

ADDICTION RESEARCH INSTITUTE (IVO)

ANNUAL REPORT 2005

IVO
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FOREWORD

We are pleased to present the annual report 2005 for the Addiction Research Institute (IVO), which is the fifteenth report since the institute was founded.

In 2005 the IVO broadened her expertise. The identity of the IVO is stated as follows: "IVO, scientific bureau for research, expertise and consultancy on lifestyle, addiction and related social developments". We explored new research fields like new addictive behaviours (e.g. obesity, MSN use among youngsters) related societal problems like domestic violence, new research populations like prostitutes and new substances (e.g. smart products) In addition, the IVO was also asked by e.g. local governments for policy consultancy on lifestyle and addiction.

In 2005 much effort was put into research, education and training. That this work is extremely labour-intensive and demands a considerable amount of resourcefulness, effort and commitment hardly needs to be said. Nevertheless, the board would like to specifically acknowledge this tremendous effort here in the foreword; the board is extremely grateful to management and all scientific and administrative colleagues. The content of this report reflects the many projects involved.

We are proud of all the developments at our institute and it is expected that the IVO will continue to have excellent prospects in the future.

For the board of the Addiction Research Institute, Rotterdam
Dr AG Rijntjes, chairman

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1. INTRODUCTION

The IVO is primarily a research institute. The goal of the IVO is to acquire and disseminate scientific knowledge about addiction and lifestyles in order to contribute, in this way, towards solving problems related to these themes. Methods for achieving this goal include the following:

- initiating, implementing and coordinating interdisciplinary research
- providing education and training
- providing social services in the form of research to back up policies, and serving an advisory function
- providing consultancy.

The IVO has built up her expertise in the field of (socio-) epidemiological and evaluation research. The following major themes are addressed:

- Alcohol
- Hard drugs
- Smoking
- Cannabis and new drugs
- Obesity
- Organisation of care and prevention
- Internet
- Domestic violence
- Nuisance and safety
- Education: research and development
- Consultancy

Besides initiating, implementing and coordinating interdisciplinary research, lectures are given and attention is paid to social services in the shape of advisory positions and management support activities. The public IVO Report Meetings are organised several times a year. These Report Meetings are held in the World Trade Centre Rotterdam, chaired by Dr H van de Mheen (Director Research & Education). Apparently this is a very successful formula that is attracting more people each year. In 2005 three meetings were organized.

The IVO started with research in the field of alcohol consumption and illegal drugs. In recent years the research field was extended to encompass other lifestyles like smoking and obesity, other marginalised groups such as homeless people and prostitutes, and other, sometimes new, forms of addictive behaviour like gambling and compulsive Internet use. With respect to (illegal) drugs new substances continuously call for our attention, including base-coke, XTC, smart products, etc. Also with respect to "older substances", new insights about the effects on physical and psychological health indicate new lines of research. Research is not only aimed at the causes and effects for the individual user, but increasingly also at the effects for the immediate and wider society.

The IVO is supported by five major participants: Erasmus MC, Maastricht University (UM), Katholic University Nijmegen (KUN), Tilburg University (UT), the Rotterdam Area Health Authority (GGD), and the 'Stichting Volksbond Rotterdam'.

The IVO is strongly embedded in the scientific world, as evidenced by its 4 participating universities. Important for the stable and strong position of the IVO as a whole is that all 4 universities have their own expertise. Tilburg specializes in health care research, Nijmegen in adolescence and substance use, Maastricht in sociological drugs and alcohol research, and Rotterdam covers the broad field of lifestyles and addiction from a public health perspective.

The IVO is supported by a Scientific Advisory Board (Wetenschappelijke Advies Raad; WAR) which is composed of five members: professor dr GBM Engbersen, professor dr RTJM Janssen, dr S Nordlund, dr MA Plant and professor dr F Sturmans.

In this annual report the IVO projects are presented per research theme. We will describe all projects that are completed, continued or started in 2005.

Research is needed to reduce the problems related to substance use and addictive behaviour. There is a lack of evidence-based knowledge on causes and determinants. The effectiveness of treatment and prevention has in many cases still to be proven. We need more research to provide knowledge about what measures are possible and effective for the individual user and for society.

Therefore, much remains to be done to achieve our goal. This annual report is a reflection of that ongoing process.

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3. RESEARCH THEMES

In this chapter the research projects will be discussed per research theme. For each project the aim, methods, results and researchers are described.

Alcohol

1 Registration of alcohol and drug-related acute health damage

Aim and research questions

This study aims to develop and implement a general model to register acute alcohol and drug-related health damage. The registration targets two policy goals. Firstly, measurement and verification of the effects of alcohol and drug policy will be made possible by the available research data. Secondly, knowledge of the determinants of health damage is needed for the development of interventions (both prevention and curative).

Methods

The most obvious location to monitor acute health damage caused by alcohol or illicit drug use is the emergency room. The development of an effective registration system should include the existing registration at the hospitals. Four participating hospitals (Meander MC Amersfoort, Scheper Ziekenhuis Emmen, Academisch Ziekenhuis Maastricht and the Erasmus MC) registered alcohol and drug use for a few months using a self-report questionnaire. Patients filled in the questionnaires in the waiting room or in the treatment room. Emergency room staff registered patients unable to fill in the questionnaires themselves. The collected data were merged with the existing hospital registration system.

Results

The project (development stage and implementation stage) leads to recommendations regarding the assessment of alcohol and drug use among emergency room patients in hospitals. The report on these methodological issues, the prevalence of alcohol and drug use and the patient characteristics of those positive for alcohol and drugs in the participating regions are included in the final report. The dissertation will be published in 2006.

Researchers

drs SG Vitale (researcher/ PhD student), drs G Rodenburg (researcher), dr H van de Mheen (project leader, co-promotor), MJ Audenaardt (project leader), prof dr HFL Garretsen (promotor)

In collaboration with: dr A van de Wiel (adviser, Meander MC), ir WE van Dalen (adviser, STAP)

Term: November 2002 – February 2005

Financing: Ministry of Health, Welfare and Sports

2 Prevalence of problem drinking in the Netherlands

Aim and research questions

In the 1980s, the prevalence of problem drinking was studied for the first time in the Netherlands in the city of Rotterdam and in the province Limburg. The current study is the first national study on the prevalence of problem drinking in the Netherlands and has been derived from the document "Alcohol policy in the Netherlands: 2001-2003 ". It was designed to be comparable with earlier research into problem drinking in regional general populations. The main research question is: What is the prevalence of problem drinking in the Netherlands?

Three additional research questions were formulated:

- Are there any differences in the prevalence of problem drinking between the current findings and those findings from earlier research?
 - Are there any differences in the prevalence of problem drinking according to gender, age, ethnic backgrounds, region, urbanization, work and family situation?
 - What is the relationship between drinking pattern and alcohol-related problems?
- Besides the focus on alcohol and alcohol-related problems, measures for binge eating and shape concern have been included in the study.

Methods

The present survey was carried out in the Dutch population aged 16-70 years. Autumn 2003, a random sample of 16,000 people in the Netherlands received a questionnaire "Lifestyle and well-being". A random sample survey was taken from the non-responders. In February-March 2004, 600 non-responders were contacted by telephone for a non-response interview. In autumn 2004, about 2000 non-problem drinkers and about 400 problem drinkers were contacted for a follow-up interview by telephone.

Results

The results of the prevalence of problem drinking in the Netherlands has been reported in 2005. The most important results are that 10,3% of the Dutch population between 16-70 years is problem drinker. These persons not only drink alcohol above a certain level but also report various negative consequences of alcohol consumption.

The incidence, remission and chronicity of problem drinking will be reported in 2006. First results show that based on a) the relatively high chronicity among youngsters, b) the relatively high percentage of youngsters among new problem drinkers and c) the high prevalence among youngsters, youngsters are an important target group for primary and secondary prevention.

Researchers

drs D van Dijck (PhD student), prof dr RA Knibbe (promotor), dr BJFBoon (adviser), prof dr HFL Garretsen (promotor).

In collaboration with: Dienst Onderzoek en Statistiek Amsterdam

Term: April 2003 - April 2007

Financing: Ministry of Health, Welfare and Sports

3 The relationship between alcohol-specific socialisation and drinking in adolescents

Aim and research questions

The present study follows on an earlier large-scale study on alcohol consumption and parenting practices among adolescents aged 12-17 years and their parents. The purpose of the present study is to conduct secondary analyses on the earlier gathered data. The analyses are guided by the following research questions:

Which alcohol-specific parenting practices (as reported by both adolescents and their parents) are related to adolescents' alcohol consumption, and which practices show the strongest associations?

To what extent are associations between the various alcohol-specific parenting practices on the one hand, and adolescents' alcohol consumption on the other, related to adolescents' age, education level, cultural background, Social Economical Status (SES) of the family, and parents' education level?

To what extent is the relationship between alcohol-specific rule-enforcement by the parents and adolescents' alcohol consumption moderated by parents' own alcohol use?

To what extent is the relationship between frequency of communication about drinking and adolescents' alcohol consumption moderated by the perceived quality of communication about drinking?

To what extent is the relationship between the varying alcohol-specific parenting practices and adolescents' alcohol consumption moderated by parents' education level and family income?

Methods

Research of the literature on alcohol use and parenting. In addition, secondary analyses were conducted on data gathered among more than 3,900 adolescents and 2,200 parents. By computing correlations and conducting linear multiple regression analyses, we tested associations between alcohol-specific parenting practices on the one hand and adolescents' weekly alcohol use, binge drinking, and problem drinking on the other.

Results

Results of the present study are described in a Dutch factsheet. In addition, part of the results will be described in an international scientific publication. The factsheet was written for professionals in the field, such as prevention workers, policy makers, teachers, and social workers. It contained the most important findings of research on parenting and adolescents' alcohol use and described practical implications. The main findings of this study were that alcohol-specific rules, quality and frequency of communication with parents about drinking, parents' own alcohol use and the availability of alcoholic beverages at home were all related to adolescents' alcohol consumption patterns. Strongest associations were found for alcohol-specific rule enforcement and quality of communication. However, longitudinal data are needed to test the predictive value of these alcohol-specific parenting practices. Finally, several moderation effects were found for parents' alcohol use, quality of communication and SES.

Researchers

dr R Spijkerman (researcher), dr RJJM Van den Eijnden (project leader), drs H Van der Vorst (adviser), drs RMP van Zundert (adviser)

In collaboration with: dr A Huijberts (NIGZ), A Leerdam (NIGZ),

Term: October 2005 - May 2006

Financing: NIGZ, Netherlands Institute for Health Promotion and Disease Prevention.

4 Alcohol consumption and pregnancy

Aim and research questions

Aim of the project was to analyze, interpret and present data on the alcohol consumption of pregnant women that participated in the Amsterdam Born Children and their Development study. Research questions were:

- 1) Which percentage of the Amsterdam pregnant women used alcohol during their pregnancy?
- 2) What is known about their drinking pattern?
- 3) Which subgroups contain the highest percentage of women who consume alcohol during pregnancy (age, SES, cultural background et cetera)?
- 4) What are the implications of the results for prevention?

Results were to be presented in a fact-sheet.

Methods

The data were collected in the ABCD study, an ongoing prospective study in which 8,500 pregnant women in Amsterdam participate. The women fill in questionnaires after their first visit to a midwife three months after the birth of their baby, and when the child is 5 years old. For this fact-sheet only their answers for the first questionnaires were analyzed.

Results

Results revealed that 20% of the pregnant women used alcohol during their pregnancy, as measured at around 12 weeks duration of the pregnancy. 19,5% reported a mean consumption of less than one glass of alcohol per day in the past week. Almost 1% reported to have consumed more than 1 glass of alcohol per day in the past week. The percentage of women who use alcohol is highest in the age group in which the women are 30-39 years old (27%), whereas it is lower in the 20-29 year old group (9%). The percentage of women who used alcohol is also highest in the high education group (33%) versus the middle (16%) and low education (7%) groups.

The results were published in a fact-sheet that was written for, and published by the Netherlands Institute for Health Promotion and Disease Prevention (NIGZ).

Researchers

dr BJF Boon (researcher, project leader)

In collaboration with: dr A Huijberts (NIGZ), dr T Vrijkotte (AMC)
The Amsterdam Born Children and their Development study,
managed by prof dr G Bonsel and dr M van de Wal
Term: December 2004 - January 2005
Financing: NIGZ, Netherlands Institute for Health Promotion and Disease

5 Response and data quality in postal questionnaires on alcohol consumption

Aim and research questions

This study aims to:

- 1 obtain knowledge about determinants of non response and the effects on estimations of alcohol consumption in the general population, and
- 2 identify problems in answering self-administered questionnaires on alcohol consumption.

Methods

Non response was studied in two ways:

- 1 Experimental surveys with differing sponsors, titles, length and graphical design of questionnaires, posted to a random sample of 1000 persons in Rotterdam.
- 2 Follow-up interviews with non-responders about their reasons for not responding.

Data quality and answering problems were investigated by:

- 1 Follow-up interviews with a sample of respondents.
- 2 Analysis of differences in data quality (item non response and answering problems) between different formats of the same question.

Differences between question formats were analysed and reported.

Results

A comparison of different questions on alcohol consumption showed that questions that are cognitively better produce higher levels of reported alcohol consumption, but also produce higher levels of item-nonresponse. Therefore we face a dilemma: cognitively better questions generate less response.

In 2005 we developed and tested a questionnaire for the measurement of the year consumption of alcohol; up till now year consumption estimates have been based mostly on extrapolations of 'typical week' reports or Timeline Follow Back. The new questionnaire (YC) is based on personal and cultural habits in three rhythms: daily, weekly and annual. Results show that the new questionnaire (YC) produces about 35% better coverage of annual alcohol consumption compared to a typical week report.

The dissertation will be published in 2006.

Researchers

drs VMHCJ Lahaut (PhD student IVO until 2004)), prof dr HFL Garretsen (promotor), dr HAM Jansen (project leader, co-promotor), dr H van de Mheen (co-promotor)

Term: 1999 – 2006
Financing: Erasmus University Rotterdam

6 Coronary heart disease and the interaction of alcohol consumption, causal attribution and stress

Aim and research questions

This project aims to establish whether moderate alcohol intake has a positive effect on the development of coronary heart disease. Special reference is given to possible alternative explanations of the observed J-shaped curve, centering on questions of selection or causation. Alternative hypotheses concern the effects of the methodology in epidemiological studies, and psychological aspects of drinking behaviour and health.

Methods

A cohort of about 32,000 persons has been recruited via general practitioners; 34 general practices located in the southern and western part of the Netherlands participated. Approximately 16,000 men and women aged 45-70 years responded to the baseline questionnaire and were followed over a five-year period. Data collection consisted of three parts. First, the respondents received a follow-up questionnaire annually. Second, all health problems during life were registered by the general practitioners. Finally, the general practitioners reported all persons diagnosed with myocardial infarction or died during follow-up.

Results

The Lifetime Drinking History questionnaire (LDH-q) is a new self-administered questionnaire used in the present study; previously only interview data were available on this topic. Therefore, the reliability and validity of the LDH-q were examined. It was concluded that the LDH-q was reliable and valid, and comparable to interview formats asking about lifetime drinking.

A comparison was made between respondents and non-respondents/non-contacts with regard to health variables (at baseline), and (prospective) mortality risk. Results show that among respondents coronary heart disease was more prevalent.

The relationship between life-events and alcohol consumption, and the possible effect of coping and social support on this relationship, and gender differences were examined prospectively. A change in alcohol consumption after experiencing life-events was found. Emotion coping was a vulnerability factor in the relationship between life-events and alcohol consumption.

Alcohol consumption was measured using different methods. First the LDH-q, but also a Quantity-Frequency questionnaire about alcohol intake over the past year and a Weekly Recall about actual consumption in the past week. These three methods were analysed for association with incidence of cardiovascular diseases and all-cause mortality. Alcohol consumption in the past week was found to be associated with morbidity and mortality in the follow-up period of 5 years. Less effect was found for alcohol consumption over the last year, and for lifetime intake and consumption in the distant past no association was found. Difference in disease burden did not change the observed relationship between alcohol intake and cardiovascular events, and only partially the U-shaped relationship between alcohol intake and all-cause mortality. Pre-existing disease appears, therefore, to be only a partial explanation of both observed relationships.

With data from the LEGO-study, it was determined whether diabetics and non-diabetics differ in alcohol intake. Secondly, the association of alcohol intake with risk of cardiovascular

events, and all-cause mortality was assessed in diabetics. Diabetics at baseline, and those diagnosed with diabetes during the five years of follow-up showed similar drinking patterns. Diabetics drank less often alcohol at baseline compared to non-diabetics. Diabetic men who did not drink or drank occasionally appeared to have higher risk for cardiovascular events and all-cause mortality compared to those drinking moderately. For diabetic women, never and occasionally drinking seemed to be associated with higher risks for cardiovascular events compared to moderate drinking.

The dissertation of IHM Friesema should be available in September 2006

Researchers

drs MY Veenstra (PhD student), drs IHM Friesema (PhD student), dr PHHM Lemmens (project leader, co-promotor), prof dr MJ Drop (†) (promotor), prof dr HFL Garretsen (promotor), prof dr JA Knottnerus (promotor, Maastricht University), dr PJ Zwietering (co-promotor, Maastricht University)

In collaboration with: Maastricht University

Term: 1996-2006

Financing: Netherlands Heart Foundation, STIVA, IVO, Erasmus University
Rotterdam, Maastricht University

7 Alcohol- related problems and help-seeking behaviour among Turkish and Moroccan migrants aged 16 years and older: instrument development

Aim and research questions

What are the prevailing perceptions regarding alcohol use, problem drinking and help-seeking behaviour among Turkish and Moroccan migrants aged 16 years and older?

How can the nature and extent of alcohol use, problem drinking and help-seeking behaviour be measured in a valid way among Turkish and Moroccan migrants aged 16 years and older?

Methods

The present project comprises three phases. In the first (orientation) phase a study of literature was done and individual interviews were held with experts and professionals. In the second phase, the survey instrument was developed and evaluated by means of focus group interviews. Furthermore, in this phase the effect of method (written questionnaires vs. interviews), and ethnic background of interviewers (Dutch vs. Turkish/Moroccan) was tested on response and data quality. The questionnaire was composed of two different alcohol measures, Quantity Frequency Variability (QFV) and Weekly Recall (WR), of which the reliability and validity was also assessed in this phase. In the third phase, a prevalence study among a random sample of Turkish inhabitants of Rotterdam was performed, by means of postal questionnaires based on the results of earlier phases.

Results

The results of the experimental study show that data collection mode was significantly related to response rates: Turks and Moroccans more often responded to a face-to-face interview compared to a written questionnaire. The ethnicity of the interviewers was not related to response rates.

Data collection mode was not related to the number of drinkers in the past six months. However, the number of excessive drinkers was significantly higher in written questionnaires than in face-to-face interviews. The ethnicity of the interviewer significantly affected the number of people reporting alcohol use in the past six months, which was higher when interviewed by a Dutch interviewer than when interviewed by a Turkish or Moroccan interviewer.

Regarding reliability and validity of the two alcohol prevalence measures: the Quantity-Frequency-Variability (QFV) measure versus the Weekly Recall (WR) measure, the QFV measure seems more appropriate to measure alcohol use among second-generation Turks and Moroccans than the WR measure.

Besides methodological questions, we also studied potential determinants of alcohol use among second-generation Turks and Moroccans, based on the data of the experimental study. With regard to religious factors (importance of Islam, religious beliefs, praying and fasting during Ramadan), cultural factors (self-identity, proficiency in Dutch language, importance of traditions, social contacts and feeling accepted) and social cognitive factors (social influence, attitude and alcohol expectancies) the following results were found. Adhering to one's own cultural and religious traditions and having traditional religious beliefs were negatively related to drinking. Furthermore, among Moroccans, not feeling accepted by the Dutch society was positively related to drinking. With regard to social cognitive factors, having drinking family members and drinking Turkish/Moroccan friends was positively related to drinking. Having drinking Dutch friends only affected drinking behaviour among Turks. Furthermore, having family members and Turkish/Moroccan friends who approve of alcohol use was positively related to drinking.

Social cognitive factors seem more important in both the prediction of drinking and of mean alcohol use, than religious and cultural factors.

The prevalence study among second-generation Turks revealed that 63.3% of the Turks were abstainers, 3.7% excessive drinkers, 5.4% binge drinkers and 1.8% problem drinkers. Excessive drinking was defined as drinking more than 13 glasses per week for women and more than 20 glasses per week for men. Binge drinking was defined as drinking at least once a week, 4 or more glasses in one day for women, and 6 or more glasses in one day for men. Differences were also found in alcohol use for gender, age and daily activities. Data showed more abstainers among women, younger people and among students and unemployed people compared to employed people. Furthermore, men reported more often binge drinking than women.

The public defence of this dissertation took place on October 6th 2005.

Researchers

drs A Dotinga (PhD student), dr RJJM van den Eijnden (project leader, co-promotor), prof dr HFL Garretsen (promotor), dr W Bosveld (co-promotor Dienst Onderzoek en Statistiek Amsterdam)

In collaboration with: Dienst Onderzoek en Statistiek Amsterdam
Term: September 2000 – March 2005
Financing: Netherlands Organisation for Health Research and Development (ZonMw)

8 Real life in the pub: a longitudinal observation study on peer influence and selection processes and late adolescent alcohol consumption

Aim and research questions

This project focuses on the influences of peers on the development of drinking patterns in late adolescence. Although several studies have argued that peers are important referent persons in affecting adolescent drinking habits (Petraitis et al., 1995), many issues are still unresolved. First, in many studies there is no clear control for selection processes in peer groups (Bauman & Ennett, 1996; Kandel, 1978). Selection processes refer to the fact that people become acquainted with others who have similar ideas, opinions and behaviours. This implies that high similarities in 'risk' behaviours, such as smoking, drinking, delinquency and sexual behaviour can be attributed to both influence and selection processes. When people are affected by others to changes their drinking habits, a group becomes more homogenous (influence). On the other hand, when people in particular look for friends who have similar behaviours (e.g., similar drinking habits) a peer group becomes homogenous when it concerns alcohol use at least (selection). So, in order to study peer influence processes it is essential to acknowledge (or control for) peer selection processes. Second, peer influence processes are in most cases very roughly measured. For instance, most studies only examine behavioural patterns of peers as an indicator of peer influences (see review by Engels, 1998). However, in order to understand how people change due to influence processes, it is important to look more closely at how people affect each other (e.g., by covert norms, pushing, stimulation, talking about drinking etc.). In addition, it is important to examine which group factors (e.g., group cohesion, social status) and individual factors (e.g., self-esteem, depression, need for affiliation) affect young people's vulnerability to overt and covert peer influences. Third, all empirical evidence of peer influence processes and drinking is based on questionnaire data. It is however questionable to what extent answers on questionnaires can be employed to accurately assess (a) influence processes and (b) drinking patterns. Fourth, we would like to know to what extent parents affect adolescent drinking patterns, their susceptibility to peer influences, and peer selection processes.

Methods

In the current project, we try to eliminate some of these shortcomings by conducting a three-wave longitudinal study among late adolescents (17-22 years). It is the first study that aims to study peer influence processes and drinking behaviour in a real life setting by using observational methods in combination with survey data. In fact, this implies that we are going to study influence processes and changes in drinking patterns by observing drinking in existing peer groups of adolescents in a laboratory at our department that is utilized as a pub.

Results

Findings of this project indicate that drinking is most strongly affected by unilateral friends with higher status; alcohol expectancies predict drinking in social settings; parents still affect

young adult drinking without being present, but weakly; active pastime leads to slower drinking, but individuals will make up for “lost” drinking; active and passive influence processes in drinking seem to be independent of group members sociometric status. Currently, we are studying the relation between personality and interpersonal influence, and are using the observational approach to look at drinking behaviour as a consequence of alcohol in movies and TV commercials.

Researchers

drs SM Bot (PhD student), prof dr RCME Engels (promotor), prof dr RA Knibbe (promotor), prof dr WHJ Meeus (promotor, University Utrecht)

In collaboration with: University Utrecht
Term: 2002-2006
Financing: Netherlands Organization for Scientific Research (NWO),
Innovational Research Incentives (Vernieuwingsimpuls)

9 Like father like son: a longitudinal study on differential family and peer influences on adolescent drinking behavior

Aim and research questions

This project focuses on the influence of parents and peers on the development of smoking and drinking behavior of adolescents. Although in the past decades numerous research projects have concentrated on the impact of parents on their offspring’s risk behaviors (Engels, 2000; Petraitis & Flay, 1995; Conrad et al., 1992), many issues are still unresolved. First, the majority of studies concentrated on parental own engagement in risk behaviors as well as general parenting practices as precursors of adolescent risk behaviors. Nonetheless, less is known about the ways parents specifically deal with (adolescent) smoking and drinking at home: anti smoking (or drinking) socialization. In addition, it is important to focus attention on the moderating and mediating effects of parenting, the quality of the parent-child bond and parental own risk behaviors.

Methods

Although in the field of adolescent substance use, most studies focus on individual adolescents, for the study of the relative impact of parents it is relevant to employ a full-family design, in which the effects of parenting on siblings’ behaviors can be studied. A full-family design also allows the opportunity to compare shared and nonshared peer influences on adolescent substance use.

Results

Our findings show that (a) parental attachment does not affect adolescents’ drinking over time, (b) parental rules strongly prevent the drinking of adolescents who are still in the initiation phase of drinking, (c) parents strongly differentiate between their children in terms of alcohol-specific socialization, (d) parents are hardly aware of young people’s drinking habits, (e) older siblings affect younger siblings drinking behavior, (f) alcohol-specific socialization mediate the link between general parenting and parental alcohol use and adolescent use, and (e) personality traits do not have an impact on the association between alcohol-specific rules and adolescents’ drinking.

Researchers

drs H van der Vorst (PhD student), prof dr RCME Engels (promotor), prof dr WHJ Meeus (promotor, University Utrecht), M Dekovic (promotor, University Utrecht)

In collaboration with: University Utrecht

Term: 2002 - 2007

Financing: Netherlands Organization for Scientific Research (NWO),
Innovational Research Incentives (Vernieuwingsimpuls)

10 Social determinants of the development of alcohol use in adolescents and young adult Dutch twins

Aim and research questions

This project focuses on the role of parents, friends and siblings on the development of drinking behavior of adolescents and young adults. In the past decades numerous research projects have concentrated on the impact of parents on their offspring's risk behaviors (see reviews by Engels, 2000; Petraitis & Flay, 1995; Conrad et al., 1992) in designs with individual children and/or parents showing robust empirical evidence for the generational transmission of alcohol use. Longitudinal studies have demonstrated the enhancing effect of family drinking (e.g., Chassin et al., 1998; Duncan, Duncan, & Hops, 1998; Engels et al., 1999) and parental alcoholism (e.g., Chassin, Curran, Hussong, & Colder, 1997) on onset of regular drinking and heavy alcohol use in middle and late adolescents. Although some personal (e.g., self-efficacy, expectancies, self-awareness, personality traits) and family factors (e.g., bonding, attachment, communication) may buffer the effects of parental drinking on their offspring's use, there is ample support for the impact of parental drinking on the development of adolescent drinking. Still, many issues are still unresolved.

Methods

We aim to deal with these shortcomings by performing prospective analyses on data of the twin register of the VU that has been collected since 1991. This project will provide substantial new information about (a) the relative role of parents and peers in the development of drinking behavior and (b) the underlying mechanisms of the associations between environmental factors and drinking behavior.

Results

We showed (a) substantial genetic variation in uptake of smoking and regular drinking, (b) small but consistent effects of parental use on adolescent use, and (c) small to non-significant effects of peer use. Furthermore, we showed the relative value of the CAGE as a screening instrument, and reported on the development of drinking in adolescents and young adults in the past 10 years.

Researchers

drs EAP Poelen (PhD student), prof dr RCME Engels (promotor), dr RHJ Scholte (co-promotor), prof dr D Boomsma (promotor, Free University Amsterdam), dr G Willemsen (co-promotor, Free University Amsterdam)

In collaboration with: Free University Amsterdam
Term: 2003 - 2007
Financing: Radboud University Nijmegen

11 Excessive alcohol consumption of young adults on holiday: innovation and evaluation of prevention

Aim and research questions

Research has shown that young men on holiday in seaside camping resorts in the Netherlands binge drink almost every day of their stay. This drinking pattern leads to daily drunkenness, serious cases of alcohol poisoning and accidents. Every year a summer campaign is launched in most seaside communities aimed at increasing knowledge about alcohol use. Although that goal is reached, a reduction in alcohol use has not been shown. In this project, two new prevention methods are implemented and evaluated: a Community Intervention (CI) approach and an Expectancy Challenge (EC). The CI is aimed at reaching consensus between local actors (e.g. shopkeepers, bar owners, camping site attendants, police, city council) on a more restrictive approach to youngsters drinking excessively. The EC is an intervention that has been used with college students in a bar laboratory. In this study, the EC is performed with young men on holiday. The intervention embodies the creation of a situation in which young binge drinkers experience for themselves that their positive expectancies for high doses of alcohol are not sustainable.

The main questions are:

- 1 How can ECs be done in a holiday setting?
- 2 What is the influence of an EC on young people's alcohol expectancies and use during and after their holiday?
- 3 How can a CI aimed at reducing alcohol use in young people on holiday be achieved?
- 4 Does a CI influence the alcohol use of young people on holiday?

Methods

Quasi-experimental (EC) and case-control (CI) research designs.

Results

ECs conducted in the summer of 2004 on Terschelling have increased negative-sedation expectancies in young men during and after the vacation (compared with controls on Texel). Positive-arousal expectancies were not lowered. The intervention resulted in a stronger decrease in alcohol consumption on a regular night out (after the vacation) in the heaviest drinking EC group compared to the heaviest drinking control group.

Furthermore, on Schouwen-Duiveland an alcohol covenant was signed by local actors. The CI initiated in that municipality will continue.

Factors associated with alcohol use by young people on holiday have been identified. Drinking behaviour in 'normal' life is positively associated with alcohol use on holiday, as well as the number of male friends with whom the holiday is spent. Certain availability indicators (amount of money to spend, switching of armbands that indicate age, awareness of camping rules) are also significantly related to consumption on holiday.

Researchers

drs J van de Luitgaarden (PhD student), prof dr RA Knibbe (promotor), dr RW Wiers (co-promotor, University of Maastricht)

In collaboration with: NIGZ (Netherlands Institute for Health Promotion and Disease Prevention), University of Maastricht

Term: August 2002 – June 2007

Financing: Netherlands Organisation for Health Research and Development (ZonMw)

12 Effective community interventions aimed at prevention of substance use and obesity in the Netherlands

Aim and research questions

There is evidence that community or neighbourhood-specific projects can prevent and reduce the abuse of alcohol and drugs. It could also be of help for preventing and reducing obesity. Community projects are those in which a number of coherent prevention activities are carried out to reduce the prevalence of a health problem (in this case substance use), in a district or other community. Characteristic of the community approach is e.g. a) active participation of those concerned and key characters in the community and b) combining and obligatory performance of several interventions at several levels (individual, institutional, community as a whole). The assumption is that the entire impact is more than the sum of the parts.

Research on effectiveness of community interventions has mainly been conducted in the USA. It is uncertain whether such activities are also effective in the Netherlands. STAP and IVO plan to introduce interventions in the Netherlands, in collaboration with a number of executive agencies. The project will serve as a preliminary analysis for the following: before development of community interventions can be started, it is necessary to a) analyse the community interventions abroad on effective elements, and b) make an inventory of the experiences with neighbourhood-specific projects in the Netherlands.

Methods

- analysis of the international situation by means of literature research;
- inventory of experiences in the Netherlands, and evaluation of current projects by means of interviews with 14 professionals of prevention projects and community intervention projects.

Results

The international literature research makes clear that there is only limited evidence on the effectiveness of community interventions. The results of some controlled studies show positive effects on reducing alcohol and drug use. Others show no or negative effects or only positive effects on attitude or knowledge, not on behaviour. Positive effects on reducing alcohol and drug use are often short term effects.

Studied controlled studies on obesity show no effect on 'weight' or Body Mass Index (BMI). Besides, calling these studies 'community interventions' is misleading as in fact these were school interventions combined with a parent component.

Because of limited evidence it is hard to determine effective elements of community interventions on substance use and obesity. In general it is said that influencing the environment (e.g. lowering the number of alcohol selling points) is important for success. The inventory of Dutch experiences shows that the number of projects in which influencing the environment is integrated are growing. Like abroad, this is seen as a key to success. Other elements for success that are mentioned by interviewees are: community participation, fitting the needs and wishes of the target group (community members), creating a relationship bases on trust, and fitting existing networks in the neighbourhood.

Researchers

drs G Rodenburg (researcher), dr H van de Mheen (project leader), ir W van Dalen (adviser, STAP)

In collaboration with: Alcohol Prevention Foundation (STAP)

Term: July 2004 – December 2005

Financing: Volksbond Foundation Rotterdam

13 Alcohol and violence in public places

Aim and research questions

The aim is to assess the role of alcohol and contextual factors in violent incidents in public places.

Methods

- 1 Secondary analyses of surveys with information about alcohol consumption and aggression
- 2 Interviews with victims and perpetrators of violence in public places to explore which contextual factors are associated with violence in public places.

Results

Level of alcohol consumption plays an important role in violence in public places. Intoxication on a regular basis increases the risk to become a victim or perpetrator of violence. Besides alcohol consumption, demographic factors (gender, age and work situation) and lifestyle factors (e.g. frequency of gambling machines) are important factors in violence in drinking situations.

The interviews with both victims and perpetrators revealed that failure in social control mechanisms plays a role. People do not intervene in a fight and the presence of many police on the street was experienced as a source of tension. In drinking situations people stretch the rules of everyday life and do not taking responsibility for their actions; this latter finding supports the time-out hypothesis.

Two reports have been published:

Linden, J van der, RA Knibbe, JEEVerdurmen, AP van Dijk (2004): Geweld bij uitgaan op straat; algemeen bevolkingsonderzoek naar de invloed van alcohol- en druggebruik. Universiteit Maastricht.

Linden, J van der, RA Knibbe, J Joosten (2004): Daders en slachtoffers aan het woord; een exploratief onderzoek naar uitgaansgeweld. Universiteit Maastricht.

Researchers

drs J van der Linden (researcher), prof dr RA Knibbe (project leader)

Term: January 2003 – February 2005

Financing: Ministry of Health, Welfare and Sports; Ministry of Justice

14 Gender, alcohol and culture: an International Study (GENACIS)

Aim and research questions

IVO has been the Dutch base for research into aspects of alcohol and gender for several years. An earlier eight country European Union "BIOMED" study has now developed into a further European initiative as well as the wider exercise "GENACIS" (Gender, Alcohol & Culture: an International Study) in which more than 35 countries are involved. The participants are as diverse as Argentina, Australia, Canada, India, Israel, Japan, Kazakhstan, Mexico, New Zealand, Nigeria, Russia, Sri Lanka, Uganda, the UK, Ukraine and the USA. GENACIS involves using at least elements of a detailed interview schedule concerning a wide range of variables. These examine drinking, smoking illicit and prescribed drug use and many lifestyle factors

New detailed analyses are currently being conducted of GENACIS survey data from the Czech Republic, Finland, France, Germany, Hungary, Iceland, Italy, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom. This is planned to produce at least six scientific papers related to binge drinking and allied topics. These include the following: The relationship between spreading and concentrating drinking with acute consequences and relationship problems; alcohol consumption and marital status; socio-demographic and health-related differences among binge drinkers aged 18-24 years; social and psychological correlates of binge drinkers aged 25-32 years; factors that differentiate binge drinkers from other people; Whether or not individual 'binge' drinkers and other heavy drinkers aged 18-24 years have fewer problems in countries where binge/heavy drinking is more commonplace than they do elsewhere. This work is being undertaken in collaboration with colleagues in the University of The West of England, Bristol, UK and the Institute for the Prevention of Alcohol & other Drug Problems, Lausanne, Switzerland.

Methods

Surveys among general populations.

Results

A first report for countries within Europe is published: Bloomfield et al. Gender, Culture and Alcohol Related Problems. Project Final Report, January 2005. Charite Campus Benjamin Franklin, Berlin, Germany.

A paper has been presented at the KBS-Meeting 2005 in Riverside: J.Joosten, R.A.Knibbe, M.Derickx (2005) Informal pressure to cut down drinking: a study in 13 countries.

It is expected that the main results will also be published in an issue of Alcohol and Alcoholism in 2006.

Researchers

prof dr RA Knibbe, prof dr Swilsnack (University of North Dakota), dr K Bloomfield (Free University Berlin)

In collaboration with: WHO, University of North Dakota; Swiss Institute for prevention of Alcohol and Drug problems (SIPA); Free University Berlin

Term: January 2002- December 2006

Financing: EU, WHO, NIAAA (USA)

15 Alcohol prevention: inventory of the possibilities for interventions in Rotterdam and surrounding

Aim and research questions

The questions of this research are:

- 1a. Which preventive interventions are used that participate in excessive drinking behavior and are implementable on a local level?
- 1b. Which of these interventions are 'best practice'?
2. On which points do these projects fit in the policy of RIAGG and Bouman GGZ?
3. What is known of alcohol consumption rooms?
- 3b. What is the feasibility of these alcohol consumption rooms?

Methods

Literature study

Results

The research has resulted in an outline of preventive interventions that exist in the Netherlands. The research continues to focus on eight 'best practice' projects. These projects, that are already more or less successfully being accomplished in Rotterdam, are fully subscribed. The questions about the alcohol consumption rooms have resulted in an article, which will be available in 2006.

Researchers

drs MTM Stoele (researcher), dr H van de Mheen (project leader)

Term: September 2005 - February 2006

Financing: Municipal Health Authority Rotterdam

Hard drugs

16 Survival on the fringes of society Marginalisation of and hardening among chronic heroin users

Aim and research questions

This study aims at elaborating the theoretical concepts of marginalization and hardening and identifying deteriorating factors in these processes. The study was guided by the following research questions:

1. How is the shift in social position of chronic heroin users related to deterioration in social, economic and health aspects?
2. How are the changing social relations between chronic heroin drug users related to deterioration in social and economic functioning?
3. Which specific factors increase the rate of deterioration of chronic heroin users?

With respect to the third research question, we chose to concentrate on the impact of four factors: local context, homelessness, crack cocaine, and a repressive policy.

The results have been reported in a thesis.

Methods

Data from the Drug Monitoring System (DMS) in Heerlen and Rotterdam are used. Ethnographic community fieldwork is particularly important in this study. In order to provide a quantitative background to the ethnographic data and for reasons of verification, data from sample surveys and key informant interviews are also used.

Results

The life course of chronic heroin users in Parkstad Limburg is described as a process of marginalisation and hardening.

Marginalisation is described as a multidimensional process and includes a social, economic and health dimension; we observed deterioration in each of these aspects. Hardening refers to the development of specific skills in order to survive *within* the tough world of the drug scene and has the same dimensions as marginalisation. The health dimension is elaborated only for marginalisation. Relationships between drug users can be characterised by a social as well as an economic decline.

Crack, homelessness and a repressive drug policy are identified as important catalysts of marginalisation and hardening. It is argued that a harm-reduction approach will contribute more to a successful drug policy than an approach aimed at drug-free existence or punishment.

An answer is formulated to the question to what extent marginalisation and hardening alone provide valid descriptions of local drug cultures or should be complemented by counteracting processes (such as socialisation and solidarity). Therefore, we analysed ethnographic and survey data gathered between 1998 and 2000 among chronic heroin users in Parkstad Limburg and Rotterdam in a two-case study design. Although the results show that marginalisation and hardening were relevant to describe the social processes among drug users in both cities, there were more indications for counteracting processes in Rotterdam. Conditions for socialisation and solidarity were: less repressive measures against dealing addresses, the presence of drug consumption rooms and interest groups of drug users, the

possibility to work, being part of a network with shared cultural identity, and the possibility to buy and use drugs in a more protective setting. These results led to further refinement of the original analytical model.

Researchers

drs AM Coumans (researcher/ PhD student), prof dr RA Knibbe (promotor), dr H van de Mheen (co-promotor)

Term: November 2002-March 2005

Financing: Maastricht University

17 Drug Monitoring System Parkstad Limburg

Aim and research questions

In 2004 the DMS Parkstad Limburg research was resumed after a break of 1.5 years. This research offers an insight in developments in the social-demographical structure of the population of chronic drug users in the region of Parkstad Limburg as well as information about their housing circumstances, drug-taking habits, financial resources, health, reaction to repressive measures, and help-seeking behaviour. Attention is also paid to the possible entrance of young drug addicts to the scene, to the mobility and migration patterns, and to the daily movements of chronic drug users.

Methods

Data are mainly gathered by ethnographic fieldwork and interviews with key informants.

Results

Will be reported in 2006.

Researchers

drs S van der Dam (researcher), drs LMA Linssen (fieldworker), drs AM Coumans (adviser), prof dr RA Knibbe (project leader)

Term: April 2004 – March 2006

Financing: Municipality of Heerlen

18 Intensive community-based care for severely impaired substance abusers Building theory on the active (compilations of) programme features

Aim and research questions

Intensive community-based care is a health care approach for clients with severe disorders, such as mental or addictive problems. It has been developed in the mid-1960s to offer disordered and 'hard to reach' individuals care within the community. Over the years, several psychiatric hospitals have experimented with different types of health care programmes in this field. It is noticed that the programmes differed in comprehensiveness, as some of them were meant to just link a client to appropriate services (consisting of: outreach, assessment,

planning, and referral), and sometimes to provide a more complete care package (for instance including direct casework, advocacy, and monitoring). According to others, programmes do not only differ in comprehensiveness, but also in whether they are aimed at rehabilitation (and provide practical services) or not. Several authors distinguished a number of types of programmes (i.e. ideal type models). Mueser et al. (1998) made a distinction in six ones: Broker Service model, Clinical Case Management model, Assertive Community Treatment model, Intensive Case Management model, Strengths model, and Rehabilitation model. It can be concluded that intensive community-based care shows a lot of variation in practice.

In several meta-analyses it has been demonstrated that, up till now, there is a shortage of conclusive evidence of the studied programmes. In particular, it is still unknown what elements of the programmes contribute to the client outcomes. To solve this problem, it is needed to be able to specify in more depth what ingredients make the programmes and to study the relation between individual ingredients and client outcomes. The challenge is to develop measures that are both comprehensive and generalisable across programs.

This research was aimed at developing and using a generic assessment instrument for the intensive community-based care programmes in the Netherlands. As there is acknowledgement that the US model programmes are not satisfying in characterizing the programs in European settings, an inductive research method was used in addition to literature research to develop the instrument.

Methods

- 1 Literature research and open interviews with experts in order to describe why and how intensive community-based care has been developed internationally.
- 2 Inventory of the number of programmes and a first impression of the programme features in the Netherlands. Existing data sources (two publications, three digital media, and the mailing list of a national biannual ACT meeting) were combined with the method of snowballing to create a mailing list. All programmes received a short questionnaire.
- 3 Two structured focus groups (using the method of concept mapping) with several experts (managers, service providers, researchers, and clients) were formed to operationalize the concepts 'organizational features' and 'quality indicators'. Saturation of the generated frameworks was emulated with additional individual interviews and literature on existing model programmes of intensive community-based care.
- 4 A measurement tool (questionnaire) was developed based on the previous phases. All programmes in the Netherlands (n= 138) received the questionnaire.
- 5 Formulation of hypotheses about the relation between (compilations of) programme features and outcomes. Additional literature study and in depth interviews with clients and (international) service providers will be performed.

Results

The study will be completed with a thesis. Articles have been published on the historical development of intensive community-based care, the concept maps, and the quality of intensive community-based care. An article on the inventory of programmes in the Netherlands is in press for Substance Use and Misuse.

Researchers

drs DPK Roeg (PhD student), drs LAM van de Goor (co-promotor), prof dr HFL Garretsen (promotor)

Term: October 2002 – October 2007

Financing: Tilburg University

19 Effect evaluation ‘Children of addicted parents (KVO)’

Aim and research question

The Rotterdam KVO is a collaboration between many parties including which the Municipal Health Authority Rotterdam Area (chair), the Advise and Inform Centre Child Abuse, the addiction care organization DeltaBouman, the Child Welfare Council, and the Child and Adolescent Welfare Work. Since 2004 the social work of the KVO is accommodated with the Child and Adolescent Welfare Work Rotterdam. This study addresses the following questions: 1) What is the condition of (expectant) mothers on different life areas at intake by the KVO and six months later? and 2) How can differences in their condition be explained?

Methods

Because the condition of the children themselves cannot be measured (they are aged 8 years or younger), the condition of the mother is assessed. The underlying assumption is that if the mother’s condition is satisfactory this will have a positive effect on the child. The condition is measured at two points in time using the HoNOS (Health of Nations Outcome Scale) which is a short instrument filled out by the social worker, and additional data which will be collected. To explain the differences found between the two measurement points, client files will be analysed (focusing on assistance path).

Results

The data collection for the effect evaluation started on April 1, 2005. Due to shortage of participants in the effect study, it was decided to end the effect evaluation in October 2005. The IVO was then commissioned to evaluate the research process during the effect evaluation. From this process evaluation it was learned that the social workers of the KVO team were involved in the effect evaluation at a too late term. They found it very difficult to incorporate the study into their daily social work. Also, the management of the KVO and in general of the Child and Adolescent Welfare Work Rotterdam left the execution of the study mainly to the social workers who did not feel very responsible for the study. These and other conclusions were drawn from the process evaluation.

Researchers

drs A van der Poel (senior researcher), dr H van de Mheen (project leader)

Term: November 2004 – April 2006

Financing: Municipal Health Authority Rotterdam Area

20 Preventing initiation of drug injecting among vulnerable youth in Ukraine

Aim and research questions

Within the context of the increasing production of opiates in countries neighboring of Ukraine and an explosive HIV epidemic among vulnerable groups, in particular injecting drug users (IDUs), there is an urgent need to better understand the social pathways leading to injecting drug use, with the aim to better control the demand for drugs. The Ukrainian Institute for Social Research (UISR) conducts a survey among young drug users and their peers to study the pathways to injecting drug use. The results of that study will contribute to the development of intervention strategies of injecting drug use among vulnerable youth in Ukraine. IVO has contributed to this study as a consultant.

Methods

In collaboration with DV8 RTD, IVO has reflected extensively on successive steps in this study by means of research reports. Two visits have been made to Kiev to discuss the study design, inclusion criteria, to elucidate data collection methods, and to discuss the content and format of the questionnaire. Several draft research reports have been reviewed.

Results

In the last months of 2004 the UISR collected data in the cities of Kiev, Poltava, Pavlograd and Odessa. In total 831 IDUs and 816 of their non-IDU peers were interviewed, using the recruitment method Respondent Driven Sampling. Data show that almost 60% of the non-IDU peers use non-injecting drugs in the past year and that 56% of them is sure never to try injecting drugs. Approximately 10% think that they will inject drugs in the future. The final report, including a strategy to prevent young people from injecting, is due in spring 2006.

Researchers

drs C Barendregt (researcher, project leader), dr JP Grund (researcher DV8 RTD)

In collaboration with: DV8 Research, Training and Development; Ukrainian Institute for Social Research (UISR)

Term: March 2004 - March 2005

Financing: UNICEF Ukraine

21 Reach of a hepatitis B vaccination campaign among high-risk groups

Aim and research questions

To gain insight into the extent to which risk groups of hepatitis B are reached by the national hepatitis B vaccination campaign. In addition, factors related to non-participation and non-compliance will be studied. These findings will be used to enhance participation and compliance of the vaccination campaign.

Methods

Semi-structured interviews among about 300 members per risk group: men who have sex with men, drug users and prostitutes. These interviews took place in three regions per risk group: Rotterdam, Utrecht and Heerlen/Maastricht. First an ethnographic map was made to

identify high risk groups in the region. Then members of risk groups were interviewed at particular 'gathering spots' of these risk groups, e.g. sex clubs, prostitution zones, methadone stands and gay bars. The size of the risk groups in the regions will be estimated using the multiplier method.

Results

Preliminary results show many drug users (50-70%) are familiar with the vaccination campaign. One third to half of them reported to be vaccinated against hepatitis B, of which about 80% as part of the campaign. Further analyses will take place until June 2007.

Researchers

drs JE Baars (PhD student), dr BJB Boon (co-promotor), dr H van de Mheen (co-promotor), prof dr HFL Garretsen (promotor)

Term: July 2003 - June 2007

Financing: Netherlands Organisation for Health Research and Development (ZonMw), Netherlands Society of Municipal Health Authorities (GGD-NL)

22 Dutch cocaine trade: impressions of participants in drug distribution chains

Aim and research questions

This project aims to give an overview of cocaine distribution chains in the Netherlands as perceived by the participants. The research questions are:

Which structures and methods of working characterize the distribution chains of the cocaine trade in the Netherlands, as perceived by the actors on different levels of the trade? Which background factors explain the participation of these persons in the cocaine trade?

Methods

Between spring 2002 and autumn 2004, 37 Rotterdam cocaine retail dealers and 24 detained participants involved in the cocaine middle market and import trade were interviewed. In total 75 in-depth interviews were conducted addressing the nature of the cocaine trade between about the mid-1990s to 2004.

Results

The interviews demonstrate that the structure and methods of working within the cocaine distribution chain in the Netherlands are heavily connected to the way cocaine is imported into the Netherlands. Therefore, a distinction has been made between large-scale cocaine import (mainly via the port and in some cases via road transport) and small-scale import mainly via Amsterdam's Schiphol Airport.

Large-scale cocaine import and the middle market that evolves from this import appear to be the domain of people active in several other areas of illegal trade and criminal acts. Success in large-scale cocaine sea transports requires a good knowledge of the expedition sector and this appeared to be sufficiently present among some of the interviewed.

Large-scale cocaine transports (also coming to the Netherlands by road) were seldom destined for the Dutch local market but were often transported further to other countries in Europe.

In contrast with the large-scale import of cocaine (where the final destination is mostly some other European country) the Dutch local market for cocaine is almost completely supplied by small-scale imports into Schiphol Airport. However, airport seizure and cocaine consumption data indicate that part of these small-scale cocaine imports is also destined for transit trade. On the cocaine retail level participants often deal in both cocaine and heroin. This is, however, especially characteristic of respondents involved in the retailing of base cocaine. Powder cocaine retailers seldom sell heroin because of the poor demand among their customers. For this same reason, drugs other than cocaine and heroin are rarely sold by these respondents. Regarding involvement in the cocaine business, about 75% of the retail dealers are addicts themselves, and about 25% was addicted until recently. Respondents' own addictions play an important role in determining their positions in the cocaine distribution chain. In most cases, their own hard drug use was the primary motive to start dealing drugs themselves. However, because of their own drug use their financial circumstances are often very precarious.

On the other hand, participants at the middle and import level of the cocaine trade are seldom motivated by their own addictions.

Potential financial rewards are a universal motive for involvement in the cocaine trade. However, for those acting on the higher levels of the cocaine distribution chain, trading itself seems more important than the goods they trade in. This probably explains why many cocaine dealers have been involved in a wide range of other illegal trade practices during their life. The trade that offers the most favourable financial perspectives and the best personal contacts at any given moment is the one chosen to be taken up.

Researchers

drs PMG Gruter (researcher/ PhD student), dr H van de Mheen (project leader, co-promotor), prof dr HFL Garretsen (promotor), prof dr H van de Bunt (promotor, Erasmus University Rotterdam)

In collaboration with: Erasmus University Rotterdam
Term: September 2001 – December 2006
Financing: Research and Documentation Centre of the Ministry of Justice (WODC), Erasmus University Rotterdam

23 Find and interview non-dependent 'ever' heroin users

Aim and research questions

IVO is subcontractor in this genetic study to opiate dependency, in which three groups are compared. One group has never been exposed to opiates, the second group is dependent on opiates and the third group has been exposed to opiates, at least five times, and has never become dependent on the substance.

The assignment IVO has, is to find and interview 100 people who have at least used heroin (or other illegal non-prescribed opiates) five times and have never become dependent on the substance.

Methods

Through advertisements, fieldwork, and networking non-dependent 'ever' heroin users are called upon to participate in the study.

Results

Non-dependent 'ever' heroin users are difficult to find. Most candidates are not admitted to the study because they have had other dependencies, such as alcohol or cocaine dependency. Eligible candidates are most successfully found by means of advertisements.

Researchers

drs C Barendregt (researcher, project leader), drs EM Petronia (research assistant)

In collaboration with: Bongers Institute, Amsterdam
Term: November 2005 – December 2006
Financing: CCBH

24 Quick Scan "Addiction Den Bosch" **Size and nature of addiction issues and bottlenecks in care supply in the Den Bosch area**

Aim and research questions

The municipality of Den Bosch together with Novadic-Kentron, the local addiction care center, were interested in bottlenecks in the care for three groups of substance users: marginalized users of hard drugs like heroin and crack, problematic cannabis users and problematic alcohol users. Young people within each of these groups received extra attention in our research. The study provides information on the discrepancy between supply and demand of care for these three groups. The following questions were addressed:

(1) What is the nature and extent of marginalized groups in the municipality of Den Bosch?
(2) What are the most important developments and problems and development regarding drug taking, health, work and income?
(3) Which issues and problems need more attention and care?
(4) Which institutions and professionals provide care?
(5) What are the bottlenecks in providing care?

Methods

Because of the relatively short time available the Quick Scan used (as much as possible) existing sources of information and knowledge. Missing information was completed through interviews and observations among marginalized groups. The research methods were: literature review, analysis of registrations at the care institutions, interviews among key informants (social workers), interviews among marginalized groups, and observations. Furthermore, a social map of care institutions was prepared.

The Quick Scan was carried out in collaboration with Novadic-Kentron, the regional addiction care provider.

Results

The Quick Scan resulted in a written report to the municipality of Den Bosch. The most important results are the following. The best estimation of the number of daily hard drug

users was 200; the best estimation for homeless people was 100-150. There are a number of important developments and problems. There is an increase in the number of youngsters that go to the addiction care. Drug users express their need for decent housing. For older drug users and those with multiple (psychiatric) problems, there must be more medical care. In general, there is an exacerbation of more complex psychological problems for the researched groups. The outreach care for drug users is a success in the municipality. However, they mainly serve Den Bosch whereas the help requests more and more come from the surrounding area. Most drug users and homeless people had needs on the following areas: outreach psychological help, daytime activities, debts and housing. The care for young people experiencing problems with cannabis use is still not fully developed. Important bottlenecks were observed in the areas of daytime activities, income, housing, and health care. With respect to (drug) aid facilities most important bottlenecks were observed in the day care and night shelter, income and debts, work projects, medical care and policy of the local authorities. However, the basic care is arranged quite well, and is well organized. The aid agencies, institutions and professionals have been thoroughly summarized in a social map.

Researchers

drs MTM Stoele (researcher), B van 't Klooster (researcher/prevention worker Novadic-Kentron), drs A van der Poel (project leader)

In collaboration with: Novadic-Kentron Addiction Care
Term: February 2005 – May 2005
Financing: Municipality of Den Bosch / Novadic-Kentron Addiction Care

25 Re-integration and daytime activities for hard drug users in Vlissingen

Aim and research questions

For over 25 years Vlissingen has been the “Living room for drug users (HKPD)”. The HKPD houses e.g. the methadone distribution, social medical care, and psychosocial counseling. Also there is a day shelter where drug users can drink coffee, eat sandwiches, read the paper, and socialize. The HKPD will be moved to a new building in a new area of town sometime in 2006. The municipality holds the view that many drug users are able to work, if there is attention for the lifestyle of drug users. Therefore, the municipality wishes to start work projects, in deliberation with the drug users themselves. For those who cannot work, daytime activities can be developed. The IVO was asked to map the need for work projects and daytime activities, and their motivation for participation.

Methods

After a review of the relevant literature, three key informants were interviewed (mental health care, social affairs and HKPD). Furthermore, three group interviews (each with 7-8 persons) were held with hard drug users who go to the HKPD.

Results

The majority of the group of heroin, methadone and/or crack users is 40-50 years old. They experience physical and/or psychological problems. The literature and the key informants are univocal: a job on the regular labor market is for most drug users not reachable. In order to

reach as many drug users as possible, there must be three different types of projects: daytime activities, day labor projects and projects aimed at work re-integration.

The drug users have a positive attitude towards work and daytime activities. Many are bored during the day. They feel the need to feel useful and to do something during the day. Most important reasons for future participation are: earning money, feeling useful and the social contacts (also with non-drug users). They also want the outside world (neighbors/citizens) to see that they do positive things, namely work. Besides all kinds of social activities (e.g. delivering meals, do drugs prevention work, go walking with the elderly), they would not mind to undertake more commercial activities (e.g. walking dogs, running errands and do odd jobs for people and companies). The activities must be offered for a number of hours per day, and week, in accordance with what the drug using target group can handle.

Researchers

drs A Vogelzang (researcher), drs A van der Poel (project leader)

Term: September 2005 – October 2005

Financing: Municipality of Vlissingen

26 Quick Scan in the municipality of Maastricht

Aim and research questions

The aim is to provide information about the discrepancy between supply and demand of care for homeless people and marginalized drug users in the municipality of Maastricht. The following questions will be answered:

(1) What is the estimated number of homeless people marginalized drug users in the municipality of Maastricht? (2) What are the most important problems and development on issues like drug taking, health, work and income? (3) What are the bottlenecks in providing care? (4) What kind of facilities does each facility offer?

Methods

Because of the relatively short time available the Quick Scan will use (as much as possible) existing sources of information and knowledge. Missing information will be completed through interviews and observations among marginalized groups. The research methods are:

- A literature review
- Prepare a social map of local care institutions
- Restricted analysis of registrations of the care institutions
- Interviews among key informants (social workers)
- Interviews among marginalized groups
- Observations

Results

The Quick Scan resulted in a written report to the municipality of Maastricht and a presentation on a meeting of policymakers and caretakers of involved institutions. The most important results are the following: (1) Based on data from the registrations the best estimation of the number of registered daily drug users was 210. The number of homeless

people that visited the night shelter in 2004 was 443. (2) Most important developments and problems were the lack of sufficient rooms and appropriate (low threshold) facilities to live, the lack of useful day activities and work, negative implications for the drug users of the repressive drug policy, a relatively high number of homeless people and drug users with physical and psychological problems and a decline of heterogeneous social networks. (3) Important bottlenecks were observed in the areas of time day activities, income, housing, health care, policy of the police (periods in detention). With respect to (drug) aid facilities most important bottlenecks were observed on behalf of the night shelter (bad hygiene, building too small and frequent violations of the rules), drug consumption room (too small), social services (stigmatising and not active enough to help people to get work), after-care and resettlement of discharged prisoners and the day care facilities for drug users and homeless people (lack of activities and possibilities to work). A more general bottleneck was that the provision of care is not sufficiently small-scaled and differentiated. (4). The aid agencies, institutions and professionals are thoroughly summarized in a social map.

Researchers

drs AM Coumans (researcher), drs G Rodenburg (researcher), prof dr RA Knibbe (project leader)

Term: February 2005 – May 2005
Financing: Municipality of Maastricht

Smoking

27 **An image to die for Prototypes of smoking and drinking peers and adolescents' substance use**

Aim and research questions

The study's objective was to gain more insight into the role of prototypes of smoking and drinking peers in Dutch adolescents' substance use. Prototypes are defined as people's perceptions of the typical representative of a social group. In the present research project we studied the role of adolescents' smoker and drinker prototypes by assessing adolescents' perceptions of the type of person (their age) who smokes and drinks. The following research questions are addressed: 1) What prototypes do Dutch adolescents have of their smoking and drinking peers? 2) Are prototypes of smoking and drinking peers related to Dutch adolescents' intentions and willingness to smoke and drink in the future? 3) Does the concept of prototypes have an additional value to the explanation of smoking and drinking intentions and behavior, over and above the components of the theory of planned behavior? 4) Are peer and parental norms towards substance use related to adolescents' prototypes? 5) Do prototypes mediate relations between peers' and parents' norms and substance use on the one hand, and adolescents' patterns of substance use on the other, when controlling for reciprocal relations? 6) What is the additional value of prototypes of non-using peers to the explanation of adolescents' substance use by prototypes of substance using peers? 7) Is a minimal intervention aiming at the modification of adolescents' prototypes, effective in reducing subsequent smoking intentions and behavior? 8) Which type of prototype intervention is more effective in reducing adolescents' smoking intentions and behavior; a minimal intervention presenting unfavorable prototypes of smoking peers or a minimal intervention presenting favorable prototypes of nonsmoking peers?

Methods

The research project consisted of two longitudinal studies and one experimental study conducted at several schools in the Netherlands. The study samples comprised high-school students who were in the 7th or/and 8th grades. Data were collected by means of written or computerized questionnaires.

Results

The study findings show that Dutch adolescents generally hold quite negative prototypes of smoking and drinking peers. Cross-sectional data show that the more favorable adolescents' prototypes of smoking and drinking peers, the stronger their intentions and willingness to smoke and drink in the future. Furthermore, longitudinal data show that adolescents' prototypes of smoking and drinking peers predict adolescents' future smoking and drinking behavior. In addition, our results indicate that adolescents' smoker prototypes are related to adolescents' smoking intentions and predict adolescents' future smoking behavior over and above the variables of the theory of planned behavior. According to the study findings, adolescents' prototypes of drinking peers are mainly determined by peer and parental norms towards drinking and to a lesser extent by friends' and parents' own drinking behaviors. When controlling for the reciprocal relationship between prototypes and substance use, the present findings suggest that adolescents' drinking patterns are predicted by their prototypes

of drinking peers and not vice versa. Regarding prototypes of non-substance using peers, our data show that adolescents' prototypes of nonsmoking peers are implicated in both smoking initiation and regular smoking, whereas adolescents' prototypes of smoking peers were only associated with smoking initiation. Finally, data of our experimental study indicate that, besides a marginal effect on adolescents' smoking intentions generated by the combined presentation of unfavorable images of smoking peers and favorable images of nonsmoking peers, our prototype intervention did not result in meaningful changes in smoking intentions or behavior.

Researchers

dr R Spijkerman (researcher/ PhD student), dr RJJM Van den Eijnden (co-promotor), prof dr RCME Engels (promotor)

Term: January 2003 – March 2005

Financing: Netherlands Heart Foundation, Radboud University Nijmegen, IVO

28 Predictors of smoking cessation among adolescents: the role of psycho-physiological, psychosocial and habitual aspects

Aim and research questions

Which factors predict the process of smoking cessation in adolescents, i.e. actual smoking cessation as well as earlier stages in the process.

Methods

In four regions of the Netherlands, a total of 33 schools were selected by taking a random selection of schools. From each school all third and fourth year students of secondary education were selected. This amounts to circa 10,000 students. The students in the selected classes fill out three questionnaires with an interval of one year. The questionnaire exists of questions about the use of cigarettes, nicotine dependence, risk perception, amount and duration of attempt to quit, pros and cons of quitting, disengagement beliefs, parental upbringing with regard to smoking, temptation to smoke, anticipated emotions of successful quitting and about processes that play a role in smoking cessation. Further along the project an experiment will be carried out. In this experiment the effect of craving-manipulation (abstinence vs. free smoking) on the relation between craving and nicotine dependence on one side and readiness to quit on the other side will be examined.

Results

Within this project we started with a study among adult smokers. Results showed that excuses to continue smoking (disengagement beliefs) are negatively related to the engagement of smokers in the different processes thought to play a role within smoking cessation, i.e. the 'processes of change'. In addition, it appeared that disengagement beliefs are negatively associated with the readiness to quit and actual quitting.

The first study based on the first measurement within adolescents examined the best way to measure self-reported nicotine dependence. Results show that, in adolescents, self-reported nicotine dependence can best be assessed using a measure that includes multiple

dimensions of dependence. Within this study we developed a measurement able to assess behavioral, psychological, and physiological aspects of nicotine dependence.

Researchers

drs M Kleinjan (PhD student), dr RJJM van den Eijnden (project-leader, co-promotor), prof dr RCEM Engels (promotor), prof dr ir H Brug (promotor Department of Public Health Erasmus MC)

In collaboration with: Erasmus MC and Radboud University Nijmegen

Term: 2004 - 2008

Financing: Erasmus MC, Stivoro

29 Predictors of smoking cessation among asthmatic adolescents: the role of asthma-specific, psychosocial, environmental and habitual aspects.

Aim and research questions

To identify which factors predict the process of smoking cessation in asthmatic adolescents, i.e. actual smoking cessation as well as earlier stages of the smoking cessation process.

Methods

In four regions of the Netherlands, a total number of 29 schools were randomly selected. From each secondary school all third and fourth year students were selected, resulting in approximately 12,000 students. The students completed three questionnaires with intervals of one year each. The questionnaire inquires about the use of cigarettes, nicotine dependence, health risk perception, number and duration of attempts to quit smoking, pros and cons of quitting, parental upbringing with regard to smoking, temptation to smoke, anticipated emotions of successful quitting, and about Prochaska's processes of change related to smoking cessation. Distal psychosocial factors such as depression, self-esteem, and loneliness are inquired about as well. Asthma-specific factors include asthma symptoms, use of medication and compliance, coping skills, knowledge about asthma, quality of life, positive aspects of asthma, and asthmatic stereotypes.

In addition to the questionnaires, in a more advanced stage of the study, a diary study will be conducted among 30 asthmatic and 30 non-asthmatic students who have committed to quit smoking during one month, to measure the process of smoking cessation in more depth.

Results

The first study entitled "Adolescent Smoking Continuation: Reduction and Progression in Smoking after Experimentation and Recent Onset" by Rinka van Zundert, Rutger Engels and Regina van den Eijnden, has been accepted for publication in the Journal of Behavioral Medicine.

The second study entitled "The Role of Smoking Cessation-Specific Parenting in Adolescent Smoking-Specific Cognitions and Readiness to Quit" by Rinka van Zundert, Monique van de Ven, Rutger Engels, Roy Otten, and Regina van den Eijnden, has been submitted to the Journal of Child Psychology and Psychiatry.

The third study entitled "A Comparison on Nicotine Dependence, Smoking-Specific

Cognitions, Parent and Peer Factors, and Readiness to Quit between Adolescents with and without Asthma: Similarities and Differences” will be submitted May 2006, to the journal Pediatrics. Preliminary results indicate that smoking cessation-specific parenting plays a more important role in adolescents’ readiness to quit when adolescents suffer from asthma. Moreover, smoking adolescents appear to report a lower readiness to quit when they perceive relatively many benefits (pros) of smoking. This relation seems to be stronger for the asthmatic group. Further analyses should reveal whether these differences between asthmatic adolescents and their healthy peers are indeed significant. Subsequent longitudinal analyses will also be conducted to test whether our model can actually predict smoking cessation among both asthmatic and non-asthmatic adolescent smokers.

Researchers

drs RMP van Zundert (PhD student), dr RJJM van den Eijnden (co-promotor), prof dr RCME Engels (promotor)

In collaboration with: Radboud University Nijmegen

Term: 2004 - 2009

Financing: Radboud University Nijmegen, Netherlands Asthma Foundation

30 Asthma and Smoking: predictors of smoking behaviour among young asthmatic adolescents

Aim and research questions

To study smoking behaviour among young asthmatic adolescents and to determine general and asthma specific risk factors for smoking onset.

Methods

A three-wave survey was conducted among 11,000 adolescents (asthmatic and non-asthmatic). A random sample of Dutch schools was obtained in four regions of the Netherlands (north/south/east/west). All classes of the first and second year of 33 schools for secondary education were approached, with a total of 478 classes. All measurements of the three-wave prospective study have been performed. The first measurement was conducted in January 2003, the second in June 2003, the third measurement in December 2004. Finally, of the 10,087 adolescents participating in the first measurement, 6769 filled out all three questionnaires (67%). Data were collected by questionnaires completed during one class session, with the teacher acting as survey administrator.

Results

About 13% of the adolescents report lifetime asthma, and 6.7% report asthma symptoms in the last 12 months. Whereas the prevalence of lifetime asthma is higher among boys, girls report more asthmatic symptoms in the last 12 months. With regard to smoking behaviour, our data imply that asthmatic adolescents smoke at least as much as healthy adolescents, and that about 11% of asthmatic adolescents has already become a regular smoker. Moreover, asthmatic girls tend to start smoking more frequently than their non-asthmatic counterparts. In addition, the parents of asthmatic adolescents tend to smoke more often

than the parents of their non-asthmatic peers, and the modelling effect of parental smoking behaviour is similar among asthmatic and non-asthmatic youngsters. Furthermore, cross-sectional results showed that both personality and peer environment play a role in predicting adolescent tobacco use among asthmatic and non-asthmatic adolescents. Finally, we found differences between asthmatics and non-asthmatics in the effects of smoking specific cognitions (e.g. attitudes and self-efficacy) on smoking behaviour in a sense that especially asthmatics with pro-smoking attitudes and low feelings of self-efficacy are engaged in smoking.

Researchers

drs MOM van de Ven (PhD student), drs R Otten (PhD student), dr RJJM van den Eijnden (co-promotor), prof dr RCME Engels (promotor)

Term: 2002 – 2006/2007
Financing: Netherlands Asthma Foundation

31 Parents and smoking behavior of late adolescents

Aim and research questions

This project focuses on the influence of parents and peers on the development of smoking behavior of adolescents. Although in the past decades numerous research projects have concentrated on the impact of parents on their offspring's risk behaviors (Engels, 2000; Petraitis & Flay, 1995; Conrad et al., 1992), many issues are still unresolved. First, the majority of studies concentrated on parental own smoking behavior and their smoking-related norms, as well as general parenting practices as precursors of adolescent smoking behaviors. Nonetheless, less is known about the ways parents specifically deal with (adolescent) smoking at home: anti-smoking socialization. In addition, it is important to focus attention on the moderating and mediating effects of parenting, the quality of the parent-child bond and parental own smoking behavior.

Although in the field of adolescent substance use, most studies focus on individual adolescents, for the study of the relative impact of parents it is relevant to employ a full-family design, in which the effects of parenting on siblings' behaviors can be studied.

Methods

A full-family design also allows the opportunity to compare shared and nonshared peer influences on adolescent smoking behavior but also allows the opportunity to explore whether parents raise their children differently. In the Netherlands, but also in other Western societies, there is hardly any longitudinal research on the various ways parents affect their offsprings smoking behavior within the constellation of the total nuclear family.

Results

Findings show that general parenting practices affect adolescent smoking specific cognitions and subsequent smoking onset. Inadequate smoking-specific parenting leads to higher risk of smoking in adolescents. Parents are hardly aware of their offspring smoking status. Further, certain personality traits (e.g., extraversion and neuroticism) affect smoking.

Researchers

drs Z Harakeh (PhD student), prof dr RCME Engels (promotor), prof dr H de Vries (promotor, University Maastricht), dr RHJ Scholte (co-promotor), dr A Vermulst (co-promotor, Radboud University Nijmegen)

In collaboration with: University Maastricht, Radboud University Nijmegen
Term: March 2002 - May 2006
Financing: Netherlands Organization for Scientific Research (NWO),
Innovational Research Incentives (Vernieuwingsimpuls)

32 Parents and smoking onset in early adolescence: a three-wave longitudinal study

Aim and research questions

This project focuses on the influence parents have on the experimentation with smoking and onset of regular smoking in early adolescence. Although in the past decades numerous research projects have concentrated on the impact of parents on their offsprings smoking behavior (Engels, 2000; Petraitis & Flay, 1995; Conrad et al., 1992), many issues are still unresolved. First, the majority of studies concentrated on parental smoking behavior as a determinant of adolescent smoking. Nonetheless, less is know about about the impact of parenting and the parent-child bond, and their interplay with parental smoking status (see Foshee & Bauman, 1993; Chassin et al., 1998). Furthermore, more recently, a few researchers have argued that it is important to focus on the ways parents specifically deal with (adolescent) smoking at home: anti-smoking socialization. An extensive review of the literature on anti smoking socialization can be found in 'Zoals de ouders zingen, piepen de jongen' (Engels, 2000). In the current project, we will look at the effects of anti-smoking socialization on adolescent smoking, and examine the moderating and mediating influences of more general parenting orientations and family communication.

Methods

Data from a three-wave study with 6 months intervals among 2200 adolescents will be employed to answer the research questions. In addition, complete data from one parent at wave 1 was gathered in 650 families. In these cases, prospective data on onset of smoking among adolescents could be predicted by T1 data from parents and adolescents. Data for the first wave were gathered in December 2000, and for the second and third wave in May-June 2001 and November-December 2001. In addition, for the first paper, data from a nationwide sample of 4504 adolescents from the Dutch Foundation on Smoking and Health (2000) will be used for analyses. Thus, besides the first paper, all papers focus on longitudinal analyses predicting the initiation of experimentation with smoking and regular smoking.

Results

Preliminary findings show that smoking cessation in parents is associated with adolescent smoking, anti-smoking socialization is prospectively related to adolescent smoking, neglectful parenting is associated with high likelihood of smoking, and parental smoking is related to selective peer affiliation.

Researchers

drs E den Exter Blokland (Radboud University Nijmegen/University Utrecht), prof dr RCME Engels (promotor), prof dr WHJ Meeus (promotor, University Utrecht), Bill Hale (co-promotor, University Utrecht)

In collaboration with: University Utrecht

Term: 2001-2006

Financing: Netherlands Organization for Scientific Research (NWO),
University Utrecht

Cannabis and new drugs

33 Use of party drugs in Rotterdam, San Francisco and Hong Kong

Aim and research questions

This is a systematic and comparative study of the use of ecstasy and other party drugs in Rotterdam, San Francisco and Hong Kong. The study will ascertain the extent to which the use of these drugs and their associated problems are similar or different. This will provide the groundwork for understanding the dialectical process between global and local dimensions of the problem, the associated risks of use, and the treatment and drug control response. The IVO was responsible for collecting and analyzing the Rotterdam data.

Methods

This study has utilized both quantitative and qualitative instruments. First the Rotterdam settings (such as clubs and dance parties) were mapped through participant observation. Then 84 in-depth face-to-face interviews were held with users of club drugs, who live in or around Rotterdam, go out in Rotterdam, and who used one or more club drugs in the previous six months. The respondents were recruited in clubs, through internet sites, and with snowball techniques.

Results

We succeeded in sampling a diverse group of Rotterdam respondents: males and females, 20– and 20+ as well as 25+, Dutch and foreign cultural backgrounds, students as well as working people, singles and people with a partner, et cetera. All 84 respondents consider themselves current users of alcohol. Binge drinking often occurs. Drinking alcohol is usually the start of a night out. Almost all have used XTC at least once and 78% of them are current users. The majority hold the view that they are quite responsible in their XTC use, however, only a few have clear boundaries, e.g. in quantities used. Cocaine is becoming more and more popular. It is ever used by 74% and 69% of them are current users. Alcohol consumption lowers the threshold for drug use, especially cocaine. If it were less expensive many say they would use it more often and in larger quantities. Speed was ever used by 67% of the sample, and 36% of them are current users. Those who stopped using it refer to it as “crap”. Speed is nearly always used in combination with XTC and/or alcohol. It is linked to the (underground) “tekno” music scene. Finally, cannabis is often used at the end of a night out, to soften the effects of other drugs/alcohol taken. Almost all respondents ever used cannabis, and over 70% are current users. Cannabis is also used during going out, it is then linked to the “urban” scene.

Researchers

drs A van der Poel (senior researcher), drs MTM Stoele (researcher), MM Schouten (research assistant), dr H van de Mheen (project leader), dr G Hunt (project leader ISA)

In collaboration with: Institute for Scientific Analysis, San Francisco
Term: January 2004 – December 2005
Financing: Netherlands Organisation for Health Research and Development (ZonMw), NIDA

34 Ephedra: motives and patterns of regular ephedra use since its ban in April 2004

Aim and research questions

What are the characteristics of ephedra users, what is the nature of their use and what is the impact of the ban on ephedra? Related research questions focus on patterns of use, how ephedra affects health and social relations, and the relation between ephedra use and the use of other psychoactive substances.

Methods

In the preparation phase a number of smart shopkeepers and other experts involved will be interviewed. About 100 ephedra users will be recruited through smart shops and the Internet to complete a pre-structured questionnaire. Ten to 15 ephedra users will be invited to participate in a face-to-face interview.

Results

304 questionnaires have been completed, of which 237 respondents have used ephedra in the past year as well. The sample is equally divided in male and female users. Mean age of the sample is 26 years, 40 percent has completed higher education. One third of the sample studies, over 60% works for a living. Less than 5% is involuntary jobless. 17% have learned about ephedra through the internet, a quarter through smart shop or drug store, and 44% through friends. Most people use ephedra for more than one reason. Based on motivations to use, three groups have been distinguished: 'slimmers', 'dancers' and 'performers', the latter being the most diffuse group. In the 'slimmers' group female users are overrepresented and ephedra is used in relatively high frequencies. In the dancers group ephedra use is irregular and hard drug use is most prevalent. Based on a factor analyses, ephedra effects are grouped as: 'enhancing mood and performance', 'side effects', and 'appetite suppressant'. 11% reports both health complaints from ephedra use and problems to keep control over use. Strategy most reported to cope with ephedra prohibition is to economise on ephedra stock. To a much lesser degree, ephedra continues to be sold through 'old' channels.

Researchers

drs C Barendregt (researcher), dr BJF Boon (project leader)

Term: December 2004 – May 2005

Financing: Volksbond Foundation Rotterdam, Ministry of Health, Welfare and Sports

35 Cannabis branch speaking Backgrounds and motivations of (ex-) exploitants in grass cultivation and developments in the Dutch cannabis branch

Aim and research questions

This study will investigate the backgrounds and characteristics of (ex-)exploitants in grass cultivation. An important issue will be to what extent the deviant character plays a role in the

motivation of (not) being active in this branch. Moreover, developments in the Dutch cannabis branch since the 1990s will be mapped.

Methods

After a review of literature and establishment of a theory, three types of qualitative data will be collected: semi-structured interviews with experts (insiders in the branch and others who are related to the cannabis branch), face-to-face in-depth interviews with (ex-)exploitants in local grass cultivation and a number of expert meetings with policy officers who are acquainted with the branch and its insiders.

Results

Will be reported when available (2007).

Researchers

drs NJM Maalsté (senior researcher/ PhD student), prof dr E Lissenberg (promotor University of Amsterdam), prof dr HFL Garretsen (promotor), dr H van Mheen (co-promotor)

In collaboration with: University of Amsterdam
Term: January 2003 – April 2007
Financing: IVO

36 National prevalence study on substance use among the Dutch general population

Aim and research questions

The national prevalence study on drug use is conducted every four years among a representative sample of the Dutch general population. The present study is the third national prevalence study. The two earlier studies were executed by the CEDRO in 1997 and 2001 (Abraham, Kaal & Cohen, 2002). In both studies data were gathered by means of the CAPI-method (Computer Assisted Personal Interviewing). An important disadvantage of this method, however, is its relatively high financial and time-related costs. An important objective of the present national prevalence study is, therefore, to gain more insight into the utility of an alternative method, i.e. data collection among members of an online access panel. An online access panel consists of volunteers who are willing to participate in 'online research' by filling out online questionnaires. This type of methodology is much quicker and more cost-effective than the method of personal interviewing. Nevertheless, since online access panels concern a self-selected group of people, this method may produce large selection effects. Besides, generating more information on the utility of the online access panel method, the present study is aimed at answering the following research questions:

What are the incidence and prevalence rates of the use of drugs, alcohol, tobacco and performance enhancing substances among the Dutch general population (15-64 years)?

What are the incidence and prevalence rates of the use of drugs, alcohol, tobacco and performance enhancing substances among the Dutch general population (15-64 years) differentiated according to gender and age groups?

What are trends in substance use since the first measurement in 1997?
What is the prevalence of cannabis dependence?

Methods

For the collection of the data, we collaborated with Statistics Netherlands (CBS), who gathered data among an a-select sample of the Dutch households using the CAPI-method (n = 4,516). Bloomerco collected data among their members of an online access panel, using an online questionnaire sent by e-mail (n = 20,282). Differences in response and prevalence rates will be examined. Data will be weighted according to current figures on national population characteristics. In addition, possible selection effects will be corrected by a propensity weighting procedure.

Results

Findings of the present study will be presented in a report to the Ministry of Health, Welfare and Sports in 2006. In addition, study results will be published in scientific journals.

Researchers

dr R Spijkerman (researcher), dr RJJM Van den Eijnden (project leader), dr H Van de Mheen (project leader), prof dr RA Knibbe (adviser), dr LAM van de Goor (adviser), prof dr HFL Garretsen (adviser)

In collaboration with: Central Bureau Statistics Netherlands, Bloomerco
Term: February 2005 – October 2006
Financing: Ministry of Health, Welfare and Sports

37 Establish (local) networks involved in coffeeshop policy, and collaborate with the cannabis branch to develop national information materials and a national course for employees in coffeeshops

Aim

The project *Cannabis prevention* is awarded by the Ministry of Health Welfare and Sports to the Trimbos Institute, which asked the IVO to carry out this project because of their expertise in the field. The project focuses on preventing problems caused by cannabis use. To realize this is needs to be established that:

(Problematic) users of cannabis have sufficient knowledge about the risks of cannabis use;
Mediators, such as youth workers, teachers and coffeeshop staff, who work with youngsters who use cannabis should have sufficient knowledge about the risks of cannabis use;
Exchange of information takes place between policymakers, social workers and the cannabis branch regarding bottle-necks, policy measures and prevention activities;
The cannabis branch is actively involved in the developments of prevention activities intended for cannabis users;
The cannabis branch is well informed about (developments in) national and local policy and observe the regulations.

It is important that all relevant parties work together and support the resulting activities.

Activities

The contribution of IVO mainly consists of providing a liaison function between all relevant parties, establishing (in)formal dialogues between the different parties, supporting the cannabis branch in self-organisation, starting up local networks, and supervising the development of related products (such as a brochure, an information leaflet and a national course).

Researchers

drs NJM Maalsté (senior researcher), drs J Bevers (project leader Trimbos Institute)

Under the authority of: Trimbos Institute
Term: January 2005 – December 2007
Financing: Ministry of Health, Welfare and Sports

Obesity

38 Shared and nonshared family influences on adolescent eating behaviour

Aim and research questions

The limited insight gathered into overeating in adolescence in the Netherlands, argues for the need for basic epidemiological information on the prevalence of overeating and differences in eating behaviors between boys and girls (different pathways). Therefore, the project also concentrates on examination of the prevalence of emotional, restraint, and emotional eating, and obesity in a representative sample of Dutch adolescents. In addition, we will test whether boys and girls have different pathways in expressing emotional difficulties. From several studies we know that boys engages more in externalizing problem behaviors (aggression, delinquency, substance use) whereas girls become more strongly involved in internalizing problem behaviors (depression, low-self-esteem, withdrawal)(see Dutch studies by Overbeek et al., 2001, 2003; Mesman et al., 1999, 2000). Nevertheless, as eating problems such as restraint eating and dieting are less frequently assessed as indicators of internalizing problems we will examine whether indeed girls become more strongly involved in this type of behavior.

“Does environment matter: A review of nonshared environment and eating disorders.” This is the title of a paper by Klump et al. (2002) on the research that has been conducted on familial influences on eating disorders. Their excellent review of international research on shared and nonshared effects of familial factors on eating disorders clearly show that (a) only limited studies aimed to focus on family factors on development of obesity, binge eating, anorexia and bulimia nervosa, (b) most of these studies did not focus on nonshared family influences and (c) many studies suffer from serious methodological flaws making it hardly possible to draw definite conclusions. Therefore, research is warranted on shared and nonshared familial (parents, siblings) factors and development of eating behavior in adolescents.

Methods

We aim to deal with most of these shortcomings by performing analyses on data of two ongoing projects at our institute. This project will provide substantial new information about causes of overeating in adolescents and more specifically the role of parents in the development of eating behaviors and overeating.

Results

We wrote papers on the prevalence of eating behaviors in adolescents in the Netherlands, the link between TV viewing and snacking, and the associations with overweight and tendency to overeat.

We also studied family similarities (parent-child and sibling) in eating behaviour and parental influences on adolescents' emotional eating.

Researchers

ir HM Snoek (PhD student), prof dr RCME Engels (promotor), dr T van Strien (co-promotor, Radboud University Nijmegen), prof dr J Janssens (promotor, Radboud University Nijmegen)

Term: 2003 - 2008

Financing: Radboud University Nijmegen

Organisation of care and prevention

39 Development of an information system on vulnerable groups for municipalities in the Netherlands

Aim and research questions

On the website www.kwetsbaregroepen.nl several municipalities have the opportunity to reserve a section to place their local information in the field of addiction, mental healthcare and other public healthcare services aimed at vulnerable groups in society. The website gives municipalities the opportunity to promote communication among local government, social workers and other participants who are operating in this field.

Results

Beside a section with national information, the municipalities of Rotterdam and The Hague have their own section on the website www.kwetsbaregroepen.nl. The website contains national and regional information on public mental health policy and care. For example, recent developments and renewing methods in the field of addiction care, domestic violence, financial problems, legislation, local care facilities, information on target groups and high-profile articles in the media.

Researchers

drs A Vogelzang (researcher), ir EG Wits (project leader), MJ Audenaardt (project leader)

Term: January 2005 – December 2005

Financing: Participating municipalities (Rotterdam and The Hague)

40 Sociomedical care: functioning of the GP office hours within shelters

Aim and research question

Since 2003 the Rotterdam Area Health Authority (in association with day and night shelters, SoZaWe, health insurance 'Zilveren Kruis', the 'Zorgkantoor' and 'Zorggroep Rijnmond') has been working to structurally set up GP office hours for the homeless. In March 2004 the 'Sociomedical care (SMZ)' project was started in 10 different day and night shelters, where weekly GP office hours are held by GPs and nurses. The project keeps electronic records in a GP information system. The study maps the functioning of SMZ from the perspective of the clients, the GPs and nurses, and the shelter staff. Furthermore, opportunities for improvement of the functioning of SMZ is topic of the study.

Methods

The questions were answered by a) studying the literature on health of the homeless, b) analysis of documents on SMZ, c) analysis of three months GP information system, d) interviews with GPs, nurses and workers, and e) interviews with clients/patients.

Results

In three months time the GPs saw 250 homeless persons in their GP practice. Half of them

had not been seen earlier; they are 'new' patients. Many patients are problematic alcohol and/or drug users, and many suffer from psychological or psychiatric problems. They went to the GP office hours because of complaints about joints, lungs, feet, skin, stomach, legs and ears. These are acute physical complaints, but a large proportion contain a chronic element (also because of the homeless' lifestyle). Almost half of the patients was treated with medication.

The professionals involved and the clients/patients are very positive about the GP office hours in shelters. Many homeless are reached with the social medical care because it is offered in the shelters where they spend time. The reach is positively associated with the nurses' steering of homeless to the GPs. Therefore, the more hours there is a nurse present in the shelter, the better the functioning of the GP office hours. This also applies for the followup (e.g. medication); the nurses 'follow' the patients.

The results are presented in IVO series 36, and in a Dutch medical journal.

Researchers

drs A van der Poel (senior researcher), dr HAM Jansen (project leader)

Term: September 2004 – January 2005

Financing: Municipal Health Authority Rotterdam Area

41 Client profiles

A guideline for target group analysis in addiction care

Aim and research questions

The aim of the implementation and evaluation of the guideline is: 1) to promote extensive adoption of the guideline, and 2) to monitor the use of the guideline to detect obstacles and adjust the guideline when necessary. The guideline should serve as a tool for addiction care agencies to perform a target group analysis, in order to improve or renew the facilities for a specific target group.

Methods

A wide, effective implementation of the guideline requires support, evaluation and monitoring. Therefore, after development of the guideline, within two addiction care agencies the implementation of the guideline has been supported. Staff members of these agencies were trained to use the guideline and the implementation was evaluated. Special attention has been paid to the organisational preconditions for the use of the guideline, and to the necessary professional support.

Results

The evaluation will be published in summer 2006. The guideline needs revision; a second edition will also be published in 2006.

Researchers

ir EG Wits (senior researcher), drs G Rodenburg (researcher), prof dr RA Knibbe (project leader)

In collaboration with: To score Results, Centre for Addiction Research (CVO), Trimboos Institute
Term: 2003-2005
Financing: Netherlands Organisation for Health Research and Development (ZonMw)

42 Cooperation in return

Evaluation of the project 'Randstad Return Initiative, reducing the barriers of return through native language social workers in Rotterdam, Amsterdam, Utrecht and The Hague'

Aim and research questions

In the second half of 2003 the research institute Risbo conducted a project evaluation of a co-operation between IOM and the Diaconal Centre Pauluskerk in Rotterdam, aimed at returning rejected asylum seekers from the Southern Caucasian states, the Russian Federation, Belarus and Ukraine. The evaluation showed among others that the co-operation was successful because of the approachability of the non-governmental Pauluskerk and the use of a Russian native language counsellor. The success of the co-operation between IOM and Pauluskerk led to a continuation of the project in 2004 and to expansion of the project to the cities of Amsterdam, Utrecht and The Hague. Also in these cities co-operations between IOM and non-governmental organisations (NGOs) have been set up and native speakers have been appointed. The target group has been expanded to rejected asylum seekers from French and English speaking West-African countries.

IVO and Risbo conducted the evaluation of the continued and expanded return project after one year. The key research question is whether it is possible to copy the formula for success of Rotterdam to other cities and to target groups from other than Russian-speaking countries.

Methods

By means of document analysis (project documentation, progress reports and minutes of meetings) insight has been gained in the various co-operations between IOM and NGOs in Rotterdam, Amsterdam, Utrecht and The Hague. In addition in the four cities interviews have been held with representatives of the local NGOs, social workers of IOM and native speakers, appointed as part of the project.

Results

The results show that it is impossible to copy the Rotterdam formula for success in exactly the same way. The Pauluskerk in Rotterdam is unique. This implies that in other cities the formula for success should be adjusted to the local situation.

Researchers

drs G Rodenburg (researcher IVO), drs A Weltevrede (researcher Risbo) and prof dr GBM Engbersen (project leader Risbo)

In collaboration with: Risbo Contractresearch BV / Erasmus University Rotterdam
Term: February 2005 – July 2005
Financing: International Organisation for Migration (IOM)

43 Development and implementation of care protocols in Rotterdam A process evaluation to improve medical care to drug addicts in shelters

Aim and research questions

To improve medical care for marginalized drug addicts by developing and implementing protocols for care takers (general practitioners and nurses) in day and night shelters. The protocols handle health problems that frequently occur with drug users.

Method

The development of protocols was based on literature and discussions with specialists. Implementation took place in the context of the project 'SocioMedical Care' in Rotterdam. Data for the process evaluation were gained by means of observations at training sessions and consultation, and interviews with care takers and patients in social care.

Results

Five protocols have been developed and implemented:

- 1) a protocol for infestation of the lungs (especially related to cocaine use);
- 2) a protocol for foot problems;
- 3) a protocol for wounds and abscesses;
- 4) a protocol for dermatological problems;
- 5) a protocol concerning pregnancy and delivery.

The results of the process evaluation made clear that implementing protocols for care takers in day and night shelters is feasible and useful. It is recommended to pay attention to continuation in use of the protocols developed as well as to development of new protocols for the target group of marginalized drug addicts.

Researchers

drs G Rodenburg (researcher) and ir EG Wits (project leader)

Term: July 2005 – December 2005

Financing: Care Office (Zorgkantoor) Rotterdam, To Score Results

44 Comparison of meddling care for hard drug users in Rotterdam

Aim and research questions

Programs for meddling care have emerged in the past few years. Meddling care is care offered to those (in this case to users of hard drugs) who avoid addiction and other types of care, while it is obvious that they must be helped in one area or another. Since they do not ask for help themselves, meddling care officers try to make contact with them and tempt them into accepting the care they need. In Rotterdam, a number of organizations have meddling care programs. The IVO was asked to compare some of these programs. The following research question will be answered: What are the differences between the meddling care programs concerning target group, product, organization and effectivity, and how can these differences be explained?

Methods

Data are collected through interviews with key informants from the meddling care programs. In these interviews characteristics of the programs are mapped with a questionnaire developed by IVO-colleague Roeg who does her PhD research into meddling care at the Tilburg University.

Results

Will be published in 2006.

Researchers

drs A Vogelzang (researcher), drs A van der Poel (project leader)

Term: August 2005 – April 2006

Financing: Municipal Health Authority Rotterdam Area

45 Hepatitis B in prostitute's clients: a forgotten group?

Aim and research questions

Aim of the study is to investigate prostitute's clients' risk to be infected with hepatitis B and subsequently spread this disease.

Research questions are:

What percentage of the prostitute's clients has ever been infected with hepatitis B, what percentage has a chronic infection?

What percentage of the prostitute's clients got a vaccine for hepatitis B, and what was the compliance in finishing the vaccination series?

How much knowledge do prostitute's clients have on hepatitis B?

Which risk behaviours do prostitute's clients show (related to hepatitis B)?

Does the subjective risk match the objective risk? In other words, if prostitute's clients perform risky behaviour, do they consider themselves to be in the risk group for hepatitis B?

What is prostitute's clients' knowledge, attitude, subjective norm, perceived control and intention towards obtaining the hepatitis B vaccine?

What are possible barriers to obtaining the vaccine, and how can these be removed?

Methods

Prostitute's clients are contacted via the website hookers.nl, and at prostitution locations. They are invited to participate in the study by filling in an online questionnaire. Moreover, about 8 prostitute's clients will be interviewed, in order to interpret the quantitative data collected with the questionnaire.

Results

Development of the questionnaire was started in the last months of 2005. Data collection will start in January/February 2006, results will be published in summer 2006.

Researchers

drs A van der Poel (senior researcher), drs EM Petronia (research assistant), dr BJB Boon (project leader)

In collaboration with: SOA-AIDS Nederland, Centre for Infectious Diseases (RIVM),
Netherlands Society of Municipal Health Authorities (GGD-NL)
Term: October 2005 – May 2006
Financing: GlaxoSmithKline

46 Development of a screening questionnaire to establish psychiatric disorders and substance abuse among homeless persons

Aim and research questions

The aim of the study was to develop a simple and sensitive instrument to be used by staff working in shelters for the homeless to more effectively recognize and assess psychiatric and/or substance use disorders among their clients.

Methods

The developed instrument was tested for validity (sensitivity and specificity) by using it to interview a random selection of ca. 300 homeless persons, and by comparing the outcome with a gold standard, i.e. the Composite International Diagnostic Interview (CIDI).

Results

The sensitivity of the screening instrument for depression was good (78%). For specificity, 53% of the respondents without a DSM diagnosis of depression were scored by the screening instrument as not depressive. For psychotic disorders the sensitivity and specificity were 79% and 71%, respectively. The question concerning the frequency of drinking 6 or more glasses of alcohol per day for men/4 or more glasses per day for women had a high sensitivity (86%) and high specificity (89%). The sensitivity for methadone use was 91% and the specificity was 53%; for heroin use these values were 79% and 69%, and for cocaine 78% and 52% (nonsignificant), respectively.

The results show that the developed screening instrument is valid for the recognition of psychiatric problems (i.e. depression, psychotic disorders) and to identify alcohol abuse and/or addiction to hard drugs (i.e. opiates and cocaine).

Researchers

drs AJ van Rooij (research assistant), dr CL Mulder (project leader O3), ir EG Wits (senior researcher), drs A van der Poel (senior researcher), dr H van de Mheen (project leader)

In collaboration with: O3 Research Centre Mental Health Care Rijnmond
Term: January 2005 – April 2006
Financing: Care Office (Zorgkantoor) Rotterdam

Internet

47 Compulsive Internet Use

Aim and research questions

In 2001 a research project started at the IVO aiming at the exploration of the newly emerged phenomenon of Compulsive Internet Use (CIU), or internet addiction as it is called popularly. In 2005 the results of various studies that elaborated on this earlier work were described in a series of articles, which together form a dissertation. Aims of these studies were: 1) development of an instrument to assess CIU, 2) estimation of the prevalence of CIU in the general Dutch population, 3) comparison of the addictive potential of various internet functions, 4) study of the relationship between online communication and psychosocial wellbeing among adolescents, and 5) augmentation of the knowledge on the processes and mechanisms involved in the development and maintenance of CIU in terms of personality features and psychosocial aspects.

Methods

Three studies were conducted: a longitudinal online survey study with an interval of one year among a representative sample of adult heavy internet users, an online study using a large (over 17,000 respondents) convenience sample, and a longitudinal study with an interval of six months using a paper and pencil questionnaire among students in the eighth grade of four schools.

Results

The studies resulted in a short and easy to administer, stable, valid and reliable instrument to assess CIU (the CIUS). The prevalence of CIU among the general internet using population appeared to be about 1%. Adults who use the internet for searching online erotica, for online communication, or for gaming have the highest chance to be compulsive internet users. Searching online erotica appeared to have the largest addiction potential. Adolescents who frequently engage in instant messaging and chatting have a higher incidence of CIU six months later, adolescents who spent much time communicating via instant messengers, showed a higher incidence of depressive symptoms six months later, and among lonely adolescents the use of instant messengers appeared to diminish over time. The personality dimension low emotional stability and the psychosocial wellbeing indicator depressive symptoms correlated most clearly with CIU. Furthermore, compulsive internet users were more impulsive than non-compulsive internet users indicating that CIU may be characterized as an impulse control disorder.

Researchers

drs GJ Meerkerk (senior researcher), dr RJJM van den Eijnden (project leader)

Term	2005 – February 2006
Financing	Volksbond Foundation Rotterdam

48 Online communication and the psychosocial wellbeing of adolescents

Aim and research questions

American studies suggest that online communication could be 'addictive' and that it may have negative consequences for the psychosocial wellbeing of adolescents. Excessive online communication would hinder the development of important friendships in real life, and would thereby promote feelings of depression and loneliness. Until now, little is known about the consequences of online communication on the psychosocial wellbeing of Dutch adolescents. Therefore, the present study focuses on the following research questions:

How important is online-communication for Dutch adolescents?

What is the relationship between online-communication and compulsive internet use ('internet addiction') among Dutch adolescents?

What is the relationship between online-communication and the psychosocial wellbeing of Dutch adolescents?

Methods

The present study was conducted among 680 adolescents aged 13-15 years. The study had a longitudinal design, consisting of two measurements. The first measurement was conducted in November 2003, and the second measurement in June 2004. During both measurements, written questionnaires were distributed in a classroom setting.

Results

Instant Messaging is very popular among Dutch adolescents (about 90% of the youngsters uses the Instant Messenger and 55% does this on a daily basis). Instant Messaging is regarded as the most important communication technology, even more important than (mobile) phone. Excessive use of the Instant Messenger increases the risk of developing compulsive internet use among girls, and increases the risk of developing symptoms of depression among boys who experience feelings of loneliness. Use of the Instant Messenger does not increase or decrease feelings of loneliness.

Researchers

dr R Spijkerman (researcher), drs GJ Meerkerk (senior researcher), dr RJJM van den Eijnden (project leader), prof dr RCME Engels (adviser), dr A Vermulst (adviser, Radboud University Nijmegen)

In collaboration with: Radboud University Nijmegen

Term: October 2003 – June 2005

Financing: IVO

49 Compulsive Internet use among adolescents What are the consequences and what can parents do about it?

Aim and research questions

Recent Dutch studies implicate that a substantial number of Dutch adolescents has developed a pattern of compulsive Internet use ('Internet addiction'). However, the question remains whether compulsive internet use is a serious problem, in a sense that it has an

impact on adolescents' psychosocial well-being and adolescents' school performances? If so, a second research question becomes important, namely the question what parents and teachers can do to prevent compulsive Internet use among adolescents. Therefore, the following research questions will be addressed in the present study:

What can parents do to prevent compulsive Internet use among adolescents

Does compulsive Internet use affect adolescents' psychosocial well-being and school performances?

Methods

A two-wave longitudinal study was conducted among 512 adolescents aged 13-15 years. About 1500 adolescent Internet users were recruited through banners in the MSN-messenger, and were approached again 6 months later through e-mail; 512 adolescents also participated in the second measurement (response 34.%). During both measurements, adolescents had to fill out an online questionnaire, containing questions on their psychosocial well-being, their school performances and on Internet-related parenting factors (how parents deal with the respondents Internet use). Data were analyzed by means of Structural Equation Modeling.

Results

Longitudinal analyses show that compulsive Internet use among adolescents predicts an increase in depressive symptoms 6 months later, and a decrease in school performances 6 months later. Cross-sectional analyses indicate that four Internet-related parenting factors relate to compulsive Internet use, namely rules regarding frequency and duration of Internet use, norms regarding content of Internet use, tolerance towards excessive Internet use, and quality of communication about Internet use. As expected, the chance of compulsive Internet use among adolescents is higher when parents do not communicate norms on the content of the adolescents' Internet use, when they tolerate excessive Internet use and when the quality of communication about the adolescents' Internet use is poor. Unexpectedly, rules with regard to frequency and duration of Internet use was positively related to compulsive Internet use: the more rules on frequency and duration, the more compulsive the adolescent's Internet use. Longitudinal analyses do not provide more insight into the causality of this relationship: do these parental rules enhance compulsive Internet use or does compulsive Internet use cause parents to set strict rules on frequency and duration of the Internet use? Longitudinal results only provide evidence for the relationship between quality of communication about Internet use and compulsive Internet use.

Researchers

dr RJJM van den Eijnden (researcher, project leader), dr A Vermulst (researcher University of Utrecht)

In collaboration with: MetrixLab Rotterdam, University of Utrecht
Term: February 2005 – February 2006
Financing: MSN (Microsoft)

50 Monitor Internet and youth

Aim and research questions

During the last 10 years, Internet use has become the most important leisure time activity among Dutch adolescents. On average, Dutch adolescents aged 13-14 years spent about 16 hours a week on internet use for private purposes. However, until now few Dutch studies have been conducted on this subject, and none of these studies have used representative samples. Moreover, only few studies have used a longitudinal research design. These methodological shortcomings limit conclusions on the Internet use of Dutch adolescents, and ask for more systematic research, whereby a representative sample of Dutch adolescents is followed for a longer period of time. Therefore, the present study has a longitudinal research design and includes a representative sample of 10-15 year old Dutch adolescents. The following research questions will be addressed:

To what extent do adolescents have Internet access at home?

How many hours are spent on Internet use and on the use of different Internet functions?

Which developments over time can be seen in the Internet use of adolescents?

Which changes in Internet use take place when adolescents become older?

Which changes in Internet use take place due to technological progress and new developments?

Which subgroups of Internet using adolescents can be distinguished?

What are the consequences of (different forms of) Internet use for the psychosocial well-being and social functioning of adolescents?

What are the consequences of (different forms of) Internet use for other leisure time activities and for school performances?

What are risk factors and risk groups for the development of internet-related problems such as compulsive Internet use?

Methods

A three-wave longitudinal study will be conducted among a representative sample of 4500 Dutch adolescents aged 10-15 years. A total of 16 schools for primary education and 9 schools for secondary education are participating in this study. These schools are selected on the basis of region, degree of urbanization and school level. In January 2006, the first wave of this longitudinal study took place.

Results

Will be reported when available.

Researchers

drs AJ van Rooij (research assistant), drs GJ Meerkerk (senior researcher), dr RJJM van den Eijnden (projectleader), dr A Vermulst (researcher University Utrecht)

In collaboration with: University Utrecht

Term: October 2005 – June 2008

Financing: Volksbond Foundation Rotterdam, Wanadoo, Novadic-Kentron, Foundation ICT at School

Domestic violence

51 Primary and secondary prevention of domestic violence An implementation study in the southern region of the Netherlands

Aim and research questions

The aim of the study is to examine which is the best organizational structure and implementation strategy for implementing a family directed approach in order to treat and prevent relapse in cases of domestic violence.

The research questions are following:

What is the progress in the implementation of the family-directed approach within the network of organizations in Zuid Limburg?

Which factors promote or inhibit this implementation process?

Which amendments are needed in the organizational structure in Zuid Limburg in order to successfully implement the family-directed approach?

Which recommendations result from the situation in Zuid Limburg, that can be helpful for the implementation of the family-directed approach in other regions?

Methods

The method consists of four phases:

Inventarisation: Interviews with the coordinators of domestic violence within all the organizations, in order to clarify the organizational structure in this specific region.

File research: All the patient/client files of the year 2005 in which domestic violence is mentioned will be read in order to collect information on the number of cases of domestic violence, the type of violence, the type of treatment, and the communication with and referral to other organizations concerning all the members of the families in the files.

Interviews: A second series of interviews with coordinators of domestic violence cases in all participating organizations will shed light on the findings in phase 2.

Based on the former three phases, recommendations will be formulated and discussed with the participating organizations, in order to define the most optimal organizational structure for successful implementation of the family-directed approach concerning domestic violence.

Results

In 2005, phase 1 was started (see above). For each participating organization a plan was made on how to conduct the file research in the next phase. Also, a privacy protocol was developed, and all organizations were asked to examine this protocol and sign the official documents for participating in the study.

Researchers

drs AM Coumans (researcher), dr BJF Boon (project leader)

In collaboration with: Stichting Huiselijk Geweld Zuid Limburg

Term: 1 October 2005 – 1 April 2007

Financing: Netherlands Organisation for Health Research and Development (ZonMw)

Nuisance and safety

52 Handling stolen goods

Aim and research questions

This research has three aims:

Mapping the functioning of the market of handling stolen goods;

Mapping the policy and consequences of handling stolen goods on trade and industry;

To find points of departure for reducing the trade in stolen goods.

Methods

These include: a literature study, analyzing police registrations and statistics, in-depth interviews with people that steal or deal in stolen goods, and expert meetings.

Results

Results will be available in summer 2006.

Researchers

drs PMG Gruter (researcher Ateno), dr P Kruize (researcher Ateno), dr B Rovers (researcher Ateno), drs MTM Stoele (researcher), dr H van de Mheen (project leader)

In collaboration with: Ateno, Bureau for Criminological Analysis

Term: December 2005- May 2006

Financing: WODC, Ministry of Justice

53 Public Nuisance in Den Dolder

Aim and research questions

The community of Den Dolder hosts a psychiatric hospital. An increasing number of community members complain about nuisance caused by patients from the hospital. Before taking action the psychiatric hospital wants to make an inventory of the nuisance and wants know if the new department for drug and alcohol dependent people plays a significant role in this.

Methods

Half-open interviews with village residents and shopkeepers and half-open interviews with hospital staff and informal talks with hospital residents form the core data. Police data were collected and analyzed. In the second phase of the study, fieldwork in the village of Den Dolder and the psychiatric hospital was conducted. Observations were made at 'hot spots'; informal talks were conducted with patients and villagers, and additional half-open interviews with villagers.

Results

Since the start of the department for drug and alcohol dependent patients the host community has experienced an increased level of nuisance. The nuisance includes public drinking and related behaviour, such as annexing public space, littering. Police statistics

show an increase in theft of bicycles, car burglary and reports of nuisance. All departments of the hospital have patients who drink and smoke cannabis in public. The patients of the new established drug and alcohol department, however, cause most of the nuisance. This department is a so-called time-out facility, in which patients stay a maximum of seven days and then have to leave for four to seven days. Abstinence is not the objective of this department. Alcohol dependent patients are predominantly responsible for the nuisance caused. Other sources of nuisance are: village youth that drink beer and smoke cannabis in public and inmates discharged from a nearby detention facility.

Researchers

drs C Barendregt (researcher), dr H van de Mheen (project leader)

Term: September 2005 – January 2006

Financing: Altrecht Mental Health Care, Centrum Maliebaan Addiction Care

54 Location for a day/night shelter in the municipality of Heerlen: reachable and controllable

Aim and research questions

In the city of Heerlen, a new location for a day/night shelter for homeless people has to be found. A severe political controversy exists between proponents and opponents of a location in the city centre. The research question focuses on the concept of 'reachability': up to what distance is the day/night shelter reachable for homeless people, and what is needed to enhance the 'reachability'?

Methods

By means of half-open interviews with local politicians an overview has been obtained of the existing political controversy. Professionals (e.g. police officers, drug workers and civil servants) have been interviewed on topics about the nature and number of the target group, 'reachability' and attainable level of control. Also, future scenarios were discussed. Group interviews were conducted with citizens from various neighbourhoods. The citizen's view on the local drug problem and on the role of various actors in the political process was the major topic of these interviews. During field work, informal talks with homeless drug users and drug workers shed light on the day-to-day lives of homeless people and their dependence on the city centre. Candidate locations for the new shelter have been visited.

Results

The citizens want to get rid of drugs-related public nuisance and many prefer a location outside the city centre. Most of them are critical of the role played by the municipality. Professionals consider a location within or near the city centre as the most realistic option. A location outside the city centre would in fact be in the outskirts of the city which would entail high costs to maintain public order and would still not guarantee that the city centre would be 'homeless free'. The professionals indicate the importance of reducing the scale of the day/night shelter, and think that a smaller shelter would suffice. A precondition, however, is that present residential capacity is used more efficiently and that a high level, reintegration oriented centre is implemented to treat those homeless with the best prospects.

Researchers

drs C Barendregt (researcher), drs MTM Stoele (researcher), dr BJF Boon (project leader)

Term: October 2004 – January 2005

Financing: Municipality of Heerlen

Education: Research and Development

55 Advancement of addiction expertise: a training program

Aim and research questions

Education in substance use and addiction has not been embedded structurally in any academic training. Moreover, practical experienced professionals are not being trained in conducting research and the use of research results. The project aims to find a bridge between science and practice. Within this proposal (in both the development and the implementation phase) there will be cooperation between scientific institutes (e.g. faculties of universities) and practical institutions (e.g. addiction care organisations).

Methods

The project has a development phase (6 months) and an implementation phase (24 months), which includes an evaluation study. The project should result in two clear products:

A) A module "Addiction and care and treatment of drug addicts" for bachelor/master training in the Netherlands. Target groups are for example students studying psychology or medicine (minimum bachelors level). The module must be adapted each time to the curriculum of training in which it is offered.

B) A training program "Addiction (care) and scientific research", for care workers and prevention officials who work in practical addiction care. Target groups are practical workers (particularly academic and HBO level) in addiction care and prevention.

Final attainment levels module A and B

- 1 Basic knowledge concerning substance use, care and research (module A and B)
- 2 Familiarisation with care practices (module A)
- 3 Theoretical shaping (module A and B)
- 4 Basic research skills (module B)
- 5 Translation of scientific knowledge to practice (module A and B)
- 6 Reflection on practical or theoretical problem (piece of work) (module A and B)

Results

Module A

An educational program was developed in 2004 in various tailored versions. The program was implemented in the curriculum (free choice) for students of the faculty Psychology of the Erasmus University Rotterdam in the year 2004 and 2005, and will be implemented again in 2006. Furthermore, a tailored version of the program (Psychology of addictive behaviours) was implemented in the curriculum for the students of the faculty of Psychology of the University of Maastricht. Finally, two other shortened tailored versions were developed for the students of the Erasmus MC.

Module B

In cooperation with the NSPOH a course "Addiction care and Public Mental health, theory and practice of addiction and the relation with Public Mental health" was organized in 2004.

A tailored version of the program was developed for researchers and AIOs who need extra knowledge on addiction and implemented as the NIHES course.

Researchers

drs GJ Meerkerk (researcher), dr HAM Jansen (researcher), dr BJF Boon (project leader), dr H van de Mheen (project leader)

In collaboration with: NSPOH, to Score Results, Erasmus MC (Department of Public Health), Erasmus University Rotterdam (Faculty of Psychology, Institute of NeuroScience), University of Maastricht (CaRe, Faculty of Psychology)

Term: March 2004 – September 2006

Financing: Netherlands Organisation for Health Research and Development (ZonMw)

56 Inventarisation of education on addiction An inventarisation of addiction modules in Dutch HBO schools and universities

Aim and research questions

The aim of this project was to get a good picture of all the educational modules or projects that are directed at addiction in Dutch HBO schools and universities.

Research questions were:

Which relevant training or studies at HBO-schools and universities offer education on addiction?

Does this addiction-related education consist of one or more separate modules, or is it part of a broader module (e.g. psychopathology)?

How many study points are allocated to this module?

What form does the training/education take?

Which themes and theories are learned in the module(s)? Who are the teachers within the module(s); what is their specific expertise?

Do respondents consider the current addiction education sufficient, and if not which changes would they suggest?

Which competences are learned within the module(s)?

How are the knowledge and competences tested?

Is there a possibility to an internship, related to the field of addiction? If so, in what organizations? What is the period, character and content of the internship? In what way is the quality of the internship guaranteed?

Methods

Data were collected by sending written questionnaires to one contact person within each relevant discipline at Dutch HBO schools and universities. Contact persons were collected by making phonecalls to each school and university and asking for contactpersons concerning education on addiction. Each contactperson received several reminders if they did not return the questionnaire; by e-mail, phone and if needed a second printed questionnaire was sent out to them.

Results

It was found that 100% and 77% respectively of all relevant disciplines at the Dutch universities and HBO-schools offered education on addiction. However, at most disciplines the education on addiction consisted of only a (small) part of a broader module.

Researchers

drs G Rodenburg (researcher), drs A Vogelzang (researcher), D Rijkse (research assistant), M de Hoog (research assistant), dr BJF Boon (project leader)

Term: April 2005 – December 2005

Financing: Advisory Board Knowledge Development in the Addiction Care (Raad van Bekwaamheidsontwikkeling in de verslavingszorg), to Score Results

Consultancy

57 Consulting the municipality of Leiden Reviewing the search for the right location

Aim and research questions

The municipality of Leiden intended to implement a new location for a day and night shelter for its homeless citizens. The first location chosen was so heavily criticised that a second search was necessary. In collaboration with other consultants, IVO monitored and reviewed this search process on three aspects: transparency, consistency and objectivity.

Methods

The search process was monitored and reviewed by studying written material produced during the course of the search process, visiting a public hearing, discussing the process with the other consultants and the project managers in charge. By means of interim reports and meeting and a final report feedback on the process was provided.

Results

To find a suitable location for a day and night shelter is a difficult task. It is important to separate the search process from ultimate political choices. To meet process criteria such as transparency, consistency and objectivity is laborious. The search process takes place in a dynamic social environment. In the case of Leiden the transparency criterion implicitly encompasses objectivity and consistency. To meet the transparency criterion much paperwork has to be made available to the public. However, the extensive volume of the paperwork discourages reading: the paradox of transparency. Conclusion of the consultants: the search process has been conducted in a sufficiently transparent way.

Consultant

drs C Barendregt

In collaboration with: Ecorys, Municipal Health Authority Utrecht
Term: July 2005 – September 2005
Financing: Municipality of Leiden

4 EDUCATION AND SOCIAL SERVICES

Education

Coordination: dr HAM Jansen

- In the third year of the medical curriculum of the Erasmus MC, IVO provided an assignment for self-education on societal consequences of alcohol consumption.
- In the fourth year of the medical curriculum of the Erasmus MC, IVO provided a course on addiction, which was attended by 30 students.
- In the Faculty of Social Sciences, IVO provided a five-week full-time programme for the third-year curriculum of Psychology: 60 students participated.
- In the Faculty of Policy and Management of Health Care of the EUR, two lectures were given (one for the full-time and one for the evening course) for second-year students as a part of the module 'Socio-Medical Analysis'.
- At the University of Maastricht contributions were made to the curriculum Health Sciences through lectures, discussion groups and optional courses.
- IVO staff members gave lectures at the Netherlands Institute of Health Sciences (NIHES).

IVO Award

Every two years, the IVO provides an international grant on addiction research. The IVO Award aims at stimulating young scientists to conduct high quality research in the field of addiction. The grant is financed by the "Stichting Volksbond Rotterdam". The grant is € 10,000. The grant should be invested in further research and/or further education in this field. A jury of three international experts in the field of addiction research will judge the nominations/applications. The composition of the Jury changes every two years. In 2005 the preparations are well under way for the presentation of the IVO award in 2006. The jury will consist of prof dr Rutger Engels (Institute of Family and Child care studies, Radboud University Nijmegen, The Netherlands), Pia Makela, PhD (STAKES Alcohol and Drug Research Group, Finland). and prof dr Gerhard Gmel (Swiss Institute for the prevention of Drug and Alcohol Problems (SIPA), Switzerland).

Report meetings

For more than 10 years IVO has investigated issues of addiction care and its related fields. As a research institute our aim is not only to 'increase' knowledge but also to promote discussion on these topics. One way in which IVO can express its wider social involvement is by organising report meetings. These are held several times a year in the World Trade Centre (Rotterdam) for all those interested in the various aspects of addiction and addiction care in The Netherlands. In 2005 three reportmeetings were organized.

1st report meeting, May 26 2005

Addiction care in general practice

Speakers:

Harrie Janssen (project leader), Betty Balm (Bouman GGZ), Ben Ponsioen, Eveline Rietdijk (Bouman GGZ)

In coöperation with Bouman GGZ and the Association of Public Health & Science (V&W) IVO organized a meeting on the results of the project 'Low threshold screening and treatment of alcohol problems in general practice'. In this project consulting hours for alcohol problems were introduced in general practices, by specialists from Bouman GGZ. These consultations were highly appreciated by the general practitioners (GPs) because of the effectiveness of the reference, the openness of communication with the addiction worker, and compliance of patients with this reference.

More than 40 workers in addiction care, GPs and other interested citizens attended this meeting in WTC Rotterdam. Harrie Jansen (project leader), Betty Balm (consulting addiction worker of Bouman GGZ), Ben Ponsioen (GP Brielle) and Eveline Rietdijk (head: department ambulant care Bouman GGZ) each gave a short evaluation of the project; the meeting ended with a lively discussion.

2nd report meeting, September 22 2005

Out of circulation

Speakers:

Marianne van den Anker, alderman Safety and public health (Municipality of Rotterdam), Anton van Kalmthout, professor criminal law (Tilburg University)

For a small group of "troublesome" drug users the feasibility of permanent integration into society is very limited. This applies particularly to the group characterized by repeated criminal or nuisance-causing behaviour, homelessness and/or addiction. There is a tendency to remove this group from society on the longer term by, for example:

- placing them in a facility for long-term stay (care), preferably located outside the city
- confinement of (addicted) recidivists for several years under the SOV (penal code for criminal addicted persons), or in a detention centre with a strict/austere regimen.

This seminar addressed the positive and negative aspects of these developments and examined which alternatives are conceivable. Alderman Marianne van den Anker explained the viewpoint of the Municipality of Rotterdam. Anton van Kalmhout (professor in criminal law, Tilburg University) presented a critical view on the above-mentioned trends.

3rd report meeting, November 24 2005

Nimby: Implementation of possible nuisance causing facilities in a residential area

Speakers:

Cas Barendregt (researcher IVO), Arjan Post (sociologist of culture, free-lance journalist), Ciska Jolders, (member of parliament: Christian Democrats)

According to the acronym archive of a national Dutch newspaper, Not In My Backyard (Nimby), indicates a location where some citizens would like to locate, for example motorways, railways, shelters for asylum seekers, homeless and drug users and other, according to them, potential sources of nuisance: i.e. "everywhere but not in my back yard."

The implementation of facilities destined for vulnerable groups often meets resistance of local residents. This is often a source of frustration for professional caregivers and local politicians who are responsible for these facilities.

How should to interpret this resistance? Do caregivers and politicians fail to sufficiently involve the public in the process of implementation? Or, is Nimby the expression of citizen's increasingly intolerant attitude toward outsiders? Another important question is how can we adequately deal with the Nimby phenomenon?

In this IVO seminar, three people addressed this issue. Cas Barendregt introduced the Nimby concept from different angles, and emphasized that the stigma that vulnerable groups bear is a source of resistance. Arjan Post argued that in the battle over public space the civic disregard of the socially maladapted is expressed in resistance against facilities. Ciska Joldersma took a pragmatic approach; she focused on the policy angle of Nimby and stressed that municipalities should adhere to a behavioural code that clearly outlines the basic steps involved in the implementation process. Joldersma considers that the Nimby phenomenon is basically a form of civic resistance to the non-transparent implementation procedures.

5 ORGANISATION

Staff 2005

	<u>fte</u>		
drs Doeschka Anschuts	0.8	PhD student Nijmegen	
Miranda J Audenaerd	0.8	Director Business Affairs	
drs Jessica E Baars	1.0	PhD student Rotterdam	
drs Cas Barendregt	0.8	Researcher Rotterdam	
dr Brigitte JF Boon	0.8	Research coordinator Rotterdam	
drs Sander M Bot	1.0	PhD student Nijmegen	
drs A Moniek Coumans	0.8	Researcher Rotterdam	
drs Sandra van der Dam	0.8	Researcher Rotterdam	
drs Daksha van Dijk	0.75	PhD student Maastricht	
drs Aafje Dotinga	0.8	PhD student Rotterdam	till 1/10
drs Endy den Exter Blokland	0.2	Researcher Nijmegen	
prof dr Rutger CME Engels	0.5	Professor Nijmegen	
dr Regina JJM van der Eijnden	0.8	Research coordinator Rotterdam	
drs Ingrid HM Friesema	0.8	PhD student Maastricht	
prof dr Henk FL Garretsen	0.2	Professor Rotterdam/Tilburg	
dr Ien LAM van de Goor	0.2	Research coordinator Tilburg	
drs Paul Gruter	0.3	Researcher Rotterdam	till 1/4
drs Zeena Harakeh	1.0	PhD student Nijmegen	
Monique de Hoog	0.3	Human Resources Rotterdam	
dr Harrie AM Jansen	0.3	Research coordinator Rotterdam	
Jan Joosten	0.1	Researcher Maastricht	
Robert Koops	0.6	Business Affairs Rotterdam	
drs Marloes Kleinjan	1.0	PhD student Rotterdam	
prof dr Ronald A Knibbe	0.5	Professor Maastricht	
dr Paul HHM Lemmens	0.5	Researcher Maastricht	
drs Ankie LF Lempens	0.8	Researcher Rotterdam	till 1/2
drs Loes MA Linssen	0.5	Fieldworker Rotterdam	
drs Jikke van der Linden	0.6	Researcher Maastricht	
drs Jade van de Luitgaarden	0.6	PhD student Maastricht	
drs Nicole JM Maalsté	0.8	Senior researcher Rotterdam	
drs Gert-Jan Meerkerk	0.8	Senior researcher Rotterdam	
dr H Dike van de Mheen	0.8	Director Research & Education	
drs Roy Otten	1.0	PhD student Nijmegen	
dr Geertjan Overbeek	0.3	University teacher Nijmegen	
drs Esther Petronia	0.4	Research assistant Rotterdam	since 1/9
drs Lotte Ploegmakers	0.2	Research assistant Rotterdam	since 1/9
drs Agnes J van der Poel	0.8	Senior researcher Rotterdam	
drs Evelien AP Poelen	0.8	PhD student Nijmegen	
Dusty Slomp-Rijkse	0.7	Secretary Rotterdam	
drs Gerda Rodenburg	1.0	Researcher Rotterdam	
drs Diana PK Roeg	0.8	PhD student Tilburg	
drs Tony van Rooij	0.4	Research assistant Rotterdam	since 1/11
dr Ron HJ Scholte	0.3	University teacher Nijmegen	

Marjolijn M Schouten	0.4	Research assistant Rotterdam	15/1-1/7
ir Harriëtte M Snoek	1.0	PhD student Nijmegen	
drs Renske Spijkerman	0.8	Researcher Rotterdam	
drs Madelon TM Stoele	0.7	Researcher Rotterdam	
drs Marja Veenstra	0.8	PhD student Rotterdam	till 15/8
drs Monique OM van de Ven	0.8	PhD student Nijmegen	
drs Salvatore G Vitale	0.8	Researcher Rotterdam	till 1/3
drs Anouk Vogelzang	0.4	Researcher Rotterdam	
drs Haske van der Vorst	0.8	PhD Student Nijmegen	
Kitty Waas	0.6	Secretary Rotterdam	till 1/12
ir Elske G Wits	0.8	Senior researcher Rotterdam	
drs Rinka MP van Zundert	0.8	PhD student Nijmegen	

Board

The board of the IVO in 2005 consisted of five persons, one member on behalf of the 'Stichting Volksbond Rotterdam', one on behalf of the Erasmus University Rotterdam, one on behalf of the Maastricht University one on behalf of the University of Tilburg, and an independent chairman. The board was composed as follows: dr AG Rijntjes (chairman, independent), prof dr JP Mackenbach (Erasmus MC), mr A Vreeken (Stichting Volksbond Rotterdam), prof dr WNJ Groot (University of Maastricht) and prof dr JAM van Oers (University of Tilburg).

The membership of the Radboud University Nijmegen was vacant.

Scientific Advisory Board

In addition to the board, the IVO has a scientific advisory board (WAR). It is the role of the WAR to provide substantive advice and reviews. It meets once a year. The WAR consisted in 2005 of the following five members: prof dr RTJM Janssen (University of Tilburg), prof dr GBM Engbersen (Erasmus University Rotterdam), prof dr F Sturmans (Erasmus University Rotterdam, chairman), dr S Nordlund (SIRUS, Norway) and prof dr MA Plant (University of West of England, Bristol).

University Research Centres

The IVO participates in several University Research Centres, in which different Universities are involved: the NIHES (Netherlands Institute for Health Science), Research Institute "Social Safety", Tranzo (Research Program Transformation in Care) and CaRe (Primary Care Research).

Cooperative relationships

The IVO collaborates with many institutes and organisations. In Rotterdam, there is a collaboration with the Rotterdam Area Health Authority, the department of Public Health and other departments of the Erasmus MC and Bouman Mental Health Care. The IVO in Maastricht also collaborates with social work institutions including the Mondriaan Zorg Group (before CAD Limburg) and the Eastern South-Limburg Area Health Authority. IVO Tilburg collaborates with Novadic-Kentron Addiction Care. In many studies, there is co-operation with other research institutes.

In 2002 the “Foundation Reinout Pfeiffer Fonds” was founded. This foundation aims at stimulating research on the consequences of (more than) moderate alcohol use. Prof dr HFL Garretsen is chairman of the board.

The IVO organises together with the TADP, AIAR and Trimbos Institute the annual FADO congress (Forum Alcohol and Drug Research).

Internationally the IVO participates actively in a.o. the Kettil Bruun Society for Social and Epidemiological Research on Alcohol, the Addiction Forum, the European Society for Social Drug Research, the European Consortium for Alcohol Research Centres, the ECAS Study (European Comparative Alcohol Study), the EMCDDA (European Monitoring Centre for Drug and Drug Addiction) and the ESSD (European Society Social Drug Research).

Dr H van de Mheen is representative of the Ministry of Public Health, Welfare and Sports in the research Platform of the European Pompidou Group.

6 PUBLICATIONS 2005

Barendregt C, A van der Poel, H van de Mheen (2005). Tracing selection effects in three non-probability samples. *Eur Addiction Research*. 11:124-131.

Bogt T ter, RCME Engels (2005). "Partying hard" Party style, motives for and effects of MDMA use at rave parties. *Substance Use and Misuse*, 40, 1479-1502.

Boon BJF, A Huiberts, T Vrijkotte (2005). Factsheet Alcoholgebruik tijdens de zwangerschap. Woerden: NIGZ.

Bot SM, RCME Engels, RA Knibbe, WHE Meeus (2005). Friend's drinking behaviour and adolescent alcohol consumption: The moderating role of friendship characteristics. *Addictive Behaviors*, 30 (5), 929-947.

Bot SM., RCME Engels, RA Knibbe (2005). The effects of alcohol expectancies on drinking behaviour in peer groups: Observations in a naturalistic setting. *Addiction*, 100, 1270-1279.

Coumans AM (2005). Survival on the fringes of society. Marginalisation of and survival among chronic heroin users. PhD Thesis. Maastricht: Universiteit Maastricht.

Coumans AM, G Rodenburg, RA Knibbe (2005). Quick Scan naar gemarginaliseerde harddruggebruikers en dak- en thuislozen in de gemeente Maastricht. IVO Rotterdam, Rotterdam.

Coumans AM, RA Knibbe (2005). Schijnaankoopogingen als onderzoeksmethode ter bepaling van de naleving van wetten op de verstrekking van alcohol en tabak: een literatuurstudie. Universiteit Maastricht, Maastricht.

Dijck D van, RA Knibbe (2005). De prevalentie van probleemdrinken in Nederland: Een algemeen bevolkingsonderzoek. Maastricht: Universiteit Maastricht.

Dotinga A (2005). Drinking in a dry culture. Alcohol use among second-generation Turks and Moroccans: Measurement and results. PhD Thesis. Erasmus Universiteit Rotterdam. Rotterdam: IVO.

Dotinga A, RJJM van den Eijnden, W Bosveld, HFL Garretsen (2005). The effect of data collection mode and ethnicity of interviewer on response rates and self-reported alcohol use among Turks and Moroccans in the Netherlands: an experimental study/ *Alcohol & Alcoholism*, 40(3), 242-248

Eijnden RJJM, M Schutten (2005). Aankoop en gebruik van alcoholhoudende dranken door jongeren. Rotterdam: IVO

Engels RCME, RW Wiers, L Lemmers, GJ Overbeek (2005). Drinking motives, alcohol expectancies, self-efficacy and drinking habits. *Journal of Drug Education*, 35, 147-166.

Engels RCME, AA Vermulst, J Dubas, SM Bot, J Gerris (2005). Long-term effects of family functioning and child characteristics on problem drinking in young adulthood. *European Addiction Research*, 11, 32-37.

Engels RCME, M Noom, WW Hale III, H de Vries (2005). Self-efficacy and emotional adjustment as precursors of smoking in early adolescence. *Substance Use and Misuse*, 40, 1883-1893.

Fekkes D, R Spijkerman, IMB Bongers, RJJM van den Eijnden (2005). The role of norhaman in alcohol dependence and smoking. *Journal of Substance Use*, 20(2), 106-118.

Garretsen HFL (2005). Onderzoek voor gezondheidsbevordering: light, bright or right? *TSG, Tijdschrift voor Gezondheidswetenschappen* 83, 461–462.

Goor LAM van de, HFL Garretsen (2005) Evaluation of the programme and future recommendations. *Journal of Substance Use* 10, 164 -168.

Goor LAM van de, HFL Garretsen (2005). Bridging the gap between research and practice in addiction. *Journal of Substance Use* 10, 69 - 74.

Goor LAM van de, HFL Garretsen (2005). Guest editors special issue "A nationwide Dutch Addiction Programme. *Journal of Substance Use* 10, 69 - 175.

Gruter PMG, H van de Mheen (2005). Dutch cocaine trade: The perspective of Rotterdam cocaine retail dealers. *Crime, Law and Social Change* 44:19-33.

Gruter PMG, H van de Mheen (2005). Cocaïnehandel in Nederland. Impressies van deelnemers aan drugsdistributienetwerken. Rotterdam, IVO reeks nr 34.

Harakeh Z, RJH Scholte, H de Vries, RCME Engels (2005). Parental rules and communication: their association with adolescent smoking. *Addiction*, 100, 862-870.

Henskens R, CL Mulder, HFL Garretsen, IMB Bongers, F Sturmans (2005). Gender differences in problems and needs among outpatient crack users: results of a randomized controlled trial. *Journal of Substance Use* 10, 128 – 140

Henskens R, HFL Garretsen, C Mulder, IMB Bongers, H Kroon (2005). Fidelity of an outreach treatment program for chronic crack abusers in the Netherlands to the ACT model. *Psychiatric Services* 56, 1451 - 1454

Jansen HAM (2005). De kwalitatieve survey. Methodologische identiteit en systematiek van het meest eenvoudige type kwalitatief onderzoek. *Kwalon* (10) 3, 15 -34.

Jansen HAM, A Hak (2005). The Productivity of the Three-Step Test-Interview (TSTI) Compared to an Expert Review of a Self-administered Questionnaire on Alcohol Consumption. *Journal of Official Statistics* (21)1, p.103–120.

Jansen HAM, GJ Meerkerk, BJM van de Wetering, H van de Mheen (2005). Specialistisch spreekuur voor alcoholproblematiek in de huisartspraktijk. *Verslaving*;1(2) 39-49.

Kleinjan M, AP Buunk, F de Groot (2005). AIDS-preventie: de effectiviteit van theater voor en door asielzoekers. *Gedrag en gezondheid* (2) 33, 82-86.

Knibbe RA, J Joosten, M Derickx, M Choquet, D Morin, K Monshouwer, W Vollebergh (2005). Perceived availability of substances, substance use and substance-related problems: a cross-national study among French and Dutch adolescents. *Journal of Substance Use*, 10,151-163.

Kuntsche E, RA Knibbe, G Gmel, RCME Engels (2005). Why do young people drink? A review of drinking motives. *Clinical Psychology Review*, 25(7), 841-861.

Lemmens PHHM (2005) Een kijkje in de keuken van kwalitatieve analyse. *KWALON*, 10, 54-57.

Lemmens PHHM, M Pluimen (2005) Obstacles to early detection and intervention in alcohol problems in general practice. Paper presented at the annual Alcohol Epidemiology Symposium, KBS, June 2005, Riverside, CA.

Lempens AFL, D van der Most, J Wildschut, RA Knibbe (2005). "Wij zijn ook een beetje mensen". Een onderzoek naar harddruggebruikers in Utrecht die buiten de voorzieningen blijven. Rotterdam: IVO.

Maalste NJM, Barendregt C (2005). Gemeentescan coffeeshops. Factsheet. Rotterdam: IVO.

Meerkerk GJ, T Aarns, R Dijkstra, P Weisscher, K Njoo, L Boomsma (2005). NHG-Standaard Problematisch Alcoholgebruik. *Huisarts & Wetenschap*, 48(6), 284-295.

Otten R, RCME Engels, RJJM van den Eijnden (2005). Parental smoking and Smoking Behavior in Asthmatic and Non-asthmatic Adolescents. *Journal of Asthma*, 42(5), 349-355.

Poel A van der, L Krol, W de Jong (2005). De Rotterdamse Straatdokter. Huisartsenpraktijk voor dak- en thuislozen waarborgt toegankelijkheid van zorg. *Medisch Contact*; 60(23), p973-976.

Poel A van der, L Krol, W de Jong, HAM Jansen (2005). Huisartsenpraktijk 'de Straatdokter', Sociaal Medische Zorg aan dak- en thuislozen in Rotterdam. Verslag van een onderzoek naar het functioneren van de Straatdokter. IVO reeks 36. Rotterdam: IVO.

Poelen EAP, RHJ Scholte, RCME Engels, DI Boomsma, G Willemsen (2005). Trends in alcohol consumption in Dutch adolescents and young adults. *Drugs and Alcohol Dependence*, 79, 413-421.

Poel A van der, MTM Stoele, H van de Mheen (2005). Patterns of use and consequences of XTC and other club drugs in Rotterdam. Results of a 2-year study. Rotterdam: IVO.

Raitasalo K, RA Knibbe, L Kraus (2005) Retrieval strategies and cultural differences in answering survey questions on drinking: a cross-national comparison. *Addiction Research and Theory*. 13, 359-372.

Rodenburg G, A Vogelzang, D Rijkse, M de Hoog, BJJ Boon (2005). Inventarisatie verslavingsonderwijs. Rotterdam: IVO.

Rodenburg G, A Weltevrede, GBM Engbersen (2005). Samen werken aan terugkeer. Projectevaluatie 'Randstad Return Initiative, reducing the barriers of return through native language social workers in Rotterdam, Amsterdam, Utrecht en The Hague'. Rotterdam: RISBO Contractresearch BV / IVO.

Rodenburg G, SG Vitale, H van de Mheen (2005). Registratie acute gezondheidsschade door alcohol- en drugsgebruik. Procesevaluatie rond praktische haalbaarheid van implementatie van een algemeen bruikbaar registratiesysteem op de spoedeisende hulp van Nederlandse ziekenhuizen. Rotterdam: IVO.

Roeg DPK, LAM van de Goor, HFL Garretsen (2005). Towards quality indicators for assertive outreach programmes for severely impaired substance abusers: Concept mapping with Dutch experts. *International Journal for Quality in Health Care*, 17(3), 203-208.

Spijkerman R (2005). An image to die for: Prototypes of smoking and drinking peers and adolescents substance use. Dissertation, Radboud Universiteit Nijmegen, IVO-reeks 37. Rotterdam: IVO.

Spijkerman R, RJJM van den Eijnden, M Willemsen (2005). Veranderingen in psychologische determinanten van roken bij jongeren in de periode 1999-2004. STIVORO/ IVO, Rotterdam.

Spijkerman R, RJJM van den Eijnden, RCME Engels (2005). De invloed van het imago van rokers op het beginnen met roken door jongeren. *Hart Bulletin*; (36) 5, 138-141.

Spijkerman R, RJJM van den Eijnden, RCME Engels (2005). Self-comparison processes, prototypes, and smoking onset among early adolescents. *Preventive Medicine*; (40) 7, 785-794.

Stoele MTM, B van 't Klooster, A van der Poel (2005). Quick Scan verslavingsproblematiek regio Den Bosch. Aard en omvang van verslavingsproblematiek en knelpunten in de zorgverlening in de regio Den Bosch. Sint Oedenrode, Novadic-Kentron / Rotterdam, IVO.

Strien T van, RCME Engels, J van Leeuwe, HM Snoek (2005). The Stice model of binge eating: Tests in clinical and non-clinical samples. *Appetite*, 45, 205-213.

