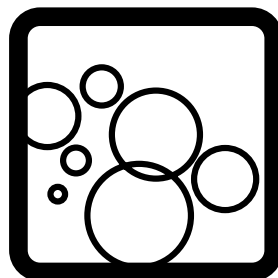


IVO
ADDICTION RESEARCH INSTITUTE
Annual Report **2008**



Annual Report 2008

May 2009

IVO

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Foreword

We are pleased to present the annual report 2008 for the IVO, Addiction Research Institute, which is the eighteenth 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 also continued researching addictive behaviours like obesity and problematic internet use. We also studied related domains like social relief and social care and related populations like homeless people.

In 2008 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 supervisory board would like to specifically acknowledge this tremendous effort here in the foreword; the supervisory board is extremely grateful to management and all scientific and administrative colleagues. The content of this report reflects the many projects involved.

In 2008 our Director Research and Education, prof dr H van de Mheen presented her inaugural lecture. We were happy to celebrate this event.

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

The IVO has built up her expertise in the field of social, epidemiological and evaluation research. The following major themes are addressed:

- Alcohol
- Hard drugs, cannabis and new drugs
- Smoking
- Obesity
- Social Relief and Social Care
- Internet
- 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 and providing advise and implementation. The public IVO Report Meetings are organised several times a year. These Report Meetings are chaired by Prof dr H van de Mheen (Director Research & Education). Apparently this is a very successful formula that is attracting more people each year. In 2008 two 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.

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, Maastricht University (UM), Radboud University Nijmegen (RU), Tilburg University (UvT), and the 'Stichting Volksbond Rotterdam' (Volksbond Foundation 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 2008. When projects are related to more than one substance they are categorized in the theme that is most present. Sometimes this is arbitrary.

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 Peer influence revisited: An experimental study on the association between peer influence susceptibility and adolescent alcohol use

Aim and research questions

The aim of the project is to examine adolescents' susceptibility to peer influence in relation to adolescent alcohol-related attitudes and actual alcohol use. We test whether adolescents adapt their alcohol-related attitudes and actual drinking behavior when confronted with peers who communicate pro-alcohol norms and who display varying levels of alcohol use.

Methods

To test our hypotheses, the project will apply an experimental design combined with a diary method to collect follow-up data on adolescent alcohol use. The susceptibility to peer influence in relation to adolescent alcohol-related attitudes will be tested with a simulated internet chat room paradigm. Participants believe that they are interacting with peers in this chat room. However, these peers are actually confederates acting in the chat environment. The adolescents are confronted with pre-programmed pro-alcohol answers of "peers" to hypothetical drinking scenarios. In order to check whether the social status of the "peers" is an important factor in this influencing process, the social status of the "peers" will be manipulated. Further, in a short-term diary study we explore to what extent experimentally measured peer influence susceptibility predicts alcohol use over a one-month follow-up period.

Results

Data collection will start in September 2009.

Researchers

drs H Teunissen, (researcher), dr R Spijkerman (supervisor), dr RHJ Scholte (project leader), dr M Prinstein (advisor, University of Chapel Hill), prof dr RCME Engels (promotor)

In collaboration with University of Chapel Hill, Department of Psychology, North Carolina

Term October 2008 - June 2013

Financing Radboud University Nijmegen

2 Communication about alcohol between mother and adolescent: an observational study

Aim and research questions

The aim is to gain insight into 1) how mothers communicate with their (adolescent) children about alcohol use, 2) the reaction of parents on the alcohol onset of (their) children and, 3) test to what extent the communication and the rules of parents influence the development of alcohol use of children. In a following step, these results will provide parents with clear guidelines about how to communicate with their adolescent child to prevent early onset of alcohol use, early use and excessive alcohol use later on.

Methods

Questionnaire scales are used to measure parenting, communication between mother and adolescent, and alcohol use. Adolescents (12-13 years), as well as their mother, will fill in the questionnaire. Mother-child dyads will be observed at home. During this observation they will discuss several alcohol related topics. Communication strategies of the mother and responsiveness of mother and adolescent will be measured by coding observations. Affect will be coded separately for mother and adolescent, as well as affect of the dyad.

Results

Data collection is still in progress.

Researchers

drs E Koopman (researcher), prof dr RCME Engels (project leader), dr H van der Vorst (project leader), dr J Verdurmen (advisor, Trimbos Institute), drs I Schulten (advisor, Trimbos Institute)

In collaboration with Netherlands Institute for Mental Health and Addiction (Trimbos Institute)

Term July 2008 - December 2009

Financing Netherlands Organisation for Health Research and Development (ZonMw)

3 Evaluation of the partnership on early detection of problematic alcohol consumption in general practice (PVA)

Aim and research questions

The PVA is a nationwide collaborative project of the Ministry of Health (VWS), Netherlands Institute for Mental Health and Addiction (Trimbos Institute), NHG (Dutch Association of General Practitioners), Scientific Institute for Quality of Healthcare (WOK, Radboud University), Dutch Institute for Healthcare Improvement (CBO) and the National Consultancy on Prevention (LSP). It aims at implementing early detection and intervention strategies in first line health care and other relevant institutions in the Netherlands.

The evaluation study focused on the question whether goals were attained as stated and whether products were delivered as agreed. The report was finished in March 2008.

Methods

Interviews with members of the PVA board and content analysis of documents.

Results

Some flaws in the functioning of the board were identified and recommendations given to solve problems.

Researchers

dr HAM Jansen (researcher), prof dr H van de Mheen (project leader)

Term January 2008 - March 2008

Financing Ministry of Health, Welfare and Sport (VWS)

4 Predictive value of young people's smoker and drinker prototypes: tests using innovative designs

Aim and research questions

A promising concept for the explanation of young people's alcohol use is the role of young people's social images associated with alcohol use. Youngsters have clear and salient social images of the type of people of their age who engage in alcohol use. Their perceptions of the typical drinker are also referred to as 'prototypes'. The relationship between drinker prototypes and young people's alcohol intake is well established. However, the existing research stems from correlational studies that are based on adolescents' self-reports. No definite conclusions can be drawn about the predictive value of drinker prototypes on youngsters' actual drinking behaviour, the direction of the relationship between these two variables, and possible moderation effects of contextual and individual characteristics. The aim of the present project is to critically examine the true value of prototypes in predicting actual alcohol use among young adults.

The study will address the following questions:

- Are young people's drinker prototypes related to their actual drinking behaviour in a social drinking context?
- Are drinker prototypes affected by other people's image and drinking behaviour in a social drinking context?
- Do drinker prototypes have a stronger impact on young people's drinking behaviour within a favourable normative context towards drinking compared to an unfavourable normative drinking context?
- Are drinker prototypes more influential among people with an increased social comparison tendency and who are triggered by collective associations with their identity?

Methods

The research questions are answered by employing observational experiments in a naturalistic drinking setting. This consists of four observational studies among weekly drinking students conducted in a bar lab. Drinker prototypes will be manipulated by working with confederates who either display positive or negative image characteristics combined with a specific drinking pattern.

Results

The first two research questions have been examined in two studies. The first study was carried out among 200 college students who participated with their group of friends in evaluation research on alcohol prevention campaigns (cover story). In a pre-test, participants filled out questions about drinker prototypes and drinking behaviour. Participants' actual drinking behaviour was observed during a break in the bar lab. Findings showed that students' drinker prototypes were related to their observed drinking behaviour, over and above the impact of their group of friends. The second study aimed to test whether young people's drinker prototypes would be affected by social interaction with another person who showed a specific drinking pattern (not drinking versus heavy drinking) and appearance (desirable versus undesirable). To manipulate the other person's image and drinking behaviour, we used confederates who were instructed to dress either in a desirable or an undesirable way and to engage in non-drinking or heavy drinking. Preliminary findings show that participants held more favourable abstainer prototypes after social interaction with a heavy drinking model with an undesirable appearance.

Researchers

dr R Spijkerman (researcher), prof dr RMCE Engels (project leader),
prof dr FX Gibbons (advisor, Iowa State University)

In collaboration with Iowa State University

Term June 2007 - March 2011

Financing Netherlands Organisation for Scientific Research (NWO)

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 behavior 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.

It was investigated if there were differences between respondents and non-respondents regarding health variables (at baseline), and (prospective) mortality risk. Results showed that among respondents coronary heart disease was more prevalent. Compared with respondents, non-contacts had a higher mortality risk during follow-up. Refusals more often had hypercholesterolaemia, and less often coronary heart disease, or diabetes mellitus, compared to non-contacts. The paradoxical results that respondents are less healthy at baseline, but prospectively have a lower mortality risk may suggest a selection effect indicating that the 'worried ill' are more inclined to participate. This effect could imply that observed relationships between risk factors or behaviors and outcomes in cohort studies may be attenuated.

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. It was found that, independent of stressful life events, coping styles and social support were associated with drinking level. Scoring high on cognitive coping, and having a higher frequency of social contact was associated with a lower alcohol use, whereas scoring high on action coping and receiving more actual social support was associated with a higher alcohol use.

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 analyzed 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.

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 5 years of follow-up showed similar drinking patterns. Diabetics less often drank alcohol at baseline compared to non-diabetics. Diabetic men who did not drink or drank occasionally appeared to have a 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 was published in 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 till 8/2006), dr IHM Friesema (PhD student till 1/2006), dr PHHM Lemmens (project leader, copromotor), prof dr MJ Drop (†) (promotor), prof dr HFL Garretsen (promotor), prof dr JA Knottnerus (promotor, Maastricht University), dr PJ Zwietering (copromotor, Maastricht University)

In collaboration with Maastricht University

Term 1996 - 2008

Financing Netherlands Heart Foundation, Foundation for Responsible Alcohol Consumption (STIVA), IVO, Erasmus University Rotterdam, Maastricht University

6 Process evaluation 'Do not be fooled!' ('Laat je niet flessen!')

Aim and research questions

Adolescent alcohol use in the south-east region of Brabant has recently increased and is higher compared to other regions in the Netherlands. This has motivated 21 municipalities in the south-east region of Brabant to start the project 'Laat je niet flessen!' ('Do not be fooled!'), aimed at developing an effective alcohol policy for adolescents under the age of 16 years (the legal drinking age in the Netherlands). Over a 3-year period, all aspects regarding the supply, promotion, education and regulation of alcohol use will be explored. The project incorporates an effect evaluation and a process evaluation.

The process evaluation will be conducted by IVO and has two goals: 1) to detect factors impeding or facilitating implementation of the project in order to make appropriate adjustments over time, and 2) to systematically collect information on the implementation and progression of the project to transfer (when proven successful) to other regions and municipalities in the Netherlands.

Methods

Research activities are aimed at the three central aspects of the project: 1) education and social basis, 2) regulation and compliance, and 3) assertion of laws and regulations. These aspects are covered by three project groups.

Three measurements will be conducted during the project period. At each measurement, employees of municipalities and other relevant parties, such as the police and the municipal health authority, will be interviewed by telephone. In addition, focus groups will be compiled with members of the three project groups. After each measurement, results will be reported to the general project group.

Results

Measurements of the first and second year are completed. The results indicate that the project has finished the preparatory phase. Implementation of activities has begun, but respondents indicate that more support is needed during this phase. The third and last measurement will start summer 2009.

Researchers

drs A Risselada (researcher), drs A van der Poel (project leader), drs T Schoenmakers (project leader)

In collaboration with Region Eindhoven (SRE)

Term 2007 - 2009

Financing Volksbond Foundation Rotterdam

7 Low-threshold screening and intervention on alcohol among the elderly in general practice: development, training and evaluation of the module 'Drinking safely at old age'

Aim and research questions

Health risks of alcohol consumption differ in specific and significant respects for elderly people (65+ years) as compared to younger adults. This is because of the increasing susceptibility with age, developing chronic diseases, and chronic use of medicine (e.g. benzodiazepines, selective serotonin re-uptake inhibitors, SSRIs). Therefore we developed a special module 'Drinking safely at old age' as an addition to the general training of GPs and assistants in early detection and interventions on excessive alcohol consumption in the general population.

This module is being implemented in three regions of the Netherlands: Rotterdam agglomeration, Limburg and Noord-Brabant. The way of implantation is tailored to the specific regional structure of consultation and training of general practitioners and assistants.

Methods

Implementation is evaluated by a short self-completed questionnaire beforehand, and short follow-up interviews two weeks and four weeks after training.

Results

About 30 general practitioners have been trained with use of the module; evaluation results will be reported in 2009.

Researchers

drs A Risselada (researcher), dr HAM Jansen (project leader)

In collaboration with Netherlands Organisation for Health Research and Development, Mental Health Care North- Middle- and South-Limburg, Roder consult/Novadic-Kentron Addiction Care

Term September 2008 - March 2009

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

8 An inventory of monitoring alcohol and drugs: update 2008

Aim and research questions

Several longitudinal research projects are collecting data on alcohol and drugs. In 2004 ZonMw asked IVO and the Netherlands Institute for Metal Health and Addiction (Trimbos Institute) to make an inventory of monitoring projects on alcohol and drugs. The results of this initial project were reported in an overview. Because of the ongoing developments in existing monitors, the emergence of new monitors and the cessation of others, in 2008 we made an update of this overview.

Methods

Survey and interviews among monitor owners.

Results

The update resulted in 76 monitors. Of these, 31 monitor the prevalence of drug and alcohol use and related problematic use, 18 record medical and psychosocial assistance, 7 report on illness and mortality related to alcohol and drug use, 3 report on drug and alcohol trade figures, and 16 monitors report on criminality and associated police and judicial data.

Researchers

dr LEAM Oliemeulen (researcher), drs APM Ketelaars (researcher, Trimbos Institute), dr AAN Crutz (researcher, Trimbos Institute), Prof dr H van de Mheen (project leader), dr MW van Laar (project leader, Trimbos Institute)

In collaboration with Netherlands Insitute for Mental Health and Addiction (Trimbos Institute)

Term December 2007 - April 2008

Financing Netherlands Organisation for Health Research and Development (ZonMw)

9 The third half? Alcohol consumption of adolescents at sports clubs

Aim and research questions

The municipality of Vlaardingen is interested in the alcohol consumption of adolescents at sports clubs, and accompanying problems for both adolescents and sports clubs. With this information, the municipality will be better equipped to select and implement preventive activities aimed at adolescents in these specific settings. The main research question is: What is the prevalence and nature of adolescent alcohol consumption at sports clubs in the municipalities of Vlaardingen, Maassluis and Schiedam, what are the accompanying problems, and how can preventive activities aimed at curbing alcohol consumption best be implemented?

Methods

An online questionnaire was administered to 147 members (aged 12 to 17 years) of 23 sports clubs. In addition, interviews were conducted with key informants (directors and managers) of 7 selected sports clubs.

Results

On forehand, it must be noted that the study group is not representative for all adolescent members of sports clubs in the municipalities of Vlaardingen, Maassluis, and Schiedam. Therefore, the results can not be generalized. Despite this, the results give an indication of the prevalence, nature, and consequences of alcohol consumption among adolescent sports club members.

Results of the online questionnaire show that adolescents in our study barely consume alcohol at the sports club. Thirteen percent of drinking adolescents report drinking alcohol at the sports club. With regard to general drinking behaviour (not specifically at the sports club), 47% of all adolescents report drinking alcohol. Binge drinking is reported by 27% of all adolescents.

Fifteen percent of drinking adolescents report playing sports under the influence of alcohol in the previous year. Twenty-five percent report playing sports with a hangover occasionally.

None of the key informants experienced problems at the sports club caused by excessive alcohol consumption of youth members.

Researchers

drs A Risselada (researcher), drs T Schoenmakers (project leader), ir E Wits (project leader)

In collaboration with Municipalities of Vlaardingen, Maassluis, and Schiedam

Term June 2008 - December 2008

Financing Municipality of Vlaardingen

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

Aim and research questions

IVO has been the Dutch base for research on aspects of alcohol and gender for several years. An earlier eight-country BIOMED study has now developed into the wider project called GENACIS (Gender, Alcohol and Culture, an international study) in which more than 35 countries are involved. The participants are as diverse as Argentina, Australia, Canada, Eruope, India, Japan, Kazakhstan and the USA. The focus of the Dutch contribution has been to describe alcohol-related problems in all countries included in the GENACIS data set, and on gender and country variation in the informal control of drinking.

Methods

Surveys among general populations.

Results

A series of articles is in preparation on the influence of gender and social roles on alcohol in different countries.

One of the research questions concerns country and gender differences in the extent drinkers suffering from typical symptoms of heavy or prolonged alcohol use report informal control from others (reactive informal control), and country and gender differences in the extent comments on someone's drinking are (also) directed at those who do not suffer from these symptoms (pro-active informal control). The results show that men suffering from typical symptoms of heavy or prolonged alcohol use are more likely to be criticized than equivalent women (reactive control).

Irrespective of gender, reactive informal control is more prevalent in poorer countries and in countries with a high proportion of abstainers. Concerning pro-active control, among women a larger part of criticism appeared to be directed at those who (as yet) do not suffer from symptoms typical for heavy or prolonged alcohol use. There is much variation between countries in pro-active informal control. This variation is only weakly related to the prosperity of a country, but not to its proportion of abstainers.

Other results show that whilst the countries differed a lot as to which proportion of drinkers reported having experienced family members' pressuring to drink less, drinking women in all countries reported this less than drinking men in their own society. In all of the countries studied, the person carrying out the informal pressure is most often the spouse or sexual partner. However, also other family members had acted in this way. Informal pressuring was highly correlated with the country's socioeconomic conditions. It is concluded that informal pressuring of family members' drinking is on one hand an expression of social deprivation and family problems caused by heavy drinking especially in the economically less developed countries. On the other hand, a similar type of gender difference is seen in all the societies examined, with men reporting more informal pressuring than women. Informal pressuring to drink less reflects the gender conflict caused by heavy use of alcohol in all of the countries studied.

Researchers

S Kuntsche MSc (researcher, SIPA), prof dr RA Knibbe (project leader), dr J Joosten (researcher), M Derickx (research assistant)

In collaboration with SIPA, Swiss Institute for the Prevention of Alcohol and Drug Problems

Term January 2002 - January 2010

Financing European Union (EU), World Health Organization (WHO), National Institute on Alcohol Abuse and Alcoholism (NIAAA)

11 Research on perpetrators who commit alcohol-related crime**Aim and research questions**

According to the Foundation for Addiction Rehabilitation (SVG) special intervention is needed for the group of perpetrators who commit alcohol-related crime. However, the Ministry of Justice requires a report in which the need for a special intervention is supported by research. IVO was asked to conduct such a study. The research question is: Is there a specific intervention needed for the group of offenders who commits alcohol-related crime, and if so, what kind of intervention is needed?

Methods

First, an extensive search was made of the (inter)national literature. Second, we analyzed two documents which contain statistical information on delinquents. These documents enabled to compare the group of offenders who commit alcohol-related crime with other relevant offenders or suspects who have problems with alcohol and/or drug use, or problems with gambling. Finally, some statistical analyses were made to compare the results from the personal files of offenders with a community service, and the personal files of offenders who are sentenced to imprisonment.

Results

There is a significant difference between offenders with a community service (Dutch: maatschappelijke taakstraf) who commit alcohol-related crime and other offenders. One of the main findings is that, whereas crime against property is more often committed by other offenders, those offenders who committed alcohol-related crime more often commit violent crime, victims are more often involved, and there are multiple offenders.

Researchers

SM Ganpat MSc (researcher), dr RJJM van den Eijnden (project leader)

Term 2007 - 2008

Financing Foundation for Addiction Rehabilitation (SVG)

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 Centre in Amersfoort or the Erasmus Medical Centre in Rotterdam. Participants randomized in the experimental group were 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 discussed 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 are used for comparison are excessive alcohol use and risky behaviour after alcohol consumption. These measures are included in a follow-up questionnaire, which was 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 completed; results are expected in the summer of 2009.

Researchers

drs A Risselada (researcher), prof dr H van de Mheen (project leader)

In collaboration with Meander Medical Centre Amersfoort, Parnassia Psychomedical Centre Den Haag, Erasmus Medical Centre Rotterdam

Term January 2006 - June 2009

Financing Netherlands Organisation for Health Research and Development (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. Finally, to investigate whether some people are more susceptible to alcohol cues than others, we will study gene-environment interactions.

To understand individual variability in sensitivity to alcohol cues and subsequent drinking, we argue that it is crucial to take individual genetic variance into account. Activity at dopamine receptors is an acknowledged biological mechanism for the initiation of craving (incentive salience). We will test whether the DRD4 VNTR polymorphism affects whether people model other people's alcohol use.

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 Radboud University Nijmegen. 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.

To study gene-environment interactions saliva of the participants will be collected and analyzed in collaboration with the Department of Human Genetics, Radboud University Nijmegen Medical Centre.

Results

The first experimental study showed that youths who were exposed to heavy drinking models consumed more alcohol compared to those exposed to light-drinking and non-drinking models.

As expected, after controlling for craving, the mean differences in the amount of alcohol consumed between the three conditions were substantial. Also, as anticipated, in general men consumed more

alcohol than women in the 30-minute observational sessions. Moreover, no gender differences were found in the levels of imitation since the interaction between condition and gender was not significant. This first study extends previous results by demonstrating that imitation of alcohol consumption also occurs in an ad lib naturalistic drinking context. Although women generally drank less than men, the extent of imitation was similar in both groups.

Two experimental observation studies were conducted in a real bar at a university campus in order to validate the ecological validity of the bar lab.

Both studies had similar results to those of the bar lab study. The participants consumed significantly and substantially more alcohol when they were exposed to a heavy drinking confederate compared to when they were with a non-drinking confederate.

These results show that a bar lab is an excellent context to conduct research on influence processes in relation to alcohol consumption.

Researchers

drs H Larsen (PhD student), prof dr R Engels (promotor), dr I Granic (copromotor, The Hospital for Sick Children, Toronto), dr G Overbeek (copromotor, University Utrecht)

In collaboration with The Hospital for Sick Children, Toronto, Canada, University Utrecht

Term 2006 - 2011

Financing Netherlands Organisation for Scientific Research (NWO) / MaGW open competition, Radboud University Nijmegen)

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. The primary research question 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 groups 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 (HUwww.drinktest.nlUH) 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 received a first follow-up questionnaire. A second follow-up questionnaire was 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 expectations regarding alcohol.

Results

Analysis showed that in the experimental condition 42% of the participants were successful in reducing their drinking levels to below the norm at one month follow-up as compared to 31% in the control group; this difference was statistically significant. We found a short term effect only: at six months follow-up the success rates were 46% and 37% in the experimental and control conditions, respectively, but this difference was no longer significant. Tailored online advice on alcohol consumption appears to be an effective and easy way to change unhealthy drinking patterns in adult men and is perhaps best offered as a first step in a stepped care approach.

Researchers

drs A Risselada (researcher), dr BJB Boon (project leader)

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

Term January 2006 - April 2008

Financing Netherlands Organisation for Health Research and Development (ZonMw)

15 Social roles and alcohol consumption: a European study

Aim and research questions

That alcohol consumption is also connected with the societal and social position of a person is rarely doubted. However, few theories make explicit which relations one can expect between the social position and alcohol consumption.

One of these theories is the social role theory; its central assumption is that the more social relevant roles a person has, the less opportunities he/she has to drink to excess; conversely, the fewer social roles a person has, the more likely that person may use situations in which alcohol is consumed to structure his/her daily life.

This study focuses on three main problems:

- How do the three main position roles (living with a partner, paid employment and care for children) interact with gender and social class to explain alcohol consumption?
- To what extent do European countries differ in how position roles are related to alcohol consumption?
- To what extent is there a systematic difference between men and women in how position roles are related to consumption?

Methods

Two datasets are used. One is a set of surveys from European countries in which alcohol consumption (level of consumption and drinking 6 or more glasses per occasions) and the explanatory variables are measured in a comparable way. The other dataset is a large Swiss study among the adult population; this study will be used to analyze the extent to which the relation between social roles and consumption is mediated or moderated by psychological variables.

Results

A cross-national study in 10 (industrialized) European countries shows that in all countries multiple roles tend to protect against excessive consumption. However, in some countries the additional role of employment over having a partner and/or care for children did not correlate with a lower consumption. The protective effect of multiple roles appears to be hardly mediated or moderated by psychological variables like mastery or depressed mood.

A first multi-level analysis including country indicators for gender equity, indicates that the protective effect of multiple roles may depend on the extent mothers are enabled to have (also) a paid job.

Researchers

S Kuntsche MSc (PhD student, SIPA), prof dr RA Knibbe (promotor)

In collaboration with Swiss Foundation of Alcohol Research (SIPA)

Term 2005 - 2010

Financing Swiss Foundation of Alcohol Research (SIPA)

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

Aim and research questions

We 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 genetic mutations: polymorphisms) and who experience specific 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 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., rules, control) 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?

Methods

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

Results

The first study of this project demonstrated that shared environmental factors (parental rule-setting and control, 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 influenced by other factors, such as genetic susceptibility and peer drinking (Van der Zwaluw et al., 2008). The second study of this project comprised a descriptive review of the relation between the m-opioid receptor gene (OPRM1) and alcohol dependence. Little evidence was found for a direct association between polymorphisms in OPRM1 and alcohol dependence. Explanations for the lack of positive findings were discussed (Van der Zwaluw et al., 2007). The third study showed that adolescents and their intimate partners were relatively similar in alcohol use. This resemblance was best explained by adolescents' selection of future partner on the basis of alcohol consumption. Less indication was found for influence effects, perhaps due to the transient nature of most adolescent romantic relationships (Van der Zwaluw et al. in press). The fourth study is a review of empirical studies that test gene-environment interactions on alcohol use and dependence. Despite the fact that the importance of this type of research is well acknowledged, we identified only nine empirical studies. In these studies the interactions between a plethora of candidate genes and several environmental factors were associated with alcohol use or dependence. (Van der Zwaluw & Engels, in press). The fifth study tested for interaction effects between the dopamine D2 taq1 genotype and parental rule-setting on the initiation of alcohol consumption. We selected adolescents who did not drink at Time 1 or Time 2 and examined whether they consumed alcohol one year later. Indeed adolescents with the DRD2 A1 allele, whose parents were highly permissive towards alcohol use, consumed significantly more alcohol one year later than did adolescents without these characteristics (Van der Zwaluw et al., in press). The sixth study was a review on associations between the dopamine transporter gene (DAT1) and alcohol use and dependence. Little evidence was found for a direct association between polymorphisms in DAT1 and alcohol dependence. Explanations for the lack of positive findings were discussed (Van der Zwaluw et al., 2009).

Researchers

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

In collaboration with Radboud University Nijmegen Medical Centre

Term April 2006 - March 2011

Financing Netherlands Organization for Scientific Research (NWO)

17 Development of automatic and controlled processes with regard to substance use in adolescence

Aim and research questions

This study tests a recent model on the development of addictive behaviors in adolescence. The central hypothesis is that these problematic behaviors are the result of a disturbance in the balance between two classes of neurocognitive processes with regard to alcohol and drug use. The first class of processes are appetitive responses to drug cues, including attentional bias, automatic arousal associations and automatic approach action tendencies.

These appetitive processes become stronger as a result of alcohol and drug use through sensitization. The second class of processes are executive control processes including working memory, inhibitory control and error monitoring. The development of these processes is negatively affected by alcohol and drug use during adolescence. Furthermore, brain regions associated with these processes are not fully developed in adolescence. Some scattered research findings have provided preliminary support for the model, but an integrated, longitudinal project investigating the development of these processes is lacking.

Methods

Approximately 500 adolescents participate in this longitudinal study (4 waves, with 6-month intervals). Subjects perform computer tasks which assess both appetitive and control processes. Examples are, for instance, the dot probe (attentional bias) and the self-ordered pointing task (working memory). Furthermore, subjects fill in questionnaires regarding, for example, attitudes towards alcohol and alcohol expectancies.

Results

In preparation: results from the first wave are due summer 2009.

Researchers

drs S Pieters (PhD student), dr H van der Vorst (advisor), prof dr RCME Engels (promotor), prof dr RW Wiers (promotor)

Term February 2007 - February 2012

Financing Radboud University Nijmegen

18 Effect evaluation of intensified enforcement of the age ban on adolescent drinking and the additional effect of a community intervention

Aim and research questions

The project aims to decrease the alcohol consumption of under-age adolescents by: (a) intensified control of sellers' compliance with the law forbidding to sell alcohol to adolescents younger than 16 years, and (b) by a community intervention aimed at mobilizing support among relevant civil servants, professionals and parents of adolescents for measures restricting opportunities for adolescents to drink and to get drunk. The intensified control of compliance of sellers with relevant alcohol laws will be carried out by the national organization responsible for inspecting the compliance with these laws: the Food and Consumers Safety Authority (FCSA). This organization issues warnings and a seller is fined if compliance is insufficient. There will be a two-year period in which relevant sellers in a region will be visited about 8 times by inspectors of the FCSA. In a control region there will be only one exploratory inspection (not followed up by warnings and fines) in this period to identify the relevant sellers in the control region. The community intervention will be done by the Dutch Institute for Alcohol Policy (STAP). In this context media advocacy aimed at the local media will be used, a training course to increase expertise of relevant civil servants and professionals will be given, and a support group of parents who will develop initiatives both at home and in the public sphere will be instituted. The increased enforcement and the concrete additional measures in the context of the community intervention are planned for a period of 2 years.

Methods

The interventions are evaluated by following a cohort of adolescents, one of their parents, and sellers of alcohol. The cohorts of adolescents, the parents and sellers of alcohol will come from three regions: one with no intervention, one with (only) intensified control of sellers, and one region with both intensified control and a community intervention. At baseline the adolescents will be 13-15 years old. They will be interviewed before start of the intervention, and at 1 and 2 years after the intervention(s) have started. Parents and sellers of alcohol will be interviewed before the intervention and again 2 years later.

Results

In 2008 the first measurement among adolescents, their parents and among sellers of alcohol took place. Analysis of this data will start in 2009.

Researchers

drs K Offermans (PhD student), M Derickx (research assistant), prof dr RA Knibbe (promotor), prof dr H van de Mheen (copromotor), prof dr R Engels (copromotor)

In collaboration with Dutch Institute for Alcohol Policy (STAP), Food and Consumers Safety Authority

Term January 2008 - January 2012

Financing Netherlands Organisation for Health Research and Development (ZonMW)

19 Take it or leave it! Prevention of early substance use in adolescence

Aim and research questions

The Healthy School and Drugs (HSD) project is a widely implemented, school-based prevention program in the Netherlands. HSD targets youngsters in primary and secondary schools and aims to reduce or limit alcohol, tobacco and cannabis use in adolescence. This four-wave longitudinal project will examine the effectiveness of HSD in a randomized clustered trial. The primary goal is to test whether HSD is effective. That is, does the HSD program lead to postponing or diminishing substance use among Dutch adolescents? And what are the actual active components of HSD? Are behavioral changes mainly due to the integral working method of HSD or do youngsters benefit more from one specific component, namely the electronic learning modules? The final goal is to investigate how possible behavioral changes come about. Are increased knowledge, better refusal skills, or changed attitudes towards substance (ab)use (partly) accountable for these effects? Answers will be given based on these mediating analyses.

Methods

The objective of the study is to test the e-learning modules of the HSD program and the integral package of the HSD program. The e-learning modules of HSD concerns three modules: alcohol (4 lessons), tobacco (3 lessons), and cannabis (3 lessons). Students can work through the lessons independently and in their own pace. The lessons work on knowledge, attitude and behavior. The integral package of HSD consists of four major pillars, these are: the e-learning modules, parental participation, a school regulation which addresses substance use, and skill training in signaling and guiding problem users. The parental participation refers to a parental meeting at the school and written information about substance use sent to all parents. The third pillar asks schools to incorporate school regulation on substance use among adolescents and employees. The final pillar concerns a protocol on how to deal with problem users. In addition, employees receive professional development on this subject. The project starts in the first year of secondary education. Schools will be randomly assigned to one of the following conditions: (1) regular curriculum, (2) HSD e-learning modules, or (3) HSD integral package.

In order to test the program all students in the three groups fill out a questionnaire on four occasions (January/February 2009, September/October 2009, September/October 2010, and September/October 2011). Youngsters will be asked about their actual use of alcohol, tobacco and cannabis, as well as about their attitudes, self-efficacy, social influences, etc.

Results

The first wave data are currently being collected.

Researchers

drs M Malmberg (PhD student), drs J Lammers (project leader, Trimbos Institute), dr G Overbeek (advisor, University Utrecht), dr K Monshouwer (advisor, Trimbos Institute), prof dr RCME Engels (promotor), prof dr W Vollebergh (copromotor, University Utrecht)

In collaboration with Netherlands Institute for Mental Health and Addiction (Trimbos Institute), University Utrecht

Term June 2008 - June 2012

Financing Ministry of Health, Welfare and Sport (VWS)

20 The Truman Show: effects of alcohol portrayal in the media on actual alcohol consumption

Aim and research questions

To test the effects of alcohol portrayal in films, soaps and advertisements on actual drinking behaviour of young people. Specifically, we investigate whether individuals imitate drinking of characters on screen and whether they are inspired to drink when confronted with alcohol cues. Further, we examine whether identification with characters and genetic susceptibility for alcohol cues affect the magnitude of imitation.

Methods

Experimental observational methods in naturalistic settings are used to test our hypotheses. Most experiments are conducted in a bar lab at the Radboud University Nijmegen. This bar lab is situated in a room furnished as an ordinary small pub, with a bar and stools, tables and chairs, indoor games, and comfortable couches.

Results

Results not yet available.

Researchers

drs R Koordeman (researcher), drs D Anschutz (advisor), dr R van Baaren (copromotor, Radboud University Nijmegen), prof dr RCME Engels (promotor)

In collaboration with Radboud University Nijmegen, prof dr R Wiers (University of Amsterdam), prof dr J Sargent (Dartmouth-Hitchcock Medical Center), prof dr A Stacy (University of Southern California), dr T Hollenstein (Queen's University)

Term March 2008 - March 2013

Financing Netherlands Organization for Scientific Research (NWO)

21 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), Prof Dr O van Schaijk (promotor),
dr H Bosma (copromotor)

In collaboration with Maastricht University

Term 2003 - 2008

Financing Ministry of Health, Welfare and Sports

Hard drugs, cannabis and new drugs

22 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 makers who are acquainted with the branch and its insiders.

Results

Will be reported in a thesis when available (2009).

Researchers

drs NJM Maalsté (researcher/ PhD student, till 04/07), prof dr E Lissenberg (promotor, University of Amsterdam), prof dr H van Mheen (promotor)

In collaboration with University of Amsterdam

Term January 2003 - August 2009

Financing IVO

23 Estimate of the number of problematic hard drug users

Aim and research questions

The present research is part of a national estimation of the prevalence of problematic hard drug use in the Netherlands. As part of this broader project, IVO will estimate the prevalence of problematic drug use in the areas Rotterdam and The Hague.

Methods

Problematic drug users are defined as persons who (almost) daily use illicit drugs (cocaine, heroin, methadone and amphetamines) and 1) are homeless; or 2) perform criminal activities; or 3) have a psychiatric disorder; or 4) who cause nuisance.

A two sample capture-recapture method will be used to estimate the in-treatment rate of problematic drug users in Rotterdam and The Hague. From these figures, and figures from other cities gathered by the Municipal Health Authority Amsterdam and Research Bureau Intraval, the number of problematic hard drug users in the Netherlands will be estimated. To estimate the in-treatment rate, semi-structured interviews with problematic drug users are held at low-threshold facilities. Capture-recapture will be applied to the Ladis (National Alcohol and Drugs Information System) and our sample of the population of problematic drug users at low-threshold facilities.

Results

Expected in June 2009.

Researchers

drs JE Baars (researcher), prof dr H van de Mheen (advisor), drs T Schoenmakers (project leader)

In collaboration with Netherlands Institute for Mental Health and Addiction (Trimbos-Instituut), Municipal Health Authority Amsterdam, Bureau Intraval

Term October 2008 - May 2009

Financing Ministry of Health, Welfare and Sport (VWS)

24 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: drug users (DUs), commercial sex workers (CSWs), and men who have sex with men (MSM). These interviews took place in three regions per risk group: Rotterdam, Utrecht and South Limburg. 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.

Results

Results showed that 63% of the DUs, 79% of CSWs, and 74% of the MSM were aware they could opt for free hepatitis B vaccination.

Homeless DUs and those who had visited drug consumption rooms were more frequently familiar with the campaign than those with a stable housing situation.

Among CSWs 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 DUs, 63% of CSWs, and 50% of the MSM obtained vaccination. Analyses showed that among all three groups outreach activities were positively associated with vaccination uptake. Among MSM 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 DUs, inconvenience and lack of time for CSWs, and not perceiving any risk for infection with the hepatitis B virus among MSM. Among those susceptible to the hepatitis B virus (those who reported no hepatitis B vaccination nor infection with the hepatitis B virus), attitude towards hepatitis B vaccination is the most important predictor of intention to obtain vaccination among the three risk groups, next to health benefits among CSWs and perceived susceptibility among MSM. Age was positively associated with intention among DUs, and negatively associated with intention among CSWs.

Researchers

drs JE Baars (PhD student), dr BJF Boon (copromotor), prof dr H van de Mheen (promotor), prof dr HFL Garretsen (promotor)

Term July 2003 - April 2008

Financing Netherlands Society of Municipal Health Authorities (GGD-NL)

25 Drug use among secondary school students in Rotterdam

Aim and research questions

A Dutch television documentary on drug use in 12 secondary schools in Rotterdam showed that in 6 of these schools, traces of cocaine were found. Based on the results of this broadcast, the municipality of Rotterdam asked IVO to study the scope of drug use in secondary schools in the city and possible differences according to level and year of education.

The study is based on two research questions:

- What is the prevalence and nature of drug and alcohol use among secondary school students in Rotterdam?
- Which differences in drug and alcohol use can be distinguished according to level of education, year of education and other demographic characteristics?

Methods

An online questionnaire was administered to 841 secondary school students in the 4th, 5th and 6th year (senior students) of education of 13 secondary schools in Rotterdam. Data were weighted to control for differences in demographic characteristics between the study population and the total population of senior students in Rotterdam.

Results

Results show that 23% of all senior students in Rotterdam report the use of soft drugs (lifetime prevalence). Prevalence of soft drug use in the month prior to study is 10% and higher among boys. In the year prior to study, 4th year students with a high level of education report more frequent use of soft drugs

than students with middle and low levels of education. With regard to 5th year students, adolescents with a middle level of education report more frequent use of soft drugs when compared to students with high level of education. The nature of this difference remains unclear. Students from 12 secondary schools in our sample report using soft drugs.

Two percent of all senior students report the use of hard drugs (lifetime prevalence); the prevalence in the month prior to study is 0.2%. These students are resided in three different secondary schools of our study sample. The number of senior students reporting hard drug use was too low to make any group comparisons. Alcohol use and smoking is more common among senior students. Almost 75% of all senior students report the use of alcohol. Eighty percent of all seniors report drinking alcohol in the previous month. Smoking is reported by half of all senior students. At the time of the study, 22% of all seniors considers themselves to be a smoker.

Researchers

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

Term January 2008 - May 2008

Financing Municipality of Rotterdam

26 Extent and nature of chronic dependent hard drug and alcohol users in Flevoland

Aim and research questions

In the province of Flevoland, the municipality of Almere is responsible for the coordination of social support for chronic dependent and nuisance-causing hard drug and alcohol users. Stakeholders in the field have indicated that the level of available services does not meet the needs of the target group.

To acquire a sound basis for future service planning, the municipality of Almere asked IVO to provide reliable data on the prevalence, nature and needs of the target group.

Methods

After defining inclusion criteria for the target group, registration data of care providers and registration of the public prosecutor were screened for target group members. A count was made of target group members in these registrations.

The capture-recapture method was applied to make an estimation of the total number of the target group. An ethnographic map was constructed that served as a guide to proportionally recruit and interview 100 target group members using a structured questionnaire. It appeared that the cities in the province of Flevoland do not have an open drug scene. Therefore, to construct the ethnographic map we relied on information provided by institutions. This survey describes the target group in terms of demographics, substance use, health and nuisance-related behaviour. Seven experienced service providers estimated the need for services within the target group, based on 60 brief case descriptions. Finally, in a focus group session, 7 members of the target group reflected on the available services in Flevoland.

Results

In a 3-month period we interviewed 76 people, 64 of which met the inclusion criteria; their mean age is 42 years, one third is homeless, and 75% is male. The most frequently used substance is alcohol, followed by cocaine and heroin.

Most important source of income is social security benefit, 20% committed petty crime in the past 6 months, and 80% has debts (on average 7,000 euro). All those interviewed have at least contact with one care provider. The results of the prevalence study will become available in 2009. The expert meeting resulted in a description of the observed gaps in the spectrum of services. According to the experts Flevoland lacks a drug consumption room (Almere and Lelystad), a night shelter (Almere) and a semi-permanent supported housing unit for dependent hard drug users (Almere and Lelystad).

Researcher

drs C Barendregt (researcher), drs D Nentjes (research assistant), S Beekvelt (research assistant), Ir E Wits (project leader)

Term August 2008 - March 2009

Financing Municipality of Almere

27 "Together we stand strong": professional support of next of kin of addicts

Aim and research questions

In relation to the care of 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. In 2007 we conducted research at five sites (all addiction care providers). Results showed that indeed 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 agreed 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 had 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 were considering various possibilities, but the subject has a low priority. Two providers had 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 between the type of addiction or the primary relationship between the 'volunteer' and the addict.

Methods

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). The earlier study and an online study into the needs of next of kin were input for the detailed description of current and future (in development) SCVJ products. IVO was involved in this project as critical reader and advisor.

Results

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 the next of kin is participating in, e.g., a support group. These results were published in an IVO report (2007) and in an article in 'Verslaving, tijdschrift voor verslavingsvraagstukken' (2008).

Researchers

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

Term August 2008 - December 2008

Financing "Coke Van Jou" Foundation

28 Process and effect evaluation of the 'Housing-Care-Work facility' (Woon-Zorg-Werk voorziening)

Aim and research questions

Housing-Care-Work is a new type of facility that offers long-term accommodation in which work and care is also offered. The Housing-Care-Work facility is intended for addicted drug users with severe psychiatric problems. The main purpose of this facility is to improve the quality of life of its residents. The Municipal Health Authority Rotterdam-Rijnmond asked IVO to evaluate the process and effect of the Housing-Care-Work facility. Goal of the evaluation was to gain insight into a) circumstances that motivate the residents of the Housing-Care-Work facility to stay there and which ones interfere with their stay, and b) the effectiveness of the facility with respect to the residents' living situation.

Methods

Semi-structured interviews were held with the same 8 professionals in 2007 and again in 2008. Further, 37 residents were interviewed face-to-face with a structured questionnaire in 2007; of these residents, in 2008, 22 were still residing in the Housing-Care-Work facility. These 22 residents were interviewed for the second time in 2008, again with a structured questionnaire. Of the 15 patients that had left the facility, 10 were interviewed by telephone to find out why they had left the facility.

Results

Residents and professionals are for the most part satisfied with the Housing-Care-Work facility. The residents of the facility are members of the intended target population for whom this facility was realised. In 2008 the placement of patients had improved. Furthermore, the offer of care has been realized; however, the offer of work and day activities could be better. Finally, the situation of the residents seems to be improved with respect to their mental health, substance use, debt and income situation, and criminal behavior. However, their physical health seems to have deteriorated, and their social situation seems to be unchanged.

The Housing-Care-Work facility was opened in the spring of 2007 and can be seen as an adequate facility for a target population with chronic complex problems. Adequate because action is undertaken in several areas at the same time: accommodation, care and treatment, and - for an increasingly larger number of residents - day activities and work. Also important: there is some progress in transferring elsewhere. Of the 37 residents that were interviewed in September 2007, 16 still reside in the facility in September 2008. The majority of the ex-residents that were interviewed are positive about the Housing-Care-Work facility.

Researchers

drs E van Vliet (researcher), drs SM Ganpat (researcher), drs A van der Poel (project leader)

Term February 2007 - January 2009

Financing Municipal Health Authority Rotterdam-Rijnmond

29 Evaluation of the implementation of 'Lifestyle training for addictive delinquents'

Aim and research questions

The Foundation for Addiction Rehabilitation wanted to establish whether lifestyle training can be implemented for inmates or delinquents who are on probation. Therefore a pilot study was conducted in Rotterdam and Amsterdam. The following step was to evaluate the pilot; this evaluation of the implementation process was done by IVO. The aim of this study is to describe how the pilot 'Lifestyle training for addictive delinquents' has been implemented, and to describe what problems emerged during this process.

Methods

A total of 11 interviews were held with professionals, and 4 interviews with delinquents who had followed this training. Subsequently, we organized a focus group with several professionals in which the most important conclusions were presented and discussed.

Results

According to the professionals and participants, overall the pilot was successfully implemented.

The success of the pilot can be attributed to the intensive cooperation with the professionals involved, and because the trainers had built up a confidential relationship with the participant. The manual that was written for the training also contributed to the success because it contained clear, useful and extensive instructions on how the training had to be given.

Nevertheless, there were some complications during the pilot. In the beginning there were insufficient participants who were on probation; this delayed the start of the program. In the prison it was sometimes difficult to start on time because the prisoners had to come from different locations; because of this there was insufficient time to finish all the sections of the training, and eventually the trainers had to shorten

the program. It was also difficult to keep the participants who remained on probation in the training program: some of these delinquents failed to show up and consequently did not finish the entire program. Despite the problems that emerged, the professionals and participants considered the pilot to be a success.

Researchers

drs SM Ganpat (researcher), dr RJJM van den Eijnden (project leader)

Term December 2007 - April 2008

Financing Foundation for Addiction Rehabilitation (SVG)

30 Attitudes of parents and adolescents towards adolescents' substance use and possible policy measures

Aim and research questions

Aim of this study is to get more insight in the attitudes of people, especially parents and adolescents, towards the substance use of young adolescents. In addition, to establish what possible policy measures are supported, because the effectiveness of policy measures is dependent on public support. To see whether a strict or more liberal policy will have an impact on attitudes, the Dutch results will be compared with Norwegian data. The research questions are:

- To what extent do parents and adolescents regard adolescents' substance use as problematic?
- To what extent do parents and adolescents regard it as the responsibility of parents to take measures about their adolescents' substance use and what are their attitudes towards possible measures?
- To what extent do parents and adolescents regard it as the responsibility of the government to take measures about adolescents' substance use and what are their attitudes towards possible measures?
- To what extent do Dutch attitudes differ from attitudes from Norwegian parents and adolescents regarding adolescents' substance use?
- How can differences in attitude outcomes towards policy measures be explained?
- Do the most favourable policy measures by Dutch parents and adolescents correspond with the most effective policy measures, and is this different from the Norwegian situation?

Methods

An online questionnaire was developed, which included questions about attitudes towards substance use, parental measures, policy measures and questions about own substance use. For collecting the Dutch data use is made of the LISS panel of CentERdata; 5,568 respondents from this panel filled in the questionnaire. In Norway 2,150 respondents filled in the questionnaire.

Results

Not yet available.

Researchers

drs K van Beijsterveldt (PhD student), prof dr HFL Garretsen (promotor), dr LAM van de Goor (copromotor), dr E Brouwers (copromotor, Tilburg University)

In collaboration with SIRUS (Statens institutt for rusmiddelforskning) Norway, Tilburg University

Term February 2008 - February 2012

31 SolutionS Center: an evidence-based solution for addiction? Results of a literature survey

Aim and research questions

SolutionS Addiction Treatment Consultants offer a complete approach to substance abuse and/or addiction problems, based on the Twelve-Step Minnesota Model. They have a private clinic in Voorthuizen (SolutionS Center). The aim of this research is to relate their treatment program to results from evidence-based literature (such as reviews and RCTs).

Methods

A literature survey and a telephonic inventarisation of best practices and state-of-the-art according to experts in the addiction field. We examined evidence concerning different treatment aspects, including:

- 12-step Minnesota Model
- Cognitive Behaviour Therapy
- Involving significant others in the treatment
- Aftercare
- Wellness/healing environment
- Availability of a 24/7 counselor
- No waiting list

Also examined was evidence regarding the combination of aspects, such as represented by the Minnesota Model or Matrix Model.

Results

Evidence was found for most of the aspects of treatment: 12-step Minnesota Model, Cognitive behaviour therapy, involving significant others in the treatment, and aftercare. Less or no evidence was found for the condition of treatment: wellness, healing environment, availability of a 24/7 counselor, no waiting list.

Researchers

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

Term January 2008 - May 2008

Financing SolutionS Center

32 Aftercare for chronic users by the addiction care

Aim and research questions

Psy is a magazine for professionals in the mental health and addiction field. IVO was asked to conduct a quick study into the wishes and needs of chronic users regarding aftercare that is offered by the official addiction care providers. Psy needed that information for a report in their magazine.

Methods

We planned and held three focus group interviews with representatives of client advisory boards of addiction care providers. Because of the high no-show rate (despite the agreement to participate), we also carried out individual interviews. In total 15 clients were interviewed and they represent 11 care providers. Topics of both the focus group and the individual interview were background characteristics, care history (short), experiences with aftercare and the ideal aftercare. They also discussed a number of statements. In addition, the management of the 11 addiction care providers was interviewed (by telephone); topics were the offer of aftercare and the ideal aftercare.

Results

Interview data were analysed and presented in a report that Psy used to write their article "The aftercare hangover" ("De kater van de nazorg"). In short, we concluded that most clients received no aftercare after treatment. This resulted in experiences of 'the black hole', shortly after treatment. According to the clients, the period in which aftercare was given was too short (a program of three or six months). Ideally, aftercare is available and accessible, and must be a point of discussion early in the treatment.

Further, especially something to do (day activities) is considered important. Managers see other problems regarding aftercare, especially in the cooperation with other organizations to organize aftercare. We concluded that there is a 'gap' between the treatment situation and the home situation after treatment; aftercare needs to close this gap. Various aftercare programs do exist, but are not systematically offered to clients. Moreover, the existing aftercare programs often do not fit the needs of the clients at that particular moment.

Researchers

dr LEAM Oliemeulen (researcher), drs A van der Poel (project leader)

Term February 2008 - April 2008

Financing Psy

33 Regional Monitor Den Bosch aspects

Aim and research questions

Novadic-Kentron is the addiction treatment and prevention center in the region of Brabant and (amongst other activities) conducts monitors and quick scans in order to map the current situation with regard to marginalized groups (including drug users). IVO was asked to assist in one monitor of Novadic-Kentron, namely the Regional Monitor Den Bosch. The study provides information on the discrepancy between supply and demand of care for marginalized adults and young people.

Methods

IVO consults on the research methods and the writing of the report. In addition, IVO provided a researcher that contributed to the data collection. The IVO researcher interviewed care providers, social workers, policymakers and drug users. Questions were asked by means of a topic list.

The following questions were addressed:

- What is the nature and extent of marginalized groups in the municipality of Den Bosch?
- What is the nature of the experienced problems regarding drug use, housing, health, police, and work and income?
- Which institutions and professionals provide care? 4) What are the bottlenecks in providing care?

Results

Not yet available.

Researchers

drs B van Straaten (researcher), drs GJ Peeters (researcher, Novadic-Kentron), drs A van der Poel (project leader), drs M Kleinjan (project leader)

In collaboration with Novadic-Kentron Addiction Care, Municipality of Den Bosch

Term November 2008 - April 2009

Financing Novadic-Kentron Addiction Care

34 Qualitative study on health education provided by Mainline for detainees in detention centre Schutterswei

Aim and research questions

Mainline is a non-governmental organisation, providing health education for drug users through a harm reduction approach. The aim of Mainline is to improve the health and quality of life of (injecting) drug users. Mainline does outreach work within prisons, among which the detention centre Schutterswei in Alkmaar, the Netherlands.

The DJI (National Agency of Correctional Institutions) and the WODC (Research and Documentation Centre) both from the Ministry of Justice, asked IVO to evaluate the activities of Mainline within this detention centre.

The research question is: In which aspects does health education (regarding infectious diseases, harm reduction and self-control related to drug use) in the detention centre Schutterswei, have additional value when provided by Mainline as compared to the medical staff?

Methods

Most emphasis was placed on the detainees' experiences with Mainline activities, and with activities provided by the medical staff. In addition, we evaluated the viewpoint of Mainline workers, of the medical staff, and of two experts, regarding both Mainline activities as well as medical staff activities. Finally, a brief literature search was conducted on the effectiveness of specific components within Mainline's method.

Results

Mainline emphasises that its activities in the centre are complementary to the work of the medical staff. In their routine work, Mainline field workers have a harm-reduction approach. This includes working according to the principles of the presence approach and using motivational interviewing techniques. In the literature search and interviews with experts, no evidence was found for the effectiveness of these specific methods on drug-using detainees.

In the detention centre, Mainline field workers often lack the opportunity to provide health education to detainees. Due to limited time and space in the centre, field workers mainly focus on getting acquainted with detainees, and establishing a trusting relationship with them. Detainees and medical staff in Schutterswei are positive about the activities of Mainline. Detainees judge conversations with field workers as pleasant, report acquiring new knowledge, and appreciate the objective contacts with Mainline. Because the medical staff in Schutterswei has insufficient knowledge on drug use, they allow Mainline to establish contact with the drug-using detainees. The medical staff acknowledges that the expertise of Mainline is a valuable supplement to the health education provided by the centre's nurses and doctors, which focuses primarily on the prevention of infectious diseases. The fact that Mainline can provide continuation of care after detention is a major advantage in this respect.

Based on these findings we conclude that, on several aspects, the activities of Mainline in Schutterswei have additional value in the achievement of the goals within the health policies of DJI. Mainline utilizes easily accessible methods and its activities can complement those of the medical staff in providing health education regarding drug use.

Researchers

drs A Risselada (researcher), ir E Wits (project leader)

In collaboration with Research and Documentation Centre (WODC) of the Ministry of Justice, National Agency of Correctional Institutions (DJI) of the Ministry of Justice, Detention Centre Schutterswei

Term March 2008 - January 2009

Financing Research and Documentation Centre (WODC) of the Ministry of Justice

35 Five years hepatitis B vaccination: results of a national program among behavioral risk groups

Aim and research question

To assess the extent to which the Dutch nationwide hepatitis B vaccination program has reached behavioral risk groups (men who have sex with men, sex workers, drug users and heterosexuals with multiple sex partners) from 2002-2007. In addition, we studied potential correlates of infection with the hepatitis B virus and compliance with the vaccination schedule.

Methods

This prospective nationwide study is based on an online hepatitis B vaccination registration system originating from 2002 onwards.

Participants can enroll into the vaccination program through different ways, for example by making an appointment for the free vaccine at the public health service (n=38 in the Netherlands) or by enhanced outreach (vaccination at gay bars, sex clubs, methadone clinics, etc.).

Multivariate logistic regression analyses were performed with infection with the hepatitis B virus and compliance with the vaccination schedule as the dependent variables.

Results

A total of 80,680 participants, of which 18,510 men who have sex with men, 9,391 sex workers, 13,482 drug users and 39,297 heterosexuals with multiple sex partners took part in the vaccination program. Naturally acquired immunity against the hepatitis B virus was found in 9.2%, and chronic infection in 0.7% of the total sample.

In total, 61.7% (n=39,689) of those eligible for vaccination completed the vaccination schedule (0, 1, 6 months). Several correlates of hepatitis B virus infection and compliance were found. The most prominent correlation was found between endemicity of the country of origin and HBV infection occurring among all groups. In addition, our data showed a negative association between being vaccinated at an outreach-location and compliance with the vaccination schedule.

Researchers

drs J Baars (researcher), drs A van der Poel (project leader), drs M Kleinjan (project leader)

Term May 2008 - March 2009

Financing Netherlands Society of Municipal Health Authority (GGD-NL)

36 Specific problems among prisoners with an ISD measure and their need of care

Aim and research questions

The ISD (Institution for Prolific Offenders, in Dutch: Inrichting Stelselmatige Daders) measure is a measure that can be imposed on systematic offenders. The aim of this study is to provide insight into the specific (mental) problems and the need of care among prisoners with an ISD measure, in comparison with prisoners without an ISD measure.

Methods

To compare ISD prisoners with other prisoners, we interviewed 99 prisoners in a prison in Vught. Data from an earlier study by Novadic-Kentron were complemented by interviews that we conducted for this particular study. The interviews consisted of measures of drug and alcohol use, demographic variables, criminal behavior, psychiatric symptoms and disorders, personality. By means of a subsequent focus group with health care professionals results from the interviews were discussed. Main topics of this focus group were implications for practice, and what type of care should be given to subgroups that were distinguished in the interview data.

Results

Available in 2009.

Researchers

drs SM Ganpat (researcher), ir E Wits (project leader), drs T Schoenmakers (researcher), dr P Greeven (project leader, Novadic-Kentron)

In collaboration with Novadic-Kentron Addiction Care

Term February 2008 - February 2009

Financing Novadic-Kentron Addiction Care

37 Policy on substance use in forensic-psychiatric institutions

Aim and research questions

This qualitative study offers an inventory of the substance use policy and its implementation in twelve Dutch forensic-psychiatric institutions. The study aims to provide information (for a start-up document) in order to develop an addiction care program that could be applied in all forensic-psychiatric institutions.

Methods

Four methods were used: study of policy documents, interviews with professionals, informal conversations with patients, and observation in the forensic-psychiatric institutions.

A total of 74 professionals were interviewed, while 117 patients were informally interviewed.

Results

The results of this study show that the substance use policy in forensic-psychiatric institutions is usually aimed at both treating and restraining the substance use. However, the focus of the substance use policy seems to differ per forensic-psychiatric institution.

Forensic-psychiatric institutions have several instruments at their disposal to control and sanction substance use by patients. The kind (and frequency) of application of these instruments differs per situation and per patient.

Almost all clinics have a specific treatment program that focuses on substance use. Additionally, most have a general treatment module, in which substance use is one of the subjects that can be discussed if needed. An important finding of this study is that an equal balance between treatment and restraint of substance use is hard to establish.

Furthermore, this study points out that there is an urgent need for a guideline and/or care program that is focused on substance use in the forensic-psychiatric institutions. The need for cooperation between mutual forensic-psychiatric institutions and addiction care is thereby evident.

Researchers

drs SM Ganpat (researcher), drs S Soe-Agnie (researcher, EFP), drs A van der Poel (advisor), drs F van der Meer (research assistant 2007), dr BJB Boon (project leader), prof dr H van de Mheen (advisor)

In collaboration with Expertise Centre for Forensic-Psychiatry (EFP)

Term February 2007- February 2008

Financing Ministry of Justice

38 Anxiety disorders and substance abuse: development of a treatment guideline

Aim and research questions

Many people with substance abuse or dependency suffer from anxiety disorders, and vice versa.

Appropriate guidelines for the treatment of co-morbid anxiety disorders and substance abuse disorders are lacking. In 2009 a guideline for the treatment of anxiety disorders will be developed.

We aim to develop an addendum to this guideline for people with a co-morbid substance abuse disorder.

Methods

The method will be according to the Master Protocol developed by the 'Scoring Results' program. This protocol consist of combining evidence-based, practice-based and preference-based (what clients want) evidence. The Master Protocol contains the following steps: preparation phase, literature-review, field-analysis, design phase, comment by experts, internal pilot, external pilot and an implementation and maintenance phase.

Results

Results are expected in 2009 and will result in a treatment guideline.

Researchers

drs W Meulders (project leader, Mondriaan Addiction Care), drs A Snoek (researcher), ir E Wits (project leader), drs L de Vooght (advisor, Mondriaan Addiction Care), drs K Schruers (advisor, Mondriaan Addiction Care)

In collaboration with Mondriaan Addiction Care (Mondriaan Zorggroep)

Term October 2008 - October 2009

Financing Scoring Results, a program of the Netherlands Society of Mental Health Authorities (GGZ NL)

39 Multicenter: development of a monitor for youth addiction care**Aim and research questions**

Many addiction care institutions are starting, or will start, treatment facilities for youth. The Ministry of Welfare, Health and Sports has financed 300 extra beds for youth.

In this project a monitor will be developed to evaluate the outcome of youth addiction care, and to learn from each other's treatment programs and experiences.

Methods

The method will be according to the Master Protocol developed by the 'Scoring Results' program. 'Scoring Results' is a Nation wide program in which Addiction Care Organisations and Scientists work together in order to increase evidence based working in addiction care. This protocol consists of combining evidence-based, practice-based and preference-based (what clients want) evidence.

The Master Protocol contains the following steps: preparation phase, literature-review, field-analysis, design phase, comment by experts, internal pilot, external pilot and an implementation and maintenance phase.

The monitor will be developed in close collaboration with the field of addiction care. Conferences will be organized for the various professionals in youth addiction care.

Results

Results are expected in 2009 and will result in a concept for a monitor for use in youth addiction care.

Researchers

drs A Snoek (researcher), prof dr H van de Mheen (advisor), dr GH de Weert (project leader, NISPA/Julius Centrum UMC), prof dr CAJ de Jong (advisor, NISPA)

In collaboration with Nijmegen Institute for Scientist-Practitioners in Addiction (NISPA), Julius Centre UMC Utrecht

Term November 2008 - February 2010

Financing Scoring Results, a program of the Netherlands Society of Mental Health Authorities

40 Early screening on substance misuse and dependency by youth: development of a guideline**Aim and research questions**

Despite the severity of substance misuse and dependency among youth, little attention is paid to early screening. In this project a guideline will be developed to improve early screening on substance misuse and dependency by youth. Different screening instruments will be examined for their usefulness in the Dutch context. Problem groups will be located, as well as the context in which the screening should take place.

Methods

The method will be according to the Master Protocol developed by the 'Scoring Results' program. This protocol consists of combining evidence-based, practice-based and preference-based (what clients want) evidence. The Master Protocol contains the following steps: preparation phase, literature-review, field-analysis, design phase, comment by experts, internal pilot, external pilot and an implementation and maintenance phase. There will be close collaboration with the field of addiction care.

Results

Results are expected in 2009 and will result in a guideline for the early screening of substance misuse and dependency by youth.

Researchers

drs A Snoek (researcher), drs M Kleinjan (researcher), ir E Wits (project leader), prof dr H van de Mheen (advisor), prof dr CAJ de Jong (advisor, NISPA)

In collaboration with Nijmegen Institute for Scientist-Practitioners in Addiction (NISPA), Mondriaan Addiction Care (Mondriaan Zorggroep)

Term October 2008 - June 2009

Financing Scoring Results, a program of the Netherlands Society of Mental Health Authorities

Smoking

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

Aim and research questions

To establish 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 about 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(s) 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.

Results

The first study, based on the first of the three longitudinal measurements among 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. 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. Structural equation modeling showed that the processes of change were only marginally associated with readiness to quit. In a third study we examined the impact of the processes of change and nicotine dependence on actual smoking cessation. 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.

The fourth study tested two models among 850 adolescent smokers, specifying the direct and indirect relations between adolescents' readiness to quit smoking, levels of nicotine dependence, and smoking behaviors of their parents and friends. Results showed that, among adolescent smokers, readiness to quit was particularly associated with quit attempts, while nicotine dependence was associated with successful quitting. The fifth study examined whether, similar to adult smokers, adolescents also adhere to disengagement beliefs. We found that adolescent smokers' adherence to disengagement beliefs is stronger than that of adults. However, in comparison to disengagement beliefs, at follow-up nicotine dependence was the strongest predictor of smoking cessation.

The sixth and seventh study focused on providing a better understanding of the development of nicotine dependence among adolescents. The results showed that four distinctive subtypes of nicotine dependence can be distinguished among adolescent smokers; namely 1) low craving only, 2) high craving and withdrawal, 3) high craving and physical tolerance, and 4) high craving, physical tolerance and withdrawal. The exposure to smoking behaviour of significant others constitutes a risk for the onset of nicotine dependence symptoms, whereas further progression of dependence symptoms is related to having a neurotic or extravert personality.

The above-mentioned experiment among daily smoking adolescents formed the basis for a study on the roles of craving and withdrawal symptoms as determinants of adolescent smoking cessation. It was hypothesized that craving and withdrawal measured in vivo may be better indicators of bio-psychological dependence and, consequently, may be stronger predictors of smoking cessation practices. Results showed that the impact of craving and withdrawal symptoms vary across the different parameters of the process of smoking cessation, and to some extent across the two different measurement situations, indicating differential impacts of craving and withdrawal within the smoking cessation process. Craving assessed during abstinence appeared to be the best measure to predict enduring abstinence four months later.

Researchers

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

In collaboration with Erasmus MC

Term August 2004 - November 2008

Financing Erasmus MC, Dutch foundation on Smoking and Health (STIVORO), IVO

42 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

Results indicate that adolescents with asthma felt more ready to quit, and cognitions were more strongly related to readiness to quit among adolescents with asthma than among adolescents without asthma. Moreover, best friends' smoking seemed more relevant to the cognitions of adolescents with asthma. Nicotine dependence and craving were strongly related to cognitions, and to readiness to quit in both groups. The relation between craving and readiness to quit, however, was stronger among participants with asthma. Conclusions are that reduction of nicotine dependence and craving is essential for both groups. Youth with asthma may benefit even more from cognitive-based cessation services than healthy youth. The finding that adolescents with asthma are relatively more ready to quit, and that their cognitions are more easily affected can be turned into advantages in asthma-specific cessation services.

In addition, 135 daily smoking adolescents aged 15-20 years participated in an Ecological Momentary Assessment (EMA) study. Daily questions about their quitting experiences were administered during four weeks.

Longitudinal logistic regression analyses were applied to test whether parental smoking, expected parental support, parental norms about cessation, and smoking cessation-specific parenting at baseline predicted the first and second lapse into smoking as well as mild and heavy relapse during the four-week period, and abstinence at follow-up two months later. Neither parental smoking nor hardly any of the parenting variables explained successful smoking cessation among adolescents, except for expected parental support. Low expected support predicted the first and second lapse, but not relapse. Despite that parents have been found influential in the development of adolescent smoking, our findings suggest that parents' influence is limited when it concerns actual smoking cessation and relapse. It might, however, be necessary to assess day-to-day variations in parental behavior during adolescents' quit attempts. This paper has been submitted to Psychology & Health.

Again, 135 adolescents who participated in an EMA study were used to study the effects of cognitions derived from Social Cognitive Theory in association with initial lapses, relapse, and current smoking at follow-up. Perceiving many pros of smoking, reporting a low self-efficacy to quit, and high levels of baseline smoking significantly predicted relapse within three weeks after quitting.

The effects of pros of smoking and self-efficacy on relapse appeared to be indirect as they became insignificant when intensity of smoking was controlled for. Besides that pros of quitting showed a marginal effect on abstinence at the 2-month follow-up, no long-term effects were detected.

Researchers

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

Term 2004 - 2009

Financing Radboud University Nijmegen, Netherlands Asthma Foundation

43 Smoking in movies: Impact on European youth and policy options

Aim and research questions

Longitudinal research suggests that exposure to smoking in movies accounts for as much as half of adolescent smoking initiation in the United States (e.g., Sargent, 2005; Sargent et al., 2005). In European youth the population exposure to smoking in movies and its effects have not been assessed. The aim of this project is to investigate the impact of exposure to smoking in movies on smoking initiation and current smoking in six European countries. In addition, we are interested in exposure to alcohol use in movies and adolescents' drinking. Besides the relation between movie exposure and risk behavior this project will also aim at policy options. Currently, smoking in movies is neglected in European tobacco control initiatives. The focus of this project is to develop policy options to incorporate smoking in movies into the European anti-tobacco strategy.

Methods

Six European countries (the Netherlands, Germany, Italy, Iceland, the UK and Poland) participate in this EU-funded project. We are designing a population-based longitudinal survey study among 13-year-old students to examine our research questions. Data collection will take place at schools in January 2010 and January 2011.

Researchers

dr EAP Poelen (researcher), dr RHJ Scholte (project leader)

In collaboration with IFT-Nord, Kiel, Germany; Avogadro University, Novara, Italy; Public Health Institute of Iceland, Reykjavik, Iceland; Medical Research Council, Glasgow, UK; University of Medical Sciences, Poznan, Poland

Term 2009 - 2011

Financing European Union

44 Effects of new laws on selling tobacco to adolescents

Aim and research questions

Since 2002 the Dutch government has taken an active role in formulating and implementing new laws with respect to smoking. The most important laws are one stipulating that sellers of tobacco have to ensure that they do not sell tobacco to adolescents younger than 16 years. Another major law concerns the obligation of employers to provide a smoke-free work environment. Finally, from 1 June 2008 a law will come into force forbidding tobacco use in restaurants, pubs, discos, sport canteens, etc.

The main questions of this study are:

- What is the effect of the new law forbidding sale of tobacco to those younger than 16 years on the prevalence of buying tobacco by young people and on the prevalence of smoking among young people?
- To which extent do sellers of tobacco comply with the new law and what are the main determinants (including enforcement) of compliance?
- What is the effect of the introduction of the smoke-free work environment on non-smokers' exposure to environmental tobacco smoke?
- What is the effect of the introduction of the smoke-free work environment on the smoking behavior of smokers?
- To which extent do employers comply with the new law about a smoke-free working environment and what are the determinants (including enforcement) of compliance?
- Which factors influence compliance of catering businesses with the new law forbidding smoking in restaurants, pubs, sport canteens, etc.

Methods

The questions on the effect of the minimum age for buying tobacco and the effect of the smoke-free working place are answered with time trend studies investigating the differences before and after introduction of these laws. To evaluate the new law for smoke-free catering business, a cohort of catering businesses will be followed from before the introduction of this law until one year after, with one pre-measurement and two post-measurements.

Results

The effect of the new law requiring a minimum age before being allowed to sell tobacco has had the intended effect. The proportion of purchasers of tobacco decreased strongly after the introduction of the law. The decrease was strongest among those young adolescents who consider themselves to be a 'non-smoker'. Among those who smoke, the likelihood of buying tobacco even increased.

The effect of the introduction of the smoke-free work environment is that non-smokers are much less exposed to tobacco smoke during work hours.

However, the less educated and younger non-smoking employees benefited less than other groups from the new law. For the other research questions data collection and analysis is still in progress.

Researchers

drs W Verdonk (PhD student, VWA), prof dr RA Knibbe (promotor), prof dr H de Vries (copromotor, Maastricht University)

In collaboration with Food and Consumer Product Safety Authority (VWA), Maastricht University

Term January 2007 - June 2010

Financing Food and Consumer Product Safety Authority (VWA)

45 Media influences on smoking behaviour of youth

Aim and research questions

Recent research has shown that smoking in movies is omnipresent and is almost always portrayed in a positive and desirable way. Exposure to smoking depictions in movies can be regarded as an influence on adolescents' smoking behaviour. Cross-sectional (Sargent et al. 2005) and longitudinal (Dalton et al. 2003) studies in the USA have documented that smoking portrayal in movies is associated with smoking behaviour.

The aim of the project is to examine to what extent exposure to smoking in media (contemporary films) is predictive of smoking initiation.

Using experimental designs, we will test whether adolescents who are confronted with smoking characters in popular movies are more likely to develop positive attitudes towards smoking, have a greater desire to smoke, and show more actual smoking behaviour than adolescents confronted with non-smoking characters. Underlying mechanisms involving identification and transportation will be tested. In addition, following this line, we will conduct in-depth studies to test the development of attentional biases to smoking cues in smoking and non-smoking adolescents and adults.

Methods

To test the immediate effects of smoking portrayals in movies we will conduct a series of experimental studies. The experiments will be located at the labs of the Radboud University Nijmegen.

Results

Data collection is currently in progress.

Researchers

drs K Lochbuehler (PhD student), prof dr RCME Engels (promotor), dr RHJ Scholte (copromotor)

Term December 2007 - December 2012

Financing Radboud University Nijmegen

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

Aim and research questions

In general, the majority of previous studies concentrated on parental 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. Furthermore, this project investigated 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 explores the ways parents might indirectly affect adolescent smoking, since parents may affect their children in their affiliation with particular (smoking) friends, or in their susceptibility to peer pressure.

Methods

Data are gathered from 428 families, consisting of two parents and two adolescent children that were 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 were filled out by all family members.

Results

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. The findings suggest that parental smoking-specific communication is associated with adolescent smoking both directly and indirectly by influencing the friends the adolescents will associate with.

In the second study we examined to what extent bi-directional relations exist between smoking attitudes and behaviour. Findings revealed that smoking attitudes did not consistently predict smoking over time. However, past smoking moderately affected subsequent attitudes, suggesting that adolescents who started to smoke developed less negative attitudes towards smoking.

In the third study we tested to what extent smoking-specific parenting and changes in this parenting are related to adolescents' smoking trajectories. Four trajectories were found, consisting of Non-smokers, Increasers, Stable smokers, and Decreasers. Quality of parental smoking-specific communication was strongly related to adolescents' membership of the different smoking trajectories, indicating that parents who talked about smoking in a constructive and respectful manner and retained this over time were more likely to have non-smoking children. In contrast, parents who talked often about smoking-related issues and increased these discussions over time were more likely to have smoking children. These findings imply that prevention programs should focus on reinforcing parents' smoking-specific socialization, with which the smoking prevalence among adolescents could be reduced.

In the fourth study we examined the role of smoking in the interpersonal environment on the development of nicotine dependence in adolescence. Findings revealed that smoking of sibling and best friend were related to baseline levels of nicotine dependence, but not to the rates of change over time. Of all models, having only smoking friends in the friendship group was related to a faster development of nicotine dependence. These findings highlight the key role of smoking friends in the development of nicotine dependence and suggest that interventions targeted at peers are probably effective in reducing the prevalence of nicotine dependence symptoms among adolescents.

Researchers

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

Term April 2006 - March 2011

Financing Dutch Cancer Society

47 "Smoke-free-kids": test of a smoking prevention program for parents of primary school children

Aim and research questions

The aim of "Smoke-free Kids" is to test a highly innovative and successful program in the USA for parents of primary school children in a sample of Dutch parents.

Methods

A randomized controlled trial will be conducted among 856 smoking parents of 9-11 year-old children. The intervention program consists of a series of six activity guides including communication tip sheets for parents and children to complete together. The control group will receive an alternative program based on facts. This longitudinal design with yearly waves will measure smoking behavior of adolescents, and anti-smoking socialization like communication about smoking, over a 3-year period.

Results

Not yet available.

Researchers

drs JM Hiemstra (PhD student), prof dr RCME Engels (promotor), dr R Otten (copromotor), prof dr CP van Schayck (promotor, Maastricht University)

In collaboration with University Maastricht, Netherlands Institute for Mental Health and Addiction (Trimbos Institute) and Dutch foundation on Smoking and Health (STIVORO)

Term September 2008 - September 2012

Financing Netherlands Organisation for Health Research and Development (ZonMw)

48 Smoke-free Kids: evaluation of a smoking prevention program for parents of asthmatic children

Aim and research questions

A successfully tested program in the USA, Smoke-free Kids, will be applied to a Dutch sample of smoking parents of children with asthmatic symptoms. Research has shown that smoking behaviour of adolescents with asthma is similar to that of their non-asthmatic peers. There is evidence that adolescents' responsiveness to smoking prevention programs diminishes once they have initiated smoking; therefore we focus on parents of 9-11 year-olds. We expect that parents involved in this program (compared to controls) will be more involved in constructive communication on smoking topics. Moreover, we expect that children involved in this program will be less likely to experiment with smoking three years post-baseline.

Methods

A large amount of primary schools have been contacted in order to reach the families. Furthermore, other ways of recruiting participants are being used as well, for instance via media, hospitals, and general practitioners.

Once included, families will receive activity guides, one each month, for five months in a row. All mothers and children will be interviewed by phone by trained (Master's) students before the intervention starts. The children will be interviewed again by telephone right after the intervention period and one, two, and three years later.

Results

Not yet available.

Researchers

drs L Ringlever (PhD student), dr R Otten (copromotor), prof dr RCME Engels (promotor), prof dr O van Schayck (promotor, Maastricht University), dr C Jackson (advisor, RTI International)

In collaboration with Maastricht University, RTI International, N. Carolina, USA

Term March 2008 - March 2013

Financing Dutch Asthma Foundation

49 Priority medicines: overview of research and pharmacological developments in smoking cessation and alcohol-related liver disease

Aim and research questions

In 2004, the World Health Organization (WHO) published the research report 'Priority Medicines for Europe and the World'.

The purpose of this report was to study pharmaceutical innovation from a public health perspective and to identify 'pharmaceutical gaps' which might affect the European population. This project investigated the Dutch situation with regard to research and pharmacological developments in smoking cessation and alcohol-related liver disease.

Methods

To provide insight in the state-of-the-art, current initiatives, possible bottlenecks and recommendations on research and pharmacological developments for smoking cessation and alcohol-related liver disease in the Netherlands, information was collected in two ways: a study of the literature, and interviews with experts.

Results

Information obtained from the experts provided a relatively consistent picture for both themes.

The WHO report stated that more research is needed on alcohol-related liver diseases, especially since no effective anti-fibrotic treatment is yet available. This also applies to the situation in the Netherlands. Due to the lack of funding for this topic, there are few possibilities for research. Also, as stated by the experts, there is a general lack of interest in alcohol-related liver disease.

For smoking cessation, the WHO stated that the EU could make a considerable contribution to this field by encouraging the development and testing of new compounds for treatment. In the Netherlands, several organizations and universities are working on this topic. A list of current projects is described in the report. The experts concluded that more research on behavioural interventions, pharmaceutical treatments and combinations of behavioural and pharmaceutical interventions are required.

Researchers

drs B van Straaten (researcher), drs M Kleinjan (project leader)

Term December 2008 - February 2009

Financing Netherlands Organisation for Health Research and Development (ZonMw)

Obesity

50 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.

“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 for 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 (copromotor, Radboud University Nijmegen), prof dr J Janssens (promotor, Radboud University Nijmegen)

In collaboration with Radboud University Nijmegen

Term 2003 - 2008

Financing Radboud University Nijmegen

51 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.

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.

The second study examines the effects of exposure to televised thin and average size models on body dissatisfaction and actual food intake. Two interaction effects were found between screen size and restrained eating on body dissatisfaction and actual food intake. Restrained eaters tended to feel worse and eat less in the average size condition compared to the thin model condition, whereas unrestrained eaters felt worse and ate less in the thin model condition compared to the average size condition. Thus, body size of televised images affected body dissatisfaction and food intake, differentially for restrained and unrestrained eaters.

Researchers

drs DJ Anschutz (PhD student), dr T van Strien (copromotor, Radboud University Nijmegen), prof dr RCME Engels (promotor)

In collaboration with Radboud University Nijmegen

Term 2005 - 2010

Financing Radboud University Nijmegen

52 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 research on obesity and depression has mainly evolved as two independent disciplines, co-morbidity does occur, particularly among younger adolescents. 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). 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

Cross-sectional results so far have shown a positive association between depression and BMI for adolescent girls, but not for boys. Alexithymia shows positive associations with both depression and BMI. Future prospective data will be gathered to gain further insight into the relations between depression, alexithymia and BMI.

Researchers

dr JK Larsen (researcher), dr T van Strien (advisor, Radboud University Nijmegen), prof dr R Eisinga (advisor, Radboud University Nijmegen), prof dr RCME Engels (project leader), dr R Geenen (advisor, Utrecht University), prof dr M Lumley (Wayne State University USA), prof dr ir JC Seidell (Free University of Amsterdam)

In collaboration with Radboud University Nijmegen, Utrecht University, Wayne State University, Free University Amsterdam

Term 2006 - 2010

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

53 Relationship between parental behaviour and overweight in primary school children in the Netherlands, the IVO Nutrition and Physical Activity Child cohort (INPACT)

Aim and research questions

The aim of the study is to gain insight in the influence of parents on weight development of children aged 8-12 years. We will focus on the home environment concerning eating and physical activity. The home environment will be divided into a social environment and a physical environment. The social environment consists of parenting styles in general, parental policies around eating/physical activity, and parental role-modelling of healthy eating/physical activity. The physical environment consists of the availability and accessibility of food/physical activity.

The main study question is: Which - modifiable - parenting styles, parental role behaviours and other factors in the home situation of children aged 8-12 years are most predictive of their body mass index; and how do they relate to genetic, demographic and environmental factors? In the search for preventive interventions that are able to diminish a child's risk to become overweight, there is a need for insight into parental behaviours that are modifiable.

Methods

The project contains a four-year longitudinal cohort study in which body weight and height are measured. Questionnaires are filled in with schoolchildren and their parents, at four moments in time (with one-year intervals), starting when the children are 8 years old (group 5 in primary schools).

The first period of data collection will take place from September to December 2008.

Results

The first results are expected in 2009.

Researchers

drs G Rodenburg (PhD student), dr A Oenema (copromotor, Erasmus MC), dr BJF Boon (project leader), dr SPJ Kremers (copromotor, Maastricht University), prof dr H van de Mheen (promotor)

In collaboration with Erasmus MC, Maastricht University

Term March 2007 - March 2012

Financing Erasmus MC, Netherlands Organisation for Health Research and Development (ZonMw), IVO

54 Social Influence on Food Intake

Aim and research questions

Experimental studies employing experimental confederates who were instructed to eat a lot or a little showed that people tend to eat as much or as little as those with whom they eat. These so-called modeling or imitation effects are extremely powerful and may even overrule feelings of hunger and satiety, even after a food-deprived period of 24 hours. However, the extent to which people model each other's eating behavior is not the only situational cue that eaters use in deciding how much to eat. Some researchers suggested that the physical appearance of the people with whom one eats is important in explaining the magnitude of modeling effects. Further, studies showed that larger portion sizes led to greater energy intake. To date, the portion-size literature, social-modeling and impression-management literature have been relatively independent research areas. In this research project, we intend to combine these three fields by examining the potential influences of these types of situational norms (eating confederate and portion size). In sum, the overall aim of this project is to gain insight into the underlying mechanisms of social-modeling effects on food intake by examining whether and how situational cues moderate social modeling of eating.

Methods

We will conduct a series of experiments to study participants' modeling of eating behavior in a relatively naturalistic setting. The advantage of these kinds of observational experiments in a naturalistic setting is that people generally display more typical, real-life behaviors than in a clinical or experimental setting. To stimulate a naturalistic setting, we made use of small room furnished as a living room. People feel at ease quickly and several participants commented on the pleasant atmosphere of the room. Each experiment will include about 100-120 participants.

Results

- Females who were exposed to confederates who ate a large amount of high-density food (chocolate-coated peanuts; M&Ms) consumed more than those who were confronted with confederates who ate a little or nothing at all. However, these modeling effects were only found in the manipulated conditions (a confederate who with a somewhat thicker abdomen). Findings suggest that women only model the eating behavior of another woman if their appearance is somewhat similar.
- In a replication of the first study, we again found that women consumed more when exposed to large-eating confederates. However, in this experiment we offered the participants and the confederates healthy snack food (carrots and cucumber), instead of M&Ms. No differences were found between participants' intakes in the slim and normal-weight confederate conditions, suggesting that the physical appearance of the model was of no influence on the intake of healthy food.
- To test whether the nature of the social interaction between the participant and the confederate was of influence in the amount of food consumed, we made use of a sociable and an unsociable model. It was found that participants consumed significantly less if exposed to an unsociable woman who consumed only a small amount of M&Ms, this suggests that impression-management strategies or uncertainty suppressed participants' intentions to eat palatable food.

Researchers

drs RCJ Hermans (PhD student), dr JK Larsen (copromotor) prof dr CP Herman (copromotor, University of Toronto), prof dr RCME Engels (promotor)

In collaboration with University of Toronto

Term 2007 - 2012

Financing Radboud University Nijmegen

55 Imitation of food intake and choices in children

Aim and research questions

The aim of this project is to explore imitation behaviour in children's food choices related to their food intake and food purchases. The study investigates whether there is a difference in the magnitude of imitation behaviour between overweight and normal-weight children and whether imitation behaviour is influenced by maternal restriction strategies.

Main research questions:

- Do children model eating behaviour?
- Do maternal restriction strategies influence imitation behaviour?

Methods

Data are gathered in several (including longitudinal) experimental studies at primary schools and in shops. Imitation behaviour will be tested by using confederates, who are instructed in advance to perform certain behaviour. Information about maternal restriction strategies and other (control) factors are collected via questionnaires.

Results

Data for the first experiment are currently being collected.

Researchers

drs D Anschütz (PhD student), prof dr RCME Engels (promotor)

Term September 2008 - September 2013

Financing Radboud University Nijmegen

56 How beauty ideals influence our self-appraisal: effects of media on body image

Aim and research questions

Many women in the Western world are dissatisfied with their body. This is of great concern given the relationship between body dissatisfaction and the development of eating disorders, low self-esteem, social phobias, and depression. It is reported that the media, and the unattainable thin ideal it portrays, is a major contributor to body image dissatisfaction. Although most women are negatively affected by the media, for some women the thin ideal has an inspirational effect, enhancing body satisfaction and self-esteem. The question is, what are the individual differences between these women, and why are some women negatively affected by the media, while others remain unaffected or even experience a positive effect?

We investigate the effects of music videos depicting the thin ideal on women's self-perception, and the cognitive processes underlying self-perception, to determine mechanisms responsible for individual differences in body image satisfaction and thin ideal susceptibility.

Possible moderators are: self-esteem, trait body dissatisfaction, internalization of the thin ideal, social comparison, actual-ideal self discrepancy, a positivity bias in self-perception, body image stability, and a discrepancy between a more automatic self-perception and a more cognitive controlled self-perception.

Methods

Female participants (n=120) are randomly assigned to one of three conditions, in which they either watch 1) music videos that emphasize the thin ideal (scantly clad, ultra-thin women showing off their body), 2) music videos of the same artists, but without emphasis on the thin ideal, or 3) a fragment of the "Travelling birds" documentary. Both before and after video exposure the participant's body image is measured using several questionnaires and body judgment tasks.

Results

Not yet available.

Researchers

drs I Mischner (PhD student), prof dr R Engels (promotor), dr H van Schie (copromotor, Radboud University Nijmegen), dr R van Baaren (copromotor, Radboud University Nijmegen), prof dr D Wigboldus (copromotor, Radboud University Nijmegen)

In collaboration with Radboud University Nijmegen

Term November 2008 - November 2013

Financing Radboud University Nijmegen

Social Relief and Social Care

57 Effectiveness of intensive community-based care for persons with complex addiction problems: contribution of specific program components

Aim and research questions

The study aims to provide longitudinal information on the effectiveness of intensive community-based care, and to formulate hypotheses on the contribution of specific (groups of) program components to effectiveness. The research questions are: "What is the effectiveness of intensive community-based care programs on the client level, including both short-term and long-term outcome measures?" and "What specific (groups of) program components are related to effectiveness?"

Methods

The study has a natural quasi-experimental research set-up in which three intensive community-based care programs are compared. The three programs are largely comparable regarding how they are organized and how they provide care. However, because they differ on a small number of components this allows to explore the consequences of these differences on the effectiveness of the programs.

At the start, detailed descriptions will be made of the programs regarding their organisation, professionals, process, and objectives using a previously developed instrument: the ICPC (Intensive Community-Based Care Program Components). Then, all clients that enter the program will be followed during a 2.5 year period. Assessments will take place at entrance, at discharge and, when appropriate, with intervals of 6 months. A final assessment takes place 6 months after discharge. Considering the type of clients involved (i.e. care-avoiding persons) and the intensive character of the care, use will be made of brief diagnostic instruments, such as the Honos or the Kennedy (measuring psychiatric and social functioning, and substance use) and/or the short version of the Mansa (measuring perceived quality of life). These instruments will be selected during the first phase of the study.

The study will be performed in close cooperation with regular practice.

Results

The study has recently started and results are not yet available.

Researchers

dr DPK Roeg (researcher), dr LAM van de Goor (project leader), prof dr HFL Garretsen (advisor)

In collaboration with Mental Health Care (GGZ) Oost Brabant (community based care teams) ('bemoeizorgteams'): Community Based Care Team Eindhoven, Community Based Care Team Tilburg, Novadic-Kentron Addiction Care, Municipal Health Authority "Hart voor Brabant"

Term April 2008 - April 2012

Financing Netherlands Organisation for Health Research and Development (ZonMw)

58 Evaluation of the brief screener "Psychiatry and Addiction"

Aim and research questions

The project "Referral to care of Homeless Persons in Rotterdam" is part of a project that spans multiple years, which has the aim to (1) develop and implement the brief screener "Psychiatry and Addiction" in the social care system (2) evaluate the referral to care of Homeless Persons in Rotterdam, and (3) evaluation of the performance of the screener in practice.

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. In the second stage of the study, an evaluation of local care referral was executed in Rotterdam.

In February 2007 the Screener and its corresponding manual were introduced in a training session held by O3 and IVO. The Screener is now in use in the intake process that guides homeless persons to social care in Rotterdam.

In the third stage of the project "Referral to care of Homeless Persons in Rotterdam", the performance of the developed brief screener "Psychiatry and Addiction" is now evaluated in practice.

Methods

In addition to the actual development of the Screener, performance in daily practice is a necessary property for the Screener.

In order to evaluate the in-practice performance of the screener, data will be collected at several organizations for social-care. The overall goal will be to compare screener results with professional psychiatrist's judgment on the patient, in order to evaluate the in-practice performance of the screener.

Data has been collected on client screener scores for around 750 respondents at the Rotterdam Social affairs and Work Department (SoZaWe). Further information that is pursued are: diagnoses/main problems, moments of contact with care in the year before screening, type of care received, and the time-to-receiving-care after (central) intake.

Results

To be announced as they become available in May 2009.

Researchers

drs A Heijerman (researcher), drs AJ van Rooij (researcher), drs P Vuijk (researcher, 2007) Ir E Wits (project leader), prof dr H van de Mheen (advisor), prof dr N Mulder (advisor, O3 Centre Mental Health Care Rijnmond)

In collaboration with O3 Research Centre Mental Health Care Rijnmond

Term February 2006 - May 2009

Financing Municipal Health Authority Rotterdam-Rijnmond

59 Match between residential homeless clients with the housing project they live in

Aim and research questions

The aim of the study is to gain insight in the match between clients and housing projects/assisted living projects for the (formerly) homeless. Additionally the study may show gaps in the housing types or related facilities for this specific group.

Methods

Records of 48 clients of five different housing projects for (formerly) homeless people were studied with the Health of the Nation Outcome Scales (HoNOS). This scale has been developed to measure the health and social functioning of people with severe mental illnesses. This scale was measured at T0 (when entering the housing project), and at T1 (prior to the data collection period). This information was input for an expert meeting.

This meeting included 8 experts (from outside the Rotterdam-Rijnmond) who matched these anonymous clients to different housing projects on the basis of the Matching Needs and Services method.

Results

The results are published in an internal document to the Public Health Service Rotterdam, hence the results are not reported here.

Researchers

drs JE Baars (researcher), SS Amadmoestar (research assistant), drs A van der Poel (project leader), drs M Kleinjan (project leader)

Term May 2008 - March 2009

Financing Municipal Health Authority Rotterdam-Rijnmond

60 Trajectory coordination: Implementation of a new working process in social relief and mental health care

Aim and research questions

The Dutch cabinet and the four major cities wish to improve the living conditions of people who are homeless (or in danger of becoming homeless) and thereby to substantially reduce the disruption and criminality often associated with their behaviour. Since 2006 the Strategy Plan for Social Relief has been active to achieve these goals. One of the basic principles of the Strategy Plan is the individualised approach to homeless people. This approach entails that for each homeless person a tailor-made and phased plan (trajectory) is designed, one care provider coordinates its execution and other care providers commit themselves to co-execute the plan. Each plan is confirmed by the so-called Trajectory Allocation Commission, in which all organisations concerned (social relief and mental health care) participate.

To monitor the progress of each trajectory, the Municipal Health Authority Rotterdam Rijnmond has appointed trajectory coordinators who monitor the progress of the trajectories every three months. If necessary they intervene in stagnating trajectories through consultation, advice and mediation between executing organisations. The participating organisations are expected to set up client management. Client managers are responsible for the information flow from clients and their immediate care providers to the trajectory coordinators.

The research questions focus on the implementation process, the extent to which organisations have implemented client management, and issues concerning collaboration between executors and co-executors of the trajectories.

Methods

The study is centred on 30 trajectories selected by the Trajectory Allocation Commission. For each selected trajectory the client, the immediate care provider, the client manager and trajectory coordinator are interviewed using a semi-structured questionnaire. After 3-5 months, follow-up interviews are conducted. Managers of social relief and mental healthcare organisations and policy staff of the municipal health authority are also interviewed using a semi-structured questionnaire.

Results

The interviews reveal that trajectory coordination is welcomed by social relief organisations. Mental healthcare organisations view trajectory coordination basically as extra work without much added value. In general all interviewed immediate care providers and client managers appreciate the counselling role of the trajectory coordinators. Clients appear not to be aware of the new monitoring system, but generally appreciate the fixed terms and smooth collaboration between organisations. Social relief organisations have tangibly integrated the function of client management in their organisations. Within the mental healthcare organisations the function of client management is less visible because they are merged with other functions. The mental healthcare organisations appear to have more opposition to the monitoring frequency. In one case the flow of monitoring data has stagnated considerably. In general, social relief organisations collaborate smoothly, whereas collaboration between social relief and mental healthcare organisations incidentally provokes difficulties. Notably, mental healthcare organisations appear to be reluctant to exchange information with social relief organisations.

Researchers

drs C Barendregt (researcher), Ir E Wits (project leader)

Term February 2008 - January 2009

Financing Municipal Health Authority Rotterdam-Rijnmond

61 State-of-the-art: results of the Social Support Act 9 (WMO) on areas 7, 8 & 9 vulnerable people)

Aim and research questions

The WMO (Wet Maatschappelijke Ondersteuning/Social Support Act) is designed to enable people to live independently in society for as long as possible. Under this Act the municipalities are now responsible for setting up social support services.

The introduction of the WMO offers an opportunity to improve the service provision to citizens and clients. Municipalities can now develop a cohesive policy on social support, living and welfare - along with other related matters.

The WMO puts an end to various rules and regulations for handicapped people and the elderly. It encompasses the Services for the Disabled Act (WVG), the Social Welfare Act, and parts of the Exceptional Medical Expenses Act (AWBZ).

The WMO distinguishes 9 main areas; the current research focuses on areas 7, 8 & 9 (vulnerable people):

7. The provision of social relief, including women's refuge and the pursuit of policies to combat acts of violence committed by a person from the victim's domestic circle.
8. The promotion of public mental health care, except for the provision of psychosocial aid in the event of disasters.
9. The promotion of addiction policy.

This study examines the possibility to evaluate the results of the WMO in these areas, based on existing registrations.

Methods

We examine all state-of-the-art of research and registrations available, as well as policy measures on areas 7, 8 & 9. We assess to what extent they offer data suitable for evaluation of the WMO.

Results

Vulnerable people from 2000-2007, (2) available registration methods and databases, (3) the availability and (4) reach of careprogrammes for vulnerable people and (5) the participation of vulnerable people in society. The conclusion of the report is that there is enough existing data to roughly evaluate the WMO (Social Support Act).

Researchers

drs A Snoek (researcher), drs A Goetheer (research assistant), drs A van der Poel (project leader)
dr R Rijkschroeff (project leader, Verwey Jonker Instituut), drs M Davelaar (researcher, Verwey Jonker Instituut), M van der Klein (researcher, Verwey Jonker Instituut), prof dr H Boutellier (advisor, Verwey Jonker Instituut), prof dr H van de Mheen (advisor), prof dr René Römkens (advisor, Tilburg University)

In collaboration with Verwey Jonker Instituut, Tilburg University

Term July 2008 - December 2008

Financing Ministry of Welfare, Health and Sports (VWS)

62 Living condition of (residential) homeless people and dependent drug users in Rotterdam. Results of Trendspotting 2007

Aim and research question

The aim is to describe the living conditions of homeless people and dependent drug users in Rotterdam in relation to their substance use. In addition, to describe the retail market of heroin and cocaine and its relationship with public nuisance.

Methods

A total of 118 drug users and homeless people were interviewed using a structured questionnaire; they were mainly recruited in facilities for drug users and homeless people. Semi-structured interviews were held with key informants (police, nuisance professionals, drug users). Registration data from the public prosecution office were examined (2005, 2006, 2007 partly).

Results

About 75% of the target group is male, the mean age of the interviewed persons is 45 years, 59% has an ethnic Dutch background, 30% of the target group is homeless, 42% lives in some sort of supported housing, and 28% runs a household independently. Heroin and cocaine use has decreased compared to the 2003 survey and methadone use has increased. Cocaine is used by more people than heroin.

Homeless drug users use heroin in a larger quantity (0.87 gram) than independently housed people (0.31 gram), and they use heroin on more days than all other drug users. The major source of income is social security benefits. Income from supported work projects has increased compared to 2003. Men have more financial debts than women; 65% of the target group has fines for violating public by-laws and public transport. The majority of drug users obtained drugs from so-called cell phone dealers. The most important location to use drugs is at home. Drug use in public places is reported by 46%, and 56% reported that the public space is the most important location to use alcohol. Data from the public prosecutor show that, compared to 2005, the number of fines given for drug use in public has decreased in all districts.

Researchers

drs C Barendregt (researcher), drs A van der Poel (project leader)

Term January - April 2008

Financing Municipal Health Authority Rotterdam-Rijnmond

In the framework of the national-local project to reduce and prevent homelessness (“Plan van Aanpak Maatschappelijke Opvang”), the Municipal Health Authority Rotterdam-Rijnmond and the department of Social Affairs and Employment of the Municipality of Rotterdam have implemented a web-based monitoring system with information on individuals who use shelter facilities, and facilities for supported and accompanied housing. Among other functions, the system is used to monitor to what extent Rotterdam meets its targets agreed with the national government. The research question is: to what extent do the client registration systems of the various care providers match with the municipal monitoring system.

Methods

Operational definitions of the municipal monitoring system were compared with those of the care providers. A sample of 25 cases, selected on diversity and complexity, from various care providers served as test cases. In each case operational definitions of the municipal monitoring system were tested on compatibility with the registration system of the care provider.

Results

The testing of cases revealed that the municipal monitoring system and the registrations system of care providers are not fully compatible. Care providers do not store all client data according to municipal operational definitions.

This implicates that registration data need to be converted by hand into the format of the municipal monitoring system. Furthermore, the test cases show that some data relevant for municipal monitoring are ‘hidden’ text-based journals of the client registration systems. This implicates that conversion of data is a human act of interpretation that needs inter-subjective approval of representatives of both registration systems.

Researchers

drs C Barendregt (researcher), ir E Wits (project leader)

Term August 2007 - December 2007

Financing Municipal Health Authority Rotterdam-Rijnmond

Internet

63 Treatment of internet addiction: evaluation of a pilot treatment for internet addiction

Aim and research questions

Because internet addiction is a relatively new form of problematic behaviour, no evidence-based treatment programs currently exist that take into account the specific characteristics of this form of compulsive behaviour. In February 2009 Brijder Addiction Care will start a pilot treatment program in which 20 self-proclaimed internet addicts are treated with the well-established cognitive-behavioral treatment program “Lifestyle training” (Leefstijltraining). IVO will evaluate the pilot treatment program, with the aim to establish the specific demands for care that problematic internet users have.

Methods

Using a combination of validated questionnaires and qualitative reports, the current study evaluates the strengths and shortcomings of the applied “Lifestyle training” treatment program. Information is collected from the website-based intake questionnaire. Additional questionnaires are presented before the first session, after the program ends, and once during a follow-up by mail. Qualitative information is also collected from treating psychologists, both in written form (structured session notes) and from (group) interviews.

Results

Not yet available.

Researchers

drs AJ van Rooij (researcher), drs T Schoenmakers (project leader), dr M Zinn (advisor, Brijder Addiction Care)

In collaboration with Brijder Addiction Care

Term October 2008 - August 2009

Financing Volksbond Foundation Rotterdam

64 Monitor Internet and youth, third measurement

Aim and research questions

The third measurement for the Monitor Internet and Youth was conducted in April 2008. A monitor is a repeated study with fixed intervals, which uses the same questions to systematically collect information about changes over time in a certain group. The specific aim of the third measurement of the monitor was to obtain knowledge about the longitudinal developments in internet adoption and utilization among adolescents, as well as to explore the issue of videogame overuse or ‘addiction’.

Methods

Data collection for the third measurement took place during April 2008. In the third measurement, focus was shifted entirely towards the secondary schools. The fourth grade is included, resulting in three years of longitudinal data for a subgroup of students. In order to maintain a healthy cohort, a relatively large number of 6 new secondary schools have been included in the 2008 measurement. The sample size was 4753 in 2008.

Participation in the study means that the adolescents fill out a questionnaire in the classroom, under the supervision of their teacher. Instructions are provided for the teacher, and questionnaires are returned in closable white envelopes to increase the anonymity of responses entered. Given the non-invasive, non-medical nature of the study, passive informed consent is obtained from parents.

Results

Results show that approximately 3% of Dutch adolescents aged 13 and 14 years can be classified as compulsive internet users. Almost all children in the Netherlands now have access to the internet and use it on a daily basis.

The weekly average time spent online is 14 hours, which is mostly used to communicate with others: four of the six major internet applications have a strong social nature (email, instant messenger, online games, and social networking). More and more children have access to wireless internet and internet in their own room, which may result in parents having fewer possibilities for supervision.

Regarding videogames, it seems that especially the social multiplayer games are associated with compulsive internet use. Compulsive internet users that play social online games tend to spend an average of almost 40 hours per week on their games and have lower scores on a variety of psychosocial measures. Developments and causality with regards to online gaming will be further studied in the subsequent measurement that will take place in 2009 and 2010.

Researchers

drs AJ van Rooij (researcher, PhD student), prof dr H van de Mheen (promotor), dr RJJM van den Eijnden (copromotor)

Term Third measurement 1 March 2008 - 31 December 2008

Financing Netherlands organization for health research and development (ZonMw), Volksbond Foundation Rotterdam, Addiction Care North Netherlands, Novadic Kentron Addiction Care, Kennisnet Foundation, Tactus Addiction Care, De Hoop foundation

65 Video game overuse and social responsibility: role of industry in prevention of video game overuse

Aim and research questions

This project addresses state-of-the-art research in the field of video game overuse or 'addiction' and explores whether the gaming industry has a social responsibility in preventing video game overuse. Many signals have emerged from practice (specialized video game addiction clinics are being founded) and from research (surveys and experimental setups) indicating that video games, (especially online video games) can be associated with video game overuse. Main research goals are: summarizing state-of-the-art research, establishing collaboration with leading scientists, and contacting the video game industry.

Methods

A combination of methods are used: market research and a survey of the scientific literature are combined to provide a draft of a paper, which is used as a starting point for debate with scientists and the video game industry.

Results

A full version and a brief version of the paper "Video game overuse and social responsibility: The role of the industry in the prevention of video game overuse" have been written. The brief paper will be submitted to a peer-reviewed journal. Prof M Griffiths (UK) will act as co-author and advisor. A letter and the brief paper have been sent to four major parties in the video game industry with a request for their response. The project is still running, and we try to get in contact with the game industry by several methods.

Researchers

drs AJ van Rooij (researcher), dr GJ Meerkerk (advisor), drs T Schoenmakers (advisor), prof dr H van de Mheen (project leader)

In collaboration with Prof dr Mark Griffiths (UK)

Term May 2008 - May 2009

Financing Volksbond Foundation Rotterdam

Other research

66 Development of a manual to repress/prevent handling in stolen goods

Aim and research questions

The study 'Markets of stolen goods, a closer look' (2007) concluded that in the Netherlands the handling of stolen goods has low priority among policymakers and citizens. The report also stated that many steps can be taken to repress/prevent such trade. The Ministry of Justice assigned IVO to develop a manual with the aim to repress/prevent handling of stolen goods.

Methods

Literature and a telephone surveys were conducted to collect information from various experts about suitable practices to repress the handling of stolen goods. The manual also focuses on repression as well as prevention.

Results

A manual will be compiled that presents an integrated approach in which various 'stakeholders' collaborate in order to prevent and/or repress the handling of stolen goods. The manual can be used by, for example, the police, tax offices, municipalities, public prosecution services, retailers, marketeers, auction sites and citizens, etc. as a guide on how to prevent and/or repress trade in stolen goods, and how they can cooperate to achieve this. The results are expected in 2009.

Researchers

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

Term October 2008 - May 2009

Financing Ministry of Justice

67 Addicted to the lottery? The relation between playing traditional (number) lotteries and pathological gambling

Aim and research questions

Number lotteries are, due to their long odds and low event frequency characteristics, not reckoned among high-risk gambling activities. Some studies, however, suggest a relationship between playing lotteries and pathological gambling. The present study aims at clarifying the relationship between the traditional number lotteries as officially permitted under current legislative conditions in the Netherlands (Nationale Postcode Loterij, Sponsor Bingo Loterij, BankGiro Loterij and Staatsloterij) and pathological gambling. Main question is: is playing these number lotteries related to the onset and persistence of pathological gambling?

Methods

A literature study, semi-structured interviews with key figures and experts on pathological gambling, and a short face-to-face survey among lottery players on location were conducted to collect qualitative information. Quantitative information was collected by means of an online survey among a representative sample of the Dutch population and secondary analyses on data previously gathered for a population survey.

Results

It is concluded that, under the current conditions as set forth in the Dutch Betting and Gaming Act and as implemented in Dutch gambling policy, the four investigated number lotteries do not contribute towards the onset and persistence of gambling problems. Although people with gambling problems do participate in number lotteries, participation in these games of chance does not represent a major part of the gambling problem, neither with regard to its onset nor persistence. Lastly, number lotteries are not a stepping stone for other, riskier forms of gambling. In most cases, people start out with other games of chance and then subsequently, as they get older, also participate in number lotteries.

Researchers

dr GJ Meerkerk (researcher), drs B de Ruiter (researcher), drs A van der Poel (project leader), prof dr H van de Mheen (project leader), drs D de Bruin (researcher, CVO), drs M Dijkstra (researcher, CVO), drs R Braam (project leader, CVO)

In collaboration with Center for Drug research (CVO)

Term September 2007 - August 2008

Financing National Postal Code Lottery and the Dutch State Lottery

68 New Addictions in sight. Survey into the nature and prevalence of 'new addictions' in the Netherlands

Aim and research questions

The goal of this study is to explore the nature, prevalence and clinical impact of so-called "new addictions" in the Netherlands - including excessive behaviors such as compulsive internet use and popular drugs.

Methods

Firstly, the study will make a survey into new forms of addiction. For this, addiction care clinics, generalized healthcare, and general practitioners are interviewed about their experiences with new addictions. Furthermore, the way the healthcare system currently deals with these issues is explored, e.g. are patients sent away or treated, and in which ways? Are current treatment programs in place and are they effective? The first part of the study is used as input for a quantitative study in which the established new addictions are measured (prevalence) in a nationally representative sample. An online panel (CentERdata) is utilized to accomplish this goal.

Results

Will be available in 2009.

Researchers

dr GJ Meerkerk (researcher), drs AJ van Rooij (researcher), SS Amadmoestar (research assistant), drs T Schoenmakers (project leader)

Term October 2008 - March 2009

Financing Ministry of Health, Welfare and Sport (VWS)

69 Integrating 4 information lines in primary health care: hampering and promoting factors

Aim and research questions

The Trimbos Institute investigates how to promote implementation of 4 information lines (AidsSoa Infoline, Smoking Infoline, Drugs Infoline and Alcohol Infoline) by general practitioners and nurse practitioners. To develop instruments to promote the use of those lines in primary health care, insight is required into the factors that can hamper or promote their use. The aim of this part of the project is to provide input for the development of instruments to implement the lines. This study explores factors that hamper or promote the use of the 4 information lines by general practitioners and nurse practitioners.

Methods

Sw10 general practitioners and 5 nurse practitioners throughout the Netherlands were interviewed. The interviewees were asked how they deal with lifestyle themes such as smoking, safe sex, alcohol and drug use in their practice, and whether they are aware of the availability of the information lines.

Results

For general practitioners and nurses the factor most hampering the use of the 4 information lines was unfamiliarity with the lines. Most of the interviewees were unaware of the availability of the lines. A small group knew about know the lines, but had underestimated the professional level. Most of the interviewees were positive about implementation of the lines in their practice after receiving detailed information about the way the lines work.

Researchers

drs B van Straaten (researcher), drs A van der Poel (project leader)

Term September 2008 - November 2008

Financing Netherlands Institute for Mental Health and Addiction (Trimbos Institute)

70 Master class 'Addiction': Nanos gigantum humeris insidentes¹

Aim and research questions

Scientific insights in mechanisms behind addiction have increased considerably the last decades. Unfortunately, knowledge transfer between various disciplines (psychology, neurobiology, sociology, epidemiology, criminology and history) appears less than optimal and disciplines, therefore, do not profit from the progress made in other disciplines.

Moreover, young researchers tend to be educated in one discipline and then become more and more specialized during their career, impeding broader views. As a result, the influence of scientific knowledge on the addiction and drug policy, prevention and treatment is less than possible and desirable.

Method

To stimulate exchange of knowledge between various scientific disciplines and to offer an excellent opportunity for young outstanding scientists to see over the fence of their own discipline and enrich their scientific world of view, a Master class is planned.

Results

A committee of recommendation has been formed consisting of prof dr W van den Brink (AMC/University of Amsterdam), prof dr HFL Garretsen (University of Tilburg) and prof dr H van de Bunt (Erasmus University Rotterdam). Central theme of the master class will be the paradigm 'Addiction is a brain disease'. About 20 candidates, both senior and junior, are being invited.

Researchers

dr GJ Meerkerk (researcher), prof dr H van de Mheen (project leader)

Term September 2008 - September 2009

Financing Volksbond Foundation Rotterdam)

71 Interviews with victims of serious offences

Aim and research questions

The "Sociaal Cultureel Planbureau" (SCP) conducted research into the consequences of serious offences (e.g. assaults, threats and burglary) for the victims. This research was composed of a literature study, analysis of data from victim studies (quantitative study) and analysis of data from interviews with victims (qualitative study). IVO conducted the qualitative study. Aim was to inventorise the different consequences that victims suffered: physical, financial, psychological/emotional, and social/behavioral - especially on the longer term.

¹ Standing on the shoulders of giants

Methods

We interviewed 17 persons who were victims of serious offences more than one year ago. SCP selected the interviewees in cooperation with Slachtofferhulp Nederland. The in-depth interviews were tape-recorded, transcribed and summarized. SCP integrated the data from the interviews in their report.

Researchers

drs M Stoele (research assistant), drs A van der Poel (project leader)

Term May 2008 - July 2008

Financing Social and Cultural Planning Office of the Netherlands (SCP)

72 Nonmedical use of prescription and over-the-counter drugs among Dutch adolescents aged 14-17 years: a follow-up study

Aim and research questions

The aim of this study is to gain more insight in the prevalence, frequency, motives and the experienced impact of nonmedical use of prescription and over-the-counter drugs among Dutch adolescents aged 14-17 years.

Method

Data collection took place by using an online panel survey among Dutch adolescents aged 14-17 years. They were asked to participate in the study during a two weeks period in January 2009. The questionnaire is based on validated international questionnaires. The definition of nonmedical use of prescription and over-the-counter drugs are drugs taken for reasons of stimulating or sedative effects. Drugs taken for selfmedication are not taken into account.

Results

Available in May 2009.

Researchers

drs S Ganpat (researcher), drs M Kleinjan (project leader)

Term November 2008 - April 2009

Financing Volksbond Foundation Rotterdam, Ministry of Health, Welfare and Sports (VWS)

Education: Research and Development

73 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 considerably increased the scientific knowledge on what addiction is and how it can be treated. Furthermore, knowledge on effective treatment and prevention strategies has increased significantly making it more and more possible for drug treatment organizations and policymakers to work from an evidence-based viewpoint. As a result scientific insights play an increasingly 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 at the development and implementation of a modular educational training program for academic students 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 to drug treatment organization(s) 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 has been implemented in the curriculum (free choice) for students of the faculty Psychology of the Erasmus University Rotterdam since the year 2004, and will be implemented again in 2009. Two other shortened tailored versions were developed for students of the Erasmus MC and Maastricht University. The standard

program will also be translated into English and implemented in the European Master Health Sciences at Maastricht University. Finally a minor "Addiction" will be developed in collaboration with INHOLLAND University of Applied Sciences. 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 program on drugs and/or addiction in the curriculum of their students.

Researchers

dr GJ Meerkerk (researcher), prof dr H van de Mheen (project leader)

Term March 2004 - March 2008

Financing Netherlands Organization for Health Research and Development (ZonMw)

Advise and Implementation

74 Novadic-Kentron: providing advice for the Region Monitor

Aim and research questions

Novadic-Kentron is the addiction treatment and prevention center in the region of Brabant. Prevention workers of Novadic-Kentron also conduct various types of monitoring research (applied, practice-based). IVO is involved in one of the types of monitoring research that Novadic-Kentron performs: i.e. the Region Monitor.

Method and results

IVO provides advice on how to conduct the research (methodology, expertise), and is a critical reader of the products that emerge from the monitors. In 2008, IVO provided advice concerning the Region Monitor of Breda, 's-Hertogenbosch and Eindhoven.

Researchers

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

Term January 2008 - December 2008

Financing Novadic-Kentron Addiction Care

75 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' (RIOB) was developed to improve treatment of chronic opium dependent patients in outpatient addiction care. Initiator of this guideline was (amongst others) the Netherlands Health Care Inspectorate, who concluded that methadone programs in the Netherlands did not reach satisfactory standards and used various methods of operation. With the guideline 'Methadone maintenance treatment' ready for use, it will be implemented on a national basis. In 2006, the program Scoring Results of the Netherlands Society of Mental Health Authorities has asked the scientific institute NISPA and IVO to support this national implementation.

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 for addiction care have joined the project. These agencies have informed their staff about the RIOB. The RIOB is also well known among agencies that are not participating in the project.

By way of development and introduction of supporting materials (i.e. patient information and training modules) the RIOB implementation has been supported. Furthermore, the expertise of the workers has been increased by means of meetings in which experiences and knowledge were exchanged.

The first visitation round took place from April to August 2007. The second will take place in 2009/2010.

The first visitation round showed that the introduction of the RIOB has resulted in an improvement in quality. Nevertheless, many bottlenecks that were identified in 2005 have not yet been solved.

Researchers

ir EG Wits (researcher), drs C Loth (researcher, NISPA), prof 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 - September 2010

Financing Scoring Results, a program of the Netherlands Society of Mental Health Authorities (GGZ NL)

76 Implementation of the evaluation: 'Approach to domestic violence in the southern region of the Netherlands'

Aim and research questions

The aim is to implement the results of the study on domestic violence, which evaluated the organizational structure and implementation strategy for a family-directed approach to domestic violence.

Methods

IVO and the Foundation Domestic Violence (Het Steunpunt Huiselijk Geweld) Southern Limburg focused on: a) the production and dissemination of an appropriate public version of the report, and b) the organization of focus groups of the organizations involved.

a) Extensive public version

The public version of the report is in the form of a fact sheet, which has been widely spread. This fact sheet contains less scientific content and can be used by the organizations to optimize the approach to domestic violence.

b) Focus groups

Meetings were held with: crisis centres, Mental Health Services (GGZ), and Child & Adolescent Welfare (Jeugdzorg). The aim was to reach agreement regarding implementation of the study results and recommendations. Within these focus groups the study results were integrated with the introduction of the Emergency Centre for domestic violence.

Results

The Foundation Domestic Violence Southern Limburg has adopted the recommendations emerging from the study and is involved in the following activities:

- the establishment of an Emergency Centre for domestic violence and child abuse
- the production of an Emergency Code domestic violence and child abuse (fact sheet)

Researchers

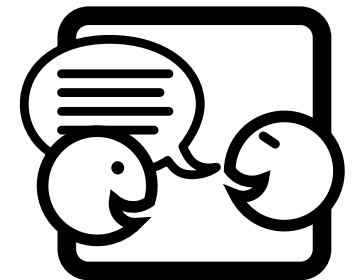
drs A Goetheer (research assistant), dr BJB Boon (project leader)

In collaboration with Foundation Domestic Violence Southern Limburg

Term November 2007 - July 2008

Financing Netherlands Organisation for Health Research and Development (ZonMw)

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 40 students (two groups).
- In the Faculty of Social Sciences of the Erasmus University Rotterdam, IVO provided a five-week full-time program for the third-year curriculum of Psychology: 20 students participated.
- In the faculty of Medicine of the Leiden University, IVO provided a three-week full-time course on addiction, which was attended by 20 students of the second and third year curriculum of Medicine.
- At Maastricht University 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 Bachelor's and Master's curricula Pedagogic and Psychology and to the research Master, Behavioural Science.

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" (Volksbond Foundation Rotterdam). The grant is € 10,000 and should be invested in further research and/or further education in this field.

A jury of three international experts in the field of addiction research will judge the nominations/ applications. The composition of the jury changes every two years. In 2009 the next IVO Award will be presented.

Report meetings

For more than 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 or seminars. These are held several times a year for all those interested in the various aspects of addiction and addiction care in the Netherlands. In 2008 two report meetings were organized.

1st Report meeting. Vulnerable groups in detention

(26 JUNE 2008)

Speakers: Prof dr Martin Moerings (Professor of Penology, Leiden University), drs Mijke van Gogh (Psychologist, ISD department, JI Prison Vught), dr Lisette Oliemeulen (IVO)

Introduction: Lisette Oliemeulen gave a word of introduction in which she briefly outlined IVO research within judicial institutions.

In a 10-year period, the number of detainees in the Netherlands has increased significantly and compared with neighbouring countries is relatively high. This cannot be attributed to an increased number of criminals. There seems to be an ongoing trend that people in the Netherlands are interned more often and for longer periods. Research conducted by IVO shows that 60% of Dutch detainees have problems with drugs and/or gambling. Of this 60%, the vast majority also have additional psychiatric problems such as depressive and psychotic symptoms, and personality problems. This seminar focuses on the high number of prisoners and the psychological problems of detainees.

In his presentation 'An explosion of cells, also for addicts and the mentally impaired' Martin Moerings addressed the causes of the growing number of detainees. Contrary to what one might expect - this is certainly not only due to larger numbers of people receiving prison sentences and penalties being imposed for longer periods. Increasingly, also those suspected of crimes are held in temporary custody pending their sentencing. In addition, aliens who have received a deportation order are also imprisoned pending their obligatory return. Moerings also dealt with a special group within the prison system, those with a so-called ISD measure (Insitution for Prolific Offenders, in Dutch: Inrichting voor Stelselmatige Daders), i.e. the confinement of multiple-perpetrators (ISD-ers) for a period of (up to) two years in a facility for systematic offenders.

Mijke van Gogh's presentation focused on 'The practice: detainees with problematic substance use and/or psychiatric problems'. Van Gogh previously worked as a nurse and a psychologist at a methadone post and therefore has experience with a similar target group, albeit in different settings. She has observed that many ISD-ers also have addiction and psychiatric problems. Relevant questions are: Is sufficient attention paid to their problems during the period of their confinement? Also, from within the prison system can appropriate care be organized for this group? Based on her practical experience with ISD-ers, Mijke outlined the current situation and the related bottlenecks and problems. Some specific cases were also discussed.

The meeting was attended by ca. 60 participants.

2nd report meeting: Videogame addiction - fact or fiction?

(27 NOVEMBER 2008)

Speakers: drs Tony van Rooij (IVO) and drs Martin Reddeman (Research & Development, Novadic Kentron)

On 27 November 2008, IVO organized a seminar on Videogame Addiction. If one would believe the popular media, addiction clinics are being overrun by game addicts. Unfortunately, the public debate surrounding this new 'addiction' is ruled by half-informed opinions. In this seminar on videogame addiction, both the scientific background and the clinical aspects of dealing with this kind of behavioural issue were explored.

Results from the longitudinal IVO monitor study 'Internet and Youth' show that gaming does not necessarily have negative consequences. Tony van Rooij elaborated on the importance of distinguishing between game types, as research shows that especially multiplayer online games are associated with compulsive use. The small subgroup of compulsive gamers identified in the IVO study (5.4% of the multiplayer online gamers) plays an average of 40 hours per week and scores highly on social anxiety, depression, loneliness, and negative self-esteem.

In his presentation Martin Reddeman explored the question: Can a good thing have a bad side? He noted that gaming is not necessarily bad, but can have problematic aspects for some people. According to Reddeman, addiction care is not currently being flooded with game and internet addicts. However, it is clear that some people do develop problems regarding overuse, and these problems can have serious consequences. An example is given of a man who actually built a wireless network in his clothes cabinet while being treated for an addiction.

Looking forward, the conclusion of the meeting is that gaming is here to stay, and will be an important part of daily life in the future. While it is important that the public debate surrounding games is not based solely on the small percentage of compulsive users, the issue of videogame overuse does deserve serious attention.

The meeting was attended by ca. 75 participants.

chapter 5 organisation



Chapter 5

Organisation

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Total fte's research in 2008: 32.3

Supervisory board

The supervisory board of the IVO in 2008 consisted of six persons, one member on behalf of the 'Stichting Volksbond Rotterdam' (Volksbond Foundation Rotterdam), one on behalf of the Erasmus MC, one on behalf of the University of Tilburg, two independent member representing the public health sector, and an independent chairman.

The supervisory board was composed as follows: dr AG Rijntjes (chairman, independent), prof dr JP Mackenbach (Erasmus MC), mr A Vreeken (Stichting Volksbond Rotterdam), prof dr JAM van Oers (University of Tilburg), mrs drs GJJ Prins (Cogis, knowledge center for victims of war and violence) and drs S Buijs, (health policy expert and advisor).

Scientific Advisory Board

In addition to the supervisory 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 2008 of the following five members: prof dr MCH Donker (Municipal Health Authority Rotterdam-Rijnmond), dr G Gmel (Swiss Institute for the Prevention of Alcohol and Drug Problems (SIPA), Switzerland), prof dr RTJM Janssen (University of Tilburg), dr S Nordlund (SIRUS, Norway) and prof dr F Sturmans (Erasmus MC, chairman).

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).

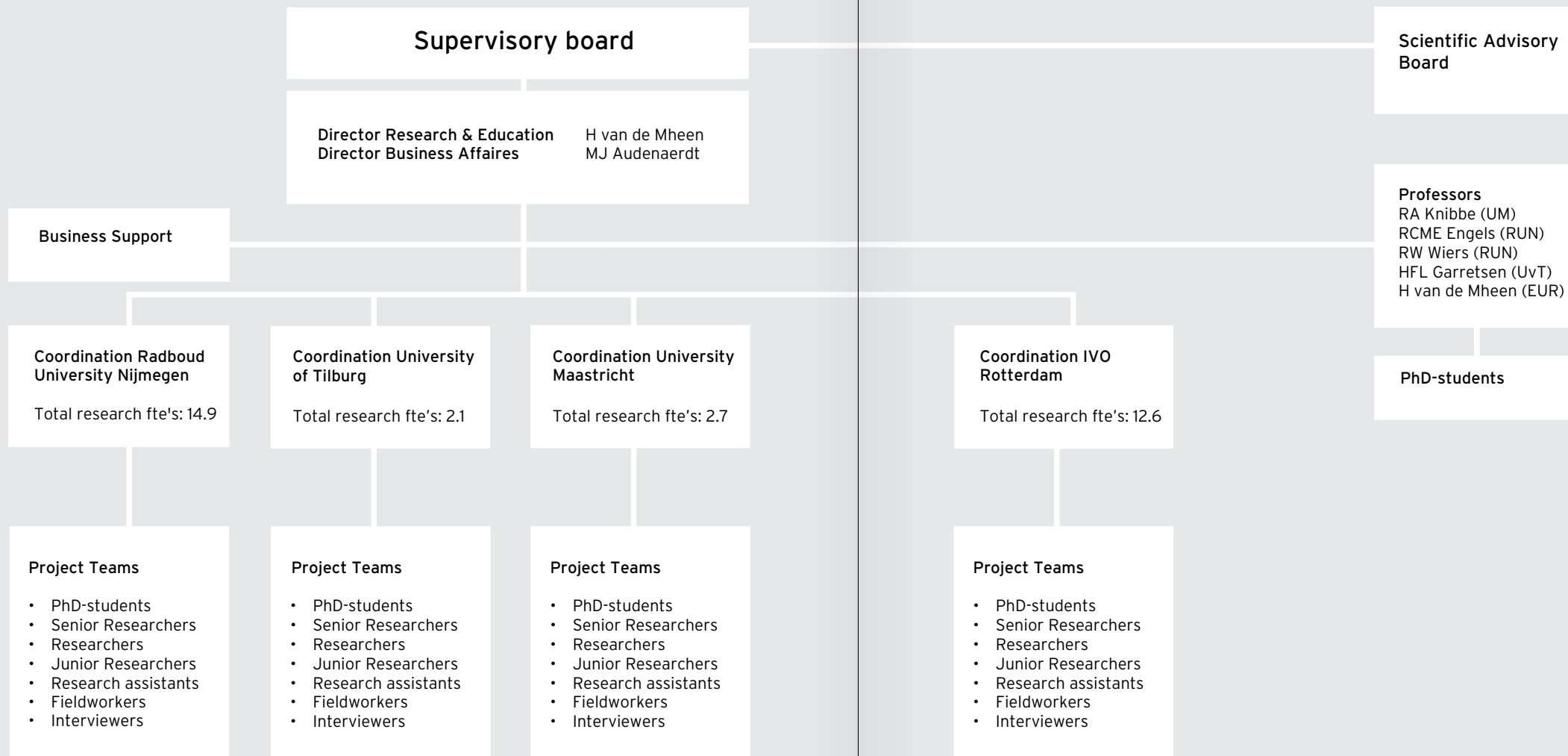
Cooperative relationships

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

Internationally the IVO participates actively in a.o. the Kettil Bruun Society for Social and Epidemiological Research on Alcohol, the Addiction Forum, the European Society for Social Drug Research (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).

Prof 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. She is member of the board of the Research Institute "Social Safety", the board of the Netherlands Congress Public Health, and the Scientific Advisory Board of the National Drug Monitor.

Organization chart IVO



chapter 6

Publications



Publications 2008

International Journals

Anschutz DJ, RCME Engels, T van Strien (2008). Susceptibility for thin ideal media and eating style. *Body Image*, 5, 70-79.

Anschutz, D.J., Engels, R.M.C.E., Van Leeuwe, J.F.J., & Van Strien, T.(2008). Watching your weight? The relations between watching soaps and music television and body dissatisfaction and restrained eating in young girls. *Psychology & Health*, *13*(1), 10-19. /DOI:10.1080/08870440802192268. /

Anschutz DJ, T van Strien, RCME Engels (2008). Exposure to slim images in mass media: Television commercials as reminders of restriction in restrained eaters. *Health Psychology*, 27, 401-408.

Anschutz DJ, RCME Engels, ES Becker, T van Strien (2008). The bold and the beautiful: Influence of body size of televised media models on body dissatisfaction and actual food intake. *Appetite*, 51, 530-537.

Baars J, B Boon, J de Wit, M Schutten, J van Steenberg, HFL Garretsen, H van de Mheen (2008). Drug user's participation in a free hepatitis B vaccination program: demographic, behavioral and socialcognitive determinants. *Substance Use & Misuse*, 43 (14), 2145-2162.

Birch CD, SH Stewart, RW Wiers, RM Klein, AD MacLean, MJ Berish (2008). The Mood-Induced activation of implicit alcohol cognition in Enhancement and Coping motivated drinkers. *Addictive Behaviors*, 33, 565-581.

Dotinga A, RJJM van den Eijnden, W Bosveld, HFL Garretsen (2008). Prevalence of abstaining, excessive alcohol use, binge drinking and help-seeking behavior among second generation Turks in the Netherlands. *Journal of Social Work Practice in the Addictions*, 8 (1), 44-64.

Eijnden RJJM van den, GJ Meerkerk, AA Vermulst, R Spijkerman, RCME Engels (2008). Online communication compulsive internet use, and psychosocial well being among adolescents: A longitudinal study. *Development Psychology*, 44 (3), 655-665.

Engels RCME, CS van der Zwaluw (2008). Gene-environment interactions and health behaviours: Opportunities for European health psychology. *The European Health Psychologist*, 10, 59-61.

Field M, T Schoenmakers, RW Wiers (2008). Cognitive processes in alcohol binges: a review and research agenda. *Current Drug Abuse Reviews*, 1 (3), 263-279.

Friesema IHM, PJ Zwietering, MY Veenstra, JA Knottnerus, HFL Garretsen, ADM Kester, PHM Lemmens (2008). The effect of alcohol intake on cardiovascular disease and mortality disappeared after taking lifetime drinking and covariates into account. *Alcoholism: Clinical and Experimental Research* 32, 645-651.

Garretsen HFL, G Rodenburg, LAM van de Goor, RJJM van den Eijnden (2008). Alcohol consumption in The Netherlands in the last decade: Sharp decreases in binge drinking, especially among youngsters. *Alcohol and Alcoholism*, 43 (4), 477-80.

Grenard JL, SL Ames, RW Wiers, C Thush, S Sussman, AW Stacy (2008). Working memory moderates the predictive effects of drug-related associations. *Psychology of addictive behaviors*, 22, 426-432.

Hak T, K van der Veer, HAM Jansen (2008). The Three-Step Test-interview (TSTI): an observation-based method for pretesting self-completion questionnaires. *Survey Research Methods*, Vol 2, No. 3, 143-150.

Harakeh Z, J Neiderhiser, EL Spotts, RCME Engels, RHJ Scholte, D Reiss (2008). Peers and young adults smoking: Univariate and multivariate behavioral genetic analyses. *Addictive Behaviors*, 33 (9), 1113-1121.

Henskens R, HFL Garretsen, IMB Bongers, A van Dijk, F Sturmans (2008). Effectiveness of a outreach treatment program for inner city crack users: compliance, improvements and client satisfaction. *Substance Use and Misuse*, 43, 1464-1474.

Hermans RCJ, JK Larsen, CP Herman, RCME Engels (2008). Modeling of palatable food intake in female Young adults. Effects of perceived body size. *Appetite*, 52, 512-518.

Houben K, RW Wiers (2008). Implicitly positive about alcohol? Implicit positive associations predict drinking behavior. *Addictive behaviors*, 33, 979-986.

Houben K, RW Wiers (2008). Measuring Implicit alcohol associations via the internet: validation of Web-based implicit Association Tests. *Behavior Research Methods*, 40, 1134-1143.

Jansen HAM, VMHCJ Lahaut, HFL Garretsen, H van de Mheen (2008). Measuring the year consumption of alcohol: the development of a questionnaire. *Substance Use & Misuse*, 43, 880-894.

Kleinjan M, RJJM van den Eijnden, J Brug, RCME Engels (2008). Nicotine dependence predicting stages of change in smoking cessation in Young people. *Psychology and Health*, 23, 729-743.

Kleinjan M, J Brug, RJJM van den Eijnden, AA Vermulst, RMP van Zundert, RCME Engels (2008). Associations between the transtheoretical processes of change, nicotine dependence and adolescent smoker' transition through the stages of change, nicotine dependence and adolescent smokers' transition through the stages of change. *Addiction*, 103, 331-338.

Kleinjan M, RCME Engels, J van Leeuwe, J Brug, RMP van Zundert, RJJM van den Eijnden (2008). Mechanisms of adolescent smoking cessation: Roles of readiness to quit, nicotine dependence, and smoking of parents and peers. *Drug and Alcohol Dependence*, 99, 204-214.

Kleinjan M, RJJM van den Eijnden, J van Leeuwe, J Brug, MOM van de Ven, RCME Engels (2008). Adolescents' movement towards cessation of smoking: Role and relative value of the processes of change and nicotine dependence. *Psychology and Health*, 23, 729-743.

Larsen J, M Ouwens, R Eisenga, RCME Engels, T van Strien (2008). Accuracy of selfreported height and weight in female college students. *Appetite*, 51, 512-518.

Leeuw RNH de, RCME Engels, RHJ Scholte (2008). Bi-directional associations between attitudes and smoking in adolescents. *Addiction*, 103, 1713-1721.

Leeuw RNH de, RCME Engels, AA Vermulst, RHJ Scholte (2008). Do smoking attitudes predict behaviour? A longitudinal study on the bi-directional relations between adolescents' smoking attitudes and behaviours. *Addiction*, 103 (10), 1713-1721.

Leeuw RNH de, RHJ Scholte, Z Harakeh, JF van Leeuwe, RCME Engels (2008). Parental smoking-specific communication, adolescents' smoking behavior and friendship selection. *Journal of Youth and Adolescence*, 37 (10), 1229-1241.

Luitgaarden J van de, C Thush, RW Wiers, RA Knibbe (2008). Prevention of alcohol problems in Dutch youth; missed opportunities and new developments. *Evaluation and the health professions*, 31, 167-181.

Otten R, RCME Engels, RJJM van den Eijnden (2008). General parenting, anti-smoking socialization and smoking onset. *Health Education Research*, 23 (5), 859-869.

Otten R, RCME Engels, RJJM van den Eijnden (2008). Smoking behaviour in asthmatic and non-asthmatic adolescents: The role of smoking models and personality. *Substance Use & Misuse*, 43 (3-4), 341-360.

Otten R, RCME Engels, MOM van de Ven, RJJM van den Eijnden (2008). Depression and smoking in adolescents. *Psychology and Health*, (SSCI: 1.8).

Otten R, B Wanner, F Vitaro, RCME Engels (2008). Attitudes towards smoking: The role of friends' attitudes and social acceptance. *Journal of Clinical child and Adolescent Psychology*, 37 (4), 808-819.

Otten R, CS van der Zwaluw, H van der Vorst, RCME Engels (2008). Partner effects and bi-directional parent-child effects in family alcohol use. *European Addiction Research*, 14, 106-112.

Poel A van der, C Barendregt, H van de Mheen (2008). Homelessness and other Living Condition Characteristics of Drug Users 2003-2007, in Rotterdam, the Netherlands. *European Journal of Homelessness*, 1, 233-255.

Poelen EAP, EM Derks, RCME Engels, JFJ van Leeuwe, RHJ Scholte, G Willemsen, DI Boomsma (2008). The relative contribution of genes and environment to alcohol use in early adolescents: Are similar factors related to initiation of alcohol use and frequency of drinking? *Alcoholism: Clinical and Experimental Research*, 32 (6), 975-982.

Roeg DPK, LAM van de Goor, HFL Garretsen (2008). Characterizing Intensive Community-Based Care: Use, Reliability and Factor Structure of a Generic Measure. *Mental Health and Substance Use: Dual Diagnosis*, 1 (2), 158-171.

Roeg DPK, LAM van de Goor, HFL Garretsen (2008). Towards Structural Quality Indicators for Intensive Community-Based Care Programmes for Substance Abusers. *Community Mental Health Journal*, 44 (6), 405-415.

Schoenmakers T, RW Wiers, M Field (2008). Effects of a low dose of alcohol on cognitive biases and craving in heavy drinkers. *Psychopharmacology*, 197, 169-178.

Schoor G van, SM Bot, RCME Engels (2008). Personality and alcohol consumption among Young adults: Findings from survey and observational studies. *European Addiction Research*, 14, 125-133.

Scholte RHJ, EAP Poelen, G Willemsen, DI Boomsma, RCME Engels (2008). Relative risks of adolescent and young adult alcohol use: the role of drinking fathers, mothers, siblings and friends. *Addictive Behaviors*, 33 (1), 1-14.

Snoek HM, T van Strien, JMAM Janssens, RCME Engels (2008). Restrained eating and weight status: A longitudinal study in adolescence. *Health Psychology*, Vol. 27, No. 6, 753-759.

Spijkerman R, RJJM van den Eijnden, A Huiberts (2008). Social economical differences in alcohol-specific parenting practices and adolescents' drinking patterns. *European Addiction Research*, 14 (1), 26-37.

Thush C, RW Wiers, SL Ames, JL Grenard, S Sussman, AW Stacy (2008). Interactions between implicit and explicit cognition and working memory capacity in the prediction of alcohol use in at-risk adolescents. *Drug and Alcohol Dependence*, 94, 116-124.

Vanheusden K, FJ van Lenthe, CL Mulder, J van der Ende, H van de Mheen, JP Mackenbach, FC Verhulst (2008). Patterns of association between alcohol consumption and internalizing and externalizing problems in Young adults. *Journal Studies on Alcohol and Drugs*, 69, 49-57.

Van De Ven, M., Engels, R.C.M.E., & Sawyer, S.M. (2009). Asthma-specific predictors of smoking onset in adolescents with asthma: A longitudinal study. *Journal of Pediatric Psychology*, 34, 118-128.

Verdonk WMI, RA Knibbe, B Bieleman, HN Groot, H de Vries (2008). The tobacco salesban and tobacco purchases by adolescents: a general population study. *European Journal of Public Health*, 1-6.

Wiers RW (2008). Alcohol and Drug Expenctancies as Anticipated changes in affect: negative reinforcement is not sedation. *Substance Use and Misuse*, 43, 501-516.

Wiers RW, R Havermans, R Deutsch, AW Stacy (2008). A mismatch with dual process models of addiction rooted in psychology. *Behavioral and Brain sciences*, 31, 460.

Zundert RMP van, RCME Engels, M Kleinjan, RJJM van den Eijnden (2008). An integration of Parents' and Best Friends' Smoking, Smoking-Specific Cognitions, and Nicotine Dependence in Relation to Readiness to Quit Smoking: A Comparison beweet Adolescents with and without Asthma. *Journal of Pediatric Psychology*, 33 (8), 821-832.

Zundert RMP van, RCME Engels, M Kleinjan, RJJM van den Eijnden (2008). Environmental smoking, cognitions, nicotine dependence, and readiness to quit smoking: A comparison between asthmatic and non-asthmatic adolescents. *Journal of Pediatric Psychology*, 33, 821-932.

Zwaluw CS van der, RHJ Scholte, AA Vermulst, JK Buitelaar, RJ Verkes, RCME Engels (2008). Parental Problem Drinking, Parenting, and Adolescent Alcohol Use. *Journal of Behavioural Medicine*, 31 (3), 189-200.

Dutch Journals

Barendregt C, H van de Mheen (2008). Ambulante Woonbegeleiding voor Verslaafden. *Verslaving: Tijdschrift over verslavingsproblematiek*, 4, 21-34.

Ganpat SM (2008). Criminaliteit in combinatie met middelengebruik: IVO en criminologisch onderzoek. *IVO-Bulletin*, 11 (1), 2-3.

Garretsen HFL, H Rigter (2008). Jongeren en alcohol: beleid helpt. *Verslaving: Tijdschrift over verslavingsproblematiek*, 4, 46-53.

Hermans RCJ, JK Larsen, RCME Engels (2008). Zien eten en doet eten: een experimentele studie naar imitatie van eetgedrag bij jonge vrouwen. *Psychologie & Gezondheid*, 36, 191-199.

Houben K, T Schoenmakers, C Thush, RW Wiers (2008). Impliciete Cognitie en verslaving. *Gedragstherapie*, 41, 169-182.

Jong C de, LEAM Oliemeulen, H de Haan (2008). De scientist-practitioner in de polder: polsstok of netwerk. *Maandblad Geestelijke Volksgezondheid*, bij gelegenheid van het emiraat van prof dr C van der Staak, 48-55.

Leeuw RNH de, RCME Engels, AA Vermulst, RHJ Scholte (2008). De longitudinale relatie tussen de houding ten opzichte van roken en het rookgedrag zelf: wat leidt tot wat? *Psychologie & Gezondheid*, 36, 200-208.

Meerkerk GJ (2008). Compulsief Internetgebruik. Een beknopt overzicht. *Verslaving: Tijdschrift over verslavingsproblematiek*, 4 (2), 39-50.

Oliemeulen LEAM (2008). De Psychose van Calimero. De rol van negatieve sociale factoren bij psychotische patiënten uit verschillende etnische groepen. *Cultuur Migratie Gezondheid*, 2, 66-77.

Ooyen-Houben M van, DPK Roeg, CH de Kogel, M Koeter (2008). Zorg onder dwang: Een verkenning van de mogelijkheden en grenzen. *Justitiële Verkenningen*, (3), 11-41.

Overbeek G, SM Bot, M Sentse, WHJ Meeus, RA Knibbe, RCME Engels (2008). De rol van beste vrienden versus andere leeftijdgenoten in alcoholgebruik onder jongvolwassenen. *Psychologie en gezondheid*, 35 (5), 249-261.

Pieters S, H van der Vorst, RCME Engels, RW Wiers (2008). Bewusteloos? Automatische en gecontroleerde processen in relatie tot alcoholgebruik bij jongeren. *Verslaving: Tijdschrift over verslavingsproblematiek*, 4, 66-78.

Poel A van der, M van Keulen, M Stoele, H van de Mheen (2008). Middelengebruik door jongeren tijdens het uitgaan. "Pick 'n mix" als hedendaagse manier van drugsgebruik. *Verslaving: Tijdschrift over verslavingsproblematiek*.

Poel A van der, E van Vliet, M Stoele (2008). Ondersteuning van mantelzorgers van verslaafden. *Verslaving: Tijdschrift over verslavingsproblematiek*, 4 (2), 56-66.

Snoek A (2008). Autonomie en verslaving: wij maken de keuze voor u. *TSG: Tijdschrift voor gezondheids-wetenschappen*, 86 (3), 127-129.

Snoek A (2008). Begrijp ik u goed? Dialoog en empathie in de methologie. *Kwalon* 29, 13 (3), 53-58.

Thush C, RW Wiers (2008). Een dubbele kijk op minder drinken. De invloed van expliciete en impliciete alcoholgerelateerde processen en vroege interventie bij jongeren. *Psychologie en Gezondheid*, 36 (5), 273-283.

Verdurmen J, H van de Mheen, M van Laar (2008). Alcoholgebruik onder jongeren: Hoe vaak en met welke gevolgen? *Verslaving: Tijdschrift over verslavingsproblematiek*, 4 (3), 4-15.

Vorst H van der, RCME Engels (2008). De rol van ouders in de ontwikkeling van het alcoholgebruik van adolescenten. *Verslaving: Tijdschrift voor verslavingsproblematiek*, 4, 19-27.

Wiers RW (2008). Een noodlottige zelfoverschatting van het bewustzijn. Het ontstaan van verslavingsgedrag bij jongeren. *De Psycholoog*, 43 (4), 210-217.

International Books/Other publications

Engels RCME, RNH de Leeuw, EAP Poelen, H van der Vorst, CS van der Zwaluw, JFJ van Leeuwe (2007). The impact of parents on adolescent drinking and friendship selection processes. In: Järvinen M, R Room, (eds). *Youth drinking cultures*, 101-119. Hampshire England: Ashgate Publishing Limited.

Spijkerman R, RJJM van den Eijnden, RCME Engels (2008). Cigarette Advertising, International. In J Arnett (Ed.). *Encyclopedia of Children, Adolescents, and the media*. Sage publications, Inc.

Dutch Books / Other Publications

Barendregt C, H van de Mheen (2008). *Trends in Veiligheid en Overlast in Den Dolder. Meting 2007*. Rotterdam: IVO.

Barendregt C, A van der Poel, G de Kam (2008). *Dak- en thuislozen en verslaafden in Rotterdam: leefsituatie en overlast. Resultaten van Trendspotting 2007*. Rotterdam: IVO.

Boon B, A Goetheer, M Coumans, R Knibbe, H van de Mheen (2008). *Factsheet Huiselijk geweld in Zuid Limburg. Zorg voor plegers, slachtoffers en getuigen*. Rotterdam: IVO.

Coumans M, B Boon, RA Knibbe (2008). *Naar een aanpak van huiselijk geweld; onderzoek naar de implementatie van het convenant tegen huiselijk geweld*. Rotterdam: IVO.

Ganpat SM, RJJM van den Eijnden (2008). *Onderzoek naar de dadergroep alcoholgerelateerde delicten*. Rotterdam: IVO.

Ganpat SM, RJJM van den Eijnden (2008). *Procesevaluatie pilot Leefstijltraining voor verslaafde justitiabelen*. Rotterdam: IVO.

Jansen HAM (2008). *Evaluatie van het Partnership Vroegsignalering Alcohol (PVA). Eerste fase: september 2005 t/m december 2007*. Rotterdam: IVO

Meerkerk GJ, RJMM van den Eijnden (2008). *Internetverslaving*. In Kerssemakers R, R van Meerten, E Noorlander, H Vervaeke (Eds.). *Drugs en Alcohol. Gebruik, misbruik en verslaving*. Houten: Bohn Stafleu van Loghum, 456-470.

Meerkerk GJ, B de Ruiter, M van Vliet, A van der Poel, H van de Mheen, D de Bruin, M Dijkstra, RV Braam (2008). *De relatie tussen deelname aan nummerloterijen en kansspelverslaving*. Rotterdam: IVO, Utrecht: CVO.

Mheen H van de (2008). *Het doel heiligt de middelen. Inaugurele rede*. Rotterdam: Erasmus Universiteit.

Oliemeulen LEAM, APM Ketelaars, AAN Cruts, H van de Mheen, MW van Laar (2008). *Monitors alcohol en drugs: Update 2008*. Utrecht: Trimbos Instituut, Rotterdam: IVO

Oliemeulen L, A van der Poel (2008). *Verslag: Nazorg aan verslaafden door de verslavingszorg*. Rotterdam: IVO

Poel A van der, A Steuns M Janssen, M van Lokven (2008). *Regiomonitor Breda 2007: Resultaten van onderzoek naar verslavingsproblematiek en verbeterpunten voor het zorgaanbod*. Vught: Novadic-Kentron, Rotterdam: IVO.

Risselada A, T Schoenmakers, E Wits (2008). *De derde helft? Alcoholgebruik van jongeren op sportverenigingen*. Rotterdam: IVO.

Risselada A, RJJM van den Eijnden (2008). *"Laat je niet flessen!"*. Eerste meting van de procesevaluatie. Rotterdam: IVO.

Risselada A, AJ van Rooij, RJJM van den Eijnden (2008). *Middelengebruik onder Rotterdamse scholieren in het VO*. Rotterdam: IVO.

Rooij AJ van (2008). *Monitor Internet en Jongeren: Resultaten in tabelvorm 2006, 2007, 2008*. Rotterdam: IVO.

Rooij AJ van, GJ Meerkerk, H van de Mheen (2008). *Monitor Internet en Jongeren; Videogames en Nederlandse jongeren*. Rotterdam: IVO.

Rooij AJ van, GJ Meerkerk, T Schoenmakers, RJJM van den Eijnden, H van de Mheen (2008). *Monitor Internet en Jongeren. Ontwikkeling in het internetgebruik van Nederlandse jongeren*. Rotterdam: IVO

Rooij AJ van, H van de Mheen, E Wits, CL Mulder (2008). *Toeleiding van dak- en thuislozen naar de GGZ. Verloop van zorggebruik en psychosociale problematiek onder dak- en thuislozen in de Rotterdamse Maatschappelijke opvang in 2006*. IVO Reeks 57, Rotterdam: IVO.

Snoek A, A van der Poel, H van de Mheen (2008). *Ontwikkeling en toetsing van cliëntprofielen ter bevordering van doorstroom in de maatschappelijke opvang*. Rotterdam: IVO.

Snoek A, A van der Poel, H van de Mheen, H Boutellier, M Davelaar, M van der Klein, R Rijkschroeff (2008). State-of-the-art onderzoek prestatievelden 7-9 van de Wmo (kwetsbare burgers). Utrecht: Verwey-Jonker Instituut.

Snoek A, A van der Poel, H van de Mheen (2008). SolutionS Center: een evidence based oplossing voor verslaving? Resultaten van een literatuurstudie. IVO-reeks 58, Rotterdam: IVO.

Straaten B van, A van der Poel (2008). Vier infolijnen integreren in de eerste lijn: Een kwalitatief onderzoek naar belemmerende en bevorderende factoren. Rotterdam: IVO.

Wiers RW, RCME Engels (2008). Middenmisbruik en verslaving. In: P Prins, C Baret (Eds). Handboek klinische ontwikkelingspsychologie, 529-553.

Wits E, C Loth, H van de Mheen, C de Jong (2008). Ondersteuning landelijke implementatie Richtlijn Opiaatonderhoudsbehandeling. Rotterdam: IVO, Nijmegen: NISPA.

Dissertations

Poelen EAP (2008). The role of genes and environment in adolescents' and young adults' alcohol use. Thesis. Nijmegen University.

Ven M van de (2008). Breathe in Life: intrapersonal determinants of quality of life and smoking behaviour in adolescents with asthma. Thesis, Nijmegen University.