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gerelateerde maatschappelijke  
ontwikkelingen

# Annual Report

2012



# Annual Report 2012

# **IVO**

# **ADDICTION RESEARCH INSTITUTE**

ANNUAL REPORT 2012

IVO  
July 2013

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# 1. Foreword

## **We present the Annual Report IVO 2012**

The aim of IVO is the acquisition and dissemination of scientific knowledge on lifestyle, addiction, and related social developments. In this way IVO seeks to explore and find solutions for the physical, psychological, and social issues related to various forms of addiction.

Established in 1989 by the Rotterdam Public Health Service (GGD Rotterdam-Rijnmond), the Volksbond Foundation Rotterdam (*Stichting Volksbond Rotterdam*) and Erasmus University Rotterdam, IVO has progressed from a small establishment with three employees to a professional nationwide organization in which about 50 employees/associated researchers collaborate on research into lifestyle, addiction, and related social developments. Since its establishment IVO has aimed to bridge the gap between scientific research and practice. IVO also aims to provide its field with knowledge that can easily be put to practice.

We would like to thank all the organizations and their members, national as well as international, that we have worked together with over the past year. It is inspiring to see how much we can accomplish by collaboration with dedicated colleagues and fellow researchers from various scientific disciplines.

We hope you enjoy reading our annual report and assume that you know how to contact us if you would like more information.

Dike van de Mheen & Miranda Audenaardt  
IVO Board of Directors

## **2. About the IVO**

### **IVO in brief**

IVO, scientific bureau for research, expertise, and consultancy

- Active in this research area since 1989
- An independent, small-scale and non-profit-making/autonomous organization
- Has socially sensitive researchers
- Broad and structural collaboration with graduate and research schools resulting in a nationwide alliance of around 50 researchers
- Bringing together various areas of expertise in the field of lifestyle and addiction
- A professional and project-based organization in which the composition of the team of researchers and advisers varies per project

#### **Our mission**

The acquisition and dissemination of scientific knowledge on lifestyle, addiction, and related social developments. In this way the IVO seeks to explore and find solutions for the physical, psychological, and social issues related to various forms of addiction.

#### **Our approach**

- sound scientific research
- interdisciplinary collaboration
- combination of quantitative and qualitative research
- with an eye for quality and people
- an extensive network covering the areas of addiction treatment and prevention
- flexible attitude
- with an eye for applied and policy-based research
- facilitation of the implementation of scientific findings

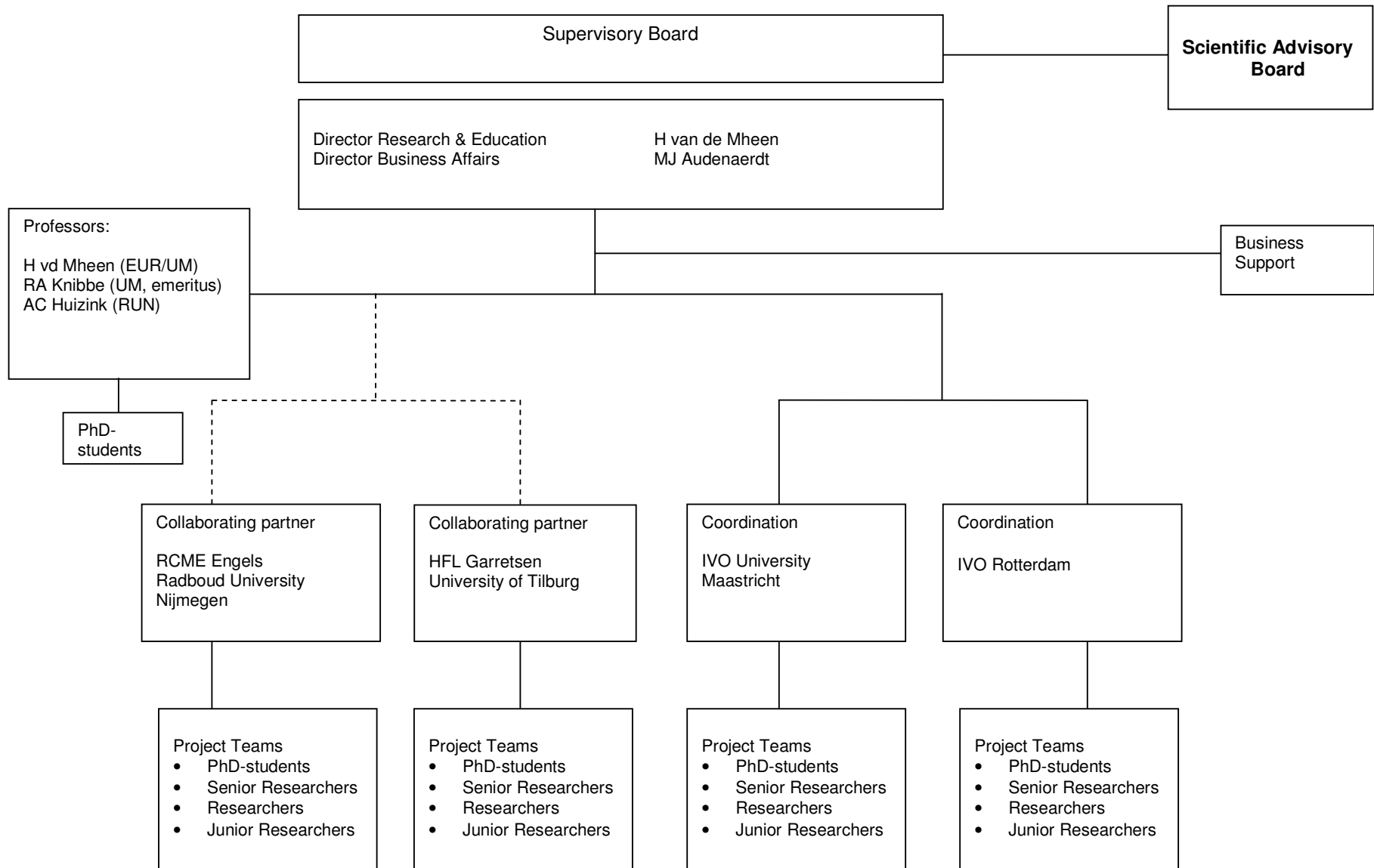
#### **Our services**

- Fundamental research
- Applied research
- Policy-based research

#### **Our research themes**

- Alcohol
- Illicit drugs
- Smoking
- Internet use
- Gambling
- Risky nutritional behavior
- Social relief and social care

## Organization chart IVO



## **Supervisory Board**

AG Rijntjes PhD (independent chairman)  
A Vreeken LLM (representative of the Volksbond Foundation Rotterdam and treasurer)  
Prof JP Mackenbach PhD (representative Erasmus Medical Center)  
GJJ Prins MSc (independent member)  
S Buijs MD (independent member)  
P Broedelet LLM (independent member)

## **Board of Directors**

Prof H van de Mheen PhD (Director of Research & Education)  
Mrs MJ Audenaardt (Director Business Affairs)

## **Scientific Advisory Board**

Prof F Sturmans PhD (chairman)  
Prof RTJM Janssen PhD (Victas Addiction Care/University of Tilburg)  
Prof G Gmel PhD (Swiss Institute for the Prevention of Alcohol and Other Drug Problems)  
Prof RJ van der Gaag PhD (UMC Radboud University Nijmegen)  
Prof T Decorte PhD (Institute for Social Drug Research Ghent University)  
O de Zwart PhD (Municipal Health Authority Rotterdam-Rijnmond)

## **Vision**

IVO views addiction as a chronic psychiatric condition and not as a 'moral weakness' of the individual. According to this view, addiction is not only to be dealt with by the individual but by society as well. The aim of IVO is the acquisition and dissemination of scientific knowledge on lifestyle and addiction emphasizing: the specific characteristics of the substance or hazardous behavior, the individual and the environment. The environment refers to the social environment and care, prevention and policy. This means that we gather and disseminate knowledge about:

- the use of specific substances and specific behaviors, with special focus on new substances and behaviors;
- the role of individual factors associated with lifestyles, substance abuse and addiction, such as genetic predisposition and personality traits;
- the role of environmental factors in the development/occurrence, persistence and decrease in hazardous lifestyles, substance abuse and addiction, such as socioeconomic conditions, cultural background, the roles of parents and peers;
- the impact of prevention, care and policy on the prevention of hazardous lifestyles, substance abuse and addiction and (reducing) the adverse effects thereof.

IVO's research focuses on the general population and its subgroups, particularly vulnerable groups, such as people with a high risk of (harmful) substance use and/or related problems. These include youths, young adults and seniors, as well as groups covered by the social relief system and social care, such as homeless individuals. Another vulnerable subgroup that will receive attention in the future are people with a mild intellectual disability (MID).

From a preventive perspective, research on children and adolescents is particularly important. Special attention will be paid to children and adolescents with low socioeconomic status. Research on substance use and hazardous behaviors among children and youths includes (with collaborating partners) genetic research (individual perspective) and environmental research: the roles of parents, school and peers. Furthermore, for new addictions (e.g. internet, gaming and risky eating behaviors) as well as for 'established' addictions (smoking, alcohol, drugs), the development of prevention and treatment methods will be further explored.

The proportion of elderly people (aged over 55 years) in the population is currently almost 30%. The number of elderly people is not only increasing, but their lifestyle is changing. Elderly people today have an unhealthier lifestyle compared with the elderly several decades ago, and are among others consuming more alcohol.



In the last decade, the number of people aged over 55 seeking help for a substance use problem has risen from 4,200 to 10,600. Adjusted for aging of the population, the request for help seems to have doubled. Problems with alcohol and opiates together constitute about 90% of substance use problems in the elderly. However, in all forms of addiction problems, the number of individuals over the age of 55 is increasing.

The study of groups within the social relief system and social care will be conducted from the perspective of social participation and recovery. Following this perspective it is important to obtain the maximum benefit for the individual. To achieve this, effective and high-quality care is needed, which needs to be supported by effective policymaking. Therefore, IVO also studies the functioning of the social relief system and social care. Within this line of research the co-operation between different organizations (integrated care) will receive specific attention. The focus on integrated care is also a recurring issue in the other research domains.

In research, IVO always considers the perspective of the patient or client. We strive, as much as possible, to structurally involve patients and clients in the research cycle.

### **How do we try to achieve our mission?**

IVO attempts to achieve its mission by:

- Carrying out scientific research
- Providing education
- Social service\*
- Advice and support with (the implementation of) policy, care and prevention

\*With social services, we mean that we offer our expertise (on a not-for-profit basis) to support the social organizations in our field.

### **Expertise**

IVO has many years of expertise in socio-epidemiologic and social science research. Additionally, in recent years experience with neurobiological and genetic research has been gained. IVO has employees from a wide variety of backgrounds, including epidemiology, psychology, sociology, criminology, anthropology and health sciences. This enables us to conduct multidisciplinary research, using both quantitative and qualitative methods.

Our expertise is spread across the IVO offices in Rotterdam and Maastricht, and collaborating partners in Nijmegen and Tilburg and includes both fundamental and applied scientific research (including policy-support studies).

To achieve our mission IVO adopts an integrated approach, i.e. we study substance use and addiction in conjunction with other problems and other life domains. In this way we can choose multiple viewpoints, such as (public) health and public safety or addiction and psychiatric problems.

### **Domains**

IVO currently focuses on three main domains, which are subdivided according to various addictive substances and hazardous behaviors.

The domains are:

- A) Addictive substances
  - Alcohol
  - Illicit drugs
  - Smoking
- B) Hazardous behaviors
  - Internet use
  - Gambling
  - Risky nutritional behavior
- C) Social relief and social care

Research and advice in all domains may pertain to one of the following points of view, or a combination thereof:

- Continuous monitoring of developments and trends
- Determinants: causes and background
- Quality and effectiveness of care and prevention
- Social context and policy

## Knowledge sharing

In addition to acquiring scientific knowledge about lifestyle, addiction and related social developments, the objective of IVO is also to transfer and disseminate this knowledge to a wider audience by organizing seminars and developing and implementing educational programs.

Education has always been a core activity of IVO. An outstanding example is the 'IVO Master Class Addiction' which is organized biannually. On a smaller scale, but very popular in the Rotterdam region, are the IVO Seminars which are organized about two times a year (for more information on the IVO seminars see below).

Education about substance use and addiction is structurally embedded in only a few academic programs. However, IVO is committed to stimulate the development and implementation of education about substance use and addiction in various academic settings. In addition to internal training of researchers and supervising interns, IVO realized the following educational activities in 2012:

- Development of the Minor Addiction for third year medical students of Erasmus Medical Centre Rotterdam
- Development and implementation of so-called 'community projects' for the course 'Physician and Public health' for third year medical students of Erasmus Medical Centre Rotterdam
- Organization and implementation of a contribution to the Netherlands Institute for Health Sciences (NIHES) course 'From problem to solution in Public Health' for Master and PhD students from various backgrounds
- Participation in the development and implementation of the module Public Health for the 'Profielopleiding verslavingspsycholoog' (ProVP) (training addiction psychologist) for health psychologists (<http://www.spon-opleidingen.nl/Profiel-opleidingen/Verslavingspsycholoog/>)
- At Maastricht University IVO contributed to the Health Sciences curriculum through lectures, tutorials and elective courses

## **IVO Seminars 2012**

### **Prevention of problematic GHB use among specific subgroups of GHB users in the Netherlands**

**April 26th 2012**

#### **Speakers**

AB Hammink (researcher, IVO), JMC Annard (senior policymaker, Ministry of Health, Welfare and Sport) and L van Driel (senior prevention worker, IrisZorg)

#### **Introduction**

GHB (gamma hydroxybutyrate) is a potential seriously addictive drug with relatively severe health risks. In the Netherlands, GHB is used mainly by adolescents and young adults in nightlife. However, GHB has become increasingly popular in other settings including groups of adolescents in rural areas and those that use GHB mainly in a home setting. Little is known about these two specific subgroups of GHB users. Targets for prevention of (problematic) GHB use in these subgroups of users were discussed during the IVO seminar.

#### **Prevention of GHB within the Dutch drugs policy**

Jan Annard focused on the perspective of the Dutch government according to GHB prevention. To reduce the use of GHB the Dutch government focuses on monitoring of GHB use and focuses on existing prevention programs of substance use in which more attention should be paid to GHB use. According to the Dutch government GHB prevention should be tailored to specific targets groups and should take place at local level (e.g. municipality). Furthermore, Annard argued the importance of GHB treatment with Detox protocol and attention for after care and relapses. Currently, the Ministry of Health, Welfare and Sport is performing a survey on (problematic) GHB use in five areas in the Netherlands. Subsequently, the government will organize an expert meeting to explore which prevention strategy is best suitable for different subgroups of GHB users.

#### **Preventing (problematic) GHB use in the Netherlands**

Alice Hammink presented the results of the IVO study "Preventing (problematic) GHB use in the Netherlands". The aim of this study was to identify characteristics of GHB use (e.g. motivations for use and help-seeking behaviour for problems associated with GHB use) among specific subgroups and to determine targets for prevention of GHB in these specific subgroups. Hammink focused her presentation on the following two subgroups: groups of adolescents in rural areas and GHB users that use GHB mainly in a home setting.

The main motive for GHB use among groups of adolescents in rural areas was the social aspect. Problems due to GHB use in this subgroup are: driving under the influence of GHB and careless behaviour regarding loss of consciousness. Adolescents in rural areas often have contact with a youth outreach worker but not with healthcare professionals or addiction treatment centres. Prevention of GHB use among this specific subgroup should also focus on general substance use, since these adolescents also use other kinds of drugs.

The subgroup "GHB users that use GHB mainly in a home setting" can be divided into recreational GHB users and daily GHB users. Recreational GHB users that uses mainly in a home setting are most likely to be reached through existing prevention programs and activities (via nightlife and internet). Daily GHB users take GHB every 2-3 hours. Problems experienced by this subgroup are insomnia (and therefore using GHB) and GHB withdrawal. Most daily GHB users have contact with healthcare professionals, although the risk of relapse is high. Daily GHB users are hard to reach for prevention programs. However, they can be traced through the social network of GHB users who are already enrolled in addiction treatment or a smartphone application can be developed.

#### **Addiction care and GHB prevention**

The presentation of Lars van Driel focused on a newly developed prevention program for substance use, called "Iris in the Neighbourhood" (Iris in de Buurt). This is a community-based prevention program in which a team of prevention workers reach out to drugs users, including GHB users, in their home environment.

The focus of the prevention program is not full rehabilitation of GHB use, but is focused on responsible GHB use. This community-based prevention program focuses on lifestyle change of the client. The target groups for this prevention approach are recreational GHB users with a risk of problematic use. Van Driel argued that it is important to detect negative life events among GHB users, since negative life events often provoke problematic GHB use.

### **Discussion**

The three presentations were followed by a discussion. An important discussion point concerned the influence of the different types of prevention. It was argued that selective and indicated prevention was most suitable for GHB prevention among groups of adolescents in rural areas and those that use GHB mainly in a home setting. Universal prevention can be used to support selective and indicated prevention activities. Another discussion point concerned the role of parents in the prevention of problematic GHB use among groups of adolescents in rural areas. In this subgroup, parents play a role in the reduction of GHB use. Therefore, it is important to involve parents in the prevention of GHB use among adolescents in rural areas.

## **Substance use by people with a mild intellectual disability: how do we deal with it?**

**October 30<sup>th</sup> 2012**

### **Speakers**

AB Hammink (researcher, IVO), G van der Velden (team leader, Novadic-Kentron's MID clinic), M van Barneveld (remedial teacher, ASVZ), M van der Ent (remedial teacher, ASVZ)

### **Introduction**

(Excessive) use of alcohol and/or drugs is relatively common among people with a mild intellectual disability (MID), as are the adverse effects of such use. There is increasing attention for the care requirements of people with a MID who use substances. IVO recently investigated the nature and extent of substance use among people with MID in the Rotterdam region. Moreover, addiction care institutions and intellectual disability services are also paying more attention to the combination of substance use and intellectual disabilities.

### **Characteristics, care needs and care connection**

Alice Hammink presented the results of research on the nature and extent of substance use among people with a MID, their need for care, and the supply of care for people with a MID who use substances. Hammink interviewed 15 professionals from different sectors who deal with people who use substances and have a MID. She also interviewed five persons with a MID who use substances.

The interviewed professionals find it difficult to estimate the size of the group with a MID who use substances. They were able to characterize people with a MID who use substances. They observe more substance use among the mentally retarded; of this group, more youth are using soft drugs and more adults are using alcohol. The use often starts under the influence of their social environment; later on they continue using substances due to force of habit, to forget about their problems, or as self-medication.

According to the professionals, the care needs of this group consist of a listening ear, help to quit or cut down the substance use, and an understanding of their own perceptions. Members of the target group stated that they mainly wanted help to live independently or to live in an appropriate residential facility. The interviews with professionals revealed the following problems concerning the current care for this group: there is need for written policies, more expertise about the combination of MID and substance use, specialized residential facilities, and work and day facilities.

### **Treatment of clients with a MID within addiction care**

In 2009, the addiction care institute Novadic-Kentron started a project to treat addicts with a MID. This involved a collaboration with six network partners. Gitte van der Velden reported on this project.

The MID project was started because of a lack of knowledge about MID within the addiction care setting: a MID was often not recognized among clients. It also appeared that the regular addiction treatment, which is mainly based on cognitive behavioral aspects, did not work for the MID group.

Therefore, as a part of the project, employees of Novadic-Kentron were trained to obtain expertise about MID, and professionals in the MID settings were trained to obtain expertise on substance use. In the MID project, the knowledge of both sectors is used and care is transmutal. Clarity, flexibility and connecting with the client are key elements within the treatment of the MID clients. As compared with the regular addiction treatment, care trajectories are longer, and the program is less full and employs more repetition.

Substance use policy within an organization for people with intellectual disabilities  
Margreet van Barneveld and Maarteke van der Ent are both remedial teachers at ASVZ, an organization that provides care and services for people with intellectual disabilities. They presented the substance use policy which was launched in their organization in 2008.  
A substance use policy was needed in this organization for people with intellectual disabilities, because they saw an increasing number of cases where both MID and substance use were present. At the same time, the employees were unfamiliar with substance use. Furthermore, they found it difficult to recognize problematic use. The devised policy aimed to address this unfamiliarity, provide a framework for acting in practice, and also discourage the use of addictive substances by clients. In 2010, this policy was finalized after several involved parties (such as clients, parents and relatives) had been consulted. The policy contains information about addictive substances, dependence, signaling, guidance and care, safety and legislation. Each year, this policy is discussed in the teams and employees are receiving training in (amongst other things) signaling of substance use among their clients and in motivational interviewing.

### **Discussion**

After these three presentations, there was room for discussion with the audience. First, the problem was noted that currently an integrated approach, in which the relevant sectors work intensively together, is often missing.

Another point of discussion was about clients that avoid care. Within the audience there was agreement that it can be difficult to appoint a place in a housing project to a young person with a MID, who is also an active substance user and who is in ambulatory care. In these cases, outreach care and multiple attempts are important.

### 3. List of projects

All projects are categorized by research domains and ordered by themes (the domain "Addictive substances" includes alcohol, illicit drugs and smoking, the domain "Hazardous behaviors" includes internet use, gambling and risky nutritional behavior, and the domain "Social relief and social care" (no specific themes). For each theme all projects are described as follows: new in 2012, running in 2012 or finished in 2012.

For each project we describe the aim, methods and results. In addition the output, researchers involved, collaboration, term and financing is given. The output presented is the total project output that may cover a longer period, 2012 including. The 2012 output only is given in the list of publications (p. 64).

#### Alcohol

##### **New in 2012:**

- 1 Improving reach of community-based addiction prevention among vulnerable youth (p. 16)
- 2 Addiction probation services for youngsters with alcohol and drug problems  
Development of a national program for assessment, monitoring and behavioral interventions (p. 17)
- 3 Plan of attack 'Alcohol and Drug' at intermediate vocational education: evaluation of effect and of process (p. 17)
- 4 The secret of Goeree.  
Reaching parents in the context of alcohol and drug prevention among children aged 10-12 years on Goeree Overflakkee (p. 18)
- 5 Substance use among pupils taking part in special secondary education (p. 19)

##### **Running in 2012:**

- 6 Process evaluation of implementation of the protocol 'Observation, screening and short-term intervention of risky alcohol consumption of youth' (p. 20)
- 7 Implicit cognitions and relapse in alcohol addiction: process and moderators (p. 20)
- 8 Effectiveness of the treatment of the addiction care clinic SolutionS (p. 21)

##### **Finished in 2012:**

- 9 Process evaluation of a behavioral intervention called 'Alcohol and Violence' (p. 22)
- 10 AMPHORA: Alcohol measures for Public Health Alliance (p. 23)
- 11 Effect evaluation of intensified enforcement of the age ban on adolescent drinking and the additional effect of a community intervention (p. 24)

#### Illicit Drugs

##### **New in 2011:**

- 12 Evaluation of the method and results of the LSOVD support groups (p. 28)
- 13 Substance use among adolescents and adults with mild intellectual disability in Rotterdam (p. 28)

##### **Running in 2012:**

- 14 Coherent Policy Expert Group (p. 29)

##### **Finished in 2012:**

- 15 Preventing (problematic) GHB use in the Netherlands (p. 30)
- 16 Update of the national guideline methadone maintenance treatment (p. 31)
- 17 Social consequences of alcohol and drug addiction: a state of the art study (p. 32)

## Smoking

- Running in 2012:**
- 18 Developing and testing strategies to effectively reach and involve resistant hard-core smokers in tobacco control (p. 33)
- Finished in 2012:**
- 19 Effects of new laws in the Netherlands aimed at reducing tobacco consumption (p. 34)

## Internet use

- New in 2012:**
- 20 The harder the better? A study on the relationship between watching online pornography and the occurrence of tolerance and sensitization effects (p. 36)
- 21 Monitor Internet and youth: 2006 – 2012 and data collection in 2012 (p. 36)
- 22 Clinical Video game Addiction Test (C-VAT) (p. 38)
- Running in 2012:**
- 23 Cognitive aspects of video game addiction (p. 38)
- 24 Quantitative and qualitative study on excessive internet use among adolescents – part of the EU NET ADB study (p. 39)
- 25 Tailored game advice [gameadviesopmaat.nl] (p. 40)
- 26 Neurocognitive aspects of online game addiction: the role of cognitive control (p. 41)
- Finished in 2012:**
- 27 Development of a course for the prevention of internet and game addiction, aimed at prevention workers in addiction care (p. 42)
- 28 Development of an assessment tool for game addiction in clinical practice (p. 42)

## Gambling

- Running in 2012:**
- 29 ALICE RAP: Addiction and Lifestyles in Contemporary Europe – Reframing Addictions Project (p. 44)

## Risky nutritional behavior

- Running in 2012:**
- 30 Relationship between parental behaviour and overweight in primary school children in the Netherlands: the IVO Nutrition and Physical Activity Child cohort (INPACT) (p. 45)
- 31 Ethnic differences in overweight and obesity among primary school children in the Netherlands, the IVO Nutrition and Physical Activity Child cohort (INPACT) (p. 47)
- Finished in 2012:**
- 32 Environmental determinants of dietary behaviours of children, the IVO Nutrition and Physical Activity Child cohort (INPACT) (p. 48)

## Social Relief and Social Care

### **New in 2012:**

- 33 Financial debts among vulnerable youth (p. 51)
- 34 Client profiles of vulnerable youth (p. 51)
- 35 Knowledge in the neighbourhood (Social integration of supported housing projects) (p. 52)
- 36 Homeless people without psychiatric problems (p. 53)

### **Running in 2012:**

- 37 Early detection of substance misuse and dependency by youth: implementation of a guideline (p. 53)
- 38 Client participation in addiction care (p. 54)
- 39 Cohort study amongst homeless people in Amsterdam, The Hague, Rotterdam and Utrecht (the G4) – Coda-G4 (p. 55)

### **Finished in 2012:**

- 40 Inventory of cooperation between youth addiction care and youth partnerships (p. 56)
- 41 Detection of alcohol abuse and psychiatric problems among homeless people (p. 57)
- 42 Substance misuse and dependency by youth: evaluation of implementation of early detection tools and skills (p. 58)

## Other

### **New in 2012:**

- 43 IVO Master Class Addiction 2012: Behavioral Addictions (p. 59)

### **Running in 2012:**

- 44 Effectiveness study Safe, Strong & Onwards (p. 59)

### **Finished in 2012:**

- 45 Victimization among patients with severe mental illness: a nationwide multi-site study (p. 60)



## 4. Project descriptions

### Domain Addictive substances

#### Alcohol

##### 1 Improving reach of community-based addiction prevention among vulnerable youth

###### Aim and research questions

Substance abuse among vulnerable youth may result in (serious) health problems, school dropout, homelessness, nuisance and domestic violence. Therefore, it is important to detect youth that abuse substances in order to use early preventive activities to prevent or reduce substance abuse. In recent years, reaching out to vulnerable youth in addiction prevention was emphasized by the municipalities. Vulnerable youth are defined as youth, aged 12-23 years with (an increased risk of) substance abuse problems. Main goal of this project is to improve the reach of community-based addiction prevention aimed at vulnerable youth in three different regions of the Netherlands.

###### Methods

First, a literature study and document analysis will be performed on the factors that influence the reach of vulnerable youth. Second, the Rapid Assessment and Response (RAR) method is used to investigate which youth in each region should be reached by community-based addiction prevention and which tailored interventions are needed in each region. The RAR will be conducted by three RAR teams of three addiction treatment centers: Bouman GGZ, Mondriaan and Tactus. In each region, the results of the RAR will be discussed in a focus group with stakeholders and youth to determine which interventions are needed to address substance abuse among vulnerable youth in that specific region. In each region, a process evaluation of the RAR will be performed in order to determine the strengths and weaknesses of the RAR for future use. Finally, the intervention(s) will be implemented and evaluated. Prevention workers will track each contact with a youngster, including the help they offered and the professionals they contacted. These data will provide information on the reach of these intervention(s) and will be used to evaluate the results of these intervention(s). One of the products of this projects will be a manual for using the RAR method in community-based addiction prevention.

###### Results

Data collection is in progress, first results will be available towards end 2013. In 2015 the final report will be available.

###### Output

-

###### Researchers

EG Wits MSc (project leader), AB Hammink MSc (researcher), C Barendregt MSc (researcher)

**In collaboration with:** Bouman GGZ, Tactus Verslavingszorg and Mondriaan Zorggroep

**Term:** September 2012 – January 2015

**Financing:** Netherlands Organisation for Health Research and Development (*ZonMW*)

## **2      Addition probation services for youngsters with alcohol and drug problems Development of a national program for assessment, monitoring and behavioral interventions**

### **Aim and research questions**

The Foundation of Addiction Probation Services (SVG), in which the 11 addiction treatment centers with a probation accreditation are united, wants to improve its expertise and working methods for young adults (YA) and adolescents aged 16 up to 23 years. Therefore, in 2012 IVO has inventoried the current expertise and working methods aimed at YA of the addiction probation services. In addition, we investigated in which direction the addiction probation services should develop to provide appropriate care to this group in the future, given the problems of the target group and the wishes of cooperating organizations. The inventory of the expertise and working methods of SVG is part of a larger project named "Middelpunt" (in English: Centerpoint), conducted by the SVG.

### **Methods**

Data were gathered by means of semi-structured interviews with 1 to 2 representatives from each SVG member institution. These interviews focused on the existing expertise and methods directed at YA, the need for systemic interventions and the required skills and knowledge of the probation worker that works with YA. In addition, 10 representatives of cooperating organizations were interviewed. The results of the inventory were discussed with managers of addiction probation services in a focus group interview.

### **Results**

It was found that there are few effective interventions and methods available for YA with criminal behavior and substance misuse within the setting of Addiction Probation Services. Promising interventions and methods are, for example, Wraparound care and Stay-a-way. Cooperating organizations like the police, Public Prosecution Service and the Council for Child Protection have a particular need for more knowledge about substances, and identifying substance misuse or addiction. SVG could offer education programs for youth professionals. In addition, existing interventions and methods for adults should be adapted in order to provide appropriate care to young offenders.

### **Output**

Wits E, V Choenni, L van Duin (2012) Verslavingsreclassering voor jongeren met middelenproblematiek. Ontwikkeling van een landelijk, eenduidig aanbod van advies, toezicht en gedragsinterventies. Rotterdam: IVO

### **Researchers**

VMS Choenni MSc (researcher), LV van Duin MSc (researcher), EG Wits MSc (project leader)

**Term:** April 2012 - October 2012

**Financing:** Foundation of Addiction Probation Services (*Stichting Verslavingsreclassering GGZ*)

## **3      Plan of attack 'Alcohol and Drug' at intermediate vocational education: evaluation of effect and of process**

### **Aim and research questions**

Youth at intermediate vocational education (in Dutch: MBO or ROCs) show excessive alcohol and drug use, which can have various detrimental consequences ranging from truancy to brain damage and increased risk of addiction later in life. For this vulnerable group of youngsters a targeted, multi-component plan of attack was developed in Rotterdam (the Netherlands) to tackle alcohol and drug use. The plan of attack involves education for students, parents and teachers (a.o. e-learning, websites and training), a safety policy and professional care at school locations.

This study aims to examine:

- 1      the effectiveness of the plan of attack in reducing students' alcohol and drug use, alcohol/drug-related problems (a.o. delinquency, depression), and general and mental health;
- 2      barriers and facilitators for implementing the plan of attack.

**Methods**

To examine the effectiveness of the plan of attack, alcohol and drug use and related problems among 7,000 students attending 8 locations of two Rotterdam ROCs will be compared to a matched control group of 7,000 students of 8 other locations of the same ROCs, at baseline and approx. 9 months after implementation of the plan of attack.

To examine barriers and facilitators for implementing the plan of attack, focus group interviews will be held with 10 students, 10 teachers and 10 parents, shortly after implementation and approx. 8 months after implementation of the plan of attack.

**Results**

Expected in 2014

**Output**

Expected in 2014

**Researchers**

G Rodenburg MSc (researcher), TM Schoenmakers PhD (project leader)

**Term:** October 2012 – December 2014

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

**4 The secret of Goeree.  
Reaching parents in the context of alcohol and drug prevention among children aged 10-12 years on Goeree Overflakkee**

**Aim and research questions**

The study aims to gain insight in the appropriate way to approach and reach parents of children aged 10-12 years during meetings on alcohol and drug prevention on Goeree Overflakkee.

Five research questions were formulated:

1. What beliefs do parents of children aged 10-12 years have about alcohol and drug use?
2. What are the barriers of parents of children aged 10-12 years to communicate about alcohol and drug use with their children?
3. Which recommendations can be made to parents of children aged 10-12 years to communicate about alcohol and drug use at home?
4. What are the barriers of parents of children aged 10-12 years to communicate about alcohol and drug use during meetings on alcohol and drug prevention?
5. Which recommendations can be made to prevention workers to approach and reach parents of children aged 10-12 years appropriately during meetings on alcohol and drug prevention?

**Methods**

To answer the research questions, a literature search was performed. In addition, four interviews (by telephone) were held with national experts in the field of alcohol and drug prevention, four interviews (by telephone) with local prevention workers on Goeree Overflakkee and four interviews (by telephone) with parents of children aged 10-12 years, living on Goeree Overflakkee.

**Results**

Expected in March 2013

**Output**

Expected in March 2013

**Researchers**

G Rodenburg MSc (researcher), CTM Schrijvers PhD (project leader)

**Term:** October 2012 – March 2013

**Financing:** CEPHIR, Academic workplace of GGD Rotterdam-Rijnmond and Erasmus MC, Department of Public Health

## **5 Substance use among pupils taking part in special secondary education**

### **Aim and research questions**

Youngsters who are taking part in special secondary education are at risk for (harmful) use of alcohol and drugs. Substance use at an early age has negative consequences for the mental health and the brain development of youngsters. Furthermore, excessive use of alcohol and drugs at an early age is often part of a range of problems, which may lead to dropping out of school.

The municipality of Rotterdam has launched the program 'Drugs and alcohol 2011-2014' in order to reduce the use of alcohol and drugs among young inhabitants of Rotterdam, including pupils of special secondary education, by at least 10%. We examined what is needed to develop and implement effective policy on alcohol and drugs at the 'Schreuder College', which is a school for special secondary education in Rotterdam. We explored the current and the optimal approach of the prevention of substance use by pupils of special secondary education.

### **Methods**

After a literature study, we conducted interviews with 17 key figures involved in the prevention of substance use by pupils of the 'Schreuder College': 10 persons were working at the school and 7 persons were working in collaborating organizations (e.g. social work, mental healthcare, police). Eight experts in the field of substance use by youngsters and/or special education participated in an expert meeting to discuss the provisional results of the study. The results of this meeting were integrated into the final report.

### **Results**

Our study shows that the 'Schreuder College', in cooperation with other organizations, already undertakes a lot to prevent substance use among their pupils. We identified several points for improvement, which resulted in a number of recommendations.

- Teachers have a crucial role when it comes to signaling substance use by pupils. We therefore recommend to train teachers, on a structural basis, for this signaling task.
- When it comes to rules concerning substance use among pupils and enforcement of these rules, there is a lack of uniformity across the various locations of the school. We therefore recommend to write down all the rules and procedures about substance use in a uniform protocol for all the locations. Secondly, it is important to implement such rules and procedures in all sections of the school.
- Education of parents about substance use does take place at the school, but not on a structured basis. Parents should be invited to visit a special evening about the subject at school and extra effort should be put into reaching parents in order to optimize their attendance at such occasions.
- Education about alcohol and drugs for pupils needs to be part of the curriculum. Special attention is needed for pupils who attend the lowest level of education, because they have an even higher risk to develop problems with substance use than the other pupils.
- The school and collaborating organizations should make better joint arrangements about how to act in case of (suspected) substance use of a pupil. This should lead to early intervention and good coordination of the care for these pupils.

### **Output**

Veldhuis L, C Schrijvers (2012) Naar een integrale aanpak van genotmiddelengebruik door cluster 4 leerlingen van het Voortgezet Speciaal Onderwijs. Een kortdurend onderzoek in het kader van Klein maar Fijn. Rotterdam: IVO

### **Researchers**

L Veldhuis MSc (researcher), CTM Schrijvers PhD (project leader)

**In collaboration with:** Municipal Health Service Rotterdam area

**Term:** April 2012 – August 2012

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

## **6 Process evaluation of implementation of the protocol 'Observation, screening and short-term intervention of risky alcohol consumption of youth'**

### **Aim and research questions**

In the district South-Holland-South an alcohol-prevention program started in March 2009: 'Verzuip jij je toekomst?!' The program consists of the pillars Policy & Regulations, Enforcement, and Prevention & Education. Within the pillar Prevention & Education, strengthening of early observations and short-term intervention among high-risk groups is an important element. In April 2010 the protocol 'Observation, screening and short-term intervention of risky alcohol consumption of youth' (Risselada & Schoenmakers, 2010) became available. The Municipal health service Zuid-Holland-Zuid started a pilot in 2011 to test implementation of this protocol in the practice setting of police officers and youth workers.

The present study comprises the process evaluation of this pilot. The aim of the process evaluation is twofold. First, we aim to detect factors that reduce and induce a successful implementation of the protocol in the activities of the community police officers and youth workers. With this information we will make recommendations for the methods of implementation and the protocol itself, during the pilot study. Second, in a systematic way we will collect information on the process of implementation, with the aim to introduce the protocol in other municipalities in the Netherlands.

### **Methods**

The factors that reduce or induce successful implementation of the protocol are categorized into: i) the socio-political context, ii) the organizations involved, iii) the users of the protocol, iv) the protocol itself, and v) and the methods used to implement the protocol. Data for the process evaluation are collected on several levels and at several points in time. In 2011, information on the situation before implementing the protocol was collected (baseline measurement). In early 2012, a provisional measurement was performed: the municipal councillor of the three municipalities involved in the pilot were interviewed. The police officers and youth workers who were trained (end 2011) to use the protocol in their work were also interviewed. End 2012 the interviews with the policy officers, police officers and youth workers were repeated as a final measurement. Further, the central meeting minutes and the logbook of the project leader of the pilot program were analysed.

### **Results**

Expected in spring 2013

### **Output**

Expected in spring 2013

### **Researchers**

L Veldhuis MSc (researcher), G Rodenburg (researcher), TM Schoenmakers PhD (project leader)

**In collaboration with:** Municipal Health Service Zuid-Holland-Zuid

**Term:** October 2011 – March 2013

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

## **7 Implicit cognitions and relapse in alcohol addiction: process and moderators**

### **Aim and research questions**

The goal of this research is to study the role of implicit cognition in relapse in alcohol addiction. Implicit cognitive processes are relatively automatic ways in which people process information. One of these processes is attentional bias. This excessive selective attention for alcohol-related cues reflects high sensitivity for these cues and is related to relapse. The exact process of how implicit cognitions evoke drinking is, however, still unclear. This project will study this process and potential moderators of the process. One probable moderator is working memory capacity (WMC): implicit cognition predicts behaviour better when WMC is low. WMC is low during stress, one of the main predictors of relapse. Therefore, we hypothesize that stress, and possibly negative affect in general, is a moderator as well. Impulsivity, also a predictor of relapse, is linked to WMC and therefore expected to be another moderator.

The global hypothesis is that abstinent alcoholic patients have a greater chance to relapse when they are cognitively vulnerable: high on impulsivity and trait anxiety, low in WMC, and highly sensitive to alcohol-related cues.

### **Methods**

The research project consists of four studies. In Study 1, potential moderators of the relationship between implicit cognition and relapse are identified as well as proximal causes of relapse that are potentially related to implicit processes, by extensively studying and examining the current literature on this topic. In Study 2, alcohol-dependent patients who are currently in treatment are interviewed about their mood and triggers of relapse shortly before a relapse and strong craving episodes. In Study 3, vulnerability factors of relapse, among which WMC and implicit cognitions, are measured at the beginning and the end of treatment. After treatment, patients will be followed by Ecological Momentary Assessments (EMA). This relatively new method studies processes in near real-life. Participants are asked to carry around a pocket PC and answer questions and perform small tasks for a certain number of times per day. The participants will carry the pocket PC for a month and will be contacted 2 months and 3 months after ending of treatment to assess their relapse status. In Study 4, all data from the previous studies will be combined to develop a screening instrument that can assess the risk of relapse for an individual patient so that aftercare can be adjusted to the patients' needs.

### **Results**

Study 1 and Study 2 are in progress. First output is expected mid-2013.

### **Output**

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### **Researchers**

M Snelleman MSc (PhD student), Prof H van de Mheen PhD (promotor), TM Schoenmakers PhD (copromotor)

**Term:** March 2011 – March 2015

**Financing:** IVO, Erasmus Medical Centre Rotterdam

## **8 Effectiveness of the treatment of the addiction care clinic SolutionS**

### **Aim and research questions**

The treatment method of the addiction care clinic SolutionS Centre in Voorthuizen (a combination of the Twelve-Step Minnesota Model and cognitive behavioral therapy) has several specific features, including the possibility of immediate admittance, the assignment of a personal counselor, and an extended after care program. This study aims at evaluating the effectiveness of the treatment for alcohol addiction.

### **Methods**

The program's effectiveness is determined by measuring abstinence versus alcohol use (relapse) among clients of SolutionS Center Voorthuizen at three and 12 months after finishing the clinical part of the treatment. The prospective study includes all clients with an alcohol problem entering therapy during a period of two years. Apart from measuring alcohol use, we also study factors that might influence treatment success. Such factors include spiritual wellbeing of patients, since this is one of the central factors in the SolutionS treatment program. Additionally, alcohol and drug use within the patient's social network are studied as an important predictor of recovery and abstinence. Major outcome variable is the success rate, defined as the proportion of clients who reached and maintained abstinence at the final measurement 12 months after discharge from treatment. This rate is compared with success rates from other Dutch clinics.

### **Results**

The first patients were included in January 2010, inclusion stopped in March 2012. Final results will be available in 2013.

**Output**

Meerkerk GJ, TM Schoenmakers (2011) Cliënttevredenheid verslavingskliniek Solutions Voorthuizen, een tussenrapportage. Rotterdam: IVO

Meerkerk GJ, TM Schoenmakers (2012) Cliënttevredenheid verslavingskliniek SolutionS Center in Voorthuizen 2012. Rotterdam

**Researchers**

GJ Meerkerk PhD (researcher), TM Schoenmakers PhD (project leader)

**Term:** May 2009 – September 2013

**Financing:** SolutionS Centre Voorthuizen

## **9 Process evaluation of a behavioral intervention called ‘Alcohol and Violence’**

**Aim and research questions**

‘Alcohol and Violence’ is a new behavioral intervention for persons convicted of an alcohol-induced physical assault, with a high risk of criminal recidivism and who can be categorized as ‘binge drinker’. Aim of the intervention is to prevent recidivism of physical assault by gaining control over aggressive behavior and gaining control over own alcohol use in situations that may lead to aggressive behavior. IVO Addiction Research Institute performed a process evaluation of this intervention. Aim of this evaluation was to investigate whether the intervention was properly conducted, if any problems arise during performance of the intervention, and which solutions for these problems could be determined.

**Methods**

Participants, trainers and other stakeholders were interviewed to investigate: 1) the performance of the intervention, 2) how the intervention is evaluated by the people involved, 3) whether the intervention is performed as described in the manuals, and 4) whether all the preconditions needed to perform the intervention were present. Results of these interviews were analyzed and discussed with the persons involved during a focus group discussion.

**Results**

Overall, the behavioral intervention was performed as described in the manuals. Participants were motivated during the intervention and were enthusiastic about the trainers. Several issues that hindered the performance of the intervention as described in the manual were: the (too) small groups, lack of consequent application of the inclusion and exclusion criteria, and the large amount of exercises and activities that should be addressed during one session. Not dealing with the absence of participants in a consequent manner was another issue that hindered the performance of the intervention as described in the manual. The final issue was related to the training of the trainers. Certain elements of the behavioral intervention (such as ‘Screening Information Alcohol’) were insufficiently addressed during this training.

In further implementation of the behavioral intervention ‘Alcohol and Violence’ these issues need to be addressed in order to maintain the integrity of the behavioral intervention.

**Output**

Hammink A, E Wits (2012) Procesevaluatie van de gedragsinterventie Alcohol en Geweld. Rotterdam: IVO.

**Researchers**

AB Hammink MSc (researcher), EG Wits MSc (project leader)

**Term:** August 2011 - July 2012

**Financing:** Foundation of Addiction Probation Services (*Stichting Verslavingsreclassering GGZ*)

### **Aim and research questions**

Alcohol measures restricting the availability of alcohol and reducing exposure to alcohol-related cues are seen as the strongest evidence-based interventions to reduce excessive drinking and drinking-related harm. However, analysis of per capita consumption in European countries since 1960 shows a very strong increase in those countries most active in implementing alcohol policy measures (e.g. Scandinavian countries), while countries with no or only minimum alcohol policy measures (e.g. most Mediterranean countries) show a steady decrease in per capita consumption. Our basic assumption is that, besides measures aimed at decreasing consumption (e.g. alcohol control measures), many more developments influencing alcohol consumption in European countries have taken place.

This project aims to identify such developments (e.g. urbanization, emancipation, secularization) and to estimate for groups of countries whether these developments had a stronger impact on changes in per capita consumption than changes in alcohol control measures.

### **Methods**

Ten countries from north, west, south and east Europe participate. All countries gather data on developments in per capita consumption (total and separately for beer, wine and strong drinks) since 1960, as well as developments in the implementation of alcohol control measures and developments in economic (e.g. prices, average income, Gini coefficient), social (e.g. changes in level of education, participation of women in workforce, urbanization) and cultural (e.g. secularization, rates of divorce) parameters. Statistical analysis is done both per country and over groups of countries to identify which factors best model the developments in per capita consumption.

### **Results**

Expected end 2013

### **Output:**

Contextual Determinants of Alcohol Consumption Changes and Preventive Alcohol Policies: A 12-Country European Study in Progress. Substance Use and Misuse 2011, 46, 1288-1303

Graham K, S Bernards, RA Knibbe, S Kairouz, S Kuntsche, SC Wilsdnack, TK Greenfield, P Diteze, I Obot, G Gmel (2011) Alcohol negative consequences among drinkers around the world. Addiction, 106, 1391-1405

### **Researchers**

prof RA Knibbe PhD (researcher), A Allemanni (supervisor, Florence, Italy), M Derickx MSc (research assistant)

**In collaboration with:** Agenzia Regionale di Sanità della Toscana (ARS, Italy), University of the West of England (UWE, United Kingdom), Anderson Consultant in Public Health (PANCPH, Spain), Anton Proksch Institut (API, Austria), Azienda Sanitaria Locale della Città di Milano (ASL, Italy), Budapesti Corvinus Egyetem (BCE, Hungary), Central Institute of Mental Health (CIMH, Germany), Centre for Applied Psychology (ZEUS, Germany), Chemisches und Veterinäruntersuchungsamt Karlsruhe (CVUAKA, Germany), Dutch Institute for Alcohol Policy (STAP, Netherlands), Eclectica snc di Amici Silvia Ines (ECLECTICA, Italy), European Centre for Social Welfare Policy and Research (ECV, Austria), Generalitat de Catalunya (GENCAT, Spain), Institut za raziskave in razvoj (UTRIP, Slovenia), King's College London (KCL, United Kingdom), Institute of Psychiatry and Neurology (IPiN, Poland), Istituto Superiore di Sanità (ISS, Italy), Asociación Instituto y Red Europea para el Estudio de Factores de Riesgo en la Infancia y Adolescencia (IREFREA, Spain), Liverpool John Moores University (LJMU, United Kingdom), National Institute for Health and Welfare (THL, Finland), Nordiskt välfärdscenter (NVC, Finland), Norwegian Institute for Alcohol and Drug Research (SIRUS, Norway), State Agency for Prevention of Alcohol-Related Problems (PARPA, Poland), Stockholms Universitet (SU, Sweden), Swiss Institute for the Prevention of Alcohol and Drug Problems (SIPA, Switzerland),



Technische Universität Dresden (TUD, Germany), Trimbos Institute (TRIMBOS, Netherlands), University of Bergen (UiB, Norway), University of Maastricht (UniMaas, Netherlands), University of York (UoY, United Kingdom), Universiteit Twente (UT, Netherlands)

**Term:** June 2010 - October 2012  
**Financing:** European Union

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

### **Aim and research question**

The intervention that is evaluated aims to decrease the alcohol consumption of 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 is carried out by the national organization responsible for inspecting the compliance with these laws: the Food and Consumers Product Safety Authority (FCPSA). This organization issues warnings and a seller is fined if compliance is insufficient. There is a two-year period in which relevant sellers in a region were visited about 8 times by inspectors of the FCPSA. In a control region there is 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 is supported by the Dutch Institute for Alcohol Policy (STAP). In this context media advocacy aimed at the local media is used, a training course is given to increase expertise of relevant civil servants and professionals, and a support group is instituted of parents who develop initiatives both at home and in the public sphere.

The increased enforcement and the concrete additional measures in the context of the community intervention was carried out 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 are recruited from three regions: one with no intervention, one with (only) intensified control of sellers (formal control), and one region with both intensified control and a community intervention (combining formal and informal control). At baseline the adolescents are aged 13-15 years. They are interviewed before the start of the intervention, and at 1 and 2 years after the intervention(s) have started.

Parents and sellers of alcohol were interviewed before the intervention and again 2 years later.

### **Results**

In November 2011 the third and last measurement of the adolescents took place. At the same time the second and last measurement among parents of these adolescents and retailers took place.

The results of the last measurements were used to evaluate the effect of intensified enforcement (one of the 3 communities) and intensified enforcement + community intervention (another of the 3 communities).

On the basis of the first and second measurement among the adolescents, two articles have been published. One concerns the predictive power of motives for drinking; this shows for the first time that motives do (longitudinally) predict adolescent drinking, even when controlling for previous consumption, previous motives and other relevant variables.

A remarkable outcome is that social motives for drinking (rather than enhancement or coping motives) most strongly predict increases in alcohol consumption of Dutch adolescents.

This indicates that environmental social influences are most important for understanding the increase in adolescent alcohol consumption. The article was published in 2011 in *Addiction*. Another paper based on this article will be published in 2013 in *Tijdschrift voor Verslaving* (in Dutch).

Another article concerns the combined effect of pubertal and psychosocial timing and alcohol-specific rules of parents on adolescent alcohol consumption. It appears that alcohol-specific rules of parents are mostly adjusted to pubertal and psychosocial timing rather than that parental rules modify the effect of pubertal and psychosocial timing on drinking. The article was published in 2011 in the *Journal of Youth and Adolescence*.

A third study investigated whether the effect of early pubertal timing on alcohol initiation is mediated by reductions in parental alcohol-specific rule setting and/or increases in proportions of drinkers in the peer group. This hypothesis was indeed confirmed. The manuscript describing the results of this study was published in *Developmental Psychology* in 2012.

Furthermore, the effect evaluations were conducted in 2011, resulting in 4 manuscripts of which one is published and three are under review. Results of the intervention where only formal control was intensified (fourth study, published in 2012 in the *Journal of Adolescent Health*) indicated that intensifying formal control increased the risk to start drinking weekly for adolescents, but significantly reduced the risk among weekly drinking adolescents to progress into drunkenness. The reduced risk in weekly drinking adolescents to progress into drunkenness could not be explained either by changes in the frequency of adolescents' alcohol purchases or the perceived ease for purchasing alcohol.

Combining both formal and informal control (fifth study) showed to be effective in reducing the risk among weekly drinking adolescents to progress into drunkenness. No intervention effect was found on weekly drinking status. Furthermore, the intervention effects were evaluated on intermediate intervention goals. Only a few of the tested effects on intermediate intervention goals showed a positive effect.

In the sixth study the results of the combined approach (formal and informal control) on parents of adolescents and retailers were investigated. Parents in the intervention community combining formal and informal control versus the comparison community became more restrictive in their attitudes towards underage alcohol use at home. Retailers in the combined formal and informal control intervention community compared with the control showed: 1) a greater increase in their perceived likelihood of sanctions, 2) rated alcohol-law enforcement as more effective to reduce adolescent drinking, and 3) more often checked age identification of adolescents before supplying alcohol to them.

The last study was a qualitative analysis of interviews with stakeholders in the community intervention combining formal and informal control. Results of this study showed that 1) external professionals were very important in developing and implementing a community intervention, 2) coordination of all stakeholders' contributions into an action plan requires a clear intervention focus complemented by high-level political support and leadership at the local level, 3) to increase the task ownership of stakeholders involved in a community intervention it is important that all stakeholders are included in the process of writing an action plan and that they agree upon their responsibilities before the action plan is finalized, 4) to increase the level of implementation of a community intervention, formative process evaluation protocols should be incorporated in the intervention, and 5) a community intervention targeting adolescent alcohol use should focus on both increasing formal control and informal control (e.g., through parents and schools).

## **Output**

Schelleman-Offermans K, RA Knibbe, M Derickx (2009) Drankgebruik en wat ouders ervan vinden: jongeren van 13-15 jaar in Arnhem. Rapport Universiteit Maastricht

Schelleman-Offermans K, RA Knibbe, M Derickx (2009) Drankgebruik en wat ouders ervan vinden: jongeren van 13-15 jaar in Amersfoort. Rapport Universiteit Maastricht

Schelleman-Offermans K, RA Knibbe, M Derickx (2009) Drankgebruik en wat ouders ervan vinden: jongeren van 13-15 jaar in Emmen. Rapport Universiteit Maastricht

Schelleman-Offermans K, RA Knibbe (2009) Aanpak drankgebruik van jongeren: meningen van ouders, verstrekkers en professionals uit gemeenten en gezondheidszorg; een onderzoek in drie Nederlandse gemeenten. Maastricht: Maastricht University

Schelleman-Offermans K, RA Knibbe, M Derickx (2010) Ontwikkelingen in drankgebruik, drinksituaties en verkrijgbaarheid van drank bij jongeren in Emmen: Resultaten van de tweede meting. Maastricht: Maastricht University

Schelleman-Offermans K, RA Knibbe, M Derickx (2010) Ontwikkelingen in drankgebruik, drinksituaties en verkrijgbaarheid van drank bij jongeren in Amersfoort: Resultaten van de tweede meting. Maastricht: Maastricht University

Schelleman-Offermans K, RA Knibbe, M Derickx (2010) Ontwikkelingen in drankgebruik, drinksituaties en verkrijgbaarheid van drank bij jongeren in Arnhem: Resultaten van de tweede meting. Maastricht: Maastricht University

Schelleman-Offermans K, RA Knibbe, M Derickx (2011) Ontwikkelingen in drankgebruik, drinksituaties en verkrijgbaarheid van drank bij jongeren in Amersfoort: Resultaten van de derde meting. Maastricht: Maastricht University

Schelleman-Offermans K, RA Knibbe, M Derickx (2011) Ontwikkelingen in drankgebruik, drinksituaties en verkrijgbaarheid van drank bij jongeren in Emmen: Resultaten van de derde meting. Maastricht: Maastricht University

Schelleman-Offermans K, RA Knibbe, M Derickx (2011) Ontwikkelingen in drankgebruik, drinksituaties en verkrijgbaarheid van drank bij jongeren in Arnhem: Resultaten van de derde meting. Maastricht: Maastricht University

Schelleman-Offermans K, E Kuntsche, RA Knibbe (2011) Associations between drinking motives and changes in adolescents' alcohol consumption: A full cross-lagged panel study. *Addiction*, 106, 1270-1278

Schelleman-Offermans K, RA Knibbe, RC Engels, WJ Burk (2011) The Effect of Pubertal and Psychosocial Timing on Adolescents' Alcohol Use: What Role Does Alcohol-Specific Parenting Play? *Journal of Youth and Adolescence*, 40, 10, 1302-1314

Schelleman-Offermans, K, RA Knibbe, E Kuntsche (2012) Are the effects of early pubertal timing on alcohol initiation mediated by peers and/or parents? A longitudinal study. *Developmental Psychology*, doi: 10.1037/a0029880

Schelleman-Offermans, K, RA Knibbe, E Kuntsche, S Casswell (2012) Effects of a natural community intervention intensifying alcohol-law enforcement combined with a restrictive alcohol policy on adolescent alcohol use. *Journal of Adolescent Health*, 51, 6, 580-587

Schelleman-Offermans K, RA Knibbe, E Kuntsche (2013) Het motivationele model van alcoholgebruik: Voorspellen drinkmotieven veranderingen in het drinkgedrag van Nederlandse jongeren? *Tijdschrift voor Verslaving*, 9,1, 17-31

Schelleman-Offermans K (2012) Growing up getting drunk: Development and prevention of adolescent alcohol use. Maastricht: Maastricht University Press

Under review:

Schelleman-Offermans K, RA Knibbe, E Kuntsche (under review) Preventing adolescent alcohol use: Effects of a two-year quasi community intervention intensifying formal and informal control

Schelleman-Offermans K, RA Knibbe, D van de Mheen (under review) Effects of a community intervention restricting retail and social alcohol availability for adolescents on retailers and parents: A quasi-experimental study

Schelleman-Offermans K, RA Knibbe, M Derickx, D van de Mheen (under review) D. A process evaluation of a community intervention to reduce youth drinking

**Researchers**

K Schelleman-Offermans PhD, M Derickx (research assistant), Prof RA Knibbe PhD (promotor), Prof H van de Mheen PhD (promotor), Prof RCME Engels PhD (promotor)

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

**Term:** January 2008 – June 2012

**Financing:** Netherlands Organization for Health Research and Development (*ZonMW*)

## **Domain Addictive substances**

### **Illicit Drugs**

#### **12 Evaluation of the method and results of the LSOVD support groups**

##### **Aim and research questions**

The National Foundation Parents and Relatives of Drug addicts (LSOVD) has served as a volunteer organization for over 30 years in the Netherlands for the interests of parents and other family members of drug users. Currently at 18 sites in the Netherlands LSOVD support groups are organized in which relatives of addicts meet each other. An extensive description of the LSOVD activities and its value for parents and family members of addicts was not available. Therefore, IVO has evaluated and described the method and results of the LSOVD support groups of parents and other family members of drug users. The study examined how the LSOVD group work is organized and what the benefits of the support groups are for the participants in the groups and the drug addicted children.

##### **Methods**

The data collection consisted of two parts. First, semi-structured interviews were conducted with eight parents, three addicted children and four group leaders of the LSOVD. Respondents were recruited in three different support groups. Secondly, quantitative data were collected about the experiences with the LSOVD support groups. A survey was conducted among 151 (ex-) participants of the support groups. The response to this survey was 22%. The data of the interviews and the survey were analyzed using qualitative and quantitative methods.

##### **Results**

The support groups of the LSOVD seem to have added value for the (former) members of these groups for several reasons. First, peer support is important, because understanding among peers is found for the problems arising from the addiction of their relative. Additionally, members of the support groups learn to set limits for their addicted relative, which helps to reduce personal stress. In addition, parents learn not to feel responsible for the problems of their child. This change in attitude seems to improve the effects of treatment activities as well. A positive effect on the addict family member seems to result from the improvement of the relationship with their parents or siblings.

##### **Output**

Duin van L, E Wits (2012) Evaluatie van de werkwijze en resultaten van het LSOVD-groepswerk. Rotterdam: IVO

##### **Researchers**

LV van Duin MSc (researcher), EG Wits MSc (project leader)

**Term:** April 2012 – September 2012

**Financing:** Relief Fund for Relatives of Drug Addicts (SSVD) (*Stichting Steunfonds Verwanten Druggebruikers*)

#### **13 Substance use among adolescents and adults with mild intellectual disability in Rotterdam**

##### **Aim and research questions**

Little is known about the nature and extent of substance abuse among people with mild intellectual disability (MID) in the Netherlands. Although the prevalence of alcohol and drug use in this group is not higher than in the general population, the consequences of substance abuse are more harmful for people with a MID than for people from the general population. Furthermore, substance abuse among people with MID is more likely to lead to addiction than substance abuse among the general population.

Aim of this study was to estimate the nature and extent of substance abuse among adolescents and adults with MID in Rotterdam. In addition, we determined whether current healthcare facilities meet the needs of people with MID and substance abuse. Finally, we will evaluate an intervention to prevent substance abuse among people with MID.

### **Methods**

This study consisted of two phases. During the first phase, aimed at estimating the nature and prevalence of substance abuse among people with MID, we started with a literature study. Subsequently, one or two professionals and two people with MID were interviewed per setting where people with MID reside (healthcare institutions for mentally disabled people, social care and addiction treatment centers). Results of these interviews and results from an expert meeting with relevant institutions in Rotterdam, were used to determine which intervention should be implemented and evaluated in the second phase of this study.

During the second phase, participants, practitioners, managers and specialists are interviewed to evaluate the implementation of the intervention. Results of this evaluation will be discussed with professionals of relevant organizations. Where possible, this study will be adjusted to ongoing projects in this area, particularly to the 'Improvement project MID and substance abuse' of the Trimbos-institute.

### **Results**

The first phase of this study has been completed. Results of this phase show that it is difficult to estimate the prevalence of substance abuse among people with MID. Prevalence estimates range from 75% in addiction treatment and social care to 20% in healthcare organizations for mentally disabled people. Adolescents with MID predominately use cannabis and less frequently alcohol, whereas adults with MID mainly use alcohol. Adults with MID also use cannabis and some of them use illicit drugs, such as cocaine. Substance abuse negatively influences work, school, social relationships and behavior of people with an MID. In Rotterdam, there are several initiatives to improve the care for people with a MID and substance abuse. Specific needs regarding care for people with MID and substance abuse are: 1) a need for written policy on substance abuse and MID, 2) specific residential facilities for people with MID and substance abuse, and 3) improving expertise among professionals on MID (for those working in addiction treatment and social care) or substance abuse (for those working in healthcare institutions for mentally disabled people).

### **Output**

Hammink A, C Schrijvers (2012) Middelengebruik en gokken onder jongeren en volwassenen met een licht verstandelijke beperking in de regio Rotterdam. Aard, omvang, zorgbehoeften en huidig zorgaanbod. Rotterdam: IVO

Straaten van B (2013) Middelengebruik door mensen met een licht verstandelijke beperking: hoe gaan we er mee om? Tijdschrift voor Gezondheidswetenschappen, 1, 28-29

### **Researchers**

CTM Schrijvers PhD (project leader), AB Hammink MSc (researcher)

**Term:** January 2012 – October 2012 (Phase 1). Data analysis for phase 2 is in progress.  
Mid-2013 the final report will be available

**Financing:** Regionaal Kennisnetwerk de VraagBaak Rijnmond, Stichting Pameijer

## **14 Coherent Policy Expert Group**

### **Aim and research questions**

As a follow-up study to "Reflections on the concept of coherency for a policy on psychoactive substances and beyond" (Muscat & Pike, 2012) the Integrated Policy Expert Group of the Pompidou Group was re-named the Coherent Policy Expert Group. The aim of the expert group was to elaborate on coherent policy markers by producing simple indicators from which the coherency of aspects of substance policy can be read. The expert group consisted of representatives from Czech Republic, Slovakia, Italy, Ireland, Israel, Norway, the Netherlands, Portugal and Switzerland and is presided over by the representative from Malta.

## **Methods**

The basic analysis that the participants made of their own country's policy of psychoactive substances is based on six indicators that resulted from the previous study: conceptualisation of the problem; policy context; legislative framework; structures and resources; strategic framework; responses. Three participating countries drafted a model with easy to read indicators. These interim results were discussed in the Expert Group and the basis for finalisation of the project in 2013.

## **Results**

For the Netherlands, the coherence of policies on tobacco, alcohol and other drugs was analysed, using the six indicators mentioned above. Our contribution did not result in a simple indicator model with easy to read coherency markers. The policies on illegal drugs, tobacco and alcohol seem too fragmented and tailored to various situations and stakes, to allow them to be summarised in simple markers. Substance policy in the Netherlands is basically driven by health concerns, but also compromised by economic and public order considerations. However, it is too simple to qualify policy compromises as incoherent with health objectives, it would do no justice to other righteous societal interests. The results indicated are interim results and due to changes when the project finalises in 2013.

As of January 1 2013 the Netherlands has withdrawn its participation in the Pompidou Group. Therefore the Pompidou Group is no longer able to fund our contribution to the Expert Group. IVO will do what is necessary to terminate the project in good order.

## **Output**

Barendregt C, H van de Mheen (2012) Some contextual aspects of Dutch policy on psychoactive substances. In: Muscat R & Pike B (eds.) Reflections on the concept of coherency for a policy on psychoactive substances and beyond. Strasbourg: Council of Europe Publishing

Barendregt C, H van de Mheen (2012) Coherency of substance policies in the Netherlands (draft). Submitted to the Coherent Policy Expert Group, Pompidou Group

## **Researchers**

C Barendregt MSc (researcher), Prof H van de Mheen PhD (project leader)

**Term:** June 2012 – September 2012

**Financing:** Council of Europe, IVO

## **15 Preventing (problematic) GHB use in the Netherlands**

### **Aim and research questions**

In recent years, increasing attention has been paid to GHB (gamma hydroxy butyrate) use in the Netherlands. Prevalence of GHB use seems to be increasing, especially among young persons. Addiction treatment centers also acknowledge an increase in the registration of people that experience problems due to GHB use.

Aim of this study was to identify characteristics of GHB users in the Netherlands, such as demographics, patterns of use, motives for use, experiences with GHB and help-seeking behavior for problems associated with GHB use. Specific subgroups of users within the total group of GHB users were specified, such as users in the party scene, students of special needs education, adolescents in child welfare systems, groups of adolescents living in rural areas, and homeless people. This study focused on GHB users among adolescents living in rural areas, and GHB users that use GHB mainly in a home setting. Finally, targets for prevention of (problematic) GHB use in these subgroups of users were determined.

### **Methods**

This study consisted of two phases. During the first phase of the study (the explorative phase) key figures were interviewed and data of the National Alcohol and Drugs Information System were analyzed to identify characteristics of GHB users in the Netherlands. In the second phase (the in-depth phase) GHB users among groups of adolescents living in rural areas and GHB users that use GHB mainly in a home setting were interviewed in focus-group interviews and face-to-face interviews.

## Results

In the Netherlands, several preventive activities are used in the nightlife to educate (new) GHB users about GHB and its possible negative consequences. Also, nightlife staff is trained in detecting GHB use and in how to respond when someone has an overdose of GHB. Few preventive interventions focus specifically on problematic GHB use among adolescents living in rural areas and GHB users that use GHB mainly in a home setting. These two subgroups, with an increased risk of (problematic) GHB use, require a so-called selective prevention approach, an approach aimed at a group that is at risk of problematic use or is already abusing GHB. The youth outreach worker is an important link between the adolescents in rural areas and professionals working in the healthcare setting. Recreational GHB users that mainly use GHB in a home setting are most likely to be reached through existing preventive activities (via nightlife or the internet). Daily GHB users require a more intensive prevention approach. They can be traced through the social network of GHB users who are already enrolled in addiction treatment, or a smartphone application may be developed to reach this group. Another possibility to reach this group of daily GHB users is through an intensive prevention approach, in which a team of prevention workers reach out to them in their home environment.

## Output

Hamink A, C Schrijvers (2012) Preventie van GHB gebruik in Nederland. Onderzoek naar de kenmerken van GHB gebruikers, in het bijzonder van hangjongeren en thuisgebruikers. Rotterdam: IVO

Ansem van W (2012) Preventie van problematisch GHB gebruik onder hangjongeren en thuisgebruikers. Tijdschrift voor Gezondheidswetenschappen, 90 (6), 347-348

## Researchers

AB Hamink MSc (researcher), CTM Schrijvers PhD (project leader)

**Term:** June 2011 - May 2012

**Financing:** Volksbond Foundation Rotterdam (*Stichting Volksbond Rotterdam*)

## 16 Update of the national guideline methadone maintenance treatment

### 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. In recent years the guideline 'Methadone maintenance treatment' has been implemented on a national basis.

In this project, IVO and Nijmegen Institute for Scientist-Practitioners in Addiction (*NISPA*) updated the guideline.

### Methods

The guideline is updated using the following information:

- Recent Dutch guidelines on opiate addiction including reviews of scientific literature.
- Practice-based information gathered through meetings (2010-2011) of the national learning group of professionals in methadone maintenance programs.
- Input from patients: patients reflected on the draft updated guideline in a focus group discussion.
- Input from experts and professional associations Society for Addiction Medicine Netherlands (*VVGN*) and Dutch Society for Nurses & Carers (*V&VN*).

### Results

In April 2012 the guideline and a summary for patients were published.



**Output**

Loth C, EG Wits, C de Jong, H van de Mheen (2012) RIOB. Richtlijn Opiatonderhoudsbehandeling: herziene versie. Amersfoort: Resultaten Scoren

**Researchers**

EG Wits MSc (researcher), C Loth PhD (researcher, NISPA), Prof H van de Mheen PhD (project leader), Prof C de Jong Psychiatrist (project leader, NISPA)

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

**Term:** November 2006 – September 2012

**Financing:** Ministry of Health, Welfare and Sports (*Ministerie van VWS*)

## **17 Social consequences of alcohol and drug addiction: a state of the art study**

**Aim and research questions**

Adverse physical and psychological consequences of alcohol and drug addiction are well documented. Besides these health consequences, substance misuse might also lead to considerable social and societal damage. The aim of this study was to give an overview of the current knowledge regarding several important social consequences of alcohol and drug addiction.

First, we described the relation between alcohol and drug addiction and the following social consequences: disturbed social relationships, homelessness, domestic violence (including child abuse), truancy, school dropout, and financial debts. Second, groups at risk for each social consequence were identified, the current preventive approach and treatment for each social consequence was described, and costs of these adverse consequences of alcohol and drug addiction were determined. Finally, gaps in the scientific knowledge were identified and recommendations for future research were made.

**Methods**

An extensive literature search was performed. Preliminary results were discussed during an expert meeting with researchers, policymakers, and practitioners in addiction treatment. Final results were presented in a report including recommendations for future research.

**Results**

The (causal) relationship between alcohol and drug addiction and the adverse social consequences (disturbed social relationships, homelessness, domestic violence (including child abuse), truancy, school dropout, and financial debts) remains unclear for most of the social consequences. However, a causal relationship was found between substance use and school drop-out. Furthermore, illicit drug addiction seems to predict homelessness. Overall, we conclude that the risk factors for the adverse social consequences might be the same as the risk factors for alcohol and drug addiction.

We recommend that future research regarding social consequences of alcohol and drug addiction aims at investigating effectiveness of preventive approaches and treatment, and identifying specific target groups for prevention and treatment. Investigating the (causal) relationship between alcohol and drug addiction and the negative social consequences described in this study deserves no priority in future research.

**Output**

Hamink A, M Altenburg, C Schrijvers (2012) Sociale gevolgen van verslaving. Een state of the art studie naar verstoring van sociale relaties, schooluitval, dakloosheid, schulden en huiselijk geweld als gevolg van alcohol- of drugsverslaving. Rotterdam: IVO

**Researchers**

AB Hamink, MSc (researcher), M Altenburg, MSc (researcher), CTM Schrijvers, PhD (project leader)

**Term:** August 2011 – February 2012

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

## Domain Addictive substances

### Smoking

#### 18 Developing and testing strategies to effectively reach and involve resistant hard-core smokers in tobacco control

##### Aim and research questions

This project aims to constructively reach hard-core smokers of low and high socioeconomic status (SES) to (re)evaluate their smoking cognitions and behaviours. The main goal is to design a website on which hard-core smokers will evaluate their smoking behaviour in a non-coercive way. Several studies will be performed to develop this online intervention.

##### Methods

At the start of this project little was known about how hard-core smokers can be attracted to a website on smoking behaviour. Therefore, in Study 1 we held focus group interviews with hard-core smokers and former hard-core smokers. The aim was to gather information about the ambivalence hard-core smokers have towards their own smoking behaviour. This information will be of use in the final part of the project, when a website will be created based on the principles of Motivational Interviewing. We used the knowledge gained from the focus groups in a subsequent online survey (Study 2). In this second study we identified subgroups of hard-core smokers based on the type of outcome expectancies that are relevant to them. These subgroups will be used in the online intervention to tailor information based on the outcome expectancies.

In study 3 we will conduct an experiment to test several conditions for effectively influencing dysfunctional cognitions among our target group. It is expected that exposure to tobacco control information combined with self-efficacy enhancing information will increase the motivation of hard-core smokers to quit smoking. Based on the results of Studies 1-3, a pro-active internet system will be developed and tested in an online randomized controlled experiment (Study 4). This system will contain the most optimal tobacco control manipulations. In addition, it will provide participants with individualized feedback about their perceived costs and benefits of smoking and quitting. Several combinations of these interventions will be tested on their effectiveness in changing smoking behaviour, the motivation to continue smoking, adherence to disengagement beliefs, perceived advantages of smoking, and self-efficacy not to smoke in difficult situations. The internet system can easily be converted to be used in practice. Given the damaging health effects of smoking, the vastness of the target population and the massive recruitment capacity through the internet, this intervention has the potential to have a significant effect on public health.

##### Results

In Study 1 we distinguished a number of themes in the perceived pros and cons of smoking and quitting in hard-core smokers; a paper on this topic has been submitted. Because Study 2 is in progress, no results are yet available.

##### Output

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##### Researchers

J Bommelé MSc (PhD student), Prof H van de Mheen PhD (promotor), TM Schoenmakers PhD (copromotor), M Kleinjan PhD (copromotor)

**In collaboration with:** Radboud University Nijmegen, University of Groningen, Utrecht University, Open University in the Netherlands, Dutch Foundation on Smoking and Health (*STIVORO*)

**Term:** November 2010 – May 2015

**Financing:** Netherlands Organization for Health Research and Development (*ZonMW*)

## 19 Effects of new laws in the Netherlands aimed at reducing tobacco consumption

### Aim and research questions

In 2002 the Dutch government started to formulate and plan implementation of new laws with respect to smoking. One major law stipulates that sellers of tobacco must ensure that they do not sell tobacco to adolescents younger than 16 years. Another concerns the obligation of employers to provide a smoke-free work environment. Finally, in June 2008 a law was implemented forbidding tobacco use in restaurants, pubs, discos, sport canteens, etc.

The main questions of this study are:

- What is the effect of the 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 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 the smoking behavior of smokers?
- What is the effect of the introduction of the smoke-free work environment in combination with two tax increases on tobacco products on the prevalence of smoking among those having paid work and those not having paid work?
- To which extent do employers comply with the 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 law forbidding smoking in restaurants, pubs, sport canteens, etc.

### Methods

Survey questions on the effect of the minimum age for buying tobacco and the effect of the smoke-free working place, in combination with the increase in taxes on tobacco, are examined with time-trend studies investigating the differences before and after introduction of these laws.

To evaluate the law for smoke-free catering business, a cohort of catering businesses are 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 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 this law.

There appeared to be a strong effect of the combination of a workplace smoking ban with tax increases on smoking behaviour of those with paid work. The results indicate that a combination of measures to reduce smoking may have more effect than each of these measures separately. For those with no paid work no effects of the tax increases could be found. For the other research questions data collection and analysis is still in progress.

### Output

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

Verdonk-Kleinjan WMI, RA Knibbe, FES Tan, MC Willemsen, HN de Groot, H de Vries (2009) Does the workplace smoking ban eliminate differences in risk for environmental tobacco smoke exposure at work? *Health Policy*, 92, 197-202

Verdonk-Kleinjan WMI, MJJM Candel, RA Knibbe, MC Willemsen, H de Vries (2011) Effects of a workplace smoking ban in combination with tax increases on smoking in the Dutch population. *Nicotine & Tobacco Research*, 13, 412-418

Verdonk-Kleinjan WMI, PCP Rijswijk, H de Vries, RA Knibbe (2013) Compliance with workplace smoking ban in the Netherlands. *Health Policy* (109), 200-206

Verdonk-Kleinjan WMI, PCP Rijswijk, MJJM Candel, H de Vries, RA Knibbe (2012) Agreement between self-report and on site inspection of compliance with workplace smoking ban. *Nicotine & Tobacco Research*, 1121-1125

#### **Researchers**

WMI Verdonk-Kleinjan (PhD student, VWA), Prof RA Knibbe PhD (promotor), Prof H de Vries PhD (promotor, Maastricht University)

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

**Term:** January 2007 – December 2012

**Financing:** Food and Consumer Product Safety Authority (VWA)

## Domain Hazardous behaviors

### Internet use

#### 20      **The harder the better? A study on the relationship between watching online pornography and the occurrence of tolerance and sensitization effects**

##### **Aim and research questions**

Due to the emergence of the internet, the availability and accessibility of pornography has increased dramatically during the last 10-15 years. A part of the population appears to be frequent user of online pornography and there are indications that some of them develop addiction-like behavior with regard to online pornography consumption. The present study focuses on the existence of tolerance and sensitization effects among frequent users of online pornography, thereby facilitating the discussion on the existence of online pornography addiction.

##### **Methods**

Data on the amount of online pornography consumed, subjective feelings of sexual arousal while watching 3 pornographic video fragments, measures of sensitization and tolerance for sexual stimuli and measures of compulsive pornography use were gathered using an online convenience sample (n=754) of online pornography users.

##### **Results**

The results show that frequent users of online pornography react differently to hard core pornography and sexual stimuli in general compared with non-frequent users. Frequent users exhibited more tolerance towards hard core pornography and exhibited stronger reactions to sexual stimuli. Their desire to watch pornography is triggered faster, they are more distracted by sexual stimuli, and more often the use of online pornography has taken on the character of a (compulsive) habit.

##### **Output**

Meerkerk GJ, TM Schoenmakers (2013) Hoe harder hoe beter? Een onderzoek naar de relatie tussen het kijken naar online pornografie en het optreden van tolerantie- en sensitatie-effecten. Rotterdam: IVO

##### **Researchers**

GJ Meerkerk PhD (researcher), TM Schoenmakers PhD (project leader)

**Term:** March 2012 – September 2012

**Financing:** Volksbond Foundation Rotterdam (*Stichting Volksbond Rotterdam*)

#### 21      **Monitor Internet and youth: 2006 – 2012 and data collection in 2012**

##### **Aim and research questions**

During the last 10 years, Internet use has become the most important leisure time activity among Dutch adolescents. On average, Dutch adolescents aged 13-14 years spent about 16 hours a week on Internet use for private purposes. However, until now, few Dutch studies have been conducted on this subject, and none of these studies have used representative samples. Moreover, few studies have used a longitudinal research design. The Monitor Study Internet and Youth addresses this issue with a longitudinal research design and includes a representative sample of Dutch adolescents in the age range 10-15 years.

The specific aim of the seventh measurement of the monitor was to extensively update the study (given recent developments with tablet computers and wireless internet), collect data and publish on findings in both 2011 and 2012.

Areas of focus in this fundamental research project for 2012 were the following:

- Developments in social media use
- New addiction risks? The role of mobile phone usage in problematic use of games and social media
- New forms of internet access: tablets and smartphones

### Methods

Participation in the study means that the adolescents fill out a paper questionnaire in the classroom, under the supervision of their teacher. Instructions are provided for the teacher, and questionnaires are returned in closed white envelopes to increase the anonymity of responses entered. The measurement in 2012 was very successful and consisted of 19 participating schools, 10 of which entered the study in 2012.

### Results

For 2012 the main study outcomes were presented in a seminar "Use of internet and social media by youngest: problems and opportunities" (*Gebruik van internet en sociale media door jongeren: problemen en kansen*) held in early 2013 in cooperation with YoungWorks.

This seminar also presented the new factsheet "The (mobile) use of social media and games by adolescents" (*Het (mobiele) gebruik van sociale media en games door jongeren*) which discussed the developments in mobile use and explore problematic use of mobile phones and social media. The study showed, among other findings, that Twitter use is rising strongly, smartphones are being rapidly adopted by children, and that problematic internet and game use seems to be rising slightly.

For more details, we refer to the full publication, which discusses the results in-depth:

Van Rooij AJ, TM Schoenmakers (2013) Monitor Internet en Jongeren 2010-2012. Het (mobiele) gebruik van sociale media en games door jongeren. Rotterdam IVO. Retrieved from <http://bit.ly/Whpt9f>

### Output

Over the years, the project has resulted in a wide variety of output, including a PhD thesis, scientific publications, widespread press coverage, and various presentations and brief courses on the subject. Some recent academic publications associated with the study are summarized below.

Kuss DJ, AJ van Rooij, GW Shorter, MD Griffiths, D van de Mheen (n.d.) Internet addiction in adolescents: Prevalence and risk factors. [Accepted for publication]

Van den Heuvel A, RJJM van den Eijnden, AJ van Rooij, D van de Mheen (2012) Meeting online contacts in real life among adolescents: The predictive role of psychosocial wellbeing and internet-specific parenting. *Computers in Human Behavior*, 28(2), 465–472  
doi:10.1016/j.chb.2011.10.018

Van Rooij AJ, TM Schoenmakers, RJJM van den Eijnden, AA Vermulst, D van de Mheen (2012) Video game addiction test: validity and psychometric characteristics. *Cyberpsychology, behavior and social networking*, 15(9), 507–11. doi:10.1089/cyber.2012.0007

Van Rooij AJ, TM Schoenmakers, RJJM van den Eijnden, D van de Mheen (2012) Online video gameverslaving: verkenning van een nieuw fenomeen. *TSG tijdschrift voor gezondheidswetenschappen*, 90(7), 421–427. Retrieved from [http://vb23.bsl.nl/frontend/index.asp?custom\\_product\\_id=1388-7491](http://vb23.bsl.nl/frontend/index.asp?custom_product_id=1388-7491)

### Researchers

AJ van Rooij, PhD (researcher), TM Schoenmakers, PhD (project leader)

**Term:** Monitor Internet and Youth 2012 in January - December 2012

**Financing:** Volksbond Foundation Rotterdam (*Stichting Volksbond Rotterdam*)

## 22 Clinical Video game Addiction Test (C-VAT)

### Aim and research questions

In 2011 and 2012, IVO developed a screening instrument to assess game addiction in clinical practice, the Clinical Video game Addiction Test or VAT (part A of the project). This was done in cooperation with various institutions for addiction care and experts, including Parnassia-Brijder, Iriszorg, Herm Kisjes, Jellinek, Victas, Novadic-Kentron, and Youz. The main reason for part B project is the disconnection between the clinical situation and current survey-based questionnaires. Existing lists are not validated and formulated for use in clinical practice and have a limited integration with the upcoming DSM-5 with regards to 'internet use disorder'. The new assessment instrument, the C-VAT, combines current academic and clinical insights into the nature of behavioral addictions with question phrasing that fits clinical practice.

The current project aims to establish clinical profiles for 50 clients reporting for game addiction at the intake procedure of youth addiction care centers, to acquire information on the level of clinical impairment associated with various scores on the C-VAT.

This is useful to establish the score that clinically relevant cases of game addiction are likely to have on this new test and will support clinicians in using the test as a support tool during the intake procedure.

### Methods

50 young clients (aged 12-23 years) reporting for game addiction at the point of intake in Addiction care will be included in the current study. In replacement of outdated assessment instruments for internet/game addiction problems, the C-VAT will be included and, for comparison purposes, the existing IVO survey instrument 'Video Game Addiction Test (VAT)' for game addiction will also be included. Further details on the patient's level of functioning will be collected through one additional questionnaire on general functioning.

### Results

This project is still in progress, data collection is active during 2013. The final result will consist of a report detailing clinical profiles connected to the scores on the new Game Addiction Test C-VAT. The profiles will include comorbid problems, scores on existing game addiction measures (VAT), and demographics.

### Output part A

Van Rooij AJ, L van Duin, N Frielink, LD Fuentes-merillas, TM Schoenmakers (2012) Klinisch Assessment instrument voor Videogameverslaving. Een diagnostisch instrument voor het herkennen van gameverslaving in de klinische praktijk. Rotterdam: IVO

### Output part B

Expected in 2014

### Researchers

AJ van Rooij PhD (researcher), TM Schoenmakers PhD (project leader)

**In collaboration with:** Various Dutch Addiction care clinics (*Brijder and Novadic-Kentron, among others*)

**Term:** July 2012- February 2014

**Financing:** Volksbond Foundation Rotterdam (*Stichting Volksbond Rotterdam*)

## 23 Cognitive aspects of video game addiction

### Aim and research questions

About 1.5% of Dutch adolescents has addictive problems with online video games. This study aims to test factors known to contribute to substance addictions in game addicts. This will contribute to the knowledge and validation of the phenomenon game addiction and provide information on possible factors that need to be addressed in the treatment of game addiction. The study focuses on attentional bias, approach bias and working memory control. These three factors have been shown to be related to substance-related addictions as well as another behavioural addiction, i.e. pathological gambling.

We expect attentional bias and approach bias for game-related stimuli to be higher in game addicts than in healthy gamers, and working memory control to be lower in game addicts compared to healthy gamers. The main objective is to determine whether treatment-seeking game addicts differ from non-addicted gamers in the strength of cognitive biases (attentional bias and approach bias). The secondary objective is to determine whether treatment-seeking game addicts differ from non-addicted gamers in the strength of working memory control.

### **Methods**

The study is an observational study. Game addicts are compared to a group of non-addictive gamers on measures of working memory control (Stroop task), attentional bias (visual probe task) and approach bias (approach avoidance task). Related constructs are also measured as co-variables (craving, attentional control). A questionnaire to measure game addiction is used to check the degree of game addiction in patients before treatment and currently, and the current status of game-addiction symptoms in healthy control subjects.

### **Results**

Results are expected in the summer of 2013. Data collection will start in April 2013.

### **Output**

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### **Researchers**

TM Schoenmakers PhD (researcher, project leader), D Vergotis BSc (Erasmus University)

**In collaboration with:** Laura DeFuentes (Novadic Kentron), Janna Cousijn (University of Amsterdam), Ruth van Holst (Radboud University Nijmegen), Ingmar Franken (Erasmus University Rotterdam)

**Term:** January 2012 – August 2013

**Financing:** Novadic Kentron, IVO

## **24 Quantitative and qualitative study on excessive internet use among adolescents – part of the EU NET ADB study**

### **Aim and research questions**

The internet has become one of the most widely accessible media and is a significant part of everyday life, especially among adolescents. However, excessive use of the internet may instigate potential adverse psychosocial effects and there is a risk for developing internet addictive behavior. Problematic internet behavior is now considered a serious public health issue globally, although there is no consistent, internationally accepted definition for this excessive behavior and there are large differences in prevalence rates between countries.

The objectives of this study are 1) to evaluate the prevalence and determinants of problematic internet behavior, and 2) to assess the factors which may lead to the development of internet addictive behavior.

Similar data are collected in seven different European countries (Germany, Greece, Spain, Iceland, Poland, Rumania, the Netherlands); IVO is responsible for data collection in the Netherlands, for dissemination of knowledge from the project within the Netherlands, and member of the research team of the EU NET ADB project.

### **Methods**

For the first research question, a cross-sectional study design is applied. Anonymous self-report questionnaires were completed by adolescents at schools, during one school hour (duration 40-50 min).

To assess the factors which may lead to the development of internet addictive behavior, the second research question, a qualitative research approach is applied. In-person individual semi-structured interviews (duration 40-50 min) were conducted with adolescents with an excessive internet use, by experienced interviewers.



In addition, the adolescents filled out questionnaires (duration 35 min) prior to and 4 months after the interview, to assess the development and stability of patterns of their internet use and problems.

For the quantitative cross-sectional study, 1338 Dutch adolescents from a total of 60 schools were included between January 1 and March 7 2012. For the qualitative part of the study, 16 Dutch adolescents were included between July 14 2011 and February 22 2012. Data of all countries have been analyzed by the Greek and German research teams.

## **Results**

The full project reports contain many results but these are still confidential, awaiting approval from the financier. Results that have been made public are:

- The prevalence of internet addiction in the Netherlands is similar to the European average, i.e. around 1%.
- Emotional, behavioral and psychosocial problems correlate with being at risk for internet addiction.
- The percentage of Dutch adolescents that has been bullied through the internet is 15%, which is relatively low compared to the other countries.

## **Output**

Tsitsika A, Tzavela E, Mavromati F, The EU NET ADB Consortium (2012) Research on internet addictive behaviours among European adolescents. Athens, Greece

## **Researchers**

L Veldhuis MSc (researcher), M Altenburg MSc (research assistant), LV van Duin MSc (research assistant), TM Schoenmakers PhD (project leader)

**In collaboration with:** The Central Authority for Media and Communication in Rhineland Palatinate (LMK), The Outpatient Clinic of Computer Game and Internet Addictive Behaviour Mainz (CCIA), Clinic of Psychosomatic Medicine and Psychotherapy at the University of Mainz, National and Kapodistrian University of Athens (N.K.U.A.) / Adolescent Health Unit (A.H.U.) Second Department of Paediatrics, The University of Akureyri Research Centre, Nobody's Children Foundation (NCF), University of Medicine and Pharmacy Iasi, Department of Psychiatry, Protegeles

**Term:** February 2011 - January 2013

**Financing:** Safer Internet Program of the European Union

## **25 Tailored game advice [gameadviesopmaat.nl]**

### **Aim and research questions**

It is established that a small group of adolescents has trouble controlling their game use. Moreover, a small proportion of adolescents even develops problems with game use that warrant clinical treatment. As part of the 2011 PhD thesis 'Online video game addiction. Exploring a new phenomenon', a measure was developed which aims to assess the level of game addiction – the Video game Addiction Test (VAT). The current project translates this test to a website aimed at adolescents. The main aim is to provide professionals, teachers, and students themselves with a starting point in dealing with this issue. They can fill out the questionnaire and will receive feedback based on their score on the VAT. Generally, the feedback tells them that (a) there is nothing to worry about, (b) they should be careful with their gaming behavior, but it is not problematic at this point, or (c) they should seek help because their behavior shows serious signs of compulsivity. In the latter case, contact information on addiction care institutes in their area is offered.

### **Methods**

A new website, [www.gameadviesopmaat.nl](http://www.gameadviesopmaat.nl) was constructed using the VAT. The majority of Dutch addiction care clinics agreed to participate in the project by providing referral information for parents and placing outgoing links to the website: Brijder (Parnassia Bavo Groep); Centrum Maliebaan; Context (Parnassia Bavo Groep); De Hoop ggz; Iriszorg preventie; Jellinek; Mondriaan; Novadic Kentron; Tactus; Vincent van Gogh voor GGZ; and VNN.

**Results**

The website has been designed, is operational, and is currently being pilot tested. It has been available to the general public from March 2012 onwards and is a great success in terms of usage: over 10,000 self-tests have been done over the course of a year.

**Output**

The following publication is available for download and details visitors during the first year of operations:

Van Rooij AJ, G-J Meerkkerk (2012) Gameadviesopmaat.nl: Bezoek in de eerste maanden (Personal game advice website: the statistics). Rotterdam: IVO. Retrieved from <http://bit.ly/YCzfPZ>

Van Rooij AJ (2013) Gameadviesopmaat.nl: Bezoek in het eerste jaar. Rotterdam: IVO. Available at <http://bit.ly/YPpge0>

**Researchers**

AJ van Rooij PhD (researcher), TM Schoenmakers PhD (project leader)

**Term:** February 2011 - July 2013

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

**26 Neurocognitive aspects of online game addiction: the role of cognitive control****Aim and research questions**

Computer game addiction is characterized by compulsive online gaming behavior and diminished control over the gaming behavior. Prolonged compulsive gaming may result in psychological, social, and occupational or learning problems.

In contrast to the emerging knowledge on the neurocognitive mechanisms of alcohol and drug addiction, the neurocognitive mechanisms behind game addiction are poorly understood. The main goal of the present study is to examine neurocognitive mechanisms that may help to explain why some gamers become addicted to computer games.

The study is based on the theory that both reward sensitivity and lack of behavioral inhibition play a major role in the development and maintenance of addictive behaviors. Further, it elaborates on studies suggesting an important role for these brain structures which are thought to regulate, mediate and inhibit reward-related stimulus driven responses.

The research focuses on the question: is game addiction related to deficiencies in the areas known to be involved in reward processing and behavioral inhibition: the mesolimbic reward circuit, dorsal prefrontal cortex, and anterior cingulate gyrus?

**Methods**

The mesolimbic and prefrontal functioning of two groups of participants are compared: gamers scoring high on compulsivity vs. gamers scoring low on compulsivity, whereby compulsivity is measured by means of the Video game Addiction Test (VAT). The two groups are compared using fMRI scanning techniques while performing tasks (Stroop task and Go/NoGo).

**Results**

Data collection and analysis are in progress.

**Output**

-

**Researchers**

GJ Meerkkerk PhD (researcher), M Luijten PhD (researcher Erasmus University Rotterdam), TM Schoenmakers PhD (project leader), Prof I Franken PhD (project leader Erasmus University Rotterdam), A van der Lugt PhD (advisor Erasmus Medical Centre Rotterdam), J van der Geest PhD (advisor Erasmus Medical Centre Rotterdam)

**In collaboration with:** Erasmus University, Erasmus Medical Centre Rotterdam  
**Term:** September 2009 – October 2013  
**Financing:** Volksbond Foundation Rotterdam (*Stichting Volksbond Rotterdam*)

## **27 Development of a course for the prevention of internet and game addiction, aimed at prevention workers in addiction care**

### **Aim and research questions**

Game and internet use has become a regular part of adolescent life. Recent research findings by IVO and other parties in the field of behavioural addictions can be applied to the prevention of excessive use of the internet and/or video games by translating them to a more accessible format.

The current project aims to design a course module for prevention workers in addiction care, with the aim to provide them with the tools to address the issue of 'internet addiction' in a classroom setting, or when interacting with parents.

### **Methods**

Following a brief review of the literature, the course module was constructed in collaboration with two addiction care facilities (Mondriaan, Tactus), Utrecht University, and the Trimbos Institute.

### **Results**

The module was constructed and a pilot training session was held at the two participating institutions (Mondriaan, Tactus). Initial results indicate a need for this course and the usefulness of the material. Field testing was completed in 2012 and the final version of the module is available from early 2013.

### **Output**

- Course module 'internet and game addiction' for prevention workers
- Follow-up: teaching of the course in 2013 due to professional's interest in following the training and obtaining the materials.

### **Researchers**

AJ van Rooij PhD (researcher), EG Wits MSc (project leader)

**Term:** November 2010 – October 2012

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

## **28 Development of an assessment tool for game addiction in clinical practice**

### **Aim and research questions**

Video game addiction is a relatively small but probably growing phenomenon. Practitioners in Dutch addiction care centers are increasingly confronted with young (often male) adolescents. Consequently, there is a need for validated, well-studied, clinical assessment tools to assess the clinical extent of the problems for those claiming to suffer from game addiction. The development and standardization of such a tool will provide insight into the nature, severity and extent of the problems associated with video game addiction.

### **Methods**

The goal for the current project is to develop an assessment tool to measure video game addiction in young adults or adolescents in addiction care. The instrument includes the DSM-IV and upcoming DSM-V axes, with a special emphasis on the axis I problems, which include addiction and related behaviors such as video game addiction. The current project aims to design and pilot test an assessment tool by combining existing theories and thinking on video game addiction with the professional opinion of various therapists who have experience in dealing with video game addiction.

### **Results**

In 2012, IVO developed a screening instrument to assess game addiction in clinical practice, the Clinical Video game Addiction Test, or VAT.

This was done in cooperation with various institutions and experts for addiction care, including Parnassia-Brijder, Iriszorg, Herm Kisjes, Jellinek, Victas, Novadic-Kentron, and Youz. The instrumented was pilot tested among 15 clients in treatment or previously treated for game addiction.

**Output**

Van Rooij AJ, Van Duin L, Frielink N, DeFuentes-Merillas L, Schoenmakers TM (2012)  
C-VAT: Clinical Video game Addiction Test. Een diagnostisch instrument voor het herkennen van gameverslaving in de klinische praktijk. TOKK, 37(3), 139–152. Retrieved from [http://www.acco.be/uitgeverij/nl/tijdschriften/tokk/jaargang\\_37/tokk\\_3-4](http://www.acco.be/uitgeverij/nl/tijdschriften/tokk/jaargang_37/tokk_3-4)

**Researchers**

AJ van Rooij PhD (researcher), L van Duijn MSc (researcher), TM Schoenmakers PhD (project leader)

**Term:** September 2011 - April 2012

**Financing:** Volksbond Foundation Rotterdam (*Stichting Volksbond Rotterdam*)

## Domain Hazardous behaviors

### Gambling

#### 29 ALICE RAP: Addiction and Lifestyles in Contemporary Europe – Reframing Addictions Project

##### Aim and research questions

ALICE RAP is a European research project, co-financed by the European Commission, which aims to stimulate a broad and productive debate on science-based policy approaches to addictions. Goal is to promote well-being through a synthesis of knowledge to redesign European policy and practice to better address the challenges posed by substance use and addictive behaviours. The project is divided into 7 areas and 21 work packages, making up an integrated multidisciplinary research strategy. IVO participates in Work Area 3 on determinants of addiction, more specifically: pathological gambling. There are three work packages, which focus on the:

1. Initiation of potentially risky behavior
2. Transitions to harmful substance use
3. Transitions to cessation and chronic relapse.

##### Methods

Each of the three work packages will commence with experts producing a series of short discipline-specific papers, reviewing the current knowledge on determinants of the different addictions. IVO will work on the three multidisciplinary reviews of the subject of gambling. Eventually, all reviews will be integrated into a synthesis report, which will be discussed among the participants.

##### Results

In 2012, IVO produced the first review on the determinants of the initiation of potentially risky gambling behavior:

Zwaluw van der CS, C Schrijvers, G-J Meerkerk, D van de Mheen (2012) Determinants of the initiation of problem gambling: a systematic review. IVO Rotterdam

##### Output

Work Area 3 will deliver:

1. Interdisciplinary integrated evidence review
2. Quantified transition probabilities, where possible stratified by population subgroup
3. Interdisciplinary testable models
4. Interactive maps

##### Researchers

CS van der Zwaluw PhD (researcher), GJ Meerkerk PhD (researcher), CTM Schrijvers PhD (project leader), prof H van de Mheen PhD (supervisor)

**In collaboration with:** A Allamani (Agenzia Regionale Di Sanita), B Baumberg (University of Kent), M Casus Brugué (Institut Catala de la Salut Huvh), G Buehringer (IFT Insitut fur Therapieforschunggem GMBH), S Forberger (Technische Universitaet Dresden), L Kraus (IFT Insitut fur Therapieforschunggem GMBH), AR Lingford-Hughes (Imperial College of Science, Technology and Medicine), P Meier (The Univeristy of Sheffield), D Nutt (Imperial College of Science, Technology and Medicine), J Rehm (Technische Universitaet Dresden), R Room (Stockholms Universiteit), V Asumussen (Aarhus University), R Wiers (Universiteit van Amsterdam), B Bjerre (Aarhus University), J Holmes (The University of Sheffield), T Besednjak Valič (School of Advanced Social Studies), T Ponk (Universiteit van Amsterdam), FJ Eiroá-Orosa (Institut Catala de la Salut Huv)

**Term:** May 2011 - April 2014

**Financing:** European Commission

## Domain Hazardous behaviors

### Risky nutritional behavior

#### 30 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 INPACT study aims to gain insight in the influence of parents on weight development of children aged 8-12 years. The study started in 2008 and focuses on the home environment concerning eating and physical activity. The home environment can 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 of INPACT is: Which (modifiable) parental 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 demographic 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 factors that are modifiable.

##### Methods

This is a four-year longitudinal cohort study in which body weight and height of children are measured (n=1,844). Questionnaires are filled in with school children 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 took place from September to December 2008, the second from September to December 2009, the third from September to December 2010 and the final from September to December 2011.

##### Results

In 2012, four papers were in progress:

1. Parental feeding styles in relation to child dietary behaviours and weight  
This study examined the associations of parental feeding styles with child dietary behaviours and weight, and with changes in child dietary behaviours and weight over one year. In addition, we examined the potential contextual role (moderating influence) of parenting style dimensions. Five parental feeding styles were distinguished: instrumental feeding, emotional feeding, encouragement, overt control and covert control. Instrumental and emotional feeding were associated with child fruit intake and child snack intake in an unfavourable way (less fruit, more snacking), whereas encouragement, overt control and covert control had favourable (negative) associations with child snacking and SSB intake. Associations of parental feeding styles with changes in child dietary behaviours over one year were generally similar, although the effect sizes were somewhat lower. Except for covert control, which was unfavourably related to child BMI z-scores, parental feeding styles were only related to child dietary behaviours and not to weight. Although psychological control and behavioural control moderated some associations between parental feeding styles and child dietary behaviours, not all were in the hypothesized direction.
2. Child appetitive traits in relation to child dietary behaviours and weight  
This study examined child appetitive traits in relation to children's dietary behaviours and weight, and changes in dietary behaviours and weight over a one-year period. In addition, we examined whether child appetitive traits interact with general parenting in determining children's dietary behaviours and weight. Food-approaching appetitive traits were positively, and food-avoidant appetitive traits were negatively related to child BMI z-scores and to child fruit intake. There were no or less consistent associations for snack and sugar-sweetened beverage intake.

Child appetitive traits were more strongly related to child weight than to child dietary behaviours. There were almost no associations of child appetitive traits with changes in child dietary behaviours and weight over one year. Concerning the moderating effect of general parenting, authoritative parenting voided the negative association between food fussiness and fruit intake, while neglecting parenting strengthened the positive association between food-approaching appetitive traits and weight.

3. **Clustering of child food and activity preferences**  
This study examined the interplay between children's food and activity preferences by applying a clustering approach. Additionally, we examined associations of the potential clusters with child and parental background characteristics, as well as parenting practices. Three clusters of child preferences were identified: 1) a clustering of preferences for unhealthy foods and unhealthy drinks, 2) a clustering of preferences for various physical activity behaviours, and 3) a clustering of preferences for unhealthy drinks and sedentary behaviour. It was thus shown that child preferences cluster within the dietary domain (cluster 1), within the activity domain (cluster 2) as well as across domains (cluster 3). In addition, clusters were related to child gender and physical activity-related parenting practices. Boys had a higher cluster score than girls on all three preference clusters, whereas physical activity-related parenting practices were negatively related to unhealthy preference clusters and positively to the physical-activity-preference cluster.
4. **Clustering of diet- and activity-related parenting practices**  
This study examined the interplay between various diet- and activity-related parenting practices by applying a clustering approach. In addition, we examined associations of the potential clusters with child and parental background characteristics, and with child EBRBs. Five clusters of parenting practices were identified: 1) high visibility and accessibility of screens and unhealthy food, 2) diet- and activity-related rules, 3) low availability of unhealthy food, 4) diet- and activity-related positive modelling, and 5) positive modelling on sports and fruit. It thus showed that parenting practices cluster across the dietary and activity domain. A low parental education level was positively associated with cluster 1, the only unhealthy cluster, while a high(er) education level was positively associated with three healthy clusters. Child BMI, parental BMI, ethnicity and the parenting style dimensions of psychological control and behavioural controls were also related to one or more preference clusters, in general in the hypothesized directions. For example, a higher parental BMI and more psychological control in cluster 1, and more behavioural control and less psychological control in cluster 4. Separate clusters were related to both child dietary and activity behaviours in the hypothesized directions: healthy clusters were related to obesity-reducing behaviours such as child fruit intake and outdoor playing, whereas the unhealthy cluster was associated with obesity-inducing behaviours such as child snacking and screen time.

## Output

Rodenburg G, SPJ Kremers, A Oenema, H van de Mheen (2011) Psychological control by parents is associated with a higher child weight. *Int Journal of Pediatric Obesity*, 6(5-6), 442-449

Rodenburg G, A Oenema, SPJ Kremers, H van de Mheen (2012) Parental and child fruit consumption in the context of general parenting, parental education and ethnic background. *Appetite*, 58(1), 364-372

Rodenburg G, SPJ Kremers, A Oenema, H van de Mheen (2012) Associations of children's appetitive traits with weight and dietary behaviours in the context of general parenting. *PLoS ONE*, 7(12), e50642

Rodenburg G, A Oenema, SPJ Kremers, H van de Mheen (2013) Clustering of diet- and activity-related parenting practices: cross-sectional findings of the INPACT study. *International Journal of Behavioral Nutrition and Physical Activity*, 10(1), 36

Rodenburg G, A Oenema, M Pasma, SPJ Kremers, H van de Mheen (2013) Clustering of food and activity preferences in primary school children. *Appetite*, 60(1), 123-32

Rodenburg G, SPJ Kremers, A Oenema, H van de Mheen (2013) Associations of parental feeding styles with child snacking behaviour and weight in the context of general parenting

#### **Researchers**

G Rodenburg MSc (PhD student), SPJ Kremers PhD (copromotor, Maastricht University), A Oenema PhD (copromotor, Erasmus Medical Centre Rotterdam, Maastricht University), Prof H van de Mheen PhD (promotor)

**In collaboration with:** Erasmus Medical Centre Rotterdam, Maastricht University

**Term:** March 2007 – October 2013

**Financing:** Erasmus Medical Centre Rotterdam, Netherlands Organization for Health Research and Development (*ZonMw*), IVO

### **31 Ethnic differences in overweight and obesity among primary school children in the Netherlands, the IVO Nutrition and Physical Activity Child cohort (INPACT)**

#### **Aim and research questions**

In the Netherlands, the prevalence of overweight and obesity is higher in migrants. These prevalence rates also apply to children. Although Dutch figures on migrant children are scarce, available evidence shows a higher prevalence in migrant than in native Dutch children. In order to design effective prevention programmes, knowledge is needed on the factors affecting overweight and obesity in children, especially in modifiable factors. The present study addresses these factors in children aged 7/8 – 11/12 years old, focusing on ethnic differences in these factors. The hypothesis is that parental behaviour is the link between environment on the one side, food intake and physical exercise of children on the other side. Although information is available on the role of some aspects of parental behaviour, the role of other aspects remains unclear (e.g. the role of rewarding children with specific foods). Also, the influence of own parental role behaviour with respect to eating and physical activity is unclear.

The present PhD project addresses what the ethnic differences are in modifiable factors affecting overweight and obesity in Dutch primary school children (aged 8-12), focusing on the role of parental influence in the relation between environment and food intake and physical exercise.

Main research question are:

1. What is the prevalence of overweight and obesity and of (un)healthy eating and exercise patterns among migrants children as compared to Dutch children? To what degree these differences reflect socioeconomic difference?
2. Are there differences in eating and exercise behaviour between native and migrant children? To what degree do these differences reflect socioeconomic differences and to what degree they reflect differences in parental educational styles?
3. Are there differences in the relative importance of environmental and parental factors in the development of overweight and between native and migrants children? How do parental and environmental factors interact in the development of overweight and obesity in migrant children?

#### **Methods**

This study part of the ongoing INPACT study. This is a four-year longitudinal cohort study in which body weight and height of children are measured (N=1,844). 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 took place from September to December 2008; the second from September to December 2009, the third from September to December 2010, and the final from September to December 2011.

#### **Results**

Findings show that overweight and obesity are significantly more prevalent among migrant children. Parental BMI was an important predictor of child BMI. However, socio-economic position was not.



Because children from migrant origin are at higher risk for overweight and obesity, insight in differences in both physical activity, and energy intake, and how they relate to cultural contrasts in parental beliefs and practices, is needed.

### **Output**

Labree LJW, H van de Mheen, FFH Rutten, M Foets (2011) Differences in overweight and obesity among children from migrant and native origin: a systematic review of the European literature. *Obesity Reviews*, 12(5),e535-e547

### **Researchers**

LJW Labree (PhD student, Erasmus University Rotterdam), Prof H van de Mheen PhD (promotor), Prof F Rutten PhD (promotor, Erasmus University Rotterdam), MME Foets PhD (copromotor, Erasmus University Rotterdam)

**In collaboration with:** Erasmus University Rotterdam

**Term:** 2008 - 2013

**Financing:** Erasmus University Rotterdam

## **32 Environmental determinants of dietary behaviours of children, the IVO Nutrition and Physical Activity Child cohort (INPACT)**

### **Aim and research questions**

The main objective is to investigate the environmental determinants of dietary behaviour of children aged 10-12 years.

### **Research questions are:**

1. Which environmental determinants influence the dietary behaviours of children aged 10-12 years? Environmental determinants include determinants at the micro level and apply to the Physical home environment (home availability of food), Socio-cultural environment (parental rules, school food policy)  
Physical neighbourhood environment and economic environment (availability of shops selling fruit and vegetables, price of fruit and vegetables in shops)
2. Does the influence of determinants of dietary behaviours vary among children in different socioeconomic groups?

### **Methods**

This study part of the ongoing INPACT study (IVO Nutrition and Physical Activity Child Cohort, started in 2008). The INPACT study is a longitudinal study with a 4-year follow-up. The INPACT cohort consists of 1844 primary school children and their parents living in Eindhoven and surrounding areas. Participants of the INPACT study were recruited through primary schools. All general primary schools (n=265) in this area were invited to participate in the study by the Municipal Health Service; finally 91 schools took part. Subsequently, all 7-8 year old children (group 5 of Dutch primary schools) and their parents were invited to participate in the study; a sample of 1844 parents and children gave informed consent.

Annually, parents completed a questionnaire at home. Questionnaire topics included dietary intake of children and parents, characteristics of the home environment, school food environment and neighbourhood environment. Trained research assistants visited the primary schools and measured children's height and weight and children completed a short questionnaire. Furthermore, a one-time food store audit was conducted in the city of Eindhoven to measure objective neighbourhood characteristics. Also, semi-structured interviews with principals and teachers were conducted to collect data on the school food policy of primary schools.

### **Results**

In this project several sub-studies were conducted to investigate the influence of environmental determinants on children's dietary behaviours. Our study on the influence of the home food environment showed an association between the home availability of food and children's dietary behaviour. It was found that children who lived in a household where fruit and vegetables were available consumed more fruit and vegetables.

Our research on the school food policy at Dutch primary schools showed that most primary schools had rules about the foods and drinks children are allowed to consume during school time. However, the food rules were in most cases unclearly defined. The school food policy could be improved by clearly formulating food rules and by simplifying supervision of the food rules. In addition, school food policy will only influence children's dietary behaviour if both the school and the parents support the food policy.

We also conducted a study on the influence of economic determinants of the neighbourhood environment on children's dietary behaviour. In this study we examined the association between parental perceptions of the local food shopping environment (more specific the price, quality and availability of fruit and vegetables in shops) and children's fruit and vegetable consumption. No statistically significant associations were found between parental perceptions of the local food shopping environment and children's fruit and vegetable intake. However, we found that negative parental perceptions of the local food shopping environment (e.g. fruit is expensive) was associated with less fruit available at home.

Another sub-study was conducted to examine the influence of parents (snack availability at home and snack consumption rules) and the influence of peers on the snack consumption of 11-year-old children. Furthermore this study explores whether child's snack purchasing behaviour is a mediator in these associations. Of the parental factors explored in this study a positive association was found between home availability of snacks and children's snack consumption. Home availability of snacks was not associated with children's snack purchasing behaviour. Peer influence was associated with children's snack consumption and with children's snack purchasing behaviour. Children who purchased snacks from their pocket money consumed more pieces of snacks per week than children who did not purchase snacks. There was an indication that child's snack purchasing behaviour mediates the association between peer influence and child's snack consumption.

Children of families with a low socio-economic status consumed less fruit and vegetables and are less likely to consume breakfast on a daily basis compared to children of families with a high socio-economic status. In one of our studies we examined whether factors in the home food environment (parental intake of fruit, vegetables and breakfast; rules about fruit and vegetables and home availability of fruit and vegetables) mediate these associations. Results of this study show that all the studied home environmental factors mediated the association between maternal educational level and children's fruit and vegetable intake. Moreover, our results indicate that the difference in fruit and vegetable consumption is explained, in particular, by parental intake of fruit and vegetables.

In an explorative study we investigated differences in the local food environment (e.g. price and availability of fruit and vegetables in shops) of children from various socio-economic groups and whether such differences may explain socio-economic disparities in children's fruit and vegetable consumption. No important differences in the local food environment of children from various socio-economic groups were found. Therefore, the results indicate that the characteristics of the local food environment assessed in this study do not contribute to the explanation of socio-economic disparities in children's fruit and vegetable consumption.

## **Output**

Van Ansem WJC, CTM Schrijvers, G Rodenburg, D van de Mheen (2012) Is there an association between the home food environment, the local food shopping environment and children's fruit and vegetable intake? Results from the Dutch INPACT study. *Public Health Nutrition*, 1–9

Van Ansem WJC, CTM Schrijvers, G Rodenburg, A Oenema, D van de Mheen (submitted) Can characteristics of the food environment explain socio-economic disparities in children's fruit and vegetable intake?

Van Ansem WJC, CTM Schrijvers, G Rodenburg, AJ Schuit, D van de Mheen (Accepted for publication) School food policy at Dutch primary schools: room for implementation? Cross-sectional findings from the INPACT study

Van Ansem WJC, CTM Schrijvers, G Rodenburg, D van de Mheen (submitted) Child snack consumption: The role of parents, peers and child snack purchasing behaviour. Results from the Dutch INPACT study.

Van Ansem WJC, CTM Schrijvers, G Rodenburg, D van de Mheen (submitted) Maternal educational level and children's healthy eating behaviour: role of the home food environment. Results from the Dutch INPACT study

**Researchers**

WJC van Ansem MSc (researcher), Prof H van de Mheen PhD (promotor), CTM Schrijvers PhD (copromotor), A Oenema PhD (advisor, Department of Health Promotion Maastricht University), Prof AJ Schuit PhD (advisor, National Institute for Public Health and Environment RIVM)

**In collaboration with:** Maastricht University, National Institute for Public Health and Environment (RIVM)

**Term:** April 2010 - October 2012

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

## Domain Social relief and social care

### 33 Financial debts among vulnerable youth

#### Aim and research questions

In previous research among homeless youth (Barendregt, Schrijvers, Baars and Van de Mheen, 2011) we found that at entry of social relief trajectory debts mounted to an average of 5,500 euro. One year after entry the mean amount of debts was 6,900 euro; a considerable increase. The city of Rotterdam has launched a project to support young people to get a grip on their debts as they recognize that debts hamper progression on several other domains of life, for example education. In this qualitative study we explore what caused the debts, what kind of assistance is provided to get a grip on debts and to what extent the assistance meets the needs of young people.

#### Methods

By means of semi-structured interviews with professionals that provide supported housing, financial experts on debt regulation an overall view is obtained on the debts situation among vulnerable youth. Parallel to that semi-structured interviews are held with 15 young people (aged 18-23 years) on their debt situation, their income and spending. The interview results will be analysed thematically focusing on the research questions and emerging topics. Each interviewed young person is asked to provide an overview of income and spending in the previous month.

#### Results

Expected in May 2013

#### Output

Research report expected in May 2013

#### Researchers

C Barendregt MSc (researcher), CTM Schrijvers PhD (project leader)

**Term:** November 2012 – May 2013

**Financing:** Volksbond Foundation Rotterdam (*Stichting Volksbond Rotterdam*), Municipal Health Service Rotterdam area (*GGD Rotterdam*)

### 34 Client profiles of vulnerable youth

#### Aim and research questions

At the Youth desk, each inhabitant of Rotterdam aged 16-27 years can ask for help regarding education, work, income and housing. However, youngsters who ask for help at the Youth desk often lack educational qualifications and have little or no work experience. A suitable (care) path is determined for all adolescents that have a relevant request for help, based on information collected during the intake interview at the Youth desk. During this interview the Self-Sufficiency Matrix (SSM) is filled out by the youth coach, consisting of eleven self-sufficiency domains, e.g. daily activities, housing, addiction, social network and health. We analyzed SSM data of all vulnerable youth that registered at the Youth desk in the past 1.5 years. Vulnerable youth was defined as youth aged 18-22 years, with problems on at least five of the so-called primary domains (housing, health, income, daily activities and family relations), in which there are (in any case) problems on the domains housing or health. Client profiles of the vulnerable youth were determined. After determining client profiles, we investigated existing interventions for each profile and established whether the current range of interventions fitted the needs of clients belonging to each of the profiles.

#### Methods

Data of vulnerable youth that registered at the Youth desk between January 1 2011 and July 1 2012 were analyzed using latent class analysis (LCA) and comparative analysis. Data included the SSM and several background characteristics.

To investigate the existing interventions for each profile, we performed a literature study and document analysis, and interviewed youth coaches of the Youth desk.

### **Results**

Three client profiles were determined based on the results of the LCA: 1) vulnerable youth with (imminent risk of) homelessness and delinquency, 2) vulnerable youth with (imminent risk of) homelessness with an unstable social network, and 3) vulnerable youth with health problems. The current range of interventions seems to fit the needs of clients belonging to each of these client profiles. One of the issues that can be improved in addressing vulnerable youth, is the attention paid to the social network of a youngster. The identified client profiles can be used to provide an initial classification of vulnerable youth into subgroups, which may enhance the choice of a follow-up intervention for each individual client. However, the youth coach and his/her personal assessment of the situation of a client remain crucial in supporting vulnerable youth.

### **Output**

Hamink AB, CTM Schrijvers (2013) Klantprofielen van kwetsbare jongeren die zich melden bij het Jongerenloket. IVO: Rotterdam

### **Researchers**

AB Hamink MSc (researcher), CTM Schrijvers PhD (project leader)

**Term:** September 2012 – January 2013

**Financing:** Municipal Health Service Rotterdam area (*GGD Rotterdam*)

## **35 Knowledge in the neighbourhood (Social integration of supported housing projects)**

### **Aim and research questions**

When it comes to local social integration and cohesion, knowledge of the neighbourhood plays a vital role. Knowledge in framework is both factual and subjective. In a multi-ethnic urban environment knowledge is made up of observations, experiences and opinions and has consequences for actual behaviour in everyday life. Social relief organisations run supported housing project for former homeless people in a variety of neighbourhoods. Some of these facilities have been set up in the face of considerable resistance from the neighbourhood.

In this research and development project we aim to bring together neighbours, professionals and researchers in three different neighbourhoods, forming three subsequent neighbourhood panels. Although the precise aims of these panels only become clear when the panels become operational, the general idea is that they contribute to mutual understanding of the participants and (thus) enhanced social integration of the housing projects.

### **Methods**

The research component is twofold: first we contribute to uncover, record and circulate relevant knowledge, experiences, opinions and behaviour of the participants of the panels, secondly we monitor the development of the panels and identify promoting and hampering factors using methodology of responsive evaluation. It should be noted that as researcher we are not objective observers but also contributors to the development process (responsive evaluation) (Guba & Lincoln 1989; Amba, 2005). This requires a sensible and reflective approach to both the development and the research components of the project.

A second instrument is to set up a community of practice that unites stakeholders of different housing projects that aim at better integration in the neighbourhood. In a series of workshops supported housing professionals will be invited to reflect on experiences, tactics and strategies of local social integration.

### **Results**

In 2012 a project group has been formed that consists of two IVO researchers and two lectures of Hogeschool InHolland. A social relief organisation has been found to participate.

**Output**

First output expected in spring 2013.

**Researchers**

C Barendregt MSc (researcher), EG Wits MSc (project leader)

**In collaboration with:** Hogeschool InHolland, Stichting Ontmoeting

**Term:** December 2012 – December 2014

**Financing:** Valorisation Fund Rotterdam (*Valorisatiefonds Rotterdam*), University of applied science (*Hogeschool InHolland*), IVO

**36 Homeless people without psychiatric problems****Aim and research questions**

Since 2006, every homeless person has to register at the desk of a central access point for social relief, in order to get access to social relief facilities, like a night shelter. Rotterdam, the second largest city of the Netherlands, also has such a central access point. Criteria to access the social relief system are that persons: 1) are aged 23 years or older, 2) have a legal residence permit, 3) are connected to Rotterdam, 4) have a need for shelter, and 5) have psychiatric problems (including substance dependency). In recent years, the number of homeless people without psychiatric problems that want to register at the central access point in Rotterdam has increased. An unknown part of this group is denied access to social relief facilities due to the fact that they do not meet the fifth criterium (as mentioned above). Preventing homelessness is one of the main aims of the Social Relief Policy of the four largest cities of the Netherlands. However, a number of people (without psychiatric problems) could not prevent becoming homeless, even though some facilities are available that aim at preventing homelessness, e.g. Reporting Center for preventing domestic evictions, Second Chance Policy, social work, Kredietbank Rotterdam and the Local Networks of Care. It is possible that this group has made insufficient use of these facilities.

Aim of this study is to determine the magnitude and profile of the group of homeless people without psychiatric problems. Furthermore, to determine which facilities (if any) aimed at preventing homelessness were used by this group in the year prior to their homelessness.

**Methods**

Several methods are used to answer the research questions. Employees of the central access point are asked to estimate the number of people in this group. In addition, 70 homeless persons will be interviewed to identify a profile of this group, and to determine which facilities they used in the year prior to their homelessness. Finally, ten professionals of the facilities for prevention of homelessness will be interviewed about their current and preferred procedures.

**Results**

Data analysis is in progress. Mid-2013 the final report will be available.

**Output**

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**Researchers**

AB Hammink MSc (researcher), CTM Schrijvers PhD (project leader)

**Term:** August 2012 – June 2013

**Financing:** Municipal Health Service Rotterdam area (*GGD Rotterdam*)

**37 Early detection of substance misuse and dependency by youth: implementation of a guideline****Aim and research questions**

In 2010 the guideline on early detection of substance misuse and dependency was published by Resultaten Scoren (Snoek, Wits, Van de Mheen, Wilbers, 2010).

To promote the use of this guideline example projects are needed that operate, or are willing to operate, according to the guideline (see also project 36). Four of the submitted projects were approved.

The aim of this evaluation project is to examine whether or not adjustments to the guidelines should be made. The research questions focus on a comparison between everyday practice of the targeted prevention projects and the guidelines.

### **Methods**

The participants in the study keep a written record of their activities. For this, a format has been developed based on the major steps in the guideline. In addition, telephonic interviews are held with principal stakeholders involved in the prevention projects. In two of the projects face-to-face interviews were conducted. Three meetings are held in which project leaders of all participating organisations meet and discuss the implementation processes.

### **Results**

Preliminary results show that the selected projects roughly work in line with the guidelines. This was hypothesized because the guidelines are based on an inventory of best practices.

It appeared that the participating projects use the guidelines when it is convenient, they are not regarded as instructions.

Two principal uses of the guidelines emerged: a reference book or checklist in every stage of setting up an early detection project, and a written proof of thoroughness towards external partners.

Final report is expected in February 2013.

### **Output**

We envisage a research report and description of 20 good examples of practices in which the guidelines play a supportive role. Distribution of the examples through national network of prevention workers.

### **Researchers**

C Barendregt MSc (researcher), EG Wits MSc (project leader)

**Term:** November 2011 - February 2013

**Financing:** Scoring Results (*Resultaten Scoren*)

## **38 Client participation in addiction care**

### **Aim and research questions**

In 2010 the national client network “Het Zwarte Gat” (The Black Hole) and the network of directors of addiction care institutions agreed that ‘social recovery’ and ‘quality of life’ should be the guiding principles in the approach to addiction treatment and care. To promote that agreement (social) experiments will be set-up or allocated, to experience and test recovery-oriented activities in which experiential (tacit) knowledge of clients will be incorporated.

In this research project, 4 of the 13 allocated projects will be evaluated in a collaboration between IVO and “Kennisnetwerk Het Zwarte Gat” (Knowledge network The Black Hole).

### **Methods**

The evaluation is based on the principles of responsive evaluation (Guba & Lincoln 1989; Amba, 2005). This implies that the evaluation approach is grounded on learning rather than on judging. The researcher’s attitude is not one of an objective and distant outsider, but is participative and concerned. Researchers undertake ‘participant observations’ in team meetings, followed by written and oral feedback. Various stakeholders involved in the projects (professionals and clients) are interviewed using semi-structured questionnaires.

During the research period, six workshops (Community of Learners) with the project group and representatives of the projects (clients and professionals) are held in order to learn from one another’s experiences. In these sessions, the researchers participate both as researchers and project members who provide input in order to promote achievement of the project goals.

## Results

Of each participating project a description of the project outline, activities and development is made, covering approximately a one-year period. The project descriptions are not followed by traditional conclusions and recommendations. Instead, each project description is concluded with an agenda for discussion. The Community of Learners sessions have resulted in a common agenda for development (of experiential knowledge and recovery). By the end of 2012 a draft report has been produced, co-created by Het Zwarte Gat and IVO. The finalization of the project, in 2013, includes the project report a fact sheet and short online video presentations of the participating projects.

## Output

Expected in 2013

## Researchers

C Barendregt MSc (researcher), EG Wits MSc (project leader)

**In collaboration with:** Knowledge network The Black Hole (*Het Zwarte Gat*): Organization for client participation

**Term:** September 2011 - January 2013

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

## 39 Cohort study amongst homeless people in Amsterdam, The Hague, Rotterdam and Utrecht (the G4) – Coda-G4

### Aim and research questions

In 2006 the Strategy Plan for Social Relief officially started in the four largest cities of the Netherlands: Amsterdam, Rotterdam, The Hague, and Utrecht. The Strategy Plan aims to improve the situation of the homeless, the neglected and the deprived, and at the same time to reduce the nuisance caused by this group. This is done by realising a person-oriented approach whereby the homeless are included in an individual assistance program. All four cities have a central application facility to which the target group of the Plan has to report before a social care program can be outlined. Existing and new clients receive program plans focused on their individual care needs.

The question arises as to whether the homeless benefit from these individual assistance programs, and who does (not). This question is addressed in a longitudinal cohort study, financed by the Ministry of Health, Welfare and Sport.

The main objectives are to determine: 1) the needs and urges of homeless people who participate in the individual assistance program, in relation to their background and problems; 2) possible improvements, and predictors of improvement, in the objective and subjective quality of life of homeless people; 3) housing transitions as well as possible predictors of stable housing; and 4) perceived benefits by the homeless of their participation in the individual assistance programs.

### Methods

A multi-site observational cohort study is conducted. Homeless people who qualify to participate in the individual assistance program while living in Amsterdam, Rotterdam, The Hague or Utrecht (i.e. the respondents) are followed for 30 months. During this period they will be interviewed four times using a structured interview, to establish what changes take place in their situation and functioning. A baseline measure is followed by three measures; after 6 months (T1), 18 months (T2) and 30 months (T3). The baseline data are used to determine the predictors of improved subjective quality of life and stable housing.

Information on their situation and functioning will also be collected at two moments during these 30 months from the counselor who is closest to the respondent at that moment.

### Results

The results of the first measurement were analysed and published in May 2012 (see 'Output'). After every subsequent measurement an interim report will be published. The final report is expected in the first half of 2015.



## Output

Van Straaten B, J van der Laan, C Schrijvers, S Boersma, M Maas, J Wolf, D van de Mheen (2012)  
Profile of homeless people in four larger cities: Profiel van daklozen in de vier grote steden: Resultaten uit de eerste meting van de cohortstudie naar daklozen in de vier grote steden (Coda-G4).

## Researchers

B van Straaten MSc (PhD student), CTM Schrijvers PhD (copromotor), Prof H van de Mheen PhD (promotor), J van der Laan MSc (PhD student, Radboud University Nijmegen Medical Centre), SN Boersma PhD (copromotor, Radboud University Nijmegen Medical Centre), Prof J Wolf (promotor, Radboud University Nijmegen Medical Centre)

**In collaboration with:** Nijmegen University Medical Centre Social Care Research Centre (*Omz*)

**Term:** February 2010 – February 2015

**Financing:** Ministry of Health, Welfare and Sport (*Ministerie van VWS*)

## 40 Inventory of cooperation between youth addiction care and youth partnerships

### Aim and research questions

Vulnerable young people are characterized by an accumulation of problems, often caused by common risk factors. Therefore, prevention of substance abuse in young people requires a broad, comprehensive approach. 'Scoring Results' aims to develop guidelines, protocols and interventions for selective and indicated prevention, treatment and care for vulnerable young people with substance abuse and addiction. To this end, the IVO is preparing an overview of existing integral approaches within partnerships in this field. 'Scoring Results' is a nationwide program in which addiction care organisations and researchers work together to increase evidence-based practices in addiction care.

Aims of the project are:

- 1 to provide an overview of partnerships between youth services directed at problematic substance use, including bottlenecks and success factors of these initiatives;
- 2 to provide a description of the nature, content and the work process of four best practices, resulting in a set of criteria cooperative relationships should satisfy to provide an integral, conclusive addiction care program.

The final report is aimed at managers and staff in youth addiction care, child welfare agency, youth (mental) health care, and policy staff of municipalities and ministries (Ministry of Welfare and Sports (VWS), Ministry of Education, Culture and Science (OCW)).

### Methods

The project consists of three elements:

- A Inventory of cooperative relationships, desk research  
Professionals in youth addiction care are questioned about formal and informal partnerships with child welfare agencies and youth (mental) health care. Bottlenecks and success factors for partnerships are identified. In addition, relevant documents studied.
- B Selection of four best practices  
The responses arising from (a) should offer insight into the criteria that a partnership must meet to organize an integral, conclusive program. Next, the criteria are used to determine which of the examples found (most) meet these criteria.
- C Description of four best practices  
The question of how effective cooperation can be achieved is answered by the detailed description of four best practices and an evaluation of the formulated criteria. For this purpose four best practices are monitored for a period of several months and described.

### Results

Results are available in spring 2013.

## Output

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**Researchers**

CPG Couwenbergh PhD (researcher), EG Wits MSc (project leader)

**Term:** September 2011 – September 2012

**Financing:** Scoring Results (*Resultaten Scoren*)

**41 Detection of alcohol abuse and psychiatric problems among homeless people****Aim and research questions**

A 2006 pilot study by IVO developed and tested screeners to facilitate detection of alcohol abuse, psychotic symptoms and depression in social relief institutions taking care of homeless people. This study was conducted in the city of Rotterdam. The screeners were tested for overall quality in terms of sensitivity and specificity. For alcohol abuse the 2006 screener was found to be highly sensitive and specific, but for depression and psychotic disorders there was need for improvement. More specifically, too many people would be referred to care for these disorders if the screener was the only source of information.

The current project aims to develop better screener items for depression and psychoses. Additionally, it aims to test if the alcohol items do equally well in a wider sample, in preparation for nationwide use of the screener.

**Methods**

The proposed project consists of three phases in which a screener is developed and tested. In Phase I a literature study is performed to obtain a preliminary selection of screener items that will be tested in Phase II. The (international) literature will be searched for shorter and longer questionnaires which are commonly used for detection of alcohol abuse, depression and psychotic disorders.

Specifically, we search for instruments that are brief and have a high sensitivity and high specificity. Based on the review of the literature, a selection of questionnaires will be chosen. This selection will serve as the foundation for the questionnaire which will be tested in Phase II of the project. This questionnaire will also include the most effective items from the screener which was developed in the earlier (2006) screener study. Finally, in Phase III, the usefulness of the screener will be examined by testing it in two institutions for social relief.

**Results**

In Phase II, 420 homeless and former homeless who use social relief facilities (night shelter and residential housing projects) were interviewed with both selected screeners (alcohol abuse, psychotic symptoms, depression and cognitive functioning) and gold standards (CIDI 3.0, MMSE). For alcohol abuse the Five Shot and a newly developed IVO screener performed best. For depression a newly developed screener showed the best results. For psychotic symptom validation could not be performed with CIDI 3.0 and for cognitive functioning the HASI showed satisfactory results.

In Phase III the selected screeners were tested in the field with the aid of two social relief organisations in the intake procedure. It appeared that social workers found the screeners useful and easy to apply. The screener results were especially helpful in situations of doubt. For reasons of alignment with screeners already in use, we prefer the Five Shot over our own developed screener.

**Output**

Barendregt C, D van de Mheen, E Wits (2013) Screenen op middelengebruik maatschappelijke opvang. Zes screeners gevalideerd en getest op bruikbaarheid. Rotterdam: IVO

Littel M, C Barendregt, TM Schoenmakers, AJ van Rooij, EG Wits, NC Mulder, DH van de Mheen (submitted) Development and validation of a screening questionnaire for depressive disorders, alcohol-related disorders, and cognitive disabilities among the homeless

**Researchers**

AJ van Rooij PhD (researcher), M Little (researcher), C Barendregt MSc (researcher, project leader), EG Wits MSc (project leader)

**In collaboration with:** Various institutions for social care  
**Term:** September 2010 – December 2012  
**Financing:** NutsOhra Fund, Volksbond Foundation Rotterdam (*Stichting Volksbond Rotterdam*)

## **42 Substance misuse and dependency by youth: evaluation of implementation of early detection tools and skills**

### **Aim and research questions**

In this project the guideline early detection (Snoek, Wits, Van de Mheen, Wilbers, 2010) is used to shape the collaboration between Addiction Care Tactus and the regional Youth Care Agency. The aim of this evaluation project is to find out to what extent early detection tools and skills are implemented and to see what the role of the guideline has been in this process (see also project 37).

### **Methods**

The project leader of the project keeps a written record of their activities. For this, a format has been developed based on the major steps in the guideline. Face-to-face interviews were conducted with selected staff members and an online survey among all staff members of the Youth Care Agency in order to find out what norms on substance use prevail and how a screening instrument could be integrated in the working process. A training course in two day parts for staff of the Youth Care Agency has taken place. A total number of 111 participants receive a certificate, a sweeping course is scheduled to train the absentees (#15). After the training a second series of interviews and a second survey will be held to estimate the impact of the training.

### **Results**

In consultation with the project partners the second series of interviews has not taken place. The major goal of the training was not to raise knowledge levels but rather to connect the two organisations on the subject of early detection of misuse. The evaluation forms completed by the participants showed high levels of contentment. Most important result that emerged from the interviews and was confirmed in the survey, is the variation in norms regarding substance use. It appeared to be dependent on work setting. Those Youth Care workers who are frequently confronted with young people that use alcohol and/or use cannabis (most frequent used illegal substance) are inclined to apply norms in a flexible way. Rather than taking the norm as absolute they relate it to every day functioning of the pupil under supervision.

### **Output**

Internal report to Resultaten Scoren

### **Researchers**

C Barendregt MSc (researcher), EG Wits MSc (project leader)

**Term:** November 2011 - September 2012

**Financing:** Scoring Results (*Resultaten Scoren*), Tactus Addiction Care Centre (*Tactus Verslavingszorg*)

## Other

### 43 IVO Master Class Addiction 2012: Behavioral Addictions

#### **Aim and research questions**

Scientific insight into the mechanisms behind addiction has increased considerably in the last decades. Unfortunately, knowledge transfer between various disciplines (e.g. psychology, neurobiology, sociology, epidemiology, and, criminology) is limited. Moreover, young researchers tend to be educated in one discipline and become more and more specialized during their career, thus impeding the development of broader views. As a result, disciplines may not benefit from each other's progress and the influence of scientific knowledge on addiction and drug policy, prevention and treatment is less than optimal. The main goal of the IVO Master Class Addiction is to stimulate interdisciplinary exchange of knowledge and to give junior participants the opportunity to get acquainted with the state of the art knowledge from various disciplines regarding the main theme of this year's edition: 'Behavioral addictions'.

#### **Methods and Results**

The IVO Master Class Addiction 2012 took place in the Kurhaus Hotel in Scheveningen, Wednesday April 18 to Sunday April 22, 2012. For the IVO Master Class Addiction 2012, a 5-day program was organized containing presentations from eight renowned international senior scientists (Marc Potenza, Serge Ahmed, Leonard Epstein, Rory Reid, Tao Ran, Ronald Knibbe, Rachel Volberg, and Anneke Goudriaan). Furthermore, 18 international, carefully selected talented junior researchers from various origins and disciplines attended the IVO Master Class Addiction 2012. The juniors added to the discussions and presented and defended their own views and ideas for the seniors. The discussions were led by Robin Room. The focus of the program was on models and mechanisms which can help us to evaluate the validity, legitimacy and definition of the concept of behavioral addictions. Secondly, the focus was on societal relevance, the influence of society itself and the consequences of the theoretical paradigms on treatment, prevention and policy. Thursday April 19, the IVO Master Class Addiction 2012 was attended by an audience of 150 people, primarily Dutch researchers and addiction care workers.

#### **Output**

Four manuscripts written by four groups of juniors to be submitted to international journals.

#### **Researchers**

GJ Meerkerk PhD (researcher), Prof H van de Mheen PhD (project leader), MJ Audenaardt (organizer)

**Term:** The IVO Master Class Addiction 2012 was held Wednesday April 18 to Sunday April 22, 2012

**Financing:** Volksbond Foundation Rotterdam (*Stichting Volksbond Rotterdam*)

### 44 Effectiveness study Safe, Strong & Onwards

#### **Aim and research questions**

Safe, Strong & Onwards (SSO) (Veilig, Sterk & Verder: VSV) is a newly developed ecological intervention for families in which physical child abuse takes place. SSO is based on the view that physical child abuse is an interactional problem between parents and their children. Based on this view, parents as well as children receive treatment.

Treatment for children focuses on reducing trauma symptoms and behavioral problems. Treatment for the maltreating parent focuses on developing parenting skills and improving emotional functioning. For the non-maltreating parent treatment focuses on being supportive of the child, and strengthening communication and parenting skills.

The goal of this ecological approach is to improve the quality of the parent-child relationship in order to create a safe home situation in which physical abuse no longer occurs.

The aim of this study is to evaluate the effect of SSO on the above-mentioned outcomes. Secondly, specific determinants of treatment effects will be examined. With the study results the SSO treatment program can be improved and empirical support can be gathered and strengthened regarding ecological treatment for families in which physical child abuse has occurred.

### **Methods**

The study focuses on the effects of SSO on parents and their children (aged 4-16 years). The study will include 10-15 families. Measurements will take place before, during, and after the intervention (6 and 12 months), using questionnaires, interviews, and observational tasks. Effectiveness of the intervention will be established in terms of statistical and clinical significant change in the outcome measures.

### **Results**

Final results will be available in 2015

### **Output**

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### **Researchers**

MSV Choenni MSc (researcher), CTM Schrijvers PhD (project leader), prof H van de Mheen PhD (promotor)

**In collaboration with:** De Waag, Centre for Outpatient Forensic Psychiatry, Child and Adolescent Trauma Centre (Haarlem), Youth Care Agency (Haarlem)

**Term:** September 2011 - December 2015

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

## **45 Victimization among patients with severe mental illness: a nationwide multi-site study**

### **Aim and research questions**

This nationwide multi-site cross-sectional study, initiated by Erasmus Medical Centre Rotterdam and Tilburg University, investigates victimization rates and risk factors among persons with severe mental illness. IVO has coordinated the collection of data among 940 patients with severe mental illness.

### **Methods**

The following subsamples were included in this study. Patients with a diagnosis of: a) depression or anxiety, b) substance abuse or dependency, c) severe mental disorder, and d) patients with dual diagnosis. At each site a random sample, stratified by sex and age, was selected. In a structured interview, experiences and consequences of victimization, discrimination and self-stigmatization, perpetration of violence, childhood trauma, symptom severity and co-morbid psychopathology (e.g. anger, PTSD) were assessed.

### **Results**

Data collection coordinated by IVO was finalized in spring 2012. Data were analyzed by researchers of Erasmus Medical Centre Rotterdam. They compared the findings with a matched sample from the Dutch general population. Additionally, a preliminary conceptual model will be developed. Articles are in preparation.

### **Output**

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### **Researchers**

A Risselada MSc (researcher), L Veldhuis MSc (researcher, project leader), EG Wits MSc (project leader), Prof H van de Mheen PhD (supervisor)

**In collaboration with:** Erasmus Medical Centre Rotterdam, Tilburg University

**Term:** October 2010 - March 2012

**Financing:** Netherlands Organization for Scientific Research (*NWO*)

## 5. Collaboration

### Participation in research schools/collaboration universities

IVO participates in several research schools, in which several universities are represented: The Nihes (Netherlands Institute for Health Science, Rotterdam), Tranzo (Research Program Transformation in Care, Tilburg), CaRe (Primary Care Research, Maastricht) and the Behavioural Science Institute (Radboud University Nijmegen).

### External affiliations and representations

Together with the AIAR and the Trimbos Institute, IVO organizes the annual congress FADO (Forum Alcohol and Drug Research).

In the field of international cooperation, IVO plays an active role in 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 Study the ECAS (European Comparative Alcohol Study) and the EMCDDA (European Monitoring Centre for Drugs and Drug Addiction).

Prof. Dr. H van de Mheen (Director of Research & Education) represents the Dutch Ministry of Health, Welfare and Sport (Ministerie van VWS) in the European research platform the Pompidou Group. She is a member of the board of the Association of Public Health and Science, and member of the board of the Dutch Public Health Federation (NPHF). She is also a board member of the Dutch Congress of Public Health (Nederlands Congres Volksgezondheid) and of the scientific advisory board of the National Drug Monitor. Since 2009 she is chairman of the supervisory board of the IVZ Organization Care Information Systems, (*Stichting Informatievoorziening Zorg*). Professor van de Mheen is a member of the advisory committee "High specialized Mental Health Care" established by the National Health Council. She is a member of the editorial board of the Journal of Addiction (*Tijdschrift Verslaving*), member of the ZonMw program committee "Healthy strength" (*Gezonde Slagkracht*), Chair of the jury of the international "Øle Jörgen Shog Award" for young scientist in alcohol research and member of the coordinating board of "Scoring Results" (*Resultaten Scoren*).

## 6. Organization

### Staff 2012

Miranda J Audenaardt	0,7	Director Business Affairs		audenaardt@ivo.nl
prof H Dike van de Mheen PhD	1,0	Director Research & Education		vandemheen@ivo.nl
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Laura van Duin MSc	0,8	Research assistant		
Cindy TJC van der Ent	1,0	Secretary		secretariaat@ivo.nl
Eveline Janssen	0,8	Research assistant	19-3 till 30-4	
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<u>Research</u>				
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Dorien de Bruijn	0,9	Researcher	since 4/10	
Vandhana MS Choenni MSc	0,8	Researcher	till 30/9	
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Marianne Littel	0,8	Researcher	19-3 till 31-5	
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Total fte's Researchers + PhD's 2012	:	14,0
- Total fte's Researchers 2012	:	9,3
- Total fte's PhD's 2012	:	4,7
Total fte's Support 2012	:	4,7



## 7. Publications

### International Scientific

Garretsen HFL, M Audenaerdt, L van de Goor, D Roeg, R van de Sar, TM Schoenmakers, D van de Mheen (2012) Social and epidemiological research on alcohol: developments in the research agenda between 1983 and 2010. The Kettil Bruun Society in the past decades. *International Journal of Alcohol and Drug Research*;1(1)

Hellman M, TM Schoenmakers, BR Nordstrom, RJ van Holst (2012) Is there such a thing as online video game addiction? A cross-disciplinary review. *Addiction Research & Theory*, (online first). doi:10.3109/16066359.2012.693222

Littel M, I van den Berg, M Luijten, AJ van Rooij, L Keemink, IHA Franken (2012) Error processing and response inhibition in excessive computer game players: an event-related potential study. *Addiction biology*. doi:10.1111/j.1369-1600.2012.00467.x

Peukert P, S Steffen, J ElKasmi, GM Barth, GJ Meerkerk, A Batra (2012) Faktorielle Struktur der deutschen Version der Compulsive Internet Use Scale (CIUS) nach konfirmatorischer Faktorenanalyse. *Zeitschrift für Klinische Psychologie und Psychotherapie*, 41(2), 101–108. doi:10.1026/1616-3443/a000137

Rodenburg G, SPJ Kremers, A Oenema, D van de Mheen (2012) Associations of Children's Appetitive Traits with Weight and Dietary Behaviours in the Context of General Parenting. (A. Rustichini, Ed.) *PLoS ONE*, 7(12), e50642. doi:10.1371/journal.pone.0050642

Rodenburg G, A Oenema, SPJ Kremers, H van de Mheen (2012) Parental and child fruit consumption in the context of general parenting, parental education and ethnic background. *Appetite*, 58(1), 364–72. doi:10.1016/j.appet.2011.11.001

Teunissen HA, R Spijkerman, TM Schoenmakers, KD Vohs, RCME Engels (2012) The Effect of Self-Control on Attentional Bias for Alcohol Cues in Male Heavy Drinkers. *Journal of Applied Social Psychology*, 42(3), 776–792. doi:10.1111/j.1559-1816.2011.00800.x

Van Ansem WJC, CTM Schrijvers, G Rodenburg, D van de Mheen (2012) Is there an association between the home food environment, the local food shopping environment and children's fruit and vegetable intake? Results from the Dutch INPACT study. *Public Health Nutrition*, 1-9. doi:10.1017/S1368980012003461

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