EU SPR

European Society for Prevention Research

Optimizing Prevention Infrastructures

14th EUSPR Conference and Members' Meeting

4-6 October, 2023

Sarajevo, Bosnia and Herzegovina

NARKO-NE
prevencija.ba

European Monitoring Centre
for Drugs and Drug Addiction

Bosna i Hercegovina
Federacija Bosne i Hercegovine
**Federalno ministarstvo
rada i socijalne politike**

Colabora con

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DE ESPAÑA
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DELEGACIÓN DEL GOBIERNO
PARA EL PLAN NACIONAL
SOBRE DROGAS

CONTENT

WELCOME

> *For our 14th EUSPR conference we have chosen "Optimising prevention infrastructures" in order to honour the engagement and enthusiasm of our hosts from Sarajevo and the needs of many European countries, particularly in the region. Let's remind ourselves that we can't create an efficient prevention system just by implementing evidence-based prevention programmes in schools or "early interventions". We have to focus on the people, particularly those who take decisions about prevention at local and regional levels, because here is where resources are located and deployed in the majority of countries.*
>
> *This is why we will be discussing specific strategies for system reform at this conference: training local decision makers and new stakeholders, helping communities to optimise decision-making, and offering evidence-based interventions, such as environmental policies at the local level in addition to programmes, to all of them.*
>
> *As always, a distinctive feature of our conferences is the rich scientific programme, developed by our Scientific Committee chair Elena Gervilla, president elect, as well as the opportunity to meet and connect with the next generation of prevention scientists and change agents, in the exceptional city of Sarajevo, with the social programme organised by NARKO-NE and the support of the Federation of Bosnia and Herzegovina.*
>
> *A warm welcome to you all,*

GREGOR BURKHART
EUSPR President

CO-ORGANIZERS

Federal Ministry of Labor and Social Policy

https://fmrsp.gov.ba/

The Federal Ministry of Labor and Social Policy performs administrative, expert, and other tasks as laid down by the legislation related to the competencies of the Federation of Bosnia and Herzegovina in the areas of social policy, labor and employment, pension and disability insurance, as follows: labor and employment policies; labor relations and rights arising from labor relations; industrial protection/safety; pension and disability insurance, international conventions according to the BiH Constitution; agreements and bilateral covenants in area of employment; social welfare and solidarity, welfare of the civil victims of the war; family welfare, children adoption and custody; social protection and other tasks as set out by the relevant legislation.

Association for Addiction Prevention NARKO-NE

https://prevencija.ba

The Association for Addiction Prevention NARKO-NE is a non-governmental organization that operates within concepts of universal and selective addiction prevention. For 21 years of its existence, it has never deviated from its vision of quality and healthy life in Bosnia and Herzegovina. NARKO-NE creates, develops, and implements preventive programs by international standards that were scientifically proven to be effective. It carries out preventive programs in different life settings: Microsetting (Family, School, Workplace) and Macrosetting (Local Community, Environment and Media). NARKO-NE cooperates with government representatives to improve health in society, advocating the professionalization of addiction prevention in BiH.

European Monitoring Centre for Drugs and Drug Addiction

https://www.emcdda.europa.eu

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

European Institute of Studies on Prevention

http://irefrea.eu/

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

Faculty of Psychology at University of the Balearic Islands

https://www.uib.eu/

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

ACKNOWLEDGEMENTS

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

Scientific Committee

Organising Committee

KEYNOTE SPEAKERS

European Society for
Prevention Research

Strengthening evidence-based prevention and health promotion – a systems perspective

Freia De Bock
Heinrich-Heine-University Düsseldorf

Prof. Freia De Bock, PhD – Head of the Department of Child Health Services Research at the Medical Faculty of Heinrich-Heine-University Düsseldorf, Germany – obtained her degree as a medical doctor and Dr. med. in 2005 and continued her education in public health and epidemiology through the Clinical Effectiveness Program at Harvard University (USA) and a Master's degree in public health at Erasmus University Rotterdam (NL), graduating in August 2012. Parallely, she finished her fellowship in Pediatrics and then worked as a Pediatric Specialist at the Social Paediatric Center Frankfurt Mitte. She completed her habilitation in child public health in 2014 and gained an affiliated professorship at the University of Heidelberg in 2017. At the Mannheim Institute for Public Health (MIPH) of the University of Heidelberg, she built up an interdisciplinary working group of early prevention and health promotion and health services research.

From 2018 on, she took over the position as head of the department "Efficiency and Effectiveness of Health Education" at the Federal Centre for Health Education (BZgA) in Germany, where she built up comprehensive political networks and health policy expertise, while remaining affiliated professor of child public health at the Heidelberg University, Mannheim Institute of Public Health (www.miph.de). In 2020, she was appointed to the WHO-TAG (working group) on schooling in times of COVID-19 and in 2021 was asked as a member of the scientific board of Santé Publique France, the national Public Health Institute in France.

In 2022, she was offered two Full Professorships at both the University of Bielefeld, Germany, and the Heinrich-Heine University Düsseldorf, Germany. She took over the position of Professor of Child Health Services Research in Düsseldorf, which bridges the Department of General Pediatrics, Neonatology and Pediatric Cardiology with the Centre for Health and Society (chs) at the Medical Faculty and is the first Child Health Services Research Professorship in Germany. Since april 2022, Freia De Bock has been building up the new department, which combines research in health services and public health for children and families. She also remains partly active in patient care within the social pediatric center of the University Hospital Düsseldorf.

KEYNOTE SPEAKERS

Ensuring a safe environment for youth through preventive strategies

Meliha Bijedic
University of Tuzla

Meliha Bijedic, PhD professor at the Department of Behavioural Disorders, Faculty of Education and Rehabilitation Sciences at the University of Tuzla. Main activities and responsibilities are focus of research and teaching in treatment of children and youth with behaviour disorders. In recent years, she has worked a lot on the development of cooperation projects with a focus on influencing and strengthening the structural level of social policy and social planning capacity. Therefore, topics such as empowerment, sustainability, multidimensional approach, interdisciplinary and transdisciplinary cooperation are her main research topics. She was mostly involved in the research of juvenile delinquency, but in recent years she has focused on the prevention of youth gambling. It encourages the transfer of knowledge between different stakeholders and interest groups, especially between the state and civil society.

Bridging the Gap: Prevention Research, Urban Infrastructures, and Climate Adaptation

Ana Terra Amorim-Maia
Basque Centre for Climate Change

Dr. Ana Terra Amorim-Maia is a postdoctoral researcher at the Basque Centre for Climate Change. Her research focuses on the crucial and timely task of exploring how cities can adapt to climate change while addressing various social and environmental injustices. With a firm focus on both academic rigour and practical application, Dr. Amorim-Maia delves deeply into areas such as intersectionality, vulnerability, environmental politics, and inclusion in the context of urban climate adaptation. Dr. Amorim-Maia earned a PhD in Environmental Science and Technology from the Autonomous University of Barcelona, Her academic journey also includes an Erasmus Mundus master's degree in Environmental Studies – Cities and Sustainability from four European institutions and a degree in Environmental Engineering from the University of Sao Paulo. Recognized for her expertise and accomplishments, Dr. Amorim-Maia has been invited to lend her insights as an expert to prominent organizations such as UNWomen, C40, and ICLEI.

Climate-positive behaviours: protecting health with behavioural and cultural insights

Katrine Bach
World Health Organization

Katrine Bach Habersaat is the Regional Advisor and programme lead for Behavioural and Cultural Insights (BCI) at WHO Regional Office for Europe. She has over 20 years of experience in applying behavioural insights with a track record of published papers in this field. She has previously worked for the Red Cross, the Egmont Foundation and consultancy companies. Before engaging in her current position, she oversaw the vaccine acceptance and demand work of the regional WHO vaccination programme, with a focus on behavioural insights and interventions for increased vaccination uptake.

The pandemic of child sexual abuse

Klaus Beier
Charité – Universitätsmedizin Berlin

Is a specialized physician for psychosomatics and psychotherapy and since 1996 the head of the Institute of Sexology and Sexual Medicine at the Charité – Universitätsmedizin Berlin (University Clinic). He is in charge of the undergraduate training of medical school students in sexual medicine as well as the post- graduate training for physicians and psychologists in this field. He is also responsible for the Outpatient Clinic of the Institute which offers assessment and treatment for the full range of sexual disorders and gender dysphoria. His main focus in research is the prevention of child sexual abuse. The goal is to encourage self-identified undetected pedophiles to seek professional help in order to avoid committing child sexual abuse or the use of child abuse images. For this purpose, in 2005 he initiated the "Prevention Project Dunkelfeld" which has now extended to 11 additional locations all over Germany (www.dont-offend.org). Since 2014, Prof. Beier has expanded the prevention approach to recruit juveniles aged between 12 and 18, who display sexually deviant behavior towards children and/or phantasies about the body image of children. In 2017 he started the self-management tool "Troubled Desire" for assessment and treatment in case of pedophilia to prevent child sexual abuse, the use of child abuse images and to arrange contacts to therapists according to the law in each country, even those with mandatory reporting laws (www.troubled-desire.com). He was awarded the Order of Merit from the Federal Republic of Germany in 2017.

The pandemic of child sexual abuse

Ansgar Rougemont-Bücking
University of Fribourg

Ansgar Rougemont-Bücking, MD, is an associate professor for psychiatry and psychotherapy, scientist and book author. Originally from Germany, he is living in the French-speaking part of Switzerland for more than 20 years. He has conducted research at various universities, including Harvard, on the neurobiological mechanisms that contribute to the development of post-traumatic disorders and of addiction. As a clinician, he is specialized in the treatment of post-traumatic and of addictive disorders for many years. Currently, he is conducting a research project at the University of Fribourg (Switzerland) on the topic of burnout. With a special authorization from the Swiss Federal Office of Public Health he is conducting psychedelic-assisted therapies with substances such as LSD, Psilocybin, MDMA as well as with Ketamine.

Aengus Ó Dochartaigh
Education Endowment Foundation, United Kingdom

Aengus Ó Dochartaigh is Outreach Director at the Moore Center for the Prevention of Child Sexual Abuse, Johns Hopkins Bloomberg School of Public Health. Here he leads international partnerships and engagement to ensure that emerging evidence of effective strategies to prevent child sexual abuse, informs and supports policy, practice and funding. Aengus is also currently serving as Advisory Board Chair of Ignite Philanthropy – Inspiring the End to Violence Against Girls and Boys, a pooled donor fund; and was previously Director of Strategy and Operations at Human Dignity Foundation, leading major investments to tackle child sexual abuse. Prior to this focus on the prevention of child sexual abuse, Aengus worked for consultancies and NGOs in the international development sector, living in Palestine and Fiji and working extensively across west, east, and southern Africa.

PRE-CONFERENCE WORKSHOPS

EU SPR

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Workshop 1 Characteristics of games of chance – What are my chances? | 14:00 – 16:00

NARKO-NE. Association for addiction prevention

Facilitators: Sanela Pekic and Kerima Delibasic

During this workshop, participants will have the opportunity to find out the level of probability of winning money when they gamble. At the end of the workshop, they will get an answer to the question: "Who really wins?" when they decide to invest money in games of chance. Scheduled for the 4th October from 14:00 to 16:00 at the Swissotel, Sarajevo.

Workshop 2 Interactive analysis and optimisation of mass media interventions | 9:30 – 12:30

Claremont University

Facilitator: William Crano

In this pre-conference workshop, William Crano, leading expert in media strategies for prevention will:

- Introduce the participants to the key principles of using media for prevention purposes
- Present the EQUIP model for the design and analysis of media-based communication interventions
- Discuss with participants their examples of existing or planned mass media interventions from their own countries and contexts
- Explore possibilities of how to improve them, based on the key principles of effectiveness
- Explore possibilities – if necessary – in advocating against their use.

The workshop addresses advocates, interested researchers and practitioners, and also interested decision-, opinion- and policy makers (DOPs) who often have to make decisions about the funding of such interventions. Participants are encouraged to prepare, send beforehand and shortly present examples they want to have discussed at the workshop. It will be most helpful if translations of the main messages are provided.

Workshop 3 Publishing your research in prevention science | 8:30 – 12:30

Journal of Prevention

Facilitators: Zila Sanchez and Giovanni Aresi

This workshop aims to support early career preventionists in fostering their scientific writing skills. Summarizing one's research in a complete but concise scientific journal article is an important skill in any research area.

The workshop will consist of an introductory lecture on key issues in publishing prevention science papers followed by a practical exercise, among others:

- Tips & tricks in writing the title, abstract and key words of your manuscript
- Authorship and Good Scientific Practice
- Publishing guidelines (e.g., CONSORT, PRISMA, …)
- Publishing Bachelors and Master's thesis
- Abstracts from the group and their analyses – practical exercise

Workshop 4 Unplugged – recent developments and research | 13:30 – 16:30

HOGENT

Facilitator: Johan Jongbloet, Annemie Coone, Federica Vigna-Taglianti, Serena Vadrucci, Alberto Sciutto.

Unplugged is an evidence based drug prevention program for 12-14 year olds in school, co-financed by the European Union is a program in the public domain and managed by a network of practitioners and researchers. In the workshop we will present latest research findings and discuss implications for advocacy, implementation and sustainability. Finally we want to present new supporting advocacy/implementation materials and developments in the curriculum of Unplugged.

FULL PROGRAMME

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Opening Ceremony (19:00 – 21:00)

Vijećnica (City Hall) in Old Town - *Obala Kulina bana, Sarajevo 71000, Bosnia & Herzegovina*

Facilitators: Andrea Mijatović (Deputy Director, Association for Addiction Prevention NARKO-NE), Dr Jasna Duraković (Federal Minister of Education and Science), Naida Hota-Muminović (Sarajevo Canton Minister of Education), Dr Gregor Burkhart (Senior Scientific Analyst at European Monitoring Centre for Drugs and Drug Addiction, President of the European Society for Prevention Research), MA Amir Hasanović (Executive Director, Association for Addiction Prevention NARKO-NE).

Parallel Session 1.1. Oral communications: Humanitarian Support and Psychosocial Prevention Interventions (8:00 – 9:30) *Swissôtel, Geneva 1*

Chair: Dr. Charlotte Dekock *(Ghent University)*

Being prepared for emerging humanitarian emergencies; providing a multi-level family skills resource model of caregiver support for families in emergency and stress contexts.

Authors

Dr. Aala El-khani - United Kingdom - UNODC, University of Manchester

Prof. Rachel Calam - United Kingdom - University of Manchester

Dr. Wadih Maalouf - Austria - UNODC

Abstract

Advancement in the field of prevention now recognizes the significance of utilizing family skills resources as a key foundation for the prevention of adolescence substance use and other risky behaviours, as well as the promotion of mental health and wellbeing for all family members.

The recent earthquake in Syria and Turkey was another humanitarian crisis that shook the world and led to a call of action. Child psychosocial recovery interventions in humanitarian contexts often overlook the significant effect caregivers can have on improving children's future trajectory. This is due to several reasons including; mental health and family functioning not deemed a primary need in such contexts; interventions are often lengthy and costly, and their effectiveness not tested in varying cultural and challenging contexts; difficulties exist in reaching volatile areas with training; research on effectiveness of interventions when applied is limited, given poor research infrastructure coupled with limited resources.

This paper describes the development of a model of family multi-level support delivery for families living in humanitarian and low resource contexts. At each level families are provided with resources depending on their needs, as well as the stability of the area they are residing in. The resources range from self-read leaflets, booklets and videos, to multi session programmes and extend to trauma recovery interventions. This model forms a stepped care approach to meeting the needs of families.

This paper will reflect on the diverse public health implications of this arsenal of tools being readily available to avail for new emerging humanitarian contexts and how this was applied to the Syria/Turkey earthquake response. Discussions will be on prioritising expanding the reach of interventions that support family functioning as a primary need, as a definitive next step in humanitarian aid.

How feasible and effective is it to support caregivers with light touch caregiver resources during an ongoing conflict?

Authors

Dr. Aala El-khani - United Kingdom - UNODC, University of Manchester

Prof. Rachel Calam - United Kingdom - University of Manchester

Prof. Lucie Cluver - United Kingdom - Department of Social Policy and Intervention, University of Oxford

Dr. Isang Awah - United Kingdom - University of Oxford

Ms. Anna Tarasenko - United Kingdom - UNODC

Dr. Wadih Maalouf - Austria - UNODC

Abstract

Conflict and displacement have significant short- and long-term effects on the mental health and functioning of families. Exposure to trauma, hardships, parental mental health, changes in parenting behaviours, violence, and a lack of accessible services are among common risk factors for adverse child outcomes. Positive parenting can provide a protective buffer for children's mental health and wellbeing in humanitarian crisis contexts. However, there is limited research on the dissemination of light touch parenting resources in humanitarian settings. This presentation will discuss an ongoing study being conducted in Ukraine examining the dissemination and effectiveness of UNODC Specific and interagency evidence-informed light touch parenting resources developed by the Parenting in Crisis Response. The Parenting in Crisis Response is part of an inter-agency coalition including the WHO, UNICEF, UNHCR, UNODC, University of Oxford, University of Manchester and several other organisations and institutions. The response aims to prevent violence against children and promote the mental health and wellbeing of families affected by different humanitarian crises including war, natural disasters, displacement and epidemics. The resources range from self-read leaflets, booklets, videos and participation in discussion groups with other caregivers. Several of these tools have already been utilized in many existing humanitarian crises around the world including Syria, Afghanistan, Pakistan and Sudan.

Discussions will explore how disseminating family skills resources during crisis contexts can be a key tool in prevention of a number of negative outcomes including prevention of violence, substance use and other risky behaviour, and the promotion of mental health, individual and family functioning.

Contextual and cultural adaptation process of a manualized psychosocial intervention protocol for Rohingya mothers and their children refugees in Cox's Bazar, Bangladesh.

Authors

Ms. Karine Le Roch - France - Action Against Hunger

Dr. Amanda Nguyen - United States - University of Virginia

Mr. Kh Shafiur Rahaman - Bangladesh - Action Against Hunger

Ms. Pauline Bubendorff - France - Independent consultant for Action contre la Faim

Ms. Molly Lasater - United States - Johns Hopkins Bloomberg School of Public Health

Ms. Laetitia Clouin - France - Action Against Hunger

Dr. Sarah Murray - United States - Johns Hopkins Bloomberg School of Public Health

Abstract

Background. Over the past twenty years, psychosocial programming has become integral to humanitarian response, yet often with inadequate support for implementation fidelity and sustainable systems integration. Baby Friendly Spaces (BFS), a psychosocial support program for mothers and young children, addresses maternal well-being and childcare practices to prevent poor mental health and child development for individuals affected by humanitarian emergencies. As a part of a trial comparing "implementation-enhanced" to "as usual" BFS in Cox's Bazar, Bangladesh, we worked to establish measurable programmatic standards while also training BFS workers to deliver BFS services adapted for contextual and cultural relevance; to create systems to support and assess fidelity to the established intervention model; and to create monitoring and supervision systems that improved program quality during ongoing instability in the refugee camps. **Methods.** We first conducted an audit of current BFS program delivery. Then, based on the expertise and knowledge of implementers in Bangladesh and elsewhere, a manualized protocol was designed to cover core program curricula components and self-care of psychosocial workers using didactic and practice-based learning. A series of online training sessions were conducted for BFS providers delivering and supervising this enhanced intervention. Following the training, a baseline evaluation of confidence and knowledge for delivering BFS was administered to providers in both conditions. We also collaboratively designed a systematic supervision process to meet BFS providers' needs with a focus on capacity building and self-care and a system for monitoring fidelity. **Results.** Following the initial training, BFS workers receiving the re-training showed similar levels of knowledge, but greater confidence than BFS workers proceeding as usual. Participants reported that the training was useful for improving the quality of their work, and reported they would be able to integrate the new learnings into their work and daily life. The follow-up supervision confirmed their capacity to deliver the services and highlighted the need for workspace improvements, the lack of continuous motivation, and their ability to identify specific issues for which they requested additional trainings. Fidelity to certain intervention aspects was higher in the enhanced relative to as-usual BFS condition. **Conclusion.** There is a particular need for careful attention to provide technical support and supervision when offering flexible psychosocial support interventions. This study highlights feasible strategies to improve existing programming with limited resources.

Stakeholder perceptions on implementation of a Psychosocial Program integrated into Veterans' services in Ukraine

Authors

Dr. Amanda Nguyen - United States - University of Virginia

Ms. Tara Russell - Ireland - Johns Hopkins Bloomberg School of Public Health

Ms. Stephanie Skavenski - United States - Johns Hopkins Bloomberg School of Public Health

Dr. Sergiy Bogdanov - Ukraine - National University of Kyiv-Mohyla Academy

Ms. Alyona Pastukhova - Ukraine - National University of Kyiv-Mohyla Academy

Ms. Iryna Ivaniuk - Ukraine - National University of Kyiv-Mohyla Academy

Dr. Paul Bolton - United States - United States Agency for International Development

Dr. Laura Murray - United States - Johns Hopkins Bloomberg School of Public Health

Dr. Judy Bass - United States - Johns Hopkins Bloomberg School of Public Health

Abstract

Background. Mental health services in Ukraine are highly centralized with limited accessibility, high stigma, and related barriers. Since 2014, new efforts to develop community-based mental health prevention and treatment services have launched. CETA Psychosocial Support (CPSS) was developed in 2019 as a brief intervention that could be integrated into community health and social service systems as both mental health prevention and a pathway to care. CPSS consists of a fixed intervention template including psychoeducation, self-assessment, and safety (i.e., "Basic CPSS"; CPSS-B), with optional inclusion of elements such as cognitive coping (i.e., "Enhanced CPSS"; CPSS-E). **Methods**. After finalizing the model, CPSS was evaluated in a randomized control trial with 1,177 Ukrainian veterans and family members of veterans. Participants were assigned to either CPSS-B or CPSS-E, both delivered online. Within the RCT we also embedded a convergent mixed-methods implementation study. At follow-up, study participants in both arms rated intervention adoption, acceptability, appropriateness, feasibility, and reach using the Mental Health Implementation Science Tools (mhIST). A purposively selected subsample of participants and providers also completed in-depth interviews discussing these same domains. **Results**. Participants in both arms reported significant pre-post improvements in psychosocial outcomes, and both versions of the program were rated highly across implementation domains. Inclusion of cognitive coping training in CPSS-E led to a significantly greater decrease in self-reported symptoms of distress than CPSS-B (d=0.29, p<.01), and significantly greater perceptions of acceptability (d=.30, p<.01) and appropriateness (d=.47, p<.01). Qualitative data will be presented using joint displays. **Conclusions**. CPSS is an acceptable and effective brief psychosocial prevention and referral program that can be implemented by lay providers. Stakeholder preferences are important to consider in terms of intervention acceptability and appropriateness; in this case, preferences for active skill-building activities appear clearly in mixed-methods implementation data and hold implications for ultimate intervention uptake and integration.

Substance use prevention needs in the Belgian reception centers for applicants of international protection

Authors

Dr. Charlotte Dekock - Belgium - Ghent University

Abstract

Although the prevalence of substance use among recognized and other refugees remains understudied in Europe, European reception centers are increasingly faced with critical incidents related to substance use.

Considering that applicants of international protection are faced with risk factors to substance use related to pre-, during- and post-flight experiences, it is necessary to explore what types of interventions exist in reception settings, what professionals perceive of as the main priorities and whether this is in line with the available evidence.

This presentation looks into the results of an online questionnaire disseminated in March 2023 among a representative sample of Belgian reception center staff (n=273). Considering the exploratory nature of this study, the majority of survey questions contained open answer options. Consequently, data was analyzed qualitatively. Descriptive statistics were performed in Qualtrics14 and open answers were axially coded in Excel.

The survey results identify (1) drug related problems and interventions in the centers, (2) training needs, (3) obstacles in referring to drug treatment and (4) obstacles in the implementation of drug related interventions with a special focus on prevention. The study limitations and results will be critically discussed at the background of the available European and international literature on evidence-based practices in substance use prevention in humanitarian settings.

A Two-Phased Augmentation/Intervention Extension of Claremont's Media-Based Prevention Model

Authors

Dr. William Crano - United States - Claremont Graduate University

Abstract

This presentation details a two-phase training series for prevention professionals to optimize prevention infrastructures across the globe. This project, funded by INL through the Colombo Plan, is an extension of Claremont Graduate University's Advanced Certificate Program in Media-Based Prevention, which was developed to assist international prevention professionals design evidence-based media prevention campaigns specific to issues encountered in their countries.

A survey of program alumni in 2022 revealed strong enthusiasm for additional advanced training in message development, campaign design, and evaluation. In Phase 1, developers presented six three-hour webinars covering those issues. They were open to all program alumni. In all six sessions, evaluation was taught as integral to message and campaign development. The goal was to provide trainees with the knowledge set needed to develop and evaluate an evidence-based media campaign, culminating with a thorough evaluation and dissemination of results. They were encouraged to diffuse the procedural knowledge and skills gained in their individualized programs to colleagues, communities, and workplaces. The program sparked strong dedication to continued learning. Each webinar was attended by 14-23 of 37 alumni over the course of three months. Webinars were accessed online by others who could not meet at the given time.

The second phase of the program involved a year-long mentorship process for 4 alumni teams deemed most promising to produce immediate persuasive prevention interventions in their home communities. Intense mentorship was designed to encourage and guide campaign development, execution, and evaluation of media-based prevention campaigns. Teams from Botswana, Tunisia, Colombia, and Brazil were selected and I will present where we are to date in these interventions, which involve a range of psychoactive substances, populations ranging from less than 200 to more than 2,000,000, and across a wide age range, and detail how each program is being evaluated.

Parallel Session 1.2. Campfire: What makes countries succeed in boosting their prevention systems? (8:00 – 9:30) *Swissôtel, Basel*

What makes countries succeed in boosting their prevention systems?

Authors

Dr. Gregor Burkhart - Portugal - EMCDDA

Mr. Frederick Groeger-Roth - Germany - State Prevention Council of Lower Saxony, Hanover

Mr. Ain Peil - Estonia - Ministry of Justice

Mr. Richie Stafford - Ireland - Health Service Executive

Mr. Amir Hasanovic - Bosnia and Herzegovina - NARKO-NE

Abstract

Standards of evidence and of implementation quality have been published by European and International bodies, trainings about evidence-based prevention have been rolled out and we have registries that makes it easier to choose between effective and questionable interventions. At this campfire, speakers from Estonia, Germany, Ireland, Spain and Bosnia-Herzegovina discuss their views in a loosely structured campfire discussion and explore with the participants the various facets of the main question: "what makes some countries quickly going ahead with innovative and courageous prevention policies (while others don't)?"- "What is needed?"

Examples of such developments are alcohol regulations such as MUP, accreditation rules for prevention workforce, effective programmes and policies being prioritised, networks of prevention advocates, investments in evaluations of policies and interventions, registries of evidence, alliances with local communities or the nightlife sector, etc. There are probably no straightforward answers, yet a discussion of this question from different national perspectives can help the EUSPR and policy makers to identify clues for action.

Parallel Session 1.3. Campfire: Problem identification for intervention development in complex systems to prevent non-communicable diseases (8:00 – 9:30) *Swissôtel, Bern*

Chair: Dr. Geoff Bates *(University of Bath)*

Authors

Dr. Geoff Bates - United Kingdom - University of Bath

Mr. Daniel Black - United Kingdom - University of Bristol

Abstract

Background: Global public health prevention challenges such as climate change, non-communicable diseases and health inequalities are driven by a multitude of interacting factors. Tackling these challenges is increasingly recognised as requiring interventions that seek to bring change in complex systems. Research of this nature requires large teams of researchers and stakeholders from a wide range of disciplines and sectors across these systems, who must identify and agree the specific problems to target through interventions.

The issue: Identifying the problems that research teams will seek to change is a critical step in most models and frameworks for developing prevention interventions, which emphasise the importance of decisions informed by evidence and a deep understanding of the problem space. However, the challenge of problem identification becomes substantially greater for research looking at broader and more complex problem spaces, and for large teams with many different backgrounds, expectations, and priorities. It is critical that teams working to change large and complex systems overcome these challenges to ensure that interventions are based upon rigorous methods and reflect good practice in prevention science.

Presentation: The session will start with a presentation to set out the issue and provide a case study example of problem identification to inform intervention development by a large transdisciplinary team in the TRUUD (Tackling the Root Cause Upstream of Unhealthy Urban Development) project. TRUUD is a five-year collaboration between six universities in the United Kingdom (UK) and their partners in industry, government, and the public that is intervening upstream in the UK's complex urban development systems to prevent non-communicable disease.

Audience members will then be invited to ask questions and to share their reflections and own experiences of prevention research in complex systems. Attendees will be encouraged to share ideas on a critical issue for this topic: the challenges and opportunities for engaging effectively with both other researchers and stakeholders to understand problems in complex systems to inform intervention development. It is through sharing experiences of research of this nature that we can build the science of prevention research in complex systems.

Poster Session 1 (8:00 – 9:30) *Slack platform*

Chair: Prof. Federico Leguizamo *(University of the Balearic Islands | Health Research Institute Foundation of the Balearic Islands (IdISBA))*

Associations of community capacity for prevention and substance use abstinence among adolescents: A multi-level analysis

Vera Birgel[1], Dominik Röding[1], Lea Decker[1], Ulla Walter[1] (1. Hannover Medical School)

Background: Capacity building is considered an effective and sustainable health promotion strategy. Community capacity for prevention refers to a community's abilities, resources, and social capital to address the local prevention needs. For Germany, it has not yet been examined whether community capacity is associated with substance use among adolescents.

Methods: Baseline data from 28 communities participating in the CTC-EFF study were used. 182 community key informants were surveyed (summer to autumn 2021) on ten domains of community capacity (participation, knowledge and skills, resources, leadership, community power, prevention collaboration, sectoral collaboration, sense of community, critical awareness, community structure) and 7,210 students were surveyed (autumn 2021 to spring 2022) on substance use (tobacco, alcohol, illicit drugs). Hierarchical logistic models were computed.

Results: Total community capacity is associated with abstinence of any substance use (OR = 3.59, 95% CI 1.33-9.68), abstinence of alcohol use (OR = 3.32, 95% CI 1.24-8.86), and abstinence of tobacco use (OR = 11.74, 95% CI 1.66-83.16). Further analyses of single capacity measures indicate that higher levels of prevention collaboration (OR=1.30, 95% CI 1.03-1.63), resources (OR=1.46, 95% CI 1.19-1.77), knowledge and skills (OR=1.59, 95% CI 1.10-2.31), and community structure (OR=1.39, 95% CI 1.08-1.79) are associated with abstinence from any substances.

Conclusions: We found moderate to strong associations between community capacity and substance use abstinence among adolescents, supporting the thesis that capacity building is an effective health promotion strategy.

Socioeconomic inequalities and geographical differences in colorectal cancer screening uptake: a case study in Ontario and the Territories

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Colorectal cancer (CRC) is the second most common cause of cancer death worldwide, leading to almost one million deaths per year. International health organizations recommend implementing organized screening programs to reduce the incidence and mortality of CRC. Yet, benefits from these programs are achieved only with high participation rates, which are strongly influenced by socioeconomic factors and geographic location. Individuals living in rural and remote areas are less likely to participate in screening programs. This study aims to assess how socioeconomic factors may affect the uptake of CRC screening in Canada and to describe differences in access to and utilization of screening services between the northern territories and the province of Ontario. Data were obtained from the Canadian Community Health Survey (CCHS), a cross-sectional survey that collects information about health status and healthcare usage in the Canadian population. The target population was based on residents living in Ontario, Nunavut, Northwest Territories, and Yukon between the age of 50 and 79. Based on current guidelines, we defined being up to date for CRC screening as having completed a fecal occult blood test or fecal immunochemical test within 2 years or having a colonoscopy or sigmoidoscopy within 10 years. Overall, 75% of Ontarians were up to date for CRC screening. Screening uptake was significantly higher in women compared to men. Interestingly rates for CRC screening participation in the Territories were significantly lower with only 53% of residents being up to date with CRC screening. The socioeconomic factors included in our multivariable logistic regression mode (i.e., marital status, income, education, immigrant status, ethnocultural background, and employment) accounted only for some of these geographic differences in the level of CRC screening uptake between the northern territories and the province of Ontario.

The moderating effect of family and community protective factors on the relationship between family and community risk factors and adolescent alcohol and marijuana use

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The aim of this poster is to present a doctoral thesis on "The moderating effect of family and community protective factors on the relationship between family and community risk factors and adolescent alcohol and marijuana use." The purpose of this work is to provide insights into how family and community protective factors modify the relationship between family and community risk factors and adolescent alcohol and marijuana use. The theoretical starting points of the work are the social development strategy and the concept of risk and protective factors. Although there are a number of studies that demonstrate the influence of risk and protective factors in the family and community on adolescent alcohol and marijuana use, there are almost no studies that have examined the moderating effect of protective factors in the family and community on the relationship between risk factors in the family and community and adolescent alcohol and marijuana use. There are no such studies in Croatia. Therefore, the study of the moderating effect of family and community protective factors on the relationship between family and community risk factors and adolescent alcohol and marijuana use represents the scientific contribution of this dissertation.

The contribution to the development of society is that, based on the findings in this dissertation, it will be possible to develop comprehensive evidence-based preventive interventions, strategies, and/or policies that target families and communities to prevent substance use among young people.

The Role of the Municipality in Substance Use Prevention

Martha de Jonge [1], Anneke Van Wamel [1] (1. Trimbos Institute)

Substance use and its associated harms continue to pose significant public health challenges worldwide. Recognizing the need for comprehensive prevention efforts, municipalities have emerged as key stakeholders in addressing substance use at the local level. The Trimbos Institute in turn has been playing a key part in supporting municipalities in their execution of their role.

Municipalities play a critical role in establishing prevention infrastructures, which encompass policies, regulations, and resources necessary for effective prevention efforts. They formulate and enforce local ordinances, zoning regulations, and licensing requirements to control the availability and accessibility of substances. Municipalities also allocate resources for prevention campaigns, education programs, drug testing and early treatment services, ensuring a comprehensive approach to substance use prevention. They collaborate with local stakeholders, including community organizations, schools, law enforcement agencies, healthcare providers, and public health departments, to develop and implement prevention programs that address various substances and populations. Additionally, municipalities are in a position to facilitate data collection and surveillance systems to monitor substance use trends and evaluate the impact of prevention initiatives. Such a data-driven approach enables evidence-based decision-making, continuous program improvement, and resource allocation optimization.

In conclusion, municipalities can contribute significantly to reducing substance use and its associated harms, thereby promoting healthier and safer communities. In my presentation I will elaborate on the products and blueprints we have developed for municipalities in order to support them in the crucial role in the establishment of prevention infrastructures.

Feasibility of a cooperation model for the Police, Social services, and Prison and probation service: a qualitative interview study of an intervention against heavy violent crimes

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Background: In recent years, firearm violence linked to criminal groups has increased globally, resulting in both personal tragedies and fear of crime in the society. In several parts of Sweden, various efforts have been made to combat criminal group-related gun violence, for example in the city of Malmö, where the model "Cease Fire" (Group Violence Intervention, GVI) has been implemented. GVI is a group-oriented approach targeting criminal groups via selected group members. However, as the Police has observed more unstable structures of criminal groups in some areas, there has been a need for another, more individual-based approach. Therefore, the "Trefas pilot project" in Järva police district in Stockholm, Sweden, was initiated at the end of 2019. The model involves an increased cooperation between the Police, the Social services, and the Prison and probation service, based on a common situational picture of known risk individuals, preferably men aged 15-25 years. **Purpose:** Explore the feasibility of a new crime prevention model for cooperation between the Police, the Social services, and the Prison and probation service. **Method:** Semi-structured interviews with police officers, social workers, prison prohibition service officials, and municipality officials in Stockholm County (n=20) were conducted during 2022/23 and the material was analyzed using qualitative content analysis. **Results:** Six categories were generated from the interview material, revealing facilitators, such as improved documentation for authority decisions, established structure for information sharing, legal guidance regarding secrecy, engaged and creative staff, priority, and timing. Detected barriers were confidentiality rules, families reluctant to receive support, lack of resources or motivation in organizations, overloaded external cooperation partners, variation in categorization of criminals, and staff turnover. Development possibilities concern increased cooperation and information sharing between authorities and municipalities, modification of confidentiality rules, and increased support for relatives and families of criminal individuals.

Conclusions: Findings support the feasibility of "Trefas" but indicate that there is potential for improvement.

Development and implementation of a pilot community-based prevention programme, with emphasis on the risk behaviour of children and youth (COPERISK)

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The aim of this community prevetion based project is creation and pilot verification of 3 evidence-based modules focused on the prevention of mental illness and addictive behaviour in children and adolescents in 3 different localities in the Czech republic. Project creates an interconnected functional communication platform and identifies missing parts in the domestic prevention system. A basic module and its modifications have been developed and adapted to the selected locations. Educational materials were developed (including a shortened version of the INEP - online course Introduction to Evidence-based Prevention) and other prevention tools were adapted in collaboration with project partner, Norwegian Institute of Public Health (NIPH). Experts in selected localities were trained to train others. Primary schools were involved in the training and teaching staff received training. The project was evaluated. The presentation reflects on the methodology and procedures and summarises the results, barriers and facilitators of implementation into practice.

Exploring the effect of injunctive norms on substance use in a sample of German college students.

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Introduction: Social norms have been associated with patterns of consumption in young adults, however, research has been mostly focused on the study of descriptive norms, leaving out the effect of injunctive norms. Some determinants, like the amount of disposable income, might also take part on the determinants of substance use, but the relationship between both variables is yet to be explored. **Aim:** To evaluate whether injunctive norms predict higher frequency of substance use and if higher disposable income adds to the effect. **Method**: A sample of 4564 German students (M age 23,46; 58,5% women) filled a web-based questionnaire including items on their perception regarding peer approval ("never OK to use drugs", "OK if no interference", "always OK"), a questionnaire adapted from the ASSIST (*Alcohol, Smoking, and Substance Involvement Screening Test*), and single items on disposal income. Descriptive analyses and moderated mediations (models 7 and 14 from Hayes' PROCESS), controlling for sex, age, and semester, were performed. **Results:** Direct effects between injunctive norms and alcohol (*bootLLCI = -1,171, bootULCI = -0.0026*), and cannabis were found (*bootLLCI = 2,695, bootULCI = 4.124*), suggesting peer approval influences participants' consumption patterns. No conditional indirect effects were found except for the interaction between injunctive norms ('never OK vs. OK if no interference') and cannabis use, mediated by drug disposable income, for the youngest participants *(bootLLCI = -0.0879, bootULCI = -0.0026)*. **Discussion**: Emerging adults still get influenced by their peers' attitudes. They could benefit from prevention programmes focusing on empowering their own decision-making and critical-thinking processes.

STIMNUT or how to adapt psychosocial stimulation for children with severe acute malnutrition: an innovative community-led approach developed in a rural area of Mali.

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Background: Early psychosocial stimulation with disadvantaged infants can lead to short- and long-term benefits to cognitive and social development. Prevention and care programs with multiple components, including health, nutrition, and psychosocial stimulation have shown to be the most successful to prevent cognitive impairment and enhance the treatment of severe acute malnourished (SAM) children. The StimNut study assesses the feasibility of integrating an adapted version of the 'Follow-Up of Severe Acute Malnourished children' (FUSAM) protocol developed by Action contre la Faim into the existing Médecins Sans Frontières (MSF) Therapeutic Feeding Programme in Koutiala (Mali) for SAM children aged 6-23 months and their primary caregivers. **Materials and Methods:** The study was divided into three components: 1/Phase 1: an initial mixed methods assessment to identify key factors, perceptions, norms, and practices influencing children's malnutrition and developmental process; 2/ Phase 2: a contextual adaptation of the FUSAM protocol through a participatory approach (PAR); and 3/ Phase 3: the implementation of the adapted version of FUSAM with the assessment of its acceptability at primary and secondary health care level. **Results:** Findings from the first component were used to inform how to adapt the psychosocial intervention to promote healthy growth and development among Malian SAM children. In the second phase, a community-led consultation with researchers, local stakeholders and health professionals

worked together to develop the intervention curricula aiming at strengthening the nutrition and health care of children. In the third phase, the acceptability assessment showed positive feedbacks from the mothers and changes of attitude of the staff towards the mothers. **Conclusions:** The implementation of the adapted version of FUSAM protocol and its acceptability assessment at primary and secondary health care levels will now be used to inform the further deployment of the intervention in other humanitarian contexts.

Codesigning a web platform to improve Health Promoting Schools and their rol in health prevention and promotion in school population.

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Health prevention and promotion in school population influences behaviors and lifestyles in adulthood and plays a vital role in the prevention of non-communicable diseases. Over the last decade, Health Promoting Schools (HPS) have emerged as a powerful framework for the prevention and promotion of health in school population in many countries. This has led to the creation of regional and national networks, which favor the implementation of health policies in educational contexts. However, HPS still presents several challenges, highlighting the excessive workload involved in the accreditation, design and implementation processes, and the lack of continuous supervision of health promoting interventions. In this sense, WHO and UNESCO pointed out the urgent need of creating a web platform, which would help to enhance decision-making processes and improve health intervention programs and their sustainability. Herein, we aim to introduce a web platform named *REDEPS-Gestión Platform* using the Double Diamond Design Approach (DDDA) to facilitate the integral management and evaluation of Health Promoting Schools in the Spanish region of Aragon (NE Spain). This project provides a user-friendly platform where educational centers and public administration, as the main users, have access to key administrative processes like the accreditation, design, implementation, and evaluation of intervention programs. We anticipate that our contribution will allow to have a robust structure for the continuous collection of data, the diagnosis of the school population and the adoption of new prevention and promotion strategies in the HPS of Aragon.

Protocol study of an innovative selective prevention intervention using a mobile app "CANQUIT" for young adult cannabis users

Alba González-Roz [1], Ángel García-Pérez [2], Andrea Krotter [1], Layla Alemán Moussa [1], Clara Iza Fernández [1], Ignacio Cuesta López [1], Roberto Secades-Villa [1] (1. University of Oviedo, 2. University of Leon)

Background: Spain is amongst the top ten European countries with the highest prevalence rates of cannabis use. An estimated 11% of young adults are at-risk to develop cannabis use disorder (CUD). Unfortunately, treatment-utilization rates for CUD are low and its effectiveness on abstinence is limited. M-health, relying on mobile phone devices, stands as promising for delivering prevention and treatment interventions to youth populations, they can be widely disseminated and used as a solely intervention or integrated into substance use therapies. Aims: To describe the content and design of the evaluation of a smartphone App "CANQUIT" for cannabis use reduction and/or abstinence in young adults aged 18-30. Methods: The sample will consist of 120 participants with at least monthly cannabis use and at risk of CUD (i.e., total score ≥8) as assessed by the Cannabis Use Disorder Identification Test (CUDIT-R). Participants will be randomized to the intervention arm (the smartphone App "CANQUIT"), or a control condition (education only) following a 1:1 allocation ratio.

The primary outcome will be self-reported 7-day point-prevalence cannabis use reduction and abstinence. Results: CANQUIT comprises four modules (motivation, functional analysis, psychoeducation regarding cannabis, coping skills and relapse prevention) to be delivered during four weeks, plus two follow-ups at the end of the intervention and at six months. The intervention is framed on the theory of planned behavior, and behavioral economics. It integrates cognitive-behavioral skills training to promote abstinence, gamification, incentives to reinforce daily usability of the App, scientific information on cannabis, and contact with licensed psychologists. Conclusions: To the best of our knowledge, this is the first study to assess the sustainability and the long-term effectiveness of a mobile-based App intervention for decreasing cannabis use. It is expected that this study will expeditate the development of evidence-based Apps for the intervention in reducing cannabis use.

Green List Prevention - What's inside? Characterization of the Programmes of the German Evidence Register

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Introduction Evidence-based prevention and health promotion can be supported by practice-relevant evidence registers. In Germany the *Green List Prevention* provides this overview of evidence-based prevention programmes for children and youth. It was inspired by the U.S. *Blueprints for Healthy Youth Development* in the context of the *Communities That Care* community prevention system. Programmes are reviewed in terms of their conceptual, implementation, and evaluation quality and are categorized according to three levels of evidence: (1) effectiveness theoretically well established, (2) ~ likely, (3) ~ proven. The *Green List Prevention* is used in community contexts, at state and national levels, and in research. This poster provides insight into its content, keywording and enhancements. **Methods** To characterise the evidence-based programmes, an inductive-deductive procedure was used to form 14 parent- and 33 subcategories with 226 characteristic attributes. Based on these, all register entries were categorised. The results were summarized descriptively. **Results** The 100 listed programmes (6/2023) address not only the primary target group of children and adolescents, but also secondary target groups (mainly teachers n = 53, guardians n = 46, educators n = 19) and are located in different environments (mainly school n = 61, family n = 28, kindergarten n = 23). Behavioural prevention measures on violence including bullying n = 64, addiction n = 47 and mental health n = 34 are in the foreground; topics such as nutrition (n = 3) and physical activity (n = 2) are little represented. Social and life skills programmes (n = 61) and training for guardians (n = 25) are listed particularly often. **Conclusion** The *Green List Prevention* provides an overview of effective prevention and health promotion interventions for different contexts. Its current expansion to rate environmental and behavioural prevention measures on nutrition and physical activity can strengthen the evidence base of prevention and health promotion in Germany.

Preventing social exclusion of elderly people by enhancing their digital literacy

Dinka Caha[1], Kristina Turkalj[1] (1. Faculty of Law Osijek, Department of Social Work)

Digital skills become more important while information and communication technologies (ICTs) can help older people maintain healthy lifestyles as well as prevent and treat medical conditions by accessing relevant information and services. Although benefits are diverse, older people struggle to grasp and use ICT. This research explores which factors contribute to digital literacy among older people and help prevent their social exclusion. To identify what needs to change, data from

12 semi-structured interviews with older people and professionals were collected. COM-B model of behavior was used to guide content analysis whose aim was to understand what needs to change for older people to use ICT more regularly. Results showed that psychological capability, physical opportunities, and reflective motivation are components through which digital literacy among older people can be increased. Participants see that rapidly evolving ICT and older people's lower cognitive abilities make their knowledge and skills lag behind. Results suggest that local stakeholders can effectively increase digital literacy among older people by providing them easier access to education and equipment as well as securing places within a community where older people can get support when experiencing challenges. It is important to provide support services that would address older people's concerns about the consequences of using ICT, show how ICT can be used to reflect their values, and make the benefits of using ICT more visible. The findings of this study can help to tailor the delivery of services that aim to increase digital literacy among older people.

Trauma support in your pocket: a pilot study of app-based support for youth in neighbourhoods experiencing high rates of gun crime

Georgina Warner [1] (1. Uppsala University)

Sweden has observed a dramatic surge in gun violence in the last 20 years, with a five-fold increase in risk among young males aged 15 to 29 years. Concentrated in the larger cities of Stockholm, Gothenburg and Malmö, the impact on the broader population of youth in these areas is unclear. Yet, international research indicates a high level of unaddressed traumatic stress in communities experiencing firearm crime. Post-traumatic stress disorder (PTSD) is a significant threat to a young person's development as it is associated with psychological difficulties, including depression, behavioural problems and substance use, as well as poorer outcomes in the criminal justice system.

The purpose of this project is to test the feasibility, acceptability and usability of a newly co-designed trauma support app and provide pilot data on potential outcomes when used as a stand-alone intervention in areas with high rates of firearm-related crime. Young people aged 15-20 years (N=75) will be recruited via schools in Stockholm districts identified as having a high frequency of shootings. A mix of quantitative and qualitative methods will be used including standardised measures of PTSD, measures of app use, and semi-structured interviews with study participants exploring user experiences, perceived effects of app use and impressions of the research experience.

Adapting an Online Dialogic Book-Sharing Intervention, and it's Efficacy

Lauren King [1] (1. Bangor University)

Since the onset of Covid-19 measures in the United Kingdom, there has been a significant increase in caregivers' concerns regarding their children's development and education, with 58% of concerned parents never or occasionally receiving support. This had led to increasing pressure on local parental services, whilst funding and focus on preventative intervention has significantly reduced since 2016, meaning caregiver and child needs are not being met. Therefore, it is paramount that services have access to evidence-based, low-demand interventions.

The current study aims to provide this by working with non-NHS parental services and primary schools to deliver an adapted online dialogic book-sharing intervention to support children's language and social-emotional development. Although there is considerable research into online global parenting programme efficacy, there is very little research on online school readiness programme efficacy, therefore it is unwise to assume it will be similarly effective once adapted.

Pre- and post-intervention observations of parent-child book-sharing interactions will be used to assess the impact of the programme on book-sharing quality.

This poster will outline the adaptations made to the intervention and outline significant parental behavioural changes identified, post-intervention. As well as the use of the strengths and difficulties questionnaire, turn-taking measures and child total word count to assess related changes in children after engagement with the intervention.

Parental views on their children's smartphone use during personal and family routines

Katerina Lukavska [1], Roman Gabrhelík [2] (1. Department of Psychology, Faculty of Education, Charles University, Czech Republic, 2. Department of addictology, First Medical Faculty and General Hospital in prague, Charles University)

Children and adolescents today grow up surrounded by devices with electronic screens, such as televisions, computers, tablets and smartphones. Smartphones – being portable devices – can be used almost anywhere and at any time, may interfere with daily routines, and bear the risk of excessive and addictive use. Parents are therefore prompted to regulate SU in their children. We will introduce currently available (pediatric) guidelines for parental regulation of smartphone use (SU) and discuss them in the context of our research study on parental views on SU during personal and family routines. Main aim of the study was to identify routines in which parents dislike smartphone use, and to estimate the frequency of children's and adolescents' SU during these routines based on parental reports. Online survey was conducted in October 2022 with a representative sample of 826 Czech parents. Parental views on their children's SU during fourteen family (e.g., family mealtimes, family trip) and personal (e.g., bedtime, homework, commuting) routines were assessed using five ordered categories (from "I would not mind it" to "I could not stand it"), parental estimates of the frequency of their children's SU during each routine were reported (never, sometimes, often), as well as sociodemographic and other variables (e.g., parental warmth and control). In case of eleven (out of fourteen proposed) routines, SU was rather or strongly disliked by parents. The dislike was the strongest for SU during bedtime, studying (or whether a child is supposed to focus on something else), cultural performance (e.g., theatre), and when a parent is trying to say something important to his/her child. Parents reported the occurrence of SU during bedtime in 33% of children (6–10 years) and 58% of adolescents (11–18 years), during studying in 31% of children and 63% of adolescents, and when a parent is trying to say something important in 39% of children and 49% of adolescents. The occasional use during other routines was relatively common, especially among adolescents. Guidelines for families on how to regulate SU should reflect and address the predominantly negative parental views on SU during routines. The initiation and the moderation of family dialogue on SU by family care and/or prevention professionals could be important to prevent parental frustration and family conflicts over SU as well as excessive and problematic SU.

Evaluation of a School-Based Substance Use Prevention Program - "Know the Score"

Catherine Comiskey [1], Marie Hyland [1], Katherine Dunphy [3], Paula Mayock [4], Aisling Sheehan [3], Orla McGowan [3], Anna O'Neill [3], Angela King [3], Micheal Durcan [3], Margaret McCarthy [10] (1. Trinity College Dublin, 2. Health Service Executive, 3. Trinity college Dublin, 4. Department of Education)

Aim: The aim of the schools-based prevention program is to increase the knowledge of young people and to enable students to make conscious, informed decisions and delay the early onset of alcohol and drug use. The program was designed to support teachers with the substance use module of the curriculum, delivered to 15–18-year-olds. It was

launched in late 2019. "Know the Score" was developed using the most up-to-date theory and evidence on substance use prevention. **Methods:** The study will conduct an impact evaluation, process evaluation and national mapping exercise. The impact evaluation will be a quantitative, longitudinal, comparative study design. Program relevant outcomes will be measured in intervention and control schools at baseline and at year 1 follow up. The sample will consist of students from 12 schools (8 intervention and 4 control). Self-report surveys will be completed. Outcomes for intervention and control schools will be compared and tested for differences each year. A process evaluation will examine if the desired changes in structures and processes have been achieved as a result of the program intervention. This approach will evaluate what happened/did not happen to facilitate change in line with the program aims. Semi-structured interviews and focus groups will be conducted with key stakeholders at baseline and year 1 follow up. Enablers and barriers to effective implementation and scale-up will be identified. A national mapping will be conducted to identify the schools that have ordered "Know the Score," the teachers that have attended the training, followed by a survey to establish if the program has been implemented. **Conclusion**: This research has value for national education in determining the appropriateness of this school-based substance use prevention program. This research will help to inform and strengthen the development of strategies for effective implementation and scale-up of school-based substance use prevention programs and resources into the future.

The mediating effect of parental mediation strategies on the relationship between parents' digital technology use and social-emotional skills and behavioral problems of preschool children

Zrinka Selestrin[1], Darko Roviš[1] (1. Teaching Institute for Public Health of Primorsko-goranska County)

Being constantly surrounded by different media makes parents more and more concerned when it comes to understanding how, when and to what extent the use of electronic devices with their children is justified. When it comes to parents, they play a key role in determining the manner, the type and the amount of use of digital technology.

The inconsistency of scientific results on the effects of digital technology on children's development makes it difficult for practice work with children and parents and complicates defining general recommendations. Accordingly, there is a need to carry out research on the use of digital technology and the impact of parental practices on children's use, so that all further preventive interventions and recommendations could be the result of scientific research and based on evidence. Therefore, the literature on this issue, especially in Croatia, is extremely lacking, which makes insight into the current knowledge of digital technology use of preschool children extremely deficient.

The aim of this poster is to present a doctoral thesis "The mediating effect of parental mediation strategies on the relationship between parents' digital technology use and social-emotional skills and behavioural problems of preschool children." Using the theory of parental mediation and relying on the theory of planned behaviour and social-cognitive theory, this research focuses on insight into the incidence and structure of family use of digital technology and parental behaviours regarding the regulation of exposure to digital technology as well as their correlates in the population of preschool children. The research will try to find out whether certain parental mediation strategies can act as a mediator of parental habits, attitudes and beliefs about the use of digital technology in relation to the screen time, social-emotional skills, internalized and externalized behavioural problems in children.

The purpose of this doctoral thesis is to investigate the predictive value of parental behaviours regarding the regulation of the use of digital technology and the determinants of problems underlying the lack of social-emotional skills and internalized and externalized behaviour problems in preschool children.

The Prevention of Violence in Schools In Cameroon

Ezeogu Simone Thierry [1], Konfo Tcholong Clémenece Idriss [2] (1. University of Douala, 2. University of Yaounde)

In Cameroon, violence in schools has reached a worrying level in recent years. Increasingly constant and deadly, it has become a daily occurrence in virtually all schools. Faced with the scale of this situation, the entire educational community in particular, and all Cameroonians in general, are committed to combating violence in schools. To this end, many platforms like ASBEC (*"Association Santé et Bien-être")* are committed to preventing such violence. Based on interventions rooted in the theoretical foundations of multisystemic therapy, we act on the determinants of violence in schools in order to reduce the prevalence of violence in schools. Our approach involves several stages. Assessment enables us to understand the relationship between violence and its overall systemic context. Preventive measures involving the teenager and the members of his or her system focus on the positive aspects of the teenager's life. Interaction with these different people helps to encourage responsible behaviour and reduce irresponsible behaviour among all those involved. Prevention is geared towards the problems within each system, as well as the interaction between systems. With this approach, we are working towards the primary and secondary prevention of violence in schools in the Cameroonian context.

Assessing the role of parents, teachers, and correctional staff in rehabilitation in juvenile detention center in Jakarta, Indonesia

Nurjannah Nurjannah [1], Shr-Jie Wang [1], Dicky Pelupessi [2], Heru Susetyo [3] (1. Danish Institute against Torture, 2. Faculty of Psychology, Universitas Indonesia, 3. Faculty of Law, Universitas Indonesia)

The juvenile justice system should rehabilitate juveniles by promoting their physical and mental well-being. The right of juveniles to access education, physical and mental health services must also be upheld in detention so that they will be able to function in community after being released. The current study aimed to understand the role of parents, teachers, and prison staff in rehabilitating youth detainees in an Indonesian youth prison. We conducted structured interviews with 10 parents whose children were detained at the prison in Jakarta, 7 teachers and 12 prison staff members who were involved with those children. All parents expressed hope that detention would rehabilitate their children. They were engaged in the process and believed that the prison provided most of the support their children needed except for psychological support. Teachers also had a similar opinion because no counseling teachers were available at the prison. Likewise, the prison staff admitted that no psychologist works at the prison, the clinic did not offer mental health support in a systematic way, and not all prison staff focused on youth detainees' psychological aspect. The findings suggest an initiative to improve mental health support for youth detainees and capacity building on the teachers and prison staff.

Alcohol Service to Underaged at Licensed Premises: A 25-Year Follow-Up of a Responsible Beverage Service Program in Stockholm, Sweden

Tobias H. Elgán [1], Kristin Feltmann [1], Nina-Katri Gustafsson [1], Johanna Gripenberg [1] (1. STAD, Karolinska Institutet)

Introduction: In 1996, a multi-component alcohol prevention program in Responsible Beverage Service (RBS) targeting licensed premises was initiated in Stockholm. Program components are mobilization/collaboration, training, and enforcement. Research has previously demonstrated improved refusal rates of alcohol service to underaged (i.e., < 18 years) and heavily intoxicated pseudo-patrons, a 29% decrease in police-reported violence, and a cost-saving ratio of 1:39.

These results have led to dissemination of the program nationwide and internationally. The aim of this study is to investigate long-term effects in Stockholm concerning refusal rates of alcohol service to underaged. **Methods:** A repeated cross-sectional study with data collected in 1996, 1998, 2001, 2007, 2013, and 2022. Six females and six males, all 18 years old but with a younger appearance were recruited. A total of 328 licensed premises located down-town Stockholm were randomly selected. The 18-year-olds worked in pairs and visited licensed premises during nights Wednesday through Saturday. They were instructed to never show their ID when entering premises or attempting to purchase a beer. **Results:** The refusal rate at the latest assessment point in 2022 was 80%, which is higher than in 1996 (55%), 1998 (59%), and 2001 (68%), but not higher than 2007 (88%) and 2013 (91%). **Conclusions:** Results show sustained effects over time from 55% refusal rate in 1996 to 80% in 2022. However, the refusal rate in 2022 is lower than the assessments in 2007 and 2013, which may be attributed to a large turnover of serving staff due to the COVID-19 pandemic.

Purple Drank Consumption In A Sample Of Spanish Youths. Anecdot Or A High Risk Polyconsumption Index?

Manuel Isorna Folgar [1], Bárbara G. Amado [2], Andrea Vázquez-Martínez [2], Víctor José Villanueva-Blasco [2], Antonio Rial [3] (1. Universidade de Vigo, 2. Research Group in Health and Psycho-Social Adjustment (GI-SAPS). Faculty of Health Sciences. Valencian International University, Valencia, Spain, 3. University of Santiago de Compostela)

Purple drank (syrup, sizzurp or lean) is a combination of a cough syrup of codeine (opioid analgesic) and promethazine (antihistamine which acts as sedative) with soda and occasionally with alcohol. Large quantities can cause delirium, hallucinations and even a cardiac or pulmonary arrest when purple drank is used in combination with alcohol. Purple drank originally appears in USA but social media seems to have contributed to its expansion. The aims of the present study were analyse: a) the frequency of purple drank use in a sample of adolescents, according to sex and year; and b) to establish if its use is related to a polyconsumption pattern and risk consumption of other substances. **Method**. The sample was composed by 1028 adolescents between 12-18 years (M = 15.40; SD = 1.64), of which 45 subjects have used purple drank last year. **Results**. A 3.2% of consumers used purple drank at least once a year (n=33), a 0.6% at least one a month (n = 6), a 0.4% one day a week (n = 4) y 0.2% several days a week (n = 2). Young people aged 15-16 years constitute 51.1% of purple drank users, followed by those aged 17-18 years (36.6%). Consumption of purple drank appears to be linked to sex: 61.4% were males vs. 38.6% females, $\chi2$ (1) = 4.308; p = .038, φ = .07. The frequency of alcohol (84.4%) and cannabis (35.6%) consumption was significantly higher ($p < .001$) in purple drank users than non-users (41.5% and 6.2% respectively). Overall, purple drank users reported significantly higher alcohol (AUDIT) and other substance (CRAFFT) risk use (55.6%) than non-users (21%), $\chi2$ (1) = 27.615, $p < .001$, φ =.170. **Conclusions:** Purple drank users tend to a higher polyconsumption of legal and illegal substances than non-users of Lean, and can be considered as a high-risk group. They require indicated prevention interventions that address purple drank use.

6 months' effectiveness of the French smoking cessation quitline

Anne Pasquereau [1], Romain Guignard [1], Fabienne Thomas [1], Olivier Smadja [1], Viêt Nguyen-Thanh [1] (1. Santé publique France)

Background – France has one of the highest smoking prevalence in Western Europe (24.5% of daily smokers among 18-75 years in 2022). Smoking cessation quitlines are considered as effective interventions. Created in 1998, the effectiveness of the French quitline was evaluated for the first time in 2012-2014. How effective is it today? Methods – All quitline

callers who had been in contact with a counsellor were called back 6 months later. The main objective was to update the abstinence rate and the factors associated with abstinence between 2018 and 2020. Results – During the three-year period, counsellors of the quitline took care of 45,803 smokers. Among those who agreed to be called back after 6 months, more than a fifth (22.2%) reported being abstinent for at least 7 days (unreachable individuals or those refusing to answer were considered to be still smokers). The abstinence rate reached 32.2% among smokers who were initially trying to quit and 17.0% among other smokers. These rates remained stable compared with 2012-2014. The quitting rate was lower among heavier smokers, people suffering from another addiction or a health problem, unemployed, and increased when the smoker had already set a quit date, and with the number of follow-up calls with a counsellor. Finally, 89% of the 6-month call back respondents reported that quitline had helped them in their attempt to quit. Discussion – These results are consistent with those of other European or American quitlines. They suggest that the quitline remains an effective aid for smokers. It could be useful to enhance advertisement for this service, which is almost free of charge, to increase its use, in particular among the most disadvantaged, so as to reduce social inequalities. In addition, smokers should be encouraged to take part in several follow-up calls to increase their chance of successfully quitting.

Influencing the wider determinants of health: Conducting Health Impact Assessments for environmental change and understanding the scope of influence of stakeholders

Anna Le Gouais[1] (1. University of Bristol)

Despite the associations between environmental features and physical and mental health outcomes urban development projects may not result in healthy places, increasing risks of ill-health and health inequalities. Health Impact Assessments (HIAs) are increasingly used as a tool to evaluate potential impacts associated with the wider determinants of health, such as for large scale house building, transport infrastructure, and other environmental changes. HIAs may help to influence designs to support healthier environments, however they have been criticised for taking a retrospective approach and being ineffective.

This research seeks to improve HIA practice and understand the opportunities and limitations of influencing the wider determinants of health during environmental change projects. It is based on learning from practice in local government in England by an embedded researcher (Oct 2020 – present). It describes the iterative and collaborative process of conducting HIAs to inform development of a spatial regeneration framework for a deprived urban area where over 1000 new homes will be built in the coming years. Eleven wider determinants of health topics were analysed: Housing design and affordability; Access to health and social care services and other social infrastructure; Access to open space and nature; Air quality, noise and neighbourhood amenity; Accessibility and active travel; Crime reduction and community safety; Access to healthy food; Access to work and training; Social cohesion and inclusive design; Minimising the use of resources; and Climate change. The HIA resulted in recommendations and responsibilities for various non-health stakeholders to support healthy urban development.

Using ethnographic methods the research also analyses the scope of influence of stakeholders for each of the 11 wider determinates of health topics, most of which are predominantly influenced by actors outside of public health. This understanding is important to inform prevention research and practice and support public health interventions for healthier environments. Key stakeholder groups include private sector developers, local government staff, elected representatives, and members of the public.

The research identifies that a HIA framework, if conducted early, can be helpful to focus attention on health and wellbeing considerations for environmental change projects, however it also highlights potentially limited influence of local government and members of the public. This is due to limited power from national policies and legislation, land ownership issues, and resource availability. Public health needs to take a more targeted approach to be impactful across the wider determinants of health.

Brief advice to quit smoking on discharge from hospital: a vision from the professional heatlh of the difficulties of its implementation

Patricia García-Pazo [1], Joana Mª Sánchez García [2], Catalina Morro [3], Araceli Muñoz [3], Federico Leguizamo [1], Elena Gervilla [1] (1. University of the Balearic Islands | Health Research Institute Foundation of the Balearic Islands (IdISBA), 2. University of the Balearic Islands, 3. Son Llatzer University Hospital)

Introduction: The time of hospitalization is presented as ideal for smoking cessation. Clinical practice guidelines (CPG) recommend brief advice (5Aes; Ask, Asess, Advise, Assist, Arrange) as an effective intervention for smoking cessation. However, it is often overlooked by health professionals. **Objectives:** The aim of this study is (1) to assess the implementation of 5Aes brief advice by professionals in a public hospital in Spain and (2) to describe the psychosocial barriers perceived by professionals regarding its implementation. **Methodology:** Cross-sectional descriptive study with purposive sampling of workers who perform some therapeutic contact in a second-level public university hospital in the Balearic Islands (Spain). Instruments: an online questionnaire called KABO (Knowledge, Attitudes, Behaviors, and Organization) was used to collect information on: sociodemographic and work characteristics, smoking status, application of brief advice (5Aes) and psychosocial factors related to the implementation of brief advice classified into 7 dimensions. They are rated on a Likert scale from 0 to 10, where 0 is "never" or "do not agree at all" and 10 is "always" or "completely agree" according to the question wording. **Results:** A total of 302 professionals working in the study hospital responded. Most of the participants were women (73.5%), over 40 years old (66.9%), had professional experience between 11 and 30 years (70.9%) and worked as physicians (38.4%) or nurses (35.1%). Regarding smoking status, half of the participants had never smoked (51%) and 30.5% were ex-smokers. The results on the implementation of brief advice indicate, according to the 5A's: (A1) 23.7% indicated that they had never asked and 21.9% indicated that they had always done so; (A2) 27.2% of professionals always advised quitting; (A3) 18.6% of participants indicated that they had never considered it; (A4) 33% indicated that they had never offered help, with more than half of the sample scoring around this response; and (A5) 55.6% of professionals indicated that they had never carried out this activity. The results of the 7 dimensions according to mean and standard deviation statistics (m/ds): (1) Individual Skills (13.26/10.8); (2) attitudes and beliefs (11.37/5.39); (3) individual commitment (13.56/4.8); (4) Belief about patient's desire/readiness to quit smoking (20.29/ 6.2); (5) hospital organization resources (18.99/8.6); (6) work unit organization resources (31.9/ 8.5); and (7) organization support to implement (7.4/ 6.7). **Conclusions:** Most professionals do not impart the brief advice to the hospitalized smoker. Although they feel motivated to help their patients in smoking cessation. However, they point out some barriers such as lack of knowledge about GPC treatments for smoking cessation and little ability to implement brief advice. In addition, they point out the lack of protocols and records in the hospital, as well as, the assessment of this intervention by their supervisors. Moreover, professionals report having little time due to their workload.

Comparing European Alcohol Control Policies: the case of Audiovisual and Digital Alcohol Marketing (CIPPAL-AM project)

Carine Mutatayi[1] (1. French Monitoring Centre on Drugs and Addictions (OFDT))

Given the multifactorial complexity of the Alcohol Control Policies (ACP) and their societal background, it is essential for States to better apprehend the lessons that can be learned from specific national experiences and their implementation story. The French Monitoring centre on Drugs and Addiction (OFDT) therefore engaged a pluriannual research programme to Compared International Public Policies of Alcohol control (CIPPAL), based on a public French funding.

As a first step, further to an expert consultation process involving experts from 13 countries in Europe and Canada, the OFDT will be coordinating the CIPPAL-Alcohol Marketing study, from Nov 2023 to Nov 2025. The study will compare how regulatory controls on audiovisual or digital alcohol marketing (ADAM) linked to audiovisual or digital media may influence young people's awareness of alcohol marketing and exposure to these marketing channels, in Finland, France, Ireland, Italy and Lithuania.

For comparison purposes, a common study design will be applied in the five participating countries based on a mixed-method approach. It will combine a thematic review of existing regulations on targeted channels with qualitative and quantitative studies among teenagers aged 16 to 19. Around 100 semi-structured interviews (20 per country) will explore drinking culture, awareness and acceptability of the regulatory framework. An online survey targeting 300 to 600 teenagers sampled per country will investigate ADAM exposure.

The main expected result is to gain a better insight into the empowering (marketing awareness) and protective (less exposure) nature of two forms of controlling audiovisual and digital alcohol marketing: a statutory regulation (emanating from public authorities or legislators) versus a sector-specific liberal self-regulation.

Schools as intervention contexts: When are they appropriate?

Daniel Hale[1] (1. Heriot-Watt University)

The role of schools as intervention contexts has risen in prominence over recent decades. This has been supported by findings of small but potentially important (at population-level) intervention effects, though evidence across differing populations, interventions and health outcomes remains sparse. There is no consensus upon which decisions regarding intervention contexts (including the role of schools) are based, but considerations include evidence of effectiveness, ethical considerations, and congruence between the goals of the intervention context and the intervention. Evidence may include effectiveness trials, but might also include observational data regarding predictors of outcomes (including at school-level), and school-level variance. Ethical concerns regarding prevention interventions within any context relate to potential outcomes (both positive and iatrogenic), equity and equality, sustainability, empowerment and participation. Given limited school resources, as well as extremely competitive funding landscapes for health interventions and research, clearer decision-making frameworks to guide school-based interventions (or those within any intervention context) are required. This presentation considers a variety of perspectives and existing frameworks as a discussion point for guiding the embedding of health interventions within schools.

Long-term Effects on Overserving of Alcohol of a Responsible Beverage Service Intervention: 25-Year Follow-up of the STAD-model

Johanna Gripenberg [1], Tobias H. Elgán [1], Kristin Feltmann [1], Nina-Katri Gustafsson [1] (1. STAD, Karolinska Institutet)

Introduction: In 1996, an alcohol prevention program in Responsible Beverage Service (RBS) targeting licensed premises was initiated by STAD (Stockholm Prevents Alcohol and Drug Problems) in Sweden. The multi-component RBS-program consists of community mobilization, training of serving staff, and improved enforcement. Evaluations of this program have shown a significant increase in the refusal rates of alcohol service to intoxicated guests, from 5% in 1996 to 77% in 2016, and a decrease in the frequency of police-reported violence by 29%. Additionally, a cost-effectiveness analysis showed that for every 1 Euro spent on the intervention 39 Euros were saved. The program was consequently institutionalized and supported by a steering group with participation from stakeholders in the community. The purpose of this study is to examine the long-term effects of this RBS-program on the frequency of refusal rates of alcohol service to obviously intoxicated guests at licensed premises. **Methods:** Data collection was conducted during October and November 2022 and the same procedure as the baseline assessment in 1996 and follow-ups in 1999, 2001, 2011, and 2016 was used. Eight professional male actors (i.e., pseudo-patrons) were trained by an expert panel to enact a standardized scene of obvious alcohol-intoxication. A total of four research teams, each consisting of two actors and one observer, visited licensed premises during Wednesday, Thursday, Friday, and Saturday nights. Once inside the premises, the actors approached the bar and enacted the standardized scene and attempted to order a beer. 240 licensed premises located in the central part of Stockholm were randomly selected for this study. **Results:** A total of 220 licensed premises were visited and tested by the research teams. At the 25-year follow-up the pseudo-patrons were denied service of alcohol at 80% 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%), 2001 (70%), 2011 (65%), and 2016 (77%). **Conclusions:** This study demonstrate that the long-term effects on overserving of alcohol of an institutionalized multi-component RBS-program can be sustained over time.

Coffee Break (9:30 – 10:00) *Swissôtel, Congress Center hall*

Welcome Ceremony (10:00 – 10:30) *Swissôtel, Plenary room*

Facilitators: MA Sanela Pekić (Association for Addiction Prevention NARKO-NE), Adnan Delić (Federal Minister of Labor and Social Policy), Dr Gregor Burkhart (Senior Scientific Analyst at European Monitoring Centre for Drugs and Drug Addiction, President of the European Society for Prevention Research).

Keynote Session 1. Strengthening evidence-based prevention and health promotion – a systems perspective (10:30 – 11:30) *Swissôtel, Plenary room*

Chair: Dr. Gregor Burkhart (EMCDDA)

Keynote Speaker: Dr. Freia De Bock (University of Düsseldorf)

In the COVID-19 pandemic, the challenges in public health decision-making became clearly visible: Decisions related to children's health, e.g., school, playground, and sports field closures and testing regimes, were made primarily from an infection control perspective, rather than in terms of comprehensive public health prevention and care. Children were not involved in the decision-making processes. As a result of the decisions made, their health and developmental risks have increased in relevant ways (e.g., increase in depression, obesity). This has revealed the deficits of our society in making well-considered public health decisions, in the sense of protecting children in our societies.

Hybrid session link.

Parallel Session 2.1. Campfire: The roles of prevention registries in building a prevention infrastructure (11:30 – 13:00) *Swissôtel, Basel*

The Roles of Prevention Registries in Building a Prevention Infrastructure

Karl Hill[1], Frederick Groeger-Roth[2], Gregor Burkhart[3], Eric Brown[4], Nick Axford[5], Zila Sanchez[6] (1. University of Colorado Boulder, 2. State Prevention Council of Lower Saxony, Hanover, 3. EMCDDA, 4. University of Miami, 5. University of Plymouth, 6. Universidade Federal de São Paulo)

Thanks to the development of a fire prevention infrastructure (e.g., policies & materials governing construction, ventilation, fire protection and personnel, etc.) major urban fires have declined in Europe and North America. A similar infrastructure must be developed to promote human health and well-being from a prevention perspective. This infrastructure could include: Supportive Legislation and Policies; Dedicated Stable Revenue; Interagency Coordination; A Trained Prevention Workforce; "What Works" Registries of Effective Interventions; A Prevention-Aware Public; Community Prevention Toolkits and Curricula; and Community Prevention Coalitions. It is increasingly clear that for registries of effective preventive interventions to be useful, they need to take a more active role in building this prevention infrastructure. This session presents suggestions of what components a prevention infrastructure might include, and discusses the potential roles that prevention registries might play in this effort. Brief presentations are provided from 4 prevention registries: *Blueprints for Healthy Youth Development* (www.BlueprintsPrograms.org); *The Green List* (Grüne Liste Prävention, www.gruene-liste-praevention.de); the *Xchange Prevention Registry* (https://www.emcdda.europa.eu/best-practice/xchange_en), and an emerging database of *Preventive Interventions for use in Latin America and the Caribbean*. Each will present on how their registry is influenced by a prevention infrastructure (or the lack thereof) and how each seeks to contribute to components of the needed infrastructure. The panel is concluded with expert and audience discussion.

Parallel Session 2.2. Symposium: Online parenting support programs: non-inferiority, benefits and effective elements (11:30 – 13:00) *Swissôtel, Geneva 1*

Chair: Dr. Patty Leijten *(University of Amsterdam)*

Online Parenting Support Programs: Non-Inferiority, Benefits, and Effective Elements

Patty Leijten[1], Martina Špaček[2], Ninoslava Pećnik[3], Sanja Mihetec[2], Ana Catarina Canário[4] (1. University of Amsterdam, 2. Centar Rastimo Zajedno, 3. University of Zagreb, 4. University of Porto)

Prevention programs are increasingly offered online. This is the case also for parent support programs that aim to enhance parent and child health and well-being. The format of online parent support programs varies greatly. Some programs are delivered through video call but resemble traditional in-person programs in other respects. Other programs are delivered through websites or apps with no or minimal professional support.

This symposium brings together researchers and professionals working with online parent support programs in three European countries and integrates bottom up (i.e., experiences from professionals delivering online programs) and top down (i.e., meta-analyses of published evidence) approaches with the shared goal of improving our understanding of the conditions that optimize the reach and effectiveness of online parenting support programs.

Presentation 1 provides insights into the non-inferiority of online parenting support programs, relative to traditional in-person support programs. In a meta-analysis of seven randomized comparisons of online and in-person support programs (101 effect sizes), it shows that provided sufficient guidance from professionals, online parenting support is an effective alternative to in-person support and may actually be preferred by parents.

Presentation 2 provides a quantitative evaluation of Growing up Together Online (Rastimo zajedno Online), a 10-week online parenting support group program developed to support vulnerable families during the pandemic and earthquakes in Croatia. Pre-post test evaluations of 62 at-risk families suggest increased general self-esteem, parenting self-efficacy and morale, and reductions in physical and verbal violence towards the child. No changes in positive interactions were not found.

Presentation 3 provides a quantitative evaluation of an easy to implement lecture series, based on the same Growing up Together Online principles. The presenter will share their experiences providing the lecture series, which has reached close to 2,500 parents and professionals in Croatia between 2020 and 2023. Pre- and post-lecture data from 1,082 participants (75 – 89% mothers, depending on the topic) suggest positive changes in parental beliefs and high satisfaction rates.

Presentation 4 provides insights into the program characteristics that make online parenting support more effective. Based on a systematic literature review in PsycINFO, Medline, Web of Science, and Cochrane Library datasets, 33 papers eligible randomized trials were included and coded on program characteristics and magnitude of program effects. Data analysis is currently in progress and will estimate how the effects of online parenting programs on children's disruptive behavior and emotional problems, and on parents' behavior and mental health, differ according to specific program characteristics.

Online Parenting Support: Meta-Analyses of Non-Inferiority and Additional Value to In-Person Support

Authors: Patty Leijten, Karen Rienks, Annabeth Groenman, Madhur Anand, Burcu Kömürcü Akik, Oana David, Rukiye Kızıltepe, Therdpong Thongseiratch, & Ana Catarina Canário.

Parenting support to enhance parent and child mental health is increasingly offered on websites, apps, and through videocall. This development raises the question of how online parenting support compares to traditional in-person parenting support. Is online support non-inferior to traditional in-person support? Or should online support be used as a supplement to in-person support?

In the COST Action EurofamNet (CA18123), we sought to answer these questions by systematically se arching for randomized trials comparing online to in-person parenting support (Study 1) and trials comparing in-person parenting support augmented with online support elements to in-person parenting support only (Study 2). We registered our review in PROSPERO (CRD42022354393) and searched PsycINFO, MEDLINE, Web of Science, and Cochrane in May 2022. Our outcomes of interests were children's mental health, parenting practices, parental mental health, and parents' satisfaction with the program.

For Study 1, multilevel meta-analysis of seven eligible randomized trials (101 effect sizes; $N = 957$) showed consistent non-inferiority of online support and a trend that parents were more satisfied with online support. For Study 2, narrative synthesis of two eligible trials ($N = 279$) suggests that adding online support elements to in-person support can improve program satisfaction and short-term benefits, but does not contribute significantly to program benefits above and beyond in-person support.

Our findings suggest that, provided appropriate online formats and sufficient guidance from professionals, online parenting support is an effective alternative to in-person support and may actually be preferred by parents. The additive value of online support elements to in-person support seems limited, but may still be meaningful. Future research should identify the circumstances under which parents prefer, and benefit more from, in-person versus online parenting support.

Overcoming barriers with targeted parenting support programme 'Growing up Together Online'

Authors: Martina Špaček & Ninoslava Pećnik

Guided by the value of parenting support as every child's right, Center for Parenting Support 'Growing up Together' has been facilitating collaborative development of universal, selective and indicated parenting support programmes responsive to the wide range and level of needs of parents with young/preschool children (www.rastimozajedno.hr). These programmes aspire to comply with the quality standards for evidence-based parenting support programmes and therefore foster adoption of the 'evidence-based-practice-approach' in all organizations which implement them (e.g. kindergartens, family centers).

'Growing up Together Online (Rastimo zajedno Online - RZO)'(Ustić et al., 2021.) was developed in response to challenges of supporting vulnerable families during the pandemic and earthquakes in Croatia. RZO aims to enhance parents' psychosocial resources for positive parenting. It was co-created with parents of young/preschool children, users of social welfare and child protection services. It consists of 10 weekly, 90 minutes-long sessions and is implemented as a part of routine practice of family centers. The first and the last session are conducted face-to-face while eight sessions take place via videoconferencing calls. Parents also have access to secure webpage to access and contribute materials.

Evaluation of RZO on 62 at-risk families who participated during 2020 and 2021 included measures of parental self-reported cognitions (self-esteem, self-efficacy, parenting experience and parenting morale) and behaviors (positive involvement and reinforcement, harsh parenting) as well as satisfaction with the program. In comparison to pre-test, at the end of the program parents report increased general self-esteem, parenting self-efficacy and morale, and reductions in physical and verbal violence towards the child. Changes in positive interactions were not found. Parents reported high participant satisfaction, except a few who considered managing technology a burden.

RZO remains innovative service option for families with barriers to face-to-face participation. Successful implementation of RZO stimulated development of new online programmes (e.g. for adoptive parents) and resources.

Enhancing universal parenting support with "Growing up Together Mini" online lectures

Authors: Sanja Mihetec & Ninoslava Pećnik

In response to the Council of Europe's Recommendation (2006) 19 on policy to support positive parenting and in collaboration of academics, practitioners, parents and donors, the Centre for Parenting Support 'Growing up Together', has developed a group-based parenting support programme for parents of young children 'Growing Up Together' (Pećnik & Starc, 2010). It has been implemented in Croatia since 2009 and to date reached over 6000 parents.

When faced with barriers to providing face-to-face parenting programmes, due to the COVID19 pandemic, we developed a series of on-line interactive lectures, entitled 'Growing up Together – Mini' (RZ mini). They aim to increase knowledge about supporting young child's development and to facilitate exchange of experiences among general population of parents. The content was partly adapted from the universal parenting support programme 'Growing up Together' and complemented with additional topics on early child development and parenting. The set of 12 RZ mini lectures is manualized (Pribela-Hodap et al., 2023) with the support from the Human Safety Net foundation. RZ mini lecture typically last 90 minutes, contains a presentation and activities prompting participants' active involvement and are delivered free of charge by trained facilitators from kindergartens. The structure is adapted to the number of participants, that can vary from 5 to 100. From 2020 to 2023, a total of 2484 parents and practitioners participated in at least one lecture.

At the beginning and at the end of every lecture, parents anonymously fill out a short questionnaire containing 3 – 6 content-related beliefs. Data collected from 1082 participants (75 – 89% mothers, depending on the topic) show significant pre-post changes in almost all examined parental beliefs as well as a high satisfaction with quality and usefulness of the lectures. After the COVID19 pandemic, RZ mini lectures remain a used as resource for on – line or face-to-face parenting support.

Online parenting programs for children's mental health: A systematic review and network meta-analysis

Authors: Ana Catarina Canário (Faculty of Psychology and Education Sciences of the University of Porto, Portugal), Burku Kömürcü Akik (Faculty of Languages and History-Geography, Ankara University, Turkey), Koraljka Modić Stanke (Social Work Study Centre, Faculty of Law, University of Zagreb, Zagreb, Croatia), Oana David (Department of Clinical Psychology and Psychotherapy, Babes-Bolyai University, Romania), Rukiye Kızıltepe (Department of Psychology, Pamukkale University, Turkey), Karen Rienks (Research Institute for Child Development and Education, University of Amsterdam, The Netherlands), Rita Pinto (Faculty of Psychology and Education Sciences of the University of Porto, Portugal), Marco Martins (Faculty of Psychology and Education Sciences of the University of Porto, Portugal), Therdpong Thongseiratch

(Prince of Songkla University, Faculty of Medicine, Thailand), G. J. Melendez-Torres (University of Exeter, Medical School, U.K.), & Patty Leijten (Research Institute of Child Development and Education, University of Amsterdam, The Netherlands).

The use of information and communication technology to deliver parenting and mental health support services to families has significantly increased during the Covid-19 pandemic. Different studies have addressed the effects of technology-assisted family support with the most frequently studied forms being online programs to improve parenting practices and reduce child mental health problems. The accumulated evidence shows that such programs can successfully improve parents' understanding of child development, parental self-efficacy, parenting behavior, and parents' and children's mental health. Prior research identified the program characteristics that enhance the effectiveness of online parenting programs. However, well-powered evaluations comparing different types of online parenting programs are still limited in the literature. In the current study, we develop a systematic review and network meta-analysis to increase knowledge on how do online parenting programs impact on children's mental health and how program effects differ according to program-specific components. The review was registered and the literature searches performed to identify studies with experimental designs focusing parenting programs delivered online. The review follows the PRISMA statement. From a total of 6722 records were retrieved from the PSYCINFO, Medline, Web of Science, and Cochrane Library datasets, 33 papers were deemed eligible for inclusion in the review. The risk of bias of the selected studies was assessed. Data on the program specific characteristics, its specific components, and outcomes on children's mental health, parenting behavior and parental mental health at any assessment post-intervention were extracted from the studies in the review. Data analysis is currently in progress and will estimate the effects of online parenting programs on children's disruptive behavior and emotional problems, and on parents' behavior and mental health, further discriminating how results differ according to specific components. This review will contribute to identify the online parenting programs that effectively address children's disruptive behaviors and emotional problems.

Parallel Session 2.3. Symposium: Barriers in the causer-related prevention of child sexual abuse
(11:30 – 13:00) *Swissôtel, Plenary room, hybrid session*

Chair: Dr. Maximilian von Heyden *(Charité – Universitätsmedizin Berlin)*

Barriers in the Causer-Related Prevention of Child Sexual Abuse
Maximilian von Heyden [1], Aleksandra Babić-Golubović [2], Thuy Nguyen Vo [3], Berta Franch i Martinez [3], Christabel Chamarette [5] (1. Charité - Universitätsmedizin Berlin, 2. Save the Children in North West Balkans, 3. Universitat Internacional de Catalunya, 4. Clinical Psychologist)

"Causer-related prevention" refers to interventions, strategies, and programs designed to address the underlying causes, risk factors, and behaviours that contribute to the perpetration of child sexual abuse. The focus is on preventing individuals from engaging in abusive behaviours or intervening early to reduce the likelihood of abuse occurring. There are many barriers to implementing such programs, including the challenge of evaluating effectiveness in the face of complex causal pathways, ethical questions around control groups, legal obstacles and limited resources. This session aims to address some of these barriers and describe the infrastructure needed to progress this critical area of prevention research.

A range of research and implementation projects will be presented followed by a panel discussion on the challenges and opportunities in implementing and evaluating causer-related prevention interventions.

Parallel Session 2.4. Early-Career Oral Communications: Advancing Adolescent Wellbeing (11:30 – 13:00) *Swissôtel, Bern*

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

Co-Designing an Emotion Regulation Intervention for Adolescents in Norwegian School Health Services: The Kort Project

Line Solheim Kvamme [1] (1. Centre for Child and Adolescent Mental Health)

Background: Emotion regulation to prevent adolescent mental health problems

In our 2019 national survey of front-line health workers, they reported a great need for tools to effectively help adolescents with emerging and diverse mental health problems. Emotional difficulties were cited as the most common reason for adolescents to seek help. The empirical literature indicates that most mental health problems are associated with how we relate to intense emotions. Emotion regulation are processes indicated by the extent to which we are aware of emotions and make conscious choices even when they are intense. Importantly, emotion regulation are malleable processes that can be altered by skills training. The well-documented increase in mental health problems among adolescents combined with a need for tools that can be used across a variety of mental health problems indicate that an emotion regulation intervention may be an effective and applicable tool for preventing adolescent mental health problems in front-line mental health services.

Co-designing with adolescents and school nurses: tailoring the intervention to school health services

In preparation for the development of the intervention, we identified specific practices and processes that often contribute to improved emotion regulation in adolescents. These practices and processes were identified across studies reporting the effect of emotion regulation interventions, and we refer to them as *common elements* (CEs). The CEs have the highest potential for yielding beneficial effects if they are adapted to Norwegian school health services and adolescents. Therefore, we invited adolescents, school health nurses, psychologists, user organizations, and researchers to participate in joint development of the intervention. One main focus was for school nurses to be able to implement the intervention with the time and resources they have, another was that the content of the intervention would be perceived as useful and relevant for adolescents. The goal is to create an effective, brief, and flexible intervention that can be used in school health services and that can prevent mental and emotional difficulties in adolescents. The proposed oral communication will focus on the co-design and rapid cycle optimization of the intervention.

The co-design of the intervention is conducted by iterative development and testing of the intervention content and design to optimize the potential for successful implementation and effectiveness. We combined a structured common

elements-based co-creation process (Engell et al., 2021) with user-centered design and rapid cycle usability-testing (Lyon et al., 2020). This includes four steps:

1. Co-design workshops with school nurses
2. Co-design workshops with adolescents
3. Small scale testing and field observations in school health services
4. Mixed methods pilot study of implementability and proximal outcomes

We are currently at step 3 and the proposed oral communication will detail how we identified the common elements and the methods we have applied in tailoring them to the specific setting and population that we are developing the intervention for.

Developing and Optimizing an Emotion Regulation Intervention for Adolescents in Norwegian School Health Services. Conceptual Model and Measurement System.

Siri Helland[1] (1. Regional Center of Child and Adolescent Mental Health (RBUP))

Adolescent mental health problems are increasing and there is a need for efficient and implementable interventions to prevent negative development in this group. In the Kort project we have developed an element-based intervention to strengthen emotion regulation in adolescents. The development of the intervention is described in the Part 1, entitled Co-Designing Intervention Elements.

To test if the intervention elements are associated with improved emotion regulation in a pilot study, it is important to specify the expected mechanisms of change. We have developed a conceptual model based on recent theory and empirical findings of the proximal and distal outcomes for each element of the intervention. More specifically, we have identified what aspect of emotion regulation we expect will improve when a specific element is received by the adolescent. Based on this, we developed a conceptual model including the emotion regulation strategies Awareness, Accept, Cognitive Reappraisal, and Avoidance as proximal outcomes. The conceptual model has guided measurement development.

Furthermore, emotion regulation is not a static concept and will not be sufficiently captured by a traditional pre-post design. Therefore, we have developed an ecological momentary assessment system (EMA) to collect intensive longitudinal data with high ecological validity. In the EMA, the adolescents will report the use of emotion regulation strategies each day for a 13 - week pilot period. These items in the EMA are chosen based on a survey where adolescents (N = 900) have responded to a range og emotion regulation scales. The single items that best explained the relevant subscales were included in the EMA.

Evaluation of effectiveness of the Unplugged program on gambling behaviours among adolescents: study design and population of the experimental controlled study "GAPUnplugged"

Giulia Giraudi[1], Serena Vadrucci[2], Mariaelisa Renna[3], Maria Ginechesi[4], Claudia Vullo[4], Erica Viola[6], Chiara Sacchi[7], Marco Martorana[8], Alberto Sciutto[6], Emina Mehanović[8], Chiara Andrà[6], Matteo Pezzutto[7], Cristina Scalvini[7], Adalgisa Ceccano[4], Pietro Casella[4], Fabrizio Faggiano[7], Federica Vigna-Taglianti[3] (1. Department of Translational Medicine, University of Eastern Piedmont, Novara, Italy, 2. Department of Prevention, Hygiene and Public Health Unit, ASL Città di Torino, Torino, 3. Department of Translational Medicine, University of

Eastern Piedmont, Novara, 4. Department of Mental Health, Addiction Unit, ASL Roma1, Roma, 5. Department of Sustainable Development and Ecological Transition, University of Eastern Piedmont, Vercelli, 6. Department of Sustainable Development and Ecological Transition, University of Eastern Piedmont, Vercelli, Italy, 7. Institute of Epidemiology, ASL Vercelli, Vercelli, 8. Department of Neurosciences 'Rita Levi Montalcini', University of Torino)

Background: Gambling risk behaviour is an emerging problem among adolescents. Early onset of gambling behaviour poses a risk for development of problematic gambling and other risk behaviours later in life. Previous studies showed some effects of gambling prevention interventions in reducing gambling behaviours among adolescents, however scarce studies were implemented on early adolescents. The "Unplugged" program is an effective Social Influence curriculum for reducing substance use behaviours among students. In 2022/2023 school year, we conducted an experimental controlled study aimed to evaluate the effectiveness of a new component focused on gambling added to the Unplugged program in preventing gambling behaviours among secondary school students. The present paper aims to describe the study design and the study participants of the experimental controlled study "GAPUnplugged". **Methods**: Secondary schools of Piedmont region and Rome city were invited to participate in the study. The schools accepting to participate were allocated to intervention and control arms. The inclusion criteria for intervention arm were at least one class teacher already trained for the implementation of the Unplugged program, availability of the class teacher to implement the new component on gambling, and participation of the class teacher to a 2-hours training session focused on the new contents on gambling. A self-completed anonymous questionnaire including questions on socio-demographic characteristics, addictive behaviours, beliefs, attitudes and risk perceptions about gambling, normative perceptions, parental practices, school climate, refusal skills; impulsiveness, self-esteem, antisocial behaviours and sensation seeking was prepared for baseline and follow-up surveys. Before the administration of questionnaires, information on the study was provided to the pupils and parental consent to participate was asked. The protocol of the study was submitted and approved by the Novara Ethical Committee and registered in ClinicaTrials database. The baseline questionnaires were administered between November 2022 and January 2023 both in control and intervention group. Afterwards, the intervention group received the 13 units of the "Unplugged" program with the gambling component, for about 3 months (February-April 2023). Finally, after 4 to 8 weeks from the completion of the program, the same evaluation questionnaire was administered in control and intervention classes (May-June 2023). **Results**: Twenty-nine schools accepted to participate in the study. Sixty-three classes (1325 students) satisfied the eligibility criteria for intervention arm, and the other 61 (1269 students) were allocated to the control arm, for a total of 124 classes and 2594 students. At baseline, 998 students of 59 classes in the intervention arm and 876 students of 59 classes in the control arm filled the questionnaire (1874 students on overall, of 118 classes). The analyses are ongoing. **Conclusions**: This is the first study designed to evaluate the effectiveness of a new gambling unit added to the "Unplugged" school-based universal curriculum. Moreover, this appears to be the first experience of evaluating a new component focused on a different risk behaviour, added to a curriculum previously shown as effective on other risk behaviours. Results of the evaluation will be useful to clarify the effectiveness of school-based prevention programs in reducing gambling behaviours among early adolescents.

Protective Schools: A systems infrastructure approach to sustainable prevention

Laura "Kris" Bosworth[1] (1. University of Arizona)

Schools are important sites for prevention of substance use, bullying, and other risky behaviors because nearly all adolescents spend many hours a day within their walls. Understanding school structure and climate provides prevention scientists with blue prints for building an infra structure to support safety and prevention.

Schools are a combination of multiple systems that need to be engaged with each other toward a common prevention goal. Although specific curricula, activities and programs have been shown to be related to more positive behaviors, these interventions if not embedded in the systems in a school are rarely sustainable. An examination of the systems that need to support prevention curricula, programs, or activities, can facilitate designing and infrastructure that involves multiple systems in supporting prevention work.

An infrastructure that includes a dedicated team of administrators, mental health professionals, and teachers can engage the appropriate systems to support prevention activities is foundational to supporting systems-wide prevention efforts. This team is charged with the responsibility to guide a systems needs assessment, develop a plan to strengthen systems engagement, and carry out activities within each system to support prevention activities.

Using an adaptation of the GTO process, the Protective Schools model provides guidance for school leaders to establish this prevention infrastructure to support curricula and other prevention interventions. This presentation will identify the systems within a Protective School and describe the process by which schools can operationalize the team approach to engage the systems in prevention. This systems approach has been applied in over 100 schools in the US Southwest. The success of this approach has been documented in three evaluation studies.

In an evaluation of prevention programming in all 15 schools in one district, results indicated a statistically significant increase in student perception of safety, in positive school climate, and in attendance. In an evaluation of 26 secondary schools in urban, rural and suburban areas, statistically significant findings included decreases in 30-day alcohol use, in students being referred for aggression and fights on campus, and in suspensions for violent incidents. In a recent study that implemented the Protective Schools process to integrate school resource officers with mental health professionals and administrators to improve the safety through prevention and climate interventions, results indicated a statistically significant decrease in the number of violent incidents reported to the state database in trained school versus schools with officers with no prevention training. Because this model is a process not a rigid formula, educators can more easily integrate prevention into their current systems for increased positive prevention outcomes and prevention sustainability.

Assessing real-world implementation of the Baby Friendly Spaces Psychosocial Program for Rohingya refugee mothers in Cox's Bazar, Bangladesh: A mixed methods study

Sarah Murray[1], Amanda Nguyen[2], Kh Shafiur Rahaman[3], Molly Lasater[1], Mohammad Shaikh Hassan[4], Laetitia Clouin[3], Karine Le Roch[4] (1. Johns Hopkins Bloomberg School of Public Health, 2. University of Virginia, 3. Action Against Hunger, 4. Action contre la Faim)

Background. Evidence for effectiveness of mental health and psychosocial support in humanitarian settings is growing, but greater understanding is needed on how these programs are implemented in dynamic conditions, their perceived acceptability and feasibility, and factors affecting adoption and sustainability. **Methods.** We embedded implementation research within a cRCT evaluating "enhanced" vs. "as usual" Baby Friendly Spaces (BFS), a psychosocial program for Rohingya refugee mothers of malnourished children in Cox's Bazar, Bangladesh. We examined the RE-AIM dimensions of: 1) reach and effectiveness at the participant level and 2) adoption, implementation, and maintenance at the staff,

organization, and policy level, as well as 3) feasibility, acceptability, appropriateness, and sustainability. All mothers enrolled at follow-up (n=580), BFS providers (n=24), and organizational staff (n=14) quantitatively rated implementation domains on a 0-3 scale using the Mental Health Implementation Science Tools (mhIST). Providers, staff, and a purposively selected subsample of 23 mothers completed in-depth interviews. **Results.** Implementation domains were rated highly by mothers, with no significant differences by condition. The most highly rated domains were acceptability (mean=2.62, sd=0.39) and appropriateness of location and perceived effectiveness (mean=2.50, sd=0.41), while the lowest was cultural fit (mean=2.21, sd=0.59). Providers also rated domains highly and similarly across conditions, but rated feasibility and reach lowest. Organizational staff rated implementation domains lower than providers; sustainability (mean=1.2) and reach/access (mean=1.6) were rated lowest. Qualitative data highlighting implementation barriers and facilitators will be presented and integrated with quantitative findings using joint displays. **Conclusions.** The BFS program was understood by multiple stakeholders to be appropriate and feasible, though organizational staff not directly involved in program delivery were more reserved in their ratings. Findings point to the need for greater understanding of how different organizational environments shape program sustainment and implementation strategies that support humanitarian organizations in buffering the effects of broader structural threats to programs.

Green List Prevention: Does it fit? Identifying Risk and Protective Factors for Physical Activity and Nutrition to Expand the Evidence Register

Katharina Bremer[1], Ricarda Brender[1], Antje Kula[1], Frederick Groeger-Roth[2], Ulla Walter[1] (1. Hanover Medical School, Institute of Epidemiology, Social Medicine and Health Systems Research, Hanover, 2. State Prevention Council of Lower Saxony, Hanover)

Introduction: In Germany, the *Green List Prevention* is the only evidence-based register available to give an overview of measures to promote the psychosocial health of children and adolescents. Due to funding constraints, it so far includes programmes that aim to prevent substance abuse, addictive behaviour, violence and delinquency. This oral communication presents the systematic expansion of the evidence register to include the topics of physical activity and nutrition. The focus is on the results of a literature review on the basic risk and protective factors, their fit to the community-based prevention system *Communities That Care* is examined. **Methods:** A rapid review was conducted on the behavioural and relationship-related risk and protective factors related to nutrition and physical activity in children and adolescents. Based on previously defined inclusion criteria, a search was conducted in the PUBMED and LIVIVO databases supplemented by a hand search. An influencing factor is considered proven if at least two methodologically high-quality longitudinal studies show this effect. **Results:** Identified influencing factors can be categorised on different levels: behavioural (e.g., physical activity), biological (e.g. genetic predisposition), prenatal/early childhood (e.g. breastfeeding), psychosocial (e.g. health awareness of parents), social (e.g. migration background), contextual factors (e.g. playgrounds in the neighbourhood) as well as prevention and health promotion measures (e.g. expenditure of statutory health insurance) as influencing factors. In part, overlaps with the risk and protective factors of *Communties That Care* could be identified and will be discussed. **Conclusion:** The identified risk and protective factors will be used as a basis for the assessment process of *Green List Prevention* measures in order to assess the relevance of behavioural and environmental preventive measures. A fit between these and the existing risk and protective factors of *Communties That Care* strengthens the importance of these predictors for a healthy development of children and adolescents. With the expansion of the content to include physical activity and nutrition, the *Green List Prevention* is completing a further development towards an evidence register for the general health-promoting development of children and adolescents in Germany.

Evaluating Adolescent's Literacy regarding Alcohol and Tobacco content on Social Neworking Sites: development of a Scale

Boris Chapoton [1] (1. Université Jean Monnet, Saint-Etienne, CoActiS 4161)

Traditional medias (e.g. Radio, TV, Cinema, ...) have been playing an important part in the development of the glamorization of Alcohol and Tobacco products (A&T) (Austin and Pinkleton, 2016). The desirability associated to the use of A&T has been impacting the viewers, and particularly the most vulnerable ones as young people, more at risk of being influenced by the values surrounding the use of these product, and consequently, more likely to use these products in return (Nunez-Smith et al. 2010). This influence is now transposed on the new media, knowingly, the Social Networking Sites (SNS) (Gallopel-Morvan and Moodie, 2017).

In order to minimize the influence of A&T products present/placed in media popular on vulnerable population, in this case adolescents; it is important to develop the skills of these adolescents to resist this type of influence by developing their competences in SNS literacy. Different programmes could be created to develop the competences of adolescents to face the influential strategies integrated within the media posted online, however, the relevance of such programmes could be questioned (Austin and Pinkleton, 2016).

Our research programme intends to develop and validate a scale that could be used to assess the SNS literacy competencies of French adolescents. To our knowledge, no scale has been created and validated to evaluate such competences, even less for the French adolescents. The presentation aims to present the process we went through to develop the scale and its validity.

Optimizing prevention infrastructures through the co-production of social services for youth transitioning from out-of-home care to independent living in Sweden

Matilda Karlsson [1], Therése Skoog [1], Martin Bergström[2], Tina Olsson [3] (1. University of Gothenburg, 2. Lund University, 3. Jönköping University)

The development and ultimate success of efforts to improve mental, emotional, and behavioral outcomes among young people depend heavily on the availability of systems to support efforts in three domains: research and innovation, training, and delivery of successful interventions. We present our work to develop a selective intervention for youth transitioning from out-of-home care to independent living. Prior research has consistently and over several decades, shown that this group is at heightened risk for a range of negative mental, emotional, health, and behavioral outcomes. At the start of this project there were no interventions available to this population with the goal of supporting them in transition from out-of-home care to independent living and the extant international research on interventions for this group and purpose is sparse. We engaged in research co-production with the social services to develop a complex intervention. The development process was guided by a partnership approach. We used the Getting to Outcomes implementation framework and Fraser's 5-step process for intervention development to structure our co-production process. Initial intervention development was followed by pilot testing and revision. The final intervention can be understood as resulting from a theory-, evidence-, and implementation-based approach to complex intervention development. In this presentation we will describe and explain the development process of a complex social service intervention and the development process's impact on prevention infrastructure within the social work practice setting.

We will also discuss some challenges and opportunities we encountered during this process and their potential consequences for attempting to bridge the gap between research and practice.

Lunch Break *(13:00 – 14:00) Swissôtel, restaurant (2nd floor)*

Early Career Lunch Event *(13:00 – 14:00) Swissôtel, Geneva 1*

Parallel Session 3.1. Symposium: Promoting quality standards in drug demand reduction across Europe (14:00 – 15:30) *Swissôtel, Plenary room, hybrid session*

The aim of the symposium is to present some of the **F**urther **EN**hancing the **I**mplementation of **Q**uality **S**tandards in drug demand reduction across Europe (FENIQS-EU) project's outputs: inspiring practices, lessons learnt from the field-testing of the Implementation Toolkit, presentation of the project website and video tutorials that aim to support QS implementation and the use of the Implementation Toolkit. During symposium, further steps and sustainability of the project outputs will be discussed.

Overview of the FENIQS-EU project and the main outputs

Authors: Dijana Jerkovic[1], Wouter Vanderplasschen[2], Michal Miovsky[3], Elizabeth Novakova[3]

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Further **EN**hancing the **I**mplementation of **Q**uality **S**tandards in drug demand reduction across Europe (FENIQS-EU) project lasted from April 2021 to July 2023 (funded by the European Union's Justice Programme — Drugs Policy Initiatives: FENIQS-EU - 957826 - JUST-2019-AG-DRUGS) and included four academic partners and four pan-European networks, covering all drug demand reduction areas and EU countries.

A multi-method study design was used to assess Quality Standards (QS) application. As the first step, the project focused on the real-life QS application and the factors stimulating their implementation. Furthermore, criteria for selection of inspiring practices were developed, after which 14 case studies were selected and described, and some of them were published in the Special Issue of the Addictology Journal (Vol 1, 2023). To reach consensus around successful QS implementation strategies, three rounds of a Delphi study were conducted, resulting in identification of five core themes for successful implementation: collaboration, communication, support structure, education, and funding. These were considered while field-testing the Implementation Toolkit – one of the most important project's outputs.

This presentation serves as an introduction to the more detailed overview of the project's results and discussion on their sustainability.

Croatian example of Quality Standards implementation (Case study)

Authors: [1]Josipa-Lovorka Andreić, [2]Martina Ferić, [2]Matea Belošević, [2]Katarina Serdar

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[2]Laboratory for prevention research (PrevLab), Department of Behavioural Disorders, Faculty of Education and Rehabilitation Sciences, University of Zagreb, Croatia

As part of Work Package 3 of the FENIQS-EU project, one of the described case studies on the implementation of quality standards (QS) in drug demand reduction was the Croatian case study. The aim of the case study was to present the Croatian example of implementation of quality standards (QS) and quality assurance (QA)components in the field of drug prevention, the background of the QS implementation process in drug prevention and the activities carried out. The method used was a narrative review through a database search, a literature review including grey literature and a subsequent content analysis. In Croatia, various activities were undertaken to implement QS, including: a) reviewing prevention interventions; b) investing in strengthening the capacity of prevention professionals/experts and DOPs through training; c) establishing a quality recognition system; d) conducting research and evaluations; e) linking quality projects to funding; f) producing relevant documents; g) disseminating EB prevention projects and practices. The main processes of implementation of QS and lessons learned will be presented in symposium. Special attention will be paid to the collaboration with the academic community (Laboratory for Prevention Research (PrevLab), Education and Rehabilitation Sciences, University of Zagreb), which promoted the implementation of QS and the process of translating science into practice. Although various factors contributed to the implementation of QS in Croatia, this collaboration led to the improvement of the competencies of prevention professionals/experts and decision makers, the establishment of a quality recognition system (certification), the implementation of research and evaluation activities, the development of relevant documents and standards, and the dissemination of the Unplugged prevention program. The Croatian example and lessons learned can serve as inspiration and facilitate the implementation of QS and similar processes in other countries.

Outcome evaluation of the toolkit implementation in the areas of substance use prevention, treatment and harm reduction

Authors: Alba González-Roz[1,2], Mariàngels Duch[1], Iga Jeziorska[3], Rafaela Rigoni[3], Thomas Legl[4], Iris Neuretter[4]

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[4]Euro TC – European Treatment Centres on Drug Addiction, Vienna, Austria

Not all institutions delivering substance use services are familiar with quality standards (QS), and there is need to advocate for its implementation and educate on the need and relevance of sticking to minimum benchmarks of quality. In the context of the FENIQS-EU project, we describe the outcome evaluation of a toolkit implementation in substance use

prevention, treatment, and harm reduction. A total of 12 ($N_{participants}$ = 48 participants) organizations participated in the trainings that took place on February-March 2023. All sessions took over 7.5 hours and were delivered by trained professionals. Organizations worked on one quality standard to be implemented during the following months and three follow-ups were conducted with the representatives of organizations to gather information on the implementation process. An ad-hoc questionnaire was used to collect information on participants' satisfaction with the training. All organizations managed to work on at least one standard and were highly satisfied with the trainings. Most useful aspects were: (i) the information on QS and, (ii) the logical matrix. All organizations agreed on the need of more training sessions during an extended period, shortening the content of the manual, and including a self-assessment checklist against selected QS. There were also several barriers identified by the organizations to further extend the implementation of QS, including: (i) language barriers, (ii) knowledge gaps, and (iii) limited funding. Delivering a training to educate on QS is feasible and useful for enhancing its implementation in real world contexts.

FENIQS-EU – ToolKit and Video Tutorials

Authors: Mariàngels Duch[1], Dijana Jerkovic[2], Jorgen Gustav Bramness[3], Benjamin Rolland[3,4], and Emeline Breniaux[3,4]

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Quality Standards (QS) are critical for improving the quality of interventions and services as well as for ensuring a minimum level of quality across Europe. Despite the availability of a wide range of QS for drug demand reduction (DDR), real-world implementation of these standards is rather poor and differs largely between countries across Europe.

The project FENIQS-EU has focused on the implementation of QS and factors enhancing their adoption as well as barriers and challenges to overcome. The inspiring practices identified and studied along project development have been translated into a step-by-step implementation ToolKit. The ToolKit has been tailored to specific groups of stakeholders (mainly policy and decision makers and members of civil society organizations working in the field) and presented in an accessible and comprehensible way to facilitate its utilization.

Furthermore, to facilitate dissemination of the ToolKit and enhance its adoption and implementation, six video tutorials have been created. While the target group of the videos has been service and intervention providers, a more general one has been developed to engage policy and decision makers because of their relevance when endorsing QS.

Parallel Session 3.2. Symposium: Parenting in crisis (14:00 – 15:30) *Swissôtel, Geneva 1*

Chair: Roisin Taylor (*Cardiff University*)

Parenting in Crisis: Exploring the Design, Implementation and Evaluation of Interventions to Support Families Affected by Conflict and Crisis

Isang Awah [1], Stephanie Eagling-Peche [1], Roisin Taylor [3], Yulia Shenderovich [4], Nicole Baldonado [4] (1. University of Oxford, 2. Global Parenting Initative, University of Oxford, 3. Centre for Development, Evaluation, Complexity and Implementation in Public Health Improvement (DECIPHer), School of Social Science, Cardiff University; Wolfson Centre for Young People's Mental Health, Cardiff University, 4. World Without Orphans)

This symposium examines the situation of conflict and crisis affected families and explores how parenting interventions can protect children and caregivers against the negative effects of crises. An estimated one in four children globally live in countries impacted by natural disaster or conflict. Living in humanitarian settings exposes children to disproportionate levels of violence in the home, exacerbated by experiences of conflict-related violence, stress, loss, displacement, and the deprivation of basic needs. Such contexts have devastating impacts on the physical and psychological well-being of children and their families. However, the evidence base for best practices in positive parenting interventions in humanitarian settings remains limited. Parenting interventions show promise for improving family functioning, parent-child relationships, and the mental health of children and caregivers residing in humanitarian contexts, but the implementation and evaluation of complex interventions in fragile settings presents a new set of challenges for researchers. The four presentations covered by this symposium will explore the design, implementation and evaluation of current interventions supporting families impacted by conflict and crisis in settings including Ukraine, Pakistan, Thailand, and Myanmar. Paper 1 presents the evaluation of the rapid deployment of parenting resources to caregivers affected by crises in Ukraine and Pakistan, with the majority of the findings focusing on Ukraine. Paper 2 presents findings on stakeholder consultations within the adaptation process for a family-focused intervention in North Macedonia and Moldova. Paper 3 presents formative qualitative research with caregivers residing in a border province of Thailand, an area with a long-standing history of cross-border migration. Finally, paper 4 presents the mixed methods findings of the experiences of caregivers participating in positive parenting support groups led by World Without Orphans in Ukraine.

- Evaluation of parenting in crisis (EPIC): Examining the dissemination and impact of parenting resources for families impacted by the crisis response in Ukraine (Presenter: Roisin Taylor/ Dr Isang Awah)
- Reflections on stakeholder consultations within the adaptation process for a family-focused intervention for adolescents and their caregivers (Presenter: Yulia Shenderovich)
- Parenting on the Thailand/Myanmar border: Formative research to collaboratively develop, implement and evaluate a trauma-informed adaptation of Parenting for Lifelong Health (Presenter: Stephanie Eagling-Peche)
- A mixed methods evaluation of Hope Groups: positive parenting support groups for Ukrainian caregivers affected by crisis (Presenter: Nicole Baldonado)

Evaluation of parenting in crisis (EPIC): Examining the dissemination and impact of parenting resources for families impacted by the crisis response in Ukraine

Authors: Dr Isang Awah, Roisin Taylor, Dr Sobia Masood, Dr Aala El-Khani, Dr Wadih Maalouf, Professor Rachel Calam, Dr Jamie Lachman, Oleksandra Shevkoplyas, Binza Joel, Chisom Aina, Dmytro Bereza, Svitlana Kharchenko, Professor Lucie Cluver

Building directly on EUSPR23's theme of optimising prevention infrastructures, this presentation will explore the results of an ongoing mixed methods evaluation of the rapid deployment of parenting resources provided to caregivers affected by crises in Ukraine and Pakistan (EPIC), with a focus on Ukraine (led by Ukraine Without Orphans and World Without Orphans). Positive parenting interventions could provide a protective buffer for children's mental health and wellbeing in humanitarian and crisis-affected contexts. Despite improvements in recent years, the evidence base for interventions in such settings remains weak, with little research addressing parenting interventions. To address this gap in the literature, and to contribute to the creation of rigorous, evidence-based programming, the Parenting for Lifelong Health at the Global Parenting Initiative, University of Oxford, and other partners launched an evaluation to examine the dissemination of resources and the impact of these resources on the behaviours and practices of children and families in each of these settings. Results are intended to inform the ongoing dissemination of resources and the understanding of how large-scale multimedia interventions can prevent violence against children during crises. EPIC includes a pre-post quantitative survey conducted amongst caregivers and children in Ukraine (n=867) and Pakistan (n=600), and over 20 in-depth qualitative interviews with parents, caregivers, and staff of disseminating organisations, analysed using framework and thematic approaches. The study will be completed by October 2023. This presentation will focus on the evaluation results, namely 1) the impact on behaviours and practices amongst participants accessing the open-source parenting resources developed (known as the Ukraine Parenting resources and the Pakistan Parenting resources) and 2) the dissemination and use of these resources, which have been disseminated to over 11.5 million people and translated into 26 languages. We will compare the findings between respondents in different respondent groups, countries, and examine additional contextual variations.

Reflections on stakeholder consultations within the adaptation process for a family-focused intervention for adolescents and their caregivers

Authors: Dr. Yulia Shenderovich, Dr. Rhiannon Evans, Prof. Marija Raleva, Mr. Viorel Babii, Prof. Nina Heinrichs, Prof. Graham Moore, Ms. Janina Muller, Dr. Galina Lesco, Dr. Franziska Waller, Ms. Bethan Pell, Dr. Antonio Piolanti, Prof. Nevena Calovska, Prof. Anita Burgund Isakov, Dr. Slavica Gajdadzis-Khezhevikj, Dr. Dennis Wienand, Prof. Bojan Shimbov, Prof. Judit Simon, & Prof. Heather Foran

Adolescence offers opportunities and challenges for prevention. Programs focusing on adolescent-caregiver relationships are an evidence-informed solution to prevention of violence against adolescents and promotion of adolescent wellbeing, recommended by the WHO guidelines on parenting programs. However, evidence for families with adolescents is limited, compared to younger children. Parenting for Lifelong Health (PLH) is a suite of parenting programs, developed for implementation in low-resource settings. FLOURISH study will adapt, implement, and evaluate the PLH for Parents and Teens program, aiming to improve adolescent-caregiver relationships and adolescent wellbeing. The program, designed and tested in South Africa, will be adapted in health networks in North Macedonia and Moldova for adolescents 10-14 years old and their caregivers. The FLOURISH study will include a pilot, a factorial optimization trial, and a hybrid implementation-effectiveness randomized trial with health economic analyses. In April-July 2023, we collected perspectives of adolescents, parents and other caregivers, staff of the implementing organisations, and external professional experts through 16 advisory group meetings and 20 interviews, which will be analysed using framework and

thematic approaches. The presentation will focus on the consultation activities undertaken as part of the intervention development and adaptation during the preparation phase of the project. . The key areas covered by the interviews and advisory groups will be (1) describing the contextual factors relevant for the intervention feasibility, implementation, and scalability – including, in Moldova, the influence of the war in neighboring Ukraine, and (2) co-producing the adaptations of the intervention with input on specific program components. We will compare the findings across stakeholder groups and countries and explore contextual variations and similarities between the study sites. Our project aims to advance evidence-based, open-source, and sustainable family interventions for adolescents. This presentation will describe our approach to centering the perspectives of stakeholders in the intervention development process and the lessons learned.

Parenting on the Thailand/Myanmar border: Formative research to collaboratively develop, implement and evaluate a trauma-informed adaptation of Parenting for Lifelong Health

Authors: Stephanie Eagling-Peche, Amanda Sim, Eve Puffer, Tawanchai Jirapramukpitak, Sureeporn Punpuing, Lwin Khine Zar, Nway Nway Oo, Ivet Castello Mitjans, Pattraporn Chuenglertsiri

This paper presents formative qualitative research with migrant caregivers residing in a border province of Thailand. The region between Thailand and Myanmar is an area with a long-standing history of cross-border migration, which has seen a significant increase in response to the ongoing civil war in Myanmar. Exposure to armed conflict and war can have a direct effect on the mental health of caregivers and children and impact the family environment, leading to changes in the home which can disrupt child development. To explore the impact of displacement on parenting practices and mental health, 18 focus groups (n = 142) were conducted in June 2022 with migrant caregivers across rural and urban areas of a border province in Thailand. Through a collaboration between the Global Parenting Initiative, the University of Oxford, Mahidol University, Duke University, McMaster University, and Johns Hopkins University, the study seeks to explore the main challenges that caregivers perceive for themselves and their children, and how this shapes their parenting behaviours. Qualitative data from the focus groups will be analysed using thematic approaches. The goal of this study was to inform the development of two cultural adaptations of the Parenting for Lifelong Health programme. Given the evidence that individuals experiencing displacement are a particularly vulnerable population, due to a host of material and psychological challenges, the creation of scalable evidence-based interventions are of great importance. The presentation will discuss the implications of this study for the subsequent development of a novel film intervention designed to promote positive parenting and reduce violence against children in displacement contexts.

A Mixed-Methods Evaluation of Hope Groups: Positive Parenting Support Groups for Ukrainian Caregivers Affected by Crisis

Authors: Nicole Baldonado, Sydney F. Tucker, Roisin Taylor, Praveen Gomez, Lyudmila Bryn, Svitlana Kharchenko, Prof Lucie Cluver, PhD, Susan Hillis, PhD

Complementing findings from the EPIC study (presented separately), this presentation evaluates evidence-based, psycho-social parenting support groups (Hope Groups) for Ukrainian caregivers impacted by war. People experiencing conflict and displacement are often removed from their pre-crisis support networks and resources, causing additional stress, anxiety, trauma, and parenting challenges. Evidence shows that following adverse events, such as war and conflict, peer-to-peer support can significantly reduce stress and trauma. In Ukraine, the World Without Orphans (WWO) Consortium, in collaboration with University of Oxford, piloted small, semi-structured Hope Groups, throughout Ukraine and 10 countries across Europe. This mixed-methods evaluation helps inform the ongoing facilitation of the Hope Groups and provides

guidance for continued programming. Hope Groups consist of 2-7 participants who receive 10 in-person or virtual sessions on finding stability, building strong families, coping with loss and trauma, and developing resilience and self-care practices to care for oneself and their children. Data collection for this evaluation involved pre and post quantitative surveys administered among participants and analyzed using paired t-test (n=384). Supplementary qualitative data using in-depth interviews was assessed using thematic approaches. According to initial findings, participant households experienced a 68% decrease in child physical abuse, 60% decrease in child emotional abuse, and 55% decrease in depression – along with 76% and 59% increases in self-care and healthy grieving practices, respectively. These results complement the findings of EPIC, providing in-depth insights into the positive impact on behaviours and practices amongst positive parenting support group participants that focused on building skills. Findings offer rich evidence of benefits of peer-to-peer support in crisis, as demonstrated by reductions in violence against children and in trauma symptoms among participants. This presentation contributes to the goals of EPIC, by building the evidence base for sustainable, contextually-appropriate, positive parenting interventions in humanitarian and crisis settings.

Parallel Session 3.3. Symposium: Stigma as a Barrier to Health Care Utilization (14:00 – 15:30)

Swissôtel, Basel

Samuel Tomczyk[1], Rasha Abi Hana[2], Sauharda Rai[3], Maximilian von Heyden[4] (1. University of Greifswald, 2. Vrije Universiteit Amsterdam, 3. George Washington University, 4. Charité - Universitätsmedizin Berlin)

Health care aims to maintain and improve human health via the prevention, diagnosis, treatment, amelioration or cure of disease, illness, injury, or impairments. Therefore, accessing the appropriate sectors of health care services at the right time is paramount to human health. However, stigmatizing attitudes such as treatment stigma and self-stigma represent a cross-sectoral barrier to help-seeking for many different populations, conditions, and across cultures. Therefore, addressing stigma in the public as well as in affected populations is relevant for prevention professionals that work with conditions (e.g., obesity) and populations (e.g. LGBTQIA+) strongly affected by it, to improve effectiveness of interventions and support an equitable continuum of care. This symposium illustrates the impact of stigma on health care utilization from different perspectives, provides implications for anti-stigma education and intervention, and discusses its implications for prevention science and practice.

Across four presentations from different countries and cultures (i.e., Lebanon, Nepal, Germany, United States), the symposium synthesizes findings to inform preventive action to address stigma in help-seeking. Moreover, we invite prevention scientists and practitioners in various fields to consider these aspects of stigma when working with persons that are exposed to or affected by different health conditions and thus are vulnerable to the negative impact of stigma.

Breaking Barriers: Unveiling Mental Health Stigma in Healthcare Settings: A Qualitative Study in Lebanon

Author: Rasha Abi Hana (Department of Clinical, Neuro- and Developmental Psychology, Vrije Universiteit, Amsterdam; ISSUP – International Society of Substance Use Professionals)

Introduction: Mental health-related stigma is a global public health concern. It is considered a major barrier to seeking care and ongoing treatment participation. The aim of this study was to explore stigma associated with mental illness at primary health care (PHC) centres in Lebanon. Furthermore, it aimed to understand the experiences of patients with

mental health conditions when attending PHC centres, and whether they perceived any stigma or discrimination during their treatment. We focused on the experiences of Healthcare Providers (HCPs) providing services to patients with mental health conditions (MHCs), the views of policy makers, and the perceptions of stigma or discrimination among individuals with MHCs. **Methods:** Semi-structured qualitative interviews were conducted, involving policy makers, PHC management, PHC staff, and service users (n=45). The ethics protocol was approved from Saint Joseph's University Beirut (CEHDF 1193). The interviews explored mental health knowledge, attitudes, and behaviours of staff, treatment challenges, and patient outcomes. Thematic coding using NVivo was applied to analyse the interviews. **Results:** The study findings are presented under three main themes: (1) stigma at the primary health care level, (2) stigma beyond primary health care centres, and (3) structural stigma. Service users did not testify to discrimination from HCPs but did describe stigmatising behaviour from their families. Interestingly, stigma reporting among staff varied, reflecting power dynamics. Nurses and social workers did not explicitly report stigma incidents but displayed internalised negative views toward mental health patients. In contrast, general practitioners and directors were more vocal about the challenges they faced with MHC patients. Mental health professionals acknowledged that negative attitudes towards MHC patients persisted among Healthcare Providers, although recent improvements were noted. The analysis also revealed five layers of stigma affecting service users. **Conclusion:** This qualitative study reveals that stigma was still a key concern that affects patients with mental health condition. Service users reported experiencing overt stigmatising behaviour in the community but less explicit discrimination in a primary health care setting. Our findings emphasise the importance of (1) combatting structural stigma through legal reform, (2) addressing interpersonal stigma, (3) committing PHC management to deliver high quality mental health integrated services, and (4) reducing intrapersonal stigma by building public empathy.

The PhotoVoice method for collaborating with people with lived experience of mental health conditions for stigma reduction

Authors: Sauharda Rai (George Washington University, USA/ Transcultural Psycho-social Organization, Nepal), Brandon Kohrt (George Washington University, USA/ Transcultural Psychosocial Organization, Nepal), Dristy Gurung (Transcultural Psychosocial Organization, Nepal)

This presentation will describe the development, process, and adaptation of RESHAPE (REducing Stigma among HealthcAre ProvidErs) intervention, where people with lived experience of mental health conditions co-facilitate mental health trainings of primary health workers to reduce stigma and improve the quality of primary mental health care. Based on participatory research action and recovery narratives, this intervention uses PhotoVoice and social contact as mechanisms for stigma reduction. Developed through the NIMH funded RESHAPE project in Nepal (K01MH104310-01, R21MH111280,R01MH120649) it is now adapted for use in other LMICs (lower- and middle-income countries) including Uganda and Ethiopia for reducing stigma.

Mitigating Stigma to Enhance Help-Seeking among People with a Sexual Interest in Children in Europe: A Health Communication Approach

Author: Maximilian von Heyden (Institute of Sexology and Sexual Medicine, Charité - Universitätsmedizin Berlin)

This presentation investigates the influence of stigma, including self-stigma and perceived stigma, on the help-seeking behaviours of people with a sexual interest in children across Europe. Drawing from empirical and theoretical literature, it elucidates the complex dynamics that can deter individuals from seeking help. The presentation highlights a prevention network's use of a comprehensive health communication strategy to mitigate stigma and promote the utilisation of

therapeutic services. The critical role of tailored health communication, informed by established theories, in reducing stigma and encouraging help-seeking is emphasised. The findings hold substantial implications for clinicians, policymakers, and researchers across Europe, providing valuable insights for supporting this population and contributing to child sexual abuse prevention.

What affects whom? Analyzing treatment experience, stigma, and severity of mental health complaints as predictors of formal and informal help-seeking

Authors: Samuel Tomczyk (Department of Health and Prevention, University of Greifswald), Thomas McLaren (Department of Health and Prevention, University of Greifswald), Lina-Jolien Peter (Department of Psychiatry and Psychotherapy, Medical Faculty, University Leipzig), Holger Muehlan (Department of Health and Prevention, University of Greifswald), Silke Schmidt (Department of Health and Prevention, University of Greifswald), Georg Schomerus (Department of Psychiatry and Psychotherapy, Medical Faculty, University Leipzig)

In a sample of persons with mental health complaints who are not currently in treatment, this analysis looks at trajectories of formal (e.g., psychotherapists), informal (e.g., family), and social (e.g., counseling) help-seeking over a period of six months. To explore different pathways of help-seeking, individual treatment experience, stigmatizing attitudes, and the severity of mental health complaints are explored. Overall, the findings suggest that prior treatment experience is positively associated with help-seeking, while treatment stigma is a barrier to help-seeking, particularly among participants with higher severity of symptoms. For participants with symptoms of mild to moderate severity, different processes of illness representations and self-identification might be more relevant, with other types of stigma (e.g., public stigma) having an impact. Results differ between types of help-seeking. The findings suggests that a more nuanced, process-oriented approach to help-seeking is necessary to better understand steps of the help-seeking process and provide tailored prevention and support.

Parallel Session 3.4. Campfire: Updating Standards of Knowledge for Prevention Science (14:00 – 15:30) *Swissôtel, Bern*

United States Society for Prevention Research: Updating Standards of Knowledge for Prevention Science
Eric Brown[1] (1. University of Miami)

In 2011, the United States (U.S.) Society for Prevention Research (U.S.-SPR) published *The Standards of Knowledge for the Science of Prevention*: https://www.preventionresearch.org/advocacy/standards-of-knowledge/. As is stated on the website, the SPR Board of Director's appointed a task force as part of its strategic plan "to define prevention science and the type of research that falls within this definition, as well as prepare a document that begins to outline specific training needs for new prevention researchers." The current document outlines three key competencies and assumptions for three broad domains of prevention science (1) epidemiology, (2) prevention intervention development and implementation, and (3) prevention research methodologies. During the past decade, the science of prevention has evolved and advanced in several key areas (e.g., statistical methodologies, dissemination and implementation science, health disparities and health equity, and biological mechanisms) and the U.S.-SPR has supported several relevant initiatives that have produced publications with important implications for training the next generation of prevention scientists. The time has come to

reassess and update the current *Standards of Knowledge* to more accurately reflect the current and future aims of the prevention science field.

In 2021, the U.S.-SPR Board of Directors approved a new task force, the Standards of Knowledge Update Task Force, who is charged with (1) systematically reviewing and recommending updates to the *Standards of Knowledge* document and (2) developing a plan to disseminate these updates. The task force has convened roundtable discussions at the 2022 and 2023 U.S.-SPR Conferences to provide an update to U.S.-SPR members on our proposed approach and activities. We propose a campfire discussion at the 2023 EUSPR Conference to share our task force activities to date and gain an international perspective for the updated standards. Ultimately, we envision that the updated document will help inform prevention science training activities and clarify the scope and aims of the prevention science field around the world.

Coffee Break (15:30 – 16:00) Swissôtel, Congress Center hall

Keynote Session 2. The pandemic of child sexual abuse (16:00 – 17:00) *Swissôtel, Plenary room*

Chair: Dr Dorothea Czarnecki

Hybrid session link.

Keynote Speakers

Dr. Ansgar Rougemont-Bücking, Psychiatrist and Psychotherapist Prof.

Dr. Klaus M Beier, Director of Institute of Sexology and Sexual Medicine, Charité – Universitätsmedizin Berlin

Aengus Ó Dochartaigh, Outreach Director, Moore Center for the Prevention of Child Sexual Abuse, Johns Hopkins Bloomberg School of Public Health

The term 'pandemic' (from the ancient Greek 'pan' meaning total, comprehensive, all and 'demos' meaning people) is one we have all become intimately acquainted with in the past years. While the term describes a globally widespread disease and is generally understood to refer to infectious diseases, child sexual abuse (CSA) and the use of child sexual abuse material (CSAM) is a health issue so prevalent worldwide that it has, arguably, reached the level of a pandemic. **Is there a CSA pandemic?** According to figures published by the World Health Organization, one in five women and one in thirteen men aged 17 or younger have been sexually abused worldwide (WHO, 2013). Meanwhile, the use of CSAM is increasing on a global scale. In 2010, the Internet Watch Foundation identified 1351 websites containing what is sometimes described as 'child pornography'. The number of these identified sites escalated to 13,182 in 2013 and to 132,730 by 2019 (Internet Watch Foundation, 2020), a shocking near one-hundred-fold increase in just nine years. This

increase is explained by the growth of the dark web and technical developments that make searching for and locating CSAM easier for users but detection of these users harder for law enforcement. The use of CSAM is problematic especially because it creates a demand for, and maintains, 'contact CSA'. As a result, children are sexually abused repeatedly to continually produce content. Based on an enormous number of unreported cases, these statistics represent only the tip of the iceberg. Our speakers will speak to three aspects of the child sexual abuse pandemic: impact, prevention and evaluation. In relation to the impact of child sexual abuse, Dr. Ansgar Rougemont-Bücking will share findings from large epidemiological studies (Adverse Childhood Experiences Study; National Comorbidity Survey) about the prevalence and the burden of sexual abuse in the general population and will explore the difficulty of obtaining reliable information from victims of abuse and how this difficulty can be explained by mechanisms of dissociative amnesia and by intrapersonal dynamics due to identification with guilt and shame. Finally, he will explain the mechanisms of transgenerational transmission and repetition of traumatic imprint.

Turning to prevention, Prof. Klaus M Beier will describe the typology of offenders who sexually abuse children, possibilities of preventive accessibility of individuals with a pedophilic and/or hebephilic inclination, and therapeutic interventions for pedophilically and/or hebephilically inclined individuals to increase sexual behavioral control and improve their mental health status. Further he will explore the international establishment of causer-related prevention approaches via internet-based self-management tools and anonymous remote treatment options for individuals with sexual attraction towards children. Finally, Aengus Ó Dochartaigh will make the case for perpetration prevention by considering the role of evaluation. He will give an overview and progress report on the Global Perpetration Prevention Project, a 5-year, $10m project evaluating primary and secondary prevention interventions. He will share early reflections on scalability, such as barriers, opportunities, and recommendations and will make the case for political prioritization and funding for this imperative topic.

Members' meeting (17:00 – 18:00) *Swissôtel, Plenary room*

Sarajevo tour (18:30 – 20:30) *Swissôtel Hall*

FULL PROGRAMME

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Parallel Session 4.1. Enhancing Prevention Science: systems, registries and trainings (8:00 – 9:30) *Swissôtel, Plenary room*

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

One size fits all: Online learning called "INEP"

Roman Gabrhelík[1], Michal Miovský[1] (1. Department of addictology, First Medical Faculty and General Hospital in prague, Charles University)

The *Introduction to Evidence-based Prevention* (INEP), a complex online course, was created in 2018 to deliver the fundamentals of prevention science, with a specific focus on substance use prevention. INEP consists of ten lectures that provide science-based information through written content, voiced-over presentations, recorded live talks, reading materials and reading assignments, quizzes, and final test. Each of the 10 lectures are devoted to areas related to substance use and behavioral addictions. However, the principles of prevention science are universal and can be applied to variety of risk behaviors. INEP is available in several languages. INEP can be delivered in various settings, to various target groups, by different providers, and in different formats.

Xchange prevention registry updates in 2023

Elise Namèche[1], Rachele Donini[2], Gregor Burkhart[2], Charlotte Dekock[1] (1. Ghent University, 2. EMCDDA)

Xchange was conceived as a joint venture between EUSPR members and EMCDDA in 2018. Its initial entries were a result of the Communities that Cares for Europe project. The Xchange registry offers decision-makers a detailed source of information on specific prevention interventions and provides information on the effectiveness of the interventions. Xchange gets a yearly update by means of the Xchange protocol during the yearly Board meeting.

The protocol consist of several steps: (1) Intervention implementers submit the Xchange Proposal for Inclusion Form and fill out the Tidier form, (1a) an EMCDDA staff member lists non-mandatory evaluation criteria on dissemination and implementation, (2) eligible studies are evaluated by a Board member by means of standardized rating table and (3) the studies get evaluated by an additional board member and a subsequent final rating is given by the Xchange Board members unanimously on a yearly basis. Rating options range from beneficial, possibly harmful, likely to be beneficial, possibly beneficial, additional studies recommended to unlikely to be beneficial.

This presentation will discuss the main changes in intervention rating and inclusion of new interventions based on the 6th Board meeting (2023) taking place during the EUSPR conference. The future of Xchange depends on continuous scouting for additional studies, purposive dissemination, protocol updates and exchange with related national and international registries worldwide.

Xchange prevention registry: targeting common risk factors as a win-win in drug and crime prevention

Charlotte Dekock[1], Gregor Burkhart[2], Rachele Donini[2], Marica Ferri[2] (1. Ghent University, 2. EMCDDA)

The implementation of evidence-based prevention practices has only recently gained popularity across Europe. Both in the drug and crime prevention domain, interventions are rarely based on evidence of effectiveness. The Xchange prevention registry (a collaboration between EUSPR and EMCDDA, 2018) identifies European prevention projects

evaluated in one or several EU countries to inspire EU policy makers and professionals. Recently, crime as well as environmental prevention were included in its scope. The Xchange prevention registry is managed by means of a rigorous protocol that includes various evaluation stages conducted by EMCDDA and the Xchange prevention board. (1) Interventions are submitted voluntarily to the EMCDDA board, (2) EMCDDA checks basic evaluation standards (Tidier), (3) the Xchange board evaluates and decides unanimously whether a program will be included and which rating it will get. 13 interventions in Xchange are aimed at reducing both substance and crime. Environmental interventions stand out as promising practices but face complex challenges related to the evaluation of outcomes, together with shared risk factors of substance use and criminal behaviour. Future pathways for evaluation studies and the implementation of substance use and crime preventive interventions will be discussed, together with ways forward for disseminating the Xchange prevention registry to the member states in the near future.

Optimizing prevention infrastructures with the help of the nation-wide System of Evidence of school-based Prevention Activities (SEPA)

Roman Gabrhelík[1], Michal Miovský[1] (1. Department of addictology, First Medical Faculty and General Hospital in prague, Charles University)

SEPA is an original national online monitoring system which is used by elementary and secondary schools in the Czech Republic to map and evaluate prevention interventions delivered by both in-house education professionals and external providers. SEPA provides a comprehensive overview - on the levels of school, county, region, and national level - of what specific prevention interventions (based on specific parameters and classifications) are delivered to children and adolescents in the respected schools and by whom and when in a specific school year. In addition to having a unique overview of the activities delivered to children, the schools can compare their respective prevention-related performance, which makes it a truly original approach to the coordination and synchronisation of prevention programmes at the level of individual schools as well as regions. We will introduce SEPA and its functionalities and present specific cases when SEPA was utilized in efforts towards optimizing prevention infrastructures in its nearly 10 years of existence.

Experiencing EUPC Basic Training: Insights into Training Effects and Challenges

Samuel Tomczyk[1], Ticia Schiffner[1], Maximilian von Heyden[2], Gregor Burkhart[3] (1. University of Greifswald, 2. FINDER, 3. EMCDDA)

Background. The European Prevention Curriculum (EUPC) basic training consists of a two-day programme providing essential prevention knowledge about effective evidence-based prevention interventions and approaches to decision-, opinion- and policy makers (DOPs). It is implemented in many European countries, however, not much is known about its translation into everyday practice. **Method.** Using a mixed methods approach, this study explores EUPC training experiences by combining quantitative surveys (training evaluation), thematic coding of open-ended questions (regarding key challenges), and narrative interviews of 32 DOPs. **Results**. Participants from five sectors (academia (7), government/policy (8), child education (7), law enforcement (5), other (5)) completed the training between 3 and 42 months ago (M=11.7; SD=9.71), more than half (=18/32) have since started or completed EUPC advanced training. On a scale from 0 to 100, participants reported positive training outcomes regarding reaction (90.8), learning (80.59), and behavior (70.9), and to a lesser extent, results (58.6). Infrastructural barriers (e.g., budget, opportunities) and a lack of hands-on training were mostly named as limitations to successful translation. Suggested improvements comprised advocacy, and (cultural) adaptation of evidence-based interventions. The interviews further suggest that many participants felt inspired

and motivated after the training but remained hesitant to change, often due to a fear of conflict and a lack of culturally adapted, evidence-based options. **Conclusion**. EUPC basic training may improve knowledge and skills in evidence-based prevention and decision-making, yet the sample was highly selective and participants were hesitant to enact actual changes. Therefore, more elaborate evaluations, conflict management and advocacy training are recommended.

Parallel Session 4.2. Promoting Health and Safety: Evaluations across Alcohol, Tobacco, Sun Safety, and Gamification Interventions (8:00 – 9:30) *Swissôtel, Geneva 1*

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

Sun Safety Ink!: Sun Safety Practices of Tatttoo Studio Clients

Barbara Walkosz [1], Mary Buller [1], David Buller [1], Robert Dellavalle [2] (1. Klein Buendel, Inc., 2. University of Colorado School of Medicine)

Background: Melanoma is the second most common cancer among young adults in the United States. Sunburn prevalence and low rates of sun protection are elevated in this group. Thus, efforts are needed to promote skin cancer prevention. An estimated 225 million people worldwide have tattoos with 40% of adults ages 18-29 with at least one tattoo, and at least 30% of American have tattooed skin. *Sun Safety Ink!* is a skin cancer prevention program targeted to clients of tattoo studios The goal of *Sun Safety Ink!* is to promote full-body comprehensive sun protection to clients of tattoo studios to compliment standard aftercare instructions that recommend sun protection for new tattoos. **Methods**: 37 tattoo studios were enrolled in the Sun Safety Ink! program. At the pretest, clients were recruited by tattoo artists to complete an online survey that assessed current self-reported sun protection (sunscreen application and reapplication and SPF; lip balm, hats, protective clothing, sunglasses, and shade), number of sunburns, and sunbed tanning frequency in the last year. Respondents were also asked to locate the position of tattoos on their body, using a drawing tool. **Results**: 861 clients completed the online survey. Respondent demographics: age, $\bar{x}$ =31 yrs.; 67% female, 30% male; 60% white, 27% more than one race, 2% African American, 1% Asian and Native American, 13% Hispanic/Latino. The most prominent tattoo locations included: the front left arm, 66%, front right arm, 58%, front upper torso, 52%, and the back upper torso, 48%. Sun safety practices – full body sun protection -(on a 5-point scale of "always" to "never") were reported as apply sunscreen SPF 15+ on the face (aftershave, face lotion, or make-up), $\bar{x}$ =3.31; apply sunscreen SPF 30+ on all exposed skin areas, $\bar{x}$ =3.22; reapply sunscreen, $\bar{x}$ =3.08; apply a lip balm, $\bar{x}$ = 3.28; wear any hat, $\bar{x}$ =2.91; wear wide-brimmed hat, $\bar{x}$ =2.21; wear sunglasses, $\bar{x}$ = 3.89; stay mostly in the shade, $\bar{x}$ =3.38; and wear protective clothing, $\bar{x}$ =2.91. Respondents also reported the number (counts) of sunburns as $\bar{x}$ =1.53 and indoor tanning as $\bar{x}$ =1.11 in the last 12 months. **Conclusions**: The pretest results indicate that full-body sun safety practices of tattooed adults can benefit from improvement, particularly wearing of hats and sun protective clothing. Further, knowledge of tattoo locations can direct sun safety recommendations to include protecting not only tattoos on arms and torsos but also non-tattooed skin on those areas of the body. Tattoo studies may be a viable location for delivering effective sun safety interventions to hard-to-reach tattooed, young adults.

Formative Research on Professional Development Training to Maintain Responsible Beverage Service Practices

David Buller [1], Gill Woodall [1], Robert Saltz [2] (1. Klein Buendel, Inc., 2. Prevention Research Center)

Background: Improved interventions are needed to reduce the negative consequences of alcohol intoxication. Responsible beverage service (RBS) training has been effective at reducing service to intoxicated customers in some cases. Its efficacy might be improved with an intervention that supports RBS techniques in the years between government-required RBS retraining. We conducted formative research to develop an ongoing professional development component for an online RBS training. **Methods:** Formative research explored feasibility, acceptability, and content for an ongoing professional development intervention for alcohol servers. Semi-structured interviews were performed with owners/managers of licensed establishments (n=10) and focus groups (n=19) and survey (n=24) with alcohol servers in New Mexico and Washington state, USA. A prototype of a professional development component was produced, covering advanced RBS skills, support from experienced servers, professionalism, and basic management training, for delivery through social media. It was evaluated in a usability survey with alcohol servers (n=20) in California, New Mexico, and Washington state, USA. **Results:** While owners, managers, and alcohol servers were favorable toward RBS in their establishments, they endorsed the need for ongoing support for RBS for servers. Among topics of high interest were sharing tips, methods, and stories from experienced servers, balancing pressure to sell, navigating adult-use marijuana laws, dealing with children, recognizing intoxication, and managing difficult customers. The prototype was comprised of 50 social media posts, including text, infographics, videos, and interactive activity. Servers rated it as highly usable (means=3.30-4.05 out of 5) and appropriate for themselves (means=3.70-4.20) and the establishment (means=3.58-4.25). Most servers (70%) were interested in receiving the ongoing information and activities. **Conclusions:** Owners, managers, and servers believed that an ongoing professional development component on RBS would benefit servers and licensed establishments. Servers were interested in using such program. The professional development component has the potential to improve an existing RBS intervention.

Reducing alcohol consumption: effectiveness of a prevention campaign combining messages on long-term alcohol-related harms and low-risk drinking guidelines

Guillemette Quatremère [1], Romain Guignard [1], Raphaël Andler [1], Chloé Cogordan [2], Karine Gallopel-Morvan [3], Viêt Nguyen-Thanh [1] (1. Santé publique France, 2. Santé publique France, ORS Paca, 3. EHESP School of Public Health, ARENES (UMR CNRS 6051), INSERM U1309)

Introduction: Alcohol consumption has major consequences on people's health. In France, about one quarter of the 18-75 years old drink alcohol beyond the French low-risk drinking guidelines (LRDG) established in 2017 ("no more than 2 alcohol drinks per day, and not every day"). The French public health agency launched a campaign in March 2019 on the long-term alcohol-related harms (LTH; brain haemorrhage, cancer, hypertension) and the new LRDG, in order to improve knowledge and in turn to reduce alcohol consumption. **Method**: The effectiveness of the campaign was evaluated through an online longitudinal survey among 2,538 people aged 18-75 years old and drinking alcohol, from February to October 2019. Data were collected at 3 points in time: at T0 before the campaign, T1 just after it ended, and T2 six months after it ended. **Results**: At T1, we observed significant positive interactions between people exposed to the campaign (having recalled at least one item) and the knowledge of the "maximum 2 drinks a day" guideline, and the knowledge of brain haemorrhage and hypertension risks. Campaign exposure was also associated with a significant decrease of the proportion of at-risk

drinkers (among women only). No significant interaction was observed for the knowledge of the "minimum of 2 days without alcohol a week" guideline, nor for the knowledge of cancer risk. At T2, no significant interactions were observed anymore. **Conclusion**: Evidence of the effectiveness of alcohol prevention campaigns on behaviors is limited in the literature, even if recent research has highlighted promising effects of campaigns combining LTH and LRDG messages. Our study confirms the short term effectiveness on knowledge and decrease of alcohol consumption of a mass media campaign adopting such messages in a real world setting. It also emphasizes the need for frequent repetition to reach a long term effectiveness.

Gamification in action. A two-year evaluation study of a gamified school-based health promotion intervention

Giovanni Aresi[1], Martina Giampaolo[1], Camilla Del vecchio[1], Riccardo Mariani[1], Benedetta Chiavegatti[2], Mariateresa Gussoni[5], Elena Marta[1] (1. Università Cattolica del Sacro Cuore, 2. ATS Città Metropolitana di Milano)

Gamification refers to the introduction of game elements (e.g., goal setting, customised challenges, rewards and recognition, competition, and cooperation) to nongaming contexts to induce engaging, positive psychological experiences to foster intrinsic motivation to participate, and ultimately behaviour change. This approach has been employed in various contexts, though its application in health promotion is still an emerging trend. This presentation will describe the two-year evaluation study of Food Game, a gamified intervention to promote healthy eating, physical activity, and sustainable consumption. The programme consists of an offline and online competition in which groups of students participate in peer-led activities to design and communicate products to promote health and sustainability. The programme is run by the Milan Health Agency (ATS Città metropolitana di Milano, Lombardy region, Italy). In 2021-22, a first mixed methods process evaluation was conducted. 186 high school students completed a three-wave longitudinal survey and 42 participated in focus groups. Programme staff and teachers were also interviewed. In 2022-23, we conducted a second mixed methods study to understand how the gamification elements work. 99 students completed a two-wave longitudinal survey and 64 participated in focus groups. The results indicate that Food Game's gamification strategy was successful in engaging students who felt stimulated by the game, its embedded competition, and the self-organized group work. However, not all gamification elements worked as expected. Additionally, despite attitudes and perceived peer approval towards healthy eating increased over time, little evidence of students' behaviour change was found. The results contribute to the limited evidence base for gamified offline school-based interventions and provide information on the applicability of the gamification approach as a key motivational strategy in other prevention settings and settings of prevention.

An economic evaluation of the French tobacco control policy, 2016-2020

Marion Devaux[1], Alexandra Aldea[1], Aliénor Lerouge[1], Marina Dorfmuller Ciampi[1], Michele Cecchini[1], Romain Guignard[2], Viêt Nguyen-Thanh[2], Anne Pasquereau[2], François Beck[2], Pierre Arwidson[2] (1. Organisation for Economic Co-operation and Development (OECD), 2. Santé publique France)

Introduction: Tobacco is responsible for 13% of deaths in France. In 2014, the first national smoking reduction program was launched, followed by a second one in 2018. Adults' daily smoking prevalence has significantly decreased between 2016 (29.4%) and 2019 (24.0%), but a stabilization has been observed since then, potentially attributed to the consequences of the Covid-19 pandemic. **Methods**: An economic evaluation aimed at assessing health and economic

benefits of four major measures implemented between 2016 and 2020. These included: taxation increase -equivalent to a 41% increase in the price of the most commonly sold cigarette pack-, plain packaging, the reimbursement of nicotine replacement therapies and the annual social marketing campaign *Mois sans tabac*. The OECD microsimulation model for Strategic Public Health Planning for NCDs (SPHeP-NCD) was used. Sensitivity analyses were conducted and the central scenario is presented here. **Results**: If still implemented over the period 2023-2050, the policy package would avoid about 4 million cases of chronic diseases, save EUR 578 million per year in health expenditure, and increase employment and labour productivity by the equivalent to 19 800 additional workers per year. The cost of running these interventions - estimated at about EUR 148 million per year - is offset by the long-term savings in healthcare expenditure, with a return of EUR 4 for each euro invested in the policy package. *Mois sans tabac* campaign would save EUR 94 million per year in health expenditure, for an annual cost of EUR 12.5 million. Following the COVID-19 crisis, the effects of the policy package could be reduced by 10 to 15%. **Conclusion**: These results show the huge health and economic benefits of the policy package implemented in France in the recent years. Monitoring of smoking prevalence will be needed to see if these effects are sustained in the post-Covid context.

Parallel Session 4.3. Advancing Family-based Prevention (8:00 – 9:30) *Swissôtel, Basel*

Chair: Beth Stormshak (*University of Oregon*)

The impact of a EB family-based prevention program in contexts of social vulnerability

Maria Antonia Gomila[1], Carmen Orte Socias[1], Belén Pascual Barrio[1], Rosario Pozo Gordaliza[2], Marga Vives[2] (1. University of Balearic Islands, 2. University of the Balearic Islands)

The family is a key factor in preventing or reducing the negative consequences of certain risk situations for children. There is huge evidence on the effects of the family context on the affective, social and cognitive development of childhood. However, the fact that this family environment is not configured as a space of protection can represent a risk for children and an intervention is necessary to reduce it. The application of parental training programs aimed at vulnerable families does not seem, according to the literature, to have a great effectiveness, as, too often, the exercise of parenthood is not really the underlying problem of many families in vulnerable situations. Instead, it is a structural and multicomponent problem and this issue needs to be considered in the model of intervention and support with these families. The Family Competence Program (PCF) is a program aimed at promoting and improving parenting skills and positive family dynamics that has presented various evaluations on its effectiveness in its different versions. The PCF-AFECT is a new version aimed at families with adolescent children aged 12 to 16. It introduces some improvements based on the results of the effectiveness evaluations of the validated versions: an adaptation of the preventive approach based on the identification of emerging social needs among young people in the face of the new relational and identity models and- related to it- the use and misuse of technological devices. This paper presents the results of a qualitative analysis on the impact of PCF-AFECT on families in contexts of social vulnerability. The work allows an approach to the reality of families in situations of vulnerability, with adolescent sons and daughters, and the impact of the training program in which they have participated (PCF-AFECT). This approach is based on the evaluation carried out by professionals (whose academic training is in social education, pedagogy, social work and psychology) who have led the implementation in four locations in the Balearic Islands, coordinated together with local social services. Following a qualitative research methodology, after the training

experience, three discussion groups are carried out in which professionals who have led the four implementations participate. The results show improvements in family communication and in the awareness of shared responsibility and the risks of adolescence. However, limitations are identified in the participation of families that are added to the existing ones, or are prior to, the outbreak of Covid-19: subsistence and relational difficulties, mental health problems among adolescents and difficulty on the part of parents to face these problems.

Improvement in family dynamics after participation in the preventive intervention Family Competence Program (PCF-AFECT)

Carmen Orte Socias [1], Josep Lluís Oliver [2], Joan Amer [2], Victoria Quesada [2], María Valero [2], Lidia Sánchez-Prieto [2] (1. University of Balearic Islands, 2. University of the Balearic Islands)

Introduction and objectives: This proposal analyses different family profiles in the evaluation of the efficacy of a family prevention programme to prevent substance use and sexual risk behaviours, The interventions that were analysed are an updated version of the FCP: FCP-AFECT 12-16. Evidence-based interventions need to be updated since they can lose their effectiveness with rapid social developments, such as social and family changes or changing trends in substance use and sexual behaviours in adolescence. New components were added to PCF-AFECT relating to non-substance-based addictions and healthy sexual-affective relations, in addition to a motivational interview with the participants as a means of fostering family retention. Specifically, the aims of this proposal are to study family groupings based on the results of their family dynamics and to explore the relations between these groups and family vulnerability and the structure of the families. **Method:** The study has a quasi-experimental design, with a pre-test and post-test assessment of the experimental and comparison group. Different implementations of FCP-AFECT 12-16 were conducted between 2021 and 2022 with the Social Services, education centres and a third-sector body. The families taking part had expressed some kind of need for family support. **Results and discussion:** The main results confirm that changes in the family variables took place, with the detection of different types of families, depending on their family dynamics on conclusion of the programme. In keeping with the theoretical framework outlined in the paper, the improvement in family dynamics that was observed in this research study serves to confirm the efficacy of family interventions aimed at providing training in family skills and at fostering social-emotional learning by children.

Implementation and Outcomes of the Family Check-Up Online in Community Settings

Beth Stormshak [1], Leslie Leve [1] (1. University of Oregon)

This presentation provides an overview of our community implementation model and research on the Family Check-Up Online as a tool for prevention of long-term mental health problems in response to the overwhelming crisis that has emerged since the COVID-19 pandemic in the United States. The Family Check-Up is an evidence-based prevention program that has been studied for over 25 years as an effective tool for prevention of mental health problems and substance use. Grounded in developmental research, the Family Check-Up improves parent-child relationships, parenting skills, parent depression, and reduces parent stress, leading to long-term prevention of problem behavior for children and adolescents. The model has been tested across development with longitudinal follow-up into the young adult years, and targets parents with children ages 2-17. Long-term outcomes associated with the Family Check-Up include reductions in suicide risk in young adults, risk behavior during adolescence and young adulthood, and substance use including alcohol and cannabis into the adult years. We received funding to support development of the Family Check-Up Online starting in 2015, and have completed 3 separate randomized trials where families were assigned to treatment or control conditions

(treatment as usual) and followed for 12 months. Our goal was to expand dissemination of the model by providing an alternative for schools and community mental health agencies that would facilitate wide-scale uptake. The Family Check-Up Online can be administered by providers across a variety of settings and has potential for wide-scale reach, with limited need for extensive training and support for providers to deliver the model. The Family Check-Up Online is asynchronous and can be completed by parents flexibly at home, extending potential reach of the model by reducing treatment barriers such as transportation, childcare, and time. Outcomes in early childhood include reductions in parent depression and improvements in positive parenting (all p's<.01; N=250). In middle childhood, outcomes include reductions in parent stress and improvements in limit setting, positive family relationships, and youth depression (all p's < .01; N=181). This session will include a description of the model, presentation of outcomes, and discussion of implementation strategies in community settings such as schools and community mental health.

Short-term outcomes of the Famílias Fortes in Brazil: a randomized controlled trial with implementation evaluation

Zila Sanchez [1], Patricia Galvao [1], Fabiane Gubert [1], Lidiane Reboucas [1], Juliana Valente [1] (1. Universidade Federal de São Paulo)

The Strengthening Families Program (SFP 10-14), known as Famílias Fortes,
has been disseminated in Brazil since 2013 as a public policy. Until recently, it had not been subjected to an effectiveness study that would identify the program's results and the barriers to its implementation, aiming to enable sustainable and effective dissemination. The first randomized controlled trial of the program was conducted across 60 social welfare services in 12 Brazilian municipalities and showed no significant effects regarding adolescent drug use. A short-term follow-up revealed an effect on parental behaviors, such as a decrease in neglectful parents, an increase in the use of nonviolent discipline by caregivers and a reduction in the chance of adults exposing adolescents to their drunken episodes. After a year, the effects were lost. Most of the implementers demonstrated proficiency in delivering the program, despite being trained through distance learning. However, the success of the implementation heavily relied on the facility's physical infrastructure. Parent engagement in the sessions was considerably higher than that of the adolescents. Some activities need to be revised to better suit older adolescents. An implementation science approach is vital when a program proves ineffective because it enables the identification and resolution of implementation barriers, facilitates program tailoring to specific contexts, optimizes resource allocation, promotes continuous quality improvement, encourages learning from failures, and informs evidence-based policy decisions, ensuring a systematic and adaptive process to enhance program effectiveness and better serve families.

Do we need an interdisciplinary prevention terminology?

Karin Streimann [1], Triin Vilms [1] (1. National Institute for Health Development)

Practitioners, researchers, policymakers, and innovators are aiming to prevent problems in health care, education, psychiatry, welfare, and juvenile justice field. Yet, when they meet, they often use different terms and understand words in different ways – some talk about prevention, but mean reacting to existing crises that have developed, others talk about evidence-based prevention, but refer to popular interventions with unknown effectiveness.

In 2021, Estonian Prevention Science Council started to develop an interdisciplinary prevention terminology for being able to establish shared standards of evidence and interventions' reviewing and rating system. Different methods were used

during 1,5-year long process, which aimed to help understand the needs, generate ideas, draw mental maps, and test examples of definitions in different target groups. At first, all members of the Council suggested relevant terms that need shared agreement (62 terms), after which superordinate and subordinate terms were determined, and mind mapping tools were used to understand relationships between words. Then terms that are crucial were selected (39) and defined, or existing definitions were used or modified; examples were added where needed. Consequently, the terms were discussed with policymakers, practitioners, and students from all included fields to gather their suggestions and feedback.

Final set of terms consisted of 35 words with 5 superordinate's – prevention, preventive intervention, vulnerability, well-being, process evaluation, and effects evaluation. Terms that in Estonian were deemed confusing, ambiguous, or misunderstood and hence were eliminated, were evidence-based, science-based, and research-based intervention and best practice.

Prevention is interdisciplinary field and as such it creates challenges in communication. Interdisciplinary terminology helps to create a shared understanding of prevention, but only if it is developed and enforced together. The terms are now available in the Estonian Health Dictionary and the Institute of the Estonian Language portal and used in national strategies and reports.

Parallel Session 4.4 EC Oral Communications: Online Intervention Strategies for Adolescent Wellbeing and Community Empowerment (8:00 – 9:30) *Swissôtel, Bern*

Prevalence of gambling and gambling-related factors among 12-14 years old students in Italy

Emina Mehanović[1], Erica Viola[2], Marco Martorana[3], Alberto Sciutto[2], Giulia Giraudi[5], Maria Ginechesi[6], Claudia Vullo[6], Mariaelisa Renna[5], Chiara Andrà[2], Serena Vadrucci[10], Adalgisa Ceccano[6], Pietro Casella[6], Fabrizio Faggiano[2], Federica Vigna-Taglianti[5] (1. Department of Neurosciences 'Rita Levi Montalcini', University of Torino, Torino, 2. Department of Sustainable Development and Ecological Transition, University of Eastern Piedmont, Vercelli, 3. Institute of Epidemiology, ASL Vercelli, Vercelli, 4. Department of Translational Medicine, University of Eastern Piedmont, Novara, 5. Department of Mental Health, Addiction Unit, ASL Roma1, Roma, 6. Department of Prevention, Hygiene and Public Health Unit, ASL Città di Torino, Torino)

Background: Gambling risk behaviour is an emerging problem among adolescents. According to the ESPAD survey, 22% of 16-year-old students gambled for money in the last 12 months, 7.9% gambled online, 3.8% had excessive gambling activity, and 1.4% experienced problematic gambling. In Italy, the prevalence of problematic gambling is 7% among 15-year-old students. Early onset of gambling behaviour poses a risk for development of problematic gambling later in life, which is associated with other risk behaviours such as substance use. Nevertheless, the data on prevalence of gambling behaviour among early adolescents is scarcely investigated. Moreover, social environment, family and personal characteristics may play an important role in development of gambling behaviours among adolescents. This study aims to describe the prevalence of gambling behaviours and gambling-related factors in a sample of Italian students 12-14 years old. **Methods**: In autumn 2022, we conducted the baseline survey of an experimental controlled study aimed to evaluate the effectiveness of gambling unit added to the Unplugged school prevention program. The study took place in Piedmont

and Lazio region and involved secondary school students. The information on gambling behaviours, risk perceptions, attitudes, beliefs, normative perceptions, and socio-demographic indicators were collected through self-completed anonymous questionnaires. The analytical sample of the present study included 1874 students participating in the baseline survey. Descriptive statistics have been performed to describe the study population. **Results**: In the current study, 54.9% of students reported gambling at least once in the last 12 months, 35.4% gambled at least once in the last 30 days, 12.4% gambled on regular basis (3+ times in the last 30 days) and 29.9% gambled sporadically (1-2 times in the last 30 days). In terms of gambling-related characteristics, about 27% of students had high positive beliefs and attitudes toward gambling, 26.9% perceived gambling as low-risk behaviour, and 23.6% reported low refusal skills if their friends offer to gamble together. About 20% and 50-60% of students perceived their friends and peers gambled, respectively. About 9% of students reported their parents would allow them to gamble. **Conclusions**: The prevalence of adolescent gambling behaviour is high and represents an emerging issue for the health of youth. Appropriate prevention interventions should be aimed at pupils younger than 15 years. A strengthening and enforcement of regulations and interventions preventing underage gambling are of great importance for limiting the spread of this new risk behaviour.

Working with local government to support creation of healthier urban environments for population health and wellbeing: a case study of embedded research in Bristol, UK.

Anna Le Gouais[1] (1. University of Bristol)

Many features of the built environment can influence physical and mental health. Better housing, greater access to social infrastructure, more and higher quality greenspaces, less air and noise pollution, more active travel infrastructure, safer streets, healthier food environments and better access to work and training are all associated with health and wellbeing. Many stakeholders are involved in the complex system of decision-making regarding how our towns and cities are designed and built, which impacts on these wider determinants of health. It is important to understand the challenges and opportunities of intervening to support creation of healthier places for better population health. Since October 2020 a researcher has been embedded part time in local government in Bristol, a city of almost 500,000 people in the South-West of England. This is as part of the TRUUD ('Tackling Root causes Upstream of Unhealthy Urban Development') project, a multi-disciplinary research project seeking to support healthier urban development.

Working with regeneration, planning policy and public health teams the embedded researcher has identified points in the complex system of urban development decision-making where intervention would be feasible and valuable. She has supported the co-creation of three interventions with researchers and practitioners: 1 – A review of local planning policies and how they could be improved for healthier outcomes; 2 – Use of health evidence to inform a development approach in a deprived area of the city where over a thousand new homes will be built; 3 – Exploration of how to improve public involvement in urban development projects so that local needs are recognised.

This case study shows how to work with non-health, urban development teams to co-produce interventions for healthier environments, using a Researcher-in-Residence model. The role includes collecting and analysing primary data, acting as a knowledge broker, networking and facilitating co-creation of projects and ensuring research is timely, relevant and impactful. This model of a Researcher-in-Residence can create a bridge between academia and practice. Wider application would help other types of prevention research that seek to tackle complex public health challenges.

Interactive platform for mental health support and prevention of risk behavior in the Czech Republic

Elizabeth Nováková[1], Renata Habinakova[1], Tomáš Jandáč[1], Michal Miovský[1] (1. Department of addictology, First Medical Faculty and General Hospital in prague, Charles University)

Interactive platform for mental health support and prevention of risk behavior (IPREV) is a modern tool for supporting prevention workers, designed especially for schools and educational institutions implementing comprehensive prevention programmes, as well as for external providers of such programmes. IPREV helps to effectively build, manage, monitor and improve these programmes. The platform promotes system-anchored prevention and enables schools to connect with external providers of programmes in the local community and/or as close as possible to the natural environment of children and adolescents, the schools themselves and related child and family support services. Through IPREV, our goal is to create a user-friendly environment that cultivates prevention activities in Czech schools in a way that is truly effective, economically achievable and sustainable, evidence-based, attractive to target groups, and safe at the same time. IPREV maximizes the principle of a decentralized system and emphasizes the community-based principle of prevention work. The platform includes three main components (a) a national database of evidence-based prevention programmes for schools, including implementation support, (2) systemic support for the training of prevention workers and methodological support for their work, (3) quality assurance support tools including the SEPA monitoring and evaluation system and support for the certification system. The platform was created on the basis of more than twenty years of development of prevention in the Czech Republic.

Evaluating a brief online dialogic book-sharing training for teaching support staff

Rebecca Lothian[1], Margiad Williams[1], Judy Hutchings[1] (1. Bangor University)

Background: Research has linked socio-economic disadvantage with marked deficits in pre-school children's key skills, particularly language comprehension skills, that affect school readiness. Programmes aimed at addressing this problem have largely focused on helping parents to promote these skills at home. However, given the significant, and post-COVID increase in, numbers of children arriving in school with these skill deficits, the foundation phase of primary school is an additional environment for targeting language deficits. There has been a significant increase in the number of teaching assistants (TA) being employed in UK schools; however, whilst there is some evidence to suggest TA-led interventions can be effective, their support is currently not being utilised effectively due to limited training opportunities.

Methods: We have conducted a feasibility study to examine the acceptability and efficacy of providing brief, online Dialogic Book-Sharing training to TAs who are currently supporting children aged 3-7 years. Eleven TA-child dyads from five primary schools across North Wales participated. The training was delivered in two 3-hour sessions, one week apart. The primary outcomes are TA's evaluation of the training and coding of their behaviour (praise, encouragement, critical statements, reflection, emotion coaching, labelling, asking questions and giving opportunities to answer) during a brief videotaped reading activity; secondary outcomes are TA's self-reported competence, and children's expressive language (determined by an iPad-based assessment). Data collected at baseline, post-training (2-3 weeks after the final training session) and 4-6 weeks after the 1st follow-up will be presented.

Discussion: Since the training is brief and easily accessible due to its online nature, evidence that it benefits child language would be important in strengthening prevention infrastructures by professionalising a marginalised group of the school workforce.

Prevention of child sexual abuse: The use of the online application Troubled Desire from the perspectives of Australian professionals working with actual or potential perpetrators

Andrew Burton[1] (1. CQUniversity)

Child sexual abuse (CSA) includes viewing or possessing child sexual exploitation materials, which has damaging and lasting effects on affected individuals and society as a whole, emphasising the extreme importance of preventing CSA in the first place. Historically, prevention strategies have focused largely on CSA recidivism prevention, with research commonly involving the tertiary prevention context of correctional settings. As a secondary prevention approach, the Germany-based online self-assessment and self-management application *Troubled Desire* offers global, cost-free, and anonymous intervention for people to address their attraction to minors before sexually offending against children and early adolescents. Regarding use of *Troubled Desire* as a CSA prevention tool, and from a position of social constructionism with phenomenology as a methodological framework, this unique Australia-based study explored the attitudes, perspectives, experiences, and opinions of professionals from community and government agencies who work with people identified as actual or potential CSA offenders. This presentation will discuss the study's methodology and present preliminary findings.

Meeting Your Future Self: Stimulating Future Orientation through a VR and App Intervention

Esther Mertens[1], Aniek Siezenga[2], Tiffany Tettero[2], Jean-Louis van Gelder[2] (1. Leiden university, 2. Leiden university, Max Planck Institute for the Study of Crime, Security and Law)

Shortsighted behaviors, such as substance use, delinquency, and unhealthy diets, generally provoke adverse consequences across multiple domains, while future-oriented behaviors tend to foster positive outcomes, such as goal achievement, saving, and feelings of competence. We developed an intervention to increase future-oriented thinking and behavior by strengthening people's identification with who they will be in 10 years. More specifically, via immersive Virtual Reality (VR) or via a smartphone application (app) participants get to meet and interact with their future self.

We have conducted two large-scaled Randomized Controlled Trials (RCT) among first-year university students (study 1: App 1.0 vs control N = 176; study 2: App 2.0 vs VR vs control N = 321). Preliminary results of the first RCT showed the potential of the app intervention when compared to a goal-setting control condition. That is, the app yielded small positive effects during the intervention on vividness of the future self and at 3-months follow-up on future orientation and self-efficacy. However, there was also a negative effect on goal commitment. Data collection of the second RCT will be completed in July and will examine the potential of VR and the app iteration compared to each other and to a goal-setting control condition.

During my presentation I will explain the theoretical framework of the intervention, show an impression of the VR as well as app intervention, and present our preliminary results.

Poster Session 2 (8:00 – 9:30) *Slack platform*

Prof. Federico Leguizamo *(University of the Balearic Islands | Health Research Institute Foundation of the Balearic Islands (IdISBA)*

The effects of an individual-based program to reduce fatal violence, a quantitative evaluation.

Håkan Wall[1], Pia Kvillemo[2], Tobias H. Elgán[2], Johanna Gripenberg[2] (1. STAD, Centre for Psychiatry Research, Karolinska Institutet, 2. STAD, Karolinska Institutet)

Background: Over the last years gun violence linked to criminal groups has increased in Sweden. To reduce the gun violence various efforts has been carried out. For example, in Malmö the model Group Violence Intervention (GVI) was implemented, which target criminal groups. Findings indicate the intervention may have been effective. However, in the Stockholm area the criminal groups are less stable and other individual based interventions may be more feasible. In that context, [TE1] the "Three-phase pilot project" was implemented in Järva police district in Stockholm, Sweden, in the end of 2019. The model involves an increased cooperation between the Police, the Social services, and the Prison and probation service, based on a common situational picture of known risk individuals, mainly[NKG2] men aged 15-25 years. **Purpose:** To examine the effects of the intervention on fatal and non-fatal gun violence among the individuals identified and targeted by the "Three-phase"-intervention. **Method:** Quantitative analyses of gun violence data (fatal and non-fatal outcomes) from 2018 to 2023 in Järva police district linked to individuals who were subject to the "Three-phase" intervention, both as perpetrators and victims. **Results:** During the intervention period, 151 were classified as risk individuals and targeted by various interventions, and preliminary findings show that of 85 murder suspects in Järva police district, 39 were "three-phase"-individuals. Moreover, three "three-phase" individuals were victims of gun violence. This indicates that the police's intelligence identified relevant individuals, but the interventions from the three authorities did not fully prevent the individuals from being involved in deadly gun violence. **Conclusions:** Preliminary findings suggest that "Trefas" did not fully prevent shootings among individuals target by the "Three-phase"-intervention, however the police's intelligence work identified relevant individuals.

30 years of alcohol consumption in France: much still needs to be done

Raphaël Andler[1], Guillemette Quatremère[1], Jean-Baptiste Richard[1], François Beck[1], Viêt Nguyen-Thanh[1] (1. Santé publique France)

Introduction: Alcohol consumption implies health risks, both at short and long term. It is essential to monitor consumption levels and changes in consumption habits in order to guide prevention policies. **Method**: Since the 90's, in France, alcohol use rates in the general population can be estimated through the Santé publique France Health Barometers, repeated cross sectional telephone surveys based on random dialing. This framework makes it possible to track robust trends using the same methodology over time. **Results**: In 30 years, between 1992 and 2021, the proportion of daily drinkers has been divided by 3 (among both men and women). Besides, between 2000 and 2021, the proportion of weekly drinkers has been reduced by about a third. These declines in more frequent alcohol consumption appear to be driven mostly by older people's behaviors. Yet in 2021, 22,0% of adults exceed the low-risk drinking guidelines. More recently, between 2017 and 2021, we observe an increase in the proportion of adult women reporting at least one heavy episodic drinking (HED) per month, in particular among women aged over 35. Among young adults, HED indicators appear to be stable or even decreasing among men, which matches recent observations among minors. **Discussion/conclusion**: Recent trends in France are encouraging but the burden is still heavy and alcohol consumption remains frequent and high in 2021, as France continues to be one of the most consuming countries in Europe. Much remains to be done, especially environmental measures should be considered, such as minimum unit pricing or a total ban on advertisement for instance.

It is essential to monitor trends in alcohol consumption in the next decades to ensure that proactive public policies are implemented and that they are effective.

Exploring study conditions and their associations with students' mental health – results of the StudiBiFra study

Jennifer Lehnchen [1], Katherina Heinrichs [1], Zita Deptolla [2], Julia Burian [2], Christiane Stock [1] (1. Charité – Universitätsmedizin Berlin, corporate member of Freie Universität Berlin and Humboldt Universität zu Berlin, 2. Health Management of the Bielefeld University)

Introduction: The mental health of students in Germany continues to deteriorate. Public health research should consider environmental approaches to improve students' mental health by focusing on study conditions. Therefore, the aim of this study is to identify study conditions that are associated with students' mental health, which offers opportunities for preventive measures on a study environment level. **Methods:** The StudiBiFra study, a nationwide cross-sectional study, collected data from 24,533 students at 13 German higher education institutions between June 2021 and March 2023. A total of 22 scales assessing different domains of study conditions and four different aspects of students' mental health (general well-being, depressive symptoms, cognitive stress symptoms, and exhaustion) were administered with 5-point Likert scales. Means were calculated for each domain of study conditions and for mental health scales. Associations were analysed with linear regression models adjusted for institution. **Results:** On average, students were most satisfied with the task-related support from lecturers, the university culture, and the quality of cooperation among students. However, the lowest satisfaction levels were reported for the final year of study, time requirements as well as examinations and academic achievements. Linear regression analyses showed significant associations for all domains of study conditions and for all health outcomes ($p < 0.001$). For "time requirements", the associations with mental health outcomes were highest, explaining 35 % of the variance of exhaustion, 24 % of well-being, 19 % of depressive symptoms and 14 % of cognitive stress symptoms, while "examinations and academic achievements" explained 27 % of exhaustion, 18 % of well-being, 17 % of depressive symptoms and 14 % of cognitive stress symptoms. **Conclusions:** All study conditions under investigation were associated with students' mental health. Therefore, higher education institutions should focus on preventive measures to improve the health-critical domains of the study environment (e.g., time requirements or examinations and academic achievements). At the same time, existing resources such a positive institutional culture, support from lecturers, and social interaction with fellow students should be used to promote students' mental health.

Impact of COVID-19 pandemic on key performance indicators of breast cancer screening in Italy

Chiara Aleni [1], Valentina Vegro [1], Tiziana Cena [2], Fabrizio Faggiano [1] (1. University of Piemonte Orientale, 2. ASL Vercelli)

Breast cancer (BC) is the leading cause of cancer death among women worldwide. Mammographic screening programmes are implemented worldwide and have contributed to a substantial decrease in BC mortality. In early 2020, due to the COVID-19 pandemic, cancer screening programmes were suspended to mitigate COVID-19 transmission and to preserve health system capacity. In the Piedmont region, Italy, BC cancer screening program was suspended for three months, gradually resuming in June 2020. Cancer screening benefits strongly depend on high participation rates, which significantly declined during the COVID-19 pandemic. Several studies estimated a 51-77% decrease in BC screening access in 2020 and, as a result, a reduction in BC incidence. Understanding the impact of the COVID-19 pandemic on cancer screening programs is essential to help improve cancer screening pathways during public health emergencies. The

primary objective of this study was to assess the impact of the COVID-19 pandemic on key performance indicators of BC screening in the Health Unit of Vercelli, Italy. In this retrospective population-based study, data were obtained from four different databases, three from the Health Unit (HU) of Vercelli and the SQTM Web database promoted by the Piedmont Region. The target population was women aged 50-69 from the HU of Vercelli from 2017 to 2021. The following performance indicators were used: invitation coverage, participation rates, recall rate, percentage of mammograms performed, and detection rate. Here we present the preliminary results of the study. Overall, the invitation coverage declined from 100-90% of the 2017-2019 target population to 55% in 2020. The percentage of mammograms performed in 2020-2021 decreased compared to 2019. Interestingly, the detection rate remained similar between the pre-pandemic years and 2020-2021.

Constructing alcohol-related problems: The attitudes of social work professionals and their clients

Elina Renko [1] (1. University of Helsinki)

Background: Alcohol-related problems are widely viewed as health problems and thus as marginal to the social workers' job. Social workers, who work outside the susbstance-abuse practice settings, frequently encounter clients with hazardous and harmful drinking and are well-placed to play a central role in early identification of alcohol-related problems. This study presents a qualitative analysis of how alcohol-related problems are constructed in social work. **Methods:** It employs a qualitative attitude approach (QAA); the aim is to explore the construction of attitudes in argumentative talk: The ways social workers (n=14) and their clients (n=14) constructed alcohol-related problems. **Results:** Both groups mainly constructed alcohol-related problem as a social issue. The interviewees associated this social issue closely with social statuses as well as with client's fulfilment of their responsibilities, and their ability to function well. Alcohol-related problem was allocated not only to the individual but to people around him as well. The medicalized view of alcohol-related problem – highlighting the negative impact this problem can have on people's health and well-being – was also present in the argumentative talk but was less common than the social view. **Conclusions:** The interviewees saw identifying and managing alcohol-related problems as essential to the social workers' job. This social view might be in contrast with the individualistic models of substance abuse treatment.

Supporting Development and Adjustment of Recently Arrived Youth: PIA Youth Program

Metin Özdemir [1], Layan Amouri [1] (1. Örebro University)

Immigrant and refugee adolescents who migrate to a new country face acculturative-challenges in addition to their already ongoing developmental-challenges. Nevertheless, most preventive interventions for recently arrived youth focus on a small segment of this population who may potentially be at risk for mental health issues related to psychological distress and past trauma. The PIA Youth Program was developed as a cognitive dissonance-based universal intervention to support newly arrived youth in accomplishing their acculturative and developmental tasks to promote their development and social integration to the host society. The program content was informed by newly arrived youth's own description of needs and the research on the risk and protective factors in relation to migration and resettlement processes. A single-group pre-and post-test pilot study was conducted to evaluate the effectiveness and the feasibility of the program. The pilot study aimed to determine whether the program could help the youth overcome their challenges such as learning a new language, handling academic tasks, seeking help from others, developing a career path, and feeling a sense of belonging in the host society. In addition, feasibility and process of the implementation were assessed using measures from intervention leaders and program participants.

The results suggested that the youth who participated in the program improved relative to their baseline level in several outcomes. Specifically, their internal motivation to learn Swedish (d = .47), confidence in achieving academic goals (d = .28), and persistence in dealing with school difficulties (d =.22) showed a trend of increase. On the other hand, the youth who participated in the program sessions in their home language showed a decrease in societal belonging whereas the youth who participated in the mixed Swedish speaking groups showed a slight increase. In addition, reports from the intervention leaders and program participants suggested very high satisfaction with the program, high relevance of the content and high level of active engagement in discussions.

Overall, the pilot evaluation suggests the feasibility and potentially positive outcomes of the PIA Youth Program. The results were used for mapping the challenges and refining and improving the program. The research team is currently running a randomized controlled trial to test the program outcome under different conditions. However, a series of challenges remains to be identified and tackled. Ease of implementation, cost, availability of qualified intervention leaders, and feasibility of recruiting and mixing ethnically and culturally diverse youth are a few of the main challenges. The main focus of the RCT study is to identify the optimal means and conditions to generate maximum effectiveness. Nevertheless, accomplishment of these goal may not facilitate adoption of the program.

This presentation will first describe the PIA Youth Program, the evaluation strategy, and the results from the pilot test. Next, the focus will be put on balancing the demands of developing an effective program while ensuring the ease of implementation, adaptability as well as facilitating adoption and sustainability of a unique program targeting recently arrived immigrant and refugee youth. Answering these questions are eminent to ensure the successful integration of the PIA Youth Program into service systems (if the RCT study yields promising findings).

Supporting refugee children by supporting parents' mental health and parenting skills

Katarzyna Okulicz-Kozaryn [1], Anna Dzielska [1] (1. Institute of Mother and Child)

Introduction: The Russian aggression against Ukraine resulted in a massive influx of war refugees to Poland, mainly mothers with children. In this situation, the Institute of Mother and Child, in cooperation with the Ministry of Health, in partnership with UNICEF and with the support of the Center for Education Development, developed the "Add Strength" program. Its main goal is to improve the well-being of parents and carers and develop their skills to support children in the face of adversity and difficulties. **Method:** The program of 10 x 2-hours sessions was carried out by specially trained Ukrainian psychologists/pedagogues in groups of about 10 parents/caregivers. About 600 refugees took part in it. The process evaluation was based on the trainers' assessment of each session, and the participants' feedback after the last session. The outcome evaluation, conducted in the pretest-posttes design was based on anonymous questionnaires completed by the participants, covering the key issues of the program: self-assessment of health (Healthy days) and well-being (WHO-5), coping with stress (MINI-COPE), resilience (CD -RISC), post-traumatic growth (PTGI) and parenting practices (Parental Attitudes Questionnaire). **Results:** The analysis of the program implementation indicates its very positive reception by the participants and a high level of satisfaction of the implementers. The average attendance at the last session was as high as at the first, which confirms these positive opinions. Data on changes in the outcome variables is currently being analyzed. **Conclusions:** The experience of the "Add Strength" program shows that coping with serious problems, such as war or migration, is a challenge and a mental burden for the whole family. In order to be able to provide support for children, parents/caregivers often need support themselves. Conclusions from working with migrants from

Ukraine may turn out to be useful in working with families experiencing other crises, e.g. related to a chronic illness or a child's disability.

Relationship between toxic behaviour in online video games and school bullying

Sandra Sanmartin Feijoo [1], Álvaro Theotonio [2], Abel Nogueira [3], Jöel Billeux [4], Antonio Rial [2] (1. Anti-Bullying Centre, Dublin City University, 2. University of Santiago de Compostela, 3. University of Leon, 4. Institute of Psychology, University of Lausanne)

Video games usage or gaming is one of the main leisure activities in Spain, with 84% of adolescents in the 11-14 age group playing video games on a regular basis (AEVI, 2022). However, online multiplayer games have become infamous to the point of being directly stated that "the pervasiveness of toxic behaviour is widely acknowledged in online gaming environments" (Liu & Agur, 2023). This adds to the traditional problem encountered in the field of peer violence prevention, school bullying, yet there seems to be a literature gap in exploring the relationship between both issues. Therefore, the present study was carried out with the objective of assessing to what extent gaming cyber-violence may be associated with higher rates of bullying offline. A sample of 8,817 post-primary students was gathered through the collaboration of 59 schools. The age of the students ranged from 12 to 18 years old (Mean = 14.71; SD = 1.84), 49.8% self-identified as male, 47.2% as female and 3% as other genders. Data were collected through an online survey including items related to gaming and toxic behaviours, while the European Bullying Intervention Project Questionnaire (EBIPQ) was used as a screening instrument for school bullying. The findings reveal that 40.2% of gamers have been explicitly insulted through online video games and 28.6% have insulted others, while 42.7% have reported other players in-app due to toxic behaviour (including subtler or symbolic manifestations), and 15.2% have been penalised themselves for it. Significantly higher rates of bullying victimisation and perpetration were found among those who experience and/or engage in toxic interaction patterns in online video games. These results confirm that toxic behaviour is a common practice in online gaming that may be implying the normalisation of violent attitudes and behaviours, which translates in higher rates of school bullying. This should be taken into account in order to approach violence prevention holistically rather than by focusing only on one type of violence among peers.

Online gambling involvement and problem gambling symptoms among Spanish adolescents

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Gambling nowadays enjoys a high level of social acceptance, facilitating its accessibility, diffusion and attractiveness, especially to young people. This may increase the risk of devoloping problem gambling behaviour through early exposure. Prevalence rates worldwide have shown that problem gambling is higher among adolescents (5-15%) than in the general adult population (1-3%). Social relations, family environment and expectations and beliefs of success seem to be factors that favour the emergence of this type of behaviour. The correlates that in terms of mental health may be associated with problematic gambling in adolescence are also important. Therefore, an epidemiological study was conducted in Spain involving a total of 40,678 compulsory secondary school students, aged between 12 and 16 years old (M= 13.75, SD= 1.21), 50.2% male, 48.9% female and 0.9% other gender. Data were collected through an online survey, with sociodemographic questions and the Brief Adolescent Gambling Screen (BAGS). Results showed that 3.5% of adolescents have gambled at least once in their lifetime and 1.6% gamble online at least once per month. Boys gamble more than girls, and sports

betting is the most popular form of gambling. The main motivations are "to win money", "to have fun" and "because my friends do it". It is also noteworthy that 14.1% of those who have ever gambled in their lives presented a problematic gambling score in the BAGS, and 43.1% of teenagers believe it is fairly or very likely that they will win money. Levels of emotional well-being, social integration and life satisfaction are lower among people with gambling problems and the rate of possible depression is more than twice as high. In conclusion, this data reflects the social normalisation of gambling, highlighting the importance of the social component in initiating and maintaining this activity, as well as the expectative to win money among teenagers in spite of potential negative consequences and the risk of developing problematic online gambling. In view of these results, further prevention and education strategies are needed to avoid an increase in gambling incidence and the impact on adolescent quality of life and their emotional well-being.

Enhancing Adolescent Health Research: The Value of Qualitative Insights in the HBSC Study - Hungary

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The Health Behaviour of School-Aged Children study, conducted in over 50 countries, provides a comprehensive understanding of adolescent health behaviours through a standardized survey. While primarily quantitative, the inclusion of a single open-ended question as a national item in Hungary introduces qualitative insights that significantly enrich the data analysis and decision-making process. The primary objective of the HBSC study is to gain insights into adolescent health behaviours using a survey-based approach. In addition to structured questions, incorporating an open-ended question allows adolescents to freely express their perspectives, opinions, and experiences. This qualitative component adds depth and richness to the understanding of their lives and enhances the overall comprehensiveness of the study. By providing a platform for adolescents to articulate themselves beyond the confines of closed-ended questions, the open-ended question captures their unique voices, emotions, and concerns, leading to a more holistic understanding of their health behaviours, essential for developing effective prevention strategies.

The qualitative insights from the open-ended question can have significant implications for decision-making. Practitioners and policymakers can also utilize this valuable information to develop and support targeted interventions and tailor prevention efforts according to adolescents' specific needs and preferences, thereby enhancing the effectiveness and relevance of preventive measures. The upcoming thematic analysis results from the 2021/2022 survey data will complement the quantitative research findings and further illuminate them for decision-makers. By identifying recurring themes and patterns within the qualitative responses, these findings will provide valuable insights into the factors influencing adolescent health behaviours and a deeper understanding of their experiences and perceptions. This enriched interpretation of the survey data will bridge the gap between qualitative and quantitative research, bringing decision-makers closer to a comprehensive understanding of adolescent health, supporting evidence-based decision-making, and informing the development of targeted prevention strategies.

Towards a coherent network for supporting Dutch parents in substance use prevention

Marjan Mohle [1] (1. Trimbos Institute)

Substance use at a young age poses risks for the health and development of young people. Risks include addiction and poor school performance. Parents can play an important role in preventing their children from substance use. To be able to fulfill this role properly, it is important that parents receive information about their crucial role and, if necessary, can strengthen their parenting skills. Over the years, different interventions and programs have been developed that support parents in their prevention role. Although the nature and delivery of these interventions vary, they all agree on strengthening parenting skills that are known to be protective of substance use in young age groups. Despite the wide range of options available, reaching parents and professionals with a uniform and coherent offer remains a challenge. Additionally, it is not always clear to parents and professional referrers which interventions are suitable for which level of prevention (universal, selective or indicated) and how they are mutually related.

In collaboration and co-creation with stakeholders in the Netherlands working in the field of prevention and parental support, the Trimbos institute developed a model that visually presents all available preventative interventions directed at parents. Each intervention is classified according to level of prevention by placing them at different positions in the model. It also illustrates how one intervention relates to another and when referral is desirable. The model additionally structures national, regional and local interventions and highlights possible gaps in the existing offer. The model helps professionals to guide parents to the most appropriate form of preventative support. I will discuss how this model contributes to the strengthening of the prevention infrastructure.

The evaluation of the Scottish Borders/ Food Train Eat Well Age Well implementation of the Patients Association Nutrition Checklist

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Background: The Patients Association Nutrition Checklist (the 'Checklist') is a freely available tool that can be used to identify older adults at risk of malnutrition at an early stage and provide signposting to nutrition advice and support. This study aimed to assess the feasibility, and the perceived impact for stakeholders, of the roll-out of the Checklist by 12 service provider partner organisations (SPPOs), including in social care, housing and voluntary sectors, in the Scottish Borders. **Methods:** A mixed-method design, incorporating observational and process evaluation of Checklist-implementation, was utilised. Quantitative data included online surveys and operational data provided by SPPOs. Qualitative data included interviews with SPPO staff who implemented the Checklist and the delivery partner. **Results:** The Checklist was completed with 461 older adults, of which 7.4% were considered at risk of malnutrition. Implementation methods varied across SPPOs. SPPO staff perceived the Checklist to be easy to use; facilitate difficult conversations with older adults and referrals to additional services (dietetics, GP); and be quick and cheap to deliver, costing £4.17-£6.83 per older adult. Barriers to using the Checklist included: 1. too little time at appointments; 2. older adult capacity/communication issues; and 3. resource issues, some relating to the COVID-19 pandemic. Perceived outcomes included improved skills and confidence identifying and managing malnutrition (SPPO staff) and health improvements (older adults). **Conclusions:** Implementation of the Checklist may bring about outcomes, as described in the intervention

Logic Model, including increased awareness of malnutrition, improved conversations and prevention of older adult ill-health. Recommendations for future implementation include encouragement (through additional training and support) of Checklist-implementation at strategic level and use of the Checklist by implementers with all older adults, as intended.

Changes in psychosocial factors predicts alcohol problems and nicotine dependence severity

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Background: Using alcohol and tobacco has serious consequences for the health of consumers and has a major economic and social impact on communities. Aims: The aim of this work was to study the predictive value of variations in psychosocial factors on the consequences of alcohol consumption and nicotine dependence in Spanish young adults. **Methods:** The sample consisted of 2762 university students. The evaluation was carried out in three waves, each separated by six months. Retention of participants in the last wave was 33% (n=911). The dependent variables were nicotine dependence and consequences derived from alcohol consumption, assessed with the Heaviness Smoking Index (HSI) and Brief Young Adult Alcohol Consequences Questionnaire (BYACCQ) respectively. The independent variables assessed were sociodemographic (i.e., sex, age, and weekly money available), drug-related variables (i.e., monthly prevalence of alcohol, tobacco and cannabis use), and psychological variables (i.e., emotional dysregulation with the Difficulties in Emotion Regulation Scale [DERS], impulsivity with the Impulsive Behavior Scale [UPPS-P], and emotional symptoms with the Depression Anxiety and Stress Scale [DASS-21]). Mixed-effects model repeated measures (MMRM) analysis with restricted maximum likelihood was used. **Results:** More negative consequences of alcohol use are explained by increases in positive urgency (b_{14} = .315, p = .023), as well as going from not using to using tobacco (p = .017) and cannabis (p < .001) in the last month. An increase in nicotine dependence is related to being older (b_3 = .042, p = .036), being female (p = .047) and an increase in lack of persistence (b_{18} = .135, p = .028). Conclusions: Indicated preventive programs should focus on decreasing these factors to curb the escalation in the severity of the use of these substances.

Implementing a digital Healthy Setting approach: learnings from the developmental evaluation of a digital health promotion infrastructure

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Background & aim: The integration of e-health infrastructures in health promotion is on the rise. To address this trend, a consortium led by the German private insurance association (PKV Verband e.V.) is developing DIFA, a digital platform for health promotion and preventive services across various settings. The project adopts a participatory design and agile development approach. Thus, it requires an evaluation process that is flexible and adaptable. This requirement is best met by performing a developmental evaluation. **Methods:** We use a combination of qualitative and quantitative methods to ensure a comprehensive mix to meet the needs of the developmental evaluation approach, which values the perspectives, input, and feedback from all project stakeholders, including representatives of the end user groups, and integrates them into the evaluation. **Results:** Agile and continuous project development calls for an evaluation approach that mirrors these characteristics. Rather than a traditional summative evaluation, a formative and stepwise approach is recommended in complex environments, which is best met in a developmental evaluation. The evaluation activities should be initially outlined but continuously adapted and refined as the project progresses. To capture the complexity of the project, a mix of methods (e.g. document analyses, qualitative individual and group interviews, quantitative surveys, and SWOT analyses)

are employed. Furthermore, stakeholders involved in the participatory design and development of the digital platform actively participate in the evaluation process, with their input and feedback guiding further improvements. **Conclusion & outlook:** The agile development of a digital health promotion platform is a complex undertaking, requiring comprehensive and adaptable evaluative approaches. Continuous refinement, the utilization of multifaceted evaluation methods, and the active involvement of all relevant project stakeholders in the evaluation process are crucial for achieving project success.

Cracks in the Ice: A digital health initiative supporting people affected by crystal methamphetamine ('ice')

Steph Kershaw[1], Anna Grager[1], Hannah Deen[1], Louise Birrell[1], Nicola Newton[1], Lexine Stapinski[1], Katrina Champion[1], Frances Kay-Lambkin[2], Maree Teesson[1], Cath Chapman[1] (1. The Matilda Centre for Research in Mental Health and Substance Use, 2. Hunter Medical Research Institute)

Background: Crystal methamphetamine ('ice') use is a significant global health concern. Cracks in the Ice (cracksintheice.org.au, CITI) is a digital initiative that provides evidence-based information and resources about crystal methamphetamine for people who use the drug, their affected families and friends, health workers and communities. It is the first centralised national online portal of its kind and aims to provide evidence-based, non-stigmatising information that challenges misconceptions surrounding crystal methamphetamine as well as link people with support services. **Methods:** A cross-sectional web-based survey was conducted to evaluate the acceptability and utility of CITI among a large sample of >2000 Australian residents aged ≥18 years. People who had previously visited the website ("website visitors") and those who had not ("naïve") were recruited. At baseline, knowledge and attitudes about crystal methamphetamine and people who use the drug were assessed via validated scales. CITI website visitors then completed a series of site evaluation questions, including the System Usability Scale (SUS), and naïve participants were asked to undertake a guided site tour of a replicated version of the site before completing the evaluation questions and repeating knowledge and attitude scales. **Conclusions:** The average SUS score of 73.49 (SD 13.30) indicated good site usability. Website visitors had significantly higher baseline knowledge than naïve participants (P<.001). Knowledge scores among naïve participants increased significantly following exposure to CITI (baseline M 14.4, SE 0.05, post-exposure M 15.2, SE 0.05; P<.001) whereas their stigmatizing attitude scores were significantly lower following exposure (baseline M 44.3, SE 0.21, post-exposure M 41.97, SE 0.21; P<.001). **Implications:** CITI demonstrates the important role of digital public health initiatives for improving knowledge and reducing stigma relating to substance use.

Transforming Prevention Paradigms: Leveraging Positive Approaches to Empower Arab Youth

Anthony Abi Zeid[1] (1. Mentor Arabia)

In the Arab world, preventing risky behaviors and empowering youth is a critical endeavor. Mentor Arabia has been at the forefront of optimizing prevention infrastructures by adopting effective prevention methods and shifting away from negative approaches commonly used in the past. Traditionally, prevention efforts in the Arab world focused on exposing youth to the negative effects of risky behaviors and showcasing the dangers of drug abuse. However, Mentor Arabia recognized the limitations of this fear-based approach and realized the need for a more positive and empowering alternative.

Our intervention, titled "Transforming Prevention Paradigms," highlights the successful implementation of positive approaches to prevention within the Arab world, following the International Standards on Drug Use Prevention by UNODC.

By leveraging evidence-based strategies, Mentor Arabia has effectively shifted the focus towards empowering youth, promoting resilience, and nurturing their talents and aspirations.

One key aspect of our intervention is the cultivation of positive youth-adult relationships through mentorship programs. Our programs train young people to become advocates for positive behavior change within their communities. Peer educators engage their peers through workshops, awareness campaigns, and open discussions, fostering a supportive and inclusive environment for prevention. Mentor Arabia also offers various programs that provide a platform for personal development, leadership skills, and positive behavior change. Through workshops, training, and mentorship opportunities, participants are equipped with the necessary tools to navigate challenges and become agents of change in their communities.

Importantly, Mentor Arabia's programs cover all age groups and emphasize the importance of starting prevention interventions in early childhood. We incorporate age-appropriate activities and educational materials that foster a culture of prevention from an early age. By engaging children in interactive games, storytelling, and role-playing, we lay the foundation for healthy behaviors and equip them with essential life skills.

Through our interventions, Mentor Arabia has witnessed remarkable shifts in attitudes and behaviors among Arab youth. By embracing positive approaches, we have empowered them to make informed decisions, resist peer pressure, and embrace a healthy lifestyle. The results are evident in reduced rates of risky behaviors and an increased sense of optimism and well-being among the youth we serve.

A needs assessment study protocol for emerging adults whose parents have addiction problems – The EMADAP study

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Addressing the experience of parental addiction either before the onset or at an early stage of risky behaviors through age-appropriate and evidence-based preventive interventions is crucial. Emerging Adults with Addicted Parents (EMADAP) constitute a vulnerable group at risk of mental health issues, substance use problems, and psychosocial difficulties during late adolescence and emerging adulthood. Studies indicate that approximately 33% to 40% of youth with a substance-dependent parent are likely to develop similar addictive substance use behaviors themselves. In Greece, over 30% of adolescents and young adults who experiment with psychoactive substances come from families with permissive attitudes towards drugs and parental substance use. This presentation will describe the study protocol of the first needs assessment study of EMADAP to address the psychosocial needs and mental health protective factors of this high-risk group with the aim to promote selective prevention for this youth population. The study utilizes mixed research methods involving the collection and analysis of both quantitative and qualitative data in consecutive phases. The methods employed will include surveys and semi-structured interviews with young adults from the target population as well as mental health professionals. The methodology includes stratified sampling based on the type of addiction by the parents of the emerging adults (i.e., drugs, alcohol, or gambling). The results will be evaluated using descriptive and inferential

statistics, and interpretative phenomenological analysis. The findings of this needs assessment study seek to provide a consolidated knowledge base on EMADAP's needs and resources to develop future selective prevention strategies. By shedding light both on the psychosocial needs and protective factors, the EMADAP study aims at promoting youth health and well-being in environments affected by addiction.

P'TAC: Working group for the prevention and study of the consumption of tobacco, alcohol and cannabis in young people

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Introduction: Evidence-based prevention is a result of the need to take scientific and rigor prevention theory into practice; into a level that considers the contextual reality to apply it effectively. However, training on evidence-based prevention for practitioners is scarce. **Aim**: To train health-related professionals on scientific and practical evidence to promote good prevention practices. **Method**: The P'TAC course (funded by the DGPNSD) consisted of twelve 90-minute modules, in which a range of theoretical-practical aspects on the prevention of TAC (Tobacco-Alcohol-Cannabis) consumption were addressed: risk factors, epidemiology and types of prevention (environmental, school, family, selective). The sample included 62 professionals whose work was focused on young peoples' health and well-being, of which 48 attended at least 80% of the sessions. The course was multidisciplinary and was carried out via Zoom by several professionals of the prevention field, and at the end of the course, a satisfaction evaluation was carried out. **Results**: Modules obtained 4.53 points over 5 on average (range 4.02-4.73). The best valued module was "Forms of consumption and risks associated with tobacco and related products". The most valued aspect regarding organization was the attention received (4.52/5) and the weakest was dissemination (4.19/5). Regarding quality, the best scored was the speakers' knowledge (4.79/5) and the least valued was the duration of the sessions (3.83/5). **Discussion**: The success of this course reflects the current lack of training in prevention reported by many health professionals. Future editions should focus on overcoming the limitations found in this edition, while reinforcing its strengths.

Use of cannabidiol and nitrous oxide in the adult population in France in 2022

Emmanuel Lahaie[1], Raphaël Andler[1], François Beck[1], Viêt Nguyen-Thanh[1] (1. Santé publique France)

Introduction: Cannabidiol (CBD) and nitrous oxide (N_2O) have recently became popular, as evidenced by the rise in supply for the former and the increase in reports of intoxication for the latter. However, few data are yet available in the literature on their use in the adult population. For the 2022 edition of a representative general population survey dedicated to the prevalence of tobacco in France, Santé publique France has added a few questions about CBD and N_2O use. **Method**: The survey was carried out by telephone between March and July 2022, on a random sample comprising a total of 3,229 individuals aged 18-75 residing in France. **Results**: CBD: 16.4% of adults declared having used CBD at least once in their life, 10.0% in the past year. As many women as men have used CBD the past year. Younger people are more likely to use it (17.5% of 18-34 yo) and more precisely to smoke it while others take it orally. One in 10 CBD users was a minor when they tried it. N_2O: 4.3% of adults have used N_2O at least once in their life, 0.8% have consumed it in the past year. All users were under 35. More men than women have tried N_2O, but just as many have used it in the past year. **Conclusion**: This survey showed that CBD has quickly spread among the general population. Age determines the use

patterns and probably motivations, which should be investigated in future surveys. The diffusion of N_2O remains relatively marginal and limited to a young segment of the population whose practices and risk perception remain to be studied. These first data should be helpful for policy makers and health prevention stakeholders.

Predictors of high blood pressure – impulsivity and serotonin system functioning

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Introduction. Excessive salt (NaCl) consumption is a risk factor for the development of several non-communicable diseases. High blood pressure is considered the greatest risk of premature mortality. Based on the salty food addiction hypothesis (Blum et al., J Genet Syndr Gene Ther 2013, 4:1), it can be hypothesized that high blood pressure is predicted by known risk factors (e.g., body mass index (BMI), waist-to-hip ratio (WHR), NaCl and alcohol consumption, blood serum cardiovascular risk factors) as well as functional gene polymorphisms of the serotonin system and impulsivity. **Purpose.** To describe the development of high blood pressure longitudinally through anthropometric parameters, NaCl, alcohol consumption, impulsivity, and functional gene polymorphisms of the serotonin system. **Methods.** Data from the longitudinal Estonian Children Personality Behavior and Health Study of 15-, 18-, 25- and 33-year-old subjects were analyzed (original sample n = 1176). High blood pressure was defined as systolic blood pressure ≥140 mmHg. Based on anthropometric measurements, BMI and WHR were calculated. NaCl intake was assessed using a 72-hour food diary and subsequent interview. Alcohol consumption was assessed using a questionnaire. Cardiovascular risk factors (Chol, LDL, HDL, TRG) were determined from blood serum. Different facets of impulsivity like Excitement seeking, Fast decision-making, Disinhibition, and Thoughtlessness were assessed by the Adaptive and Maladaptive Impulsivity Scale. DNA isolated from blood or saliva samples was used to determine the polymorphism of the serotonin transporter gene promoter region (5-HTTPLR), serotonin 2A receptor gene (*HTR2A*) and serotonin 1A receptor gene (*HTR1A*). The GENMOD (Generalized linear model) procedure was used for statistical analyses. **Results.** High blood pressure was present in 4.5 % of observations. Longitudinally, high blood pressure was predicted by significantly higher BMI and WHR, increased salt consumption, more frequent consumption of alcohol, including beer, and higher TRG content in the blood serum. Also factors like 5-HTTLPR l'/l' homozygosity (OR = 1.49, 95% CI = 1.07 – 2.00)) and higher fast decision-making (OR = 1.06, 95% CI = 1.01 – 1.10) were significant predictors of high blood pressure and these associations were significant also after adjusting by NaCl. **Conclusion.** In addition to the well-known risk factors, the development of high blood pressure can also be influenced by the 5-HTTLPR functional polymorphism, which reflects the functioning of the serotonin system, and impulsivity (Fast decision-making).

Using an eleven-year retrospective analysis of alcohol-related emergency department presentations by children and young people to inform appropriately targeted prevention programs.

Marie Hyland [1], Eleanor Hollywood [1], Sonam Prakashini Banka-Cullen [1], Catherine Comiskey [1] (1. Trinity College Dublin)

Aim: To estimate the scale and nature of alcohol-related harms to children and young people presenting to the emergency department with acute conditions, wholly or partially attributable to their personal consumption of alcohol and to use the findings to inform appropriately targeted prevention programs. **Methods:** The research design was a concurrent nesting strategy, whereby a quantitative approach was dominant, with a less dominant qualitative aspect nested within. Filters were applied to the search of the hospital data management system, using key alcohol search words and terms.

Anonymized secondary data was extracted from the relevant data capture fields, spanning both pediatric and adult emergency department presentations of young people aged 12–18-years old, for an 11-year period (2009-2019). Qualitative content analysis was conducted on one variable. Ethical approval was granted on the 3rd March 2020 by Trinity College Dublin. **Results:** From an overall total of 1,325 presentations, 40% presented to the pediatric ED with an average age of 14.32 years (SD=.85) and 60% presented to the adult ED with an average age of 17.16 years (SD=.87). Overall, 56% were female and 44% were male. A significantly greater number of females presented to the pediatric ED and significantly greater number of males presented to the adult ED. **Discussion:** Two highly vulnerable groups were identified with specific presenting complaints. A high proportion of 15-year-olds presented with alcohol excess/intoxication. In addition, a high proportion of 18-year-old males presented with laceration/wound/injury, reporting alleged assault. Content analysis revealed complex and concerning insights into the context and behaviors leading to the presentation, including alleged physical assault, sexual assault, psychosocial issues and polysubstance use. **Implications:** Identifying and understanding the complexities of acute alcohol-related harms presented by vulnerable children and young people presents a comprehensive platform to inform prevention strategies, policy decisions, clinical practice, and harm-reduction interventions more appropriately.

A Doping Prevention Program Targeting Recreational Athletes: 100% Pure Hard Training and the Role of the Police

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Introduction: In 2007, a multi-component doping prevention program '*100% Pure Hard Training (PHT)*' was initiated, targeting recreational athletes at gyms. The program involves several stakeholders such as gyms, local and regional prevention coordinators, and the Police Authority. Program components are mobilization/collaboration, training, certification, policy work, and enforcement by the Police. The program has been disseminated nationwide to over 500 gyms in 19 of Sweden's 21 counties. We have conducted a study to explore police officers' view on doping and police-related doping work. **Methods:** A cross-sectional national survey with 597 respondents and an interview study with 15 informants. Data was collected from October 2020 through May 2022. Survey data was analyzed descriptively and interview data with content analysis. **Results:** 63% of the respondents think that doping is a large/very large societal problem connected to many other crimes such as violence (96%), drugs (88%), and gang-related crimes (86%). A majority, 64% and 61% do not think that doping is prioritized or that they work strategically against doping in their local police district, respectively. 51% have not received any doping training and 74% lack doping training. One barrier for successful doping work is lack of knowledge about doping, and facilitating factors are a motivated police management and officers as well as cooperation between the Police and gyms. Together with the Police Authority, a 3-hour digital doping training for police officers was co-produced and more than 700 police officers have been trained. Course evaluations reveal that 79% think that they will have a large/very large use of the training and 74% think that the training has equipped them with knowledge so that they feel comfortable in doing gym inspections. The Police also describes that the number of gym inspections has increased due to the training. **Conclusions:** A majority of police officers think that doping is a societal problem connected to many other crimes. There is a need to train police officers in doping prevention. Our training has reached a substantial number of police officers and the Police reports that the number of gym inspections has increased due to the training.

Differences in comorbidity between alcohol risk consumption and depression between men and women

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Introduction: The relationship between depression and alcohol risk consumption has been studied and proven over time. Within Latin America and the Caribbean region, the increase in rates of psychological distress (anxiety, depression, uncertainty) was proportional to the increase in alcohol consumption. **Objective:** Evaluate the relationship between alcohol risk consumption and depressive symptomatology in adult population. **Method:** Cross-sectional study with a convenience sample, data collection was online. The sample was composed of 4,890 participants from Latin America (52.8% Dominican Republic; 1.9% Argentina; 2.5% Colombia; 22.1% Ecuador; 13.5% Mexico; 7.1% Peru), between 18-64 years (M = 31.62 years; SD = 12.17). The Patient Health Questionnaire (PHQ-9) was used to assess depression; and Alcohol Use Disorders Identification Test – Short Version (AUDIT-C) for alcohol risk consumption. **Results:** 32.61% consumed alcohol in the last month, and of these almost 9 out of 10 (89.8%) reported risk consumption, finding a higher prevalence in women than in men, ($\chi^2(1) = 263.96$, $p < .001$), with a moderate effect size $\varphi = -.409$. Among those who consumed alcohol in the last month, 26.1% showed major depression. However, no statistically significant comorbidity was found in men ($\chi^2(1) = 0.217$, $p = .642$) between risk alcohol use and major depression. In the case of female consumers, 100% presented risk consumption, however, the proportion of women without a diagnosis of depression is significantly higher than the proportion of women with depression ($p < .001$). Even so, the percentage of cases of comorbidity of risk consumption and depression (test value = 10) was 31.5%. **Conclusion:** The rates of alcohol risk consumption in men and women are alarmingly, finding comorbidity with depression in 1/3 of cases. We need to continue discussing the implications for consumption prevention.

European Prevention Curriculum (EUPC) Training for decision-makers, opinion and policy-makers: short-term impact of training conducted in Croatia

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The aim of this poster is to present the implementation of the European Prevention Curriculum (EUPC) - Training for decision-, opinion- and policy-makers in Croatia and the results of the evaluation of the impact of the training. In Croatia, there is a total of one certified master trainer, two certified national trainers and two trainers in the certification process who actively delivering EUPC training for DOPs. In the last two years, four EUPC trainings for DOP -s were conducted. They were held in Zagreb (April 2022), Samobor (June 2022), Opatija (October 2022) and Stubičke Toplice (April 2023). This study presents the results on the short-term effectiveness of the training after its implementation in 4 Croatian cities, with a total of 46 participants completing the training. In order to investigate the short-term impact of the training, a design with two measurement time points (pre-test and post-test) was used. The impact was assessed using a questionnaire on the learning outcomes of the EUPC training. That is, participants assessed their level of knowledge and skills in the field of prevention science before starting the basic EUPC training and after completing the basic EUPC

training. The results show that there is a significant difference in self-assessment of competence for all variables assessed (p < 0.05). It can be concluded that there was a statistically significant increase in the competences of the training participants after the implementation of the training. In other words, training learning outcomes were achieved, i.e. participants received an overview of the scientific basis of prevention, an overview of the information needed to select prevention interventions, the tools to inform stakeholders about the basics of evidence-based substance-use prevention, the tools to coordinate and/or supervise prevention workers, an introduction to the principles of family-, school-, environment-, community- and media-based prevention, and decision-making tools for funding evidence-based interventions. These results can serve as a basis for conclusions about the effectiveness of the training and the further potential for its implementation in Croatia.

Linear Mixed Effect Model Analysis of a Brief Intervention for the Reduction of Alcohol Consumption in Adolescents with Acute Alcohol Intoxication

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Introduction: According to the ESTUDES 2021 survey, 21.5% of Spanish high school students experienced acute alcohol intoxication (AAI) within the past 30 days. The aim of this study is to evaluate the effectiveness of a Brief Intervention (BI) in reducing alcohol use. **Materials and Methods:** We conducted a quasi-experimental, pretest-posttest single-group design study on patients under 18 years old who visited the emergency department (ED) of a paediatric hospital in Barcelona (Spain) for alcohol intoxication. Risk assessment and BI were conducted during follow-up visits. The study obtained the approval from the Clinical Research Ethics Committee and was conducted from November 2019 to December 2022. The score on the Alcohol Use Disorders Identification Test (AUDIT) was used for initial risk assessment and to measure the effectiveness of the BI. Telephone follow-ups were conducted at 1 and 6 months. We fitted linear mixed-effects model to predict AUDIT score with time, sex, age, and setting a target. this model included intercept and slope as random effects. **Results:** Fifty-nine patients were included in the study (62.7% women, mean age 14.5 years old (SD=1.1)). All patients agreed to set a target, with 36.6% aiming for zero alcohol consumption. The model's total explanatory power is substantial (conditional $R2=0.692$) [EG1] and the part related to the fixed effects alone (marginal $R2$) is of 0.221. The model's intercept is 0.65 (95% CI [-2.045, 2.636], t(49.6967) = 0.126, p = 0.9001). The effect of time is statistically significant and negative (beta = -1.247, 95% CI [-1.494,-0.996], t(28.06) = -4.99, p < .001). The effect of setting a target of abstinence is statistically significant and positive (beta= 0.853, 95% CI [0.4714,1,2446], t(43.97) = 2.22, p =.03). The effect of sex and age was not statistically significant. **Conclusion:** Follow-up after the BI demonstrated a significant reduction in risk. Paediatric emergency departments play a crucial role in identifying these patients and initiating interventions to reduce alcohol use and prevent future intoxications.

An Emotional and Stress Management Intervention (ESMI) in Response to Onset of the COVID-19 Pandemic in Ivory Coast, Liberia, and Sierra Leone

Karine Le Roch [1], Anna Garriott [2], Xuan Phan [1], Fatmata Bintu MASSAH [3], Satta Paasewe Darciba [3], Placide

Koleti [1], Mialy RAKOTONDRAINA [1], Sarah Murray [2] (1. Action contre la Faim, 2. Johns Hopkins Bloomberg School of Public Health, 3. Action Against Hunger)

Background. At the onset of the COVID-19 pandemic, in March 2020, Action Against Hunger (ACF) responded through multisectorial interventions including mental health and psychosocial component to address people's distress caused by the crisis in western African countries. Thus, at primary heath care level, ACF developed and delivered a brief Emotional and Stress Management Intervention (ESMI) to reduce symptoms of emotional distress and increase perceived social support through problem solving techniques and relaxation exercises among adults and youth living in vulnerable communities that were experiencing a relatively high prevalence of COVID-19, including urban and rural areas in Sierra Leone, Liberia and Ivory Coast. **Methods.** This study is a secondary analysis of data collected via routine monitoring of activities delivered by trained psychosocial workers for ESMI programs implemented in community-based centers and health facilities from May to December 2020. Service delivery mechanisms were adapted to each context and setting (i.e., face to face vs. remote, health facilities vs. home visits, etc.). The main outcomes were psychological distress and social support measured with culturally relevant visual analogue scales. All analyses were performed separately for each country. **Results.** In total, 1,412 adults and youth (11-17 years old) benefitted from the intervention across three countries and 1,350 were assessed at follow-up. As a result, changes in psychological distress and perceived social support with mean scores difference at baseline and follow up were significantly different in all countries. Correlations between changes in distress and changes in social support varied by country, and ranged from negative in Liberia, (r = -.88, p = 0.001), to positive in Ivory Coast (r = .55, p = 0.001), and null in Sierra Leone (r = -.07, p = 0.11). Across countries, the most commonly reported presenting problems were fear of infection, stigma, and socio-economic difficulties. Reported coping strategies differed by country. **Conclusions.** At the onset of a pandemic crisis, ESMI hold potential for reducing psychological distress and improving social support among adults and youth from vulnerable communities. However, it should be given considerations around adaptation and modification by setting.

How can academy contribute for optimizing prevention structures?

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

How can academy / academics contribute for optimizing prevention structures? This question has been present in our recent work. In the scope of a European research project (Frontline Politeia), 15 European partners are involved in designing and training prevention frontline professionals. The Portuguese prevention workforce is not professionalized. They don't have access to regular training in prevention. Regarding qualifications the requirement for coordinators of a funded prevention intervention (with public fundings) is to have a degree. Portuguese prevention workforce has degree in psychology, sociology, social work, education... and have any specialized training in prevention science. Consequently, these professionals don't work with evidence-based programmes, don't have evaluation culture for their work. In practical terms they don't know why they are implementing some programme, what that programme is really addressing, and with what results. There is a gap from research to practice and through training. Academics seems not being able to provide proper data that supports epidemiologic analysis for decision making. They also seem not being able to provide proper evaluation for the implementation programmes and thus, evidence and etiologic data. On the other side, practitioners seem not value data and knowledge produced by academics. In this presentation we aim to point out some strategies for connecting research with practical needs and find ways to bridge the gap between the two dimensions.

Risk factors of driving under the influence (DUI) of alcohol among a Spanish sample of young adults

Clara Iza Fernández[1], Layla Alemán Moussa[1], Ignacio Cuesta López[1], Alba González-roz[1] (1. University of Oviedo)

Background. It is estimated that at least 1.2% of drivers drive under the influence (DUI) of alcohol in Spain, which translates into 1 in every 84 drivers drinking and driving. While a lot of effort has been placed into understanding social factors contributing to driving after alcohol use, so far there is still little information as to which personality traits and psychological factors are related to the decision of DUI in Spanish young adults. Therefore, this study seeks to: 1) examine the prevalence of DUI among Spanish young adults and 2) ascertain which risk factors are associated with DUI. **Methods.** A total of 1,468 past-month substance users aged between 18 and 25 years old (M = 19.5; SD = 1.65) completed an online self-administered assessment. Sociodemographic characteristics included sex, age and money available per week. Binge drinking was conceptualized as drinking at least 5 or 4 drinks for men and women respectively within a 2-hour period. Measures concerning impulsivity comprised a delay discounting task, the Monetary Choice Questionnaire (MCQ), as well as the Impulsive Behaviour Scale (UPPS-P). Emotional symptoms were assessed via the 21-item Depression, Anxiety and Stress Scale (DASS-21). The Alcohol Purchase Task (APT) comprising 29 prices was also included. Binary logistic regression was used in order to identify risk factors of DUI. **Results.** Of those surveyed, 91 (6.2%) reported DUI in the previous three months. Increased risk of DUI (p<.05) was associated with being male (OR = 2.02; 95%CI = 1.19-3.42) of older age (OR = 1.53; 95%CI = 1.35-1.73) and having reported binge drinking in the previous month (OR = 1.15; 95%CI = 1.07-1.24). Furthermore, participants with higher intensity of alcohol demand (OR = 1.01; 95%CI = 1.00-1.03), positive urgency (OR = 2.05; 95%CI = 1.22-3.43) and lack of perseverance (OR = 1.59; 95%CI = 1.00-2.52) were also more likely to DUI. **Conclusion.** DUI is a common behaviour in young adults. Both binge drinking and impulsivity traits increase the likelihood of DUI in young adults, especially among males, thus suggesting these individual aspects should be included and targeted in prevention programs.

Coffee Break (9:30 – 10:00) *Swissôtel, Congress Center hall*

Parallel Session 5.1. Symposium: The potential of the 5C model of positive youth development in planning prevention strategies (10:00 – 11:30) *Swissôtel, Geneva 1*

Chair: Dr. Miranda Novak (*Univesity of Zagreb*)

The potential of the 5C model of positive youth development in planning prevention strategies

Miranda Novak[1], Josipa Mihić[1], Hana Gačal[1], Lucija Šutić[1] (1. Laboratory for prevention research (PrevLab), Department of Behavioural Disorders, Faculty of Education and Rehabilitation Sciences, University of Zagreb)

The project "Testing the 5C model of positive youth development - traditional and digital mobile assessment, UIP - 2020 - 02 - 2852", funded by the Croatian Science Foundation, is a multilevel longitudinal study involving youth from first grade to the end of high school, as well as their parents and teachers. The aim of the study is to examine the 5C model of positive youth development in the Croatian context in order to test the role of positive development and supportive context in predicting good adolescent outcomes - good mental health and the absence of risk behaviors.

The 5C model is a framework of positive adolescent development that includes psychological, behavioral, and social dimensions that indicate adolescents are thriving: Competence that reflects the ability to deal effectively with a variety of situations; confidence that reflects positive identity, self-worth, and self-efficacy; Character, which examines integrity, a sense of responsibility, and a sense of right and wrong; Connection that includes a sense of belonging to family, community, and circle of friends; and Caring, which reflects empathy and compassion for others. The first wave of the study was conducted in 2022 on a sample of 3559 high school students (55.41% girls) in Croatia with a mean age of 15.12 years (SD =.39).

The aim of this symposium is to shed light on how the 5Cs of positive adolescent development are related to adolescent mental health outcomes and risky behaviors, as well as to highlight potential risks of modern adolescence, such as compulsive internet use, in order to identify possible avenues for preventive interventions. Symposia will discuss the protective effects of various Cs for both mental health and a range of risk behaviors, address the role of gender and socioeconomic status in intervention planning, examine the protective effects of self-compassion in internalizing disorders, and demonstrate how perceptions of compulsive Internet use predict daily social network use.

Effects of gender and socio-economic status on associations of 5Cs and youth depression and anxiety symptoms

Authors: Novak, M., Gačal, H., Šutić, L.

The effects of specific 5Cs of positive youth development on mental health were examined in several different studies and effects of different Cs were mixed. Moderator effects of gender and youth perception of socioeconomic status on 5C relationships on mental health were so far not examined. Therefore, the aim of this paper is to examine how gender and socio-economic status moderate the relationship of specific 5Cs and depression and anxiety symptoms in youth.

The participants of the study were 3438 students enrolled in the first year of secondary public schools in Croatia who completed the Short Measure of the Five Cs, Depression Anxiety Stress Scales and answered how they perceived the socioeconomic status of their family. Analyses have shown different patterns of interactions of 5Cs with gender and socioeconomic status. In models predicting depression, no main effect of the specific 5C was found, and the interaction with both gender and socioeconomic status was significant for the models in which competence, confidence, caring and connection were predictors. For models predicting anxiety, main effects of the 5C were found for competence and connection, while the interactions with both gender and socioeconomic status were significant for the models with competence, confidence and connection as predictors. Results have implications concerning the promotion of the 5Cs of PYD as a recommendable approach to promote youth mental health from a gender and socioeconomic perspective. Not only did we confirm gender inequality in mental health, but we also saw that wealth inequality plays an important role in PYD indicators and mental health. It must be stressed that a supportive environment and available resources are also key for positive youth development, meaning that both promotive and prevention efforts should target factors operating at the societal level.

Does self-compassion moderate the relationship between depression, anxiety, and stress, and risk for suicidality in adolescents?

Authors: Gačal, H., Mihić, J., Novak, M.

Self-compassion represents a self-attitude that involves treating oneself with kindness and understanding in times of difficulty. Self-compassion was identified as a protective factor in the development of depression, anxiety, and stress in adolescents, and it could also be a factor that protects adolescents from suicidality. The aim of this study was to examine whether self-compassion moderates the relationship between symptoms of depression, anxiety, and stress, and risk for suicidality. A total of 3559 first-grade high school students with a mean age of 15.12 (SD=.39) participated in the study. The Self-Compassion Scale for Youth (Neff et al., 2021) was used to assess the level of self-compassion and the Depression Anxiety Stress Scale (Lovibond & Lovibond, 1995) was used to examine the adolescents' symptoms of depression, anxiety, and stress. The cumulative risk for suicidality was calculated as a sum of items from the Developmental Assets: A Profile of Your Youth (Search Institute, 2018). The results of the series of moderation analyses showed that symptoms of depression, anxiety, and stress, as well as self-compassion, and their interaction explained between 29 and 37% of the variance of the risk for suicidality depending on the different predictors. Moreover, self-compassion moderated the relationship between symptoms of depression, anxiety, and stress, and risk for suicidality. The obtained findings suggest a protective role of self-compassion in the developing the risk for suicidality, and the presentation will discuss possibilities for preventive interventions aimed at preventing self-harm and suicidality through the promotion of a positive attitude towards oneself.

The role of positive youth development indicators in the occurrence of risky behaviors in adolescents - protection or a risk?

Authors: Mihić, J., Roviš, D., Maglica, T., Novak, M., Vrdoljak, G., Gačal, H., Šutić, L.

Compared to individuals in other developmental periods, adolescents are more inclined to engage in risky behaviors such as substance use, gambling, and violent and delinquent behavior. Indicators of positive youth development (PYD) operationalized according to the 5C model of PYD could have a protective role in occurrence of risky behaviors in adolescents. The aim of this study was to examine if indicators of PYD, as well as gender, contribute to the engagement in risky behaviors (substances use, gambling, violent and delinquent behavior) in adolescents. The research was conducted on a sample of 3559 high school students (55.41% girls) in Croatia with an average age of 15.12 years (SD=.39). Risky behaviors were examined by questions extracted from the CTC Youth Survey, while indicators of PYD were assessed with the short Measure of the Five Cs. The results of logistic regression analysis showed that higher scores on character, confidence, and connection contributed to no alcohol consumption, while a higher score on competence subscale predicted a higher probability of alcohol consumption. Regarding binge drinking, higher scores on the character and connection subscales predicted a lower probability of this behavior, while a higher score on the competence was related to a greater probability of binge drinking. High scores on competence as well as caring contributed to the experience of using cigarettes and e-cigarettes, while character and connection had a protective role. Higher competence contributed to marijuana use, while higher scores on character and connection reduced the likelihood of this behavior. A higher score on character contributed to a lower probability of using hallucinogens, while a higher score on character and confidence reduced the occurrence of nonmedical prescription drug use. Betting experience was predicted by higher score on competence and confidence, while higher scores on character predicted less frequent occurrence of this behavior.

Problems with the police were more common in adolescents with higher competence and lower scores on the character subscale. Highly scored competence was also related to violent behavior, while character and caring had a protective role. Gender was a significant predictor of several observed behaviors. The findings suggest ambiguous, both protective and risky, roles of indicators of PYD on the engagement of adolescents in risky behaviors.

The role of compulsive social media use and distraction in adolescent daily social media use

Authors: Šutić, L., Novak, M., Mihić, J., Roviš, D.

Compulsive social media use, defined as the inability to control consumption of social media content, appears to be related to problematic learning outcomes, social media fatigue, and higher levels of depression and anxiety. When it comes to daily life, studies suggest that self-control failure is positively associated with social media use in most adolescents. Ambulatory assessment studies allow researchers to examine both between-person and within-person associations. Therefore, the aim of this paper is to examine whether compulsive social media use at the between-person level and distraction at both the between-person and within-person levels predict objectively measured daily social media use.

The eight-day mobile study was conducted as part of the research project P.R.O.T.E.C.T. A total of 102 first grade high school students (Mage = 15; SD = .416) participated in this study, 64% of whom were female. Before the mobile study, participants completed an adapted version of The Compulsive Internet Use Scale (Internet was replaced with social media). During the mobile study, they rated how distracted they felt in the moment, while passive social media use data was collected from their smartphones.

Multilevel structural modeling was used to detect the effects of compulsive social media use and failure of self-control, operationalized as distraction on use of Instagram, Facebook, Snapchat, TikTok, YouTube, and messaging apps. Interestingly, results suggest that both variables predict Instagram use only, i.e., that adolescents who report more compulsive social media use spend more time on Instagram, but that time spent on Instagram is longer on days when they feel less distracted. The various social media platforms differ from one another, and it is possible that they have a different impact on one's behavior, as recent literature and the present findings suggest.

Parallel Session 5.2. Symposium: Adaptation and Implementation of the Communities That Care Youth Survey in three European countries (10:00 – 11:30) *Swissôtel, Basel*

Chair: Dr. Karin Streimann *(National Institute for Health Development, Estonia)*

Adaptation and implementation of the Communities That Care Youth Survey in three European countries

Karin Streimann [1], Eike Siilbek [1], Susana Henriques [2], Ioulia Bafi [3], Eleftheria Kanavou [3], Anastasios Fotiou [3] (1. National Institute for Health Development, 2. Iscte - Instituto Universitário de Lisboa / Centro de Investigação e Estudos de Sociologia (CIES-Iscte); Universidade Aberta (UAb), Portugal, 3. Greek Monitoring Centre for Drugs & Alcohol - REITOX Focal Point of the EMCDDA (University Mental Health, Neurosciences and Precision Medicine Research Institute - UMHRI))

The Communities That Care Youth Survey (CTCYS) is an assessment for youth risk and protective factors that predicts a range of behavioural health problems, including substance use, violence, and delinquency. The school-based survey was developed in the United States and is implemented with adolescents aged 11–19 years in the form of an anonymous self-report. The survey has been adapted to other contexts and languages, but a review completed by Thurow, Nunes and Schneider (2021) highlighted the need for more studies on cross-cultural adaptations of CTCYS, specifically in non-English speaking countries.

In 2022 the CTCYS was adapted to four European countries and languages as a part of EU funded project Frontline Politeia. All countries followed the questionnaire adaptation and data collection protocol and applied for local ethics committee approval before data collection. During the adaptation, specialists and young people were involved in the interviews and focus groups to gather feedback to the measure. After that, adjustments were made to the survey and it was piloted in 2022-2023. Data was collected from 265 students in Estonia, 677 adolescents in Greece and about 100 students in Portugal.

This symposium focuses on the cross-cultural adaptation of the survey and presents the measurement properties related to the reliability and validity of the measure. Issues related to the translation, cultural adaptation, and implementation of the CTCYS in three European countries: Greece, Portugal and Estonia, will be discussed. Piloting the survey in different countries highlighted areas for the questionnaire improvement, of which some were transnational, but also raised the need for the use of other CTC system elements in European communities.

Adapting Communities that Care Youth Survey for Portuguese context
Author: Susana Henriques

Predictive risk and protective factors for adolescent problem behaviours, such as substance abuse and delinquency, have shown promise for preventive intervention, particularly in community settings. Local health officials and decision makers benefit from data on risk and protective factors in their communities to promote the implementation of evidence-based preventive interventions. Portuguese public policies continue to indicate the development of evidence-based interventions as a strategic axis for action (National Plan for the Reduction of Addictive Behaviours and Dependencies (PNRCAD), 2021-2030). Still, the External Evaluation of the PNRCAD 2013-2020 reveals that preventive interventions had the weakest performance.

In the scope of an EU funded project the Communities that Care Youth Survey was applied in Portugal. This is a survey designed to: (i) assess a broad set of risk and protective factors identified through prospective longitudinal research in the domains of community, school, family, peer and individual outcomes as well as health and behaviour, including substance use, violence and delinquency; (ii) be administered in a school setting during a school term; and (iii) be appropriate for adolescents aged 11 to 18 years to allow for the assessment of levels of exposure to risk and protective factors at different ages during adolescence.

Here we describe the translation, and cultural adaptation process for the Portuguese context. Additionally, we describe the development of the reliability and validity testing measures. The pilot has covered almost 100 students from Azores, aged 12 to 17. The reliability was assessed using Cronbach's alpha coefficient. Results show that some sub-scales needed to be adjusted regarding language and cultural issues. This process highlighted this tool is appropriate for the Portuguese context.

Adapting Communities that Care Youth Survey (CTCYS) in Greece

Authors: Ioulia Bafi, Eleftheria Kanavou, Anastasios Fotiou

Prevention planning and decision-making at local level in Greece is mostly based on local data on students' (aged 16-18y) experience of, and perceptions on substances (incl. tobacco, alcohol). In addition, national data on adolescents' risk behaviours (besides substance use) are also available and used by local and regional prevention decision-makers. Nevertheless, there is a strong need for local data on risk and protective factors, as available data is mostly focused on problem outcomes and does not contribute to assessing explicitly such factors, which are essential in prevention planning.

In the framework of the EU co-funded project Frontline Politeia, the Communities That Care Youth Survey (CTCYS) tool was translated and adapted, while data were collected in order to assess the reliability measures of the questionnaire in Greek. CTYCYS data were collected from 10 secondary schools and 677 students aged 15-17y. The reliability was assessed using Cronbach's alpha coefficient. Preliminary results show that this tool is appropriate for the Greek context; nevertheless, some sub-scales need to be further improved and tested.

Local data from CTCYS, together with local data on risk behaviours, are expected to contribute to the prevention planning and decision-making as it would allow assessing risk and protective factors at local level and then selecting the appropriate prevention interventions and strategies. In addition, the availability of such data are discussed in relation to the recent efforts in Greece in improving the quality in prevention by training the regional decision-, opinion- and policy-makers and implementers and by adopting quality standards in the Greek prevention system.

Adaptation of the Communities That Care Youth Survey for use in Estonia: A pilot study

Authors: Eike Siilbek, Karin Streimann

Estonian policymakers have highlighted the need for up-to-date local data to make informed decisions in the prevention field (Streimann & Abel-Ollo, 2020). Adaptation of the CTCYS aims to address that need and is one step towards establishing data-driven prevention planning in Estonian local governments.

The original CTCYS was translated into Estonian by two independent translators; irrelevant, inadequate, or ambiguous items were then eliminated or modified by the research team. The initial version of the questionnaire was pre-tested in three focus group discussions with students aged 11-16 (N=13) and one focus group with specialists (N=4) with the aim to examine the clarity and appropriateness of the measure. Young people were also asked which relevant questions are missing from the measure, based on their own life experiences. Based on these discussions, adjustments were made to the questionnaire and the survey was piloted in two Estonian municipalities (7 schools, 20 classrooms). Data was obtained from 265 participants (response rate 75.7%, M=15.6).

Results indicate that the original CTC risk and protective factors framework mostly captures central issues in the Estonian context, however, some scales had to be modified and items rephrased or removed. Some additional questions were incorporated to the measure at the students' or specialists' request. Internal consistency analyses indicated the need for some adjustments, specifically in the transitions and mobility, family history of antisocial behavior, early initiation of antisocial involvement, and interaction with prosocial peers scales, which showed questionable reliability ($\alpha < 0.6$). The most problematic scales in the Estonian context were the belief in moral order, prosocial involvement, and social skills ($\alpha < 0.4$).

Implementation of the survey emphasized additional local-level needs, which were related to the interpretation and use of the findings. It became clear that adaptation of other elements from the CTC system are needed to effectively utilize the survey.

Parallel Session 5.3. Symposium: Taking prevention practitioners along the road towards effective prevention interventions: an update on the Frontline Politeia project (10:00 – 11:30)

Swissôtel, Bern

Chair: Triin Vilms *(National Institute for Health Development, Estonia)*

Taking prevention practitioners along the road towards effective prevention interventions: an update on the Frontline Politeia project

Annemie Coone [1], Rachele Donini [2], Katalin Felvinczi [3], Vivien Voit [4] (1. Hogent College, 2. ASL 2 Savonese, 3. ELTE University, 4. FINDER)

This symposium will give the audience an update on the different content the Frontline Politeia consortium (working together with 15 European partners; academic and civil society organisations from all over Europe) created until September 2023. The project aims to have a trained prevention workforce to properly apply prevention interventions towards substance use (and crime). Concrete: the Frontline Politeia partners test training using the European Prevention Curriculum (EUPC) and adapt it for frontline prevention workers involved or working to prevent youth risk behaviour (especially drug use and youth violence), including school staff, justice staff, health, youth, and social workers. This project applies training expertise in translating scientific facts into practice by hands-on tools and practising in blended learning training (physical and online learning). Both training formats are interactive and strive towards real-life application by local teams. Trained competencies are applied in the local analysis of interventions or needs with EMCDDA and CTC (Communities That Care) tools. These intervention analyses aim to improve the prevention interventions on a local scale. Participants of the symposium will get to know the core curriculum and e-learning format, the tools used for mapping and analysing the local interventions, a first overview of the results regarding the mapped local interventions and an inside on the evaluation of the project (tools and project as a whole).

Training prevention implementers

Well-trained prevention practitioners are vital for the sustainable, widespread and effective implementation of evidence-based prevention and health promotion interventions. In Europe, however, there is a lack of cross-disciplinary basic training for frontline prevention practitioners. In developing a two-day presence training and supplementary e-learning modules, the Frontline Politeia curriculum considers that distant learning is more flexible regarding the participants' needs (time resources, learning styles) and provides an opportunity to increase the training's interactivity and scalability. The professionals reached by the blended learning strategy will have better opportunities to interact, network and learn with and from other prevention professionals under a long-term perspective. The curriculum imparts essential competencies for prevention practitioners, integrates international prevention research findings, and considers regional structures and specificities. In detail: In the presence training, the prevention professionals from different backgrounds learn about the

basics of prevention, reflect upon their role, network with other experts in their community and start identifying common goals in prevention. The E-learning allows the participants afterwards to deepen their knowledge in the different prevention settings and learn at their own pace. Simultaneously they can stay connected with their fellow prevention professionals through joint exercises and webinars. The complete curriculum is piloted in 12 countries, and the evaluation results will be incorporated into further curriculum development.

Mapping and assessment tools

The main objective of WP3 is to pilot-test a model of improving the quality of interventions undertaken at a regional and local level by strengthening the capacity and agency of prevention stakeholders on the key issue of evidence-based prevention (EBP). To achieve the goal, two different tools have been developed in the first eight months of the project to support the mapping and analysis of prevention projects in five European countries where the Partners are based.

The first, called the "Mapping tool" was developed to allow a detailed collection and further analysis of what is being implemented at the regional/local level. Data collection typically occurs at the national level via expert ratings regarding the interventions implemented. Drawing on increasing concern about how guidelines, quality standards and respective promising tools are translated into practice in health, especially at the regional and local level, the mapping tool has been used to collect interventions from implementers during a semi-structured interview. The methodology used to create the mapping tool will be presented.

The second tool, called the "Assessment tool" complements and mirrors the first one. The main aim of this second tool is to allow the analysis/assessment of the interventions collected through the mapping exercise in each selected region. Each Partner has collected an average of ten projects. The assessment tool represents the synthesis of the most updated scientific indicators on what works and does not work in prevention interventions. The assessment tool development process will be presented.

First results of the analyses of the interventions

During one of the work packages, five European countries mapped the drug prevention interventions in a self-selected local community. The aim of the registration of more than 70 interventions spread all over Europe, is to have a clear view of the 'quality' of the intervention and to improve (the implementation of) it. Along with the training that was developed during the project, the Frontline Politeia partners strive for the application of evidence-based practices. For that, we interviewed the implementers of the interventions on the content and implementation of the intervention. This process was completed by this September so research can be done on this pile of qualitative data. In this talk, we will have a first look at what kind of interventions are implemented across those local communities and what we can find related to their quality. We want to know whether the intervention uses prevention theories to develop and implement the intervention. In other words, we want to have a look at the different features of 'evidence-based interventions'. Some preliminary results are presented and give an insight into the quality of prevention interventions in local communities of some countries in Europe.

Evaluation

The main aim of the Frontline Politea project is to improve and increase professionalism and quality-driven approaches among professionals working in the field, particularly among frontliners. To achieve this aim, multifaceted training

activities are implemented, accompanied by extensive evaluation activities. The evaluation activities target both offline (face-to-face) and e-learning training activities from the perspectives of trainers and trainees.

Trainers reflect on the various training activities using a questionnaire that consists of closed and open-ended questions. The trainees' face-to-face training experiences are explored through pre-and post-test questionnaires, which aim to investigate the perceived development of knowledge, skills, and competencies among them. Additionally, a comprehensive questionnaire explores the trainees' overall impressions of the entire training process, including the e-learning component, and seeks to identify specific domains of the training activities that contribute to better quality and more competent prevention intervention delivery. Furthermore, focus groups are organised to gather qualitative information on the impact of the entire development process. The evaluation research follows the Kirkpatrick model (Kirkpatrick and Kirkpatrick, 2021). During the presentation, the framework and tools of the evaluation activities, along with some already available results, will be presented.

Award ceremony (11:30 – 12:30) *Swissôtel, Plenary room*

Keynote Session 3: Ensuring a safe environment for youth through preventive strategies (12:30 – 13:30) *Swissôtel, Plenary room*

Chair: Sanela Pekic

Keynote Speaker: Dr. Meliha Bijedic (University of Tuzla)

Creating a safe environment for youth through preventive strategies involves a comprehensive approach that addresses different aspects of their well-being, including physical safety, mental health and social support. By implementing preventive strategies, through communities, especially through schools, we can take proactive steps to preserve the mental health of youth and create a stimulating environment in which they can thrive emotionally and psychologically.

Among others, one of the biggest challenges we face is youth gambling in Bosnia and Herzegovina. One of the evidence-based prevention programs will be presented, as well as strategies used in working with young people.

There is a need to create a strong infrastructure for preventive work in BiH, which will require long-term commitment, cooperation and constant efforts of all stakeholders. Creating a strong infrastructure can improve the overall well-being of the population, reduce health care costs, and create a healthier and more prosperous society.

Hybrid session link.

Lunch Break *(13:30 – 14:30) Swissôtel, restaurant (2nd floor)*

Parallel Session 6.1. The role of law enforcement officers and policymakers in prevention strategies (14:30 – 16:00) *Swissôtel, Geneva 1*

Chair: Dr. Katalin Felvinczi (*ELTE Eötvös Loránd University*)

The role of law enforcement officers in drug use prevention within school settings
Wadih Maalouf [1], Ziad El-Khatib [2], Ali Yassine [2] (1. UNODC, 2. UNODC UNV)

Substance use prevention among children is the result of developing their emotional skills and the environment around them, using evidence-based strategies. In certain contexts, the Law Enforcement Officers (LEO) work on substance use prevention inside schools. Yet, the LEO lack a defined role, tools or training aligned with evidence-based practices on substance use prevention in schools. Literature has a gap on best evidence-based practices that might improve the role of LEO in substance use prevention in schools. The UNODC developed a guiding document to change the LEO culture of substance use prevention, using evidence-based practices, namely in situations where LEO has the mandate to work inside schools. We used the Delphi method: 1)Literature review; 2)Circulation of a note verbal with a survey to all United Nations member states; 3)Conducting workshop meeting with experts and practitioners nominated by respective Member States 4)Drafting an iterative guiding document; 5)Piloting the guiding document content through in-person and online training sessions for LEO in 8 countries; 6)Integrating committee feedback and finalizing the document with Member States consensus. We have collected overall feedback throughout: 1) the training piloting sessions and 2) on the latest version of the guiding document: 1) During the piloting sessions: the LEO participants appreciated the gap in such field, and how to guide them on evidence-based practices in public health prevention strategies. This emerged a number of recommendations from members states to consider doing training of the LEO guiding document to test it in schools. 2) Feedback from experts received in written format: Overall, we received feedback of endorsement and support for the LEO document process from both of experts and practitioners (because "prevention can't exist in a vacuum; when it does, it withers and it dies"); They acknowledged that the process started with different opinions, lines of thinking and beliefs depending on the stakeholders' perspectives and their respective experiences. Also, the feedback included that the scientific evidence, about showing effective interventions of the involvement of LEO in substance use prevention inside schools is scarce; Yet, the guiding document managed to raise a limited number of strategies that can be considered as promising practices; There was a special emphasis that the strengthening of the bonds and relationship between the public health and law enforcement communities (specially in contexts where LEO have the mandate and access to the work related to substance use prevention inside schools). This guiding document has a high potential to bring synergy and build a mutual consensus between schools, LEO, teachers and parents towards the prevention of substance use among children. The final guiding document was published in May 2023.

Enhancing Policy Engagement: A Case Study of the HBSC Study in Hungary
Katalin Felvinczi [1], Sebestyén Edit [2], Dóra Eszter Várnai [3], Zsolt Horváth [1], Ágnes Németh [1] (1. Institute of

Psychology, ELTE Eötvös Loránd University, Budapest, Hungary, 2. Institute of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary; Doctoral School of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary, 3. Institute of Psychology, ELTE Eötvös Loránd University, Budapest, Hungary; Heim Pál National Pediatric Institute)

The Health Behaviour in School-aged Children (HBSC) study has been running in Hungary since 1986, providing valuable insights into adolescents' health behaviours. Despite its long history and significant contributions, policymakers lack engagement in utilizing the study's findings in an effective way to inform and shape health policies. This presentation addresses the challenge of engaging policymakers by presenting the most important policy implications and key learnings from the latest data collection and showcasing the forthcoming country report, including trend analysis, as a compelling case study.

Together with the trend analyses, the 10th data collection of the HBSC study in Hungary, conducted in 2022, represents a wealth of information on school-aged children's health behaviours and well-being. However, the disconnection between research findings and policy formulation has hindered the translation of evidence into effective interventions and policies. To bridge this gap, it is crucial to explore strategies for making policymakers more interested and invested in utilizing the insights provided by the HBSC study. This presentation will highlight the most significant policy implications from the latest data collection. These implications encompass a wide range of areas, including physical activity, nutrition, substance use, and mental health. By showcasing concrete policy recommendations and highlighting the potential impact on the well-being of Hungarian adolescents, we aim to capture the attention of policymakers and emphasize the urgency of addressing these pressing health issues. In conclusion, this presentation seeks to enhance policy engagement in the HBSC study in Hungary. By presenting the most important policy implications as a compelling case study, we aim to capture the attention and interest of policymakers. It is our hope that through this engagement, evidence-based decision-making and the development of effective health policies will be prioritized, leading to improved health outcomes for Hungarian adolescents.

EUPC - Law enforcement officers (LEO) are crucial for better prevention, if we get the right angle
Gregor Burkhart[1] (1. EMCDDA)

In Europe, few people do naturally see LEO as part of the prevention workforce. And if they do consider LEO as preventionists, they tend to think that the role of LEO in substance use or crime prevention is similar to what the conventional substance use prevention workforce has been doing to date: that they should educate kids about the legal and health consequences of substance use, that they should go into schools and deliver prevention programmes, 'drug education' or simply warning sessions. In official prevention discourses in Europe, it is nowadays less frequent to advocate for sending LEO into classrooms, but it is still a prevalent practice. It is therefore important to recognise the professional culture of law enforcement in each culture, to have a clearer view on their role in prevention and define how they should be part of the prevention workforce. Also, if different professions work together in similar settings they will gain more knowledge about each other's work, their roles and finalities: bridges can be built and synergies increased.

The role of LEO in prevention is of utmost and crucial importance, particularly considering a modern overarching conception of prevention that includes *environmental* prevention interventions. The relevance of LEO for their proper implementation is self-evident: applying and enforcing legislation on under-age drinking or purchases, on drinking and

driving, for supporting local policies related to smoking at work or school yards; monitoring advertising restrictions, reinforcing opening hours, or access limits and curfew hours for the underaged. From an environmental prevention perspective, it makes more sense for LEO to be present in nightlife, in school surroundings or in school yards in order to reduce the possibilities for violence and drug-dealing to occur. There is obviously a strong case for proximity policing and for providing a better feeling of safety and engagement with police.

In this context it is helpful to frame the prevention of substance use problems and of violence as an issue of safer and nurturing environments where young people and adults have less opportunities for harmful behaviours and more incentives and opportunities for enriching activities. In adolescence, many of the risk factors for substance use overlap with those for violence; it is therefore important to posit crime-prevention as congruent with substance use prevention: if done well, it can tackle both areas of concern. This naturally establishes a genuine and crucial role for LEO in such a comprehensive concept of *prevention of problem behaviour*. The main conundrum to be solved is how new forms of professional working and attitudes can be promoted via EUPC trainings among professionals from different sectors. If LEO and the conventional prevention workforce train together, they can bring enriching and complementary angles, viewpoints and experiences to each other.

Engaging urban development policymakers for prevention of non-communicable diseases

Geoff Bates [1], Sarah Ayres [2], Andrew Barnfield [2] (1. University of Bath, 2. University of Bristol)

Background and aims: Preventing non-communicable diseases (NCDs) requires upstream actions to tackle the wider determinants of health. Urban environments are important determinants of NCDs and inequalities and improving the design and quality of cities is therefore one way to prevent poor health. For this to happen, health must be central to urban policy processes. We aimed to identify how to incentivise government policymakers to prevent NCDs through the United Kingdom's (UK) urban development systems, including identifying barriers to health prevention and exploring the potential use of economic valuation tools. **Methods:** The study was based around two rounds of interviews. Firstly, we undertook 22 in depth interviews with policymakers in the UK's national government, including scientific and economic advisers, senior civil servants and policy experts in departments and agencies that shape urban policies. The interviews explored decision-making processes and how health prevention is included. Secondly, we held short interviews with 35 stakeholders in urban development and health policy roles to explore the application of an economic valuation tool to incentivise NCD prevention in urban decision-making processes. **Results:** Key barriers to health prevention in urban development policy making include: (i) health is subordinate to other urban policy agendas, (ii) ideological and institutional opposition in UK government to upstream health prevention and tackling the wider determinants of health, (iii) no shared agenda across government driving health prevention, (iv) health is seen as the responsibility of health policymakers who are not integrated into other policy areas. Participants were receptive to economic valuations that provide data on the costs of ill health associated with urban environments. Tools that demonstrate where the costs of poor health are incurred across the system can help to overcome barriers for action by incentivising urban policy makers to engage in health prevention and bringing health and non-health stakeholders together to co-create solutions. **Conclusions**: Prevention of NCDs through policy processes outside of the healthcare sector is critical but is highly challenging. Urban policymakers are receptive to economic valuation tools that demonstrate evidence-based and system-wide benefits of health prevention, including for delivering on dominant urban policy agendas. Implementing these tools into urban development decision-making processes can encourage joined-up actions to prevent NCDs.

Parallel Session 6.2. PechaKucha: From Substance Abuse to Environmental Protection and Youth Involvement (14:30 – 16:00) *Swissôtel, Bern*

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

Development of the prevention system in Estonia: from concept to an infrastructure

Triin Vilms [1], Karin Streimann [1] (1. National Institute for Health Development)

Introduction: Hawkings et al. (2015) highlighted that „*the challenge now is to mobilize across disciplines and communities to unleash the power of prevention*". This challenge has been addressed during the last years in Estonia, with the aim to develop a prevention system that is well-coordinated and makes decisions based on research. **Methods**: This presentation will discuss the roadmap of why, how, and what has been done in the development of cross-sectoral prevention policy in Estonia, which successes and failures have taken place and what aims have been reached so far. **Results:** The development of the cross-sectoral prevention concept started in 2017 but transformed on the way into cross-sectoral prevention principles, which were formally confirmed in 2021 by the relevant Estonian ministers. In 2022 National Prevention Council was formed, involving ministers of education and research, justice, culture, finance, interior, social protection, and health and labor. Three national committees responsible for the outcomes in child protection, preventing crime and offences, and substance use were united. At the same time, the Prevention Science Council was formed, which includes all Estonian universities and colleges. First, it established the standards of evidence and developed prevention terminology, for being able to review the evidence of preventive interventions. In 2023 the cross-sectoral prevention action plan was agreed on, highlighting six goals: increase data -based planning in prevention; support implementation of effective interventions and testing of promising interventions; increase competencies of prevention workforce; increase reach and availability of preventive interventions; increase readiness to invest in effective prevention. **Conclusions:** The developments in Estonia have created a link between scientific community and intervention providers, decision-makers, and scientific community, and across silos. However, several actions, such as economic reforms are still needed to revise the prevention funding mechanisms and support evidence-based decision-making in local and national level.

Protection from Solar Radiation in the Era of Climate Change: Preventing Heat Illness and Skin Cancer for Outdoor Workers

Mary Buller [1], Barbara Walkosz [1], Julia Berteletti [1], Brandon Herbeck [1], Irene Adjei [1], David Buller [1] (1. Klein Buendel, Inc.)

Background: The sun's energy is both a necessity and a threat to humans. Extreme heat linked to climate change and unprotected exposure to ultraviolet radiation (UV) make people who work outdoors vulnerable to life-threatening heat illness and skin cancer. It is estimated that infrared (heat) and UV contributed to over 120,000 deaths from skin cancer in 2020 and over 350,000 deaths from excessive heat in 2019. Efforts to protect workers from heat or UV can work in tandem to help outdoor workers adapt to the warming world. **Methods:** Workplace interviews, a review of literature, and expert consultants helped expand an existing intervention for U.S. occupational skin cancer prevention to include heat illness prevention, and to be delivered online. Content consultants include safety training professionals, behavioral scientists, and dermatologists. The program, *Go Sun Smart at Work (GSSW)*, will be evaluated in 2024 in a randomized

controlled trial enrolling 20 U.S. employers. **Results:** *GSSW* is an innovative virtual learning environment and resource hub promoting comprehensive solar radiation policy, training, and personal protection for outdoor workers. It includes (1) a manager resource hub that guides decision-makers through implementation strategies using a structured conversation agent; (2) an employee sun safety training video that is compliant with eLearning standards and compatible with learning management systems for monitoring; and (3) a trove of resources and downloadable materials addressing heat illness and skin cancer prevention. The structured conversational agent adjusts workplace implementation strategies for management's readiness to innovate on sun safety based on Diffusion of Innovations Theory. **Conclusions:** *GSSW* will help outdoor workers protect themselves from the serious threats of climate change by providing employers with a convenient, comprehensive solar radiation safety policy and training program. It will support the shift to online training to improve accessibility, fidelity, adherence, and tracking, while saving resources.

Participation is a buzzword! Understanding how youth participation is conceptualised and practised in published alcohol and drug preventive interventions

Giovanni Aresi[1], Valentina Ferrari[1], Elena Marta[1], Francisco Simões[2] (1. Università Cattolica del Sacro Cuore, 2. University Institute of Lisbon)

Adopting a participatory approach in prevention is supposed to lead to better research and intervention (empirical rationale), but it also embodies democratic principles of equity and social inclusion (rights-based rationale). However, participation in prevention and other fields has become a buzzword applied to a broad range of engagement processes, from mere consultation to involvement and leadership over time. We conducted a systematic review of studies that encompass youth participation to better understand how youth participation is conceptualised and practised in published alcohol and drug preventive interventions. The 27 reviewed studies were analysed from the perspective of two key dimensions: a) at which stage(s) of the participation of youth in the intervention occurred (i.e., formative research, intervention development, implementation and evaluation); b) the nature of the participation of youth assessed with the dimension of 'sharing power over major decisions' of the YPAR Process Template. The results demonstrate the great variability between studies in which youth participation was conceptualised and implemented. Only a minority of the interventions involved young people in more than one, and just a few can be considered genuinely youth-led. Final remarks will include methodological guidance and practical examples on how to conduct participatory health interventions with young adults.

Parallel Session 6.3. Symposium: Towards evidence-based crime prevention in the European Union (14:30 – 16:00) *Swissôtel, Basel*

Towards evidence-based crime prevention in the European Union

Stijn Aerts[1], Sarah Bosman[1], Teresa Silva[2] (1. European Crime prevention Network, 2. Mid Sweden University)

The European Crime Prevention Network (EUCPN) was set up by the Council of the European Union in 2001 and serves as a first point of contact regarding crime prevention. Fundamentally, the Network shares evidence-based information and good practices. Yet, in the past no fixed assessment criteria were established and, as a result, maintaining quality assurance on what the EUCPN shares among its members and the wider public remained a challenge.

The first part of this symposium elaborates on the EUCPN's Strategy towards strengthening and supporting an evidence-based approach regarding crime prevention throughout the European Union. It focuses on:

- A set of criteria that serve as minimum thresholds for assessing crime prevention interventions for further dissemination;
- Increasing the uptake of evidence-based practices by implementing an assessment methodology for a new crime prevention registry;
- Two trainings for practitioners and policy makers: on the core elements of crime prevention as well as on evaluating crime prevention initiatives.

The second part of the symposium focuses on the practical challenges of evidence-based crime prevention.

Since 2013, and in particular during the last five years, many European countries have increased their efforts to consolidate the evidence-based paradigm on crime prevention work. However, in general, this has been done through a top-down and sometimes chaotic approach demanded from practitioners who lack the competencies to make it real by agents who know the words but not their meaning.

In this presentation, Associate Professor of Criminology Teresa C. Silva discusses the results of a practitioner's inquiry in several European Member States on evaluation practices and takes Sweden as a case example to discuss the practical challenges of evidence-based crime prevention and the difficulties in establishing a culture of evaluation. In the design stage, shortcomings in needs assessments, intervention objectives that are not SMART, and a misalignment between the objectives and the planned activities that compose the interventions were found. Besides, many interventions lack scientific theoretical groundings that may endow them with a rational purpose. In the implementation stage, identified problems were related to the lack of resources, stakeholders' involvement, and the absence of process evaluation or monitoring. In the outcome evaluation stage, the lack of design methods knowledge, resources for external evaluation and time pressure were pointed out by many participants. Finally, translational sequencing, an essential prevention concept, was unknown to many practitioners, policy-makers and criminology academics.

In conclusion, although crime prevention practitioners and policymakers are committed to work based on evidence, there are educational gaps that should be solved early in their careers, and educational resources should be largely available in different formats.

Parallel Session 6.4. Roundtable: Impact of climate change on youth and young adults (14:30 – 16:00) *Swissôtel, Plenary room*

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

Impact of climate change on youth and young adults: Proposing frameworks, actions, and ethical considerations to guide action within prevention science
Dr. Elena Gervilla [1], Prof. Federico Leguizamo [1], Prof. Brenda Miller [2], Dr. Karin Streimann [3] (1. University of the Balearic Islands | Health Research Institute Foundation of the Balearic Islands (IdISBA), 2. PIRE, 3. National Institute for Health Development).

Hybrid session link.

There is increasing concern regarding the impact of climate change (CC) on the physical, mental, social well-being of people around the world (NIH Climate Change and Health Initiative [MP1] and the Sixth Report of the United Nations Intergovernmental Panel on Climate Change (IPCC) (Cissé, et al., 2022) and especially for youth and young adults. Expressing concerns about the environment's impact on their future, a survey of 10,000 young people (ages 16-25) in 10 countries reveals that 75% report the future is frightening, 56% think that humanity is doomed, 52% believe their family security is threatened, and 39% are hesitant to have children because of concerns about CC (Hickman et al., 2021). Respondents revealed concerns regarding the lack of governmental action with 65% reporting that governments are failing young people, 64% believing governments are lying about the impact of actions taken, and 58% believing that governments are betraying future generations. Within the field of prevention science, there is an emerging recognition and interest in addressing the emerging impacts of CC especially for youth and young adults around the world. This roundtable will have 3 short presentations, followed by audience participation to discuss actions that are needed by researchers and professionals in prevention science. Topics of the three sessions will specifically focus on the importance of prevention science field to address CC impacts for youth and young adults and the three presentations are: 1) Framework for addressing the relationships between CC, ecoanxiety, and coping strategies ; (2) Actions to date and planned within prevention science to address CC issues; (3) Ethical considerations for involvement in CC issues.

Framework for addressing the relationships between CC, ecoanxiety, and coping strategies among youth and young adults

Author: Brenda Miller

According to the American Psychological Association, eco-anxiety reflects fears associated with environmental concerns and can produce symptoms ranging from mild stress to clinical disorders (e.g., depression, anxiety, PTSD, suicide) and maladaptive coping strategies. Eco-anxiety may trigger negative thoughts and a sense of hopelessness especially when the individual lacks self-efficacy (Innocenti et al., 2023). To cope with eco-anxiety, both healthy coping strategies (Passmore et al 2023) and unhealthy coping strategies (Friedman, 2021) are addressed. A conceptual framework is presented for further discussion by the audience.

Actions to date and planned within prevention science to address CC issues for youth and young adults

Authors: Elena Gervilla & Federico Leguizamo

In this presentation, we will explore practical actions aimed at addressing climate change issues among youth and young adults. Through the presentation of specific projects and initiatives, we will highlight tangible examples of how prevention science is actively making a positive impact. These examples encompass a range of approaches, including virtual exchanges, sports-based programs, and interventions designed for marginalized populations. By showcasing these concrete instances, we seek to underscore the significance of targeted communication strategies in effectively engaging and empowering youth in climate action. Our aim is to demonstrate the transformative potential of prevention science in promoting adaptive behavior change among young individuals, fostering a sustainable and resilient future.

Ethical considerations for assessing and addressing climate change issues with youth and young adults

Author: Karin Streimann

Young people are powerful and competent members of society, and key informants and experts on their own lives. At the same time, UN Convention on the Rights of the Child (1989) highlights that young people's best interests should be primary consideration in all decisions, and they should be protected from possible harm. This can create constant moral dilemmas related to autonomy, beneficence, non-maleficence, and justice in addressing climate change (CC) issues with youth.

For example, is it right to collect exciting new data about CC from young people, when it is unclear how it contributes to their welfare and if they are accepted as advisers and active agents in later decision making? Further, are young people's needs understood when their explanations of the phenomena are missing, and the interpretation is in the hands of the adult researchers? Can we approach young people when they have not asked for intervention related to CC? Is it ethical for gatekeepers to decide, if and how young people will participate on activities related to CC during school time? How to behave when the promise of confidentiality conflicts with safeguarding concerns? Is it possible to reduce unequal power relationships (in terms of age, status, competency) and create meaningful, empowering relationships with youngsters? How to reduce the possibility of stigmatization, discrimination, or risk, when working with specific groups of youth? How to build opportunities for young participants to provide ongoing consent in longitudinal processes, and encourage gatekeepers and young people to express worries about adverse effects?

Ethical challenges related to potential risks encountered, confidentiality and protection, informed consent, relationships, conflict of interest, and social justice are evident in working with youth. Bottom-up transformative approaches, such as participatory action research, can be useful in understanding and meeting the needs of young people in CC.

Coffee Break (16:00 – 16:30) Swissôtel, Congress Center hall

Keynote Session 4. Fostering Climate-Resilient Communities: Infrastructures, behaviors and cultural context (16:30 – 17:30) *Swissôtel, Plenary room*

Chair: Dr. Samuel Tomczyk (University of Greifswald) & Dr. Elena Gervilla (University of the Balearic Islands)

Hybrid session link.

Keynote Speakers:

Dr. Ana Amorim-Maia (Basque Centre for Climate Change - BC3)

In an era defined by climate change, urbanization, and growing environmental challenges, the need for proactive and innovative solutions has never been more apparent. This keynote presentation will explore the potential synergies

between prevention research, urban infrastructures, and climate adaptation, underlining the actionable hope that unites them. Climate change affects prevention research by introducing new dimensions of risk, vulnerabilities, and inequalities. Dr Ana Amorim-Maia's talk will delve into actionable measures, indicators, and strategies that prevention practitioners and stakeholders can incorporate into their daily practice to improve lives, protect communities, and address climate challenges more effectively. In the talk, Dr Amorim-Maia will share inspiring real-world examples of cities that have harnessed the principles of prevention research to mitigate climate-related risks and improve the well-being of their citizens, with a particular focus on urban infrastructures. Participants will also learn how interdisciplinary collaboration can yield innovative strategies and breakthrough solutions. Drawing on extensive experience, Dr Ana Amorim-Maia will illustrate how prevention research can play a pivotal role in crafting more resilient, sustainable, and thriving urban environments, and guide us through a journey that reframes climate change not as a doomsday scenario but as an opportunity for positive change. In a world seeking actionable hope, this keynote will provide practical insights to, collectively, create positive change in our institutions, cities, and beyond.

Katrine Bach Habersaat (World Health Organization)

Successfully combating major public health challenges, including the prevention and effects of climate change, involves exploring and addressing the root causes of related behaviours. This has led WHO Regional Office for Europe to prioritize behavioural and cultural insights (BCI) as a flagship programme. In her talk, Katrine Bach Habersaat will focus on the critical role of behavioural insights and cultural context analysis in prevention efforts, including for climate change. She will also share how WHO Europe works with Member States, partners and a broad range of stakeholders to advance and promote this area of work. Health and climate change are intrinsically linked. Climate change-related events can lead to death, illness and impacts on quality of life, well-being and mental health. At the same time there are synergies in prevention efforts that seek to reduce carbon oxide emissions and those that relate to healthier lifestyles and ambient air quality. Katrine Bach Habersaat will explore how public health authorities alongside WHO and other partners can apply behavioural and social sciences and cultural context analysis in these prevention efforts, sharing also examples of tools and guidance to support this work.

Closing ceremony (17:30 – 18:00) Swissôtel, Plenary room

Hybrid session link.

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