding of potential harms. Three main themes were identified, related to: privacy; self-directed therapy; and signposting to in-person services. By theorising harmful consequences in this way, we are now in the position to evaluate harms empirically alongside intended positive outcomes. Whilst we acknowledge that unanticipated harms may still arise, taking the time to 'look before we leap' supports the development of a pilot study design that is more attuned to detect iatrogenic effects.

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## **Implementation research and Covid-19 pandemic, how well-matched could it be? A case study from a psychosocial intervention for Rohingya mothers and children refugees in Cox's Bazar, Bangladesh.**

Karine Le Roch 1, Amanda Nguyen 2, Kh. Shafiur Rahaman 1, Pauline Bubendorff 1, Molly Lasater 5, Matthew Schojan 5, Catherine Lee 5, Laetitia Clouin 1, Sarah Murray 5 (1. Action Contre la Faim, 2. University of Virginia, 3. Johns Hopkins Bloomberg School of Public Health)

Background: Subsequently to the COVID-19 pandemic, most researches on human subjects were either put on hold or contextually adapted in order to mitigate the risks of contamination. When the time came to resume research activity, ethics committees requested specific information related to in-person data collection. In May 2021, was submitted to the Institutional Review Board (IRB) of Johns Hopkins University (JHU) the Research Plan for New Data Collection for the clinical trial on the psychosocial impacts of Baby Friendly Spaces (BFS) conducted in Rohingya refugee camps. Methods: In order to ensure the safety of research team members, the IRB requested a thorough description of the context, the procedure for staff screening, care, and self-isolation and the contingency plans for COVID-19 exposure. Regarding the participants, who attended Action Against Hunger BFS programme, which followed the rules from the Government of Bangladesh, the IRB collected information on the follow up of participants with COVID-19 symptoms, the contingency plans for COVID-19 exposure, and their vulnerabilities. For the sites, a workflow plan describing physical distancing, temporal separation and PPE materials and supplies was provided. Results: To comply with this new procedure, the research team designed the study workflow taking into consideration local rules and recommendations. Moreover, an evaluation survey on the impact of the pandemic on the BFS service disruptions was administered to BFS staff. Also, continuous attention was paid to staff care and well-being during the supervision and through continuous follow up. With these protections and precautions in place, in-person data collection was safely organized. Conclusion: The consequences of the pandemic have been deleterious to research and programming in humanitarian settings. However, it also allowed improving the research environment by focusing on staff health and mental health conditions and care. Besides, safety of participants has become paramount throughout the research implementation.

## **Mental health problems, risk behaviours and prevention: a qualitative interview study on perceptions and attitudes among Swedish male junior and senior elite football players**

Pia Kvillemo 1, Anna K. Strandberg 2, Tobias H. Elgán 2, Johanna Gripenberg 2 (1. STAD, Centre for Psychiatry Research, Department of Clinical Neuroscience, Karolinska Institutet, & Stockholm Health Care Services, Region Stockholm, Norra Stationsgatan 69, SE-113 64 Stockholm, 2. STAD)

Introduction: Football is the most popular sport in the world. Elite football players are exposed to a number of stress related risk factors, such as constant pressure to perform, overtraining, tissue damages, extensive travelling, and challenges in social life. This calls for the prevention of risk behaviours, such as alcohol consumption, drug use, and gambling, with the long-term goal to sustain physical and mental health. The purpose of the current study was to investigate the perception of risk behaviours and mental health problems among male Swedish elite football players, as well as their attitudes to possible prevention strategies. Method: Twenty elite football players, aged 15-30 years, were interviewed via a digital video calling platform, using a semi-structured interview guide. The interviews were transcribed verbatim and analysed with qualitative content analysis. Results: The informants reported a number of protective factors but also some risk factors, e.g., a lot of money to spend, extensive free time and sensation seeking. Experiences of stress linked to performance pressure, bullying on social media, and injuries were also mentioned. Some hesitation to talk openly about personal problems due to concerns about negative consequences and a certain "macho culture" were highlighted as barriers to seeking support for personal problems. Positive attitudes to prevention and several suggestions for preventive measures were prominent. Conclusion: Future research and prevention measures should

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focus on implementation and evaluation of strategies aimed to prevent risk behaviours, as well as to destigmatize mental health problems. This could be achieved by systematic policy work, information and dialogue, and digital or face-to-face support, provided by professionals outside the football context.

## **Salt consumption in Estonia needs attention**

Anu Aaspõllu 1, Marge Saamel 1, Diva Eensoo 1, Aleksei Põlajev 1 (1. National Institute for Health Development)

Globally, the need to control and reduce salt consumption is being emphasized. As an excessive salt intake combined with obesity is a one of the risk factors for high blood pressure, the health promotion among the population groups needs to be considered and supported, including not only promoting a healthy diet but also increasing possibilities for physical activity, reducing alcohol consumption and smoking, as well as strengthening the mental health. The Salt consumption study in the Estonian population was carried out. Mean sodium, potassium, iodine, fluorine and selenium in the urine samples and serum selenium were determined. The intake of these elements was also assessed on the bases of a 48-hour food diary. In addition, subjects completed a questionnaire and measurements of subjects' blood pressure, heart rate, and anthropometric parameters were performed. A total of 292 men and 306 women in the age of 25-64 participated. 18% of participants smoked, alcohol users accounted for 87% of the respondents. 59% of subjects had been diagnosed with long-term or chronic disease or symptoms by a physician. Of the diagnosed diseases high blood pressure, high cholesterol, and overweight or obesity were the most frequently diagnosed ones. The salt intake exceeded the Estonian dietary recommendations (<6 g/day) for both women and men. On average, the amount of salt calculated based on 24-hour urine Na was more than 6 g higher in men and more than 2 g higher in women. One of the effective ways to reduce the salt/sodium intake on the population level is to reduce the sodium content in foods, including by reformulating food products, and constantly monitoring the outcome considering the information collected earlier. Nutrition surveys must be conducted regularly in Estonia, including the analysis of biological samples to assess the situation and trends in salt consumption in the population.

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to talk openly about personal problems due to concerns about negative consequences and a certain "macho culture" were highlighted as barriers to seeking support for personal problems. Positive attitudes to prevention and several suggestions for preventive measures were prominent. Conclusion: Future research and prevention measures should focus on implementation and evaluation of strategies aimed to prevent risk behaviours, as well as to destigmatize mental health problems. This could be achieved by systematic policy work, information and dialogue, and digital or face-to-face support, provided by professionals outside the football context.

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## **Map of the current application of quality standards in the area of prevention in EU countries - results from FENIQS-EU project**

Martina Feric 1, Katarina Serdar 1, Matea Belosevic 1, Dijana Jerković 4, Wouter Vanderplasschen 4 (1. Laboratory for prevention research (PrevLab), Department of Behavioural Disorders, Faculty of Education and Rehabilitation Sciences, University of Zagreb, 2. Department of Special Needs Education, Ghent University)

The aim of this poster is to present the implementation of quality standards (QS) in drug prevention across the EU, as part of the project Further ENhancing the Implementation of Quality Standards in drug demand reduction across Europe (FENIQS-EU). The project is funded by the EU JUST program (2021-2023), and the lead institution is Ghent University, Belgium. The Laboratory for Prevention Research (ERF, UNIZG) is one of the project partners among 3 academic partners and 4 four pan-European drug demand reduction (DDR) networks. In order to collect data on the implementation of QS, three versions of the online survey were developed, one for each DDR area - prevention, treatment/social reintegration and harm reduction. Follow-up interviews were then conducted with the key informants to verify compliance with the Minimum Quality Standards and to discuss the situation in the countries in relation to specific implementation issues based on the analysis of the country information collected through the online survey In

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the area of prevention, thirty-five surveys were collected and eight follow-up interviews with key informants were conducted. Nine key informants in the field of prevention provided an overview of the implementation of QS at the local level, nine at the regional level and thirty-four at the national level. Regarding the implementation of QS, most countries have implemented the European Drug Prevention Quality Standards, followed by the Minimum Quality Standards for Drug Demand Reduction Interventions, the Minimum Quality Standards for Drug Demand Reduction and the International Standards for Drug Use Prevention. Nine countries have adopted other standards, mostly national. The results suggest that QS is not being implemented comprehensively across Europe, although many countries have implemented some of QS. Additional efforts are needed at the national and European levels to ensure consistent and systematic implementation of QS in the area of prevention.

## **Is it ethical to promote non-evidence-based interventions? A contextual point of view to launch a French evidence-based program register in health prevention**

Laetitia GOUFFÉ-BENADIBA 1, Pierre Arwidson 1 (1. Santé publique France, the national public health agency, Saint-Maurice, France)

Challenges to create an evidence-based program register in France, and its first achievements were highlighted in 2019. Since, the COVID pandemic stopped the project while an expert committee has defined a standardized 39 criteria grid during 18 months. This tool has been tested and gradually adjusted to evaluate programs (n=22). This preliminary work has been included into the French "Portal", the pilot project for a coming register. The portal still identifies health prevention interventions as "evidence-based like" or "promising like" (n=92) without any classification, and is not updated due to new directional contexts. We are strongly asserting that promoting non-Evidence based-interventions is unethical, costly and possibly harmful as claimed by international registers: standards for efficacy and effectiveness to evaluate Evidence based interventions (EBI) in health prevention must be continuously re-assessed, and shared. Mix qualitative and quantitative approaches and their methodological array to evaluate health interventions prevention must remain. Unfortunately, this is not enough. Old and new concepts to put forward "conclusive interventions" which do not rely on any scientific evaluation process are re-emerging in a post-COVID era. Thus, Santé publique France, the national public health agency, choose to restart the "register project" into an EBI national register profile. An evaluation committee (10 members) is currently being created to support the register, using the standardized 39 criteria grid. Moreover, an objective is to share with other EBI registers and to learn from scientific debates (methodological improvements) in prevention research. To stay "ethical" in health prevention, we are also strongly asserting that significant field outcomes and/or innovative actions in health prevention – which can be "EBI" in a specific context/environment and "not enough EBI" regarding strictly required criteria, must be addressed, as long as strong evaluation processes are used, and potentially enhanced.

## **Social media for health promotion - can unethical mechanisms enable ethical practice?**

Elizabeth Zimmermann 1, Samuel Tomczyk 1 (1. University of Greifswald)

Social media is a promising tool for health promotion and disease prevention because it enables scalable, low-threshold, and low-cost communication and interaction. It offers numerous functions, is extremely popular, has enormous reach and is integrated into people's everyday lives. Consequently, physical and mental health and well-being can be addressed and improved. At the same time, the consumption of social media is accompanied by a variety of risks for the individual and for social coexistence. Content can be created by anyone, shared almost uncensored and consumed without restriction (e. g. for youth). In addition, algorithms invisibly control the content presented and influence human behavior for corporate profit by exploiting the brain's functionality. Further, data security is often not given. Accordingly, risks such as addiction, mental impairment and illness, misinformation, radicalization, and

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cyberbullying result. Consequently, ethical questions about the use of social media for health promotion and research arise. Program designers need strategies for minimizing risks of social media in order to justify their use and harness their potential for research and practice. In addition to program-specific content, health programs should therefore consider the characteristics of social media as the tool used for intervention purposes. Accordingly, strategies are presented for addressing social media risks in health programs. This includes information about data security, algorithmic mechanisms, legal principles on the Internet, fact checking, and skills for functional handling of emotions and stress.

## **Professional development programme for decision makers in the field of drug prevention to increase quality - Lessons learnt from the evaluation of a 2-stage training model**

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Background: Professionals in decision-making positions have a responsibility to ensure that high-quality drug prevention activities are implemented. The European ASAP Training project developed a two-stage training programme aimed at equipping decision-makers with the knowledge to select and support high-quality, evidence-based prevention interventions. Methods: The two-stage training programme included an international training of Master Trainers (MTs) in 2019 who later delivered a national training for Drug Prevention Professionals (DPPs) in 10 countries. Both types of training had 2 parts: a 2.5-3-day on-site training (or online due to COVID) and a 3-month, 50h e-learning course. The MT/DPP Curricula were based on the European Prevention Curriculum (EUPC). For the evaluation framework, the Kirkpatrick Model was adapted to address the Reactions, Learning, and Behavioural change elements. For each type of training, data was collected from trainers/trainees at different points of time using multilingual online questionnaires. Results: The main focus was on the evaluation of training methods, perceived change and practical application of the knowledge and skills. Working through the EUPC Curriculum, MTs reported significant improvement in their knowledge. They considered the training to be highly relevant and the 2-step stage model to be feasible. On-site training is crucial, and the e-learning course is an alternative to further deepen knowledge. The MTs felt that they also succeeded in transferring knowledge on the global nature of prevention and making decision-makers aware of their responsibilities. Among the DPPs, despite the suggestions for improvements, the general opinion was that such training is necessary to get a comprehensive picture of and understand critical issues that supports responsible decision-making and their newly acquired knowledge is useful in practice. Conclusions: The ASAP partnership believes that a positive change in decision-making culture is achievable. Taking forward the two-stage programme by the EMCDDA will also help to strengthen the prevention workforce across Europe.

## **Effectiveness of the French Mois sans tabac on quit attempts in the first year of Covid-19: a population-based study**

Romain Guignard 1, Anne Pasquereau 1, Raphaël Andler 1, Justine Avenel 1, François Beck 1, Viêt Nguyen Thanh 1 (1. Santé publique France)

Background: Mois sans tabac is a social marketing initiative inspired by the British Stoptober . Organized in France since 2016, it invites smokers to quit smoking for 30 days in November and to register on a website. In 2020, the number of



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registrations has dramatically decreased compared to 2019 (from 203,892 to 126,568). This decrease occurred in the context of the Covid-19 pandemic and of a second national lockdown in the fall of 2020. Objectives: To describe the effectiveness of Mois sans tabac 2020 on quit attempts (QA) and sociodemographic factors associated with QA in the last quarter of 2020. Methods: Data come from Santé publique France 2021 Health Barometer, a general population survey carried out by phone using random digit dialing. Factors associated with QA according to reported relation with Mois sans tabac were assessed using multinomial logistic regressions on 5,028 respondents aged 18-75, who were daily smokers just before the campaign. Results: About one fifth of smokers (19.9%) reported a QA in the last quarter of 2020 and 2.5% attributed it to the campaign. Both figures were significantly lower than those observed in 2019 (respectively 24.4% and 4.3%) and the rate of directly attributable QA was the lowest since 2016. QA, related or not to Mois sans tabac, were associated with younger age and higher education. QA attributable to Mois sans tabac were less frequent among occupations like farmers, craftspeople, retailers and business owners. Discussion: Decrease in QA related with Mois sans tabac may be partly explained by a fatigue from the ubiquitous health messages and a lower visibility of the anti-smoking media campaign in the Covid-19 context. Furthermore, the lack of face-to-face or group activities usually set up for Mois sans Tabac, due to lockdown, may have contributed to a differentiated impact by socio-economic level.

## **How Ethical Aspects Can Affect the Strategic Communication About Prevention**

Yulius Adam 1 (1. PANDAWA PEER and SUPPORT GROUP)

Introduction: Bogor City West Java Indonesia was one of the most densely populated. We have 6.567.540 million residents at greater Bogor. HIV population is 3.189.430 people living with HIV. Global prevention that are not based on ethics, among them there are several cases of people living with HIV being treated inhumanly, where the place drugs rehabilitation people living with HIV are treated badly, in health services such as health centers, hospital, impact for their children with HIV cannot get health service such as basic vaccination recommended by government. Blood test for HIV also not appropriate, targeting sex workers, addicts and MSM, however they test for mother of religious student, family welfare empowerment and for addicts they test parking man, etc. Method: Make a regular meeting weekly with stakeholders and Directorate Rehabilitation on standard operational procedure plan and identified needs. Follow up their children to better life from insurance, nutrition, education, psychology support like mental health supporting, giving addict support, Readiness Rule, giving some condoms and blood test for HIV and STI's, make counseling community for join NA/AA, CGA, HIV Anonymous, make some group and individual risk assessments for them to know about the needs and how risk they are. Result: Drugs rehabilitation has carried out standard procedures set by the National Narcotics Board and the operational supervision of health services from the ministry of health, no more violence, no stigma and discrimination, all community they can join the HIV Anonymous, NA/AA meeting. Conclusions: Some of the sex worker have changed their behavior to live a better life like consume ARVs regularly, some addicts get clean more than 1 year.

## **Having fun in prevention? Food Game, a gamified school-based health promotion intervention**

Giovanni Aresi 1, Giulia Cerioli 1, Martina Giampaolo 1, Benedetta Chiavegatti 4, Paola Fischer 4, Rossana Cremonesi 4, Martina di Prampero 4, Viviana Lisci 4, Raffaella Zanarelli 4, Elena Marta 1 (1. Università Cattolica del Sacro cuore, 2. UOC IAN Milano est, ATS Città Metropolitana di Milano)

Gamification refers to the introduction of game elements to non-gaming contexts to induce engaging, positive psychological experiences to foster intrinsic motivation to participate and ultimately behaviour change. Game elements include goal setting, customised challenges, rewards and recognition, competition, and cooperation, as well as taking new roles. This approach has been employed in various contexts, though its application in health promotion is still an emerging trend. Food Game is a gamified health intervention to promote healthy eating, physical activity, and responsible consumption. The programme is run by the Milan health agency (ATS Città metropolitana di Milano, Lombardy region, Italy). High school students work in teams and compete with other schools and teams. They are free

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to choose from a number of topic-specific challenges (e.g., organising a fruit-day at school) and encouraged to share their work on social media. Their output is graded by programme managers based on creativity, completeness and level of participation. Monthly rankings are shared and the winning team is announced at the final event at the end of the school year. This poster describes Food Game mixed methods process evaluation. Conducted in the 2021-2022 school year, the study involved programme staff, teachers, and students. A total of 206 and 203 students completed T1 and T2 surveys (T3 is currently being collected) of a three-wave survey (T1 = before programme start, T2 = mid, T3 = end of school year) collecting data on relevant health behaviours and psychosocial factors (e.g., team cohesion, gamification experience). Interview and focus data were collected from programme staff, teachers, and students to get a deeper understanding of their experience in the programme. Data is currently being analysed and results will be discussed in light of the gamification approach.

## **Intercultural Sensitivity in university students: preliminary results of a collaborative study in Scotland, Turkey, and Spain**

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Introduction: The 17 United Nations Sustainable Development Goals (SDGs) encourage organizations around the world to positively impact global inequalities. Social inequities in health have been associated with lack of training of mental health professionals on disparities, while competence training has shown to be a key element for preventing these inequities. Cultural sensitivity represents the ability to distinguish between the different behaviors, perceptions, and feelings of a culturally diverse counterpart. This project aims to explore cultural sensitivity in potential mental health care professionals and promote cultural diversity through mutual understanding. Methods: We used the Intercultural Sensitivity Scale (ISS-15; Wang & Zhou, 2016) to explore the five components of cultural sensitivity: engagement, confidence, respect and enjoyment, and attentiveness to other cultures. Students implemented structured interviews with an international partner. This study received approval from the ethics committee of the University of the Balearic Islands (Exp. Number 234CER21) and has been conducted with the support of the Institute of Research and Educational Innovation (IRIE) of the University of the Balearic Islands. Results: A total of 103 Psychology students from three universities (Glasgow Caledonian University, Abdullah Gül University and University of the Balearic Islands) participated in the project. Engagement, respect, and confidence showed significant differences among students across countries. Students expressed a high level of satisfaction in their reflections about the experience. Discussion: These preliminary results highlight the relevance of the development of international experiences to foster culture as a driver of personal growth. Advantages and disadvantages of the project experience and potential improvements are discussed.

## **Effectiveness and intervention moderators of a universal e-health prevention program for eating disorders in Spain**

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Background: Eating disorders are highly prevalent in young populations and virtually all research has been devoted to developing and testing the effectiveness of selective prevention programs. Aims: This paper reports on the effectiveness of a universal school-based e-health prevention program targeted at reducing eating disorder (ED) risk, overweight and obesity. The program consisted of 3 modules targeting nutrition, healthy lifestyle, body concerns, and appearance-related social pressure. It also aimed at systematically assessing potential moderators of effectiveness. Methods: Participants included 133 ( M Age:12.48, SD =.48; 43,61% females) Spanish adolescents recruited between October-November 2019 in Asturias (Spain). Following a quasi-randomized procedure, participants were allocated to an active (intervention) or control arms. An online ad-hoc battery was used to assess sociodemographic data (age, sex), EDs risk (Eating Attitudes Test [EAT-26]), self-esteem (Rosenberg Self-esteem Scale), and family disruption (Family Apgar Test). Weight and height were measured by researchers. Results: Participants in the intervention vs. control group evidenced a significantly decrease in ED risk ( $U=1748.5$ ,  $z=-2.300$ ,  $p < .021$ ) and higher pre-post reductions in the EAT-26 oral control subscale ( $U=1853$ ,  $z=-2.072$ ,  $p < .038$ ). Male participants with obesity/overweight (OW) in the intervention arm with high levels of self-esteem at the post-treatment, showed a trend in ED risk reduction at the post-intervention [ $\beta=-1.27$ , 95% C.I. (-2.582, .038),  $p < .056$ ]. OW girls in the same group with low levels of self-esteem at the post-intervention, showed a higher reduction in EDs risk at the post-intervention [ $\beta=1.77$ , 95% C.I. (.607, 2.950),  $p < .005$ ]. Conclusions: The universal e-health prevention program was effective to reduce ED risk in a small sample of Spanish adolescents. The program was particularly effective for girls presenting low self-esteem levels. Further large-scale studies and empirical assessments of mediators and moderators of behavior change are needed.

## The evaluation design of the universal school-based prevention program for addictive behaviors - Set of Keys- in Spain

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Background: Set of Keys is a universal school prevention program aimed to high-school students and applied by the teachers. Despite this program is being already implemented in real world-settings, its efficacy and long-term effects have yet to be examined. The evaluation of its effectiveness is needed, in line and cooperation with the UNODC strategic objective of improving the coverage and quality of prevention of drug use and other risky behaviors. Aims: This paper describes the protocol of the evaluation design of Set of Keys, including: the piloting of the assessment measures, the randomization procedure to evaluate the efficacy of the program, follow-ups, and primary outcome variables. Methods: A cluster non-Randomized Control Trial will be conducted in a set of Spanish school centers at the compulsory secondary education level. Participants will be allocated to an experimental or control (no intervention) group. Follow-ups will be conducted at 12-, 24- and 36-months. Results: The program will be delivered by trained teachers in six modules focusing on social skills, problem solving and emotional regulation amongst others. Addictive behaviors, family and transdiagnostic psychological measures will be collected using an e-assessment (App) as implemented in electronic tablets. A piloting test will be conducted in an estimated sample of 250 pupils to calculate the sample size needed for the outcome evaluation. Univariate and multivariate (time-series) statistical approaches will be used to inform on the intervention efficacy. Potential moderators and mediators will be examined considering a wide range of sociodemographic and transdiagnostic variables. Conclusion: There is a lack of effectiveness assessments of school-based prevention programs in Spain, and it is expected that this paper will expedite the monitoring and ongoing evaluation in prevention. This is the first time Set of Keys will be evaluated in a natural setting.

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## **Prevention of cannabis use: content analysis of the programs implemented in Spain and evidence of their effectiveness**

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Introduction: Cannabis use is widely extended in the general population. Further, Spain is the second country with the highest prevalence rates, particularly in emerging adults. Objective: This paper seeks 1) to examine the characteristics of the existing prevention programs for cannabis use and targeted populations in Spain, 2) to examine the evaluation process and the effectiveness outcomes of the prevention programs. Method: The following databases were used: Evidence-Based Prevention, EDDRA (Database of programs to reduce drug use), Best Practice Portal (BBPP) and Xchange. Results: Electronic databases yielded a total of 77 programs, of which only 16 (20.78%) were retained for this study after consideration of inclusion and exclusion criteria. Only two programs were specifically developed for cannabis (12.5%). Most of the programs delivered a universal (14/16, 87.5%) school-based prevention program (6/16, 37.5%) and they were mostly implemented by teachers (5/16, 31.25%). Most of the programs considered a needs assessment (10/16, 62.5%) and specified the theory in which they were based (12/16, 75%). 12/16 considered a process evaluation (participants' satisfaction and adherence). The outcome evaluation was provided in half of the programs (50%) and focused mostly on changes in drug use over time. More than half of the programs did not specify who carried out the design of the evaluation (9/16, 56.25%). Most interventions were ex-cathedra (11/16, 68.75%) and used problem-solving techniques (9/16, 56.25%). Cost-effectiveness analyses were not considered by the reviewed prevention programs. Conclusion: It is necessary to develop a shared prevention curriculum so as prevention practices are evidence-based across countries and settings. It also seems necessary to ensure implementers and decision makers have adequate training on prevention science. There is a pressing need of cost-effectiveness assessments and both short- and long-term evaluations.

## **Prevention of injuries and risk-taking behavior among middle school students**

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Injuries are a major public health problem, with the burden of mortality and morbidity on society remaining high, and a disproportionately high number of injuries among children and young people. There is clearly a need to develop and implement cost-effective interventions to prevent risky behaviors, injuries and premature injury-related deaths among children and adolescents. Longitudinal studies have shown that interventions performed during adolescence (e.g., enhancing self-control, developing social skills) influence behavior at a later age (Roberts et al., 2001). Teenagers spend most of their waking time at school, which makes carrying out interventions at schools a great possibility. Also, risky behaviors have not yet become a routine part of adolescents' everyday life, and therefore interventions are likely to be more effective for them as compared with adults, who have already developed their patterns of behavior. Methodology to be developed combines the theoretical material of the intervention (the nature of the problem, psychosocial, personal, and biological factors related to injury and pre-injury risk behavior), self-tests, tasks with pictures and videos that give the basis of developing self-regulation strategies and social skills. The methodology is based on the principles of affective neuroscience theory (Panksepp, 1998), which has previously been used successfully in intervention studies

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in driving schools to prevent impulsive behavior in traffic (Paaver et al., 2013; Eensoo et al., 2018; Luht et al., 2019). The intervention comprises a student-centered and problem-based approach (standard is subject-based approach) and is carried out by trained teachers as a consistent theme in the lessons, integrating the topic of injuries and risky behavior into 8 different subject areas. The methodology complies with the principles of gender equality and equal treatment as it is intended for both boys and girls, for children with and without special needs and would be applicable both in Estonia and abroad.

## **Effectiveness of an antenatal and postnatal parenting programme: a quasi-experimental study**

Kate Mooney 1, Tracey Bywater 1, Josie Dickerson 3, Gerry Richardson 1, Bo Hou 3, John Wright 3, Sarah Blower 1 (1. University of York, 2. Bradford Institute for Health Research)

Poor perinatal mental health and maternal sensitivity towards a child in the early years can have a detrimental impact on child outcomes and lead to long term costs to society. However, there is mixed evidence regarding the effectiveness of antenatal parenting interventions that aim to enhance perinatal mental health and parental sensitivity to prevent potential negative child outcomes. 'Baby Steps' is a relationship-based antenatal and postnatal parenting programme, typically delivered in group settings. This study aims to assess whether the universally and remotely delivered Baby Steps programme is effective in improving postnatal maternal sensitivity (primary outcome) and postnatal maternal mental health (secondary outcome) at 6-10 weeks post-birth. It will also assess differences in birth outcomes and in the identification and prevalence of poor perinatal mental health through routine data linkage. The feasibility of collecting cost and health related resource use data for a future economic evaluation will be explored. This study was prospectively registered with ISRCTN on 22/04/2022 (ISRCTN12196131). All participants are drawn from Born in Bradford's Better Start (BiBBS) cohort study, and the service is delivered via Better Start Bradford. Intervention participants will be matched to a control group using propensity score matching. The required minimum sample is n=130 (ratio 1:1) to detect a medium effect ( $+/-2.35, d=.50$ ) on the primary outcome - maternal-child sensitivity (Mothers Object Relations Scale Short Form). Secondary outcomes include the Patient Health Questionnaire 8, Generalised Anxiety Disorder assessment 7, identification of poor perinatal mental health through routine data, and birth outcomes. Service delivery costs will be collected, and health resource use will be gathered from routine data. This quasi-experimental study will establish if Baby Steps is effective for enhancing maternal-child sensitivity and mental health. These findings may impact on future commissioning, development, and implementation of antenatal parenting programmes.

## **"Clear view...!?" Evaluation of the effectiveness of a primary preventive program to increase road safety**

Gunnar Meinhard 1 (1. Rheinische Friedrich-Wilhelms-Universität Bonn)

The paper describes the development of the „Clear View...!?“ course program and examines its effectiveness. It is a one-day course that aims to reduce traffic violations, whereas the focus is on violations caused by alcohol. The course consists of three modules, which are carried out by a traffic psychologist, whereas the police and an accident victim facilitate the knowledge transfer, personal experience, reflection exercises and experience exchange of accidents caused by alcohol. This study examined whether participation in the course program results in a reduction in the number of cases of driving under alcohol influence, the number of violations in road traffic, the number of general non-traffic-related violations and increase in alcohol-related knowledge. One year long re-measurement control group design was carried out with Estonian vocational and secondary school students aged 17 to 19 years (N=279). Regarding

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all dependent variables, the course program showed a significant positive change after one year of the participation. No changes took place regarding other variables. Significant interactions between participants and time of measurement on all dependent variables indicated a greater reduction in the registered violations in the training group compared to the control group; the course had a positive effect for the participants whose audit test result was up to 7 points as well as for the participants whose audit test result was 8 or more points. In addition, alcohol-related knowledge among training groups increased. The course program "Clear View...!" was determined to be effective, the number of offences was significantly reduced for training group after participation in the course program.

## **Long-term effects of Mantente REAL (keepin' it REAL) on Mexican middle school students' alcohol use mediated by drug resistance training**

Stephen Kulis 1, Flavio Marsiglia 1, Stepanie Ayers 1 (1. Arizona State University)

**Background & Purpose:** To address sharply increasing adolescent substance use rates in Mexico, a bi-national team culturally adapted the keepin' it REAL (kiR) program, and tested it in a randomized controlled trial in Mexico's largest cities. KiR is an efficacious and cost-effective curriculum for middle schools shown to prevent substance use in several countries. A multiphase adaptation process expanded kiR's core prevention elements to address the gendered connection between violence and substance use in Mexico. This presentation reports long-term effects and the mediating role of drug resistance training. **Methods:** A stratified probability sample of 36 public middle schools from Mexico City, Guadalajara, and Monterrey was randomized to: culturally adapted kiR, original kiR translated into Spanish, or a treatment-as-usual control condition. Trained teachers implemented the curricula over 3-4 months. All 7th grade students with parental consent completed pretests in Fall 2017 (n=5,524), and posttests later in 7th grade (T2), 8th (T3) and 9th (T4) grade. The relative effectiveness of kiR-Adapted and kiR-Original was analyzed with random intercepts cross-lagged path models in Mplus using FIML estimation to adjust for attrition and accounting for school and city-level random effects. **Results:** Compared to controls, kiR-Adapted students reported significantly more use of the drug resistance strategies (DRS) taught in the curriculum at T2, T3 and T4, which led to significantly lower alcohol use at T4. Although kiR-Original students reported more use of DRS at T2 and T3 than controls, they also reported higher alcohol use at T4. **Conclusions & Implications:** Students receiving the culturally adapted version of kiR not only continued to employ the curriculum's drug resistance training, but utilized it in ways that led to relatively less alcohol use two years later. Culturally adapting the kiR curriculum for Mexico was more efficacious in preventing alcohol use over time than a curriculum only linguistically adapted.

## **Perceived Stress and Communication With Parents - An Ecological Momentary Assessment**

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In adolescence, young people focus more on friendships with peers and spend less time with their parents. Accordingly, friends become the ones who provide emotional support, but the question remains whether parental support becomes irrelevant. There are many ways to operationalize parental support, with measurement through intensive longitudinal studies being the one that allows for daily changes to be observed. Therefore, the main goal of this study was to examine whether adolescents' perceived stress predicts daily communication with parents. We conducted an intensive longitudinal study that began in March 2022 and will continue through the end of June 2022. Until now, 111 first grade high school students from Zagreb, Osijek, Varaždin, Rijeka, Split, Dubrovnik and Vinkovci participated in the study. We used the smartphone app EARS to conduct an eight-day ecological momentary assessment. Students rated how stressed they felt each morning and whether they had talked to their parents about their day each evening. Preliminary analyses of 19 participants show that they talked to their parents 91 times (out of 165 measurement points), with an average perceived stress being 2,65 (SD=1,358). Even though the results of generalized linear mixed modeling suggest that the frequency of talking to parents varied over the eight-day period, perceived stress did not predict the occurrence of the daily communication with parents. Although the stress felt by adolescents does not affect whether they talk to their parents about their day, this study was one of the first to conduct an ecological momentary assessment in Croatia. By using this method, researchers can minimize recall bias and maximize ecological validity, allowing them to draw clearer conclusions. In terms of prevention, studying relationships with parents and peers in an intensive longitudinal study allows for a more accurate understanding of risk and protective factors from the adolescent environment.

## **A Training Experience in an Evidence-Based Family Programme. The Case of “Youth as Active Agents in Prevention”**

Dr María Valero<sup>1</sup> (1. University of Balearic Islands)

Introduction: The inclusion of young educators in drug prevention initiatives has positive effects on these educators (Toumbourou, 2016), while also helping other young people to identify with them (MacArthur et al, 2015). The project “Youth as Active Agents in Prevention” (developed at University of Balearic Islands) forms part of an international movement by the United Nations Office on Drugs and Crime (UNODC, 2020). The aim of this study was to develop a training protocol for university students, based on two different training systems (face-to-face training sessions and online training) in order to assess the outcome by evaluating their resulting competence profiles. Method: The sample was made up of 66 Social Education undergraduates (77 women and 20 men). There were 47 students in the face-to-face group and 19 in the online group. The control group comprised 31 Pedagogy students. The main instrument used was Competea (Arribas & Pereña, 2015). This assesses 5 main skills dimensions: intrapersonal, interpersonal, task development, setting and management. To analyse the differences between the three groups (the face-to-face, online and control groups), the students' repeated t-tests were used to compare the pre-test and post-test scores for each group. Results: The results point to statistically significant differences in four of the five main skills dimensions in the case of the face-to-face group: intrapersonal  $t(46)=2.077$ ,  $p=.043$ , interpersonal  $t(46)=2.397$ ,  $p=.021$ , task development  $t(46)=2.216$ ,  $p=.032$ , and management  $t(46)=2.608$ ,  $p=.012$ . Conclusion: Emphasis must be placed on the use of interactive face-to-face training, which allows for immediate feedback by the participants (Orte et al., 2018). Higher levels of professional skills can influence the effectiveness of EBP. For this reason, protocols should be developed aimed at reinforcing interactive learning.

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## **A duty of care, but not without support; a multi-level family skills resources model for families in refugee and low-resource contexts**

Aala El-khani 1, Karin Haar 1, Wadih Maalouf 1 (1. United Nations Office on Drugs and Crime)

Child psychosocial recovery interventions in humanitarian contexts often overlook the significant effect caregivers have on improving children's future trajectory. This is due to reasons including; mental health and family functioning not deemed a primary need in such contexts; interventions often lengthy and costly, and their effectiveness not tested in varying cultural and challenging contexts; difficulties in reaching volatile areas with training; research on effectiveness of interventions when applied is limited, given poor research infrastructure coupled with limited resources. Another major consideration is that during programme implementation, individuals are likely identified that may need more extensive psychosocial or trauma recovery support, but without a lack of local referral system available for stepped care. This paper describes the development of a model of family multi-level support delivery for families living in refugee and low resource contexts. At each level families are provided with resources depending on their needs, as well as the stability of the area they are residing in. The resources range from self-read leaflets, booklets and videos, to multi session programmes and extend to trauma recovery interventions. Resources are evidence informed and reflect key components from the family skills literature, such as the importance of communication, using a caregiver approach based on love and limits, skills to increase desired behaviour and discourage misbehaviour. All resources are open access and light, and training of programmes are aimed at lay individuals without any specific educational background. This model forms a stepped care approach to meeting the needs of families. This paper will reflect on diverse public health implications of availing such resources for the prevention of adverse health and social consequences. Discussions will be on prioritising expanding the reach of interventions that support family functioning as a primary need, as a definitive next step in humanitarian aid.

## **Parallel Session 2.1 | Where next for registries of evidence-based interventions? | 14:00 – 15:30**

**Chair:** Dr. Karl Hill (University of Colorado Boulder)

### **Where next for registries of evidence-based interventions?**

Nick Axford 1, Pamela Buckley 2, Gregor Burkhart 3, Frederick Groeger-Roth 4, Larry Hedges 5, Karl Hill 6 (1. University of Plymouth, 2. University of Colorado Boulder, 3. EMCDDA, 4. Crime Prevention Council of Lower Saxony, Germany, 5. Northwestern University, 6. University of Colorado Boulder)

Decision-makers need to consider a range of factors when choosing how to invest in interventions to improve youth psychosocial outcomes (e.g., ethics, scientific evidence, value for money, pragmatics). This requires good governance of evidence based on principles such as transparency, contestability and integrity. "What works" registries of interventions play an important role in this endeavour. These registries synthesise vast amounts of complex evaluation data, rate it using standards of evidence, and present findings and recommendations in a digestible format. In doing so, they serve as honest brokers, informing decisions from an ostensibly neutral standpoint while being open to scrutiny and



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questioning. However, they also have limitations, and there is arguably scope to enhance their impact. This might include: (i) addressing neglected issues in content; (ii) improving the design of registry interfaces and functionality; (iii) supporting policy makers and service commissioners with using registry content; and (iv) encouraging more coordination across registries. There is also a case for more radical developments, such as: (v) considering a wider range of impact evaluation methods; (vi) expanding the types of intervention considered (beyond programmes); and (vii) rethinking the impact pathways implicit in most registries. This symposium explores these issues and associated challenges and opportunities in relation to four highly-respected registries: Blueprints for Health Youth Development (US); the Green List (Germany); What Works Clearinghouse (US); and Xchange (EU). It also discusses the research needed in this space, not least whether and in what ways registries contribute to the implementation and scale-up of evidence-based interventions.

## **Parallel Session 2.2** | Challenges and possibilities of digital approaches | 14:00 – 15:30

**Chair:** Prof. Samuel Tomczyk (University of Greifswald)

### **Assessing Youth Risk Behaviours Via Traditional and Digital Mobile Measurement**

Josipa Mihic 1, Lucija Šutić 1, Miranda Novak 1, Toni Maglica 4, Darko Roviš 1, Gabriijela Vrdoljak 2, Hana Gačal 3 (1. University of Zagreb, Faculty of Education and Rehabilitation Sciences, Laboratory for Prevention Research, 2. University of Split, Faculty of Humanities and Social Sciences, 3. Public Health Teaching Institute of Primorsko-goranska county, 4. University of Osijek, Faculty of Humanities and Social Sciences,

Compared to individuals in other developmental periods, adolescents are more prone to experimenting and engaging in a variety of risky behaviours. Vulnerability and specific characteristics of their age group place adolescents at higher risk when they engage in behaviours such as sexual risk, peer violence, tobacco, alcohol, illicit substance use, and gambling. Assessing the occurrence and prevalence of these behaviours in youth is still a challenge. Ecological Momentary Assessment (EMA) has been asserted by proponents of the technique as being superior to standard paper-and-pencil measurements in terms of the reliability and validity of the information obtained. EMA allows us to measure behaviour in a real time and natural environment, as well as to observe both intraindividual and interindividual variability. However, more studies are needed. In Spring 2022, a total of 3170 first grade students (51.2% female) from Croatia, with the mean age of 15.10 (SD=.38) were included in the online study. In these 45 minutes long assessment, students reported their involvement in different risk behaviours including alcohol, tobacco, and drug use, violence, sexual risk behaviour, and gambling. A subsample of 50 adolescents were then asked to participate in an intense longitudinal study. After receiving their informed consent, the smartphone app EARS was used to conduct a 7-day longitudinal study with participants reporting three times a day (in the morning, in the afternoon and in the evening), among other, on their involvement in different risk behaviours. With the results of this study, the advantages and disadvantages, so as ethical concerns of using EMA in assessing risk behaviours of youth will be discussed. This paper is a part of study «Testing the 5C framework of positive youth development: traditional and digital mobile measurement - P.R.O.T.E.C.T.» funded by Croatian Science Foundation, UIP – 2020 – 02 – 2852.

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## **Adolescents' perceptions of a Virtual-Reality based alcohol prevention tool - a focus group study on content, technical and gender aspects**

Robert Hrynyschyn 1, Christina Prediger 1, Iasmina Iepan 1, Patricia Lyk 4, Gunver Majgaard 4, Stefanie Maria Helmer 6, Christiane Stock 1 (1. Charité – Universitätsmedizin Berlin, corporate member of Freie Universität Berlin and Humboldt-Universität zu Berlin, Institute of Health and Nursing Science, 2. University of Southern Denmark, Game Development and Learning Technology, The Maersk Mc-Kinney Moller Institute, 3. University of Bremen, Human and Health Sciences)

Background: Excessive alcohol use is a major public health problem and Virtual reality (VR) offers new possibilities for alcohol prevention in adolescents. However, many aspects of this innovative approach remain unstudied, especially regarding user experience and options of tailoring by gender. This study investigated adolescents' perceptions of content, technical, and gender aspects in the simulation Virtual LimitLab – a virtual skills training for adolescents on how to deal with social pressure regarding alcohol consumption. Methods: Four focus groups were conducted after individual simulation testing with 13 adolescents aged 15-18 years. In addition, a user experience questionnaire (UEQ-S) and think-aloud technique were used to triangulate the qualitative findings. Discussion and statements were analysed using thematic analysis. Results: Content and technical aspects were positively evaluated by the participants, which was confirmed by the UEQ-S data. In general, VR was seen as an innovative tool that enabled adolescents to become more engaged with the reflection of personal alcohol consumption and behaviour at parties. Especially the variety of choices to try out new behaviours were highlighted. Apart from that, participants criticized technical difficulties and scenes they could not identify with. There was consensus on open, gender-independent flirting options within the simulation, and awareness of gender diversity was raised. In addition, sexual harassment was consensually deemed an important issue linked to partying and alcohol. It was concluded that it should be addressed along with alcohol prevention. Disagreement was found on the relevance of gender and in attitudes towards different tailoring options. Conclusion: The present study showed that VR in alcohol prevention is positively evaluated by the target group. Future research should quantitatively clarify for which specific target groups VR simulations are most effective in alcohol prevention. LGBTQIA+ adolescents should be included when developing gender-sensitive simulations.

## **When need is at all-time high, and accessibility is at all-time low... Let us go digital! Transforming a conventional facilitator training family skills programme to an online course during COVID19, lessons from Strong Families**

Karin Haar 1, Aala El-Khani 1, Mara Urlicic 1, Wadih Maalouf 4 (1. United Nations Office on Drugs and Crime (UNODC), 2. United Nations Office on Drugs and Crime)

Strong Families is a family skills programme developed for families living in challenged or other settings of stress. It's delivered through 3 training sessions over 3 weeks. Facilitators are usually trained in person over two full days, by the developers of the programme or other experienced international trainers. During the COVID-19 pandemic and due to travel restrictions, we developed an e-learning platform to deliver the content of the training manual as interactive pdf, with videos explaining the most difficult exercises, note taking functions and click and reveal activities to check their understanding. We further aimed for a blend of synchronous and asynchronous course format to allow facilitators in different time zones to integrate their training into their working days. Assessments were done via quizzes on the theoretical knowledge and via assignments (mainly video recordings of their performance). In addition, we were holding four 2-hour webinars with feedback on the video recordings as availed by facilitators while preparing the training content forward. Finally, learners receive a certificate of completion and give written feedback to improve the e-learning experience. So far, the e-learning platform has so far been made available in 9 languages, benefitting 483 facilitators from 11 countries. Families have already been reached through facilitators trained by this platform. Data on child

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mental health, parenting practices, family adjustment skills and child resilience are currently being assessed as collected. The transformation of an interactive in-person prevention skills training programme to an e-learning platform was feasible, however the impact and fidelity needs to be compared to conventionally trained facilitators. While such online platforms have been a key solution in reaching out facilitators during times of travel restrictions, we aim to further test it as platforms supporting fidelity of implementation during national scale up plans, including for facilitators trained in person.

## **The Just Transition Fund as a Prevention – the Role and Chance of Health Technologies**

Jana Holmar 1, Kadi Lubi 1, Ivo Fridolin 1 (1. Tallinn University of Technology, Department of Health Technologies)

Estonia's 2035 development strategy states that goal number one is that intelligent, active, and healthy people live in Estonia. The critical elements of achieving a sustainable economy and health system are reducing demand, matching the supply, and reducing emissions. The desired transformation requires person-centered care that prioritizes empowered persons who determine the paths most suitable to them over diagnosis and cure. Appropriate and effective prevention activities and clever health technologies are crucial in this road. Yet, not all the regions in Estonia are at a similar starting point to move towards a sustainable economy and health system. The East-Estonia region faces problems with a low number of healthy life years and life expectancy, high smokers rate, increased number of early deaths from cardiovascular disease, tumors, accidents, poisonings, traumas, and severe work accidents. Moreover, the departure of the working-age population and the negative birth rate increases the share of the elderly; the number of people active in the labor market has decreased. As part of the European Green Deal and to achieve the objective of EU climate neutrality effectively and fairly, the creation of a Just Transition Mechanism, which includes a Just Transition Fund, was proposed. The Mechanism should focus on the regions and sectors most affected by the transition due to their dependence on fossil fuels. As the central oil shale processor in the energy sector, East-Estonia will be most involved region in Estonia. The Department of Health Technologies at Tallinn University of Technology sees the improvements in human well-being and health as crucial in achieving the Just Transition Fund's goals. Therefore, it proposes launching the East-Estonia Health Technologies Competence Center, which will support health awareness, positive health behavior, and improved occupational health through prevention and early diagnosis by clever and sustainable health technologies.

## **Evaluation of a Brief Online Self-help Prevention Program for Concerned Gamblers**

Håkan Wall 1 (1. Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden)

The purpose of this presentation is to describe the feasibility of a brief online self-help prevention program for concerned gamblers, i.e., gamblers who perceived a need to change their gambling habits, in the context of the Swedish gambling helpline. The program consisted of four modules based on Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT), covering motivation to change, logging gambling behaviors, planning and implementing gambling-free activities, and managing risk situations. Gambling expenditures were also logged in the program, and their development over time were analyzed as longitudinal data using marginalized two-part models. The results showed that out of 4655 gamblers recruited via the helpline's webpage, 92% completed content in at least one module, and 23% were active in all four modules. Attrition was in general high, with only 10% retention in the gambling log for longer than 14 days. Gambling expenditures decreased for those who logged them for a shorter time period, whereas it increased for those who logged expenditures for a longer time period. The study showed that it was relatively easy to recruit participants to the online program. Given the low retention, some recommendations for future programs will be presented.

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**Coffee break** | 15:30 – 16:00

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**Keynote session 2** | Measuring prevention challenges and opportunities | 16:00 – 17:30

**Chair:** *Merike Sisask (Estonian National Institute for Health Development)*

**Presenters:** *Dr. Yasemin Kisbu (Assistant Professor at Koç University, Director of Independent Evaluation Laboratory at Bağımsız Etki Değerlendirme Laboratuvarı, Turkey), Dr. Prof Kristian Wahlbeck (Director of Development at MIELI Mental Health & Research Professor at the Finnish Institute for Health and Welfare, Finland)*

Dr. Kisbu will focus on research methodology, particularly as applied in intervention and policy evaluation, and will talk about ethical and practical implications of measurement. Dr. Wahlbeck will talk about cost-effectiveness of prevention in mental health and how to move towards cross-sectoral impact assessment.

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**Walking Tours around Tallinn** | 18:00



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**Members' Meeting** | 8:30 – 9:30

**Peer Van der Kreeft** *EUSPR 2019-2022 President*

**Gregor Burkhart** *EUSPR 2023-2026 President*



**Parallel Session 3.1** | Substance use prevention | 9:30 – 11:00

**Chair:** Boris Chapoton ((Université Jean Monnet Saint-Etienne, laboratoire Coactis, France)

## **Depiction of Tobacco and Alcohol products by Adolescents' favorite Influencers on Social Networking Sites**

Boris Chapoton 1 (1. Université Jean Monnet Saint-Etienne, laboratoire Coactis (UR4161))

The share of cancers linked to preventable behaviour has been associated with Tobacco and Alcohol (T&A) consumption for many years. In France, in 2015, 45.000 deaths were associated to cancer from smoking, and 28.000 new cases of cancer were associated to alcohol consumption. Research attempting to study health behaviours encourages us to consider the environment in which the individual evolves by focusing on the cultural, social and physical context associated with this individual, particularly during adolescence, a period when risk-taking can be increased. One environment that is worth considering is Social Networking Sites (SNS): more than 69% of French 11-14 years old declare having at least one account on a SNS. Thus, we cannot put aside the influence of the content these posts may have on adolescents. Yet, data associated with the content of posts on adolescents' SNS remains scarce, almost when it comes to analyse the display of T&A products content. This presentation aims to share the preliminary results of a content analysis of post published over a 1-year period by adolescent's favourite influencers. A content analysis methodology has been developed thanks to a systematic literature review. Selected publications were the one posted by the most 11 favourite influencers cited by adolescents (12-14 years old) from 4 schools. Different level of analysis (social platform, influencer, post, behaviour towards T&A) will be presented during the presentation. While the first Europe's beating cancer plan has been published, having a clear understanding of the depiction of T&A products shared by adolescents' favourite influencers would allow to develop up-to-date preventive intervention content aiming to tackle media's influence on teenager's behaviour. This understanding is also essential in order to urge policy makers to regulate the online promotion of addictive substances directed to teenagers.

## **Decreasing Rates of Tobacco Sales to Underaged: A 2-Year Quasi-Experimental Follow-Up Study of an Intervention Using Compliance Checks**

Tobias H. Elgán 1, Kristin Feltmann 1, Johanna Gripenberg 1 (1. STAD)

Introduction: There is an 18-year age limit on purchasing tobacco products in Sweden. Nonetheless, 17% of 15-year-olds and 32% of 17-year-olds report last year smoking, and 16% and 20%, respectively, report that they purchase cigarettes themselves. The National Public Health Agency in Sweden advocates the use of a compliance check intervention including information to outlets, mystery shopping followed by feedback. The intervention has not yet been evaluated in Sweden. The aim of the study was to assess intervention effects in terms of decreasing the rate of cigarette sales to underaged. Methods: A quasi-experimental control group study was conducted using a repeated cross-sectional design. Baseline data was collected in June 2017 and follow-up in June 2019. Thirteen municipalities in Stockholm County were included (intervention=6, comparison=7). From 388 available outlets, a stratified sample of 287

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(intervention=158, comparison=129) were randomly selected. At follow-up, 257 outlets could be revisited. The compliance check intervention was implemented during Fall 2018 or Spring 2019. Municipalities in the comparison group were not informed about the study. Results: Refusal rates in the two study groups were similar at baseline ( $p=0.054$ ). The rates improved to a greater extent in the intervention area from 70.4% at baseline to 95.8% at follow-up in the intervention group compared to the comparison group (from 80.9% at baseline to 85.2% at follow-up). A logistic regression analysis showed a statistically significant time x group interaction ( $p<0.001$ ) and the difference in refusal rates between the two study groups at follow-up corresponded to an effect size of 0.38. Conclusions: Results suggest that the compliance check intervention is an effective method to decrease cigarette availability to underaged.

## **Talking about cannabis use: targeting youth professionals as an indispensable link in selective prevention**

Marjan Mohle 1 (1. Trimbos-instituut)

Among 12-16 years olds in Dutch residential youth care cannabis use in the past month (31 percent) is six times higher than among their peers outside this setting (5 percent). These young people are also at a higher risk of experiencing negative consequences such as early school leaving, health problems and addiction. Therefore, it is crucial to implement a strong selective prevention response which serves this vulnerable group. However, directly targeting this group leads to challenges such as difficulties in reaching them and stigma. One promising approach is to work with youth care professionals as an intermediate target group. They have specialised knowledge of the interplay between risk and protective factors that exist in this group. Moreover, they are in direct contact with youth and have possibilities to intervene. By means of a national survey (EXPLORE) and a concept mapping technique we investigated how youth professionals currently deal with substance use and what they need in order to address problematic cannabis use. Professionals indicated that they would like to have more policy guidance from the organisations they work for. Policies were often experienced as being too ambiguous or narrow-focused on disciplinary measures. Professionals also lacked knowledge and information on existing policy guidelines and available interventions. The main conclusion was that professional needed directions on knowing how to apply the policies in their daily work rather than new guidelines or interventions. We developed a communication strategy combined with a mixture of support materials (e.g. website, conversation tool). In addition we launched a podcast called 'Talking about cannabis'. In this podcast researchers, professionals and experts by experience share their personal experiences with how they talked about cannabis. The podcast inspires youth professionals to apply effective conversation strategies when working with vulnerable youth.

## **Community-based intervention to prevent prenatal alcohol exposure and fetal alcohol spectrum disorders.**

Katarzyna Okulicz-Kozaryn 1, Marta Zin-Sędek 2, Lidia Segura 3, Carla Bruguera 3, Joan Colom Farran 3 (1. Institute of Mother and Child, 2. National Centre for Drug Prevention, 3. Programme on Substance Abuse, Public Health Agency of Catalonia, Department of Health, Government of Catalonia)

Prenatal alcohol exposure (PAE) may result in a series of adverse effects including congenital anomalies and behavioral, cognitive and adaptive deficits known as fetal alcohol spectrum disorders (FASD). Although there is evidence on effective interventions to prevent PAE, many pregnant women continue drinking and there are still few region and nation-wide practices in Europe. Within the FAR SEAS (EC-funded contract), a multi-component evidence-based good practice community intervention was implemented and evaluated in Mazovia (Poland), with the aim to prevent PAE and FASD. Staff from services available at local level (social, therapeutic and psychological) screened child-bearing age women (pregnant and not pregnant) for alcohol risky use and psychosocial risks. Interventions, ranging from brief intervention, via motivational sessions, to individualized care package, were tailored to the needs of the women



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according to their level and type of risk and their reproductive status. 441 child-bearing age women including 42 pregnant women (9,5%), were recruited (70%, 23%, 7%: low, moderate, high-risk group). The key risk factors observed at the baseline include reluctance of medical professionals to talk to patients about drinking alcohol, and among women: failure to use effective contraception and pre-conviction that moderate alcohol drinking is not harmful for the baby. Results of the pilot study, in terms of participants risk behaviors changes, knowledge, and attitudes of women and professionals toward PAE and FASD, will be reported during the presentation (evaluation data are collected till the end of June).

## **Parallel Session 3.2** | Communities That Care: implementation and evaluation in Europe | 9:30 – 11:00

**Chair:** Dr. Gregor Burkhardt (EMCDDA)

### **What can be the role of CTC in improving prevention systems?**

Gregor Burkhardt 1 (1. EMCDDA)

In Europe, we have since long be arguing in favour of looking at prevention from a systems perspective in a way that interventions should be in synergy with local environmental prevention strategies and the training of decision-, opinion- and policy makers (DOPs) about science-based prevention. There are several approaches that promote community-wide, bottom-up prevention systems. The most commercial of them has been attracting important media attention due to powerful advocacy and promotional activities, without yet providing evidence on its effectiveness outside its country of origin. CTC has in this regard practical and strategical advantages: it has proven its effectiveness in places outside its origin, provides toolboxes of evidence-based interventions and makes the questionnaires and other community support tools available for free, so that communities can process their own data. CTC has therefore a prominent role within an ongoing EU project (Politeia) that aims to improve the training level of frontline professionals for crime and substance use prevention, particularly by making use of its tools to create local risk profiles. Some items of CTC questionnaires have also been included into routine epidemiological tools at EU level. The open question is only: how can we make the CTC more known and improve the narratives about it (e.g. "really evidence-based, royalty-free").

### **Design of the German CTC-EFF study and options to develop a European multi-country study on the functioning and effectiveness of CTC**

Frederick Groeger-Roth 1, Dominik Röding 2 (1. Crime Prevention Council of Lower Saxony, Germany, 2. Medical School Hanover)

Community coalitions are a strategy to mobilise communities, coordinate activities and resources for community-based health promotion. Communities That Care (CTC) is an approach to translate prevention science into broad practice. The superiority of CTC over non prevention science-based approaches has been proven for the USA by the Community Youth Development Study (CYDS). CTC has been implemented in several European countries for years, although it is so far unclear whether CTC is also effective in the European context. To answer this question, the CYDS has been replicated in Germany since 2021 in a quasi-experimental design. This contribution presents the design of the German CTC-EFF study and options to develop a European multi-country study on the functioning and effectiveness of CTC.

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## **The implementation of CTC in the city of Malmö, Sweden: Readiness issues when both vertical and horizontal system's change is needed**

Mats Glans 1, Birgitta Månsson 1 (1. City of Malmö)

Community coalitions are a strategy to mobilise communities, coordinate activities and resources for community-based health promotion and prevention of behavioral health problems. Communities That Care (CTC) is an approach to translate prevention science into broad practice. CTC is an outcome focussed, data driven delivery system which target the underlying causes of violence, delinquency, ATOD use, teen pregnancy (sexual risk behavior), school dropout and depression and anxiety, using evidence-based interventions (EBI) that match the community's specific needs, in terms of elevated risk factors and suppressed protective factors. To succeed in this broad practice, a vertical system's change is needed since CTC is both a top-down and a bottom-up approach, which challenge established hierarchies within organisations. An important mediator for the vertical system's change, is the adoption of a science-based view of prevention, by the Key Leaders (DOPs). However, when the need for vertical system's change is combined with a shared responsibility between different community sectors – social services, school, law enforcement, NGO:s and others – the challenges multiply. Horizontal system's change is therefore needed, so that shared responsibility does not become no one's responsibility. The need for a horizontal system's change also applies in a much larger scale since, for instance, regional, national and international authorities work in siloes, which among other things affect the funding streams. This applies to universities, research and researchers as well. The need for vertical system's change can partly be measured by the CTC instrument Community Key Leaders Interview (CKI). However, the CKI, and/or other instruments, must be developed to give a better understanding of the different stages of readiness and the levels of adoption of a science-based view of prevention, to be able to develop strategies, both vertically and horizontally, for community change.

## **Implementation of the CTC in Croatia – lessons learned and future directions**

Josipa Mihic 1, Miranda Novak 1, Martina Ferić 1 (1. University of Zagreb, Laboratory for Prevention Research)

Communities That Care (CTC) model has been implemented in Croatia since 2001. The first, several years long CTC study was conducted in Istria County and included seven local communities. Aim of the mentioned study was to translate and adapt the CTC and test the quality of its implementation process in a context of a small and developing country. In 2011, CTC was implemented in two larger cities while in 2020 additional three local communities used CTC model. During the very beginning of the CTC implementation in Croatia, the CTC Youth Survey has been broadly used in multiple communities in order to assess the risk and protective profiles of children and youth. Lessons learned and challenges faced while implementing CTC in developing countries will be discussed including: sustainability of CTC financing and implementation, appropriateness of CTC tools and measures, and a lack of evidence based programs. Furthermore, future directions and an urge for CTC effectiveness studies will be stressed.

## **Parallel Session 3.3 | Prevention in school contexts | 9:30 – 11:00**

**Chair:** Dr. Ina Koning (University of Utrecht)

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## **Teacher's training in school bullying prevention programs: a proposal for Spanish context**

Sandra Gómez-Martínez 1, Desirée Sánchez Chiva 2, Patricia Flor Arasil 3, Begoña Iranzo Ejarque 3, Marta Corral-Martínez 3 (1. Facultad de Ciencias de la Salud. Universidad Internacional de Valencia. Valencia, España., 2. Facultad de Ciencias de la Salud. Universidad Internacional de Valencia. Valencia, Spain vALENC, 3. Facultad de Ciencias de la Salud. Universidad Internacional de Valencia. Valencia, Spain)

Bullying is one of the most worrying problems in Spanish secondary education. But, although the problem goes back a long way, it was not until the mid-1990s that Spanish public administrations responded to the problem of school violence (Del Rey and Ortega, 2001). A factor of great importance and that has been neglected until recently is the teaching staff. Both today's society and educational institutions expect teachers not only to prepare students at an academic level, but also to promote educational environments where there is sustained coexistence in social and moral values. They are also required to have the ability to make decisions and solve the problems of school coexistence (Gómez et al., 2002; Marchesi, 2007), but for this they must be adequately trained. In fact, 58.3% of teachers request training on school coexistence. For this reason, in recent decades, proposals related to teacher training on coexistence in educational centers have increased (Martín et al., 2010). In this presentation, the main teacher training programs existing in the Spanish territory are reviewed, all of them aimed at providing teachers with knowledge about the phenomenon of violence and school coexistence. An innovative proposal made by the authors is also presented, which consists of the combination of a 2D intervention computer program for students, with specialized training for teachers. This proposal, by joining the work with students and teachers, can constitute a substantial improvement in interventions aimed at preventing bullying in our classrooms.

## **Alarm bell: Preventing upper-secondary school dropouts in Estonia**

Mariliis Öeren 1, Jane Ester 1, Maris Vainre 1 (1. Think Tank Praxis)

**Objective:** In Estonia, every sixth student drops out upper-secondary school annually. Teachers who could identify risks, have a high workload and lack confidence in their skills to address the problem. eKool, a school management platform, and think tank Praxis created a big-data based tool, an early-warning system (Alarm bell) that aims to reduce student dropout in upper-secondary schools with behaviourally informed intervention that nudges teachers to react and provides tips on how to support students. **Methods:** We are carrying out a cluster randomized controlled feasibility trial in 31 schools to investigate the potential effects of the intervention. Using permuted block randomization, stratified based on school's size (big or small) and language of instruction (Estonian or Russian), we allocated 15 schools to the intervention (Alarm Bell) and 16 to the treatment as usual (control) group. Our pre-registered analysis (see <https://osf.io/26tw9>) will explore the between-group effects on the following outcomes identified as the risk factors to dropping out of education: poor grades, truancy, tardiness, and negative remarks received. The analysis will be carried out by following the intention-to-treat principle. Data are collected routinely and analysed in two bins: prior to intervention (September 2021-January 2022) and from the start of the intervention to the end of the school year (February-June 2022). To assess tool's feasibility and perceived impact, we will analyse participation rates and collect qualitative and quantitative information from the school staff. **Results:** The data analysis will be carried out in July-August 2022 and the results will be ready to be presented in September 2022. **Ethics:** Approval has been obtained from the Estonia's National Institute for Health Development Ethics Committee (decision N° 978).

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## **The legacy from scare-tactic school-based illicit substance prevention education on today's adult cannabis users in Riga, Latvia**

Kristiāna Bebre 1 (1. University of Latvia)

Contemporary research has shown that education that focuses exclusively upon illicit substances and disproportionately highlight their use risks may actually increase the likelihood for use initiation and decrease the likelihood of users seeking state-funded illicit substance related support when needed. Using semi-structured interviews (n=27) with cannabis users who reside in Riga, Latvia, this presentation discusses the resultant effects of such education on prevention and harm reduction. The findings show that when state representatives exaggerate illicit substance dangers, adult users may become distrustful of state-funded illicit substance treatment services. Additionally, state representatives who advocate exaggerated illicit substance dangers may be perceived as being misinformed or even propagandist by people who have experience with an illicit substance. This in turn is a detrimental issue in facilitating the exclusion, rather than engagement, of the hard-to-reach populations, such as the cannabis users. In conclusion, this presentation highlights the value in evidence-based education that focuses on realistic claims about the dangers of illicit substance use in reducing harm for those that choose to engage with illicit substances and wider society. This presentation is prepared with the aim to highlight one of the key themes that is discussed in the findings of the author's recently published article.

## **Prevention of early overweight – a systematic review and meta-analysis focusing on waist circumference as outcome parameter in school-based interventions**

Anan (Antje) Kula 1, Kerstin Bernartz 1, Ricarda Brender 1, Ulla Walter 1 (1. Hannover Medical School)

Overweight and Obesity in children and youth still are a worldwide challenge due to the associated health issues in adult life. The worldwide Covid-19 pandemic even had an additional negative impact on the prevalence of overweight and its risk factors, especially regarding children. Objectives. Our systematic review and meta-analysis focuses on waist circumference as an outcome parameter for studies of school-based interventions to prevent overweight. Nine data bases were searched, including PubMed, Medline and Embase. According to study type we assessed risk of bias with the Cochrane Risk of Bias in non-randomized studies of intervention tool, the Cochrane Risk of Bias Tool Version 2 for parallel trials or the adapted Risk of Bias 2 test version for cluster-randomized trials. 44 studies with 39.837 participants met the inclusion criteria. Only one third of the identified studies fulfilled the criteria for inclusion in a meta-analysis, due to reported data and risk of bias assessment. We carried out two separate meta-analyses regarding the difference in mean change of the outcome parameter waist circumference measured in cm (95% CI), with a pooled effect estimate of -0.95 (-1.87; -0.46), or reported as z-score value (95% CI), with a pooled effect estimate of -0.10 (-0.15; -0.05), both favor of the experimental group. For the two analyses heterogeneity was extremely different, indicating the comprehensible superiority of z-score measurement. The overall effect sizes were small with a p-value < 0.05. The possibility of reaching a bigger effect in studies of preventive interventions and health promotion is limited. Schools are part of a complex obesogenic environment and can only fully develop their potential if accompanied by measures in other areas of life.

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## **Parallel Session 3.4** | Quality of training modules in prevention delivered through digital approaches | 9:30 – 11:00

**Chair:** Ms. Helena Horálek (Charles University)

### **Quality of training modules in prevention, delivered through digital approaches**

Helena Horálek 1, Rachele Donini 2, Jeff Lee 3 (1. CUNI, Department of Addictology, 2. ASL 2 Italy, 3. ISSUP - International Society Of Substance Use Professionals)

**Abstract.** INEP (Introduction to evidence-based prevention) combines basic prevention knowledge with a focus on evidence-based programs. It was developed through a long process of professionalizing and developing teaching materials in evidence-based prevention. The Universal Prevention Curriculum – UPC was created globally, led by Zili Sloboda, with a team of highly qualified scientists and prevention experts, Applied Prevention Science International (APSI). UPC is a combination of essential information in prevention with a focus on evidence-based programs. ICUDDR and ISSUP support UPC dissemination and its partial outputs. UPC curriculum was adapted to European conditions in partnership with the Department of Addictology, the 1st Faculty of Medicine, Charles University, and other European partners. Roman Gabrhelík (CUNI) developed an online course, INEP - Introduction to Evidence-Based Prevention. He established INEP with his team based on the European adaptation of UPC. Thanks to the UPC- Adapt project, funded by the European Commission (UPC Adapt project - Implementing a Prevention Training Curriculum in Europe: Adaptation And Piloting; HOME/2015/JDRU/AG/DRUG/8863). The INEP course is already in several language versions and has its INEP Plus extensions, developed by ISSUP.

### **INEP Plus Facilitation: the contribution from ISSUP**

Jeff Lee 1, Rachele Donini 2, Helena Horálek 3 (1. ISSUP - International Society Of Substance Use Professionals, 2. ASL 2 Italy, 3. Charles University First Faculty of Medicine Department of Addictology)

**Abstract.** ISSUP initiated its involvement with INEP in view of ISSUP's role to promote evidence-based, high quality prevention practice and to promote the professionalisation of the prevention workforce. With its respect for, and collaboration with Charles University, it shared the potential value, and even necessity, of providing support for a self-led online INEP by offering training of facilitators who could support those who undertook the INEP course. This became INEP Plus. ISSUP trained 2 of its identified trainers in 20 of its National Chapters to become facilitators of INEP. This provided them with the competencies of acting a facilitators of INEP who could then offer INEP Plus as a beginners course in their countries. The facilitation was provided through a 10 session series of virtual training that aimed to promote sharing, understanding and learning of the INEP content and a better understanding of the basic concepts of prevention. This input reflects on the rationale, the challenges and the facilitator feedback from undertaking this intended added value contribution to the INEP Programme.

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## A facilitated introduction to evidence-based prevention

Rachele Donini 1, Helena Horálek 2, Jeff Lee 3 (1. ASL 2 Italy, 2. Charles University First Faculty of Medicine Department of Addictology, 3. ISSUP - International Society Of Substance Use Professionals)

**Abstract.** ISSUP (International Society of Substance Use Professionals) integrated the INEP online asynchronous course developed by Charles University in Prague with an added value (the “Plus”), represented by the asynchronous online facilitated course happening after each INEP self-administered lecture. The 12 synchronous meetings - mirroring the INEP online course - aim to facilitate the comprehension and acquisition of INEP lectures. The facilitation happens thanks to a learning environment where attendees can ask questions, share their doubts and reflections, and interact with other trainees on the topics learned week-by-week. After developing the training addressed to ISSUP’s National Chapters, the first online piloting of the “Plus” course addressed to 40 participants split into two different modules, has taken place from March to May 2021. Trainees came from various countries, representing all continents. A new “Plus” course is about to start in the coming weeks, addressed to new National Chapters that requested the training. The presentation will describe the training materials and the strengths and limitations of the first training course for facilitators. It will also offer examples of implementation by trained facilitators in their country.

## Parallel Session 3.5 | Towards a more poverty-aware prevention science | 9:30 – 11:00

**Chair:** Dr. Nick Axford (University of Plymouth)

### Towards a more poverty-aware prevention science

Nick Axford 1, Vashti Berry 2, Nina Johansson 3, Anna Sarkadi 3, Georgina Warner 3 (1. University of Plymouth, 2. University of Exeter, 3. Uppsala University)

Although they often target low-income areas or families, prevention and early intervention programmes (e.g., home visiting, parenting courses, family therapy) rarely address families’ economic circumstances directly. Instead, they aim to ameliorate its impact indirectly, targeting mediating factors such as family conflict and insensitive parenting. This is at least ethically questionable given the known contribution of poverty to poor child and youth outcomes (e.g., poor mental health, behaviour problems, obesity, lower cognitive and social-emotional skills, reduced educational attainment). Moreover, too many such interventions produce null or equivocal results when tested in experimental studies, and even positive effects are often small, short-term and difficult to replicate. One avenue for addressing this is to improve families’ economic situation. There is evidence that increasing household income has a positive causal effect on child outcomes, especially for low-income families. It also improves intermediate outcomes that are important for child development (e.g., maternal mental health, parenting, home learning environment). While policy-level changes are essential to preventing poverty, practice-based initiatives (e.g., emergency loans, welfare rights advice, debt counselling) can also mitigate its effects. Moreover, if practitioners better understood poverty and engaged in advocacy to maximise families’ income, it would arguably reduce low-income users’ feelings of shame or resentment and support their engagement in other psychosocial interventions. In this symposium we summarise what is and isn’t known about “what works” in this area, and describe two live research projects: (i) a randomised controlled trial of Healthier Wealthier Children, which introduces universal screening for economic hardship at routine child health services and creates a referral pathway to freely available budget- and debt counselling (Sweden); and (ii) a project to co-produce a community-based income maximisation service and explore its implementation and impact through user interviews and routine service data (UK). We also outline a suggested research agenda in this space.

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**Coffee break** | 11:00 – 11:30

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**Keynote Session 3** | Climate Change and Health  
– the Role of Prevention | 11:30 – 12:30

**Chair:** *Dr. Elena Gervilla (University of the Balearic Islands, Spain)*

**Presenter:** *Dr. Hans Orru (Professor of Environmental Health at the University of Tartu, Finland)*

Dr. Orru highlights the link between climate change and health and the potential role of adaptation and preventionists. He will also introduce ENBEL project outcomes, that aims to support EU policy making on climate change and health.

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**Poster Session 2** | 12:30 – 13:30

**Chair:** *Prof. Federico Leguizamo (University of the Balearic Islands)*

**Impact of a brief psychosocial support intervention for the well-being of military veterans and their families in Ukraine**

Amanda Nguyen 1, Tara Russell 2, Stephanie Skavenski 2, Sergiy bogdanov 4, Laura Murray 2, Judy Bass 2 (1. University of Virginia, 2. Johns Hopkins Bloomberg School of Public Health, 3. National University of Kyiv-Mohyla Academy)

Background: Veterans of the ongoing military conflict in Eastern Ukraine face substantial psychosocial stressors and have significant support needs. As prior research has highlighted both barriers to service engagement and preference for veteran-specific programming, we sought to develop and test a brief, single-session preventive intervention, CETA Psychosocial (CPSS), that was specifically tailored to strengthen protective resources and reduce distress among Ukrainian veterans and their families. CPSS in Ukraine includes psychoeducation, cognitive coping, growth mindset, safety screening, and referral within a 2-hour workshop delivered by lay providers and integrated into veteran-focused social services. Methods: Between September 2020 and February 2022, we conducted a randomized controlled trial to evaluate the comparative effectiveness of CPSS relative to a more abbreviated psychoeducational workshop for both veterans and their adult family members. Both interventions were delivered online. Balancing research with service delivery, study participation was not a condition of workshop attendance; rather, at the end of the workshop attendees were given the option to consent to study follow-up. Outcomes included distress, functioning, alcohol use, aggression, social connectedness, and conflict resolution. Results: Among 1178 study participants, 67% completed follow-up assessments. Participants in both study arms reported significant improvements in all outcomes except for use of positive conflict resolution strategies. Difference-of-differences analyses showed significantly greater reduction of distress among those in the CPSS intervention relative to the comparison condition ( $d=.29$ ). Qualitative feedback indicated greater social validity of CPSS, highlighting the value of including active skills training. Discussion: As basic psychosocial support is increasingly becoming a minimum standard of care for conflict-affected populations, there remains need for further research understanding the most effective packaging and delivery of brief, feasible, broadly supportive interventions. By emphasizing lay-delivery and cross-sectoral service integration, this study provides valuable insights about what works, and for whom, in settings with limited mental health infrastructure.

### **Embedding rigorous effectiveness research within ongoing programming in humanitarian settings: an example from a psychosocial support program for refugee mothers in Cox's Bazar, Bangladesh**

Amanda Nguyen 1, Karine Le Roch 2, Kh. Shafiur Rahaman 2, Molly Lasater 4, Matthew Schojan 4, Catherine Lee 4, Kim Berg 4, Anvita Bhardwaj 4, Suzit Barua 2, Laetitia Clouin 2, Sarah Murray 4 (1. University of Virginia, 2. Action Contre la Faim, 3. Johns Hopkins Bloomberg School of Public Health)

Background: Recent reviews of mental health and psychosocial support in humanitarian settings have highlighted that the evidence base is often weakest for many of the most regularly implemented preventive interventions. One challenge is that the nature of these broadly supportive interventions introduces ethical difficulties in using traditional randomized trial designs. In Bangladesh, we sought to evaluate the effectiveness of a psychosocial support program for refugee mothers and their infants, yet there were no available comparison sites that were not offering the program. Instead, we leveraged a hybrid implementation-effectiveness design to examine the added benefit of enhancing implementation supports. Methods: Using matched pair randomization, ten program sites were allocated to either continue providing services "as usual" or to an implementation-enhanced psychosocial program. 600 mothers were enrolled in the study, with data collected at baseline and 8-week follow-up. Primary outcomes include maternal distress and wellbeing, functioning, and coping. We also collected data on program implementation and perceived impact from mothers, their partners, providers, and other senior organizational staff. Results: Providers who received re-training and support reported higher confidence in service delivery than their colleagues ( $p=.01$ ). Relative to "as usual" sites, mothers in enhanced implementation sites reported greater reductions in distress ( $B=-.30$ ) and improvement in wellbeing ( $B=.58$ ). These differences were small, but marginally significant ( $p=.058$ ;  $p=.038$ ) with standard estimation; after adjusting for the small number of clusters the point estimates did not change but were no longer statistically significant. Discussion: Small but feasible adjustments to implementation can both improve program delivery for maximizing impact and support effectiveness research. Findings highlight the value of innovative study approaches for real-world evidence generation, but our experience also showcases contextual challenges such as center closures, loss of funding, and upper-limits on sample size that must be considered when interpreting results. Recommendations for future research will be presented.

### **Expansion of the EmPeCemos program to develop a multilevel preventive approach**

Xosé A. Gómez-Fraguela 1, Lorena Maneiro 1, Sara Piñeiro-Dosil 1, Olalla Cutrín 1 (1. University of Santiago de Compostela)

The EmPeCemos program, Emociones, Pensamientos y Conductas [Emotions, Thoughts and Behaviors] is a multicomponent intervention program for families, teachers, and children intended to address early behavioral problems and to promote child's healthy development, with the ultimate purpose of preventing future social, emotional, and behavioral maladjustment. The program is aimed at children between 5 and 11 years and its effects have been evaluated over a seven-year period in Spain. The positive findings that were found in several follow-ups have led to the recognition of the program as one of the high-quality programs in the European context for the prevention of behavioral problems. ([http://www.emcdda.europa.eu/html.cfm/index52035EN.html?project\\_id=ES\\_03&tab=overview](http://www.emcdda.europa.eu/html.cfm/index52035EN.html?project_id=ES_03&tab=overview)). Despite its recognized effectiveness in the research field, significant barriers have been found regarding transfer to society. Specifically, the implementation of the program requires large amounts of resources and highly trained professionals. In addition, difficulties have been encountered in identifying and motivating the target population to participate in the program. To overcome these limitations, a new project funded by the Plan Nacional sobre Drogas [Drug National Plan] is being carried out in order to develop a universal component of the EmPeCemos program. This school-based universal component is focused on social and emotional learning and has a two-fold objective. On the one hand, the program aims at reinforcing socioemotional skills, such as emotion recognition, self-regulation, or problem-solving skills, in primary school children. On the other hand, it allows the identification of children at-risk of early behavioral problems and contributes to promote the involvement of both families and schools in the implementation of the indicated EmPeCemos program. This study provides an overview of the new component of the EmPeCemos program and its implementation during the 2021-2022 academic year.



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## **Risk and Needs Assessment Protocol in the Child Protection System (VRINEP): Development and Implications for Prevention**

Lorena Maneiro 1, Olalla Cutrín 1, Laura López-Romero 1, Xosé A. Gómez-Fraguela 1 (1. University of Santiago de Compostela)

Children and adolescents in residential care and group homes are at high risk of emotional and behavioral problems. Yet, research has shown that preventive interventions may reduce emotional and behavioral problems and increase well-being and life-satisfaction in children and youth, provided that they are adapted to their specific needs. One of the challenges faced by practitioners and group care workers is to comprehensively assess each child's specific needs and determine which are most relevant for treatment to prevent future emotional and behavioral problems. The profile of these children and adolescents is quite heterogeneous in terms of needs, past experiences, age, and other characteristics, and assessment procedures highly differ among professionals and institutions. Thus, it is imperative to develop instruments that allow information to be collected in a systematic manner considering the specific needs of this population. The goal of this study is to provide a brief overview of the Risk and Needs Assessment Protocol in the Child Protection System (VRINEP), a new instrument that has been developed in Spain for the assessment of children and youth in residential care and group homes. The VRINEP protocol is an online tool which allows group care workers to collect information about needs, strengths, risk, and protective factors of each child in a systematic manner. This protocol is composed of two sections: 1) adverse childhood experiences; and 2) strengths and needs, grouped into eight domains (i.e., mental health, cognitive, affective/emotional, personality/attitudes, family, school, residential context, and leisure time). This protocol helps group care workers in the identification of children and adolescents at risk of emotional and/or behavioral problems and provides an overview of each child's needs profile. The VRINEP protocol is presented and discussed in terms of its usefulness and implications for prevention.

## **Need for prevention and intervention programs in mental health disorders in people with LONG-COVID**

Mario Samper-Pardo 1, Sandra León Herrera 1, Alejandra Aguilar-Latorre 3, Bárbara Oliván-Blázquez 1, Rosa Magallón-Botaya 1 (1. University of Zaragoza, 2. Institute for Health Research Aragón)

Introduction: More than 10% of patients who have overcome COVID-19 present a variety of symptoms, cyclical or persistent, after 12 weeks of being infected. All these symptoms, which include fatigue, extreme tiredness, dyspnea, muscle or joint pain, headache, and cognitive impairment, decrease general health and quality of life of these patients and, consequently, lead to a deterioration of emotional well-being that can lead to mental disorders. Objective: To analyze the prevalence of affective and anxious disorders in relation to the levels of general health and vitality of patients diagnosed with Long-Covid. Methodology: A cross-sectional study was carried out. The sample is made up of 100 patients diagnosed with Long-COVID, recruited at the beginning of 2022. The main variable was the presence of depression and anxiety disorders measured by the Hospital Anxiety and Depression Scale (HADS). Two dimensions of The Short Form-36 Health Survey (SF-36) that describe the general health and vitality of the participants were used as predictive variables. Descriptive, correlation and linear regression analyses were performed. Results: 31% and 41% of the people diagnosed with persistent COVID presented anxious and depressive symptoms, respectively, at relevant levels, being probable cases of anxious or depressive disorder. The correlation analysis shows that the lower the general health ( $-0.402$ ,  $p < 0.001$ ) and the lower the vitality ( $-0.548$ ,  $p < 0.001$ ), the more depression and anxiety. Taking depression and anxiety as dependent variables, general health ( $B = -0.129$ ,  $p = 0.003$ ) and vitality ( $B = -0.255$ ,  $p < 0.001$ ) turned out to be inverse predictor coefficients. Conclusion: This novel syndrome popularly called "Long-COVID" generates a negative impact on the mental health of the population, moderated among others by their general health and level of vitality. That is why the lines of action aimed at treating this disease must address this type of symptomatology, which also reduces their quality of life, including preventive mental health strategies.

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## **Ready, Willing and Able? - Assessing Schools' Capacity to Implement Anti-Bullying Interventions**

Inari Harjuniemi 1, Marie-Pier Larose 2, Virpi Pöyhönen 1, Christina Salmivalli 2, Sanna Herkama 1 (1. University of Turku, 2. Turku University)

Introduction: Research on implementing bullying prevention programs focuses largely on implementation outcomes, such as program fidelity (e.g., the degree to which an intervention has been implemented as intended by the program developers). Less is known about the individual and organizational factors influencing implementation. To fill this gap, we are developing an Implementation Capacity Measure (ICM) that can be utilized at any stage of implementation, not only at the pre-implementation phase. School organization's capacity to implement a program is a multifaceted phenomenon, consisting of both individual and organizational factors. The development of ICM is based on the theoretical framework presented by Scaccia (2015), a literature review in progress (Harjuniemi et al.), qualitative interviews (Herkama et al. 2022) as well as practical experience stemming from the field of bullying prevention. ICM assesses several individual (e.g., knowledge and skills regarding bullying prevention and motivation to do it) and organizational (e.g., resources, leadership, and collaboration) domains relevant to successful program implementation in school context. Methods: ICM has been built in the context of school-based KiVa antibullying program. Two data sets have been collected online in spring 2022 to test the first two versions of ICM. In February, a 71-item version was tested among 73 primary school teachers implementing the KiVa program. In April-May 2022, a modified 47-item version of ICM was tested in a sample of 472 elementary school staff members. The results will be discussed at school level during the autumn 2022, which will provide us valuable feedback regarding the user experience of the measurement. Findings & Discussion: Results regarding ICM factor structure including 11 domains of implementation capacity will be presented. Furthermore, future directions of the measure development, needed modifications of the ICM will be presented.

## **Evaluation of support group interventions for children in troubled families: A quasi-experimental control group study of Swedish children 7-13 years old**

Nina-Katri Gustafsson 1, Annemi Skerfving 2, Håkan Källmén 3, Tobias H. Elgán 3 (1. STAD, Centre for Psychiatry Research & Department of Clinical Neuroscience, Karolinska Institutet, 2. STAD, Centre for Psychiatry Research & Department of Clinical Neuroscience, Karolinska Institutet, 3. STAD, Centre for Psychiatry Research & Department of Clinical Neuroscience, Karolinska Institutet)

Introduction: Support group is a common intervention for children in families with e.g., substance abuse, mental illness, domestic violence, or imprisonment. They are often assumed to be at-risk for e.g., poor mental health. Support groups intend to strengthen the children's coping behaviour to increase resilience. Few studies evaluating the effects of them have, however, used a control group. Method: A quasi-experimental study design was used. The sample included 115 children aged 7-13 years, recruited via support groups in Stockholm, and their parents. Children were assigned into either an intervention group (n=77) or a control group (n=38). The effect was evaluated using a questionnaire covering coping behaviours, mental health, self-valuation, self-esteem, and life satisfaction. It was answered at baseline, and followed up at 4 and 12 months (intervention group only). Results: Intervention and control group differed regarding type of problem e.g., more children with incarcerated parent in control group. Parent reported SFQ scores decreased to a greater extent in the intervention group compared to the control group. 10-13-year-olds did not improve their SDQ score, although correlations with parental responses indicated that communication improved more in intervention groups families. 10-13-year-olds improved in self-esteem at T1, but rates decreased at T2. No differences were observed for coping behaviour, life satisfaction, and emotional climate in the family. Although the intervention group reported improvements in experienced distance and chaos in the family over time. Conclusion: There are several obstacles when evaluating preventive interventions for children in troubled families. Few significant differences were observed between the intervention and control groups. Small differences were observed between baseline and the 1st and 2nd follow up in the intervention group. The study might be underpowered since it was difficult to recruit participants. Nonetheless, the results indicate that support group interventions may play an important role for these children.

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## **Codeveloping Early Childhood Trajectories of Internalizing and Externalizing Problems in a Disadvantaged U. S. Sample**

Miglena Ivanova 1, Pamela Schuetze 2, Danielle Seay 1, Rina Eiden 1 (1. The Pennsylvania State University, 2. University at Buffalo, Buffalo State College)

**Objective:** To examine early childhood codevelopment of internalizing and externalizing problems (IP/EP) trajectories in a disadvantaged sample with higher prenatal (i.e., prenatal substance exposure, maternal psychological distress) and postnatal environmental risks (i.e., violence exposure, postnatal substance use, caregiving instability, lower socioeconomic status). **Background:** Early childhood IP/EP have been linked to future high-risk behaviors, including earlier initiation and chronic polysubstance use. The early codeveloping IP/EP patterns may have significant implications for content and timing of preventive interventions. **Method:** 198 racially and economically diverse caregiver-child dyads, were recruited based on child's prenatal cocaine exposure. Child behavior problems were assessed via caregiver report every six months (18 months to early school age, 5-6 years), using the Child Behavior Checklist. **Results:** Parallel-process latent growth curve analysis indicated that both IP and EP followed normative patterns as seen in lower-risk samples. There were significant individual differences at 18 months (intercepts) and the rate of change from 18 months through early school age (slopes). Within the IP domain, higher initial levels were associated with overall stability in the level of problems over time. Within the EP domain, a steeper linear increase was associated with higher quadratic values. Across domains, higher toddler-age IP was associated with higher toddler-age EP, and steeper IP linear increases were associated with larger increases, and vice versa. **Conclusion:** Despite the higher risk nature of the sample, on average, children followed normative curvilinear early childhood IP/EP trajectories, although there was significant individual variability. However, the raw IP/EP scores were more elevated at some timepoints than scores reported in studies using lower-risk samples, and some children were at borderline clinical or clinical levels. The associations between IP/EP were suggestive of codeveloping mechanisms and highlight the need to consider both in preventions. Next steps of including risk predictors of maladaptive codeveloping IP/EP trajectories are considered.

## **Prevalence and predictors of problem gambling among Spanish young adults**

Andrea Krotter 1, Alba González-Roz 2 (1. Addictive Behaviors Research Group (GCA) – Department of Psychology - University of Oviedo –Asturias, Spain, 2. 1Addictive Behaviors Research Group (GCA) – Department of Psychology - University of Oviedo –Asturias, Spain. 2European Institute of Studies on Prevention (IREFREA) – Palma de Majorca - Balearic Islands, Spain)

**Background:** Gambling is a public health concern and young adults are a particularly vulnerable population to engage in problematic patterns of gambling and develop problem gambling (PG). **Aims:** To estimate the prevalence of PG among Spanish young adults and examine individual and psychological predictors of at-risk/PG. **Methods:** Participants were 2828 university students (64.4% women, M age= 19.46, SD = 1.63) recruited in three communities in Spain. Participants completed an e-assessment including sociodemographic variables, gambling-related characteristics, the Problematic Gambling Severity Index (PGSI), and the short version of The Impulsive Behavior Scale (UPPS-P). A logistic regression was carried out to analyze whether sociodemographic variables (i.e., sex, age, employment status, money available, family financial situation, and parents with past/current addiction problems), gambling-related characteristics (age of onset, access modality, type of activity gambled, total of online and offline gambling activities, perceived gambling availability, and past-year prevalence of gambling), and impulsivity predicted at-risk/PG (i.e., PGSI  $\geq$  1). **Results:** Past year gambling was 16.27%. Of the total sample, 10.15%, 5.62%, and 0.5% participants were categorized respectively as non-problem, at-risk, and problem-gamblers. Younger age of gambling onset (B = -.178; OR = .837; 95% CI: .721, .972; p = .02), past-year sports betting (B = .544; OR = 1.723; 95% CI: 1.105, 2.687; p = .016), and a higher number of past-year online (B = .248; OR = 1.282; 95% CI: 1.070, 1.536; p = .007) and offline (B = .161; OR = 1.175; 95% CI: 1.039, 1.329; p = .010) gambling activities increased the likelihood of being classified as at-risk/problem gambler. **Conclusions:** Gambling regulations should aim at delaying the age of gambling onset and more generally reduce the accessibility and availability of gambling. Prevention should aim at increasing users' risk perception on sport-betting activities.

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## **Sex differences in the prevalence of substance use and non-substance use behaviors in the Spanish young adult population**

Alba González-Roz 1, Yasmina Castaño 2, Elena Gervilla 3, Sara Weidberg 4, Roberto Secades-Villa 4 (1. 1Addictive Behaviors Research Group (GCA) – Department of Psychology - University of Oviedo –Asturias, Spain. 2European Institute of Studies on Prevention (IREFREA), Spain., 2. 2Grupo de Investigación en Análisis de Datos – Department of Psychology – University of the Balearic Islands, Spain. 3 European Institute of Studies on Prevention (IREFREA), Spain, 3. Grupo de Investigación en Análisis de Datos – Department of Psychology – University of the Balearic Islands, Spain, 4. 1Addictive Behaviors Research Group (GCA) – Department of Psychology - University of Oviedo –Asturias, Spain)

Background: Recent research has informed that the male to female gap in substance use is decreasing across years. Studies conducted in the adult population shows that women and men exhibit differences in the predictors of drug use, but research in emerging adults remains scarce. Aims: To estimate the prevalence of substance use and non-substance use behaviors in Spanish young adults and examine whether sex differences emerge. Methods: Participants were 2828 university students (64.4% women, M age= 19.46, SD = 1.63) recruited in three communities (Asturias, Aragón, Balearic Islands) in Spain. During September-October 2021, participants completed an e-assessment including sociodemographic variables, gambling-related characteristics, and items on past-month legal (alcohol, tobacco) and illegal substance use. Past year and month gambling and gaming were examined as well. Results: Prevalence of past-month tobacco, alcohol and cannabis use were, respectively, as follows: 26.6% (752/2828), 53.6% (1515/2828), 11.5% (325/2828). Past-month use of illegal substances was marginal (8.7 %). Past-month gambling was reported by a total of 9.93% (281/2828). Specifically, by mode of access, past-month land-based gambling was 6.2%, online gambling 1.2%, and mixed-mode gambling 26.3%. The prevalence of past-year gaming was 58.5% (1209/2828). Sex differences emerged. A higher proportion of females than males reported prevalence of past-month tobacco (females: 69% vs. males: 31%;  $\chi^2= 9.281$ ,  $p = .002$ ) and cannabis use (females: 53.5% vs. males: 46.5%;  $\chi^2 = 18.33$ ,  $p < .001$ ). Males reported in a greater extent than females past-month gambling (males: 6.43% vs. females: 3.5%;  $\chi^2 = 15.17$ ,  $p = .001$ ) and past-year gaming (males: 53.3% vs. males: 44.7%;  $\chi^2= 494.24$ ,  $p < .001$ ). Conclusions: Addictions are highly prevalent in emerging adults. Sex differences suggest males and females could differ with respect to risk factors such as access to substance use and non-substance use behaviors.

## **The relationship between stress, self-compassion, and risk behaviors of adolescents**

Hana Gačal 1, Josipa Mihić 1 (1. Faculty of Education and Rehabilitation Sciences, University of Zagreb)

Self-compassion has been intensively researched during the past two decades. Its negative associations with internalized mental health problems are well-established, but less is known about the relationship between self-compassion and externalized problems and risk behaviors. This doctoral study will aim to examine the relationship between the occurrence of stressful life events, self-compassion, and engaging in the risk behaviors in 300 adolescents enrolled in high-school education in Croatia. Moreover, to further explore the potential role of physiology in the relationship between stress and risk behaviors, the physiological response will be measured on the subsample of 30 high-risk and low-risk adolescents. The number of stressful life events will be assessed with the Scale of stressful life events for children and adolescents, the level of self-compassion will be measured with the Self-Compassion Scale for Youth, and the level of risk will be assessed with the questionnaire constructed modeled on The Communities That Care Youth Survey. In the subset of 30 adolescents heart-rate variability and electrodermal activity will be measured before, while undergoing, and after the experimentally induced stress. It is expected that self-compassion will be a moderator of the relationship between stressful life events and risk behavior, and that self-compassion will be a mediator in the

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relationship between the risk assessment and physiological response. The proposed research has the potential to clarify the role of self-compassion in the relationship between stress and engaging in risk behaviors in adolescence, and also to explain the role of physiological responses to stressful situations in high-risk and low-risk adolescents. Furthermore, the implications for the preventive interventions with the emphasis on the role of neurobiological variables in prevention science will be discussed. The special emphasis will also be on the ethical challenges of the study.

## **Envy in primary school: a proposal for socio-emotional intervention**

Adrián López González 1, Marta Corral-Martínez 2, Sandra Gómez-Martínez 2, Desirée Sánchez Chiva 1 (1. Universitat Jaume I, 2. Facultad de Ciencias de la Salud. Universidad Internacional de Valencia. Valencia, Spain)

Emotions are complex responses of the organism based on a series of components (sentimental, bodily stimulation, intentional or social-expressive) whose objective is to relate people to their emotional behaviors and control them. Emotional regulation focuses on giving an adaptive response to emotions, enhancing the positive ones and moderating the negative ones. For this, antecedent-based (CR) or response-based (SEE) strategies are taken into account. Envy is a secondary emotion as well as self-conscious and moral, characterized by discomfort when wishing for the good of others and whose main mechanism of intervention is emotional education. To design the socio-emotional intervention program for 1st-grade students (5 and 6 years old) in a classroom in Castellón de la Plana, reading comprehension techniques, modeling, essays, reinforcement, etc. are required. These teaching resources are implemented through the method proposed by the research group on peer rejection: GREI, which uses Children's and Youth Literature (LIJ) as an effective way to acquire emotional education. The following have been selected for the intervention proposal: Red cat, blue cat, and material created ad hoc has been used such as cards, scripts, etc. The 7 sessions of 50 minutes are distributed for 5 activities (two of two sessions) during the tutorials in the months of October and November. In conclusion, the intervention as well as other emotions should be quantitatively explored in future research and the limitation of the adequacy of the story for other courses should be assessed.

## **Substance Misuse Prevention Programmes: The Maltese Context**

Jareth Grima 1, Amy Taylor 1, Stephanie Mizzi Cascun 1 (1. FSWS Sedqa)

The evaluation of prevention work is imperative in ameliorating and enhancing its effectiveness. Evaluation further supports evidence-based efforts towards the decrement of substance misuse. The assessment process helps to get closer to answer unclear questions, and establish missing links in the delivery of programmes. Furthermore, it contributes to impact the targeted audience's, attitudes and change in behaviour towards substance misuse. This research paper explores the effectiveness of addiction prevention programmes, school-based and workplace-related, in the Maltese islands, pre- and during the COVID-19 pandemic. It further explores the ethical procedures involved in the delivery of these programmes. This paper argues that there is a relationship between the intended programmes' objectives and service provision effectiveness. Method: A mixed method study, assuming an evaluation research analysis approach, is used to analyse the relationship between the programmes' objectives and effectiveness in preventing, delaying, and controlling possible addiction related difficulties. School-based and workplace-based evaluation sheets are disseminated to all Year 3, Year 5, and Year 8 students (attending state, independent, and church schools), and employees respectively. Closed-ended evaluation sheets were designed on the objectives of each session, further encouraging the targeted audience to indicate additional feedback through open-ended questions. Results: Data gathering is currently being concluded, with analyses following thereafter. Conclusion: This evaluation research will provide insights towards the current substance misuse prevention programmes delivered and their effectiveness in the Maltese islands, indicating areas that need further alignment with other evidence-based prevention programmes and strategies.

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## **Contribution of Frequency and Structured Leisure Activities Features to the Adolescents' Binge Drinking Experiences**

Matea Belosevic 1, Martina Ferić 1 (1. University of Zagreb, Faculty of Education and Rehabilitation Sciences, Laboratory for Prevention Research)

Research has shown that leisure time can be an important context for positive adolescent development, but it can also be a context that leads them to engage in risk behaviours. Based on this premise, the Laboratory for Prevention Research (ERF UNIZG, Croatia) conducted a project entitled "Quality of Leisure Time as a Protective Factor for the Development of Behavioural Problems" to investigate the influence of structured leisure activities (SLA) on adolescents' risk behaviours. The purpose of this paper is to examine how structured leisure activities (SLA) may contribute to binge drinking from adolescents' perspectives. Participants were 14-21 years old ( $M = 18.87$ ,  $SD = 1.23$ ) and 44.8% of participants were female. Poisson regression analyses were conducted. The data suggest a high prevalence of binge drinking among adolescents who participated in SLA. That is, 40.3% of adolescents had at least one BD experience or more, and 23.2% of adolescents who participated in SLA had two or more experiences of consuming five or more alcoholic beverages in a row in the past two weeks. Results indicated that more strongly identified motivated adolescents for participation in SLA and who valued that their participation in SLA contributed more to the development of initiative experiences were less likely to have BD experiences. On the other hand, those who were externally motivated to participate in SLA and who estimated that their participation in SLA contributed more to the development of positive relationship experiences and negative experiences were more likely to have BD experiences. The findings suggest that motivation, context, and developmental experiences must be considered when creating SLA if SLA is to be viewed and recognised as an important context for preventing risk behaviours in youth.

## **Prevention is a science and all entities availing it need to be equipped with such knowledge. The development of a guiding document to improve the role of law enforcement in substance use prevention in schools**

Ziad El-Khatib 1, Ali Yassine 1, Wadih Maalouf 3 (1. United Nations Office on Drugs and Crime (UNODC), 2. United Nations Office on Drugs and Crime)

Substance use threatens the environments of schools and the safe development of youth. Responses in schools need to be supported by science. Law Enforcement Officers (LEO) are frequently implicated in school-based drug prevention responses, with frequently undefined role, or with tools not aligned with science. We developed a guiding document on the role of LEO in drug use prevention in schools, hence the need for such a guiding document to change the culture of how LEO are implicated in drug prevention, using evidence-based practices. We used the Delphi method with a structured and sequential approach was used: 1) Scoping review of the literature; 2) A committee of experts and practitioners nominated by respective United Nations (UN) Member States and a survey to all UN member states; 3) Series of meetings with and for committee; 4) Draft guiding document based on research and committee discussions circulated for feedback; 6) Integrating committee feedback and circulation of updated draft; 7) Finalize the working document; 8) meeting planning roll out and use of guidance document. The Delphi panel included: i) 12 experts (67% from high-income and 33% from low-/Middle-income countries) and 5/12 women (42%), ii) 55 surveys returned back from official note verbales sent by UN to its Member States (38% from high-income and 62% from low/middle-income countries); iii) a total of 43 practitioners nominated by their respective governments participated (37% from high-income and 63% from Low/Middle-income countries) and 17/43 (40%) were women. There was a consensus on the need of using an evidence-based approach to support the law enforcement and on the divergence between the science and the current practice. The practitioners showed a high interest in receiving and testing the guiding document in their own contexts. This presentation will also detail the content of the guidance document and how it will be used.

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## **Substance Use and Intrapersonal Variables in Positive Youth Development Project: Empowering for Prevention**

María Valero 1, Carmen Orte 1, Marga Vives 1 (1. University of Balearic Islands)

Introduction: Intrapersonal skills are considered to be moderating variables in alcohol and other drug use among young people, and a key component of Positive Youth Development. The aim of this study was to analyse differences in intrapersonal variables between young drug users and non-users before and after training to improve their personal and professional skills in order to promote their active role in prevention. Method: The sample was made up of 66 Social Education undergraduates (  $M = 21.83$  years old). The study, conducted in 2020 and 2021, had a quasi-experimental design, with pre-post measurements and a control group. The main skills assessment instrument was Competea (Arribas & Pereña, 2015), together with a questionnaire on alcohol and tobacco use. The Student's t-test for independent groups was used to analyse differences in intrapersonal variables between the young users and non-users, and the Student's t-test for related measures to analyse post-training improvements. Results: Compared with non-users, statistically significant differences were identified in tobacco users' resistance to adversity (pre;  $t(64) = 3.08$ ,  $p = .003$ ) and alcohol users' emotional stability (pre,  $t(64) = 2.72$ ,  $p = .008$ ; post,  $t(64) = 2.99$ ,  $p = .004$ ), self-confidence (pre,  $t(64) = 2.28$ ,  $p = .026$ ; post,  $t(64) = 2.79$ ,  $p = .007$ ), and resistance to adversity (pre,  $t(64) = 2.69$ ,  $p = .009$ ; post,  $t(64) = 2.88$ ,  $p = .005$ ). As for the effects of training, significant differences were identified in pre-declared tobacco users' intrapersonal dimension ( $t(23) = 2.74$ ,  $p = .012$ ), emotional stability ( $t(23) = 2.23$ ,  $p = .036$ ), and resistance to adversity ( $t(23) = 3.10$ ,  $p = .014$ ). Pre-declared alcohol users underwent a significant improvement in their resistance to adversity ( $t(56) = 2.15$ ,  $p = .035$ ). Post-declared tobacco users improved in emotional stability ( $t(19) = 2.35$ ,  $p = .029$ ), and resistance to adversity ( $t(19) = 2.82$ ,  $p = .011$ ) in contrast with post-declared alcohol users. In conclusion, there was a difference in intrapersonal variables between users and non-users prior to training, with lower scores among users. However, the skills training seems to have led to improvements in some of the analysed variables.

## **Teacher's Training About Bullying And Conflicts Resolution**

Sandra Gómez-Martínez 1, Begoña Iranzo Ejarque 1, Marta Corral-Martínez 3, Patricia Flor Arasil 1, Desirée Sánchez Chiva 3 (1. Facultad de Ciencias de la Salud. Universidad Internacional de Valencia. Valencia, Spain, 2. Facultad de Ciencias de la Salud. Universidad Internacional de Valencia. Valencia, Spain VALENC)

Bullying is a serious problem for children and adolescents in schools. Research has consistently reported that bullying may cause many negative consequences that last over time (García-Maldonado, Martínez-Salazar, Saldívar-González, Sánchez, Martínez, y Barrientos-Gómez, 2012; Smith, 2016). Teachers spend considerable time with children and adolescents at school, so they are (together with psychologists and school counselors) the front-line of prevention and intervention strategies (Burllet y Panahon, 2022). Therefore, the objective of this study is to know the level of training of a group of Spanish teachers on issues related to bullying and its consequences. A hundred of primary and secondary school teachers were asked about different issues related to bullying. Among these questions was the level of training they had in issues such as bullying, cyberbullying, school coexistence and emotional intelligence and life skills. Results showed that more than eighty percent of participants had not received any training course about bullying and cyberbullying in the last three years. Only a third of them had received courses related to school coexistence or mediation and conflict resolution. The most popular training course in the last three years was life skills and/or emotional intelligence that engaged almost 50 per cent of participants. In conclusion, our results show that there is a lack of training courses for teachers who, as has already been mentioned, must necessarily be the first to become aware of the situations that occur in their classroom in order to tackle coexistence problems before they become more serious.

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## **Factors predicting suicide re-attempt among adolescents and young adults: the role of psychiatric disorders**

Emina Mehanović 1, Gianluca Rosso 1, Giuseppe Maina 1, Giuseppe Costa 4, Federica Vigna-Taglianti 5 (1. Department of Neurosciences 'Rita Levi Montalcini', University of Turin, Turin, Italy, 2. Department of Clinical and Biological Sciences, University of Turin, Orbassano, Turin, Italy, 3. Department of Translational Medicine, University of Eastern Piedmont, Novara, Italy)

Background: Suicidal behaviour among young people is a serious public health concern. A first suicide attempt can lead to further suicide attempts and completed suicide, one of the leading causes of death in youth aged 15-29 years worldwide. In 2021, we conducted a retrospective cohort study of patients discharged from hospital or emergency department for suicide attempt, and one third of the sample was of young age. This study aims to explore factors related with repeated suicide attempt among adolescents and young adults admitted to hospital or emergency department for suicide attempt between 2010 and 2020 in Piedmont Region. Method: The cohort included 510 patients aged 12-29 years and resident in Piedmont Region, North West of Italy, who had been discharged from hospital or emergency department with a diagnosis of suicide attempt between 2010 and 2020. Gender, age, deprivation index, schizophrenia, bipolar disorders, personality disorders, anorexia nervosa, depressive disorders, drug and alcohol dependence, anxiety disorders, adjustment disorders, antipsychotics and antidepressants were studied as risk factors for repetition of suicide attempts. Results: During the 11-years follow-up 22.5% of adolescents and young adults repeated suicide attempt, 26.5% of females and 14.6% of males ( $p=0.002$ ). Nearly 90% of suicide attempters were diagnosed with psychiatric disorders. After adjustment, younger age at index attempt, schizophrenia, bipolar disorder, anorexia nervosa, personality disorder, depressive disorder and adjustment disorder were a significant predictors of repeated suicide attempt. Conclusions: The early identification of subjects at higher risk of repetition of suicidal behaviour is of crucial importance. Better understanding of risk factors could contribute to design appropriate suicide prevention interventions to reduce the burden of the problem among young people.

## **An economic evaluation of mental health prevention and promotion interventions - a critical review**

Karmen Korda Orlović 1 (1. Croatian Institute of Public Health; Faculty of Education and Rehabilitation Sciences)

Mental health problems influence many spheres of an individual's life, but also lead to social inequality and stigmatization, and cause enormous economic consequences, both for the individual and for society. The cost of impaired mental health in Europe in 2015 was about 600 billion €, and it seems logical to expect an increase due to the impact of crises such as pandemics and the war on the mental health of the population. Prevention research is mainly focused on the effectiveness and analysis of prevention mechanisms themselves, and to a much lesser extent on cost-effectiveness. So, we can ask ourselves - can we reduce the growing costs of impaired mental health through prevention and promotion activities? How can we calculate which activities are more efficient and cost-effective than others and in which programs it is "worthwhile" to invest in? Therefore, the purpose of this review is to reflect on the main types of economic evaluation used in the prevention and promotion of mental health and to provide a brief overview of the economic evaluations conducted in this area. There are several types of economic evaluation that primarily differ in the methods of defining, measuring, and evaluating the outcomes of interventions. These are cost-benefit, cost-utility, cost-effectiveness, and cost-minimization analysis. The most commonly used economic evaluations in the field of mental health prevention and promotion are cost-utility and cost-effectiveness. An increase in the number of economic evaluation studies in the field of prevention and promotion of mental health has been recorded. A special contribution to this topic is made by systematic reviews. However, the main limitation of current reviews is the inability to compare different economic evaluation studies due to methodological differences. Models for conducting economic evaluation exist and can help harmonize studies, but they are not equally applicable in all contexts.



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## Relationship of alcohol consumption in adolescents with family dynamics

Lorena Belda 1, Dalila Eslava Pérez 2, Maria Lourdes Navarrete Sánchez 1, Larissa Nobre-Sandoval 1, Andrea Vázquez Martínez 1, Víctor José Villanueva Blasco 1 (1. Faculty of Health Science. Valencian International University. Valencia, Spain., 2. Faculty of Psychology. Oviedo University. Oviedo, Spain)

Introduction: Various studies show that the risk factors for early alcohol consumption in teenagers are: visibility and availability of the substance, family dynamics, communication, and setting and controlling norms for children. Objective: To analyze the relationship between alcohol consumption and family dynamics. Method: The sample consisted of 610 Spanish adolescents (58% men, average age of 14.25 years). We used a sociodemographic registration form, the Alcohols and Cannabis Consumption Questionnaire (ESTUDES 2012 survey), and the Strategic Evaluation of the family (Morell-Gomis et al., 2011) that assesses five constructs about family dynamics (communication, social support, conflict, norms, and consequences). Results: Less than four out of ten adolescents had never drunk alcohol. More than 30% had consumed alcohol twenty days or more throughout their lives. The starting age was set at 13.14 years of age (SD = 1.39); 14.06 for first-time drunkenness (SD = 1.41), and we found no sex differences. There is a remarkable positive correlation between family conflict and alcohol consumption (in the life:  $r=0.281$ ,  $p=0.00$ ; last 12 months  $r=0.284$ ,  $p=0.000$ ; last 30 days:  $r=0.250$ ,  $p=0.000$ ) and drunkenness (last 12 months  $r=0.131$ ,  $p=0.001$ ; last 30 days:  $r=0.198$ ,  $p=0.000$ ). There is also a negative correlation between the setting of norms in the family and alcohol consumption (in the life:  $r = 0.137$ ,  $p=0.001$ ; last 12 months  $r= 0.124$ ,  $p= 0.002$ ; last 30 days:  $r=0.110$ ,  $p = 0.006$ ) and drunkenness (last 12 months:  $r=0.120$ ,  $p=0.003$ ). Conclusions: Results confirm how conflict within the family is a risk factor for alcohol consumption and drunkenness, being the establishment of norms a protective factor. Keywords: alcohol consumption, drunkenness, adolescence, family dynamics, communication, social support, norms. The instruments used were the Alcohol and Cannabis Consumption Questionnaire from a national survey and a standardized scale to assess communication, social support, conflict, norms, and consequences, in family dynamics.

## Effectiveness of family prevention with highly vulnerable families in the post-COVID

Belén Pascual 1, Maria Antonia Gomila 1, Rosario Pozo 1, Albert Cabellos 1 (1. University of Balearic Islands)

In addition to the difficulties of implementing face-to-face family prevention programs during pandemic restrictions, there are other elements that have reduced the participation and engagement of families, especially the most vulnerable, to the programs. The literature agrees that parental training has a limited level of effectiveness with the most vulnerable families (McKeown, 2016). In fact, working problems, financial difficulties, increase of mental health problems in adolescents, greater psychological fragility of parents, etc. (Coyne et al. 2021, Fontanesi et al., 2020), have significantly affected the most vulnerable families, who have had to redefine their priorities and who have had less tools to deal positively with the difficulties that had emerged or worsened during Covid-19. The research seeks to answer the question of the impact of family prevention programs that have been implemented during and after covid-19 on the most vulnerable families. The presentation collects the contributions from implementations of the Family Competences program (PCF-AFFECT) in 5 localities of the Balearic Islands, coordinated together with the local social services. Based on the qualitative analysis of practitioners and coordinators of implementation, the paper examines the factors that have influenced the effectiveness or lack of effectiveness of the Family Prevention Program in the specific cases of the most vulnerable families and aims to identify the needs for adaptation and adjustment of the Program. Practitioners address issues such as the difficulties of stucked family relation dynamics between parents and adolescent children and the need to adress prevention interventions on a long-term basis from younger ages.

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## **Relevance Of Age And Coexistence Situation In Sexting Behaviors In Adults During Confinement Due To COVID-19**

Andrea Vázquez Martínez 1, Catalina Espitia Cepeda 1, Bárbara G. Amado 1, Verónica Villanueva Silvestre 1, Noelia Flores 2, Cristina Jenaro 2, Víctor José Villanueva Blasco 1 (1. Faculty of Health Science. Valencian International University, 2. Department of Personality, Evaluation and Psychological Treatments of the Faculty of Psychology. University of Salamanca)

Introduction: The COVID-19 pandemic has posed important challenges from a social and health point of view. The confinement situation generated a greater use of the internet, so the investigation of the impact that this fact has had is of great interest. Objective: The objective was to study the rate of active and passive sexting during confinement according to age and the situation of coexistence in the general population (18-64 years) of the 17 Spanish autonomous communities. Method: The sample consisted of 3,780 people (50.16% women and 49.84% men) between 18 and 64 years old with a mean age of 37.76 (SD=11.95), residents of the 17 Spanish autonomous communities. An online questionnaire was administered with self-reported online risk behaviors. Descriptive and percentage comparison analyzes were performed with contingency tables with  $\chi^2$  contrasts, using SPSS-25. Results: The rates of active and passive sexting are higher in people who live alone or with their friends than in people who live with a partner or family. Statistically significant differences are observed in the case of active sexting ( $c^2 = 72,98$ ; Contingency Coefficient= 0.15;  $p < 0.001$ ) and passive sexting ( $c^2 = 81,52$ ; Contingency Coefficient = 0.15;  $p < 0.001$ ). Additionally, it is evident that as age advances, active and passive sexting decreases. Conclusions: Active sexting is higher than the data reported for adolescents at the european level, while the rate of passive sexting is lower. However, the data regarding active sexting are very similar to those provided by studies conducted on spanish adolescents. It is important to continue investigating in order to generate preventive strategies regarding the possible consequences that sexting behaviors may entail.

## **Alcohol Risk Consumption During The Confinement By COVID-19 In Ecuador, According To The Employment Situation**

Andrea Vázquez Martínez 1, Beatriz Abad Villaverde 2, Verónica Villanueva Silvestre 1, Cristina Jenaro 3, Noelia Flores 3, Carlos Pérez 4, Víctor José Villanueva Blasco 1 (1. Valencian International University, 2. Universidad Nacional Pedro Henríquez Ureña., 3. University of Salamanca, 4. Ecuadorian Association of Psychologists)

Introduction: Many studies have reported changes in alcohol consumption during confinement in different countries, but in Ecuador, they are still limited. Objective: To describe the changes in alcohol consumption in the Ecuadorian population during confinement according to the employment status of the participants. Method: A convenience sample of 1082 Ecuadorians (62.9% women and average age 30.01 years with a SD = 9.94) was collected through an online set of instruments to analyze the pattern of alcohol consumption. Results: According to the average score of the AUDIT-C, for the total number of alcohol consumers, 63.1% decreased their consumption; 29% maintained it; and 7.9% increased it. According to the employment situation, part-time workers (76.7%), students (75.5%), ERTE workers (66.7%) and domestic workers (60%) are the ones who decreased their consumption the most. The self-employed (12.5%), unemployed people (10.3%) and full-time workers (7.7%) are the ones who increased it the most. Before the pandemic, 14.6% of alcohol users showed non-risk consumption, which increased to 50.3% during lockdown. According to the employment situation, before confinement, all groups showed risk consumption around 80-85%, except the self-employed who had a lower prevalence (65.5%). This prevalence of consumption decreased during lockdown, for all groups, especially students (from 84.2% to 34.2%) and unemployed people (from 80% to 40%). Those who least decreased their prevalence of risk consumption were the self-employed (from 65.5% to 55.2%), full-time workers (from 82.3% to 58.9%), and part-time workers (from 84.4% to 53.1%). Conclusion: In Ecuador, both alcohol consumption and risk alcohol consumption decreased during the lockdown, especially among students and unemployed people. The self-employed, the full-time workers were the ones who increased their consumption the most and least decreased risk consumption.

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## **Tobacco consumption in Spanish university population during confinement by COVID-19**

Víctor José Villanueva Blasco 1, Sergio Veiga-Rodeiro 1, Miriam Otero-Requeijo 1, Andrea Vázquez Martínez 1, Verónica Villanueva Silvestre 1, Manuel Isorna 6 (1. Valencian International University, 2. University of Vigo)

**Introduction:** Several studies have analyzed changes in tobacco use during confinement, finding mixed results. **Objective:** Determine the evolution of tobacco consumption during COVID-19 confinement in university students, considering age and living situation. **Method:** A convenience sampling of 1540 university students (76.30% women, average age 31.73 years) was collected via a set of online instruments to analyze the pattern of tobacco consumption. **Results:** The 19.87% acknowledged having used tobacco in the previous 6 months (20.17% women) with an average age of 30.92 years (DT = 8.35). When analyzing the evolution of consumption, we can see how 38.72% decreases their daily consumption and a similar percentage (38.38%) increases it. Taking age into account, it's observed that in the 18-24 age group the predominant pattern is the increase in consumption (56.94%); in the 25-29 and 45-54 age groups the percentages of increase and decrease are similar (39% and 29%, respectively); in the 30-34 age groups, 35-44 and 55-64 years stand out those that decrease their consumption (47.06%, 45.10% and 60.00%, respectively). When analyzing the situation of living situation, the greatest decreases in tobacco consumption are seen in those who live with their parents or other relatives (58.82%) or share a flat (47.83%). The greatest increases are observed in those living alone (60.87%), in couples 52.04% and in family units with minor children (40.91%). **Conclusions:** About four out of 10 consumers (38.72%) decreased their consumption; however, a similar proportion increased it (38.38%). On the other hand, given the age and living situation, there is a pattern of reduction in young people and those who live with their parents or relatives or share a flat and, on the contrary, consumption increases in older people and living alone, in couple or with minor children.

## **Feasibility, Acceptability, and Utility of the Mantente Real (keepin' it REAL) Substance Use Prevention Program for Early Adolescents in Spain**

Flavio Marsiglia 1, Stephen Kulis 1, Olalla Cutrín 3, Isotta MacFadden 4 (1. Arizona State University, 2. Universidade de Santiago de Compostela, 3. Universidad Pablo de Olavide)

**Purpose:** Rigorous assessment of the social validity of evidence-based prevention interventions in new settings is as important as demonstrating their efficacy. This presentation reports on the social validity of Mantente REAL (MREAL), an adapted version of the school-based keepin' it REAL substance use prevention program for early adolescents in Spain. We assessed its feasibility, acceptability, and utility in two regions as perceived by multiple stakeholders. **Methods:** Qualitative and quantitative data came from a randomized controlled trial of MREAL in public middle schools in Seville and Santiago de Compostela. MREAL was culturally adapted to the context, including new videos, scripted and enacted by local youth. Data was gathered at 6 MREAL implementing schools: Student posttest surveys of 7th grade participants (n = 354); focus groups with their teacher-implementers (n = 15); fidelity checks by research team observers (n = 15). We assessed feasibility (institutional fit goals, cost and resources, practicality, fidelity), acceptability (satisfaction, comfort and understanding of content, willingness to use the intervention), and utility (knowledge gained, applicability, authenticity, impact). **Results:** Teachers viewed MREAL as feasible and well-designed for implementation in Spanish middle schools, but some issues related to school structural constraints (class time, scheduling) should be addressed in future implementations. The curriculum's structure, topics and activities were highly accepted by teachers and students: students were satisfied overall, and teachers were willing to continue using the program. Teachers and students found the program useful in teaching effective resistance strategies to cope with substance use, highly applicable to students' lives, providing much useful knowledge, and impactful in motivating students. Observers rated teacher fidelity, curriculum knowledge, and student engagement highly. **Conclusions:** This evidence supports the social validity of the culturally adapted MREAL program for early adolescents in Spain and documents the importance of cultural adaptation to increase students' identification with and acceptability of school-based prevention programs.

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## The effect of anxiety symptomatology on smoking relapse prevention according to sex

Daniel Suárez-Castro 1, María Barroso-Hurtado 2, Carmela Martínez-Vispo 2, Elisardo Becoña 2, Ana López-Durán 2 (1. Smoking and Addictive Disorders Unit. Department of Clinical Psychology and Psychobiology University of Santiago de Compostela., 2. Smoking and Addictive Disorders Unit. Department of Clinical Psychology and Psychobiology. University of Santiago de Compostela)

Anxiety symptomatology is associated with an increased risk of smoking relapse. Despite that previous studies have shown sex differences in the variables that influence smoking relapse, to our knowledge, no studies have examined the differential impact of anxiety symptomatology on relapse according to sex. Therefore, this study aims to analyze whether pre-treatment anxiety symptomatology and sex interact in the prediction of smoking relapse at 6-months follow-up in a sample of smokers who received a cognitive-behavioral intervention to quit smoking. The sample was composed of 296 smokers (M age = 44.88; DT = 11.31; 61.3% female) who received a psychological smoking cessation treatment and were abstinent at the end of treatment. Smoking relapse was defined as self-report of smoking 30 days before the six months follow-up point-assessment. Anxiety symptomatology was measured at pre-treatment using the Beck Anxiety Inventory (BAI). A moderation model was used with anxiety symptomatology as an independent variable (BAI score = X), sex as moderator (Sex = W), and relapse as a dependent variable (relapse = Y). Our findings showed a significant effect of anxiety symptomatology at pre-treatment on relapse at 6 months in males ( $B=0.062$ ;  $SE=0.027$ , 95% confidence interval [CI]: 0.008, 0.115). Specifically, males with higher anxiety symptoms were more likely to relapse at 6- months than those with lower anxiety symptomatology. This effect was not significant in females. Our results extend previous literature regarding the factors associated with smoking relapse. These findings have several implications for relapse prevention efforts highlighting the relevance of including specific components for anxiety management to abstinence maintenance. Therefore, it is necessary to tailor smoking cessation treatments to specific characteristics and psychological variables of males and females.

## Smoking urges: its role on relapse prevention

María Barroso-Hurtado 1, Daniel Suárez-Castro 1, Carmela Martínez-Vispo 1, Elisardo Becoña 1, Ana López-Durán 1 (1. Smoking and Addictive Disorders Unit. Department of Clinical Psychology and Psychobiology. University of Santiago de Compostela)

Background: Previous literature has analyzed the role of the urge to smoke in the relapse of tobacco use. However, there is scarce information about the influence of this variable and its dimensions on relapse at different assessment points throughout follow-ups after treatment has ended. Therefore, the aim of the present study is to examine if smoking urges and its dimensions predict relapse in different point-assessments during a one-year period (1, 3, 6 and 12 months). Methods: The study was conducted with a sample of 518 smokers (59.5% women; M age = 43.06; SE = 11.30) who received a cognitive-behavioral treatment to quit smoking and achieved abstinence at the end of treatment. The Spanish brief version of the Questionnaire of Smoking Urges (QSU) was used. Two logistic regression models were carried out using as predictors of relapse at 1-, 3-, 6- and 12-months follow-up: (1) the QSU total score and, (2) QSU-factor 1 and -factor 2, assessed at the end of treatment. Results: Higher total QSU scores predicted greater likelihood of relapse at 1- (OR = 1.04), 3- (OR = 1.05), 6- (OR = 1.05) and 12-months (OR = 1.04) point-assessments. Regarding smoking urges dimensions, the QSU-factor 1 predicted relapse in all follow-ups (OR = 1.08; 1.09; 1.07; 1.04, respectively). However, no significant effects were found for QSU-factor 2. Discussion: These results confirm the need to analyze the role of smoking-related variables assessed at the end of the intervention in relapse likelihood. Therefore, these findings have relevant implications in terms of clinical practice. Including specific strategies to manage smoking urges could increase the probability of preventing relapse, which remains one of the greatest challenges in the field of addictions.

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## Is the home learning environment key to preventing socioeconomic differences in children's working memory?

Kate Mooney 1, Kate Pickett 2, Sophie von Stumm 1, Amanda Waterman 4 (1. University of York, 2. University, 3. University of Leeds)

The home learning environment is a significant mediator between socioeconomic inequalities and children's working memory and other developmental outcomes. Accordingly, home learning environment interventions have been developed for disadvantaged children. As the majority of research in this area relies on samples from White Educated Industrialized Rich Democratic (WEIRD) populations, it is not known whether the home learning environment is an important mediator for different ethnic groups. We investigated whether (a) the home learning environment mediated the association between families' socioeconomic position and children's working memory, and (b) whether ethnicity moderated these associations. Using data from a large prospective birth cohort study ( $n = 3457$ ), we modelled the associations between socioeconomic position before birth, the home learning environment at age 2, and working memory at age 7-10 years. A structural equation model confirmed that lower socioeconomic position was associated with lower working memory [ $B = -.064$ ,  $p < .001$ ]. In a single group structural equation model, the home learning environment did not mediate the association between socioeconomic position and working memory [ $B = -.013$ ,  $p = .428$ ]. In a multi-group structural equation model, the individual associations between socioeconomic position, the home learning environment and working memory were statistically moderated by ethnic group, where the associations tended to be stronger for ethnic majority children. Although the home learning environment did not mediate the association between socioeconomic position and working memory in the single group model, the multi-group model indicated that lower socioeconomic position and lower frequency of home learning environment activities may be more detrimental for working memory among ethnic majority children. This finding may be due to measurement bias, or these factors may not be as important for ethnic minority children's working memory. Our observational evidence suggests that home learning environment interventions should carefully consider how to target their programmes, as the effects may be unequal across ethnic groups.

## What parents should and shouldn't do to prevent problematic internet use in their children

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Adolescent problematic internet use (PIU) is the prevalent condition with the negative effects on adolescent health and well-being. Parental regulation of adolescent internet use has been proposed as the possible protective factor against PIU. However, currently available studies on internet-related parenting practices suggested that neither active mediation (discussing, explaining, etc.) nor restrictive mediation (rules, bans, etc.) showed negative associations with PIU. Our systematic literature review and meta-analysis aimed to assess the associations between adolescent PIU and general parenting practices and approaches such as parental responsiveness (warmth), parental strictness (control), and authoritative parenting. Searches covered reports from scientific databases (WOS, Scopus, PubMed, Google Scholar) published until April 2022. We found significant pooled negative associations between all general parental factors

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(responsiveness, strictness, authoritative parenting) and PIU, however moderation analyses suggested that the relationship between parental strictness and PIU was different for the problematic use of the internet in general and for the problematic (online) gaming. The major limits of currently available studies are that they are mostly cross-sectional and survey-based and focused on internet use in general. Further prospective studies and studies on specific online activities, e.g., gaming, use of social networks, and use of online pornography are warranted.

## **Feasibility of the implementation of the European Prevention Curriculum (EUPC) in Spain: participants' satisfaction and pre-post changes in knowledge**

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Background: Lack of knowledge and skills are important barriers to implement and advocate for effective prevention practices and the European Prevention Curriculum (EUPC), promoted by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), has been specifically developed to fill this gap. The EUPC is an evidence-based course, adapted from the Universal Prevention Curriculum (UPC), targeted to groups that play a key role in influencing the development of prevention systems. Aims: the contribution of this study was two-fold: 1) to evaluate the feasibility of the implementation of the EUPC in Spain, and 2) to examine pre-post changes in knowledge among participants receiving the EUPC. Methods: Participants were 18 adults (%females: 72.2) from the Balearic Islands (Spain). All received a two-day training course in April 2022, and the course was delivered by four educators trained by the EMCDDA. Participants completed an e-assessment including sociodemographic variables, years of formal education in prevention and a pre- and post-test knowledge questionnaire. Additionally, participants completed a satisfaction questionnaire. Descriptive statistics and a paired t-test were used. Results: The training course was related to a significant increase in participants' knowledge ( $t(16)=-5.27$ ,  $p<.001$ ). At the pre-test, participants' total score in the knowledge test was 2.17/5 (SD =1.01), while at the post-test was 3.52 (SD=1.33). At least an 80% of the sample reported that they felt confident in explaining basic concepts of substance use, 93% indicated they understand the relevance of prevention and monitoring, and 88.8% indicated the EUPC facilitates the acquisition of new knowledge and skills. A total of 94.4% (17/18) would recommend this training to other colleagues. All participants reported that the EUPC is necessary in Spain. Conclusions: The EUPC training is feasible and effective to enhance knowledge on prevention. The curriculum has promise to be implemented in other settings and areas.

## **Changes in substance use in times of COVID-19; implications for prevention**

Ina Koning, Anneloes Verwoerd (University of Utrecht)

On March 17 2020 the Netherlands went into the first COVID-19 lockdown, which had devastating effects on the life of adolescents around the world, including the Dutch. Since then, researchers noticed changes in substance use; some decreased in use some increased. In this presentation we will describe changes in alcohol and cannabis use among Dutch adolescents (12-17 years) before and after the COVID-19 pandemic. In addition, relevant predictors of this change were investigated. For alcohol use, tolerant parental rules and more positive peer norms at T1, and not empowerment, significantly predicted alcohol use at T2. For cannabis use, adolescents with a lower level of self-control or who spent more time with friends had an increased risk of future use at follow-up. Together these findings imply that the specific context is highly relevant for adolescents' increase in substance use which should be taken into account in future interventions.



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## **Parallel Session 4.1** | Prevention in family and community contexts | 14:00 – 15:30

**Chair:** Ms. Triin Films (Estonian National Institute for Health Development)

### **Is it ethical to have a control group in behavioural interventions? Experience from conducting a multisite controlled trial evaluating “Strong Families”, a brief family skills prevention programme, in Iran**

Karin Haar 1, Aala El-Khani 1, Gelareh Mostashari 1, Mahdokht Hafezi 1, Atoosa Malek 1, Wadih Maalouf 1 (1. United Nations Office on Drugs and Crime (UNODC))

Caregivers have a key role in protecting children's wellbeing, and can prevent a multitude of negative social outcomes, particularly in challenged or humanitarian settings. Accordingly, the Strong Families programme was designed as light touch family skills programme, focussing to support caregivers during stressful situations. To evaluate the short-term impact of Strong Families, we performed a time-convenience RCT in Iran. A total of 292 families, with children aged 8-12 years, were recruited through 10 centres in Iran and allocated to an intervention (n = 199) or control group (n = 93). We assessed families prospectively, through three scales, PAFAS (parenting and family adjustment scales), SDQ (strengths and difficulties questionnaire), and CYRM-R (child and youth resilience measure). Caregivers in the intervention group improved significantly on all but one PAFAS subscales, which was not noted in the control group. On the SDQ, there were positive changes in scores in the intervention group on all subscales and the “total difficulty scale”, whereas the control group also improved on 3 of the 5 SDQ subscales. Overall, all our stratified results of the different scales reflect an accentuated improvement in families with higher levels of problems at baseline. Our comparative results indicated a strong alignment of the Strong Families programme with its intended short-term impact, per its logical frame on parenting practices and family management skills, children behaviour, caregivers and children mental health, and capacity to cope with stress, however we also saw improvements in the control group, who received the intervention after completion of the data collection (=waitlist). We hypothesize that the potential nudging or diffusion of knowledge at the community level could explain improvements in the control group on some indicators and postulate that the combination of such starting grounds of sensitization coupled with exposure to the programme post waitlist reflects good ethical practice.

### **Parental Warmth and Monitoring, Psychological Reactance, and Adolescent Cannabis Use**

William Crano 1, Candice Donaldson 1 (1. Claremont Graduate University)

Introduction: Psychological reactance (PR), a state or trait typified by resistant responses to persuasion and behavior change appeals is associated with negative health behaviors, including substance misuse. Mechanisms of PR-resistance relations are not well established. Parental monitoring and warmth, however, are established preventive factors for adolescent prevention, and may discourage PR instigation. The current research highlights the role of these preventive parental behaviors that may modify the usual relation of PR and cannabis use. Method: In two large in-school studies, established measures of trait-PR, parental monitoring and warmth, and cannabis usage intentions were administered to young adolescents (13 to 16 years old ( N= 1416 and 1118). Path analytic models tested predicted multivariable linkages among parenting variables, PR, and intentions to initiate or continue use of cannabis. Follow-up regression analyses explored significant interaction effects. Outcomes: In both studies, parental warmth moderated the relation between monitoring and PR. In turn, PR mediated the relationships between parenting practices and cannabis usage intentions (  $p < .001$ ). In Study 2, PR was linked with resistance to persuasion via enhanced negative reactions to anti-cannabis appeals (  $p < .001$  ). Low parental warmth combined with parental monitoring was associated with high trait reactance in adolescents, which predisposed them to stronger resistance to persuasive preventive communications. Policy



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implications: A considerable portion of our limited prevention funds are expended in attempts to persuade a highly reactant audience (adults and young adults) to avoid harmful substances. We believe this emphasis should change, and instead be redirected to parents of adolescents who have been shown in our previous research to be powerful agents of persuasion. We also have learned that prevention appeals delivered to parents are elaborated by their children without strong resistance. Strategic policies advantageously applying these research findings may prove of substantial benefit in attempts to mitigate cannabis use in adolescents.

## **Using human-centered design to develop a parent component for the Second Step K-5 social-emotional learning program**

Kimberly Rhoades 1, Alison Drew 1, J. Mark Eddy 3, Amy Smith Slep 1, Cailin Currie 5, Tia Kim 5 (1. New York University, 2. University of Texas at Austin, 3. Committee for Children)

Background: Children's social and emotional learning (SEL) skills are associated with emotional and behavioral adjustment and academic outcomes, with associations lasting into adulthood. The school-based SEL program Second Step has strong evidence of effectiveness and is used in approximately 41% of elementary schools in the United States and 70 other countries, making its potential impact on children wide-reaching. The program is, in practice, limited to in-school administration. Parent materials for Second Step exist, but are not widely used, limiting potential impact. To address this gap, we set out to develop improved parent materials using Human Centered Design principles. Methods: Human Centered Design is an intervention development approach that starts from the perspectives of end-users and stakeholders. To develop an initial prototype, we have completed semi-structured focus groups and interviews with 56 parents, 37 teachers, and 5 administrators focused on parents' preferences for receiving and using information about Second Step and the feasibility of schools implementing the parent component. Results: Overall, parents reported strong interest in supporting their children's SEL skills and in receiving information on applying Second Step concepts at home. Parents' content and delivery preferences varied depending on their comfort with technology, their children's age and identified needs, and their engagement with the school and teacher. School staff identified challenges in engaging parents including limited time and resources as well as systemic challenges (e.g., internet access, language barriers) to engaging some families. Discussion: In the next phase, parents will interact with component prototypes in a series of rapid prototype development sessions. Results may influence not only the implementation of SEL programs in schools, but also inform effective strategies for school-parent communication and provide a framework for program development in other disciplines.

## **COPERISK - in the middle of the development of a pilot community-based prevention programme, with emphasis on the risk behaviour of children and youth**

Helena Fialova 1, Elizabeth Nováková 2, Roman Gabrhelik 2, Jasmina Burdzovic Andreas 4, Svetlana Skurtveit 4, Michal Miovsky 2, Jaroslav Šejvl 2 (1. Charles University First Faculty of Medicine Department of Addictology, 2. CUNI, Department of Addictology, 3. Norwegian Institut of Public Health)

We want to present the interim results in our contribution after one and a half years of work. Our goal is to connect this cross-sectoral nature and set up the infrastructure. The project aims to increase children's mental health and well-being by creating and piloting a regional educational module to prevent mental illness in children and adolescents. In the beginning, we would like to introduce the background of the project COPERISK briefly. Risky behaviour that prevents mental illness in children and adolescents is a central theme of all critical actors in prevention. The initial state builds on past strategies. We used several methods (analysis of strategic documents, secondary data analysis, theoretical approaches and evidence-based programs). Outputs of the study of strategic documents emphasise prevention, health/information literacy, interconnection at the community level, and social and situational prevention. We need to address this issue through a comprehensive set of individually and environmentally focused activities and strategies

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implemented across community sectors. Create and implement a basic educational module for prevention and its modifications, which we will adapt to three localities. The contribution introduces the ongoing process of the partial parts of the project, their interconnection, and intermediate outputs from the sites. We will also focus on the sustainability of the whole project and its future dissemination.

## Parallel Session 4.2 | Involving youth in prevention | 14:00 – 15:30

**Chair:** Dr. Giovanni Aresi (Università Cattolica del Sacro cuore)

### To what extent are young people exposed to alcohol advertising despite the French Evin law?

Guillemette Quatremère 1, Romain Guignard 1, Raphaël Andler 1, Justine Avenel 1, Karine Gallopel-Morvan 5, François Beck 1, Viêt Nguyen Thanh 1 (1. Santé publique France, 2. EHESP School of public health, Arènes CNRS UMR 6051, Inserm U 1309)

**Abstract.** Introduction. The marketing of alcoholic beverages has a proven impact on consumption, particularly among young people. In France, the Evin Law regulates alcohol advertising (type of contents, ban of TV ads...), but it remains high. A study was conducted to quantify the alcohol advertising investments (AI) and thus the exposure of French people to this advertising. Method. The amount of gross AI for alcoholic beverages was measured by Kantar Media for radio, press, outdoor posters and Internet display from 2018 to 2020. Radio and press exposure of people aged 13 and over in France was estimated by the agency Dentsu, based on the cross-referencing of advertising broadcast data (e.g. days and time slots) and audience data provided by specialized firms. Results. Alcohol AI were €345.4M in 2018, €318.4M in 2019 and €221.6M in 2020, with a peak in early summer and December of each year. In 2018, the yearly average number of contacts with alcohol ads (views/listenings) per individual was 41 for 13-17 year olds and 61 for 18-24 year olds in radio, 86 for 15-17 year olds and 97 for 18-34 year olds in press. Conclusion. These findings confirmed the massive advertising investments from alcohol companies in a regulated country like France and highlighted a high level of exposure to alcohol advertising for young people. This result was all the more worrying as this study underestimated AI: it did not take into account social media, nor sponsorship in movies or tv-shows, which are extremely popular with young people. A decrease was observed over the study period, probably due to the increasing investment on social media – as all firms do, including alcohol companies – and the Covid-19 pandemic in 2020. This study underlined the need for stronger regulation of alcohol advertising, and the importance of social marketing to counteract merchant marketing.

### Use of preprints in prevention research – a mixed methods study

Isolde Sommer 1, Vincent Sunder-Plassmann 1, Gerald Gartlehner 1 (1. University for Continuing Education Krems)

**Abstract.** There are concerns that preprint articles will lead to an increase in the amount of unsound or scientifically invalid work that is available. The COVID-pandemic has also boosted the popularity of preprints in prevention research. The aim of this work was, therefore, to assess how results and conclusions of preprints in prevention research change in relation to the peer-reviewed article and to explore how key stakeholders involved in the publishing process perceive the growing numbers of published preprint articles. We employed a mixed-methods approach. We developed a Python-based Web crawler to search the preprint server MedRxiv for prevention studies posted from January to September 2020 and ran an update search 1 year later. We dually screened the results for prevention articles and developed a scheme to classify changes in effect sizes and conclusions. We also conducted 19 online interviews with stakeholders

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from the prevention sector. We analysed the data using the Diffusion of Innovation Theory. Compared to the peer-reviewed articles, the results of the preprints that were published show a change in effect size in 26 of 157 articles, which is major in 3.8% or 6 articles (i.e. a change greater than 25%). A change in statistical significance was not observed in any study. The conclusions changed in 43% of the study, mostly in terms of style or wording (40%). As perceived by stakeholders, relative advantage of preprints over peer-reviewed articles include free access, fast submission, transparency, networking, feedback, and claiming research idea. Preprints appear not compatible with current quality standards and feedback culture, open opportunities for abuse, and might threaten publication and career. Journals, universities and fundings bodies lack consensus on preprints. In conclusion, results and conclusions of published prevention articles in a substantial number of articles change. Preprints appear an appealing publishing option but scepticism exists.

## **How can youth organisations contribute to health promotion? Lessons learned in the You4Health! project**

Giovanni Aresi 1, Valentina Ferrari 1, Katja Čič 3, Anja Fortuna 3, Laura Plešnar 5, Evelina Roubou 5, Teodora Panus 7, Marie-Celine Falisse 7, Jaione Santos 9, Leire Monterrubio 9, Elena Marta 1 (1. Università Cattolica del Sacro cuore, 2. International Youth Health Organization, 3. International Federation of Medical Students Associations, 4. AEGEE-Europe, 5. Media Creativa)

Adopting a participatory approach in prevention is supposed to lead to better research and intervention (empirical rationale), but it also embodies democratic principles of equity and social inclusion (rights-based rationale). The reality, however, is that young people are too often discounted as legitimate stakeholders who possess the ability to make meaningful contributions in addressing health issues. In this regard, youth organisations (e.g., student-based organisations) represent an untapped resource. They can offer the context for youth-led research and preventive intervention development, as well as for promoting empowerment and change at the individual, group, and community level. This presentation will describe lessons learned in You4Health! ([www.you4health.eu](http://www.you4health.eu)), a collaborative project among a research institution, three international youth organisations and a non-formal education provider. The project aims to empower youth organisations to contribute to reducing excessive alcohol and drug use. You4Health! demonstrated that youth organisations are active in addressing alcohol and drug issues, but their work is particularly underrepresented in scientific literature. Namely, there is a gap between what research has investigated and the array of initiatives that youth organisations can pursue to tackle alcohol and drug issues. What youth organisations often lack, however, is sufficient capacity in selecting, implementing, and rigorously evaluating their initiatives. Youth organisation' specificities (e.g., high staff turnover) represent additional challenges for their engagement in prevention. The potential and pitfalls of participatory research and intervention with youth organisations will be discussed.

## **The feasibility of using Participatory Action Research (PAR) in secondary schools as a mechanism for culture change**

Naomi Leonard 1, Liam Spencer 2, Judi Kidger 1, Tricia Jessiman 1, Mark Limmer 5 (1. University of Bristol, 2. Newcastle University, 3. Lancaster University)

Approximately half of all mental health disorders emerge during adolescence, making this a key time at which to intervene to promote mental health, and to prevent or reduce poor mental health outcomes. Supportive school environments have been suggested as playing an important role in addressing mental health concerns amongst young people, and the concept of a health-promoting school has been supported globally. This holistic approach involves not only health education via the curriculum but also having a school environment that is conducive to health and well-being, by engaging with families and the wider community. Participatory action research (PAR) enables researchers to combine theory, practice, action, and reflection by developing practical solutions to address concerns and issues within communities. Building on existing research, this study utilised four PAR groups in three English secondary schools to

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identify the key factors that contribute to positive school culture and to introduce activities and changes to further support and improve student mental health. The study had four key research questions: (1) What are the key components of school culture that impact on student mental health? (2) What changes or interventions can be made to improve school culture and mental health outcomes for students? (3) What is the process by which school culture impacts on young people's mental health? (4) Is a PAR approach feasible and effective as a methodology for instigating positive change to school culture? Here we focus on the acceptability and feasibility of utilising a PAR approach in schools. Following the piloting of PAR groups; interviews and focus groups were undertaken with students, teachers, PAR facilitators, and parents/carers (n=36 participants in total). Findings are summarised across four main themes: (1) Setting-up and recruiting PAR groups; (2) PAR in action; (3) facilitators of PAR success; and (4) considerations for other PAR groups.

## **Balancing effectiveness with ethics in supporting youth in out-of-home care transition to adulthood: development and pilot test of a new intervention**

Tina Olsson 1, Martin Bergström 2, Matilda Karlsson 1, Therése Skoog 4 (1. Department of Social Work, University of Gothenburg, 2. School of Social Work, Lund University, 3. Department of Psychology, University of Gothenburg)

Youth in out-of-home care are an extremely vulnerable population subject to disproportionate negative outcomes. Few interventions have been identified as being effective in supporting this population in transition from out-of-home care to independent living. At the start of this project there were no interventions delivered in Sweden designed to support youth in their transition from out-of-home care to independent living. Although standards for effectiveness guide stakeholders interested in disseminating and scaling up interventions in practice to implement interventions with fidelity, there is growing evidence that adapting interventions when transferring them between contexts or developing interventions within the context in which they will be implemented may be more effective strategies than straight adoption. This may be due to the adaptation process's impact on perceived acceptability and appropriateness among professionals that will be delivering the intervention in its new setting. Ethical practice is concerned with acceptable and appropriate behavior based on the values and norms of the profession as well as the values and norms of client groups. From a practice perspective, interventions and their components that are approved of and accepted by the professionals that will deliver them and the youth that will participate in them can be understood as at least in part more ethical than interventions which are not approved of or perceived as accepted by these groups. The aim of this project is to develop an effective and ethical intervention to support youth in out-of-home care transition to independent living through a co-creation process with practitioners. We use an open source, evidence-based implementation framework, Getting to Outcomes, to guide our work. We present the development process and preliminary results from a pilot study with focus on acceptability, appropriateness, and feasibility from a practitioner and youth perspective. We present how these results led to refinement of the intervention.

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## **Parallel Session 4.3** | Climate change action and prevention science | 14:00 – 15:30

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

### **Climate change action and prevention science: Challenges and opportunities from a European prevention perspective**

Samuel Tomczyk 1, Elena Gervilla 2 (1. University of Greifswald, 2. Grupo de Investigación en Análisis de Datos – Department of Psychology, University of the Balearic Islands, Spain)

Background: Climate change is a global issue affecting economies, societies, and health worldwide. Behavioral science has linked environmental and behavioral mechanisms to preparedness, response, mitigation and recovery regarding climate change. Therefore, prevention science can provide tools to guide, change, and monitor behavior change related to climate change. However, it is unclear how this knowledge is being translated into prevention practice in Europe, with a variety in legislation, culture and practice. Methods: Via a narrative literature review and a survey of prevention practitioners across Europe, the climate change action initiative aims to examine the state of the art of climate change-related prevention activities and knowledge, identify barriers to action and needs, and describe implications for the education and support of the prevention workforce to better tackle climate change from a prevention perspective. Results and Discussion: Both, the literature review and the survey are currently ongoing, therefore the presentation will focus on the main goals of the initiative, first results of the studies and present discussion points for inter-European collaboration and action steps.

## **Parallel Session 4.4** | Campfire for Prevention | 14:00 – 15:30

**Chair:** Dr. Gregor Burkhardt (EMCDDA)

### **Talking about the elephants in the room regarding ethics in prevention practice**

Gregor Burkhardt 1, Zila van der Meer Sanchez 2, Ina Koning 3 (1. EMCDDA, 2. Escola Paulista de Medicina, Universidade Federal de São Paulo, 3. University of Utrecht)

This PechaKucha aims to engage participants in an open conversation about several elephants in the room when talking about prevention ethics. Examples proposed are the following and can be complemented by participants: The often-indiscriminate and weaponised use of “stigma” when opposing effective approaches, even when deliberate behaviours are being targeted. The suddenly-big concerns about ethics in environmental prevention, while for ages the prevention field has turned an almost-blind eye to merely informational, possibly harmful or victim-blaming approaches: a biased perception? The question of equity: how can we assure that prevention outcomes are beneficial for all – including the vulnerable – and refrain from middle-class prevention: fitted to our own mindset. The ethical implications of focusing prevention objectives on better “individual choices” or “personal decision making”: i-frame versus s-frame. The theory-of-mind questions of “what image of the human being and of youth do we have?” Are curfew-hours for minors an unacceptable violation of individual liberties (of youth)? How does this compare to minimum purchase age? The commercial-ethical aspects of: The large-scale dissemination of interventions which were evaluated only by the developers. The sale of clearly non-transferable European interventions to low and middle-income countries.



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**Coffee break** | 15:30 – 16:00



**Awards and Closing Ceremony** | 17:00 – 18:00







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