

2006

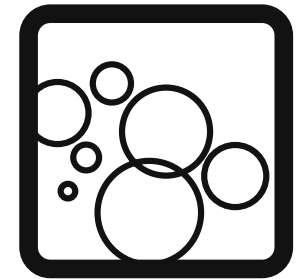


scientific bureau for **research**,  
**expertise** and **consultancy** on  
**lifestyle**, **addiction** and related  
social developments

# Annual Report

2006

**IVO**  
**ADDICTION RESEARCH INSTITUTE**  
Annual Report 2006



Annual Report 2006

June 2007

**IVO**

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## Foreword

We are pleased to present the annual report 2006 for the IVO, Addiction Research Institute, which is the sixteenth report since the institute was founded.

The identity of the IVO is stated as follows: "IVO, scientific bureau for research, expertise and consultancy on lifestyle, addiction and related social developments".

Besides studying different substances like alcohol, hard drugs, cannabis and smoking, we explored (new) addictive behaviours like obesity and problematic internet use. We also studied related social problems like domestic violence and related populations like homeless people.

In addition, the IVO was also asked by e.g. local governments for policy consultancy on lifestyle and addiction.

In 2006 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 IVO, Addiction Research Institute, Rotterdam  
Dr AG Rijntjes, chairman

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# introduction

## chapter 1

### Introduction



# Chapter 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 to back up current policies, and serving an advisory function
- providing advise and implementation

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
- Target groups of Public Mental Health
- Internet
- Domestic violence
- Education: Research and Development
- Advise and Implementation

The above themes are studies from two major perspectives: public health, and nuisance and safety.

Two kinds of research are conducted: (purely) scientific, and applied practice-based research. In the (purely) scientific research our aim is to acquire knowledge about the determinants and effects of addiction.

This scientific knowledge is then used in the applied research which enables us to more directly contribute (in an evidence-based way) to the main goal of solving practical problems.

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 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 2006 four such meetings were organized.

The IVO started with research in the field of alcohol consumption and illegal drugs. More recently the research scope has been extended to encompass other lifestyles (such as 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 are continuously emerging that need our attention, including base-coke and XTC.

Also with respect to 'older' substances, new insights into the effects on physical and psychological health lead to 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 Rotterdam, Maastricht University (UM), Radboud University Nijmegen (RU), Tilburg University (UvT), and the 'Stichting Volksbond Rotterdam'.

The IVO is strongly embedded in the scientific world, as evidenced by its four participating universities. Important for the strong and stable position of the IVO as a whole is that all four universities have developed their individual areas of 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.

In this annual report the IVO projects are presented per research theme. We will describe all projects that are completed, continued or started in 2006.

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.

# chapter 2

## List of projects



# Chapter 2

## List of projects

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# chapter 3 research Research themes





# Chapter 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 2007.

#### **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), dr A van de Wiel (co-promotor, Meander MC)

**In collaboration with** dr A van de Wiel (Meander MC)

**Term** November 2002 - February 2007

**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 has been reported in 2006. The results show a) a relatively high chronicity among youngsters and b) a relatively high percentage of youngsters among new problem drinkers. It is concluded that at present youngsters are the most important target group for primary and secondary prevention.

### Researchers

drs D van Dijck (PhD student), prof dr RA Knibbe (promotor), dr BJB Boon (co-promotor), 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 alcohol-specific socialisation among adolescents aged 12-17 years and their parents. The purpose of the present study was to conduct secondary analyses on the earlier gathered data on alcohol-specific parenting and adolescents' alcohol use. The analyses are guided by the following research questions:

- Which alcohol-specific parenting practices 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 the varying alcohol-specific parenting practices and adolescents' alcohol consumption moderated by parents' own alcohol use and 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. In addition, possible moderation effects of parents' alcohol use and SES were examined.

### Results

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. The data further showed several differences in alcohol-specific parenting practices according to parents' SES. For example, high and intermediate SES families showed stricter alcohol-specific rule enforcement than low SES families. Also, mother's alcohol use and the availability of alcoholic beverages at home were higher in high SES families than low SES families. Finally, we found that the impact of alcohol-specific parenting could differ according to parents' SES. The negative association between alcohol-specific rule enforcement and adolescents' drinking was stronger among high SES compared to low SES families. The relationship between mother's and father's

drinking and adolescents' alcohol use and alcohol related problems was stronger for children from low SES families than for children from high SES families. Since current findings are based on cross-sectional data, no definite conclusions can be drawn about the predictive value of the tested concepts. Longitudinal research is needed to further elucidate this issue.

This study resulted in two publications, i.e. a Dutch fact-sheet and an international scientific publication. The fact-sheet 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 scientific publication described differences in alcohol-specific parenting according to parents' SES.

#### Researchers

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

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 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 was 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

## 5 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 and 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 who 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 is available since September 2006.

Title: Alcohol and cardiovascular disease; A longitudinal study on the impact of intake measurement and health status.

#### **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 - 2007

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

## **6 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. Concerning personality, extraversion is moderately associated with self-

reported daily drinking, while low emotional stability is moderately associated with alcohol-related problems; agreeable individuals adapt their actual drinking more than others when socializing. Alcohol images and drinking shown in movies and TV commercials leads to more drinking in pairs of friends who are watching, even immediately after it was shown. Currently, the manuscript is accepted for defense, which will take place on June 29, 2007

#### 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)

## 7 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 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) drinking at home: alcohol-specific 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, but that adolescents' drinking lowers the attachment relationship between parents and adolescents; (b) parents strongly differentiate between their children in terms of alcohol-specific socialization; (c) parents can delay the age of onset by setting strict rules about adolescents' alcohol use; (d) personality traits do not have an impact on the association between alcohol-specific rules and adolescents' drinking; (e) alcohol-specific

socialization mediates the link between parental monitoring and adolescents' use and between parental alcohol use and adolescents' use; (f) parents are hardly aware of young people's drinking habits, (g) older siblings moderately affect younger siblings drinking behavior and (h) parents cannot teach their adolescents' to drink responsibly.

#### 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)

## 8 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 and continuation of alcohol use, (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. Additionally, our results indicate that high drinking levels of fathers were a risk factor for problem drinking in adolescents and young adults.

#### 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

## 9 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), prof dr RW Wiers (promotor)

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)

## 10 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. Two papers have been published: Ronald A. Knibbe, Mieke Derickx, Sandra Kuntsche, Ulrike Grittner, Kim Bloomfield (2006): A comparison of the Alcohol Use Disorder Identification Test (AUDIT) in general population surveys in nine European countries. *Alcohol & Alcoholism*, 41, i19-i25 and Kuntsche, S. Gmel, G., Knibbe R.A., Kuendig H., Bloomfield K., Kramer S., Grittner U. (2006) & Engels, R. (2006): Gender and cultural differences in the association between family roles, social stratification and alcohol use: A European cross-cultural analysis. *Alcohol & Alcoholism*, 41, i37-i46

#### 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)

## 11 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 implemental 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?
- 3a 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 2007.

#### Researchers

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

**Term** September 2005 - February 2006

**Financing** Municipal Health Authority Rotterdam Area

## 12 Development and examination of a brief intervention for adolescents treated in a hospital emergency room because of excessive alcohol use

#### Aim and research questions

Aim of the study is to develop and test a brief intervention for adolescents who have to be treated in the emergency room of a hospital due to excessive alcohol use.

The research question is: What is the effectiveness of a brief intervention aimed at adolescents who are treated for an injury resulting from excessive alcohol use in the emergency room of a hospital? Excessive alcohol use is defined as consumption of 6 or more alcohol units on a single occasion.

#### Methods

This study consists of a brief intervention for adolescents who, due to excessive alcohol use, have to be treated in the emergency room of the Meander Medical Center in Amersfoort. Participants randomized in the experimental group will be invited for an interview 7-10 days after their visit to the emergency room. In this interview, a staff member of the prevention department of Parnassia Psychomedical Center will discuss the participants' individual alcohol use and accompanying harmful consequences, using the principles of motivational interviewing. The effect of this intervention will be compared with that of a randomized control group which includes participants who did not receive any intervention. Measures that will be used for comparison are excessive alcohol use and risky behaviour after alcohol consumption. These measures are included in a follow-up questionnaire, which will be sent to participants 6 months after the intervention (experimental group), or 6 months after their visit to the emergency room (control group).

#### Results

Data collection is currently in progress; results are not yet available.

#### Researchers

drs EAM Oliemeulen (researcher), drs EM Petronia (research assistant), drs L Ploegmakers (research assistant), dr H van de Mheen (project leader)



**In collaboration with** Meander Medical Center, Amersfoort, Parnassia Psychomedical Center, The Hague

**Term** January 2006 - April 2008

**Financing** ZonMw

### 13 Experimental Observational Studies on Peer Influence Processes and Alcohol Consumption

#### Aim and research questions

Reviews of theories on adolescents' substance use state that peer influences are the most consistent and strongest factor in the initiation and maintenance of substance use (Harris, 1995; Petraitis, Flay & Miller, 1995). When young people are in the company of drinking peers, they tend to imitate their peers' drinking behaviours. However, recent longitudinal survey research does not provide convincing evidence that adolescents are highly susceptible to peer influences on alcohol use as predictions are quite weak. This does not necessarily imply that young people do not imitate each other in drinking behaviour. In this project, we start from the assumption that observational methods that capture the dynamics of peer interactions may be more suitable to test the effect of peers on individual drinking. More specifically, this project examines the conditions under which people imitate peer behaviour by employing an experimental observational paradigm in which youngsters are confronted with peer drinking in a naturalistic context (a bar lab). The aim is to test the effects of exposure to a drinking peer on individual drinking levels in an 'ad lib' drinking context. We also examine whether imitation effects differ in same-sex and opposite sex dyads, and whether effects depend on the development of dyadic interaction both in real-time and over two consecutive sessions.

#### Methods

To study respondents' drinking in a naturalistic setting, this project consists of at least four experimental observational studies in a bar lab located at Nijmegen University. The advantage of conducting observational experiments in a naturalistic setting is that people generally display more typical, real-life behaviours than in a clinical lab setting. To assess interaction patterns that develop over time, we use the state space grid method. This approach offers an intuitively appealing way to view complex, interactional behaviour, by displaying dyadic interaction moment to moment as it stabilizes into particular patterns and as those patterns change over time.

#### Results

Not yet available. The results of the first study are expected around May 2007.

#### Researchers

H Larsen (PhD student), prof dr RCEM Engels (promotor), dr I Granic (co-promotor, The Hospital for Sick Children, Toronto), dr G Overbeek (co-promotor)

**In collaboration with** The Hospital for Sick Children, Toronto, Canada

**Term** 2006 - 2011

**Financing** NWO / MaGW open competition Radboud University Nijmegen, Behavioural Science Institute

### 14 Effectiveness of a computer-tailored intervention in males with excessive alcohol consumption

#### Aim and research questions

Aim of the study is to measure the effectiveness of a computer-tailored intervention in males with excessive alcohol consumption, as compared to the effect of a standard brochure on alcohol. Primary research question of the study is: Is a computer-tailored intervention more effective in reducing alcohol intake in males with excessive alcohol consumption, than a standard brochure on alcohol? Excessive alcohol use in this study is defined as 'consumption of 21 or more alcohol units a week' and/or 'consumption of 6 or more alcohol units on one drinking occasion at least once a week'.

#### Methods

Male respondents aged 18 to 65 years are selected based on their alcohol consumption. Respondents are randomly assigned to the experimental condition (computer-tailored feedback on personal alcohol consumption) and control group (standard brochure). Both were told the cover story that they are invited to assess new education materials concerning alcohol. Respondents from the experimental group complete the computer-tailored program ([www.drinktest.nl](http://www.drinktest.nl)) in the behavioural laboratory, whereas those in the control group were asked to read the brochure. Next, all respondents are asked to fill in a short questionnaire in order to evaluate the materials (program and brochure). One month after their visit to the behavioural laboratory, respondents receive a first follow-up questionnaire. A second follow-up questionnaire is sent six months later. Both questionnaires include items regarding respondents' alcohol consumption and behavioural determinants of alcohol consumption, such as beliefs, attitudes, intention, knowledge, risk perception, and alcohol expectancies.

#### Results

The last follow-up questionnaires will be sent to the subjects in April, May and June 2007. Results will be published in international and national scientific journals. The manuscripts will be ready in December 2007.

#### Researchers

drs A Vogelzang (researcher), drs S Ganpat (researcher), dr BJJ Boon (project leader)

**In collaboration with** Netherlands Institute for Health Promotion and Disease Prevention (NIGZ), Survey Sampling International

**Term** January 2006 - December 2007

**Financing** ZonMw



## 15 An inventory of education on alcohol for Dutch general practitioners

### Aim and research questions

The aim of the project was to collect information on the type and amount of education on alcohol and alcohol addiction that general practitioners receive during their years at university.

### Methods

In the Netherlands medical 8 universities offer education for general practitioners. In each university we interviewed one contact person who knew most about the content of the course. All contact persons participated in an interview with the researcher that was conducted via telephone. The interview contained questions on the availability of educational modules or parts of modules on alcohol, the content of those modules, the duration of the modules, how knowledge and skills are tested after participating in the module and whether the GPs are given instruction on usage of the Dutch General Practitioner Standard (Huisartsenstandaard) on alcohol that was developed and issued by the NHG (Dutch College of General Practitioners).

### Results

Results showed that 7 of the 8 general practitioner training centers offered a half-day to two-day module addressing alcohol. In most modules the GPs are instructed on the effects of excessive alcohol consumption, theories on alcohol dependency, as well as on the organisation of Dutch addiction care regarding alcohol dependency. Most modules also contain the learning of skills such as anamnesis on alcohol usage, diagnoses related to alcohol, and on how to conduct minimal intervention strategies regarding excessive alcohol consumption. Five of the centers give instruction on how to use the NHG standard on alcohol.

### Researchers

drs S Rezai (researcher), dr B.J.F. Boon (project leader)

**Term** February 2006 - March 2006

**Financing** NHG (Dutch College of General Practitioners)

## 16 Genes, family environment, and gene-family environment interactions as predictors of adolescent alcohol use

### Aim and research questions

The project will examine how family environmental factors interact with candidate genes in predicting alcohol use in early, middle, and late adolescence. The main starting point is that adolescents who possess a certain genetic liability (because of variations in genes: polymorphisms) and who experience specific family environmental conditions, may be at a greater risk to use alcohol, or develop alcohol-related problems, than adolescents who do not have this genetic vulnerability or the environmental stressors. Research questions of interest are:

- Which genes interact with environmental factors in relation to alcohol use in adolescents? And which environmental factors exert the largest influence in determining alcohol consumption while interacting with specific genetic polymorphisms?
- Do genotype and parenting (e.g. control, support) interact in predicting alcohol-related behavior?
- Is there a specific role for alcohol-specific parenting practices in the relation between genes and alcohol use?
- To what extent are polymorphisms in selected genes related to different stages of alcohol use?

This project is innovative because both environmental and genetic factors will be included. In addition, it provides the opportunity to examine predictors of specific trajectories of alcohol use in adolescents on the short and long term.

### Methods

Research questions will be answered by means of a longitudinal study spanning a period of 5 years. A total of 428 families, consisting of two parents and two adolescent children (aged 13 and 15 at wave 1) will be examined in 6 annual waves. Four assessments have already been conducted, and saliva samples from all family members were collected at wave 4. At each wave, all family members separately fill in an extensive battery of instruments on child and parenting behaviour.

### Results

The first study of this project investigated the relation between parental problem drinking, parenting, and adolescent alcohol use in a longitudinal design. Results demonstrated that parental problem drinking did not predict parenting over time. For the younger adolescents, higher levels of both parenting and parental problem drinking were related to lower engagement in drinking over time. This implies that shared environment factors (parenting and modeling effects) influence the development of alcohol use in young adolescents. When adolescents grow older, and move out of the initiation phase, their drinking behaviour may be more affected by other factors, such as genetic susceptibility, and peer drinking.

The second study of this project comprised a descriptive review of the relation between the  $\mu$ -opioid receptor gene (OPRM1) and alcohol dependence. Little evidence was found for an association between polymorphisms in OPRM1 and alcohol dependence. Complicating factors and explanations for the lack of positive findings are discussed.

### Researchers

drs CS van der Zwaluw (PhD student), dr RHJ Scholte (advisor), prof dr RCME Engels (promotor), prof dr JK Buitelaar (co-promotor, Radboud University Nijmegen Medical Centre), dr RJ Verkes (co-promotor, Radboud University Nijmegen Medical Centre)

**In collaboration with** Radboud University Nijmegen, Radboud University Nijmegen Medical Centre

**Term** April 2006 - March 2011

**Financing** Dutch Organization for Scientific Research (NWO)

## 17 Measuring problem drinking Development of a short instrument to measure problem drinking in the general population

### Aim and research questions

Fighting and preventing problem drinking (physical, psychological and social problems related to the excessive use of alcohol) is a major goal of local, national and international governments. To evaluate policy aimed at reducing alcohol-related problems it is necessary to monitor alcohol-related problems in the general populations. However, problem drinking is a construct related to a broad variety of alcohol-related problems; therefore, instruments to assess problem drinking are extensive which hinders their incorporation in regular health monitor studies.

Aim of the project is to develop a short and easy to administer instrument to measure problem drinking in the general population.

### Methods

A sample of the Dutch adult population of about 7,500 persons aged 16-70 years was approached in 2003 for a study on the prevalence of problem drinking (Van Dijck & Knibbe, 2005). The data of this study were used for the current project. By means of explorative factor analyses and reliability analysis a short and easy to administer instrument is developed that corresponds highly with the original instrument to assess problem drinking.

### Results

Will be reported in May 2007.

### Researchers

GJ Meerkerk (researcher), M Derickx (research assistant), F Tan (researcher, Maastricht University), RA Knibbe (project leader)

**Term** December 2006 - March 2007

**Financing** Ministry of Health, Welfare & Sport (VWS)

## 18 Alcohol use among adolescents Results of second measure

### Aim and research questions

In the fall of 2004, a large-scale study was conducted on the buying and consumption of alcohol among Dutch adolescents aged 12-17 years. To understand recent developments and trends in alcohol consumption among adolescents the Netherlands Institute for Health Promotion and Disease Prevention (NIGZ) asked IVO to conduct a second measure in 2006. This second measure has taken place among adolescents and their parents. The present study will generate more insight into the degree of buying and consuming different

types of alcohol among different age categories and into demographic, social and personal factors related to buying and consuming alcohol.

### Methods

The same schools that participated in 2004 were approached to participate in the second study. For 3 schools that refused to participate for a second time, new comparable schools have been recruited. A total of 13 schools for secondary education and 2 schools for vocational training participated in this second measure. Data were collected by means of questionnaires filled in by 5334 students (aged 12-17 years) and 3308 parents of these students. To increase the response among parents the possibility to fill out the questionnaire online was created. Recent experience has shown that this 'multimethod approach' yields a higher response rate. Through statistical weighting procedures, the data of the students are comparable to Dutch adolescents in this age group.

### Results

Will be reported end April 2007.

### Researchers

drs R Vet (researcher), dr RJJM van den Eijnden (project leader)

**In collaboration with** NIGZ (Netherlands Institute for Health and Disease Prevention)

**Term** September 2006 - April 2007

**Financing** NIGZ

## Hard drugs

### 19 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

In 2006 two reports have been produced. One project concentrating on chronic hard drug users and developments in their health and lifestyle between 2003 and 2005. The main outcome is that in this period health and lifestyle of chronic drug users has been stabilized, to a large part due to extending the possibilities of low threshold facilities for drug users, for another part due to more tailor-made trajectories for sub groups of users. Another report concerned an explorative study into the incidence of hard drug use among Young adults (<30 years) in Parkstad. Here the main conclusion is that there is some use of hard drugs, especially crack, among young users. However, there are no indications that drug use is (already) chronic and associated with a deteriorating psychological and physical health. Also the social network of young users seems to provide them with more social resources than the networks of the older group of chronic drug users. Both reports have been presented for a professional public involved with care for drug users and drug policy at a conference on June 29, 2006.

#### Researchers

drs S van der Dam (researcher), drs AM Coumans (advisor), prof dr RA Knibbe (project leader)

**Term** April 2004 - March 2006

**Financing** Municipality of Heerlen

### 20 Measurement of program characteristics of intensive community-based care for persons with complex addiction problems

#### Aim and research questions

Intensive community-based care has been developed in the mid-1960s. There are many different types of intensive community-based programs implemented internationally. In several meta-analyses it has been demonstrated that, up till now, there is a shortage of conclusive evidence for the programs. In particular, it is still unknown what components of the programs contribute to the client outcomes. To solve this problem, it is needed to be able to specify in more depth the components of the programs and to study the relation with the client outcomes. Several authors have called for reliable measurement instruments. The challenge is to develop measures that are comprehensive and generalizable across types of programs. This research was aimed at developing, using, and assessing the quality of a generic measurement instrument for intensive community-based care program components.

#### Methods

- 1 Literature research and open interviews with experts were done in order to describe why and how intensive community-based care has been developed internationally. Furthermore, the number of programs in the Netherlands was measured using literature, national databases, and a snowball method. Also, a first impression of the nature of the programs was obtained using a postal questionnaire.
- 2 Theory is built and concepts were made operational, using concept mapping, semi-structured interviews, and literature. A classification system (i.e. taxonomy) of program components was the result.
- 3 A measurement instrument (a questionnaire) was built based on the taxonomy and used in a Dutch census study. The quality of the instrument was assessed with factor analysis and Cronbach's  $\alpha$ . Furthermore, the components of the Dutch programs were described.

#### Results

- 1 The literature showed that intensive community-based care has originally been developed as an alternative for the psychiatric hospital. It aims at persons that are 'hard to reach' and consists of an active and persuasive approach with an emphasis on practical support, provided in the natural environment of the client. In the Netherlands it is estimated the target population includes about 110,000 people, of which 80% are homeless, 40% has substance misuse problems and 32% has mental health problems - with over a third showing a combination of these problems. Most of them are male (77%) and aged between 26 to 40. In the inventory, we found 277 unique programs, of which 217 responded our postal questionnaire. Of the responding programs, 77% fulfilled the criteria for being a 'genuine' intensive community-based care program.
- 2 The taxonomy included four dimensions of program components that are considered to be beneficial to the quality of care: organization, professionals, process, and objectives. All dimensions are divided in sub-dimensions, scales and statements.

3 The internal consistency of the (a priori) scales showed varying results. Although the four dimensions showed high internal consistency (0.87, 0.80, 0.86, and 0.95 respectively), the internal consistencies of the a priori scales varied strongly, ranging from 0.07 to 0.92. Further (e.g. factor) analyses are being performed at the moment. Results are expected in May.

The study will be completed with a thesis in October. A number of (international) articles have been published and submitted.

#### Researchers

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

Term October 2002 - October 2007

Financing Tilburg University

## 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 (MSM), 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

Results showed that 63% of the drug users, 79% of the prostitutes, and 74% of the MSM were familiar with the hepatitis B vaccination campaign. Homeless drug users and those who had visited drug consumption rooms were more frequently familiar with the campaign than those with a stable housing situation. Among prostitutes the duration of working in the sex industry was positively associated with the familiarity with the campaign. Among MSM those who were bisexual were less frequently familiar with the campaign. A total of 44% of the drug users, 63% of the prostitutes, and 50% of the MSM obtained vaccination. Analyses showed that among all three groups outreach activities were positively associated with vaccination uptake. Among men who have sex with men their sexual risk behavior with casual partners played a more important role in their decision to obtain a vaccination. The most important reasons for non-participation were: the lack of self-efficacy among drug users, inconvenience and lack of time for prostitutes, and risk perception among MSM. Further analyses will take place until December 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 - December 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 2007

**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. In total 51 persons (of which 19 females) who met the criteria have been interviewed, 18 eligible candidates have been referred to the other subcontractor in Amsterdam. Eligible candidates were most successfully found by means of advertisements in national free newspapers.

#### 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 (Central Committee on the Treatment of Heroine Addicts)

## 24 Region Monitor Eindhoven area 2006 Nature and extent of addiction issues and bottlenecks in care supply

#### Aim and research questions

The municipality of Eindhoven together with Novadic-Kentron (the regional addiction care centre), were interested in bottlenecks in the care for marginalized users of alcohol and/or hard drugs (e.g. heroin and crack). Young people within these groups received extra attention in our research. The study provides information on the discrepancy between supply and demand of care for adults and young people. The following questions were addressed: (1) What is the nature and extent of marginalized groups in the municipality of Eindhoven? (2) What is the nature of the experienced problems regarding drug taking, housing, health, police, and work and income? (3) Which institutions and professionals provide care? (4) What are the bottlenecks in providing care?

#### Methods

Because of the relatively short time available, the Region Monitor 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, interviews among 40 key informants of 26 organizations, interviews among many alcohol or drug users, and field observations. During the study it appeared that there was little need for an updated social map of care institutions. Instead of making a new social map, more time was spent studying young people who were either already marginalized or on the verge of marginalization. The Region Monitor was carried out in collaboration with Novadic-Kentron, the regional addiction care provider.

#### Results

The Region Monitor resulted in a report presented to the municipality of Eindhoven. Young people (15-25 years old) with multiple problems are not easily guided to the appropriate care provider.

This group consists of about 40 marginalized daily hard drug/alcohol users and about 300 daily users of cannabis who are at risk of becoming daily hard drug users. First, improvement is needed in the cooperation between addiction care and other types of organizations (drug use is usually a contraindication). Second, young people at risk of marginalization are on their own at age 18 years. This is a risk factor, especially for young people who were in contact with youth care (which is responsible for young people aged up to 17 years).

The best estimation of the number of adult marginalized hard drug and/or alcohol users was 250-300 people. Most are male, Dutch, and come from Eindhoven and its suburbs. As in other Dutch cities, this group is "graving". Furthermore, they experience (major) problems in different life areas, and these have worsening effects on their situation. Many stay, more or less permanently, in the shelters. They have little education and not much work experience. They live on social welfare and some have income through the sex industry or crimes against property. Most have large debts. Alcohol is becoming increasingly important in the drug scene.

In general, the basic care provision (day and night shelter, social medical care, day activities) in Eindhoven is evaluated positively. Open to improvement are the accessibility of facilities (e.g. clearer entry criteria, shorter waiting lists, more transfers from shelters to other forms of housing) and the cooperation between the many organizations in order to realize a chain of care for the marginalized groups.

#### Researchers

drs S Rezai (researcher), drs B van 't Klooster, drs A van Dongen (both researchers/prevention workers from Novadic-Kentron), drs A van der Poel (project leader)

**Term** February 2006 - May 2006

**Financing** Novadic-Kentron Addiction Care / Municipality of Eindhoven

## 25 Situation of the social and health services of general interest in the European Union: services for the integration of drug-addicted persons

#### Aim and research questions

The project will map the state-of-the-art of these services in general and particularly with respect to modernization issues, issues related to debates regarding the application of Community law and policy, and the development of quality initiatives in the European Union. These issues will be further demonstrated and analyzed on the basis of developments in different sectors in different EU member states, including the social services for drug-addicted persons. The main task of the IVO is to contribute to an in-depth study on the services for the integration of drug-addicted persons in Rotterdam as a sectoral demonstration of developments in social and health services of general interest in the European Union. Six cities will be compared: Rotterdam, Frankfurt, London, Vienna, Stockholm and Warsaw.

#### Methods

Literature study and registration data in addiction care.

#### Results

Available in summer 2007.

#### Researchers

dr H van de Mheen (researcher, project leader)

**In collaboration with** The European Centre for Social Welfare Policy and Research, Vienna, Austria

**Term** November 2006 - March 2007

**Financing** European Union

## 26 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 is 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 were mapped with a questionnaire based on a questionnaire developed by IVO-colleague Roeg who does her PhD research into meddling care at the Tilburg University.

#### Results

Most of the target group receives care by the different meddling care programs. Some programs were focused on casefinding and they put the patients through to the other programs that take the patients in care. Most patients need care for a long period of time, at least two years or more. All patients have complex and multiple problems and are difficult to get and keep into care. For this target group continuity of care is very important. A problem is that there are not enough social and/or supported housing projects, because of which the target group stays homeless longer and it's more difficult for the caretakers to keep track of the patients.

#### Researchers

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

**Term** August 2005 - April 2006

**Financing** Municipal Health Authority Rotterdam Area

## 27 Trendspotting Rotterdam 2006

### Aim and research questions

The aim of this study is to describe trends and developments among homeless people, dependent drug users and street prostitutes in Rotterdam in 2006. The second focus is provide possible explanations for the developments observed.

### Methods

Semi-structured interviews with nuisance-complaints reception staff in three neighbourhoods. Participant observation at day-shelter facilities, drug consumption rooms and work agency for drug users, and informal talks with staff members. Review of relevant policy documents and research reports concerning 10 years of Rotterdam drug policy.

### Results

The street scene is relatively quiet; few homeless people, drug users and street prostitutes are visible. The predominant modus operandi of retail drug trade dealers is the cell phone. Day shelters report fewer visits, night shelters report empty beds. Except in one small area, street prostitution has become virtually invisible, notwithstanding the closure of the official prostitution zone at the end of 2005. These findings are the result of numerous policy measures (implemented since the mid-1990s) to reduce drugs-related nuisance. The type of drug policy has shifted from reactive to proactive. The gap between care-oriented measures and repression has narrowed: the focus of care-oriented interventions has gradually shifted to its effects in public space. Generic measures for subgroups are supplemented with a personified approach: care is increasingly offered on the condition that targets are attained, timelines kept and evaluation interviews held.

### Researchers

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

**Term** January 2006 - December 2006

**Financing** Municipal Health Authority Rotterdam Area

## Smoking

### 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 filled out three questionnaires with an interval of one year (2004, 2005, 2006). The questionnaire consisted 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 was carried out among 180 daily smoking adolescents. In this experiment the effect of a craving-manipulation (abstinence vs. free smoking) on the relation between craving and nicotine dependence on one side and readiness to quit and smoking cessation on the other side will be examined. Results of this experiment are expected at the end of 2007.

#### 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. de '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 of the three longitudinal measurements 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. The second study based on the first measurement addressed the applicability of the Transtheoretical Model's processes of change in explaining adolescents' readiness to quit smoking. Furthermore, the association between nicotine dependence and readiness to quit was assessed both directly, as well as indirectly through the processes of change. Structural equation modeling showed that the processes of change were only marginally associated with readiness to quit. Adding nicotine dependence to the model showed a direct association between nicotine dependence and readiness to quit. In a third study we examined the impact of the processes of change and nicotine dependence on actual smoking cessation, using a longitudinal design (measurements of 2004 and 2005). In this study, limited relations were found between the processes of change and both forward transition in motivation and



actual smoking cessation one year later. Nicotine dependence contributed significantly to the explanation of adolescents' smoking cessation, after adjustment for processes of change. No evidence for a moderating effect of nicotine dependence in the relation between the processes of change and both forward transition in motivation and actual smoking cessation was found.

#### Researchers

drs M Kleinjan (PhD student), dr RJJM van den Eijnden (project leader, co-promotor), prof dr RCME Engels (promotor), prof dr ir J Brug (promotor, Erasmus MC)

**In collaboration with** Erasmus MC Rotterdam

**Term** August 2004 - December 2008

**Financing** Personal costs: Erasmus MC Rotterdam,

**Material costs** 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 published in the Journal of Behavioral Medicine. In the present study, the role of cognitive concepts derived from the Theory of Planned Behavior in adolescent smoking reduction, continuation,

and progression was investigated. These concepts include pro-smoking attitudes, perceived social norms regarding smoking, and self-efficacy to resist smoking. Logistic regression analyses were performed on data from 397 Dutch adolescents aged 11-15 years, who had at least once tried smoking. Attitudes, perceived social norms, and self-efficacy, including significant interactions between these three concepts, explained up to 41% of variance in smoking behavior cross-sectionally. Longitudinally, an interaction between pro-smoking attitudes and low self-efficacy increased the chance of reduction in smoking, and all three cognitions inclusive of two interactions between pro-smoking perceived social norms and low self-efficacy or positive attitudes towards smoking predicted progression of smoking. Cognitions may play relatively small roles in adolescent smoking reduction, but do seem to be relevant in progression in smoking after experimentation or recent onset. Interactions between positive attitudes towards smoking and prosmoking perceived social norms provide cumulative risks for adolescents to increase their levels of smoking, whereas interactions between less favorable attitudes and high self-efficacy to resist smoking may provide a protective effect for adolescents to reduce or to quit their smoking.

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 also been published in the Journal of Child Psychology and Psychiatry. This study has revealed that adolescents who perceived relatively few advantages of smoking and many benefits of quitting reported a high readiness to quit. Self-efficacy was not related to readiness to quit. Smoking cessation-specific parenting was both directly related to a high readiness to quit, and indirectly through the perceived pros of quitting. Also, if one or both parents were smokers, adolescents reported to experience less smoking cessation-specific parenting, and a lower readiness to quit. However, in general, differences in paths were not found between adolescents with two non-smoking parents and adolescents with one or two smoking parents. From this we can conclude the following. Given that anti-smoking socialization has not yet been operationalized in terms of smoking cessation-specific parenting, the present results will warrant further research into smoking cessation-specific parenting in relation to adolescent smoking cessation. Further, parental smoking should not demotivate parents to engage in smoking cessation-specific parenting as its relations with smoking cognitions and readiness to quit were highly similar in both the group with two non-smoking parents and the group with one or two smoking parents.

The third study entitled "An Integration of Parental and Best Friends' Smoking, Cognitions, Nicotine Dependence, and Readiness to Quit Smoking: A Comparison between Adolescents with and without Asthma" has been submitted to the Journal of Pediatric Psychology. 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)

**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. In addition, 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. Asthma-specific factors also play a role in smoking onset of asthmatic adolescents. Low adherence in early adolescence predicts smoking onset later in adolescence. Among girls, higher severity predicts smoking onset, whereas among boys, smoking onset is higher among those with low quality of life in early adolescence.

**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 - 2007

**Financing** Netherlands Asthma Foundation

### 31 Adolescents as Chameleons? Social-environmental Factors Involved in the Development of Smoking

**Aim and research questions**

The main interest of this PhD-project was to test the impact of family, peer (siblings, friends and unfamiliar peers) and personal factors on adolescent and young adult smoking. Although in the past decades numerous research projects have concentrated on the impact of parents and/or peers on their offspring's risk behaviours (Avenevoli & Merikangas, 2003, Engels, 2000; Kobus, 2003, 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 behaviours. 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 behaviour. One of the themes addressed in this thesis (Harakeh, 2006) is how parents play a role in preventing and discouraging adolescents from smoking. 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' behaviours can be studied.

Second, previous studies have shown that the smoking behaviour of peers affect adolescent smoking.

The literature indicates that influence and selection processes occur in friendships and that these processes explain why some adolescents smoke and others do not. The selection processes suggest that adolescents affiliate with peers who are similar to them. The influence processes suggest that adolescents become similar to their peers by interacting with them. The Social Learning theory (Bandura, 1977, 1986) is one of the theories that is frequently used to explain how peers influence adolescents smoking. This theory indicates that individuals observe, model and imitate the smoking behaviour of others. In the literature, however, the separate effects of the selection and influence processes have not been extensively investigated. Besides, few studies on smoking have investigated the influence of siblings and did not differentiate between older and younger siblings. The second theme addressed in this thesis is whether peers play a role in smoking onset and experimentation in adolescence as well as in continuation of smoking in young adulthood.

Third, little is known about the extent to which personality characteristics influence adolescent smoking. Therefore, the third theme in this thesis is whether personality characteristics of the adolescent play a role and influence his/her smoking.

Furthermore, in previous national and international research on smoking the following important issues have been underexposed: a) reciprocal influences (i.e. bi-directional relations), b) differences between older and younger siblings in the same family (i.e., differences within families), c) the effect of the mother and father separately, d) the different perspective of family members within a family, e) the effect of the quality of the parent-child communication on smoking-related issues, and f) influences within stable friendships and in interaction with strangers. These important issues have been taken into account in this thesis.

### Methods

We conducted two projects: the longitudinal 'Family & Health' project and the experimental, observational 'Imitation and Smoking' project. The Family & Health project included a full-family design. This design also allows the opportunity to compare shared and nonshared peer influences on adolescent smoking behaviour 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 offspring's smoking behaviour within the constellation of the total nuclear family.

The aim of the 'Imitation and Smoking' project was to investigate whether imitation explains why people maintain or continue smoking in young adulthood. Previous correlational studies showed that smoking peers influence young people's smoking, although the problem with these studies is that they do not allow causal interpretations; associations between exposure to smokers and smoking in youngsters can be explained by imitation but also by third variables. In an experimental design we were able to manipulate other factors that may affect this influence process and examine this process in a naturalistic setting (i.e., a bar setting).

### Results

Findings show that parenting (general and smoking-specific parenting) and parental smoking affect adolescent smoking. General parenting practices affect adolescent smoking-specific cognitions and subsequent smoking onset. Most of the smoking-specific parenting practices (e.g. house rules, no-smoking agreement, constructive and negative reactions with regard to experimentation of smoking) are not related with adolescent smoking. However, frequency and quality of smoking-specific communication are related with adolescent smoking. Quality of smoking-specific communication has a preventive effect on adolescent smoking while frequency of smoking-specific communication did not seem to prevent or discourage adolescents from smoking and might even have a counterproductive effect. General parenting is related with smoking-specific parenting, and there seems to be an indirect association between general parenting and adolescent smoking. Findings also indicated that parents are hardly aware of their offspring smoking status. Findings indicate that peer's smoking affects young people's smoking. Adolescents with older siblings who smoke have an increased risk to smoke while younger siblings who smoke do not affect adolescent's smoking behavior. Further, best friends and adolescents influence each other's smoking behavior. Youngsters also imitate the smoking behaviour of unfamiliar peers and, thus, youngsters have an increased risk to smoke when the strangers smokes. The quality of the social interaction between an individual and a stranger does not contribute to the imitation of smoking but rather to the continuation of smoking.

The results showed that certain personality traits (e.g. extraversion and neuroticism) affect adolescent smoking. Results are described in a doctoral thesis: Harakeh, Z. (2006). Adolescents as Chameleons? Social-environmental Factors Involved in the Development of Smoking. Doctoral Dissertation. Radboud University Nijmegen.

### 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). The 'Imitation and Smoking' project was funded by a grant from STIVORO.

## 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 known 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. The main aim of this dissertation is to address the link between parenting and adolescent smoking. We address this question since the role of parents has been traditionally neglected in smoking research as well as prevention programs. Recent research has shown that the prevention of adult smoking in the long term can only be achieved by preventing smoking initiation in adolescence. The first mechanism by which parents affect their children's smoking is through their own behavior. Parents function as important role models and parental smoking is considered to be a consistent predictor of adolescent smoking. How parents deal with adolescent smoking, however, not only depends on their own smoking but also on other characteristics such as, having control, having knowledge about whether their child is smoking or feeling confident to deal with the problem. Also parental communication skills are essential with regard to adolescent smoking. A high quality of communication has a preventive effect while raising the subject of smoking too often might do more harm than good.

**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

### 33 Priority study on school-based smoking prevention A study on behalf of the future tuning and cooperation between Trimbos-institute and STIVORO with regard to material and product development

**Aim and research questions**

STIVORO and Trimbos-institute aim to develop together a new school-based smoking prevention program. To get ideas about the form and the content of the program they are in need of an objective priority study, (re)evaluating existing teaching material and the way in which it is presented to students, and giving recommendations for new material. Digital learning is a topic of interest for both STIVORO and Trimbos. The study addresses the following research questions:

- 1 What are the main determinants of smoking behaviour?
- 2 Which elements of smoking interventions support their effectiveness?
- 3 What developments in education are relevant for material development?
- 4 What is the Dutch supply of school-based smoking prevention interventions?

- what are the strong elements of the interventions that should be maintained?
- what are the weak elements?
- which elements are lacking or should be extended?

**Methods**

To answer research questions 1 to 3 a literature search is performed. To answer the fourth research question a combination of data collection methods is used, e.g. searching internet sites of relevant Dutch organizations, consulting experts, and interviewing key informants by phone.

**Results**

There is some evidence that interventions focusing on smoking only are more effective than interventions with a broader approach, e.g. focusing on smoking, drinking and drugs. However, because of implementation considerations potential users (e.g. teachers) prefer the broader approach. To make a compromise between science and practice, a new program could contain separate modules for smoking, alcohol and possibly other stimulants. In this way the program will contain smoking-specific lessons.

The content of the intervention should focus on a) the short-term consequences of smoking, b) influencing social norms (normative education), c) enlarging the public commitment to 'non-smoking', d) learning cognitive skills, e) learning affective skills, f) making students aware of the influencing strategies of the industry and g) paying attention to practicing action plans.

To enlarge the effectiveness of interventions it could be worthwhile to focus on changing determinants of smoking. Examples are influencing the perceived image of smoking and non-smoking persons, and education on the relation between smoking and stress, and smoking and weight.

It is worthwhile to develop integrated intervention programs, not only focusing on teaching material but also on the smoking policy of the school and the broader environment (parents, community, etc).

Based on literature and the interviews it is recommended to continue using class discussions as an intervention method. In addition, it is recommended to use interactive methods, promoting exchange between students and active information processing, and cognitive methods for training skills (instruction, demonstration, training, feedback and confirmation). E-learning should be explored as an alternative way of transferring knowledge and skills.

There are some indications that peers or professionals are better implementers than teachers. Training the implementers is essential. When teachers are used as implementer, video training is a suitable and effective way that shows positive effects.

To have a positive effect, smoking prevention should start at the end of the primary school period (age 11/12 years). Prevention should continue during secondary school. It is important to make 'smoking' a central topic in class discussions, also when the prevention lessons are completed.

During the development of the intervention attention should be paid to demands of the potential users of the program, e.g. teachers. The program should be user-friendly, should contain attractive material and should be accompanied by conditions that improve correct use of the intervention, like support, training, etc.

**Researchers**

drs G Rodenburg (researcher), drs L Peters (researcher NIGZ), dr RJJM van den Eijnden (project leader), drs J Bouwens (project leader NIGZ)

**In collaboration with** Netherlands Institute for Health Promotion and Disease Prevention (NIGZ)

**Term** June 2006 - November 2006

**Financing** STIVORO & Trimbos-institute

### 34 Shared and non-shared familial influences on smoking behaviour in adolescence

**Aim and research questions**

In general, the majority of previous research concentrated on the parents' own smoking behaviour and their smoking-related norms as well as general parenting practices, as precursors of adolescent smoking. However, less is known about the ways parents specifically deal with smoking at home (i.e. anti-smoking socialization). This project focuses on effects of parental anti-smoking socialization practices on adolescent smoking behaviour. The project also explores to what extent parents raise their children differently, and whether possible differences in treatment affect differences in smoking behaviour between siblings. In addition, this project focuses on the ways parents might indirectly affect adolescent smoking, as parents may affect their children in their affiliation with particular (smoking) friends, or in their susceptibility to peer pressure.

**Methods**

Data will be gathered from 428 families, consisting of two parents and two adolescent children, who will be followed for 5 years. This project, with a total of 6 annual assessments, allows to examine predictors of specific trajectories of smoking in adolescents on the short and long term. An extensive battery of instruments on parental and child behaviours are filled out by all family members. Until now, data have been collected for 4 measurement time points.

**Results**

The first study of this project aimed to investigate whether parental smoking-specific communication and parental smoking are related to adolescents' friendship-selection processes (i.e., their affiliation with smoking or non-smoking friends). Results demonstrate that a high quality of parental smoking-specific communication is related to a lower likelihood of adolescent smoking, whereas the frequency of communication is positively associated with adolescent smoking. Parental smoking was negatively associated with the quality of smoking-specific communication. Both the quality and frequency of parental smoking-specific communication were related to adolescents' selective affiliation with (non-) smoking friends. However, when adolescents affiliated with the same friends over a longer period of time, parental smoking-specific communication was unrelated to adolescent smoking. The findings suggest that parental smoking-specific communication is associated with adolescent smoking directly but also indirectly by influencing the friends the adolescents will associate with.

**Researchers**

drs RNH de Leeuw (PhD student), prof dr RCME Engels (promotor), dr RHJ Scholte (co-promotor)

**Term** April 2006 - March 2011

**Financing** Dutch Cancer Society

### 35 Programming study "Recommendations for research and implementation regarding tobacco control"

**Aim and research questions**

The aim of this study was to provide answers to the following questions:

- 1 What knowledge do we have about (cost-) effective interventions in the area of 'prevention of smoking', 'smoking cessation', and 'second-hand (passive) smoking'?
- 2 Which interventions, that proved effective, are available for the different target groups, which interventions are favourable within certain settings, and what parties are potential owners of the intervention?
- 3 Which interventions should be stimulated for a trial run or nationwide implementation?
- 4 What research questions have priority when it comes to tobacco control?

**Methods**

- 1 An overview in the form of a matrix was given in which all available Dutch tobacco control interventions were categorized by goal of the intervention, target group, nature of the intervention, setting, effectiveness and owner of the intervention.
- 2 An expert meeting (October 2006) was organized, in which the findings of the overview and the preliminary results and conclusions were presented to experts in the field of tobacco control.
- 3 The findings of step 1 and step 2, together with insights supplied by an advisory committee, were used to sharpen and finish off the advice document.

**Results**

Results included recommendations for research and interventions in the area of tobacco control. These recommendations were first documented per target group for the subjects of prevention, cessation and second hand smoking, followed by more general recommendations for reducing use of tobacco as a whole. One general recommendation was, for example, to focus more on smoking cessation rather than prevention, because smoking cessation interventions designed for adults have been proven more successful compared to smoking prevention interventions designed for children and adolescents. Another recommendation was to focus more on research and development of interventions regarding the relatively large group of smokers that are not motivated to stop, many of which belong to underprivileged socio-economic groups. Interventions for these groups should mainly focus on increasing motivation to quit, for example by increasing self-efficacy.

**Researchers**

drs J Bouwens (project leader NIGZ), drs M Kleinjan (researcher), drs L Peters (NIGZ), dr RJJM van den Eijnden (project leader)

**In collaboration with** Netherlands Institute for Health Promotion and Disease Prevention (NIGZ)

**Term** April 2006 - December 2006

**Financing** ZonMw

## Cannabis and new drugs

### 36 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 (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 - December 2007

**Financing** IVO

### 37 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 national prevalence study 2005 was 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 study of 2005 is aimed at answering the following research questions:

- 1 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)?
- 2 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?
- 3 What are trends in substance use since the first measurement in 1997?
- 4 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). SSI collected data among their members of an online access panel, using an online questionnaire sent by e-mail (n = 20,282). Data have been weighted according to current figures on national population characteristics.

#### Results

The CAPI and online method of data collection have been compared on sampling frame, differences in response, differences between respondents and non-respondents, and differences in demographic characteristics and substance use of the respondents. This comparison showed among others selective non-response in both methods. However, the selective non-response of the online access panel method seems to be larger than that of the CAPI method. This impression is confirmed by the finding that CAPI respondents differ considerably in demographic characteristics compared to online access panel respondents, whereas the demographic characteristics of the CAPI respondents resemble those of the national population more. As the CAPI study is based on a random sample of the Dutch population and had a high response rate (62.7%), it is concluded that the CAPI sample is more representative than the sample of the online access panel. Because of that the prevalence rates of substance use for 2005 are based on the CAPI data only. For a total overview of the incidence and prevalence rates of the various substances we refer to the research report (Rodenburg et al, 2007). Here we limit ourselves to the main conclusions, centred on the third research question: What are trends in substance use since the first measurement in 1997. The results show a stabilisation in cannabis use. Since 1997 the last year prevalence rate is about 5.5% and the last month prevalence rate somewhat above 3%. The number of new cannabis users (incidence) is stable at about 1.5%.

As for cannabis the last year and last month prevalence rate of hard drugs (XTC, cocaine, amphetamine, LSD and/or heroin) remained stable between 1997 and 2005. The last year prevalence is 1.5% and the last month prevalence 0.5%.

The use of tobacco is on its return. The number of daily smokers and the number of heavy smokers (smokers using 20 or more cigarettes a day) decreased significantly. Compared to 1997 the number of daily smokers dropped with a quarter: from 35.1 to 26.9%. The decrease took place among men and women, in all age groups and in rural and urban areas. The percentage of heavy smokers fell from 10.7 to 8.7%. This drop especially took place among people in the age group 25 to 44 and in areas with a moderate address density.

In general alcohol use in the Netherlands is fairly stable. The last year prevalence of alcohol decreased between 1997 and 2005 from 86.7 to 85.4%; a relative decrease of about 1%. The last month prevalence rate remained stable on 78%. However, binge drinking (drinking of at least once 6 or more glasses of alcoholic beverages on one day in the past six months) declined significantly between 1997 and 2005: from 38.6 to 34.5%. The decline took place among men and women, among the age groups 15-24 and 25-44 and in areas with a (very) high or moderate address density.

Performance enhancing drugs show a rise in last year use between 2001 and 2005, especially among men. In 2005 0.5% of the Dutch population used performance enhancing drugs in the last year.

Between 1997 and 2005 we see a drop in last year and last month use of hypnotics and/or sedatives. The last year prevalence rate fell from 11.9 to 9.3% and the last month prevalence rate from 6.6 to 5.0%. Elder people (aged 45-64) are in large responsible for the decline.

Results concerning the fourth research question - prevalence of cannabis dependence - will be presented in a article for a scientific journal.

#### Researchers

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

**In collaboration with** Central Bureau Statistics Netherlands and SSI

**Term** February 2005 - December 2006

**Financing** Ministry of Health, Welfare and Sports

## 38 Prevention in the coffeeshop 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 it needs to be established that:

- (Problematic) users of cannabis have sufficient knowledge about the risks of cannabis use;

- Mediators, such as coffeeshop staff, who work with young adults that visit the coffeeshops 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.

#### Methods

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 the development of related products (such as a brochure, an information leaflet and a national course).

#### Results

In 2007 the brochure and information leaflet is available in the coffeeshops. At the end of 2007 the pilot version of the developed national course is tested in 3 municipalities.

#### Researchers

drs NJM Maalsté (researcher), drs A Vogelzang (researcher), mr drs V Everhardt (project leader  
Trimbos Institute)

Under the authority of Trimbos Institute

Term January 2005 - December 2007

Financing Ministry of Health, Welfare and Sports

## 39 Cannabis use in Tilburg

Cannabis acquisition and use among minors and the role of frequent cannabis use in problematic behaviour

#### Aim and research questions

The city of Tilburg required a current overview on youngsters in Tilburg frequently using cannabis, the way they obtain their cannabis, and the degree to which cannabis use plays a role in the problematic behaviour of minors.

#### The research questions were:

- 1 What is the profile of minors frequently using cannabis and showing problematic behaviour in Tilburg?
- 2 How do minors frequently using cannabis obtain their cannabis and other drugs, and where does the use take place?
- 3 In what way does cannabis use play a role in problematic behaviour of minors?

#### Methods

A literature search was made and several relevant local informants from different agencies and fields were interviewed (including police, youth rehabilitation, coffeeshop owners, care/treatment agencies of drugs users). In addition, fieldwork was conducted in places where (cannabis-using) minors could be found and in-depth interviews were held with minors that frequently use cannabis.

#### Results

Based on the interviews with minors and local informants it appears that minors obtain cannabis relatively easy, mainly via friends, acquaintances and family members older than (or looking older than) 18 years. People over 18 years can buy cannabis in a coffeeshop. In spite of the age limit, a small group of minors still buys cannabis in a coffeeshop themselves. There appeared to be a link between frequent cannabis use and absenteeism from school. However, minors that do not use cannabis also miss school at times. Therefore, it cannot be concluded that there is a causal connection between cannabis use and school absenteeism.

#### Researchers

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

Term May 2006 - August 2006

Financing Municipality of Tilburg

## 40 Problematic users and gamblers in the prison system

#### Aim and research questions

This study aims to examine the following research questions:

- 1 What is the prevalence of problematic alcohol and drug use and problematic gambling among Dutch detainees?
- 2 What is the nature and severity of alcohol and drug use and problematic gambling among these detainees?
- 3 What are the features of detainees with alcohol and drug abuse and problematic gambling? What kinds of criminal offences were committed? What is their lifestyle? Are we able to create ideal types?
- 4 How many of the problematic users and gamblers have a need for care? How can their specific needs for care be described? Are we able to create ideal types for needs of care and features of problematic use?



**Methods**

This study employs four research methods:

- 1 Systematic literature review
- 2 Analyses of registration files
- 3 Research among detainees in detention centres
  - a Short oral screening
  - b Extensive oral interview
- 4 Assessment by professionals.

**Results**

In 2006 the research was carried out. In total, 637 detainees participated in the short oral screenings and 160 in the extensive oral interview. This latter group consisted of detainees with problematic alcohol, drug use, or a problematic gambling habit. Criminal offences of the detainees who participated in the screenings were investigated by using registration data of the Department of Justice.

The data of detainees who underwent an extensive interview were presented to professionals in the field of (mental) health care, rehabilitation, and the prison system. They divided the detainees into seven ideal types, based on their primary need for care.

Data analyses will be performed in April 2007. Results of this study are expected in May 2007.

**Researchers**

dr RJJM van den Eijnden (project leader), drs EAP Oliemeulen (researcher)

**In collaboration with** WODC, dr MMJ Ooyen-Houben, BTVO, dr B Rovers, NIZW, dr L Boendermaker

**Term** July 2006 - May 2007

**Financing** WODC

## Obesity

### 41 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 behaviours and overeating.

**Results**

The prevalence of eating behaviors was reported for a nationwide sample of Dutch adolescents. Girls scored higher on emotional and restrained eating while boys scored higher on external eating. Cross-sectional positive associations with body mass index (BMI) were found for restrained eating whereas negative associations were found for external eating. In another, longitudinal, study it was found that BMI predicted restrained eating and not the other way around. Further, eating behavior also interacted with the association between television viewing and BMI.

Within families, similarities between siblings but no influences over time were found emotional, external and restrained eating. Also between parents and their adolescent children similarities but no longitudinal effects were found for restrained eating. For emotional eating again we found cross-sectional correlations



between parents' and adolescents' behavior. Adolescents' emotional eating was also associated with reports of general parenting measures. High maternal support, and high psychological control for younger adolescent and low behavioral control for older adolescent were associated with higher 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

## 42 Sex and the City

### Effects of thin media images on body image and food intake

#### Aim and research questions

The aim of the study is to examine the effects of exposure to thin media images on mood, body-image and food intake of normal weight adolescent females, in relation to their dietary restraint and tendency to overeat. The research questions are: Does exposure to thin body images result in overeating and changes in mood and body image? Does this occur in relation to the subjects' degree of dietary restraint or rather in relation to the subjects' tendency toward overeating? Do changes in mood and body image support the negative contrast or rather the inspiration hypothesis? Finally, what is the moderating role of thinness attainability beliefs in this?

We will test our hypotheses in a series of experiments among adolescent females conducted in a naturalistic setting, namely a television room with comfortable couches and a relaxing atmosphere.

#### Methods

A series of experiments is conducted to study the participants' behaviour in a naturalistic setting (specially equipped relaxing room at our lab), due to the lack of ecological validity of studies in the laboratory and their high association with demand characteristics. Each experiment will include about 120 participants.

#### Results

The results of the first study show that high restrained females who were exposed to commercials with slim models and diet-related products ate less food, whereas low restrained eaters ate slightly more after seeing commercials with slim models and diet-related products. These findings suggest that restrained eaters who are confronted with diet products and slim media images when watching television will be reminded of their restricted eating behaviour and eat less. Currently, we are examining the effects of the attainability of the role model, by manipulating the attainability of the model, to investigate whether prolonged exposure to thin media images in addition to attainability of the role model (a movie with unattainable role model versus a movie with an attainable role model) is associated with differences in food intake or body dissatisfaction.

#### Researchers

drs DJ Anschutz (PhD student), dr T van Strien (co-promotor), prof dr RCME Engels (promotor)

Term 2005 - 2010

Financing Behavioral Science Institute (Radboud University Nijmegen)

## 43 Alexithymia as emotional regulation mechanism of the depression-obesity link in adolescence

#### Aim and research questions

Adolescents are faced with a variety of novel experiences that may tax their regulation resources and jeopardize their well-being. Depression is a prevalent problem among adolescent populations. Although obesity and depression research have mainly evolved as two independent disciplines, there is co-morbidity, particularly among adolescents in lower grades. Lack of appetite and weight loss are considered to be 'normal' responses to depression. However, weight gain is a far more common 'atypical' response than previously believed, especially at an early age of onset of depression. Recent prospective studies among adolescents provide evidence of a causal pathway in which depression promotes adolescent and young adulthood obesity. To date, the underlying mechanisms of the depression-obesity link have been virtually unexplored: it is not known why depression leads to weight gain. The overall aim of this proposal is to bridge this gap by studying two mediating routes of the link between depression and obesity in adolescence: overeating and inadequate physical activity behaviours and whether and how alexithymic emotional regulation styles moderate these routes of overeating and reduced activity.

#### Methods

The relation between alexithymia and the development of depression and obesity in adolescence will be examined in a two-year prospective cohort study of adolescents aged 12-13 and 14-15 years at baseline (adolescents from first and second grades). In order to compensate for dropouts, missing values, and excluded participants (with baseline obesity or medical condition affecting their weight) a nation-wide group of 2200 heterogeneous adolescents (equal number of boys and girls) will be enrolled in this prospective study at baseline to eventually gain complete prospective information of 1600 adolescents fulfilling the standards of this study. Participants will be recruited from different high schools in the Netherlands. A consent procedure will be used wherein a letter describing the study and an informed consent form will be mailed to parents. Parental overeating and obesity will be examined at baseline by a short self-report survey that will be sent to parents. The adolescents will complete surveys in groups of approximately 30 students at baseline (T0) and at 12 months (T1) and 24 months follow-up (T2). Body weight and height of adolescents at all time points will be objectively measured without shoes and with light clothing. All measures will be repeated at these 3 time points.

#### Results

Not yet available.

**Researchers**

dr JK Larsen (researcher), dr T van Strien (Radboud University Nijmegen), prof dr R. Eisinga (Radboud University Nijmegen), prof dr RCME Engels (project leader)

**In collaboration with** Radboud University Nijmegen

**Term** 2006 - 2010

**Financing** Netherlands Organisation for Scientific Research (NWO), Radboud University Nijmegen

Collaborators in the field of emotion regulation are dr R. Geenen, Health Psychology, Utrecht University and prof dr M. Lumley, Department of Psychology, Wayne State University, USA. Collaborator in the field of obesity is prof dr Ir J.C. Seidell, Faculty of Earth and Life Sciences, Nutrition and Health, Free University of Amsterdam

## Target Groups of Public Mental Health

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

**Aim and research questions**

On the website [www.kwetsbaregroepen.nl](http://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 municipality of Rotterdam has its own section on the website [www.kwetsbaregroepen.nl](http://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 2006

**Financing** Participating municipality (Rotterdam)

### 45 Social medical care: functioning of the GP office hours within shelters

**Aim and research question**

Since 2003 the Municipal Health Authority Rotterdam (in association with day and night shelters, the Municipality of Rotterdam, health insurance 'Zilveren Kruis', the care office 'Zorgkantoor' and care provider 'Zorggroep Rijnmond') has been working to structurally set up GP office hours for the homeless. In March 2004 the 'Social medical 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. In the first study (September 2004 - January 2005) the functioning of SMZ was mapped from the perspective of the clients, the GPs and nurses, and the shelter staff. Now, we carry out a follow up study, with the following main research question: How do the GP office hours function and where can they be improved? Topics of the study are: characteristics of patients, use of care (number of consultations, type of complaints, prescription of medication), the reach within the homeless population, satisfaction, and use of care protocols.

**Methods**

The questions were answered with a) analysis of three months GP information system, and b) a written questionnaire among GPs and nurses.

**Results**

The results will become available in July 2007.

**Researchers**

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

**Term** December 2006 - July 2007

**Financing** Municipal Health Authority Rotterdam Area

## 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 (researcher), drs A van der Poel (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

## 47 Referral to care of homeless persons in Rotterdam

**Aim and research questions**

The project "Referral to care of Homeless Persons in Rotterdam" is part of a long-term project which has the aim to (1) develop and implement the brief screener "Psychiatry and Addiction" in the social Care system, and (2) evaluate the referral to care of Homeless Persons in Rotterdam. In the first phase of the project, the development of a screening questionnaire to establish psychiatric disorders and substance abuse among homeless persons had a central role. Using the data collected from that phase as a stepping-stone, the emphasis is placed on the secondary objective, an evaluation of local care referral.

The evaluation of the local referral to care in Rotterdam has a dual objective. Firstly, the evaluation gives insight into the development of psychosocial problems and usage of care over time, which is valuable given the general lack of longitudinal studies involving homeless persons. Secondly, the evaluation provides direct, practical information for policymakers about the functioning of the chain of care: how well does the chain of organizations function at this time and are there any opportunities for improvement?

**Methods**

In the first phase of the project extensive information was obtained from 300 homeless persons in Rotterdam. Information is available about their psychiatric diagnoses and psychosocial problems. The aim is to retrace and interview as many of the 300 original homeless persons as possible. The interview will focus on their (possible) referral to care in the last year and on their current condition in terms of psychiatry and addiction. Additionally, qualitative information about the referral to care is obtained by tracing the referral to care of 20 clients of the newly started "Centraal Onthaal" desk (Central Intake) that distributes the permission to use night shelters in Rotterdam. The 20 clients are interviewed at intake, using a semi-structured interview to assess their current status, and are revisited 3 to 4 months later to assess progress in their care referral.

**Results**

To be made available in mid-2007.

**Researchers**

drs AJ van Rooij (researcher), ir EG Wits (project leader)

In collaboration with Municipal Health Authority Rotterdam Area

Term January 2006 - April 2007

Financing Care Office (Zorgkantoor) Rotterdam

## 48 Together we stand strong Professional support of next of kin of addicts

### Aim and research questions

Regarding the care for chronically ill people, there is increasing awareness of the burden on and need for specific support of their partners, parents, adult children and/or siblings. It is assumed that the next of kin of addicts (or problematic alcohol/drug users) are also in need of specific support. However, generally there is only volunteer aid for next of kin of addicts, and their needs for support. Therefore, the research questions were: 1) What is the policy and vision of addiction care providers regarding the support of next of kin of addicts? 2) What is the actual offer of support by these providers? 3) How do providers and next of kin evaluate these different kinds of support? and 4) What is the support need of next of kin and to what extent is this need met by the actual offer? Support of volunteer aid is defined as facilities and services that increase the supporting power and decrease the burden of the next of kin involved.

### Methods

We analysed the policy/vision and the actual offer of professional support in five addiction care providers, by interviewing policymakers and social workers, and by analysing websites and other published material. Within each organization we then chose one specific type of support that was further analysed: a) a 3-day program, b) continuous parent/partner work, c) next of kin group in a series of 5 meetings, d) parent/partner group in a series of 10 meetings, and e) continuous open group with addicted females and next of kin of addicts. Researchers made observations during programs and group meetings, and interviewed 33 participating next of kin. Most of them were interviewed twice (before and after). Also interviewed were representatives of organizations assisting the next of kin of addicts, and promoting self-help.

### Results

It is important that the specific problems experienced by next of kin are examined and taken seriously, separate from those of the addicted client. All addiction care providers agree that next of kin need to participate in the treatment of the addicted client in order to maintain improvements and/or recovery of the addict. However, many addiction care providers have no written policy regarding the support of next of kin that focuses specifically on the next of kin (rather than on the addict). Some providers are currently considering the possibilities, but the subject has a low priority. It seems difficult to decide where to draw the line of what is and what is not within the task of the addiction care providers. Two providers have developed a specific offer aimed at the support of next of kin.

In general, in the offer to the next of kin, no distinction is made in the type of addiction or the primary relationship between the 'volunteer' and addict.

Major problem in this field is that next of kin are usually not (yet) aware of the fact that they themselves

need help and support. When they approach addiction care providers they ask for help for the addict, not for themselves. This is true even when next of kin is participating in e.g. a support group. Additional results will be presented in the report that will become available in the first half of 2007.

During the study collaboration was established with the "Stichting Coke van Jou" (SCVJ), a foundation that supports partners, family and friends of addicts in different ways (e.g. organising open days and self-help groups, family counseling, online support). This present study and an online study into the needs of next of kin are the input for the development of a support offer. SCVJ is leading in the development (2007, financed by the province of Noord Holland) and IVO will evaluate the support offer in practice (2007-2008, funds are currently requested for financing).

### Researchers

drs MTM Stoele (researcher), drs E van Vliet (researcher), drs A van der Poel (project leader)

Term May 2006 - December 2006

Financing Addiction care providers: BoumanGGZ, Castle Craig, De Hoop, Iriszorg, Novadic-Kentron Addiction Care. Funds: VSB Fund, Fund Mental Health, Foundation for Christian Care for Mentally Ill Persons (VCVGZ)

# Internet

## 49 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 to 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 (researcher), dr RJJM van den Eijnden (project leader)

Term 2005 - February 2006

Financing Volksbond Foundation Rotterdam

## 50 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:

- 1 What can parents do to prevent compulsive Internet use among adolescents?
- 2 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. In addition, longitudinal 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. The risk 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. Additional analyses using a cross-lagged panel design 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?

### Researchers

dr RJJM van den Eijnden (researcher, project leader), dr A Vermulst (researcher Radboud University Nijmegen)

**In collaboration with** MetrixLab Rotterdam, Radboud University Nijmegen

**Term** February 2005 - February 2006

**Financing** MSN (Microsoft)

## 51 Monitor Internet and youth, first measurement

### 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, few studies have used a longitudinal research design. These methodological shortcomings limit conclusions about the Internet use of Dutch adolescents. They also indicate a need for more systematic research, in which 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 are 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. In January 2006, the first wave of this longitudinal study took place. A total of 16 schools for primary education and 9 schools for secondary education participated in this first measurement. The schools were selected by region, degree of urbanization and school level.

### Results

In analyzing the results of the first measurement, the emphasis was placed on the topics of online-bullying and compulsive Internet use.

About 20% of adolescents ages 11- 15 are bullied over the Internet on a regular basis (at least once per month). Still, it seems that bullying in real life occurs slightly more often, and has more serious consequences than online bullying. However, it does seem that online bullying can aggravate these consequences. If adolescents are bullied both in real life AND online they are more depressed, lonelier, and have a more negative self-image than those that are bullied only offline. It seems that adolescents in the lower levels of schooling (the Dutch VMBO level) have an increased risk to be the victim of online bullying. It also seems that adolescents that are bullied in real life spend more time on the Internet, possibly using the Internet as an escape tool from their problems in real life. In the usage of the MSN-messenger, the positive consequences outweigh the negative ones: via the MSN-messenger tool the adolescents often find confirmation, support, and even intimacy.

One out of every 25 adolescents (3,8%) can be classified as being "addicted to the Internet". This means that over 30.000 Dutch students between the ages of 10 to 15 show multiple signs of compulsive Internet use. They find it hard to control their time behind the Internet, have invasive thoughts about using the Internet, and spend insufficient time on homework and family. On average, these adolescents use the Internet about 24 hours a week, compared to 11 hours for their non-compulsive peers. They primarily spend their time on online games, MSN-messenger use and the use of profile sites. It seems that adolescents with a non-Dutch ethnicity and children with a lower level of schooling are more likely to use the Internet compulsively.

### Researchers

drs AJ van Rooij (research assistant), drs GJ Meerkerk (researcher), dr RJJM van den Eijnden (project leader), dr A Vermulst (advisor Radboud University Nijmegen)

**In collaboration with** University of Nijmegen

**Term** First measurement: October 2005 - June 2006. Full project: October 2005 - June 2008

**Financing** Volksbond Foundation Rotterdam, Wanadoo, Novadic-Kentron Addiction Care, ICT at School

## 52 Monitor Internet and youth, second measurement: a family perspective

### Aim and research questions

The first measurement for the Monitor Internet and Youth was conducted between December 2005 and January 2006. A monitor is a study repeated with fixed intervals with the same questions to systematically collect information about changes over time in a certain group.

The general aim of the second measurement of the Monitor is to obtain insight into the trends and developments in Internet use among adolescents, and the consequences of this Internet use for the psychosocial wellbeing of these adolescents.

**Methods**

The second measurement for the Monitor Internet and Youth started in December 2006. All participating primary and secondary schools from the first measurement were re-contacted regarding their participation in this second measurement. With the exception of one primary school and one secondary school, all schools were willing to participate in the second measurement. Because last year's participants in the second year of secondary school are now in their third year, the third year was also included in this year's measurement.

This yields a sample of 15 primary schools and 8 secondary schools, with an expected total sample size of around 5500 adolescents aged 10 to 16 years. Both parents of the adolescents in secondary schools received a postal questionnaire.

**Results**

To be announced as they become available mid-2007.

**Researchers**

drs AJ van Rooij (researcher), B de Ruiters (research assistant), I Nan (research assistant), dr RJJM van den Eijnden (project leader), dr A Vermulst (researcher Utrecht University)

**Term** Second measurement: December 2006 - July 2007. Full project: October 2005 - June 2008

**Financing** Volksbond Foundation Rotterdam, ICT at School, Tactus Addiction Care, Novadic Kentron Addiction Care

## 53 A Developmental Psychological Perspective on Compulsive Internet use What can parents do about it?

**Aim and research questions**

Recent Dutch studies indicate that a substantial number of Dutch adolescents has developed a pattern of compulsive internet use ('Internet addiction'). Although a previous study shed some light on the role of parents in the developmental process of compulsive internet use, the question remains as to what parents can do to prevent compulsive internet use among their children. Therefore, the following research question will be addressed in the present study: "Which general and internet-specific parenting practices can help to prevent compulsive internet use among children and adolescents?"

**Methods**

As part of the second measurement of the monitoring study 'Internet and Youth' approximately 6000 young people aged 10-15 years and their parents received a questionnaire on internet use (e.g. addressing compulsive internet use) and parenting practices. For young people, data were collected in a school setting; for parents, data were collected by sending written questionnaires to the home address of the parents. Besides compulsive internet use, the questionnaires contained scales measuring general parenting practices such as enforcing strict control, enforcing psychological control, and providing social support.

In addition, the questionnaires contained scales on internet-specific parenting practices, such as parental rules regarding frequency and duration of internet use, parental norms regarding content of internet use, tolerance towards excessive internet use, and frequency and quality of communication about internet use. Because part of the sample of young people also participated in the first measurement conducted in 2005-2006, both cross-sectional and longitudinal analyses will be conducted. Data will be analyzed by means of Structural Equation Modeling.

**Results**

Not yet available.

**Researchers**

drs AJ van Rooij (researcher), dr RJJM van den Eijnden (project leader)

**Term** October 2006 - September 2006

**Financing** Stichting Volksbond Rotterdam, ICT at School, Tactus Addiction Care, Novadic Kentron Addiction Care

## Domestic violence

### 54 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:

- 1 What is the progress in the implementation of the family-directed approach within the network of organizations in Zuid Limburg?
- 2 Which factors promote or inhibit this implementation process?
- 3 Which amendments are needed in the organizational structure in Zuid Limburg in order to successfully implement the family-directed approach?
- 4 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:

- 1 Inventarisation: Interviews with the coordinators of domestic violence within all the organizations, in order to clarify the organizational structure in this specific region.
- 2 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.
- 3 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.
- 4 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. In 2006 the greatest part of all the client files in which domestic violence is mentioned are read by our research assistants and the information needed for this project is collected from those files. Also 20 of the planned interviews took place in 2006. In 2007 the data collection will be completed and all collected data will be analyzed and written down in an integrative report, that also contains the implications of the findings regarding the implementation of the family directed approach.

#### Researchers

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

In collaboration with Foundation Domestic Violence Southern Limburg

Term October 2005 - November 2007

Financing Netherlands Organisation for Health Research and Development (ZonMw)



## Other research

### 55 Handling stolen goods

#### Aim and research questions

The report on 'Markets of stolen goods: a closer look' ('Helingspraktijken onder de loep') presents the results of a study on various aspects of the market in stolen goods in the Netherlands.

The study has three aims:

- to map the functioning of the market in stolen goods;
- to outline policy regarding the handling of stolen goods and its consequences for trade/industry;
- to find points of departure in the aim to reduce the trade in stolen goods.

Functioning of the stolen goods market was studied based on the following questions: Who sells stolen goods? Which products are sold? Which distribution channels are used?

#### Methods

To address these questions various research methods were applied: a literature study, analysis of police registries and statistical data, in-depth interviews with those that steal and/or trade in stolen goods, and expert meetings.

#### Results

In juridical terms three forms of handling in stolen goods can be distinguished. In Dutch: 'schuldhelings' (to be blamed for handling stolen goods), 'opzetheling' (handling stolen goods with intention) and 'gewoonteheling' (handling stolen goods as a habit). 'Schuldhelings' means that a reasonable person ought to suspect that the goods bought were more likely to be stolen than not. 'Opzetheling' indicates that the buyer knows that the goods were stolen. In case of 'gewoonteheling' the buyer knows that the goods were stolen and makes a habit of dealing in these goods.

In the present study we distinguish three types of handlers in stolen goods: individual handlers, commercial handlers, and handlers within a criminal network. The report focuses on individual handlers; it presents their profile, courses of action, products handled, distribution channels used, and prices of the goods.

Handlers of stolen goods are found in all sectors of society and their courses of action vary. The main reason to operate in the stolen goods market is the low level of risk: i.e. criminal investigation in this area has minimal or no priority. The trade in stolen goods has a substantial economic impact. There are few limitations in the type of goods involved; about 50% of all registered cases involve cars, bicycles and money, and the remainder mainly involves consumer electronics, clothing, jewelry, and food & beverages. Buyers of stolen goods include regular citizens as well as the trade/industry. Popular distribution channels include the black markets, the Internet, individual trades and distributive trades. Research shows that there are few or no taboos regarding the buying and selling of stolen goods, either among citizens or the industry.

In the Netherlands, the phenomenon of handling in stolen goods has little or no priority. Registered cases represent the mere tip of the iceberg; the police appear to have little interest in the enormous amount that is not registered.

To curtail or deter handling in stolen goods, more political attention and a higher level of priority is required. This report outlines the importance of increasing the moral threshold among the public, and notes that young people constitute a high-risk group and that the Internet could play an important role in deterring the trade in stolen goods.

#### 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

### 56 Public Nuisance in Den Dolder I

#### 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 to 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

## 57 Public Nuisance in Den Dolder II

#### 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. Following earlier research the so-called safety partners (psychiatric hospital, police and municipality) have taken several actions to reduce the nuisance. The research question is whether nuisance has been reduced and, if so, whether this can be attributed to the measures taken.

#### Methods

Two internet-based surveys and two focus groups were conducted with an interval of three months (t1 and t2). For the survey all households of the centre of Den Dolder were invited to participate. People without internet access were offered a paper version of the questionnaire. The first survey included retrospective questions about the nuisance in 2005. One focus group consisted of villagers and the other of local shop-keepers.

#### Results

Survey response: t1 18% and t2 13%. Both samples show similar demographics: mean age 50 years; male 50%; 60% higher education; 67% has lived in Den Dolder for more than 10 years; 17% is employed in Den Dolder.

Top three nuisances in 2005: dog dirt, road safety and public drinking. Most serious type of nuisance: annoying behaviour (including public drinking and drug use), dog dirt and road safety/parking problems. Compared to 2005, both measurements in 2006 show a significant decrease in observed dog dirt and public drinking and an increase of nuisance related to road safety. Most serious nuisance at t2: annoying behaviour (including public drinking and drug use), road safety/parking problems and dog dirt. The results from the focus groups are similar regarding public drinking and road safety, but dog dirt was not an issue.

With regard to the ability to reduce nuisance and increase safety respondents reported more confidence in the psychiatric hospital (30%) than in the police and the municipality (20%). Most respondents (97%)

agree that psychiatric patients have the right to receive treatment in the hospital, whereas 55% agree for treatment of drug and alcohol users.

#### Researchers

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

**Term** May 2006 - December 2006

**Financing** Altrecht Mental Health Care, Centrum Maliebaan Addiction Care

## 58 Prostitute's clients and hepatitis B: sexual risk behaviours and opportunities for prevention

#### 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 topics are: a) percentages of the prostitute's clients ever infected with hepatitis B, b) percentage of the prostitute's clients who got a vaccine for hepatitis B, c) knowledge on hepatitis B, d) sexual risk behaviours, e) match between the subjective risk with the objective risk, f) knowledge, attitude, subjective norm, perceived control and intention towards obtaining the hepatitis B vaccine, and g) possible barriers to obtaining the vaccine and how these can be removed.

#### Methods

Prostitute's clients were contacted via the website hookers.nl (a forum for prostitute's clients), and at prostitution locations. They were invited to participate in the study by filling in an online questionnaire. Most of the respondents were acquired through the website. Data from 494 men were analyzed with SPSS. Moreover, 8 prostitute's clients were interviewed, in order to interpret the quantitative data collected with the questionnaire. These 8 men are portrayed in the report.

#### Results

Almost 60% of the respondents have a steady partner with whom they have unprotected sex. In the past year, half of all respondents visited a prostitute up to 12 times. The higher the number of visits, the more different prostitutes were visited. Window prostitution is most favorite, followed by "private houses" and sex clubs. Just over a third (37%) always has safe paid sex, the others (63%) also - sometimes - engage in unsafe paid sex.

Over a quarter of the respondents say they were (ever) tested for hepatitis B. Two prostitute's clients were infected and one has a chronic infection. Two-third say they are not vaccinated, 18% is fully or partially vaccinated, and 17% does not know whether they are vaccinated against hepatitis A or B.

We asked the question: Do you think that you would get a vaccine against hepatitis B in the next 6 months?, and a total of 30% answered maybe, probably and yes. Those with a more positive vaccination intention assess the risk of an infection higher than those with a negative intention.

Time and money are not regarded as barriers to obtaining the vaccine by prostitute's clients. The fear that

others find out that they visit prostitutes is an important barrier. Therefore, we asked if the men would make a direct and anonymous vaccination appointment through the internet. Sixty percent now says 'yes', including respondents who earlier did not express a vaccination intention. Almost 70% of the respondents with a high objective risk (high frequency of visits and unsafe paid sex) would get a vaccine in this manner.

#### Researchers

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

**In collaboration with** SOA-AIDS Nederland, Centre for Infectious Diseases (RIVM), Netherlands Society of Municipal Health Authorities (GGD Nederland)

**Term** October 2005 - May 2006

**Financing** GlaxoSmithKline

## 59 Swingers and hepatitis B: sexual risk behaviours and opportunities for prevention

#### Aim and research questions

Swingers are heterosexual couples who have erotic contact with other heterosexual couples. Some swinging couples only have sex with their own partner in the presence of other couples, others perform partial or full partner swapping. Swinging often takes place at home or in a couples' sex club. Since hepatitis B is spread through unsafe sex, the aim of the study is to investigate sexual risk behaviours and the risk of becoming infected with hepatitis B. Research topics are: a) percentages of swingers ever infected with hepatitis B, b) percentage of swingers who obtained a vaccine for hepatitis B, c) knowledge on hepatitis B, d) sexual risk behaviours, e) match between the subjective risk and the objective risk, f) knowledge, attitude, subjective norm, perceived control and intention towards obtaining the hepatitis B vaccine, and g) possible barriers to obtaining the vaccine and how these can be removed.

#### Methods

Through a literature study, we found that in the past 25 years no study has investigated swinging. In the 1960s, 1970s and 1980s (mostly American) studies explored the subject of jealousy and other relational aspects of swinging.

In the present study, data were collected with an online questionnaire. Swingers were contacted via four (online) swing organizations that put the link to the questionnaire on their websites and e-mailed the link to their members. Data from 566 individual swingers were analysed with SPSS.

#### Results

Of the 566 swingers, 20% was engaged in swinging for less than 1 year, 40% for 1-3 years and 40% longer than 3 years. Most of the swinging takes place at home (own home or the other couple's home) and/or in a couple's sex club. Almost all have sex with their own partner during swinging activities. Over 80% engaged in sexual activities with 1 or 2 other persons (besides their own partner). Only 5% of all respondents say

that they always have safe sex during swinging, 81% always uses protection with penetration but not always with oral sex, and the remaining 14% does not always use protection regardless of the activity. Half of the 566 swingers say that they were (ever) tested for hepatitis B, and 1 respondent was infected. Almost half (46%) is fully or partially vaccinated against hepatitis B and 44% is not vaccinated. Ten percent does not know whether they are vaccinated against hepatitis A or B.

In answer to our question: Do you think you will get a vaccine against hepatitis B in the next 6 months? 60% answered maybe, probably or yes. Those with a more positive vaccination intention assess the seriousness of an infection higher than those with a negative intention. Also, those who are fearful that others may find out that they are swingers and those who do not know where to get the vaccine, find it more difficult to get vaccinated. Since anonymity is important, we asked if the swingers would make a direct and anonymous vaccination appointment through the internet: 74% answered affirmatively. These and other results are presented in an IVO publication (number 46, 2007), and can be downloaded via the IVO website.

#### Researchers

drs A van der Poel (researcher), dr BJF Boon (project leader)

**Term** September 2006 - December 2006

**Financing** Netherlands Society of Municipal Health Authorities (GGD Nederland)

# Education: Research and Development

## 60 Advancement of addiction expertise: a training program

### Aim and research questions

Rapid technological developments in intracranial observation techniques like functional Magnetic Resonance Imaging (fMRI), showing the neurobiological and neurochemical processes in the brain that play a role in the preservation of the behaviour, have increased the scientific knowledge on what addiction is and how it can be treated considerably. Furthermore, knowledge on effective treatment and prevention strategies has increased significantly making it more and more possible for drug treatment organizations and policy makers to work evidence based. As a result scientific insights play a more and more important role in the treatment, prevention and policy of drugs and addiction. The ZON program 'Addiction' aims at increasing scientific knowledge in relevant work areas, thereby improving addiction treatment, prevention and policy. An important instrument for reaching these goals is the academic training of students of relevant disciplines. Until now, education in substance use and addiction has not been embedded structurally in any academic training. The project aims the development and implementation of a modular educational training program for academic student of various (bachelor and master) disciplines.

### Methods

The module "Addiction and addiction care" is developed to be applicable for both bachelor and master students of various academic disciplines in the Netherlands. Therefore, the module must be adapted each time to the curriculum of training in which it is offered.

The module has eight central themes:

- What is addiction?
- The psychology of addiction
- The neurobiology of addiction
- The sociology of addiction
- Methods of addiction research
- National and international drug policy
- Prevention of addiction
- Addiction care

Part of the training program is the writing and presentation of a research proposal on a drug or addiction related subject. A final part of the module is the visit of drug treatment organization to get a first impression of the work of professionals working in the field of addiction.

### Results

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, 2005 and 2006, and will be implemented again in 2007. 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.

The final result of the project is a standard program offering a theoretical framework, a practical outline, 7 cases, instructions for the writing of the research proposal, instructions for the tutors, and a set of exam questions. The program is available for educational organizations who want to implement a training on drugs and or addiction in the curriculum of their students.

### Researchers

drs GJ Meerkerk (researcher), dr BJB Boon (project leader), dr H van de Mheen (project leader)

**Term** March 2004 - March 2007

**Financing** Netherlands Organization for Health Research and Development (ZonMw)

## Advise and Implementation

### 61 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.

In 2006 the guideline was adapted. Besides, contact was continued with two participating organisations, an article was written for a Dutch Addiction Journal, and the final report was written.

##### Results

The evaluation and the revisited guideline will be published in 2007.

##### Researchers

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

**In collaboration with** To score Results, Centre for Addiction Research (CVO), Trimbos Institute

**Term** 2003 - 2006

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

### 62 Introduction of the national guideline methadone maintenance treatment Establishing national support and benchmark

##### Aim and research questions

In 2004-2005, the national guideline 'methadone maintenance treatment' was developed to improve treatment of chronic opium dependent patients in outpatient addiction care. Initiator of this guideline was, among others, the Netherlands Health Care Inspectorate, who concluded that methadone programmes in the Netherlands did not reach satisfactory standards and used various methods of working. With the guideline 'methadone maintenance treatment' ready for use, it will be implemented on a national basis.

The programme To Score Results of the Netherlands Society of Mental Health Authorities has asked the scientific institute NISPA and the research institute IVO to support this national implementation. NISPA coordinates processes of Knowledge Development & Implementation, and IVO supervises on Quality Monitoring & Evaluation.

General objective of the project 'Supporting Implementation of the Guideline Methadone Maintenance Treatment' is to bring about national implementation of the guideline methadone maintenance treatment by means of central national support and quality monitoring. Within available timetables, the guideline will be introduced, (partially) implemented, evaluated and, if necessary, adjusted.

##### Methods

Support during the implementation process of the guideline methadone maintenance treatment will take place by offering the following services:

- visitation rounds and subsequent advice;
- professional training modules regarding the guideline;
- formats for an agency-bound implementation plan;
- for each participating agency: support by the formation and execution of the implementation plan;
- a short version of the guideline methadone maintenance treatment including a brochure for patients.

##### Results

Seven agencies have joined the project 'Supporting Implementation of the Guideline Methadone Maintenance Treatment', namely Mondriaan Care Group, Parnassia Group, HKPD Vlissingen, TACTUS, Arcuris-de Grift, Novadic-Kentron and Mental Health Group North- and Central-Limburg. Results of the first visitation round will be available mid 2007. Late 2007, several performance indicators for future benchmarks will be developed.

##### Researchers

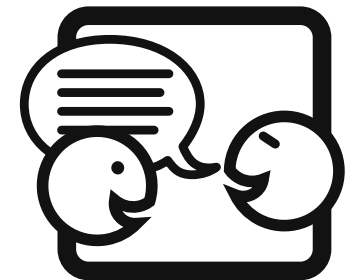
ir EG Wits (researcher), C Loth (researcher NISPA), dr H van de Mheen (project leader), prof dr C de Jong (project leader NISPA)

**In collaboration with** Nijmegen Institute for Scientist-Practitioners in Addiction (NISPA)

**Term** November 2006 - December 2007

**Financing** To Score Results, a programme of the Netherlands Society of Mental Health Authorities (GGZ NL)

chapter 4  
Education and social services



# Chapter 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 and drug use.
- In the fourth year of the medical curriculum of the Erasmus MC, IVO provided a course on addiction, which was attended by 60 students (two groups).
- 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.
- At the University of Nijmegen contributions were made to the bachelors and masters curricula Pedagogic and Psychology and to the research master Behavioural Science.
- 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 and should be invested in further research and/of 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 2006 the jury consisted 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 Gerhard Gmel, PhD (Swiss Institute for the prevention of Drug and Alcohol Problems (SIPA), Switzerland).

In 2006 the IVO Award was presented at the 32<sup>nd</sup> meeting of the Kettil Bruun Society in Maastricht, The Netherlands (May 29 - June 2, 2006). The winner was dr Kypros Kypri (School of Medicine and Public Health, University of New Castle, Australia), for his work on alcohol interventions and problem drinking.

### Report meetings

For about 20 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 for all those interested in the various aspects of addiction and addiction care in The Netherlands. In 2006 four report meetings were organized.

#### **1<sup>st</sup> report meeting: Addiction: only for the quick decision maker? The relationship between impulsivity, implicit cognitions and drug use among adolescents (April 20 2006)**

**Speakers: dr Ingmar Franken (Erasmus University Rotterdam, Institute of Psychology),  
drs Carolien Thush (University of Maastricht, profession group Experimental Psychology)**

According to dr Franken addiction is related to the personality feature impulsivity: impulsive persons are more vulnerable to develop addictive behaviour than non-impulsive persons. Impulsivity appears to be an important predictor of addictive behaviour although it cannot be ruled out that (certain) drugs make persons more impulsive. Persons often state that they make (behavioural) choices based on conscious considerations; however, research shows that addicted persons often make their decisions based on short-term rewards rather than on explicit cognitions. Explicit cognitions seem to play a less important role than one might expect. Implicit cognitions, however, may, as drs. Thush states, be much more effective in predicting the development and maintenance of alcohol and drug use. In the seminar the implications of the importance of personality features and implicit automatic associations for treatment and prevention were discussed.

## 2<sup>nd</sup> report meeting: Internet Use and Young People (June 15 2006)

**Speakers:** dr GJ Meerkerk, dr RJJM van den Eijnden, dr P Greeven (Novadic Kentron Addiction Care), E Enthoven (Wanadoo), A ten Brummelhuis (ICT at School)

During the second seminar of 2006, the results of the first measurement of the IVO monitoring study on "Internet use and Youth" were presented. In January and February 2006, a representative sample of 4,500 young people aged 10-15 years participated in this first measurement, which will be repeated on a yearly basis. The aim of this monitoring study is to register developments and trends in the internet use and related issues among young people in the Netherlands.

The first speaker, Gert-Jan Meerkerk, presented data on general issues regarding internet use, such as: "How much time do young people spend on the internet?" and "What do they do on the internet (e.g. chatting, gaming, doing schoolwork)?" Furthermore, Meerkerk presented data on the prevalence of compulsive internet use among young people, and on risk factors and psychosocial correlates of compulsive internet use among this age group.

The second speaker, Regina van den Eijnden, discussed results on online bullying: "What is the prevalence of online bullying?", "What are risk factors and psychosocial factors related to online bullying?", and "How does online bullying relate to bullying in real life?". Then, van den Eijnden presented data on the association between internet-related parenting practices and compulsive internet use among young people, and some recommendations for parents were discussed.

Finally, the results of this monitoring study were discussed by three representatives of interested societal institutes, i.e. an addiction care institute (Novadic Kentron), an internet provider (Wanadoo), and a corporation promoting internet use in the school setting (ICT at School).

## 3<sup>rd</sup> report meeting: Domestic violence and substance use (September 19 2006)

**Speakers:** dr Brigitte Boon, Klaas-Jan Hajema (GGD Zuid Limburg), Philip Kronenberg (De Waag), Renate Kuhl (De Griff Addiction Care)

This seminar addressed the co-occurrence of domestic violence and the usage of alcohol and/or drugs. Presentations were made on the findings in international literature on the co-occurrence of both problem behaviors, on the prevalence of substance use and misuse in Dutch perpetrators of domestic violence, as well as on the organization and the content of care in the case of this co-occurrence. It appears that 30-50% of all male perpetrators of domestic violence show excessive alcohol or drugs use. It is not yet clear whether they should be treated first for their substance use, or for the domestic violence; or whether an integrative approach would yield the best results.

The seminar was attended by 135 people who worked either in addiction care, in forensic care or in the domain of public health.

## 4<sup>th</sup> report meeting: Meddling care for addicts: old wine in new bottles? (November 16 2006)

**Speakers:** Diana Roeg (PhD student IVO/University of Tilburg), Peter Doedens (Mondriaan Zorggroep, Addiction Care Limburg), Gerard Lohuis (GGZ Groningen), Jeannet Schmidt (Mainline Amsterdam)

Meddling care is a type of care aimed at those people with physical, psychiatric, social and/or addiction problems who need help but do not ask for it themselves. Main theme of the seminar was the question: How does meddling care work in practice? About 65 people attended the seminar. First, Diana Roeg introduced the history of meddling care in the Netherlands and then presented some preliminary results from her PhD study on the characteristics of meddling care programs. Peter Doedens then presented material from the Guideline Meddling Care, of which he is co-author. Jeannot Schmidt held a mini-workshop with the audience addressing the question: What is important in the relationship between the social worker and "client" (i.e. the care-avoiding person). Finally, Gerard Lohuis elaborated on the notion of "presence" and just being there - perhaps the contact itself is the treatment or care that the person needs.



# organisation

chapter 5  
**Organisation**



# Chapter 5

## Organisation

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**Total fte's research in 2006: 28.1**

## Board

The board of the IVO in 2006 consisted of six persons, one member on behalf of the 'Stichting Volksbond Rotterdam', one on behalf of the Erasmus MC Rotterdam, one on behalf of the Maastricht University, one on behalf of the University of Tilburg, an independent member representing the public health sector, 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) till June 2006, prof dr JAM van Oers (University of Tilburg), and mrs drs GJJ Prins (Netherlands Society of Municipal Health Authorities) from April 2006.

## 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 2006 of the following five members: prof dr RTJM Janssen (University of Tilburg), prof dr GBM Engbersen (Erasmus University Rotterdam), prof dr F Sturmans (Erasmus MC 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, Rotterdam), Research Institute "Social Safety" (Rotterdam), Tranzo (Research Program Transformation in Care, Tilburg), CaRe (Primary Care Research, Maastricht) and the Behavioural Science Institute (Nijmegen).

## Cooperative relationships

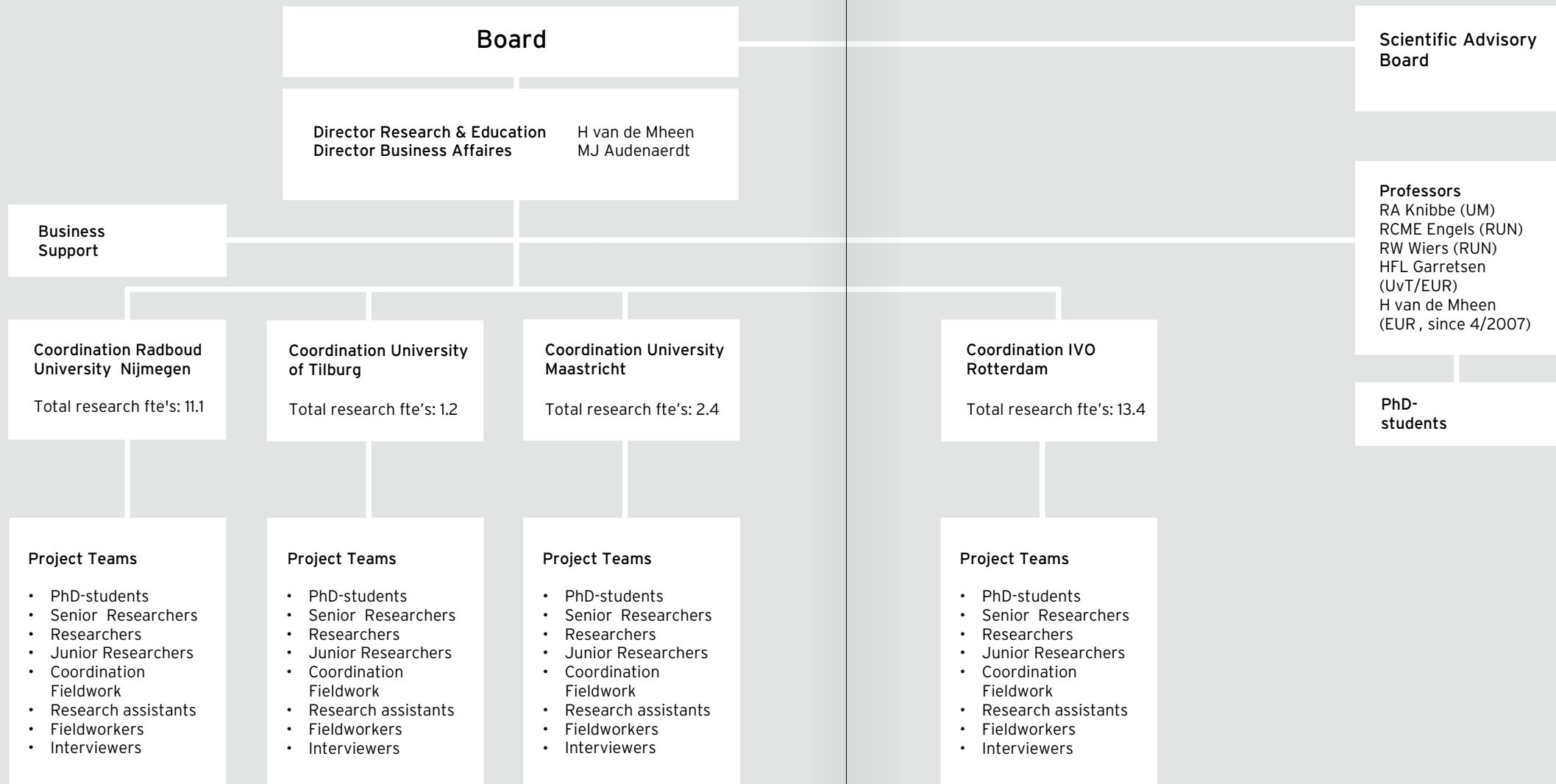
In 2002 the "Foundation Reinout Pfeiffer Fonds" was founded. This foundation aims at stimulating research on the consequences of (more than) moderate alcohol use. Prof dr HFL Garretsen is chairman of the board.

The IVO organises together with the TADP, AIAR and Trimbo's 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 (ESSD), the European Consortium for Alcohol Research Centres, the ECAS Study (European Comparative Alcohol Study) and the EMCDDA (European Monitoring Centre for Drug and Drug Addiction).

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. She is also chair of the National Society for Public Health and Science, and member of the board of the Netherlands Public Health Federation.

## Organization chart IVO



# chapter 6

## Publications

publications



## Publications 2006

### International Journals

Anschutz DJ, T van Strien, RCME Engels (2006). Food Intake and Success or Failure of Dietary Restraint. *Psychology and Health*, 21, 13.

Barendregt C, A van der Poel, H van de Mheen (2006). The rise of the mobile phone in the hard drug scene in Rotterdam. *Journal of Psychoactive Drugs*, 38(1), 77-87.

Coumans AM, RA Knibbe, H van de Mheen (2006). Street level effects of local drug policy on marginalization and hardening: an ethnographic study among chronic users. *Journal of Psychoactive Drugs*, 38, 161-172.

Dotinga A, RJJM van den Eijnden, W Bosveld, HFL Garretsen (in 2006). Measuring alcohol use: 'Quantity Frequency Variability' and 'Weekly Recall' compared among Turks and Moroccans in the Netherlands. *Journal of Substance Use & Misuse*, 41(14), 1951-1965.

Eijnden RJJM van den, RCME Engels, R Spijkerman (2006). The relative contribution of smoker prototypes in predicting smoking among adolescents: A comparison with factors from the theory of planned behaviour. *European Addiction Research*, 12 (3), 113-120.

Engels RCME, RHJ Scholte, C van Lieshout, R de Kemp, GJ Overbeek (2006). Peer group reputation and smoking and alcohol use in early adolescence. *Addictive Behaviors*, 31, 440-449.

Exter Blokland EAW den, W Hale, Meeus W, RCME Engels (2006). Parental anti-smoking socialization. Associations between parental anti-smoking socialization practices and early adolescent smoking initiation. *European Addiction Research*, 12(1), 25-31.

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Houben K, RW Wiers (2006). A Test of the Salience Asymmetry Interpretation of the Alcohol-IAT. *Experimental Psychology*, 53, 292-300.

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Kuntsche EMA, RA Knibbe, G Gmel, RCME Engels (2006). Who drinks and why? A review of socio-demographic, personality, and contextual issues behind the drinking motives in young people. *Addictive Behaviors*, 31, 1844-1857.

Larsen JK, T van Strien, R Eisinga, RCME Engels (2006). Gender differences in the association between alexithymia and emotional eating in obese individuals. *Journal of Psychosomatic Research*, 60, 237-243.

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Poel A van der, C Barendregt, H van de Mheen (2006). Drug users' participation in addiction care: different groups do different things. *Journal of Psychoactive Drugs*, 38(2), 123-132.

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The impact of alcohol-specific rules, parental norms about early drinking and parental alcohol use on adolescents' drinking behavior. *Journal of Child Psychology and Psychiatry*, 47, 1299-1306.

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Wiers RW, AW Stacy (2006). Implicit cognition and addiction. *Current Directions in Psychological Science*, 15, 292-296.

Wildenberg E van den, M Beckers, F van Lambaart, PJ Conrod, RW Wiers (2006). Is the strength of implicit alcohol associations correlated with alcohol-induced heart-rate acceleration? *Alcoholism, Clinical and Experimental Research*, 30(8), 1336-1348.

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Wiers RW, AW Stacy (2006). Implicit cognition and addiction: an introduction. In RW Wiers & AW Stacy (Eds.), *Handbook of implicit cognition and addiction*, (pp. 1-8). Thousand Oaks, CA: SAGE Publishers.

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Barendregt C, H van de Mheen (2006). *Overlast in Den Dolder*. Rotterdam: IVO.

Dam S van der, AM Coumans, RA Knibbe (2006). *Eindrapportage Drug Monitoring System*. Rotterdam: IVO.

Dam S van der, AM Coumans, RA Knibbe (2006). *Frequent harddruggebruik onder jong volwassenen in Parkstad Limburg*. Rotterdam: IVO.

Dijck D van, RA Knibbe (2006). *De incidentie, remissie en chroniciteit van probleemdrinken in de algemene bevolking; een longitudinal onderzoek*. Maastricht: Universiteit Maastricht.

Eijnden RJJM van den, AA Vermulst (2006). *Online communicatie en het psychosociale welbevinden van jongeren*. In J. de Haan & C. van 't Hof (Eds.), *Jaarboek ICT en Samenleving 2006*. Amsterdam: Boom.

Eijnden RJJM van den, AA Vermulst (2006). *Internet en Jongeren: Wat zijn de gevolgen en wat kunnen ouders doen om het te voorkómen?* Factsheet. Rotterdam: IVO.

Eijnden RJJM van den, AA Vermulst, AJ van Rooij, GJ Meerkerk (2006). *Monitor Internet en Jongeren: Pesten op Internet en het psychosociale welbevinden van jongeren*. Factsheet. Rotterdam: IVO.

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