



European Society for  
Prevention Research

## 3rd International Conference and Members' Meeting

*"Common risk and protective factors, and  
the prevention of multiple risk behaviours"*

Kraków, Poland  
December 6-7, 2012

Programme and  
abstracts of posters  
and presentations

*This conference is proceeding under the patronage of the Mayor of the city of Kraków,  
Jacek Majchrowski*



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### **3. How parenting styles have an influence on adolescents' alcohol and drug use and other risk behaviours in different European countries.**

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Data analysis is based on a survey sample of adolescents (8.266), between 11 and 18 years of age, and their parents (3.878) carried out in six European countries during the winter of 2010-2011. Survey data is complemented with information from parents' focus groups carried out in each country.

Different issues on parenting such as warmth, communication, control, setting rules, substance use (both by parents and children) are being explored. Parents and children responses will be analysed and results compared using several methodologies: cluster analysis, structural equations, path analysis, parenting styles...

Preliminary findings suggest that parental permissiveness is the main risk factor and that parental warmth could also be a risk factor; while having clear rules is critical to prevent alcohol and drug use.

This study is part of the European Family Empowerment project with the financial support from the Drug Prevention and Information Programme of the European Union.

### **4. Neurobehavioral markers of vulnerability to Substance Use Disorders (SUD) in parents with and without SUD and their children: significance and preliminary findings from a brain-imaging pilot study**

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**BACKGROUND.** Children with family history of Substance Use Disorders (SUD) have higher risk of acquiring it. Identifying generational biomarkers of vulnerability could predict individuals at risk and facilitate prevention. Our NIH funded study aims to examine these markers at the level of the brain's structure, its connectivity, and function in response to cognitive control tasks.

**METHODS.** Participants: The sample draws on two

ongoing longitudinal psychiatric/epidemiological studies (N=1,120) of parents with criminal justice history and their children. Each study has an age and gender matched child-control. This pilot recruits parents with and without SUD and their 12-15 year-old children (total=48).

Brain imaging: fMRI, MRI, DTI.

Cognitive-control tasks that assess: (1) Frame-dependent intertemporal decisions, (2) cognitive control over emotional distracters (3) risky decision-making in conditions of higher and lower affective arousal.

**PRELIMINARY RESULTS.** Initial results from the three tasks in 10 parent-child dyads show that (1) diverse decisional frames generate differences in the proportion of patient vs. impatient choices, (2) spontaneous regulation of emotional processing is impaired in both parents and children, and (3) children, compared to parents take more risk only in affectively-charged task conditions.

**CONCLUSIONS.** Recognizing conditions that reduce impulsivity could help in the development of novel methods of internal reframing when facing decisions involving drug use. Abnormalities in implicit emotional regulation may be the focus of novel treatments. Finally, adolescents with positive family history of SUD might be more likely to engage in risky behaviors under conditions of heightened emotional involvement, putting them at greater risk for negative outcomes.

### **5. Alcohol as an adjuvant of relationships? A study among university students**

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Many evidences show that one of the reasons why people drink alcohol, is due to the fact that their consumption involves a series of pleasurable effects. In October 2010, a survey was conducted on a sample of 1004 students of University of L'Aquila with the objective to investigate the tendency of young people to consider alcohol as an adjuvant of relationships.

65% of respondents were female and the average age was 22 years ( $\pm 2.5$ ).

68% reported having consumed alcohol at least once in the last month (95% CI: 65% - 71%).

45% of respondents was defined as binge drinking ( $\geq 6$  drinks on  $\geq 1$  occasion in the past month). The prevalence of binge drinking was not significantly higher in men than women (48% vs 43%;  $p=0.108$ ).



The logistic model shows that the consumption of 6 or more units of alcohol on the same occasion is statistically associated with the belief that alcohol improves sexual performance (OR = 4.2, CI95%: 3.1 - 5.6), facilitates friendship (OR = 1.6, CI95%: 1.2 - 2.2), makes the most cheerful (OR = 2.0, CI95%: 1.4 - 2.9), but not the fact that makes you feel less shy (OR = 0.9, CI95%: 0.6 - 1.4), and not with the gender (OR = 1.2, CI95%: 0.9 - 1.6).

The study puts in evidence the dangerous sexual function performed by the alcohol among consumers at risk. Our data suggest that young people should be the principal target for binge drinking prevention strategies with a greater focus on youth sexual discomfort.

## 6. Prototypes, willingness and alcohol consumption in UK adolescents: Implications for intervention

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The Prototype Willingness Model (PWM) explains adolescent risk-taking on the basis that it is strongly driven by social reactions to risk-conducive situations. It assumes that young people are willing to consume alcohol to gain some of the characteristics associated with the image or 'prototype' of the typical same age drinker. Evidence from a previous focus group study (Davies et al. in press) indicated that this model would be a suitable basis for an intervention to reduce risky drinking in teenagers in the UK. The current study aimed to explore the relationship between the constructs in the PWM and alcohol consumption to identify: 1. specific intervention components; 2. population target groups; and 3. outcome measures.

An online questionnaire with sections on prototypes, willingness, intentions and alcohol was completed by 182 young people aged 11-17 (85 males and 93 females).

Strong statistically significant correlations between PWM constructs and alcohol variables were found. The results indicated that: 1. The intervention should aim to increase the non-drinker prototype favourability and decrease drinker prototype favourability with a focus on characteristics related to sociability; 2. 11-15 year olds would be a better target for this type of intervention than 16-17 year olds; 3. willingness, alcohol consumption and alcohol harms may be appropriate outcome measures.

The results provide further support for the PWM as the basis for a preventive intervention with 11-15 year old UK adolescents. An intervention targeting the favourability of drinker and non-drinker prototypes may be effective in reducing willingness and alcohol consumption. Limitations and future stages of the project are discussed.

## 7. Adherence to Mediterranean diet and cardiovascular risk factors in Sicily, South Italy

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We evaluated the prevalence of obesity, diabetes, and hypertension in relation to adherence to the Mediterranean diet. A cross-sectional survey was conducted on randomly enrolled 3090 subjects (14 to 88 y old) living in Sicily, Southern Italy. Anthropometric indices were measured and adherence to the Mediterranean diet was assessed by a diet score that incorporated the inherent characteristics of this diet. Adherence rates did not differ between rural and urban area, although older age (odds ratio [OR] 1.01, 95% confidence interval [CI]: 1-1.01), higher education (OR 1.26, 95% CI: 1.03-1.54), and marital status (OR 1.31, 95% CI: 1.05-1.63) were associated with higher adherence compared with lower categories. Prevalence of overweight and obesity was 35.4 and 13.9%, respectively. Hypertensive subjects were 27.7% and diabetic were 5.7%. An inverse relation was observed between diet score, body mass index ( $r = -0.045$ ,  $P < 0.001$ ) and waist circumference ( $r = -0.023$ ,  $P < 0.001$ ) after adjusting for sex and age. Greater adherence to the Mediterranean diet (i.e., highest tertile) was associated with lower odds of being obese (OR 0.34, 95% CI: 0.24-0.50), hypertensive (OR 0.74, 95% CI: 0.56-0.98), and diabetic (OR 0.40, 95% CI: 0.24-0.77) compared with a non-Mediterranean diet (i.e., lowest tertile) after controlling for age, sex, physical activity status, and other variables. We observed an inverse relation between adherence to a Mediterranean dietary pattern and prevalence of obesity in population-based sample, irrespective of various potential confounders.

## 8. Mind over maternity - are mindfulness and mood associated with unhealthy behaviours during pregnancy?

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Pregnancy is recognised as a "window of opportunity" to improve health behaviours. In the UK, pregnant women are advised to abstain from alcohol and smoking and to adhere to specific dietary, exercise and weight-gain guidelines. However, many pregnant women maintain unhealthy lifestyles, increasing the risks of poor maternal and child health outcomes. The strongest predictors of unhealthy behaviours during pregnancy are poor maternal psychological health and pre-existing habits.