



# Quality in Prevention

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8th EUSPR Conference and Members' Meeting

20th - 22nd September 2017  
Vienna, Austria

**EUSPR.ORG**

We are very pleased that the 2017 conference is co-organised and supported by the Austrian Federal Ministry of Health and Women's Affairs and Gesundheit Österreich GmbH (GÖG), the Austrian Public Health Institute.

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



Gesundheit Österreich  
GmbH ● ● ●



PHI | Public Health Institute  
LIVERPOOL JOHN MOORES UNIVERSITY

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## Welcome

Dear EUSPR members and Conference Participants,

This year's annual EUSPR conference is held in Vienna, a real hub for quality in prevention internationally. The focus on quality in prevention at this year's conference is therefore very apt, and this will further enhance the standing of the Society internationally as a beacon not only for the development and evaluation of prevention policies and interventions, but also for implementation, delivery and scaling up of prevention activities.

The last three years have seen some steady progress and developments in the Society, including the successful launch of the Early Careers Network, the periodic EUSPR Newsletters, the establishment of the EC funded UPC-Adapt project, the completion of the EC funded SPAN initiative and integration of SPAN activities into the Society, the move of the Society from a base in Poland to a base in Spain, and more recently the beginnings of a new EUSPR forum for prevention policy makers and practitioners. We've also reached a transition point regarding several positions on the Board: after three years as President I am stepping down and will hand over the Presidential responsibilities to the President Elect, Dr Jeremy Segrott. Several other Board members have also indicated that they will step down, so there is an opportunity now to involve new people in Board discussions and activities, either through being co-opted in the interim period or being formally elected onto the Board when we hold elections for the vacant positions. It will be great to see some new faces stepping forward to lead and guide the Society through the next few years.

Of course, I am very grateful to existing Board members, those that are continuing and those that are stepping down. Without the commitment and support of these individuals, who give their time and energy to help sustain and develop the Society as it matures, we would not be in the good position that we are in today, with a series of successful conferences and other initiatives to our credit. I don't want to single any particular individuals out, but it is timely and appropriate to say a special thank you to our Polish colleagues who have been so enthusiastic and helpful in helping establish and run the Society from its initial base in Poland – I know that all the Board are particularly grateful for your contribution in the first years. Thank you.

Here in Vienna, the theme of the meeting is "Quality in Prevention", and we have assembled an exciting programme of plenary speakers, covering:

- Attaining and maintaining quality in an evidence-based programme
- Implementation of suicide prevention in existing measures of addiction prevention
- How do we support a professional culture of quality in prevention?
- What are the consequences of prevention policies?
- Rethinking the dynamics of primary prevention: mobilisation, implementation, and embeddedness in open systems

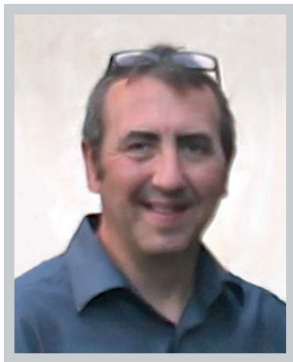
Most European countries now deliver some form of preventive actions across different policy domains, although some actions are less well developed than others. However, implementation science (the study of methods that influence the integration of evidence-based interventions into policy and practice settings) is relatively under-utilised in Europe, and little centralised attention has been paid with regards to which interventions and components prevention strategies comprise, and how they are organised and delivered. Sustainable prevention actions require responsibilities for policy and actions to be held across multiple ministries or departments that address the needs of the public, and given that programming is delivered across a spectrum of organisational settings, prevention systems need to be inclusive of representative stakeholders including citizen groups, and delivered across multiple levels of society. Prevention also requires committed and long-

term funding and strong supportive regulatory systems, and trained prevention practitioners and researchers to ensure high quality implementation. In this, the eighth EUSPR conference, we will discuss these issues and how we can improve quality in prevention across Europe.

We are very pleased to have been supported with the organization of this meeting by the Austrian Federal Ministry of Health and Women's Affairs and Gesundheit Österreich GmbH (GÖG), the Austrian Public Health Institute. This conference also proceeds in collaboration with the Public Health Institute (PHI) at Liverpool John Moores University, UK, the State Agency for Prevention of Alcohol-Related Problems, (PARPA), Poland, and the Dartington Social Research Unit (DSRU), UK.

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

Enjoy EUSPR. Enjoy the Meeting. Enjoy Vienna.



A handwritten signature in black ink, which appears to read 'David Foxcroft'.

**David Foxcroft**  
EUSPR President

## About our co-organisers

### Austrian Federal Ministry of Health and Women's Affairs

The Ministry of Health and Women's Affairs believe that health and equality are both cornerstones of a self-determined life.

The Ministry's goal is to give people in Austria the security that they will receive the best possible treatment if they become ill, to create transparency, to recognise and address problems and to draw up solutions for them together. It is particularly important that health care policy is not just about repair-based medicine, but about promoting and preserving people's health and the prevention of illness. Health issues have to be more firmly anchored in our society, and have a presence in all areas, from schools to companies and local communities.

### Gesundheit Österreich GmbH (GÖG), the Austrian Public Health Institute

GÖG is the national research and planning institute for health care and a competence and funding centre of health promotion. GÖG's main products are research studies, to analyse problems of health care and provide a central platform for managing competing interests.

## Collaborating organisations

### Public Health Institute (PHI) at Liverpool John Moores University, UK

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

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

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

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

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

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

## The Dartington Social Research Unit at Dartington, UK

The Social Research Unit at Dartington is an independent charity that seeks to increase the use of evidence of what works in the design and delivery of services for children and their families. We are also a strong advocate of prevention and early intervention based approaches.

We have over fifty years' experience of researching what works in improving children's outcomes across the education, health, social care and criminal justice systems.

We disseminate research on what works to people working at the frontline of services, by bridging the gap between social science evidence and everyday service delivery. We have significant expertise in the design, delivery and implementation of evidence-based programmes and interventions.

Much of our work is also focused on supporting decision-makers and practitioners to develop and use evidence of what works in decisions that get made about how children's services are designed, commissioned and delivered. We work with local authorities, trusts and foundations, and children's service providers across the UK and internationally.

## Conference 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.

**Clara Affun-Adegbulu** - Institute of Tropical Medicine Antwerp/University of Vienna, BE/AT

**Nick Axford** - PenCLAHRC, UK

**Angelina Brotherhood** – University of Vienna, AT

**Gregor Burkhart** - EMCDDA, PT

**MarthaCanfield** - King's College, UK

**Boris Chapoton** - Jean Monnet University, FR

**John Foster** - University of Greenwich, UK

**David Foxcroft** - Oxford Brookes University, UK

**Maria Rosaria Galanti** - Karolinska Institutet, SW

**Nicole Gridley** - University of York, UK

**Kimberley Hill** - University of Northampton, UK

**Jennifer Lovelady** - Liverpool John Moores University, UK

**Larissa Maier** - UNODC, AT

**Carmela Martínez Vispo** - University of Santiago de Compostela, ES

**Sandra Morales** - Universitas Miguel Hernández, ES

**González Roz** - University of Oviedo, ES

**Jeremy Segrott** - DECIPHer Centre, Cardiff School of Social Sciences, Cardiff University, UK

**Stuart Smith** - Liverpool John Moores University, UK

**Karin Streimann** - National Institute for Health Development, EE

**Harry Sumnall** - Liverpool John Moores University, UK

**Mariliis Tael-Oeren** - University of Cambridge, UK

**Sanela Talic** - Institute for research and development UTRIP, SI

**Marion Weigl** - GÖG, AT

# At a glance

## Pre-conference events – 20th September 2017 (prior booking required)

- 1) Publishing addiction science in practice. Full day workshop convened by Profs Miovský, Pates, and Gabrhelík (International Society of Addiction Journal Editors (ISAJE))  
**09:00-15:30 (Room: GÖG UG 1+2)**
- 2) Developing evidence-based prevention in Ukraine. Open meeting to discuss the prevention situation in Ukraine and potential opportunities for collaborative prevention practice and research.  
**09:30-12:30 (Room: GÖG UG 3+4)**
- 3) EUSPR Members' Meeting  
**16:00-18:00 (Room: GÖG UG 1+2+3)**
- 4) Early Career Forum Networking Event  
**19:00-Late (Location: Strandbar Herrmann)**

## Conference Day 1 – 21st September 2017

**08:00-09:00 Conference Registration (Location: BMGF)**

**09:00-09:30 Conference opening and salutation (Location: BMGF)**

- Prof. Dr. Herwig Ostermann (General Manager, Austrian Public Health Institute) and Dr. Johanna Schopper (Austrian Federal Drug Coordinator, Ministry of Health)
- Prof David Foxcroft (EUSPR Board President & Oxford Brookes University, UK)

**09:30-11:00 Plenary Session 1 (Location: BMGF)**

- What are the consequences of prevention policies? – Dr Kathryn Oliver (University of Oxford, UK)
- A fruitful story of attaining and maintaining quality in an evidence-based programme – Dr Mihela Erjavec (Bangor University, UK)

**11:00-11:30 Coffee Break (Location: BMGF)**

**11:30-13:00 Plenary Session 2 (Location: BMGF)**

- What is dead may never die: a case study of creating and implementing national quality policy in school prevention – Prof Michal Miovský (Charles University, Prague, Czech Republic)
- How do we support a professional culture of quality in prevention? – Prof Harry Sumnall (Liverpool John Moores University, UK)

**13:00-14:30 Lunch and Poster Viewing Session 1 (Location: BMGF)**



**14:30-16:00 Parallel Sessions 1 (Location: BMGF (session 1.1) & GÖG (all others))**

- 1.1 – Understanding intervention theory and outcomes (BMGF)
- 1.2 – Prevention with higher risk groups (GÖG UG 1+2)
- 1.3 – Improving young people's health (GÖG UG 3+4)
- 1.4 – Early Career Parallel Session 1 (GÖG EG 1+2)

**16:00-16:30 Coffee Break (Location: BMGF & GÖG)**

**16:30-18:00 Parallel Sessions 2 (Location: BMGF (session 2.1) & GÖG (all others))**

- 2.1 – Developing prevention concepts and professional fields (BMGF)
- 2.2 – Prevention through family, parenting, and children's work (GÖG UG 1+2)
- 2.3 – Lifestyle and Prevention (GÖG UG 3+4)
- 2.4 – Early Career Parallel Session 2 (GÖG EG 1+2)

**19:30-23:00 Conference Dinner (Restaurant Otto Wagner – prior booking required)**

**Conference Day 2 – 22nd September 2017**

**09:30-11:00: Parallel Sessions 3 (Location: BMGF (session 3.1) & GÖG (all others))**

- 3.1 – Focus on the Strengthening Families Programmes (BMGF)
- 3.2 – Optimising the use of evidence in prevention policy and practice (GÖG UG 1+2)
- 3.3 – New directions in prevention (GÖG UG 3+4)
- 3.4 – Early Career Parallel Session 3 (GÖG EG 1+2)

**11:00-11:30 Coffee Break (Location: BMGF & GÖG)**

**11:30-13:00 Parallel Sessions 4 (Location: BMGF (session 4.1) & GÖG (all others))**

- 4.1 – Improving prevention quality in real-world settings (BMGF)
- 4.2 – Collaboration in prevention (GÖG UG 1+2)
- 4.3 – International prevention actions (GÖG UG 3+4)
- 4.4 – Early Career Parallel Session 4 (GÖG EG 1+2)

**13:00-14:30 Lunch and Poster Viewing Session 2 (Location: BMGF)**

**14:30-16:00 Plenary Session 3 (Location: BMGF)**

- Implementation of suicide prevention in existing measures of addiction prevention – Andreas Prenn (Supro-Werkstatt für Suchtprophylaxe, AT)
- The Austrian school-based life skill program for addiction prevention – Gerhard Gollner (kontakt+co Suchtprävention Jugendrotkreuz, AT)

**16:00-16:30 Coffee Break (Location: BMGF)**

**16:30-18:00 Plenary Session 4 (Location: BMGF)**

- Rethinking the dynamics of primary prevention: mobilisation, implementation, and embeddedness in open systems – Prof Carl May (University of Southampton, UK)
- Prize giving and conference close

## Plenary Speaker biographies

### Plenary Session 1

#### Dr Kathryn Oliver

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

#### Dr Mihela Erjavec

Mihela Erjavec is a Senior Lecturer at the School of Psychology, and co-founder of the Centre for Activity and Eating Research (CAER) at Bangor University. With a range of programmes specifically designed for a young audience, CAER uses evidence-based behaviour change techniques to encourage children and their families to enjoy living a healthy lifestyle. Ongoing research projects include the Food Dudes programme, which has demonstrated efficacy in increasing the fruit and veg intake of over 700,000 children in preschool classes, primary schools, and special education institutions. As a developmental behavioural psychologist with an interest in fundamental learning processes and their application to real-life problems, Mihela had contributed to UNICEF sponsored and World Bank run projects, and presented her work at numerous international events organised by academia, NGOs, charities, and governments.

### Plenary Session 2

#### Prof Michal Miovský

Michal Miovsky is Professor of Clinical Psychology at Charles University, Prague. He received his Ph.D. degree in Clinical Psychology at Palacky University in Olomouc in 2002 and started his professional carrier in school prevention in the same year. He later established a therapeutic centre for drug users and led a group of treatment facilities in Brno. Michal is vice-dean for non-medical health study programs and Head of the Department of Addictology of the 1st Medical Faculty, Charles University, Prague and General Teaching Hospital in Prague. He is president of the ISAJE (International Society of Addiction Journal Editors) and Deputy Editor-in-Chief in Journal of Adiktologie (Addictology). Michal is also a member of the editorial boards of Journal of Groups in Addiction and Recovery, Czech and Slovak Psychiatry and other journals. He specializes in qualitative methods and research in the field of addictions, prevention and clinical sciences.

#### Prof Harry Sumnall

Harry Sumnall is a Professor in Substance Use at the Public Health Institute, Liverpool John Moores University, UK. Harry's funded research programmes have examined the evidence base for substance misuse prevention and the mechanisms for implementing evidence based practice and policy. Over the last 10 years Harry has led a programme of EU-funded research that has sought to develop quality standards in prevention and to support European practitioners and policy makers apply these in their work. Harry is a member of the UK Advisory Council on the Misuse of Drugs, a founder and Board Member of the European Society for Prevention Research, and a Trustee of the UK prevention charity Mentor UK.

## Plenary Session 3

### Andreas Prenn

Andreas Prenn is the Head of Supro – Werkstatt für Suchtprophylaxe, the addiction prevention unit of Vorarlberg. He has a master's degree from the University of Innsbruck. His expertise covers besides addiction prevention also specific pedagogic techniques (like experience- and outdoorbased learning, psychomotoric pedagogics) and teambuilding processes. He is trainer for Motivational Interviewing and the Austrian universal addiction prevention programme, Eigenständig werden. He is member of the Österreichische ARGE Suchtvorbeugung.

### Gerhard Gollner

Gerhard Gollner is the director of kontakt+co Suchtprävention Jugendrotkreuz, the Tyrolian Unit for Addiction Prevention, situated in Innsbruck. He received his Master's degree at the University of Innsbruck. His work focuses on the development and management of prevention programmes for different settings, as well as on regional and national cooperations. He is currently engaged in prevention-activities concerning gaming and gambling, parent education and public relation. He is a long-term member of the Österreichische ARGE Suchtvorbeugung.

## Plenary Session 4

### Prof Carl May

Carl May is Professor of Healthcare Innovation at the University of Southampton. Carl is a sociologist who has researched and published widely and whose work includes studies of adolescent alcohol misuse; the linked history of alcohol dependence, chronic pain, and shell-shock; professional-patient interaction in the care of the dying; chronic disease management in primary care; the development and implementation of innovative healthcare technologies; and the production and politics of evidence about effective clinical practice. Carl has held academic appointments at Edinburgh, Liverpool and Manchester, and was professor of medical sociology in the Faculty of Medical Sciences at Newcastle University, UK, from 2001 before moving to Southampton in 2010. A former National Institute of Health Research Senior Investigator and a present Fellow of the Academy of Social Sciences in the UK, Carl is also an honorary professorial fellow in General Practice at Melbourne, Australia.

## Locations

### Registration and Plenary Sessions

Registration, and all our Plenary Sessions take place in the Federal Ministry of Health and Women's Affairs (abbreviated BMGF).

**Address:**

Federal Ministry of Health and Women's Affairs (BMGF),  
Radetzkystraße 2,  
1030 Vienna,  
Austria

Google Map Link: <https://goo.gl/maps/C8GpWbeJj4r>



### Parallel Sessions

Parallel sessions take place in both BMGF (those sessions numbered X.1), and the offices of Gesundheit Österreich GmbH (GÖG). The GÖG building is only a short walk away (approx. 8 minutes) from BMGF but we advise that you plan your day to take into account the journey time between the two venues.

**GÖG address:**

Gesundheit Österreich GmbH (GÖG),  
Biberstraße 20,  
1010 Vienna,  
Austria

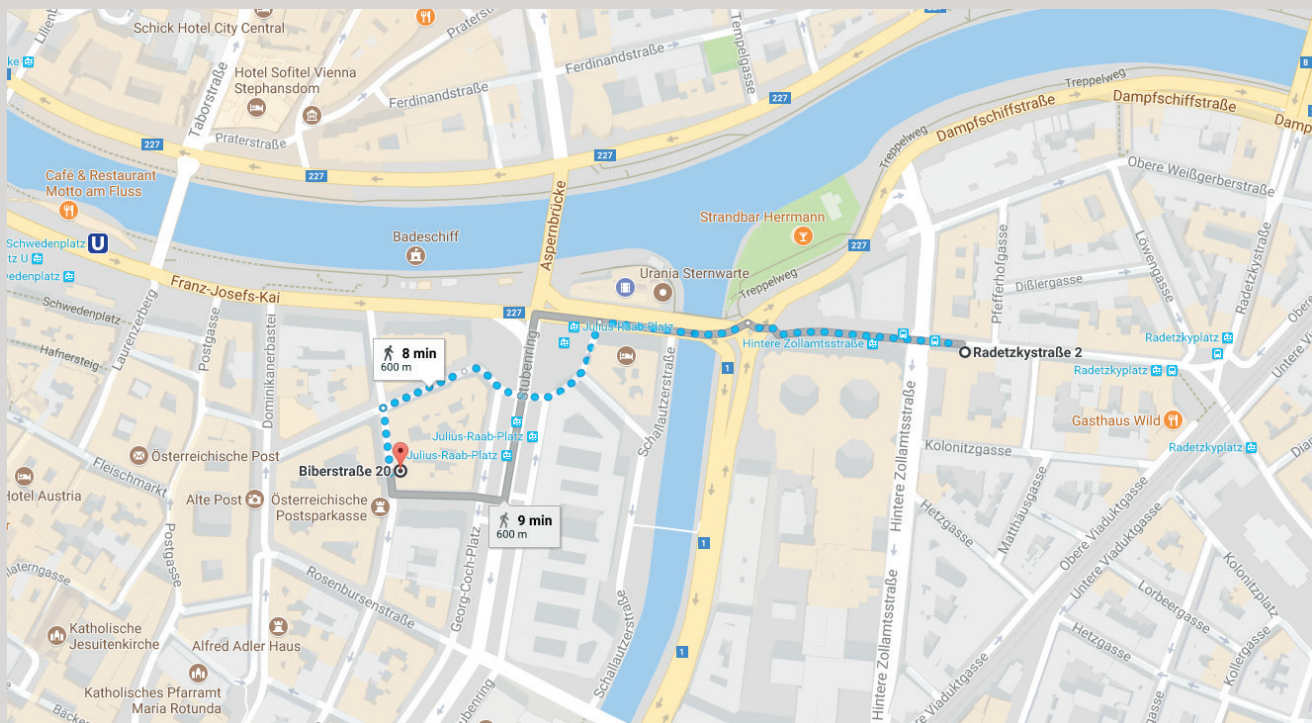


NB: It is important that you use the building entrance on 20 Biberstraße (and not the other entrance on Stubenring) in order to access the conference rooms

Google Map Link: <https://goo.gl/maps/SwXgbA47pCs>



## Travelling between BMGF and GÖG



# Full programme

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## Posters in Session 1

### Poster No. 1

**Karin Streimann and Katri Abel-Ollo**

#### **Understanding substance use prevention – experts' views about prevention and prevention workforce training needs in Estonia**

**ABSTRACT.** There is no unified understanding about substance use prevention in Estonia. Some knowledge is present, but most prevention strategies used by practitioners are based on intuition. There is also a lack of trainings and courses available about prevention in Estonia. Thus many professionals working in the field have not acquired needed knowledge and skills. A study conducted in 2011 in Estonia among people who are engaged in the provision of drug education at schools found that some teachers underline the need for scaremongering as a part of prevention. Moreover, school personnel often invite ex-drug addicts or police representatives with drug-sniffing dogs to schools with the aim to prevent substance use. Estonian child protection officers highlighted that they lack general understanding about prevention in a study conducted in 2015. Ineffective activities are often carried out with the assumption that they work. The aim of this paper is to present results from three focus groups conducted with decision-, opinion- and policy-makers at national and regional level in Estonia during June 2017. Focus groups were conducted as a part of EU-funded project UPC-Adapt: Implementing a prevention training curriculum in Europe: adaptation and Piloting. During the focus groups three main topics were discussed with participants: substance use prevention and its importance in Estonia, training needs in the field of prevention, and how to design the training for decision- and policy-makers in Estonia based on Universal Prevention Curriculum (UPC). Focus groups participants considered UPC training to be highly needed in Estonia. Experts believed that it would boost up communities' prevention efforts, give people proper knowledge about prevention and develop skills necessary for coordinating preventive strategies. It would assist in forming unified approach about prevention and promote the use of evidence-based practices. Similar understanding about substance use prevention would improve cooperation between different parties, which in turn would lead to better outcomes for individuals, families and communities.

### Poster No. 2

**Marta Lima-Serrano, Jose Manuel Martinez-Montilla, Ana Magdalena Vargas-Martinez, Joaquin Salvador Lima-Rodriguez, Liesbeth Mercken and Hein De Vries**

#### **"ALERTA ALCOHOL": Process evaluation of the first web-based computer-tailored intervention for binge-drinking prevention among Spanish adolescents**

**ABSTRACT.** Objective: To present the characteristics and process evaluation of the first web based computer tailored intervention program aimed at the prevention of binge drinking in Spanish adolescents. Method: The "Alerta Alcohol" program is based on the I-Change Model, and consists of four sessions at school (baseline questionnaire, two sessions in three scenarios: at home, celebrations, and public places, and a final evaluation). The adolescents are provided with answers related to their views of each scenario which are used to provide highly specific counseling. In addition, two booster sessions are given at home to reinforce the contents of the three scenarios. A Cluster Randomized Controlled Trial was conducted to evaluate the "Alerta Alcohol" in 15 high schools from Andalusia (southern Spain), which were randomized either to the experimental or the waiting list control condition (EC and CC), with 1294 students aged 16 to 18 years participating in the pretest and 580 in the posttest after four month. In this work we present the results regarding the process evaluation, which consists of a questionnaire with was completed by student from EC in the posttest (n= 321). By using a five-point Likert scale, we ask respondents to assess the general satisfaction and whether the intervention is useful, trustworthy, interesting, and personally relevant, and the opportunity of learning. A descriptive analysis was carried out and further analysis to determine differences by gender or alcohol drinking will been shown. Results: Two-hundred and fifteen students (68.9%) were satisfied or very satisfied with "Alerta Alcohol"



program but 149 (47.8%) thought that sessions were too much long. One-hundred and ninety-one (61.2%) found the counseling interesting, 202 (65%) useful, 226 (72.7%) understandable, 178 (57.2%) personally relevant, and 238 (76.6%) that the program is trustworthy. One-hundred and eighty-three (58.8%), 150 (48.2%), and 166 (53.4%) students thought that their knowledge, attitude and skills regarding binge-drinking prevention were improved, respectively. Finally, 185 students (62.7%) would recommend the "Alerta Alcohol" program. Conclusion: The process evaluation of "Alerta Alcohol" program shows an adequate response from the participants. So that, if the program proves to be effective, regional and eventual national implementation should be considered.

### **Poster No. 3**

**Lana Juranic and Martina Feric**

#### **The art of music performance: risk or protection for substance use?**

**ABSTRACT.** Musicians are a population often stereotypically linked to a wide range of substance use behaviours (Miller & Quigley, 2011). This stereotype can be seen even among musician population. For example, Chesky & Hipple (1999), in their research of musicians' perceptions of the extent of widespread drug use among musicians found out that approximately one-third of research sample (N=3,278) perceived that drug use among musicians is widespread. Still, there are no unambiguous and reliable data on the prevalence of substance use by musician compared to general population. There are some fragmented data (substance use in some genres of music or substance use by artist in general). For example, Butkovic & Rancic Dopudj (2016) find out that frequency of alcohol consumption was statistically higher for heavy metal musicians than in the general population and Wills (2003) stated, based on retrospective analysis of the biographies of 40 mid-century famous US jazz musicians, that more than half of his subjects experienced heroin addiction at some point in their lives. Regarding the type of art, Descoteaux, (2014) found out that performing artist (including musicians) use licit and illicit substances more that general population (with an exception of tobacco use). In the same time, evidence can be found that youth involvement in music education can enhance positive youth development (Peretz & Zatorre, 2003, Resnicow, Salovey & Repp, 2004, Mitchell & MacDonald, 2006, Pitts, 2007, Scripp, 2007, Hallam, 2010, Miranda & Gaudreau, 2011, Miranda, 2012, Scripp et al 2013, Elpus, 2013) and even be a protective factor in the field of substance use (Elpus, 2013). Results from the last mention study suggest that, in many respects, adolescent arts students achieve significantly more positive developmental outcomes than their peers who do not pursue arts coursework in schools and, specifically, music students were less likely to use illicit substances both as adolescents and into adulthood. In this poster, result of the research review will be presented with the goal to answer the question: is performing music risk or protective factor for substance use?

### **Poster No. 4**

**Dijana Jerkovic, Martina Lotar Rihtarić and Valentina Kranzelic**

#### **The Moderating Role of Control Causality Orientation in the Relationship between Basic Psychological Needs and Cannabis Consumption**

**ABSTRACT.** According to the Self-Determination Theory, the needs for competence, relatedness, and autonomy are basic and universal. Regular satisfaction of all three needs is essential for optimal functioning, while their thwarting could lead to the various negative outcomes. Some satisfaction of the competence and relatedness needs, but a thwarting of the need for autonomy, results with development of a strong control causality orientation (Deci & Ryan, 2008). This orientation is characterised by initiating and regulating behaviours by pressure from internal or external forces (Deci & Ryan, 1985). This research tested a model that incorporated control causality orientation, basic psychological needs and cannabis consumption. The sample consisted of 438 (37.9% males and 62.1% females; mean age  $M=19.62$ ,  $SD=0.826$ ) participants comprising first and second-year students at the University of Zagreb that lived in student dormitories. An adapted version of control subscale of the General Causality Orientations Scale (Deci & Ryan, 1985), and General Need Satisfaction Scale (Gagné, 2003) were applied. Cannabis consumption was

operationalized as the number of days a person has consumed cannabis in their lifetime. The results of moderation analysis conducted using PROCESS macro for SPSS (Hayes, 2014) showed that interaction effect of control causality orientation and competence on cannabis consumption was not significant. On the other hand, interaction effect of this motivational orientation and autonomy on cannabis consumption were significant, as well as the interaction effect of this orientation and relatedness on cannabis consumption. Among average and high controlled participants, increase in satisfaction of autonomy need was followed by a decrease in cannabis consumption. Also, among mentioned participants, increase in satisfaction of relatedness need was followed by a decrease in cannabis consumption. Implications of these findings on prevention will be discussed.

### **Poster No. 5**

**Irena Velimirovic, Silva Capurso and Martina Ferić**

#### **Media content analysis in prevention field**

**ABSTRACT.** Aim of this paper is to show content prevention analysis in online media. As a source of research, google research was used and the first 20 research results were included. The time interval for conducting the research was a six months period (1.3.2017 - 1.9.2017). The terms used in the research of internet content include: prevention, intervention, behavioral problems, youth activities, youth violence, youth violence in relationships, eating disorders, anxiety and depression of young people, school success of young people, youth in the community, youth drug abuse, family intervention, family activities in the community. Other factors that were taken in consideration in the content analysis were the source of given information, media that published the content, interlocutors (experts, non-professionals, young people, decision-makers, etc.), parallel events that took place in the time of content analysis (marking the International Day of Addiction). The methodological technique of content analysis was used. Mass media can produce positive changes or prevent negative changes in health-related behaviors across large populations. What also contributes to these outcomes are factors such as concurrent availability of required services and products, availability of community-based programs, and policies that support behavioral change. Analysis of the availability of such information on online media was conducted. Finally, we propose areas for improvement, such as investing in longer better-funded campaigns to achieve adequate population exposure to media messages (Wakefield, Loken & Hornik, 2010).

### **Poster No. 6**

**Dinka Caha, Helena Križan and Irena Velimirovic**

#### **Reach strategies for engaging families at risk**

**ABSTRACT.** Research demonstrates that involvement in evidence based early childhood and parenting prevention interventions can alleviate some of the negative impacts of disadvantage on young children and families (Gross et al., 2009) and create high effect and population impact. However, service providers can find it challenging to reach and engage families at risk to participate in offered interventions, so reach has a valid function in determining public impact. There are various intervention strategies to engage families and children at risk. The selection of an appropriate reach strategy depends upon the identified setback/problem. The solution of this problem can be to 1. increase demand and use (marketing and access problem), 2. extend capacity and efficiency (capacity and efficiency problem), 3. focus on organization development (organization and coordination problem), 4. change goals and analysis (target spectrum and analysis problem) or 5. change the intervention strategy (strategy problem). To provide additional guidance to service providers at reaching their targeted population this paper contains an extended review of strategies for engaging families at risk in prevention interventions. A single strategy will likely not provide long lasting effects. The assumption is that long-term optimized reach can be achieved by knowing evidence-based effect principles and elements, context and target group characteristics, having in-depth needs assessments, multidimensional elaborated reach strategies and an ongoing evaluation.

## Poster No. 7

**Abdul Subor Momand and Elizabeth Mattfeld**

### **Implementing services for vulnerable youth in Afghanistan: Integrating indicated substance use prevention and treatment**

**ABSTRACT.** Roughly 300,000 children in Afghanistan are opioid-exposed, primarily due either to parents directly providing or passively exposing them to opium. Effective prevention and treatment programs for children and their families are needed. The present study examined the impact of a novel intervention for children at risk for substance use or actively using substances that was provided to children between 4-18 years of age in Afghanistan. They received the psychosocial protocol while they were in the program. Psychosocial protocol included age-appropriate literacy and numeracy, drug education, basic living, communication and trauma coping skills. A battery of measures examined multiple child health domains at various stages and psychosocial protocol had a positive impact on children assessed. Individual interviews with project staff and participants showed high rates of participation and high levels of satisfaction (both over 90%) from participants and staff. Although each of the education, life skills, and one-to-one sessions were scheduled for a 60-minute time slot, some sessions consistently ran over the allotted time because children were particularly engaged. Comments about the intervention were positive (e.g., I liked the art and games, I always learn something). Overall, staff members also reported a high level of satisfaction with the intervention, and expressed the need for continued implementation. The presenters will describe the indicated prevention intervention development and implementation in five provinces of Afghanistan. And, will share the evaluation results recently published in the International Journal of Pediatrics, 2017, entitled "Implementation and Evaluation of an Intervention for Children in Afghanistan at Risk for Substance Use or Actively Using Psychoactive Substances".

For a number of years, the international community has been asking for prevention interventions that have a basis in evidence and can be adopted for implementation in different settings, culture and socio-economic communities.

The presentation will be co-led by UNODC staff involved in the initial development of the work in Afghanistan. Elizabeth Mattfeld, UNODC Global Coordinator will present the process of development of psychosocial protocol and, Dr. Abdul Subor Momand UNODC Training Coordinator in Afghanistan and author of the research article will present the conclusions from the evaluation of the program.

## Poster No. 8

**Jamie Compton-Rea and Karol Kumpfer**

### **Quality Cultural Adaptations Resulting in Engagement and Positive Outcomes of SFP 12-16 in Northern Ireland**

**ABSTRACT.** Introduction: After the successful results of the culturally adapted SFP 12-16 in Ireland with replication in every county, the ASCERT in Belfast wanted to implement SFP in their centers in Northern Ireland with their own cultural adaptations.

**Method:** The experimental group included families from different cohorts over several years. Of the families who began SFP 12-16 (72%) graduated from all 14 sessions. Using a pre- and 4-month posttest quasi-experimental design, the measurements included the Ireland -validated version of standardized SFP survey that includes the Moos FES and Kellam POCA. The results were analyzed using SPSS with Cohen's d effect sizes calculated in addition to p-values.

**Results:** The outcome results are encouraging suggesting significant improvements in 100% or all five parenting outcomes, 100% or five of five family outcomes and 100% or all five of the youth outcomes with medium to large effect sizes. The results suggest large improvements in the parents and in the family environment and family resilience. Even by the 4 month posttest the data suggest that the children's behaviors are already showing statistically significant improvements in Overt Aggression, Covert Aggression, Depression, Concentration, and Social Skills, which is typical of SFP youth groups. Even though the level of reported behavior problems at intake was higher than the

Irish norms in the Belfast teens. Still with such high risk youth, they got wonderful results of 100% statistically significantly improved outcomes. Final effect sizes and outcomes will be reported for the presentation in September. Conclusion: The Northern Ireland sites implemented SFP 12-16 with quality as measured by site visits by program developer even with local cultural adaptation. They were successful with high family engagement and retention (72%) with large positive change scores for family relations, parenting skills and youth internalizing and externalizing risk factors. Future plans are to determine maintenance of these positive effects long-term. On the whole, results are coherent with the developed intervention model and are consistent with results of other international SFP 12-16 cultural adaptations.

#### **Poster No. 9**

**Hossam Alakhrass, Nikolaos Mastellos, John M O'Donoghue and Professor Azeem Majeed**

#### **Health-Related Twitter Messages for Diabetes Prevention in the Saudi Arabian Population**

**ABSTRACT.** Type 2 diabetes is a severe chronic metabolic disorder, and Saudi Arabia currently suffers from high rates of undiagnosed diabetes. The Saudi Arabians are also high-intensity users of social media, especially Twitter. There are limited barriers to healthcare access to government clinics in Saudi Arabia, but the population is unaware of the necessity to prevent or diagnose diabetes. The Saudi Arabian Ministry of Health has implemented the National Diabetes Prevention and Control Program (NDPCP) and the Wake Up! public education campaign as a way to promote diagnosis and early intervention in diabetes, but has not used Twitter as part of the campaign. This project aims to assess the feasibility of using Twitter to successfully promote diabetic screening among patients at risk of developing Type 2 diabetes in Saudi Arabia. The objectives of this research are to: 1) develop a targeted social media model for the Wake Up! Campaign using Twitter, 2) compare the screening rates for diabetes in Saudi Arabia before and after the Twitter campaign intervention, 3) measure users' engagement and satisfaction with the Wake Up! Twitter Campaign, and 4) explore stakeholders' engagement, experience and satisfaction with the Wake Up! Twitter Campaign. Three substudies will be conducted to assess how effective Twitter is at motivating Saudi Arabians to undergo screening for diabetes. Substudy 1 will compare rates of positive diabetes screening at two clinics in Saudi Arabia's Eastern Province; Substudy 2 will be an anonymous survey of Twitter users who engaged with the Wake Up! Twitter Campaign; and Substudy 3 will consist of interviews conducted with stakeholders to solicit feedback on the Wake Up! Twitter Campaign. The campaign will be launched in the summer of 2017, and is anticipated to run for 18 months.

#### **Poster No. 10**

**María Del Carmen Orte Socías, Lluís Ballester Brage, Margalida Vives Barceló, Rosario Pozo Gordaliza and Maria De Lluç Nevot Caldentey**

#### **Are Evidence-based Drug Prevention Programs as Effective for Girls as for Boys? The case of the Spanish Strengthening Families Program**

**ABSTRACT.** Research has shown that risk factors differ between men and women (teenagers). Family intervention programs are an effective strategy to prevent adolescent risk behaviors. This paper reviews the effectiveness of the Strengthening Families Program (SFP) intervention in Spain in terms of gender. Gender analysis of two versions of the Spanish SFP were performed (Spanish SFP 7-12 and Spanish SFP12-16). SFP 7-12 includes pretest-posttest results and after 2 years of follow-up and SFP 12-16 includes only pretest-posttest results (follow-up available next year). Sample of first study 78 adolescents aged 12-14 at the follow-up moment (43.6% women). The sample of the second study (aged 12-16) is 69 adolescents (50.7% women). The instrument is the questionnaire of the Spanish National Drug Plan (CAD, Cuestionario de Actitudes hacia las Drogas), that asks for readiness towards consumption, wrong beliefs related to risk and protective beliefs. Overall results indicate some gender differences. In the follow-up analysis of the Spanish SFP 7-12, gender differences in a long term were not found. Readiness to consumption is higher in boys (mean boys=4.35, SD=1.06; mean girls: 4.11, SD=1.61). Risk beliefs are higher in girls (mean



boys=4.00, SD=1.20; mean girls: 4.23, SD=1.37). Protective beliefs are also higher in girls (mean boys=6.13, SD=0.95; mean girls: 6.38, SD=0.58). In the Spanish SFP 12-16, readiness towards consumption (mean boys=0.70, SD=0.19; mean girls: 0.74, SD=0.52);  $t=-0.112$ ;  $p=0.911$ ) and wrong beliefs related to risk (mean boys=0.82, SD=0.96; mean girls=0.54, SD=0.70;  $t=1.382$ ;  $p=0.171$ ) obtain similar values at post-test between girls and boys. Protective beliefs obtain lower values in girls (mean boys= 4.26, SD=1.24; mean girls= 3.68, SD= 1.16;  $t=1.090$ ;  $p=0.260$ ). In conclusion, both at SFP 7-12 and 12-16, excellent results in boys and girls are obtained in the short term. In the case of the 7-12 long-term, drug curiosity is recuperated. In both age SFP versions, boys and girls obtain a good level of protective beliefs regarding drug use.

### **Poster No. 11**

**Alessandro Coppo, Fabrizio Faggiano, Lucas Donat Castello and Maurizio Bacchi**

#### **Empowering Hospital study: baseline results**

**ABSTRACT.** Background. Increasing evidences highlight the importance of offering counseling sessions and support to patients before and after the discharge in order to promote healthy behaviours. Empowering Hospital (emp-h-project.eu) is a project funded by the European Commission aimed at engaging chronic patients, their relatives and hospital staff in health promoting activities inside and outside the hospital. Aim. It will be illustrated baseline data from the two hospitals involved in the experimentation: Ospedale degli Infermi (Biella) and Hospital La Fe (Valencia). Methods. Randomized controlled trial studying two parallel conditions (counseling and health promoting opportunities vs usual care) offered to three target groups: 1) outpatients contacted during a medical examination for type II diabetes, overweight, stroke, breast, prostate and colon cancer, 2) outpatient's relatives during the same examination, 3) hospital staff during routine visits or voluntary based. Results. During the 9 months recruitment period, practitioners have enrolled 996 subjects (370 patients, 275 relatives and 351 workers). More than half of the sample is overweight or obese. Comparing the three groups, among hospital staff a lower consumption of fruit and vegetable (64,1% consumed less than 4 portions a day,  $p < .05$ ), a higher prevalence of smoking (24,8%), and a lower prevalence of physical active people (30,3%) was detected. Discussion. Preliminary results suggest to 1) concentrate efforts to invite hospital staff to be a model for patients and their relatives, and 2) produce targeted interventions for patients, relatives and hospital staff to put in force a coherent multilevel strategy to promote healthy behaviours in hospital setting.

### **Poster No. 12**

**Carmen Orte, Lluís Ballester, Miren Fernández-De-Álava, Belén Pascual, Maria Antonia Gomila, Joan Amer and Mya Abousy**

#### **Adaptation and implementation of the Universal Prevention Curriculum (UPC) in Spain: initial findings**

**ABSTRACT.** Evidence-based programs are getting increasingly important because they are subject to rigorous evaluations and produce benefits to individuals on a socially significant scale (Fixsen, Blase, Metz, & Van Dyke, 2013). The Universal Prevention Curriculum (UPC), a comprehensive training package in the field of drug use prevention, is based on evidence-based principles. The UPC was developed through the APSI. In Europe, this curriculum is going to be adapted and implemented by 11 institutions from nine countries: Belgium, Estonia, Germany, Italy, Poland, Prague, Spain, Slovenia, and Croatia.

This contribution contains the initial Spanish contribution to this project concerning the review of the existing prevention curricula in Spain and the mapping of the training needs in the target audiences and the identification of contextual elements for training design. Our contribution draws on qualitative data from three focus groups in a sample of 31 participants and on document analysis.

According to 31 participants (13 practitioners and policy makers, six university professors,

and 12 university students), there was a general consensus among all groups regarding the need to establish a profile for workers in prevention and to delineate the requirements for the field; the urgent need for more fieldwork immersion and less emphasis on theory; and the review of the existing courses in degrees (rather than the replacement or the implementation of the UPC) in order to reach the standards of prevention in the given community.

Document analysis shows that not all degrees in Spain have courses on prevention. Nevertheless, almost all Psychology degrees offer one course on intervention for addictions and one on types of intervention. Regarding postgraduate degrees, there are ten specific postgraduate degrees (i.e. prevention of drug dependency, addictions, or addictive behaviours) and three manners in which to receive instruction: in-class, blended or online. The formal recognition differs between master's degree, expert diploma, or normal diploma.

According to the abovementioned points, our conclusions are that there exists: a lack of a homogeneous curriculum; a lack of evaluation of current prevention initiatives; a need of an academic and institutional recognition; and a lack of professors with practical experiences and adequate motivation.

### **Poster No. 13**

**Agnieszka Pisarska, Jacek Moskalewicz and Katarzyna Dąbrowska**

#### **Exchanging prevention practices on polydrug use among youth in Criminal Justice Systems: Project EPPIC**

**ABSTRACT.** Background of the project Young offenders are considered one of the most vulnerable or at risk groups of developing drug addiction and they are likely to be affected by serious problems, including health and social inequalities. In spite of that, very little attention has been paid to young people in contact with the Criminal Justice System (CJS) in terms of research and drug prevention policy and practice.

Aims of the project: - to gather knowledge, exchange best practice and identify transferable innovations and principles of good practice on interventions to prevent illicit drug use, the development of polydrug use and use of new psychoactive substances (NPS) among young people in touch with CJS - to assess identified initiatives against minimum quality standards in drug demand reduction; - to examine the appropriateness of the existing standards within the criminal justice context and to develop a set of guidelines adapted to initiatives aimed at the target group - to initiate a European knowledge exchange network for practitioners and stakeholders working with young people in the CJS.

Target group: Project focuses on young people aged between 15 and 24 who have been in contact with the CJS in six European countries. Moreover, professionals dealing with prevention and drug treatment, policy makers and other stakeholders will be involved.

Project partners: Coordinator: Drug and Alcohol Research Centre, Middlesex University (UK) Change Grow Live (UK) Aarhus University (Denmark) Eclectica (Italy) European Centre for Social Welfare Policy and Research (Austria) Frankfurt University of Applied Sciences (Germany) Institute of Psychiatry and Neurology (Poland)

### **Poster No. 14**

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

#### **Participatory development of a computer-based intervention simultaneously targeting hazardous alcohol consumption and symptoms of depression**

**ABSTRACT.** Background: Within the research consortium AERIAL (Addiction: Early Recognition and Intervention Across the Lifespan; Grant No. FKZ01EE1406F) we developed a fully automatized intervention system that simultaneously targets hazardous alcohol consumption in addition to

depressive symptoms. The aim was to test the acceptability of the intervention within a pilot-study, and to refine the intervention based on the results of semi-structured in-depth interviews, for a subsequent multi-center randomized controlled trial.

**Method:** Consecutive patients of general hospitals and general medical practices were systematically screened for hazardous alcohol use and depressive symptoms on three sites across Germany. In addition, volunteers were recruited via media solicitation. The intervention consisted of six individualized counselling letters accompanied by weekly short messages delivered via SMS or e-mail. All participants were invited to a semi-structured in-depth interview (n=34; participation rate 94%; 56% female; Age: M=34.38) to evaluate intervention content and identify potential refinements.

**Results:** The intervention was rated as good or very good by 88% of the participants, 84% would recommend the intervention to others. On a 5-point-Likert-scale, both intervention modules were rated as being highly intelligible (Depression: M=4.84, SD=.09; Alcohol: M=4.91, SD=.05; p=.488). The graphical elements used in the feedback letters were pointed out as a strength of the intervention. The weekly short messages were rated as rather or absolutely encouraging by 50% of the participants but an opportunity to choose the contact modality was repeatedly wished for. Feedback suggests that short messages should preferably be delivered in the after-work hours, as it seems to heighten the chances of them being read.

**Conclusion:** The participatory approach involving the intended target population was useful to refine the intervention content and format. In terms of acceptability, the intervention system proofed to be adequate. The data justify a larger trial to test the effectiveness of the intervention.

## **Poster No. 15**

**Eline De Decker and Saidja Steenhuyzen**

### **RE-AIM to the Next Level: The extended RE-AIM framework for ensuring the quality of health promotion**

**ABSTRACT.** The RE-AIM-framework was originally developed by Glasgow and colleagues (1999) as a way to improve quality, impact and speed of health promoting projects. The framework includes five dimensions (Reach, Effectiveness, Adoption, Implementation, Maintenance) which academics, policy and decision makers as well as practitioners should keep in mind when evaluating their project. Taking into account these five dimensions, a complete range of the evaluating questions is guaranteed, hence improving the quality of the evaluation. The Flemish Institute of Healthy Living commits itself to ensure the quality of health promotion in Flanders (Dutch-speaking region of Belgium) throughout the adoption of evaluation and assessment procedures. Therefore the Institute has introduced the RE-AIM-framework successfully in its own working processes, however by integrating RE-AIM into an already existing framework, called 'The Evaluation Matrix'. This matrix combines the 'what', 'how' and 'feasibility'-aspects of an entire evaluation. In other words, the project and evaluation questions (the latter in RE-AIM framework) are combined with a description of the methodology and respondents, and an assessment of restrictive or enabling factors such as time and resources. The main benefit of The Evaluation Matrix is that it makes the planning of a successful evaluation less complicated while giving a one page overview of all relevant planning components. Today, the whole matrix, including the RE-AIM-framework, has proven useful in the evaluation of (health promoting) projects and is therefore improving the quality of health promotion in Flanders. Currently the Institute is disseminating the framework in the whole sector of health promotion in Flanders.

## **Poster No. 16**

**Nicolas Breer, Cyra Gendig, Ebagil Study Consortium and Shoma Berkemeyer**

### **The Relationship of Migration, Age, Income and Dietary Patterns with Body Mass Index in a Cross-Sectional Analysis of EBAGiL-Study**

**ABSTRACT.** Introduction: Body Mass Index (BMI) is often used as outcome measure for epidemiological and prevention studies, due to measurement convenience, ubiquity and

comparability across studies. While age, income and dietary patterns have been investigated in relation to health status, not much is known about migration. Our objective was to investigate the relationship of health status, indexed with BMI, with age, income, dietary patterns and migration. Method: All data was self-reported and was gathered online using LimeSurvey with informed consent. We used an adapted questionnaire of the Institut für Public Health und Pflegeforschung (IPP), Bremen, Germany which included using a reduced food-frequency questionnaire to elicit dietary patterns. Participants' migration status was coded 0/1. Pearson's and Spearman's correlation and regression analysis ( $p \leq 0.05$ ) was conducted using SPSS 22. Results: The 40 study participants (25 female/ 15 male, mean age  $29.95 \pm 11.74$ , range 17-58 years) had a BMI of  $22.96 (\pm 3.78)$ . Generalized linear modelling explained BMI with 84% with age and dietary patterns, latter comprising of more frequent consumption of fruit, fish, salad and whole bread ( $p \leq 0.05$ ); fruit and fish yielded robust results. Inclusion of migration variable improved the model  $r^2$  (0.84 from an initial run with 0.80), even so it was not significant. Inclusion of migration variable also rendered income non-significant. Conclusion: Our pilot study indicates that the BMI in our sample, characterized by a relatively younger group of Germans largely from Ruhrgebiet, is within the normal range. This was mainly explained by age and balanced diet, i.e. our study-specific consumption of fruit, fish, salad and whole bread. Our pilot study suggests that migration could be relevant in explaining health outcomes, since it improved model explanation and replaced income in the model. Our future studies require testing, if our presently obtained trend results on migration achieve clear significance with larger sample-sizes. A diet comprising of fruits and vegetables, good proteins and whole cereals along with age remain relevant in explaining BMI.

#### **Poster No. 17**

**Pia Kvillemo and Anna Strandberg**

#### **Organizational readiness for development of alcohol- and drug prevention work at Swedish youth health clinics**

**ABSTRACT.** Introduction: Sexual risk behaviors are common among adolescents and young adults and often occur under the influence of alcohol and sometimes drugs. Swedish youth health clinics are important units for the prevention of unplanned pregnancies and sexually transmitted diseases, but also the prevention of psychological problems in younger ages. Alcohol- and drug consumption have shown to be higher among youths visiting youth health clinics compared to peers of the same age. Since alcohol and drugs affect both sexual risk behavior and mental health, the youth health clinics are well suited for alcohol- and drug prevention work.

**Aim:** To investigate the organizational readiness for development of a systematic alcohol- and drug prevention work at youth health clinics in Stockholm county.

**Method:** Face-to-face interviews were conducted with midwives and social workers ( $n=22$ ) at 11 clinics in Stockholm county, using a semi-structured guide with open-ended questions. The interview guide reflected issues connected to organizational readiness. The interviews were transcribed verbatim and qualitative content analysis was used to analyze the data.

**Results:** Motivation and General capacity were identified as two main categories in the interview material along with five subcategories. The interviewed were to a large extent aware of the connection between alcohol and sexual risk behavior and the subject was often brought up in the conversations with the youths at the clinics. However, the staff sometimes felt that they did not have sufficient knowledge to give proper guidance and support to youths with a high risk drinking behavior. The interviewed expressed interest in developing their knowledge and activities regarding alcohol- and drug prevention work, but meant that shortage of time and resources could be an obstacle for this.

**Conclusion:** There are several factors contributing to the organizational readiness to implement a more systematic alcohol- and drug prevention work at youth health clinics in Stockholm. Less time- and resource consuming support and tools for this purpose are recommended for a successful implementation.



## Poster No. 18

**Cátia Magalhães, Karol Kumpfer and Mira Parker**

### **Effects of facilitator Characteristics on family evidence-based intervention**

**ABSTRACT.** In prevention implementer's characteristics are rarely studied related to outcomes, but to maximize the impact of prevention programs, we need to understand what moderating factors could be influencing intervention outcomes. Many factors can influence the implementation process of programs, and one important moderating variable affecting outcomes are the characteristics of the facilitators. We stress some aspects that are important, such as facilitator's specific traits, program characteristics in order to understand the facilitators' role and facilitator training in order to improve program effectiveness.

The research aim was to determine the impact of the client's ratings of satisfaction with the implementer's characteristics related to outcomes of an evidence-based family intervention – the Strengthening Families Program 6-11 Years (SFP).

The data analysed in this study include data from 66 parents who completed the Strengthening Families Program (SFP) at 10 national agencies. The 3-page SFP Parent Retrospective Pre- and Post-test contains 18 standardized scales and three mean cluster scales of the five Parenting Scales, five Family Scales, and seven Child Scales for a total of 21 measured outcomes and the 2-page Client Satisfaction survey included open-ended and scaled questions about their satisfaction with course and structured ratings on a 5-point Likert scale on 16 personal characteristics of the four facilitators used to implement each SFP session. The Post-hoc Statistical Design created post-hoc comparison groups after pre- and post-tests are collected by comparing the change scores for the higher satisfaction group to the lower satisfaction group.

Correlational analyses found a significant relationship of program satisfaction with higher facilitator ratings. While no significant ANOVA interaction effect was found for higher facilitator ratings and outcomes, there were twice as many significant outcomes for the high satisfaction group and larger effect sizes on eight of the 18 outcomes. There is a significant relationship between the client's satisfaction with the facilitator and their satisfaction with the program. It means the facilitator who has those characteristics described in the 16 factors (e.g., warmth, empathy, friendliness, etc.) tends to make the clients more satisfied with the program. This is not a "cause and effect" relationship.

## Poster No. 19

**Eric Canen, Nanette Nelson and Rodney Wambeam**

### **How much is an ounce of prevention actually worth?: Measuring the cost savings from a comprehensive system of evidence-based strategies to prevent underage drinking**

**ABSTRACT.** The cliché that an ounce of prevention is worth a pound of cure is often cited as a reason that prevention should be prioritized; however, in practice the actual value of prevention is hard to quantify. In Wyoming, a state in the United States of America, researchers provide an estimate of the cost savings associated with substance abuse prevention. Specifically, from 1991 to 2001, Wyoming had few evidence-based substance abuse prevention efforts in place, and youth alcohol use remained relatively unchanged. In 2001, Wyoming received funding to implement evidence-based prevention strategies in most of the state's communities; subsequently youth alcohol use declined by about 2 percentage points per year. In an economic study, researchers at the University of Wyoming conservatively estimated that alcohol abuse and misuse costs the state \$122,015,701 in 2014. The current study combines the decreases in the prevalence of youth alcohol use with previously estimated costs from alcohol use and dependence in Wyoming to estimate the cost savings associated with the implementation of evidence-based prevention. In the end, using well established economic models, this study will provide a reasonable answer about how much effective alcohol prevention can save a cohort of individuals in the State of Wyoming, and give clues as to what kinds of cost savings are possible for the larger population.

## Poster No. 20

Alexandra Morales, Mireia Orgilés, José P. Espada, María T. González and Iván Fernández-Martínez

### Efficacy of a sexual education curriculum in adolescents with divorced parents: A preliminary study in Spain

**ABSTRACT.** There is evidence of the relationship between being exposure to the negative consequences of parents' divorce and a large number of problematic behaviors in adolescents, including risky sexual behaviors, such as unprotected sex and multiple partners. Competencies for adolescents with a healthy sexuality (COMPAS, for its acronym in Spanish) is a school-based sexual risk reduction intervention for sexually transmitted infections and unplanned pregnancies prevention that has proven effective in promoting sexual health in adolescents at schools in Spain. However, more evidence is needed on this intervention's effect in specific populations with high-sexual risk, including adolescents with divorced parents. The objective of the current study was to evaluate the efficacy of COMPAS in a sample of adolescents with divorced parents in Spain. This pretest-posttest study involved 76 adolescents recruited from 15 high schools located at four Autonomous regions in Spain. Mean age was 15.81 (SD = .69; range: 14-18 years). Of them, 53 received the intervention and the rest were part of a wait-list control group. In the posttest, adolescents who received the intervention had a higher level of knowledge about sexual health ( $p = .0001$ ,  $r = .46$ ) and showed more favorable attitudes toward HIV-related aspects (including condom use when obstacles exist) ( $p = .03$ ,  $r = .23$ ), compared to the control group. Despite of the small sample size, COMPAS seems to be a promising intervention to promote sexual health in adolescents with high-risk sexual behaviors. This is the first controlled study conducted in Spain that provides evidence of the COMPAS' effects to promote a healthy sexuality in a specific group of adolescents with high sexual risk. Future studies must analyze long-term effects of COMPAS in this population.

## Poster No. 21

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

### Interventions to Reduce Risk for Sexually Transmitted Infections in Adolescents: A Meta-Analysis of Trials, 2008-2016

**ABSTRACT.** Numerous studies have evaluated the efficacy of interventions to reduce risk for sexually transmitted infections in adolescents in the last years; however, their global effects remain unknown since 2008, which is the last year included in meta-analyses with similar purposes (Johnson et al. 2011). This study aims at evaluating the efficacy of interventions to promote sexual health, reduce STIs and unplanned pregnancies targeted to adolescents available after 2008; and analyzing the moderators of their global efficacy. We searched electronic databases and prestigious journals related to prevention of STIs up to May 2016. The studies evaluated the efficacy of interventions to reduce sexual risk in adolescents (age range: 11-19) anywhere in the world. Standardized mean differences of the relevant outcomes for sexual risk and effect size were calculated for every study. Analyses incorporated random-effect assumptions for each outcome, using restricted maximum-likelihood estimators. The homogeneity in the results was examined with I<sup>2</sup> statistic and its associated 95% confident interval. Data from 63 studies (59,795 participants) was analyzed by differentiating their impact on short- and long-term behavioral and non-behavioral outcomes. In the short term, interventions had a positive impact in sexual health-related knowledge ( $d=1.08$ ), attitudes ( $d= .71$ ), self-efficacy toward condom use ( $d=.40$ ), communication about sex with the sexual partner ( $d=.67$ ), behavioral intention ( $d=.49$ ), and condom use ( $d=.57$ ). No impact was found for subjective norms. In the long-term, interventions significantly improved attitudes ( $d =.71$ ), behavioral intention ( $d=.26$ ), and condom use ( $d=.61$ ). The moderators of the efficacy are discussed. Interventions to reduce risk for sexually transmitted infections are effective to promote sexual health through increasing condom use. Meta-analytic findings indicate that interventions are successful to improve non-behavioral outcomes and condom use in the short- and long-term. Interventions should focus on the long-term efficacy, especially in behavioral and biological measures.

## Poster No. 22

**Flora Lorenzo, Lorena Alves, Aline Aveiro, Aline Godoy, Darlene Cardoso, Regina Tibúrcio, Tauane Gehm and Débora Pereira**

### **From good behavior game to the elos program: Transcultural adaptation of a child prevention program**

**ABSTRACT.** Due to low dissemination of effective Brazilian practices in prevention of harmful use of alcohol and other drugs, since 2013 the General Coordination of Mental Health, Alcohol and Other Drugs, Ministry of Health, develops and offers Elos Program, based on Good Behavior Game, from a partnership with the American Institutes for Research (AIR) and United Nations Office on Drugs and Crime. Scale it up as a public policy requires strategies that ensure adherence to core elements, which subsidizes the effectiveness of GBG in reducing 2.7 times or risk of harmful use of substances. A dissemination of the Elos Program to 6.236 students from 1st to 5th grades in 2016 in eight cities was carried out by (a) theoretical and practical enhancement of teacher's training and support including: organization of Implementation Guide in 18 steps, additional experiences and texts about the four core elements and social determinants of health; and (b) provision of training of 107 coaches from local health and education services based on concepts of Permanent Education. It was offered a Coaches Guide, continuous training consisting of seven modules with monthly intervals, totalizing 32 hours, and biweekly distance guidance. To promote fidelity it was offered an instruments guide composed by fidelity and observation checklists inspired on AIR original versions. After this implementation model, 90% of pedagogical coordinators and 61% of health professionals of the territories considered Elos Program relevant; 84% of pedagogical coordinators and 73.5% of health professionals perceived the high commitment of educators; 74% of pedagogical coordinators reported an increase in the motivation of educators in relation to their pedagogical practice; in addition, indicated feasibility. The monitoring data indicates high acceptance and adequacy of the diffusion model in local work routines throughout the territory and improvements in pedagogical practices of educators, which can be considered protection factors that favor the development of an nurturing environment in school institutions. It is necessary to improve, however, the use of fidelity tools by local professionals and the recording information on monitoring systems, essential strategies to guarantee the quality of actions implemented on a large scale.

## Poster No. 23

**Sheila G. Murta, Thauana N. G. Tavares, Camila S. Pereira-Guizzo and Hein De Vries**

### **Determinants of Dating Violence among Brazilian Young People: an Application of I-Change Model**

**ABSTRACT.** Despite significant advances in knowledge about adult intimate partner violence in Brazil, there has been less attention paid to dating violence in youth. There remain notable gaps in the research literature about dynamics of the violent dating relationships, the beliefs that sustain the practice or tolerance of such violence, the management conflicts skills and its consequences. This study examined the psychosocial determinants of dating violent in order to support the further development of a preventive intervention for Brazilian adolescents. Using a qualitative design and grounded in the Integrated Change Model, we interviewed young people with experience of dating violence (N=10) and conducted seven focus groups with young people without such experience (N=28). Deductive thematic analysis was used to analyze the data. Findings were organized into the following thematic areas: knowledge, social norms, social support, models, attitudes, self-efficacy, action planning, violent conflict characteristics and suggestions for preventive initiatives. Results showed a lack on knowledge regarding manifestations of dating violence and positive dimensions of intimate relationships. Dating violence was reported as acceptable in specific situations related to the female behavior and gender stereotypes. Although predominated the reports of expectancy of social support against the violence in intimate relationships, the participants also mentioned economic dependency and pregnancy as situations in which family members or friends could be passive bystanders and accept the violence relationship. They described several ineffective strategies to cope with violent dating conflict: resignation, threatening, blaming, emotions

dysregulation, withdrawal and repair attempt. They consider preventive initiatives should address gender stereotypes and promote respect toward the partner individuality. Implications for the development of culturally appropriate dating violence prevention interventions for young people in Brazil are discussed.

#### **Poster No. 24**

**Andrea Leite Ribeiro Valerio and Wanderson Flor Do Nascimento**

##### **Bioethical Analysis Of The Profiles Of Users Of Crack And Similar Drugs In Brazil**

**ABSTRACT.** We present a critical analysis, from the perspective of “Intervention Bioethics” in Latin America, using bibliographic and documentary studies about the profile of crack users in Brazil from the National Survey on the use of Crack, carried out by the Oswaldo Cruz Foundation (Fiocruz). This profile is characterized by a predominance of men (78.68%), blacks (non-white - 79.15%), singles (60.64%), low level of schooling (only 16.49% completed secondary school) and precarious income (65% work sporadically or are self-employed). The average age is 30 years, with average time of crack use (or of similar drugs) of 91.32 months. 47% of crack users (or of similar) in the Brazilian capitals are homeless. Intervention Bioethics, the epistemological focus of this analysis, proposes a theory framework that recognises the political and ideological singularities of the region, and proposes to seek positions in favour of the most socially more vulnerable population groups, in order to better understand the phenomena and develop appropriate responses. Issues related to drug addiction are surrounded by morality and anti-ethical actions. Compulsory hospitalization and lack of objective criteria for prison (Increasing the incarceration of users and not of drug dealer), Which affects the same population group as the Fiocruz (2014), are examples of such actions that increase vulnerabilities. If society, health system professionals and government understood bioethically that social markers increases the vulnerability of drug users and the need to intervene in a non-hygienic manner, there would be responsiveness of the health system, reduction of inequities and possibility of promoting social justice. These social markers that characterise the profile of a population group that is socially vulnerable demand that the government seeks ethical ways to deal with the problem. In Brazil, there is few studies between Bioethics and the issue of drugs.

#### **Poster No. 25**

**Ligia Teixeira**

##### **Ending homelessness faster by focusing on what works**

**ABSTRACT.** The UK has long been admired for the housing rights it gives people. By international standards our response to homelessness - whether in England, Northern Ireland, Scotland or Wales - is very progressive. Scotland in particular is unique in that virtually every homeless person has a legal right to permanent housing. And over recent years in all UK nations there's been a growing awareness that the ideal solution would be to prevent people from losing their homes in the first place. Also, thanks to the extraordinary work of so many third sector organisations, researchers, commissioners and others, we now have a better understanding of the root causes of homelessness than ever before.

But despite all this great work and significant investment in solving homelessness over the years, too many people remain without a home. They are not just sleeping rough on our streets, but also living in overcrowded housing, hostels and other temporary accommodation. This is happening despite a one billion pound a year infrastructure designed to deal with this problem. It's no surprise that there is public scepticism about our ability to end or even significantly reduce homelessness.

So what's to be done?

In this talk I would speak about 5 little talked about issues that are contributing to this that need addressing to end homelessness faster, and to build on our international reputation for preventing and tackling homelessness.

My overriding point is that traditional approaches - as vital as they are - are likely to fail on their own. Making policy and funding decisions based on the best possible evidence would help restore confidence and save precious resources. It would also help ensure our values aren't only articulated in our efforts and intentions but in our outcomes.

In fields like international development, early years, or education we've improved our understanding of what works by applying scientific methods and a culture shift towards evidence-based practices. In order to accelerate progress towards a future without homelessness we must do the same.

## **Poster No. 26**

**Sandra Valantiejiene**

### **The transformations of definition of the preventive activities: the experience of the education system of the Republic of Lithuania**

**ABSTRACT.** Over the past twenty years, as the Republic of Lithuania was transforming itself economically and politically and integrating into the EU after the restoration of independence in 1990's, a lot of attention has been paid to the organization of preventative activities in general education schools of Lithuania. The beginning of systematic preventive activities in the schools of Lithuania can be traced back to 1999 when the Government of the Republic of Lithuania approved the National Program on Drug Control and Drug Addiction for the yrs. 1999-2003. On the basis of this programme, various state policy measures for organizing preventive activities in general education schools have been initiated at the national level: various committees and commissions for the organization of preventive activities have been set up in municipalities and schools, first methodological publications have been published as well as the first Lithuanian methodological instrument for the implementation of such activities has been prepared, the qualifications of teachers were improved in the training events. However, since these first steps the practice of planning and implementing preventive activities has changed more than once. Prior to 2000's, the first decade of implementation of prevention activities focused on supporting preventive projects of schools which were aimed at the positive engagement of pupils in various activities, the development of social skills in order to increase their knowledge and to form some appropriate provisions on the potential harm of risky behaviour. Since 2008, the number of different preventive programs in general education schools of Lithuania has even widened. In 2011 the assessment and accreditation of preventive programs began to ensure that schools are implementing high-quality and effective preventive programs which are in line with the goals set for the general education. In this regard, based on discursive analysis, the author aims to present Lithuania's experience in identifying the criteria for the effectiveness of preventive programs in general education schools, which could also be considered as important to other EU Member States and international audience.



## 14:30-16:00: Parallel Sessions 1

### 1.1 Understanding intervention theory and outcomes (BMGF)

**Hanna Heikkila, Giovanna Campello, Wadih Maalouf, Elena Gomes de Matos and Ludwig Kraus**

#### **SECOND EDITION OF THE INTERNATIONAL STANDARDS ON SUBSTANCE USE PREVENTION – SYSTEMATIC REVIEW TO INFORM THE DEVELOPMENT OF THE UPDATED EDITION**

**SPEAKER: Giovanna Campello**

**ABSTRACT.** In 2013, UNODC launched the International Standards on Drug Use Prevention. These Standards summarize the globally available scientific evidence, describing interventions and policies found to be effective in preventing substance abuse, outlining their rationale and characteristics. Concurrently, they offer guidance on the features of effective national drug prevention systems.

The Standards aim foremost to assist decision makers worldwide to develop effective prevention programmes, policies and systems. They are also the key reference document guiding the UNODC prevention programming globally. To disseminate the standards, UNODC has entered into a dialogue with policy makers in over 75 countries on how to use the Standards to improve drug prevention at the national level via training seminars. Positive impact of this work on participants' perceptions and attitudes has been documented. The value of the Standards has been appreciated also by other stakeholders, most importantly by UNODC Member States who have endorsed them in numerous official documents guiding the international action to address substance use.

The Standards were created based on a review, on literature published prior to 2013. At that time, the identified good quality literature originated almost entirely from western high income countries. Furthermore, the evidence was scarce with regard many areas of prevention that have evolved since, such as online programs or programs targeting older adolescent or vulnerable populations.

UNODC is now in process to update the Standards to take stock on the advances made in the prevention research, to offer guidance that reflects the most up to date understanding of what constitutes effective prevention. To inform this update, a systematic review of reviews is being undertaken. To complement it, a review of primary studies will be used for capturing the research on the emerging areas of prevention, not yet accumulated enough to register at the level of reviews.

The methodology of the review will be presented, providing some preliminary findings and observations on the lessons learned so far. Furthermore, the plans for disseminating the Standards, and the potential ways of using them as a vehicle for supporting better quality and coverage of prevention worldwide, are discussed.

**Ludwig Grillich**

#### **FOR HIGH QUALITY EVIDENCE BASED INTERVENTIONS WE NEED TO INTEGRATE NON-ACADEMIC PRACTITIONERS IN IDENTIFYING CORE COMPONENTS OF PROGRAM THEORY: BUT HOW TO DO IT SYSTEMATICALLY?**

**SPEAKER: Ludwig Grillich**

**ABSTRACT.** Background: According to the standards of evidence for efficacy, effectiveness, and scale-up research in prevention science (Gottfredson et al., 2015) a clear theory of causal mechanism should be stated and core components of the intervention and the theory relating these components to the outcomes must be identified and described. However, the specific methodological processes for elucidating programme theory are rarely explicitly reported (van Urk, Grant, & Bonell, 2016). Objective: The current study aimed to apply a user-focused, participative and systematic approach to explicate a program theory for a workplace health promotion program for medium-sized enterprises. Methods: We integrated interdisciplinary focus groups to grasp the experience of non-academic practitioners and the needs and values of the funder and used the Swiss Model for Outcome Classification in Health Promotion and Prevention (SMOC) (Spencer

et al., 2008) to provide a graphic depiction of the relationship between the main strategies of the program and associated goals, objectives, population(s) of interest, indicators and resources. Results: We successfully developed a program theory based on the participative user-focused and systematic approach. The graphic depiction of the SMOC enabled the practitioners and funder to fully understand the program theory and to identify four core components of the program. This led to an expansion of the program prior to implementation and formative evaluation. The program was implemented between 2014 and 2017 in five medium-sized enterprises companies in lower Austria. The program theory especially the core components guided the implementation, the design of the formative evaluation and the reporting of the formative evaluation. Conclusion: Interdisciplinary focus groups with non-academic practitioners are an appropriate method to integrate available experience of non-academic practitioner in developing an explicit program theory. The SMOC is a useful instrument for structuring the process and identifying core components. Integrating non-academic practitioners in this process strengthens the implementation fidelity as a requirement for effectiveness.

**Nick Axford, Keira Lowther, Ruth Rothman and Bethany Cuffe-Fuller**

### **APPLYING 'DARK LOGIC' IN PRACTICE: A CASE STUDY OF ADAPTING AN EVIDENCE-BASED PROGRAMME**

**SPEAKER: Nick Axford**

**ABSTRACT.** In 2015, 'Dark logic: theorising the harmful consequences of public health interventions' (Bonell et al., 2014) won the EUSPR 'best paper' award. It argued that intervention design should seek to anticipate the unintended adverse effects of interventions, understand the mechanisms through which they might occur and aim to avert them. It suggested that one method for doing this is to consult relevant stakeholders.

This paper describes how dark logic was incorporated into a service design process involving Family Nurse Partnership, an evidence-based programme for young mothers. A major RCT in the UK published in 2015 found no impact of FNP on primary outcomes but some encouraging findings for a subset of secondary outcomes. The FNP National Unit and Dartington Social Research Unit have sought to respond constructively to these findings by adapting the programme and testing the emerging adaptations.

Eight FNP sites are aiming to improve clinical outcomes by changing programme material and delivery approaches in the areas (respectively) of attachment, breastfeeding, intimate partner violence, maternal mental health, neglect and smoking cessation. Adaptations have been co-produced by nurses, commissioners, subject experts and, to a lesser extent, clients. As such, the method seeks to incorporate user experience, practice knowledge and insights from child development science and evidence on 'what works'.

In addition to developing logic models for clinical adaptations, co-production teams in each site have been encouraged to articulate the dark logic of their respective adaptation, rate the likelihood of each unintended harmful consequence and identify suitable mitigating actions. This paper outlines the method used for developing dark logic models and identifies the overarching categories that together capture the theorised unintended harmful consequences from all eight sites. It also describes the most common mitigating actions and reflects on the relative success of the method and how it could be improved.

**Jonathan Pettigrew, Jeremy Segrott, Colter Ray and Hannah Littlecott**

**CENTRALIZING THE MESOSYSTEM FOR INTERVENTION MESSAGE EFFECTIVENESS:  
INTRODUCING A SOCIAL INTERFACE MODEL**

**SPEAKER: Jeremy Segrott**

**ABSTRACT.** Prevention interventions aimed at behavior change include messages that call for individuals to enact some form of behavior or practice. The extent to and ways in which individuals enact these forms of practice depend on a complex interplay among aspects of the intervention message, the individual, the specific setting of the intervention, and the broader set of contexts with which the individual interacts. Extant theory and research have offered useful models for intervention development and implementation, so an emerging area for inquiry is to examine what happens to intervention messages after they are delivered. There is a need to theorize what happens as participants bring intervention ideas and behaviors into other life-contexts, and theory has not yet specified how social interactions about interventions may influence outcomes. To address this gap, we have used an ecological perspective to develop a new model: the Social Interface Model. This paper presents the key components of the model and its potential to aid the design and implementation of prevention interventions. The model is predicated on the idea that intervention message effectiveness depends not only on message aspects but also on the participants' adoption and adaptation of the message vis-à-vis their social ecology. Accordingly, the model depicts processes that take place as participants traverse into microsystems and mesosystems beyond the context of the original health intervention.

Intervention effects based on the social interface model come about as intervention messages are received and enacted by participants through social processes occurring within and between relevant microsystems. Mesosystem interfaces (negligible interface, transference, co-dependence, and interdependence) can facilitate or detract from intervention effects. To the extent that intervention developers consider the potential social interfaces through which intervention messages will traverse, the quality of interventions being developed should also increase. This model stimulates thinking about how interventions messages might make explicit the previously invisible logic models that connect across existing microsystems. The social interface model advances prevention science by theorizing that practitioners can create better quality interventions by planning for the mesosystem-level interactions between microsystems, which in turn can increase intervention effectiveness.

**Maria Rosaria Galanti and Maria Nilsson**

**ASSESSMENT AND REPORTING OF ADVERSE EVENTS IN TRIALS OF COMPLEX PREVENTIVE  
INTERVENTIONS: TIME FOR GUIDELINES?**

**SPEAKER: Maria Rosaria Galanti**

**ABSTRACT.** Background: Identification and reporting of adverse events in trials involving pharmacologic treatments or vaccines have a self-clear place in study protocols. This is not the case in trials evaluating complex preventive interventions, the core of which is often techniques of behavioral modification. In fact, it is commonplace to consider these interventions as typically safe, inasmuch they do not rely on physically invasive procedures. Yet, iatrogenic effects have been presented in some studies evaluating preventive interventions. Unlike pharmacologic treatments preventive intervention may cause harm by either: a. achieving effects on the target behaviors that are opposite to the desired one(s); b. achieving undesirable effects outside the target behaviors. Methods: Using the case of a newly designed cluster randomized trial for the evaluation of a complex school based interventions for smoking prevention in adolescence we discuss the development of a common frame for: a. Terminology in use when defining adverse events (AE) b. Classification of the most common AE c. Systematic projecting the occurrence of AE d. Systematic assessment of AE e. Systematic reporting of AE Significance: The use of clear frames to detect and report adverse effects of preventive interventions during experimental studies is needed in order to achieve a complete understanding of the potential total impact of the intervention on the target



population. Also, quantification of occurrence and severity of adverse effects should be incorporated in cost-effectiveness analyses as well as in decision-making in the dissemination stage.

## 1.2 Prevention with higher risk groups – GÖG UG 1+2

**Ana Bertão, Vitor Franco, Ruth Sampaio and Joana Ferreira**

### **THE PSYCHOSOCIAL REHABILITATION OF THE PERSON WITH MENTAL ILLNESS: PREVENTIVE ASPECTS IN THE MAINSTAY OF THE QUATERNARY PREVENTION**

**SPEAKER: Ruth Sampaio**

**ABSTRACT.** The new paradigm of rehabilitation of the person with mental illness requires that it innovates in the treatment, abandoning the traditional clinical interventions. The focus is now the person with mental illness in their life contexts (school, work, community) and involves working with families and the community in general. The vision of community psychiatry and community mental health requires more holistic practices and the intervention of different professionals who will work in teams with health professionals. The deinstitutionalisation policies of the mentally ill person come to the fore in these interventions in the community that aim to encourage and optimize the inclusion of the person with mental illness as well as intervention in the local structures themselves to develop more inclusive practices. In this communication we will present an participatory research-action project developed in the community, with two people with chronic mental illness. This project “Rehabilitate in Mental Health: An integrated, integral and participated approach” was born in a mental health department in a general hospital, but quickly crossed institutional boundaries to reach people in their environments. Together with them, based on a relationship of empathy and trust between professionals and people with mental illness, was developed a regular, systematic and proximal psychosocial intervention. This project shows that an intervention model of this type prevents social exclusion and discrimination, promotes the reduction of stigma and, above all, avoids hospital hegemonization, the medical model and the disease over people as full citizens (quaternary prevention).

**Irma Kovčo Vukadin, Valentina Kranželić, Helena Križan and Martina Ferić**

### **ETHICAL CHALLENGES IN STUDYING FAMILIES AT RISK - EXPERIENCES FROM THE PILOT STUDY OF THE FAMRESPLAN RESEARCH PROJECT**

**SPEAKER: Helena Križan**

**ABSTRACT.** Ethical issues in family studies are always a challenge for researchers, no matter what methods are planned to be used in the research design. Plenty of ethical questions and possible answers will be presented in this presentation on the example of a pilot study of the research project „Specific Characteristics of Families at Risk: Contribution to Complex Interventions Planning“(FamResPlan). The aim of the project is to gain insight and new knowledge about families at-risk, specifically within the frame of the following concepts: resilience, readiness for change and quality of life. Ahead of the pilot-study, in the study planning phase, the research team considered and discussed the ethical challenges in the study and defined an ethical standard which will be followed by researchers through the pilot-study with a special emphasis on the ethical challenges for which no clear answers exist (e.g. compensation for participation in the study, providing adequate information about research to participants, gaining the informed consent in an adequate way, etc.). In order to assure a high ethical standard, all members of the research team agreed on the decided ethical principles and established an Ethical Committee comprised of internal and external experts who will provide guidance and support in the case of unexpected or expected but sensitive ethical issues, as they occur. Experiences gained through the pilot study were useful in the modification of the previously established Code of Ethics and provided helpful insights in a variety of ethical challenges. These insights were used to find new solutions that ensure a high ethical standard in the main study that is currently being carried out. The basic belief about ethics as a process and not a simple “question and answer” phenomenon is widely implemented and accepted

in the FamResPlan study by the research team and as such will be discussed in the presentation with a variety of examples on how the ethical issues in the field were addressed.

**Brenda A Miller, Beth Bourdeau, Hilary Byrnes, Mark Johnson, Dave Buller, Veronica Rogers and Joel Grube**

### **CLUB PATRON INTERVENTION TO ADDRESS DRINKING AND AGGRESSION: USING THE SOCIAL GROUP TO PROMOTE SAFETY**

**SPEAKER: Brenda A Miller**

**ABSTRACT.** Research suggests that peer groups can be an important source of escalating or de-escalating high risk behaviors, such as drinking and aggression, within the group. Our prior work indicates that most club patrons arrive at nightclubs nested within a social group. Consistent with social cognitive theory, our research indicates that there is a “group effect” above and beyond the individual’s characteristics and the individual’s history of risky decision-making. Among groups leaving clubs, approximately half have one or members who are intoxicated (59.5%), using drugs (44.7%) and/or experiencing aggression (49.1%) at the club during the evening. To address these health risk outcomes, a group-based, interactive, brief intervention was designed to be delivered to the group as they entered the club. This intervention emphasizes recognition of early indicators of problems and employs strategies to encourage peer responsibility and action. The intervention was displayed on a tablet and group members were given skills to take actions based upon the 3 O’s (i.e., Outreach, Options, Out). Using a random control design, the experimental groups were asked to commit to these actions if they identified high risk situations for their friends. This presentation describes the intervention and the research methods for assessing the efficacy of the intervention. Based upon the data from the first 159 social drinking groups (411 patrons), results indicate that the experimental groups were more likely to intercede with friends. Results suggest that the intervention could raise awareness and decrease these outcomes at nightclubs. Further, the intervention encourages peer-to-peer actions for maintaining safety in nightlife settings that attract young working adults.

**Elizabeth Mattfeld**

### **IMPLEMENTING SERVICES FOR VULNERABLE YOUTH IN AFGHANISTAN: INTEGRATING INDICATED SUBSTANCE USE PREVENTION AND TREATMENT**

**SPEAKER: Elizabeth Mattfeld**

**ABSTRACT.** This presentation will provide an overview of the implementation of psychosocial protocols for children and adolescents in Afghanistan who were identified as at risk for substance use or actively using psychoactive substances. For a number of years, the international community has been asking for prevention interventions that have a basis in evidence and can be adapted for implementation in different settings, cultures and socio-economic communities. The presenters will describe the indicated prevention intervention development and implementation in five provinces of Afghanistan. And, will share the evaluation results recently published in the International Journal of Pediatrics, 2017, entitled Implementation and Evaluation of an Intervention for Children in Afghanistan at Risk for Substance Use or Actively Using Psychoactive Substances. With more than thirty years of conflict and approximately one million persons reportedly dependent on psychoactive substances, Afghanistan is anxious to break the cycle of drug use and strengthen the opportunities for children and adolescents to learn and grow through participation in the education system and engagement with families, thus creating a brighter future for the country. The presentation will be co-led by UNODC staff involved in the initial development and implementation of the work in Afghanistan. Elizabeth Mattfeld, UNODC Global Coordinator will present the process of development and the theoretical underpinnings of the designed psychosocial protocols. And, Dr. Abdul Subor Momand, UNODC National Training Coordinator in Afghanistan, and author of the research article will present some of the challenges of implementing the program in Afghanistan and share the conclusions from the evaluation of the program. Discussion following the presentations will be welcomed and encouraged.

**Vivienne Evans and Oliver Standing**

## **MEDICATIONS IN DRUG TREATMENT; PREVENTING THE RISKS TO CHILDREN**

**SPEAKER: Vivienne Evans**

**ABSTRACT.** The impact of parental substance use on children and how to prevent or minimise this impact has been a developing theme in policy and practice since the publication of Hidden Harm (Advisory Council on the Misuse of Drugs, 2003). It has been reported, (NTA, 2009), that 120,000 children live with a parent currently engaged in drug treatment. It is also known that 60,596 adults in treatment in England in 2011/12 had parental responsibility, an opiate problem and were receiving a prescribing intervention. Establishing the true scale of the problem is difficult due to a lack of reliable data and an absence of awareness among practitioners of the dangers of OST to children. Adfam's review (2014) assessed how dangers to children could be prevented during the provision of Opioid Substitution Treatment (OST) to their parents/care givers. The research included: a literature review, an analysis of media coverage of cases where children ingested OST drugs, an examination of Serious Case Reviews (SCRs) involving the injection of OST drugs by children during the period 2003-13 and interviews with practitioners and experts on the key issues for practice. The research concluded that: OST medicines appear to present risks to children that other drugs do not; learning from SCRs at local level were not being shared, and practitioners and service users were not sufficiently aware of the dangers OST can present to children when not managed correctly. Recommendations for prevention policy and practice include: the need to share learning from SCRs on a national basis; the need to collect data centrally on the number of parents prescribed different OST drugs and on which supervision regimes; that local authorities should ensure representation from drug treatment agencies on Local Safeguarding Boards; that guidance on the implementation of NICE Technology Appraisal 114 must re-emphasise safeguarding children as a primary factor in making and reviewing decisions about OST, including which drug to prescribe and whether to permit take home doses, and that safe storage boxes should be provided to all clients in receipt of OST.

### **1.3 Improving young people's health – GÖG UG 3+4**

**Stephen Kulis, Flavio Marsiglia, Bertha Nuño-Gutierrez, M. Dolores Corona and M. Elena Medina-Mora**

## **CHANGING TRADITIONAL GENDER ROLES AND THE NARROWING GENDER GAP IN SUBSTANCE USE AMONG EARLY ADOLESCENTS IN MEXICO'S LARGEST CITIES: IMPLICATIONS FOR PREVENTION**

**SPEAKER: Stephen Kulis**

**ABSTRACT.** Purpose: Gender gaps in alcohol, tobacco and other drug use are narrowing rapidly in Mexico, largely due to sharp increases by younger women. A common explanation is that traditional gender roles (TGRs) regulating substance use are changing. TGRs in Mexico are associated with the cultural ideal of machismo for males and marianismo for females, which encourage male substance use but discourage it among females. This study investigated how TGRs explained gender differences in substance use among early adolescents in Mexico.

**Methods:** Survey data come from 7th grade students (n=4,937) in Mexico City, Monterrey, and Guadalajara, Mexico's largest economic hubs. Outcomes included alcohol, binge drinking, cigarette, marijuana, and polysubstance use; substance use intentions, norms, and attitudes; substance use exposure (peer use, offers) and resistance (refusal skills). A 5-item TGRs scale assessed endorsement of a polarized gender division of family labor and power. Analyses utilized OLS regression models with gender interactions to test if TGRs predicted substance use outcomes in different ways for males and females.

**Results:** As expected, TGRs predicted poorer outcomes among males consistently. Contrary to expectations, TGRs did not predict any desirable outcome among females. TGRs predicted poorer outcomes for both females and males—and to equivalent degrees—for binge drinking, cigarette use,

and substance use expectancies, and they predicted poorer drug resistance skills among females but not among males.

Discussion and Implications: Traditional gender roles continue to increase vulnerability for males, while no longer protecting women. Interpretations highlight persisting TGRs in the family realm and conflicting gender role messages for females in Mexico. Implications for substance abuse prevention include the need to design interventions that recognize culturally-based differences between men and women in substance use attitudes and exposure, provide decision-making alternatives to those emphasized in some traditional roles, and help youth navigate conflicting gendered behavioral expectations.

**Mariliis Tael-Oeren, Felix Naughton and Stephen Sutton**

#### **TARGETING PARENTS' ATTITUDES TO PREVENT AND REDUCE ADOLESCENTS' ALCOHOL USE: PILOTING THE EFFEKT PROGRAMME IN ESTONIA**

**SPEAKER: Mariliis Tael-Oeren**

**ABSTRACT.** Background and aim: In 2012–2015 National Institute for Health Development piloted parent-oriented alcohol prevention programme “Effekt” (formerly known as Örebro Prevention Programme) in Estonia. The main objective of the programme was to delay and reduce adolescents’ alcohol consumption by maintaining parents’ restrictive attitudes towards children’s alcohol use over time.

**Methods:** To evaluate the effectiveness of the programme, a cluster randomised controlled trial was conducted in 66 schools (34 intervention schools, 32 control schools – 985 adolescents and 790 parents in baseline). Adolescents and their parents filled self-administered questionnaires three times during the programme – baseline (5th grade), 18 months (6th grade) and 30 months follow-up (7th grade). Multilevel modelling was used to account for school-level clustering when estimating how intervention condition predicted adolescents’ alcohol use (initiation, use in the past year, lifetime drunkenness) and parents’ attitudes at follow-ups. Alcohol use initiation and lifetime drunkenness models included only children who had not initiated alcohol use or had not been drunk at baseline.

**Results:** There were no significant differences in adolescents’ alcohol use between intervention and control school participants at the first and second follow-up. There were significant differences in parents’ attitudes in intervention and control schools – the odds of having restrictive attitude was 2.05 times higher (95% CI 1.32–3.17) in the intervention group at the first follow up and 1.92 times higher (95% CI 1.31–2.83) at the second follow-up than in the control group. Adjusting models for background characteristics did not change the results.

**Conclusions:** Preliminary results of the trial imply that while the adjusted Estonian version of the programme had positive effect on parents’ attitudes, it did not succeed in delaying or reducing adolescents’ alcohol consumption. To gain a better understanding of possible reasons for this, qualitative data obtained from parents and teachers will be analysed.

**Dudu Karakaya and Gönül Özgür**

#### **EFFECT OF SOLUTION FOCUSED APPROACH TO THE LEVEL OF SELF-EFFICACY AND SELF ESTEEM OF ADOLESCENTS WITH ATTENTION DEFICIT HYPERACTIVITY DISORDER**

**SPEAKER: Dudu Karakaya**

**ABSTRACT.** This research is carried out in order to examine the Effect of Solution Focused Approach to the Level of Self-Efficacy and Self Respect of Adolescents with Attention Deficit Hyperactivity Disorder.

A composite pattern consisting of quantitative and qualitative research methods is used in this research. Quantitative aspect is performed as single blinded, randomised controlled, experimental study; pretest, posttest and follow up scheme is used. Phenomenologic pattern is used in qualitative aspect. Adolescents aged 12-18 being followed up and treated with the diagnosis of

Attention Deficit Hyperactivity Disorder in the child and adolescent psychiatry policlinic of an university hospital , composed the sampling of the research. This research was carried out with 42 adolescents in total , 22 in application group and 20 adolescent in control group. While the available follow up and treatment was applied to the control group, interviews based on solution focused approach were carried out in application group additionally. Quantitative data was collected using Personal Information Form, General Self-Efficacy Scale and Rosenberg Self Esteem Scale, while Qualitative data was collected via documents written by adolescents after interviews. Repeated Measures Analysis of Variance and Independent Samples t-test were used in the analysis of quantitative data. Descriptive analysis was used in the evaluation of qualitative data.

It was found that self-efficacy and self esteem score averages of adolescents are different in time and between the groups and interaction between time and group is statistically significant ( $p < 0.05$ ). While there is no statistically significant difference between the pretest scores with regard to self-efficacy and self esteem scores of the application and control group adolescents ( $p > 0.05$ ), there is an advanced significant difference between the posttest and follow up scores on behalf of application group ( $p < 0.05$ ). Effect size of the research was calculated as 1.02 and power was calculated as 0.92. In the Qualitative findings of the research, adolescents expressed positively affecting in the self-efficacy and self esteem.

It was determined that interviews based on solution focused approach increased the self-efficacy and self-esteem level of adolescents being followed up with the diagnosis of Attention Deficit Hyperactivity Disorder.

**Kimberley Hill and Melanie Crofts**

#### **SAFEGUARDING STUDENT SPACES AND CREATING CONVERSATIONS ABOUT CONSENT: REFLECTIONS FROM A CROSS-DISCIPLINE, ON-CAMPUS INITIATIVE**

**SPEAKER: Kimberley Hill**

**ABSTRACT.** Research has highlighted rising rates of gender-based violence, sexual assaults and alcohol-related harm on University campuses. Despite this, limited research focuses specifically on understanding student perceptions of these issues and their knowledge of support services. As a campus of Changemakers, the University of Northampton (UoN) wanted to start its own on-campus conversations about these issues. A cross-disciplinary 'I-Heart-Consent' initiative, led by researchers from Psychology and Law recently took place, in order to locally challenge consent myths and reduce related harms. Using the National Union of Students' initiative as a baseline, this week of action included a range of interactive workshops and events, as well as representation from local organisations, such as Rape Crisis. For example, events focused on the legal implications of consent, complications when alcohol is involved and confidential drop-in sessions were provided. Feedback was collected from attendees and participants were also surveyed about their understanding of issues surrounding sexual consent, alcohol behaviour, gender-based violence and support services. This presentation will provide an overview of the challenges in developing a cross-discipline University-wide initiative such as this, while providing an overview of events, feedback and preliminary results from this research. Following the successful awarding of HEFCE funding, this initiative has since been expanded to evaluate HE policies and procedures regarding these issues and to look at providing safe on-campus spaces for staff and students. An overview of this project will be provided, as well as the implications that this work has implications for local and national policies, procedures and wider HE practice.



**Jose M. O. Da Luz, Sheila Giardini Murta and Thiago Antonio Avellar De Aquino**

## **EVALUATION OF RESULTS AND PROCESS OF AN INTERVENTION FOR PREVENTION OF EXISTENTIAL EMPTY AMONG ADOLESCENTS**

**SPEAKER: Jose M. O. Da Luz**

**ABSTRACT.** In adolescence, when the individual is faced with the first existential questions, the sense of meaninglessness of life may potentiate negative outcomes in mental health. Thus, interventions promoting meaning of life for teenagers become relevant. This study craved replicate an intervention based on logotherapy for prevention of existential emptiness among adolescents and evaluate their implementation process and results. Was used a quasi-experimental design with quantitative and qualitative measures, with 47 adolescents living in the Distrito Federal, of both sexes, aged between 15 and 17 years, distributed in two groups: experimental - GE (N = 22) and control - GC (N = 25). Both groups were subjected to pre-test and post-test when we used the Sociodemographic Form, the Meaning in Life Questionnaire and the Scale of Positive and Negative Affect. Other instruments used during the intervention were: Emotions Diary, Tree of My Life, Letter to a Friend and Field Diary. The GE was offered a group intervention, focused on reading poems, fables and parables and reflections based on a dialogic relationship. The CG did not receive any intervention. The intervention consisted of six weekly meetings of 150 minutes each. Thematic analysis and T test were used for data analysis. The process of evaluation results showed that adolescents engaged in the intervention and perceived as relevant and satisfactory. There was a significant increase in the perception of meaning of life and decreased negative affects to GE when compared to GC. It concludes that the intervention was beneficial for participants. It is suggested that future studies make use of experimental designs with follow-up evaluations and consider the quality of implementation in new replications.

### **1.4 Early Career Researcher Session 1 – GÖG EG 1+2**

**Alexandra Morales, Marguerita Lightfoot, Mireia Orgilés and José P. Espada**

## **AN EVIDENCE-BASED SEXUAL HEALTH PROMOTION INTERVENTION FOR ADOLESCENTS IN SPAIN: FROM THE SCHOOLS TO THE SHELTERS**

**SPEAKER: Alexandra Morales**

**ABSTRACT.** It is estimated that more than 30,000 children have been separated from their families and live in shelters in Spain. Due to multiple factors (e.g. instability, trauma, early emancipation), adolescents in shelters are especially vulnerable to STIs and/or unplanned pregnancies. Compared to the general population, adolescents in shelters are more likely to have early sexual debut (before 13 years old), multiple sexual partners, less consistent condom use, and have a history of STI and/or unplanned pregnancy. However, there are not sexual risk reduction interventions tailored for the specific needs of this high-risk population in Spain. Competency for adolescents with a healthy sexuality (COMPAS, for its acronym in Spanish) is the only school-based manualized intervention that has proven to promote sexual health in adolescents after 24-month implementation in Spain. Because of the unique needs of adolescents in shelters, a recently initiated study aims to adapt and test the feasibility and efficacy of COMPAS for these adolescents in the province of Alicante, Spain. The adaptation process is guided by ADAPT-ITT model, a well-known method of adapting evidence-based HIV interventions. Attending to the characteristics of this group, new components of COMPAS for shelters are HIV testing, engagement in care, and emotional education. Mobile-phone texting using one of the most used APPs for adolescents (WhatsApp) and photovoice technique are proposed to be incorporated in the program. Initial work is focusing on collecting data through informant interviews and focus groups on the sexual health needs of adolescents in shelters. This data will be used to adapt COMPAS for these youth. Final version will be tested in a pilot study that will involve 130 adolescents aged 12-17 years who live in shelters. Participating centers will be randomized to both experimental conditions: (1) COMPAS for shelters (n = 65), and (2) control group (n = 65). The adaptation process and preliminary results will be presented. Findings of the current project will provide valuable information about the adaptation of an evidence-based sexual health

promotion intervention to a population at high risk for negative sexual health outcomes and in critical need for interventions.

**Dawn Owen**

### **AN EVALUATION OF THE ONLINE UNIVERSAL PROGRAMME COPING PARENT: A PILOT RANDOMISED CONTROLLED TRIAL**

**SPEAKER: Dawn Owen**

**ABSTRACT.** Introduction: Parents can face many new challenges in bringing up children and many parents now access the internet for parenting support and advice. However, whilst much is known about patterns of parenting that support children's positive development and a lot of research has demonstrated the effectiveness of parenting programmes to support parents of high challenge children, there is relatively little evidence-based generally available information on parenting on the web. The COPING parent (COntident Parent INternet Guide) programme is a 10-week web based programme that presents evidence-informed parenting principles and activities based on core social learning theory principles to support parents of children aged 3-8 years in establishing positive relationships with children, primarily through encouraging parents to be positive role models and to praise and reward desirable child behaviour. The programme provides information on, and video examples of, parenting skills, uses quizzes to test knowledge and suggests home activities to practice the behavioural skills. Methods: This was a pilot randomised controlled trial with intervention and wait-list control conditions. Parents were randomised on a 2:1 ratio (stratified according to child gender and age). The primary outcome measure was positive parenting as measured by a behavioural observation of parent-child interactions using the Dyadic Parent-Child Interaction Coding System. Exploratory outcomes included parent report child behaviour and self-report parenting practices and mental health. Data were collected at baseline and three months later (post-intervention) for all participants and six months post-baseline for the intervention group only. Results: For the primary outcome, there was a significant difference between intervention and wait list control conditions with parents in the intervention condition demonstrating a significant reduction in observed indirect commands and a significant increase in observed praise. There were no significant differences for any of the secondary outcomes, however the ECBI problem sub-scale showed medium intervention effect size changes.

**Luke Midgley, Simon Murphy, Graham Moore, Gillian Hewitt, Adam Fletcher and James White**

### **SCHOOL SUBSTANCE MISUSE POLICY AND CONTENT AND THE RISK OF CANNABIS, MEPHEDRONE AND "LEGAL HIGHS" USE: A MULTILEVEL POPULATION-BASED CROSS-SECTIONAL STUDY IN WALES, UK**

**SPEAKER: Luke Midgley**

**ABSTRACT.** Objectives. We examined whether students' risk of cannabis, mephedrone and "legal high" use was associated with whether a school has a substance misuse policy, and the content of policy and practice. Methods. A population-level cross sectional survey of 19,748 students from 69 schools in Wales. Student self-reported data was linked to teacher reported data on school practices regarding drug use, and the content of policies independently extracted. Multi-level, logistic regression analyses examined the association between school policy and teacher practices with student cannabis use across the lifetime, in the last 30 days and daily in the last 30 days and mephedrone and "legal highs" across the lifetime. Results. 65 (94.2%) of teachers reported they had a substance misuse policy, three had a policy in development (4.4%), and one had no policy (1.4%). Of the schools that reported having a policy, 31 (47.7%) provided a policy for verification and coding of content. One school reported not using community police. 31 schools provided their policy, none had content which recommended abstaining from drug use, one (3.2%) contained methods on harm minimisation, 18 (58.1%) condemned drug use ("Drugs have no place in this school", "Drugs are not permitted on school premises"), and 27 (87.10%) described having a referral pathway for supporting drug using students.

Conclusions. To our knowledge this is the first study to examine the association between student cannabis use across the lifetime, in the last 30 days and daily use in the last 30 days and mephedrone and “legal highs” across the lifetime with whether a school has a substance misuse policy. It is also the first study to examine the content of school substance misuse policies and compare teacher reports on practices relating to drug use and discipline to those described in school policies. Because of almost universal adoption school policy and community police we were insufficiently powered to analyse the association with illicit drug use. Despite almost universal adherence to Welsh Government guidance to have a substance misuse policy, there is limited evidence around the presence and content of policies that future research may look to address.

**Nadja Springer and Brigitte Lueger-Schuster**

**THE IMPACT OF PARENTAL LICIT/ILLICIT DRUG ABUSE BACKGROUND ON MENTALIZATION PROCESSES IN CHILDREN LIVING IN FOSTER CARE: A CONTROLLED STUDY CONCERNING THE „LITTLE LIGHTHOUSE” GROUP INTERVENTION PROJECT**

**SPEAKER: Nadja Springer**

**ABSTRACT.** Introduction: Earlier studies concerning attachment and drug addiction showed a strong relation between insecure attachment and drug abuse and difficulties of the drug addicted caregivers in responding to the children’s emotional signals. Secure attachment and the ability of mentalization depends on the caregivers’ attachment style. Research indicates that early therapeutic interventions for caregivers and their children can decrease the risk of mental health problems such as drug addiction or other mental health disorder.

**Aims:** The study aims to investigate mentalization capacities of foster children from drug abusing families and the mentalization capacities of their foster parents before and 12 months after participating in a newly developed mentalization-focused group intervention. Research questions include the impact of early placement into foster families on the development of mentalization processes as well as the foster families’ attitudes and behaviour towards drug addiction and drug addicts.

**Methods:** A special intervention for two target groups is developed and implemented in cooperation with two institutions working in drug addiction prevention (Verein Dialog – individual care for drug users) and in child mental health care (child guidance clinic): 1. 16-week group intervention program for foster children to increase knowledge about drug addiction, enhancing social and affective skills. 2. Group counselling for foster parents is offered three times during the children intervention period. It includes information on parental licit/illicit drug abuse background focusing on the caregiver-child-interaction.

50 primary school children, living in foster care (due to parental licit or illicit drug abuse), who attend the mentalization-focused group program, their foster parents and a control group will be assessed by a repeated measures design. Instruments include: Adult Attachment Interview (AAI); Child Behaviour Checklist (CBCL 6-18R); Child Attachment Interview (CAI); Raven’s Coloured Progressive Matrices (CPM); Patte Noire Test for Children; Children’s Diary Studies.

The draft of the intervention program in accordance with the research methods will be presented in order to discuss methodology, difficulties and opportunities.

The project is supported by „PHARMIG” for a three years period.

The results of this intervention study will be integrated in a doctoral thesis at the Faculty of Psychology of the University of Vienna (A).

**16:00-16:30: Coffee Break (BMGF & GÖG buildings)**

Coffee & other drinks will be served



## 16:30-18:00: Parallel Sessions 2

### 2.1 Developing prevention concepts and professional fields (BMGF)

**Peer van der Kreeft, Marjolein De Pauw, Annemie Coone, Femke Dewulf, Wadih Maalouf and Johannes de Haan**

#### **ADAPTATION IS PART OF FIDELITY, EXPERIENCES IN UNPLUGGED, LINE UP LIVE UP! (UN LIFE SKILLS IN SPORTS) AND EUPC: EUROPEANIZATION OF THE COLOMBO PLAN UNIVERSAL PREVENTION CURRICULUM**

**SPEAKER: Peer van der Kreeft**

**ABSTRACT.** Unplugged is a school based drug intervention of twelve sessions, designed by the EU-Dap Drug Abuse Prevention Trial group. Cultural adaptation has occurred in more than 20 countries including France, UK, Russia, Lithuania, Romania, Kyrgyzstan, Nigeria, Pakistan, Brazil, the Middle East and North Africa . The team of University College Ghent (Belgium) focuses in the presented study on reported adaptation of the training modules. Line Up Live Up! is an evidence informed intervention designed under the UNODC Global Program for the Implementation of the Doha Declaration: Towards a Culture of Lawfulness. It contains ten sport sessions with group activities increasing and training life skills in order to prevent crime, violence and drug use. Evidence informed: it is constructed on the basis of UN International Standards on Drug Use Prevention as well as Standards on Crime Prevention, inspired by the evidence of the Unplugged school intervention. Core components from the Unplugged mediator analysis are reflected in the innovative set of sports activities and important aspects of the instruction of deliverers are changed from school teacher to sport coach context: group debate in the classroom transformed into tactical discussion on the grass. The Universal Prevention Curriculum (UPC) was developed under the USA Colombo Plan and INL with top prevention researchers. The UPC-Adapt project uses the robust research base to adapt to European prevention work force needs. The project encompasses eleven partners in nine countries to try out training in a five-day module, an academic and an online module. The trainings yet to be tested are using one standard curriculum that has been extracted and adapted from the original US based version. APSI (Zili Sloboda), ISSUP and EMCDDA are core contributors to the adaptation process. We will present the categorization phase we went through and shed a light on the online correspondence and digital meeting topics relevant for the US-EU adaptation process. We will open discussion on a rigorous approach of terminology related to adaptation and on the use of findings of mentioned studies for other adaptation processes.

**Saidja Steenhuyzen and Eline De Decker**

#### **INFLUENCING POLICY MAKERS BY MONITORING HEALTH POLICIES IN FLEMISH SCHOOLS, WORKPLACES AND MUNICIPALITIES**

**SPEAKER: Saidja Steenhuyzen**

**ABSTRACT.** Since 2003, The Flemish Institute of Healthy Living administers a three-yearly survey, in which primary and secondary schools, workplaces and municipalities in Flanders (Dutch-speaking region of Belgium) are questioned about the health policy they institute. The survey provides an up to date and clear view of the implementation and maintenance of health promotion in these three main settings, and visualizes evolutions throughout the years. This survey is unique in the fact that it focuses on the organisational level thereby recognising the importance of organisational policies for a quality implementation of health promotion. The assessed indicators are derived from reference models including Healthy School, Healthy Workplace and Healthy Municipality. These reference models, and thus the survey, focus on the necessary conditions for implementing a health policy, such as providing budget, education about health, or collecting evidence and evaluating health promoting projects. Second, the survey addresses specific health topics, like healthy eating, sedentary behaviour or alcohol abuse prevention and this throughout the domains education, policy and regulations, environmental actions and care. The results of the survey provide the respondents with particular feedback on their overall health policy and on specific health topics.

This can be used as a starting point in establishing or improving the approach for health promotion within the organisation. In addition to the valuable information for the respondents themselves, the survey serves also as a direct monitoring instrument for the renewed health goals of the Flemish government. Moreover, the results of the survey give direct feedback to policy makers and concrete recommendations to work on for the next years. For example, based on the last survey from 2015, there was a call for more budget and capacity for small municipalities because of its immense effect on the implemented health policy.

**Bianca Albers, Robyn Mildon and Aron Shlonsky**

## **MOVING IMPLEMENTATION SCIENCE INTO AUSTRALASIAN PREVENTION PRACTICE: DEVELOPING IMPLEMENTATION SPECIALISTS**

**SPEAKER: Bianca Albers**

**ABSTRACT.** Due to the growing dissemination of evidence-based practices and programs, the interest in implementation science and practice – the study and use of approaches to promote the integration of research findings into real world human service settings – has grown in the field of prevention in the past two decades. Government and non-government organisations that operate within human services in general and prevention in particular wish to enhance the uptake of evidence in practice and seek knowledge and guidance on how to do this best.

While the scientific literature has historically been the sole source of this knowledge, recently there has been a marked increase in opportunities for professional development in the science and practice of implementation. This has led some to describe the role of ‘implementation specialist’ as a distinct position focused on enhancing the uptake of evidence in organisational and system settings and therefore requiring a particular set of knowledge and skills.

This raises questions about how to best define this role, its content and function.

In suggesting a framework of knowledge and skills for prevention implementation specialists, this presentation will combine experience derived from two projects aiming to develop and support implementation specialists in human services:

1. The development of the ‘Specialist Certificate of Implementation Science’ (<https://online.unimelb.edu.au/medicine-and-public-health/social-work/specialist-certificate-in-implementation-science>) for different professionals working in human services in Australasia. It focuses on applied methods of implementation and on tailoring content to the developmental needs and specific work contexts of adult students, who engage in professional development with a foundation of life experience, and professional knowledge. Developed in 2016, it has since been taught to two cohorts of students.
2. A 1-year training and consultation process provided to a team of implementation specialists from the Singapore Ministry of Social and Family Development (MSF). This team supports others in the uptake and sustainment of evidence in child and family services and has worked extensively with the development of the MSF Implementation Specialist role.

Findings and insights from both projects have informed the development of the framework for implementation specialist knowledge and skills. It will be presented and discussed with conference attendees.

**Annemie Coone and Femke Dewulf**

## **AN OVERVIEW ON THE UPC-ADAPT (UNIVERSAL PREVENTION CURRICULUM) TRAINING DESIGN PROCESS AND OUTCOMES DE DATO SEPTEMBER 2017**

**SPEAKER: Annemie Coone**

**ABSTRACT.** This session overviews the UPC-Adapt training design process and temporary outcomes. The motivation for this UPC-Adapt project is that while prevention science has advanced over the past 30 years, its application in real-life practice lags behind: prevention providers often use unproven and ineffective prevention strategies. Implementers do not have a qualitative level

of training. The objectives of the UPC-Adapt project are to train prevention professionals with a standardized curriculum, based on findings from a mapping and analysis study. The target group of the project are policy-, decision- and opinion makers.

The UPC was developed by APSI and is based on UNODC's 'International Standards on Drug Use Prevention' and the EDPQS. It has been adapted to European realities and language use by a European consortium of research centers within the EUSPR. The UPC will be pilot-implemented by 11 centers in 9 EU states, establishing bridges between practitioners, researchers, academics and policymakers.

This session goes in depth on the training design process. The UPC is designed in 3 modules: a short, an extended academic and an online version. Each module has a work package leader. The Karlova institute in Prague is responsible on the e-learning module (WP2), ASL 2 in Savona on the short model (WP 3) and the University of Zagreb on the academic model. Each WP-leader works together with other project partners to organize at least three focus groups (with the UPC target group) per country with the purpose to obtain, among other things, the design of the UPC-training. Based on the outcomes of the focus groups and the expertise of the institutes, the WP-leaders design the three training modules.

This workshop gives the attendees an inside look on the process and design of the three training modules d.d. September 2017. It will give an overview on the design which contents the conditions of the design, didactical and education principles. This training design process is a major step towards the overall objective of the UPC-Adapt project; to make sure that prevention professionals receive the latest and most evidence based training about effective prevention principles.

**Gregor Burkhardt, David Foxcroft Foxcroft and Sinziana Oncioiu**

## **THE CONCEPT AND IMPLEMENTATION OF ENVIRONMENTAL PREVENTION IN THE EU**

**SPEAKER: Gregor Burkhardt**

**ABSTRACT.** The presentation focuses on macro-level environments and how interventions can be effectively introduced there to reduce substance use and associated harms. Current evidence-based behavioural interventions should be complemented by such interventions that take into account that human behaviour is often strongly contingent on environmental cues with limited self-regulation. Environment-based prevention interventions (herein termed environmental interventions) seek to alter the regulatory, economic and/or physical environment to limit the potential for risk-taking or unhealthy behaviours. Environmental prevention influences individuals' automatic, natural and non-conscious behaviour for preventive purposes across a wide spectrum of domains including alcohol and drug use. Whilst environmental prevention is a novel approach with individual merits, it is also highly complementary to, and can be effectively utilised alongside, other prevention approaches. We provide first an operational definition of environmental prevention and report on a mapping exercise which aimed to create an overview of environmental prevention interventions implemented in EU countries. We looked at physical (e.g. transportation), economic (e.g. taxes), and regulatory (e.g. smoking bans) measures that either incentivise protective behaviour or create barriers for risky behaviour and examined their degree of enforcement as pertaining to the regulatory and economic measures or existence/provision of physical measures barriers. Regulatory and economic environmental prevention measures were reported as being more widely implemented across Europe than physical environmental prevention measures. As to be expected under the current legal framework for illicit drugs, regulatory and economic measures are more often fully or almost fully available in the illicit drug domain, compared with moderately or sporadically available in the alcohol and tobacco domain. This is in line with findings from other large studies observing suboptimal societal control and regulation of alcohol and tobacco in a number of European countries, notwithstanding progress made in recent years. Generally, strong enforcement of regulatory and economic measures was lacking.

## 2.2 Prevention through family, parenting, and children's work (GÖG UG 1+2)

**Miguel Garcia-Sanchez**

### **HOW MAINSTREAM PREVENTATIVE SERVICES CHANGE CHILDREN'S OUTCOMES IN NOTTINGHAMSHIRE, ENGLAND**

**SPEAKER: Miguel Garcia-Sanchez**

**ABSTRACT.** Scope. This research examines the outcomes experienced by children who participate in family services in Nottinghamshire, England. These are services below the threshold for statutory social care, also referred to as children in need threshold. Over 50 children aged 13 to 17 filled in outcome surveys before and after participating in family services. The surveys included Warwick-Edinburgh Mental Wellbeing Scales, Strengths and Difficulties Questionnaire, and questions from the Communities that Care survey.

**Methods.** We applied descriptive statistics to understand baseline outcomes (this is, before participating in family services) and follow-up outcomes (this is, once the case is closed, typically three to six months after commencement). We assessed progress depending on the types of family services received, ranging from basic, single-practitioner support, to intensive support and specialist interventions, such as parenting skills, crisis management, and cognitive behavioural therapy.

**Results.** We presented the results in a way that is accessible for practitioners and decision makers. We standardised all the outcome instruments so that positive progress is expressed in terms of increasing percentages. We put outcome progress in relation to the costs associated with different types of family services in order to aid discussions on value for money.

**Josipa Mihic, Martina Feric, Valentina Kranzelic, Miranda Novak, Helena Krizan and Irena Velimirović**

### **MEASURING FAMILY RESILIENCE IN AT-RISK AND GENERAL POPULATION YOUTH**

**SPEAKER: Josipa Mihic**

**ABSTRACT.** Resilience is a process of negotiating, managing and adapting to significant sources of stress, trauma or risk. Assets and resources within the individual, family and environment facilitate this capacity for adaptation and 'bouncing back', achieving good outcome in the face of adversity (Windle, 2011). Research of family resilience is growing field while its conceptualization and operationalization still remains challenging. Literature is inconclusive since family resilience is defined as a process while in practical research family members are asked upon their individual perception of family protective factors. Objective of this paper is to determine the level of family resilience in high-risk adolescent sample and general population youth sample and, secondly, to compare the perception of family resilience in aforementioned two subsamples. Family resilience was measured with the Family resilience scale, adapted from FACES IV (Olson, Gorall, Tiesel, 2004) and Sixbey (2005) constructed to measure three separate family resilience dimensions according to Walsh: family communication and problem solving, family belief system and family organization. First part of the study was conducted in a subsample of 120 high-risk adolescents that were included in the treatment interventions of social welfare system, usually because of their behavioral disorders, problems with violence, substance abuse or violation of the law. Second part of the study included 220 high-school students that were attending regular high-school (gymnasium and vocational schools). Exploratory factor analysis was conducted and results have shown satisfactory factor structure and three separate dimensions of family resilience scale in both subsamples. General population youth perceives family resilience quite high, with special accent on family organization while youth in risk reports upon high family belief system and lower family organization than general population. Results are indicating that family component can serve as important ingredient of prevention and treatment interventions for youth on different levels of risk.

**Karol Kumpfer, Catia Magalhaes and Giovanna Campello**

## **ARE EVIDENCE-BASED DRUG PREVENTION PROGRAMS AS EFFECTIVE FOR GIRLS AS FOR BOYS?**

**SPEAKER: Karol Kumpfer**

**ABSTRACT.** Introduction: Alcohol and drug use is increasing in girls worldwide. In some countries, young girls' use of tobacco and alcohol exceeds that of boys. Risk factors for girls are somewhat different than that of boys.

**Methods:** To test the hypothesis that preventive EBIs work for girls as well as boys, a literature review and program developer's survey was conducted by the presenters for the UNODC of all EBIs listed on US and EU websites for substance abuse prevention.

**Results.** The data revealed that only 5% or 21 of the generic EBIs had ever conducted a gender subgroup analyses to determine if they are effective for girls. Of those that did a gender analysis, all of the parenting and family interventions reported positive outcomes for girls, but most of the youth-only interventions did not. The few gender-specific interventions for girls did report positive results.

**Conclusions:** Hence, it appears that family EBIs are more effective than the much more popular school and community based youth-only interventions. However, family EBIs are more expensive to implement with higher staffing requirements reducing their cost/benefit ratios despite much better outcomes over time. One possible solution is to get the more effective family interventions to develop web and digital delivery modes such as DVDs, lap top, smart phone, etc. The presenter was able to decrease the average cost of her family EBI, the Strengthening Families Program from \$1,400 to \$5 using a DVD version. Results for this new SFP 7-17 DVD version (being adapted for interactive online delivery) will be briefly presented.

**Karol Kumpfer**

## **CULTURAL ADAPTATION OF FAMILY EBIS FOR DIVERSE FAMILIES**

**SPEAKER: Karol Kumpfer**

**ABSTRACT.** Introduction: The first paper in a linked abstract proposal on "Cultural Adaptation of Family EBIs for Diverse Families" will present the health disparity issues and recommended solutions to engage more culturally diverse families including a cultural adaptation framework. This presentation will follow the presenter's summer 2017 Prevention Science publication on this topic. Abstracts from France, Spain, Ireland and Northern Ireland will include their cultural adaptations and SFP outcome results.

**Method:** This review included online searches of PubMed, Prevention Science articles, and contact with collaborators publishing on cultural adaptation. The framework for cultural adaptation was derived from an expert panel convened by the United Nations Office of Drugs and Crime in Vienna. It is also the recommended steps to cultural adaptation used for adapting the presenter's Strengthening Families Program, a family EBI for diverse families now in 36 countries. Countries like Thailand and France have RCTs by independent researchers. Family behavioral health results will be briefly presented for high risk adolescents and families using this cultural adaptation framework.

**Results:** Using a quasi-experimental post-hoc statistical design the results on parenting, family relations and child behavioral outcomes improved with statistical significance and medium to large Cohen's d effect sizes at 4-month posttest. The cultural adaptations resulted in much higher family engagement (recruitment and retention) than usually found in hard-to-reach ethnic families.

**Conclusion:** The cultural adaptation framework was successful with high family engagement and retention (85%) with large positive change scores and effect sizes for family relations, parenting skills and youth internalizing and externalizing risk factors. On the whole, results are coherent with the developed family intervention model and are consistent with results of other international FEBI cultural adaptations. Cultural adaptations are recommended to recruit more ethnic families into these highly effective FEBIs.



**Margiad Williams and Judith Hutchings**

## **EVALUATION OF THE ENHANCING PARENTING SKILLS PROGRAMME FOR PARENTS OF YOUNG CHILDREN WITH BEHAVIOUR PROBLEMS**

**SPEAKER: Margiad Williams**

**ABSTRACT.** Introduction: Child behaviour problems are a global issue (Polanczyk et al., 2015). The long-term prognosis for child behaviour problems is poor (Colman et al., 2009) so early intervention before problems become embedded is crucial. Parenting is a key risk factor for the development of child behaviour problems (Farrington & Welsh, 2007) and parenting programmes are effective in reducing these problems (Furlong et al., 2012). Not all parenting programmes are effective for all families and some research suggests that individually delivered programmes are more effective for disadvantaged families (Lundahl et al., 2006). The Enhancing Parenting Skills (EPaS) programme is an individually delivered, behavioural parent support package consisting of three phases: standardised assessment, structured case analysis formulation, and intervention strategies. Previous studies have shown promising results, however the programme has not been evaluated using a randomised controlled trial design.

**Methods:** This study was a pragmatic pilot randomised controlled trial in four primary care settings. Health visitors (public health nurses) were recruited to undertake EPaS training and to identify two families who were reporting a young child (aged 2-4 years) with behaviour problems based on the Eyberg Child Behaviour Inventory (ECBI; Eyberg, 1980). Twenty-nine health visitors and 58 families were recruited. Families were randomised to either an intervention or wait-list control condition. The main outcome was child behaviour, based on the ECBI, and secondary outcomes included child hyperactivity, parenting skills, and parental mental health. Data was collected pre- and post-intervention and included parent reports and a blind observation of parent-child interaction.

**Results:** Families in the intervention condition showed significant reductions in child behaviour problems (ECBI Intensity  $d=0.88$ ,  $p=.029$ ). This was replicated in a per-protocol analyses for families who completed the intervention (ECBI Intensity  $d=1.30$ ,  $p=.014$ ; ECBI Problem  $d=1.53$ ,  $p=.031$ ) compared to the control condition. Health visitors reported high levels of satisfaction with the EPaS training with all reporting they would continue to use the methods taught.

**Conclusions:** The results are promising and suggest that EPaS 2014 is a potentially effective intervention for families of children with behaviour problems. Further research with a larger sample needs to be conducted to confirm these results.

## **2.3 Lifestyle and prevention (GÖG UG 3+4)**

**Simon Moore**

## **FISH OIL DIETARY SUPPLEMENTS OFFSETS ALCOHOL-RELATED COGNITIVE DECLINE, AN ANALYSIS FROM UK BIOBANK**

**SPEAKER: Simon Moore**

**ABSTRACT.** Evidence indicates that the consumption of alcohol damages human cognition. However, little is known on what, if any, dietary supplements might offset this effect. The currently study analyses data drawn from UK Biobank ([www.ukbiobank.ac.uk](http://www.ukbiobank.ac.uk)), a cohort of 502,632 men and women (mean age 56.53 years, SD 8.10) undergoing repeated assessment. Data on age, gender, lifestyle, socio-economic status, physical activity, education, diet and alcohol consumption are accessed across two assessment waves. Non-linear longitudinal analyses are used to determine the effects of taking dietary fish oil supplements and average daily alcohol consumption on reasoning ability, controlling for potential confounding variables. Reasoning ability (number correct) is measured in a subset of respondents ( $N = 137,573$ ) using the Fluid intelligence Test, a battery of 13 questions. Analyses indicate a non-linear effect of alcohol on reasoning with a significant reduction in reasoning ability from 50g/alcohol per day onwards. Compared to respondents who take no fish oil dietary supplement, those who do show a significantly reduced effect of alcohol on reasoning ability. Alcohol is known to disrupt the ability to absorb nutrients critical for normal brain

function. The current study suggests nutritional supplements might offset alcohol-related cognitive decline in those who use alcohol to excess.

**Larissa J. Maier, Monica J. Barratt, Jason A. Ferris and Adam R. Winstock**

## **MOVING ON FROM REPRESENTATIVENESS: TESTING THE UTILITY OF THE GLOBAL DRUG SURVEY**

**SPEAKER: Larissa J. Maier**

**ABSTRACT.** A decline in response rates in traditional household surveys, combined with increased internet coverage and decreased research budgets, has resulted in increased attractiveness of web survey research designs based on purposive and voluntary opt-in sampling strategies. In the study of hidden or stigmatised behaviours, such as cannabis use, web survey methods are increasingly common and help to inform prevention programmes. However, opt-in web surveys are often heavily criticised due to their lack of sampling frame and unknown representativeness. In this presentation, we outline the current state of the debate about the relevance of pursuing representativeness, the state of probability sampling methods, and the utility of non-probability, web survey methods especially for accessing hidden or minority populations. Our presentation has three aims: (1) to present a comprehensive description of the methodology we use at Global Drug Survey (GDS), an annual cross-sectional web survey (2) to discuss the implications for prevention of harmful substance use in Europe based on European data from GDS2017 and (3) to compare the age and sex distributions of cannabis users who voluntarily completed (a) a household survey or (b) a large web-based purposive survey (GDS), across three countries: Australia, the United States, and Switzerland. We find that within each set of country comparisons, the demographic distributions among recent cannabis users are broadly similar, demonstrating that the age and sex distributions of those who volunteer to be surveyed are not vastly different between these non-probability and probability methods. We conclude that opt-in web surveys of hard-to-reach populations are an efficient way of gaining in-depth understanding of stigmatised behaviours and are appropriate to inform prevention, as long as they are not used to estimate drug use prevalence of the general population.

**Michael Lebsack-Coleman and William Crano**

## **DOES ADOLESCENTS' E-CIGARETTE USE PREDICT SUBSEQUENT CANNABIS INVOLVEMENT?**

**SPEAKER: William Crano**

**ABSTRACT.** Research suggests use of e-cigarettes can foster cessation of cigarette use for adults, but questions have arisen about their effects on adolescents, gauged in terms of tobacco and cannabis usage. We investigated this issue in a 2-year longitudinal panel study involving a unique sample of 788 alternative high school students. Such youth typically have had problems in normal schools (conduct, drugs, etc.), and so are assigned to schools designed to deal with problematic students. Year 1 measures included participants' self-reported e-cigarette use, and that of their peers, close friends, and parents, along with their expectations and willingness to try cigarettes and cannabis. Analysis of Year 1 data indicated that e-cigarette use by either peers or parents was significantly associated with subjects' positive expectations of cigarette use, and their willingness to try cigarettes (all  $p < .01$ ). A path analysis on the longitudinal data examined the predictive relationship between e-cigarette use and eventual (Year 2) tobacco use. The model revealed that peer, parent, and self-use of e-cigarettes were all significantly linked to willingness to use cigarettes and positive expectations of usage. These intermediate factors significantly predicted tobacco use in Year 2. A final analysis explored the relation between e-cigarettes and cannabis use. Binary logistic regression indicated that subject's best friend's, mother's (but not father's), and own-use of e-cigarettes at Year 1 were all significantly associated with Year 2 cannabis use (OR = 1.34, 1.81, 5.44, respectively, all  $p < .001$ ). These data suggest that e-cigarettes, while possibly facilitating adult smokers' cigarette-cessation desires, may be dangerous for adolescents. The analyses revealed a strong association of e-cigarette use with subsequent tobacco and cannabis use. The strong association of subjects' e-cigarette and subsequent cannabis use implies a potential danger that should be closely monitored and controlled, especially given e-cigarette producers' practice of using flavored products that strongly appeal to youth.

**John Foster, Theodore Andohkew, Arian Firoozbakht and Philip Clipsham**

## **THE FOOD ALCOHOL AND CALORIE TRACKER: (FACT)- A FEASIBILITY STUDY**

**SPEAKER: John Foster**

**ABSTRACT.** Introduction: There has been an increasing interest in using information technology such as phone apps to promote healthier lifestyles. There are a number of apps that provide guidance about sensible drinking and recommended calorie intake but to date none that combine the two. The Food Alcohol and Calorie Tracker (FACT) combines information about sensible alcohol and food intake, helps set up eating and drinking goals and provides advice designed to promote self-management.

**Methods** Undergraduate students from computing and health degrees were asked to use FACT for 4 weeks and provide feedback weekly within the app concerning, how useful the app was, how easy it was to use and whether it motivated the user to track their alcohol and food intake. Each of these was scored 1-5 (Higher scores equate to more positive feedback) There were also a series of open questions, one of which asked the user to suggest ways in which FACT could be improved.

**Results** The app was sent to forty students (Females n=22, males = 18) and 25 (%) provided feedback. Seven (%) provide feedback for four weeks, ten for two week and eight for one week. Thus there were 57 sets of feedback in total. Eighty percent of the responses reported they had no problems using FACT, more than seventy present that it was useful and over fifty percent reported that FACT would motivate them to monitor their calorie and alcohol intake. There were a number of suggestions for improvement of FACT most of these focused upon functionality of FACT in particular the absence of a back button and some issues around design.

**Conclusions** FACT shows some promise as a health intervention. Further refinements and evaluations are required and it should be tested to establish whether it has promise as a clinical/public health intervention.

**Flavio Marsiglia and Stephen Kulis**

## **GENDER DIFFERENCES IN THE RECIPROCAL EFFECTS OF ALCOHOL USE AND VIOLENCE PERPETRATION AMONG MEXICAN EARLY ADOLESCENTS**

**SPEAKER: Stephen Kulis**

**ABSTRACT.** Background and Purpose: Substance use and violence perpetration often co-occur among adolescents, but the causal link and its direction remain unclear. Substance use can lead to violence through a disinhibiting effect, and violence may lead to substance use as a coping strategy for dealing with distress. Few studies have examined the reciprocal effects of substance use and violence longitudinally. This study examined bidirectional effects of alcohol use and violence perpetration among a sample of Mexican early adolescents. Because substance use and violence tend to be gender-specific, these relationships were examined separately by gender and exploring two gendered forms of violence: bullying/aggression versus criminally violent behavior.

**Methods:** Three waves of data (N=4,830) from a feasibility trial of a school-based prevention curriculum in Mexico were collected from middle school students ( Mage=12.0, Female=49%) at 13 schools in Mexico City, Guadalajara, and Monterrey. The bidirectional effects of 30-day alcohol frequency and two forms of violence perpetration— bullying/aggression and violent criminal behavior— were examined using cross-lagged path models in Mplus, separately by gender and controlling for age, site, and treatment condition.

**Results:** The model with bullying/aggression had good fit to the data ( $\chi^2(4)=1.91$ ,  $p=.75$ ; CFI=1.0; RMSEA=.000; SRMR=.004). For girls only, both T1 and T2 alcohol frequency predicted later bullying/aggression, at T2 and T3. T1 bullying/aggression predicted T2 alcohol for girls only, but T2 bullying/aggression predicted T3 alcohol for both genders. The violent criminal behavior model also had good fit ( $\chi^2(4)=6.29$ ,  $p=.18$ ; CFI=.99; RMSEA=.015; SRMR=.009). For boys only, T1 and T2 alcohol frequency predicted later violent criminal behavior at T2 and T3. But violent criminal behavior predicted alcohol use only from T1 to T2 and for boys alone ( $\beta = .12$ ,  $p < .01$ ). Conclusions and

Implications: Findings suggest a reciprocal relationship exists between substance use and violence perpetration, but that the type of violence is important to consider. For girls, bullying and aggression both led to and resulted from alcohol use, whereas for boys, violent acts that were more criminal in nature were relevant to understanding the origins and risks of alcohol use. Implications for substance use and violence prevention will be discussed.

## 2.4 Early Career Researcher Session 2 (GÖG EG 1+2)

**Isabel Auer, Peter Paulus, Susanne Pruskil, Lucie Laflamme and Ziad Khatib**

### **MAPPING TECHNOLOGY-RELATED INTERVENTIONS FOR OVERCOMING LANGUAGE BARRIERS IN MEDICAL CARE FOR REFUGEES - PROPOSAL FOR A SCOPING REVIEW STUDY**

**SPEAKER: Isabel Auer**

**ABSTRACT.** Background. Refugees displacement is attaining an unprecedented level internationally. The United Nations Refugees Agency estimates >65 million refugees have been displaced due to conflict to another country. Language differences create a major challenge for health care professionals to communicate with this vulnerable population. Therefore, different technology related interventions have been used to overcome language barriers. The aim of this study is to (1) map these interventions and (2) reflect on the findings through expert interviews with doctors working with video remote interpreting in refugee care. Methods. This will be conducted in two steps, by conducting a scoping review of the literature, followed by interviews with experts. The scoping review will be based on the enhanced Arksey and O'Malley's framework by Levac and colleagues. The interviews will include: i) medical doctors practising in reception centres in Hamburg; ii) Hamburg Public Health Department, and iii) the University Medical Center of Hamburg. Search strategy: The search will be conducted in six databases: PubMed, CINAHL, Web of Science, OVID, PsychInfo, Cochrane and grey literature. Inclusion criteria: i) Year of publication is between January 2000 and June 2017; ii) Language of publication is English. Exclusion criteria: i) Studies not targeting refugees; ii) Interventions outside the framework of direct medical care; ("video interpret\*" OR "remote interpret\*" OR translat\* OR "overcoming language barriers" OR interpret\*...) AND (immigr\* OR emigr\* OR refugee OR "asylum seeker\*" OR migrant\* ) AND ("access to health care" OR "barriers for health care access" OR "medical care" OR "primary care" OR "health care" OR hospital\* OR clinic\* OR "medical help" ....). The remaining articles will be analyzed using Content Analysis. Interviews with experts will be conducted to reflect on these results. Conclusion. The findings of this study will be used to feed into the policy making of telemedicine geared towards refugees in Germany.

**Mirta Vranko**

### **THE ROLE OF RESILIENCE GIVEN THE RISK AND OUTCOMES OF PEOPLE WITH DEPRESSION: PH.D. THESES RESEARCH DESIGN PROPOSAL**

**SPEAKER: Mirta Vranko**

**ABSTRACT.** According to the World Health Organization, mental health is described as "a condition in which a person realizes his abilities, can cope with the stress of everyday life, a productive and fruitful work and contribute". Thus defined, mental health is more than the absence of mental disorder or disability. It is a state of well-being in which the person realizes his own potential, carries the normal stresses of life, works productively and is able to contribute to their community. According to estimates by the World Health Organization, more than 350 million people in the world is suffering from depression, which is the leading cause of disability in the world. World Health Organization predicts that by 2020, depression will become the second leading cause of disease worldwide. In that situation, it seems important to research resilience factors as strength. Luthar et al. (2000) define resilience as a dynamic process which includes a positive adaptation in the context of the significant accident. The paper presents the research design of the doctoral thesis of doctoral study "Prevention science and disability study." (Faculty of Education and Rehabilitation Sciences, University of Zagreb). Proposed research design will be presented: the model that will be used in the study, which connects depression as a risk, risk factors (developmental difficulties,



family history of psychopathology, suicide attempt, losses during life), resilience factors (individual and perceived social support) and outcomes operationalized as the concept of functionality. The goal of the research is to determine how resilience factors moderate outcomes due to the risks. The study will involve 300 people with depression who are first time hospitalized or outpatient viewed at the Department of Affective Disorders, University Psychiatric Hospital Vrapče. Goal of research is to contribute to the understanding the role of resilience due to the developmental risk factors and outcomes of patients with depression.

**Nicole Gridley, Louise Tracey, Clare McGread and Christina Clark**

#### **ASSESSING CHANGES IN PRESCHOOLERS' HOME LEARNING ENVIRONMENT FOLLOWING THE EARLY WORDS TOGETHER PROGRAMME**

**SPEAKER: Nicole Gridley**

**ABSTRACT.** Research indicates the importance of the home learning environment (HLE) on language development and later educational success. Socio-economically deprived children can benefit from good quality HLE which can act as partial protection against the effects of disadvantage. Consequently, there is a recognised need to support families from disadvantaged backgrounds in establishing a positive HLE and to understand how families sustain good quality HLEs. This is an area that is relatively under-explored and there is a dearth of studies that have looked at which positive home learning activities are easier to implement or which ones' parents feel most confident enacting. As cuts reduce the reach and capacity of services, public health, local government and national government are increasingly looking to engage parents as active partners in tackling disadvantage and to reduce the demands on schools and services. In response, the National Literacy Trust, in collaboration with researchers at the University of York, are conducting a pilot randomised controlled trial of the Early Words Together Programme, a 6 session parental engagement and language development programme delivered to parents of 4 to 5 year olds via trained volunteers. Funded by the Nuffield Foundation, the pilot aims to recruit 12 child-care settings and 360 families across two geographical locations in England from September 2017. The overall aim is to establish the feasibility of the programme to generate change in child language outcomes and home learning activities for low socioeconomic households. In addition, we will investigate what barriers may exist to prevent change, and, if there are any sub-groups or factors that encourage a positive HLE within the target population. The focus of this presentation will be to introduce the RCT, and highlight the need to evidence the effectiveness of short preventive parenting programmes on the HLE given the current political and economic climate.

**Laura Castillo Eito, Richard Rowe, Paul Norman and Christopher J. Armitage**

#### **A BRIEF PSYCHOLOGICAL INTERVENTION FOR PREVENTING AGGRESSIVE BEHAVIOUR DURING ADOLESCENCE**

**SPEAKER: Laura Castillo Eito**

**ABSTRACT.** Physically aggressive behaviours during adolescence such as bullying or fighting are associated with negative immediate and long-term outcomes for both perpetrator and victim. Many interventions have been developed to prevent and reduce these behaviours. However, these interventions are usually extensive, especially when they target high risk adolescents, lasting in some cases more than 12 months. Despite the large cost of these interventions, the effect sizes are usually small to moderate. Implementation intentions is a technique that has shown moderate to high effectiveness in reducing other behaviours such as smoking, alcohol consumption and self-harm. It involves identifying critical situations that might trigger the unwanted behaviour and making a plan to engage in alternative course of actions when those triggers are present. This presentation will introduce a protocol for a test of the effectiveness of an intervention using implementation intentions on aggression reduction in high risk UK adolescents.



**Johanna Bunner, Roman Prem and Christian Korunka**

**CAN SAFETY TRAINING PREVENT THE EFFECT OF JOB RISKS ON ACCIDENT SEVERITY?  
AN ORGANIZATIONAL LEVEL ANALYSIS IN HIGH-RISK INDUSTRIES**

**SPEAKER: Johanna Bunner**

**ABSTRACT.** Purpose Safety trainings are vital means for organizations to prevent accidents among their staff, especially in high-risk industries. However, there is no conclusive evidence of the effect of safety trainings regarding objective accident numbers. This study investigates the moderating effect of safety trainings, in terms of regularity and quality, on the expected effect of psychological and physical risks on objective accident severity. Design/Methodology Safety engineers of 232 wood- and metal processing companies assessed psychological and physical job risks the employees of those organizations face within their jobs as well as the regularity and quality of safety trainings. Accident severity for the following four years was provided by the Austrian Social Insurance for Occupational Risks (AUVA). Results Hierarchical regression analyses showed no significant results for the effect of psychological and physical risks on accident severity. However, we found a significant interaction effect of regularity of safety training in terms of physical risks ( $\beta = -.0235$ ,  $p = .01$ ). Limitations These findings may be somewhat limited to the wood- and metal processing industries. Research/Practical Implications Future research should focus on the design of safety trainings to reduce accident severity among different physical and psychological job risks. Originality/Value Both, utilization of safety engineers' expert eye and investigation of the moderation effect of safety training on job risks on accident severity is a new approach to the topic.

**19:30-23:00: Conference Dinner (Otto Wagner)**

Restaurant Otto Wagner, Obere Donaustraße 26, 1020 Wien (prior booking required)

# Conference Day 2: 22nd September 2017

## 09:30-11:00 - Parallel Sessions 3

### 3.1 Focus on the Strengthening Families Programmes - BMGF

**Donna Butler, Marie Lawless, Karol Kumpfer, Jing Xie and Keely Cofrin-Allen**

#### **“BECAUSE WE DO IT TOGETHER” FAMILY BASED PREVENTION: A TEN-YEAR OVERVIEW OF IMPLEMENTATION AND OUTCOMES OF THE STRENGTHENING FAMILIES PROGRAMME IN IRELAND.**

**SPEAKER: Donna Butler**

**ABSTRACT.** Family-based substance abuse prevention is an effective means to decrease risk factors and increase resiliency and is cost-beneficial. The Strengthening Families Program (SFP) is an internationally recognised evidence-based family skills programme culturally adapted for 36 countries. SFP improves resilience, behavioural and health outcomes for parents, children and adolescents (Kumpfer, et al., 2016, 2017). Implemented by community interagency networks in Ireland since 2007, SFP in Ireland primarily focuses on SFP 12-16 years and recently SFP 6-11 years. The National SFP Council of Ireland was established in 2012 which includes multi-agency site co-ordinators/trainers/managers to support development through inter-regional collaboration on practice, policy, research and advocacy. This paper will report on Ireland's 10 years of SFP outcomes on parent, family and communities and highlights key components which support its effective and sustainability as an inter-agency model. Using national Irish data from parent self-reported retrospective pre- and post-test SFP questionnaires (2007-2017), the effect sizes and significance levels of 21 outcome variables (parent, teen and family) will be analysed by gender in a 2x2x2 ANOVA quasi-experimental design. Irish data will be compared with US SFP 12-16 norms. This outcome data will be further supported with qualitative information compiled post programme through follow-up SFP skills sessions; SFP booster sessions, independent follow-up studies across Ireland. The paper will demonstrate how SFP in Ireland through establishing quality systems of implementation can effect change as a model of intervention for families across the various levels of family support needs. The results will inform policy and practice and contribute to an increased understanding of family-based prevention interventions.

**Pierre Arwidson, Corinne Roehrig and Marie Hamsany**

#### **LESSONS LEARNED FROM THE IMPLEMENTATION OF THE STRENGTHENING FAMILIES PROGRAM IN FRANCE**

**SPEAKER: Pierre Arwidson**

**ABSTRACT.** Strengthening families program (SFP) has now a 8 years history in France which can be divided in four periods. During the first 2009-2010 period, lessons were learnt from a first failed attempt in a town near Paris. We had tried to rush a research process to fit in the agenda of a national action plan and we discovered that the local leadership was in fact fragile. In our second 2011-2012 period, we adopted a more prudent approach, taking the time to do a pilot study in Mouans-Sartoux. This time we had a strong local leadership deeply rooted in the community. 92% of the families attended the 14 sessions and parenting skills improved. In 2013-2014 we added two towns (Carros and Grasse) to Mouans-Sartoux. The cultural adaptation of the intervention was refined. A French name was chosen (programme de soutien aux familles et à la parentalité, PSFP). A DVD was produced for non-reading parents. 84% of the families attended the 14 sessions. The parents' skills improved with 40% and the children's skills with 21% (figures provided by Karol Kumpfer). For the last 2015-2017 period, 13 cities have volunteered, 4 more should be involved by the end of 2017. Mouans-Sartoux will undergo its 4th wave. Our research protocol will be

presented. Thanks to a careful cultural adaptation process, we have demonstrated that SFP is highly acceptable in France. The first challenge is to train more professionals involved in parenting assistance who represent the network around PSFP. The second challenge is to build a national monitoring process to maintain high quality of delivery.

**Carmen Orte Socias, Lluís Ballester Brage, Josep Lluís Oliver Torelló, María Valero de Vicente and Aina Mascaró Juan**

#### **CULTURAL ADAPTATION OF FAMILY EVIDENCE-BASED INTERVENTIONS. RESULTS OF THE SPANISH ADAPTATION OF SFP12-16**

**SPEAKER: Carmen Orte Socias**

**ABSTRACT.** The Family Competence Program (FCP) 12-16 is the Spanish adaptation of the Strengthening Families Program (SFP). This initiative is an evidence-based program of intervention working with the family factors of the adolescents at risk. The successful process of cultural adaptation ensures the participation, retention, and effectiveness of the program in a Spanish context. In order to respond to the specific needs of Spanish families, it is necessary to adapt strategies to promote commitment and retention. It is very important to be able to adequately manage the dilemma of fidelity and/or flexibility to improve the understanding, motivation and interest of the parties engaged. The aim of this study is to assess families that are involved in FCP 12-16 after cultural adaptation.

The study utilized the quasi-experimental design with a control group. Out of 92 families, 69 comprised the experimental group and 23 comprised the control group. To analyze family change, the instruments used were the Spanish validated version of Kumpfer's questionnaires for parents and children. Behavioral Assessment System for Children (BASC) was additionally used, also validated for the Spanish population. Pretests and post-tests with t tests were undertaken, and 6-month follow-ups are now under way. Regarding data analysis, to detect between which groups changes took place, ANOVA with post hoc Tukey b tests is used. Also, the t test and size effects (Cohen d) were calculated. The retention rate is 85.19% of the 92 families.

It was found that the programs produce significant changes in families and in adolescents. In families: family resilience ( $t=-3.38$ ;  $p=0.001$ ;  $d=0.82$ ); family cohesion ( $t=-3.39$ ;  $p=0.001$ ;  $d=0.76$ ); positive parenting ( $t=-5.53$ ;  $p=0.000$ ;  $d=0.97$ ); parenting skills ( $t=-5.393$ ;  $p=0.000$ ;  $d=1.253$ ). In adolescents: attention problems ( $t=2.21$ ;  $p=0.028$ ;  $d=0.40$ ); depression ( $t=2.093$ ;  $p=0.038$ ;  $d=0.449$ ); internalization of problems ( $t=2.54$ ;  $p=0.028$ ;  $d=0.50$ ); adaptive skills ( $t=-2.07$ ;  $p=0.04$ ;  $d=0.37$ ).

The PCF is an example of cultural adaptation that has been successful among families, obtaining very positive results in relation to retention and participation. This program shows good protective characteristics, especially family protective factors and changes in adolescent attitude and behaviour. The program has had great acceptance among the community and is already preparing to accept new applications.

**Karol Kumpfer, Jaynie Brown and Jing Xie**

#### **ENHANCING QUALITY OF IMPLEMENTATION AND OUTCOMES USING THE SFP DVD 7-17 YEARS**

**SPEAKER: Karol Kumpfer**

**ABSTRACT.** Purpose. This presentation reviews the evidence-based Strengthening Families Program's (SFP) history since 1982, theory (family systems/cognitive behavioral/resilience), content, and research. Implications will be covered for improving implementation quality using digital delivery for family interventions in clinics or homes to reduce costs in preventing child maltreatment and behavioral health problems. Background. Cochrane Collaboration meta-analyses at Oxford Brooks University by Dr. Foxcroft and associates and 14 RCTs (half by independent research teams) found SFP effective in improving parenting and family relations to prevent child maltreatment and drug misuse particularly among girls. SFP is now in 36 countries with international funding from governments and the UNODC. Evidence-based family preventive interventions are the most effective in producing long term benefits. Unfortunately, SFP and other

family interventions are costly. Our goal was to increase family engagement, cost/benefit ratios and wider dissemination by using digital delivery with \$5/DVDs. Methods: An entertaining and interactive 11-session SFP Home-Use video/ DVD for parents and children ages 7-17 years to watch together at home or in groups was created using families of different ethnicities. The DVD was first evaluated in families of 6th and 8th graders (n=140) recruited from high-risk, inner city schools with 58% hard-to-reach and low income ethnic minority families. Culturally matched graduates of SFP recruited the families at school events. Results. Using a quasi-experimental design, the DVD only version compared favorably to the much more expensive family group+DVD version. It resulted in 17 of 19 significant outcomes and almost as large Cohen's d effect sizes for parenting and family outcomes but better youth outcomes. Also use of the DVD as a health education class assignment in middle schools reduced binge drinking in half only in the school district implementing the DVD (Bach/Harrison, 2016). Evaluations of agencies in other states in the USA implementing the SFP DVD have found similar positive results. Conclusions. Cost/benefit ratios can be increased using digital delivery (e.g., DVD, web, YouTube, and phone apps) and still be highly effective in reducing behavioral health disorders particularly in girls who have better outcomes in family EBIs (Kumpfer, 2014, Kumpfer, et al., in review).

**Sheila Murta, Larissa Sandoval, Viviane P. S. Rocha, Ana Miranda, Luis Gustavo Vinha, Adriano Sampaio-Souza and Fabio Iglesias**

#### **SOCIAL VALIDITY OF THE STRENGTHENING FAMILIES PROGRAM (SFP 10-14) FOR BRAZILIAN FAMILIES ACCORDING TO PARENTS, ADOLESCENTS AND FACILITATOR'S PERCEPTION**

**SPEAKER: Larissa Sandoval**

**ABSTRACT.** Even though decreased abuse of psychoactive substances has been observed in recent years among the Brazilian population of adolescents, the still high rate of psychoactive substances usage and the harm it has caused to health remains one of the main concerns regarding the health of Brazilian youths. In order to prevent drug abuse among Brazilian adolescents, the Ministry of Health adopted the Strengthening Families Program (SFP 10-14) directed to families and adolescents. Originally devised in the United States, the program has undergone successive adaptations and was later disseminated to European and Latin American countries. In Brazil, the program was named "Programa Famílias Fortes" [Strong Families Program] and was first implemented in 2013 in the Federal District (FD), when the need for a cultural accommodation was identified. This paper's aim is to examine the social validity of the goals, activities and effects of the Strengthening Families Program from the perspective of the group leaders, adolescents and parents in four states in the northeast of Brazil which is recognized as the country's poorest region. Data were collected through quantitative and qualitative measures. A scale was used to assess social validity among group leaders; focus groups were implemented with group leaders, parents and adolescents. Analysis of quantitative data was performed using descriptive statistics. Qualitative data were first analyzed using thematic analysis. Preliminary results indicate that the Strengthening Families Program is perceived by the various participants to be highly relevant, though incompatible with the infrastructure of the services in which it has been implemented and with the low educational levels of the participating families. Adaptation of the material and activities is necessary, especially due to socioeconomic reasons. Changes in the families relations were identified such as increase of dialogues, empathy and expression of feelings. Facilitators named overload as a negative effect due all the planning and material demanded. We discuss the implications of these findings to support studies assessing the program's effectiveness, to promote intersectoral cooperation and community coalitions, and support the new wave of cultural adaptation of the Strengthening Families Program in Brazil.

## 3.2 Optimising the use of evidence in prevention policy and practice (GÖG UG 1+2)

**Paul Weaver, David Boyle and Michael Marks**

### **ADDRESSING THE 'MISSING' PREVENTIVE INFRASTRUCTURE: A PROCESS TOWARD CROSS-GOVERNMENTAL COLLABORATION IN EFFECTIVE PUBLIC SERVICES**

**SPEAKER: Paul Weaver**

**ABSTRACT.** Western democracies inherited systems for welfare delivery and approaches to social policy designed in the immediate post-WW2 era. Welfare delivery is focused on production in the formal economy and institutions of the professionalised (and expensive) welfare state, with funding mechanisms based on paid employment, taxes and social insurance. This has unfortunate consequences: policies focus on alleviating problem symptoms rather than addressing systemic causes; 'full employment' is pursued by government, even though the reducing need for labour in the formal economy makes this unrealistic; and, for lack of paid work, many in society are needlessly restricted from contributing to societal welfare. The inherited approaches give insufficient provision for citizens to make in-kind contributions to welfare through committing time to community activities and insufficient attention to prevention in welfare delivery; e.g. by maintaining health through being active.

The urgent need is for ways of reaching-out upstream of health, educational or social problems to nip them in the bud early. An important opportunity is to harness social innovation organisations. A wide range of these is active informally and in ad hoc ways to provide opportunities for citizens to be active; e.g. through 'care in the community' or secondary economy initiatives. A common feature is their resourcing structure; social innovations typically mobilise non-rival resources, wasted assets and spare capacities in activities that contribute to strong, inclusive, healthy, caring and resilient communities.

The difficulty is these proven and largely inexpensive techniques are caught in a logical fork. Either they operate inside statutory public services, where the culture rapidly erodes the informality that makes them effective; or they operate outside, where (if lucky) they are constantly on a gruelling three-year funding cycle which saps energy and innovation. Another aspect is the way that government is organised. No one department can solve this problem without undermining the very infrastructure it hopes to create. This presentation sets out an initiative from outside government that seeks to be a catalyst in making a cross-governmental solution possible using the idea of a missing 'preventive infrastructure', which must be in place if public services are to be effective.

**Hanno Petras and Michael Marks**

### **EMERGING TRENDS AND ISSUES IN INCORPORATING PAY FOR SUCCESS/SOCIAL IMPACT BONDS TO INCREASE COLLECTIVE IMPACT OF PREVENTION PROGRAMMING**

**SPEAKER: Hanno Petras**

**ABSTRACT.** The publication of two papers (Hawkins et al., 1992; Glantz & Pickens, 1992) on risk factors for unhealthy behaviors has catapulted Prevention Science to the forefront of Public Policy. Over the last 25 years, sophisticated designs have been developed utilizing extensive longitudinal data to identify evidence-based programs which target one or more risk factors and have allowed for drawing inferences regarding which program works for whom under what conditions. Despite these advances, it takes 17 years for research findings to reach clinical and behavioral health practice. Furthermore, the life cycle of these programs most often ends at the implementation and evaluation stage and does not move towards dissemination and scale up and consequently, their collective impact is minimized. The current literature has identified a number of influential factors impacting on this translational gap including the lack of sustainable funding; aspects of project design and characteristics (e.g., limited involvement of local stakeholders as champions), organizational setting factors (e.g., insufficient organizational capacity), and broader community environment (e.g., lack of support from external community stakeholders). Importantly, these domains do not exert their influence in isolation but create a complicated



configuration of favorable and unfavorable influences. It is in this context that Pay for Success/ Social Impact Bonds (PFS/SIB) garners its relevance. Originally developed in the UK, PFS/SIB is an innovative, multi-stakeholder partnership funding mechanism where government and philanthropic organizations provide upfront funding for program implementation under the umbrella of pay-for-performance principles. There are currently 17 PFS/SIB programs active in the US and more than 40 are considered for inception in the US, Europe, and other countries. This funding approach tries to address three main issues related to the implementation gap, including inconsistent funding for providers, fiscal constraints which hamper the support for preventive programs, and a lack of systematic government and external community stakeholder involvement. This presentation will critically review how the PFS/SIB project structure has the potential to increase the collective impact of prevention programming by addressing translational gaps noted above. Participants will benefit from participation by better understanding both the potential impact and challenges in furthering prevention programming using PFS/SIB tools and strategies.

**Frederick Groeger-Roth and Antje Kula**

#### **EVIDENCE-BASED PROGRAMME REGISTRIES – THE EXAMPLE OF THE “GREEN LIST PREVENTION” IN GERMANY**

**SPEAKER: Frederick Groeger-Roth**

**ABSTRACT.** “Programme registries” or “clearinghouses” are an approach to improve the identification and implementation of evidence based prevention programmes. Registries are usually set up as online databases and intending to apply clear inclusion criteria for eligible programmes and practices. Though programme registries are in general utilizing common scientific standards of evidence, they vary a lot in terms of operationalizing these standards. While quite common in the U.S., such clearinghouses are still under development in most European countries. In this presentation the German example, the “Green List Prevention” will be discussed. We will present about the rationale for the specific inclusion criteria, about experiences with the acceptance of the list by prevention practitioners and decision-makers and about methodological challenges and limitations. Recommendations for the further development of evidence-based prevention programme registries will be discussed.

**Marion Weigl**

#### **QUALITY ASSURANCE MEASURES FOR THE IMPLEMENTATION OF EARLY CHILDHOOD INTERVENTION NETWORKS IN A FEDERAL STATE LIKE AUSTRIA**

**SPEAKER: Marion Weigl**

**ABSTRACT.** A model for early childhood interventions was developed for Austria in 2014 combining universal and indicated prevention. The main objective of this model is to reach and support families during pregnancy or within the first three years of a child, with a special focus on socially disadvantaged families resp. families in need due to burdened life circumstances. The indicated prevention part in form of regional early childhood intervention networks is being implemented now in regions in all nine Austrian provinces. A National Centre for early childhood intervention is - amongst other tasks – in charge of promoting and assessing the quality as well as the Austrian-wide consistency of implementation. A variety of quality assurance activities is in place to support this task: most importantly a special Austrian-wide documentation system, training activities for the network managers and the family supporters of the regional networks continuous further development of the professional foundation (i.e. position papers, fact sheets) and counselling for persons in charge of regional implementation. In addition, two external evaluations were commissioned, one focusing on the establishment of the regional structures (process evaluation) and one on the effects resp. benefits for families supported by the regional networks observed by experts and families (outcome evaluation). Results: Although there are some regional differences in specific aspects of the implementation of the basic model due to regional necessities, the results of the evaluation indicate that families as well as experts perceive a clear benefit of the programme as regard to reduction of burdens resp. increase of resources. Still, the development of minimum quality criteria is considered as a necessary further step of quality assurance.

**Rachel Calam and Aala El-Khani**

**PROMOTING BETTER MENTAL HEALTH FOR REFUGEE CHILDREN AND FAMILIES; DEVELOPING TEACHING RECOVERY TECHNIQUES PLUS PARENTING**

**SPEAKER: Rachel Calam**

**ABSTRACT.** Introduction: The Syrian refugee crisis, and associated conflict and displacement impacts the mental health of children and adults. Families are the first line of defence for children's mental health. Few studies, however, test the potential for family-based approaches to prevent mental health difficulties, particularly through flight and displacement. The need for a public health pyramid of evidence-based interventions has been highlighted.

Methods: initial qualitative studies identified needs and coping strategies of parents in displacement, examining the potential for the development of brief, focused approaches for children and families. This information was integrated with key parenting strategies identified in the literature to design a brief parent skills programme component for an existing intervention for children showing traumatic stress post emergency, Teaching Recovery Techniques (TRT). This created a new, brief integrated programme for parents and caregivers for use in humanitarian and low resource settings, TRT Plus Parenting. This combined programme has been piloted with displaced families close to the Syrian border. A new trial is ongoing in Lebanon.

Results: Qualitative research highlighted the need parents felt for simple advice on behavioural and emotional changes they saw in their children through conflict and displacement. The TRT Plus Parenting programme pilot with 14 families found 100% attendance and improvement on parenting variables. In interviews, parents described positive changes they noticed in their children and their capacity to interact more calmly with them.

Conclusions: TRT Plus Parenting shows promise for families experiencing conflict and displacement, and has potential for newly resettled families in high income countries. The parent skills are also presented in brief leaflets, booklets and conversation group format, enabling integrated, coherent information to be disseminated depending on local resources/needs. This aligns with the Strong Families approach adopted by the United Nations Office on Drugs and Crime for low resource settings worldwide.

### **3.3 New directions in prevention (GÖG UG 3+4)**

**Isotta MacFadden, Cristina Villalba, Flavio Marsiglia, Stephen Kulis, Stephanie Ayers and David Alarcon**

**MANTENTE REAL SEVILLA: CHALLENGES AND DIFFICULTIES IN THE CULTURAL ADAPTATION OF PREVENTION PROGRAMS FOR RISK BEHAVIORS AND PROMOTION OF HEALTHY HABITS IN THE SECONDARY EDUCATION IN SPAIN.**

**SPEAKER: Isotta MacFadden**

**ABSTRACT.** This presentation is based on the qualitative analysis of the results of the implementation of the pilot project of the substance use prevention program Mantente REAL Sevilla (2016) and highlights the importance of the cultural adaptation of prevention programs aimed at adolescents. The main objective of the study, based on scientific evidence and devised and directed by the Arizona State University's Southwest Interdisciplinary Research Center (SIRC), has been to verify the cultural adaptation needs of the substance use prevention program Mantente REAL. The qualitative analysis of the discussion groups between students who have participated in the pilot study and the discussion group of teachers who implemented it has shown how the effectiveness of school prevention is linked - and cannot do without factors such as: (1) the specificity of the school context and its material and human resources; (2) socio-cultural adaptation of the content of the program to be REAL; (3) the attitude, experience and previous training of teachers; (4) support from outside educators / collaborators; (5) the involvement of the family and the center; (6) a style of active and horizontal teaching and learning stimulated, for example, by practical activities. The

experience of the Pilot Mantente REAL Sevilla Project can enrich the knowledge of the fundamental dimensions, weaknesses and potentialities that are necessary to adapt culturally in school prevention programs.

**Johan Jongbloet, Nina De Paepe and Johan Rosiers**

#### **VAD PUPILS' SURVEYS: PRACTICE BASED RESEARCH FOR TAILORED PREVENTION APPROACHES IN SECONDARY SCHOOLS IN FLANDERS – STRENGTHS AND FUTURE OPPORTUNITIES**

**SPEAKER: Johan Jongbloet**

**ABSTRACT.** Academic researchers often face difficulties recruiting secondary schools for prevention research. We do not have this problem. Each year approximately 40.000 pupils from around 80 schools are surveyed in Flanders. Every year the demand exceeds the offer, but this is the maximum workload we can take for now. Public funded schools are the norm in Flanders. Next to an educational task, they also have a pedagogical obligation, specified in 'cross-curricular goals'. Some of those match perfectly with preventive interventions, e.g. pupils assess risks of use of psychoactive substances; pupils apply decision making skills in real life situations; pupils recognize problem situations and ask, accept and offer assistance; etc. VAD in cooperation with CGG Prevention Work offers a systematic approach and coaching trajectory for preventive intervention based on the whole school approach, that meet these specific goals. First, pupils are surveyed on prevalence of tobacco, alcohol, cannabis and other illegal drugs, psychoactive medication, gambling and gaming. The survey also includes several specific risk and protective factors such as motives for (non)use, negative experiences, availability, social norms, expected reactions from friends and family, knowledge of legislation, school policy, procedures and assistance, school climate. The school board receives the school specific report on a one day workshop. First, results are framed. Secondly, intervention combo's are proposed on 4 domains: education, care and assistance, school policy, structural measures. Finally, schools get into contact with regional prevention workers for specific training and coaching. After minimum 3 years, schools can participate again, evaluate efforts and adjust. For the near future we are thinking including a systematic community readiness assessment survey for teachers and school board for the benefit of better tailored coaching and training. Secondly we want to carry out secondary analysis on the huge amount of data we have on (1) school profiles and (2) assessment of high risk groups/ individuals for selective/ indicated prevention.

**Johan Jongbloet and Joris Van Damme**

#### **PREVENTION OF PROBLEMATIC GAMING: SELECTIVE EFFECTS OF A UNIVERSAL INTERVENTION.**

**SPEAKER: Joris Van Damme**

**ABSTRACT.** Background and method Prevention of problematic gaming is even more unknown territory compared to alcohol and drug prevention. VAD in collaboration with Ghent University conducted a RCT among 386 primary school pupils (aged 10-12 years) of a universal prevention program for responsible gaming. Post mean intervention effects included social norms, negative gaming motives, protective knowledge, gaming regulations at home.

**Results** Initially, a negative intervention effect was found for perceived gaming norms: in the intervention group, student's perception about the norm on gaming in the weekend deviated away from the actual gaming norm in the weekend, while students in the control group evolved closer towards this norm. However, separate analyses for students who under- and overestimated the gaming norm at pretest showed different findings. In the intervention group both type of students appeared to evolve over time towards the average gaming norm, which means an increase for students who underestimated the norm and a decrease for students who overestimated the norm. For the control group only a significant decrease was found in students that overestimated the norm.

**Intervention effects on norms weekend gaming** ( $F=6.359$ ,  $p<0.05$ ): I: Pre 2.24 (SD= 1.37) -> Post 2.48 (SD= 1.37) C: Pre 2.72 (SD= 1.48) -> Post 2.50 (SD= 1.46) > Avg. game behaviour in weekend: 1.93 (SD=1.62)

I: Underestimate: Pre 1.21 (SD=0.49) -> Post 2.06 (SD=1.20) ( $t=-6.766$ ,  $p<0.001$ ) Overestimate: Pre 3.51 (SD:0.99) -> Post 2.95 (SD=1.32) ( $t=4.197$ ,  $p<0.001$ ) C: Underestimate: Pre 1.29 (SD=0.46) -> Post 1.53 (SD=1.01) ( $t=-1.712$ , n.s.) Overestimate: Pre 3.73 (SD:1.03) -> Post 3.22 (SD=2.37) ( $t=3.010$ ,  $p<0.01$ )

**Conclusion and discussion** In the group of overestimators we find beneficial intervention effects. The negative intervention effect on the perceived weekend gaming behaviour of class mates is mainly caused by the underestimators. Research on alcohol prevention suggests that 'under the norm drinkers' do not start drinking more after intervention (Prince, Reid, et al.: 2014). Further research should clarify if similar effects for gaming can be expected in the group of underestimators. Moreover, in case of an increase in gaming in this subgroup, research should longitudinally investigate associated harms or advantages.

**Doris Malischnig**

## **EVALUATION OF AN UNIVERSAL PREVENTION PROGRAM FOR LOTTERY RETAILER TO RAISE THE AWARENESS FOR YOUTH PROTECTION IN AUSTRIA**

**SPEAKER: Doris Malischnig**

**ABSTRACT.** Adolescent problem gambling is acknowledged as a public health concern. One approach to minimize the negative consequences of excessive gambling is to reduce the rate of the development of new cases of harm or disorder especially within underage persons by offering mandatory trainings for lottery retailer. Educational initiatives are intended to change internal knowledge, attitudes, beliefs, and skills so as to prevent problem gambling (Williams, West & Simpson, 2012). Research has found that sustained information and awareness initiatives have significant potential to improve people's knowledge and/or change their attitudes at a community-wide level (Duperrex, Roberts, & Bunn, 2002; Grilli, Ramsay, & Minozzi, 2004; Sowden, 2002). Research on the effectiveness of retailer training programs is limited. The primary objective of this study was to examine the impact of responsible gaming training and the personal attitude on compliance with the protection of minors in 1036 retailers of lottery products in Austria. The study applied Kirkpatrick's (1998) four level model and Ajzen's (1991) theory of planned behavior to examine how the retailer's attitude to player protection measures, perception of pressure from society, assessment of barriers to implementation in the day-to-day sales setting and the training and education for lottery retailer provided from 2010 to 2014 influenced adherence to provisions to protect minors. Regression analyses were used to study the significance of these factors for adherence to such provisions, while CHAID analysis served to identify those traits that significantly distinguished the defined sales partner groups (no breaches versus breaches in mystery shopping tests) from one another. The results are being presented.

**Jamila Boughelaf, Femke Dewulf and Annemie Coone**

## **PILOT IMPLEMENTATION OF "UNPLUGGED" IN SECONDARY SCHOOLS IN THE UK, KEY LEARNING ABOUT CULTURAL TRANSFERABILITY AND ADAPTATION**

**SPEAKER: Jamila Boughelaf**

**ABSTRACT.** Following the evaluation of the EU-Dap Unplugged school-based intervention programme piloted in England in 2015/16, we will focus on implementation challenges and successes to draw learning for the sector around adaptation and transferability of existing evidence-based interventions to different contexts. This session will highlight learning and recommendations from both an academic and practitioner's perspective.

The aim of the study was to evaluate the process and feasibility of a European school-based intervention programme 'Unplugged' among English young people and to contribute to the reduction of tobacco, alcohol and drug initiation by measuring the impact of mediating factors. Schools in three areas in England with an acute problem of alcohol and drug misuse ( $n=214$  pupils from 10 schools) were selected. The study is designed as a one group pretest posttest design without a control group. The impact of the training was analysed using descriptive statistics and

a paired t-test. Fidelity and satisfaction forms were used to evaluate the implementation process of the programme.

Although the process evaluation indicated that the programme is feasible for implementation in English schools, results were not as expected highlighting key factors for future development.

We focus on implementation and methodological challenges to suggest learning for the sector, also in relation to the cultural transferability and requirements for future adaptation to fit the English context and the educational system. These include: - Improved design and methodology of the study - Content adaptation specifically focused on accommodating young people with special educational needs or disabilities (SEND) - Training and resources adaptation to ensure acknowledgement and integration of the local education and cultural contexts - Delivery adaptation to fit the fragmentation and inconsistency of the education system and framework through which prevention programmes are delivered (PSHE education)

### 3.4 Early Career Researcher Session 3 (GÖG EG 1+2)

**Maria Wojcieszek, Joanna Wojcieszek and Kinga Wojcieszek**

#### **RECEPTION OF THE ALCOHOL PREVENTION EDUCATIONAL PROGRAM FOR PARENTS CALLED „DŻUNGLA” ('JUNGLE') BY DIFFERENT GROUPS OF PARTICIPANTS.**

**SPEAKER: Maria Wojcieszek**

**ABSTRACT.** Parents play the crucial role in the prevention of alcohol problems of children. Therefore, parents are the target group of the new brief educational scenario called 'Jungle' ('Our children in the jungle of life'). The content of the program has been published in a book written for parents as well as described in the presentation used during the standard realization. The study is the first analysis of the reception of the realization of the program in three different adult groups: experienced teachers, local government staff, pedagogy students. Participants in all three groups were highly satisfied of taking part in the program. Furthermore, they assessed the program as a highly helpful tool for educational prevention working with parents. Finally, the opinion of participants about predicted effectiveness of achieving program's goals was really positive. In the research we also take a trial to check whether there is the diversity in evaluation of the program depending on the age and the kind of the experience of the respondents (being or not being parent). The subjective satisfaction of participants as well as their opinion about importance and effectiveness of the program belong to significant aspects of program's evaluation. Results encourage to further evaluation research and preparation of the program for implementation.

**Elisabeth Vargo**

#### **APPLYING USER-CENTRED RESEARCH TO EXPLORE PERFORMANCE AND IMAGE ENHANCING DRUG USE AMONG AMATEUR ATHLETES: FINDINGS FROM A EUROPEAN STUDY**

**SPEAKER: Elisabeth Vargo**

**ABSTRACT.** Research applying user-centred approaches to identify problems and needs, and develop solutions for sport populations is scarce. Nonetheless, this methodology presents great potential for facilitating peer-driven interventions and action-driven change. I introduce an action research process aimed at exploring performance and image enhancing substance (PIES) use among youth involved in leisure and recreational sports around Europe. Qualitative findings were initially obtained from focus group discussions (involving 18 young recreational athletes). Through Thematic Content Analysis and comparing focus group findings from partner countries, issues in relation to PIES were identified and subsequently, a follow-up co-creation workshop and informant-led workshops (17 participants) were carried out in the United Kingdom. A template outlining this procedure was provided to partner countries (Italy, Germany, Greece and Cyprus), who repeated the process in their territory. Returned issue/resolution completed templates from the four partner countries (amounting to 65 co-participants involved at an international level) were then analysed to identify patterns and relationships between proposed issues and resolutions. Results indicate that the lack of reliable information is perceived as overwhelming by co-participants in all European



countries. Body image preoccupation appears to be an influential factor determining PIES use, and this aspect is corroborated by media ideals and aggressive advertising. Young people interested in PIES should be provided information that views substances for their function and not legal status. Unbiased and unified online information resources that balance benefits and risks associated to PIES use and other forms of enhancement are needed. Policies should address risks related to emerging trends and promote grassroot initiatives that provide alternative paradigms to interpret substance use. Findings from the study were utilised to model an online educational tool for the EU (safeyou.eu).

Acknowledgements: the author thanks the SafeYou Consortium for providing data from the European Partners.

**Emma Atkin-Brenninkmeyer, Catherine Comiskey and Fiona Larkan**

## **FACTORS CONCERNING ACCESS TO A POTENTIAL DRUG CONSUMPTION ROOM**

**SPEAKER: Emma Atkin-Brenninkmeyer**

**ABSTRACT.** Objectives Drug consumption rooms are a harm reduction method employed by 10 countries worldwide, however it has not yet been implemented in Ireland. However, with the recent changes to the legislation, the aim is to open such a service by the end of 2017. It will be very important therefore to address the rules and regulations for the potential service to ensure that it is suited to the local drug using population, as has been done by the established services worldwide. **Methodology** This project asked a range of stakeholders in a potential drug consumption – service users, staff, medical professionals and policy makers – about what the access rules and regulations should be, and whom should be able to access this service and why. There were nineteen participants in total, semi-structured interviews were used for service users, medical professionals and policy makers, and a focus group was used for staff members. Interview question guides were informed through a literature review, as well as a compilation of existing rules and regulations from services worldwide.

**Significant Results** The key themes that emerged were visibility, discontent, and protection; the factors concerning access that emerged were supervision and assistance, child protection, and inexperienced users and age restrictions. Within these categories, the key issues were addressing overdose in a potential service, the problems surrounding drug using parents, and the public approach to drug related issues, and support for staff working in drug services.

**Conclusions** It was concluded that there are concerns from almost all participants regarding the established drug and health services in Dublin, particularly how they might not be able to support a new drug consumption room. Nonetheless, there was support for establishing such a service in Dublin from almost all participants.

## **11:00-11:30: Coffee Break (BMGF & GÖG buildings)**

Coffee & other drinks will be served

## 11:30-13:00: Parallel Sessions 4

### 4.1 Improving real world prevention quality (BMGF)

**Rachele Donini**

#### **IS PREVENTION ACKNOWLEDGED?**

**SPEAKER: Rachele Donini**

**ABSTRACT.** As said in the introduction to the eighth EUSPR Conference: “ Over the previous decade, there have been important achievements in the field of prevention science. Our understanding of the development of health and social behaviours, and refinement of new research methodologies, quality standards and programmes, has allowed us to better respond to the needs of target populations.” On 14 September 2015, the Council of the European Union adopted Council conclusions on the implementation of minimum quality standards in drug demand reduction in the EU. This innovative initiative lists 16 standards that represent a minimum benchmark of quality for interventions. Drug use prevention is one of the fields where these standards apply. Although non-binding for national governments, this document represents the political will of EU countries to address demand reduction interventions through an evidence-based perspective. Most European Countries have a National prevention plan addressing the main diseases that can be prevented by adopting correct life styles. All around the world we have institutions and associations that are committed and focus on prevention as their main goal ( SPR, EUSPR, ISSUP...) It really looks like prevention is important and acknowledged and the examples shown are just a few among many others. Despite the consensus that prevention is essential and important, the results of 12 Focus groups (about 130 participants) held in 6 European Countries as part of the outputs of a project funded by the European Commission, show that prevention still needs advocacy and empowerment. Almost all the FGs participants underlined that although prevention is verbally and politically considered important and correct, this doesn't appear in “real life”. When it comes to management and mobilisation of resources, the prevention field reflects a lack of financing and appears as a “Cinderella” beside treatment that captures most of the resources. No unified understanding about what is prevention, the difficulty in evaluation of its impact, the prevention work that isn't a clearly defined profession and that hasn't a focused training curriculum, the scientific evidences of what works in prevention that aren't translated enough into practice and many other factors will be discussed and presented.

**Winnie Donoghue and Marian Quinn**

#### **GETTING PREVENTION ON THE POLITICAL AGENDA: THE IRISH EXPERIENCE OF INFLUENCING POLICY AND PRACTICE**

**SPEAKER: Marian Quinn**

**ABSTRACT.** Ireland has been at the forefront of supporting Prevention and Early Intervention (PEI) initiatives through partnership approaches between The Atlantic Philanthropies, NGOs and Government since 2004. In 2010, a group of prevention and early intervention service managers got together to support each other and share experiences and learning. Over a few years, the group expanded, received funding and became formalised as the Prevention and Early Intervention Network (PEIN).

In a short space of time the PEIN has become a well-regarded, credible, practice based voice and now brings together 33 evidence-based practice, advocacy and research organisations seeking to improve outcomes for children, young people and families, and to promote quality, evidence-based/ informed practice in prevention and early intervention (PEI). We promote PEI approaches that range from interventions to support parents from the earliest moments of conception, all the way through to activity with young people on the threshold of adulthood.

As a network we work to share information and learning, support innovation and best practice, and promote ongoing service improvement. Our aim is to achieve longer term change whereby PEI is

integrated into all child and family services across the lifecycle. In pursuit of this, in 2016 we led a national campaign to raise awareness of and integrate the principles relating to prevention and early intervention into policy, practice, and the public domain, and were successful in influencing the current Programme for Government.

This presentation will share the approaches taken to our policy influencing strategy, the lessons learnt and our consistent messages about what is needed to establish high quality prevention and early interventions.

**Valentina Kranzelic, Dijana Jerkovic and Martina Feric**

## **THE PROCESS OF EUROPEAN DRUG PREVENTION QUALITY STANDARDS (EDPQS) IMPLEMENTATION IN CROATIAN PREVENTION PROGRAMS**

**SPEAKER: Valentina Kranzelic**

**ABSTRACT.** Since 2010, Office for Combating Drugs Abuse of the Government of the Republic of Croatia, and University of Zagreb, Faculty of Education and Rehabilitation Sciences, have been conducting collaborative projects with the purpose of improving Croatian drug use prevention efforts, programs and strategies. Implementing new program or a strategy is a comprehensive process that needs to be facilitated through variety of supporting mechanisms. The exquisite example of transferring knowledge into practice is development and implementation of the European Drug Prevention Quality Standards - EDPQS (Brotherhood and Sumnall, 2011) which is adopted in Croatia through one of the mentioned collaborative projects of the Office and Faculty of Education and Rehabilitation Sciences. Efforts in the aforementioned will be presented in the paper through program providers' and decision makers', particularly with respect to study participants' educational background (pedagogy, social pedagogy, psychology, medicine, social work) main field of work (health/medicine, education, social welfare) and role in prevention work (coordinator, implementer). The aim of this research is to explore opportunities and challenges within the current state of the EDPQS implementation in order to facilitate this process more systematically and in an effective manner. The data have been collected by an online survey for prevention programs providers (survey is still active, N=208) and 3 focus groups with program providers, decision makers and researchers (N=23). Concept of initial readiness for transfer of knowledge (EDPQS) to practice (prevention programs) was explored with an emphasis on motivation and specific organizational capacities for EDPQS adoption.

**Edit Sebestyén and Katalin Felvinczi**

## **THE ROLES AND RESPONSIBILITIES OF POLICY MAKERS IN SUPPORTING GOOD QUALITY PREVENTION WORK - THE EUROPEAN DRUG PREVENTION QUALITY STANDARDS TOOLKIT**

**SPEAKER: Edit Sebestyén**

**ABSTRACT.** Background: The European Drug Prevention Quality Standards (EDPQS) project developed the first European framework for high quality drug prevention. To promote the standards and bring them closer to the everyday practice Toolkits were developed. One of the toolkits targets the policy makers. The toolkit was built on the learning from focus group interviews with the representatives of relevant actors in the drug prevention community.

**Problem:** Policy makers, decision makers are expected to serve the public good and tackle a wide range of health and social problems within a context of financial shortages and constraints. This also applies to the drug prevention field. The everyday practice, the experiences with underlying policies and policy making processes show that policy makers need practical guidance and support to better understand the importance of quality and quality criteria in drug prevention work, as well as how to apply this knowledge when faced with difficult choices about funding and support for initiatives or programmes.

**Possible solution:** Clear recommendations on the different aspects of drug prevention have to be given that are required to achieve quality. The developed Policy guide with an Assessment Quality Criteria Checklist reflects on this need. It considers the major challenges related to prevention

work and offers possible ways of overcoming them. It reveals some of the misunderstandings and misbeliefs, and the expectations related to drug prevention. It offers a reference point for how best to achieve quality through consideration of the EDPQS, as well as suggests how carefully planned policy can support quality. It also considers some important related financial issues. The fundamental role and value of needs assessment and evaluation in programme planning is also discussed together with sustainability and ethics as vital aspects of prevention policy and practice.

Conclusions: The focus group discussions supported the need for a policy guide but concrete, practice oriented support is also crucial as policy makers work under time constraints with lower attention capacity. The presentation will summarise the most important problems and issues related to this field and the use of the toolkit.

**Keira Lowther, Finlay Green, Daniel Ellis, Jason Strelitz, Ailsa Swarbrick, Ruth Rothman, Louise Morpeth and Nick Axford**

## **RAPID CYCLE INNOVATION WITHIN AN ESTABLISHED EVIDENCE-BASED PROGRAMME OPERATING AT SCALE**

**SPEAKER: Keira Lowther**

**ABSTRACT.** Family Nurse Partnership (FNP) is an evidence-based home visiting programme for young mothers (clients). In 2015 a major RCT in the UK found no impact on primary outcomes but some encouraging findings for a subset of secondary outcomes. Since then, the FNP National Unit and the Dartington Service Design Lab have sought to respond constructively to these findings in a project called ADAPT: Accelerated Design and Programme Testing. This involves adapting the programme and testing those adaptations.

The adaptations take two forms. Clinical adaptations seek to improve outcomes in key public health areas and involve changing programme material and approaches to delivery. The focus has been on attachment, breastfeeding, intimate partner violence, maternal mental health, neglect and smoking cessation.

System adaptations involve helping nurses to personalise the programme by changing the eligibility criteria, flexing the content, adjusting delivery intensity and allowing some clients to exit the programme early. A bespoke assessment tool has been developed to support nurse/client decision-making as part of these changes.

Adaptations have been co-produced by nurses, commissioners, subject experts and, to a lesser extent, clients. In this way, the approach incorporates user experience, practice knowledge, insights from the science of child development and evidence on 'what works'.

Qualitative and quantitative data are being collected regularly on both the clinical and system adaptations. These data will be analysed and the findings used to inform further adaptations as part of the rapid cycle innovation methodology that includes approximately 3 change and test cycles within one year.

We will present our learning so far, covering the co-production method, resulting adaptations, and our experience of implementing rapid cycle innovation and testing with many, varied stakeholders. This learning highlights the challenges of changing a well-established programme with a strong professional culture, exacerbated by the external climate of austerity and commissioning threat. We will also reflect briefly on the strengths and weaknesses of the approach and lessons for others seeking to do similar work.

## 4.2 Collaboration in prevention (GÖG UG 1+2)

**Matej Košir and Andrej Starc**

### **COLLABORATION STRATEGY TO DEVELOP SUSTAINABLE EDUCATION AND TRAINING FRAMEWORK IN THE FIELD OF PREVENTION SCIENCE AND PRACTICE IN SLOVENIA**

**SPEAKER: Andrej Starc**

**ABSTRACT.** Background: Alarming, 97% of health spending across Europe goes on treatment as compared to only 3% on prevention. There is not much different situation in the field of informal and/or formal education and training of prevention scientists, researchers and other professionals (including practitioners). Initiative called UPC-Adapt received substantial EU funding in 2016 to adapt Universal Prevention Curriculum (UPC) into the European context and establish some national education and/or training frameworks in 9 EU countries including Slovenia. Objectives: Collaboration between UTRIP and the Faculty of Health Sciences (University of Ljubljana) has been officially established in February 2017 to develop, pilot and evaluate informal and formal prevention-related courses and studies based on UPC-Adapt and wider UPC concept in the forthcoming two years (2017-2018) and also beyond this period (through long-term commitment by both institutions). Methods: Both institutions will develop, conduct and evaluate one-week pilot training for prevention professionals based on UPC-Adapt concept. Furthermore, they will develop, conduct and evaluate academic UPC-Adapt version, which will include focus group discussions as pre-pilot activities as well. This version will present a baseline for development of future Master and/or PhD study of prevention science at the Faculty of Health Sciences. Slovenian version of manual will be developed, distributed to trainees and evaluated as a baseline tool for all future prevention study and training materials. Results: Some of the expected results include: (1) developed and tested informal training for prevention professionals (especially practitioners); (2) developed and tested baseline academic courses which will be used as a tool for future prevention study development at the Faculty of Health Sciences; (3) developed and tested Slovenian version of the UPC-Adapt manual; (4) enhanced and active international collaboration of both institutions regarding future prevention courses and study developments (such as collaboration within ICUDDR, EUSPR etc.) etc. Conclusions: Representatives of both institutions will present a comprehensive collaboration strategy at the conference, which has been developed in purpose to strengthen prevention workforce in Slovenia and improve situation regarding evidence-based prevention and (last but not least) outcome evaluation culture in this field in Slovenia.

**Helena Fialova**

### **COOPERATION IN LOCAL, REGIONAL AND NATIONAL LEVEL IN THE CZECH REPUBLIC**

**SPEAKER: Helena Fialova**

**ABSTRACT.** The contribution describes development of cooperation between researchers, specialists, policy makers and the public in the area of prevention of risky behaviour in the Czech republic. Nongovernmental organisation Magdalena enters into partnership with Department of Addictology, the First Faculty of Medicine of Charles University 10 years ago. After this we start with the systematic process of collaboration with quality standards and guidelines in prevention and policy makers, which has been positive and negative results, successes and failures. The cooperation is compared in specific examples on local, regional and nation levels. The interdepartmental collaboration in the national level could be the advance in progress, but we are at the beginning of this.



**Tim Hobbs, Louise Morpeth, Victoria Baker, Daniel Ellis, Shreya Sonthalia, Peter Hovmand, Saras Chung, Cole Hooley, Kate Marcal and Elia Kanak Rajah**

**MORE THAN JUST A MODEL: UNDERSTANDING THE DYNAMICS OF MENTAL HEALTH AND CHILD WELFARE SYSTEMS IN THE UK THROUGH THE PROCESS OF GROUP MODEL BUILDING.**

**SPEAKER: Tim Hobbs**

**ABSTRACT.** Background: Child welfare and mental health systems in the UK are facing unprecedented challenges, with a rising demand for services set against a backdrop of severe budget constraints. For child welfare services, many local jurisdictions will have experienced a 40% reduction in their overall allocated expenditure by 2020, combined with an increase in placement costs for children taken into care. For mental health services, priority actions set by the UK Government include the delivery of: 24/7 access for those in crisis, integrated physical and mental health service provision, greater support in the community, and a stronger emphasis on prevention and early intervention. All within an increasingly constrained budget.

Methods: System dynamics modelling (SDM) provides one way of understanding and simulating potential strategy directions to inform system reform efforts. Such models are co-produced using a process of group model building. Preparatory work for model building has included: workshops, interviews, and focus groups with practitioners, senior managers, commissioners, and service users.

Findings: Group model building (GMB) has formed the first co-produced maps of these local child welfare and mental health systems, producing insights into some of the drivers and dynamics of those systems, and a clear sense of the strategy areas of focus for the models and future work. The benefits of GMB go well beyond the insights gained from the final models themselves, with the process of stakeholder engagement and the generation of co-produced system maps, connection circles, and causal loop diagrams resulting in much needed communication between parties within the system. This allows those in leadership and commissioning roles to understand the complexities of the systems they are in, and see how the strategy decisions they make can have unintended and unexpected consequences.

**Tim Hobbs, Victoria Baker, Daniel Ellis, Shreya Sonthalia, Charlotte Hill, Peter Hovmand, Saras Chung, Kate Marcal, Cole Hooley and Elia Kanak Rajah**

**BALANCING MENTAL HEALTH SYSTEM REFORM AND PREVENTION: SYSTEM DYNAMICS MODELLING OF A MENTAL HEALTH SYSTEM IN THE UK.**

**SPEAKER: Tim Hobbs**

**ABSTRACT.** Background: Mental health systems in the UK are facing unprecedented challenges, with a rising demand for services set against a backdrop of severe budget constraints. Recent priority actions for mental health services include: 24/7 access for those in crisis, integrated physical and mental health service provision, greater community support, and a stronger emphasis on prevention and early intervention. Mental health systems are both complex and adaptive, with behaviour in one part of the system potentially impacting upon other parts in unintended ways. For this reason, system dynamics modelling (SDM) is an appropriate and potentially powerful tool for aiding system reform efforts. This presentation shares the insights from the first phase of work with one Clinical Commissioning Group in the South West of England – an area with pockets of severe economic disadvantage – where SDM, in combination with survey data on children's need, were used in an innovative project to combine system reform and prevention work.

Method: Group model building consisting of: stakeholder interviews, focus groups and workshops, provided qualitative data to map out the local mental health system and some of its underlying dynamics. Epidemiological survey data was also collected from 5,845 children aged 9 to 16 using our ChildrenCount Well-being Survey, providing quantitative data to establish levels of child need in the local community. System dynamics modelling was used to simulate some initial system reform ideas.

Findings: The creation of system maps enabled key points of difference between adult and child mental health systems to be identified and gave senior managers and commissioners sight of the first ever full visual representation of their system, allowing them to understand its complexities and its connections. Cluster maps enabled the identification of key issues such as the time delay between assessment and support, the limited knowledge referrers possessed about the mental health services available, a lack of family support, limited early intervention to prevent escalation, and limited support in the community after initial treatment is completed. Potential strategy areas included the provision of service brokerage to reduce the need for re-assessment and the provision of greater community supports to aid recovery.

**Lluís Ballester Brage, Carmen Orte Socias, Maria Valero de Vicente and Joan Amer Fernández**

#### **FAMILY RELATIONSHIPS AND POSITIVE PARENTING: A META-ANALYSIS ON SELECTIVE FAMILY PROGRAMS TO PREVENT DRUG USE IN ADOLESCENTS**

**SPEAKER: Carmen Orte Socias**

**ABSTRACT.** Family-based programs aimed at selective drug use prevention in adolescents often focus on improving family relationships and positive parenting. In general, there are few evaluations of the effectiveness of family programs that deal with adolescents at risk and their families. It is very difficult to compare different programs because there exists great diversity within the samples, a lack of homogeneity in the methodology of assessment approaches, and the specific components of interventions are rarely identified. For these reason this meta-analysis is the first analytical approximation about family selective programs.

The objective of this study is to verify the efficacy of selective family interventions on the prevention of consumption among adolescents aged 10-18 years and their families. These programs are aimed at strengthening the family through improving positive parenting and family relationships.

**Methodology.** A meta-analytic review of studies has been conducted from January 2001 to January 2016 on selective drug prevention programs for adolescents and their families. The search was carried out in different databases and only randomized or quasi-experimental studies with pretest and posttest measurements with  $N > 10$  were incorporated. The selection was performed by two reviewers and the degree of agreement among reviewers was calculated using Cohen's Kappa coefficient ( $k = .686$ )

**Results.** Seven studies with 79 measures grouped in Family Relationships and Positive Parenting have been analyzed. The mean effect size (TE) was 0.77, with a  $Q (df = 78) = 154.76, p < 0.001$ , and an  $I^2 = 51.69\%$ .

**Conclusion.** Few studies have been identified that meet the inclusion criteria and have an assessed family intervention component. Despite obtaining a high ET, the heterogeneity indices suggest that the conclusions are limited, since there is a disparity between studies (measurements, constructs, samples, etc.). This fact demonstrates the need to systematize and standardize the methodological descriptions of the studies in order to be able to compare interventions. Even though the scarcity of studies included in the study, the results are congruent with those found by other authors in similar studies. These types of studies can help to recognize the need to homogenize the research to be able to compare results.

### **4.3 International prevention actions – GÖG UG 3+4**

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

#### **UNODC-LCIF MULTISITE CASE CONTROL TRIALS OF LIONSQUEST SKILLS FOR ADOLESCENCE IN SOUTH EAST EUROPE: RESEARCH RESULTS AND POLICY IMPLICATIONS**

**SPEAKER: Matthew Kiefer**

**ABSTRACT.** UNODC has an ongoing global initiative promoting evidence based prevention programmes in line with the UNODC International Standards on Drug Use Prevention (focusing on

low/middle income countries). The UNODC collaboration with Lions Clubs International Foundation availed the opportunity to pilot Lions Quest Skills for Adolescence (LQSFA) as part of this initiative. LQSFA is a programme targeting elementary school age students and built on a Social and Emotional Learning approach. The abbreviated (40 session) version of LQSFA was used during pilot in close coordination and partnership with the Ministries of Education of concerned countries.

Following translation and adaptation of LQSFA, a total of 5,041 elementary school students (2,954 cases and 2,087 controls) from 85 schools in Serbia, Montenegro and FYRO Macedonia participated in the pilot. The programme was implemented through 231 teachers trained on its content. Pretest and posttest questionnaires were implemented at the beginning of the school year (t0) and at the end of it (t1), in both cases and controls. An analysis of the change of the indicators (delta change) between t0 and t1 was undertaken in cases and controls, by country.

The average age of the students was 13.3 years (47% to 50% of the sample- depending on the country- were girls). The programme showed a significant effect on current use of substances as well as intention to use substances in the next 3 months among ever users. Moreover the programmes has improved refusal skills of these three substances as well as the normative belief associated to their use among peers. The perception of harm of such substances was also positively affected.

This impact was noted despite challenges in implementation (only a few of these schools managed to undertake all 40 sessions of LQSFA in one academic year). This paper will discuss the results recorded while presenting the challenges and lessons learned during operations. It will also put into perspective how results from this pilot further advocated for change in the quality and type of prevention interventions at the political level within the UNODC ongoing technical assistance to its Member States to avail evidence based responses and systems.

**Wadih Maalouf, Johannes De Haan, Aspasia Plakantonaki, Peer van der Kreeft, Julie Savignac and Christina Wright**

#### **DEVELOPING PREVENTION THROUGH SPORTS SETTINGS: LIVE UP LINE UP! MULTI-SITE TRIAL OF A PROGRAM BUILDING LIFE SKILLS FOR THE PREVENTION OF DRUGS, CRIME AND VIOLENCE IN YOUTH IN SPORTS SETTINGS**

**SPEAKER: Wadih Maalouf**

**ABSTRACT.** Line Up Live Up! is a 10 session open-source and evidence-informed intervention designed under the UNODC Global Program for the Implementation of the Doha Declaration: Towards a Culture of Lawfulness.

It comes as a tool to use sport for prevention and as such to fill an evidence need identified in the UNODC International Standards on Drug Use Prevention. Line Up Live Up is a universal prevention program for 13-18 yrs old youth in marginalized communities with mixed levels of risk on crime-, violence- or drug-related behavior. It can be implemented universally, and has been designed for use in low resource settings.

Each of the 10 sessions includes sports activities and a debriefing session aiming at increasing and training life skills in order to achieve changes in attitudes and behavior to prevent crime, violence and drug use. It is evidence informed as it is: a) constructed on the basis of United Nations International Standards on Drug Use Prevention as well as the Standards on Crime Prevention; b) inspired by the evidence of the Unplugged school intervention and adapted to fit sport coaches' context; and c) enriched with inputs from consulted experts in the field of crime, violence and drug use prevention.

Although the program has not been developed for youth already in contact with the law, the material could still be relevant for sports programs that target this group of at-risk youth. The intervention is community based, focusing on sports centers, and youth centers or other community settings with sports oriented activities.

This presentation will give an overview of the development process of this new prevention tool and the ongoing plans of UNODC to avail and pilot it in several countries in Central and South America, Southern and Eastern Africa and Central Asia.

**Karin Waldherr, Stefanie Kuso, Michael Zeiler, Corinna Jacobi and Icare Consortium**

## **STAKEHOLDER PERSPECTIVES TOWARDS THE IMPLEMENTATION OF ONLINE INTERVENTIONS TO PREVENT MENTAL HEALTH PROBLEMS INTO HEALTH SYSTEMS IN FOUR EUROPEAN COUNTRIES**

**SPEAKER: Karin Waldherr**

**ABSTRACT.** Background: „ICare – Integrating Technology into Mental Health Care Delivery in Europe“ (Horizon 2020 EU-project, GA No. 634757) aims to establish an online platform which encompasses evidence-based interventions for health promotion, risk detection, disease prevention, and treatment facilitation for common mental health problems. Many European countries have not implemented E-Mental-Health approaches into health systems until now and knowledge about their sustainable implementation in practice is scarce. Objectives: As stakeholder commitment is a key component for reach, adoption, successful implementation and dissemination of prevention programs, needs and attitudes towards Internet-based prevention of mental health problems among healthcare professionals (facilitators), representatives of payors, policymakers, and expert advisors (governing level) as well as potential target groups in Austria, Germany, Spain and Switzerland were explored. Methods: A mixed-methods approach was used (online questionnaire for facilitators, semi-structured interviews by telephone or in-person on the governing level, focus groups with target groups' representatives). Ten focus groups, 16 interviews and 190 online questionnaires were analysed. Results: Attitudes towards online prevention in mental health are rather positive. Most positive attitudes were found in Switzerland, whereas reservations were highest in Austria. Anonymity, low timely and regional thresholds, and the potential of online prevention as an entry to professional help were emphasised as advantages. Concerns about data security, the missing face-to-face contact and the risk of false diagnosis were mentioned as main disadvantages. Therefore, online prevention in mental health should include data protection declarations and possibilities to contact professionals or peers. Furthermore, credibility, usability, and individualisation were highlighted as important characteristics. Conclusion: Stakeholders' acceptance of online prevention in mental health is relatively high. However, E-Mental-Health should rather complement face-to-face interventions than replace them. Country differences might reflect differences in the degree of dissemination of online interventions and thus different levels of according experiences. Quality standards are an important issue.

**Mariangels Duch, Amador Calafat and Montse Juan**

## **THE PROJECT STOP-SV – A PREVENTION CHALLENGE TO PREVENT AND COMBAT SEXUAL VIOLENCE IN THE NIGHTLIFE CONTEXT**

**SPEAKER: Mariangels Duch**

**ABSTRACT.** Sexual violence within the nightlife environment is increasingly being identified as a major issue. Although reliable data is scarce or not comparable, particularly when referring to nightlife settings, a previous study carried out in five Southern European resorts among British and German tourists showed that around 8% of the tourist had experienced sexual harassment and 1.5 reported sex against their will. In addition, data from the European Union Agency for Fundamental Rights (FRA) shows that the problem is common across the 28 Member States with an average EU rate of 13% of women reporting the location of the most serious incident as a nightlife area. The project STOP-SV is developing a strategy to prevent and combat sexual violence in the nightlife context, oriented to increase knowledge on this under-researched issue and create intelligence from the work undertaken in each pilot site (Prague, Czech Republic; Coimbra, Portugal; and, Majorca, Spain). In addition, a prevention programme to train staff working in the nightlife premises and protocols are being prepared in close collaboration with the night-time economy (NTE) and other key agents.

The strategy combines two main lines of work: i) Training of staff working in nightlife premises; and, ii) the constitution of community coalition to facilitate changes in the context. Emphasis has been placed in the active involvement of the NTE as the driving force of the strategy. Therefore, NTE representatives play a key role both in the development of the training materials and logistics of implementation, facilitating the trainings and the participation of their staff. As well as participating at community level to increase sensitization on the problem and the dissemination of the prevention strategies for further social involvement including the economic sector, government and administrations and civil society organizations with particular interest in youth organizations.

**Charlotte De Kock, Pauwels Lieven and Freya Vander Laenen**

#### **SOCIAL CRIME PREVENTION INTERVENTIONS AIMED AT THE REDUCTION OF DRUG-RELATED CRIME AND NUISANCE IN FLANDERS, BELGIUM: A REALIST EVALUATION**

**SPEAKER: Charlotte De Kock**

**ABSTRACT.** Introduction: European crime policies are increasingly focusing on drug-related crime and nuisance. Since 2007, the Belgian government prioritizes drug-related nuisance in its municipal 'security and prevention contracts'. Subsequent projects are situated at the intersection of security-, health- and welfare perspectives. Furthermore, they are based on a dark prevalence number of drug-related crime and nuisance. Within the framework of a Federal Science Policy funded research study (SOCPREV) we examined how drug-related crime and nuisances are conceived and translated into preventive practices and conducted a realist evaluation of these interventions in Flanders, Belgium.

**Methods:** To gain preliminary understanding of the scope and content of these interventions we composed a representative sample of Flemish federally appointed and associated prevention workers (n=30). Qualitative semi-structured interviews were conducted to identify the conceptualisation of drug-related crime and nuisance among the practitioners and to identify eligible projects for realist synthesis. Eligibility criteria for the inclusion of interventions were that they directly aimed at the prevention of drug-related crime or nuisance and that they complied with at least half of the Green List conceptual, implementation and evaluation quality standards. **Results:** Respondents mostly refer to targeting drug-related nuisance instead of crime because of similar conceptualisation in funding requirements. Only a small number of projects was eligible (n=5) because few complied with half of the Green List standards. We describe the hypothesised mechanisms (M), contextual preconditions (C) and qualitatively describe outcomes (O). We submit that contextual preconditions (such as legal and policy conceptualisation) are part and parcel of project evaluation possibilities and subsequent project quality. Finally we discuss some ontological and methodological considerations for future realist evaluation of interventions and provide suggestions for future policy oriented research aimed at policy and practice improvement in the area of the social prevention of drug-related crime and nuisance.

#### **4.4 Early Career Researcher Session 4 (GÖG EG 1+2)**

**Sanela Talić**

#### **SCHOOL BASED PREVENTION PROGRAMME UNPLUGGED: MORE THAN JUST SUBSTANCE USE PREVENTION PROGRAMME?**

**SPEAKER: Sanela Talić**

**ABSTRACT.** Unplugged is universal school-based prevention programme for preventing alcohol, tobacco and other drug use and alcohol abuse and is based on social influence approach. In school year 2010/2011 it was piloted in Slovenia with the collaboration of OED Institute in Torino. The programme was found effective in reducing the prevalence of use of cigarette smoking, alcohol use and drunkenness episodes. It reduced intentions to use in the next year, with reductions 50 - 82% and improved refusal skills towards alcohol, cigarettes and cannabis. Since 2011 the number of schools implementing the programme is increasing and as part of the process evaluation, we receive information about the "secondary" effects of the programme, which have never been



scientifically evaluated. For example, teachers report about better relationships between teachers and pupils, among the pupils themselves, less aggressive behaviour and better communication etc. We think that these reports should be scientifically evaluated so that the program becomes more than just “drug abuse” prevention programme which would probably make the programme more accepted among other schools. The elaboration of the questionnaire, the pilot implementation of the programme and the evaluation will be part of the doctoral work and the conference is the most suitable place where all these aspects could be discussed.

**Boris Chapoton, Patrick Kenny, Franck Chauvin and Valentin Flaudias**

#### **FACEBOOK USE AND BEHAVIORAL INFLUENCE: AN EXPLORATORY ANALYSIS**

**SPEAKER: Boris Chapoton**

**ABSTRACT.** Social Network Sites (SNS) are used on an everyday basis by billions of people around the world. In June 2017, Facebook, the most popular SNS, has exceeded the number of 2 billion monthly users around the world. Whereas its CEO associates positively the growth of the SNS with an ability to connect the world and to bring it closer, concerns regarding the influence of unhealthy behaviors among people raise. Few studies have been done in France on SNS use and on associated unhealthy behaviors. In a more general manner, it could be hard to find in the scientific research a consensus about what type of SNS use would influence the user and to what extent that use and its influence could lead to a problematic behavior such as an addiction. Prior the elaboration of a wider research on SNS use and unhealthy influence, a questionnaire has been developed in an exploratory perspective. Three behaviors associated to public health problematic have been targeted: alcohol use, tobacco use and eating habits. To evaluate a hypothetical problematic related to these behaviors, three validated scale have been used: the Alcohol use disorders test (AUDIT), the Fagerström test to test the nicotine dependency and the SCOFF questionnaire to detect eating disorders. In order to evaluate Facebook use, questions have been asked about the amount of time spent on the SNS, the number of connection on it and the number of friends associated to the profile. 270 participants completed the survey. From the initial results and among the three different types of Facebook use, the number of friends seems to be the only variable correlated to respondents' positive or negative behaviors. A deepest analysis will be made prior the conference.

**Kathy-Ann Fox, Colette Kelly and Michal Molcho**

#### **ALCOHOL DRINKING BEHAVIOURS AND PERCEIVED NORMS - LONGITUDINAL TRENDS AMONG IRISH ADOLESCENTS AGED 12-15 YEARS.**

**SPEAKER: Kathy-Ann Fox**

**ABSTRACT.** Risky drinking behaviours among adolescents are associated with various negative psychological, social and physical outcomes. Evidence illustrates that consumption of alcohol increases dramatically between 12-15 years of age, yet little research explores why this occurs. Given this worrying trajectory it is vital to examine what influencing factors come into play, within the communities that make up this age group, and whether they can help to explain such behaviour changes. This study applied Social Norms Theory, which is particularly relevant here as adolescents often inaccurately estimate rates of alcohol use among their peers to be higher than the reality for that population; as a result they may initiate alcohol use early or drink more intensely in order to meet the perceived norm. The aim of this study is to investigate changes in alcohol related attitudes, behaviours and perceived norms among adolescents aged 12-15 years to uncover what influences such changes. A longitudinal convergent mixed methods study design was employed, collecting data at the beginning (T1) and end (T2) of an academic year. Pupils from first and second year classes (12 to 15 year olds) in post-primary schools in Ireland were invited to take part in the study. Participants at T1 (N=407) had a mean age of 13.4 years. Self-administered questionnaires assessed behaviours, attitudes and perceptions with regard to alcohol, while focus group discussions further explored adolescents' attitudes and normative beliefs towards alcohol. Quantitative findings reveal inconsistencies between self-reported and perceived drinking behaviour of close friends and peers. T1 data show 87% of respondents reported being non-drinkers

themselves; 81% reported their close friends as non-drinkers, whereas only 45% reported their peers as non-drinkers. These numbers fell significantly within the academic year, with T2 data showing 79% self-reported non-drinkers ( $P<0.01$ ); 67% reported their close friends as non-drinkers ( $P<0.001$ ); and only 31% reporting their peers as non-drinkers ( $P<0.001$ ). Thematic analysis of Focus Group data will allow for deeper insight into these changes. Investigation of this key time period will yield novel data that will inform the development of interventions aimed at preventing and delaying early alcohol initiation among Irish adolescents.

**Christina Kien**

#### **DISENTANGLING PATHWAYS TO SUCCESS AND NON-SUCCESS IN A HEALTH PROMOTION PROGRAMME: A FUZZY-SET QUALITATIVE COMPARATIVE ANALYSIS**

**SPEAKER: Christina Kien**

**ABSTRACT.** Background: Desired improvements in health outcomes can only occur, if effective programs are effectively and sustainably implemented. However, most of the studies investigating implementation efforts consider only one indicator of program implementation and there is still a lack of evidence on the interplay between different indicators. Objectives: To identify which combinations of teachers' and implementation process' characteristics affected the outcome "positive school-experience" (SCE) of pupils participating in an integrated school-based health promotion program. Methods: This study was part of an effectiveness and process evaluation including 24 intervention and 27 control classes. Fuzzy-set qualitative comparative analysis (fsQCA) was used to identify combinations of conditions that were associated with either no or with an increase in the outcome SCE in comparison to the control group at 18 months post treatment. Conditions were selected based on theory and in depth-knowledge of the cases. Four conditions were examined: teachers' perceived self-efficacy, teachers' expectations of the benefits of the intervention, dosage of physical activity breaks, and quality of implementation. Results: Overall, of the 16 logically possible combinations of causal conditions to explain non-success, 13 combinations could be observed, revealing a high diversity of causal combinations. These combinations of causal conditions were further simplified into three different recipes (coverage: 68%; consistency: 93%). These included low levels of perceived self-efficacy and low expectations regarding the benefits of the interventions, low expectations regarding the benefits of the intervention, low quality of implementation and high dosage of physical activity breaks and the third solution containing high expectations of the benefits of the intervention associated with low quality of the implementation and low dosage of physical activity breaks. Furthermore, three different recipes could be identified which explain pathways to success. Conclusions: QCA has great potential for an in-depth analysis of complex programs and the results can guide further implementation of programs. Standard statistical analysis requires a larger sample size to assess associations. QCA can rely on detailed description of small to medium sample sizes, common when comparing different intervention sites. The quality of the implementation process should be monitored during the implementation phase.

**Elena Gervilla, Joella Anupol, Ilenia Dervakou, Albert Sese, Laia Riera, Irene Mut, Constanze Ihl, Berta Cajal and Rafael Jimenez**

#### **TELL ME WHO YOU GO WITH AND I WILL TELL YOU HOW MUCH YOU ARE GOING TO DRINK**

**SPEAKER: Elena Gervilla**

**ABSTRACT.** Botellon is the Spanish term referring to alcohol use in the streets. Social norm models predict that the social environment is going to influence the relationship between alcohol use and perception of drunkenness. Because botellon means that people use alcohol in the street while they are socializing it has to be studied as a social behaviour and in its natural social context. The aim of this study is to analyse the relationship between alcohol concentration and perception of drunkenness and the influence of social environment. 439 people doing botellon in the street participated in this research (47.3% women). They had a mean age of 23.2 years ( $SD=5.3$ ). We used breath alcohol tests to have an objective measure of alcohol concentration (mg/L), and we asked the perception of drunkenness (Likert scale) as well as information about the natural

group of friends with whom they were in the street. Statistical differences were found by gender in breathalyzer scores: men had higher breathalyzer scores (mean=0.36mg/L, SD=0.35) than women (mean=0.26 mg/L, SD=0.19) ( $t=3.419$ ;  $df=327.389$ ;  $p=0.001$ ). Correlation between alcohol concentration and drunkenness perception in alcohol users was statistically significant for both women ( $r=0.358$ ;  $p<0.001$ ) and men ( $r=0.179$ ;  $p=0.011$ ). Alcohol concentration was lower when more people in the groups had a breathalyzer score equal to zero. Interestingly, in those groups where up to 50% of components had a breathalyzer score equal to zero, correlation between alcohol concentration and drunkenness perception was low ( $r=0.287$ ;  $p<0.001$ ); and in groups where more than 50% of friends had a breathalyzer score equal to zero, correlation between alcohol concentration and drunkenness perception was higher ( $r=0.609$ ;  $p<0.001$ ). Decision tree (Breiman, Friedman, Olshen, and Stone, 1984) shows that alcohol concentration can predict drunkenness perception but in people with heavy drinking the percentage of people not using alcohol in the group has also an important role. Alcohol use in the street is usual and when consuming alcohol in a social setting, drinkers are not able to assess properly their level of intoxication based on their alcohol intake, leading to associated risks. Perceived peer drinking norms could modify alcohol use.

## 13:00-14:30: Lunch & Poster Session 2 (BMGF)

### Posters in Session 2

#### Poster No. 1

**Carolina Coutinho, Lidiane Toledo, Katia Costa, Claudio Gruber Mann and Francisco Bastos**

#### **Evaluation and Monitoring of school-based drug prevention programs in Brazil: Qualitative Research Component for prevention programs #Tamojunto and Elos**

**ABSTRACT.** In 2010, Brazil launched the Integrated Plan for coping Crack and other drugs, as a way to respond the emergence of crack use in open scenes throughout the country. The Plan included three axes: Prevention, Care and Authority. In 2013, the Ministry of Justice, in partnership with the Ministry of Health, initiated preventive and health promotion actions for schoolchildren and their families. The Federal Government, in partnership with UNODC, selected three international prevention programs that, according to the literature, were associated with delayed and avoiding the first use of psychoactive substances, as well as reducing the degree of abuse. The programs chosen were: Unplugged (Brazilian version #Tamojunto), Good Behavior Games (Brazilian version Elos) and Strengthening Families Program (Brazilian version Famous Families). In 2016, FIOCRUZ, in partnership with the Ministry of Justice, implemented the #Tamojunto program in 52 schools and Elos in 43 schools, in the states of Rio Grande do Norte and Ceará. The present project intends to investigate factors capable of facilitating and / or complicating the implementation of prevention actions in schools and the perception of adolescents, parents and teachers about the impacts of the program, in order to contribute to drug prevention strategies in Brazil. We will select 8 schools where 3 different focus groups (FG) will be carried out with 10 participants each: one with teachers, one with parents and one with children / adolescents who participated in prevention programs in 2016. After the focus groups, In-depth interviews will also be conducted with key informants selected from each FG. The study will begin data collection in August 2017.

#### Poster No. 2

**Rachel Calam, Karin Fängström, Anna Sarkardi and Clare Backer**

#### **Understanding young children's perspectives using the In My Shoes computer-assisted interview**

**ABSTRACT.** Introduction: Children's perspectives are important in identifying targets for prevention, and evaluating interventions. The need for age-appropriate ways of hearing the voice of the child and understanding their perspective is increasingly recognised. The In My Shoes (IMS) computer-assisted interview for children facilitates understanding of the child's views, experiences and emotions across the range of settings they encounter, both in the family and out of home, and with different people. IMS is used in practice and research in the UK and Scandinavia.

**Methods:** All IMS components are evidence-based, and use design and representations guided by consultation with children. IMS uses visual material, animation and audio prompts to facilitate three-way conversation between the child, interviewer and computer.

**Results:** Recent studies in Sweden have examined validity using young children's descriptions of their routine clinic visits, which were video-recorded. This research has compared accounts derived using IMS to a US best-practice forensic interview. This has provided good evidence for the validity of accounts children give of real-life experiences using IMS, and highlighted the strengths of the approach. To provide an example of how IMS helps hear the voice of the child, a UK qualitative study with very young children living with a parent with bipolar disorder showed how IMS can facilitate children's descriptions of their experiences of family life, their views of themselves, including the likelihood they will themselves develop disorder, perceptions of their parents' symptoms, and adaptations family members make to living with bipolar disorder.

**Conclusions:** IMS is a valid approach which facilitates and empowers children, including the very young, to describe experiences, providing a useful tool to aid the understanding of the child's perceptions, perspectives, emotions and relationships across a wide range of settings and contexts. The opportunities to use this computer-assisted interview both in planning and evaluating interventions can help to identify perspectives that are otherwise difficult to obtain.

### **Poster No. 3**

**Thuraya Ismail, Imad Salamey and Nadine Abdallah**

#### **The Impact of Media Drug Prevention Campaigns on Youth Behaviors in Three Arab States**

**ABSTRACT.** Background Drug prevention campaigns have responded to the spread of drugs through various mediums based on different strategies. Considering the reach and influence of media campaigns on perceptions and attitudes, a study was conducted to examine the impact of Drug Prevention Media Campaigns (DPMCs) in the Arab world on youth drug prevention attitudes and to inform prevention strategies aiming to strengthen youth resiliency against drugs.

**Methods:** Nationwide phone surveys were conducted in 3 Arab countries, Kuwait, UAE, and KSA with 430 respondents aged between 18 and 30, selected from a random digital-dial sample. Attitudes of youth targeted by DPMCs were compared to a control group, also assessing the relationship between audio-visual campaigns and prevention attitudes, taking into consideration various demographic variables.

**Results:** Results attested to the fact that Arab youth utilize media, particularly modern communication technology, at higher rates than more traditional means. Around half of the respondents were subjected to DPMCs and demonstrated strong prevention attitudes compared to the control. Kuwaiti media campaigns were most effective in fostering anti-drug attitudes. In KSA, fear-based campaigns were most effective; however, Saudi youth seem to demand prevention interventions at all levels. Emiratis were most eager for policy-based prevention strategies.

**Conclusions:** The study confirmed patterns in the relationship between demographic variables and anti-drug attitudes; showing that age and education are directly related to prevention behaviors. Therefore, younger, less educated groups among youth are the most vulnerable and least resilient. Internet based media appears to be the most effective and widest reaching. In strategizing DPMCs, attention should be given to the most vulnerable youth population, particularly those aged between 15-18 and with a lower level of socio-economic and educational attainment. The results present a pilot model of research for expanded examinations and the establishment of drug prevention policy advocacy strategy



#### Poster No. 4

**Bruno Carraça, Cátia Magalhães, Joana Gonçalves, Emilia Martins, Rosina Fernandes and Francisco Mendes**

##### **Health literacy, psychological inflexibility and fear of compassion: a pilot study among adolescents**

**ABSTRACT.** Mental health disorders account for a large percentage of the total burden of illness and constitute a major economic challenge in industrialized countries. Mental health and compassion approach represent new horizons of study and evidence-based prevention, particularly important, for both, communities and clinical settings. However there is dearth of literature relating mental health, depression, anxiety, fear of compassion and psychological inflexibility in adolescents. To study the association between depression and anxiety, fear of compassion and psychological inflexibility by gender in a sample of adolescents.

Participants were 106 adolescents from schools (male  $n=47$   $M= 16.53$ ,  $SD= 1.039$ ; female  $n = 58$ ,  $M= 1.117$ ,  $SD= 1.117$ ;  $t= 1.286$ ,  $p= .201$ ) who were assessed using a Sociodemographic Questionnaire; Mental Health Literacy questionnaire Depression (with the depression and alcohol vignettes only) Anxiety and Stress Scale- short form, Fear of Compassion Scale, Experiential Avoidance and Cognitive Fusion Scale. Data analysis included descriptive measures (mean, standard deviation) and inferential analyses.

The results indicate that there is statistically significant gender differences, with higher means for girls than for boys, such as for DASS21\_Ansiedade ( $M= 3.94$ ,  $p=.008$ ), DASS-21\_Stress ( $M= 8.02$ ,  $p=.007$ ), AFQ\_Total ( $M= 37.59$ ,  $p=.000$ ), FSC self and others ( $M= 20.52$ ,  $p=.034$ ). Positive and significant correlations were found, for example, between questions of mental health literacy and DASS21\_depression ( $\rho=.292$ ;  $p=.05$ ); between FCS self and others DASS21 depression ( $\rho=.472$ ;  $p=.01$ ), anxiety ( $\rho=.277$ ;  $p=.05$ ), AFQ ( $\rho=.584$ ;  $p=.01$ ), ( $\rho=.599$ ;  $p=.01$ ); for female gender. Given the previous results, a multiple regression analysis was conducted by gender in order to clarify which dimension, DASS21-depression, DASS21-anxiety, AFQ total was a best predictor of the FSC-self and others. Results showed that AFQ ( $\beta = .489$   $p < .05$ ) and DASS21-anxiety emerged as significant predictors ( $\beta = 1.409$ ,  $p < .05$ ) for boys and AFQ ( $\beta = 1.190$ ,  $p < .05$ ) and DASS21- depression emerged as significant predictors ( $\beta = 0.489$ ,  $p < .05$ )

The results of this pilot study are promising. However, they must be seen as preliminary since we need a larger sample. The preceding findings speak to the importance of investigating, depression, anxiety, psychological inflexibility and gender in predicting fear of compassion for self and others.

#### Poster No. 5

**Jaroslav Vacek and Roman Gabrhelík**

##### **Parental Smoking and Alcohol Use as Factors for the Effectiveness of Universal Drug Prevention Interventions in Children: Results from the Randomized Prevention Trial in the Czech Republic**

**ABSTRACT.** A large body of literature has explored family factors that may contribute to the intergenerational transmission of substance use, but it is uncertain whether parental substance use itself matters or whether other factors account for this association. There is no RCT study exploring the effect of parental substance use on the effectiveness of primary prevention in their children. Data on Czech children suggest a high prevalence of substance use leading to exposure to serious long-term health problems. We conducted a randomized, controlled, 3-arm, prospective, school-based prevention trial to study the effectiveness of the two independent prevention interventions (Unplugged and nPrevention) in comparison to a single prevention intervention (Unplugged) and no intervention at all. There were seven waves of data collection conducted from September 2013 to June 2017 with total of 14,683 valid questionnaires collected in children. In 2014, questionnaires were completed by 1,931 parents resulting in 1,730 unique valid linked child-parent pairs. The Unplugged intervention was implemented in the 6th grade during the 2013/2014 school year, the n-Prevention intervention was delivered in the 7th grade. Other prevention activities were monitored. The effectiveness was assessed using the method of Generalized Estimating Equations (GEE). Effective, as compared with the (no intervention) control group, after the six follow-up (44



months after baseline) appears both interventions (nPrevention + Unplugged, and Unplugged only) only in the Prague schools. In the whole sample, we found almost none statistically significant effectiveness in the intervention groups. More than the substance use of parents, risk behavior of children can be predicted by the very fact that the parent not participated in the study. The results regarding the influence of parental substance use are contradictory. In children whose mother smokes, the effectiveness on children smoking and drinking seems to be lower. In children whose father smokes, the effectiveness seems to be higher especially in the nPrevention + Unplugged study group. Alcohol consumption by parents does not have such a significant effect. Implication for further dissemination and research will be discussed.

### **Poster No. 6**

**Ana Bertão and Ana Filipa Felix**

#### **Gender and Gender Identity in Childhood and Early Adolescence. Education and Development**

**ABSTRACT.** Gender issues are especially important in childhood and adolescence, because of the impact on the development and well-being of children, young people and their families. Through two case studies, we intend to reflect on the influence of the family system, especially of the parents, in the processes of social construction of gender. If the experience of the male and female roles during childhood, regardless of the sex of the child, is accepted at an early age by the family as an important stage of development, maintaining these actions at later ages causes manifest distress in the family. This anguish often translates into repressive attitudes and behaviours that can affect development and do not allow the freedom and autonomy of the individual's choices. The social representations of the individual and of the sexual roles interfere in the educational practices and in the construction of the image of the body, the self-esteem and the experience of its relations with the other individuals. Following the course of two life histories, we seek to understand the impact of the processes of social construction of gender, stereotypes and attitudes on development and well-being in the family system and reflect on the issues of parental and social education for universal prevention.

### **Poster No. 7**

**Veronique Regnier Denois, Melanie Brossier, Simon Ducarroz and Cristel Russell**

#### **Youths' knowledge and beliefs about e-cig in France**

**ABSTRACT.** Background: The growth of Electronic Nicotine Delivery System (EC) has led many policymakers to worry about regulating it even though we still know little about the short and long term public health consequences of its use. Today, an estimated 25% of the French population has tried EC and 6% of the 15-75 years. A qualitative study was realized with the objectives to document youths' experiences, knowledge and beliefs about e-cigs. Methods: A medical anthropologist conducted 50 individual interviews with 16-17 years old from February to July 2017. The sample includes female and male tobacco smokers and nonsmokers teens living in 2 different French regions with different size of the living area. Semi-structured interview guide was used to facilitate an 'interview' situation but the questions were not restrictive in order to discover the people's pathway and their representative associations. Analysis: The data was collected and analyzed following the grounded theory methodology so that each successive interview is guided by the analysis of the previous ones. Results: 90 % of the 15-17 years old admitted that they have tried EC before. They tried EC under their peers' influence, to fit in, and to enjoy the vapour by playing tricks with the smoke. Most of them have stopped EC after its experimentation. The majority of our sample showed limited or no knowledge about EC composition. Most of them had doubts about the safety of EC. They are not sure that health effects of EC are better than CC (Conventional Cigarette). Compared with CC, youth indicated that they would be less willing to use EC under their peer influence. Tobacco smoking is considered easier to access and use than EC and therefore remains the "norm" for adolescents and a factor of social integration.

## Poster No. 8

**Eliana Berger and Lílían Souza**

### **The intersectoriality in the implementation of programs for drug prevention in Rio Grande do Norte State main results and reach in 2016**

**ABSTRACT.** The Public Ministry of the state of Rio Grande do Norte, has requested strategies in prevention actions for the use/misuse of drugs from the National Secretary of Drug Policies of the Ministry of Justice (SENAD/MJ), responsible for advising Brazilian states and municipalities on drug policies nationwide. The Secretary (SENAD), through an agreement with Oswaldo Cruz Foundation, from the Ministry of Health (FIOCRUZ/MS), welcomed the request and settled a partnership with the state's government and the municipalities of Natal, Parnamirim and Mossoró. This partnership aimed for the implementation of three prevention programs for the use/misuse of alcohol and other drugs: "Jogo Elos", a Brazilian version of the Good Behavior Game – GBG, "#TamoJunto", a version of Unplugged; and "Famílias Fortes" an adaptation of the Strengthening Families Programme – SFP. The implementation of the three programs in the state of Rio Grande do Norte involved intersectoral articulation between the Secretary of Health, Secretary of Education and Secretary of Social Assistance of the three municipalities mentioned, and also the State Department of Youth, the Social Assistance Reference Center (CRAS), the Basic Unit of Health (UBS), Municipal and State Schools of Elementary and Secondary Education and the Public Ministry. Considering the involvement of these government instances, it was taken as theoretical framework the intersectoral approach, described in academic literature as one of the essential precepts of implementation policies involving different government sectors and civil society, and the integration between sectors that intent to foster the implementation of such policies (Nascimento, 2010). This integration took into consideration the competences and specificities from each area involved, that in result, besides joining forces, strengthens the National Policies on Drugs (PNAD, 2006). This presentation focuses on the results obtained in 2016, in the state of Rio Grande do Norte, of the implementation of three prevention programs for the use/misuse of alcohol and other drugs. The study used as measurements of result the number of trained facilitators, youth and family benefited from the program, and particularly, the degree of integration of the different sectors of public service involved, taking into account the perspective of intersectoriality.

## Poster No. 9

**Rafael Jiménez, Elena Gervilla, Juan José Montaña, Alfonso Palmer, Carlos Bobadilla and Albert Sesé**

### **Data Mining in Alcohol Use Prevention**

**ABSTRACT.** Alcohol use is not declining, despite that the consequences of this practice are well known. In this sense, alcohol abuse in young people is especially dangerous, because endangers them in multiple ways, including physical and psychological problems. In this work, we assess the prediction power of several alcohol use-related variables to predict alcohol use of young people that are gathered in street parties. We use a sample of 362 participants (54% men), with a mean age of 23 years old (7.2% underage). We have measures of alcohol concentration in expired air, and other alcohol use-related measures informed by the participants. While the main body of the analysis in the field of substance use has been done with classical statistical techniques, few studies use Data Mining tools, which enable to find new ways to analyse and represent data, especially when data increases in size. In this work, we implement data mining predictive models, through a series of Data Mining classification techniques: Decision Trees, K-Nearest Neighbor, Naïve Bayes and Artificial Neural Networks. Through this methodological comparison, we show how different techniques or algorithms have a better functioning in different data sets, and using a diversity of algorithms is advisable to finally select the best model. This way yields insights and relationships that could not otherwise have been detected, and therefore may be useful to implement prevention programs of alcohol use in this population.

## Poster No. 10

**Paul Weaver, Carina Skropke and Kate Macdonald**

### **Social Innovation Organisations as Part of Prevention Infrastructure: Insights from The LifeShare Migrant Assimilation Project**

**ABSTRACT.** This presentation describes LifeShare, a pilot-scale collaborative initiative that seeks to provide opportunities for asylum seekers and refugees (hereafter migrants) to become active participants within communities and to begin the process of cultural acclimatisation and assimilation. The innovation involves a partnership between Open Doors (OD), an initiative of the Methodist Church in Kingston-upon-Hull, and the Time Bank Hull and East Riding (TBHER). OD aims to help migrants by offering accessible, direct, first-level material and emotional support in a safe, friendly environment. TBHER seeks to strengthen community inclusion and cohesion across Hull, using the timebanking mechanism of reciprocal service exchange to enable members to contribute to a moneyless, mutual-aid economy of service-exchanges and group activities. Through their collaboration, the organisations seek to create opportunities for constructive engagement of migrants with the local community and for improving mutual understanding, so widening the set and sources of supports and services available to them while respecting legal restrictions on working.

The presentation will review the challenges of migrant integration in Hull in the context of high levels of asylum-seeker placement, multiple deprivation and cuts in public expenditure, as well as the opportunities afforded to the city by its designation as the 2017 UK-City-of-Culture and the launch of Hullcoin, a programmable local cryptocurrency to incentivise positive social impact. It will describe the practical experiences to date of bringing migrants and the host community together. The presentation will also explore the challenges faced by the organizations in working towards their common goal while addressing their own sustainability challenges.

The case illustrates how community and social innovation organisations already form part of a prevention infrastructure which provides early, effective and cost-saving interventions when and where these are needed but which struggles to find recognition and funding, is severely underdeveloped, and is eroding rather than consolidating and growing. The presentation focuses on the supporting innovations in policy and financing that are needed to build a prevention infrastructure for migrants in the EU and for social innovation organisations to contribute more generally as part of a coherent prevention infrastructure.

## Poster No. 11

**Lilian Souza, Darliane Dantas, Zilmar Filho and Eliana Berger**

### **Programa Famílias Fortes in the Brazilian Northeast: the strengthening of family ties as a preventive factor to the use and abuse of psychoactive substances for adolescents and their families**

**ABSTRACT.** The use and abuse of psychoactive substances by adolescents is a global phenomenon and its onset has been increasingly precocious. The family system has been presented as one of the factors that influences the abusive relationship of adolescents with alcohol and drugs. The Programa Famílias Fortes (PFF) is a universal and selective preventive program for children and adolescents who are not yet involved in severe problems caused by drug use and family that have not yet had broken ties and drug abuse. The actions are implemented in public policies aimed at children and adolescents between the ages of 10 and 14 and their parents, in order to avoid drug abuse, antisocial behavior and intrafamily violence. Is a scientifically proven preventive tool for the consumption of psychoactive substances and is being adapted in Brazil based on the Strengthening Families Program (SFP-UK), which is based on social ecology and resilience. The Secretaria Nacional de Políticas sobre Drogas (SENAD), in partnership with Fundação Oswaldo Cruz (FIOCRUZ), has been implementing, since 2015, the Programa Famílias Fortes state of Rio Grande do Norte-RN in the cities of Natal, Parnamirim, Mossoró, Macau and Parelhas.

The PFF interactively seeks to work on the development of life skills, protection factors and the strengthening of family ties, in order to instrument the members of families to be protagonists of a process of prevention of drug use and other risk behaviors more effectively. This study aims to evaluate the importance of strengthening the family ties in alcohol/drug abuse prevention among adolescents and their families through an experience report on the impact assessment and quality of the Programa in the State of Rio Grande do Norte. The spaces of community interaction can provide reflection and re-signification of the parental styles adopted in the families and promote the strengthening of family ties, increasing the capacity of its members to deal with situations of insecurity and conflicts. The prevention focusing on family relationships ensures improvement in quality of life and can prevent the abuse of psychoactive substances.

#### **Poster No. 12**

**Florence Cousson-Gélie, Olivier Lareyre, Jordan Gueritat, Julie Paillart, Maryline Margueritte and Anne Stoebner**

##### **A theory-based peer-led prevention program on smoking among vocational high school students (P2P): a cluster randomized trial**

**ABSTRACT.** In France, the issue of youth smoking remains a major challenge for public health. If the peer influence can encourage tobacco use, we observe that the peer education has therefore a beneficial potential to change smoking behavior of adolescents. Moreover, it was demonstrated that Theory of Planned Behaviour (TPB) has yielded the best prediction of intentions and behavior in several health domains. In P2P program, voluntary students in professional high schools conceived and performed their own intervention, based on the TPB (with help of trained educators), to reduce their schoolmates smoking. The main objective of this study is to measure the 2 years impact of the P2P program on a highly exposed young population composed by students from professional schools. Between 2013 and 2014, a cluster randomized controlled trial was performed among 1573 students enrolled in 15 professional high schools in France. 749 students in the interventional arm received a program (P2P) in which voluntary peers of each school have designed and carried out anti-smoking actions based on TPB within their own institution. After the intervention and 24 months after baseline assessment, daily smoking prevalence was determined. Secondary endpoints included smoking behaviors and noted a posteriori the level of theoretical implementation of the peer-led actions. P2P program prevented an increase of 6.5 points in daily smoking prevalence at the end of the intervention. A high level of implementation increases the impact of the intervention, mainly among smokers, and appears to strengthen their subjective norms against tobacco. These results showed the potential benefit for participants in this experiment to reduce their likelihood of smoking. Acknowledgement: this research was supported by a grant from INCa (Institut National du Cancer) RISP 2013 and SIRIC of Montpellier (Grand INCa-DGOS-Inserm 6045)

#### **Poster No. 13**

**Lucie Vavrysova and Miroslav Charvat**

##### **Validation of Substance Use Risk Profile Scale via Comparative study of high-risk adolescents in Juvenile corrective institutions in Czechia**

**ABSTRACT.** The aim of our comparative and validation study was to authenticate the predictive abilities of Substance Use Risk Profile Scale, which has already been standardized in Czechia. The method includes four scales: Hopelessness, Anxiety Sensitivity, Impulsivity and Sensation Seeking. We compared a highly representative standardization sample of 5,062 individuals aged 11-16 from the common population with a group of 200 adolescent inmates of Institutions for protective and preventive residential care (Children's homes with school and Corrective institutions) at the age of 11-17 years. This is a high-risk group of adolescents that have already manifested risky behaviour in repetitive or persistent pattern (such as antisocial behaviour, extensive drug use, etc.), and thus they also meet criteria of conduct disorder. We used this group as a criterion for confirming the concurrent empirical validity of the SURPS method. The differences between those samples were seen in the Negative Thinking (significant increase), Hypersensitivity (significant

decrease), and Impulsivity (significant increase). When we compared girls and boys, it turned out that the statistical significance and effect size slightly differed. Using the ROC (receiver operating characteristic) curve and other methods, we were also looking for optimal cut-off scores of all four scales of SURPS. Properly set cut-off scores can indicate future serious problems and therefore can be used to recommend individuals to the indicated prevention programs. The current practice is based just on a statistical deviation (1 SD above the mean) when determining the intervention threshold. A detailed description of the results of the monitored group also brings its deep knowledge and allows more targeted work with inmates in the Institutions for protective and preventive care. A sub-norm data for a group of high-risk adolescents in juvenile corrective institutions was also created, which contributes to the improvement of psychological diagnostics in this context.

#### **Poster No. 14**

**Nathan Luz Beltrand**

##### **Normative beliefs of teachers and health professionals implementing prevention programs**

**ABSTRACT.** Introduction Normative beliefs have been studied in different contexts, especially in peer influence, school environment, drawing parallels with behaviors such as substance use, violence, and bullying among other response patterns. This study intends to observe moderation of normative beliefs in professionals of a prevention program and investigate possible impacts on preventive interventions. Method Data were collected on perception of prevention professionals (teachers and health professionals) of #Tamojunto, adapted version of Unplugged in Brasil, through individual estimate, and later groups average regarding the prevalence of substance use patterns of one-time use in life, one-time use in last month, and 6 or more times use in last month, of alcohol, tobacco, marijuana and inhalants by adolescents from sixth grade to middle school, and later compared with national epidemiological data on substance use (Cebrid, 2010). Results Data indicate a large difference between professionals beliefs about substance use in relation to national research. The prevalence in Cebrid research was lower than the perception of professionals in all patterns of use, ranging from 59 times smaller (in the case of frequent use of Marijuana) to a relatively close percentage in the alcohol use pattern (difference Of only 10% or 1.18 times higher than the research indicator). Conclusion It was verified the approximation in the responses of the groups and individuals, and great difference with research data (more evident in relation to Marijuana, Inhalants and Tobacco). Questions and subsequent research may investigate determinants involved in such a pattern. Normative beliefs can be a determinant variable of the quality of prevention, and even a complementary form to observe, monitor and evaluate in smaller scale than the tests with students. In any case, it is interesting to observe beliefs in different contexts and investigate their relationship with different substance patterns and prevention interventions.

#### **Poster No. 15**

**Katarzyna Okulicz-Kozaryn and Anna Borucka**

##### **Declining population trends in smoking and alcohol use among Warsaw adolescents in the past decade and how to explain them**

**ABSTRACT.** Background. Some decline of substance use among teenagers is recently observed in Poland as well as in several European countries including Iceland where significant positive changes are attributed to the implementation of carefully designed prevention model. Objectives. To examine 30-year changes in alcohol and other drug use among Warsaw adolescents and potential reasons of positive changes in the past decade. Methods. Repeated, cross-sectional population-based school surveys with nine waves of pooled data; conducted in a part of Warsaw (population > 370000); with participation of 15-year old students (in 2016 n=850, in 1984 and 1988 n > 3000) from randomly selected classes (app. 50%). Anonymous questionnaire measured substance use and factors associated with family, school and life-style. Findings. Between 2004



and 2016, the 30-days prevalence of alcohol use declined from 50% to 28%; binge drinking – from 21% to 12%. Annual prevalence of cigarette smoking decreased from 32% to 25%. Examination of primary prevention and life-style factors indicated most significant changes in two areas: time spent out of home (declined over time) and time spent on Internet (increased over time). Decreasing trend in adolescents cigarette smoking, probably to great extent might be explained by parental modelling – in the past 30 years the percentage of non-smoking parents increased from 27% to 61%. Conclusions. It is hard to attribute declining trends in alcohol and cigarette use by Warsaw adolescents to preventive measures implemented at local or national level. However these trends might be associated with global changes in adolescents life-style, especially with the growing tendency to spend more time in virtual reality (Internet) than in physical – real-life contact with peers.

#### **Poster No. 16**

**Clara Affun-Adegbulu**

##### **A study on the awareness and experience of Nigerians in diaspora about the issue of Female Genital Mutilation (FGM) within their communities**

**ABSTRACT.** Female genital mutilation (FGM) as defined by the World Health Organisation (WHO), is any procedure that intentionally alters or causes injury to the female genital organs for non-medical reasons (1). The practice has serious implications for the health of affected women, and has an impact on the enjoyment of their full sexual and reproductive health rights.

According to UNICEF, Nigeria has in the past had the largest absolute number of women and children that have had FGM (2), and although the practice has been declining in recent years, the recent Nigeria Demographic Health Survey conducted in 2013 showed that 25% of Nigerian women aged 15-49 have been circumcised. There is a wide variability across ethnic groups, with the Tiv and Igala reporting very low numbers, while among the Yoruba and Igbo, the figures are 55 and 45% respectively (3).

Many studies have been conducted on the practice of FGM and the awareness of the issue among the Nigerian population, however, little is known about the attitudes and experiences of Nigerians in diaspora. Does the practice simply die out with emigration from the country of origin? What is the prevalence of FGM among first and second-generation immigrants, and how much is known about the issue?

This study aims to answer those questions with a survey of Nigerians in diaspora. The author hopes that the information gleaned from the study will reveal further areas of research, as well as help in the design of campaigns that are relevant to this particular population.

The study is ongoing, and results will be available in September.

1. <http://www.who.int/mediacentre/factsheets/fs241/en/> 2. [https://www.unicef.org/nigeria/FGM\\_.pdf](https://www.unicef.org/nigeria/FGM_.pdf) 3. <http://dhsprogram.com/publications/publication-fr293-dhs-final-reports.cfm>

#### **Poster No. 17**

**Kamila Dvorakova, Moe Kishida, Steri Elavsky and Mark Greenberg**

##### **First-year College Students' Health and Well-being: Mindfulness Training Pilot Randomized Controlled Trial**

**ABSTRACT.** The transition to college is a critical developmental period when all aspects of a person's life are in flux. Freshmen are particularly prone to stress stemming from the adjustment to the novel academic environment, different social expectations, and newly gained sense of freedom. The heightened vulnerability to stress may provide fertile grounds for declining mental health, deteriorating academics, and unhealthy relationships. Current statistics in the USA and Canada show the evidence that college students face alarming levels of mental health difficulties

(overwhelming anxiety, depression symptoms, social isolation) and subsequent consequences of maladaptive coping skills (alcohol abuse, procrastination, drop-outs).

In efforts to implement campus-level interventions, one particularly promising approach that is receiving growing attention is mindfulness. This practice fosters stress resilience, attention and focus, healthy coping, and the potential to promote the development of a person as a whole. Mindfulness skills may particularly be relevant to first-year college students as they can promote stress management and effective emotion regulation skills to facilitate the transition process.

This poster will examine the feasibility and effectiveness of mindfulness training at posttest and 3-month follow-up during the 1st year of college. A pilot randomized wait-list controlled trial was conducted with 109 freshmen living in residential dormitories. The immediate post-test effects of an eight-session college-adapted mindfulness program [Learning to Breathe (L2B)] on the health, well-being, and academic performance showed that the intervention group in comparison with the control reported significant improvement in life satisfaction, and decreases in depression, anxiety, sleep issues, and alcohol use. At a 3-month follow-up, we found sustained effects on life satisfaction, depression, and sleep issues. Furthermore, we found an intensification of effects for additional indicators of healthy adjustment to college and belonging to the student community. The results suggest that developmentally timed mindfulness-based training can lead to improving 1st-year college students' coping skills, mental health, and well-being.

#### **Poster No. 18**

**Richard Lynas, Jamila Boughelaf and Alessandra Podesta**

##### **An Exploration into the Expected Outcomes of Adolescent Substance Prevention Programmes**

**ABSTRACT.** This paper explores the objectives of 25 adolescent substance prevention programmes scored for quality of evidence and impact by CAYT-ADEPIS. Adolescence is a time of opportunity and for learning new skills and a time when the brain is more adaptive than it will ever be again. It represents a period of brain development during which environmental experiences, including teaching, profoundly shape the developing brain. This is a unique opportunity and sensitive period for introducing substance prevention programmes. Although numerous programmes aim to address adolescent substance prevention, there is often poor uptake by practitioners of evidence-based programmes and not all programmes utilize this neurobiological opportunity. This is apparent from the diverse range of expected outcomes reported in programme evaluations submitted to CAYT ADEPIS. Four themes were identified in relation to expected outcomes – behavioural change (for example a decrease in risk-taking behaviour), improved health and wellbeing (for example, improved mental health), soft outcomes (for, example an increase in self-confidence and communication) and hard outcomes (for example an increase in numbers of young people engaging with education, employment, training or volunteering). Expected outcomes are discussed in order to support evaluators, practitioners and intervention developers to deliver and foster the global effectiveness of adolescent prevention programmes.

#### **Poster No. 19**

**Roman Gabrhelik and Jaroslav Vacek**

##### **Effectiveness of Two Universal Substance Use Prevention Interventions: 40-Months Follow-up**

**ABSTRACT.** We aimed to evaluate the effectiveness of two school-based substance abuse prevention interventions: Unplugged and nPrevention. We conducted a cluster, randomized, controlled, 3-arm, prospective, school-based prevention trial to study the effectiveness of the two independent prevention interventions in comparison to a single prevention intervention (Unplugged) and no intervention at all. There were seven waves of data collection conducted between September 2013 and June 2017, with total of 14,683 (50.5% males) valid questionnaires collected. The Unplugged intervention was implemented in the 6th grade during the 2013/2014 school year, the n-Prevention intervention consisting of four lessons (including two supportive animated videos for children about neurology and neurobiology of addiction, further modified the intervention lessons) was delivered in the 7th grade. Fidelity dimensions were measured. The effectiveness

of primary prevention activities will be assessed using the method of Generalized Estimating Equations (GEE). Results will be presented with respect to group allocation, gender, and region. Data are to be analyzed but preliminary results indicate no iatrogenic effects of the Unplugged + nPrevention or Unplugged alone. Main study outcomes will be also compared with the previous RCT conducted in the Czech Republic. Implications for further dissemination and research will be discussed.

#### **Poster No. 20**

**Florence Cousson-Gélie, Jordan Guéritat, Fanny Baguet, Hélène Sancho-Garnier, Vincent Grasteau, Véronique Regnier and Franck Chauvin**

##### **A platform for cancer primary prevention research: the sharing of skills and expertise in order to expand evidence-based health promotion programs and to optimize cancer primary prevention**

**ABSTRACT.** Cancer primary prevention aims to limit the incidence of cancer by controlling the exposition to identified risk factors. The presently known exogenous factors offer promising prospects for cancer prevention. By acting on these exposure factors one third of cancers will be avoidable. To succeed in prevention, it is important to carry out health behavior change interventions based on robust scientific methods. According to Hawe et Potvin (2009), "Population health intervention research involves the use of scientific methods to produce knowledge about policy and program interventions (...)". Research and preventive action, while closely interrelated, are frequently carried out by various stakeholders, who have not the same approach concerning context, objectives and evaluation. Stakeholders' representations and prejudices currently create real barriers to produce evidence-based knowledge, which would be shared by all prevention actors. Moreover interventions based on behavioral and educational theories as well as social model may lead to better understand the process driving to prevention programs effectiveness and to facilitate their transferability in other contexts.

Owing to the relative scarcity of behavioral, educational, psychosocial-based and evaluated program in France, the idea of creating a platform for cancer primary prevention research emerged in December 2015 through a partnership between the three Centers dedicated to cancer prevention nationally (Epidaure, prevention department of the Montpellier Regional Cancer Institute; Hyg e, prevention department of the Canc rop le Lyon Auvergne-R h ne-Alpes; and Ant ia JDB-Cancer Prevention Foundation in Ile-de-France). This research platform aims to federate various scientific domains (psychology, sociology, educational sciences and epidemiology) relying on knowledges and know-hows of the three prevention Centers. The platform will optimize the development of research interventions based on behavioral and educational theories in direct collaboration with prevention workers on the ground.

#### **Poster No. 21**

**Johanna Gripenberg, Tobias Elgan and Sven Andr asson**

##### **Alcohol prevention in the nightlife setting: 20-year follow-up of a Responsible Beverage Service program**

**ABSTRACT.** Introduction: In 1996, STAD (Stockholm Prevents Alcohol and Drug Problems) initiated an alcohol prevention program in Responsible Beverage Service (RBS) targeting the nightlife setting. The RBS-program consists of community mobilization, training of serving staff, and enforcement. Program evaluations have shown a significant increase in the refusal rates of alcohol service to intoxicated patrons, from 5% (1996) to 70% (2001), and a decrease in the frequency of police-reported violence by 29%. A cost-effectiveness analysis showed a base case cost-saving ratio of 1:39. The program was subsequently institutionalized and maintained by a collaborative steering group. The purpose of this study is to evaluate the long-term effects of this RBS-program on the frequency of refusal rates of alcohol service to obviously intoxicated patrons at licensed premises.

**Methods:** The study was conducted using the same procedure as the baseline assessment in 1996 and follow-ups in 1999 and 2001. The current study was conducted during Fall 2016. Six professional male actors (i.e. pseudopatrons) were trained by an expert panel to enact a standardized scene of alcohol-intoxication. Six research teams, each consisting of two actors and one observer, visited licensed premises and attempted to order a beer. A total of 146 licensed premises located in the central part of Stockholm were randomly selected and visited.

**Results:** Results indicate that the rate of refusals of alcohol service to obviously intoxicated patrons has been sustained over time. At the 20-year follow-up the pseudopatrons were denied service of alcohol at about 77% of the attempts, a statistically improvement compared to 5% at the baseline study in 1996, and sustained effects relative to the previous assessments in 1999 (47%), and in 2001 (70%).

**Conclusions:** The results demonstrate sustained long-term effects of the multi-component program and can be explained by the high level of institutionalization of the RBS-program.

## **Poster No. 22**

**Ana Magdalena Vargas-Martinez, Marta Trapero-Bertran and Marta Lima-Serrano**

### **Gaps in the literature about the socioeconomic determinants of alcohol consumption in adolescents**

**ABSTRACT.** Objective: An integrative review of the literature of published papers in the last five years (2012-2017), which approach the socioeconomic factors of alcohol consumption in adolescence, was carried out. Method: The information was extracted of the following databases: DARE, NHS EED, HTA, SCOPUS and PubMed, in English and Spanish. The relevant papers were identified using the MeSH descriptors combined with the Boolean operator AND and OR, with the following search equations: [“socioeconomic factors” OR “socioeconomic determinants”) AND (“alcohol consumption” OR “alcohol use”) AND (adolescen\* OR teenager\*)], [“socioeconomic factors” AND “alcohol consumption”], [“socioeconomic factors” AND “alcohol use”], [(“socioeconomic factors” OR “socioeconomic determinants”) AND (“alcohol use” OR “alcohol consumption” OR “binge drinking”) AND (adolescen\* OR teenagers)]. The last search was done 10th June 2017. The question PICO (patient-problem/intervention/comparison-treatment/outcomes) format was: “gaps in the literature about the socioeconomic determinants of alcohol consumption in adolescents”. This format was used to get better search results, which meet the review goal. Results: In relation to potential socioeconomic factors that can influence alcohol consumption in adolescence, we can say according to the findings of several studies that some of these could be: age, gender, race or ethnicity, social norms (parents alcohol use, substances use peers, parental monitoring and behaviours), education attainment, parents education level and occupation, income, economic status or position, family affluence, other substances use, nationality, nativity, immigrant generation, family composition and functioning, community level social factors, present illness, religious belief, social media and sexual orientation. Conclusion: After reviewing all these studies lead to show that there is a lack of information on causality. Most of the evidence collected in this review was from cross-sectional studies. The difficulty in assessing causality, coupled with the lack of interventional studies and the often conflicting results make it difficult to make firm policy recommendations. Probable future lines of research in relation to the associations between socioeconomic factors and alcohol use could be: to explore in depth the relationship between alcohol-attributable disease, socioeconomic status and alcohol use as well as to examine through longitudinal studies the causal relation between addictive behaviours and SES (socioeconomic status).

## Poster No. 23

Eva Smiková, Alena Kopányiová and Zuzana Vojtová

### **Risk behavior of children and youth in Slovakia in the context of prevention in the school environment**

**ABSTRACT.** In the paper we summarize the partial results of empirical correlation research from the data obtained by the depistage questionnaire (Kopányi, Matula, 2013) on the national sample  $N = 59155$  (elementary school pupils 6-15yrs). By selecting sociodemographic indicators and anamnestic data relevant to the research objectives we have identified aggregate indices that can be good aggregate indicators of analyzed phenomena such as risk behavior, socially disadvantaged family background, learning disorder rate, and other. The interrelationships of the variables examined and the contextual dimension of risk behavior can serve as a basis for setting effective prevention.

## Poster No. 24

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

### **Prospective changes in screen-based sedentary behaviour during leisure time over 12 months among adults: results of a brief intervention feasibility study**

**ABSTRACT.** Background: Long-term investigations of screen-based sedentary behaviour [SSB] are rare. The aim of the study was to examine systematic changes in television and computer time over a period of 12 months. Methods: A number of 174 individuals ( $M=54.4$  years,  $SD=6.2$ ; 64% women) with no history of myocardial infarction, stroke, or vascular intervention participated in a study aimed to test the feasibility of a brief intervention to increase physical activity and reduce sitting time during leisure time. At baseline and after 12 months, participants attended a cardiovascular examination program. At baseline and after months 1, 3, 4, 6, and 12, they completed the "7-d sedentary behavior questionnaire". A random subsample received a counselling letter intervention after months 1, 3, and 4. Changes in SSB over time were analysed using random-effects modelling. Results: Participants spent 3 h/day (Median, IQR: 2.1-4.3) at baseline, 2.8h/day (1.9-3.7) at month 1, 2.4 h/day (1.5-3.8) at month 3, 2 h/day (1.2-3.1) at month 4, 2.8 h/day (1.8-3.9) at month 6, and 2.8 h/day (1.8-4.1) at month 12 in SSB. Time x study group interactions were not significant. Results of random-effects modelling including the total sample indicated a decrease of SSB after 1 month ( $p = 0.044$ ), 3 months ( $p = 0.003$ ), and 4 months ( $p = 0.049$ ). SSB increased between 4 and 6 months ( $p = <0.001$ ). Between 6 and 12 months, no change in SSB was observed. Conclusion: Results revealed a continuous decrease of SSB within the first 4 months. Between 4 and 6 months, SSB increased. Similar changes of SSB in the intervention and the control group might be explained by mere-measurement effects and altered response behaviour according to the frequency of contacts that vary between study periods.

## Poster No. 25

Anwen Jones and Dawn Owen

### **'Evaluation of the SKILLS (Support for Kids in Learning and Language Strategies) Online Programme for School Support Staff'**

**ABSTRACT.** Introduction: Growing numbers of children in mainstream schools receive additional help from school based support staff to address their additional learning needs, with the aim of ensuring they achieve positive outcomes. Without additional support, many children have poor long-term outcomes in terms of academic underachievement, mental health difficulties and lifelong challenges including unemployment. School based support staff have varied backgrounds and experience in dealing with the challenges presented by the children they support and can be ill-equipped to manage the social and emotional problems of some children who may become disruptive or withdrawn. There is strong evidence that parenting skills interventions can improve child outcomes, and the positive behaviour management strategies taught in these programmes are also effective in improving nursery staff and teacher relationships with children. In addition to



improving relationships with children these programmes also reduce negative child behaviour and improve children's nursery or classroom engagement. SKILLS (Support for Kids in Learning and Language Strategies) is a five week web based programme developed for school support staff that teaches core social learning theory principles designed to strengthen relationships through child-led play, increase praise and develop children's language skills. This study is the first evaluation of the programme. Methods and analysis: Participants will be school-based teaching support staff who work on a 1:1 basis with children aged between 3 and 8 years. They will be recruited from local schools. The primary outcome measure is increased use of positive behaviour strategies as measured by a behavioural observation of the teaching assistant engaging the child in a 1:1 reading session. Secondary outcomes include support staff self-reported measures of sense of competence and work stress and teacher ratings of child behaviour. Data will be collected at baseline and after the five week intervention. Participant evaluation of the relevance of programme content will be collected after completing each chapter and overall participant satisfaction will be collected at the end of the course. Ethics: Ethical approval was granted by Bangor University School of Psychology Ethics Committee in January 2017 application number: 2017-15924.

### **Poster No. 26**

**Manuel Isorna Folgar, Sandra Golpe, Carmen Barreiro, Gregor Burkhart, Antonio Rial Boubeta and Patricia Gómez Salgado**

#### **Cannabis consumption among adolescents: Risk pattern, implications and possible explanatory variables**

**ABSTRACT.** Unlike other substance use, it has not succeeded in reducing rates of cannabis use, which is the most used illegal substance among Spanish adolescents according to data from the last edition of the National Survey on Drug Use among Students aged 14–18 (ESTUDES (2014-15). This is consistent with data collected through the Spanish Household Survey on Alcohol and Drugs (EDADES 2015/16), which show a worrying increase in the levels of consumption among young population. Updating consumption levels (incorporating the 12-13 year age range), estimating risk consumption and, above all, analyzing the possible implications and associated variables are inescapable challenges for a better prevention. These were the objectives of this paper. The results obtained with a sample of 3,882 Galician adolescents aged between 12 and 18 years ( $M = 14.52$ ;  $SD = 1.72$ ) reveal that nowadays the percentage of adolescents who use tobacco and cannabis is higher than that of those who use tobacco alone (12.7% vs 10.5%). This implies not only a higher probability of consuming other illegal substances, but also of developing high-risk drinking, binge drinking or even of experiencing Problematic Internet Use or cyberbullying. In terms of prevention, the results reveal that personal variables such as self-esteem, assertiveness, social skills or impulsiveness have weak explanatory power, compared to other variables related to setting rules and limits by the parents.

### **14:30-16:00: Plenary Session 3 (BMGF)**

- Implementation of suicide prevention in existing measures of addiction prevention – Andreas Prenn (Supro–Werkstatt für Suchtprophylaxe, AT)
- The Austrian school-based life skill program for addiction prevention - Gerhard Gollner (kontakt+co Suchtprävention Jugendrotkreuz, AT)

### **16:00-16:30: Coffee Break (BMGF)**

### **16:30-18:00: Plenary Session 4 (BMGF)**

- Rethinking the dynamics of primary prevention: mobilisation, implementation, and embeddedness in open systems – Prof Carl May (University of Southampton, UK)
- Prize giving and conference close

## NOTES

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